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Sent: Wednesday, June 13, 2018 12:20 PM
To: Scott Chad D
Cc: WILCOX Richard A
Subject: Kepro, SRTF, and client impact

Hello Mr. Scott and Mr. Wilcox,
I hope this is still your email address, as it's been a long time since I have had contact with either of you. I'm writing due to the massive and rapid changes happening with regard to the DOJ settlement, Kepro, and SRTF care in Oregon. As we are now in the next phase of Kepro's scrutiny of secure programs, it appears basically everyone who lives at Ramsey Place is or will soon be denied for continued care and must "step down" within the next few months. The three most recently denied clients did not receive notifications about these denial decisions, so people don't even know they've happened until the funding stops. I am told that when the guardian of one of our clients, [REDACTED], sent a letter to OHA, that Mr. Wilcox replied and stated the notices are not being sent out due to computer problems as well as a backlog of notices that have to be sent. [REDACTED] was then provided a notice dated 6/8, the day of her letter. The whole system is spinning toward implosion, and the ultimate victims will be those who receive the services. The notion that this is all being done to recognize the civil rights of those with mental illness is clearly inaccurate, as many of the clients do not want to move to lower levels of care and many of them have long-standing histories that indicate they have been very unsafe in less supportive environments. As you know, those long histories are rendered irrelevant these days,

4

as only 30 days of data are reviewed when making authorization decisions. I don't understand how the current system is sustainable, as I assume there will be fallout in the form of lawsuits and civil rights complaints due to the lack of procedural fidelity. When the rule calls for proper notification and certain periods of time to appeal, etc, it seems unlikely that consumers, providers, and other affected parties will just let it go without ramifications. It is concerning that Ramsey Place, which you probably know is a specialized polydipsia treatment unit, must now allow people to move into levels of care where there is free access to fluid because there is no natural step down for our clients, with the very real possibility of coma or death within days of discharge. I feel incredibly worried about the well-being of our most vulnerable clients, but am completely powerless to stop the progression of this agenda. I most certainly want it duly noted that as a Licensed Professional Counselor who has an ethical code to adhere to, as well as a program Administrator with 12+ years of specialized polydipsia treatment experience, I cannot support the forced move of many of the Ramsey clients and I truly believe it will result in grievous harm up to and including death. When legislation dictates clinical practice, things are bound to be less effective than when clinicians dictate it.

Thank you,
Mark Johnstun, MA, LPC
Ramsey Place SRTF