Oregon Health Authority | Office of Equity and Inclusion

Traditional Health Worker Commission

AGENDA

February 23, 2015

1:00 PM - 4:00 PM
Lincoln Building Transformation Center
421 SW OAK St. Suite 775
Portland, Oregon 97204

Conference Call Line: 1-866-590-5055
Host Code (April): 8629036
Participant code: 2766017#

#	Time	Topic	Content
1.	10 min 1:00 – 1:10	**Welcome Minutes review and approval**	• Introductions-Welcome • Review Agenda • Review Minutes • Approve Minutes
2.	20 min 1:10 – 1:30	**Action Items Review & Systems Coordination Update**	• Transformation Center • Rogue Community College • April's action items: o THW Commission Survey Results o Bylaws o Jeff Wahl- o Publications-THW Tool Kit o THW Website Testing o Possible New Commissioners: Tonia, Lydia, and Kris
3.	30 min 1:30 – 2:00	**Subcommittee Updates**	• Systems Integration Committee • TEMPS • Scope of Practice Subcommittee
4.	30 min 2:00 – 2:30	**New Business**	• Oregon Public Health Institute Presentation
	15 min 2:30 – 2:45	**Break**	
5.	60 min 2:45 – 3:45	**Old Business**	• Bylaws
6.	15 min 3:45 – 4:00	**Public Comment**	
	4:00	**Adjournment**	

Meeting Materials:
Commission Meeting Minutes and Agenda
Subcommittee Agendas and Meeting Minutes
Bylaws

Next THW Committee Meeting:
March 23, 2015 - 1:00 PM - 4:00 PM
Lincoln Building Transformation Center
421 SW OAK St. Suite 775, Portland, Oregon 97204
1-866-590-5055, Participant Code: 2766017#

If you have a disability and need a modification to attend or fully participate in this event, please contact:
April Johnson,
Health Equity Workforce Manager
Office of Equity and Inclusion
971-673-3383
april.r.johnson@state.or.us

The Oregon Health Authority Office of Equity and Inclusion (OEI) strives to ensure the comfort and safety of staff and visitors by requiring a smoke free environment and encouraging a fragrance free environment. This request is included in notices for board meetings, hearings, public events and all other meetings sponsored or hosted by the OHA Office of Equity and Inclusion

Oregon Health Authority | Office of Equity and Inclusion

Traditional Health Worker Commission

January 26, 2015 | 1:00 – 4:00 pm
Office of Equity and Inclusion, Transformation Training Room

Attendees: Ally Linfoot, Cheryl Badarraco (phone), Phaedra Duarte, Roxanne McAnally, Jean Yamamoto, Edna Nyamu, Rod Evans, Ashlen Strong, Connie Miyao, Jennine Smart, Maria Sanchez, Keesha Dumas, Raeben Nolan
Public: Frances Purdy
OHA Staff: April Johnson, April Turner, Shawn Clark

#	Topic	Content
1.	**Welcome** **Minutes review and approval**	• Review Minutes and Action Items o Minutes approved o OEI website under construction; aiming for simplicity with a focus of folks who will be looking to get certified. During the next iteration, a link will be added for the toolkit developed by the Commission. Need to note that the curriculum has to be through an OHA-approved program. o OEI leadership in consultation with the legislative liaison has decided not to open the THW rules at this time. o Suggestion made to request an annual update from approved training programs to report on how many they have trained and how they are recruiting for their approved worker types. • Suggestions for committee decision processes o •
2.	**New Action Items**	• THW Commission Survey Results • Bylaws (current edits/revisions) • Jeff Wahl-
3.	**Subcommittee Updates**	• Systems Integration Subcommittee o Two speakers from OPHI: requesting support for report on best practices for THWs and payment methods. The OEI HERO group would be a great resource for them. o They will be invited to present to the full Commission at the Feb meeting. We will establish a practice of having interested parties present to the full Commission before deciding with subcommittee will provide input to special projects. o Timelines for this subcommittee will need to be adjusted as this work will impact the SI workplan. o Discussion re: DMAP's work to develop provider numbers for THWs (may be their THW registry number) so the organizations can bill for THW services; Roxanne will work with Nathan Roberts re:

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		billing codes for THWs. Nathan will attend the Feb meeting. o New SI chair is Ally; Jean will retire in February. • TEMPS o Re-evaluated MHAO Youth and Young Adult program, now approved. o Approved two new subcommittee members o Reviewed and approved MHAO PWS program o Initial review of Los Promotores program • Scope of Practice Subcommittee o Need more information to make decisions of navigator role o Will work on PWS and PSS roles o Two new subcommittee members o More PWS, PHN, and PSS folks are needed on the SOP subcommittee
4.	**Old Business**	• Bylaws – see draft from today's meeting o Motion made and passed to have a chair and vice-chair (instead of co-chair) o Motion made and passed to elect Keesha as chair, Pepper as vice-chair o Staff support will serve sergeant-at-arms role o Need language about people returning to the Commission
5.	**Public Comment**	There was a question about the role of subcommittee members and whether or not they can impact the work of the Commission.
6.	**Other Discussion and Parking Lot**	• Vacancies: three THW seats nominated by ORCHWA, CCWD (Krissa has submitted the application for someone else from her organization); OMA. • Need to discuss how to get ACCO peers into the THW registry.
	Adjournment	

