

OHA Behavioral Health RAC

Chapter 309

September 16-18, 2019

ODFW Classroom - 4034 Fairview Industrial Drive SE, Salem, OR 97302

Commenter / Organization	Rule #	Comment	Decision	Add to Communication FAQs	Misc.
Ray Mallard, Jackson county	118	Is it the depts intent, to have a separate process for allegations of abuse?			
Ray Mallard, Jackson county	118	pg 1 allegation of abuse- reporting/investigation - go through regular procedure			
general	118	pg 2 typo grievance			
general	118	pg 2 57 (pull out?)			
general	118	pg 4 Typo in 1			
general	118	pg 5 typo b, should be state			
general	118	pg 5 typo c, should be resulted			
general	118	pg 10 3 OSH ombuds person			update to program no grievance committee any longer
general	118	pg 13 Time frame?			

RAC Sep 27, 2019

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Douglas: I have a couple pages of signatures PAC is requesting reduction in response time for grievances. 20 working days to 7 calendar days. They are requesting 7 calendar days because its only 5 working days in RTFs according to rule institutions only have to provide and adequate time. 20 days for an institution is more than adequate. We should be on 3rd level of grievance at that time.

However, the further you go with the process it seems it's just a rubber stamp. I've had several grievances ere I submitted one on 6/12/19 I didn't get response until 8/2/19. It doesn't matter that this person is no longer our nM the fact this is still going on in the state. They have delineated on the back of the form if they're not being adhered to. Constant ongoing issue. Bridge staff said I should bring up the fact that she held onto the grievances until she's in a manic state. Don't understand why they wouldn't deal with them while not in a manic state. Not good treatment for a mental disability. There are a lot of issues I think need to be changed in the grievance process. If their issues are bing dismissed or not heard, it doesn't make us as peers fell like the process is going to be supportive of us should we complain about the treatment we're receiving. I filed for release of phi information, although the hosp is supposed to be releasing phi unless detrimental to treatment. My np told me that is not how she does her caseload. She falt denies it and that's not how osh is supposed to be doing it. Seems like we're supposed to just shut up and take whatever treatment we get because we committed a crime. That is not what OSH is about. The grievance process is broken and needs to be updated and need to have shorter time and more adequate response. A lot of responses by the nm are just statements that don't mean anything. I would appreciate if state takes time to reflect and look at condition they're causing for other patients.

Other comments:

Douglas: I don't know how Utah does things, but I know since here, I been disheartened and unheard. Being heard is one of most viable treatments a person can receive no matter where they come from. It doesn't matter where you come from everyone can learn from someone else. Evidence based practices that are supposed to come into play are being fought against by some of staff who've been here long time. Fighting against patient involvement, engagement.

I would hope this board could step up and meet its goals.

The ligature stuff already came in, but was for more acute patients.

I'm nobody's child in here and I should be treated as an adult. But no one is treated as adults. I think that would further treatment.