AGENDA COVER MEMO

Memorandum Date: June 22, 2023
Order Date: July 11, 2023

TO: Board of County Commissioners
DEPARTMENT: Department of Health & Human Services
PRESENTED BY: Eve Gray, Director

AGENDA ITEM TITLE: ORDER/ IN THE MATTER OF RE-APPOINTING THREE COUNCIL MEMBERS TO SERVE A SECOND TERM, APPROVING A THIRD TERM FOR FOUR APPLICANTS AND APPOINTING THOSE MEMBERS FOR A THIRD TERM TO SERVE ON THE COMMUNITY HEALTH COUNCIL

I. MOTION

In the matter of Re-appointing Three Council Members to Serve a Second Term, Approving a Third Term for Four Applicants, and Appointing Those Members for a Third Term on the Community Health Council.

II. AGENDA ITEM SUMMARY

The Board is being asked to approve reappointing three council members to serve a second term, extending membership for four applicants, and appointing those four council members to serve a third term on the Community Health Council.

III. BACKGROUND/IMPLICATIONS OF ACTION

A. Board Action and Other History

The Community Health Council is a mandated body, the “Co-Applicant Board” that qualifies Lane County to apply for and receive federal funding to operate a Federally Qualified Health Center (FQHC). The FQHC, the Community Health Centers of Lane County, is the largest safety-net healthcare provider in Lane County and represents a critical resource to the under and/or uninsured residents of this County.
The Board of County Commissioners last appointed members to the Community Health Council via BO 23-06-13-02.

B. Policy Issues

The three applications for re-appointments to a second term and four applications for re-appointments to a third term were reviewed by the Community Health Council at the regular council meeting on Tuesday, June 20th, 2023. Action was taken by unanimous vote to approve the referral of the candidates to the Board of County Commissioners for re-appointment. Please note according to Community Health Council Bylaws Article VII, term of office shall be limited to two consecutive terms as a member, unless the Council endorses and the Board approves membership for a longer term. The Council endorses appointing the four members for a third term and recommends approval by the Board.

C. Board Goals

This action meets the Board’s strategic priority of a Safe and Healthy County. Lane County strives to provide services that positively impact the health and quality of life of our community.

D. Financial and/or Resource Consideration

There are no financial and/or resource implications related to the membership appointments.

E. Health Implications

The purpose of the Community Health Council is to assist and advise the Lane County Board of Commissioners and the Community Health Centers of Lane County (CHCLC) in promoting its vision of healthy people in healthy communities. Accessible and quality behavioral health and primary health services can have a positive impact on community members’ quality of life, the ability to work and the ability to participate in other activities which contribute to overall health.

F. Analysis

There remains constant advertisement on the Lane County website to promote participation in the Community Health Council. The Community Health Council also engages in quarterly community events where members table and recruit new candidates. The Council has also started a patient experience group to attract potential consumer members to the Council. Despite these efforts, it continues to be a challenge to recruit new members to the Community Health Council. The Council endorses appointing Jorjie Arden, Silver Mogart, Richard Swanson, and Peter Patricelli for a third term because of these ongoing recruitment challenges and the inability to maintain the required nine-member minimum by Community Health Council Bylaws without this endorsement.
The candidates referred for re-appointment are:

<table>
<thead>
<tr>
<th>Member/District Residency</th>
<th>Appoint to Position #</th>
<th>Term</th>
<th>Term Expiration*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emma Knight /District 4</td>
<td>#2 Consumer</td>
<td>2</td>
<td>06/30/2027</td>
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<tr>
<td>Tara DaVee /District 2</td>
<td>#3 Consumer</td>
<td>2</td>
<td>06/30/2027</td>
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<tr>
<td>Aaron Mantell /District 3</td>
<td>#4 Consumer</td>
<td>2</td>
<td>06/30/2027</td>
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<tr>
<td>Richard Swanson/District 3</td>
<td>#6 Consumer</td>
<td>3</td>
<td>06/30/2027</td>
</tr>
<tr>
<td>Peter Patricelli /District 4</td>
<td>#7 Community Member and Provider</td>
<td>3</td>
<td>06/30/2027</td>
</tr>
<tr>
<td>Silver Mogart/District 3</td>
<td>#11 Consumer &amp; Latino/ Migrant Seasonal Worker Advocate</td>
<td>3</td>
<td>06/30/2027</td>
</tr>
<tr>
<td>Jorjie Arden /District 2</td>
<td>#14 Consumer &amp; Mental Health Advocate</td>
<td>3</td>
<td>06/30/2027</td>
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</tbody>
</table>

*based on the maximum term expiration, all advisory committee members serve at the will of the BCC.