Meeting Materials:
Commission Meeting Minutes and Agenda
Subcommittee Agendas and Meeting Minutes
Bylaws

Next THW Committee Meeting:
February 23, 2015 - 1:00 PM - 4:00 PM
Lincoln Building Transformation Center
421 SW OAK St. Suite 775
Portland, Oregon 97204

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Oregon Health Authority | Office of Equity and Inclusion

	THW Commission Attendance Chart for 2015											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Cheryl Badaracco	X											
Phaedra Duarte	X											
Krissa Caldwell												
Keesha Dumas	X											
Rod Evans												
Alaiyo Foster												
Ashlen Strong	X											
Ally Linfoot	X											
Roxanne McAnally	X											
Connie Miyao	X											
Raeben Nolan	X											
Edna Nyamu	X											
Pepper McColgan												
Maria Sanchez	X											
Jennine Smart	X											
Jean Yamamoto	X											
Noelle Wiggins												
THW VAC												
OMA VAC												
CCWD VAC												

2014 THW Commission Engagement Survey Results N=5

What is your continued interest level?	How can we support your engagement?	Has your experience on the Commission met your expectations?	If not, what has changed?	How can we help you achieve your goals for this Commission?
I am still very interested in this Commission. I feel we have a real opportunity to influence system change and health reform efforts.	I have never been involved in a group that takes on so much of the "foot work" themselves. The expectation that we create all documents ourselves is too much. I haven't experienced this much work on other councils and committees. I feel that OHA has forgotten that we all hold jobs in addition to sitting on this commission. We have volunteered to contribute to the system and OHA needs to provide the support and staffing to bring our ideas to fruition.	No, it hasn't. This commission is far too stuck in process. The executive committee needs to produce some guidelines/bylaws so we don't spend most of our time negotiating process.	We have lost the history created by the THW Workgroup because we don't have any/enough original members on the commission. It's sad that the holders of that work are gone. They could be guiding the work we're doing now which would speed our progress and prevent us from getting stuck.	We need strong facilitation and fewer excuses as to why work isn't getting done.
I am very interested and committed to seeing THW become an integral part of our health care delivery system. This is my daily work supporting THWs.	I feel like we could be better organized. I feel if staff made copies of what we are working on in subcommittee we would be in better shape. I also feel we need input from the total commission on what goes on the monthly agenda.	I feel like we have gone over things two and three times because we are not organized. I feel like we could use our time together more wisely to concentrate on our goals.	Better organization. Strategic planning.	I do not have personal goals for working on the commission. We need to set goals for the commission not individual commissioners.
I continue to be engaged in this emerging commission, to	Limit multiple email contact with forgotten attachments	It has been very challenging to watch		

learn and suggest recommendations on how THW's can be embraced by other healthcare providers	ect.....recognize that ALL of the volunteer commissioners have many other jobs/duties.	inefficiencies with this commission be struggled with...late agenda's/minutes for review...My expectations are the manager of this work be WELL versed in the OAR's around the THW and be a strong resource for commissioners to access.		
My interest level in serving on the Commission is low.	I feel I have been supported. I especially have enjoyed the TEMPS Subcommittee meetings and the incredible leadership Alaiyo demonstrates. I've enjoyed getting to know everyone a little more.	I didn't have expectations because this was very new to me.	Several people have talked to me regarding the lack of responses with their applications and how that makes them feel. The process has been very discouraging to a lot of us. CHW's are out of work.	You already have. I appreciate the opportunity given to me to serve on the Commission for this past year. I have learned so much. I have met awesome people who do amazing things. I'm so appreciative of that.
Strong.	*Sharing state-level policy and development.*	*Yes, although there have been more assignments than expected.*	*Sharing state-level policy and development.*	*Sharing state-level policy and development.*

2014 THW Commission Engagement Survey Results N=5

Summary

1. Four of five members said they are still very interest.
2. Decrease the assignments, improve organization of the Commission, limit emails, share policy information
3. Bylaws needed, stuck in the process, don't like repeating information to newer members, manager needs to be versed in the rules.
    a. Need original members, lack of responses to certification applicants.
    b. Strategic planning needed.
4. Appreciate opportunity to serve.

