



STATE OF OREGON
Oregon Health Authority (OHA)
POSITION DESCRIPTION

Position Revised Date:
01/05/2026

Agency: Oregon Health Authority

Division: OSH-SDSRTF

☐ New ☒ Revised

This position is:

- ☒ **Classified**
☐ **Unclassified**
☐ Executive Service
☐ Mgmt Svc – Supervisory
☐ Mgmt Svc – Managerial
☐ Mgmt Svc – Confidential

SECTION 1. POSITION INFORMATION

- a. Classification Title: Mental Health Therapist 2
- b. Classification No: C6712 c. Effective Date: _____
- d. Position No: _____
- e. Working Title: MHT2
- f. Agency No: 44300
- g. Section Title: Pendleton Cottage
- h. Employee Name: _____
- i. Work Location (City — County): Pendleton--Umatilla
- j. Supervisor Name: Amy Speakman, Treatment Services Director
- k. Position: ☒ Permanent ☐ Seasonal ☐ Limited Duration ☐ Academic Year
☐ Full-Time ☐ Part-Time ☐ Intermittent ☐ Job Share
- l. FLSA: ☐ Exempt If Exempt: ☐ Executive ☐ Professional ☐ Administrative
☒ Non-Exempt
- m. Eligible for Overtime: ☒ Yes ☐ No

SECTION 2. PROGRAM AND POSITION INFORMATION

- a. Describe the program in which this position exists. Include program purpose, who's affected, size and scope. Include relationship to agency mission.

OHA values health equity, service excellence, integrity, leadership, partnership, innovation, and transparency. OHA's health equity definition is "Oregon will have established a health system that creates health equity when all people can reach their full potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances. Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address: the equitable distribution

or redistribution of resources and power; and recognizing, reconciling, and rectifying historical and contemporary injustices.” OHA’s 10-year goal is to eliminate health inequities.

The Pendleton Cottage/OSH Division is aligned with the Oregon Health Authority’s core values of partnership, service excellence, leadership, integrity, health equity, innovation, and transparency. In our practice, these values are expressed through:

Service Excellence:

- Understanding and responding to Oregon public health needs and the people we serve
- Pursuing our commitment to innovation and science-based best practices
- Fostering a culture of continuous improvement

Leadership:

- Building agency-wide and community-wide opportunities for collaboration
- Championing public health expertise and best practices
- Creating opportunities for individual development and leadership

Integrity:

- Working honestly and ethically in our obligation to fulfill our public health mission
- Ensuring responsible stewardship in public health resources

Health Equity:

- Eliminating health disparities and working to attain the highest level of health for all people
- Ensuring the quality, affordability, and accessibility of health services for all Oregonians
- Integrating social justice, social determinants of health, diversity, and community

Partnership:

- Working with stakeholders and communities to protect and promote the health of all Oregonians
- Seeking, listening to, and respecting internal and external ideas and opinions
- Exploring and defining the roles and responsibility of public health staff and partners

Innovation:

- We are not satisfied with the status quo if there are new and better ways to meet the needs of the people we serve. We bring creativity, experience, and openness to our search for solutions to problems. We pursue opportunities to develop new evidence to evolve our practices.

Transparency:

- We communicate honestly and openly, and our actions are upfront and visible. We provide open access to information and meaningful opportunities to provide input and participate in our decision-making.

Pendleton Cottage, within OHA, is responsible for treatment of individuals with mental illness who do not need a hospital level of care. These individuals are placed in Pendleton Cottage primarily through conditional release from the Psychiatric Security Review Board (PSRB) and remain under their jurisdiction. Other residents may be placed in Pendleton Cottage through civil commitment or guardian commitment from Oregon State Hospital. Pendleton Cottage is a Secure Residential Treatment Facility whose mission statement is: “To act with a recovery focus to increase positive life experiences, self-confidence, and community integration.” Pendleton Cottage operates with recovery in mind intended to operate as other community operated Secure Residential Treatment Facilities.

- b. Describe the primary purpose of this position, and how it functions within this program. Complete this statement. The primary purpose of this position is to:

The Mental Health Therapist 2, under the supervision of professional staff, participates in the development and implementation of individual treatment plans that supports the Recovery Model in the State Delivered Secure Residential Treatment Facility, serving high risk/high profile individuals currently residing at Pendleton Cottage. Duties include development of group lesson plans, case management for assigned caseload, group and individual therapies, socialization skills, facilitating daily program schedule, as well as responsibility for maintaining the safety and security of residents and staff.

SECTION 3. DESCRIPTION OF DUTIES

List the major duties of the position. State the percentage of time for each duty. Mark “N” for new duties, “R” for revised duties or “NC” for no change in duties. Indicate whether the duty is an “Essential” (E) or “Non-Essential” (NE) function.

Note: If additional rows of the below table are needed, place cursor at end of a row (outside table) and hit “Enter”.

