

Traditional Health Worker Commission

**AGENDA**  
July 27, 2015

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

Conference#: 1-866-590-5055, code: 2766017#  
Participate by  
Webinar: <https://attendee.gotowebinar.com/rt/3821007780016032513>

#	Time	Topic	Content
1.	10 min 1:00 – 1:10	<b>Welcome Minutes review and approval</b>	<ul style="list-style-type: none"> <li>• Introductions-Welcome (please sign in)</li> <li>• Review Agenda</li> <li>• Review Minutes</li> <li>• Approve Minutes</li> </ul>
2.	20 min 1:10 – 1:30	<b>Action Items Review</b>	<ul style="list-style-type: none"> <li>• Certification requirement for Commission &amp; Subcommittee Members, cont'd:               <ul style="list-style-type: none"> <li>○ Set an effective date for the encouragement of commission and subcommittee members to be certified.</li> <li>○ Discuss: process for excluding current commissioners; if it should be a requirement for ORCHWA-recommended seats; and how it will impact term renewals.</li> </ul> </li> <li>• Wrap up THW Resource List</li> </ul>
3.	30 min 1:30-2:00	<b>OHA Updates</b>	<ul style="list-style-type: none"> <li>• Transformation Center</li> <li>• THW Registry: Update and Enhancement Project</li> <li>• OHA Reorg Update</li> <li>• THW Rules Project</li> </ul>
4.	30 min 2:00 – 2:30	<b>Subcommittee Updates</b>	<ul style="list-style-type: none"> <li>• Systems Integration Subcommittee</li> <li>• TEMPS Subcommittee</li> <li>• Scope of Practice Subcommittee</li> </ul>
5.	15 min 2:30 – 2:45	<b>BREAK</b>	
6.	60 min 2:45 – 3:45	<b>Old Business</b>	<ul style="list-style-type: none"> <li>• Bylaws Completion and Vote</li> </ul>
7.	15 min 3:45 – 4:00	<b>Public Comment</b>	
	4:00	<b>Adjournment</b>	

**Meeting Materials:**

Commission Meeting Minutes & Agenda  
Subcommittee Agendas & Meeting Minutes  
Bylaws

**Next THW Committee Meeting:**

August 24, 2015 - 1:00 PM - 4:00 PM  
Lincoln Building Transformation Center  
421 SW OAK St. Suite 775, Portland, Oregon 97204

**If you have a disability and need a modification, or need an interpreter 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](mailto:april.r.johnson@state.or.us)  
Host Code (April): 8629036#



**Traditional Health Worker Commission  
DRAFT Meeting Minutes**

June 22, 2015 | 1:00 – 4:00 pm  
Office of Equity and Inclusion, Transformation Training Room

**Attendees:** Edna Nyamu, Keesha Dumas, Raeben Nolan, Kris Anderson, Rod Evans, Jennifer Jensen, Ashlen Strong, Ally Linfoot, Roxanne McAnally, Maria Sanchez, Cheryl Badaracco, Susan Palmer (proxy for Noelle Wiggins)

