

Dear Governor Sarah Palin,

October 15, '07

The question has been asked—How long will we continue to advocate for psychiatric patients' rights?

As long as the will and the passion remains. And until we become cynical and Voltaire's statement—"We shall leave this world as wicked and foolish as we found it."—starts making too much sense.

It's been asked—"How much money do we make advocating?"—and the answer is—none!

It's been mentioned that we as advocates are embarrassing the state and should take a break and stop asking for patients' rights to be brought up to best practices.

We're a little resentful that state Departments and employees that are paid to put forth an opinion and required by statute to advocate to improve patients' rights have been too silent. But for the inaction, we would gladly step back and pass over the reins to proactive advocates and Boards.

As persons on disability, we use our own money to further the efforts of patients' rights. Some of the issues we have fought for and asked for improvements:

Better policies in all psychiatric facilities concerning gender choice of staff for intimate care and better policies concerning gender sensitivity.

Alaska Psychiatric Institute went for maybe years without letting a psychiatric patient file a formal grievance. We asked for a copy of API's grievance procedure two years ago; it took us 4 months to get a copy. We had to go to the Ombudsman's office and force the state hospital to finally give us a copy.

DHSS / Behavioral Health is supposed to collect all grievance procedures (approximately 82). They refused to let us look at them and we had to go to the Ombudsman's office—again it took about 6 months to force Behavioral Health to let us look at them.

Behavioral Health's 4 pages of Grievance Procedure Requirements are terrible. One of the big problems is 82 facilities have the option of telling patients that the facility is asking for an extension of time to resolve a grievance and it can be open-ended. By that we mean that there is no date by which the facility has to resolve the grievance or resolve the grievance to the satisfaction of the patient. Facilities are given the number of Behavioral Health, but patients are not routinely given the number of Behavioral Health.

After 35 days all grievances unresolved to the satisfaction of the patient are required to be sent to Behavioral Health for technical assistance. We called Behavioral Health and asked—"How many grievances unresolved to the satisfaction of the patient have been forwarded by the facilities to Behavioral Health for technical assistance? Behavioral Health answered the question—They said "none have been forwarded." It is highly improbable that every patient has been happy with the resolutions.

The state is supposed to keep statistics of the type and number of the grievances filed by patients at psychiatric facilities and they don't.

The state is supposed to perform annual on-site evaluations of psychiatric facilities but they don't. They have turned it over to JCAHO, etc. who only do evaluations every two or three years.

Every psychiatric facility is supposed to post their grievance procedure policies but it is not happening. Some are supposed to actually hand the policy to the patients and it is not happening. Also, some facilities refuse to even let their patients read their grievance procedure policy.

1. Gender choice policies, gender choice Bill, gender sensitivity in acute care psychiatric facilities needs to be instituted and / or revised in the state of Alaska.
2. The grievance procedure statute needs to be revised to include all facilities and brought up to best practices.
3. Behavioral Health requirements concerning grievances need to be revised to include a time schedule for resolution of a psychiatric patient's grievance including appeals.
4. The state has the authorization by statute to look at a patient's records—the state needs to have a single office to investigate patient grievances , especially sexual allegations, abuse allegations and denial of services, and the office should keep statistics of the type and number of psychiatric patient grievances in the state.
5. In addition, the state should combine the populations of psychiatric patients, those persons developmentally disabled and those persons in treatment for alcohol or drug abuse in the same grievance procedure statute and state regulations.

When are we going to quit advocating for patient rights?

What we would like to see is state Boards and agencies step forward and work towards best practice for psychiatric patients' rights in Alaska. Until then, we will keep going.

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