

OREGON STATE HOSPITAL

POLICIES AND PROCEDURES

Executive Summary of Policy Changes

Contact the person noted below with questions about the policy or related procedures.

POLICY:	1.017, COMMITTEES	
CONTACT:	DEPUTY SUPERINTENDENT	EFFECTIVE DATE: SEPTEMBER 14, 2026

PURPOSE OF THIS POLICY:

This policy establishes standards for the creation, operation, oversight, and dissolution of Oregon State Hospital (OSH) committees to ensure effective governance, compliance, and accountability.

SUMMARY OF CONTENT CHANGE(S):

N/A – New Policy

REASON FOR CHANGE(S):

N/A – New Policy

REQUIRED ACTION/SPECIFIED STAFF:

Tier 0 – all staff read the updated policy, but no follow-up action is required.

WORKGROUP PARTICIPANTS AND VALIDATORS:

<u>Dept</u>	<u>Individual Rep's Name</u>
Deputy Superintendent	Megan Auclair
MAHPS President	Dr. Varma Penumetcha
CMO Administration	Sarah Cutler
PMO:	Heidi Scott
	Catherine Hurckes
	Lea Forsman
	Phoebe Klaer

NOTE: OSH personnel are responsible to know and abide by all applicable policies as indicated in [OSH Policy and Procedure 1.001, "Policy System at OSH"](#).

Current documents may be found in [I:\OSH Policies & Procedures](#) and on the [OSH Policies and Procedures intranet](#) page.

Email questions to "[OSH Policies and Procedures](#)".