



March 13, 2008

Faith Myers & Dorrance Collins  
3240 Penland Parkway, Space 35  
Anchorage, Alaska 99508

Re: Request for Opinion

Dear Faith & Dorrance:

At your request, I have discussed your letter of February 22, 2008, with our Executive Director, Dave Fleurant; I am responding on his behalf.

From my telephone conversation with Dorrance the other day, it was my understanding you were looking at the questions or issues covered in your letter as points for future regulations, as opposed to pending or future legislation. While I will respond with our opinion as to each of the specific questions you presented, in general are two observations: The first is that some of the questions/concerns you raise are dealt with in pending legislation, namely SB 186. The second is that some of the issues you raise for changes in regulations would have to come after changes in existing statutes. That is to say that until or unless certain statutory changes come to pass, it's highly questionable that the Department of Health & Social Services has the authority to codify some of your recommendations through regulation.

In summary, then, it appears as though putting some of the items you bring up into regulations would, if SB 186 passes, be redundant. And for some of the other recommendations, until there are certain additions/changes to existing law, it's doubtful the Department has the authority to put them into regulations. With this in mind, we are not inclined to make any formal endorsement or recommendations on the points you raise at this time.

All that notwithstanding, our thoughts on your questions are as follows:

1. We are generally in favor of a single entity being the intake point for complaints, regardless of the provider type or population served.
2. As is reflected in SB 186, we agree there are circumstances that should allow for a 24-hour response to a grievance. We believe certain statutory changes are required before promulgation of regulations establishing timelines of response to grievances in out-patient settings can occur.
3. As stated in question #1, we believe grievance procedures should apply the same to all populations served.
4. We do not believe every denial of service or denial of a right found in statute should require a 24-hour response.
5. We do not believe every "urgent grievance" should be forwarded on to some other entity for assistance and oversight. Rather, some other entity

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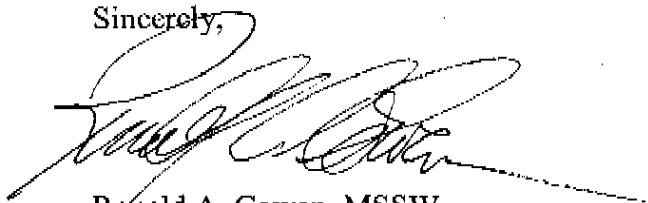
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with both the responsibility and authority to investigate should be part of the overall grievance rights and procedural hierarchy, in the event the grievance is not resolved to the consumer's satisfaction.

6. We generally support the suggestion that statistical data should be kept and reported for complaints or grievances; however we don't believe this should be limited to psychiatric facilities. Rather, we would like to see something that addresses all care and services related complaints.
7. As with all statutes or regulations, we believe each should be periodically evaluated for compliance and enforced, else they serve no purpose.

Although it appears to be languishing in committee, we have reviewed and will be sending our comments on to the sponsor of SB 186. As a matter of course, we attempt to monitor legislation and regulations that may impact those we serve. Should regulations be promulgated that address some or all of the issues you've brought forward, we will comment on them at that time.

Sincerely,



Ronald A. Cowan, MSSW  
Legal Advocate II/Investigator