Oregon Health Authority | Office of Equity and Inclusion

Traditional Health Worker Commission
Systems Integration Subcommittee
Meeting

AGENDA

Feb. 23, 2015

9:00 am to 12:00 pm
Lincoln Building
421 SW Oak St, Suite 775
Portland, OR 97204

#	Time	Topic	Content
1.	9:00-9:15 am	Welcome, Introduction, Minutes Approved, Note Taker assigned	Review Minutes All
2.	9:15-9:30 am	OPHI Update	Discussion at Executive Committee Jean
3.	9:30-10:15 am	Nathan Roberts from MAP	Re: Payment structure for THW
4.	10:15-10:30	Tip Sheet – Hiring THW's	Review and approve/modify Ally
5.	10:30-11:30	Work Plan	Review and update All
6.	11:30-11:45	Next Steps/Agenda	Set agenda for next month
6.	11:45 am-12:00 pm	Public Comment	
7.	12:00 pm	Adjourn	

Meeting Materials:

- **Tip Sheet**
- **Work Plan**

Next SI Subcommittee Meeting:

March 23, 2015, 9:00 am-12:00 pm

Contact
Ally Linfoot
503-742-5951
alinfoot@clackamas.us

April Johnson,
Health Equity Workforce Manager
Office of Equity and Inclusion
971-673-3383
april.r.johnson@state.or.us

THW System Integration Committee Meeting Notes

January 26, 2015

Lincoln Building, Portland

0900-1200

	Members attending	Representing	Public	Representing
x	**Jean Yamamoto, Chair**	THW Comm/SEIU		
x	Allyson Linfoot	THW Comm/PSS		
x	Debra Catlin	Doula		
x	Lakeesha Dumas	THW Comm/PSS		
x	Roxanne Mcanally	THW Comm/OHCC		
x	Rod Evans	THW Comm/Veterans In Recovery		
x	Kristen Anderson	PSS/Trainer		
x	Ashlen Strong	CCO		
x	Edna Strong	THW Comm/ORCHWA/CHW		
x	Jennifer Jensen	CHW		
x	Rebekah Brewis	MHAO/Consumer Rep.		
x	Jesse Remer	Oregon Doula Assoc.		
x	Lezlee Craven	CHW		
x	April Johnson	OHA-OEI		

Topic	Discussion Notes	Action/Member Assigned
Welcome/ Introduction Welcome new member	Minutes from December meeting approved Rebekah Brewis	Minutes were reviewed for December, No changes. Allyson made a motion to approve the minutes, Debra Seconded
Jean Yamamoto Retiring	Jean announced that she will be retiring on Feb.23rd. Stepping down from the SI Committee Chair position, effective this month	Lakeesha nominated Allyson for the Chair position. Allyson accepts. Vote taken, all approve.

Allyson Linfoot	Allyson will assume the Chair position in February	
Oregon Public Health institute (OPHI),Guest Speakers	Liz Baxter and Emily Henke representing OPHI. Asked for support from the SI Subcommittee, as they are developing a Grant Proposal (RFP) to present to the Transformation Center. The OPHI focus is on the CCO payment models and how to integrate CHW's into the workforce. The OPHI also want to bring Community Partners together Statewide for open discussions with the CCO's	The SI Subcommittee formed an Ad hock Committee to support and assist OPHI with its RFP. The following members are interested in being on the Ad hock committee: Roxanne McAnally, Jennifer Jensen, Kris Anderson, Edna Nyamu, Lakeesha Dumas, Rebekah Brewis, Debra Catlin and Jesse Remer. The SI Subcommittee will also present and seek approval from the THW Commission.
Tip Sheet	Tip Sheet will be Updated next week , to include Outcomes and Pay Measures	Allyson
Work plan	Tabled till next month	
General Discussion Items	Roxanne will deliver her research results to Nathan Roberts from MAP. He will present next month to the SI Subcommittee, about the new NPI codes.	Roxanne

Guest		
Adrienne Scavera	MHAO	ascavera@mhaoforegon.org
Liz Baxter	OPHI	liz@ophi.org
Emily Henke	OPHI	Emily@ophi.org

DRAFT

Distribution List			
Name	**Representing**	**E-mail**	**Telephone**
April Johnson	OHA/OEI	April.r.johnson@state.or.us	
Jean Yamamoto	THW Commission	yamamotoj@seiu503.org	
Edna Nyamu	THW Commission	ednaglena@orchwa.org	503-754-6965
Lakeesha Dumas	THW Commission	lakeeshadumas@gmail.com	503-935-7204
Allyson Linfoot	THW Commission	alinfoot@clackamas.us	503-742-5951
Roxanne McAnally	THW Commission	Roxanne.r.mcanally@state.or.us	503-373-7606
Debra Catlin	Doula	debcatlin@aol.com	
Jennifer Jensen	CHW	Jjensen4@peacehealth.org	
Jesse Remer	OR Doula's Assoc.	jesse@mothertreebirth.com	
Rod Evans	THW Comm/Veterans In Recovery	revansvir@gmail.com	541-423-5089
Lezlee Craven	CHW	Lezlee.craven@gmail.com	
Kristen Anderson	PSS/Trainer	krishomemail@gmail.com	503-569-4175
Ashlen Strong	THW Commission/CCO	ashlen@healthshareoregon.org	503-416-4982
Rebekah Brewis	Consumer Voice	katt@pdxtranspride.com	503-267-4340

