

Dear Ms. Andrea Schmook,  
Chair—AMHB,

October 4, 2007

We are asking that the issue of how to revise AS47.30.847- psychiatric patient grievance procedure—not be on the ad hoc committee's agenda, at this time.

We have already put forth our opinion of how to revise the grievance procedure statute and sent it to several legislators.

We will say this, because of the language, AS47.30.847 does not cover the new hybrid psychiatric facilities and units attached to the hospitals. Also, Behavioral Health's 4 pages of requirements do not cover all facilities / units and DHSS presently does not have clear authority to write a single set of grievance procedure regulations that cover all psychiatric facilities / units. That authority is not at this time given to DHSS by current statute language.

In the state of Alaska, psychiatric patients, when filing a grievance, can call the following state agencies for help: Behavioral Health, Adult Protective Services, Child Protective Services. But Behavioral Health has limited authority and only provides technical assistance after 35 days (and only at some facilities), which is not acceptable for sexual allegations, denial of service, etc. or for any grievance that needs to be resolved in a timely manner.

Adult Protective Services also does not have full authority to go into all psychiatric facilities and investigate. Office of Licensing can go into some facilities but again, they have a limited authority and defer to Federal Medicaid / Medicare.

Medicaid / Medicare / JCAHO can also perform some investigations but they are looking at systems and trends and not at resolving the hundreds of grievances and complaints filed by patients at the various psychiatric facilities.

States with best practice have created a state office that has the authority to go into any psychiatric facility on behalf of a patient and investigate a patient grievance (As an example, state of Maine Office of Advocacy).

The state of Maine keeps statistics of the type and number of grievances filed by psychiatric patients in all facilities. Also, Maine has a specific office that has the authority to go into any facility and investigate any complaint. (State of Maine Office of Advocacy services).

The state of Alaska cannot house civilly committed psychiatric patients in jail or forensic units, except in an emergency, and then civilly committed patients must be kept separate from the other prisoners. Conversely, the same rule should apply—the state cannot house forensic patients in units containing those psychiatric patients civilly committed.

**The following questions should be answered by the AMHB Committee:**

- 1. Should forensic psychiatric patients be mixed in with civilly committed patients?

Yes \_\_\_\_ No \_\_\_\_

Suggestions or comments:

- 2. Should the state of Alaska permanently establish one single office and grant that office the authority to go into any psychiatric facility or unit and investigate psychiatric patient's complaints and grievances on behalf of the patients?

Yes \_\_\_\_ No \_\_\_\_

Suggestions or comments:

- 3. Should those with developmental disabilities and those in treatment for alcohol or drug abuse have the right to be assisted with their grievances by the same state office as psychiatric patients?

Yes \_\_\_\_ No \_\_\_\_

Suggestions or comments:

- 4. Should psychiatric patients, persons with developmental disabilities and persons in treatment for alcohol and drug abuse be covered under the same grievance procedure statutes, and Behavioral Health requirements/regulations?

Yes \_\_\_\_ No \_\_\_\_

Suggestions or comments:

- 5. **Should the state advertise a phone number and require all facilities serving clients in psychiatric treatment to post the phone number of a single state agency where patients and clients can call for help with filing and resolving a grievance?**

Yes \_\_\_\_ No \_\_\_\_

**Suggestions or comments:**

- 6. **Should the state be required to maintain timely statistics on complaints and grievances and their type filed by patients and clients in all psychiatric facilities and units?**

Yes \_\_\_\_ No \_\_\_\_

**Suggestions or comments:**

- 7. **Should certain types of patient grievances be automatically referred to a specific office of the state by the facilities for resolution or assistance in resolution immediately such as sexual allegations, abuse allegations, denial of services, etc.?**

Yes \_\_\_\_ No \_\_\_\_

**Suggestions or comments:**

- 8. **Should Alaska Psychiatric Institute's forensic unit be larger than 10 beds?**

Yes \_\_\_\_ No \_\_\_\_

**Suggestions or comments:**

9. Should civilly committed patients have the right to be informed in writing that a forensic patient is being placed on the unit ( and that would include family and guardians)?

Yes \_\_\_\_ No \_\_\_\_

Suggestions or comments:

10. Should all 82 Behavioral Health grantees be given 40 days to become compliant with the 4 pages of Behavioral Health's grievance procedure requirements? Behavioral Health collected all 82 grievance procedures—less than 30% are in compliance at this time.

Yes \_\_\_\_ No \_\_\_\_

Suggestions or comments:

11. AS47.30.660 states DISS must perform an on-site evaluation of all psychiatric facilities and units. Also, DHSS must investigate patient complaints. DHSS has the right to delegate its responsibilities. Some delegation of responsibility is fine, but...  
Should DHSS be required to be the main agency performing on-site evaluations?

Yes \_\_\_\_ No \_\_\_\_

Suggestions or comments:

12. Should DHSS be required to perform annual on-site evaluations of all psychiatric facilities and units?

Yes \_\_\_\_ No \_\_\_\_

Suggestions or comments:

13. AS47.30.847 states psychiatric evaluation facilities "shall have a designated staff member who is trained in mental health consumer advocacy who will serve as an advocate, upon a patient's request, to assist the patient in bringing grievance or pursuing other redress for complaints concerning care, treatment and rights." Behavioral Health does not address any of these rights in their 4 pages of requirements. Senior care Ombudsman trains advocates. Almost every facility trains someone in CPR; it would not be that difficult to give someone a few hours of training in advocacy.

Should DHSS / Behavioral Health as required by AS47.30.847 tell all facilities to have an employee on duty, who is trained as an advocate, who will assist the patient in bringing grievance or other redress?

Yes \_\_\_\_\_ No \_\_\_\_\_

Suggestions or comments:

**Committee:** Ms. Andrea Schmook; Ms. Angela Salerno; Arthur Hansen, DDS;  
Ms. Ramona Duby, Ms. Faith Myers, Mr. Dorrance Collins.

Cc: Karleen Jackson, PhD.  
Ms. Anna Kim  
Ms. Kathy Craft  
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