

Testimony to the Alaska Mental Health Board by Faith Myers—10/ 02/ 07

Madam Chair, Board members,

My name is Faith Myers. I was informed that the following issue would be on the AMHB agenda.

We are asking AMHB to put forth an opinion: Should civilly committed psychiatric patients in Alaska Psychiatric Institute and other hospitals that do civil commitments, be kept separate from forensic patients?

A person civilly committed has a right by statute to be kept separate from persons convicted of a crime and serving time or awaiting trial for a crime. Although maybe not common, API, etc. is mixing forensic patients with regular patients. We are particularly concerned with violent criminals and sexual predators.

Ten years ago, API had a 10 bed forensic unit. They still have a 10 bed forensic unit even though there is an explosion in the Alaska prison population. Should API's forensic unit be larger than 10 beds?

Any way you want to slice it, psychiatric hospitals or units should not be mixing forensic patients with civilly committed patients. Doing so is against statute intent and against best practices.

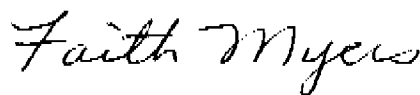
In the extreme circumstances, that forensic patients are mixed with regular patients, should the civilly committed patient or their family be informed that there is a forensic patient on the unit? We say, "Yes."

On a separate issue, Alaska Psychiatric Institute, Alaska's state-run psychiatric hospital, has to be asked to complete their revised grievance procedure and most important the hospital has to be asked to use the recommendations of their committee which was a bi-partisan committee.

Thank you,

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Cc: The Trust Authority
DHSS
Open Testimony



Testimony to Alaska Mental Health Board by Dorrance Collins—10/ 02/ 07

Madam Chair, Board members,

My name is Dorrance Collins. I was informed the following issue would be on AMHB's agenda.

Should the state of Alaska permanently establish one single office to oversee psychiatric patient grievances and offer assistance and maintain statistics of the type and number of grievances filed by patients/clients at the approximately 82 grantee facilities and other psychiatric facilities?

Statute 47.30.660 says that the state is supposed to investigate and oversee psychiatric patient complaints. The state also has the right to delegate its responsibility, which we disagree with. If the state does delegate its responsibility, they still need to keep statistics of the type of grievances and number of grievances filed. And the state should have to give proper funding to the organizations providing service to the patients and demand accountability.

There are some types of grievances that should automatically be handled by a state agency; sexual allegations, abuse allegations, denial of services, etc.

The state Behavioral Health presently has one office and one person that handles all psychiatric patient grievances. But the Behavioral Health office basically has an unlisted number and patients are unaware of the office. Behavioral Health does not require all 82 facilities to post Behavioral Health's number where patients can call for assistance.

In closing, I'm asking the Board 3 questions. Should the state establish a single office where psychiatric patients and those with developmental disabilities can call and receive assistance in the grievance process? And should the state advertise and require all psychiatric facilities and units to post the phone number of that office established to assist psychiatric patients? And should that same office maintain statistics?—As of now, the state has no clue about the number and types of grievances filed by psychiatric patients.

Thank you,

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