DRAFT Training Evaluations Metrics Program Scoring (TEMPS) subcommittee minutes

1-26-2015 Office of Equity and Inclusion Portland, OR 9:00-12:00 PM

Members attending		Representing	Public	Representing
EX	Cheryl "Che" Badaracco	Traditional Health Worker (THW)Commission/CHW	Michele Veenker	NAMI Clackamas County
X	Arika Bridgeman-Bunyoli	Community Health Worker(CHW)	Kimberly Lopez	NWFS
X	Phaedra Duarte	THW Commission/CHW		
EX	LM Alaiyo Foster	THW Commission: Chair of TEMPS		
X	Raeben Nolan	THW Commission/Doula		
EX	Rollin Shelton	Peer Support / Wellness Specialist		
X	Staff Shawn Clark	Addictions and Mental Health Division (AMH)		
X	OEI Staff April Turner	Office of Equity and Inclusion (OEI)		

Topic	Discussion Notes	Action/Member Assigned
Introductions ,Agenda and Minutes	Arika moved to approve the 12-15-2014 minutes. Raeben seconded. Minutes approved. Agenda Reviewed	Shawn to send minutes to April T. before TWHC Executive meeting
April Johnson to describe the review process including check list, recusal and feedback	The committee modified the draft Training Review Process Checklist with guidance from April J. (See attached) April J. stated the OHA-OEI that had the authority to approve or not approve the THW training programs. TEMPS made recommendations. A draft conflict of interest form was reviewed. April J. will modify the OHA document to include specific language regarding recusal from a program review when there is a conflict of interest. (See attached) The committee will add to the scoring rubric, list of who participated	April Johnson will modify the Training Review Checklist. April Johnson will modify the conflict of interest form. April Turner will modify the scoring rubric to include who reviewed/recused. TEMPS will review the documents on 2-23-2015.

	and who recused themselves. April T. will make that modification. (See attached) In order to make sure everyone has the same materials at the same time, TEMPS is asking OEI to set up a "google group". April J. believes some of the review process questions will be addressed in the THW Commission by-laws.	Shawn (Alaiyo was absent) will ask April J. if a "google" group can be set up for TEMPS. The materials for review and the review documents would be posted.
Review of the updated Mental Health of America-Oregon's (MHAO)Peer Support Specialist Application	TEMPS discussed the changes submitted for MHAO's "Youth and Young Adult Peer Mentor" training program for Peer Support Specialists (PSS). The committee appreciated the detailed response to all the feedback. The committee approved the program with the submitted changes. The committee recommends to OHA-OEI that the program be approved.	Shawn (Alaiyo was absent) will tell April Johnson the TEMPS recommendation. • Fully approve MHAOs PSS training program
MHAO Peer Wellness Specialist Training Program Review	TEMPS members shared their score of each section of the scoring rubric. The committee shared the strengths and concerns. The agreed upon score of each section was put in a collective rubric. The scores were all threes except for one 2.5. (See attached) The committee approved the program. The committee recommends to OHA-OEI that the program be approved	Shawn (Alaiyo was absent) will tell April Johnson the TEMPS recommendation • Fully approve MHAOs PWS training program
Applications for TEMPS membership	TEMPS reviewed the applications for TEMPS membership Arika moved to approve Tammi Paul as a member of the TEMPS Phaedra seconded. Motion passed. Arika moved to approve Sheryl Berman as a member of the TEMPS Phaedra seconded. Motion passed	April T. and Shawn will tell April Johnson that TEMPS recommends appointing Tammi Paul and Sheryl Berman to the TEMPS Committee.
Parish/Promotores de salud de la iglesia CHW training program	There was not time to Parish/Promotores de salud de la iglesia CHW training program. This will be on the agenda for the next meeting.	TEMPS members will review the Parish/Promotores de salud de la iglesia CHW training program before the next meeting.
Agenda development	• Review the Promotores de salud de la iglesia CHW training	Alaiyo to set next agenda

	program • Review the documents that were discussed and revised at the meeting today: training review checklist, conflict of interest form, and updated scoring rubric • Discuss a process about complaints of training programs • Discuss the status of incumbent worker training • Review the Committee Plan • Reciprocity	
Next Meeting	• February 23, 2015 9 to noon Portland, OR	
Public comment	Two members of the public asked questions about the training review process. TEMPS members shared information focused on what they experienced as reviewers. The biggest concern was that programs were not culturally responsive or didn't demonstrate cultural humility. Other concerns included the lack of use of popular education. They referred to the work of Noelle Wiggins and Paulo Freire.	

Parking Lot
Unnatural causes video on the social determinates of health The Committee agreed to recommend that any OHA-OEI approved training program that offered ceus, would be pre-approved for ceus.

