

HB 172 Psychiatric Patient Rights Report to Legislature

The Alaska Mental Health Trust Authority, Alaska Department of Health, and Department of Family and Community Services, Agnew::Beck (contractor)

Senate Judiciary Committee Hearing

November 17, 2023



AK | DFCS
ALASKA DEPARTMENT OF
FAMILY AND COMMUNITY
SERVICES

HB 172 Overview & Report Requirements

House Bill (HB) 172 laid a foundation for increased access to behavioral health crisis services in less restrictive settings.

The passage of HB172 required a joint report to the Alaska Legislature to investigate and address psychiatric patient rights

HB172 Psychiatric Patient Rights in Alaska, pp 4

HB 172 - Section 36: Report Scope

- (1) include an assessment of the current state, federal, and accrediting body requirements;
- (2) identify and recommend any additional changes to state statutes, regulations, or other requirements;
- (3) assess and recommend any needed changes to current processes for data collection and reporting and
- (4) identify methods for collecting and making available to the legislature and the general public statistics.

Detailed on HB 172 Psychiatric Patient Rights in Alaska, page 7

Report Development



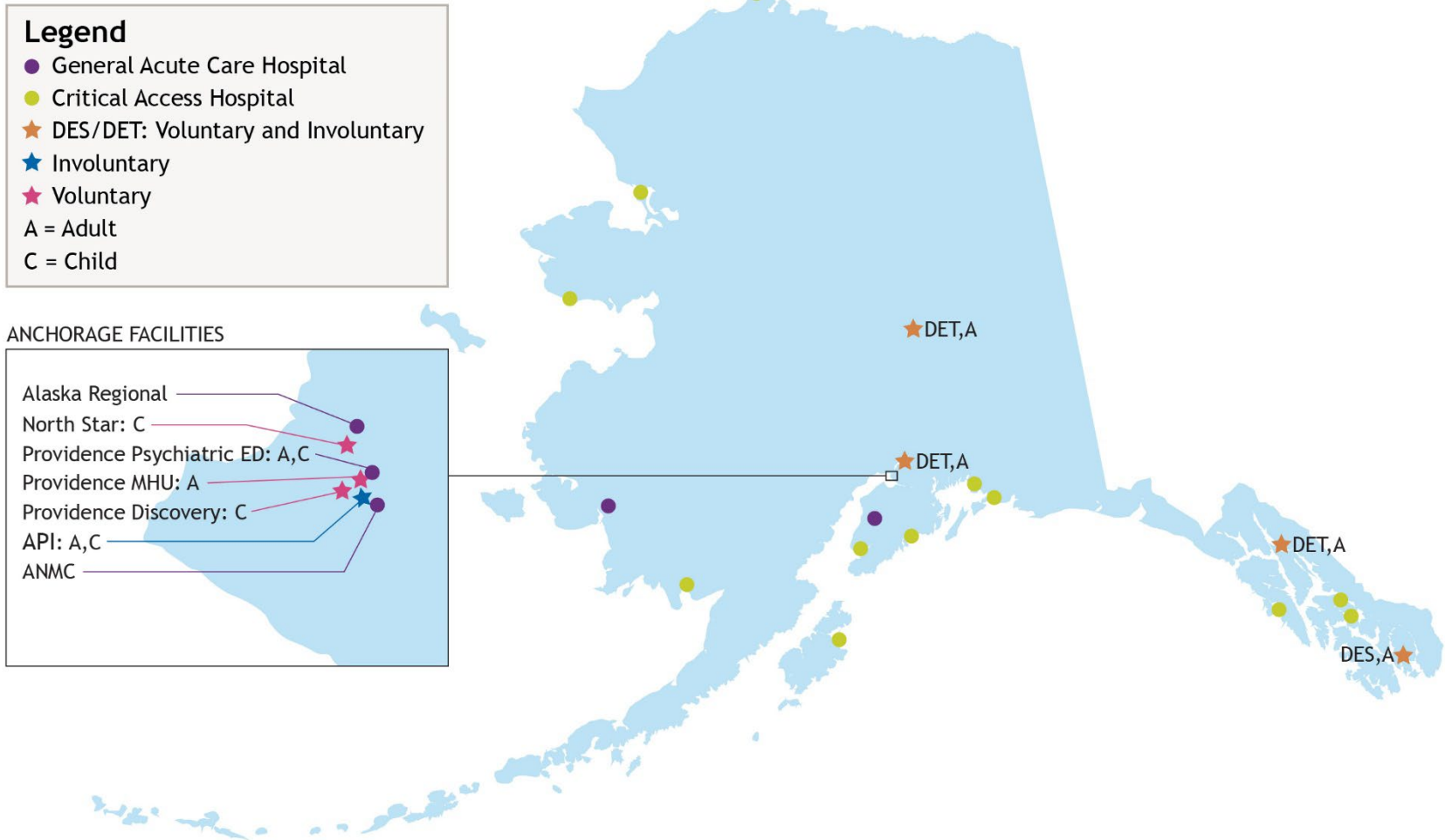
Report Development & Structure: Stakeholder Engagement (pp 8-10)





