

February 14, 2011

The Honorable Bette Davis
State Capitol Building
Juneau, AK 99801

Dear Senator Davis,

I appreciated your meeting with me to discuss issues related to North Star Behavioral Health. You hear thousands of different issues during the course of the year related to the needs of many constituents. I thank you for your time and consideration of issues related to the mental health needs of our community.

One such issue related to Senate Bill 66. As in our conversation, I support the need to protect client rights. Currently, we have many such avenues, both internal and external, to ensure such rights are protected. Our facility has patient advocates who accept complaints and grievances that can be resolved on the units and/or taken to senior leaders for resolution. Our medical staff and senior leadership review all grievances each month for systemic issues and individual staff trends that need to be addressed. External agency phone numbers are posted for patients and families to make complaints to numerous organizations if they desire (The Joint Commission, the Department of Health, the Office of Children's Services, the Center for Medicaid and Medicare Services, the Disability Law Center and others). Additionally, we are surveyed by many of these organizations at least annually. Clearly, patient and families have numerous avenues to address issues as they arise.

I have several concerns about adding to this level of oversight:

- 1.) The impetus of this bill was not related to children and adolescents. Children and adolescents have numerous adults (i.e., parents, step-parents, grandparents, custodians, and agencies) who ensure proper care and thus have advocates who make many primary decisions on their behalf.
- 2.) This population, by its nature, often exhibits poor judgment and boundaries (some of the reasons for admission). Adolescents in particular, would use such a system to distract from care and tie up staff time with unfounded complaints. This related to another concern: What makes a valid complaint to be addressed by such a group? Children and adolescents complain about such things as healthy food, phone privileges (the right to talk with peers with whom they have numerous

unhealthy boundaries) and whom we restrict visitation (previously agreed upon with guardians). This population in particular would not appear appropriate for such regulation. The amount of staff time alone would be prohibitive, both to our facility and on the part of the state.

- 3.) As a private psychiatric facility, we are not holding committed patients such as in the state facility. Our patients can be discharged by the guardian at any time and thereby represent no ability for involuntary commitment or confinement. Thus any grievance that would be seen by the patient or family as infringing on patient rights could be addressed simply by refusing care or treatment (in addition to external and internal reporting mentioned above).
- 4.) The Federal Health Care Quality Improvement Act allows certain information to be protected in order to protect privacy, promote honest disclosure and encourage facilities to address systemic issues that lead to improved outcomes. There are several issues with this. One, grievances that involve multiple patients would not be allowed to be discussed. For example: If the grievance involves one patient being treated differently than another or another patient committing an unwanted act. This prevents the facility from defending itself. Also, grievances associated with unfounded complaints could lead to potential frivolous lawsuits.

I would appreciate your consideration of these issues, either by considering removal of your support or by limiting the scope of the bill to patient populations and/or organizations in which you feel need such a system to protect clients. The bill could be limited to those patients above 18.

Sincerely,



Dr. Andrew Mayo, CEO
North Star Behavioral Health