List of possible organizations that would likely provide ceus and would be appropriate

Community Health Workers

- Oregon Community Health Workers Association (ORCHWA)
- Community Capacitation Center

Doulas

- Birthingway
- Childbirth and Postpartum Professional Association(C.A.P.P.A)
- Doulas of North America (D.O.N.A)
- International Center for Traditional Childbearing (I.C.T.C.)
- Oregon's Doula Association

Peer Support Specialists and Peer Wellness Specialists

- Addition Counselor Certification Board of Oregon (ACCBO)
- Alternatives Conference
- Northwest Addiction Technology Transfer Center
- Peerpocalypse

Courses approved by other Certification Boards

- National Association of Social Workers (NASWs)

Approved for all THWs

List of OHA approved THW training programs for each type as approved

Addictions and Mental Health Division

Oregon Health Authority

Office of Equity and Inclusion

Oregon Home Care Commission

Tentative Agenda: THW subcommittee SOP and Supervision
Date: 2/23/2015
Time: 9-12

I. Introductions, Networking, Adoption of minutes, Agenda review

II. Finalize PHN micro and meso

III. Review and make revisions to PWS and PS

Next meeting date: 3/23/15

THW subcommittee Scope of Practice and Supervision
DATE 1/26/2015

Dates, Assignments, Other
April/Frances: forward available information on Peer Support and Peer Wellness roles
All: review information sent from April/Frances and prepare to drill down PWS/PSS
Gretchen: begin organizing available information on supervision
Jennine: Review PWS with Rod
Next agenda: Finalize PHN, begin PWS (Rod), Drill down PSS, begin conversation about supervisor guidance and role boundaries

Present: Noelle W, Jennine S, Wendy S, Gretchen K, Maria S
Observer: Nathan Roberts DMAP policy analyst
AMD staff: Frances Purdy
Unable to Attend: Pepper M
ONA Staff: CLM Time length of contact: 3hrs

I. Review, update and finalize PHN
   A. Discussion- Noelle to connect with Kaiser on a national level about PHN

   B. Gretchen to do a "document search"

II. PSS and PWS role

A. April and Frances will provide available information to subcommittee for review prior to next meeting.
B. Jennine will connect with Rod about PWS
C. Gretchen will look at Home Care Commission for available information to support work
D. Nathan will send information to Gretchen about DMAP payer information

The meeting adjourned at 12:00

Respectfully submitted, Connie Miyao RN BSN Nursing Practice Consultant

Oregon Traditional Health Worker Commission
Approved [Date]

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ARTICLE IX - Commission Support

DRAFT

ARTICLE I – NAME

The name of the organization is the Oregon Traditional Health Worker (THW) Commission, hereinafter referred to as the Commission.

Article II - Purpose & Authority

The Traditional Health Worker Commission was created pursuant to ORS 414.665. The Commission works in cooperation with the Oregon Health Authority to adopt by rule criteria and descriptions for Coordinated Care Organizations to use with respect to health workers who are not licensed by this state and training and education requirements for certifying those workers.

The Commission:

1. Develops ethical guidelines, delineate supervisory relationships, and provide examples of roles and duties as outlined in Division 180 THW Rule 410-180-0370 for Community Health Workers, Peer Support Specialists, Peer Wellness Specialists, Personal Health Navigators, Peer Support Specialists and Doulas as it relates to Coordinated Care Organizations.
2. Develops the metrics, standards and guidance needed to review and approve THW training program applications and establish the metrics, standards and guidance for continuing education requirements for all traditional health workers who wish to qualify for (re)-certification by the Oregon Health Authority.
3. Supports the integration of the THW workforce into the health care system by analyzing opportunities and barriers to employment and creating a strategic plan to improve health equity to underserved populations.

ARTICLE III - Commissioners

Section 1 – Number of Members. The Commission shall consist of 19 members appointed by the director of OHA.

Section 2 – Membership by Position. The 19 Commission positions shall be as follows:

A. Ten (10) traditional health workers, at least six of whom must be appointed from nominees provided by the Oregon Community Health Workers Association, who represent health workers who are not licensed by this state, including at least one member to represent each of the following worker types:

- Community Health Workers;
- Personal Health Navigators;
- Peer Support Specialists;
- Peer Wellness Specialists; and
- Doulas;

B. One member who represents the Office of Community Colleges and Workforce Development (Member who represents community college);
C. One member who is a community health nurse who represents the Oregon Nurses Association;
D. One member who is a physician who represents the Oregon Medical Association;
E. One member selected from nominees provided by the Home Care Commission;
F. One member who represents coordinated care organizations;
G. One member who represents a community health worker labor organization;
H. One member who supervises community health workers at a community-based organization, local health department, as defined in ORS 433.235, or agency, as defined in ORS 183.310;
I. One member who represents community-based organizations or agencies, as defined in ORS 183.310, that provide for the training of community health workers; and
J. One member who represents a consumer of services provided by health workers who are not licensed by this state.
K. The Health Equity Workforce Manager shall attend and participate in Commission meetings but is not a voting member of the Commission.