If the changes requested are made, there will be a total of ten Community Health Council members. If the referred candidates are re-appointed, the composition of the Community Health Council by Commissioner District will be as follows:

District 1 - 1 Members
District 2 - 2 Members
District 3 - 4 Members
District 4 - 2 Members
District 5 - 1 Member

Community Health Council bylaws require a minimum of nine members and a maximum of fifteen members. Recruitment for consumer and community membership will continue. Representation shall be from consumers, health care providers, and community representatives as follows: 51% or more of the members of the Council must be individuals who are served by the CHCLC and must also be representative with respect to demographic factors. 49% or less of the members shall be representative of the CHCLC catchment area and will be selected for their expertise in community affairs, local government, finance, legal affairs, trade unions, commercial or industrial concerns, or social service agencies. No more than half of the non-consumer representatives may derive more than 10% of their annual income from the healthcare industry. No member may be an employee of the CHCLC, spouse, child, parent, brother, or sister by blood or marriage. The Community Health Council will continue to actively recruit new members, to ensure that membership requirements continue to be met and that the Council represents the interests of those being served and the community at large.

G. Alternatives/Options

1. Re-appoint the candidates to the Community Health Council.

2. Decline the re-appointment of the candidates and instruct the Community Health Council to recruit members.
IV. RECOMMENDATION

Approve number one above.

V. TIMING/IMPLEMENTATION

If number one above is selected, membership will be effective immediately and recruitment for membership will continue.

VI. ATTACHMENT

Board Order
Community Health Council Membership Roster
Applications for Re-Appointment
WHEREAS, the Community Health Council must maintain its membership between nine to fifteen, representing both consumers and the community; and

WHEREAS, the Community Health Council is mandated by the Health Resources and Service Administration to have a Homelessness Advocate on the Community Health Council; and

WHEREAS, the members of the Community Health Council have successfully recruited one community homelessness advocate member representative candidate;

WHEREAS, the candidate meets the required standards for membership and the appointment of the candidate will provide appropriate representation on the Council;

WHEREAS, the Community Health Council voted unanimously to submit the candidate to the Board of County Commissioners for consideration for appointment; and

NOW, THEREFORE, the Board of County Commissioners of Lane County ORDERS as follows:

1. That the following individuals be re-appointed to serve on the Community Health Council as indicated below:

<table>
<thead>
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<td>06/30/2027</td>
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<tr>
<td>Jorjie Arden /District 2</td>
<td>#14 Consumer &amp; Mental Health Advocate</td>
<td>06/30/2027</td>
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</tbody>
</table>
ADOPTED this 11th day of July, 2023.

Pat Farr, Chair
Lane County Board of Commissioners
COMMUNITY HEALTH COUNCIL
June 2023

Membership shall be between 9 and 15. Representation shall be from consumers, health care providers, and community representatives as follows: 51% of the members of the Council must be individuals who are served by the CHCLC and must also be representative with respect to demographic factors. 49% of the members shall be representative of the CHCLC catchment area and will be selected for their expertise in community affairs, local government, finance, legal affairs, trade unions, commercial or industrial concerns or social service agencies. No more than half of the non-consumer representatives may derive more than 10% of their annual income from the healthcare industry. No member may be an employee.

When vacancies occur during the unexpired term of a member, the Council may nominate a new member to the Board of Commissioners for consideration for appointment for the duration of the term. Such appointees shall serve as members of the Council until the end of the terms of the outgoing members, except in the case of vacancies occurring within the last 6 months of a term, which shall be for the remaining term of the vacancy plus 4 years.

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<tr>
<th>Position Number</th>
<th>Member</th>
<th>Comm. District</th>
<th>Term or COT</th>
<th>Category (Community Member or Consumer) Date (Last CHC Visit)</th>
<th>Council Term Expires</th>
<th>Officer</th>
<th>Officer Term Expires</th>
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<tr>
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<td>Emma Knight</td>
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<td>Aaron Mantell</td>
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<td>Consumer</td>
<td>6/30/27</td>
<td>Secretary</td>
<td>12/31/23</td>
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<td>5</td>
<td>Caitlynn Hatteras</td>
<td>3</td>
<td>1</td>
<td>Community Member</td>
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<td>Treasurer</td>
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<td>6</td>
<td>Richard Swanson</td>
<td>3</td>
<td>3</td>
<td>Consumer</td>
<td>6/30/27</td>
<td>Vice President</td>
<td>12/31/23</td>
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<td>7</td>
<td>Peter Patricelli</td>
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<td>3</td>
<td>Community Member &amp; Provider</td>
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<td>Howard Mitchell</td>
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<td>Consumer &amp; Homelessness Advocate</td>
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<td>Jensina Hawkins</td>
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<td>Silver Mogart</td>
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<td>14</td>
<td>Jorjie Arden</td>
<td>2</td>
<td>3</td>
<td>Consumer &amp; Mental Health Advocate</td>
<td>6/30/27</td>
<td>President</td>
<td>12/31/23</td>
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<tr>
<td>15</td>
<td>Vacant</td>
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</table>
1. Give a brief description of the experience or training that qualifies you for membership on this advisory committee. (If you wish, you may attach a resume or other pertinent material.)

