

**HB**

**214**

<TARGET><BILL>HB 214</BILL><SUBJECT>HB  
214</SUBJECT><COMM>HHSS28</COMM></TARGET>

# HOUSE COMMITTEE REPORT

(7)

Date Referred to Committee: January 21, 2014

FURTHER REFERRALS: Judiciary  
Finance

Date of Committee Action: 3/14/2014

The HEALTH AND SOCIAL SERVICES Committee considered:

HB 214

HOUSE BILL NO. 214

"An Act relating to mental health patient rights, notifications, and grievance procedures."

HB 214 MENTAL HEALTH PATIENT RIGHTS & GRIEVANCES


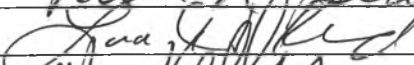
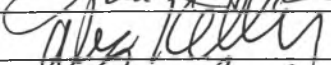
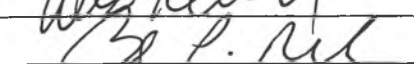

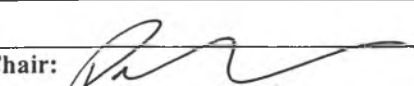
Recommends it be replaced with  HCS or  CS for HB 214 (HSS)  
 For Senate Bills with new title:  Technical Title  New Title: HCR \_\_\_\_\_  Same Title  New Title

- attach amendments
- add new referral to \_\_\_\_\_ Committee
- Letter of Intent \_\_\_\_\_ Committee

- List of Abbrev for Depts.:
- ADM
  - CEC
  - COR
  - CRT
  - EED
  - DEC
  - DFG
  - GOV
  - DHS
  - LWF
  - LAW
  - LEG
  - MVA
  - DNR
  - DPS
  - REV
  - DOT
  - UA

<u>NEW FISCAL NOTES</u>				
*FN# is assigned by Chief Clerk's Office				
*FN#	List by Dept(s):	Fiscal	Indet.	Zero
	DHS		✓	
	ADM	✓		
	LAW	✓		

<u>PREVIOUS FISCAL NOTES</u>				
FN#	List by Dept(s):	Fiscal	Indet.	Zero

<u>Signing with recommendations</u>	Printed Last Name	DP	DNP	NR	AM
	SEATON	X			
	Reinbold	X			
	Keller			X	
	NAGEAK	X			
	Tarr	X			
Chair: 	Higgins	✓			
Chair:					

# ALASKA STATE LEGISLATURE

**Session:**  
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## REPRESENTATIVE PETE HIGGINS

### SPONSOR STATEMENT

#### HB 214 "An Act relating to a mental health patient rights, notifications, and grievance procedures"

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HB 214 amends the mental health grievance procedure provided under AS 47.30.847. This bill governs due process and grievance procedures in all state and private mental health hospitals, clinics, and units which receive public funds. Prompted by the 8,000 to 10,000 admissions to mental health facilities and units in Alaska each year, this bill requires:

1. Adequate notice
2. Standardized forms
3. Advocate assistance
4. Rapid written administrative response
5. Right to appeal
6. Telephonic access to a state monitored call center to lodge a complaint immediately.

Mental health patients are among the most vulnerable in Alaska. There are a number of patient assaults and staff injuries each year. There are also thousands of children who are committed each year.

Current statutes and regulations do little to protect psychiatric patients. State and Federal courts have consistently ruled that individuals who have not committed a crime and are locked up for psychiatric evaluation and treatment should not be treated like criminals and their rights are to remain intact to the greatest extent possible. Ironically, prisoners in Alaska's correctional system are afforded a much more comprehensive grievance procedure with due process rights and protections under the law than mental health patients.

HB 214 provides for three critical rights; the right to file a grievance, the right to have an advocate, and the right to a timely response to a grievance.

Passage of HB 214 will improve mental health treatment, grievance reporting, and state oversight.

28-LS0392A

# LEGAL SERVICES

DIVISION OF LEGAL AND RESEARCH SERVICES  
LEGISLATIVE AFFAIRS AGENCY  
STATE OF ALASKA

(907) 465-3867 or 465-2450  
FAX (907) 465-2029  
Mail Stop 3101

State Capitol  
Juneau, Alaska 99801-1182  
Deliveries to: 129 6th St., Rm. 329

## MEMORANDUM

March 12, 2014

**SUBJECT:** Delegation of executive branch authority  
(CSHB 214(HSS) (Work Order No. 28-LS0869\C))

**TO:** Representative Pete Higgins  
Attn: Thomas Studler

**FROM:** Jean M. Mischel  
Legislative Counsel

You have asked whether AS 47.30.660(b)(13), repealed in the above referenced bill, constitutes an excessive delegation of authority. That section provides that the Department of Health and Social Services shall:

(13) delegate upon mutual agreement to another officer or agency of it, or a political subdivision of the state, or a treatment facility designated, any of the duties and powers imposed upon it by AS 47.30.660 - 47.30.915;

