

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.

Oregon State Hospital (OSH), a Joint Commission and CMS certified public psychiatric hospital, provides psychiatric hospital services and patient treatment services to persons committed by the Oregon courts as part of the state mental health system. The Oregon State Hospital is the largest division of OHA with over 2,700 positions across the hospital.

This position is a key part of Oregon State Hospital's strategic branch, reporting directly to the Deputy Superintendent. The Deputy Superintendent’s department is responsible for implementing the Superintendent’s strategic priorities by evaluating risks and developing systems-level, cross-department strategies for the effective and efficient management of hospital operations. The department is responsible for developing legislative strategies to improve systems of care delivery inside and outside of the hospital, managing the portfolio of projects and initiatives across all disciplines and operations, and maintaining effective systems of governance and oversight by the hospital’s statutorily-required Governing Body.

The department includes the director of Organizational Strategy and Development, which oversees the hospital’s portfolio of projects, initiatives and performance improvement activities; the Government and Legal Affairs team, responsible for legislative strategy, engagement with local government partners, and legal compliance; and the Design and Implementation team, which develops and deploys systems and tools to support knowledge management, and designs hospital projects and initiatives to manage and mitigate organization-wide risks.

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:

This position exists to provide hospital-wide governance infrastructure and analytical support for how the hospital organizes decision-making, manages committees and oversight pathways, communicates actions and recommendations, and maintains alignment between operational work, executive direction, and oversight expectations. The work affects hospital leadership, program and administrative staff, clinical and operational committees, and external oversight and partner entities as assigned.

Act as an operations and policy advisor to executive leadership and management to develop, coordinate, and sustain the hospital’s committee governance system and enterprise reporting structure. This position supports stronger information sharing and efficient reporting of hospital activities and decision-making across all levels of the organization. It is responsible for governance structure, committee processes, reporting pathways, escalation channels, documentation standards, and coordination with internal and external oversight bodies.

This position evaluates governance practices, reporting systems, committee operations, and organizational decision pathways; researches trends and best practices; and formulates recommendations to improve accountability, transparency, communication flow, and executive decision support. The position develops and implements policies, procedures, tools, and systems that strengthen how the hospital governs, communicates, and makes decisions as an enterprise.

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
35%		E	<p>Governance System Analysis, Development, and Policy Support</p> <p>Serve as the hospital’s operations and policy analyst for governance systems, committee structure, and enterprise decision-making processes.</p> <ul style="list-style-type: none"> Analyze hospital governance structures, committee functions, reporting relationships, and decision-making pathways to identify gaps, duplication, inefficiencies, and areas for improvement. Research and evaluate governance models, policy trends, regulatory and accreditation expectations, and organizational best practices relevant to hospital committee oversight and enterprise communication. Formulate and develop recommendations for governance structures, committee charters, membership models, role clarity, escalation pathways, and decision-routing processes. Develop and revise policies, procedures, standards, templates, and tools that support effective committee operations, reporting consistency, and documentation of organizational decisions. Evaluate the operational impact of proposed governance changes and recommend implementation strategies that align with hospital priorities, leadership direction, and organizational accountability requirements. Analyze qualitative and quantitative information related to committee performance, reporting effectiveness, and decision flow to support long- and short-range planning. Develop systems and procedures that improve transparency, accountability, and consistency in how the hospital governs, communicates, and makes decisions as an enterprise.

35%		E	<p>Governance Coordination, Committee Operations, and Implementation</p> <p>Coordinate and lead implementation of governance processes that support committee operations, reporting pathways, and organizational follow-through.</p> <ul style="list-style-type: none"> • Coordinate hospital committee processes, including charter review, annual work planning, membership tracking, agenda planning, meeting facilitation support, minutes standards, action-item monitoring, and routing of recommendations. • Lead and coordinate cross-functional efforts to implement governance-related procedures, reporting tools, and workflow improvements across hospital programs, departments, and divisions. • Manage processes for documenting committee decisions, tracking follow-up actions, monitoring escalations, and maintaining reliable governance records. • Develop and maintain reporting tools, dashboards, logs, and other systems that support visibility into committee activities, pending decisions, assigned actions, and reporting obligations. • Coordinate communication and workflow between committees, executive leadership, operational leaders, and administrative partners to ensure issues are routed appropriately and actions are completed. • Facilitate meetings, workgroups, and planning sessions related to hospital governance, committee effectiveness, reporting practices, and enterprise coordination. • Provide guidance, training, and technical assistance to committee chairs, members, and support staff regarding governance expectations, reporting standards, and documentation processes. • Lead implementation of approved governance improvements and monitor progress to ensure changes are integrated into hospital operations.
25%		E	<p>Executive Advisement, Reporting, and Continuous Improvement</p> <p>Provide executive-level consultation, reporting, and strategic support related to hospital governance and organizational decision-making.</p> <ul style="list-style-type: none"> • Advise executive leadership on governance issues, committee effectiveness, reporting pathways, policy implications, and operational options for improving enterprise decision-making.

