

DEPT. OF HEALTH AND SOCIAL SERVICES
ADVISORY BOARD ON ALCOHOLISM AND DRUG ABUSE
and ALASKA MENTAL HEALTH BOARD

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March 21, 2008

Mr. Dorrance Collins
3240 Penland Parkway, Space 35
Anchorage, Alaska 99508

Re: Confirmation of March 20, 2008 Conversation

Dear Mr. Collins,

To confirm our conversation yesterday afternoon: You raised the issue of whether the Alaska Mental Health Board (AMHB) supports a central or single patient grievance office. AMHB does not, without evidence of a systemic problem where patients/clients are denied access to a grievance procedure. We support patient-centered care, which includes a focus on informal resolution of patient grievances whenever appropriate.

There is a mechanism for formal grievance resolution for situations when informal resolution is not possible, and this mechanism includes resolution by the Division of Behavioral Health (DBH). According to DBH staff who have worked with consumer complaints and grievances, the number of patient grievances that remain unresolved and require DBH to step in is nominal (less than 10 over a four year period). Therefore, without further evidence that this is in fact a wide spread problem, AMHB does not advocate for increased governmental intervention in patient care.

You asked whether AMHB supports a requirement that DBH maintain "statistics" of patient-client grievances. As the emphasis is on patient-centered care and informal resolution of grievances as part of that care, the information you are seeking may not be possible or accurate. Again, we feel that DBH is exercising appropriate oversight of its grantees and do not advocate for greater governmental intervention in patient care without more information from you, other patient advocates, or the public that patients' grievances are being ignored or mishandled by grantees.

You asked whether AMHB's position is that all DBH grantees "should use the uniform form" created by the patient grievance committee on which you serve. I explained several times that AMHB does not have that position. Instead, I shared that I had learned from DBH that they may be recommending a standard grievance form for grantees' use.

The next AMHB meeting is May 19-21, 2008 in Barrow. I will send you a notice of when public comment will be heard.

Sincerely,



J. Kate Burkhart
Executive Director

Dear Ms. J. Kate Burkhart,
Exe. Dir.—AMHB,

March 25, 2008

Thank you for the letter of March 21, '08.

You may or may not have a misunderstanding of Behavioral Health's four pages of Grantee grievance procedure requirements. **On page 2:**

"8-c. Satisfactory resolution to grievances within 30 days of receipt of grievance.

- d. Referral to BII, within 5 business days, for technical assistance with grievances that remain unresolved after 30 days."

All unresolved grievances and all grievances unresolved to the satisfaction of the patient are supposed to be forwarded to Behavioral Health. But out of the 50 or so grantee grievance procedures, 98% either say nothing or only say they will only forward a unresolved grievance to Behavioral Health and omit the important fact that grantees are supposed to also forward any grievance unresolved to the satisfaction of the patient to Behavioral Health.

Less than 10 grievances have been forwarded to Behavioral Health for technical assistance by psychiatric facilities (including API) in the last 4 years. We are surprised even that many have been forwarded because facilities get to choose if they want to. Over 98% of psychiatric patients are not even informed they can contact Behavioral Health for assistance. (And there is no specific office to call.)

Any reasonable person could look and see that the grantee grievance procedures are not fair to psychiatric patients. And that includes the Behavioral Health requirements.

Many, many psychiatric patients are sick—dementia, diminished capacity. Some have been sick since early childhood. Many have been abused through many forms to the point that they accept abuse—it becomes part of their existence.

It is the job of the more fortunate to change the system. Those with a severe mental illness are not going to come forward.

We would ask that you help with improving patient rights. Thank you,

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Cc : Open Letter

Faith Myers
Dorrance Collins