

PUBLIC PACKET

**OREGON BOARD  
OF  
DENTISTRY**

**BOARD MEETING  
AUGUST 22, 2014**



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# APPROVAL OF MINUTES

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**OREGON BOARD OF DENTISTRY  
MINUTES  
June 27, 2014**

**MEMBERS PRESENT:** Brandon Schwindt, D.M.D., President  
Alton Harvey Sr., Vice-President  
Todd Beck, D.M.D.  
Mary Davidson, M.P.H., R.D.H.  
Amy B. Fine, D.M.D.  
Jonna E. Hongo, D.M.D.  
James Morris  
Julie Ann Smith, D.D.S., M.D.  
John Tripp, R.D.H.  
Gary Underhill, D.M.D.

**STAFF PRESENT:** Patrick D. Braatz, Executive Director  
Paul Kleinstub, D.D.S., M.S., Dental Director/Chief Investigator  
Daryll Ross, Investigator (portion of meeting)  
Harvey Wayson, Investigator (portion of meeting)  
William Herzog, D.M.D., Consultant (portion of meeting)  
Michelle Lawrence, D.M.D., Consultant (portion of meeting)  
Stephen Prisby, Office Manager (portion of meeting)  
Lisa Warwick, Office Specialist (portion of meeting)

**ALSO PRESENT:** Lori Lindley, Sr. Assistant Attorney General

**VISITORS PRESENT:** Lisa Rowley, R.D.H., Pacific University; Lynn Ironside, R.D.H., ODHA; Tom Pollard, D.M.D., Multnomah Dental Society; Brad Fuller, D.D.S, Interdent; Cown McNervy, ODA; Fred Bremmer, D.M.D., Clackamas County Dental Society; James McMahan ODA; John Tespening, Legislative Fiscal Office; Jill Price, D.M.D., ODA; Mary Harrison, ODAA; Mathew Brerman, ODA; Alec Shebeil; Lindsay Hart & Wagner, ODHA; Heidi Jo Grubbs, R.D.H.

**Call to Order:** The meeting was called to order by the President at 7:30 a.m. at the Board office; 1500 SW 1<sup>st</sup> Ave., Suite 770, Portland, Oregon.

**NEW BUSINESS**

**MINUTES**

Dr. Smith moved and Dr. Hongo seconded that the minutes of the April 24, 2014 Special Board meeting be approved as amended. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

Mr. Morris moved and Dr. Beck seconded that the minutes of the April 25, 2014 Board meeting be approved as presented. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

## **ASSOCIATION REPORTS**

### **Oregon Dental Association**

No one from the ODA was present.

### **Oregon Dental Hygienists' Association**

Ms. Ironside reported about the annual session in Las Vegas. Kelli Swanson Jaecks was installed as the 88<sup>th</sup> President of the American Dental Hygienists' Association.

### **Oregon Dental Assistants Association**

No one from the ODAA was present.

## **COMMITTEE AND LIAISON REPORTS**

### **WREB Liaison Report**

Dr. Hongo stated that the Dental Exam Review Board meeting was upcoming. Ms. Davidson stated that the Hygiene Exam Review Board meeting was also coming up as well. Both would provide full reports to the Board after those meetings.

### **AADB Liaison Report**

Dr. Hongo had nothing to report.

### **NERB & ADEX Liaison Report**

Dr. Smith attended the steering committee meeting, reviewed reports from NERB and ADEX. She reported that there were minor changes to ADEX dental and dental hygiene exams. Dr. Smith stated that she attended the meeting for Board presidents. There was a discussion regarding moving closer to a universal exam as ADEX is now accepted in 43 states. She added that there were discussions regarding midlevel providers, what they are, and what they do. Additionally there was an overview of faculty requirements held by various states.

### **Committee Meeting Dates**

Dr. Beck stated he was going to be working closely with ODA and Component societies to make sure the new rules are regarding rule changes and sterilization requirements. Also wanted to bring up a topic, make motion and begin discussion.

Dr. Beck moved that the Board stop printing names in the newsletter and minutes for the Board of Dentistry. Mr. Tripp seconded the motion.

Dr. Hongo amended the motion to state that the Board remove the names from the newsletter but to keep them in the Board minutes. Dr. Smith seconded the amendment.

The amendment, to not remove them from the minutes passed on a vote of five to four (at this time, upon reviewing the recording, we cannot ascertain who were the affirmative and negative votes).

The motion as amended passed with (at this time, upon reviewing the recording, we cannot ascertain who were the affirmative and negative votes).

### **Anesthesia Committee:**

Dr. Smith stated that the anesthesia committee will meet soon.

## **EXECUTIVE DIRECTOR'S REPORT**

### **Board Member Appointments**

Mr. Braatz stated that two new Board members had been appointed to the Board and were involved in their first board meeting today. He introduced Dr. Amy Fine of Medford and Dr. Gary Underhill of Enterprise. Their first term is set to end April 1, 2018. Mr. Braatz also stated the Mr. Harvey was appointed for a second term as a public Board Member. His new term will expire April 6, 2018. All three members were confirmed by the Oregon Senate on May 28, 2014.

### **Budget Status Report**

Mr. Braatz stated that the budget is performing as expected and he attached the budget for the Board to review. He stated that he would be happy to discuss the budget if there were any questions.

Mr. Braatz stated that the Board will be seeking a fee increase in the Board budget for the upcoming biennium to cover additional dental investigative staff and move the Dental director's salary range to the appropriate range. Mr. Braatz stated that this proposal will be a huge sell to the legislative committee. Although the Board of dentistry is an 'other funds agency', meaning it does not use any tax dollars, the legislature will look at the request from our agency as if it is funded with tax dollars.

### **Customer Service Survey Report**

Mr. Braatz stated that the customer service survey was attached for the Board to review. He stated that most of the responses to the survey were positive and that the book containing all the comments the board has received was available for the Board to review.

### **Board and Staff Speaking Engagements**

Thursday, May 1, 2014 - Teresa Haynes and Mr. Braatz made a License Application Presentation to the graduating Dental Students at the OHSU Dental School in Portland.

Friday, May 2, 2014 - Teresa Haynes and Mr. Braatz made a License Application Presentation to the graduating Dental Hygiene Students at PCC in Portland.

Monday, May 19, 2014 - Teresa Haynes and Mr. Braatz made a License Application Presentation to the graduating Dental Hygiene Students at Mt. Hood Community College in Gresham.

Friday, May 23, 2014 - Dr. Paul Kleinstub Dental Director/Chief Investigator and Mr. Braatz made a presentation to the graduating Dental Hygiene Students at PCC in Portland.

Monday, June 9, 2014 - Teresa Haynes and Mr. Braatz made a License Application Presentation to the graduating Dental Hygiene Students at Carrington College in Portland.

### **AADA & AADB Annual Meeting**

Mr. Braatz asked the Board to authorize his attendance at the AADA and AADB meeting. Dr. Hong moved and Mr. Harvey seconded that the Board authorize Mr. Braatz to attend the AADA and AADB meeting. All board members voted aye.

### **Course Evaluation from ODC Meeting**

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Mr. Braatz stated that he had included the course evaluations from the ODA regarding the two presentations made by him and Dr. Kleinstub for the Board's review.

#### **Senate Bill 1519 Implementation Update**

Mr. Braatz provided the Board with an update on the steps that have been take up until now on the implementation of Senate Bill 1519 (Chapter 16, 2014 Laws). He stated that to summarize, everything that can be taken care of to date has been with the exception of one case that was overlooked and is in the process of being corrected today.

#### **Discussion for Dates of Strategic Planning Session**

Mr. Braatz requested dates for September and October that would be available for a strategic planning session. The last session was held in 2007 and the final item from that session has been completed.

#### **Legislation regarding prescribing**

The ODA and the ODHA in collaboration with the Board, will be seeking legislation in the 2015 session, to grant prescribing authority to dentists and hygienists. The next step would be for the Board to develop rules to clarify the new legislation.

#### **Newsletter**

Mr. Braatz stated that it was time to consider another newsletter and that any articles were welcome from the Board.

### **UNFINISHED BUSINESS**

#### **RULES**

##### **818-001-0087 FEES**

Dr. Beck moved and Dr. Hongo seconded that the Board adopt 818-001-0087 as published. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

##### **818-012-0005 Scope of Practice**

Mr. Morris moved and Dr. Fine seconded that the Board adopt 818-012-0005 as published. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

##### **818-012-0030 Unprofessional Conduct**

Mr. Tripp moved and Dr. Fine seconded that the Board adopt 818-012-0030. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

##### **818-012-0040 Infection Control Guidelines**

Mr. Morris moved and Dr. Fine seconded that the Board adopt 818-012-0040 as published. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

##### **818-021-0060 Continuing Education – Dentists**

Mr. Harvey moved and Dr. Smith seconded that the Board adopt 818-021-0060 as published.

The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

**818-021-0070 Continuing Education – Hygienists**

Dr. Fine moved and Dr. Hongo seconded that the Board 818-021-0070 as published. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

**818-026-0050 Minimal Sedation Permit**

Dr. Hongo moved and Dr. Fine seconded that the Board 818-026-0050 as published. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

**818-026-0055 Dental Hygiene and Dental Assisting Procedures Performed Under Nitrous Oxide or Minimal Sedation**

Dr. Beck moved and Dr. Fine seconded that the Board adopt 818-026-0055 as published. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

**818-026-0060 Moderate Sedation Permit**

Dr. Hongo moved and Mr. Harvey seconded that the Board adopt 818-026-0060 as published. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

**818-026-0065 Deep Sedation Permit**

Dr. Hongo moved and Mr. Morris seconded that the Board adopt 818-026-0065 as published. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

**818-026-0070 General Anesthesia Permit**

Mr. Harvey moved and Dr. Fine seconded that the Board adopt 818-026-0070 as published. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

**818-035-0025 Prohibitions**

Dr. Beck moved and Mr. Tripp seconded that the Board adopt 818-035-0025 as published. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

**818-035-0030 Additional Functions of Dental Hygienists**

Mr. Tripp moved and Dr. Hongo seconded that the Board adopt 818-035-0030 as published. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

**818-035-0040 Expanded Functions of Dental Hygienists**

Dr. Fine moved and Dr. Hongo seconded that the Board adopt 818-035-0040 as published. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

#### **818-042-0040 Prohibited Acts**

Dr. Hongo moved and Dr. Beck seconded that the Board adopt 818-042-0040. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

#### **818-042-0050 Taking of X-Rays – Exposing of Radiographs**

Dr. Hongo moved and Ms. Davidson seconded that the Board adopt 818-042-0050 as published. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

#### **818-042-0060 Certification – Radiologic Proficiency**

Dr. Hongo moved and Dr. Fine seconded that the Board adopt 818-042-0060 as published. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

#### **818-042-0090 Additional Functions of EFDAs**

Dr. Hongo moved and Mr. Tripp seconded that the Board adopt 818-042-0090 as published. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

#### **818-042-0120 Certification by Credential**

Dr. Hongo moved and Ms. Davidson seconded that the Board adopt 818-042-0120 as published. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

#### **818-042-0130 Application for Certification by Credential**

Dr. Fine moved and Dr. Hongo seconded that the Board adopt 818-042-0130 as published. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

Mr. Braatz stated that the target effective date of these rule changes will be August 1, although some of the dates within the rules state an effective date of January 1, 2015.

#### **OTHER BUSINESS**

##### **Request for Approval of Restorative Curriculum – Seattle Central Community College**

Mr. Alton moved and Dr. Hongo seconded that the Board approve the course as provided. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

##### **Request for Approval of Restorative Curriculum – University of Alaska, Anchorage**

Ms. Davidson moved and Dr. Hongo seconded that the Board approve the course as provided. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

**Request for Approval of Temporary Soft Reline Course – H. Massar, R.D.H**

Dr. Beck moved and Dr. Hongo seconded that the Board approve the course as provided. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

**Request for Approval of Temporary Soft Reline Course – K. Atkinson**

Dr. Hongo moved and Dr. Fine seconded that the Board approve the course as provided. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

**Request for Approval of Pit and Fissure Sealant Course – K. Atkinson**

Dr. Hongo moved and Dr. Fine seconded that the Board approve the course as provided. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

**Committee Appointments**

Dr. Smith moved and Mr. Harvey seconded that the Board approve the committee appointments as presented. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

**Presentation on Oregon Public Meetings Law**

Ms. Lindley, Sr. AAG and attorney for the Board of Dentistry made a presentation covering Oregon's Public Meetings Law.

**EXECUTIVE SESSION:** The Board entered into Executive Session pursuant to ORS 192.606 (1)(f), (h) and (k); ORS 676.165; ORS 676.175 (1), and ORS 679.320 to review records exempt from public disclosure, to review confidential investigatory materials and investigatory information, and to consult with counsel.

**PERSONAL APPEARANCES AND COMPLIANCE ISSUES**

There were no personal appearances.

**LICENSING ISSUES**

**OPEN SESSION:** The Board returned to Open Session.

**CONSENT AGENDA**

**2014-0213, 2014-0206, 2014-0219, 2014-0230, 2014-0211, 2014-0199, 2014-0192, 2014-0215 and 2014-0209** Dr. Beck moved and Mr. Harvey seconded that the above referenced cases be closed with No Further Action per the staff recommendations. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye. In case 2014-0211 Dr. Smith and Dr. Hongo recused themselves. In case 2014-0215 Dr. Smith and Dr. Beck recused themselves.

**COMPLETED CASES**

**2012-0214, 2013-0031, 2013-0042, 2014-0175, 2013-0063, 2014-0072, 2014-0193, 2012-0221, 2014-0001, 2014-0090, 2013-0034, 2014-0121, 2014-0133, and 2013-0050** Dr. Beck moved and

Ms. Davidson seconded that the above referenced cases be closed with a finding of No Violation of the Dental Practice Act or No Further Action per the Board recommendations. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye. Dr. Schwindt recused himself from cases 2013-0042 and 2014-0072. Dr. Smith recused herself from case 2014-0175.

#### **2012-0229**

Mr. Harvey moved and Mr. Tripp seconded that the Board close the matter with a Strongly worded Letter of Concern addressing the issue of ensuring that heat sterilizing devices are tested for proper function on a weekly basis. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Mr. Tripp and Dr. Underhill voting aye. Dr. Smith recused herself.

#### **2014-0081 ANGLE, DARYLL L., D.D.S.**

Dr. Smith moved and Mr. Morris seconded that the Board merge 2014-0081 with cases 2011-0184, 2012-0031, 2012-0147, 2012-0172, and 2013-0035, and move to issue a Fourth Amended Notice of Proposed Disciplinary Action, and offer the Licensee a Consent Order incorporating a reprimand; a \$3,919.98 refund payment to parent of patient CK; a \$3,500.00 refund payment to parent of patient MS; a \$2,527.00 refund payment to parent of patient SL; a \$15,000.00 civil penalty; complete three hours of continuing education in Board approved course in record keeping within one year from the effective date of the Order; for a period of two years from the effective date of the Order, Licensee at the completion of orthodontic treatment, shall not deband any patient until the treatment results are reviewed and accepted by a Board approved orthodontist. Licensee shall submit a minimum of 20 orthodontic cases for this review, and bear the cost of this review. If Licensee moves from the State of Oregon during this time period, this requirement is hereby tolled. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye. Dr. Schwindt recused himself.

#### **2013-0023**

Mr. Morris moved and Dr. Hongo seconded that the Board close the case with a Letter of Concern reminding Licensee to be sure a protocol is in place that guarantees weekly spore testing of all sterilizing devices and that proof of Continuing Education hours must be maintained for a four year period. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

#### **2013-0093**

Mr. Tripp moved and Dr. Smith seconded that the Board close the matter with a Letter of Concern addressing the issue of ensuring that when nitrous oxide is administered, the patient's vital signs are taken and documented and the patient's condition upon discharge is documented. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

#### **2013-0046**

Mr. Davidson moved and Dr. Hongo seconded that the Board close the case with a Strongly worded Letter of Concern reminding Licensee to assure a protocol is in place guaranteeing weekly spore tests of his sterilization units and that PARQ becomes a routine part of his treatment and documentation. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

**2013-0117**

Dr. Underhill moved and Ms. Davidson seconded that the Board close the matter with a **STRONGLY** worded Letter of Concern addressing the issue of ensuring that heat sterilizing devices are tested for proper function on a weekly basis. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

**2013-0053 FRIESS, ROBERT L., D.M.D.**

Dr. Hongo moved and Ms. Davidson seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order in which Licensee would be reprimanded and agree to take within one year at least 3 hours of a Board approved clinical record keeping course; take within one year 16 hours of Board approved courses relating to the diagnosis and treatment of periodontal disease; and twice yearly the Licensee will be subject to random chart reviews by the Board of Dentistry for the next 3 years. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

**2013-0100**

Dr. Beck moved and Mr. Harvey seconded that the Board close the matter with a Letter of Concern addressing the issue of ensuring that every effort is made to ensure that the tooth being extracted is the tooth treatment planned to be extracted. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

**2013-0048**

Dr. Fine moved and Mr. Harvey seconded that the Board close the matter with a Letter of Concern addressing the issue of ensuring that heat sterilizing devices are tested for proper function on a weekly basis. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

**2014-0187 JUDY, FREDERICK C., D.M.D.**

Dr. Hongo moved and Mr. Harvey seconded that the Board issue a Notice of Proposed Disciplinary Action and offer a Consent Order incorporating a reprimand; pay a \$5,000.00 civil penalty; Licensee shall successfully complete 40 hours, Board approved, continuing education within 3 months of the effective date of this Order. This ordered continuing education is in addition to the continuing education required for the licensure renewal period April 1, 2016 to March 31, 2018; and complete 10 hours of community service within 60 days of this order. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

**2013-0109**

Mr. Harvey moved and Dr. Smith seconded that the Board close the matter with a **STRONGLY** worded Letter of Concern addressing the issue of ensuring that when crowns are seated, every effort is made to verify the marginal fit of the crowns before dismissing the patient. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

**2014-0129 LeGORE, TIFFANY A., R.D.H.**

Dr. Smith moved and Dr. Hongo seconded that the Board issue a Notice of Proposed Disciplinary Action and offer a Consent Order incorporating a reprimanded, civil penalty in the amount

\$4,000.00, complete ten hours of community service within 60 days of this order; and the Licensee will submit documentation of satisfactory completion of the required continuing education for the licensure renewal period October 1, 2015 to September 30, 2017 and the licensure renewal period October 1, 2017 to September 30, 2019. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

**2014-0149 McDONALD, JOHN L., D.M.D.**

Mr. Morris moved and Ms. Davidson seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand and a civil penalty in the amount of \$4000.00 paid within 60 days of the effective date of the Order. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

**2013-0140**

Mr. Tripp moved and Dr. Beck seconded that the Board close the matter with a Letter of Concern addressing the issue of ensuring that an appropriate referral is made in a timely manner after noting pathology. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

**2013-0074**

Ms. Davidson moved and Dr. Hongo seconded that the Board close the matter with a **STRONGLY** worded Letter of Concern addressing the issue of ensuring that every effort is made to ensure that there is full compliance with CDC infection control guidelines especially in the areas of hand hygiene and the wearing of disposable gloves. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

**2013-0049 PHILLIPS, JEFFERY C., D.M.D.**

Dr. Hongo moved and Dr. Beck seconded that the Board issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order in which the Licensee would agree to be reprimanded, to pay a \$5,000.00 civil penalty, and to complete six hours of continuing education on caries diagnosis and treatment planning within six months of the effective date of the Order. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

**2014-0107**

Dr. Underhill moved and Dr. Hongo seconded that the Board close the case with a Letter of Concern addressing the issue ensuring that heat sterilizing devices are tested for proper function on a weekly basis by means of a biological monitoring system that indicates micro-organisms kill, and that testing results are retained by the licensee for the current calendar year and the two preceding calendar years. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

**2014-0236**

Dr. Smith moved and Mr. Tripp seconded that the Board issue an Order of Examination requiring a neurologic work-up including an MRI with and without contrast, and a metabolic work-up, to be issued within 30 days only if Licensee does not agree to these examinations without an Order. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

**2014-0094 SMITH, GRANT M., D.D.S.**

Dr. Fine moved and Dr. Hongo seconded that the Board issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order in which the Licensee would agree to be reprimanded, to complete three hours of Board approved CE in record keeping, and to pay a \$5,000.00 civil penalty. The motion passed with Mr. Harvey, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye. Dr. Beck recused himself.

**2013-0019 STARR, DUANE T., D.M.D.**

Dr. Smith moved and Dr. Hongo seconded that the Board move to issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand and three hours of continuing education in the area of record keeping to be completed within six months and agrees to pay a civil penalty in the amount of \$ 5,000.00. The motion passed with Mr. Harvey, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye. Dr. Beck recused himself.

**2013-0051**

Mr. Harvey moved and Ms. Davidson seconded that the Board close the case with a letter of concern reminding the licensee that a protocol must be in place in every office to ensure that all sterilizing devices are spore tested for proper function on a weekly basis. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

**2013-0069 WHITE, DAVID H., D.M.D.**

Mr. Morris moved and Ms. Davidson seconded that the Board issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order in which the Licensee would agree to be reprimanded and refund fees patient AD paid in the amount of \$6,336.00. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

**2014-0196**

Mr. Tripp moved and Dr. Beck seconded that the Board close the matter with a Letter of Concern reminding the Licensee that when advertising services, Licensees need to assure the advertisement complies with the rules of the Board; and with regard to sterilization, Licensees are required to spore test sterilization equipment on a weekly basis. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

**PREVIOUS CASES REQUIRING BOARD ACTION**

**2012-0026**

Dr. Fine moved and Dr. Smith seconded that the Board close with a Letter of Concern reminding Licensee to assure that, when placing a bridge, full consideration be given to Ante's Law, and hold this resolution until Licensee provides the Board with a full accounting of the refunds paid. The motion passed with Mr. Harvey, Dr. Beck, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye. Ms. Davidson recused herself.

**2012-0208 BOEN, KYUNG L., D.M.D.**

Ms. Davidson moved and Dr. Hongo seconded that the Board issue a Final Default Order incorporating a reprimand. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

**2012-0003 BULLOCK, JOHN A., D.M.D.**

Dr. Underhill moved and Dr. Hongo seconded that the Board move to issue an Order of Refund and refund Respondent #1 the amount of \$6,000.00. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

**2012-0194 GERHARDS, MICHAEL C., D.D.S.**

Mr. Harvey moved and Dr. Hongo seconded that the Board offer Licensee a re-worded Consent Order incorporating a reprimand. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

**2013-0087 HAGEMAN, MARK R., D.D.S.**

Dr. Hongo moved and Dr. Smith seconded that the Board deny Licensee's request and affirm the Board's action of 4/25/14. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

**2014-0076 LEWIS, ANGELA D., R.D.H.**

Mr. Harvey moved and Dr. Smith seconded that the Board accept Licensee's proposal and offer her a Consent Order incorporating a reprimand and ten hours of community service to be completed within six months of the effective date of the Order. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

**2008-0033 LICENSEE**

Dr. Smith moved and Mr. Morris seconded that the Board grant reinstatement of Licensee's dental hygiene license and close the matter with No Further Action. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

**2012-0105 LIND, STEVEN D.M.D.**

Mr. Morris moved and Dr. Beck seconded that the Board offer Licensee a re-worded Consent Order incorporating a reprimand, 56 hours of continuing education in implant placement, and review of ten implant case completed by Licensee by a Board approved Oregon licensed dentist. It is the Board's intent that the 56 hours completed by Licensee in 2012 be accepted for this Order, and that the ten cases are those completed by Licensee since 1/1/13. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

**2012-0138 RADTKE, EDWIN P. D.M.D.**

Mr. Tripp moved and Dr. Hongo seconded that the Board acknowledges an error wherein Licensee signed a Consent Order, dated 6/15/13, incorporating, in part, a \$3,000.00 civil penalty instead of the a \$6,000.00 ordered by the Board on 8/13/12, and move to issue an Order of Refund and refund Licensee a \$2,000.00 amount. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

**2013-0058 ROBINSON, TRACY R., D.M.D.**

Ms. Davidson moved and Dr. Hongo seconded that the Board voted to rescind the vote of 4/25/14 to issue an Amended Notice of Proposed Disciplinary Action and issue an Order of Refund and refund Licensee the amount of \$2000.00. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

**2013-0097 AND 2013-0119 SMITH, GRANT M., D.D.S.**

Dr. Hongo moved and Dr. Smith seconded that the Board deny Licensee’s request for reinstatement, affirm his dental license suspension, and issue an Amended Notice of Proposed License Revocation. The motion passed with Mr. Harvey, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye. Dr. Beck recused himself.

**2013-0025 THOMAS, KELLY R., D.M.D.**

Dr. Underhill moved and Dr. Hongo seconded that the Board move to issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order in which the Licensee would agree to be reprimanded and pay \$1500.00 in restitution in the form of a cashier’s, bank, or official check made payable to patient K.L. and delivered to the Board offices within 30 days of the effective date of the Order. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

**LICENSURE AND EXAMINATION**

**Ratification of Licenses Issued**

As authorized by the Board, licenses to practice dentistry and dental hygiene were issued to applicants who fulfilled all routine licensure requirements. It is recommended the Board ratify issuance of the following licenses. Complete application files will be available for review during the Board meeting.

Dr. Hongo moved and Ms. Davidson seconded, that licenses issued be ratified as published. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

**Dental Hygiene**

H6691	JULIA A FOX, R.D.H.	4/16/2014
H6692	ALAINA M DONIS, R.D.H.	4/17/2014
H6693	DANICA R HERRMANN, R.D.H.	4/25/2014
H6694	NATASHA N LUNT, R.D.H.	4/25/2014
H6695	LAUREN KAIMANA MANLEY, R.D.H.	4/29/2014
H6696	ALISA M STEPHENSON, R.D.H.	4/30/2014
H6697	ANFISA A PIATKOFF, R.D.H.	4/30/2014
H6698	VITALY ORMANJI, R.D.H.	4/30/2014
H6699	HEATHER KAY ELLER, R.D.H.	5/1/2014
H6700	MEAGAN E KINTZ, R.D.H.	5/7/2014
H6701	ELIZABETH A THOMPSON, R.D.H.	5/7/2014
H6702	KATHLEEN MARIE LOE, R.D.H.	5/7/2014
H6703	MCKENZIE RACHELLE SCHOFIELD, R.D.H.	5/8/2014

H6704	KATHRYN J PELOSI, R.D.H.	5/15/2014
H6705	KAYLA K ROOKS, R.D.H.	5/15/2014
H6706	LINDSAY ANN OLDHAM, R.D.H.	5/15/2014
H6707	NIKKI NGUYEN, R.D.H.	5/15/2014
H6708	SHANDY LINNE BEAN, R.D.H.	5/15/2014
H6709	RYAN A KRENN, R.D.H.	5/15/2014
H6710	EMILY RAYE SCHWINDT, R.D.H.	5/21/2014
H6711	CHERYL ANN SCHNELL, R.D.H.	5/21/2014
H6712	DOREYDA REYNOSO, R.D.H.	5/21/2014
H6713	TRACI JO EVANS-TUCKER, R.D.H.	5/21/2014
H6714	RUBEN V CHEKHOV, R.D.H.	5/21/2014
H6715	HEATHER DAWN HEMMERT, R.D.H.	5/21/2014
H6716	JUDITH E MIRANDA OLIVARES, R.D.H.	5/21/2014
H6717	LISA SUZANNE STIFF, R.D.H.	5/21/2014
H6718	ALLYSON LYNN WARREN, R.D.H.	5/21/2014
H6719	KAYLYNNE KUENZI, R.D.H.	5/21/2014
H6720	HANNAH GRACE JORDAN, R.D.H.	5/22/2014
H6721	LAUREN G ROTH, R.D.H.	5/22/2014
H6722	KRISTA NICOLE STEWART, R.D.H.	5/28/2014
H6723	AMANDA M BARTELL, R.D.H.	5/28/2014
H6724	WENDY N LEAVITT, R.D.H.	6/2/2014
H6725	MARZURI L WAGGONER, R.D.H.	6/2/2014
H6726	JESSICA LANAE LAWSON, R.D.H.	6/2/2014
H6727	DENISE D WIDNEY, R.D.H.	6/2/2014
H6728	KARLA MAE DETTWYLER, R.D.H.	6/2/2014
H6729	MEREDITH ROBBINS GARRETT, R.D.H.	6/3/2014
H6730	KRISTINA D WOOD, R.D.H.	6/3/2014
H6731	MINH NGOC NGUYEN, R.D.H.	6/3/2014
H6732	REBECCA E POWER, R.D.H.	6/4/2014

**Dentists**

D10012	FARBOD NADJIBI, D.D.S.	4/25/2014
D10013	IRINEO MARVIN BAUTISTA I PANTANGCO, D.D.S.	4/25/2014
D10014	WILLIAM MOORE, D.M.D.	4/25/2014
D10015	ALEXANDRA C DE MILLO TERRAZZANI, D.D.S.	4/25/2014
D10016	JASON KIM, D.D.S.	4/25/2014
D10017	TONY T NGUYEN, D.M.D.	4/30/2014
D10018	MICHAEL EDWARD HANN, D.D.S.	4/30/2014
D10019	SETH A HOLLAND, D.M.D.	5/1/2014
D10020	NICOLE L OLIVARES, D.D.S.	5/5/2014
D10021	NALANI ODA, D.D.S.	5/7/2014
D10022	RICHARD B BRADSHAW, D.M.D.	5/7/2014

D10023	ALEXIS LEE KLEINMAN, D.M.D.	5/7/2014
D10024	JONATHAN LEE BROWNING, D.D.S.	5/8/2014
D10025	PATRICK J HEAPHY, D.M.D.	5/8/2014
D10026	JOSHUA NELSON GRUBER, D.D.S.	5/8/2014
D10027	OCTAVIA E SWANSON, D.D.S.	5/15/2014
D10028	DANIEL BLACKHAM ADAIR, D.D.S.	5/15/2014
D10029	JOHN A GREEN, D.M.D.	5/21/2014
D10030	MACKENZIE H CRAIK, D.D.S.	5/21/2014
D10031	ANEEL NATH, D.D.S.	5/21/2014
D10032	DAVID B POOR, D.M.D.	5/28/2014
D10033	TIFFANI A LONG, D.D.S.	5/28/2014
D10034	B. JASON FIFE, D.D.S.	5/28/2014
D10035	JENNIFER E POHL, D.D.S.	5/28/2014
D10036	BRYANT RICHARD ZOLLINGER, D.D.S.	5/28/2014
D10037	WILLIAM H SHIPLEY, D.D.S.	6/2/2014
D10038	TYLER BOONE SCHAFFELD, D.M.D.	6/2/2014
D10039	JAEHEE HWANG WILLIAMSON, D.M.D.	6/3/2014
D10040	PAIGE R SCHMIDT, D.D.S.	6/4/2014
D10041	KIMBERLY P WALTERS, D.M.D.	6/4/2014
D10042	MICHAEL LOWE, D.D.S.	6/4/2014
D10043	KALI LLAURAL GRAY, D.M.D.	6/5/2014
D10044	BAYNE HILLEN HEERSINK, D.M.D.	6/5/2014
D10045	MELANIE R RAWLINGS, D.D.S.	6/6/2014
D10046	PHIL L HAN, D.M.D.	6/6/2014

**Reinstatement of Licensee- T. LeBaron, D.M.D.**

Mr. Morris moved and Dr. Smith seconded that the Board reinstate the dental license for Dr. T. LeBaron. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

**Non-Resident Permit – J. Yang, D.D.S.**

Mr. Tripp moved and Ms. Davidson seconded that the Board issue a non-resident permit to J. Yang, D.D.S. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

**Non-Resident Permit – R. Hessiberger, D.D.S.**

Mr. Davidson moved and Dr. Smith seconded that the Board issue a non-resident permit to R. Hessiberger, D.D.S. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Dr. Smith, Mr. Tripp and Dr. Underhill voting aye.

**Specialty Exam – Dr. A. Cheng**

Dr. Hongo moved and Ms. Davidson seconded that the Board grant Dr. Cheng a specialty license. The motion passed with Mr. Harvey, Dr. Beck, Ms. Davidson, Dr. Fine, Dr. Hongo, Mr. Morris, Mr. Tripp and Dr. Underhill voting aye. Dr. Smith recused herself.

**Announcement**

No announcements

**ADJOURNMENT**

The meeting was adjourned at 1:40 p.m. Dr. Schwindt stated that the next Board meeting would take place on August 22, 2014.

Approved by the Board on August 22, 2014.

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Brandon J. Schwindt D.M.D.  
President

DRAFT

# ASSOCIATION REPORTS

**Nothing to report under this tab**

# COMMITTEE REPORTS

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**Oregon Board of Dentistry  
Committee and Liaison Assignments  
May 2014 - April 2015**

**STANDING COMMITTEES**

**Communications**

Purpose: To enhance communications to all constituencies

*Committee:*

Todd Beck, D.M.D., Chair	Barry Taylor, D.M.D., ODA Rep.
Mary Davidson, M.P.H., R.D.H., E.P.P.	Gail Aamondt, R.D.H., M.S., ODHA Rep.
Alton Harvey, Sr.	Linda Kihs, CDA, EFDA, MADAA, ODAA Rep.

*Subcommittees:*

- Newsletter – Todd Beck, D.M.D., Editor

**Dental Hygiene**

Purpose: To review issues related to Dental Hygiene

*Committee:*

Mary Davidson, M.P.H., R.D.H., E.P.P., Chair	David J. Dowsett, D.M.D., ODA Rep.
Amy Fine, D.M.D.	Kristen L. Simmons, R.D.H., B.S., ODHA Rep.
Matt Tripp, R.D.H., E.P.P.	Mary Harrison, CDA, EFDA, EFODA, ODAA Rep.

**Enforcement and Discipline**

Purpose: To improve the discipline process

*Committee:*

Julie Ann Smith, D.D.S., M.D. - Chair  
Mary Davidson, M.P.H., R.D.H., E.P.P.  
James Morris

*Subcommittees:*

Evaluators

- Julie Ann Smith, M.D., D.D.S., Senior Evaluator
- Todd Beck, D.M.D., Evaluator

**Licensing, Standards and Competency**

Purpose: To improve licensing programs and assure competency of licensees and applicants

*Committee:*

Jonna Hongo, D.M.D., Chair	Daren L. Goin, D.M.D., ODA Rep.
Gary Underhill, D.M.D.	Lisa J. Rowley, R.D.H., M.S., ODHA Rep.
Matt Tripp, R.D.H., E.P.P.	Mary Harrison, CDA, EFDA, EFODA, ODAA Rep.

**Rules Oversight**

Purpose: To review and refine OBD rules

*Committee:*

Todd Beck, D.M.D., Chair	Jill M. Price, D.M.D., ODA Rep.
Alton Harvey, Sr.	Lynn Ironside, R.D.H., ODHA Rep.
Mary Davidson, M.P.H., R.D.H., E.P.P.	Bonnie Marshall, CDA, EFDA, EFODA, MADAA, ODAA Rep.

## LIAISONS

American Assoc. of Dental Administrators (AADA) — Patrick D. Braatz, Executive Director

American Assoc. of Dental Boards (AADB)

- Administrator Liaison – Patrick D. Braatz, Executive Director
- Board Attorneys' Roundtable – Lori Lindley, SAAG - Board Counsel
- Dental Liaison – Jonna Hongo, D.M.D.
- Hygiene Liaison – Mary Davidson, M.P.H., R.D.H., E.P.P.

American Board of Dental Examiners (ADEX)

- House of Representatives – Jonna Hongo, D.M.D.
- Dental Hygiene House of Representatives - District 2, Mary Davidson, M.P.H., R.D.H., E.P.P.\*
- Dental Exam Committee – Jonna Hongo, D.M.D.
- Dental Hygiene Exam Committee - District 2 Representative, Matt Tripp, R.D.H., E.P.P.\*

North East Regional Board (NERB) Steering Committee

- Julie Ann Smith, D.D.S, M.D.
- Matt Tripp, RDH. E.P.P.
- Jill Mason, M.P.H., R.D.H., E.P.P.

Oregon Dental Association – Brandon Schwindt, D.M.D.

Oregon Dental Hygienists' Association Matt Tripp, R.D.H.,E.P.P.

Oregon Dental Assistants Association – Brandon Schwindt, D.M.D.

Western Regional Exam Board (WREB)

- Dental Exam Review Committee – Jonna Hongo, D.M.D
- Hygiene Exam Review Committee – Matt Tripp, R.D.H., E.P.P.

## OTHER

### Administrative Workgroup

Purpose: To update Board and agency policies and guidelines. Consult with Executive Director on administrative issues. Conduct evaluation of Executive Director.

*Committee:*

Brandon Schwindt, D.M.D, Chair  
Mary Davidson, M.P.H., R.D.H., E.P.P.  
Alton Harvey, Sr.

*Subcommittee:*

Budget/Legislative – *(President, Vice President, Immediate Past President)*

- Brandon Schwindt, D.M.D.
- Alton Harvey, Sr.
- Jonna Hongo, D.M.D.

### Anesthesia

Purpose: To review and make recommendations on the Board's rules regulating the administration of sedation in dental offices.

*Committee:*

Julie Ann Smith, D.D.S, M.D., Chair  
Brandon Schwindt, D.M.D.  
Rodney Nichols, D.M.D.  
Daniel Rawley, D.D.S.  
Mark Mutschler, D.D.S.  
Jay Wylam, D.M.D.  
Normund Auzins, D.M.D.  
Eric Downey, D.D.S.  
Ryan Allred, D.D.S.

\*Not Selected by the OBD

**EXECUTIVE  
DIRECTORS  
REPORT**

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## **EXECUTIVE DIRECTOR'S REPORT**

### **August 22, 2014**

#### **OBD Budget Status Report**

Attached is the latest budget report for the 2013 - 2015 Biennium. This report, which is from July 1, 2013 through June 30, 2014, shows revenue of \$1,335,969.95 and expenditures of \$1,188,799.28. We have just started the 2<sup>nd</sup> RDH Renewal for this Biennium.

We are basically at the half way point in the budget and I think the Budget Revenue is performing as expected. Our expenditures are a little higher with the addition of a second consultant and the increased expenditures associated with the move to the new office. We are waiting for the official close of FY 14.

Because of the timing of the Board Meeting and the close of the July Financials which is August 15, 2014, I expect that I will have an additional handout at the meeting that will then reflect 13 months of the biennium which will give us an even better picture of where we are at this time.

If Board members have questions on this budget report format, please feel free to ask me.

#### **Attachment #1**

#### **Customer Service Survey**

Attached is a chart which shows the OBD State Legislatively Mandated Customer Service Survey Results from July 1, 2014 – July 31, 2014.

The results of the survey show that the OBD continues to receive positive comments from the majority of those that return the surveys. The booklet containing the written comments that are on the survey forms, which staff has reviewed, are available on the table for Board members to review. **Attachment #2**

#### **Board and Staff Speaking Engagements**

I made a presentation to the ODEA Salem Chapter on Wednesday, Evening July 16, 2014 in Salem.

Dr. Paul Kleinstub Dental Director/Chief Investigator made a presentation on "Record Keeping" and "Updates from the OBD" to Advantage Dental at Eagle Crest in Redmond on Friday, August 1.

#### **OBD Affirmative Action Report 2015 – 2017**

Attached please find the 2015 – 2017 OBD Affirmative Action Report. All state agencies in the Executive Branch are required to submit such a report with their 2015 – 2017 Budget documents. **Attachment #3**

#### **2014 Annual Performance Report**

Attached please find the 2014 Annual Performance Report for the OBD. **Attachment #4**

### **HPSP Satisfaction Report**

Please find the 4th Annual HPSP Report and summary. Mr. Wayson and I will be happy to answer questions that you might have on this report. **Attachment #5**

### **Agency Head Financial Transaction Report July 1, 2013 – June 30, 2014**

Board Policy requires that at least annually the entire Board review agency head financial transactions and that acceptance of the report will be placed in the minutes. The Board reviews and approves this report which follows the close of the recent fiscal year. **Attachment #6**

### **Board Best Practices Self Assessment**

As a part of the legislatively approved Performance Measures, the Board needs to complete the attached Best Practices Self-Assessment so that it can be included as a part of the 2015 Performance Measures Report. **Attachment #7**

### **Tri-Met Contract**

I am asking the OBD to ratify my entering into a contract with TRIMET for the Universal Pass Program which will have the OBD provide transportation passes for employees that are eligible to receive such passes for transportation to and from work. The Board approved the contract with TRIMET last year. **Attachment #8**

### **Discussion on Dates for Strategic Planning Session**

We are looking to try to plan the Strategic Planning Session for the weekend of October 17, 2014 following the October Board Meeting, but we have not yet heard from all Board Members if this date will work. The last time we did a Friday night arrival and then worked all day Saturday and then a departure on Sunday.

### **Newsletter**

It is time to consider another newsletter and articles are welcome from the Board Members.