			<ul style="list-style-type: none"> • Prepare executive briefings, status reports, analyses, summaries, dashboards, and recommendations regarding governance activities, committee outcomes, risks, unresolved issues, and opportunities for improvement. • Manage decision-support and escalation processes that ensure key information is elevated to the appropriate leadership level in a timely and organized manner. • Coordinate with internal and external oversight bodies, as assigned, to support governance-related reporting, follow-up, documentation, and response tracking. • Identify strategic issues affecting hospital governance, information flow, and enterprise accountability, and recommend practical solutions to leadership. • Evaluate effectiveness of governance systems and reporting processes and recommend operational or policy changes to improve performance, role clarity, and organizational communication. • Support strategic planning by developing goals, implementation steps, and performance measures related to governance and enterprise reporting functions. • Make independent judgments and recommendations regarding governance-related issues, risks, priorities, and process improvements, and communicate those judgments to leadership.
5%		NE	Other duties as assigned
Ongoing		E	<p>Cultural Competence / Cultural Responsiveness</p> <ul style="list-style-type: none"> • Consistently treat patients and co-workers with dignity and respect. • Use a culturally diverse approach in all interventions. • Demonstrate sensitivity to cultural difference among caregivers, patients, and their families. • Demonstrate recognition and appreciation of the value of individual and cultural differences. • Assure that service delivery is provided in a culturally competent way, including availability of printed materials in alternative languages and/or formats and use of appropriate interpretive services for patients and their families or guardians.

			<ul style="list-style-type: none"> Utilize hospital resources for assistance with service delivery issues
Ongoing		E	<p>Core Values</p> <p>Demonstrate awareness, understanding, and alignment with OHA core values of service excellence, leadership, integrity, health equity, partnership, innovation, and transparency, and OSH core values in promoting safety, inspiring hope, and supporting recovery.</p>

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.

This position is performed in a professional office environment within a state psychiatric hospital setting. Work involves prolonged periods at a computer, reviewing detailed documents, and participating in meetings requiring sustained concentration and attention to detail.

- Physical Demands: Extended screen time, frequent use of keyboard/mouse, and occasional lifting of files or meeting materials (up to 20 lbs).
- Sensory Demands: Requires active listening, synthesizing complex verbal and written information, and preparing clear communication for executive audiences.
- Environmental Demands: Work occurs primarily in an office setting with occasional presence on patient-care units to gather feedback or observe workflows. These visits may involve exposure to high-stress clinical environments, behavioral health crises, or other hospital operational challenges.
- Frequency: Office-based work daily; exposure to patient-care environments approximately weekly to monthly, depending on project needs.

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:

- State and federal laws, including Oregon Administrative Rules (OARs), HIPAA, CMS conditions of participation, and Joint Commission standards.
- Oregon Health Authority (OHA) and Oregon State Hospital (OSH) policies, administrative directives, and desk manuals.
- Strategic planning frameworks such as the OSH 30-Day Plan and Portfolio Management Office (PMO) protocols.
- State of Oregon procurement, contracting, and budgeting guidelines.
- Executive Team directives, meeting structures, and established reporting protocols.

b. How are these guidelines used?

The incumbent applies these guidelines to ensure compliance with regulatory requirements, align project deliverables with hospital policy, and maintain consistency across executive-level initiatives. Guidelines are interpreted to develop project scopes, create workflows, ensure lawful handling of sensitive information, and provide accurate reporting to the Deputy Superintendent and Senior Leadership Team. The employee exercises independent judgment when existing

guidelines do not fully address emerging or complex issues, recommending updates or new procedures when necessary.