% of Time	N/R/NC	E/NE	DUTIES
50%	NC	E	A. TREATMENT – as directed by the Treatment Services Director, Nurse Manager, Behavioral Health Specialist, and LMP, provides the following care: 1. Provides therapeutic activities for residents supporting the Recovery Model and their individual goals. 2. Gathers and reports information pertinent to treatment needs through personal interaction and by observing residents' interactions with peers and staff. 3. Works under the supervision of professional staff to plan, develop, and conduct classes in areas such as drug and alcohol abuse, anger management, boundaries, independent living skills, and other areas that require knowledge of principles and practices involved in the Recovery Model treatment of mentally, emotionally, or behaviorally impaired persons. 4. Provides behavioral interventions as directed under the supervision of a licensed professional. 5. Intervenes by redirecting or using other behavioral strategies, according to the ISP and any applicable behavior support plans. 6. Follows facility policies and procedures regarding preventing and managing aggressive behavior. 7. Has working knowledge of and implements all residents' Integrated Service Plans (ISP). 8. Explains to residents aspects of their treatment plans and performs assigned interventions. 9. Spends time interacting with individual residents to develop rapport to facilitate the treatment process through the Recovery Model.

			10. Directly responsible for establishing and maintaining clear professional therapeutic boundaries with residents. 11. Encourages resident participation in educational and recreational treatment that supports the Recovery Model. B. CASE MANAGEMENT – as directed by the Treatment Services Director, Nurse Manager, Psychiatric Social Worker, and LMP, provides the following care: 1. Forms primary relationship with and provides role modeling for assigned residents. 2. Forms primary link between resident and professional staff to provide consistency necessary for effective treatment and to provide residents with a specific staff member to whom they can relate and on whom they can rely. 3. Becomes familiar with total treatment plan for assigned residents. 4. Completes weekly summaries for use by treatment team. 5. Proposes potential revision of the ISP and provides input as a member of the interdisciplinary treatment team. 6. Shares information about assigned residents with the treatment team. 7. Participates in interdisciplinary treatment team meetings for assigned residents. 8. Supports assigned residents in community integration skills through weekly community outings.
25%	NC	E	C. SAFETY AND SECURITY – as directed by the Treatment Services Director, Nurse Manager, Behavioral Health Specialist, and LMP, provides the following care: 1. Accountable for maintaining the highest level of security based on adherence to all facility security policies and procedures. 2. Assists in random searches of resident areas. 3. Makes regularly scheduled room checks. 4. Drives and/or escorts residents to various off-campus activities, community outings, medical appointments, etc., as assigned, maintaining security procedures in transport. 5. Has knowledge of residents' baseline behaviors and recognizes actual and potential psychiatric/medical emergencies, as evidenced by behavior moving away from baseline, and initiates appropriate actions. 6. Reports changes in the residents' conditions, physical and mental, obvious and subtle, which have relevance to the mental status of the residents. 7. Reports potential safety hazards in relation to other

			residents, staff, and environment. 8. Executes fire and emergency procedures pertaining to evacuation, life threatening or medical emergencies, and may act as building coordinator, as required. 9. Does initial searches of residents for contraband and safety of facility on admission and when indicated. 10. Receives calls and responds to all emergency situations regarding transportation to hospital. 11. Participates in training and orienting of new employees to the recovery model.
10%	NC	E	D. BASIC RESIDENT CARE – as directed by the Treatment Services Director, Nurse Manager, Behavioral Health Specialist, LMP, and MHRN, provides the following care: 1. As needed, monitors and/or assists residents in daily living activities such as bathing, feeding, grooming, and dressing. 2. Assists with medical care as assigned, such as collecting specimens (urine and sputum), measuring blood pressure, pulse, and respiration. 3. Administers medications and simple first aid, after receiving specific training. 4. Assists with admitting and discharging residents to and from the facility. This includes, but not limited to taking vital signs, completing necessary paperwork, and orienting residents to facility. 5. Participates in general interior and exterior housekeeping including but not limited to laundry, vacuuming, grounds upkeep, meal preparation, food handling and storage, cleaning bathrooms, etc.
10%	NC	E	E. DOCUMENTATION AND REPORTING – as directed by the Treatment Services Director, Nurse Manager, Behavioral Health Specialist, and LMP, provides the following care: 1. May be required to handle and be accountable for resident's funds and property. 2. Has responsibility for entering, retrieving, updating and deleting information from the computer system, including chart notes and staff communication. 3. Observes and accurately documents resident's behavior in the progress notes as incidents occur. 4. Attends and participates in staff meetings, in-service, and workshops. 5. Completes flow sheets, incident reports, and other documentation as directed.
5%	NC	NE	F. OTHER DUTIES – as directed by the Treatment Services Director, Nurse Manager, Behavioral Health Specialist, and LMP, provides the following care: 1. Other duties as assigned.

SECTION 4. WORKING CONDITIONS

Describe any on-going working conditions. Include any physical, sensory, and environmental demands. State the frequency of exposure to these conditions.