**BOARD OF DENTISTRY**  
**Fund 3400 BOARD OF DENTISTRY**  
**For the Month of JUNE 2014**

**REVENUES**

<u>Budget</u> <u>Obj</u>	<u>Budget Obj Title</u>	<u>Monthly Activity</u>	<u>Biennium to Date</u> <u>Activity</u>	<u>Financial Plan</u>	<u>Unobligated Plan</u>	<u>Monthly Avg to</u> <u>Date</u>	<u>Monthly Avg to</u> <u>Spend</u>
0205	OTHER BUSINESS LICENSES	53,793.00	1,251,041.50	2,376,611.00	1,125,569.50	104,253.46	93,797.46
0210	OTHER NONBUSINESS LICENSES AND FEES	100.00	4,900.00	15,772.00	10,872.00	408.33	906.00
0505	FINES AND FORFEITS	-1,000.00	54,000.00	136,085.00	82,085.00	4,500.00	6,840.42
0605	INTEREST AND INVESTMENTS	296.29	4,252.18	7,890.00	3,637.82	354.35	303.15
0975	OTHER REVENUE	873.60	21,776.27	24,447.00	2,670.73	1,814.69	222.56
		<b>54,062.89</b>	<b>1,335,969.95</b>	<b>2,560,805.00</b>	<b>1,224,835.05</b>	<b>111,330.83</b>	<b>102,069.59</b>

**TRANSFER OUT**

<u>Budget</u> <u>Obj</u>	<u>Budget Obj Title</u>	<u>Monthly Activity</u>	<u>Biennium to Date</u> <u>Activity</u>	<u>Financial Plan</u>	<u>Unobligated Plan</u>	<u>Monthly Avg to</u> <u>Date</u>	<u>Monthly Avg to</u> <u>Spend</u>
2443	TRANSFER OUT TO OREGON HEALTH	0.00	100,277.50	215,500.00	115,222.50	8,356.46	9,601.88
		<b>0.00</b>	<b>100,277.50</b>	<b>215,500.00</b>	<b>115,222.50</b>	<b>8,356.46</b>	<b>9,601.88</b>

**PERSONAL SERVICES**

<u>Budget</u> <u>Obj</u>	<u>Budget Obj Title</u>	<u>Monthly Activity</u>	<u>Biennium to Date</u> <u>Activity</u>	<u>Financial Plan</u>	<u>Unobligated Plan</u>	<u>Monthly Avg to</u> <u>Date</u>	<u>Monthly Avg to</u> <u>Spend</u>
3110	CLASS/UNCLASS SALARY & PER DIEM	41,799.00	456,418.31	940,701.00	484,282.69	38,034.86	40,356.89
3160	TEMPORARY APPOINTMENTS	0.00	0.00	15,434.00	15,434.00	0.00	1,286.17
3170	OVERTIME PAYMENTS	186.40	4,197.96	13,384.00	9,186.04	349.83	765.50
3180	SHIFT DIFFERENTIAL	1.50	84.75	114.00	29.25	7.06	2.44
3210	ERB ASSESSMENT	8.25	99.00	212.00	113.00	8.25	9.42
3220	PUBLIC EMPLOYEES' RETIREMENT SYSTEM	5,505.62	65,694.15	133,173.00	67,478.85	5,474.51	5,623.24
3221	PENSION BOND CONTRIBUTION	2,372.33	27,914.35	52,001.00	24,086.65	2,326.20	2,007.22
3230	SOCIAL SECURITY TAX	3,167.54	34,723.25	73,795.00	39,071.75	2,893.60	3,255.98
3250	WORKERS' COMPENSATION ASSESSMENT	24.17	256.32	434.00	177.68	21.36	14.81
3260	MASS TRANSIT	212.43	2,534.08	5,414.00	2,879.92	211.17	239.99
3270	FLEXIBLE BENEFITS	8,679.79	102,810.35	209,350.00	106,539.65	8,567.53	8,878.30
		<b>61,957.03</b>	<b>694,732.52</b>	<b>1,444,012.00</b>	<b>749,279.48</b>	<b>57,894.38</b>	<b>62,439.96</b>

**SERVICES and SUPPLIES**

<u>Budget</u> <u>Obj</u>	<u>Budget Obj Title</u>	<u>Monthly Activity</u>	<u>Biennium to Date</u> <u>Activity</u>	<u>Financial Plan</u>	<u>Unobligated Plan</u>	<u>Monthly Avg to</u> <u>Date</u>	<u>Monthly Avg to</u> <u>Spend</u>
4100	INSTATE TRAVEL	4,989.80	28,250.88	55,994.00	27,743.12	2,354.24	2,311.93
4125	OUT-OF-STATE TRAVEL	662.88	20,671.71	23,487.00	2,815.29	1,722.64	234.61

<u>Budget</u> <u>Obj</u>	<u>Budget Obj Title</u>	<u>Monthly Activity</u>	<u>Biennium to Date</u> <u>Activity</u>	<u>Financial Plan</u>	<u>Unobligated Plan</u>	<u>Monthly Avg to</u> <u>Date</u>	<u>Monthly Avg to</u> <u>Spend</u>
4150	EMPLOYEE TRAINING	0.00	3,905.00	8,877.00	4,972.00	325.42	414.33
4175	OFFICE EXPENSES	1,491.32	43,288.00	86,657.00	43,369.00	3,607.33	3,614.08
4200	TELECOMM/TECH SVC AND SUPPLIES	1,165.17	13,300.36	26,077.00	12,776.64	1,108.36	1,064.72
4225	STATE GOVERNMENT SERVICE CHARGES	32.35	39,389.20	75,916.00	36,526.80	3,282.43	3,043.90
4250	DATA PROCESSING	214.74	2,308.96	4,702.00	2,393.04	192.41	199.42
4275	PUBLICITY & PUBLICATIONS	342.58	17,158.06	22,866.00	5,707.94	1,429.84	475.66
4300	PROFESSIONAL SERVICES	6,603.89	82,329.84	104,922.00	22,592.16	6,860.82	1,882.68
4315	IT PROFESSIONAL SERVICES	0.00	12,925.00	22,503.00	9,578.00	1,077.08	798.17
4325	ATTORNEY GENERAL LEGAL FEES	0.00	59,235.83	176,916.00	117,680.17	4,936.32	9,806.68
4400	DUES AND SUBSCRIPTIONS	0.00	5,040.45	10,888.00	5,847.55	420.04	487.30
4425	FACILITIES RENT & TAXES	7,571.71	83,708.75	152,950.00	69,241.25	6,975.73	5,770.10
4475	FACILITIES MAINTENANCE	1,276.50	5,154.95	877.00	-4,277.95	429.58	-356.50
4575	AGENCY PROGRAM RELATED SVCS & SUPP	2,835.15	44,335.11	104,286.00	59,950.89	3,694.59	4,995.91
4650	OTHER SERVICES AND SUPPLIES	1,582.91	23,912.02	46,577.00	22,664.98	1,992.67	1,888.75
4700	EXPENDABLE PROPERTY \$250-\$5000	944.87	2,372.22	1,782.00	-590.22	197.69	-49.19
4715	IT EXPENDABLE PROPERTY	0.00	6,780.42	6,411.00	-369.42	565.04	-30.79
		<b>29,713.87</b>	<b>494,066.76</b>	<b>932,688.00</b>	<b>438,621.24</b>	<b>41,172.23</b>	<b>36,551.77</b>

### **SPECIAL PAYMENTS**

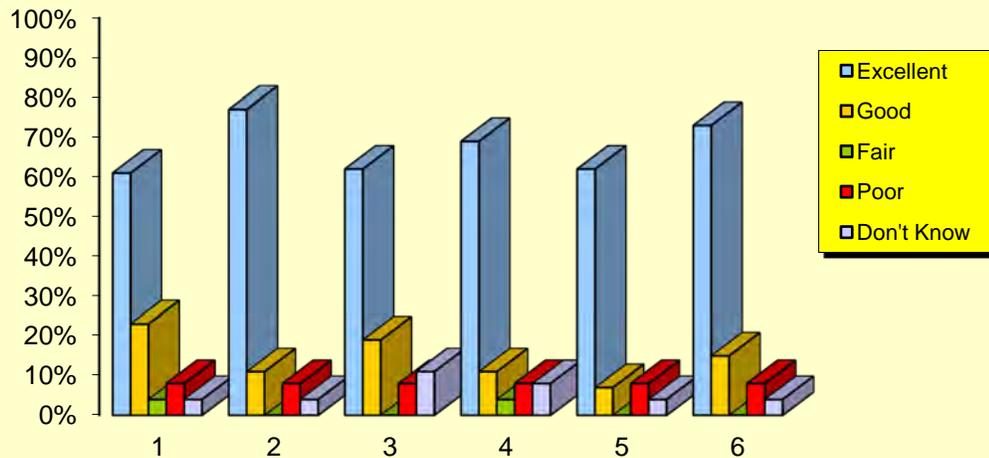
<u>Budget</u> <u>Obj</u>	<u>Budget Obj Title</u>	<u>Monthly Activity</u>	<u>Biennium to Date</u> <u>Activity</u>	<u>Financial Plan</u>	<u>Unobligated Plan</u>	<u>Monthly Avg to</u> <u>Date</u>	<u>Monthly Avg to</u> <u>Spend</u>
6443	DIST TO OREGON HEALTH AUTHORITY	0.00	89,897.00	230,216.00	140,319.00	7,491.42	11,693.25
		<b>0.00</b>	<b>89,897.00</b>	<b>230,216.00</b>	<b>140,319.00</b>	<b>7,491.42</b>	<b>11,693.25</b>

### **SUMMARY TOTALS**

3400
BOARD OF DENTISTRY

		<u>Month Activity</u>	<u>Biennium Activity</u>
REVENUES	REVENUE	54,062.89	1,335,969.95
	Total	54,062.89	1,335,969.95
EXPENDITURES	PERSONAL SERVICES	61,957.03	694,732.52
	SERVICES AND SUPPLIES	29,713.87	494,066.76
	Total	91,670.90	1,188,799.28
TRANSFER OUT	TRANSFER OUT	0.00	100,277.50
	Total	0.00	100,277.50
SPECIAL PAYMENTS	SPECIAL PAYMENTS	0.00	89,897.00
	Total	0.00	89,897.00

## Oregon Board of Dentistry Customer Service Survey July 1, 2014 - July 31, 2014



- 1 How do you rate the timeliness of the services provided by the OBD?  
E= 61% G= 23% F= 4% P= 8% DK= 4%
- 2 How do you rate the ability of the OBD to provide services correctly the first time?  
E= 77% G= 11% F= 0% P= 8% DK= 4%
- 3 How do you rate the helpfulness of the OBD?  
E= 62% G= 19% F= 0% P= 8% DK= 11%
- 4 How do you rate the knowledge and expertise of the OBD?  
E= 69% G= 11% F= 4% P= 8% DK= 8%
- 5 How do you rate the availability of information at the OBD?  
E= 62% G= 7% F= 0% P= 8% DK= 4%
- 6 How do you rate the overall quality of services provided by the OBD?  
E= 73% G= 15% F= 0% P= 8% DK= 4%

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# *Oregon Board of Dentistry*



**Patrick D. Braatz, Executive Director**  
**1500 SW 1<sup>st</sup> Ave, Suite 770**  
**Portland OR, 97201**  
**(971)-673-3200**

**Affirmative Action Plan**  
**2015 – 2017 Biennium**



# Oregon

John A. Kitzhaber, MD, Governor

**Oregon Board of Dentistry**

1500 SW 1<sup>st</sup> Ave. Suite 770

Portland, OR 97201

Phone: 971 / 673-3200

Fax: 971 / 673-3202

E-mail: [www.Oregon.gov/dentistry](http://www.Oregon.gov/dentistry)

August 1, 2014

The Honorable John A. Kitzhaber  
Office of the Governor  
155 Cottage Street NE  
Salem, OR 97301

Dear Governor Kitzhaber:

I am pleased to submit to your office the Affirmative Action Plan for the Oregon Board of Dentistry.

If you have any questions, please feel free to contact me.

Sincerely yours,

Patrick D. Braatz  
Executive Director

**BOARD OF DENTISTRY  
AFFIRMATIVE ACTION PLAN  
2015-2017 BIENNIUM**

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## **I. DESCRIPTION OF AGENCY**

### **A. Mission and Objectives**

*The mission:* The Mission of the Oregon Board of Dentistry is to protect the public by assuring that the citizens of Oregon receive the highest possible quality oral health care.

#### Statutory Authority:

The first Act regulating the practice of dentistry was adopted by the Oregon Legislature on February 23, 1887. The Oregon Dental Practice Act is comprised of Oregon Revised Statutes, Chapters 679, 680.010 to 680.210 and 680.990. These statutes, enacted by the Oregon Legislature authorize the Board to regulate the practice of dentistry and dental hygiene. Administrative Rules of the Board are found in OAR 818-001-0000 through 818-042-0130

### **B. Name of Agency Director/Administrator**

The current Executive Director of the Oregon Board of Dentistry is:

Mr. Patrick D. Braatz  
1500 SW 1<sup>st</sup> Ave. Suite 770  
Portland, OR 97201  
Phone number 971-673-3200

### **C. The Governor's Policy Advisor**

The Governor's Policy Advisor for the Oregon Board of Dentistry is:  
Mr. Sean Kolmer Phone number 503-378-1558

### **D. The Affirmative Action Representative**

The Affirmative Action Representative for the Oregon Board of Dentistry is:  
Patrick D. Braatz  
Phone number 971-673-3200

### **E. Name of Diversity & Inclusion Representative**

None

### Agency Staffing:

The Oregon Board of Dentistry was created in 1887 and administers the Dental Practice Act and rules of the board, establishes standards for licensure, and examines and licenses dentists and dental hygienists. The board regulates the use of anesthesia in the dental office and certifies dental assistants in radiologic proficiency and expanded functions. The board investigates alleged violations of the Dental Practice Act and may discipline licensees. Members of the Board of Dentistry are appointed by the governor and confirmed by the senate. There are ten board members: six dentists, one of whom must be a specialist, two dental hygienists and two public members. Members serve for four years.

The board is supported solely by revenues received from licensees, including application, license, permit and certification fees. The 2015 -2017 biennial budget is \$3.17 million dollars.

The Executive Director directly supervises the Dental Director/Chief Investigator and the Office manager and answers to the members of the Board. The Dental Director supervises the Investigators and all of their activities. The Office Manager directly supervises the Licensing Manager and Office Specialist.

*A current organizational chart for the Oregon Board of Dentistry follows this page.*

# Board of Dentistry

10 Members

Executive Director  
Principal Executive/Manager  
Patrick D. Braatz  
Z7008 Pos 521 1.0 FTE

## INVESTIGATION AND COMPLIANCE MONITORING

Dental Director/Chief Investigator - Principle  
Executive/Manager  
Paul Kleinstub, D.D.S., M.S.

Investigator 2- C5232 Pos 528 1.0FTE  
Daryll Ross

Investigator 2- C5232 Pos 530 1.0 FTE  
Harvey Wayson

Investigator/Consultant  
Michelle Lawrence, D.M.D.

Investigator/Consultant  
William Herzog, D.M.D.

Office Manager - 2 X806 Pos 524 1.0 FTE  
Stephen Prisby

Licensing & Examination Manager Pos 525 1.0 FTE  
Teresa Haynes

Office Specialist -2 C0104 Pos 529 1.0 FTE  
Lisa Warwick

## **II. AFFIRMATIVE ACTION PLAN**

### **A. Agency Affirmative Action Policy Statement**

#### Introduction

The purpose of this plan is to update and maintain the previously initiated affirmative action program for the Oregon Board of Dentistry, in keeping with the directive of the Governor, state and federal laws and regulations, executive orders of the President of the United States of America concerning affirmative action, discrimination/non-discrimination guidelines appropriate under the Civil Rights Acts, equal employment opportunity (EEO) policies, and the Americans with Disabilities Act by which our good faith efforts must be directed.

#### Policy Statement

The Oregon Board of Dentistry affirms and supports the Governor's Affirmative Action Plan and is dedicated to creating a work environment, which will attract and retain employees who represent the broadest possible spectrum of society including women, minorities and the disabled.

The Oregon Board of Dentistry will not tolerate discrimination or harassment on the basis of race, color, sex, marital status, religion, national origin, age, mental or physical disability, sexual orientation, or any reason prohibited by state or federal statute.

The Oregon Board of Dentistry has charged the Executive Director with the enforcement of the Affirmative Action Policy as well as the investigation of any violations of the Affirmative Action Policy in accordance with all laws, rules and regulations established by the State of Oregon.

The Affirmative Action Statement is posted on the Employee Bulletin Board located in the Oregon Board of Dentistry's Work Room.

The Affirmative Action Statement and the Affirmative Action Plan is given to each employee and Board Members and is on file in the Oregon Board of Dentistry Office and is made available to anyone who requests a copy via electronic or paper copy.

The Oregon Board of Dentistry expects all supervisors, managers and employees to follow the Affirmative Action Statement and the Affirmative Action Policy and requires management to note compliance during annual employee performance reviews.

The Oregon Board of Dentistry and its management further adopts and affirms the Governor's beliefs that the State has a commitment to the right of all persons to work and advance on the basis of merit, ability and potential.

The Oregon Board of Dentistry will not tolerate discrimination or harassment on the basis of age, color, marital status, mental or physical disability, national origin, race, religion, sex, sexual orientation, or any reason prohibited by state or federal statute. Nor shall the Board do business with any vendor/provider for the state of Oregon who discriminates or harasses in the above-described manner. All personnel actions of the Oregon Board of Dentistry, and all licensing actions and disciplinary actions concerning licensees, shall be administered according to this policy.

All staff of the Oregon Board of Dentistry shall adhere to the Affirmative Action Policy and Plan. Supervisory and management staff, in particular, shall assure that the intent as well as the stated requirements are implemented in all employee relationships and personnel practices. In addition, it is the duty of every employee of the Oregon Board of Dentistry to create a job environment atmosphere which is conducive to non-discrimination policies and free of any form of discrimination or harassment. The application of this policy is the individual responsibility of all administrative and supervisory staff, and each shall be evaluated on his/her performance in achieving this affirmative action policy as well as in other job performance criteria. The Affirmative Action Plan is posted on the Board's website; a hard copy is placed in the reception area, and in the Executive Director's and Office Manager's offices. The Affirmative Action Policy Statement is posted on the bulletin board where all other required posters are located. Failure to meet our Affirmative Action standards will be subject to disciplinary actions.

All employees shall be advised of the procedure for lodging a discrimination/ harassment complaint, and all employees with concerns of any kind related to affirmative action shall be encouraged to bring them to the attention of the Executive Director or the Office Manager. Our internal procedure supports the statewide policy and is located on A-13 of this plan.

It is further the policy of the Oregon Board of Dentistry to establish and maintain this program of affirmative action to provide for a method of eliminating any effects of past or present discrimination, intended or unintended, which may be indicated by analysis of present employment patterns, practices, or policies.

**B. Agency Diversity & Inclusion Statement**

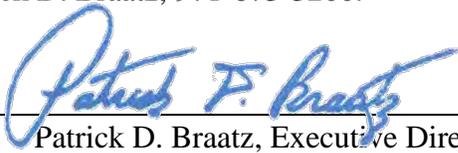
The Executive and Management Staff of the Oregon Board of Dentistry ensure that the agency has created, maintains and embeds a diverse and inclusive environment and organizational culture throughout the state delivery system. Our office also ensures that all Oregonians, regardless of gender, age, race, national origin, color, ethnicity, religion, people with disabilities, sexual orientation, veterans (etc.), have a fair and equal chance for available job opportunities at the agency.

We work both inside and outside of state government with everyone from state agency heads, human resources and on-the-ground staff to community-based organizations and the general public. This not only identifies systemic barriers and weaknesses that stand in the way of a diverse and inclusive workforce, but also finds and implements effective solutions that will fix the problems and improve the performance and service delivery of state organizations.

While the Governor's Diversity & Inclusion and Affirmative Action Office was created by federal and state laws, we are working to build an organization that uses the concepts of Diversity & Inclusion, e.g. problem-solving, innovation, organizational development, to create workplaces that are stronger, better functioning, and more dynamic – and can deliver the best possible service to the people of Oregon.

Duration of Plan

This revision of the Board's Affirmative Action Plan is effective July 1, 2015 and shall be evaluated annually or as needed when statewide changes occur. The Board's Affirmative Action Representative is Patrick D. Braatz, 971-673-3200.

  
\_\_\_\_\_  
Patrick D. Braatz, Executive Director

\_\_\_\_\_  
August 1, 2014  
Date

## **C. Training, Education and Development Plan (TEDP):**

### **1. Staff**

The Oregon Board of Dentistry is a very small agency of only seven employees. All employees are made aware of any Affirmative Action and Diversity training via state e-mail, the posting of training information on the employee bulletin board and announcement at weekly staff meetings.

Employees are encouraged to attend Affirmative Action and Diversity training.

### **2. Board Members**

- a. Provide new Board Members with a copy of the Affirmative Action Plan or direct them to the Board's website where the Plan is available for public viewing.
- b. Invite them to participate in the Board's cultural diversity training sessions.

### **3. Providers and Volunteers**

The Oregon Board of Dentistry does not have any Providers or Volunteers.

### **4. Contractors/Vendors**

When contracts are established or renewed, the Oregon Board of Dentistry provides vendors with a copy of the Affirmative Action Plan or directs them to the Board's website where the Plan is available for public viewing.

## **D. Programs**

The Oregon Board of Dentistry uses a number of approaches in executing its diversity and inclusion program and bringing new people into the work force, creating opportunities for existing employees, and promoting an environment that is welcoming, tolerant and supportive. Some of the initiatives and activities include:

- Communicating to all staff in a variety of mediums the importance of diversity and inclusion;
- Drawing upon different sources to advertise our recruitments such as the new state recruiting system E-Recruit, and increase awareness of our openings by contacting minority and community organizations.
- Promoting a respectful workplace by offering training on diversity awareness, improving communications, conflict management, and an open atmosphere to talk about problems and ideas;
- Creating a welcoming environment by fostering an acceptance of people's differences and treating everyone with respect and professionalism whether they are staff or customer;
- Posting notices and forwarding e-mails that talk about cultural activities and other information that supports diversity and tolerance; and
- Displaying the agency's commitment to the Affirmative Action Plan by publicizing it on their website and having hard copies available in strategic locations for everyone to read.

1. Outreach- The Oregon Board of Dentistry is committed to open communication with the licenses and citizens of the state. The Executive Director and staff give approximately 24 presentations throughout the year to associations and students regarding licensing steps, new rules, and feedback on how to stay out of trouble and practice within the scope of the law. The OBD coordinates education and rule making with the major dental groups in the state. The OBD maintains a robust web site, and also utilizes email lists and mailings to communicate important Board information to all licensees.

## **E. Update: Executive Order 08-18**

### **1. Cultural Competency Assessment and Implementation Services**

As part of the Oregon Board of Dentistry's 2015-2017 Affirmative Action Plan, the agency will increase multicultural training through staff meetings and strive to seek diversity and cultural competency within our staff and Board Members.

The Board will work towards implementing a Cultural Competency Assessment within existing budget limitation. We anticipate that this assessment will help determine where OBD's culture lies in the spectrum from culturally unaware to culturally competent. A culturally competent organization is able to use the policies, people and resources it has to systematically anticipate, recognize and respond to varying expectations of customers and employees. A culturally competent organization values individuals for their differences instead of expecting individuals to adapt to the organizations culture. The OBD, its employees and customers will immediately benefit from their movement along the spectrum towards cultural competence.

The Oregon Board of Dentistry will develop a plan to enhance its cultural competence over the 2015-2017 Biennium. Implementation of the plan will result in:

- People of diverse backgrounds and experience effectively working together;
- People understanding and appreciating one another's differences;
- People effectively communicating with and being respectful of those differences;
- and

The plan will focus on:

- Licensees understanding and appreciating the value of the Board's requirements.
- Greater awareness among the members of OBD's workforce;
- Possible changes to policies and procedures that will enhance effective communication and utilize differing strengths;
- Identifying training events that all employees will enjoy and participate in; and
- An increased respect for and understanding of diverse cultures within the workforce.

The Oregon Board of Dentistry will benefit from this plan by:

- Utilizing unique strengths and perspectives to solve problems and enrich the work environment;
- Creating a climate of cultural awareness and a welcoming environment that honors diversity;
- Making a stronger and more cohesive workforce rallied together by a common goal of success;

- Having a greater understanding of the world in which we work and the customers we serve; and
- Preventing and overcoming misunderstandings, lost opportunities and conflict.

2. **Statewide Exit Interview Survey**

The Oregon Board of Dentistry offers exit interviews to all departing staff. Discuss and follow-up with the Executive Director on any concerns or trends. Ensure each departing employee is sent the link to the State’s exit interview survey monkey as required by the Governor’s Affirmative Action Office.

3. **Performance Evaluations of all Management Personnel**

The Oregon Board of Dentistry remains committed to compliance with the Governor’s executive orders requiring the inclusion of diversity and affirmative action requirements in position descriptions and annual performance evaluations. Performance accountability in the areas of Affirmation Action and Diversity will be reviewed during annual evaluations.

**F. Status of contracts to Minority Businesses (ORS 659A.015)**

The Oregon Board of Dentistry issues a small number of contracts which are very specific individual personal contracts. All contracts are prepared internally and the type of individuals that the Oregon Board of Dentistry needs are not found on the OMWESB Certified Firms List. The OBD has a Consultant/Investigator Contract with Dr. Michelle Lawrence.

**III. ROLES FOR IMPLEMENTATION OF AFFIRMATIVE ACTION PLAN**

**A. Responsibilities and Accountabilities**

1. **Executive Director**

- Foster and promote to employees the importance of a diverse and discrimination and harassment free workplace. Participate in cultural diversity trainings, orientations, and be an example of cultural sensitivity.
- Meet as needed, with the Board’s Office Manager to review equal employment opportunities, evaluate affirmative action and diverse work environment progress, and identify problems. Approve strategies and timetables for meeting goals.
- Annual performance reviews will include ratings on the Director’s support and effectiveness of the agency’s Affirmative Action Plan.
- Hold managers accountable for participating in and promoting affirmative action activities and for communicating this same responsibility to their subordinate supervisors and employees. The effectiveness of managers and supervisors in promoting the affirmative action activities, goals and objectives for OBD will be included in their annual performance appraisals. ORS 659.025(1) states:

*“To achieve the public policy of the State of Oregon for persons in the state to attain employment and advancement without discrimination because of race, religion, color, sex, marital status, national origin, handicap or age, every state agency shall be required*

*to include in the evaluation of all management personnel the manager's or supervisor's effectiveness in achieving affirmative action objectives as a key consideration of the manager's or supervisor's performance.*

2. **Managers and Supervisors**

- a. Foster and promote to employees the importance of a diverse and discrimination and harassment free workplace.
- b. Managers and supervisors will receive an orientation on the Board's affirmative action goals, understand their own responsibilities, and evaluate how well they are achieving the Board's affirmative action goals and objectives. They will attend cultural competency training, attend orientations, and promote cultural awareness.
- c. Subordinate supervisors will be evaluated on their effectiveness in carrying out the responsibilities they have for participating in and promoting affirmative action activities.
- d. In undertaking these evaluations, managers will consider how well the supervisor fosters and promotes a diverse workforce, how well s/he promotes the affirmative action goals and objectives, and that his/her staff are knowledgeable about OBD policies and procedures that encourage a welcoming environment.
- e. Inform applicants for vacant positions that the Board is an equal employment employer committed to workforce diversity. Have a copy of the Board's Affirmative Action Plan available for applicants to review on request.
- f. Work with the Human Resources Section to utilize State of Oregon procedures and rules in filling vacancies.
- g. Attend equal opportunity, affirmative action and other diversity and inclusion-related training in order to be informed of current issues.
- h. Display the Board's Affirmative Action Policy Statement and have available a hard copy of the Affirmative Action Plan in the office. An electronic copy of the Board's Affirmative Action Policy Statement will also be maintained on the OBD website.
- i. Act in a timely manner if they become aware of any Board employee engaging in any type of harassment.
- j. Periodically report to employees on the Board's progress in attaining its' affirmative action goals and on other affirmative action matters.
- k. Be held accountable for promoting affirmative action on their annual performance evaluations.

3. **Affirmative Action Officer and/or Designee**

- a. Work with the Executive Director, managers and supervisors to promote a diverse workforce environment and help attain the AA goals of the Board. Encourage the retention of existing employees and create new learning opportunities for them.
- b. Report AA activities to the Executive Director in one-on-one meetings as well as staff meetings. Obtain support for proposed changes to the AA Plan to reach goals and objectives. Respond to AA issues and attend AA meetings on behalf of the Director.
- c. Emphasize the Board's support of equal employment opportunity, affirmative action and the benefits of a diverse workforce.
- d. Train managers to have diverse interview panels including, when possible, one member who works outside the hiring section/division and one member from a protected class.

- e. Research training opportunities and topics for presentation to all staff. Actively participate in those trainings.
- f. Have hard copies and/or electronic copies of the Board's Affirmative Action Policy Statement and Plan available for review by all managers, supervisors and employees. Make hard or electronic copies available to applicants for employment on request. Recommend changes to the Plan and update it as required. Compile statistics and keep management informed of the Board's AA status during management meetings. Solicit comments from managers requesting how Human Resources can assist them in promoting affirmative action activities and how best to create a more diverse workforce.
- g. Discuss the State of Oregon/Board Affirmative Action Plan and Policy in New Employee Orientation. Make the orientation as welcoming as possible. Include in the discussion:
  - Our expectations surrounding a respectful workplace and talk about what that means to the agency as well as the employee.
  - Our commitment to supporting the personal and professional growth of our employees.
  - Our encouragement to contribute and participate in agency activities that will assist the agency in meeting its objectives.
  - And our doors are always open for questions and concerns.
- i. Train and inform managers, supervisors and employees at New Employee Orientation as to their rights and responsibilities under the Board's affirmative action policy and other Board policies to eliminate any harassment based on race, sex, age, religion, sexual orientation, or disability.
- j. Respond to and investigate complaints. Enforce policies and procedures.
- k. Offer the Statewide Exit Interview Survey to all terminated employees. Analyze for trends. If it appears that discrimination or harassment was a factor in employee separation, conduct an investigation and take appropriate action. Inform the Executive Director of the results.
- l. Evaluate revised and new policies for possible adverse impact on the Board's commitment to affirmative action and equal employment opportunities.
- m. Serve as a liaison between the Board, the state and federal agencies that protect civil rights.

#### **IV. JULY 1, 2012-JUNE 30, 2014**

##### **A. Affirmative Action Report**

###### **Affirmative Action Report**

Agency Affirmative Action Policy: The Board of Dentistry affirms and supports the Governor's Affirmative Action Plan and is dedicated to creating a work environment, which will attract and retain employees who represent the broadest possible spectrum of society including women, minorities and the disabled. The Board of Dentistry will not tolerate discrimination or harassment on the basis of race, color, sex, marital status, religion, national origin, age, mental or physical disability, or any reason prohibited by state or federal statute.

The Board and its management further adopts and affirms the Governor's beliefs that the State has a commitment to the right of all persons to work and advance on the basis of merit, ability and potential.

The Board of Dentistry has seven positions budgeted at 7.0 FTE.

Status of 7.0 staff positions at June 30, 2014:

Official/Administrator	1.0 White/Male/over 40
Professional/Technical	3.0 White/Male/over 40
Administrative/Support	1.0 White/Male/over 40
	1.0 White/Female/under 40
	1.0 White/Female/over 40

The nine members of the Board are appointed by the Governor and confirmed by the Senate to four-year terms. By statute, six members are licensed dentists, two are licensed hygienists and one is a public member.

**V. SB 786 – Diversity Report**

Senate Bill 786 (ORS Chapter 973), passed by the 2001 Legislature, requires that the health professional regulatory boards listed in ORS 676.160 collect and maintains information regarding racial, ethnic and bilingual status of licensees and applicants and report to the 2003 Legislature. Provision of the information by licensees is voluntary.

This law was the result of a study performed by the Governor’s Racial and Ethnic Health Task Force, which determined that access to health care by racial and ethnic minorities, is inadequate to address the chronic health issues these communities face. People of color and people with native languages other than English experience extreme difficulty accessing health services. Culturally competent health care providers are critical in providing appropriate health care and the collection of the information requested below will assist decision makers in developing programs to address the disparity in access to health care experienced by various

In 2002, the Board participated in the Oregon Health Workforce Project conducted by OHSU, Area Health Education Centers Program, to determine the workforce and demographic makeup of several health care professions. Results of that survey are shown in the following tables:

<b>VI. Race</b>	<b>Dentists</b>	<b>Hygienists</b>
<b>American Indian/Alaska Native</b>	<b>.3%</b>	<b>.4%</b>
<b>Asian</b>	<b>5.7%</b>	<b>2.7%</b>
<b>Black or African American</b>	<b>.2%</b>	<b>0%</b>
<b>Native Hawaiian or other Pacific Islander</b>	<b>.2%</b>	<b>.4%</b>
<b>Multi-ethnic</b>	<b>.5%</b>	<b>.5%</b>
<b>White (not Hispanic)</b>	<b>93.3%</b>	<b>96%</b>
<b>Other</b>	<b>1%</b>	<b>1%</b>
<b>VII. Gender</b>		
<b>Female</b>	<b>23%</b>	<b>97%</b>
<b>Male</b>	<b>76%</b>	<b>3%</b>

<b>Languages Spoken</b>	<b>Dentists</b>	<b>Hygienists</b>
<b>Spanish</b>	<b>6%</b>	<b>11%</b>
<b>Chinese</b>	<b>3%</b>	<b>1.2%</b>
<b>Vietnamese</b>	<b>1.5%</b>	<b>1%</b>
<b>Russian</b>	<b>1%</b>	<b>1%</b>
<b>Korean</b>	<b>.4%</b>	<b>.1%</b>
<b>Cambodian</b>	<b>.1%</b>	<b>0%</b>
<b>Laotian</b>	<b>0%</b>	<b>0%</b>
<b>English</b>	<b>95.6%</b>	<b>87.5%</b>

To comply with the requirements of SB 786, a survey instrument was developed in collaboration with other health licensing boards in late 2001. The Board of Dentistry decided that the most economical way to gather this information would be to include the survey with renewal applications. Approximately one-half of all licensees renew their licenses each year. (Dentists renew their licenses every two years by March 30 based on even or odd-numbered year of issue and Dental Hygiene licenses are renewed by September 30 in the same manner.) For the purposes of compliance with the requirements of SB 786, it will take two years to complete the survey of all licensees.

Starting in January 2002, the survey was included in the renewal mailings for all licensees during the 2 year renewal cycle which ended September 30, 2003, a total of 3,478 licensees responded. Also effective January 2002, the survey form was included in application packets for new licenses.

Results of OBD surveys returned as of July1, 2014:

<b>Race</b>	<b>Total</b>	<b>% of those Responding</b>	<b>Speak a language other than English</b>
<b>American Indian/Alaska Native</b>	<b>34</b>	<b>.004%</b>	<b>8</b>
<b>Asian/Pacific Islander</b>	<b>327</b>	<b>4.1%</b>	<b>207</b>
<b>Black (not Hispanic)</b>	<b>15</b>	<b>.001%</b>	<b>2</b>
<b>Hispanic</b>	<b>112</b>	<b>1.4 %</b>	<b>72</b>
<b>Other (Multi-ethnic)</b>	<b>33</b>	<b>.004%</b>	<b>11</b>
<b>White (not Hispanic)</b>	<b>3341</b>	<b>42%</b>	<b>430</b>
<b>Not specific</b>	<b>4062</b>	<b>51%</b>	<b>10</b>
<b>Total</b>	<b>7924</b>		<b>740</b>

In addition to implementation of the survey, the Board has met with the Oregon Dental Association and the Dean of the OHSU School of Dentistry to discuss ways in which these three organizations can partner to advance the purposes of SB 786 in attracting people of ethnic and racial background to the professions of dentistry and dental hygiene. Several meetings have also been held with representatives of the affected licensing boards, the Office of Multicultural Health, Department of Administrative Services Diversity Outreach and Executive Recruitment section. Representatives from the Commission

on Black Affairs, Commission on Asian Affairs and Commission on Indian Services were also invited to attend. Discussions were conducted to develop strategies for collaborative outreach efforts to recruit Board members from ethnic and racially diverse populations and to educate these populations about opportunities in health professional.

**OREGON BOARD OF DENTISTRY GOALS,  
STRATEGIES AND ACCOMPLISHMENTS  
AFFIRMATIVE ACTION PLAN July 1, 2012 – June 30, 2014**

The Affirmative Action goals of the Oregon Board of Dentistry for the 2013-2015 biennium were to:

1. Educate and provide strategies to hire more employees from diverse backgrounds.  
**No employee vacancies occurred during the 2013-2015 biennium.**
2. Utilize creative means to advertise vacancies to people of color, disabled individuals and women.  
**No employee vacancies occurred during the 2013-2015 biennium.**
3. Continue the focus on developing an OBD work environment that is attractive to a diverse pool of applicants, retains employees, and is accepting and respectful of employees' differences.  
**The OBD provides a good work environment which is why there has been no turnover in staff and employees remain for many years.**
4. Offer career development and training opportunities for employees of color, employees with disabilities and female employees to prepare them for advancement.  
**Employees are informed of all development and training opportunities.**
5. Develop/utilize strategies for filling entry-level positions with individuals in protected classes.  
**No employee vacancy occurred during the 2013-2015 biennium.**
6. Encourage employees to avail themselves of promotional and job developmental opportunities within Oregon State Government.  
**Employees are made aware of all vacancies outside of the OBD.**
7. Attend or sponsor outreach events targeting people of color, disabled individuals and women.  
**Employees are made aware of programs that target people of color, disabled individuals and women that occurred during 2013 -2015 biennium.**

**OREGON BOARD OF DENTISTRY**  
**AFFIRMATIVE ACTION PLAN**  
**July 1, 2015 – June 30, 2017**

*Mission Statement: The mission of the Oregon Board of Dentistry is to assure that all citizens of Oregon receive the highest possible quality oral health care.*

**ORGANIZATIONAL STRUCTURE  
AND RESPONSIBILITIES FOR PLAN IMPLEMENTATION**

The Affirmative Action goals of the Oregon Board of Dentistry for the 2015-2017 biennium are to:

1. Educate and provide strategies to hire more employees from diverse backgrounds.
2. Utilize creative means to advertise vacancies to people of color, disabled individuals and women.
3. Continue the focus on developing an OBD work environment that is attractive to a diverse pool of applicants, retains employees, and is accepting and respectful of employees' differences.
4. Offer career development and training opportunities for employees of color, employees with disabilities and female employees to prepare them for advancement.
5. Develop/utilize strategies for filling entry-level positions with individuals in protected classes.
6. Encourage employees to avail themselves of promotional and job developmental opportunities within Oregon State Government.
7. Attend or sponsor outreach events targeting people of color, disabled individuals and women.

**OREGON BOARD OF DENTISTRY**  
**STRATEGIES FOR IMPLEMENTATION OF**  
**2015-2017 AFFIRMATIVE ACTION PLAN**

The Affirmative Action goals of the Oregon Board of Dentistry for the 2013-2015 biennium are to:

1. Educate and provide strategies to hire more employees from diverse backgrounds.  
  
**OBD will comply with all OBD and DAS HRSD Hiring Policies and Rules once a vacancy exists.**
2. Utilize creative means to advertise vacancies to people of color, disabled individuals and women.  
  
**OBD will use the services of DAS HRSD to advertise according to DAS HRSD Policies and Rules once a vacancy exists.**
3. Continue the focus on developing an OBD work environment that is attractive to a diverse pool of applicants, retains employees, and is accepting and respectful of employees' differences.

**The OBD continues to provide a good work environment for all employees.**

4. Offer career development and training opportunities for employees of color, employees with disabilities and female employees to prepare them for advancement.

**Employees are informed of all employment opportunities within state government. Current OBD Position Descriptions do not provide for specific position advancement with the OBD.**

5. Develop/utilize strategies for filling entry-level positions with individuals in protected classes.

**OBD will confer with DAS HRSD to put into place statewide recruitment opportunities for all vacancies.**

6. Encourage employees to avail themselves of promotional and job developmental opportunities within Oregon State Government.

**Employees are made aware of all vacancies outside of the OBD.**

7. Attend or sponsor outreach events targeting people of color, disabled individuals and women.

**Employees are made aware and encouraged to attend programs.**

**OREGON BOARD OF DENTISTRY  
POLICY 834-413-016  
AMERICAN WITH DISABILITIES ACT  
&  
REASONABLE ACCOMMODATIONS**

**Purpose: To define Agency policy regarding The American with Disabilities Act & Reasonable Accommodations. References - The American with Disabilities Act.**

The Oregon Board of Dentistry supports the employment and advancement of qualified individuals with disabilities. The Board shall make reasonable accommodations to the known physical or mental limitations of a participating member of the public, a consumer of agency services, or an agency job applicant or employee, unless to do so would create an undue hardship on the agency, as provided under the Americans with Disabilities Act (ADA).

The Board will make every effort to furnish appropriate and necessary auxiliary aids to ensure that individuals with disabilities will have equal opportunities to participate in activities and to receive program services.

**Reasonable Accommodation:** is "any modification or adjustment to a job or the work environment that will enable a qualified applicant or employee with a disability to perform essential job functions. Reasonable accommodations also includes adjustments to assure that a qualified individual with a disability has the same rights and privileges in employment as non-disabled employees."

**Person With a Disability:** a person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment or is regarded as having such an impairment.

**Undue Hardship:** significant difficulty, expense, or impact on the agency when considered in light of a number of factors that include the nature and cost of the accommodation in relation to the size, resources, and structure of the agency.

**ADA Coordinator:** the Executive Director is designated as the ADA Coordinator pursuant to part 35.107 of the Americans with Disabilities Act.

In compliance with ADA guidelines, the Board will provide special materials, services or assistance to individuals with a disability upon sufficient notice to the Board office. The Oregon Relay Service - 711 - is available to assist individuals with speech or hearing disabilities. In addition, the Speech to Speech Relay Service supplies Oregon with a toll-free number (1-877-735-7525) to assist individuals whose speech may be difficult to understand. If an individual does not request an accommodation, the Board is not obligated to provide one.

No employee of the Board nor any entity contracting with it may coerce, intimidate, threaten, or interfere with any individual who has opposed any act or practice prohibited by the ADA; participated in any investigation; or aided or encouraged others to assert rights granted under the ADA.

Policy: 834-413-016

1 of 2

04/07

An individual who believes they have been discriminated due to their disability should contact the ADA Coordinator, Board President, or other board member(s). If the issue is not resolved to the individual's satisfaction, they may file a grievance with the:

- U.S. Dept of Justice Civil Rights Division - PO Box 6618, Washington, D.C., 20530
- Equal Employment Opportunity Commission - 1801 L. St. NW #9024, Washington, D.C. 20507

## **VIII. APPENDIX A**

### **A. Agency's Policy Documentation**

1. **ADA and Reasonable Accommodation in Employment (No.50.020.10)**
2. **Discrimination and Harassment Free Workplace (No. 50.010.01)**
3. **Agency Employee and Training Policy**
4. **Veterans Preference in Employment (105-040-0015)**
5. **Other agency documentation in support of its affirmative action plan**

## **IX. APPENDIX B**

1. **Age Discrimination in Employment Act of 1967 (ADEA)**
2. **Disability Discrimination Title I of the Americans with Disability Act of 1990**
3. **Equal Pay and Compensation Discrimination Equal Pay Act of 1963, and Title VII of the Civil Rights Act of 1964**
4. **Genetic Information Discrimination Title II of the Genetic Information Nondiscrimination Act of 2008 (GINA)**
5. **National Origin Discrimination Title VII of the Civil Rights Act of 1964**
6. **Pregnancy Discrimination Title VII of the Civil Rights Act of 1964**
7. **Race/Color Discrimination Title VII of the Civil Rights Act of 1964**
8. **Religious Discrimination Title VII of the Civil Rights Act of 1964**
9. **Retaliation Title VII of the Civil Agency Affirmative Action Policy**
10. **Sex-Based Discrimination Title VII of the Civil Rights Act of 1964**
11. **Sexual Harassment Title VII of the Civil Rights Act of 1964**

<b>SUBJECT:</b> ADA and Reasonable Accommodation in Employment	<b>NUMBER:</b> 50.020.10
<b>DIVISION:</b> Human Resource Services Division	<b>EFFECTIVE DATE:</b> 6/7/10
<b>APPROVED:</b> Signature on file with Human Resource Services Division	

**POLICY STATEMENT:**

Oregon state government follows the clear mandate in state law and the Americans with Disabilities Act (ADA) of 1990, as amended by the ADA Amendments Act of 2008, to remove barriers that prevent qualified people with disabilities from enjoying the same employment opportunities that are available to people without disabilities.

Oregon state government provides equal access and equal opportunity in employment. Its agencies do not discriminate based on disability. Oregon state government uses only job-related standards, criteria, and methods of administration that are consistent with business necessity. These standards, criteria and methods do not discriminate or perpetuate discrimination based on disability.

According to OAR 105-040-0001 Equal Employment Opportunity and Affirmative Action, Oregon state government takes positive steps to recruit, hire, train, and provide reasonable accommodation to applicants and employees with disabilities.

**AUTHORITY:**

ORS 240.145; 240.240; 240.250; ORS 659A.103 -145; 243.305; 243.315; The Americans with Disabilities Act (ADA) of 1990 as amended by the Americans with Disabilities Act Amendments Act (ADAAA) of 2008; Civil Rights Act of 1991; and 42 U.S.C. §12101 et seq.

**APPLICABILITY:**

This policy applies to all state employees, including state temporary employees, according to provisions of federal and state law.

**ATTACHMENTS:**

ADA Accommodation Tool Kit

**DEFINITIONS:**

See State HR Policy 10.000.01 Definitions and OAR 105-010-0000

The following definitions apply to terms referenced in this policy and its attachments:

Americans with Disabilities Act (ADA) –The ADA is a federal civil rights statute that removes barriers that prevent qualified people with disabilities from enjoying the same employment opportunities available to people without disabilities. References to ADA also refer to amendments to that Act.

Essential Functions – These include, but are not limited to, duties that are necessary because:

- The primary reason the position exists is to perform these duties.
- A limited number of employees are available who can perform these duties.
- The incumbent is hired or retained to perform highly specialized duties.

**Individual with a Disability** – This term means a person to whom one or more of the following apply:

- A person with a physical or mental impairment that substantially limits one or more of the major life activities of such a person without regard to medications or other assistive measures a person might use to eliminate or reduce the effect of impairment.
- A person with a record of such an impairment
- A person regarded as having such impairment.

**Major Life Activities** – This term means the basic activities the average person in the general population can perform with little or no difficulty. These including breathing; walking; hearing; thinking; concentrating; seeing; communicating; speaking; reading; learning; eating; self-care; performing manual tasks such as reaching, bending, standing and lifting; sleeping; or working (working in general, not the ability to perform a specific job). The term also includes but not limited to “major bodily functions,” such as functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

**Physical or Mental Impairment** – This term refers to any of the following:

- Physiological disorder, condition, cosmetic disfigurement, or anatomical loss that affects one or more bodily systems, including neurological, musculoskeletal, special sense organs, respiratory, cardiovascular or reproductive
- Mental or psychological disorder including but not limited to mental retardation, organic brain syndrome, emotional or mental illness or specific learning disability
- Disease or condition including orthopedic, visual, speech and hearing impairment, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, HIV disease or alcoholism
- Any other physical or mental impairment listed under the ADA.

**Qualified Person** – This term means a person who has the personal and professional attributes, including skill, experience, education, physical and mental ability, medical, safety and other requirements to hold the position.

“Qualified person” does not include people who currently engage in illegal use of drugs. A person may qualify, however, if he or she is currently enrolled in or has completed a rehabilitation program, and continues to abstain from illegal use of drugs.

**Reasonable Accommodation** – This term means change or adjustment to a job or work environment that enables a qualified employee with a disability to perform the essential functions of a job, or enjoy the benefits and privileges of employment equal to those enjoyed by employees who have no disabilities. “Reasonable accommodation” does not include modifications or adjustments that cause an undue hardship to the agency.

“Reasonable accommodation” does not mean providing personal auxiliary aids or services, such as service dogs or hearing aids that person uses both on and off the job.

A reasonable accommodation does not include lowering production standards, promoting or assigning an employee to a higher-paying job, creating a position or reassigning essential functions to another worker.

**Undue Hardship** – This term means significant difficulty or expense. Whether a particular accommodation imposes undue hardship is determined on a case-by-case basis, with consideration of such factors as the following:

- The nature and cost of the accommodation needed
- The agency's size, employee's official worksite, and financial resources
- The agency's operation, structure, functions, and geographic separateness
- The agency's administrative or fiscal relationship to its facility responding to the accommodation request and to the other state agencies
- The impact of the accommodation on the operation of the agency or its facility.

## POLICY

- (1) Each state agency director or authorized designee (agency) administers State HR Policy 50.020.10 as the agency's policy. Compliance with the ADA is mandatory.
  - (a) Each agency identifies an ADA Coordinator for the agency to coordinate ADA accommodation requests and function as an agency resource on ADA matters.
  - (b) Each agency develops and follows its own procedures for receiving, processing and documenting accommodation requests under this policy. The attached tool kit will assist in this process.
- (2) An employee may request an accommodation under this policy by following agency procedures.
- (3) The agency must review and respond in a timely manner to each request for accommodation. The agency must engage in an interactive dialogue with the employee to determine whether the accommodation is necessary and will be effective.
- (4) Each accommodation is unique to the person, the disability and the nature of the job. No specific form of accommodation can guarantee success for all people in any particular job. The agency must give primary consideration to the specific accommodation requested by the employee. Through the interactive process the agency may identify and provide an alternative accommodation.
- (5) The duty to provide reasonable accommodation is ongoing. The agency and the employee must engage in the interactive process again if an accommodation proves ineffective.
- (6) The agency may deny an accommodation if it is not effective, if it will cause undue hardship to the agency, or if the agency identifies imminent physical harm or risk. The undue hardship exception is available only after careful consideration. The agency must consider alternative accommodations, should a requested accommodation pose undue hardship.
- (7) Federal and state law prohibit retaliation against an employee with respect to hiring or any other term or condition of employment because the employee asked about, requested, or was previously accommodated under the ADA.

