

Testimony to API Governing Body by Dorrance Collins—May 3, 2007

Madam Chair, Board members,

My name is Dorrance Collins. We have reviewed the Grievance Procedure and there are some positive things to say about it; the 5 days deadline to give patient's a written answer, the form that the patient's fill out and the opportunity for patients to file an urgent grievance.

But we are asking the Governing Body to hold off on adopting the new grievance procedure and recommend that it go back to committee one more time or go into a Work session. The following issues should be addressed.

1. The committee recommended that the word "patient advocate" be used in conjunction with "Consumer and Family Specialist." It should read "consumer and family specialist / patient advocate" throughout the grievance procedure.
2. On page 1-Item 2, it states "patients shall be informed of the grievance procedure and the contents." The API Committee stated they wanted it made clear in the grievance procedure that patients should receive a written copy of the entire grievance procedure /policy and that may include API's P&P HR30-5, LD20-11, HR20-12, and HR40-6.
3. On page 2, Item 3, it is outlined who may file a grievance; it states "the patient or any person on behalf of a patient." There needs to be an addition of the following statement "or other persons specifically aggrieved". That statement needs to be added because if a person is in API only for evaluation for 4 hours one day , etc and they are discharged; because of a technicality, they are not considered a patient and cannot file a grievance. Aggrieved former patients should be able to file a grievance and have it go through the process and enjoy the same rights to file a grievance as if they were still an active patient.
4. It should be made clear in the grievance procedure that once filed all grievances will be completed to resolution regardless of a patient being discharged. A reasonable attempt should be made by API to contact the patient giving them a resolution, allowing the patient to continue with the grievance process. That is a committee recommendation.
5. Page 3, Item F states that the CEO may extend the deadline for resolving a patient's grievance but no time limit is given on how long the extension will be. The committee was adamant about API not having the open-ended extensions. It should be stated that the CEO or designee can request a 5 day extension. The request for an extension is a very simple form that can be put on the computer and would be given to the patient every 5 days—It keeps the patient updated and it is a reminder to the institution that they need to present a resolution.

6. Page 2 of the grievance procedure, Item 2, A & B on grievances alleging patient abuse, employee misconduct including sexual abuse. We in the API committee never received what we considered an important part of the grievance procedure—P&P HR 30-5, LD20-11, HR 20-12, and HR 40-6. We were only give one section of the grievance. We were not told by management there were 4 other sections to the grievance procedure. We have had no real opportunity to examine the policies or put forth an opinion. These are part of the grievance procedure and we should have that opportunity.

Our preliminary opinion on Section A & B. First and foremost, patients have a right by law to file a grievance regardless of subject and it seems patients are not given that opportunity. The statute is clear—patients have a right to file a grievance. And it doesn't say patients only have a right to file a grievance in some cases; it is in all cases. All grievances should have the same due process regardless of subject. Patients are not given that right. There is no due process outlined in A and B.

API can say something to the effect that all grievances filed concerning the subject of sexual assault, sexual harassment, discrimination, etc shall be handled in accordance with specific regulations and then quote the regulations and give patients a written copy of those regulations, but patient should still have the right to file a grievance and they should still have the same due process.

The API Governing Body and Committee should ensure by policy that any grievances filed concerning subjects mentioned in paragraph A & B on page 2 should automatically go to an Impartial Body.

The API committee defined an Impartial Body as “ A body of individuals free of bias, personal or financial interest, with all parties involved; The Impartial Body operates in an advisory capacity.”

We're asking that the API Governing Body not rush into adopting this new grievance procedure; it will do this institution good if we just work on the grievance procedure a little more. Also, please do the unit manuals so that we can look at those before the next meeting.

Thank you,

*Dorrance Collins
Faith Myers*

Dorrance Collins
Faith Myers
929-0532

Cc: DIISS
Karleen Jackson, PhD.

Cc: Alaska Mental Health Board

Disability Law Center
Mr. Ron Cowan

Trust Authority Board

Testimony to API Governing Body by Faith Myers---

May 3, '07

Madam Chair, Board members,

My name is Faith Myers. I have three issues I would like to present to the Board and I have included those documents in a packet that has been given to you.

1. The Ombudsman's Office, after consulting with DIISS, the head of Behavioral Health and examining statute and regulations, has put forth a 4 page opinion that the API Governing Body has a great deal of authority, especially in the area of changing or improving psychiatric patient rights.
2. Dorrance Collins and I put forth a complaint to DIISS about the way that API forensic patients are being mixed with civilly committed psychiatric patients.

We have serious problems with any individuals convicted of violent crime, sexual abuse or any individuals accused of such a crime awaiting trial/prosecution being placed outside API's forensic unit, in a non-forensic unit even for an evaluation. A civilly committed patient has a right or should have to be kept apart from forensic patients.

Statutes and regulations state that a psychiatric patient cannot be placed in jail unless extraordinary circumstances are present and as soon as possible must be moved to a psychiatric facility and while in jail, civilly committed psychiatric patients cannot be mixed with regular prisoners.

Conversely, the same rule should apply at API. Don't mix forensic patients with regular API patients. API management states that they only mix forensic with regular patients when it is safe. But if forensic patients are safe, then let them be released back into society.

Ten years ago API had a ten bed forensic unit and still has even though the prison population in Alaska is growing---it is time to expand API's forensic unit to 20 beds.

Our complaint letter is enclosed in our packet and also a letter from Karleen Jackson, DHSS Commissioner. The letter from Karleen Jackson states she has requested a legal opinion from the Attorney General's Office about mixing forensic patients with regular patients. The Commissioner has also suggested that the issue be put on the API Governing Body Board agenda.

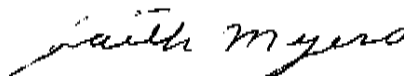
3. API has a policy and frequently uses it, where staff will call to the next unit for additional staff help to subdue a patient. That procedure presents no real problem to API. We're requesting that API adopt a hospital policy to go to the next unit to obtain gender choice of staff for intimate care if there isn't the requested gender in a unit. Also, API management should be willing to pay a

small amount of over time if necessary to have the requested gender staff provide the service of intimate care to a patient. In addition, there should be a policy/ procedure by which the head nurse is requested to schedule staff so patients could have their requested gender staff provide intimate care. Doing that would offer more assurance that there is a mix of men and women on each schedule.

These are policies that they have in other states in order to provide trauma-free intimate care to their psychiatric patients. Also, please refer to the letter to the Editor that recently appeared in the Senior Voice that is in your packet.

Thank you,

Faith Myers
929-0532



Cc: A.M.H.Board

Alaska Mental Health Trust Authority Board