To develop this report the contractors and members of the project management team conducted site visits in Bethel, Kotzebue, Anchorage, Mat-Su, Fairbanks, Juneau, and Ketchikan during spring 2023.

Facilities Serving Psychiatric Patients



Report Contents

Assessment: Psychiatric Patient Rights and Greivance Processes

- pp 13-42

Recommendations: Changes to Improve Patient Outcomes and Enhance Patient Rlghts

- pp 43-44

Assessment: Data Collection and Reporting

- pp 45-47

Recommendations: Data Collection and Reporting

- pp 48-49

Psychiatric Patient Rights + Outcomes: Assessment Highlights

- Varying experiences for patients, providers and law enforcement, varies widely by location
- Psychiatric inpatient bed availability constrained with significant wait times
- All facilities meet accreditation and credentialing requirements
- Onus generally on patients/families to utilize information on advocacy, grievances, etc.
 - E.g., contacting legal representation
- Debate on 'impartial body' for grievances & appeals

Data Collection & Reporting: Assessment Highlights

- Need for improved data coordination and tracking
 - E.g. MC-105
- Concern for additional administrative burden
- No single department or entity has authority or oversight over this system
- Concern for stigmatization of behavioral health patients through reporting

Supplemental Material Contents

App A: Resource Inventory

App B: Stakeholder Vision and Access to Treatment, Stabilization, and Discharge

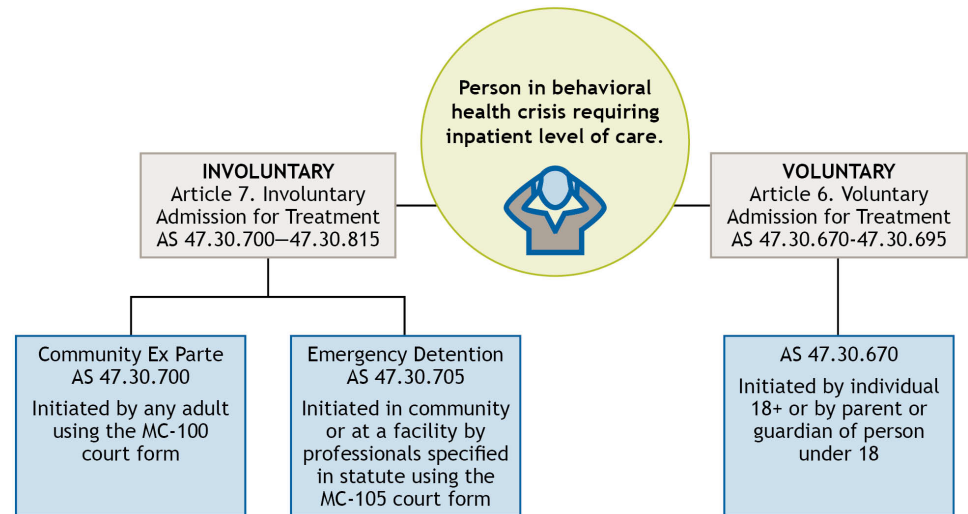
App C: Psychiatric Advanced Directives

App D: Previously Proposed Legislation

App E: Comparison of Grievance Processes in Other States

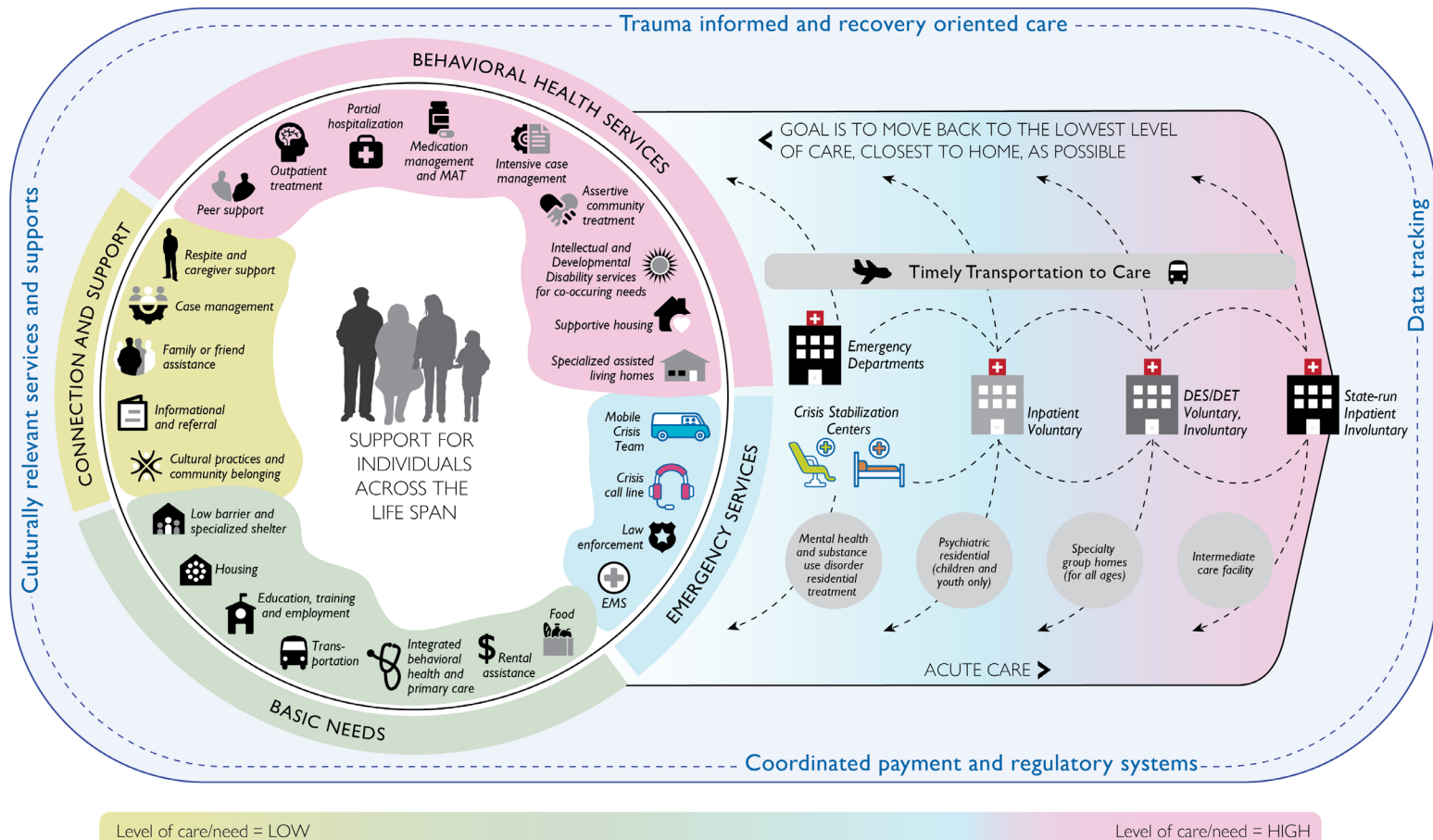
App F: Recommendations: Full list

App G: Public Comment and Response



APPENDIX B: Stakeholder Vision and Access to Care

Vision for Comprehensive Behavioral Health Continuum of Care



Highlighted Recommendations

Legislative fixes

- Amend AS 47.30.709
- Law enforcement officers training
- Define “impartial body” as it is used in Sec. 47.30.847: Patients' grievance procedures.
- Enact a psychiatric patient care Ombudsman’s office in statute.
- Review and update of the civil commitment and related statutes.

Recommendations for Departments

- Court forms
- Guidance and standardized training that defines entity roles and patient rights in specific settings.
- Review what additional data and tracking can be completed and how it will be shared.

Supplemental recommendations:

- 90 recommendations recorded, including those outside of scope or without consensus

Closing Comments