Statewide Policy

**SUBJECT:** Discrimination and Harassment Free Workplace      **NUMBER:** 50.010.01

**DIVISION:** Human Resource Services Division      **EFFECTIVE DATE:** 01/25/08

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**APPROVED:** Signature on file with Human Resource Services Division

**POLICY STATEMENT:**      The State of Oregon is committed to a discrimination and harassment free work environment. This policy outlines types of prohibited conduct and procedures for reporting and investigating prohibited conduct.

**AUTHORITY:**      ORS 174.100, 240.086(1); 240.145(3); 240.250; 240.316(4); 240.321; 240.555; 240.560; 659A.029; 659A.030; Title VII; Civil Rights Act of 1964; Executive Order EO-93-05; Rehabilitation Act of 1973; Employment Act of 1967; Americans with Disabilities Act of 1990; and 29 CFR §37.

**APPLICABILITY:**      All employees, state temporary employees and volunteers.

**ATTACHMENTS:**      None

**DEFINITIONS:**      See also HRSD State Policy 10.000.01, Definitions; and OAR 105-010-0000

**Collective Bargaining Agreement (CBA):** A written agreement between the State of Oregon, (Department of Administrative Services) and a labor union. References to CBAs contained in this policy are applicable only to employees covered by a CBA.

**Complainant:** A person or persons allegedly subjected to discrimination, workplace harassment or sexual harassment.

**Contractor:** For the purpose of this policy, a contractor is an individual or business with whom the State of Oregon has entered into an agreement or contract to provide goods or services. Qualified rehabilitation facilities who by contract provide temporary workers to state agencies are considered contractors. Contractors are not subject to ORS 240 but must comply with all federal and state laws.

**Discrimination:** Making employment decisions related to hiring, firing, transferring, promoting, demoting, benefits, compensation, and other terms and conditions of employment, based on or because of an employee's protected class status.

**Employee:** Any person employed by the state in one of the following capacities: management service, unclassified executive service, unclassified or classified unrepresented service, unclassified or classified represented service, or represented or unrepresented temporary service. For the purpose of this policy, this definition includes board and commission members, and individuals who volunteer their services on behalf of state government.

**Higher Standard:** Applies to managers and supervisors. Proactively taking an affirmative

posture to create and maintain a discrimination and harassment free workplace.

**Manager/Supervisor:** Those who supervise or have authority or influence to effect employment decisions.

**Protected Class Under Federal Law:** Race; color; national origin; sex (includes pregnancy-related conditions); religion; age (40 and older); disability; a person who uses leave covered by the Federal Family and Medical Leave Act; a person who uses Military Leave; a person who associates with a protected class; a person who opposes unlawful employment practices, files a complaint or testifies about violations or possible violations; and any other protected class as defined by federal law.

**Protected Class Under Oregon State Law:** All Federally protected classes, plus: age (18 and older); physical or mental disability; injured worker; a person who uses leave covered by the Oregon Family Leave Act; marital status; family relationship; sexual orientation; whistleblower; expunged juvenile record; and any other protected class as defined by state law.

**Sexual Harassment:** Sexual harassment is unwelcome, unwanted, or offensive sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

1) Submission to such conduct is made either explicitly or implicitly a term or condition of the individual's employment, or is used as a basis for any employment decision (granting leave requests, promotion, favorable performance appraisal, etc.); or

2) Such conduct is unwelcome, unwanted or offensive and has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.

Examples of sexual harassment include but are not limited to: unwelcome, unwanted, or offensive touching or physical contact of a sexual nature, such as, closeness, impeding or blocking movement, assaulting or pinching; gestures; innuendoes; teasing, jokes, and other sexual talk; intimate inquiries; persistent unwanted courting; sexist put-downs or insults; epithets; slurs; or derogatory comments.

**Sexual Orientation under Oregon State Law:** An individual's actual or perceived heterosexuality, homosexuality, bisexuality or gender identity, regardless of whether the individual's gender identity, appearance, expression or behavior differs from that traditionally associated with the individual's sex at birth.

**Workplace Harassment:** Unwelcome, unwanted or offensive conduct based on or because of an employee's protected class status.

Harassment may occur between a manager/supervisor and a subordinate, between employees, and among non-employees who have business contact with employees. A complainant does not have to be the person harassed, but could be a person affected by the offensive conduct.

Examples of harassing behavior include, but are not limited to, derogatory remarks, slurs and jokes about a person's protected class status.

**POLICY**

(1) The State of Oregon is committed to a discrimination and harassment free work environment. This policy outlines types of prohibited conduct and procedures for reporting and investigating prohibited conduct.

(a) **Discrimination, Workplace Harassment and Sexual Harassment.** The State of Oregon provides a work environment free from unlawful discrimination or workplace harassment based on or because of an employee's protected class status. Additionally, the state of Oregon provides a work environment free from sexual harassment. Employees at every level of the organization, including state temporary employees and volunteers, must conduct themselves in a business-like and professional manner at all times and not engage in any form of discrimination, workplace harassment or sexual harassment.

(b) **Higher Standard.** Managers/supervisors are held to a higher standard and are expected to take a proactive stance to ensure the integrity of the work environment. Managers/supervisors must exercise reasonable care to prevent and promptly correct any discrimination, workplace harassment or sexual harassment they know about or should know about.

(c) **Reporting.** Anyone who is subject to or aware of what he or she believes to be discrimination, workplace harassment, or sexual harassment should report that behavior to the employee's immediate supervisor, another manager, or the agency, board, or commission Human Resource section, Executive Director, or chair, as applicable. A report of discrimination, workplace harassment or sexual harassment is considered a complaint. A supervisor or manager receiving a complaint should promptly notify the Human Resource section, Executive Director, or chair, as applicable.

(A) A complaint may be made orally or in writing.

(B) A complaint must be filed within one year of the occurrence.

(C) An oral or written complaint should contain the following:

(i) the name of the person filing the report;

(ii) the name of the complainant;

(iii) the names of all parties involved, including witnesses;

(iv) a specific and detailed description of the conduct or action that the employee believes is discriminatory or harassing;

(v) the date or time period in which the alleged conduct occurred; and

(vi) a description of the remedy the employee desires.

(d) **Other Reporting Options.** Nothing in this policy prevents any person from filing a formal grievance in accordance with a CBA, or a formal complaint with the Bureau of Labor and Industries (BOLI) or the Equal Employment Opportunity Commission (EEOC) or if applicable, the United States Department of Labor (USDOL) Civil Rights Center. However, some CBAs require an employee to choose between the complaint procedure outlined in the CBA and filing a BOLI or EEOC complaint.

(e) **Filing a Report with the USDOL Civil Rights Center.** An employee whose position is funded by the Oregon Workforce Investment Act (WIA), such as employees of the Oregon Workforce One-stop System, may file a complaint under the WIA, Methods of Administration (MOA) with the State of Oregon WIA, MOA Equal Opportunity Officer or directly through the USDOL, Civil Rights Center. The

complaint must be written, signed and filed within 180 days of when the alleged discrimination or harassment occurred.

- (f) **Investigation.** The agency, board, or commission Human Resource section, Executive Director, or chair, as applicable, will coordinate and conduct or delegate responsibility for coordinating and conducting an investigation.
- (A) All complaints will be taken seriously and an investigation will be initiated as quickly as possible.
  - (B) The agency, board or commission may need to take steps to ensure employees are protected from further potential discrimination or harassment.
  - (C) Complaints will be dealt with in a discreet and confidential manner, to the extent possible.
  - (D) All parties are expected to cooperate with the investigation and keep information regarding the investigation confidential.
  - (E) The agency, board or commission will notify the accused and all witnesses that retaliating against a person for making a report of discrimination, workplace harassment or sexual harassment will not be tolerated.
  - (F) The agency, board or commission will notify the complainant and the accused when the investigation is concluded.
  - (G) Immediate and appropriate action will be taken if a complaint is substantiated.
  - (H) The agency, board or commission will inform the complainant if any part of a complaint is substantiated and that action has been taken. The complainant will not be given the specifics of the action.
  - (I) The complainant and the accused will be notified by the agency, board or commission if a complaint is not substantiated.
- (g) **Penalties.** Conduct in violation of this policy will not be tolerated.
- (A) Employees engaging in conduct in violation of this policy may be subject to disciplinary action up to and including dismissal.
  - (B) State temporary employees and volunteers who engage in conduct in violation of this policy may be subject to termination of their working or volunteer relationship with the agency, board or commission.
  - (C) An agency, board or commission may be liable for discrimination, workplace harassment or sexual harassment if it knows of or should know of conduct in violation of this policy and fails to take prompt, appropriate action.
  - (D) Managers and supervisors who know or should know of conduct in violation of this policy and who fail to report such behavior or fail to take prompt, appropriate action may be subject to disciplinary action up to and including dismissal.
  - (E) An employee who engages in harassment of other employees while away from the workplace and outside of working hours may be subject to the provisions of this policy if that conduct has a negative impact on the work environment and/or working relationships.
  - (F) If a complaint involves the conduct of a contracted employee or a contractor, the agency, board, or commission Human Resource section, Executive Director, chair, or designee must inform the contractor

of the problem behavior and require prompt, appropriate action.

(G) If a complaint involves the conduct of a client, customer, or visitor, the agency, board or commission should follow its own internal procedures and take prompt, appropriate action.

(h) **Retaliation.** This policy prohibits retaliation against employees who file a complaint, participate in an investigation, or report observing discrimination, workplace harassment or sexual harassment.

(A) Employees who believe they have been retaliated against because they filed a complaint, participated in an investigation, or reported observing discrimination, workplace harassment or sexual harassment, should report this behavior to the employee's supervisor, another manager, the Human Resource section, the Executive Director, or the chair, as applicable. Complaints of retaliation will be investigated promptly.

(B) Employees who violate this policy by retaliating against others may be subject to disciplinary action, up to and including dismissal.

(C) State temporary employees and volunteers who retaliate against others may be subject to termination of their working or volunteer relationship with the agency, board or commission.

(i) **Policy Notification.** All employees including state temporary employees and volunteers shall:

(A) be given a copy or the location of Statewide Policy 50.010.01, Discrimination and Harassment Free Workplace;

(B) be given directions to read the policy;

(C) be provided an opportunity to ask questions and have their questions answered; and

(D) sign an acknowledgement indicating the employee read the policy and had the opportunity to ask questions.

(i) Signed acknowledgements are kept on file at the agency, board or commission.

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(1) Performance Measure:	Percent of employees informed of Policy 50.010.01, prohibited behavior and reporting procedures.
Performance Standard:	100%
(2) Performance Measure:	Percent of complaints where prompt, appropriate action is taken following investigation of a substantiated complaint.
Performance Standard:	100%

### 3. Employee and Training Policy

#### **PURPOSE/POLICY:**

Provide resources and learning opportunities for Oregon Board of Dentistry employees to perform the duties of their current position and to encourage their career development in state service. In accordance with the Oregon Benchmarks and State Policy, it is the goal of the Oregon Board of Dentistry provide all employees with at least 20 hours of training related to work skills and knowledge each fiscal year.

#### **DEFINITIONS:**

Training related to work skills – includes formal instruction that relates to an employee’s competence to perform their specific job, an employee’s work environment, or an employee’s state government career.

Job required training – provides knowledge or skills specific to an employee’s current job. It is needed for the successful performance of that job. Examples include technical knowledge, use of equipment, software applications, organizational skills and interpersonal skills.

Job related training – provides knowledge or skills an employee needs to meet agency or state performance expectations. Examples include understanding the agency or state mission and values, policies and procedures, customer service standards, safe work practices, valuing diversity and preventing harassment.

#### **RESPONSIBILITIES:**

##### Manager

1. Asses the training needs of their employees on an on-going basis.
2. Develop and implement individual employee development plans that enable employees to successfully perform their jobs and contribute to the achievement of the Board’s mission and goals.
3. Job required and job related training shall be conducted without loss of pay to the employee and the employee shall be paid for the time as time worked.
4. Encourage employees to research training opportunities for consideration.

##### HR Manager

1. Schedule and provide agency-wide training programs that meet common needs.
2. Provide communication about internal and external training programs, services, resources and opportunities.
3. Track in-agency training completed by employees.
4. Support managers and employees in the goal of participation in at least 20 hours of training each year.

##### Employees

1. Identify and research training opportunities that are job required or job related. Share information with manager.

## **4. Veterans Preference in Employment**

### **105-040-0015**

#### **Veteran's Preference in Employment**

Applicability: Recruitment and selection processes for all State of Oregon positions in agencies subject to ORS 240, State Personnel Relations Law, including but not limited to promotional opportunities.

(1) Definitions: (See also HRSD Rule 105-010-0000 Definitions Applicable Generally to Personnel Rules and Policies.)

(a) Initial Application Screening: An agency's process of determining whether an applicant meets the minimum and special qualifications for a position. An Initial Application Screening may also include an evaluation of skills or grading of supplemental test questions if required on the recruiting announcement.

(b) Application Examination: The selection process utilized by an agency after Initial Application Screening. This selection process includes, but is not limited to, formal testing or other assessments resulting in a score as well as un-scored examinations such as interviews and reference checks.

(c) Veteran and Disabled Veteran: As defined by ORS 408.225 and 408.235.

(2) Application of preference points upon Initial Application Screening: Qualifying Veterans and Disabled Veterans receive preference points as follows;

(a) Five Veteran's Preference points are added upon Initial Application Screening when an applicant submits as verification of eligibility a copy of the Certificate of Release or Discharge from Active Duty (DD Form 214 or 215), or a letter from the US Department of Veteran's Affairs indicating the applicant receives a non-service connected pension with the State of Oregon Application; or

(b) Ten Disabled Veteran's points are added upon Initial Application Screening when an applicant submits as verification of eligibility a copy of the Certificate of Release or Discharge from Active Duty (DD Form 214 or 215) with the State of Oregon Application. Disabled Veterans must also submit a copy of their Veteran's disability preference letter from the US Department of Veteran Affairs, unless the information is included in the DD Form 214 or 215.

(c) Veteran's and Disabled Veteran's preference points are not added when a Veteran or Disabled Veteran fails to meet the minimum or the special qualifications for a position.

(3) Following an Initial Application Screening the agency generates a list of qualified applicants to consider for Appointment. An Appointing Authority or designee may then:

(a) Determine whether or not to interview all applicants who meet the minimum and special qualifications of the position (including all Veterans and Disabled Veterans); or

(b) Select a group of Veteran and Disabled Veteran applicants who most closely match the agency's purposes in filling the position. This group of applicants may be considered along with non-veteran applicants who closely match the purposes of the agency in filling the position as determined by:

(A) Scored Application Examinations (including scored interviews): If an agency utilizes, after an Initial Application Screening, a scored Application Examination to determine whom to consider further for Appointment, the agency will add (based on a 100-point scale) five points to a Veteran's score or 10 points to a Disabled Veteran's score or;

(B) Un-scored Application Examinations: Un-scored Application Examinations done by sorting into levels (such as "unsatisfactory," "satisfactory," "excellent") based on desired attributes or other criteria for further consideration will be accomplished by:

(i) Advancing the application of a Veteran one level;

(ii) Advancing an application of a Disabled Veteran two levels.

(4) Preference in un-scored interviews: A Veteran or Disabled Veteran who, in the judgment of the Appointing Authority or designee, meets all or substantially all of the agency's purposes in filling the position will continue to be considered for Appointment.

(5) If a Veteran or Disabled Veteran has been determined to be equal to the top applicant or applicants for a position by the Appointing Authority or designee then the Veteran or Disabled Veteran is ranked more highly than non-veteran applicants and, a Disabled Veteran is ranked more highly than non-veteran and Veteran applicants.

(6) Preference described in Sections 2 through 5 of this rule is not a requirement to appoint a Veteran or Disabled Veteran to a position. An agency may base a decision not to appoint the Veteran or Disabled Veteran solely on the Veteran's or Disabled Veteran's merits or qualifications.

(7) A Veteran or a Disabled Veteran applicant not appointed to a position may request an explanation from the agency. The request must be in writing and be sent within 30 calendar days of the date the Veteran or Disabled Veteran was notified that they were not selected. The agency will respond in writing with the reasons for not appointing the Veteran or Disabled Veteran.

[ED. NOTE: Forms referenced are available from the agency.]

Stat. Auth: ORS 240.145(3) & 240.250

Stats. Implemented: ORS 408.225, 408.230 & 408.235

Hist.: HRSD 3-2007(Temp), f. & cert ef. 9-5-07 thru 3-3-08; HRSD 1-2008, f. 2-27-08, cert. ef. 3-1-08; HRSD 3-2009, f. 12-30-09, cert. ef. 1-1-10

<b>SUBJECT:</b> Maintaining a Professional Workplace	<b>NUMBER:</b>	50.010.03
<b>DIVISION:</b> Human Resource Services Division	<b>EFFECTIVE DATE:</b>	08/27/07
<b>APPROVED:</b> Signature on file with the Human Resource Services Division		

**POLICY STATEMENT:** It is the policy of the State of Oregon to create and maintain a work environment that is respectful, professional and free from inappropriate workplace behavior.

**AUTHORITY:** ORS 240.145 and ORS 240.250

**APPLICABILITY:** All employees, including state temporary employees

**ATTACHMENTS:** N/A

**DEFINITIONS:**

See also HRSD State Policy 10.000.01, Definitions; and OAR 105-010-0000

**Agency:** Refers to state agencies, boards and commissions

**Professional Workplace Behavior:** Supporting the values and mission of the State of Oregon and the agency, building positive relationships with others, communicating in a respectful manner, holding oneself accountable and pursuing change within the system.

**Inappropriate Workplace Behavior:** Unwelcome or unwanted conduct or behavior that causes a negative impact or disruption to the workplace or the business of the state, or results in the erosion of employee morale and is not associated with an employee's protected class status.

Examples of inappropriate workplace behavior include but are not limited to, comments or behaviors of an individual or group that disparage, demean or show disrespect for another employee, a manager, a subordinate, a customer, a contractor or a visitor in the workplace.

Inappropriate workplace behavior does not include actions of performance management such as supervisor instructions, expectations or feedback, administering of disciplinary actions, or investigatory meetings.

Inappropriate workplace behavior does not include assigned, requested or unsolicited constructive peer feedback on projects or work.

**Protected Class Under Federal Law:** Race; color; national origin; sex (includes pregnancy-related conditions); religion; age (40 and older); disability; a person who uses leave covered by the Federal Family and Medical Leave Act; a person who uses

Military Leave; a person who associates with a protected class; a person who opposes unlawful employment practices, files a complaint or testifies about violations or possible violations; and any other protected class as defined by federal law.

**Protected Class Under Oregon State Law:** All Federally protected classes, plus: age (18 and older); physical or mental disability; injured worker; a person who uses leave covered by the Oregon Family Leave Act; marital status; family relationship; sexual orientation; whistleblower; expunged juvenile record; and any other protected class as defined by state law.

## POLICY

- (1) It is the policy of the State of Oregon to create and maintain a work environment that is respectful, professional and free from inappropriate workplace behavior.
  - (a) **Conduct** Employees at every level of the agency should foster an environment that encourages professionalism and discourages disrespectful behavior. All employees are expected to behave respectfully and professionally and refrain from engaging in inappropriate workplace behavior.
  - (b) **Addressing Inappropriate Workplace Behavior**
    - (A) Supervisors must address inappropriate behavior that they observe or experience and should do so as close to the time of the occurrence as possible and appropriate.
    - (B) If an employee observes or experiences inappropriate workplace behavior and the employee feels comfortable in doing so, they should:
      - (i) redirect inappropriate conversations or behavior to workplace business; and/or
      - (ii) tell an offending employee his/her behavior is offensive and ask him/her to stop.
  - (c) **Reporting Inappropriate Workplace Behavior**
    - (A) An employee should report inappropriate workplace behavior he/she experiences or observes to his/her immediate supervisor as soon as practicable. If the employee's immediate supervisor is the one engaging in the inappropriate behavior, the employee should report the behavior to upper management, the agency head or Human Resource section, as soon as practicable. The report may be made orally or in writing.
    - (B) If past practice exists in the agency, an employee who is represented by a labor union may have a union representative present during regular work hours, when reporting inappropriate workplace behavior and through the process set forth in this policy. The union representative must not be a witness or party to the investigation.
    - (C) Reporting behavior or conduct directed toward an employee because of his/her protected class status is addressed in DAS Statewide Policy 50.010.01, Discrimination and Harassment Free Workplace.
  - (d) **Responding to a Report of Inappropriate Workplace Behavior** Inappropriate workplace behavior must be addressed and corrected before it becomes pervasive, causes further workplace disruption or lowers employee morale. Unless the agency decides otherwise, the supervisor of the employee allegedly engaging in the inappropriate workplace behavior must investigate the report as soon as possible.

**(e) Consequences**

(A) Any employee found to have engaged in inappropriate workplace behavior, will be counseled, or, depending on the severity of the behavior, may be subject to discipline, up to and including dismissal.

(B) A supervisor who fails to address inappropriate behavior, will be counseled, or, depending on the severity of the behavior, may be subject to disciplinary action, up to and including dismissal.

**(f) Retaliation** Retaliating against someone for reporting or addressing inappropriate workplace behavior is prohibited. The agency will investigate reports of retaliation. Any employee found to have engaged in retaliation may be subject to discipline, up to and including dismissal.

## 5. Other agency documentation in support of its affirmative action plan

### **Persons with Disabilities Policy and Complaint Procedure:**

It is the policy of the Board to employ and advance in employment qualified individuals with disabilities. The Board shall make reasonable accommodations to the known physical or mental limitations of a participating member of the public, a consumer of agency services, or an agency job applicant or employee, unless to do so would create an undue hardship on the agency, as provided under the Americans with Disabilities Act (ADA).

The Board will make every effort to furnish appropriate and necessary auxiliary aids to ensure that individuals with disabilities will have equal opportunities to participate in activities and to receive the services of the department.

Definition of Person with a disability: A person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment or is regarded as having such an impairment. The Agency Administrative Director is designated as the ADA Coordinator pursuant to part 35.107 of the American's with Disabilities Act.

In compliance with ADA guidelines, the Board will provide special materials, services or assistance to individuals with a disability upon sufficient notice to the Board office. For the hearing impaired, the Board may be contacted through Oregon Relay at 1-800-735-1232.

- An employee, volunteer, provider, or vendor who believes he/she has been discriminated due to their disability should contact the Administrative Director or Executive Director. If the issue is not resolved to the employee's satisfaction, they should file a complaint regarding employment with the Equal Employment Opportunity Commission; or a complaint regarding services with the U.S. Department of Justice, Civil Rights Division.

### **Harassment In The Workplace Policy And Complaint Procedure**

(1) Discrimination prohibited. It is the policy of the Board of Dentistry to provide a work environment free from unlawful discrimination on the basis of race, color, religion, gender, sexual orientation, marital status, national origin, disability, age (18 or older), or because of the race, color, religion, gender, sexual orientation, marital status, national origin, disability or age of any other person with whom the individual associates, or any other factor that an employer is prohibited by law from considering when making employment decisions (protected class status). This policy applies to all matters relating to hiring, firing, transfer, promotion, benefits, compensation, and other terms and conditions of employment.

(2) Workplace harassment prohibited. It is also the policy of the Board of Dentistry that all employees should enjoy a work environment that is free from unlawful harassment (harassment based on the employee's protected class status). All employees are expected to refrain from sexual and other unlawful harassment.

(3) Retaliation prohibited. This policy prohibits retaliation against employees who report violations or potential violations of this policy or assist the Board in investigating matters raised under this policy. It also prohibits retaliation for testifying, assisting or participating in an investigation, proceeding or

hearing conducted by the Oregon Bureau of Labor and Industries (BOLI) or the Equal Employment Opportunity Commission (EEOC).

(4) Penalties. Conduct in violation of this policy will not be tolerated, and may result in disciplinary action up to and including dismissal. Also, managers and supervisors who know or should have known of conduct in violation of this policy and who fail to promptly report such behavior are subject to disciplinary action up to and including dismissal.

(5) Harassment definition and examples: Harassment is conduct or a display (verbal, physical or visual) that demeans or shows hostility or aversion toward an individual or group because of the person's or group's race, color, religion, gender, sexual orientation, marital status, national origin, disability, age, or other protected class status and that: (1) has the purpose or effect of creating an intimidating, hostile, or offensive working environment; (2) has the purpose or effect of unreasonably interfering with an individual's work performance; or (3) otherwise adversely affects an individual's employment opportunities.

(a) Examples of prohibited harassment may include (these examples are not meant to be all-inclusive): epithets, jokes, slurs, negative stereotyping, demeaning comments or labels, or threatening, intimidating or hostile acts that relate to race, color, religion, gender, sexual orientation, marital status, national origin, disability, age, or other protected class status; written or graphic material that puts down or shows hostility or dislike toward an individual or group because of race, color, religion, gender, sexual orientation, marital status, national origin, disability, age, or other protected class status and is placed on walls, bulletin boards, computers or elsewhere on the employer's premises, or accessed or circulated in the workplace, electronically or otherwise.

(b) Sexual harassment is a form of unlawful workplace harassment. Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, and other verbal or physical behavior of a sexual nature when:

(1) Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or used as a basis for any employment decision (e.g., granting a leave request, promotion, favorable performance appraisal); or

(2) Such conduct is unwelcome and has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.

(3) Examples of prohibited sexual harassment may include (these examples are not intended to be all-inclusive): unwelcome touching or closeness of a personal nature, including sexual contact, leaning over, cornering, pinching, sexual innuendoes, teasing and other sexual talk such as jokes, intimate inquiries, persistent unwanted courting, sexist put-downs or insults, sexually suggestive comments, inappropriate use of state communication systems including email, internet and telephone, and written or graphic material of a sexual or sexist nature. See also the examples under part (a) above.

(6) Complaint Procedure:

(a) Complaint. An employee who is subject to or is aware of conduct which violates or might violate this policy should report that information immediately to his/her immediate supervisor, the Executive Director, the Human Resources Manager, or the Board Chair (if the complaint is against the Executive Director). If at all possible, the report should be made before the behavior becomes severe. The complaint should be reported verbally or in writing within 30 calendar days of the alleged act,

preferably earlier. However, complaints filed late will still be investigated pursuant to this policy to the extent possible. All supervisors and managers shall promptly report complaints and incidents in violation of or potential violation of this policy, or reported to the supervisor/manager as being or potentially being in violation of this policy, to the Executive Director, the Human Resources Manager, or the Board Chair (if the complaint is against the Executive Director).

Complaints should include the name of the complainant, the name(s) of the person(s) alleged to have been discriminated against or harassed (if different from the person bringing the complaint), the name(s) of the person(s) alleged to have engaged in the prohibited conduct, a specific and detailed description of the conduct that the employee believes is discrimination or harassment, and a description of the remedy the employee desires.

(b) Investigation. The recipient of a discrimination or harassment complaint shall promptly forward it to the Executive Director (or to the Board Chair in the event the complaint is about the Executive Director), who will coordinate in consultation with Human Resources, or delegate responsibility for coordinating, the Board of Pharmacy's investigation. The complaint will be given prompt and thorough attention including an initial inquiry into whether discrimination or harassment has occurred, steps to prevent any ongoing discrimination or harassment, and an impartial investigation. If the complaint is substantiated, prompt and appropriate corrective action will be taken. The affected parties will be informed that the investigation has concluded and, if the complaint is sustained, that appropriate corrective action will be or has been taken. All personnel can be assured that complaints will be taken seriously, will be investigated as necessary, and will to the extent possible consistent with applicable laws, rules, policies and investigatory needs, be dealt with in a confidential manner.

(c) Other complaints and grievances. Nothing in this policy precludes any person from filing a grievance in accordance with the SEIU Collective Bargaining Agreement, or a complaint with BOLI and/or the EEOC, or a lawsuit. Timelines for filing grievances, lawsuits, and/or complaints with BOLI/EEOC are different from those established in this policy. Employees should contact SEIU, private counsel, or BOLI/EEOC directly for specific guidance on filing deadlines and procedures.

## **The Age Discrimination in Employment Act of 1967**

[The Age Discrimination in Employment Act of 1967 \(ADEA\)](#) protects individuals who are 40 years of age or older from employment discrimination based on age. The ADEA's protections apply to both employees and job applicants. Under the ADEA, it is unlawful to discriminate against a person because of his/her age with respect to any term, condition, or privilege of employment, including hiring, firing, promotion, layoff, compensation, benefits, job assignments, and training. The ADEA permits employers to favor older workers based on age even when doing so adversely affects a younger worker who is 40 or older.

It is also unlawful to retaliate against an individual for opposing employment practices that discriminate based on age or for filing an age discrimination charge, testifying, or participating in any way in an investigation, proceeding, or litigation under the ADEA.

The ADEA applies to employers with 20 or more employees, including state and local governments. It also applies to employment agencies and labor organizations, as well as to the federal government. ADEA protections include:

- **Apprenticeship Programs**

It is generally unlawful for apprenticeship programs, including joint labor-management apprenticeship programs, to discriminate on the basis of an individual's age. Age limitations in apprenticeship programs are valid only if they fall within certain specific exceptions under the ADEA or if the EEOC grants a specific exemption.

- **Job Notices and Advertisements**

The ADEA generally makes it unlawful to include age preferences, limitations, or specifications in job notices or advertisements. A job notice or advertisement may specify an age limit only in the rare circumstances where age is shown to be a "bona fide occupational qualification" (BFOQ) reasonably necessary to the normal operation of the business.

- **Pre-Employment Inquiries**

The ADEA does not specifically prohibit an employer from asking an applicant's age or date of birth. However, because such inquiries may deter older workers from applying for employment or may otherwise indicate possible intent to discriminate based on age, requests for age information will be closely scrutinized to make sure that the inquiry was made for a lawful purpose, rather than for a purpose prohibited by the ADEA. If the information is needed for a lawful purpose, it can be obtained after the employee is hired.

- **Benefits**

The Older Workers Benefit Protection Act of 1990 (OWBPA) amended the ADEA to specifically prohibit employers from denying benefits to older employees. Congress recognized that the cost of providing certain benefits to older workers is greater than the cost of providing those same benefits to younger workers, and that those greater costs might create a disincentive to hire older workers. Therefore, in limited circumstances, an employer may be permitted to reduce benefits based on age, as long as the cost of providing the reduced benefits to older workers is no less than the cost of providing benefits to younger workers.

Employers are permitted to coordinate retiree health benefit plans with eligibility for Medicare or a comparable state-sponsored health benefit.

- **Waivers of ADEA Rights**

An employer may ask an employee to waive his/her rights or claims under the ADEA. Such waivers are common in settling ADEA discrimination claims or in connection with exit incentive or other employment termination programs. However, the ADEA, as amended by OWBPA, sets out specific minimum standards that must be met in order for a waiver to be considered knowing and voluntary and, therefore, valid. Among other requirements, a valid ADEA waiver must:

- be in writing and be understandable;
- specifically refer to ADEA rights or claims;
- not waive rights or claims that may arise in the future;
- be in exchange for valuable consideration in addition to anything of value to which the individual already is entitled;
- advise the individual in writing to consult an attorney before signing the waiver; and
- provide the individual at least 21 days to consider the agreement and at least seven days to revoke the agreement after signing it.

If an employer requests an ADEA waiver in connection with an exit incentive or other employment termination program, the minimum requirements for a valid waiver are more extensive. *See* "Understanding Waivers of Discrimination Claims in Employee Severance Agreements" at [http://www.eeoc.gov/policy/docs/qanda\\_severance-agreements.html](http://www.eeoc.gov/policy/docs/qanda_severance-agreements.html)

## **Title I of the Americans with Disabilities Act of 1990 (ADA)**

[Title I of the Americans with Disabilities Act of 1990](#) prohibits private employers, state and local governments, employment agencies and labor unions from discriminating against qualified individuals with disabilities in job application procedures, hiring, firing, advancement, compensation, job training, and other terms, conditions, and privileges of employment. The ADA covers employers with 15 or more employees, including state and local governments. It also applies to employment agencies and to labor organizations. The ADA's nondiscrimination standards also apply to federal sector employees under section 501 of the Rehabilitation Act, as amended, and its implementing rules.

An individual with a disability is a person who:

- Has a physical or mental impairment that substantially limits one or more major life activities;
- Has a record of such an impairment; or
- Is regarded as having such an impairment.
- A qualified employee or applicant with a disability is an individual who, with or without reasonable accommodation, can perform the essential functions of the job in question. Reasonable accommodation may include, but is not limited to:
  - Making existing facilities used by employees readily accessible to and usable by persons with disabilities.
  - Job restructuring, modifying work schedules, reassignment to a vacant position;
  - Acquiring or modifying equipment or devices, adjusting or modifying examinations, training materials, or policies, and providing qualified readers or interpreters.

An employer is required to make a reasonable accommodation to the known disability of a qualified applicant or employee if it would not impose an "undue hardship" on the operation of the employer's business. Reasonable accommodations are adjustments or modifications provided by an employer to enable people with disabilities to enjoy equal employment opportunities. Accommodations vary depending upon the needs of the individual applicant or employee. Not all people with disabilities (or even all people with the same disability) will require the same accommodation. For example:

- A deaf applicant may need a sign language interpreter during the job interview.
- An employee with diabetes may need regularly scheduled breaks during the workday to eat properly and monitor blood sugar and insulin levels.
- A blind employee may need someone to read information posted on a bulletin board.
- An employee with cancer may need leave to have radiation or chemotherapy treatments.

An employer does not have to provide a reasonable accommodation if it imposes an "undue hardship." Undue hardship is defined as an action requiring significant difficulty or expense when considered in light of factors such as an employer's size, financial resources, and the nature and structure of its operation.

An employer is not required to lower quality or production standards to make an accommodation; nor is an employer obligated to provide personal use items such as glasses or hearing aids.

An employer generally does not have to provide a reasonable accommodation unless an individual with a disability has asked for one. If an employer believes that a medical condition is causing a performance or conduct problem, it may ask the employee how to solve the problem and if the employee needs a reasonable accommodation. Once a reasonable accommodation is requested, the employer and the individual should discuss the individual's needs and identify the appropriate

reasonable accommodation. Where more than one accommodation would work, the employer may choose the one that is less costly or that is easier to provide.

Title I of the ADA also covers:

- **Medical Examinations and Inquiries**  
Employers may not ask job applicants about the existence, nature, or severity of a disability. Applicants may be asked about their ability to perform specific job functions. A job offer may be conditioned on the results of a medical examination, but only if the examination is required for all entering employees in similar jobs. Medical examinations of employees must be job related and consistent with the employer's business needs.

Medical records are confidential. The basic rule is that with limited exceptions, employers must keep confidential any medical information they learn about an applicant or employee. Information can be confidential even if it contains no medical diagnosis or treatment course and even if it is not generated by a health care professional. For example, an employee's request for a reasonable accommodation would be considered medical information subject to the ADA's confidentiality requirements.

- **Drug and Alcohol Abuse**  
Employees and applicants currently engaging in the illegal use of drugs are not covered by the ADA when an employer acts on the basis of such use. Tests for illegal drugs are not subject to the ADA's restrictions on medical examinations. Employers may hold illegal drug users and alcoholics to the same performance standards as other employees.

It is also unlawful to retaliate against an individual for opposing employment practices that discriminate based on disability or for filing a discrimination charge, testifying, or participating in any way in an investigation, proceeding, or litigation under the ADA.

Federal Tax Incentives to Encourage the Employment of People with Disabilities and to Promote the Accessibility of Public Accommodations

The Internal Revenue Code includes several provisions aimed at making businesses more accessible to people with disabilities. The following provides general – non-legal – information about three of the most significant tax incentives. (Employers should check with their accountants or tax advisors to determine eligibility for these incentives or visit the Internal Revenue Service's website, [www.irs.gov](http://www.irs.gov), for more information. Similar state and local tax incentives may be available.)

- **Small Business Tax Credit (Internal Revenue Code Section 44: Disabled Access Credit)**  
Small businesses with either \$1,000,000 or less in revenue or 30 or fewer full-time employees may take a tax credit of up to \$5,000 annually for the cost of providing reasonable accommodations such as sign language interpreters, readers, materials in alternative format (such as Braille or large print), the purchase of adaptive equipment, the modification of existing equipment, or the removal of architectural barriers.
- **Work Opportunity Tax Credit (Internal Revenue Code Section 51)**  
Employers who hire certain targeted low-income groups, including individuals referred from vocational rehabilitation agencies and individuals receiving Supplemental Security Income (SSI) may be eligible for an annual tax credit of up to \$2,400 for each qualifying employee who

works at least 400 hours during the tax year. Additionally, a maximum credit of \$1,200 may be available for each qualifying summer youth employee.

- Architectural/Transportation Tax Deduction (Internal Revenue Code Section 190 Barrier Removal):  
This annual deduction of up to \$15,000 is available to businesses of any size for the costs of removing barriers for people with disabilities, including the following: providing accessible parking spaces, ramps, and curb cuts; providing wheelchair-accessible telephones, water fountains, and restrooms; making walkways at least 48 inches wide; and making entrances accessible.

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## Disability Discrimination

Disability discrimination occurs when an employer or other entity covered by the Americans with Disabilities Act, as amended, or the Rehabilitation Act, as amended, treats a qualified individual with a disability who is an employee or applicant unfavorably because she has a disability.

Disability discrimination also occurs when a [covered employer or other entity](#) treats an applicant or employee less favorably because she has a history of a disability (such as cancer that is controlled or in remission) or because she is believed to have a physical or mental impairment that is not transitory (lasting or expected to last six months or less) and minor (even if she does not have such an impairment).

The law requires an employer to provide reasonable accommodation to an employee or job applicant with a disability, unless doing so would cause significant difficulty or expense for the employer ("undue hardship").

The law also protects people from discrimination based on their relationship with a person with a disability (even if they do not themselves have a disability). For example, it is illegal to discriminate against an employee because her husband has a disability.

*Note: Federal employees and applicants are covered by the Rehabilitation Act of 1973, instead of the Americans with Disabilities Act. The protections are mostly the same.*

### Disability Discrimination & Work Situations

The law forbids discrimination when it comes to any aspect of employment, including hiring, firing, pay, job assignments, promotions, layoff, training, fringe benefits, and any other term or condition of employment.

### Disability Discrimination & Harassment

It is illegal to harass an applicant or employee because he has a disability, had a disability in the past, or is believed to have a physical or mental impairment that is not transitory (lasting or expected to last six months or less) and minor (even if he does not have such an impairment). Harassment can include, for example, offensive remarks about a person's disability. Although the law doesn't prohibit simple teasing, offhand comments, or isolated incidents that aren't very serious, harassment is illegal when it is so frequent or severe that it creates a hostile or offensive work environment or when it results in an adverse employment decision (such as the victim being fired or demoted).

The harasser can be the victim's supervisor, a supervisor in another area, a co-worker, or someone who is not an employee of the employer, such as a client or customer.

### Disability Discrimination & Reasonable Accommodation

The law requires an employer to provide reasonable accommodation to an employee or job applicant with a disability, unless doing so would cause significant difficulty or expense for the employer.

A reasonable accommodation is any change in the work environment (or in the way things are usually done) to help a person with a disability apply for a job, perform the duties of a job, or enjoy the benefits and privileges of employment.

Reasonable accommodation might include, for example, making the workplace accessible for wheelchair users or providing a reader or interpreter for someone who is blind or hearing impaired.

While the federal anti-discrimination laws don't require an employer to accommodate an employee who must care for a disabled family member, the Family and Medical Leave Act (FMLA) may require an employer to take such steps. The Department of Labor enforces the FMLA. For more information, call: 1-866-487-9243.

### Disability Discrimination & Reasonable Accommodation & Undue Hardship

An employer doesn't have to provide an accommodation if doing so would cause undue hardship to the employer.

Undue hardship means that the accommodation would be too difficult or too expensive to provide, in light of the employer's size, financial resources, and the needs of the business. An employer may not refuse to provide an accommodation just because it involves some cost. An employer does not have to provide the exact accommodation the employee or job applicant wants. If more than one accommodation works, the employer may choose which one to provide.

### Definition Of Disability

Not everyone with a medical condition is protected by the law. In order to be protected, a person must be qualified for the job and have a disability as defined by the law.

A person can show that he or she has a disability in one of three ways:

- A person may be disabled if he or she has a physical or mental condition that substantially limits a major life activity (such as walking, talking, seeing, hearing, or learning).
- A person may be disabled if he or she has a history of a disability (such as cancer that is in remission).
- A person may be disabled if he is believed to have a physical or mental impairment that is not transitory (lasting or expected to last six months or less) and minor (even if he does not have such an impairment).

### Disability & Medical Exams During Employment Application & Interview Stage

The law places strict limits on employers when it comes to asking job applicants to answer medical questions, take a medical exam, or identify a disability.

For example, an employer may not ask a job applicant to answer medical questions or take a medical exam before extending a job offer. An employer also may not ask job applicants if they have a disability (or about the nature of an obvious disability). An employer may ask job applicants whether they can perform the job and how they would perform the job, with or without a reasonable accommodation.

## Disability & Medical Exams After A Job Offer For Employment

After a job is offered to an applicant, the law allows an employer to condition the job offer on the applicant answering certain medical questions or successfully passing a medical exam, but only if all new employees in the same type of job have to answer the questions or take the exam.

## Disability & Medical Exams For Persons Who Have Started Working As Employees

Once a person is hired and has started work, an employer generally can only ask medical questions or require a medical exam if the employer needs medical documentation to support an employee's request for an accommodation or if the employer believes that an employee is not able to perform a job successfully or safely because of a medical condition.

The law also requires that employers keep all medical records and information confidential and in separate medical files.

## Available Resources

In addition to a variety of [formal guidance documents](#), EEOC has developed a wide range of fact sheets, question & answer documents, and other publications to help employees and employers understand the complex issues surrounding disability discrimination.

- [Your Employment Rights as an Individual With a Disability](#)
  - [Job Applicants and the ADA](#)
  - [Understanding Your Employment Rights Under the ADA: A Guide for Veterans](#)
  - [Questions and Answers: Promoting Employment of Individuals with Disabilities in the Federal Workforce](#)
  - [The Family and Medical Leave Act, the ADA, and Title VII of the Civil Rights Act of 1964](#)
  - [The ADA: A Primer for Small Business](#)
  - [Your Responsibilities as an Employer](#)
  - [Small Employers and Reasonable Accommodation](#)
  - [Work At Home/Telework as a Reasonable Accommodation](#)
  - [Applying Performance And Conduct Standards To Employees With Disabilities](#)
  - [Obtaining and Using Employee Medical Information as Part of Emergency Evacuation Procedures](#)
  - [Veterans and the ADA: A Guide for Employers](#)
  - [Pandemic Preparedness in the Workplace and the Americans with Disabilities Act](#)
  - [Employer Best Practices for Workers with Caregiving Responsibilities](#)
  - [Reasonable Accommodations for Attorneys with Disabilities](#)
  - [How to Comply with the Americans with Disabilities Act: A Guide for Restaurants and Other Food Service Employers](#)
  - [Final Report on Best Practices For the Employment of People with Disabilities In State Government](#)
  - [ABCs of Schedule A Documents](#)
- The ADA Amendments Act
- [Final Regulations Implementing the ADA](#)
  - [Questions and Answers on the Final Rule Implementing the ADA Amendments Act of 2008](#)
  - [Questions and Answers for Small Businesses: The Final Rule Implementing the ADA Amendments Act of 2008](#)
  - [Fact Sheet on the EEOC's Final Regulations Implementing the ADA](#)
- The Questions and Answers Series

- [Health Care Workers and the Americans with Disabilities Act](#)
- [Deafness and Hearing Impairments in the Workplace and the Americans with Disabilities Act](#)
- [Blindness and Vision Impairments in the Workplace and the ADA](#)
- [The Americans with Disabilities Act's Association Provision](#)
- [Diabetes in the Workplace and the ADA](#)
- [Epilepsy in the Workplace and the ADA](#)

- [Persons with Intellectual Disabilities in the Workplace and the ADA](#)
- [Cancer in the Workplace and the ADA](#)

#### Mediation and the ADA

- [Questions and Answers for Mediation Providers: Mediation and the Americans with Disabilities Act \(ADA\)](#)
- [Questions and Answers for Parties to Mediation: Mediation and the Americans with Disabilities Act \(ADA\)](#)

## **Equal Pay and Compensation Discrimination Equal Pay Act of 1963, and Title VII of the Civil Rights Act of 1964**

The right of employees to be free from discrimination in their compensation is protected under several federal laws, including the following enforced by the U.S. Equal Employment Opportunity Commission: the [Equal Pay Act of 1963](#), [Title VII of the Civil Rights Act of 1964](#), the [Age Discrimination in Employment Act of 1967](#), and [Title I of the Americans with Disabilities Act of 1990](#).