   I served on the Board of Directors at Communicare Health Centers in Davis, CA for 5 years and was the Long-Range Planning Committee chair. I have also served as a council member with Community Health Centers of Lane County for the past 4 years, serving as Secretary until a recent step-down due to teaching schedule conflict.

2. Why do you want to become a member of this committee, and what specific contributions do you hope to make? I'd like to continue to help serve the underserved population by ensuring that everyone receives excellent quality health care regardless of ability to pay. As a teacher, I first-hand witness the Dental Health Program in our local schools, and often speak with parents about the resources that our health centers provide.

3. List the community concerns related to this committee that you would like to see addressed if you are appointed.

   I am adamant about analyzing work plans and data and pointing out important or alarming issues that affect consumers. I would like to continue to advocate for parents of young children and to make sure there is adequate access to care for transgender & non-binary patients who are sensitive to their diverse needs.

4. Briefly describe your present or past involvement in relevant community groups. (Having no previous involvement will not disqualify you for appointment.)

   See #1. I have also been a teacher, Girl Scout Leader, have lived in co-operative housing communities, and have lived most of my life in international communities. I founded the Yolo County Cloth Diaper Program 9 years ago under Communicare Health Centers that is still providing free cloth diapers to low-income parents today.

5. Lane County is committed to reflecting diverse cultures on its boards/committees and does not discriminate against any person on the basis of race, color, national origin, age, disability, sex, religion, language, ethnicity, socio-economic status, sexual orientation, gender identity or expressions, veteran's status, or political beliefs in employment or in admission, treatment, or participation in its programs, services, and activities. If selected, how would you contribute to this effort?

   I have lived with and have many family members in the LGBTQ+ community. I lived and worked with people of many different cultures and understand the discrimination that can plague diverse populations. I have an immediate family member who is transgender and I am a strong supporter of affirmative care and support.
6. Are you currently serving on any Advisory Boards or Committees? If so, which ones? Only the council for Community Health Centers of Lane County.

7. Are you employed by, have any business, contractual arrangements or family connections with programs having contractual agreements with the County or that might be within the purview of the committee on which you are seeking appointment? (If there is a change in your circumstances, please advise the staff for the committee within 30 days.)

☑ No ☐ Yes Specify:

8. How did you learn about this vacancy? ☐ Newspaper ☐ Word of mouth ☑ Other: I have already been serving on this council.

9. In which County Commissioner District do you reside? Please check one:

☐ Unsure ☐ South Eugene ☐ West Lane County
☐ North Eugene ☐ Springfield ☑ East Lane County (East Eugene?)

The Board of Commissioners has adopted the following policy on reappointments*:

a. Members of County advisory groups will serve a maximum of two consecutive terms when term lengths are three or more years in length.

b. The deadline for incumbent applications will be the same as the deadline for new applications.

* Unless waived by the Board.
### Citizen Advisory Committee Application

**Personal Information**

- **Name:** Knight, Emma
- **Preferred Salutation:** Ms.
- **Address:** 2109 J St., Springfield, OR
- **Home Phone:** [Redacted]
- **Occupation:** Elementary Teacher
- **Place of Employment:** Springfield School District
- **Business Phone:** (541) 744-6395
- **Fax:** N/A

**Additional Information**

**How Long Have You Lived in Lane County?** 4 Years, 6 Months

**NOTE:** Information in this box consisting of home addresses and phone numbers may be exempt from disclosure per ORS 192.502(3).

### Optional Information

Lane County is required under state and federal guidelines to identify applicants by ethnicity, race, gender, and age. Supplying this information will also assist Lane County in evaluating its Diversity Implementation Plan to achieve more diversity on its advisory committees. Providing this information will not adversely affect your opportunity to serve on this committee or board and this information is processed separately from the application. Completion of this section is entirely voluntary and remains confidential.

Please check all boxes that apply:

- **Gender:**
  - [ ] Male
  - [ ] Trans-Female
  - [ ] Female
  - [ ] Gender Non-Conforming
  - [ ] Trans-Male
  - [ ] Non-Binary

- **Ethnicity:**
  - [ ] Hispanic/Chicano/Latino
  - [ ] Non-Hispanic/Chicano/Latino

- **Race:**
  - [ ] Asian American
  - [ ] American Indian/Alaska Native
  - [ ] African American
  - [ ] Native Hawaiian/Pacific Islander

- **Disability:** [ ] Yes
  - *Type:* [ ] (Specify)

*This information is used to ensure there is reasonable accommodation and representation on advisory boards.