Section 3 – Demographics. The membership of the Commission shall be representative of the racial, ethnic, cultural, social, geographic and economic diversity of the people of this state.

Section 4 – Terms. The term of a member shall be three (3) years. A member may be reappointed for a maximum of two terms.

Section 5 – Vacancies. If there is a vacancy for any cause, the Authority shall make an appointment to become immediately effective for the unexpired term. The Authority may appoint a replacement for any member of the Commission who misses more than two unexcused consecutive meetings or a total of three meetings of the Commission. The newly-appointed member shall represent the same group and serve on the same subcommittee as the vacating member.

Section 6 – Proxy. A member may send a proxy in their place.

ARTICLE IV - Financial Support

Members of the Commission are not entitled to compensation, but, at the discretion of the Director of the Oregon Health Authority, may be reimbursed for actual and necessary travel and other expenses incurred by them in the performance of their official duties, subject to ORS 292.495.

The Commission may accept contributions of funds and assistance from the United States Government or its agencies or from any other source, public or private, for purposes consistent with the purposes of the Commission. All moneys received by the Traditional Health Worker Commission under ORS_____shall be paid into the Oregon Health Authority Fund and credited to an account designated by the authority. Such moneys shall be used only for the administration and enforcement of the provisions of ORS____.

ARTICLE V – Executive Team of the Commission

Section 1 - Executive Team Membership. The executive team shall consist of the following officers: chair, vice chair, and subcommittee leads

Section 2 – Terms. The Commission shall select one member as chair and one member as vice chair for such **one-year** terms with the duties and powers as the Commission determines necessary for the performance of the functions of such offices.

Section 3 - Duties of the Co-Chairs. The Commission co-chairs shall endeavor to preside at all meetings of the Commission and shall perform such other duties as may be assigned by the Commission. The co-chairs will:

1. Coordinate meeting agendas in consultation with the Commission Executive Team, (HEW Manager, Subcommittee Leads, Commission Co-chairs)
2. Lead Commission meetings
3. Serve as the Commission spokesperson
4. Have signing authority for:
   a) Commission-approved advisory documents to OHA
   b) Commission-approved letters of support
   c) Commission-approved correspondence
   d) Commission-approved annual report

Section 4 - Co-Chair Attendance Requirements

1. All Executive Team members shall have the same attendance requirements as members per Article VI, Section 3, below.

2. In the absence of the Commission Chair or in the event of the Chairperson's inability or refusal to act, as determined by the Commission, the Vice Chair shall perform the duties of the Chair, and when so acting, shall have all the powers of and be subject to all the restrictions upon the Chair. The Vice Chair shall perform such other duties as from time to time may be assigned by the Commission Chair.

Section 5 -Executive Team Vacancies

1. If a vacancy occurs in the office of the Commission Chair, the Vice Chair shall carry out the functions of the Chair until the Commission selects a new Chair.

2. If a vacancy occurs in the office of the Vice Chair, the office shall remain vacant until the Commission selects a new Vice Chair.

3. If a vacancy occurs in the office of the Chair when the office of the Vice Chair is vacant, the Commission shall designate one of its Commission Members to serve as chairperson pro tem over meetings until the Commission selects a Chair or a Vice Chair.

4. If a vacancy occurs for a subcommittee lead than the affected subcommittee must select a Commission member to serve on the Executive Team.

Section 6 - Absence of Officers from Meetings

1. If neither the Chair nor the Vice Chair is able to attend a Commission meeting, the Chair of the Commission shall designate a Commission Member to serve as chairperson pro tem for that meeting.

ARTICLE VI - Commission Meetings

Section 1 - Commission Meetings

1. The Commission shall meet at least once every three months at a place, day, and hour determined by the Health Equity Workforce Manager.

2. Commission meetings will be held within the geographic boundaries of the state.

3. OHA must provide a format of telecommunication whereby members of the public can participate in these formats.

Section 2: Oregon Public Meetings Law

ORS 192.620 establishes Oregon's policy of open decision-making by governing bodies:
The Oregon form of government requires an informed public aware of the deliberations and decisions of governing bodies and the information upon which such decisions were made. It is the intent of ORS 192.610 to 192.690 that decisions of governing bodies be arrived at openly. Meetings of the Commission are subject to the Oregon Public Meetings Law. The Commission must

1. Hold meetings that are open to the public;
2. Give adequate notice of meetings; and
3. Take minutes or otherwise record the meeting.
4. Have more than half of its members present for a quorum.

Section 3 - Attendance

1. Regular attendance at meetings is expected of each Commission Member. A Member should notify the Chair, facilitator, or the Oregon Health Authority staff assisting the Commission, at least 24 hours in advance of a meeting if the Member is unable to attend. In an emergency, the Member shall contact them as soon as reasonably possible.