The law against compensation discrimination includes all payments made to or on behalf employees as remuneration for employment. All forms of compensation are covered, including salary, overtime pay, bonuses, stock options, profit sharing and bonus plans, life insurance, vacation and holiday pay, cleaning or gasoline allowances, hotel accommodations, reimbursement for travel expenses, and benefits.

### **Equal Pay Act**

The Equal Pay Act requires that men and women be given equal pay for equal work in the same establishment. The jobs need not be identical, but they must be substantially equal. It is job content, not job titles, that determines whether jobs are substantially equal. Specifically, the EPA provides that employers may not pay unequal wages to men and women who perform jobs that require substantially equal skill, effort and responsibility, and that are performed under similar working conditions within the same establishment. Each of these factors is summarized below:

#### **Skill**

- Measured by factors such as the experience, ability, education, and training required to perform the job. The issue is what skills are required for the job, not what skills the individual employees may have. For example, two bookkeeping jobs could be considered equal under the EPA even if one of the job holders has a master's degree in physics, since that degree would not be required for the job.

#### **Effort**

- The amount of physical or mental exertion needed to perform the job. For example, suppose that men and women work side by side on a line assembling machine parts. The person at the end of the line must also lift the assembled product as he or she completes the work and place it on a board. That job requires more effort than the other assembly line jobs if the extra effort of lifting the assembled product off the line is substantial and is a regular part of the job. As a result, it would not be a violation to pay that person more, regardless of whether the job is held by a man or a woman.

#### **Responsibility**

- The degree of accountability required in performing the job. For example, a salesperson who is delegated the duty of determining whether to accept customers' personal checks has more responsibility than other salespeople. On the other hand, a minor difference in responsibility, such as turning out the lights at the end of the day, would not justify a pay differential.

#### **Working Conditions**

- This encompasses two factors: (1) physical surroundings like temperature, fumes, and ventilation; and (2) hazards.

#### **Establishment**

- The prohibition against compensation discrimination under the EPA applies only to jobs within an establishment. An establishment is a distinct physical place of business rather than an entire business or enterprise consisting of several places of business. In some circumstances, physically

separate places of business may be treated as one establishment. For example, if a central administrative unit hires employees, sets their compensation, and assigns them to separate work locations, the separate work sites can be considered part of one establishment.

Pay differentials are permitted when they are based on seniority, merit, quantity or quality of production, or a factor other than sex. These are known as “affirmative defenses” and it is the employer’s burden to prove that they apply.

In correcting a pay differential, no employee’s pay may be reduced. Instead, the pay of the lower paid employee(s) must be increased.

#### **Title VII, ADEA, and ADA**

Title VII, the ADEA, and the ADA prohibit compensation discrimination on the basis of race, color, religion, sex, national origin, age, or disability. Unlike the EPA, there is no requirement that the claimant’s job be substantially equal to that of a higher paid person outside the claimant’s protected class, nor do these statutes require the claimant to work in the same establishment as a comparator. Compensation discrimination under Title VII, the ADEA, or the ADA can occur in a variety of forms. For example:

- An employer pays an employee with a disability less than similarly situated employees without disabilities and the employer’s explanation (if any) does not satisfactorily account for the differential.
- An employer sets the compensation for jobs predominately held by, for example, women or African-Americans below that suggested by the employer’s job evaluation study, while the pay for jobs predominately held by men or whites is consistent with the level suggested by the job evaluation study.
- An employer maintains a neutral compensation policy or practice that has an adverse impact on employees in a protected class and cannot be justified as job-related and consistent with business necessity. For example, if an employer provides extra compensation to employees who are the “head of household,” i.e., married with dependents and the primary financial contributor to the household, the practice may have an unlawful disparate impact on women.

It is also unlawful to retaliate against an individual for opposing employment practices that discriminate based on compensation or for filing a discrimination charge, testifying, or participating in any way in an investigation, proceeding, or litigation under Title VII, ADEA, ADA or the Equal Pay Act.

## **Title II of the Genetic Information Nondiscrimination Act of 2008 (GINA)**

Title II of the [Genetic Information Nondiscrimination Act of 2008 \(GINA\)](#), which prohibits genetic information discrimination in employment, took effect on November 21, 2009.

Under Title II of GINA, it is illegal to discriminate against employees or applicants because of genetic information. Title II of GINA prohibits the use of genetic information in making employment decisions, restricts employers and other entities covered by Title II (employment agencies, labor organizations and joint labor-management training and apprenticeship programs - referred to as "covered entities") from requesting, requiring or purchasing genetic information, and strictly limits the disclosure of genetic information.

The EEOC enforces Title II of GINA (dealing with genetic discrimination in employment). The Departments of Labor, Health and Human Services and the Treasury have responsibility for issuing regulations for Title I of GINA, which addresses the use of genetic information in health insurance.

### **Definition of "Genetic Information"**

Genetic information includes information about an individual's genetic tests and the genetic tests of an individual's family members, as well as information about the manifestation of a disease or disorder in an individual's family members (i.e. family medical history). Family medical history is included in the definition of genetic information because it is often used to determine whether someone has an increased risk of getting a disease, disorder, or condition in the future. Genetic information also includes an individual's request for, or receipt of, genetic services, or the participation in clinical research that includes genetic services by the individual or a family member of the individual, and the genetic information of a fetus carried by an individual or by a pregnant woman who is a family member of the individual and the genetic information of any embryo legally held by the individual or family member using an assisted reproductive technology.

### **Discrimination Because of Genetic Information**

The law forbids discrimination on the basis of genetic information when it comes to any aspect of employment, including hiring, firing, pay, job assignments, promotions, layoffs, training, fringe benefits, or any other term or condition of employment. *An employer may never use genetic information to make an employment decision because genetic information is not relevant to an individual's current ability to work.*

### **Harassment Because of Genetic Information**

Under GINA, it is also illegal to harass a person because of his or her genetic information. Harassment can include, for example, making offensive or derogatory remarks about an applicant or employee's genetic information, or about the genetic information of a relative of the applicant or employee. Although the law doesn't prohibit simple teasing, offhand comments, or isolated incidents that are not very serious, harassment is illegal when it is so severe or pervasive that it creates a hostile or offensive work environment or when it results in an adverse employment decision (such as the victim being fired or demoted). The harasser can be the victim's supervisor, a supervisor in another area of the workplace, a co-worker, or someone who is not an employee, such as a client or customer.

### **Retaliation**

Under GINA, it is illegal to fire, demote, harass, or otherwise "retaliate" against an applicant or employee for filing a charge of discrimination, participating in a discrimination proceeding (such as a discrimination investigation or lawsuit), or otherwise opposing discrimination.

## Rules Against Acquiring Genetic Information

- It will usually be unlawful for a covered entity to get genetic information. There are six narrow exceptions to this prohibition:
- Inadvertent acquisitions of genetic information do not violate GINA, such as in situations where a manager or supervisor overhears someone talking about a family member's illness.
- Genetic information (such as family medical history) may be obtained as part of health or genetic services, including wellness programs, offered by the employer on a voluntary basis, if certain specific requirements are met.
- Family medical history may be acquired as part of the certification process for FMLA leave (or leave under similar state or local laws or pursuant to an employer policy), where an employee is asking for leave to care for a family member with a serious health condition.
- Genetic information may be acquired through commercially and publicly available documents like newspapers, as long as the employer is not searching those sources with the intent of finding genetic information or accessing sources from which they are likely to acquire genetic information (such as websites and on-line discussion groups that focus on issues such as genetic testing of individuals and genetic discrimination).
- Genetic information may be acquired through a genetic monitoring program that monitors the biological effects of toxic substances in the workplace where the monitoring is required by law or, under carefully defined conditions, where the program is voluntary.
- Acquisition of genetic information of employees by employers who engage in DNA testing for law enforcement purposes as a forensic lab or for purposes of human remains identification is permitted, but the genetic information may only be used for analysis of DNA markers for quality control to detect sample contamination.

## Confidentiality of Genetic Information

It is also unlawful for a covered entity to disclose genetic information about applicants, employees or members. Covered entities must keep genetic information confidential and in a separate medical file. (Genetic information may be kept in the same file as other medical information in compliance with the Americans with Disabilities Act.) There are limited exceptions to this non-disclosure rule, such as exceptions that provide for the disclosure of relevant genetic information to government officials investigating compliance with Title II of GINA and for disclosures made pursuant to a court order.

## National Origin Discrimination

National origin discrimination involves treating people (applicants or employees) unfavorably because they are from a particular country or part of the world, because of ethnicity or accent, or because they appear to be of a certain ethnic background (even if they are not).

National origin discrimination also can involve treating people unfavorably because they are married to (or associated with) a person of a certain national origin or because of their connection with an ethnic organization or group.

Discrimination can occur when the victim and the person who inflicted the discrimination are the same national origin.

### National Origin Discrimination & Work Situations

The law forbids discrimination when it comes to any aspect of employment, including hiring, firing, pay, job assignments, promotions, layoff, training, fringe benefits, and any other term or condition of employment.

### National Origin & Harassment

It is unlawful to harass a person because of his or her national origin. Harassment can include, for example, offensive or derogatory remarks about a person's national origin, accent or ethnicity. Although the law doesn't prohibit simple teasing, offhand comments, or isolated incidents that are not very serious, harassment is illegal when it is so frequent or severe that it creates a hostile or offensive work environment or when it results in an adverse employment decision (such as the victim being fired or demoted).

The harasser can be the victim's supervisor, a supervisor in another area, a co-worker, or someone who is not an employee of the employer, such as a client or customer.

### National Origin & Employment Policies/Practices

The law makes it illegal for an employer or other covered entity to use an employment policy or practice that applies to everyone, regardless of national origin, if it has a negative impact on people of a certain national origin and is not job-related or necessary to the operation of the business.

An employer can only require an employee to speak fluent English if fluency in English is necessary to perform the job effectively. An "English-only rule", which requires employees to speak only English on the job, is only allowed if it is needed to ensure the safe or efficient operation of the employer's business and is put in place for nondiscriminatory reasons.

An employer may not base an employment decision on an employee's foreign accent, unless the accent seriously interferes with the employee's job performance.

### Citizenship Discrimination & Workplace Laws

The Immigration Reform and Control Act of 1986 (IRCA) makes it illegal for an employer to discriminate with respect to hiring, firing, or recruitment or referral for a fee, based upon an individual's citizenship or immigration status. The law prohibits employers from hiring only U.S. citizens or lawful permanent residents unless required to do so by law, regulation or government contract. Employers may not refuse to accept lawful documentation that establishes the employment eligibility of an employee, or demand additional documentation beyond what is legally required, when verifying employment eligibility (i.e., completing the Department of Homeland Security (DHS) Form I-9), based on the employee's national origin or citizenship status. It is the employee's choice which of the acceptable Form I-9 documents to show to verify employment eligibility.

IRCA also prohibits retaliation against individuals for asserting their rights under the Act, or for filing a charge or assisting in an investigation or proceeding under IRCA.

IRCA's nondiscrimination requirements are enforced by the Department of Justice's Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division. OSC may be reached at:

1-800-255-7688 (voice for employees/applicants),

1-800-237-2515 (TTY for employees/applicants),

1-800-255-8155 (voice for employers), or

1-800-362-2735 (TTY for employers), or

<http://www.usdoj.gov/crt/osc>.

## Pregnancy Discrimination

### Pregnancy Discrimination

Pregnancy discrimination involves treating a woman (an applicant or employee) unfavorably because of pregnancy, childbirth, or a medical condition related to pregnancy or childbirth.

### Pregnancy Discrimination & Work Situations

The Pregnancy Discrimination Act (PDA) forbids discrimination based on pregnancy when it comes to any aspect of employment, including hiring, firing, pay, job assignments, promotions, layoff, training, fringe benefits, such as leave and health insurance, and any other term or condition of employment.

### Pregnancy Discrimination & Temporary Disability

If a woman is temporarily unable to perform her job due to a medical condition related to pregnancy or childbirth, the employer or other covered entity must treat her in the same way as it treats any other temporarily disabled employee. For example, the employer may have to provide light duty, alternative assignments, disability leave, or unpaid leave to pregnant employees if it does so for other temporarily disabled employees.

Additionally, impairments resulting from pregnancy (for example, gestational diabetes or preeclampsia, a condition characterized by pregnancy-induced hypertension and protein in the urine) may be disabilities under the Americans with Disabilities Act (ADA). An employer may have to provide a reasonable accommodation (such as leave or modifications that enable an employee to perform her job) for a disability related to pregnancy, absent undue hardship (significant difficulty or expense). The ADA Amendments Act of 2008 makes it much easier to show that a medical condition is a covered disability.

For more information about the ADA, see <http://www.eeoc.gov/laws/types/disability.cfm>.

For information about the ADA Amendments Act, see [http://www.eeoc.gov/laws/types/disability\\_regulations.cfm](http://www.eeoc.gov/laws/types/disability_regulations.cfm).

### Pregnancy Discrimination & Harassment

It is unlawful to harass a woman because of pregnancy, childbirth, or a medical condition related to pregnancy or childbirth. Harassment is illegal when it is so frequent or severe that it creates a hostile or offensive work environment or when it results in an adverse employment decision (such as the victim being fired or demoted). The harasser can be the victim's supervisor, a supervisor in another area, a co-worker, or someone who is not an employee of the employer, such as a client or customer.

### Pregnancy, Maternity & Parental Leave

Under the PDA, an employer that allows temporarily disabled employees to take disability leave or leave without pay, must allow an employee who is temporarily disabled due to pregnancy to do the same.

An employer may not single out pregnancy-related conditions for special procedures to determine an employee's ability to work. However, if an employer requires its employees to submit a doctor's statement concerning their ability to work before granting leave or paying sick benefits, the employer may require employees affected by pregnancy-related conditions to submit such statements. Further, under the Family and Medical Leave Act (FMLA) of 1993, a new parent (including foster and adoptive parents) may be eligible for 12 weeks of leave (unpaid or paid if the employee has earned or accrued it) that may be used for care of the new child. To be eligible, the employee must have worked for the employer for 12 months prior to taking the leave and the employer must have a specified number of employees. See <http://www.dol.gov/whd/regs/compliance/whdfs28.htm>.

### Pregnancy & Workplace Laws

Pregnant employees may have additional rights under the Family and Medical Leave Act (FMLA), which is enforced by the U.S. Department of Labor. Nursing mothers may also have the right to express milk in the workplace under a provision of the Fair Labor Standards Act enforced by the U.S. Department of Labor's Wage and Hour Division.

See <http://www.dol.gov/whd/regs/compliance/whdfs73.htm>.

For more information about the Family Medical Leave Act or break time for nursing mothers, go to <http://www.dol.gov/whd>, or call 202-693-0051 or 1-866-487-9243 (voice), 202-693-7755 (TTY).

## **Race/Color Discrimination**

Race discrimination involves treating someone (an applicant or employee) unfavorably because he/she is of a certain race or because of personal characteristics associated with race (such as hair texture, skin color, or certain facial features). Color discrimination involves treating someone unfavorably because of skin color complexion.

Race/color discrimination also can involve treating someone unfavorably because the person is married to (or associated with) a person of a certain race or color or because of a person's connection with a race-based organization or group, or an organization or group that is generally associated with people of a certain color.

Discrimination can occur when the victim and the person who inflicted the discrimination are the same race or color.

### **Race/Color Discrimination & Work Situations**

The law forbids discrimination when it comes to any aspect of employment, including hiring, firing, pay, job assignments, promotions, layoff, training, fringe benefits, and any other term or condition of employment.

### **Race/Color Discrimination & Harassment**

It is unlawful to harass a person because of that person's race or color.

Harassment can include, for example, racial slurs, offensive or derogatory remarks about a person's race or color, or the display of racially-offensive symbols. Although the law doesn't prohibit simple teasing, offhand comments, or isolated incidents that are not very serious, harassment is illegal when it is so frequent or severe that it creates a hostile or offensive work environment or when it results in an adverse employment decision (such as the victim being fired or demoted).

The harasser can be the victim's supervisor, a supervisor in another area, a co-worker, or someone who is not an employee of the employer, such as a client or customer.

### **Race/Color Discrimination & Employment Policies/Practices**

An employment policy or practice that applies to everyone, regardless of race or color, can be illegal if it has a negative impact on the employment of people of a particular race or color and is not job-related and necessary to the operation of the business. For example, a "no-beard" employment policy that applies to all workers without regard to race may still be unlawful if it is not job-related and has a negative impact on the employment of African-American men (who have a predisposition to a skin condition that causes severe shaving bumps).

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## **Facts About Race/Color Discrimination**

[Title VII of the Civil Rights Act of 1964](#) protects individuals against employment discrimination on the basis of race and color as well as national origin, sex, or religion.

It is unlawful to discriminate against any employee or applicant for employment because of race or color in regard to hiring, termination, promotion, compensation, job training, or any other term, condition, or privilege of employment. Title VII also prohibits employment decisions based on stereotypes and assumptions about abilities, traits, or the performance of individuals of certain racial groups.

Title VII prohibits both intentional discrimination and neutral job policies that disproportionately exclude minorities and that are not job related.

Equal employment opportunity cannot be denied because of marriage to or association with an individual of a different race; membership in or association with ethnic based organizations or groups; attendance or participation in schools or places of worship generally associated with certain minority groups; or other cultural practices or characteristics often linked to race or ethnicity, such as cultural dress or manner of speech, as long as the cultural practice or characteristic does not materially interfere with the ability to perform job duties.

#### Race-Related Characteristics and Conditions

Discrimination on the basis of an immutable characteristic associated with race, such as skin color, hair texture, or certain facial features violates Title VII, even though not all members of the race share the same characteristic.

Title VII also prohibits discrimination on the basis of a condition which predominantly affects one race unless the practice is job related and consistent with business necessity. For example, since sickle cell anemia predominantly occurs in African-Americans, a policy which excludes individuals with sickle cell anemia is discriminatory unless the policy is job related and consistent with business necessity. Similarly, a “no-beard” employment policy may discriminate against African-American men who have a predisposition to pseudofolliculitis barbae (severe shaving bumps) unless the policy is job-related and consistent with business necessity.

#### Color Discrimination

Even though race and color clearly overlap, they are not synonymous. Thus, color discrimination can occur between persons of different races or ethnicities, or between persons of the same race or ethnicity. Although Title VII does not define “color,” the courts and the Commission read “color” to have its commonly understood meaning – pigmentation, complexion, or skin shade or tone. Thus, color discrimination occurs when a person is discriminated against based on the lightness, darkness, or other color characteristic of the person. Title VII prohibits race/color discrimination against all persons, including Caucasians.

Although a plaintiff may prove a claim of discrimination through direct or circumstantial evidence, some courts take the position that if a white person relies on circumstantial evidence to establish a reverse discrimination claim, he or she must meet a heightened standard of proof. The Commission, in contrast, applies the same standard of proof to all race discrimination claims, regardless of the victim’s race or the type of evidence used. In either case, the ultimate burden of persuasion remains always on the plaintiff.

Employers should adopt "best practices" to reduce the likelihood of discrimination and to address impediments to equal employment opportunity.

Title VII's protections include:

- **Recruiting, Hiring, and Advancement**

Job requirements must be uniformly and consistently applied to persons of all races and colors. Even if a job requirement is applied consistently, if it is not important for job performance or business needs, the requirement may be found unlawful if it excludes persons of a certain racial group or color significantly more than others. Examples of potentially unlawful practices include: (1) soliciting applications only from sources in which all or most potential workers are of the same race or color; (2) requiring applicants to have a certain educational background that is not important

for job performance or business needs; (3) testing applicants for knowledge, skills or abilities that are not important for job performance or business needs.

Employers may legitimately need information about their employees or applicants race for affirmative action purposes and/or to track applicant flow. One way to obtain racial information and simultaneously guard against discriminatory selection is for employers to use separate forms or otherwise keep the information about an applicant's race separate from the application. In that way, the employer can capture the information it needs but ensure that it is not used in the selection decision.

Unless the information is for such a legitimate purpose, pre-employment questions about race can suggest that race will be used as a basis for making selection decisions. If the information is used in the selection decision and members of particular racial groups are excluded from employment, the inquiries can constitute evidence of discrimination.

- **Compensation and Other Employment Terms, Conditions, and Privileges**

Title VII prohibits discrimination in compensation and other terms, conditions, and privileges of employment. Thus, race or color discrimination may not be the basis for differences in pay or benefits, work assignments, performance evaluations, training, discipline or discharge, or any other area of employment.

- **Harassment**

Harassment on the basis of race and/or color violates Title VII. Ethnic slurs, racial "jokes," offensive or derogatory comments, or other verbal or physical conduct based on an individual's race/color constitutes unlawful harassment if the conduct creates an intimidating, hostile, or offensive working environment, or interferes with the individual's work performance.

- **Retaliation**

Employees have a right to be free from retaliation for their opposition to discrimination or their participation in an EEOC proceeding by filing a charge, testifying, assisting, or otherwise participating in an agency proceeding.

- **Segregation and Classification of Employees**

Title VII is violated where minority employees are segregated by physically isolating them from other employees or from customer contact. Title VII also prohibits assigning primarily minorities to predominantly minority establishments or geographic areas. It is also illegal to exclude minorities from certain positions or to group or categorize employees or jobs so that certain jobs are generally held by minorities. Title VII also does not permit racially motivated decisions driven by business concerns – for example, concerns about the effect on employee relations, or the negative reaction of clients or customers. Nor may race or color ever be a bona fide occupational qualification under Title VII.

Coding applications/resumes to designate an applicant's race, by either an employer or employment agency, constitutes evidence of discrimination where minorities are excluded from employment or from certain positions. Such discriminatory coding includes the use of facially benign code terms that implicate race, for example, by area codes where many racial minorities may or are presumed to live.

- **Pre-Employment Inquiries and Requirements**

Requesting pre-employment information which discloses or tends to disclose an applicant's race suggests that race will be unlawfully used as a basis for hiring. Solicitation of such pre-employment information is presumed to be used as a basis for making selection decisions. Therefore, if members of minority groups are excluded from employment, the request for such pre-employment information would likely constitute evidence of discrimination.

However, employers may legitimately need information about their employees' or applicants' race for affirmative action purposes and/or to track applicant flow. One way to obtain racial information and simultaneously guard against discriminatory selection is for employers to use "tear-off sheets" for the identification of an applicant's race. After the applicant completes the application and the tear-off portion, the employer separates the tear-off sheet from the application and does not use it in the selection process.

Other pre-employment information requests which disclose or tend to disclose an applicant's race are personal background checks, such as criminal history checks. Title VII does not categorically prohibit employers' use of criminal records as a basis for making employment decisions. Using criminal records as an employment screen may be lawful, legitimate, and even mandated in certain circumstances. However, employers that use criminal records to screen for employment must comply with Title VII's nondiscrimination requirements.

## Religious Discrimination

Religious discrimination involves treating a person (an applicant or employee) unfavorably because of his or her religious beliefs. The law protects not only people who belong to traditional, organized religions, such as Buddhism, Christianity, Hinduism, Islam, and Judaism, but also others who have sincerely held religious, ethical or moral beliefs.

Religious discrimination can also involve treating someone differently because that person is married to (or associated with) an individual of a particular religion or because of his or her connection with a religious organization or group.

### Religious Discrimination & Work Situations

The law forbids discrimination when it comes to any aspect of employment, including hiring, firing, pay, job assignments, promotions, layoff, training, fringe benefits, and any other term or condition of employment.

### Religious Discrimination & Harassment

It is illegal to harass a person because of his or her religion.

Harassment can include, for example, offensive remarks about a person's religious beliefs or practices. Although the law doesn't prohibit simple teasing, offhand comments, or isolated incidents that aren't very serious, harassment is illegal when it is so frequent or severe that it creates a hostile or offensive work environment or when it results in an adverse employment decision (such as the victim being fired or demoted).

The harasser can be the victim's supervisor, a supervisor in another area, a co-worker, or someone who is not an employee of the employer, such as a client or customer.

### Religious Discrimination and Segregation

Title VII also prohibits workplace or job segregation based on religion (including religious garb and grooming practices), such as assigning an employee to a non-customer contact position because of actual or feared customer preference.

### Religious Discrimination & Reasonable Accommodation

The law requires an employer or other covered entity to reasonably accommodate an employee's religious beliefs or practices, unless doing so would cause more than a minimal burden on the operations of the employer's business. This means an employer may be required to make reasonable adjustments to the work environment that will allow an employee to practice his or her religion.

Examples of some common religious accommodations include flexible scheduling, voluntary shift substitutions or swaps, job reassignments, and modifications to workplace policies or practices.

### Religious Accommodation/Dress & Grooming Policies

Unless it would be an undue hardship on the employer's operation of its business, an employer must reasonably accommodate an employee's religious beliefs or practices. This applies not only to schedule changes or leave for religious observances, but also to such things as dress or grooming practices that an employee has for religious reasons. These might include, for example, wearing particular head coverings or other religious dress (such as a Jewish yarmulke or a Muslim headscarf), or wearing certain hairstyles or facial hair (such as Rastafarian dreadlocks or Sikh

uncut hair and beard). It also includes an employee's observance of a religious prohibition against wearing certain garments (such as pants or miniskirts).

When an employee or applicant needs a dress or grooming accommodation for religious reasons, he should notify the employer that he needs such an accommodation for religious reasons. If the employer reasonably needs more information, the employer and the employee should engage in an interactive process to discuss the request. If it would not pose an undue hardship, the employer must grant the accommodation.

#### **Religious Discrimination & Reasonable Accommodation & Undue Hardship**

An employer does not have to accommodate an employee's religious beliefs or practices if doing so would cause undue hardship to the employer. An accommodation may cause undue hardship if it is costly, compromises workplace safety, decreases workplace efficiency, infringes on the rights of other employees, or requires other employees to do more than their share of potentially hazardous or burdensome work.

#### **Religious Discrimination And Employment Policies/Practices**

An employee cannot be forced to participate (or not participate) in a religious activity as a condition of employment.

## Retaliation

All of the laws we enforce make it illegal to fire, demote, harass, or otherwise “retaliate” against people (applicants or employees) because they filed a charge of discrimination, because they complained to their [employer or other covered entity](#) about discrimination on the job, or because they participated in an employment discrimination proceeding (such as an investigation or lawsuit).

For example, it is illegal for an employer to refuse to promote an employee because she filed a charge of discrimination with the EEOC, even if EEOC later determined no discrimination occurred.

### Retaliation & Work Situations

The law forbids retaliation when it comes to any aspect of employment, including hiring, firing, pay, job assignments, promotions, layoff, training, fringe benefits, and any other term or condition of employment.

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## Facts About Retaliation

An employer may not fire, demote, harass or otherwise "retaliate" against an individual for filing a charge of discrimination, participating in a discrimination proceeding, or otherwise opposing discrimination. The same laws that prohibit discrimination based on race, color, sex, religion, national origin, age, and disability, as well as wage differences between men and women performing substantially equal work, also prohibit retaliation against individuals who oppose unlawful discrimination or participate in an employment discrimination proceeding.

In addition to the protections against retaliation that are included in all of the laws enforced by EEOC, the Americans with Disabilities Act (ADA) also protects individuals from coercion, intimidation, threat, harassment, or interference in their exercise of their own rights or their encouragement of someone else's exercise of rights granted by the ADA.

There are three main terms that are used to describe retaliation. Retaliation occurs when an employer, employment agency, or labor organization takes an **adverse action** against a **covered individual** because he or she engaged in a **protected activity**. These three terms are described below.

### *Adverse Action*

An adverse action is an action taken to try to keep someone from opposing a discriminatory practice, or from participating in an employment discrimination proceeding. Examples of adverse actions include:

- employment actions such as termination, refusal to hire, and denial of promotion,
- other actions affecting employment such as threats, unjustified negative evaluations, unjustified negative references, or increased surveillance, and
- any other action such as an assault or unfounded civil or criminal charges that are likely to deter reasonable people from pursuing their rights.

Adverse actions do not include petty slights and annoyances, such as stray negative comments in an otherwise positive or neutral evaluation, "snubbing" a colleague, or negative comments that are justified by an employee's poor work performance or history.

Even if the prior protected activity alleged wrongdoing by a different employer, retaliatory adverse actions are unlawful. For example, it is unlawful for a worker's current employer to retaliate against him for pursuing an EEO charge against a former employer.

Of course, employees are not excused from continuing to perform their jobs or follow their company's legitimate workplace rules just because they have filed a complaint with the EEOC or opposed discrimination. For more information about adverse actions, see [EEOC's Compliance Manual Section 8, Chapter II, Part D](#).

### *Covered Individuals*

Covered individuals are people who have opposed unlawful practices, participated in proceedings, or requested accommodations related to employment discrimination based on race, color, sex, religion, national origin, age, or disability. Individuals who have a close association with someone who has engaged in such protected activity also are covered individuals. For example, it is illegal to terminate an employee because his spouse participated in employment discrimination litigation.

Individuals who have brought attention to violations of law other than employment discrimination are NOT covered individuals for purposes of anti-discrimination retaliation laws. For example, "whistleblowers" who raise ethical, financial, or other concerns unrelated to employment discrimination are not protected by the EEOC enforced laws.

### *Protected Activity*

Protected activity includes:

Opposition to a practice believed to be unlawful discrimination

Opposition is informing an employer that you believe that he/she is engaging in prohibited discrimination. Opposition is protected from retaliation as long as it is based on a reasonable, good-faith belief that the complained of practice violates anti-discrimination law; and the manner of the opposition is reasonable.

Examples of protected opposition include:

- Complaining to anyone about alleged discrimination against oneself or others;
- Threatening to file a charge of discrimination;
- Picketing in opposition to discrimination; or
- Refusing to obey an order reasonably believed to be discriminatory.

Examples of activities that are NOT protected opposition include:

- Actions that interfere with job performance so as to render the employee ineffective; or
- Unlawful activities such as acts or threats of violence.

Participation in an employment discrimination proceeding.

Participation means taking part in an employment discrimination proceeding. Participation is protected activity even if the proceeding involved claims that ultimately were found to be invalid.

Examples of participation include:

- Filing a charge of employment discrimination;
- Cooperating with an internal investigation of alleged discriminatory practices; or
- Serving as a witness in an EEO investigation or litigation.

A protected activity can also include requesting a reasonable accommodation based on religion or disability.

For more information about Protected Activities, see EEOC's Compliance Manual, Section 8, [Chapter II, Part B - Opposition](#) and [Part C - Participation](#).

## Sex-Based Discrimination

Sex discrimination involves treating someone (an applicant or employee) unfavorably because of that person's sex.

Sex discrimination also can involve treating someone less favorably because of his or her connection with an organization or group that is generally associated with people of a certain sex.

### Sex Discrimination & Work Situations

The law forbids discrimination when it comes to any aspect of employment, including hiring, firing, pay, job assignments, promotions, layoff, training, fringe benefits, and any other term or condition of employment.

### Sex Discrimination Harassment

It is unlawful to harass a person because of that person's sex. Harassment can include "sexual harassment" or unwelcome sexual advances, requests for sexual favors, and other verbal or physical harassment of a sexual nature. Harassment does not have to be of a sexual nature, however, and can include offensive remarks about a person's sex. For example, it is illegal to harass a woman by making offensive comments about women in general.

Both victim and the harasser can be either a woman or a man, and the victim and harasser can be the same sex.

Although the law doesn't prohibit simple teasing, offhand comments, or isolated incidents that are not very serious, harassment is illegal when it is so frequent or severe that it creates a hostile or offensive work environment or when it results in an adverse employment decision (such as the victim being fired or demoted).

The harasser can be the victim's supervisor, a supervisor in another area, a co-worker, or someone who is not an employee of the employer, such as a client or customer.

### Sex Discrimination & Employment Policies/Practices

An employment policy or practice that applies to everyone, regardless of sex, can be illegal if it has a negative impact on the employment of people of a certain sex and is not job-related or necessary to the operation of the business.

## Sexual Harassment

It is unlawful to harass a person (an applicant or employee) because of that person's sex. Harassment can include "sexual harassment" or unwelcome sexual advances, requests for sexual favors, and other verbal or physical harassment of a sexual nature.

Harassment does not have to be of a sexual nature, however, and can include offensive remarks about a person's sex. For example, it is illegal to harass a woman by making offensive comments about women in general.

Both victim and the harasser can be either a woman or a man, and the victim and harasser can be the same sex.

Although the law doesn't prohibit simple teasing, offhand comments, or isolated incidents that are not very serious, harassment is illegal when it is so frequent or severe that it creates a hostile or offensive work environment or when it results in an adverse employment decision (such as the victim being fired or demoted).

The harasser can be the victim's supervisor, a supervisor in another area, a co-worker, or someone who is not an employee of the employer, such as a client or customer.

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## Facts About Sexual Harassment

Sexual harassment is a form of sex discrimination that violates [Title VII of the Civil Rights Act of 1964](#). Title VII applies to employers with 15 or more employees, including state and local governments. It also applies to employment agencies and to labor organizations, as well as to the federal government. Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when this conduct explicitly or implicitly affects an individual's employment, unreasonably interferes with an individual's work performance, or creates an intimidating, hostile, or offensive work environment.

Sexual harassment can occur in a variety of circumstances, including but not limited to the following:

- The victim as well as the harasser may be a woman or a man. The victim does not have to be of the opposite sex.
- The harasser can be the victim's supervisor, an agent of the employer, a supervisor in another area, a co-worker, or a non-employee.
- The victim does not have to be the person harassed but could be anyone affected by the offensive conduct.
- Unlawful sexual harassment may occur without economic injury to or discharge of the victim.
- The harasser's conduct must be unwelcome.

It is helpful for the victim to inform the harasser directly that the conduct is unwelcome and must stop. The victim should use any employer complaint mechanism or grievance system available.

When investigating allegations of sexual harassment, EEOC looks at the whole record: the circumstances, such as the nature of the sexual advances, and the context in which the alleged incidents occurred. A determination on the allegations is made from the facts on a case-by-case basis.

Prevention is the best tool to eliminate sexual harassment in the workplace. Employers are encouraged to take steps necessary to prevent sexual harassment from occurring. They should clearly communicate to employees that sexual harassment will not be tolerated. They can do so by providing sexual harassment training to their employees and by establishing an effective complaint or grievance process and taking immediate and appropriate action when an employee complains.

It is also unlawful to retaliate against an individual for opposing employment practices that discriminate based on sex or for filing a discrimination charge, testifying, or participating in any way in an investigation, proceeding, or litigation under Title VII



# Agency Management Report

## KPMs For Reporting Year 2014

Finalize Date: 8/1/2014

Agency: **DENTISTRY, BOARD of**

	Green = Target to -5%	Yellow = Target -6% to -15%	Red = Target > -15%	Pending	Exception Can not calculate status (zero entered for either Actual or Target)
<b>Summary Stats:</b>	80.00%	0.00%	20.00%	0.00%	0.00%

**Detailed Report:**

KPMs	Actual	Target	Status	Most Recent Year	Management Comments
1 - Continuing Education Compliance - Percent of Licensees in compliance with continuing education requirements.	100	100	Green	2014	The OBD audits 15% of all license renewals each year to see that licensees are in compliance with the Continuing Education Rules, those audits have shown a high compliance rate.
2 - Time to Investigate Complaints - Average time from receipt of new complaints to completed investigation.	10.00	3.50	Red	2014	The OBD over past years had consistently been below the target set for the average number of days to complete an investigation and prepare a report for the Board, unfortunately this trend has changed, as a result of patients having seen multiple licensees.
3 - Days to Complete License Paperwork - Average number of working days from receipt of completed paperwork to issuance of license.	7	7	Green	2014	The OBD has strived to complete all renewal and application paperwork in 7 days or less.
4 - CUSTOMER SATISFACTION WITH AGENCY SERVICES - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent"; overall, timeliness, accuracy, helpfulness, expertise, availability of information.	85	85	Green	2014	The OBD continues to have around an 80% positive rating from the customers who complete the Customer Service Survey.

# Agency Management Report

## KPMs For Reporting Year 2014

Finalize Date: 8/1/2014

KPMs	Actual	Target	Status	Most Recent Year	Management Comments
5 - Board Best Practices - Percent of total best practices met by the Board.	100	100	Green	2014	The OBD continues to complete the Board Best Practices Evaluation and had a 100% compliance.

This report provides high-level performance information which may not be sufficient to fully explain the complexities associated with some of the reported measurement results. Please reference the agency's most recent Annual Performance Progress Report to better understand a measure's intent, performance history, factors impacting performance and data gather and calculation methodology.

## Legislatively Approved 2013-2015 Key Performance Measures

**Agency:** DENTISTRY, BOARD of

**Mission:** To assure that the citizens of Oregon receive the highest possible quality of oral health care.

Legislatively Proposed KPMs	Customer Service Category	Agency Request	Most Current Result	Target 2014	Target 2015
1 - Continuing Education Compliance - Percent of Licensees in compliance with continuing education requirements.		Approved KPM	100.00	100.00	100.00
2 - Time to Investigate Complaints - Average time from receipt of new complaints to completed investigation.		Approved KPM	10.00	3.50	3.50
3 - Days to Complete License Paperwork - Average number of working days from receipt of completed paperwork to issuance of license.		Approved KPM	7.00	7.00	7.00
4 - CUSTOMER SATISFACTION WITH AGENCY SERVICES - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall, timeliness, accuracy, helpfulness, expertise, availability of information.		Approved KPM	83.00		
4 - CUSTOMER SATISFACTION WITH AGENCY SERVICES - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall, timeliness, accuracy, helpfulness, expertise, availability of information.	Accuracy	Approved KPM	86.00	85.00	85.00
4 - CUSTOMER SATISFACTION WITH AGENCY SERVICES - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall, timeliness, accuracy, helpfulness, expertise, availability of information.	Availability of Information	Approved KPM	83.00	85.00	85.00
4 - CUSTOMER SATISFACTION WITH AGENCY SERVICES - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall, timeliness, accuracy, helpfulness, expertise, availability of information.	Expertise	Approved KPM	79.00	85.00	85.00
4 - CUSTOMER SATISFACTION WITH AGENCY SERVICES - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall, timeliness, accuracy, helpfulness, expertise, availability of information.	Helpfulness	Approved KPM	79.00	85.00	85.00

**Agency: DENTISTRY, BOARD of**

Mission: To assure that the citizens of Oregon receive the highest possible quality of oral health care.

Legislatively Proposed KPMs	Customer Service Category	Agency Request	Most Current Result	Target 2014	Target 2015
4 - CUSTOMER SATISFACTION WITH AGENCY SERVICES - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall, timeliness, accuracy, helpfulness, expertise, availability of information.	Overall	Approved KPM	85.00	85.00	85.00
4 - CUSTOMER SATISFACTION WITH AGENCY SERVICES - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall, timeliness, accuracy, helpfulness, expertise, availability of information.	Timeliness	Approved KPM	82.00	85.00	85.00
5 - Board Best Practices - Percent of total best practices met by the Board.		Approved KPM	100.00	100.00	100.00

**LFO Recommendation:**

Recommend approval of key performance measures and targets as presented

**Sub-Committee Action:**

Approved key performance measures and targets as presented

**DENTISTRY, BOARD of**  
**Annual Performance Progress Report (APPR) for Fiscal Year (2013-2014)**

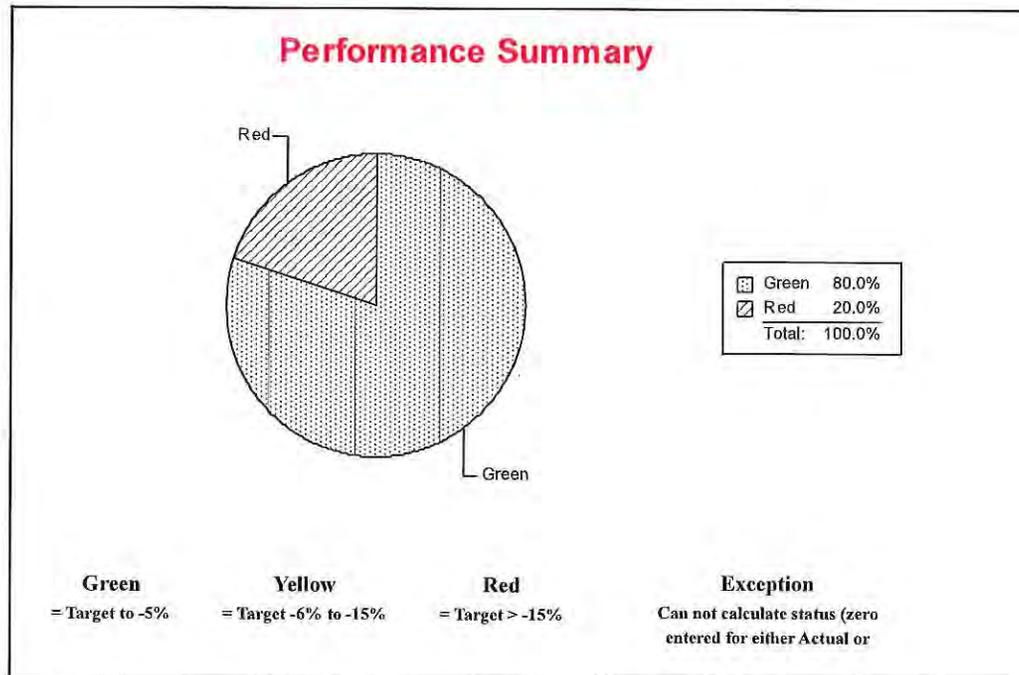
Original Submission Date: 2014

Finalize Date: 8/1/2014

2013-2014 KPM #	2013-2014 Approved Key Performance Measures (KPMs)
1	Continuing Education Compliance - Percent of Licensees in compliance with continuing education requirements.
2	Time to Investigate Complaints - Average time from receipt of new complaints to completed investigation.
3	Days to Complete License Paperwork - Average number of working days from receipt of completed paperwork to issuance of license.
4	CUSTOMER SATISFACTION WITH AGENCY SERVICES - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall, timeliness, accuracy, helpfulness, expertise, availability of information.
5	Board Best Practices - Percent of total best practices met by the Board.

<b>New Delete</b>	<b>Proposed Key Performance Measures (KPM's) for Biennium 2015-2017</b>
	<b>Title:</b>  <b>Rationale:</b>

<b>DENTISTRY, BOARD of</b>	<b>I. EXECUTIVE SUMMARY</b>
<b>Agency Mission:</b> To assure that the citizens of Oregon receive the highest possible quality of oral health care.	
<b>Contact:</b> Patrick D Braatz, Executive Director	<b>Contact Phone:</b> 971-673-3200
<b>Alternate:</b>	<b>Alternate Phone:</b>



**1. SCOPE OF REPORT**

The Board of Dentistry is charged with the regulation of the practice of dentistry and dental hygiene by setting standards for entry to practice, examination of applicants, issuance and renewal of licenses, and enforcing the standards of practice. The Board also is required by law to establish standards for the administration of anesthesia in dental offices. The Board determines dental procedures that may be delegated to dental assistants and establishes standards for training and certification of dental assistants. As of August 1, 2014, there were 3,685 dentists, and 4,215 dental hygienists holding Oregon licenses. The Board operates in an atmosphere of constant change, rapidly developing technology, changing treatment modalities, demographic and geographic disparities in access to dental care, growing public demand for a greater diversity of provider groups, and constantly shifting societal norms and values. Agency operations are

supported solely from license application, renewal, exam and permit fees, plus revenues generated from fines imposed for late renewals, civil penalties assessed, and miscellaneous receipts from the sale of mailing lists and copies of public records. The Board is composed of ten members appointed by the Governor and confirmed by the Senate for four-year terms. There are six dentists, one of whom must be a dental specialist, two dental hygienists and two public members. 7.0 FTE staff that carry out the day-to-day functions of the agency. In addition, the Board contracts with numerous dental professionals to provide expertise in specific dental specialty areas. Primary program activities are Licensing and Examination, Enforcement and Monitoring, and Administration.

## **2. THE OREGON CONTEXT**

The Oregon Board of Dentistry has no Primary Links to the Oregon Benchmarks; however, Board activities support the following benchmarks as secondary links. #29 Skills Training: Percentage of Oregonians in the labor force who received at least 20 hours of skills training in the past year. #30 Volunteerism: Percentage of Oregonians who volunteer at least 50 hours of their time per year to civic, community or nonprofit activities. #44 Adult Non-smokers: Percentage of Oregonians, 18 and older who smoke cigarettes. #52 Substance Use During Pregnancy: Percentage of pregnant women who abstain from using: a. alcohol; b. tobacco. #50 Child Abuse or Neglect: Number of children, per 1,000 persons under 18, who are: a. neglected/abused; b. at a substantial risk of being neglected/abused.

## **3. PERFORMANCE SUMMARY**

All but one current Performance Measures Targets are being met.