**Is your age over 40?**

- [ ] Yes
- [ ] No
Lane County does not discriminate against any person on the basis of race, color, national origin, age, disability, sex, religion, language, ethnicity, socio-economic status, sexual orientation, gender identity or expressions, veteran’s status, or political beliefs.

Signature of Applicant [Signature] Date: 5/16/23

Except as noted above, all information provided as part of this application is a public record subject to disclosure.

Please Return to: Lane County Administration
Public Service Building
125 East 8th Avenue
Eugene, OR 97401

NOTE: If you are not selected at this time, your application will be kept on file for 12 months from the date it was received and will be reconsidered as vacancies occur.
Lane County
CITIZEN ADVISORY COMMITTEE
APPLICATION

APPLICANT'S NAME AND CITY: Tara Daves
DATE: Springfield, OR 14-23
NAME OF ADVISORY COMMITTEE: Health Council

1. Give a brief description of the experience or training that qualifies you for membership on this advisory committee (If you wish, you may attach a resume or other pertinent material).

I have a variety of experiences and trainings for a wide range of ages. I have been with children throughout the Judicial System. I also have extensive knowledge in healthcare.

2. Why do you want to become a member of this committee, and what specific contributions do you hope to make?

I want to be more involved in community events.

3. List the community concerns related to this committee that you would like to see addressed if you are appointed.

Addressing healthcare services in a timely manner. To focus on preventative strategies.

4. Briefly describe your present or past involvement in relevant community groups. (Having no previous involvement will not disqualify you for appointment.)

I come to this committee with life experiences. I also have over a decade in healthcare committees and boards.

5. Lane County is committed to reflecting diverse cultures on its boards/committees and does not discriminate against any person on the basis of race, color, national origin, age, disability, sex, religion, language, ethnicity, socio-economic status, sexual orientation, gender identity or expressions, veteran’s status, or political beliefs in employment or in admission, treatment, or participation in its programs, services, and activities. If selected, how would you contribute to this effort?

I will keep asking the question about who is at the table. Also, who needs to be at the table.

ApplicationAdvisoryCommittee.5_1521.docx
6. Are you currently serving on any Advisory Boards or Committees? If so, which ones?

Yes: CEB (Judicial Children and Youth in Foster Care). Tri-County CAP, Gov. Board and Executive Board. LEDA, Resource Committee

7. Are you employed by, have any business, contractual arrangements or family connections with programs having contractual agreements with the County or that might be within the purview of the committee on which you are seeking appointment? (If there is a change in your circumstances, please advise the staff for the committee within 30 days.)

☐ No  ☐ Yes  Specify:

8. How did you learn about this vacancy? ☐ Newspaper  ☐ Word of mouth  ☒ Other: Current Advisor

9. In which County Commissioner District do you reside? Please check one:

☐ Unsure  ☐ West Lane County  ☒ Springfield
☐ South Eugene  ☐ North Eugene  ☐ East Lane County

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a. Members of County advisory groups will serve a maximum of two consecutive terms when term lengths are three or more years in length.

b. The deadline for incumbent applications will be the same as the deadline for new applications.

* Unless waived by the Board.
Lane County
CITIZEN ADVISORY COMMITTEE
APPLICATION

Please Print
Name: Dave Torn
(First) (Last)
Preferred Salutation: [ ] Mr. [ ] Ms. [ ] Mx. [ ] Dr. [ ] Other:
Address: [Blank]

Home Phone: [Blank]
Long Time You Lived in Lane County: 3 Years 10 Months
Occupation: Volunteer
Place of Employment:

Business Address: [Blank]
Business Phone:

E-Mail Address: [Blank]
Fax: [Blank]

NOTE: Information in this box consisting of home addresses and phone numbers may be exempt from disclosure per ORS 192.502(3).

OPTIONAL INFORMATION
Lane County is required under state and federal guidelines to identify applicants by ethnicity, race, gender and age. Supplying this information will also assist Lane County in evaluating its Diversity Implementation Plan to achieve more diversity on its advisory committees. Providing this information will not adversely affect your opportunity to serve on this committee or board and this information is processed separately from the application. Completion of this section is entirely voluntary and remains confidential.

Please check all boxes that apply:

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[ ] Native Hawaiian/Pacific Islander
[ ] Asian American
[ ] African American
[ ] American Indian/Alaska Native
[ ] White

Disability: *Type:

*This information is used to ensure there is reasonable accommodation and representation on advisory boards.