Work performed in a residential setting in a secured residential treatment facility, with a Recovery Model focus while serving high risk/high profile individuals with mental illness. Daily routines can be hectic, with exposure to hostile, angry residents with the potential for violent behavior. Daily exposure to infectious diseases, biohazards, noises, and contaminants. Work hours subject to change with little notice. May be required to work hours that exceed regular schedule, i.e. a double shift or different shift in addition to their regular schedule. Must be able to lift to 50 lbs. Frequently sit, stand and walk for long periods of time.

SECTION 5. GUIDELINES

a. List any established guidelines used in this position, such as state or federal laws or regulations, policies, manuals, or desk procedures:

Understands, supports and follows the guidelines of the Recovery Model.
Oregon State Revised Statutes and Oregon Administrative Regulation's
SRTF Policies and Procedures
OHA and DAS Policies and Procedures
PSRB Administrative Rules
Center for Medicare and Medicaid Services Standards (CFR Section 42)

b. How are these guidelines used?

These rules, guidelines, policies and procedures are used to make sound judgments regarding resident treatment, care and safety to ensure a Recovery Model focus and professional ethics are maintained.

SECTION 6. WORK CONTACTS

With whom, outside of co-workers in this work unit, must the employee in this position regularly come in contact? When applicable, please identify contacts that might be virtual/ in-person, or both.

Note: If additional rows of the below table are needed, place cursor at end of a row (outside table) and hit "Enter".

Who Contacted	How	Purpose	How Often?
Residents	In Person	Resident Treatment	Daily
Resident Families	Phone/In Person	Resident Treatment and Consultation	As Needed
Community Members	In Person	Resident Community Contact and Transition	As Needed

SECTION 7. POSITION-RELATED DECISION MAKING

Describe the typical decisions of this position. Explain the direct effect of these decisions:

The MHT2 uses critical thinking within Recovery Model guidelines. Guidelines of the Recovery Model include: Resident Self-Direction; Individualized and person-centered care; Empowerment; Holistic approach to care; Strength-based treatment; Peer support; Respect; Responsibility, and Hope. The MHT2 makes decisions about logistics, possible risks, and resident/staff safety during outings and activities. They end activities if determination is made of an unsafe environment. Decisions made help guide the resident's treatment and care within the Recovery Model.

SECTION 8. REVIEW OF WORK

Who reviews the work of the position?

Note: If additional rows of the below table are needed, place cursor at end of a row (outside table) and hit "Enter".

Classification Title	Position Number	How	How Often	Purpose of Review
Treatment Services Director	000000021480	Through daily Check-In, direct observation and interactions; 1:1 supervisory sessions	Daily; Quarterly; Annually	To ensure residents are receiving care, support and treatment based on the Recovery Model. To ensure employee is correctly following all facility and OHA policies and procedures

SECTION 9. OVERSIGHT FUNCTIONS

- a. How many employees are directly supervised by this position? 0
- How many employees are supervised through a subordinate supervisor? 0
- b. Which of the following activities does this position do?
- | | |
|--|---|
| ☐ Plan work | ☐ Coordinates schedules |
| ☐ Assigns work | ☐ Hires and discharges |
| ☐ Approves work | ☐ Recommends hiring |
| ☐ Responds to grievances | ☐ Gives input for performance evaluations |
| ☐ Disciplines and rewards | ☐ Prepares and signs performance evaluations |

SECTION 10. ADDITIONAL POSITION-RELATED INFORMATION

ADDITIONAL REQUIREMENTS: List any knowledge and skills needed at time of hire that are not already required in the classification specification.

All positions in OHA require a Criminal Background Check and an Abuse/Neglect Check. Fingerprints may be required.

SPECIAL QUALIFICATIONS:

Must possess a valid Oregon driver's license.

Must possess QMHA certification or willing to obtain within the first month of employment.

Must possess CPR and First Aid Certifications or willing to obtain within the first month of employment.

Must possess Safe Together Certification or willing to obtain within the first month of employment.

DESIRED ATTRIBUTES:

The ability to implement and support the guidelines of the Recovery Model.

Excellent interpersonal skills with the ability to work well in different and unusual situations with a wide variety of people.

The ability to think quickly and address problems proactively before they arise.

Experience with addressing the needs of residents who have persistent and chronic mental illness and those with Personality Disorders.

Experience working with forensic populations.

Experience in facilitating/teaching groups based on the Recovery Model.

BUDGET AUTHORITY: If this position has authority to commit agency operating money, indicate the following:

Note: If additional rows of the below table are needed, place cursor at end of a row (outside table) and hit "Enter".

Operating Area	Biennial Amount (\$00,000.00)	Fund Type

SECTION 11. ORGANIZATIONAL CHART

Attach a current organizational chart. Be sure the following information is shown on the chart for each position: classification title, classification number, salary range, employee name and position number.

SECTION 12. SIGNATURES

Employee Signature

Date

Supervisor Signature

Date

Appointing Authority Signature

Date