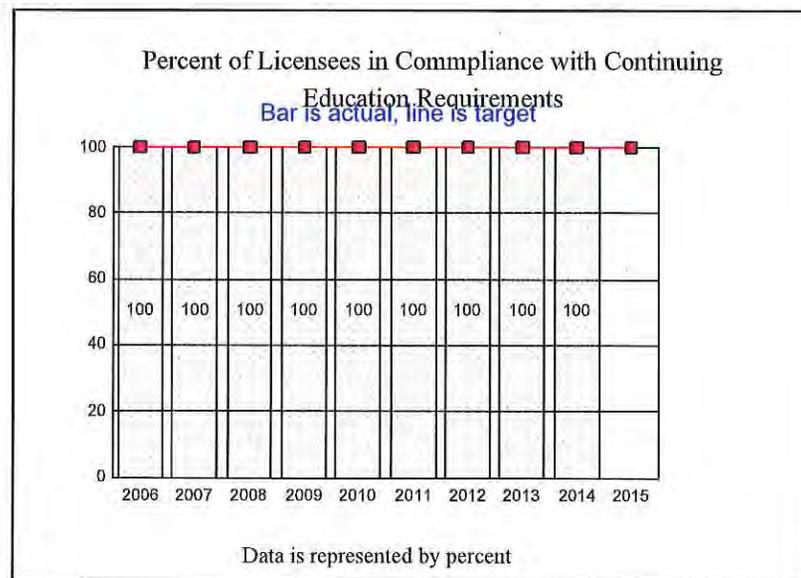
## **4. CHALLENGES**

As with all state agencies, those that are funded by Other Funds continue to be challenged by adhering to all revenue and expenditure guidelines outlined by the Governor and the Legislature, although no direct taxpayer dollars fund the Oregon Board of Dentistry.

## **5. RESOURCES AND EFFICIENCY**

The Oregon Board of Dentistry 2013- 2015 Legislatively Adopted Budget is \$2,614,968.

<b>DENTISTRY, BOARD of</b>		<b>II. KEY MEASURE ANALYSIS</b>
<b>KPM #1</b>	Continuing Education Compliance - Percent of Licensees in compliance with continuing education requirements.	2001
<b>Goal</b>	Public Protection - Protect the public by assuring that all licensees are competent to practice safely and ethically.	
<b>Oregon Context</b>	The Oregon Board of Dentistry has no primary links to the Oregon Benchmarks.	
<b>Data Source</b>	Agency records from continuing education audit logs.	
<b>Owner</b>	Oregon Board of Dentistry, Patrick D. Braatz, Executive Director (971) 673-3200	



## I. OUR STRATEGY

The Board's strategy is that Licensees should keep current on practice issues. One way to do this is to take continuing education courses on a biennial basis. To determine if the licensees are in compliance is to audit approximately 15% of all licensees to establish a baseline.

## 2. ABOUT THE TARGETS

A target of 100% compliance seems to be an appropriate level for all licenses.

## 3. HOW WE ARE DOING

The profession is complying with the requirements to complete continuing education as a prerequisite to renewing their license.

## 4. HOW WE COMPARE

There are no outside comparisons of similar jurisdictions to use.

## 5. FACTORS AFFECTING RESULTS

There are no specific factors affecting the results

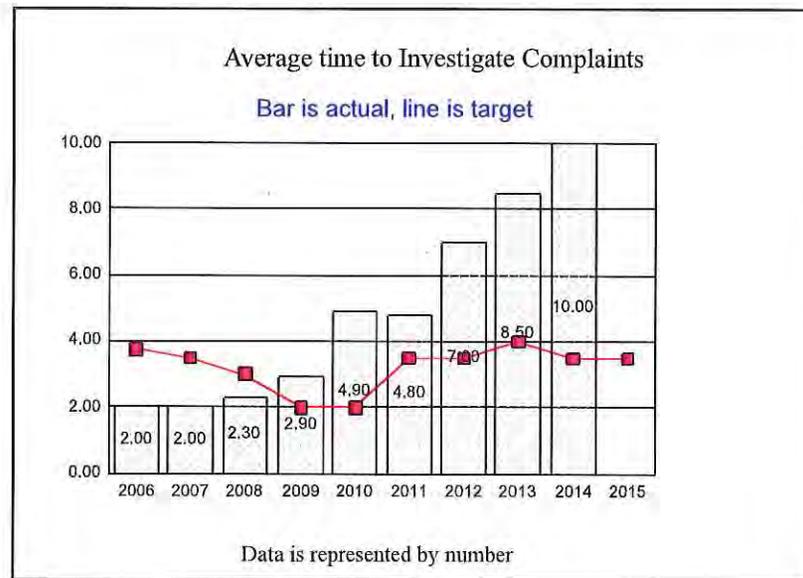
## 6. WHAT NEEDS TO BE DONE

Nothing needs to be done at this time.

## 7. ABOUT THE DATA

The reporting cycle is the Oregon fiscal year. The Board audits 15% of all licensees that are eligible for renewal, based on those that are audited and renew. We compare the Continuing Education Log that they are required to submit to see if they have met the requirements of the Law and Administrative Rules; if they are not in compliance, they are turned over for investigation of a possible violation of the Oregon Dental Practice Act.

<b>DENTISTRY, BOARD of</b>		<b>II. KEY MEASURE ANALYSIS</b>
<b>KPM #2</b>	Time to Investigate Complaints - Average time from receipt of new complaints to completed investigation.	2000
<b>Goal</b>	Public Protection - Protect the public by assuring that all licensees are competent to practice safely and ethically.	
<b>Oregon Context</b>	The Oregon Board of Dentistry has no primary links to the Oregon Benchmarks.	
<b>Data Source</b>	Database - investigative files.	
<b>Owner</b>	Oregon Board of Dentistry, Patrick D. Braatz, Executive Director, (971) 673-3200	



## 1. OUR STRATEGY

The Board's strategy is that the investigation of complaints should take place in a timely fashion. By establishing the average time from the receipt of a new complaint until the investigation is completed is a way of measuring the timeliness of the Board's workload.

**2. ABOUT THE TARGETS**

The targets provide for a realistic time frame to complete investigations based on the complexity of the issues and the staff available to conduct the investigation. The targets appear to be reasonable and in the past have shown how a gradual decline in the number of average months to complete an investigation since this Performance Measure was established, until 2010.

**3. HOW WE ARE DOING**

The Board has seen a significant increase in the kind of complaints and the complexity of the complaints during the current economic downturn, these complaints are requiring a full investigation and the end result is that they are monetary in nature and thus not truly within the jurisdiction of the Board.

**4. HOW WE COMPARE**

There are no outside comparisons of similar jurisdictions to use.

**5. FACTORS AFFECTING RESULTS**

The complexity of the cases that are being investigated has changed, most cases used to involve one licensee now complaints have seen multiple licensees which require the review of multiple patient records from many different licensees.

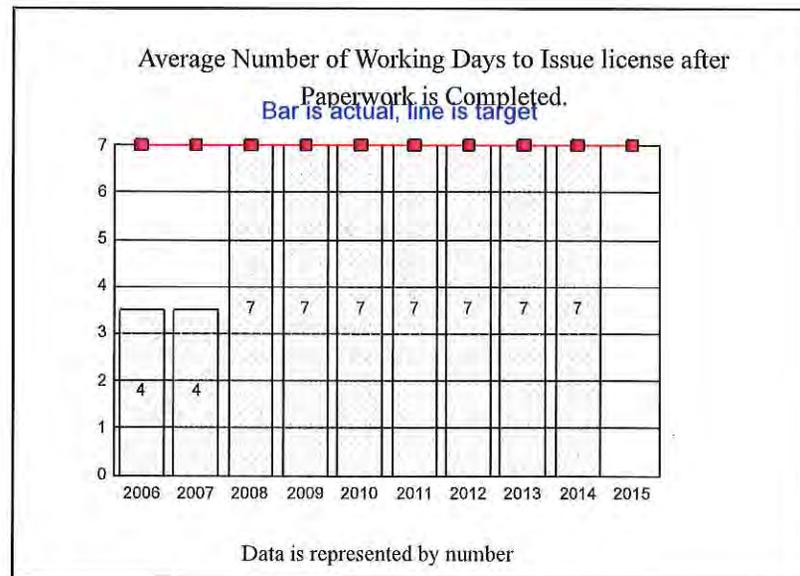
**6. WHAT NEEDS TO BE DONE**

The enforcement staff is working at an increased pace to try to eliminate the time it takes to investigate complaints.

**7. ABOUT THE DATA**

The reporting cycle is the Oregon fiscal year, and is generated from the computerized database that is used to track all complaints.

<b>DENTISTRY, BOARD of</b>		<b>II. KEY MEASURE ANALYSIS</b>
<b>KPM #3</b>	Days to Complete License Paperwork - Average number of working days from receipt of completed paperwork to issuance of license.	2003
<b>Goal</b>	Public Protection - Protect the public by assuring that all licensees are competent to practice safely and ethically.	
<b>Oregon Context</b>	The Oregon Board of Dentistry has no primary links of the Oregon Benchmarks	
<b>Data Source</b>	Database- licensing information	
<b>Owner</b>	Oregon Board of Dentistry, Patrick D. Braatz, Executive Director, (971) 673-3200	



## 1. OUR STRATEGY

The Board's strategy is that the processing of completed paperwork for the issuance of a license, either new or a renewal, should take place in a reasonable period of time to assure public protection and to assure that those desiring to work in Oregon can do so in a timely fashion.

**2. ABOUT THE TARGETS**

The targets provide for a realistic time frame to issue a license or to renew a license when all paperwork has been completed in accordance with all of the Boards rules and regulations.

**3. HOW WE ARE DOING**

The targets as established have been met or been exceeded.

**4. HOW WE COMPARE**

There are no outside comparisons of similar jurisdictions to use.

**5. FACTORS AFFECTING RESULTS**

There are no specific factors affecting the results.

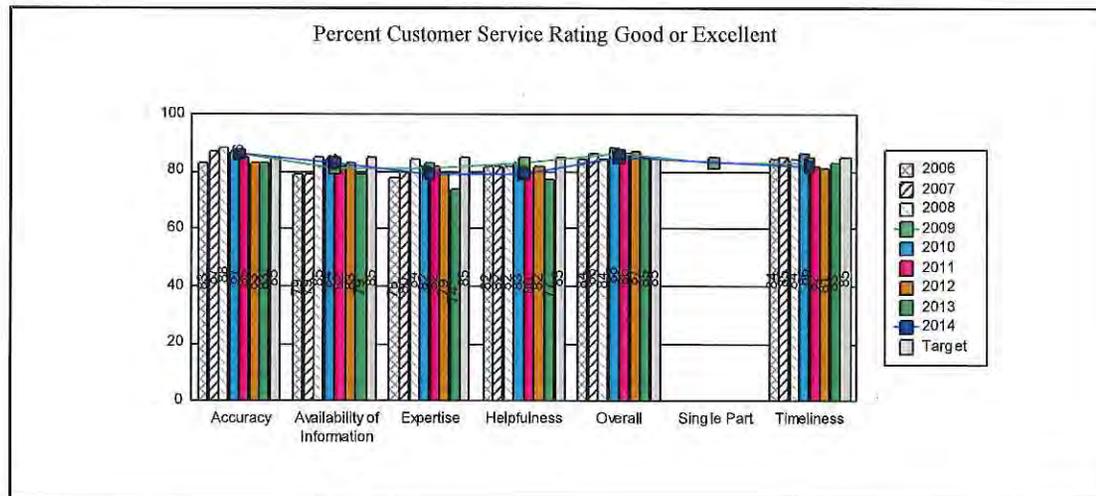
**6. WHAT NEEDS TO BE DONE**

Nothing needs to be done at this time.

**7. ABOUT THE DATA**

The reporting cycle is the Oregon fiscal year, and is generated from the computerized database that is used to track all application and renewal files.

<b>DENTISTRY, BOARD of</b>		<b>II. KEY MEASURE ANALYSIS</b>
<b>KPM #4</b>	<b>CUSTOMER SATISFACTION WITH AGENCY SERVICES - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall, timeliness, accuracy, helpfulness, expertise, availability of information.</b>	2006
<b>Goal</b>	Agency Overall Satisfaction Percent of customers rating their overall satisfaction with the agency above average or excellent and Customer Satisfaction Percent of customers rating satisfaction with agency services above average or excellent for: A: Timeliness; B: Accuracy; C: Helpfulness; D: Expertise; E: Information Availability	
<b>Oregon Context</b>	The Oregon Board of Dentistry has no primary links to the Oregon Benchmarks.	
<b>Data Source</b>	Customer Service Surveys completed and returned July 1, 2013 through June 30, 2014.	
<b>Owner</b>	Oregon Board of Dentistry, Patrick D. Braatz, Executive Director, (971) 673-3200	



## 1. OUR STRATEGY

In compliance with the Oregon Legislatures directive, the Board conducted a Customer Service Survey as one tool to determine the customer satisfaction with the accuracy of carrying out the Mission of the Board

## **2. ABOUT THE TARGETS**

The Targets provide a realistic and attainable goal for overall positive ratings for customer service.

## **3. HOW WE ARE DOING**

Those completing the survey rated the Board as having an 85% overall satisfaction level and approximately 10% gave an unsatisfactory response.

## **4. HOW WE COMPARE**

There are no outside comparisons of similar jurisdictions to use.

## **5. FACTORS AFFECTING RESULTS**

There are no specific factors affecting the results.

## **6. WHAT NEEDS TO BE DONE**

Nothing needs to be done at this time.

## **7. ABOUT THE DATA**

The reporting cycle is the Oregon fiscal year, and is generated from the computerized database that is used to track all application and renewal files.

<b>DENTISTRY, BOARD of</b>	<b>II. KEY MEASURE ANALYSIS</b>
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<b>KPM #5</b>	Board Best Practices - Percent of total best practices met by the Board.	2007
<b>Goal</b>	To have 100% compliance with the Best Practice Performance Measures for Governing Boards and Commissions	
<b>Oregon Context</b>	The Oregon Board of Dentistry has no primary links to Oregon Benchmarks.	
<b>Data Source</b>	Evaluation completed by the Oregon Board of Dentistry Members at August 22, 2014 Board Meeting.	
<b>Owner</b>	Oregon Board of Dentistry, Patrick D. Braatz, Executive Director (971) 673-3200	



**1. OUR STRATEGY**

The Board's strategy is to be in 100% compliance with Best Practices Performance Measurements for Governing Boards and Commissions.

**2. ABOUT THE TARGETS**

A target of 100% compliance seems to be an appropriate level for the Board.

**3. HOW WE ARE DOING**

The Board is in compliance with the Best Practices Performance Measurement for Governing Boards and Commissions.

**4. HOW WE COMPARE**

The Agency continues to perform at a 100% rating.

**5. FACTORS AFFECTING RESULTS**

There are no specific factors affecting the results.

**6. WHAT NEEDS TO BE DONE**

Nothing needs to be done at this time.

**7. ABOUT THE DATA**

The Board Members completed the Self Assessment Best Practices list during the July 30, 2010 Board Meeting.

DENTISTRY, BOARD of	III. USING PERFORMANCE DATA
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**Agency Mission:** To assure that the citizens of Oregon receive the highest possible quality of oral health care.

<b>Contact:</b> Patrick D Braatz, Executive Director	<b>Contact Phone:</b> 971-673-3200
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<b>Alternate:</b>	<b>Alternate Phone:</b>
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**The following questions indicate how performance measures and data are used for management and accountability purposes.**

<b>1. INCLUSIVITY</b>	<ul style="list-style-type: none"> <li>* <b>Staff:</b> Review of current performance measures on an annual basis.</li> <li>* <b>Elected Officials:</b> Approving an making changes to legislatively approved performance measures.</li> <li>* <b>Stakeholders:</b> Reviewing letters, telephone calls and e-mails regarding the Board's performance measures.</li> <li>* <b>Citizens:</b> Reviewing letters, telephone calls and e-mails regarding the Board's performance measures.</li> </ul>
<b>2 MANAGING FOR RESULTS</b>	All data collected on performance measures is reviewed and presented to the Board and Staff. All appropriate changes are made regarding continued compliance with performance measures.
<b>3 STAFF TRAINING</b>	Staff has been informed of all comments provided to the Executive Director regarding performance measures.
<b>4 COMMUNICATING RESULTS</b>	<ul style="list-style-type: none"> <li>* <b>Staff:</b> At staff meetings and through e-mails and memos on customer satisfaction.</li> <li>* <b>Elected Officials:</b> Use of Web-site, testimony before Legislatiure and responding to direct inquiries.</li> <li>* <b>Stakeholders:</b> Use of Web-site, presentations and responding to direct inquiries.</li> <li>* <b>Citizens:</b> Use of Web-site, presentations and responding to direct inquiries.</li> </ul>



**Reliant Behavioral Health, LLC  
Health Professionals' Services Program (HPSP)  
Satisfaction Report**

**Year 4 Annual Report: July 1, 2013 – June 30, 2014**

RBH Health Professionals' Services Program  
1220 SW Morrison Street, Suite 600  
Portland, Oregon 97205  
1.888.802.2843  
Fax: 503.961.7142

## Executive Summary

### Health Professionals' Services Program Satisfaction Survey: Year Four – Annual Report

**Overview:** This Health Professionals' Services Program (HPSP) report reviews the survey results for the fourth year of the program, covering July 1, 2013 through June 30, 2014. Surveys were sent to the following groups of stakeholders at the beginning of both January and July 2014: Licensees, Employers (Workplace Monitors), Treatment Providers, Health Associations, and HPSP participating Boards. Each of these groups of stakeholders will be surveyed again in January 2015.

An overview of the combined number of surveys sent, combined number of responses received, and the combined response rate for both January and July 2014 is displayed below and broken down by stakeholder group:

Table 1: Response Rate - 2014	Licensees	Employers (Workplace Monitors)	Treatment Providers	Health Associations	Boards
# Sent	243	170	165	9	13
# of Responses	96	56	10	2	8
Response Rate	39.5%	32.9%	6.1%	22.2%	61.5%

### Highlights

The licensee response rate (39% for the year) is the highest rate obtained since the inception of the program. Agreement Monitors continue to receive strong ratings and all listed components of the program were most frequently rated as "helpful." Although 75% of respondents "agreed" or "strongly agreed" that their questions/concerns were responded to promptly, there were a number of comments sighting a poor response rate to phone calls. As such, RBH will focus on providing a prompt telephonic response in EVERY situation. Overall services were rated favorably with 81.5% of respondents providing an "average" or better response. Although most items had positive ratings from 75% or more of the respondents, the overall tone of the comments was incongruent as 70% of the comments were coded as negative. Comments were only received from 38% of the respondents and thus these negative comments may have primarily been made by the same licensees who did not provide positive ratings to the survey items.

RBH's continued efforts to partner more closely with the workplace monitors were again reflected in the survey response rate and results. The response rate increased to 25.5% for the year (32% for the period) up from 18.8% in year three. More than 90% of respondents indicated that they were either "very satisfied" or "satisfied" with the support they receive when supervising licensees. More than 75% of respondents indicated that they rate RBH's ability to monitor the licensee to ensure safety in the workplace as "excellent" or "above average." Finally, more than 70% rate their overall experience working with RBH HPSP as "excellent" or "above average." One area that RBH can focus on is frequency of contact with the Workplace Monitors.

Outreach efforts to the Professional Associations did result in two responses to this period's survey. However, the responses were "average" or "below average" to most questions and the comments were negative. Continued outreach and the development of a partnership with the Professional Associations would help to impact the perception of the program in the field and perhaps increase the number of self-referrals to the program.

The response rate of the treatment providers slipped back to 7.2% after improving last year. However, there was an improvement in the responses to the survey items. The overall experience working with RBH was rated as "above average" and the majority of respondents "agreed" that their concerns were responded to promptly, that information was communicated clearly and professionally and that they had all the information needed when seeing the client. RBH will continue to work to strengthen the relationship with the various

Treatment Providers based on the feedback provided and the low response rate. The monitor group can be targeted based on the responses to this survey; outreach efforts should be made to the other treatment professionals given their lack of response to the survey. A collaborative relationship will be beneficial to the support of the licensees in their recovery and will improve monitoring.

Responses were received from all participating Boards this period. Staff knowledge of cases, ability to respond to program administration concerns and overall rating of services were all rated as “above average.” Response timeframe was rated “excellent.”

# Reliant Behavioral Health Health Professionals' Services Program (HPSP) Satisfaction of LICENSEES

## Purpose

The purpose of assessing participants (Licensees) of the Health Professionals' Services Program (HPSP) is to obtain constructive feedback that can be used to improve and maintain the quality, effectiveness, and efficiency of the HPSP Program. In order to provide continuous quality services, RBH evaluates Licensees' satisfaction with the HPSP Program twice yearly.

Feedback is obtained from Licensees via a satisfaction survey that is mailed or emailed to each Licensee. When mailed, Licensees are given the option of completing the enclosed survey and mailing it back to the RBH offices in the postage-paid envelope, or going through the link to the survey and completing it online. The survey is short and can be completed in 2-3 minutes.

Feedback includes information about RBH customer service, Agreement Monitors, service components, and overall services.

One method of determining the value of HPSP is through the Satisfaction Survey. The RBH Policy Advisory Committee (PAC) has taken on the role of quality management. Following review of the survey results, the PAC will identify opportunities for improvement and develop interventions if necessary. The PAC will continue to monitor performance at specified intervals following the implementation of the intervention(s).

## Data Results

### Response Rate

Table 1: Response Rate	This Period	Year 4	Year 3	Year 2	Year 1
# Sent	243	509	915	1330	1481
# of Responses	96	197	246	367	342
Response Rate	39.5%	38.7%	26.9%	27.6%	23%

The HPSP Licensee Satisfaction Survey was issued to 100% of the Licensees enrolled in the HPSP Program at the close of July 2014. The survey was emailed to 228 licensees and mailed to 15. A total of 96 responses were received, representing a response rate of 39.5%. This brings the average response rate for the year to 38.7%. The two surveys issued to the licensees this year had the highest response rates since the inception of the program.

## Respondents

Question 1: 43.8% of respondents this period were representatives of the Medical Board. The Board of Nursing follows with 39.6%, then the Board of Dentistry with 10.4% and the Board of Pharmacy with 5.2%. One survey respondent (1.0%) did not indicate with which board they were associated.

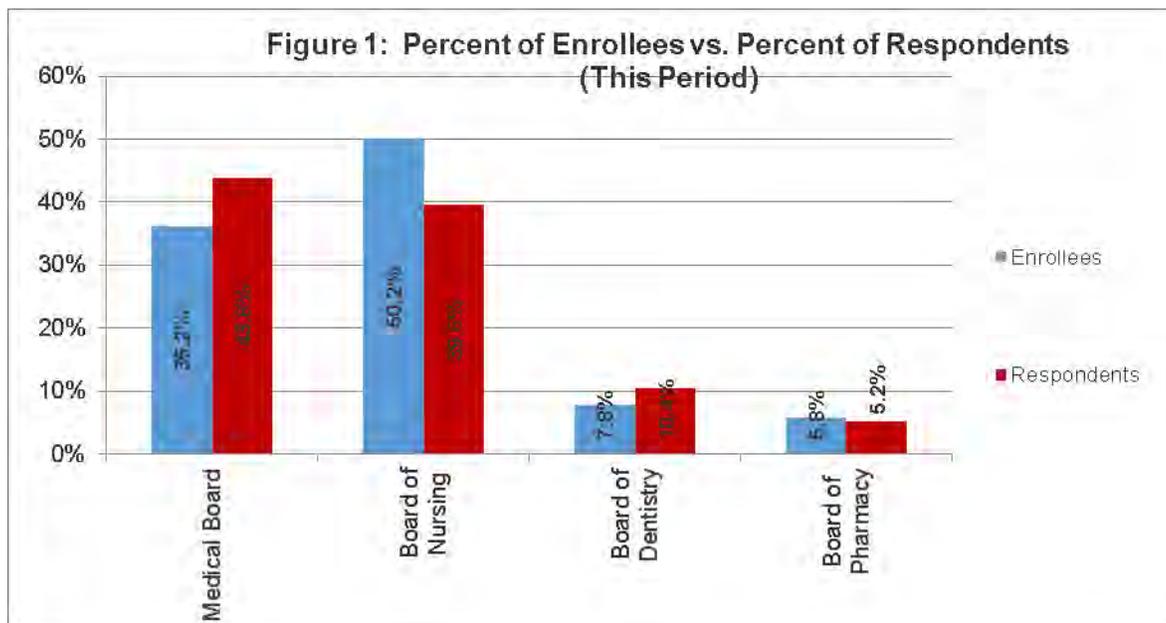
**Data Table 2:**

Table 2: Respondents by Board	This Period (n=96)		Year 4 (n=197)		Year 3 (n=246)	
	#	%	#	%	#	%
Medical Board	42	43.8%	81	41.1%	104	42.8%
Board of Nursing	38	39.6%	87	44.2%	115	47.3%
Board of Dentistry	10	10.4%	17	8.6%	15	6.2%
Board of Pharmacy	5	5.2%	9	4.6%	9	3.7%
No Response	1	1.0%	3	1.5%	3	1.2%

Although it was not the case this period, Board of Nursing licensees have typically been the largest group of respondents (see Year 4 and Year 3 data in Table 2). This change is not consistent with the breakdown of enrollment. There is a skew in this pool of respondents towards the Medical Board participants and away from the Board of Nursing participants. There is also a slight skew towards the Board of Dentistry participants.

**Data Table 3 and Figure 1:**

Table 3: Comparison of Enrollees to Respondents	Percent of Enrollees (7/2/14)	Percent of Respondents (This Period)
Medical Board	36.2%	43.8%
Board of Nursing	50.2%	39.6%
Board of Dentistry	7.8%	10.4%
Board of Pharmacy	5.8%	5.2%



## Customer Service

Question 2: This question asks respondents to “Think about [their] most recent call to RBH.....” and evaluate two statements, one regarding responsiveness and the other regarding clarity and professionalism of the communication. The mode response to both questions was “strongly agree” both for the period and for the year. This is consistent with year three as well.

**Data Tables 4a, b and c:** The mode (most frequent) response is highlighted in red. Not all responses have a mode.

Table 4a: This Period (n=96)	Strongly Agree		Agree		Disagree		Strongly Disagree		N/A		No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
Questions and/or Concerns Were Responded to within one business day	39	40.6%	32	33.3%	8	8.3%	9	9.4%	6	6.3%	2	2.1%
Information was Communicated Clearly and Professionally	38	39.6%	34	35.4%	9	9.4%	4	4.2%	5	5.2%	6	6.3%

Table 4b: This Year (n=197)	Strongly Agree		Agree		Disagree		Strongly Disagree		N/A		No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
Questions and/or Concerns Were Responded to within one business day	77	39.1%	70	35.5%	21	10.7%	14	7.1%	11	5.6%	4	2.0%
Information was Communicated Clearly and Professionally	78	39.6%	76	38.6%	16	8.1%	8	4.1%	8	4.1%	11	5.6%

Table 4c: Year 3 (n=246)	Strongly Agree		Agree		Disagree		Strongly Disagree		N/A		No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
Questions and/or Concerns Were Responded to within one business day	104	42.3%	88	35.8%	11	4.5%	23	9.3%	12	4.9%	8	3.3%
Information was Communicated Clearly and Professionally	93	37.8%	81	32.9%	23	9.3%	18	7.3%	10	4.1%	21	8.5%

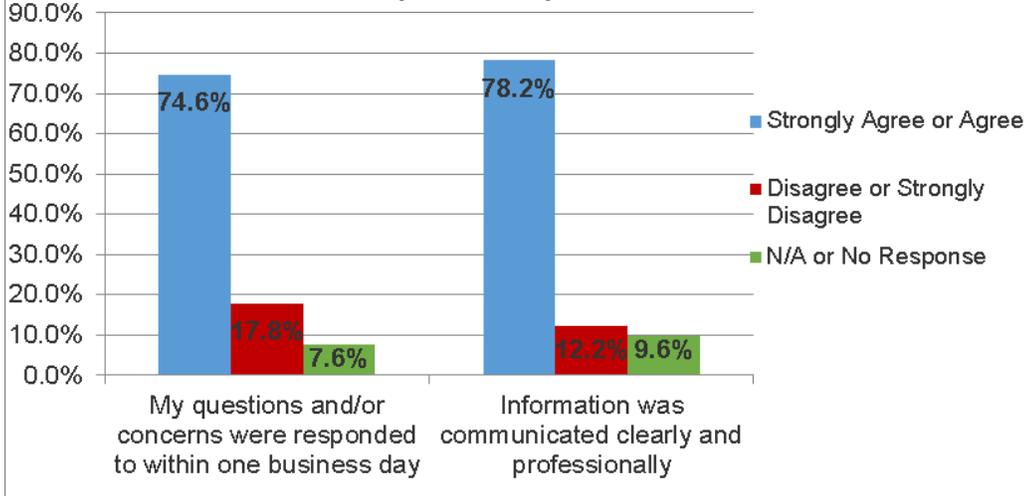
Combining the “strongly agree” and “agree” responses to each item we find the following:

	This Period	This Year	Year 3
• Responsiveness:	74%	75%	78%
• Clarity/ Professionalism:	75%	78%	71%

Looking at the first item regarding responsiveness and comparing it to year three, we do find a slight shift in the percentage away from the “strong agree” / “agree” responses towards the “strongly disagree” / “disagree” responses. For the second item, however, regarding clarity and professionalism of communication, we see a slight shift towards the “strongly agree” / “agree” responses and away from the “strong disagree” / “disagree” responses. These changes are slight but will be monitored in the year five survey data.

**Figure 2 – Next Page**

**Figure 2: Comparison of Responses to Question 2 (This Year)**



### Agreement Monitors

Question 3: Respondents are asked to react to the following: “Regarding our Agreement Monitors, to what extent do you agree that...” The first item indicates that the Agreement Monitor is knowledgeable about the respondent’s case and the second indicates that the respondent’s needs and concerns are understood. For the first item, the mode slipped from “strongly agree” in year three to “agree” for both this period and the year. Looking further, there is not a decline in the percentage of “strongly agree” responses (between 40.6% and 42.6% for all three reporting periods), but instead an increase in the percentage of “agree” responses from 37% to 45% - 46%. Another way of looking at this is that less licensees endorsed a “disagree” or “strongly disagree” response. For the second item, the mode was “strongly agree” as we also saw in year three. There was a decrease in “strongly disagree” responses from year three (12.2%) to year four (8.6%).

**Data Table 5a, b, and c:** The mode (most frequent) response is highlighted in red. Not all responses have a mode.

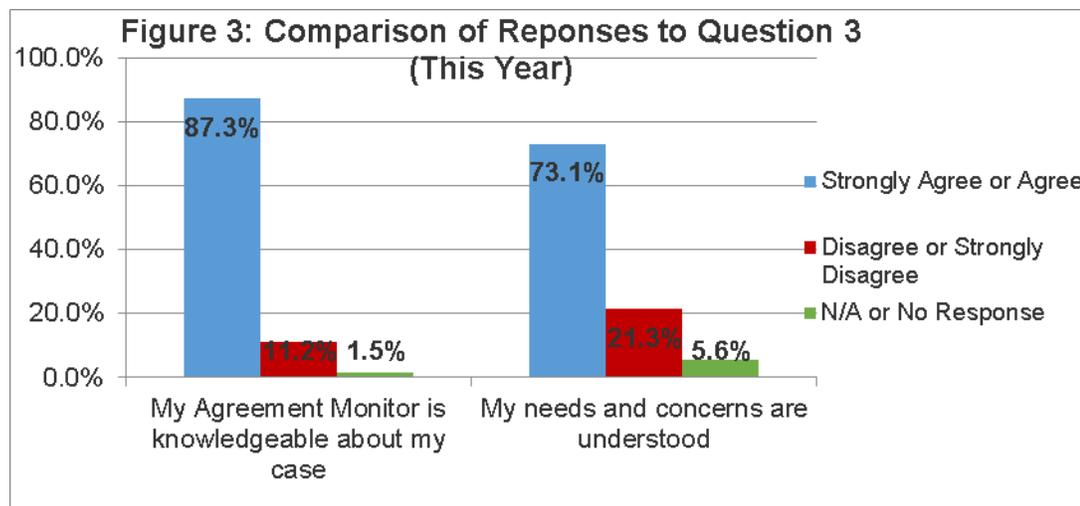
Table 5a: This Period (n=96)	Strongly Agree		Agree		Disagree		Strongly Disagree		N/A		No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
	My Agreement Monitor is knowledgeable about my case	39	40.6%	<b>44</b>	<b>45.8%</b>	6	6.3%	5	5.2%	1	1.0%	1
My needs and concerns are understood	<b>34</b>	<b>35.4%</b>	30	31.3%	16	16.7%	8	8.3%	2	2.1%	6	6.3%

Table 5b: This Year (n=197)	Strongly Agree		Agree		Disagree		Strongly Disagree		N/A		No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
	My Agreement Monitor is knowledgeable about my case	84	42.6%	<b>88</b>	<b>44.7%</b>	13	6.6%	9	4.6%	1	0.5%	2
My needs and concerns are understood	<b>75</b>	<b>38.1%</b>	69	35.0%	25	12.7%	17	8.6%	2	1.0%	9	4.6%

Table 5c: Year 3 (n=246)	Strongly Agree		Agree		Disagree		Strongly Disagree		N/A		No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
	My Agreement Monitor is knowledgeable about my case	<b>103</b>	<b>41.9%</b>	91	37.0%	23	9.3%	19	7.7%	4	1.6%	6
My needs and concerns are understood	<b>91</b>	<b>37.0%</b>	82	33.3%	30	12.2%	30	12.2%	3	1.2%	10	4.1%

For the year, the positive responses to both items far outweigh the negative responses as seen in year three. 87% of respondents “strongly agree” or “agree” that their agreement monitor is knowledgeable about [his/her] case and 73% respondents “strongly agree” or “agree” that [his/her] needs and concerns are understood.

**Figure 3:**



### Service Components

Question 4: This item asked respondents to “Please rate the following services as they contribute to your successful completion of the program.” Agreement Monitor contacts, newsletters, toxicology testing and the website are all listed for rating; Individual Monitoring Consultants and Group Monitoring are also included for Medical Board (OMB) participants only. As we have seen for the last two years, the majority of respondents both for the period and the year rated each service element as “helpful.” Further, as displayed in Figure 4 (next page), the positive responses again far outweigh the negative responses on each item. Combining “extremely helpful” and “helpful” responses for the year, we find that respondents identified Agreement Monitor contacts as most helpful (67.0%), which was closely followed by toxicology testing (64.5%). For the period, this was reversed (68.3% for toxicology testing and 62.5% for agreement monitor contacts).

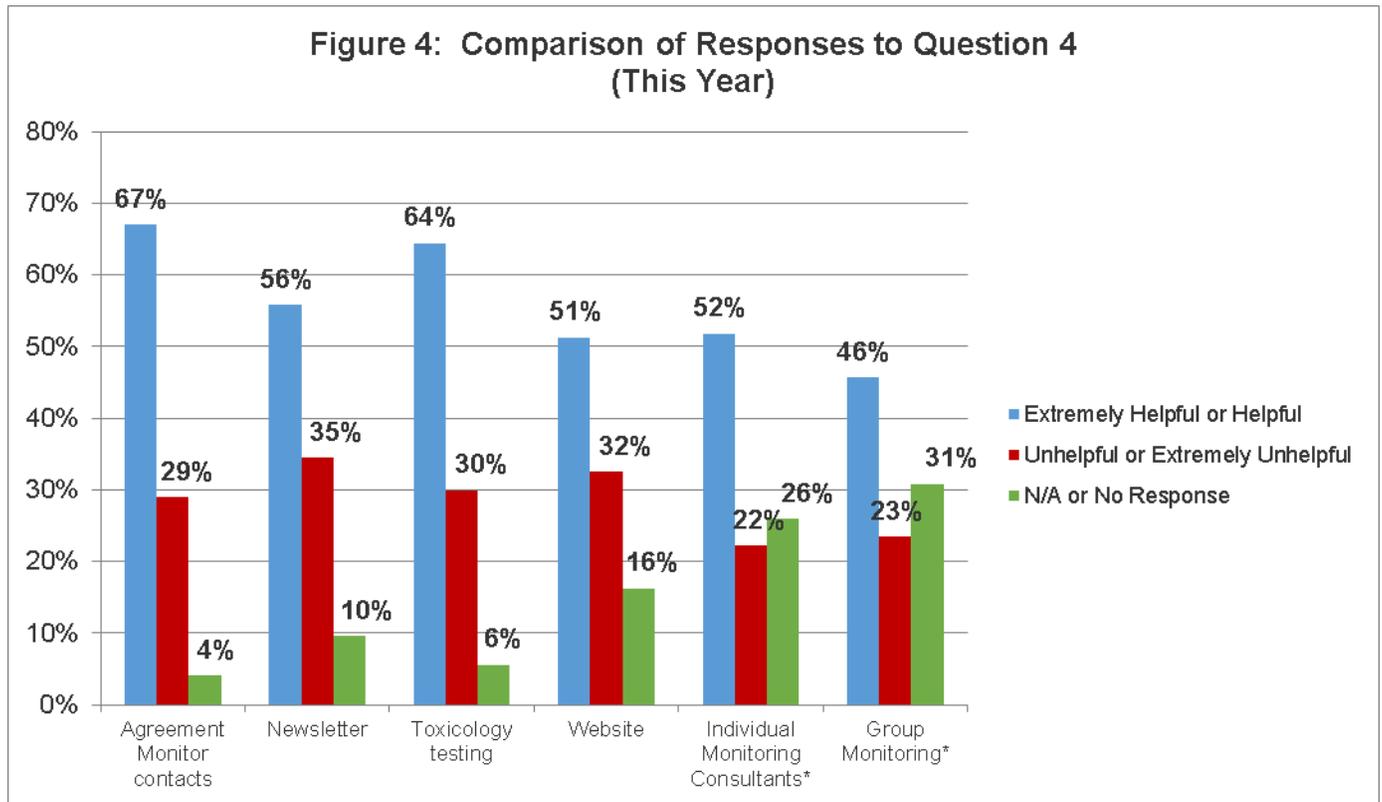
**Data Table 6 a, b, and c:** The mode (most frequent) response is highlighted in red. Not all responses have a mode.

Table 6a: This Period (n=96) (*OMB only– n=42)	Extremely Helpful		Helpful		Unhelpful		Extremely Unhelpful		N/A		No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
Agreement Monitor contacts	19	19.8%	41	42.7%	21	21.9%	9	9.4%	5	5.2%	1	1.0%
Newsletter	2	2.1%	47	49.0%	27	28.1%	9	9.4%	7	7.3%	4	4.2%
Toxicology testing	17	17.7%	39	40.6%	22	22.9%	8	8.3%	6	6.3%	4	4.2%
Website	4	4.2%	41	42.7%	28	29.2%	7	7.3%	13	13.5%	3	3.1%
Individual Monitoring Consultants*	9	21.4%	12	28.6%	3	7.1%	5	11.9%	11	26.2%	2	4.8%
Group Monitoring*	6	14.3%	13	31.0%	1	2.4%	8	19.0%	12	28.6%	2	4.76%

Table 6b: Year 4 (n=197) (*OMB only– n=81)	Extremely Helpful		Helpful		Unhelpful		Extremely Unhelpful		N/A		No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
Agreement Monitor contacts	49	24.9%	83	42.1%	44	22.3%	13	6.6%	6	3.0%	2	1.0%
Newsletter	8	4.1%	102	51.8%	54	27.4%	14	7.1%	14	7.1%	5	2.5%
Toxicology testing	36	18.3%	91	46.2%	41	20.8%	18	9.1%	6	3.0%	5	2.5%
Website	9	4.6%	92	46.7%	52	26.4%	12	6.1%	26	13.2%	6	3.0%
Individual Monitoring Consultants*	16	19.8%	26	32.1%	10	12.3%	8	9.9%	19	23.5%	2	2.5%
Group Monitoring*	11	13.6%	26	32.1%	7	8.6%	12	14.8%	22	27.2%	3	3.7%

Table 6c: Year 3 (n=246) (*OMB only– n=104)	Extremely Helpful		Helpful		Unhelpful		Extremely Unhelpful		N/A		No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
Agreement Monitor contacts	54	22.0%	108	43.9%	54	22.0%	19	7.7%	2	0.8%	9	3.7%
Newsletter	19	7.7%	134	54.5%	65	26.4%	16	6.5%	2	0.8%	10	4.1%
Toxicology testing	37	15.0%	109	44.3%	61	24.8%	24	9.8%	4	1.6%	11	4.5%
Website	18	7.3%	103	41.9%	76	30.9%	22	8.9%	8	3.3%	19	7.7%
Individual Monitoring Consultants*	17	16.3%	36	34.6%	21	20.2%	13	12.5%	5	4.8%	12	11.5%
Group Monitoring*	16	15.4%	33	31.7%	19	18.3%	12	11.5%	10	9.6%	14	13.5%

Figure 4:



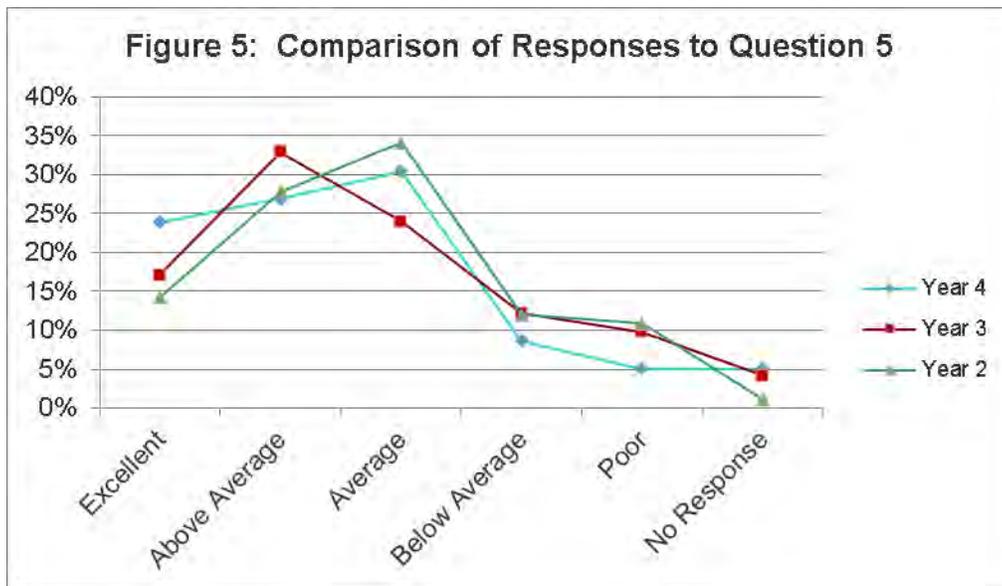
## Overall Rating of Services

Question 5: Respondents were asked to rate the overall services. The mode response for both this period and the year was “average.” Note in Table 7 that the mode was “above average” last year, but was “average” in year two. (Year two data was included to illustrate this.) However, the mode does not fully communicate the data trends: Combining the “excellent” and “above average” ratings we find that there were 49% this period and 51% this year, both similar to the 50% last year and an improvement from 42% in year two. Further there has been a significant increase in the percentage of “excellent” ratings over time, peaking at 25% this period. Finally, there were only 13% “below average” or “poor” responses this period and year, compared to 21% in year three. Overall then, although the mode response dropped, this is showing a shift in ratings from “above average” to “excellent” and from ratings of “below average” or “poor” to “average.”

**Data Table 7:** The mode (most frequent) response is highlighted in red. Not all responses have a mode.

Table 7: Overall Rating	This Period (n=96)		Year 4 (n=197)		Year 3 (n =246)		Year 2 (n=367)	
	#	%	#	%	#	%	#	%
Excellent	24	25.0%	47	23.9%	42	17.1%	52	14.2%
Above Average	23	24.0%	53	26.9%	<b>81</b>	<b>32.9%</b>	102	27.8%
Average	<b>29</b>	<b>30.2%</b>	<b>60</b>	<b>30.5%</b>	59	24.0%	<b>125</b>	<b>34.1%</b>
Below Average	8	8.3%	17	8.6%	30	12.2%	44	12.0%
Poor	5	5.2%	10	5.1%	24	9.8%	40	10.9%
No Response	7	7.3%	10	5.1%	10	4.1%	4	1.1%

**Figure 5:**



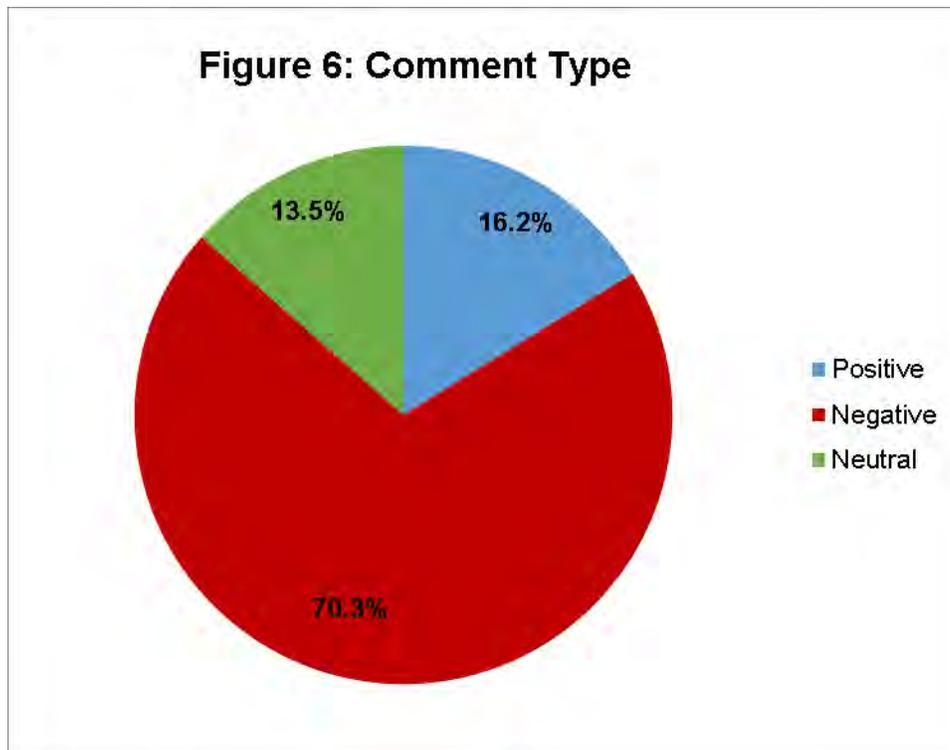
## Additional Comments

At the conclusion of the survey, respondents are asked for any additional comments. Thirty-seven (37) comments were received, reviewed, and categorized this period. Comments were received from 38.5% of respondents.

