



AKCHILD & FAMILY

March 26, 2024

Subject: Testimony on Senate Bill 231 – Concerns and Recommendations for Effective Implementation

Dear Senator Matt Claman,

Thank you for the opportunity to provide public testimony. I am reaching out to express my support for the *intent and spirit* of Senate Bill 231, which aligns with our mutual goal of ensuring the safety, well-being and supportive care of Alaska's children, particularly those in residential psychiatric treatment centers. While I commend the bill's objectives, I wish to offer insights and recommendations to address operational challenges and enhance the bill's effectiveness and practicality.

Section 1: "A minor undergoing evaluation or inpatient treatment at a residential psychiatric treatment center has the right, unless otherwise prohibited by law or court order, to have confidential communication at least once each week for at least one hour with the minor's parent or legal guardian. The residential psychiatric treatment center shall facilitate the communication."

It is essential that youth in treatment and their families have access to regular and ongoing communication. However, the current draft of the bill presents some potential unforeseen operational challenges.

The term "confidential communication" within this context requires a clearer definition to ensure uniform interpretations by all stakeholders, including auditors. If "confidential" implies unsupervised for one hour, this raises significant safety concerns given the vulnerability of children in residential psychiatric care. These children often exhibit behaviors stemming from trauma and complex mental health challenges, including self-harm, suicidal ideation, and engaging in high-risk behaviors, especially when unsupervised on the internet. These realities necessitate a balanced approach that upholds the spirit of this bill while ensuring the safety and supervision of the children in our care.

Additionally, youth and their families have diverse needs and preferences regarding the length and frequency of communication. Not all youth want or are able to engage in a full hour of communication at a time with their parent/legal guardian. Providing flexibility and choices around the length and frequency of these communications would respect individual preferences and developmental stages, thereby enhancing the quality of interaction between children and their families or legal guardians.

In light of these challenges, we recommend revising the communication requirements to allow for more flexibility while still ensuring regular and ongoing communication with families. Facilities should be

mandated to develop and implement policies that ensure regular communication between children and their families, prioritizing safety and accommodating the children's developmental stages and individual needs. Offering cumulative communication time throughout the week would better cater to these needs while still fulfilling the bill's intent to maintain family connections.

In our annual state unannounced inspections, a crucial question is that is asked of interviewed students and families of those in care is whether they have access to regular and frequent communication or if they feel this access is impeded. We suggest that continuing to ask this question in private interviews during annual inspections helps ensure that the needs and rights of children and families for open and regular communication are being met effectively.

Addressing the section on inspections and interviews conducted by the Department of Health – “A designated agent or employee of the Department of Health shall conduct, at least twice each year, an unannounced inspection of each residential psychiatric treatment center. In conducting an inspection under this subsection, the Department of Health shall interview at least 50 percent of the patients of the residential psychiatric treatment center. Staff of the residential psychiatric treatment center may not be present during an interview conducted under this subsection.”

Currently as a Residential Psychiatric Treatment Center (RPTC) we are nationally accredited by the Joint Commission, certified for trauma informed care by the Sanctuary Institute and licensed through the State of Alaska. We already have multiple unannounced annual inspections. Specifically referencing the annual inspections conducted by the State of Alaska, 100% of the youth in care are offered interviews in private without staff present, with the state, surpassing the 50% in proposed in this bill. The suggestion is to continue to offer all youth the opportunity to meet in private with auditors from the state, however on an annual basis versus every six months. This adjustment would reduce administrative burden and allow us to allocate more resources towards providing direct care while still providing oversight and increasing the ability for more youth to share their perspectives.

Lastly, regarding the use of restraint and seclusion, “a residential psychiatric treatment center shall notify the Department of Health in writing of each use of seclusion or restraint, including the use of a chemical, mechanical, or physical restraint, on a person. The residential psychiatric treatment center shall notify the Department of Health and the parent or guardian of the person not later than one business day after the use of seclusion or restraint.”

We are supportive of this as written. It was our understanding that this was already a requirement for PRTCs. While our organization does not administer restraints or seclusions, we are familiar with the current Department of Health and Social Services Children's Residential Incident Report form which specifies that the use of seclusion or restraint including the use of emergency medications must be reported immediately but no later than 24 hours to both the state and the parent/guardian.

The current scope of this bill, while a good step forward, seems to protect only a narrow portion of children in care, potentially overlooking those in less intensive, yet equally important, congregate care environments. A more inclusive approach that considered different levels of care would ensure broader protection and support for all children within the system, including those in out of state facilities.

To conclude, while Senate Bill 231 is a commendable step towards enhancing the care of Alaska's children, thoughtful consideration of its operationalization, including a clear definition of key terms like

"confidential communication", providing flexibility in communication practices, and ensuring the continuity of effective oversight, can ensure its objectives are met effectively and pragmatically. I appreciate the opportunity to share these recommendations and look forward to contributing to a framework that supports the safety and well-being of Alaska's children.

Thank you for your time and consideration.

Best Regards,



Anne Dennis-Choi
President & CEO