Is your age over 40? [ ] Yes [ ] No
Lane County does not discriminate against any person on the basis of race, color, national origin, age, disability, sex, religion, language, ethnicity, socio-economic status, sexual orientation, gender identity or expressions, veteran’s status, or political beliefs.

Signature of Applicant: [Signature]
Date: 6-14-23

Except as noted above, all information provided as part of this application is a public record subject to disclosure.

Please Return to: Lane County Administration
Public Service Building
125 East 8th Avenue
Eugene, OR 97401

NOTE: If you are not selected at this time, your application will be kept on file for 12 months from the date it was received and will be reconsidered as vacancies occur.
Lane County
CITIZEN ADVISORY COMMITTEE
APPLICATION

APPLICANT'S NAME AND CITY: Aaron Montell
DATE: 5/21/23
NAME OF ADVISORY COMMITTEE:  

PLEASE CHECK ONE:  
☐ New Applicant  ☑ Reappointment

1. Give a brief description of the experience or training that qualifies you for membership on this advisory committee (If you wish, you may attach a resume or other pertinent material).
   I have been here since 5/21/2019.

2. Why do you want to become a member of this committee, and what specific contributions do you hope to make?
   To help with health.

3. List the community concerns related to this committee that you would like to see addressed if you are appointed.
   Helping people out.

4. Briefly describe your present or past involvement in relevant community groups. (Having no previous involvement will not disqualify you for appointment.)
   I am with the Isee.org.

5. Lane County is committed to reflecting diverse cultures on its boards/committees and does not discriminate against any person on the basis of race, color, national origin, age, disability, sex, religion, language, ethnicity, socio-economic status, sexual orientation, gender identity or expressions, veteran's status, or political beliefs in employment or in admission, treatment, or participation in its programs, services, and activities. If selected, how would you contribute to this effort?
   Make sure no one gets discriminated against.
6. Are you currently serving on any Advisory Boards or Committees? If so, which ones?

7. Are you employed by, have any business, contractual arrangements or family connections with programs having contractual agreements with the County or that might be within the purview of the committee on which you are seeking appointment? (If there is a change in your circumstances, please advise the staff for the committee within 30 days.)

   ☐ No   ☐ Yes Specify:

8. How did you learn about this vacancy? ☐ Newspaper ☐ Word of mouth ☐ Other:

9. In which County Commissioner District do you reside? Please check one:

   ☐ Unsure   ☒ West Lane County   ☐ Springfield
   ☐ South Eugene   ☐ North Eugene   ☐ East Lane County

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Please check all boxes that apply:

**Gender:**

- [ ] Male
- [ ] Trans-Female
- [ ] Female
- [ ] Gender Non-Conforming
- [ ] Trans-Male
- [ ] Non-Binary

**Ethnicity:**

- [ ] Hispanic/Chicanx/Latinx
- [ ] Non-Hispanic/Chicanx/Latinx

**Race:**

- [ ] Asian American
- [ ] American Indian/Alaska Native
- [ ] African American
- [ ] Native Hawaiian/Pacific Islander
- [ ] White

**Disability:**

- [ ] Type: |

This information is used to ensure there is reasonable accommodation and representation on advisory boards.

Is your age over 40? | Yes | No |
Lane County does not discriminate against any person on the basis of race, color, national origin, age, disability, sex, religion, language, ethnicity, socio-economic status, sexual orientation, gender identity or expressions, veteran’s status, or political beliefs.

Signature of Applicant ___________________________ Date: 5/10/23

Except as noted above, all information provided as part of this application is a public record subject to disclosure.

Please Return to: Lane County Administration
Public Service Building
125 East 8th Avenue
Eugene, OR 97401

NOTE: If you are not selected at this time, your application will be kept on file for 12 months from the date it was received and will be reconsidered as vacancies occur.
1. Give a brief description of the experience or training that qualifies you for membership on this advisory committee. (If you wish, you may attach a resume or other pertinent material).

Current consumer at CHCC. 8+ years on council.

2. Why do you want to become a member of this committee, and what specific contributions do you hope to make?

I like it here. And I expect to continue providing my experience, wisdom, and ideas.

3. List the community concerns related to this committee that you would like to see addressed if you are appointed.

I really hope we can find a new representative of the homeless community.

4. Briefly describe your present or past involvement in relevant community groups. (Having no previous involvement will not disqualify you for appointment.)

Just this committee.

5. Lane County is committed to reflecting diverse cultures on its boards/committees and does not discriminate against any person on the basis of race, color, national origin, age, disability, sex, religion, language, ethnicity, socio-economic status, sexual orientation, gender identity or expressions, veteran's status, or political beliefs in employment or in admission, treatment, or participation in its programs, services, and activities. If selected, how would you contribute to this effort?