Comments were first categorized with an overall type: positive, negative, or neutral. This period, 16.2% were positive, 70.3% were negative, and 13.5% were neutral (See Figure 6). A number of the negative comments contain suggestions for improvement rather than just harsh negatives. These can be seen in the actual text of the comments on the next page. However, the overwhelming negative-tone of the comments is incongruent with the tone of the rest of the survey results.

Comments were also categorized by area (see Data Table 8, next page). Each issue within a comment was categorized to maximize the ability to capture all feedback. Although in the past Agreement Monitors have received the greatest percentage of comments, this period there were more “general” comments and comments about the program structure. Agreement monitors and toxicology were the next two most frequent topics.

Figure 6:



**Table 8:**

Table 8:		July	
Categories of Comments Received		#	%
Communication	Negative	4	7.1%
Financial Comp	Negative	4	7.1%
General	Positive	4	7.1%
	Neutral	2	3.6%
	Negative	5	8.9%
Program Structure	Positive	2	3.6%
	Negative	9	16.1%
Staff – Agreement Monitor	Positive	3	5.4%
	Neutral	1	1.8%
	Negative	3	5.4%
Staff - General	Negative	1	1.8%
Staff Availability & Responsiveness	Negative	5	8.9%
Toxicology / Lab Locations	Negative	7	12.5%
Website / IVR	Neutral	1	1.8%
	Negative	2	3.6%
Other	Neutral	1	1.8%
	Negative	2	3.6%

**Actual Comments Received – July 2014**

*\*\*Note that comments are shown as the respondent typed or wrote them. Spelling, punctuation, and grammar have not been corrected. Names have been removed for confidentiality purposes.*

1. Just started. Can't date monitor, tix, group, etc
2. My main irritation is when I travel, I have to send in zip codes for various sites. It seems all one would need is a list of currently operating test sites. Also I have had problems with test sites not knowing what to do. I spent 3 hours in the Dalles one time to do a test. The site I was given sent me to multiple places in town before someone actually knew what to do.
3. "Weekly meetings should be less often and in the early AM not evening- the program is intrusive enough into our family lives. The meeting should also be run by a physician. The agreement monitor is frequently unavailable The UAs are too expensive and should be targeted to our substance of choice 90% of the time"
4. I hare everything about my involvement in this "agreement." It's almost successfully broken me.
5. You are a compliance operation and don't really give a damn about us. Your approach of treating everybody the same fits your needs but treats voluntary clients the same as involuntary clients. This makes being a voluntary client very unpalatable and I doubt that occurs much anymore.
6. It would be nice sine we have a website if we had more of and automated service. Sending in a weekly email stating the # of meetings I've attended is unhelpful. Sending in a monthly email with the # of meetings a month would be more helpful. Please note how Washington state does there's. The website for Washington is more helpful.
7. Frequency of UA's is a punitive measure. It is NOT therapy based!!!
8. Hpsp has changed over the last year. More punitive, more illogical, and there seems to be an "us against them" mentality coming from Hpsp ( us against licensees). I get the feeling that some staff at HPSP are being hardasses and losing site of the primary mission objectives at HPSP. New rules and procedures come into

place i.e. "going to committee" which is an utterly non transparent process and leaves the licensee scared because we have no idea of what is at stake.

9. Check + for [Name of Agreement Monitor]
10. Once a licensee has achieved continuous compliance in the monitoring program for greater than one year, it would be great to reduce the agreement monitor contacts to every other week instead of weekly. It seems like I always report the same exact things on a weekly basis, making the check-in redundant.
11. Multiple problems with RBH. The four Boards are not getting their money's worth from RBH.
12. Faxes from my work site monitor and other providers often do not make it to my HPSP agreement monitor and have to faxed multiple times.
13. You never answered the question about a consumer panel and/or a licensee member of the advisory or other existing council.
14. Have not been able to open newsletter in ages. Have tried on multiple devices.
15. I have recently had increased difficulty with clear communication with my agreement monitor. I often feel like things are not remembered or handled consistently. I often feel frustrated, like I am doing everything required of me on my part but I am not having this reciprocated to me. For example, I was recently asked about a change in my management at work that was not fact-based. I emailed, called, and left voicemails to clear up the misunderstanding but was repeatedly asked the exact same questions about the same issue for weeks. It makes me feel like I am not being listened to. I also have a big issue I have not communicated before but continues to bother me: when I was hired at my current place of employment my manager relayed a message that I needed to contact my monitor for a payment overdue to my account or I was going to be out of compliance. I was still in my orientation at my new job at the time and did not yet have a relationship established with my manager. This was handled completely inappropriately and unprofessionally and it makes me furious to think about a year and a half later. I was hoping to let this issue go but I simply cannot.
16. I have been in the monitoring program for 4 years. RBH has been getting so much better since their inception. It took several years before all the links were worked out. I had several different contacts over the years. My current monitor contact is above average. I know there are big glitches but overall it is very different.
17. Please extend the "Call-in/Check-in" period to 7 pm to allow check in after work.
18. Having to call in on Saturdays when I cannot possibly test is ridiculous. Is this just added punishment for having been born with a certain genetic trait? Why, if you can robo-call me at 10 am the next day to inform me I haven't called in can you not do the same at 3pm the day before that I have not called in yet? Are you just itching to find out I am a human being who can get distracted every now and then and break my normal routine?
19. [Name] my agreement monitor has been extremely helpful and nice. She has made my transition and continued participation in this program easier and less stressful.
20. Expensive 😊
21. Given the automated system for daily check-in for urine drug screens, it seems that one should be able to access the system after 5:00pm. Also, those who use paper CCF test sites are at a disadvantage to those who use electronic since the paper sites cannot verify test status after 5:00pm while electronic sites can. Why not allow people to check in all the way until midnight since test sites are open that late? Thank you.
22. Turn around time on emails and return phone calls is VERY long. I've had to resubmit multiple times when requesting testing site info that's out of town
23. Testing is helpful but too often. That \$ spent could be used by the licensee in a more effective recovery treatment option.
24. I have asked my monitor, on two different occasions, to return my call (or e-mail) as soon as possible and both times I did not hear from her for 5-6 working days. My attorney had the same experience with her, too. Disappointing. Especially since my monitor contact is the manager for this office here in Portland. Not very professional, to say the least. If I acted that way, I would be hailed on the carpet in front of the Board and given some hideous punitive treatment!!
25. My agreement monitor had only spoken to me twice in person for the past six months. I leave a message faithful every Friday by phone or email. She never answers her phone. I know we are suppose to talk in person at least once a month, but it does not happen on her end.
26. grateful to be enrolled in such an excellent, rigorous, evidence -based program which has helped to cement my long term recovery
27. "Have you ever wondered why there are so few self-referrals since HPSP took over? It's because we all felt treated like criminals and not like the professionals struggling with addictions that we are. I have read the statute and wonder how some of the rules were pulled out of the guidelines. I hope RBH can change, otherwise I would recommend that the DHS find another contractor."
28. Testing 5 times a month when not working was detrimental to my success- unnecessary hardship. Washington affinity program much easier to use from a monitoring standpoint- easier to find and manage test sites nationwide and can choose site by availability and price. Your testing costs and frequency when unemployed are detrimental. Sites close and hard to get to them in time when working. I found them punitive

29. program is working fine
30. Thanks and gratitude for the medical profession in considering alcoholism and drug addiction a disease and giving this drug addicted and alcoholic nurse another chance! Thanks you for the accountability this program gave me which is the very thing I needed to become a responsible and happy individual.
31. You are basically enforcers who don't really give a shit about us. My agreement monitor is helpful but she has no authority to take individual needs into account. You have one way for everybody and individual needs are of no interest to you. Just NOT what recovery is all about.
32. The length of the program is to long.
33. We should be allowed to meet our agreement monitors in person.
34. My email address was one that was shared with other people with the same monitor. My trust for the program's confidentiality is very low
35. I have duplicity issues that contribute to unreasonable costs and wasted time. Part of monitoring should include communication with other mandatory counselling, UA's, AA, etc
36. Program is the best that can be done under the current law. Unfortunately healthcare providers that could benefit from treatment and monitoring are not enrolling because of the program has a reputation of being punitive.
37. PLEASE: since a licensee is required to call in for testing on Saturdays, and sometimes HAS to test on a Saturday, AND BECAUSE there are grave consequences and great expense FOR THE LICENSEE for problems that may occur (ie. problems NOT THE LICENSEE's fault, perhaps an error with RBH, as happened to me ON A SATURDAY! or an error with Med tox, which also happened to me but not on a Sat. THEN IT IS REPREHENSIBLE THAT YOU HAVE NOT ONE SINGL PERSON TAKING PHONE CALLS ON SATURDAY. This is very stressful. ACTUALLY: The most stressful event in 3 and 1/2 years of being in the program was caused by RBH requiring me to call in on Sat when an error occurred ON RBH's fault! (and I get a recording). Are you kidding me? This is VERY BAD not to have an on-call RBH person on Saturdays for problems that arise in the system! (Or if ONE person cannot take calls on Sat then don't make licensees call in then for testing, because, face it: mistakes happen.) The worst day of my sobriety by far caused by RBH on a Saturday and NO ONE was available to take the call. (My whole family was involved!)

### Summary Analysis

The licensee survey response rate was 39.5% for the period, bringing the response rate for the year to 39.0%. These are the highest response rates obtained since the inception of the program. The make-up of pool of respondents however is skewed towards the Medical Board and slightly towards the Board of Dentistry. The Board of Nursing is under-represented in this response data.

When thinking about their most recent call to RBH, 75% of respondents this year indicate that they “agree” or “strongly agree” that their questions/concerns were responded to promptly. Similarly, 78% indicate that they “agree” or “strongly agree” that information was communicated clearly and professionally. The mode response to both of these items was “strongly agree.”

Agreement Monitors continue to receive strong ratings this year: 87% of respondents “strongly agree” or “agree” that their agreement monitor is knowledgeable about [his/her] case and 73% respondents “strongly agree” or “agree” that [his/her] needs and concerns are understood. The mode for the second item was “strongly agree” but slipped to “agree” for the first. This change was due a shift in negative responses up to “agree.” There continued to be a similar percentage of “strongly agree” responses as in the past.

When rating how various components contribute towards the successful completion of the program, Agreement Monitor contacts, Newsletters, Toxicology testing, the Website, Individual Monitoring and Group Monitoring were all most frequently rated as “Helpful” both for the period and the year. Agreement Monitor contacts and toxicology testing received the most “helpful” and “extremely helpful” ratings.

Overall services were rated favorably, with 24% “excellent,” 27% “above average,” and 30.5% “average.” Just under 14% provided an unfavorable response (“below average” or “poor”).

Comments were received from 38.5% of respondents this period. Of these, 16.2% were positive, 70.3% were negative, and 13.5% were neutral. A number of the negative comments contain suggestions for improvement rather than just harsh negatives. The negative-tone of the comments is incongruent with the tone of the rest of the survey results. The comments included recommendations for improvement which the RBH PAC will review carefully. To begin with, however, RBH will focus on providing a prompt telephonic response in EVERY situation and finding further ways to promote recovery.

# Reliant Behavioral Health Health Professionals' Services Program (HPSP) Satisfaction of EMPLOYERS / WORKPLACE MONITORS

## Purpose

The purpose of assessing the Employers, specifically the Workplace Monitors, is to obtain constructive feedback that can be used to improve the services provided by the HPSP Program. RBH strives to maintain the quality, effectiveness, and efficiency of the program, and thus evaluates Employers' / Workplace Monitors' satisfaction with the HPSP Program twice yearly.

Feedback is obtained from Employers via a satisfaction survey that is emailed or mailed to Workplace Monitors who are asked to complete the survey online. The survey is short and can be completed in 2-3 minutes.

Feedback includes information about timeliness of response, knowledge level of staff, the monthly safe practice form, and their overall rating of RBH's support of their supervision of licensees. The survey also asks for any additional comments.

One method of determining the value of HPSP is through the Satisfaction Survey. The RBH Policy Advisory Committee (PAC) has taken on the role of quality management. Following review of the survey results, the PAC will identify opportunities for improvement and develop interventions if necessary. The PAC will continue to monitor performance at specified intervals following the implementation of the intervention(s).

## Data Results

### Response Rate

Table 1: Response Rate	This Period	Year 4	Year 3
# Sent	170	349	389
# Responses	56	89	73
Response Rate	32.9%	25.5%	18.8%

The HPSP Employers Satisfaction Survey was distributed to Workplace Monitors through email and mail. Out of the total 170 surveys distributed, 56 responses were received for a response rate of 32.9%. Combined with last period's responses, this created a 25.5% response rate for the year. This represents an improvement from last year's rate of 18.8% and represents a continued improvement from the first two years of the program (13.7% in year two and 7% in year one.)

## Type of Service Provided by Employer

Question 1: Respondents are first asked the type of services provided by their organization. The most frequent response for the period, the year and the prior year was “nursing.” This is closely followed by “medical.” This pattern is consistent with the break-down of the population of enrolled licensees.

Data Table 2: The mode (most frequent) response is highlighted in red. Not all responses have a mode.

Table 2: Type of Services Provided	This Period (n=56)		Year 4 (n=89)		Year 3 (n=73)	
	#	%	#	%	#	%
Medical	22	40.0%	35	39.3%	33	45.2%
Nursing	<b>26</b>	<b>47.3%</b>	<b>41</b>	<b>46.1%</b>	<b>36</b>	<b>49.3%</b>
Pharmacy	2	3.6%	2	2.2%	1	1.4%
Dental	2	3.6%	5	5.6%	2	2.7%
Other	3	5.5%	4	4.5%	1	1.4%
No Response	1	1.8%	2	2.2%		

## Services

Question 2: Respondents are then asked to rate HPSP’s services, including timeliness; knowledge of licensee when there is a concern in the workplace; ability to respond to questions regarding program administration; and frequency of feedback from RBH. Finally, an overall rating is requested. The mode response for years three and four for all items was “excellent.” There were two exceptions to this pattern for the period: 1) There was not a mode response to item three (ability to respond to questions regarding program administration) as there were an equal number of “excellent” and “above average” responses. There were only five (8.9%) responses that were “average” and no “below average” or “poor” ratings to this item. 2) The mode for item four (frequency of feedback) moved from “excellent” to “above average” although the responses were almost evenly split (14 “excellent” vs. 15 “above average.”) This item does have the most “average” or below responses. This is an area that RBH could focus on in the coming year.

No more than 20% of respondents provided an “average,” “below average,” or “poor” rating on any one item for the period or the year. The only item with any “poor” ratings was the frequency of feedback regarding licensee’s compliance.

**Data Tables on Next Page**

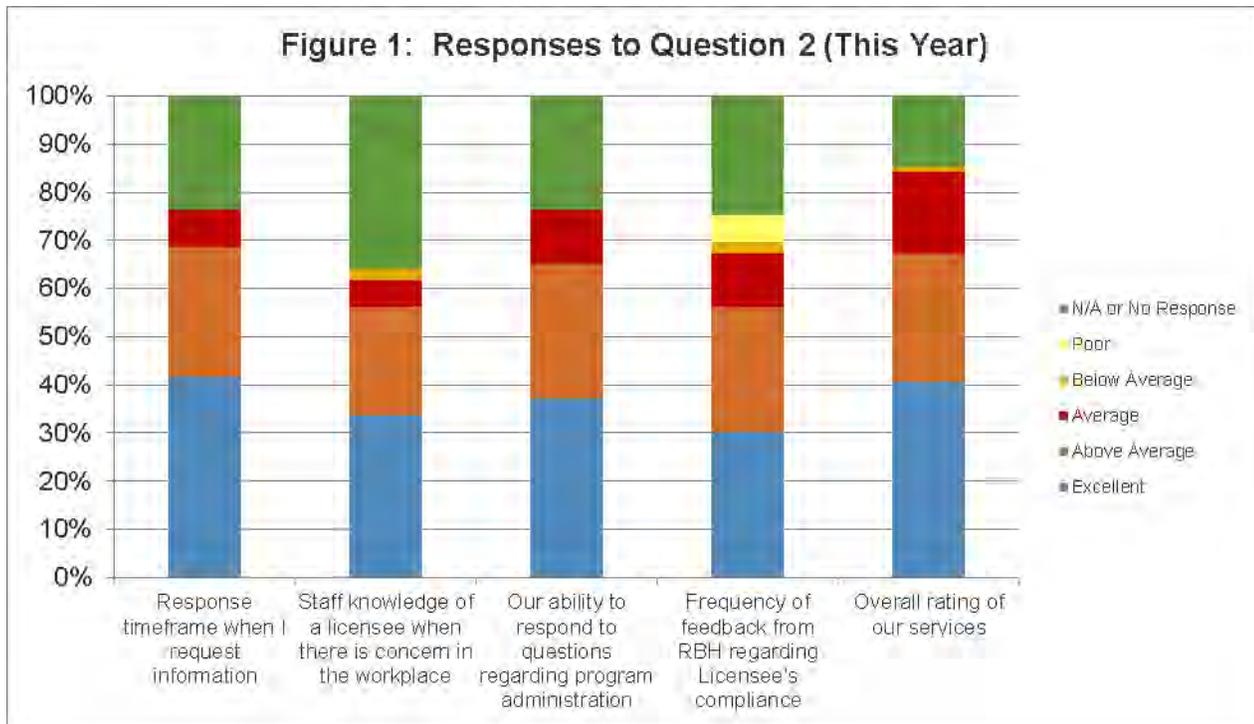
Data Tables 3a, 3b, and 3c: The mode (most frequent) response is in red (not all items have a mode):

Table 3a This Period (n=56)	Excellent		Above Average		Average		Below Average		Poor		N/A or No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
Response timeframe when I request information	<b>22</b>	<b>39.3%</b>	13	23.2%	5	8.9%					16	28.6%
Staff knowledge of a licensee when there is concern in the workplace	<b>17</b>	<b>30.4%</b>	9	16.1%	4	7.1%	2	3.6%			24	42.9%
Our ability to respond to questions regarding program administration	17	30.4%	17	30.4%	5	8.9%					17	30.4%
Frequency of feedback from RBH regarding Licensee's compliance	14	25.0%	<b>15</b>	<b>26.8%</b>	8	14.3%	2	3.6%	1	1.8%	16	28.6%
Overall rating of our services	<b>21</b>	<b>37.5%</b>	15	26.8%	10	17.9%					10	17.9%

Table 3b This Year (n=89)	Excellent		Above Average		Average		Below Average		Poor		N/A or No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
Response timeframe when I request information	<b>37</b>	<b>41.6%</b>	24	27.0%	7	7.9%					21	23.6%
Staff knowledge of a licensee when there is concern in the workplace	<b>30</b>	<b>33.7%</b>	20	22.5%	5	5.6%	2	2.2%			32	36.0%
Our ability to respond to questions regarding program administration	<b>33</b>	<b>37.1%</b>	25	28.1%	10	11.2%					21	23.6%
Frequency of feedback from RBH regarding Licensee's compliance	<b>27</b>	<b>30.3%</b>	23	25.8%	10	11.2%	2	2.2%	5	5.6%	22	24.7%
Overall rating of our services	<b>36</b>	<b>40.4%</b>	24	27.0%	15	16.9%	1	1.1%			13	14.6%

Table 3c Year 3 (n=73)	Excellent		Above Average		Average		Below Average		Poor		N/A or No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
Response timeframe when I request information	<b>30</b>	<b>41.1%</b>	14	19.2%	5	6.8%	2	2.7%	2	2.7%	20	27.4%
Staff knowledge of a licensee when there is concern in the workplace	<b>22</b>	<b>30.1%</b>	16	21.9%	6	8.2%					29	39.7%
Our ability to respond to questions regarding program administration	<b>31</b>	<b>42.5%</b>	18	24.7%	7	9.6%	1	1.4%			16	21.9%
Frequency of feedback from RBH regarding Licensee's compliance	<b>23</b>	<b>31.5%</b>	15	20.5%	11	15.1%	4	5.5%	7	9.6%	13	17.8%
Overall rating of our services	<b>33</b>	<b>45.2%</b>	18	24.7%	14	19.2%	3	4.1%			5	6.8%

**Figure 1:**



### Supervision Support

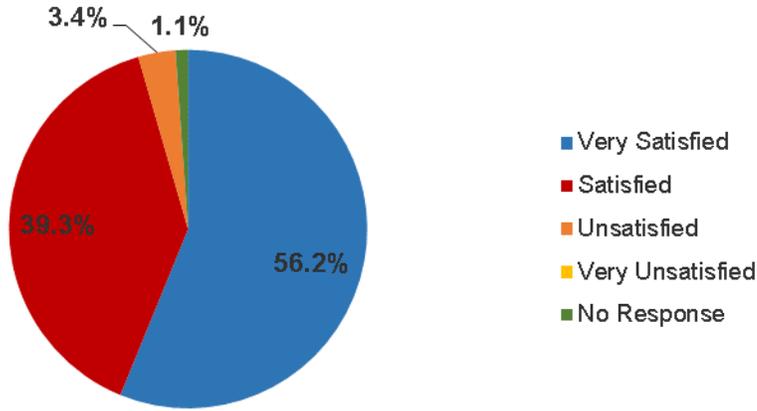
Question 3: The next item reads: “RBH supports your supervision of licensees. How satisfied are you with our support?” Similar to year three, more than 90% of respondents indicated that they were either “very satisfied” or “satisfied” with the support provided. In fact, only one provided a rating of “unsatisfied” this period and three for the year. This year, a greater percentage than last year (56.2% vs. 49.3%) indicated that they were “very satisfied.”

**Data Table 4:** The mode (most frequent) response is in red (not all items have a mode):

Table 4: Supervision Support	This Period (n=56)		Year 4 (n=89)		Year 3 (n=73)	
	#	%	#	%	#	%
Very Satisfied	27	48.2%	<b>50</b>	<b>56.2%</b>	<b>36</b>	<b>49.3%</b>
Satisfied	27	48.2%	35	39.3%	32	43.8%
Unsatisfied	1	1.8%	3	3.4%	5	6.8%
Very Unsatisfied						
No Response	1	1.8%	1	1.1%		

**Figure 2 – Next Page:**

**Figure 2: Responses to Question 3 - Satisfaction with Support (This Year)**



### Workplace Safety

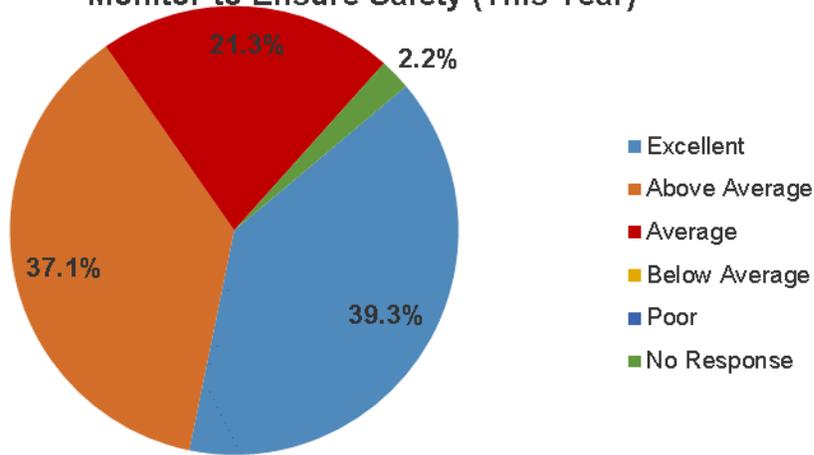
Question 4: RBH’s ability to monitor the licensee to ensure safety in the workplace is queried in the next item. Again this period we find that the responses were positive with 35.2% rating this item “excellent,” 44.4% rating it “above average” and 20.4% rating it “average.” No respondents provided a “below average” or “poor” rating. The mode response this period did drop to “above average” from “excellent” but conversely the percentage of “average” or “below average” ratings dropped from 31.5% in year three to 20.4% this period (21.3% for the year.)

**Data Table 5:** The mode (most frequent) response is highlighted in red:

Table 5: Workplace Safety	This Period (n=56)		Year 4 (n=89)		Year 3 (n=73)	
	#	%	#	%	#	%
Excellent	19	35.2%	<b>35</b>	<b>39.3%</b>	<b>31</b>	<b>42.5%</b>
Above Average	<b>24</b>	<b>44.4%</b>	33	37.1%	18	24.7%
Average	11	20.4%	19	21.3%	21	28.8%
Below Average					2	2.7%
Poor						
No Response	2	3.6%	2	2.2%	1	1.3%

**Figure 3 – Next Page:**

**Figure 3: Responses to Question 4 - Ability to Monitor to Ensure Safety (This Year)**



A follow-up question requests any suggested changes or recommendations.

**Actual Comments – This Period:**

*\*\*Note that comments are shown as the respondent typed or wrote them. Spelling, punctuation, and grammar have not been corrected.*

1. I would like to know when there is anything that comes up on RBH end. Not always is that info shared with the monitor.
2. No
3. As time goes by I think a formal report every 2 months would be sufficient. If the licensee has failed they would no longer be working.
4. No

**Overall Experience**

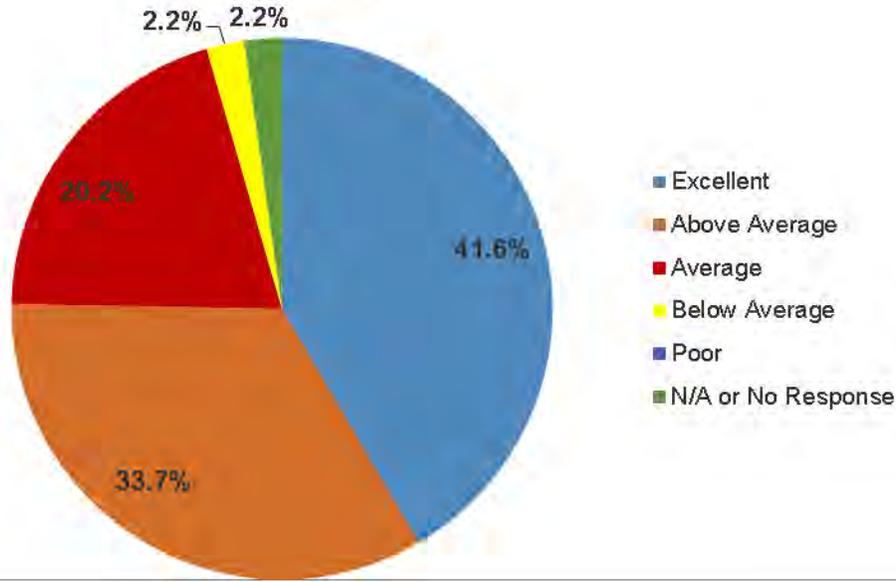
Question 5: Respondents are asked to rate their overall experience working with RBH. Although the mode response did decrease from “excellent” to “above average” this period, there continue to be more than 70% of respondents who rate the program either “excellent” or “above average.” There continue to be no “poor” responses and the percentage of “below average” responses has continued to decrease as well.

**Data Table 6:** The mode (most frequent) response is highlighted in red:

Table 6: Overall Experience	This Period (n=56)		Year 4 (n=89)		Year 3 (n=73)	
	#	%	#	%	#	%
Excellent	20	37.0%	<b>37</b>	<b>41.6%</b>	<b>31</b>	<b>42.5%</b>
Above Average	<b>21</b>	<b>38.9%</b>	30	33.7%	20	27.4%
Average	12	22.2%	18	20.2%	15	20.5%
Below Average	1	1.9%	2	2.2%	4	5.5%
Poor						
N/A or No Response	2	3.6%	2	2.2%	3	4.1%

**Figure 4 - Next Page**

**Figure 4: Responses to Question 5 - Overall Experience (This Year)**



### Additional Comments

#### Actual Comments – This Period

*\*\*Note that comments are shown as the respondent typed or wrote them. Spelling, punctuation, and grammar have not been corrected.*

1. Our relationship is relatively new, but so far so good!
2. n/a
3. I only submit monthly reports and have had no interactions with RBH.
4. I am a new workplace monitor and believe I need comprehensive training on the rules and recommendations for fulfilling this role. It was sortof thrown on me when I accepted the manager position and I have not felt prepared to take it on, ensuring I am following all applicable rules.
5. The first contract I received was incorrect, I did not ever receive a corrected one. On my end, as far as monitoring I had no issues, I saw the person I was monitoring having multiple problems with her contact. Overall my experience has been good. I did not have any issues to report, I appreciated the electronic forms for ease of submission.
6. I did not hire the RN to our clinic so needed to supervisor her after her manager left. As a RN myself I'm not sure that I wojud have hired the RN.
7. This is the first full month I have had a staff member on the program so interaction has been minimal, however my initial conversations with the counselor have been very satisfactory.
8. Employee is a new hire so contact with RBH is limited at this time. Great so far.
9. very little contact. I submit a monitor's report once a month and that is it.
10. I like that the report I send in every month is simple and allows me to respond with detail only if necessary.

### Summary Analysis

The HPSP Employers' / Workplace Monitor's Satisfaction Survey had a response rate of 32.0%, raising the response rate for the year to 25.5%. This is an increase from last year's rate of 18.8%. Primarily, respondents indicated that their organizations provide either nursing services (47.3%) or medical services (40.0%) which is consistent with both the licensee population and last year's responses.

On a few items this period, the mode response decreased from the most positive answer to the second most positive answer. Although this does represent a slight decline in the opinion, there was also an associated decrease in the more negative responses on those items. Further, the mode responses for the year (year four) did not similarly slide.

HPSP's customer service, particularly in this case timeliness of responses, knowledge of licensees when there is a concern in the workplace, ability to respond to questions regarding program administration, and frequency of feedback

regarding licensee's compliance, were all rated as "excellent" by the largest group of respondents for the year. For one item this period the mode slid back to "above average" and on another it was not identified as the same number of "excellent" and "above average" responses were received. No more than 20% of respondents provided an "average," "below average," or "poor" rating on any item.

For both the period and the year we find that: More than 90% of respondents indicated that they were either "very satisfied" or "satisfied" with the support they receive when supervising licensees. More than 75% of respondents indicated that they rate RBH's ability to monitor the licensee to ensure safety in the workplace as "excellent" or "above average." Finally, more than 70% rate their overall experience working with RBH HPSP as "excellent" or "above average."

A total of 14 comments were provided. These comments varied greatly and will be reviewed in detail by the PAC. One area that RBH can focus on is frequency of contact with the Workplace Monitors.

# Reliant Behavioral Health

## Health Professionals' Services Program (HPSP)

### Satisfaction of PROFESSIONAL ASSOCIATIONS

#### Purpose

The purpose of assessing representatives from the Oregon Medical Association, Oregon Nursing Association, Oregon Pharmacy Association, and the Oregon Dental Association is to obtain constructive feedback that can be used to improve and maintain the quality, effectiveness, and efficiency of the HPSP Program. In order to provide continuous quality services, RBH evaluates this stakeholder group's satisfaction with the HPSP Program twice yearly.

Feedback is obtained from Association representatives via a satisfaction survey that is emailed to representatives who are asked to complete the survey online. The survey is short and can be completed in 2-3 minutes.

Feedback includes information about the timeliness of response, knowledge level of staff, ability to enroll licensees and an overall rating of RBH services. Also, the survey asks about the value of the HPSP Program to their membership and asks for any additional comments.

One method of determining the value of HPSP is through the Satisfaction Survey. The RBH Policy Advisory Committee (PAC) has taken on the role of quality management. Following review of the survey results, the PAC will identify opportunities for improvement and develop interventions if necessary. The PAC will continue to monitor performance at specified intervals following the implementation of the intervention(s).

#### Data Results

#### Response Rate

Table 1: Response Rate	This Period	Year 4	Year 3
# Sent	9	14	5
# Responses	2	2	0
Response Rate	22.2%	14.3%	0%

The HPSP Satisfaction survey was distributed to representatives of each Professional Association as follows:

- Oregon Nursing Association: 2
- Oregon Medical Association: 4
- Oregon Dental Association: 2
- Oregon Pharmacy Association: 1

A total of nine surveys were emailed. Two responses were received for a response rate of 22.2%. This brings the response rate for the year to 14.3% since there were not any responses in January. This represents an improvement from years two and three with a 0% response.

Results are provided only for this period given that there were not any responses in the prior period or in Year three.

## Membership of Respondent

The first question asks respondents of which professional association they are members. One respondent was a member of the Oregon Medical Association (50%) and one of the Oregon Nursing Association (50%).

Table 2: Role of Respondent (n=2)	This Period	
	#	%
Oregon Nursing Association	1	50%
Oregon Medical Association	1	50%
Oregon Dental Association		
Oregon Pharmacy Association		

## Customer Service and Communication

Question 2: Survey respondents are asked to rate three different statements relating to customer service, particularly timeliness and knowledge level.

Data Table 3:

Table 3: This Period (n=2)	Excellent		Above Average		Average		Below Average		Poor		N/A	
	#	%	#	%	#	%	#	%	#	%	#	%
The timeliness of our response to your inquiries					1	50%					1	50%
The knowledge level of our staff					1	50%					1	50%
Overall rating of our services					1	50%					1	50%

## Value to Members

Question 3: Respondents are then asked "How valuable is the Health Professionals' Services Program to your membership?" One respondent "valuable" and one respondent replied "unvaluable."

Data Table 4:

Table 4: Value to Membership	This Period	
	#	%
Extremely Valuable		
Valuable	1	50%
Unvaluable	1	50%
Extremely Unvaluable		

## Feedback from Membership

Question 4: Feedback received from membership is then queried. Both respondents indicated that feedback was below average.

Data Table 5: The mode (most frequent) response is highlighted in red.

Table 5: Value to Membership	This Period	
	#	%
Excellent		
Above Average		
Average		
Below Average	2	100%
Poor		
N/A		

## Additional Comments

### Actual Comments – July 2014:

*\*\*Note that comments are shown as the respondent typed or wrote them. Spelling, punctuation, and grammar have not been corrected.*

1. members who are enrolled report very burdensome testing requirements and costs as well as unresponsiveness from RBH staff.
2. Reliant needs to support modifying the definition of “substantial noncompliance” to reduce fear in the physician community that inconsequential mistakes will result in reporting to the OMB. Also, Reliant should have a more established physical presence to serve as a true resource for physicians and other providers.

A young physician recently took his own life due to fears of being reported when combating with Sudden Onset Depression. There has got to be a better way. This was not occurring when the HPP was in place for 20 years.

## Summary Analysis

There were two (2) responses to this survey for the period representing a 22.2% response. This is an improvement, however it is recommended that RBH continue to outreach to each of the Professional Associations so that a broader response base can be obtained.

Responses were received from the Oregon Medical Association and the Oregon Nurses Association. Timeliness of responses, knowledge level of staff and overall rating of services received “average” ratings by one respondent and not rated by the other. The value of the HPSP services to membership was rated “valuable” by one respondent and unvaluable by the other. The value of HPSP to membership was rated “below average” by both respondents. Both comments received were negative. Testing requirements, costs, program perception, and program presence were all addressed in the comments. Continued outreach to the Professional Associations is also important given the responses.

# Reliant Behavioral Health

## Health Professionals' Services Program (HPSP)

### Satisfaction of TREATMENT PROVIDERS

#### Purpose

The purpose of assessing representatives from Treatment Providers is to solicit feedback that can be used to improve the services provided through the HPSP Program. RBH strives to maintain the quality, effectiveness, and efficiency of the program, and evaluates the Treatment Providers' satisfaction with the HPSP Program on a twice yearly basis.

Feedback is obtained from Treatment Providers representatives via a satisfaction survey that is emailed or mailed to representatives who are asked to complete the survey online. The survey is short and can be completed in 2-3 minutes.

Feedback includes information about RBH's communication, responsiveness of staff, overall rating of experience, and any additional comments.

One method of determining the value of HPSP is through the Satisfaction Survey. The RBH Policy Advisory Committee (PAC) has taken on the role of quality management. Following review of the survey results, the PAC will identify opportunities for improvement and develop interventions if necessary. The PAC will continue to monitor performance at specified intervals following the implementation of the intervention(s).

#### Data Results

Response Rate				
Table 1: Response Rate	This Period	Year 4	Year 3	Year 2
# Sent	165	387	294	62
# Responses	10	28	27	5
Response Rate	6.1%	7.2%	9.2%	8.1%

Satisfaction Survey was distributed to those individuals and programs that provide various treatment services to Licensees enrolled in HPSP. A total of 165 surveys were sent by mail or email this period and ten valid responses were received. Note that one additional response was received however it was scrubbed from the data provided below as the only comment made was that the respondent was not aware of providing services to a participant in HPSP.

The response rate this period was 6.1%, bringing the average responses rate for the year to 7.2%. Although more surveys were distributed in year four than in year three, the number returned was similar and thus the response rate decreased.

This should not be considered a representative sample, however the data is provided for informational purposes.

## Role of Respondent

The first question asks the respondents the capacity in which they have provided services to HPSP licensees. They are able to provide more than one response. The ten respondents provide a total of 15 responses. 40% of respondents indicated that one of their roles is that of Monitor (e.g. PMC, GMC or Quarterly Monitor). For the year, the majority of respondents also indicated that they were Monitors at 39.4%.

Table 2 illustrates the responses received this period and for the year. Last year's responses were open-ended so are not suitable for comparison.

**Data Table 2:** The mode (most frequent) response is highlighted in red. Please note that “n” in this table has been updated to reflect the number of responses received on this question.

Table 2: Role of Respondent	This Period (n=15)		This Year (n=33)	
	#	%	#	%
Chemical Dependency Counselor	2	13.3%	4	12.1%
Evaluator	2	13.3%	2	6.1%
Mental Health Therapist	3	20.0%	6	18.2%
Monitor (PMC / GMC / Quarterly Monitor)	<b>6</b>	<b>40.0%</b>	<b>13</b>	<b>39.4%</b>
Pain Management			1	3.0%
Psychiatrist	1	6.7%	2	6.1%
Treating physician	1	6.7%	1	3.0%
Other			2	6.1%
Unspecified			2	6.1%

*Report continues next page.*

## Customer Service and Communication

Question 2: Survey respondents are asked to rate three different statements relating to customer service, particularly communication between HPSP and the provider. The majority of respondents “Agreed” that their concerns were responded to promptly, that information was communicated clearly and professionally, and that they had all the information needed when seeing the client. 30% of respondents “strongly agreed” with each of the three statements, representing an improvement from year three. There was also a decrease in strongly disagree responses from year three.

Data Tables 3 a, b, and c: The mode (most frequent) response is highlighted in red. Not all responses have a mode.

Table 3a: This Period (n=10)	Strongly Agree		Agree		Disagree		Strongly Disagree		N/A		No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
My questions and/or concerns were responded to promptly	3	30%	7	70%								
Information was communicated clearly and professionally	3	30%	5	50%	1	10%	1	10%				
I had all the information I needed when I saw the licensee	3	30%	4	40%	2	20%	1	10%				

Table 3b: This Year (n=28)	Strongly Agree		Agree		Disagree		Strongly Disagree		N/A		No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
My questions and/or concerns were responded to promptly	7	25.0%	19	67.9%	1	3.6%			1	3.6%		
Information was communicated clearly and professionally	8	28.6%	15	53.6%	4	14.3%	1	3.6%				
I had all the information I needed when I saw the licensee	9	32.1%	10	35.7%	7	25.0%	1	3.6%	1	3.6%		

Table 3c: Year 3 (n=27)	Strongly Agree		Agree		Disagree		Strongly Disagree		N/A		No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
My questions and/or concerns were responded to promptly	7	25.9%	16	59.3%	1	3.7%			3	11.1%		
Information was communicated clearly and professionally	6	22.2%	15	55.6%	3	11.1%	1	3.7%	2	7.4%		
I had all the information I needed when I saw the licensee	4	14.8%	10	37.0%	11	40.7%	1	3.7%	1	3.7%		

## Overall Experience

Question 3: Respondents are next asked “Overall, how would you rate your experience working with RBH staff of the HPSP program?” The mode response was “above average” for this period and the year. There was a decline in the number of excellent ratings from the first period of year four to this period (from six to one). However, there was an overall improvement from year three to year four: the mode shifted from “average” to “above average” and the percentage of “excellent” responses increased from 19% to 25%, and “above average” from 15% to 36%.

**Data Table 4:** The mode (most frequent) response is highlighted in red.

Table 4: Overall Rating	This Period (n=10)		Year 4 (n=28)		Year 3 (n=27)	
	#	%	#	%	#	%
Excellent	1	10%	7	25.0%	5	19.2%
Above Average	<b>5</b>	<b>50%</b>	<b>10</b>	<b>35.7%</b>	4	15.4%
Average	3	30%	8	28.6%	<b>12</b>	<b>46.2%</b>
Below Average	1	10%	3	10.7%	4	15.4%
Poor					1	3.8%
No Response					1	3.8%

## Additional Comments

### Actual Comments – This Period:

*\*\*Note that comments are shown as the respondent typed or wrote them. Spelling, punctuation and grammar have not been corrected.*

1. Polite and professional staff
2. At least one meeting of all health professionals involved at the beginning would be a better approach to care.
3. I dont beleive as a phsician treating someone for addiction I should have to ask for records from the folks doing the drug testing etc for the program. All of the data on the client should be forwarded to me to manage the care better, otherwise I am working in the dark. It is difficult in addiction treatment when people set themselves away from the treatment team.

## Summary Analysis

The response rate to the HPSP Treatment Provider Satisfaction Survey was 6.1% for the period 2% for the year. Given the low response rate, data should not be construed as representative of the entire population. Respondents varied in their relationship to the licensee, however monitors (e.g GMC,PMC) was the most common relationship identified (40% for the period and 39.4% for the year). These treatment providers interact with HPSP on a more regular basis than many of the other treatment providers and this may have increased the likelihood that they would respond to the survey.

The majority of respondents “agreed” that their concerns were responded to promptly, that information was communicated clearly and professionally, and that they had all the information needed when seeing the client. There was an overall improvement in the responses to all three items from year three to year four.

“Above average” was the most common response to the overall experience working with RBH, both for the period and the year. Again, improvement was seen from year three to year four.

Three comments were received: one was positive regarding staff, one was a recommendation regarding care coordination, and the third was a concern about the flow of information to the provider.

RBH should continue to work to strengthen the relationship with the various Treatment Providers based on the feedback provided and the low response rate. The monitor group can be targeted based on the responses to this survey; outreach efforts should be made to the other treatment professionals given their lack of response to the survey. A collaborative relationship will be beneficial to the support of the licensees in their recovery and will improve monitoring.

# Reliant Behavioral Health

## Health Professionals' Services Program (HPSP)

### Satisfaction of BOARDS

#### Purpose

The purpose of assessing representatives from the Medical Board, Board of Nursing, Board of Dentistry, and the Board of Pharmacy, is to obtain constructive feedback that can be used to improve and maintain the quality, effectiveness, and efficiency of the HPSP Program. In order to provide continuous quality services, RBH evaluates satisfaction with the HPSP Program twice yearly.

Feedback is obtained from the Boards via a satisfaction survey that is emailed to representatives who are asked to complete the survey online. The survey is short and can be completed in 2-3 minutes.

Feedback includes information about the overall program and staff, timeliness of responses to inquiries, knowledge level of staff, RBH's ability to enroll referred licensees, and RBH's ability to administer the program.

One method of determining the value of HPSP is through the Satisfaction Survey. The RBH Policy Advisory Committee (PAC) has taken on the role of quality management. Following review of the survey results, the PAC will identify opportunities for improvement and develop interventions if necessary. The PAC will continue to monitor performance at specified intervals following the implementation of the intervention(s).

#### Data Results

##### Response Rate

Table 1: Response Rate	This Period	Year 4	Year 3
# Sent	7	13	17
# Returned	4	8	8
Response Rate	57.1%	61.5%	47.1%

The HPSP Boards Satisfaction Survey was emailed to representatives at 100% of the participating Boards. The response rate was 66.7%, representing four responses to six surveys sent. Last year's response rate was 47.1%.

##### Respondents

Question 1: This period surveys were sent to three representatives from the Medical Board, two from the Board of Pharmacy and one each from the other two boards. Respondents this period were from the Medical Board (2), the Board of Dentistry (1) and the Board of Nursing (1). For the year, 50% of the respondents were representatives of the Medical Board, 25% were representatives of the Board of Dentistry and 12.5% each were from the Board of Nursing and the Board of Pharmacy.