**Public:**

**OHA Staff:** April Turner, April Johnson, Ty Schwoeffermann

#	Topic	Content
1.	<b>Welcome Minutes review and approval</b>	<ul style="list-style-type: none"> <li>• Agenda reviewed</li> <li>• Motion made and carried to approve minutes</li> </ul>
2.	<b>Action Items Review</b>	<ul style="list-style-type: none"> <li>• Certification requirement for Commission &amp; Subcommittee Members:               <ul style="list-style-type: none"> <li>○ New Commissioners and current members who are renewing will be encouraged to get certified.</li> <li>○ At July meeting, an effective date will be set for the encouragement of commission and subcommittee members to be certified. Also need to discuss: process for excluding current commissioners; if it should be a requirement for ORCHWA-recommended seats; how it will impact term renewals.</li> </ul> </li> </ul>
3.	<b>OHA Updates</b>	<ul style="list-style-type: none"> <li>• Transformation Center: (Ty)               <ul style="list-style-type: none"> <li>○ Innovation Café Update Participants from all over the state in various fields. Affinity group session was led by April J and Ty; he provided the feedback from that group.</li> <li>○ Families USA does advocacy for health equity, recently shared a model on how CHWs are reimbursed by a health care plan. A copy of the model was disseminated</li> <li>○ Sustainability project: unable to move forward due to new approval process for developing RFPs.</li> </ul> </li> <li>• OEI HERO Program: focusing on culturally specific CHW movement. Event happening at IRCO on July 13<sup>th</sup>. Contact Charniece if you're einterested in attending (or RSVP via the OEI website). HERO meeting on 10/12/15. Another event on 11/16 (11 am-5 pm): OEI Health Equity Conference, scholarships available, more info coming.</li> <li>• THW Registry Status</li> <li>• OHA Reorg Update               <ul style="list-style-type: none"> <li>○ Limited duration positions are ending; some as early as July of this year. April Johnson's position officially ends 11/14/15. OEI leadership is requesting additional permanent positions. A functional assessment is underway for OHA leadership to make decisions about the number of positions allocated.</li> </ul> </li> <li>• HB 2024 B-Engrossed (Dental Health Worker)</li> </ul>

		<ul style="list-style-type: none"> <li>○ In it's third reading; changes were made. No longer mentions the Commission; speaks about dental care. Didn't assign this work to the Commission or OEI.</li> <li>● Reminder: Commissioners are not to use their role on the Commission (or act on behalf of the Commission) when partnering with other organizations. ACTION ITEM: This statement will be added to the bylaws.</li> </ul>
4.	<b>Subcommittee Updates</b>	<ul style="list-style-type: none"> <li>● Systems Integration Subcommittee</li> <li>● TEMPS Subcommittee</li> <li>● Scope of Practice Subcommittee</li> </ul>
5.	<b>New Business</b>	<ul style="list-style-type: none"> <li>● Rogue Community College <ul style="list-style-type: none"> <li>○ CHW Conference Update</li> <li>○ THW Survey Update</li> </ul> </li> </ul>
6.	<b>Public Comment</b>	
	<b>Adjournment</b>	



**Traditional Health Worker Commission  
Systems Integration Subcommittee  
Meeting**

**AGENDA**

July 27, 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 Need a chair for July 27 <sup>th</sup> meeting
2.	9:15 - 9:30 am	Final Review of Contracting Tip Sheet	Review and Approve
3.	9:30 - 9:45 am	Taxonomy Crosswalk/NPI	Should we table this issue since MAP is currently addressing? Anything we need MAP to know?
4.	9:45 - 10:15 am	Speaker's Bureau Proposal	Debra Catlin Do we want to develop a proposal? If yes, create a work group to develop proposal including the 5 worker types and a budget.
5.	10:15 - 10:30 am	Break	
6.	10:30 - 11:30 am	OAR Review Template	Create Review Plan
7.	11:30 - 11:45 am	Agenda/Next Steps	Create August 2015 Agenda
8.	11:45 am - 12:00 pm	Public Comment/Adjourn	

**Meeting Materials:**

- **June 22 Systems Integration subcommittee minutes**
- **THW Rule**
- **Proposal Outline**

**Next SI Subcommittee Meeting:**

August 24, 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](mailto:april.r.johnson@state.or.us)

**THW System Integration Committee Meeting Minutes**

Date: June 22, 2015  
 Place: Lincoln Building, Portland  
 Time: 9:00am – 12:00pm