See #3.
6. Are you currently serving on any Advisory Boards or Committees? If so, which ones?

7. Are you employed by, have any business, contractual arrangements or family connections with programs having contractual agreements with the County or that might be within the purview of the committee on which you are seeking appointment? (If there is a change in your circumstances, please advise the staff for the committee within 30 days.)
   □ No   □ Yes Specify:

8. How did you learn about this vacancy? □ Newspaper □ Word of mouth □ Other:

9. In which County Commissioner District do you reside? Please check one:
   □ Unsure   □ South Eugene   □ West Lane County   □ Springfield
   □ North Eugene   □ East Lane County

The Board of Commissioners has adopted the following policy on reappointments*:
   a. Members of County advisory groups will serve a maximum of two consecutive terms when term lengths are three or more years in length.
   b. The deadline for incumbent applications will be the same as the deadline for new applications.

* Unless waived by the Board.
Lane County
CITIZEN ADVISORY COMMITTEE
APPLICATION

Please Print
Name: Swanson Richard
(First) (Last)
Preferred Salutation: Mr. Ms. Mx. Dr. Other:
Address: ________(Street) ________(City) ________(Zip)
Home Phone: ________ How Long Have You Lived in Lane County? 18 Years 6 Months
Occupation: N/A Place of Employment: N/A
Business Address: N/A Business Phone: N/A
E-Mail Address: ________ Fax: N/A

NOTE: Information in this box consisting of home addresses and phone numbers may be exempt from disclosure per ORS 192.502(3).

OPTIONAL INFORMATION
Lane County is required under state and federal guidelines to identify applicants by ethnicity, race, gender and age. Supplying this information will also assist Lane County in evaluating its Diversity Implementation Plan to achieve more diversity on its advisory committees. Providing this information will not adversely affect your opportunity to serve on this committee or board and this information is processed separately from the application. Completion of this section is entirely voluntary and remains confidential.

Please check all boxes that apply:
Gender:
Male
Female
Trans-Male
Female Non-Conforming
Trans-Male Non-Binary

Ethnicity:
Hispanic/Chicano/Latino
Non-Hispanic/Chicano/Latino

Race:
Asian American
American Indian/Alaska Native
African American
Native Hawaiian/Pacific Islander

Disability: *Type:
*This information is used to ensure there is reasonable accommodation and representation on advisory boards.

Is your age over 40? Yes No
Lane County does not discriminate against any person on the basis of race, color, national origin, age, disability, sex, religion, language, ethnicity, socio-economic status, sexual orientation, gender identity or expressions, veteran’s status, or political beliefs.

Signature of Applicant (Redacted) Date: 3/27/2023

Except as noted above, all information provided as part of this application is a public record subject to disclosure.

Please Return to: Lane County Administration
Public Service Building
125 East 8th Avenue
Eugene, OR 97401

NOTE: If you are not selected at this time, your application will be kept on file for 12 months from the date it was received and will be reconsidered as vacancies occur.
1. Give a brief description of the experience or training that qualifies you for membership on this advisory committee (If you wish, you may attach a resume or other pertinent material).

   45 years practice in Eugene
   8 years part-time for CTHC's
   6(?) years Board CTHC's

2. Why do you want to become a member of this committee, and what specific contributions do you hope to make?

   Ongoing support for the mission statement

3. List the community concerns related to this committee that you would like to see addressed if you are appointed.

   Grow the product into universal health care in U.S.

4. Briefly describe your present or past involvement in relevant community groups. (Having no previous involvement will not disqualify you for appointment.)

   CTHC Board [6 (?) years]

5. Lane County is committed to reflecting diverse cultures on its boards/committees and does not discriminate against any person on the basis of race, color, national origin, age, disability, sex, religion, language, ethnicity, socio-economic status, sexual orientation, gender identity or expressions, veteran’s status, or political beliefs in employment or in admission, treatment, or participation in its programs, services, and activities. If selected, how would you contribute to this effort?

   Support all efforts for inclusive diversity
6. Are you currently serving on any Advisory Boards or Committees? If so, which ones?