Table 2: Respondents by Board	This Period (n=4)		Year 4 (n=8)		Year 3 (n=8)	
	#	%	#	%	#	%
Medical Board	2	50.0%	4	50.0%	5	62.5%
Board of Nursing	1	25.0%	1	12.5%	1	12.5%
Board of Dentistry	1	25.0%	2	25.0%		
Board of Pharmacy			1	12.5%	2	25%

## Services

Question 2: Respondents were asked to rate four different service components based on their experience. Responses varied from “average” to “excellent.” The three “average” responses represent a decline from the last survey, however the mode stayed the same and even improved for one item. The mode for “response timeframe...” improved from “above average” to “excellent.” Overall, responses were less positive than in year three. (See Tables 3a, 3b, and 3 c.)

**Data Tables 3a, b, and c:** The mode (most frequent) response is highlighted in red. Not all responses have a mode:

Table 3a – This Period (n=4)	Excellent		Above Average		Average		Below Average		Poor		N/A or No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
Staff knowledge of the case when I need to discuss a board referred licensee	1	25%	2	50%	1	25%						
Response timeframe when I request information	2	50%	1	25%	1	25%						
Our ability to respond to Board concerns regarding program administration	1	25%	3	75%								
Overall, how do you rate our services	1	25%	2	50%	1	25%						

Table 3b – This Year (n=8)	Excellent		Above Average		Average		Below Average		Poor		N/A or No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
Staff knowledge of the case when I need to discuss a board referred licensee	1	25%	3	75%								
Response timeframe when I request information	1	25%	3	75%								
Our ability to respond to Board concerns regarding program administration			4	100%								
Overall, how do you rate our services	1	25%	3	75%								

Table 3c – Year 3 (n=8)	Excellent		Above Average		Average		Below Average		Poor		N/A or No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
Staff knowledge of the case when I need to discuss a board referred licensee	4	50.0%	3	37.5%	1	12.5%						
Response timeframe when I request information	4	50.0%	3	37.5%			1	12.5%				
Our ability to respond to Board concerns regarding program administration	2	25.0%	4	50.0%	1	12.5%					1	12.5%
Overall, how do you rate our services	4	50.0%	3	37.5%			1	12.5%				

## What Should We Improve?

### Actual Comments – July 2014:

*\*\*Note that comments are shown as the respondent typed or wrote them. Spelling, punctuation, and grammar have not been corrected.*

1. Work together rather than defensively
2. I have noticed great improvement on turnaround times. As long as the medical director and program director continue to work closely with the Boards especially on odd cases, things should go well.

## Additional Comments

### Actual Comments – July 2014:

*\*\*Note that comments are shown as the respondent typed or wrote them. Spelling, punctuation, and grammar have not been corrected.*

1. Although improvements in communication have been made there is still a defensive posture being felt.

## Summary Analysis

The response rate this period was 61.5% with responses from all Boards.

The following four statements were rated:

1. Staff knowledge of the case when I need to discuss a board referred licensee
2. Response timeframe when I request information
3. Our ability to respond to Board concerns regarding program administration
4. Overall, how do you rate our services

These items all had a mode response of “above average” except for item two (“response timeframe”) which had a mode of “excellent.” A related comment were made regarding response timeframe and its improvement. A “defensive posture” was noted. One comment mentioned the need to work together and another noted the need to continue to work closely together.

**Health Professionals' Services Program Summary Annual Report  
Highlights of Year Four 7/1/13-6/30/14**

The purpose of this report is to provide the Oregon Health Authority and the representatives of the participating health licensing boards with a summary of the highlights of year four of the Health Professionals' Services Program (HPSP). HPSP began provision of monitoring services to the Oregon Board of Dentistry, Oregon Board of Nursing, Oregon Medical Board, and the Oregon Board of Pharmacy on July 1, 2010. The following data tables were developed to give an overview of the HPSP program during the period from July 1, 2013 through June 30, 2014.

**Table 1: Enrollment Overview: Year 4**

<b>Enrollment Overview: Year 4 (7/1/13 - 6/30/14)</b>	<b>Board of Dentistry</b>	<b>Board of Nursing</b>	<b>Board of Pharmacy</b>	<b>Medical Board</b>	<b>TOTAL</b>
<b>Total Enrolled End of Year 3 (6/30/13)</b>	17	149	17	106	<b>289</b>
<b>Enrolled: Board Referral*</b>	4	31	3	6	<b>44</b>
<b>Enrolled: Self-Referral*</b>	1	4	0	11	<b>16</b>
<b>Successfully Completed</b>	2	41	6	27	<b>76</b>
<b>Terminations</b>	2	21	0	8	<b>31</b>
<b>Total Enrolled End of Year 4 (6/30/14)</b>	<b>18</b>	<b>122</b>	<b>14</b>	<b>88</b>	<b>242</b>
<b>Referred but Not Enrolled/Inquiry Only</b>	1	7	0	6	<b>14</b>

*\*At time of enrollment*

Table 1 provides a summary of year four, beginning with the number of licensees enrolled at the end of year three and reviewing the changes in enrollment during the year. In particular, it displays: the number of licensees referred by board to the program, the number of self-referrals to the program, the number of licensees who successfully completed the program and the number of licensees who were terminated from the program by the licensing boards. The total enrollees at the end of year four follows from this data. Table 1 also displays the number of licensees who were referred but never enrolled or those who called about the program but did not enroll. As should be anticipated, the Oregon Board of Nursing had the largest number of licensees referred to the program, as well as the largest number of successful completions and terminations. At the end of year four, the program had 242 participants, representing a 16% decline from year three. The Board of Dentistry did add one participant throughout the year. Successful completions exceeded terminations for each board except the Board of Dentistry for which they were the same at two. There were far fewer board referrals made by the Medical Board and the Board of Dentistry. Compared to year three (see Table 2), there were a similar number of self-referrals with fifteen during year three and thirteen during year four. The number of terminations decreased significantly for the Board of Nursing and the Board of Pharmacy. The number of successful completions increased significantly for all boards except the Board of Dentistry.

**Table 2: Enrollment Overview: Year 3**

Enrollment Overview: Year 3 (7/1/12 - 6/30/13)	Board of Dentistry	Board of Nursing	Board of Pharmacy	Medical Board	TOTAL
<b>Total Enrolled End of Year 2 (6/30/12)</b>	19	182	20	98	<b>319</b>
<b>Enrolled: Board Referral</b>	2	29	3	20	<b>54</b>
<b>Enrolled: Self-Referral</b>	1	3	0	11	<b>15</b>
<b>Successfully Completed</b>	4	34	2	17	<b>57</b>
<b>Terminations</b>	1	31	4	6	<b>42</b>
<b>Total Enrolled End of Year 3 (6/30/13)</b>	<b>17</b>	<b>149</b>	<b>17</b>	<b>106</b>	<b>289</b>
<b>Referred but Not Enrolled/Inquiry Only*</b>	1**	7	0	5	<b>13</b>

\*Data in this row was updated to reflect cases that enrolled subsequently to last year's report.

\*\*This case was listed as Board of Nursing on last year's report

**Table 3 Program Termination Reasons**

Termination Reasons: Year 4	Board of Dentistry	Board of Nursing	Board of Pharmacy	Medical Board	TOTAL
<b>Deceased</b>	0	0	0	0	<b>0</b>
<b>Inappropriate Referral (Determined after Enrollment)</b>	0	1	0	0	<b>1</b>
<b>License Inactivated</b>	1	0	0	5	<b>6</b>
<b>License Retired</b>	1	0	0	0	<b>1</b>
<b>License Revoked</b>	0	4	0	0	<b>4</b>
<b>License Surrendered</b>	0	12	0	3	<b>15</b>
<b>License Suspended</b>	0	0	0	0	<b>0</b>
<b>Probation</b>	0	4	0	0	<b>4</b>
<b>TOTAL</b>	<b>2</b>	<b>21</b>	<b>0</b>	<b>8</b>	<b>31</b>

Table 3 reviews the reasons for terminations from the HPSP program this year. Please note that a licensee has to be enrolled in order to be terminated from the program. The Board of Pharmacy did not have any participants terminated from the program this year. The primary reason for program termination was the licensee surrendered his/ her license; this is consistent with the last three years of the program. This is primarily driven by the Board of Nursing (12), with a few cases (3) by the Medical Board. The second most common reason this year was that the participant's license was inactivated. This category is primarily driven by the Medical Board (5) with one case from the Board of Dentistry.

**Table 4 Suspensions During Year Four**

Suspensions (At Any Time During Year 4)	Board of Dentistry	Board of Nursing	Board of Pharmacy	Medical Board	TOTAL
Non-Compliance: Financial	1	6	0	0	7
Expired License	0	3	0	0	3
Health: Severe Issues	1	0	1	2	4
<b>TOTAL</b>	<b>2</b>	<b>9</b>	<b>1</b>	<b>2</b>	<b>14</b>

Table 4 details the number of licensees who were suspended at any time during year four. A total of 14 licensees were suspended from the program during the year: nine from the Board of Nursing, two each from the Board of Dentistry and the Medical Board and one from the Board of Pharmacy. The most common reason for suspension was due to financial non-compliance. Severe health issues and expired licenses also were reasons for suspension. By the close of the fourth program year, there were only two licensees suspended (see Table 5). Both of these licensees are from the Board of Nursing.

**Table 5: Suspensions at the End of Year Four**

Suspensions (At End of Year 4)	Board of Dentistry	Board of Nursing	Board of Pharmacy	Medical Board	TOTAL
Non-Compliance: Financial	0	1	0	0	1
Expired License	0	1	0	0	1
Health: Severe Issues	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>2</b>

**Table 6 Non-Compliance Reports by Licensee**

Non-Compliance Reports by Licensee: Year 4	Board of Dentistry	Board of Nursing	Board of Pharmacy	Medical Board	TOTAL
Total Non-Compliance Reports	8	142	1	25	176
Total Non-Compliance Reports as a Percentage of Average # of Licensees Enrolled in Year 3	45.7%	104.8%	6.5%	25.8%	66.3%
# of Licensees with NC Reports	6	60	1	17	84
# of Licensees with >1 NC report	2	27	0	6	35
# of Licensees with >3 NC report	0	11	0	0	11

Table 6 gives the total number of non-compliance reports by Board and then a specific break-down giving the number of licensees who received more than one non-compliance report throughout the year. The table also shows the total number of non-compliance reports submitted as a percentage of the average number of licensees enrolled during year four. The Board of Nursing had the highest percentage at 104.8%, although this is down significantly from the same percentage for year 3 (142.6%). This is compared to 45.7% for the Board of Dentistry, 25.8% for the Medical Board and 6.5% for the Board of Pharmacy. With the exception of the Board of Dentistry, these figures improved from year three.

	Year Two	Year Three	Year Four
Board of Dentistry	218%	33.3%	45.7%
Board of Nursing	211%	142.6%	104.8%
Board of Pharmacy	76%	118.9%	6.5%
Medical Board	36%	30.4%	25.8%

The Board of Nursing had the most repeat offenders (with at least two non-compliance reports) at 27. The 11 licensees with more than three non-compliant reports are responsible for more than half (75) of the total non-compliance reports received by the Board of Nursing.

**Table 7: Self-Referrals Known to Board After Report of Non-Compliance**

Self-Referrals Known to Board After Report of Non-Compliance	Board of Dentistry	Board of Nursing	Board of Pharmacy	Medical Board	TOTAL
Year 1 (7/1/10 - 6/30/11)	0	0	0	11	11
Year 2 (7/1/11 - 6/30/12)	0	1	0	8	9
Year 3 (7/1/12 - 6/30/13)	1	0	0	5	6
Year 4 (7/1/13 - 6/30/14)	1	0	0	5	6
<b>TOTAL</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>29</b>	<b>32</b>

Table 7 shows the number of Self-Referred licensees who were reported non-compliant and are thus now known to the board. This year, the Medical Board had five self-referrals who are now board known and the Board of Dentistry had one. This exactly mirrors year three of the program.

In addition, this year one Board of Dentistry licensee and one Medical Board licensee, who both entered the program as self-referrals, subsequently self-reported to their respective boards and are now monitored as Board Referrals.

**Table 8 Non-Compliance Reasons**

Non-Compliance Reasons: Year 4*	Board of Dentistry	Board of Nursing	Board of Pharmacy	Medical Board	TOTAL
Failure to Enroll	0	0	0	0	0
Failure to Participate: Missed AM Check-in	0	25	0	1	26
Failure to Participate: Missed IVR Call	3	46	1	5	55
Failure to Participate: Missed Test (includes failure to provide specimen)	4	73	1	11	89
Failure to Participate: Non-Payment	0	7	0	0	7
Failure to Participate: Other	1	44	0	2	47
Hospitalization	0	0	0	0	0
Violated Restriction on Practice	0	3	0	0	3
Positive Non-RBH Test	0	1	0	2	3
Positive Toxicology Test	2	34	0	6	42
Impaired in a Health Care Setting in the Course of Employment (including admitted substance use & diversion of medications)	0	1	0	0	1
Impaired Outside of Employment (including admitted substance use & diversion of medications)	0	1	0	2	3
Public Endangerment	0	0	0	0	0
Criminal Behavior (including DUI)	0	2	0	1	3
Unapproved Use of Prescription Medication	1	5	0	0	6
<b>TOTAL</b>	<b>11</b>	<b>242</b>	<b>2</b>	<b>30</b>	<b>285</b>

\* May have more than 1 reason per report

Table 8 shows the reasons why a non-compliance report was submitted to the appropriate board. The most common reason for non-compliance was the licensee failing to test as scheduled with 89 reports. This is down from last year (199 reports) when it was also the most common reason for a report. Missed IVR calls, "Failure to participate: other" and a positive toxicology test were the next most common reasons but with far fewer reports at 55, 47, and 42 respectively. There do not appear to be any particular differences between the board licensees in terms of reasons for non-compliance reports.

**Table 9: Non-Negative Tests**

Non-Negative Tests: Year 4	Board of Dentistry	Board of Nursing	Board of Pharmacy	Medical Board	TOTAL
<b>Positive Tests (non-negative results)</b>	2	41	0	7	<b>50</b>
<b>Positive Tests as a Percentage of Average # of Licensees Enrolled in Year 4</b>	11.4%	30.3%	n/a	7.2%	<b>18.8%</b>
<b>Invalid Tests</b>	0	7	0	2	<b>9</b>
<b>TOTAL</b>	<b>2</b>	<b>48</b>	<b>0</b>	<b>9</b>	<b>59</b>

Table 9 shows the number of non-negative tests and invalid test results per board. Examples of problems that would cause an invalid test result include a specimen bottle leaking, a broken seal, identification numbers of the specimen and chain of custody form do not match and insufficient volume of specimen (this should have been caught at the collection site). The positive tests (non-negative results) also include re-test results. During year four, there were a total of two positive retests. One of these tests was also positive on the original toxicology panel. This test and re-test are counted as two non-negative test results under the Board of Nursing.

The number of non-negative results is also reflected as a percentage of the average number of licensees enrolled in the program during year four. This was the highest for the Board of Nursing at 30%, which is an increase from year three (22%) but similar to year two (31%). Overall the non-negative tests represented 18.8% of the average number of enrolled licensees. This is a slight increase from year three (15.8%) but still down from year two (23%).

The total number of positive (non-negative) tests can be compared to the number of Non-Compliance reports submitted due to a positive toxicology test result. These numbers match with the following exceptions:

1. The Medical Board has one less non-compliance report submitted with the reason “positive toxicology test” as the report was not required due to the program’s ETG guidelines.
2. The Board of Nursing has seven less non-compliance reports with the reason “positive toxicology test.” These can be accounted for as follows:
  - a. As explained previously, there was one test that was positive on the original panel and on the re-test. Although this was counted as two non-negative test results, there was only one non-compliance report submitted to address the original and the re-test result.
  - b. Six non-compliance reports were not required due to the program’s ETG guidelines.
  - c. One positive toxicology test was treated as an addendum to the Licensee previous non-compliance for self-disclosed relapse. Thus, “positive toxicology test” was not the reason selected on the non-compliance report.
  - d. Three non-compliance reports with a reason of “positive toxicology test” for tests that were originally reported out as positive, but then later changed to “negative with warning” after the MRO review was completed. These represent three extra non-compliance reports in this category.
  - e. Two positive toxicology tests for one licensee did not result in non-compliance reports as the positive toxicology was identified after affirmative board action to complete the licensee from monitoring. Toxicology was consistent with previously reported toxicology, with on file medication management forms, and ETG noncompliance reports. Licensee was not reported back to the board because there was not sufficient evidence to support that the licensee, now out of the program, was a danger to self or public as supported by previous third party evaluation and positive workplace reports.

**Table 10: Positive Tests - Drugs Found\***

Positive Tests - Drugs Found: Year 4*	Board of Dentistry	Board of Nursing	Board of Pharmacy	Medical Board	TOTAL
amphetamines / methamphetamines	0	1	0	0	1
anti-depressants	0	0	0	0	0
barbiturates	0	1	0	0	1
benzodiazepines	0	1	0	0	1
cocaine metabolite	0	1	0	0	1
ethyl glucuronide (ETG)	1	23	0	6	30
ethyl glucuronide (ETG) – PETH	0	0	0	0	0
marijuana metabolite (THC)	0	3	0	0	3
methadone	1	0	0	0	1
muscle relaxants	0	0	0	0	0
opiates (narcotics/opiates)	1	10	0	1	12
oxycodone	0	2	0	0	2
propoxyphene	0	0	0	0	0
tramadol	0	3	0	0	3
<b>TOTAL</b>	<b>3</b>	<b>45</b>	<b>0</b>	<b>7</b>	<b>55</b>

\*May have more than one drug per test

Table 10 shows the various drugs that resulted in a positive test result. Similar to the last two years, the largest number of positive tests was for alcohol. Opiates was the second largest group of drugs found in the positive test results.

**Table 11: Missed Test Details – Breakdown by Reason**

Missed Test Breakdown by Reason: Year 4	Board of Dentistry	Board of Nursing	Board of Pharmacy	Medical Board	TOTAL
No Call/No Show	3	70	1	6	80
No Show	1	44	0	5	50
Refused	0	1	0	0	1
<b>TOTAL</b>	<b>4</b>	<b>115</b>	<b>1</b>	<b>11</b>	<b>131</b>

Table 11 gives detail on licensees who failed to take a scheduled toxicology test. No call/no show refers to licensees who failed to call the IVR and did not test as scheduled. No Show refers to situations when the licensee did not go to the collection site to give a specimen but did check to see if a test was required by either calling the IVR or looking at the website or iPhone app. Within the Oregon Board of Nursing a significant number of licensees checked the system to see if a test was required, learned that they were scheduled to test but still failed to go to the collection site. This was also noted for the last three years. Refused refers to licensees who went to the collection site but did not provide an adequate specimen. This is considered a refusal to test which is treated like a positive test unless the licensee can provide a medical explanation from a physician, verifying that the licensee has a medical condition which prevents the licensee from providing an adequate sample. There was only one test categorized as such in year four.

**Table 12: Missed Test Details – By Licensees**

Missed Test Details: Year 4	Board of Dentistry	Board of Nursing	Board of Pharmacy	Medical Board	TOTAL
<b>Total Number of Missed Tests</b>	4	115	1	11	<b>131</b>
<b>Number of Licensees with a Missed Test</b>	4	35	1	9	<b>49</b>
<b>Licensees with a Missed Test as a Percentage of Average # of Licensees Enrolled in Year 4</b>	22.9%	25.8%	6.5%	9.3%	<b>18.5%</b>

Table 12 shows the number of licensees who missed a scheduled toxicology test as compared to the total number of missed tests (also reported in Table 11). For the Board of Nursing these two numbers are very different showing that a smaller number of licensees were responsible for a larger number of missed tests. In other words, there was a pattern of licensees repeatedly missing tests. Conversely, these numbers are similar for the Medical Board and the same for the Board of Dentistry and the Board of Pharmacy, meaning that almost every missed test was by a unique individual licensee. Table 12 also shows the number of missed tests as a percentage of the average number of licensees enrolled in year four. On average, this percentage was 18.5% but was highest for the Board of Nursing at 25.8% and lowest for the Board of Pharmacy at 6.5%.

**Table 13: Workplace Safe Practice Reports**

Workplace Safe Practice Reports: Year 4	Board of Dentistry	Board of Nursing	Board of Pharmacy	Medical Board	TOTAL
<b>Number of Licensees who had Reports Submitted</b>	11	142	13	90	<b>256</b>
<b>Number of Reports Received / Reviewed</b>	104	1100	128	652	<b>1984</b>
<b>Percentage of Required Reports Received</b>	89.7%	93.8%	97.7%	80.1%	<b>88.8%</b>
<b>Number of Reports Received with Concerns Noted</b>	0	42	1	10	<b>53</b>
<b>Percentage of Reports with Concerns Noted</b>	0.0%	3.8%	0.8%	1.5%	<b>2.7%</b>
<b>Percentage of Reports in which Noted Concerns were Addressed with an Appropriate Plan</b>	n/a	100.0%	100.0%	100.0%	<b>100.0%</b>
<b>Number of Licensees with a Report with Concerns Noted</b>	0	25	1	7	<b>33</b>
<b>Number of Licensees with Concerns Reported who also had a NC report</b>	n/a	13	0	4	<b>17</b>
<b>Above as a Percentage of the Total Licensees with NC Reports</b>	n/a	21.7%	0.0%	23.5%	<b>20.2%</b>

Table 13 displays details on the workplace safe practice reports received from workplace monitors during the year, including the number of licensees who had reports submitted, the total number of reports received and reviewed and the percentage of the required reports that were actually received. It is important to note that this number was a minimum of 80%. A goal for year five be to increase this percentage. The table then displays the number and percentage of reports in which the workplace monitor noted concerns about the licensee in the workplace. Note that the Board of Nursing had the most such reports at 42, which was 3.8% of all the reports received for the Board of Nursing licensees. It is important to note that 100% of the reports with a concern noted had an appropriate plan developed and put into place to address the concerns. Table 13 further displays the number of licensees with a report indicating concerns, and of these, how many had a non-compliance report. Finally, the number of licensees with a workplace safe practice report noting concerns is reflected as a percentage of the number of licensees with a non-compliance report. Licensees with a report of

concern who also had noncompliance reports do not correlate, suggesting that addressing areas of concern with appropriate plans aids in mitigating further concerns.

#### **Year Five Goals**

- Increase the percentage of workplace safe practice reports to 90%.
- We also seek to further develop relationships with the professional associations to improve self-referrals and increase satisfaction survey participation.
- An additional goal is to increase licensee awareness of community recovery support resources in hope of reducing the frequency of noncompliance reports for positive toxicology.

Christopher Hamilton, MPA  
Monitoring Programs Director  
August 5, 2014

**SUMMARY of Agency Head Financial Transactions  
July 1, 2013 to June 30, 2014**

<b><u>SPOTS Card Purchases</u></b>		<b><u>Total</u></b>
Registrations	\$95.00	
Office Equipment	\$1,131.40	
Publications/Subscriptions	\$204.00	
Travel	\$184.00	
Board Meeting Food	\$756.34	
		<b><u>\$2,465.95</u></b>
 <b><u>AT&amp;T</u></b>		<b><u>\$365.46</u></b>
 <b><u>Parking - OBD Office</u></b>		<b><u>\$350.00</u></b>
 Paid to vendors by the State:		<b><u>\$3,181.41</u></b>
 <b><u>Travel Expenses</u></b>		
Instate Travel	3,800.87	
Out of State Travel	3,891.56	
Reimbursed to employee:		<b><u>7,692.43</u></b>
 <b>Total</b>		<b><u>\$10,873.84</u></b>
 <b><u>Leave Taken</u></b>	<b><u>Hours</u></b>	
Vacation	123.25	
Sick leave	175.25	
Personal Business	24.00	
Discretionary Leave	40.00	
		<b><u>362.50</u></b>
 <b>Vacation Payouts</b>		<b>none</b>
 <b>Exceptional Performance Leave</b>		<b>40 hours</b>

**AGENCY HEAD FINANCIAL TRANSACTIONS**  
**SPOTS Card and Travel Reimbursement**  
**Fiscal Year 2014 by Quarter**

<b>SPOTS Card Purchases:</b>	<b><u>sub-total</u></b>	<b><u>Total</u></b>
(Agency credit card-paid directly by State)		
<b><u>July - September</u></b>		779.22
Uline-Confidential Labels	88.40	
Kremeworks-Donuts August Board Meeting	15.99	
Hazeldon Conference - Harvey Wayson	95.00	
Bridge City Cafe-Lunch August Board Meeting	192.58	
Paradise Bakery-Coffee August Board Meeting	61.90	
Hazeldon Conference - Harvey Wayson	95.00	
Swingline 3 - hole punch	26.35	
Survey Monkey - survey membership	204.00	
<b><u>October - December</u></b>		363.25
AZ Stamp - Parking Stamp	25.4	
Pizza Hut - Lunch Move	47.99	
Kremeworks-Donuts December Board Meeting	15.99	
Paradise Bakery-Coffee December Board Meeting	62.90	
Fred Meyer - Bookcases	71.98	
Bi-Mart - Microwave	99	
Macy's - Toaster Oven	39.99	
<b><u>January - March</u></b>		832.65
Elmer's Flags - Conference Room	456.9	
Amazon - Pens	56.75	
Amtrak - Train Tickets Teresa/Patrick K-Falls	184	
FedEX- Signage	135	
<b><u>April - June</u></b>		490.83
Kremeworks-Donuts April Board Meeting	21.98	
Paradise Bakery-Coffee April Board Meeting	63.9	
Paradise Bakery-Lunch April Board Meeting	237.25	
Michaels - Frames	77.59	
UPS - Shipping	16.53	
Subway - Board Member training	35.86	
Amazon- Threehole Punch	37.72	
<b>Total SPOTS Card Purchases:</b>		<b><u><u>2465.95</u></u></b>

	<u>sub-total</u>	<u>Total</u>
<b>Travel Reimbursements:</b>		
<b><u>July - September</u></b>		
Instate Travel		1,361.88
Out of State Travel		0.00
Parking - OBD Office		190.00
<b><u>October - December</u></b>		
Instate Travel		257.80
Out of State Travel		1,961.46
AADB/AADA Annual Meetings New Orleans, LA	1,961.46	
Parking - OBD Office		160.00
<b><u>January - March</u></b>		
Instate Travel		1,446.97
Out of State Travel		761.56
AADB/AADA Mid-Year Mtgs Air Fare*	348.00	
NERB Annual Meeting, Orlando, FL*	413.56	
*Expenses reimbursed by NERB/NDEAF		
Parking - OBD Office		0.00
<b><u>April - June</u></b>		
Instate Travel		734.22
Out of State Travel		1,168.54
AADE, AADA, & ADA* Examiners Meeting-Chicago	1,168.54	
*Travel, one day of Lodging and Expenses Reimbursed by ADA		
Parking - OBD Office		0
 <b><i>Total Reimbursable Travel Expenses:</i></b>		
<b><i>Instate Travel</i></b>		<b><i>3,800.87</i></b>
<b><i>Out of State Travel</i></b>		<b><i>3,891.56</i></b>
<b><i>Total</i></b>		<b><i><u>7,692.43</u></i></b>
 <b><i>Parking - OBD Office</i></b>		<b><i>350.00</i></b>
 <b><u>Total Reimbursable Travel &amp; Parking Expenses</u></b>		<b><u><u>10,508.38</u></u></b>

## AGENCY HEAD FINANCIAL TRANSACTIONS

### Fiscal Year 2014 by month

Jul-13	\$30.42
Aug-13	\$30.42
Sep-13	\$30.42
Oct-13	\$30.42
Nov-13	\$30.42
Dec-13	\$30.42
Jan-14	\$30.42
Feb-14	\$30.42
Mar-14	\$30.42
Apr-14	\$30.42
May-14	\$30.42
Jun-14	<u>\$30.84</u>
<b>TOTAL</b>	<b>\$365.46</b>

**AGENCY HEAD FINANCIAL TRANSACTIONS**  
**Annual Leave Report - Fiscal Year 2014**

<b>Paid Leave Report</b>	<b>Sick Leave*</b>	<b>Vacation</b>	<b>Disc.</b>	<b>Pers. Bus.</b>	<b>Total</b>
Beginning Balance	465.87	83.27	40.00	24.00	613.14
July-13	47.00	32.00	0.00	0.00	79.00
August-13	40.50	24.00	0.00	0.00	64.50
September-13	0.00	0.00	0.00	0.00	0.00
October-13	0.00	8.00	0.00	0.00	8.00
November-13	6.00	19.25	0.00	24.00	49.25
December-13	69.00	0.00	0.00	0.00	69.00
January-14	0.00	0.00	0.00	0.00	0.00
February-14	0.00	0.00	32.00	0.00	32.00
March-14	0.00	0.00	0.00	0.00	0.00
April-14	0.00	0.00	0.00	0.00	0.00
May-14	12.75	8.00	0.00	0.00	20.75
June-14	0.00	32.00	8.00	0.00	40.00
<b>Total paid leave taken (hours)</b>	<b>175.25</b>	<b>123.25</b>	<b>40.00</b>	<b>24.00</b>	<b>362.50</b>
Leave Accumulation **	96.00	136.08	0.00	0.00	232.08
Ending Balance	386.62	96.10	0.00	0.00	482.72

**\*\* Leave Accumulations:**

Personal Business - Full time employees receive 24 hrs. leave to be used for "personal business" each Fiscal Year. This leave must be used during the fiscal year and does not carry over or accumulate.

Sick Leave - Full time employees receive 8 hours per month to be used for sick leave. This accumulates indefinitely.

Vacation Leave - The executive director receives 11.34 hours per month based on employment level. This leave accumulates up to 350 hours. Up to 250 hours can be cashed out at termination from service. Up to 40 hours may be paid out (called a "vacation payout") if agency workload does not allow the employee to take time off.

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## Best Practices Self-Assessment Guide: Information in Support of Best Practices

<b>Best Practices Criteria</b>
<p>1. Executive Director's performance expectations are current.</p> <ul style="list-style-type: none"> <li>• Goals and expectations for the Executive Director are reviewed annually.</li> </ul>
<p>2. Executive Director receives annual performance feedback.</p> <ul style="list-style-type: none"> <li>• The Administrative Workgroup reviews the Executive Director's performance annually and makes recommendations to the Board</li> </ul>
<p>3. The agency's mission and high-level goals are current and applicable.</p> <ul style="list-style-type: none"> <li>• The OBD's strategic plan is reviewed each biennium as the budget document is developed. Agency performance measures, as well as short and long term goals, are reviewed annually.</li> </ul>
<p>4. The Board reviews the Annual Performance Progress Report.</p> <ul style="list-style-type: none"> <li>• Performance measures are reviewed as a part of the budget.</li> </ul>
<p>5. The Board is appropriately involved in review of agency's key communications.</p> <ul style="list-style-type: none"> <li>• Board members prepare articles for inclusion in the newsletter</li> </ul>
<p>6. The Board is appropriately involved in policy-making activities.</p> <ul style="list-style-type: none"> <li>• The Board's committees review policy making issues.</li> <li>• The Board reviews all legislative proposals that could impact the Board.</li> </ul>
<p>7. The agency's policy option budget packages are aligned with their mission and goals.</p> <ul style="list-style-type: none"> <li>• The Board reviews agency's proposed policy option packages.</li> <li>• The Board reviews the Agency Request Budget.</li> </ul>
<p>8. The Board reviews all proposed budgets.</p> <ul style="list-style-type: none"> <li>• The Board reviews the Agency Request Budget.</li> </ul>
<p>9. The Board periodically reviews key financial information and audit findings.</p> <ul style="list-style-type: none"> <li>• The Board reviews agency head financial and payroll transactions annually at a Board Meeting.</li> <li>• The Board reviews agency performance audits.</li> </ul>
<p>10. The Board is appropriately accounting for resources.</p> <ul style="list-style-type: none"> <li>• All Board revenue and expenditures are reviewed by the Board.</li> <li>• All Board expenditures are reviewed and approved by the Executive Director and Office Manager.</li> <li>• Physical inventory of all agency property is conducted annually.</li> </ul>
<p>11. The agency adheres to accounting rules and other relevant financial controls.</p> <ul style="list-style-type: none"> <li>• Board staff prepares all transaction entries in accordance with Oregon Statute, Oregon Administrative Rules, Oregon Accounting Manual and Generally Accepted Accounting principles.</li> <li>• The Board has annually received the Department of Administrative Services Comprehensive Annual Financial Report Gold Star Award for timely and complete financial data.</li> </ul>

<p>12. Board members act in accordance with their roles as public representatives.</p> <ul style="list-style-type: none"> <li>• Board members appropriately recuse themselves from cases which create an actual or potential conflict of interest.</li> <li>• The Board follows public meetings and records laws.</li> <li>• The Board uses good judgment in upholding the Board’s Mission Statement of Protecting the Citizens of Oregon.</li> </ul>
<p>13. The Board coordinates with others where responsibilities and interest overlap.</p> <ul style="list-style-type: none"> <li>• Board members and staff participate in appropriate professional associations.</li> <li>• The OBD works with the OHSU School of Dentistry on certain issues.</li> <li>• The OBD works with the ODA, ODHA and ODAA and DBIC to present important practice related issues to members.</li> <li>• The OBD is actively involved in the American Association of Dental Board (AADB) and regional testing agencies.</li> </ul>
<p>14. The Board members identify and attend appropriate training sessions.</p> <ul style="list-style-type: none"> <li>• New Board members attend new Board member orientation presented by OBD Staff.</li> <li>• Board members utilize the Governor’s Board Training.</li> <li>• Board Members attend AADE training workshops.</li> </ul>
<p>15. The Board reviews its management practices to ensure best practices are utilized.</p> <ul style="list-style-type: none"> <li>• On an annual basis.</li> </ul>

## Best Practices Self-Assessment

Annually, Board members are to self-evaluate their adherence to a set of best practices and report the percent total best practices met by the Board (percent of yes responses in the table below) in the Annual Performance Progress Report as specified in the agency Budget instructions.

### Best Practices Assessment Score Card

Best Practices Criteria	Yes	No
1. Executive Director's performance expectations are current.		
2. Executive Director receives annual performance feedback.		
3. The agency's mission and high-level goals are current and applicable.		
4. The Board reviews the Annual Performance Progress Report.		
5. The Board is appropriately involved in review of agency's key communications.		
6. The Board is appropriately involved in policy-making activities.		
7. The agency's policy option budget packages are aligned with their mission and goals.		
8. The Board reviews all proposed budgets.		
9. The Board periodically reviews key financial information and audit findings.		
10. The Board is appropriately accounting for resources.		
11. The agency adheres to accounting rules and other relevant financial controls.		
12. Board members act in accordance with their roles as public representatives.		
13. The Board coordinates with others where responsibilities and interest overlap.		
14. The Board members identify and attend appropriate training sessions.		
15. The Board reviews its management practices to ensure best practices are utilized.		
Total Number		
Percentage of total:		

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**TRI-COUNTY METROPOLITAN TRANSPORTATION  
DISTRICT OF OREGON**

**EMPLOYER CONTRACT  
FOR**

**TRIMET UNIVERSAL ANNUAL PASS FARE PROGRAM**

This Contract is entered into September 1<sup>st</sup>, 2014 by and between the Tri-County Metropolitan Transportation District of Oregon ("TriMet") and **OREGON BOARD OF DENTISTRY** ("Employer") located at 1500 SW 1st Avenue, Suite 770, Portland, OR 97201.

1. Universal Annual Pass Program  
Employer shall implement the Universal Annual Pass Program at Employer's work site(s) in accordance with the Administrative Program Requirements, attached and incorporated as Exhibit A, which may be amended by TriMet. By signature hereto, Employer certifies that it has read and agrees to be bound by all of the Administrative Program Requirements set forth in Exhibit A, including but not limited to the Requirements initialed by Employer.
  
2. Term  
This Contract shall be in effect from the date listed above through August 31<sup>st</sup>, 2015, unless terminated sooner by TriMet as provided in the Program Requirements. TriMet also may terminate this Contract upon 30 days advance written notice to Employer, and in such event where Employer is in compliance with this Contract, TriMet will reimburse Employer for all returned Universal Annual Pass validation stickers based on the number of days remaining in the Contract term.
  
3. Employer Payment  
Employer's total payment due under this Contract is **\$2,744.98**. Refer to Exhibit C for calculation of Universal Annual Pass price. Employer's Universal Annual Pass price per employee per year under this Contract is **\$549.00**. Additional stickers purchased during the contract year will be prorated based on this price, as set forth in section E.2) of Exhibit A of this contract.
  
4. Universal Annual Pass Qualified Employees  
The total number of Employer's qualified employees, as defined in Exhibit A, Paragraph B, is **5**. The Employee Commute Options survey was performed June 1, 2014, the results of which are contained in the attached and incorporated Exhibit B.
  
5. Correspondence/Communications  
TriMet's Marketing Representative and Employer's Transportation Coordinator shall be responsible for routine, day-to-day correspondence regarding Employer's implementation of the Universal Annual Pass program. Upon commencement of this Contract, TriMet and Employer shall provide written notice to each other of the name and address of their respective designated

Marketing Representative and Transportation Coordinator, and shall provide prompt written notice of any change thereto. All other correspondence and communications pertaining to this Contract shall be provided to the individuals signing on behalf of the parties at the addresses indicated below the signature line.

6. No Third Party Beneficiary

Employer and TriMet are the only parties to this Contract and as such are the only parties entitled to enforce its terms. Nothing in this Agreement gives or shall be construed to create or provide any legal right or benefit, direct, indirect or otherwise to any other party unless that party is individually identified by name herein with the express and stated designation as an intended beneficiary of the terms of this Agreement.

7. Authority

Employer agrees to comply with the requirements set forth in this Contract. The representatives signing on behalf of the parties certify that they are duly authorized by the party for which they sign to make this Contract.

8. Execution of Contract

This Contract and any written modifications thereto, may be executed in two or more counterparts, each of which together shall be deemed an original, but all of which together shall constitute one and the same instrument. In the event that any signature is delivered by facsimile transmission or by e-mail delivery of a "pdf" format data file, such signature shall create a valid and binding obligation of the party executing (or on whose behalf such signature is executed) with the same force and effect as if such facsimile or "pdf" signature page were an original thereof.

**OREGON BOARD OF DENTISTRY**

**THE TRI-COUNTY METROPOLITAN  
TRANSPORTATION DISTRICT OF OREGON**

By: \_\_\_\_\_  
*signature*

By: \_\_\_\_\_  
*signature*

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
*please print*

Name: Drew Blevins

Title: \_\_\_\_\_

Title: Director  
Marketing & Customer Information

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Federal Employer ID Number: \_\_\_\_\_

**TriMet Universal Annual Pass Fare Program**  
**ADMINISTRATIVE PROGRAM REQUIREMENTS**  
Effective September 1, 2014

As part of a regional employer transportation program, TriMet offers the Universal Annual Pass Program (Program) to employers within the TriMet service district. Employers shall implement and maintain the Program at their worksite(s) according to the following program requirements:

A. Definition Of A Worksite

- 1) A “worksite” is a building or group of buildings located at one physical location within the TriMet service district and under the control of an employer.
- 2) An employer with multiple worksites in the district may include out-of-district worksites, provided that the out-of-district worksite represents less than 25% of the employer’s total number of enrolled employees within the TriMet district.

B. Definition Of A Qualified Employee

*initial here*  
\_\_\_\_\_

- 1) Participating employers must purchase a pass (validation sticker) for each qualified employee (100% participation) at each participating worksite regardless of whether the employee uses transit at the time of purchase.
- 2) For the purposes of the Program, a “qualified” employee is defined as any person on, or expected to be on, the employer’s payroll, full or part-time, for at least six consecutive months, including business owners, associates, partners, and partners classified as professional corporations. Part-time is defined as 80 or more hours per 28-day period.
- 3) An employee who works at multiple worksites is considered a qualified employee at the worksite of his/her cost center. A cost center is the department through which the employee’s salary is paid.
- 4) Contract employees, per-diem employees, and/or temporary employees are considered qualified employees only if they are covered under the employer’s benefits package and have been included in the employee commute options survey.
- 5) Exempted from the Program are:
  - Part-time volunteers (defined as less than 80 hours per 28-day period);
  - Full-time volunteers (defined as 80 or more hours per 28-day period);
  - Employees working less than part-time (less than 80 hours per 28-day period);
  - Field personnel required to use their personal vehicle as a condition of their job;
  - Employees whose regular work commute has either a start or an end time outside of TriMet’s service hours (service hours are 5:00 A.M through 1:00 A.M.);
  - Residents of the State of Washington;
  - Independent contractors;
  - Temporary or seasonal employees hired for a term of less than six (6) months;
  - Employees exempted by the Department of Environmental Quality (DEQ) for Employee Commute Option (ECO) rule purposes;
  - Regularly sworn officers of local law enforcement agencies within the TriMet boundaries, including the Oregon State Police; and
  - Employees who have an annual transit pass from another source (i.e., employee is a TriMet dependent or works for two employers and has received a validation sticker through the other employer).
- 6) Subject to the following subparagraph (7), categories of employees and volunteers who are exempted from the Program, as defined in B.5) above, also must be excluded from the employee commute options survey. The total number of employee exemptions shall not exceed 50% of the employer’s total employee population.
- 7) If an employer wishes to include categories of exempted employees and/or volunteers in the Program, as defined in B.5) above, the exempted personnel to be included must have photo identification issued by the contracting employer and must be included in the employee commute options survey.
  - An employer must purchase a validation sticker for 100% of the category(s) of exempted personnel.
  - The exempted personnel must be surveyed prior to receiving validation stickers.

### C. Definition of Transit Mode Split

- 1) The transit mode split is defined as follows:  
(Total number of transit trips to the worksite by qualified employees) divided by (Total number of trips to the worksite by qualified employees).
- 2) If more than one commute mode is used to travel to a worksite, the commute mode for the longest portion of the trip constitutes the commute mode for the purposes of the Program.

### D. Survey Requirements

- 1) The Program's pricing structure is dependent on an accurate determination of the employer's transit mode split. To determine the transit mode split, employers must survey their qualified employees (and categories of exempted employees, if included in the Program) at each worksite separately using an employee commute options survey or similar survey approved by TriMet (hereinafter "survey").
- 2) Surveys must be conducted for each participating worksite on the following schedule:
  - a. For the first year of participation:
    - i. A pre-program survey, within twelve months prior to the start date of the first year contract, of all qualified employees to determine transit mode split and first year contract pricing; and
    - ii. A follow-up survey before the date on which the next year's contract will take effect, to determine the next year's contract pricing and the effectiveness of the program; and
  - b. For all subsequent years:
    - i. A follow-up survey at least every other year after the first follow-up survey. Each subsequent follow-up survey must be conducted within twelve months prior to the date on which the next contract will take effect.
    - ii. The most recent survey data available will be used to determine the pass price, even if the survey conducted is for reasons other than to meet the minimum survey requirements for the Program, provided that it is performed in accordance with these Program Requirements.
  - c. Surveys shall not be conducted more than once within the period of three months, without prior approval from TriMet.
- 3) The survey instrument must be approved by TriMet; and
  - a. The survey must be distributed to all qualified employees and achieve a return rate of a minimum of 75%; or
  - b. Companies with 400 or more employees at a worksite may use a statistically valid sampling methodology approved by TriMet with the prior approval of DEQ or TriMet and achieve a return rate of a minimum of 75%.
  - c. Companies with 15 employees or less must survey 100% of their eligible employees.
- 4) Surveys must be distributed during the week following a typical workweek for the worksite and not bordering on a holiday.
- 5) If an employer moves a worksite to a different location during a contract year, the original contract price remains valid until the expiration of the contract. In the event that the new location results in a significant change in transit service from the previous location, the employer must re-survey its qualified employees before the date on which the next contract will take effect to identify the transit mode split at the new worksite. The next contract price will be calculated according to the transit mode split at the new worksite location. The survey schedule for subsequent contract years will be determined as set forth above in D.2)b. Employers that move to a new location with a significant decrease in transit service shall not be subject to a limit to a maximum annual price decrease.
- 6) An employer may participate at individual worksites, or all worksites. If an employer wishes to participate in the Program at more than one worksite, the employer must survey qualified employees at each worksite separately to determine the transit mode split at each worksite. Each worksite's price per pass is based on the transit mode split at that site.
  - a. If an employer adds a worksite(s) during the term of a contract, additional validation stickers may be purchased for all qualifying employees at the new worksite(s) at the existing price per pass dictated by this contract for the term of this contract. After the first full contract term, a survey must be performed at the new worksite(s) to determine the transit mode split to be used for the calculation of the following

contract year's price per pass, after which the survey schedule for the new worksite(s) will follow according to the schedule established by the contract that is in effect.

- b. If an employer wishes to purchase the Program for employees at an out-of-district worksite, it is not necessary to survey those employees and if they are surveyed, the resulting information cannot be used to determine overall transit mode split. The out-of-district worksite(s)'s price per pass shall be that dictated by this contract.

E. Fare Requirements; General

- 1) The price of the fare shall be calculated based on an annual contract term of September 1 through August 31 in accordance with Paragraph F below. For employers joining the Program mid-year, the price of the fare shall be prorated based on the number of months remaining in the annual term (September 1 through August 31).
- 2) TriMet will issue validation stickers for all qualified employees at the employer's contract price. If the employer hires additional qualified employees during the contract term, the employer shall purchase additional validation stickers, at a prorated cost based on the number of months remaining in the contract term (September 1 through August 31) for these additional new hires.
- 3) TriMet does not prohibit employers from re-selling the validation stickers to their employees; however, the validation sticker price shall not exceed the employer's per employee sticker purchase price.
- 4) TriMet will not provide refunds for terminated employees. Replacement validation stickers will be provided for replacement employees only in accordance with paragraph G.8) below.