	<b>Members attending</b>	<b>(X)</b>	<b>Representing</b>	<b>Public</b>	<b>Representing</b>
1	Allyson Linfoot	X	<b>CHAIR</b> - THW Comm/PSS	Michael Hlebechuk	Office of Consumer Activities
2	Ashlen Strong		CCO		
3	Debra Catlin	X	Doula		
4	Edna Nyamu	X	THW Comm/ ORCHWA/CHW		
5	Jennifer Jensen	X	CHW		
6	Jesse Remer		Oregon Doula Association		
7	Kris Anderson	X	PSS/Trainer		
8	Lakeesha Dumas	X	THW Comm/PSS		
9	Lezlee Craven		CHW		
10	Lydia Gray-Hollfield				
11	Rebekah Katherine Brewis				
12	Rod Evans	X	THW Comm/Veterans in Recovery		
13	Roxanne McAnally	X	THW Comm/Oregon Home Care Commission		
<b>Topic</b>		<b>Discussion Notes</b>			<b>Action/Member Assigned</b>
Introductions, Announcements		Rod Evans is retiring. Congrats! He hopes to stay involved though.  Kris Anderson: MAP is stating there are changes being discussed that could potentially create an issue with billing when professionals and THW's are meeting as a team for care coordination. Changes could mean only one person on a team would be eligible to bill for a care coordination/team meeting. May need to contact Trevor Douglas. Is he the person above Chad Scott at MAP?  Ally will be on vacation for the July THW Commission and Subcommittee meetings. Roxanne McAnally has agreed to chair for July. Thank you, Roxanne!			Kris will follow-up with MAP for clarification.
Contracting Tip Sheet Review		Just a few grammatical corrections needed. Subcommittee decided to add a paragraph at the top briefly describing the change agent and advocacy roles that THW's play. This has not been noted on the other tip sheets developed. Question to the Subcommittee: Do we need to add this paragraph (once finalized) to the other tip sheets?  Subcommittee has asked for a deadline from OEI as to when the tip sheets will be available online for anyone to access.			Ally          April J
Doula Update		Currently be drafted to Doula training: <ul style="list-style-type: none"> <li>• Core Competencies</li> <li>• Standards of Practice</li> <li>• Code of Ethics</li> <li>• Explanation for the different payment methods based on the doula practice</li> </ul>			Debra

	A service package has also been created that will need to be discussed with providers and payers.	
General Discussion	<p>Subcommittee decided that categories based on the 5 worker types need to be added to the last tip sheet that will have links to various culturally specific orgs under the appropriate category.</p> <p>Subcommittee members have also requested some generic power point slides about the THW Commission that can be added to our own presentations when members and Commissioners are speaking about their worker type.</p>	<p>April J</p> <p>April J</p>

Parking Lot			
<ul style="list-style-type: none"> <li>• Payment Models: Global payments impact on THW employment, more?</li> <li>• Definitions: MCM – maternity case management, more?</li> <li>• Home visit liability issues</li> <li>• “Can’t do anything with case management until supervisors open up”</li> </ul>			
Distribution List			
Name	Representing	E-mail	Telephone
April Johnson	OHA/OEI	<a href="mailto:april.r.johnson@state.or.us">april.r.johnson@state.or.us</a>	
Allyson Linfoot	THW Commission	<a href="mailto:alinfoot@clackamas.us">alinfoot@clackamas.us</a>	503-742-5951
Ashlen Strong	THW Commission/CCO	<a href="mailto:ashlen@healthshareoregon.org">ashlen@healthshareoregon.org</a>	503-416-4982
Debra Catlin	Doula	<a href="mailto:debcatlin@aol.com">debcatlin@aol.com</a>	
Edna Nyamu	THW Commission	<a href="mailto:ednaglena@orchwa.org">ednaglena@orchwa.org</a>	503-754-6965
Jennifer Jensen	CHW	<a href="mailto:jjensen4@peacehealth.org">jjensen4@peacehealth.org</a>	
Jesse Remer	OR Doula’s Association	<a href="mailto:jesse@mothertreebirth.com">jesse@mothertreebirth.com</a>	
Kris Anderson	PSS/Trainer	<a href="mailto:krishomemail@gmail.com">krishomemail@gmail.com</a>	503-569-4175
Lakeesha Dumas	THW Commission	<a href="mailto:lakeeshadumas@gmail.com">lakeeshadumas@gmail.com</a>	503-935-7204
Lezlee Craven	CHW	<a href="mailto:lezlee.craven@gmail.com">lezlee.craven@gmail.com</a>	
Lydia Gray-Hollfield			
Rebekah Brewis	Consumer Voice	<a href="mailto:katt@pdxtranspride.com">katt@pdxtranspride.com</a>	503-267-4340
Rod Evans	THW Comm/Veterans in Recovery	<a href="mailto:revansvir@gmail.com">revansvir@gmail.com</a>	541-423-5089
Roxanne McAnally	THW Comm/Oregon Home Care Commission	<a href="mailto:Roxanne.R.McAnally@state.or.us">Roxanne.R.McAnally@state.or.us</a>	503-373-7606