2. Any member may raise for Commission consideration the lack of attendance of a member. The Commission recognizes the subjective nature of issue and will make recommendations on a case-by-case basis. Case-by-case means consideration for illness or family emergency.

3. Commissioners will be removed if members if they have two unexcused missed meetings in a row or a total of three missed meetings in a twelve month period.

4. For reinstatement: Commissioners who desire reinstatement must go through the formal application process

Section 4 - Notice of Meetings, Minutes, and Records

1. There will be no electronic recording or filming of Commission meetings without giving notice to the meeting participants.

2. Notice of scheduled meetings, together with an agenda and minutes of the previous meeting will be made available to all Commission members and to the public at least ten (10) business days prior to such meetings, or if ten days' notice is not practicable, then such lesser notice as is practicable.

3. Typed draft minutes of all meetings of the Commission shall be distributed to all Commission Members and made available to the public no later than thirty (30) days after the meeting and are subject to amendment and approval at the next meeting of the Commission.

4. The Commission shall maintain all records in accordance with the Oregon Public Records Law. Commission records, such as formal documents, discussion drafts, transcripts, meeting summaries, and exhibits are public records. Commission communications (oral, written, electronic, etc.) are <u>not</u> confidential and may be disclosed. However, private documents unrelated to Commission business held by individual Commission members and not shared with the State are not considered public records and are not subject to disclosure under public records laws.

Section 5 - Rules of Order

1. <u>Procedures</u> - The Commission will conduct its business through discussion, consensus-building, and informal meeting procedures. The officers may, from time to time, establish specific procedural rules of order, subject to approval by the Commission members, to assure the orderly,

timely, and fair conduct of business. They may refer to the most recent edition of Robert's Rules of Order for guidance.

2. Public Comment - The officers will provide periodic public comment opportunities for non-Commission members during meetings before the Commission makes a decision. Comments from the public will be limited in time to allow sufficient opportunity to conduct the other portions of the Commission agenda. Typically, comments will be limited to a maximum of three minutes per person. The public is encouraged to submit written comments to staff for circulation to the full Commission. Staff will have a clear procedure for the public to sign up to speak and to obtain interpretative services for the Commission meetings.

3. Commission Member Commitments to Each Other - The members, project staff and participants will participate in good faith, which means to:
   1. Prepare for and set aside time for the meetings and the whole process,
   2. Participate fully, honestly and fairly, commenting constructively and specifically,
   3. Speak respectfully, briefly and non-repetitively; not speaking again on a subject until all other members desiring to speak have had the opportunity to speak,
   4. Allow people to state their ideas or opinions without fear of reprisal from Commission members, sponsors, or others,
   5. Avoid side conversations during meetings,
   6. Provide information as much in advance as possible of the meeting in which such information is to be used and share all relevant information to the maximum extent possible,
   7. Generate and explore all options on the merits with an open mind, listening to different points of view with a goal of understanding the underlying interests of other Commission members,
   8. Agree to work toward fair, practical and durable recommendations that reflect the diverse interests of the entire Commission and the public,
   9. When communicating with others, accurately summarize the Commission process, discussion and meetings, presenting a full, fair and balanced view of the issues and arguments out of respect for the process and other members,
   10. Not attempt to effect a different outcome outside of the Commission process once the Commission has reached a decision,
   11. Strive vigorously for consensus and closure on issues, and
   12. Self-regulate and help other members abide by these commitments.

Section 6 - Decision-Making Process

1. Quorum – A majority of the currently appointed members of the Commission shall constitute a quorum for the transaction of business. The continued presence of a quorum is required for any official vote or action of the Commission throughout an official meeting. Less than a quorum of the Commission may receive testimony.

2. Voting – All official actions of the Commission must be taken by a public vote. On all motions or other matters, "voice" vote may be used. At the discretion of the Chairperson or at the request of a Commission Member, a show of hands or "roll-call" vote may be conducted. Proxy votes are not permitted. The results of all votes and the vote of each member by name must be recorded. When there is a quorum present at a meeting, a majority of the Commission Members present is necessary to pass motions or take other action during a meeting. Abstaining votes shall be recorded as abstention.

3. Consensus - The Commission will endeavor to make decisions by consensus. Consensus decision-making is a process that allows Commission members to distinguish underlying values, interests, and concerns with a goal of developing widely accepted solutions. Consensus does not mean 100% agreement on each part of every issue, but rather support for a decision, "taken as a whole." This means that a member may support a consensus proposal even though they would prefer to have it modified in some manner in order to give it their full support. Consensus is a process of "give and take," of finding common ground and developing creative solutions in a way that all interests can support. Consensus is reached if all members at the table support an idea or can say, "I can live with that."

Section 7 - Committees

1. Sub Committees:
2. The Commission may establish such advisory and technical committees as it considers necessary to aid and advise the Commission in the performance of its functions. The committees may be continuing or temporary committees. The Commission shall determine the representation, membership, terms, leadership, and organization of the committees and shall appoint committee members.