7. Are you employed by, have any business, contractual arrangements or family connections with programs having contractual agreements with the County or that might be within the purview of the committee on which you are seeking appointment? (If there is a change in your circumstances, please advise the staff for the committee within 30 days.)
   □ No  □ Yes Specify:

8. How did you learn about this vacancy? □ Newspaper □ Word of mouth □ Other.

9. In which County Commissioner District do you reside? Please check one:
   □ Unsure  □ South Eugene  □ West Lane County  □ Springfield
   □ North Eugene  □ East Lane County

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* Unless waived by the Board.
**APPLICATION**

Please Print

Name: Peter Celli

(Last)

(First)

Preferred Salutation: [ ] Mr. [ ] Ms. [ ] Mx. [x] Dr. [ ] Other: [ ]

Address: [Redacted]

(Street)  (City)  (Zip)

Home Phone: [Redacted]  How Long Have You Lived in Lane County? [ ] Years [ ] Months

Occupation: [ ] retired  Place of Employment: [ ] N/A

Business Address: [ ] N/A  Business Phone: [ ] N/A

E-Mail Address: [Redacted]

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**OPTIONAL INFORMATION**

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Please check all boxes that apply:

Gender:

[ ] Male  [ ] Trans-Female  [ ] Female  [ ] Gender Non-Conforming  [ ] Trans-Male  [ ] Non-Binary

Ethnicity:

[ ] Hispanic/Chicana/Chicano/Latina  [ ] Non-Hispanic/Chicana/Chicano/Latina

Race:

[ ] Asian American  [ ] American Indian/Alaska Native  [ ] African American  [ ] White  [ ] Native Hawaiian/Pacific Islander

Disability: [ ] Type: [Redacted]

*This information is used to ensure there is reasonable accommodation and representation on advisory boards.

Is your age over 40? [ ]
Lane County does not discriminate against any person on the basis of race, color, national origin, age, disability, sex, religion, language, ethnicity, socio-economic status, sexual orientation, gender identity or expressions, veteran’s status, or political beliefs.

Signature of Applicant: [Signature]  Date: 6-7-2023

Except as noted above, all information provided as part of this application is a public record subject to disclosure.

Please Return to: Lane County Administration
Public Service Building
125 East 8th Avenue
Eugene, OR 97401

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Lane County
CITIZEN ADVISORY COMMITTEE
APPLICATION

APPLICANT’S NAME AND CITY: Silver Mogart

DATE: 6/1/23

NAME OF ADVISORY COMMITTEE: Community Health Center

PLEASE CHECK ONE: ☑ Reappointment

1. Give a brief description of the experience or training that qualifies you for membership on this advisory committee (If you wish, you may attach a resume or other pertinent material).

I currently serve on the Council. I would be honored to continue serving on this body.

2. Why do you want to become a member of this committee, and what specific contributions do you hope to make?

I work with the Latino community. When I am at the table, I use my advocacy as a chance to speak for those often un-represented parts of the community.

3. List the community concerns related to this committee that you would like to see addressed if you are appointed.

Health care for Latina/Latino folks. How does the CHLC deal with the people I advocate for?

4. Briefly describe your present or past involvement in relevant community groups. (Having no previous involvement will not disqualify you for appointment.)

I am the president of the local LULAC chapter. I am also on the Police Commission and on the Willamette Health board CAC.

5. Lane County is committed to reflecting diverse cultures on its boards/committees and does not discriminate against any person on the basis of race, color, national origin, age, disability, sex, religion, language, ethnicity, socio-economic status, sexual orientation, gender identity or expressions, veteran’s status, or political beliefs in employment or in admission, treatment, or participation in its programs, services, and activities. If selected, how would you contribute to this effort?

By my current and continued work as a Latina/Latino advocate.
6. Are you currently serving on any Advisory Boards or Committees? If so, which ones? I serve on the Trillium PAC and on the E.P.D. Police Commission.

7. Are you employed by, have any business, contractual arrangements or family connections with programs having contractual agreements with the County or that might be within the purview of the committee on which you are seeking appointment? (If there is a change in your circumstances, please advise the staff for the committee within 30 days.)

☐ No  ☑ Yes  Specify:

8. How did you learn about this vacancy? ☐ Newspaper  ☐ Word of mouth  ☑ Other:

I am seeking a reappointment.

9. In which County Commissioner District do you reside? Please check one:

☐ Unsure  ☐ West Lane County  ☐ Springfield

☑ South Eugene  ☐ North Eugene  ☐ East Lane County

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* Unless waived by the Board.
Please Print
Name: Morgan Silver
Preferred Salutation: [X] Mr. [ ] Ms. [ ] Mx. [ ] Dr. [ ] Other: 
Address: [Redacted]
Home Phone: [Redacted]
Place of Employment: [Redacted]
Occupation: [Redacted]
Business Address: [Redacted]
Business Phone: [Redacted]
E-Mail Address: [Redacted]
Fax: [Redacted]

NOTE: Information in this box consisting of home addresses and phone numbers may be exempt from disclosure per ORS 192.502(3).