## DRAFT Training Evaluations Metrics Program Scoring (TEMPS) subcommittee minutes

6-22-2015 Office of Equity and Inclusion Portland, OR 9:00-10:00 AM

Members attending		Representing	Public	Representing
X	Cheryl "Che" Badaracco	Traditional Health Worker (THW)Commission/CHW		
	Arika Bridgeman-Bunyoli	Community Health Worker(CHW)		
X	Raeben Nolan	THW Commission/Doula(phone)		
X	Tammi Paul	Peer Support Specialist –Family		
X	Rollin Shelton	Peer Support / Wellness Specialist		
	AMH Staff Shawn Clark	Addictions and Mental Health Division (AMH)		
X	AMH Staff Nicole Currier	Addictions and Mental Health Division (AMH)		
X	OEI Staff April Turner	Office of Equity and Inclusion (OEI)		

Topic	Discussion Notes	Action/Member Assigned
Minutes	Minutes of 5/18/15 were approved.	
Follow Up From May Meeting	<p>Need to determine if Shawn drafted a suggested paragraph (for training programs) to include in the standard letter for non-approval within 30 days.</p> <p>Was the resource list completed and posted on the website? Need to send current list to the Commission for input.</p> <p>Need to determine what action April J took re: Changing Perspectives PSS training program; approved or not approved? Was program informed?</p>	April T
Training Program Application	The training program application needs to be updated to include peer training. Insertion of PSS needs to be made on these pages: 1-2, 4,7,13 (section 3a), 14-18, 21-22	

	<p>Training program applications will reviewed in the order they were received by OEI. We have 90 days to get back to the organizations. Staff needs to open all documents to make certain they are complete. We need to encourage organizations to submit all attachments as one document and clearly label each section of the document.</p> <p>We will review one curriculum per meeting; the application must be complete and we must receive it prior to the 2nd Monday of the month.</p> <p>Agenda and curriculum (training applications) will be emailed to subcommittee members by the end of the 2nd week of the month.</p>	
<p>Review of Training Program</p>	<p>Reviewed Morrison Center’s PSS application for their Parent Mentor Training program. This program did not pass. Specific comments are in the scoring rubric; two primary concerns is that it was missing at least nine topics and it read more like a manual than a curriculum.</p> <p>The committee recommends the following language be included in their notice of non-approval:</p> <p>“Please resubmit application with only the required documentation as one document or clearly label (e.g. curriculum 1, curriculum 2, etc). The documents submitted are missing at least nine topics. Please review topics to include items 1-16, F and G in your curriculum. The documents submitted read more like a manual than a curriculum and needs to be updated to reflect current practices in the peer specialist field. “</p> <p>Organization of groups to increase understanding and decrease confusion.</p>	
<p>Agenda Development</p>	<p>Review updated training program application reflecting the inclusion of PSS.</p> <p>Discuss how to include PSS/PWS specialty areas into application and curriculum (mental health, additions, family, youth)</p> <p>Incumbent worker assessments—need copy from Multnomah County Capacitation Center and Lane Community College (and any others we know about).</p> <p>Discuss options for incumbent worker assessment.</p>	<p>April T will bring copies of the updated document</p> <p>Shawn</p> <p>Cheryl</p>

	<p>Grandfathering</p> <p>Next steps</p>	<p>Cheryl</p> <p>Cheryl</p>
Other	<p>The committee wants to receive a max of two emails related to the agenda from OEI: one with training program application and materials and one with the agenda. The members are frustrated with the number of emails being sent out which has caused some confusion.</p> <p>Questions from committee members will be sent to April T for response. If she does not know the answer, she will seek answer offline (with April J) and then respond with one email to all.</p>	

