

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

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March 14, 2008

Ms. Faith Myers and Mr. Dorrance Collins
3240 Penland Parkway, Space 35
Anchorage, Alaska 99508

Re: Correspondence of February 22, 2008; Psychiatric Patient Grievances

Dear Ms. Myers and Mr. Collins,

Thank you for your letter of February 22, 2008. I am writing to follow up on that correspondence, as well as your earlier concerns about psychiatric patient grievance procedures.

As you know, the ad hoc committee of the Alaska Mental Health Board (AMHB) directed me to obtain and review the grievance procedures of the behavioral health grantees after you spoke to the need for greater compliance. I have reviewed the 57 grantees' procedures. Of these, half are fully compliant with the policies of the Division of Behavioral Health (DBH). Of the remainder, the majority are substantially compliant. Less than 10% are non-compliant. Thus, any characterization that the all or the majority of the grantees have failed to provide adequate grievance procedures would be incorrect.

Because this is an important part of quality patient care, I have raised this issue with the director of DBH and plan to work with DBH staff to help insure that all the grantees are fully compliant. There is no evidence that patient grievances are being ignored or mishandled by grantees. However, we are all committed to helping grantees reach full compliance with DBH policies and standards of care.

X — In your February 22, 2008 letter, you requested that certain related issues be added to the agenda for our next board meeting. AMHB has already heard and responded to your request for an opinion on a single patient grievance office (please see the enclosed report of our December 12, 2007 teleconference with you). We are not inclined to review that issue again at this time. DBH has a standing policy guiding emergency grievances involving abuse, neglect, unnecessary seclusion or restraint. These high priority grievances must bypass the usual procedure and be immediately heard by the governing board of the grantee. Therefore, we decline to take up the issue of establishing a new emergency grievance procedure at this time.

f — We also decline to take up the issue of requiring DBH to resolve patient grievances, as it is AMHB's position that this would interfere with patient care to have a government agency intervene. Currently, DBH is a source of final recourse for patient grievances that are not

satisfactorily resolved at the grantee-provider level. As described above, DBH is exercising ongoing oversight to insure that all grantees have compliant grievance procedures.

We have received no information or evidence — from you, other patient advocates, or public comment — that patients' grievances are being ignored or mishandled by grantees. If this is going on, we want to hear about it. However, without evidence of a systemic denial of patients' rights, AMHB cannot recommend greater governmental intervention in patient care.

Finally, all grantees (and all psychiatric facilities) must comply with all Alaska laws. Since this is the case, there is no need for additional instructions from DBH or an opinion from AMHB as to your final issue regarding grantee compliance with AS 47.30.847.

The next AMHB meeting is May 19-21, 2008 in Barrow. We will have an opportunity for public comment which will be teleconferenced to permit you and others to participate from communities throughout Alaska. The exact date and time of the public comment period(s) will be posted on our website before the meeting. Until then, I encourage you to continue to communicate any concerns you have to AMHB in your standard manner of fax or mail.

Sincerely,



J. Kate Burkhart
Executive Director

cc: Melissa Stone, Director, DBH
Andrea Schmook, Chairperson AMHB
Bill Herman, Sr. Program Officer AMHTA