OPTIONAL INFORMATION
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Please check all boxes that apply:
Gender: [ ] Male [ ] Trans-Female [ ] Female [ ] Gender Non-Conforming [ ] Trans-Male [ ] Non-Binary
Ethnicity: [X] Hispanic/Chicano/Latino [ ] Non-Hispanic/Chicano/Latino
Race: [X] Asian American [ ] American Indian/Alaska Native [ ] African American
[ ] Native Hawaiian/Pacific Islander [ ] White
Disability: [ ] Type:
*This information is used to ensure there is reasonable accommodation and representation on advisory boards.
Is your age over 40? [ ]
Lane County does not discriminate against any person on the basis of race, color, national origin, age, disability, sex, religion, language, ethnicity, socio-economic status, sexual orientation, gender identity or expressions, veteran’s status, or political beliefs.

Signature of Applicant: [Signature]  Date: 6/1/23

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Public Service Building
125 East 8th Avenue
Eugene, OR 97401

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Lane County
CITIZEN ADVISORY COMMITTEE
APPLICATION

APPLICANT'S NAME AND CITY:  
"Jorie Arden  Springfield"

DATE:  
5/26/23

NAME OF ADVISORY COMMITTEE:  
"HSHS Community Health Council"

PLEASE CHECK ONE:  
☐ New Applicant ☑ Reappointment

1. Give a brief description of the experience or training that qualifies you for membership on this advisory committee (If you wish, you may attach a resume or other pertinent material).

   As a parent of adult children, I am a CHC consumer and LCBH, the other is consumer at LCBH only. Older child is also served by DDS and senior agency. In addition to being a current member, I hold graduate degrees in Public Health and Anthropology.

2. Why do you want to become a member of this committee, and what specific contributions do you hope to make?

   I would like to continue to serve the community on this council, sharing my education and expertise.

3. List the community concerns related to this committee that you would like to see addressed if you are appointed.

   - Improve CAP mental health services and access
   - Improve rural health care, including mobile services
   - Prioritize integrated services including primary, behavioral and dental

4. Briefly describe your present or past involvement in relevant community groups. (Having no previous involvement will not disqualify you for appointment.)

   Multiple term member of this council also serving on subcommittees including PEG, TRC, CHIP, TIO steering committee

5. Lane County is committed to reflecting diverse cultures on its boards/committees and does not discriminate against any person on the basis of race, color, national origin, age, disability, sex, religion, language, ethnicity, socio-economic status, sexual orientation, gender identity or expressions, veteran's status, or political beliefs in employment or in admission, treatment, or participation in its programs, services, and activities. If selected, how would you contribute to this effort?

   Support continued efforts represent & reflect all people regardless of differences.
6. Are you currently serving on any Advisory Boards or Committees? If so, which ones?

7. Are you employed by, have any business, contractual arrangements or family connections with programs having contractual agreements with the County or that might be within the purview of the committee on which you are seeking appointment? (If there is a change in your circumstances, please advise the staff for the committee within 30 days.)

☐ No  ☐ Yes  Specify:

8. How did you learn about this vacancy? ☐ Newspaper  ☐ Word of mouth  ☐ Other: [Signature]

9. In which County Commissioner District do you reside? Please check one:

☐ Unsure  ☐ South Eugene  ☐ West Lane County  ☐ Springfield  ☐ North Eugene  ☐ East Lane County

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* Unless waived by the Board.
Lane County
CITIZEN ADVISORY COMMITTEE
APPLICATION

Please Print
Name: Arden
(Full Name)

Preferred Salutation:  Mr.  Ms.  Mx.  Dr.  Other: None

Address: __________________________
(Street)
_________________________
(City)
_________________________
(Zip)

Home Phone: _______________________

How Long Have You Lived in Lane County? 14 Years 6 Months

Occupation: Health Safety Specialist

Place of Employment: Head Start of Lane County

Business Address: 221 6st Springfield 97477

Business Phone: 541 730 0000

E-Mail Address: _______________________

Fax: _______________________

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- Male
- Trans-Female
- Other
- Female
- Gender Non-Conforming
- Trans-Male
- Non-Binary

Ethnicity:
- Hispanic/Chicanx/Latinx
- Non-Hispanic/Chicanx/Latinx

Race:
- Asian American
- American Indian/Alaska Native
- Native Hawaiian/Pacific Islander
- African American
- White

Disability: *Type:
*This information is used to ensure there is reasonable accommodation and representation on advisory boards.

Is your age over 40?  Yes

ApplicationAdvisoryCommittee 9_2021.docx
Lane County does not discriminate against any person on the basis of race, color, national origin, age, disability, sex, religion, language, ethnicity, socio-economic status, sexual orientation, gender identity or expressions, veteran’s status, or political beliefs.

Signature of Applicant ______________________________ Date: 5/26/23

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Public Service Building
125 East 8th Avenue
Eugene, OR 97401

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