**Parking Lot**

Grandfathering process

- Letter of recommendation
- Competency evaluation by “supervisor” of PDS work \* **This needs to be developed**
- 3000 hours ( 1.5 year full time) for all THWs but PSSs or 2000 hours ( 1 year) for PSS
- Any evidence for the hours worked/served as THW

## List of organizations that should be listed as resources on the THW webpage

### Community Health Workers

- Oregon Community Health Workers Association (ORCHWA)
- Multnomah County 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
- Northwest Area Childbirth Educators Forum(NACEF)

### Peer Support Specialists and Peer Wellness Specialists

- Addition Counselor Certification Board of Oregon (ACCBO)
- Northwest Addiction Technology Transfer Center (NWATTC)

### Peer Support/Peer Wellness Specialist

- Alternatives Conference
- Peerpocalypse

### Approved for all THWs

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

Addictions and Mental Health Division (AMH)

Oregon Health Authority (OHA)

Office of Equity and Inclusion (OEI)

Oregon Home Care Commission (OHHC)

**Oregon Traditional Health Worker Commission  
Approved [Date]**

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**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 who are encouraged to be listed in the State-certified registry, at least six of these ten 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.

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**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 Representative.** A member may send a representative proxy in their place.

Section 7 – Commission member membership on subcommittees. All Commission members must serve on a subcommittee.

#### **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)
  1. Lead Commission meetings
  2. Serve as the Commission spokesperson
  3. 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
- A. 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.
- B. All Executive Team members shall have the same attendance requirements as members per Article VI, Section 3, below.

Comment [So01]: come back to this

### Section 3 -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.
- A. If a vacancy occurs for a subcommittee lead than the affected subcommittee must select a Commission member to serve on the Executive Team.

### Section 4 - 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 Meeting 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

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. [If a commissioner sends a non-voting representative in their place, the commissioner will be marked as present.](#)

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.~~

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

~~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.~~1. Notice of scheduled meetings, together with an agenda and draft 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.~~2. Typed ~~draft approved~~ 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)~~ten (10) days after approval. ~~the meeting and are subject to amendment and approval at the next meeting of the Commission.~~
- ~~4.~~3. 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 not 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.

Comment [D2]: Look at Public Meeting Law

Comment [D3]: May need to change based on advice from legal counsel

#### Section 5 - Rules of Order

1. Procedures - The Commission will conduct its business through discussion, consensus-building, and informal meeting procedures. The ~~officers~~executive team 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~~executive team 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:  
A. Actively participate and Prepare for and set aside time for the meetings and the whole process attend required meetings;  
B. Participate fully, honestly and fairly, commenting constructively and specifically;~~

- ~~C. 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;~~
- ~~D. Allow people to state their ideas or opinions without fear of reprisal from Commission members, sponsors, or others;~~
- ~~E. Avoid side conversations during meetings;~~
- ~~F. 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;~~
- ~~G. 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;~~
- ~~H. Agree to work toward fair, practical and durable recommendations that reflect the diverse interests of the entire Commission and the public;~~
- ~~I. 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;~~
- ~~J. Not attempt to effect a different outcome outside of the Commission process once the Commission has reached a decision;~~
- ~~K. Strive vigorously for consensus and closure on issues, and~~
- ~~L. Self-regulate and help other members abide by these commitments.~~

## Section 6 - Decision-Making Process

1. Quorum – ~~per public meeting law, 50% plus one~~ A majority of the ~~currently appointed member~~total seats of on 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:

- A. 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.

### 2. Committee Procedures, Recommendations and Reports to the Commission

~~A.3.~~ 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.

~~B.A.~~ 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.

~~C.B.~~ 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.

[Start here at July meeting]

## 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:

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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:

(a) 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.

(b) 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.

(c) 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).

All moneys received by the Traditional Health Worker Commission under ORS \_\_\_\_\_

**Comment [JAR4]:** complete ORS for funding