3. Committee Procedures, Recommendations and Reports to the Commission
4. Meetings of the Committees are subject to the Public Meetings Law. Each Committee Chairperson shall work with Oregon Health Authority staff to provide for the distribution of an agenda and for the recording of meetings, and shall be responsible for the order and conduct of the meeting.
5. A recommendation from a Committee to the Commission requires an affirmative vote of a majority of the Committee members using the same Decision-making Process, noted above.
6. The work of the Committees must be arranged to permit the timely completion of tasks requested by the Commission or included within the Committee's mandate. The Committees will work cooperatively with the Commission and staff to provide requested information.

ARTICLE VII -Conflict of Interest

Commission members are appointed, in part, because of their diverse experiences in their professional and civic lives. They bring valued histories of service to varied populations or stakeholder groups. By accepting membership on the Commission, members agree to serve the broader goals of establishing health care interpreter policy for the State of Oregon.

Voting members of the Commission should identify situations that present possible conflicts of interest and describe appropriate procedures if a possible conflict of interest arises. Members seek to promote transparency and integrity of the Commission's decision-making process by abiding by this policy. Questions about this policy should be directed to the Director of the Oregon Health Authority.

Section 1 – Actual Conflict of Interest

An **actual** conflict of interest means "any action or any decision or recommendation by a person acting in a capacity as a public official, the effect of which would be to the private pecuniary benefit or detriment of the person or the person's relative or any business with which the person or a relative of the person is associated unless the pecuniary benefit or detriment arises out of circumstances described in [ORS 244.020(12)]."

Section 2 – Potential Conflict of Interest

A **potential** conflict of interest means any action or any decision or recommendation by a person acting in a capacity as a public official, the effect of which could be to the private pecuniary benefit or detriment of the person or the person's relative, or a business with which the person or the person's relative is associated, unless the pecuniary benefit or detriment arises out of the following:

1. An interest or membership in a particular business, industry, occupation or other class required by law as a prerequisite to the holding by the person of the office or position.
2. Any action in the person's official capacity which would affect to the same degree a class consisting of all inhabitants of the state, or a smaller class consisting of an industry, occupation or other group including one of which or in which the person, or the person's relative or business with which the person or the person's relative is associated, is a member or is engaged.
3. Membership in or membership on the board of directors of a nonprofit corporation that is tax-exempt under section 501(c) of the Internal Revenue Code.

Section 3 – Requirements Regarding Conflict of Interest

The Commission members recognize that the standards that govern their conduct are fully set forth in ORS Chapter 244, specifically ORS 244.020. All Commission members, upon confirmation of appointment, and periodically thereafter, should maintain knowledge of the requirements of this law and subsequent versions thereof. The statutory requirements are binding on members, as are these policies.

Commission members are encouraged to examine prospective issues at the earliest opportunity for the potential of a conflict of interest and are reminded that compliance with the statutory requirements often require sensitivity to avoiding the appearance of impropriety. Members are to consult with the Director of the Oregon Health Authority for guidance where appropriate.

Commission members should disclose to the Commission Chairperson as soon as the Commission member is aware of the actual or potential conflict of interest.

1. Commission members must publicly announce the nature of the conflict of interest before participating in any official action (discussion or voting) on the issue giving rise to the conflict of interest.

   A. Potential conflict of interest: Following the public announcement, the Commission member may participate in official action on the issue that gave rise to the conflict of interest.

   B. Actual conflict of interest: Following the public announcement, the Commission member must refrain from further participation in official action on the issue that gave rise to the conflict of interest.

If a Commission member has an actual conflict of interest and the Commission member's vote is necessary to meet the minimum number of votes required for official action, the Commission member may vote. In this situation, the Commission member must make the required announcement and refrain from any discussion, but may participate in the vote required for official action by the Commission. These circumstances are rare.

The Commission shall keep a record of disclosures of conflict of interest and the nature of the conflict in the public record.

ARTICLE VIII - Rules of Construction and Amendments to Bylaws

Section 1 - _____

1. All references in these Bylaws to "mail" or "mailing" shall also include electronic mail to a Member or an addressee who has an email address on file with the Commission.

2. All procedures in these Bylaws shall be construed in accordance with the intent and purpose of applicable state laws and regulations.

3. These Bylaws may be amended or repealed and new bylaws adopted- by the Commission at any regular or special meeting of the Commission provided that twenty (20) days written notice of the proposed amendment shall be given to each Member of the Commission prior to any regular or special meeting of the Commission at which the proposed amendment is to be considered and acted upon. Amendment of the Bylaws requires an affirmative vote of a majority of the Commission Members.

4. Nothing contained in these Bylaws shall be deemed to limit or restrict the general authority vested in the Commission or the Oregon Health Authority by law.

Article IX - Commission Support

The Oregon Health Authority shall provide the Commission with such services as the Commission requires to carry out its duties (e.g. employee time, technology support).

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