F. Contract Pricing

- 1) Employer's per pass (validation sticker) pricing calculation formula is based on the fare in effect during the contract period as set forth at TriMet Code Sections 19.15(C)(8)(a), (c) and (d) (*a copy of TMC Section 19.15(C)(8)(a), (c) and (d) is available at www.TriMet.org or on request from TriMet*).
- 2) Employer's Total Contract Pricing shall be calculated as follows:
  - a. (# of qualified employees) x (per pass price) = total contract amount.
  - b. The minimum annual contract price shall be the amount of the Annual Adult pass price in effect at the beginning of the contract year. This amount is subject to pro-rating for less than a contract term year, as outlined in these Program Requirements.

G. Fare Instrument; Use of Stickers; Remedies

- 1) Employer shall provide qualified employees with a photo identification (ID) card which shall be affixed with the validation sticker provided by TriMet. Only the employer's designated program administrator, or the program administrator's designee, may affix the validation sticker to employee photo ID cards. The sticker must be placed on the ID card near the employee's photo. The employee's ID card with the affixed sticker shall constitute the fare instrument and must be carried by the employee as proof of fare payment. The validation sticker remains the property of TriMet, the use of which is subject to the terms of the contract between employer and TriMet. Employer shall keep validation stickers in secure locked storage, accessible only to the employer's designated program administrator(s).  
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- 2) The employer shall verify qualified employee status before providing an employee with a validation sticker. Only one validation sticker may be distributed per qualified employee.  
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- 3) The fare instrument may not be provided to or used by anyone other than the qualified employee to whom it is issued, and is a valid fare instrument only for the person whose name and photo appear on the identification card. Any alteration of the validation sticker, including removal of the serial number, shall render the fare instrument invalid. Use of the fare instrument is subject to all provisions in the TriMet Code, violation of which may result in fines, exclusion, or other penalty as provided by the Code.  
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- 4) At the request of employer, TriMet may create a standard photo ID card template for the purpose of creating photo ID cards for the Program. TriMet may charge a reasonable administrative fee for this service.
- 5) Employee photo ID cards already provided by the employer, may be used as the fare instrument when affixed with a validation sticker if approved by TriMet as an acceptable fare instrument prior to use. The ID card must display the following:
  - a. A photo of the employee;

- b. The employee's name; and
  - c. The company's name.
- 6) The employee's photo ID card with an affixed validation sticker is valid as the fare instrument through the month and year shown on the validation sticker, and shall allow travel for TriMet services within the TriMet service district, including regular bus and MAX service, Streetcar and LIFT service.
  - 7) TriMet does not replace lost or stolen validation stickers. TriMet, in its sole discretion, may replace damaged or destroyed validation stickers; TriMet reserves the right to require employers to provide adequate documentation of the damaged or destroyed stickers(s). If the employer cannot provide documentation of damaged or destroyed sticker(s), the employer may purchase additional stickers at a prorated price based on the number of months remaining in the contract year (September 1 through August 31).
  - 8) TriMet may provide replacement stickers for replacement employees. Employer must collect employee validation sticker upon an employee's separation from employment. TriMet reserves the right, in its sole discretion, to require employer to provide upon request the separated employee's validation sticker or other written documentation approved by TriMet evidencing that employer has disabled the effectiveness of the separated employee's fare instrument. Replacement stickers shall be provided only in accordance with the requirements set forth in this paragraph G.8).
  - 9) In the event that TriMet reasonably believes that any of an employer's employees has duplicated, altered, or otherwise used the validation sticker in a manner not authorized by the contract, upon notice from TriMet, employer shall conduct a reasonable investigation of the matter, including notice to the employee and an opportunity for the employee to respond. Employer shall submit written findings of its investigation to TriMet. TriMet reserves the right to make its own independent investigation and determinations as to whether the misuse occurred. If, based on the results of an investigation, TriMet determines that the misuse occurred, TriMet reserves the right to require employer to return the employee's validation sticker or provide written assurance to TriMet that employer has disabled the effectiveness of the employee's fare instrument. Employer shall not forward any employer-generated photo ID cards to TriMet. In addition, TriMet reserves all rights and remedies available under law.
  - 10) If TriMet reasonably determines that employer has provided falsified information, intentionally provided validation stickers to non-qualified employees or other ineligible persons, or that employer is otherwise in breach of the contract including but not limited to failure to make a contract payment when due, TriMet reserves the right in its sole discretion to demand within the timelines specified by TriMet, that employer return any or all validation stickers, or that employer provide other written assurance that employer has disabled the effectiveness of any fare instruments, and may also immediately terminate the contract. In addition, TriMet reserves all rights and remedies available under law. In the event of termination by TriMet, employer's sole remedy shall be reimbursement for any undistributed validation stickers returned to TriMet so long as employer's failure to distribute the stickers did not constitute a breach of the contract and employer is otherwise not in default of the contract terms; any reimbursement to employer may be prorated by TriMet based on the number of days remaining in the contract term.
  - 11) In any action or suit based upon any of the rights and obligations of the parties contained in the contract where TriMet is the prevailing party, employer shall be liable for TriMet's reasonable attorneys fees and its costs and disbursements.
  - 12) In no event shall TriMet be liable for any consequential, special, incidental or punitive damages, whether under theory of tort, contract, statute or otherwise.
  - 13) The terms and conditions of the Oregon Tort Claims Act, ORS 30.260 through ORS 30.300, and to the extent applicable, Article XI, Section 7, of the Oregon Constitution shall apply to employer's and TriMet's performance of this Agreement.

#### H. Payment Options; Issuance of Validation Stickers; and Contract Remedies

- 1) The employer shall be required to enter into a written contract based on the annual term of September 1 through August 31, in a minimum annual amount of the Annual Adult pass. The contract amount may be prorated for less than one year, as provided for in these program requirements. An employer signed contract must be received by TriMet before the contract start date.
- 2) Subject to (a) and (b) below, Employers with a total contract amount of \$6,050 or greater may elect to submit the total payment amount in full, or shall pay the total payment in equal quarterly installments.

Employers with a total contract amount of less than \$6,050 must submit payment in full.

- a. Payment in Full: All Employers new to the Program must submit full payment prior to receiving validation stickers, in which case a discount of 3% off the entire contract balance may be taken. Employers renewing their participation in the Program by executing a new contract, with prior credit approval from TriMet, will be invoiced with payment due net 30 days from the invoice date or the contract start date, whichever is later, in which case a discount of 3% off the entire contract balance may be taken. If full payment is not received by TriMet within the time allotted by this contract, the 3% discount will be void.
  - b. Quarterly Payments: Employers new to the Program that are eligible to elect to make quarterly payments are required to submit payment for the first quarter prior to receiving validation stickers, with subsequent quarterly payments due net 30 days from the invoice date. Employers renewing their participation in the Program by executing a new contract, with prior credit approval from TriMet, will be invoiced for the first quarter with payment due net 30 days from the invoice date or the contract start date, whichever is later. Employers who elect to make quarterly payments are ineligible for the 3% discount.
- 3) Payment for additional validation stickers purchased throughout the contract year must be paid in one lump sum, and will not be calculated into remaining quarterly payments. Payment for additional validation stickers is due net 30 days from the date of the invoice. If employer is an entity for which applicable law specifies a maximum time period for payment, that maximum time period shall apply.
  - 4) Payments not received by the due date will accrue interest at an annual rate of 18%. If employer is an entity for which applicable law specifies a maximum interest rate that the entity may pay, that maximum interest rate shall apply.
  - 5) In the event an employer fails to make a payment as scheduled in the contract, TriMet reserves all its rights and remedies under law, including but not limited to the right to suspend future issuance of validation stickers and as otherwise provided in Paragraph G above.
  - 6) Invoices past due over 90 days will be forwarded to TriMet's Legal Department for further action.
  - 7) Payment(s) shall be made by either ACH or submitted to TriMet's Finance Department, Attn: Accounts Receivable at TriMet M/S 02, PO Box 4300, Portland, OR 97208.
  - 8) Validation stickers will be provided to the employer, normally within ten (10) business days of TriMet's receipt of an employer's total payment or first quarterly installment due as described above. For employers renewing their participation in the Program by executing a new contract, and with prior credit approval from TriMet, validation stickers will be provided normally within ten (10) business days of receipt of an employer's signed contract. TriMet is not responsible for late deliveries. A designated representative of the employer must sign for receipt of the validation stickers. TriMet reserves the right to limit the number of validation stickers provided at any one time, or to determine the distribution schedule thereof.

#### I. Employer Designated Agents

- 1) Employer may elect to participate in the Program through their designated agent ("Employer Designated Agent"). Employer Designated Agent will enter into a contract with TriMet for implementation of the Program in accordance with these Program requirements, including the purchase of and payment for validation stickers.
- 2) Employer Designated Agent must be an incorporated entity, established for the purpose of providing administrative services to facilitate employer transportation options or other employer related services, including commercial or industrial property management and/or other transportation related services.
- 3) Upon TriMet's request, Employer Designated Agent shall provide TriMet with written authorization from employer on employer's official letterhead evidencing employer's designation of Employer Designated Agent.

#### J. Information Required of Employers

- 1) Prior to contract approval, TriMet must receive the survey data form, or an equivalent document with the following information:
  - a. the total number of employees, in all work groups;
  - b. the total number of qualified employees, according to these Program requirements;
  - c. the total number of employees in other employee work groups included in the Program; and a copy of the employer's survey results and data. A participating employer must conduct follow-up surveys as

defined above, with results and data provided to TriMet. The survey instruments must be in conformance with the survey requirements as described in these program requirements.

d. TriMet shall not be bound and assumes no obligation in any respect with regard to the Program until TriMet's authorized signator executes the contract.

- 2) TriMet, at its sole discretion, may require an employer to verify the number of qualified employees and to confirm employee status at any time during the term of the contract. TriMet may also require an employer to demonstrate that validation stickers are kept in secure locked storage, accessible only to the employer's designated program administrator(s).
- 3) Employees must sign a statement (Employee Agreement Form) verifying receipt of a validation sticker. The statement includes a signed acknowledgement by the employee that the validation sticker and the photo ID card affixed with the validation sticker (fare instrument) are non-transferable and may only be used by the employee to whom it was issued, and that the sticker must be returned to the employer upon separation from employment. Employees determined to knowingly violate these terms may face criminal prosecution for theft of services.
- 4) Each validation sticker includes a unique serial number for the purposes of tracking and control. For each employee that receives a validation sticker, the employer's designated program administrator, or the program administrator's designee, shall record the validation sticker's serial number on the Employee Agreement Form, along with the employees' signed statement agreeing to the terms and conditions of receiving the fare instrument.
- 5) All fields of the Employee Agreement Form must be completed in full. The employer must return a copy of the Employee Agreement Form to TriMet by October 1st, and make the form available for TriMet's review upon request by TriMet. The employer shall retain a copy of the Employee Agreement Form through the end of the contract period.

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**UNFINISHED  
BUSINESS  
&  
RULES**

**Nothing to report under this tab**

# CORRESPONDENCE

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# Oral and Maxillofacial Surgery Center of Oregon



Efficiency, compassion, respect - we care for you.

**Bruce S. Logan, D.D.S.**  
*Diplomate, American Board of Oral & Maxillofacial Surgery*

3162 State Street • Medford, OR 97504  
Phone (541) 779-7799 • Fax: (541) 779-7805

[www.omsoforegon.com](http://www.omsoforegon.com)  
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**RECEIVED**

AUG 12 2014

Oregon Board  
of Dentistry

August 7, 2014

Oregon Board of Dentistry  
1500 SW 1<sup>st</sup> Avenue, Suite 770  
Portland, OR 97201

To Whom It May Concern:

Several weeks ago, my office contacted the Oregon State Dental Board in regard to a treatment used to help manage the aging face. The opportunity came to us thru a company called Ulthera and the treatment is called Ultherapy. Ultherapy is a FDA-approved procedure which is non-invasive and requires no anesthetic or sedation. Ultherapy is commonly administered on the brow, neck and under the chin. It is designed to lift, tighten and tone the skin. Ultherapy is not a laser. It uses ultrasound technology to penetrate to the dermal layer and gently heats the deeper tissue, which then lifts and supports loose skin without cutting or injury to the surface of the skin. It also helps stimulate new collagen formation to help aid in keeping one's youthful appearance.

In regard to the treatment itself, there is no preparation necessary for Ultherapy. There is some discomfort during treatment (similar to pin pricks). Topical or local anesthesia can be used as well as an oral sedative.

Post procedure, down time is minimal with possible slight redness of the skin. The chance of experiencing a problem is very small. Rare complications consist of a burn to the skin treated with gentle cleansing and antibiotic ointment to the skin. Extremely rare complications would include risk of injury to a nerve or blood vessel in or under your skin. The procedure is usually very effective in lifting and toning the skin. Steady improvement is expected over the first 90 days after treatment.

I discussed the Ultherapy treatment extensively with the company representative, Anthony Serhan, in my office prior to purchasing the equipment. I was assured by him that many other Oral & Maxillofacial Surgeons as well as general dentists had purchased the unit within his Western region. The company was to provide in-house training with their own trainees.

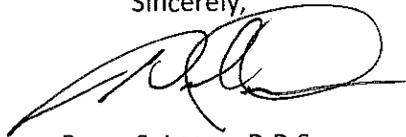
It should also be noted that this is a procedure being done by the rest of the Healthcare profession whose knowledge of the facial anatomy is miniscule as compared to our profession. It is being done by medical doctors, naturopaths, nurses, estheticians and medical assistants.

Upon discussing the use of this machine with examiners of the Oregon Dental Board, I was told that I was not qualified to perform this treatment as determined by an existing statute in the rules stating that in order to perform facial cosmetic surgery one had to be a accredited Oral & Maxillofacial Surgeon and have one year of additional training in facial cosmetic surgery.

I would request the Board to re-evaluate this arena. This is an antiquated requirement written prior to the advent of non-surgical facial cosmetic treatment. I would agree that in order to do facial cosmetic surgery properly (i.e. face lifts, eyes, noses, etc.) one should have the additional year of fellowship. However, I believe that non-surgical cosmetics should fall into a different category. Most of these modalities can be learned quite sufficiently through courses offered by the company selling the equipment or products. Non-surgical cosmetic procedures are certainly well within the scope of practice of Board Certified Oral & Maxillofacial Surgeons.

Please consider dividing facial cosmetics into surgical versus non-surgical and allow those that know facial anatomy better than anyone else and have seen almost every facial structure up close through trauma repair, Orthognathic and Temporomandibular surgery (i.e. Oral & Maxillofacial Surgeons) to do non-surgical cosmetic procedures in Oregon.

Sincerely,

A handwritten signature in black ink, appearing to read 'BSL', with a large, sweeping flourish extending to the right.

Bruce S. Logan, D.D.S.

Diplomate, American Board of Oral & Maxillofacial Surgery

BSL/lb

# OTHER ISSUES

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## Silver diamine fluoride: a caries "silver-fluoride bullet".

[Rosenblatt A<sup>1</sup>](#), [Stamford TC](#), [Niederman R](#).

### Author information

- <sup>1</sup>The Forsyth Institute, 140 The Fenway, Boston, MA 02115, USA. [arosenblatt@forsyth.org](mailto:arosenblatt@forsyth.org)

### Abstract

The antimicrobial use of silver compounds pivots on the 100-year-old application of silver nitrate, silver foil, and silver sutures for the prevention and treatment of ocular, surgical, and dental infections. Ag(+) kills pathogenic organisms at concentrations of <50 ppm, and current/potential anti-infective applications include: acute burn coverings, catheter linings, water purification systems, hospital gowns, and caries prevention. To distill the current best evidence relative to caries, this systematic review asked: Will silver diamine fluoride (SDF) more effectively prevent caries than fluoride varnish? A five-database search, reference review, and hand search identified 99 human clinical trials in three languages published between 1966 and 2006. Dual review for controlled clinical trials with the patient as the unit of observation, and excluding cross-sectional, animal, in vitro studies, and opinions, identified 2 studies meeting the inclusion criteria. The trials indicated that SDF's lowest prevented fractions for caries arrest and caries prevention were 96.1% and 70.3%, respectively. In contrast, fluoride varnish's highest prevented fractions for caries arrest and caries prevention were 21.3% and 55.7%, respectively. Similarly, SDF's highest numbers needed to treat for caries arrest and caries prevention were 0.8 (95% CI=0.5-1.0) and 0.9 (95% CI=0.4-1.1), respectively. For fluoride varnish, the lowest numbers needed to treat for caries arrest and prevention were 3.7 (95% CI=3.4-3.9) and 1.1 (95% CI=0.7-1.4), respectively. Adverse events were monitored, with no significant differences between control and experimental groups. These promising results suggest that SDF is more effective than fluoride varnish, and may be a valuable caries-preventive intervention. As well, the availability of a safe, effective, efficient, and equitable caries-preventive agent appears to meet the criteria of both the WHO Millennium Goals and the US Institute of Medicine's criteria for 21st century medical care.

### Comment in

- [Silver lining for caries cloud?](#) [Evid Based Dent. 2009]
- [Silver diamine fluoride \(SDF\) may be better than fluoride varnish and no treatment in arresting and preventing cavitated carious lesions.](#) [J Evid Based Dent Pract. 2010]

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**NEWSLETTERS  
&  
ARTICLES OF  
INTEREST**

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# Nebraska Board of Dentistry

## Newsletter

### MAY 2014

#### Chairperson's Message

Terry Wilwerding, DDS  
Chairperson  
Omaha

R. Mark Hinrichs, DDS  
Vice-Chairperson  
Lincoln

Cynthia Gaskill, RDH  
Secretary  
Aurora

Dennis Anderson, DDS  
Omaha

Charles Bauer, DDS  
Hastings

David Blaha, DDS  
Lincoln

Judith Kissell, PhD  
Omaha

Jane Lott, RDH  
York

Joan Sivers, DDS  
Lincoln

Mary Sneckenberg  
Lincoln

In general, it has been a fairly uneventful year for the Board of Dentistry. We did not have any turnover of members this year, and I am very grateful for the fine members that I serve with.

There were an unusually large number of bills introduced in the legislature this year that had some dental component. Some of the bills we monitored were LBs 54, 187, 338, 355, 421, 422, 484, 535 and 564. Only LB 484 passed in 2013, which relates to the scope of practice of hygienists, and allows them some measure of extramural practice. Sometimes the Board of Dentistry will get involved with these bills expressing either support, neutrality or non-support. We try not to get involved with the "politics" of these bills, but only express our opinion as it relates to the dental well-being of the public. The state associations (NDA, NDHA and NDAA) also closely monitor this legislation, and can provide advocacy or opposition as best serves their members.

After a great deal of work, our anesthesia committee is finalizing the process of updating the state statutes. There has been some national standardization of these rules, and this change will put us in general agreement with the regulations of other states. This is a long process in our state, and I am grateful to our members that have taken on this arduous task.

We occasionally still see complaints about advertising. These generally involve truthfulness, specialties or listing of the names of the practitioners in the advertising. A recent NDA article addressed these issues. You can also refer to the Regulations Governing Professional Advertising by Dentists (172 NAC 54) on the Department of Health and Human Services (DHHS) website at [http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health\\_and\\_Human\\_Services\\_System/Title-172/Chapter-054.pdf](http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-172/Chapter-054.pdf).

Ensuring continuing competency is one the latest items on the national dental scene. There have been many proposals, but most depend on some action at the state level. So we will be looking at these issues also in the upcoming year.

Our board also continues to be actively involved with the organizations that test license applicants, and many of our members and other practitioners invest considerable time in developing and administering these examinations. As we all know, the pace of change is rapid, and these testing organizations strive to make their exams relevant to the modern practice of dentistry. Nationally, we are seeing considerable variation in state licensing requirements.

In closing, I would like to mention that we are incredibly fortunate that dentistry has such a large number of people who are willing to invest their own time and resources for the good of the profession and the public. I would like to offer a hearty "thank you"



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## **Dental Anesthesia and Sedation**

**By Charles Bauer, D.D.S.**

The Board of Dentistry has initiated a proposal to update the anesthesia and sedation statutes in the Dentistry Practice Act. The last update to the anesthesia and sedation statutes occurred in 1986. New techniques, advanced/economical monitoring equipment, new definitions concerning the levels of dental sedation and anesthesia, and the 2007 update by the American Dental Association (ADA) have influenced the Board of Dentistry's decision to proceed with the statute change. A Dental Anesthesia Subcommittee was appointed by the Board of Dentistry. Its' function was to research how other states have updated their statutes, review the ADA's position statement, review current techniques and equipment, and obtain input from the various Nebraska associations and societies that would be influenced by the change in statutes.

The Dental Anesthesia Subcommittee submitted recommendations to the Board of Dentistry for consideration. The recommendations and a modified version of the original recommendations were voted on and accepted by the full Board.

Briefly, the recommendations change general anesthesia to "deep sedation," change parenteral sedation to "moderate sedation," add "minimal sedation," and eliminate inhalation analgesia permits. Due to testimony from the oral surgeons and the NDHA, all proposals relating to dental assistants and dental hygienists were removed from the original proposal.

The DHHS was contacted to initiate the 407 Credentialing Review process. This is a series of at least 6 open meetings to review and take testimony from the Board of Dentistry and the public. The Board of Dentistry strongly encourages you to study the entire proposal, documentation and public opinions on the following web site:

[http://dhhs.ne.gov/Pages/reg\\_admcra.aspx](http://dhhs.ne.gov/Pages/reg_admcra.aspx)  
(scroll down to Dental Anesthesia)

If you are currently using or are consider administering analgesia, sedation or anesthesia in your practice, please read the proposal. The Board of Dentistry and the Dental Anesthesia Subcommittee welcome your opinions.

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## **TREATMENT OF JUVENILES**

A fairly common problem in the dental office is the age at which patients do not need parental approval for treatment. For practical purposes, this age is 19 based on the following statute:

Nebraska Revised Statute Section 43-2101 (2012 Cum. Supp.) states, "All persons under nineteen years of age are declared to be minors, but in case any person marries under the age of nineteen years, his or her minority ends. Upon becoming the age of majority, a person is considered an

adult and acquires all rights and responsibilities granted or imposed by statute or common law, except that a person eighteen years of age or older and who is not a ward of the state may enter into a binding contract or lease of whatever kind or nature and shall be legally responsible therefor."

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## **Meeting Highlights From 2013**

**January 18, 2013** – The Board reviewed proposed legislative changes to the Dental Hygienist Public Health Authorizations. The Board gave an opinion regarding the use of Botox for therapeutic purposes.

**March 22, 2013** – The Board discussed pending legislation. The Board gave an opinion regarding the use of a high speed hand-piece by dental assistants or dental hygienists for de-bonding.

**June 28, 2013** – Central Regional Dental Testing Service (CRDTS) staff gave a presentation to the Board. The Board received reports from the Office of Oral Health regarding Dental Hygienist Public Health Authorizations. The Board gave an opinion regarding the use of dermal fillers and/or Botox for cosmetic purposes.

**July 31, 2013** – The Board discussed the Open Meetings Act regarding notification to the public of their Board meetings. The Board approved the Application for Credentialing Review Pertaining to Dental Anesthesia.

**August 19, 2013** – The Board discussed and approved proposed amendments to the Application for Credentialing Review Pertaining to Dental Anesthesia.

**October 11, 2013** – The Board approved acceptable clinical examinations for dental and dental hygiene licensure applicants. Department staff provided the Board with an overview of the implementation of LB 484 regarding Dental Hygienist Public Health Authorizations to provide certain services to children. The Board gave an opinion regarding the use of Botox for cosmetic/esthetic purposes.

Minutes are available on the Department website at:  
[http://dhhs.ne.gov/publichealth/Pages/crl\\_brdminutes.aspx](http://dhhs.ne.gov/publichealth/Pages/crl_brdminutes.aspx)

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## **Current Board Opinions Regarding the Use of Botox and Dermal Fillers**

- It is appropriate for a dentist to use neuromodulators (Botox) for therapeutic purposes such as temporomandibular joint disorder (TMJ) or muscle dysfunction and for cosmetic/esthetic purposes, and it is the practitioner's responsibility to be competent in the use of neuromodulators (Botox).
- It is appropriate for a dentist to use dermal fillers for cosmetic/esthetic purposes, and it is the practitioner's responsibility to be competent in the use of dermal fillers.

**MEETING DATES FOR 2014:**

July 11, 2014  
October 24, 2014

You can find the 2014 meeting dates posted on the Department website at:

[http://dhhs.ne.gov/publichealth/Pages/crl\\_brdmtgs.aspx](http://dhhs.ne.gov/publichealth/Pages/crl_brdmtgs.aspx)

The Board will be scheduling 2015 meeting dates at the October 2014 meeting.

**Board of Dentistry Officers:**

**Terry Wilwerding, DDS, Chair**  
**Mark Hinrichs, DDS, Vice-Chair**  
**Cynthia Gaskill, RDH, Secretary**

**BOARD SUBCOMMITTEE APPOINTMENTS**

Dental Anesthesia Subcommittee members:  
**Charles Bauer, DDS; David Blaha, DDS; and Jane Lott, RDH**

Nebraska Examination Review Subcommittee members:  
**R. Mark Hinrichs, DDS; Terry Wilwerding, DDS; and Jane Lott, RDH**

The Continuing Education Review Subcommittee members:  
**Terry Wilwerding, DDS; Dennis Anderson, DDS; and Cynthia Gaskill, RDH**

**Office of Medical & Specialized Health**

**Becky Wisell**  
**Program Manager**

**Vonda Apking**  
**Health Licensing Coordinator**

**Tressa Waterman**  
**Health Licensing Specialist**

**License Statistics**

License/Permit/Certification Totals (as of 12/31/2013)

\*This column is based on those licenses/permits/certifications issued since 2/1/2012.

	<u>Total Active</u>	<u>Issued*</u>	<u>Issued by Reciprocity</u>
Dentist Licenses	1511	101	26
Dental Hygienist Licenses	1271	129	21
General Anesthesia Permits	50	3	
Parenteral Sedation Permits	38	7	
Inhalation Analgesia Permits	565	106	
Local Anesthesia Certifications	1014	150	
Public Health Authorizations			
• For Treating Children	3	3	
• For Treating Children & Adults	77	23	
Dental Temporary Licenses	18	15	
Dental Faculty Licenses	10	0	
Locum Tenens	0	31	

## **Licensure Actions**

The following is a list of licensure actions taken between January 2012 to December 2013. additional information on any of these actions is available on the Department website at [http://dhhs.ne.gov/publichealth/Pages/crl\\_MonthlyDisciplineReports.aspx](http://dhhs.ne.gov/publichealth/Pages/crl_MonthlyDisciplineReports.aspx) or by calling 402/471-4923.

<b>Licensee</b>	<b>Action(s)</b>	<b>Violation(s)</b>
Scott Green, DDS	1 year Probation	Reinstatement after a disciplinary suspension.
Francis Odoriso, DDS	Civil Penalty \$1,000	Unprofessional Conduct.
Sean Sullivan, DDS	2 year Probation	Alcohol Dependence.
Jacqueline Lueders, RDH	12 month Suspension	Dishonorable Conduct; Opioid Dependence; and Violation the Uniform Controlled Substances Act.
Richard Stacey, DDS	Censure Civil Penalty \$1,000 Record Keeping Course	Unprofessional Conduct.
Stephen Zikmund, DDS	Voluntary Surrender without a formal, public hearing	Alcohol Dependence; Impaired Practice; and Unprofessional Conduct.
James Branchaud, DDS	5 year Probation	Alcohol Dependence and Active Addiction.
Deann Drahota, RDH	6 month Probation Civil Penalty \$5,000	Practicing as a dental hygienist on an expired license since March 2, 2007.
Emily McMann	1 year Probation	Initial license placed on probation for a misdemeanor conviction.
Kenneth Hagen, Jr, DDS	Limitation	Misdemeanor conviction.
Thomas Swartz, DDS	6 month Suspension	Dishonorable Conduct Evidencing Unfitness to Practice; Alcohol and Opioid Dependence; Violation of the Uniform Controlled Substances Act; Misdemeanor Conviction; Unprofessional Conduct

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## **APPROVAL OF CONTINUING EDUCATION COURSES**

Under the current regulations (172 NAC 56), the Department is no longer approving continuing education courses. It is the licensee's responsibility to obtain 30 hours of acceptable continuing education during each renewal period. After each renewal, a percentage (chosen at random) of licensees will be selected for audit. If the licensee submits copies of course certificates and there are questionable courses, Department staff will request the licensee to provide an explanation of how the course(s) relate to the theory/clinical practice of dentistry or dental hygiene. A description of acceptable continuing competency activities can be found in 172 NAC 56-005 Regulations for Licensure of Dentists and Dental Hygienists at the following web address:  
[http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health\\_and\\_Human\\_Services\\_System/Title-172/Chapter-056.pdf](http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-172/Chapter-056.pdf)

### ***Tips from the Board of Dentistry*** *By Dennis Anderson, DDS*

Business of the Board includes many items related to the practice of dentistry and dental hygiene, and often the items of interest provide a whole new education into the statutes and rules and regulations. Tips: Be aware that the age of majority in the state of Nebraska is 19. You must be 19 years old to sign informed consents and sign off on comprehensive treatment plans, i.e. orthodontic treatments. You are not allowed to write prescriptions for controlled substances for members of your immediate family, or anyone permanently residing in your household, EXCEPT in the case of an emergency. It is not legal to prescribe medications for persons who have only made contact with you over the phone, internet, or FAX. The patient needs to be examined and become a patient of record prior to prescribing medications. Look out for persons calling you at home, when you do not have access to all of your records, pretending to be a patient of record and requesting medications. Remember to sign, date and provide dental records that are legible and available for review if requested. Look for more tips in future issues.

## MANDATORY REPORTING

172 NAC 5 – Regulations Governing Mandatory Reporting by Health Care Professionals, Facilities, Peer and Professional Organizations and Insurers (Neb. Rev. Stat. §38-1,125)

- Mandatory Reporting – General Requirements
  - Written reports must be submitted to the Department within 30 days of occurrence/action
  - Reports made to the Department are confidential
  - Immunity from criminal or civil liability
  - Reports based on first-hand knowledge
- Exceptions to Reporting
  - Spouse of the Practitioner
  - Practitioner-Consumer Relationship, unless danger to public health and safety
  - Chemically Impaired Credential Holders who enter the Licensee Assistance Program (LAP)

What to Report	Who Must Report
<ul style="list-style-type: none"> <li>● Loss of privileges in a hospital or other health care facility due to alleged incompetence, negligence, unethical or unprofessional conduct or physical, mental, or chemical impairment;</li> <li>● Voluntary limitation of privileges or resignation from a health care facility staff while under investigation or evaluation for issues of clinical competence, unprofessional conduct or physical, mental or chemical impairment;</li> <li>● Loss of employment due to alleged incompetence, negligence, unethical or unprofessional conduct or physical, mental, or chemical impairment;</li> <li>● Adverse judgment, settlement or award arising out of professional liability claim;</li> <li>● Adverse action by an insurance company affecting professional liability coverage;</li> <li>● Denial of a credential or other form of authorization to practice; and</li> <li>● Misdemeanor or felony convictions.</li> </ul>	Report Self
<ul style="list-style-type: none"> <li>● Gross incompetence or gross negligence;</li> <li>● Pattern of incompetent or negligent conduct;</li> <li>● Unprofessional conduct;</li> <li>● Practice while ability is impaired by alcohol, controlled substances, mind-altering substances or physical, mental or emotional disability; and</li> <li>● Otherwise violated regulatory provisions of the profession.</li> </ul>	Report Others of the SAME Profession
<ul style="list-style-type: none"> <li>● Gross incompetence or gross negligence; and</li> <li>● Practice while ability is impaired by alcohol, controlled substances, mind-altering substances or physical, mental or emotional disability.</li> </ul>	Report Others of a DIFFERENT Profession
<ul style="list-style-type: none"> <li>● Payment made due to adverse judgment, settlement or award of a professional liability claim against a credential holder; and</li> <li>● Adverse action affecting privileges or membership of a credential holder due to alleged incompetence, negligence, unprofessional conduct or physical, mental, or chemical impairment.</li> </ul>	Health Facilities, Peer Review Organizations, and Professional Associations
<ul style="list-style-type: none"> <li>● Violation of the Uniform Credentialing Act;</li> <li>● Payment made due to adverse judgment, settlement or award resulting from a professional liability claim; and</li> <li>● Adverse action affecting coverage due to alleged incompetence, negligence, unethical or unprofessional conduct or physical, mental, or chemical impairment.</li> </ul>	Insurers
<ul style="list-style-type: none"> <li>● Misdemeanor or felony convictions of a credential holder for use, sale, distribution, administration or dispensing of a controlled substance, alcohol or chemical impairment, or substance abuse; and</li> <li>● Judgments against a credential holder from professional liability claims.</li> </ul>	Clerk of County or District Court

## Change of Address?

If you have moved or changed your business or mailing address, please remember to contact the Department staff with the new information Or you can update your address online by using the following link: <https://nebraska.mylicense.com/> . The US Postal Service has limitations on forwarding mail to a new address. You are responsible for meeting all renewal dates. If our mailings do not reach you, this does not release you from your professional responsibilities to maintain your license.

Any questions? Please contact the staff at:  
Department of Health and Human Services  
Division of Public Health  
Licensure Unit  
301 Centennial Mall South  
PO Box 94986  
Lincoln NE 68509-4986

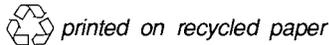
Phone: 402/471-2118  
Fax: 402/471-8614  
E-Mail: [tressa.waterman@nebraska.gov](mailto:tressa.waterman@nebraska.gov)

Department of Health & Human Services



N E B R A S K A

The Nebraska Department of Health and Human Services is committed to affirmative action/equal employment opportunities and does not discriminate in delivering benefits or services.



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Department of Health and Human Services  
Division of Public Health  
Licensure Unit  
PO Box 94986  
Lincoln NE 68509-4986

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# LICENSE RATIFICATION

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## **16. RATIFICATION OF LICENSES**

As authorized by the Board, licenses to practice dentistry and dental hygiene were issued to applicants who fulfilled all routine licensure requirements. It is recommended the Board ratify issuance of the following licenses. Complete application files will be available for review during the Board meeting.

### **DENTAL HYGIENE**

H6733	SARA ELIZABETH POWELL, R.D.H.	6/18/2014
H6734	LISA K STANDAGE, R.D.H.	6/18/2014
H6735	BRIANA L DE LOFF, R.D.H.	6/18/2014
H6736	VAN THUY DO, R.D.H.	6/18/2014
H6737	ERIN M NAVIN, R.D.H.	6/18/2014
H6738	JUSTINE E HARBECK, R.D.H.	6/18/2014
H6739	KRINTIN ASHLEY REISWIG, R.D.H.	6/18/2014
H6740	ALEXANDRIA RAE FLETCHALL, R.D.H.	6/18/2014
H6741	MARK J KOBYLINSKY, R.D.H.	6/25/2014
H6742	LANDRY D BLOK, R.D.H.	6/25/2014
H6743	NICOLE M TRTEK, R.D.H.	6/25/2014
H6744	MEGAN MARIE FOSTER, R.D.H.	6/25/2014
H6745	LYUDMILA V BATAZHAN, R.D.H.	7/3/2014
H6746	TANYA V KORNUA, R.D.H.	7/3/2014
H6747	ROBIN L FOLEY, R.D.H.	7/3/2014
H6748	BORA KIM, R.D.H.	7/3/2014
H6749	TRACEY L DIELMAN, R.D.H.	7/3/2014
H6750	JORDAN BERNADETTE POULOS, R.D.H.	7/3/2014
H6751	ALIESHA POWERS, R.D.H.	7/3/2014
H6752	JANEL AUDREY QUERY, R.D.H.	7/3/2014
H6753	ROCHELLE N DOYEL, R.D.H.	7/3/2014
H6754	REBECCA J JONES, R.D.H.	7/3/2014
H6755	BRITTNEY R CAYSON-HALL, R.D.H.	7/3/2014
H6756	KARI ANN LINDSAY, R.D.H.	7/3/2014
H6757	DOMINIQUE BERGNER, R.D.H.	7/3/2014
H6758	ELIZABETH ASHTON DANNA, R.D.H.	7/3/2014
H6759	DAWN L JONES, R.D.H.	7/3/2014
H6760	BRITTNAY J TRUJILLO, R.D.H.	7/3/2014
H6761	KEETS J NELSON, R.D.H.	7/3/2014
H6762	GUINEVERE NOELLE TADINA, R.D.H.	7/14/2014
H6763	HASANAIN AL-HUMAIRI, R.D.H.	7/17/2014
H6764	KAYLIN MARIE JENSEN, R.D.H.	7/17/2014
H6765	AMANDA MICHELLE LANDIS, R.D.H.	7/17/2014
H6766	DESIREE J STARK, R.D.H.	7/17/2014
H6767	KATELYN IRIS FRANCOEUR, R.D.H.	7/17/2014
H6768	MADISON COLLEEN VORIS, R.D.H.	7/17/2014
H6769	CRISTINE M WHITNEY, R.D.H.	7/17/2014
H6770	TASHA L LAMBSON, R.D.H.	7/17/2014
H6771	CHELSEA LYNNE ELDER, R.D.H.	7/17/2014
H6772	YURI ADACHI VRIELING, R.D.H.	7/17/2014
H6773	NATALIE A LEONTYEV, R.D.H.	7/17/2014
H6774	SARAH MEHTA ROSE KRUIT, R.D.H.	7/17/2014
H6775	COLETTE ROSE LIVENGOOD, R.D.H.	7/22/2014
H6776	ROCHELLE L TRTEK, R.D.H.	7/22/2014
H6777	AMANDA S CHAVEZ, R.D.H.	7/22/2014
H6778	LAURA ANN SCHAFFNER, R.D.H.	7/24/2014

H6779	SARAH MARIE PENTECOST, R.D.H.	7/24/2014
H6780	ALICIA BLACK, R.D.H.	7/24/2014
H6781	MADISON KAY GARCIA, R.D.H.	7/24/2014
H6782	AMANDA MARIE VAUBLE, R.D.H.	7/29/2014
H6783	MARIAH N FELICIANO, R.D.H.	7/29/2014
H6784	JINKY A HICKCOX, R.D.H.	7/29/2014
H6785	TERRAH LYNN HAERTLING, R.D.H.	7/29/2014
H6786	LAURA LEE VANDERWERF, R.D.H.	7/30/2014
H6787	JENNIFER NICOLE SMITH, R.D.H.	7/30/2014
H6788	JORDON L DOKE, R.D.H.	7/30/2014
H6789	ELIZABETH KATHLEEN WEBB, R.D.H.	8/5/2014
H6790	CARA M DUNCAN, R.D.H.	8/5/2014
H6791	LAURA E HOUGHTON, R.D.H.	8/5/2014
H6792	JESSICA J OCHSE, R.D.H.	8/7/2014
H6793	KATHRYN V TILBURY, R.D.H.	8/7/2014
H6794	CATHERINE ELIZABETH LAWSON, R.D.H.	8/8/2014
H6795	ASHLEY BRIANNE LULAY, R.D.H.	8/8/2014
H6796	ALANNA M MANDROU, R.D.H.	8/8/2014

### Dentists

D10047	DANA LYNNE MATLOCK, D.D.S.	6/18/2014
D10048	JOHN DAVID FERRIN, D.M.D.	6/18/2014
D10049	TYLER J SCHULTZE, D.D.S.	6/18/2014
D10050	AARON BENJAMIN BAIRD, D.D.S.	6/18/2014
D10051	ADAM PETER FAGIN, D.M.D.	6/18/2014
D10052	ROBERT CHARLES ENGEL, D.D.S.	6/18/2014
D10053	KRISTI D COULOMBE, D.M.D.	6/18/2014
D10054	DAVID CHEUNG-FAI LAU, D.D.S.	6/18/2014
D10055	BOONYAPA PURT, D.M.D.	6/18/2014
D10056	JAMAL ALEXANDER KUSSAD, D.D.S.	6/18/2014
D10057	GREGORY B GROSSMAN, D.D.S.	6/18/2014
D10058	WYATT WILLIAM WILSON, D.M.D.	6/20/2014
D10059	AARON REESE BYNUM, D.M.D.	6/23/2014
D10060	GITA YITTA, D.M.D.	6/24/2014
D10061	BENJAMIN YOUNG AN, D.D.S.	6/24/2014
D10063	LUISA MARIA SNYDER, D.M.D.	7/3/2014
D10064	BRENT STEVEN DESUTTER, D.D.S.	7/3/2014
D10065	JEFFREY D JENTZSCH, D.M.D.	7/3/2014
D10066	MADELINE IRENE SCHEIDT, D.D.S.	7/3/2014
D10067	NATHAN EARL SNYDER, D.M.D.	7/3/2014
D10068	NICOLE JOCELYNE APOLLON CHIROUZE, D.M.D.	7/3/2014
D10069	LANCE DAVIS THOMPSON, D.D.S.	7/3/2014
D10070	JOSHUA AARON ROWLEY, D.M.D.	7/17/2014
D10071	MIKYL QUINN RASMUSSEN, D.M.D.	7/18/2014
D10072	ANDREW TAKASHI ROLAND, D.M.D.	7/18/2014
D10073	WILLIAM CHARLES MARRA, D.M.D.	7/18/2014
D10074	ANDREW E BERNHARD, D.D.S.	7/18/2014
D10075	ANDREW TREVOR TILLMAN, D.M.D.	7/18/2014
D10076	ROLAND GENE LEE, D.M.D.	7/18/2014
D10077	TRACI MARIE SAITO, D.M.D.	7/18/2014
D10078	WHITNEY A ANHORN, D.M.D.	7/18/2014
D10079	NOOR A KHAKI, D.M.D.	7/18/2014
D10080	CARLY M PETERSCHMIDT, D.M.D.	7/18/2014

D10081	SAMUEL WARREN COWGILL, D.M.D.	7/18/2014
D10082	KIRSTEN KNIGHT, D.D.S.	7/18/2014
D10083	NICHOLAS DAVID SCHULTE, D.D.S.	7/18/2014
D10084	ALLEN C CHENG, D.D.S.	7/18/2014
D10085	TRISTAN S WONG, D.M.D.	7/18/2014
D10086	CASSONDRALYNNE PHILLIPSEN, D.M.D.	7/18/2014
D10087	HANI AHDAB, D.D.S.	7/18/2014
D10088	DALLAS M GERRITZ, D.M.D.	7/18/2014
D10089	ROBERT JOHN KOLTS, D.D.S.	7/18/2014
D10090	BENIAMIN BOGDAN, D.M.D.	7/18/2014
D10091	TIFFANY L YEE, D.M.D.	7/18/2014
D10092	BROLEN IMANT LAWRENCE FREIMANIS, D.D.S.	7/18/2014
D10093	KATHRYN ELIZABETH PETERSCHMIDT, D.M.D.	7/18/2014
D10094	DAREN THOMAS HUNT, D.M.D.	7/22/2014
D10095	KARLEY BEDFORD, D.M.D.	7/22/2014
D10096	ALEX M BURCIAGA, D.D.S.	7/24/2014
D10097	TYLER M PETERSCHMIDT, D.M.D.	7/24/2014
D10098	MEGAN M HAYS, D.M.D.	7/29/2014
D10099	NATHAN WILLIAM BAILEY, D.M.D.	7/29/2014
D10100	SUNG YEON JI, D.D.S.	7/29/2014
D10101	CORWYN DARYL HOPKE, D.D.S.	7/29/2014
D10102	ILKYU JASON LEE, D.M.D.	7/29/2014
D10103	COURTNEY ANN HAYS, D.M.D.	7/29/2014
D10104	ROSE MARIE GREYSLAK, D.M.D.	7/29/2014
D10105	MELISSA KAY COLASURDO, D.M.D.	7/30/2014
D10106	BRIAN DAE-YONG KIM, D.D.S.	7/30/2014
D10107	MICHELLE HOANG NGUYEN, D.M.D.	7/30/2014
D10108	RYAN A BRIDGES, D.M.D.	7/30/2014
D10109	NATANAEL REPTA, D.M.D.	7/30/2014
D10110	THERON LANE NEBEKER, D.M.D.	7/31/2014
D10111	DIEU-HOA THI NGUYEN, D.M.D.	7/31/2014
D10112	CHRISTINA T TRAN, D.D.S.	7/31/2014
D10113	PAMELA J HUGHES, D.D.S.	8/5/2014
D10114	BENJAMIN E SAIKIN, D.M.D.	8/5/2014
D10115	TYLER J WILSON, D.M.D.	8/5/2014
D10116	BENJAMIN B HELICKSON, D.D.S.	8/5/2014
D10117	JESSICA A HENDERSON, D.M.D.	8/7/2014
D10118	DAVID G MILLER, D.M.D.	8/7/2014
D10120	DAVID MARTIN HAAS LAMBERT, D.D.S.	8/7/2014
D10121	DAN C LAFFERTY, D.M.D.	8/7/2014
D10122	LAM N NGUYEN, D.D.S.	8/7/2014
D10123	AMIT PUNJ, D.M.D.	8/8/2014

**Dental Public Health**

D10062	RICHEL KOHLI	6/25/2014
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