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?
Deputy Superintendent	In-person, virtual meetings, email	Receive assignments, provide updates, seek guidance	Daily
Superintendent	In-person, virtual meetings, email	Provide project updates, coordinate alignment with organizational priorities	Weekly
Portfolio Management Office (PMO)	Virtual meetings, Teams, email	Coordinate project intake, reporting, and alignment with PMO standards	Weekly
Senior Leadership Team Members	Meetings (in-person/virtual), email	Gather input, present proposals, facilitate decision-making	Weekly to Monthly
Unit and Program Managers	In-person meetings, site visits, email	Collect operational data, validate workflows, ensure practical feasibility of projects	Weekly
Frontline Staff (nursing, DSA, therapists, social work, etc.)	Focus groups, listening sessions, surveys	Obtain feedback, identify barriers, improve communication loops	Monthly
State and OHA Policy/Finance Staff	Email, virtual meetings	Align with budget, policy, and reporting requirements	Monthly or as needed
External Auditors/Regulatory Agencies (CMS, Joint Commission)	Written communication, scheduled meetings	Provide documentation, support compliance reviews	Annually or as needed
Union Representatives	Meetings, email	Clarify impacts of initiatives, ensure labor considerations are addressed	As needed

SECTION 7. POSITION-RELATED DECISION MAKING

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

This position exercises independent judgment in evaluating policies and programs for efficacy, interpreting guidelines, and advising the Deputy Superintendent and other executives. Typical decisions include:

- Risk identification and escalation: Determining which issues require executive attention, which can be resolved at the operational level, and how to sequence work when there are competing priorities.
- Policy and regulatory interpretation: Deciding how existing regulations, hospital policies, or PMO standards apply to emerging issues, and recommending adjustments or new procedures when gaps are identified.
- Data analysis and synthesis of multiple sources of information that may be ambiguous: Selecting appropriate data based on validity, analyzing, and presenting data in a way that informs executive decision-making while reducing unnecessary complexity.
- Partner Engagement: Determining appropriate methods and frequency for gathering feedback from staff, managers, and external partners to ensure inclusive and accurate input into executive-level decisions.

Direct Effect of These Decisions:

The decisions made in this position directly influence how executive leadership prioritizes large-scale operational changes, sets strategic priorities, allocates resources, and manages strategic initiatives. Sound judgment by the incumbent ensures initiatives and projects remain compliant with state and federal regulations, aligned with strategic goals, and responsive to staff and patient needs.

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
Deputy Superintendent	[Position #]	In-person meetings, email, review of deliverables, and project updates	Weekly and as needed	Ensure alignment with hospital priorities, validate accuracy of data and recommendations, and provide strategic guidance

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?
- | | |
|--|---|
| <input type="checkbox"/> Plan work | <input type="checkbox"/> Coordinates schedules |
| <input type="checkbox"/> Assigns work | <input type="checkbox"/> Hires and discharges |
| <input type="checkbox"/> Approves work | <input type="checkbox"/> Recommends hiring |
| <input type="checkbox"/> Responds to grievances | <input type="checkbox"/> Gives input for performance evaluations |
| <input type="checkbox"/> Disciplines and rewards | <input type="checkbox"/> 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.

- Strong knowledge of project management principles, including scoping, planning, and execution of cross-departmental initiatives.
- Understanding of state and federal regulatory frameworks relevant to psychiatric hospitals (CMS, Joint Commission, OARs, HIPAA).
- Advanced skill in synthesizing complex information into concise reports, visuals, and recommendations for executive decision-making.
- Ability to facilitate cross-functional meetings, focus groups, and listening sessions to capture diverse input.
- Strong relationship-building skills to foster trust with leadership, frontline staff, and external partners.
- Proficiency with Microsoft 365 tools (Word, Excel, PowerPoint, Teams, SharePoint, Power BI preferred).
- Ability to exercise independent judgment in ambiguous situations and recommend solutions that balance compliance, strategy, and operational feasibility.
- Demonstrated ability to provide system-level analysis and recommendations that shape organizational policy and priorities.

Skill in representing executive leadership in cross-agency, union, and regulatory settings.

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