This provision requires a delegation to the various entities described, on mutual agreement, of the general powers and duties of the department under AS 47.30.660, and more specific authority pertaining to, for example, voluntary commitments for mental illness under AS 47.30.670, involuntary commitments for mental illness under AS 47.30.700, mental health patient rights under AS 47.30.825, grievance procedures under AS 47.30.847, and diligent inquiry after departure of a patient from a mental health facility or death in a facility under AS 47.30.900. The delegation provides no specific standard under which a nongovernmental organization would exercise departmental authority, other than the express duties applicable to the department. A delegation may result in the authority of a mental health treatment facility to essentially regulate itself, for departmental purposes, in the care and treatment of mental health patients. Aside from the policy implications of such a broad delegation, the delegation may be unlawful due to its breadth. The Alaska Supreme Court has stated:

The constitutionality of a delegation is determined on the basis of the scope of the power delegated and the specificity of the standards to govern its exercise. "When the scope increases to immense proportions . . . the standards must be correspondingly more precise." The essential inquiry is whether the specified guidance 'sufficiently marks the field within which

Representative Pete Higgins

March 12, 2014

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the administrator is to act so that it may be known whether he has kept within it in compliance with the legislative will.'

*State v. Fairbanks North Star Borough*, 736 P.2d 1140, 1143 (Alaska 1987) (internal quotes and citations omitted).

While the delegation in AS 47.30.660(b)(13) has not been challenged to my knowledge, the provision may be interpreted as an unconstitutional excessive delegation of executive branch functions to nongovernmental and regulated entities.

If you have questions, please do not hesitate to contact me.

JMM:lem  
14-132.lem

Enclosure

28-LS0869\C  
Mischel  
3/7/14

**CS FOR HOUSE BILL NO. 214(HSS)**

**IN THE LEGISLATURE OF THE STATE OF ALASKA**

**TWENTY-EIGHTH LEGISLATURE - SECOND SESSION**

**BY THE HOUSE HEALTH AND SOCIAL SERVICES COMMITTEE**

**Offered:  
Referred:**

**Sponsor(s): REPRESENTATIVES HIGGINS, TARR, AND GATTIS, Muñoz**

**A BILL**

**FOR AN ACT ENTITLED**

1 **"An Act relating to mental health patient rights, notifications, and grievance**  
2 **procedures; and relating to delegations of duties and powers relating to mental health**  
3 **by the Department of Health and Social Services."**

4 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

5 **\* Section 1.** AS 44.64.030(a) is amended by adding a new paragraph to read:

6 (51) AS 47.30.847(a)(3) (mental health patient grievance appeals).

7 **\* Sec. 2.** AS 44.64.090 is amended by adding a new subsection to read:

8 (c) The office shall maintain the confidentiality of records pertaining to a  
9 mental health grievance appeal filed under AS 47.30.847 except as necessary to  
10 conduct the appeal among the parties to the appeal, unless the office has received the  
11 prior written consent of the person who filed the grievance.

12 **\* Sec. 3.** AS 47.30.840(a) is amended to read:

13 (a) A person undergoing evaluation or treatment under AS 47.30.660 -  
14 47.30.915

1 (1) may not be photographed without the person's consent and that of  
2 the person's guardian if a minor, except that the person may be photographed upon  
3 admission to a facility for identification and for administrative purposes of the facility;  
4 all photographs shall be confidential and may only be released by the facility to the  
5 patient or the patient's designee unless a court orders otherwise;

6 (2) at the time of admission to an evaluation or treatment facility, shall  
7 have reasonable precautions taken by the staff to inventory and safeguard the patient's  
8 personal property; a copy of the inventory signed by the staff member making it shall  
9 be given to the patient and made available to the patient's attorney and any other  
10 person authorized by the patient to inspect the document;

11 (3) shall have access to an individual storage space for the patient's  
12 private use while undergoing evaluation or treatment;

13 (4) shall be permitted to wear personal clothing, to keep and use  
14 personal possessions including toilet articles if they are not considered unsafe for the  
15 patient or other patients who might have access to them, and to keep and be allowed to  
16 spend a reasonable sum of the patient's own money for the patient's needs and  
17 comfort;

18 (5) except as provided in (14) of this subsection, shall be allowed to  
19 have visitors at reasonable times;

20 (6) shall have ready access to letter writing materials, including  
21 stamps, and have the right to send and receive unopened mail;

22 (7) shall have reasonable access to a telephone, both to make and  
23 receive confidential calls;

24 (8) has the right to be free of corporal punishment;

25 (9) has the right to reasonable opportunity for indoor and outdoor  
26 exercise and recreation;

27 (10) has the right, at any time, to have a telephone conversation with or  
28 be visited by an attorney;

29 (11) may not be retaliated against or subjected to any adverse change  
30 of conditions or treatment solely because of assertion of rights under this section;

31 (12) has the right to file a grievance under AS 47.30.847;

1                   (13) has the right to a designated representative to act as a patient  
2                   advocate and to assist in the filing of a grievance under AS 47.30.847;

3                   (14) who has been evaluated or treated in a locked evaluation  
4                   facility or unit or a designated treatment facility or unit for more than three days  
5                   has the right to a reasonable opportunity to maintain natural support systems,  
6                   including family, friends, and help networks;

7                   (15) has the right to confidentiality of the person's records unless  
8                   the person has consented in writing to the release of the records.

9                   \* Sec. 4. AS 47.30.847 is repealed and reenacted to read:

10                   Sec. 47.30.847. Patient grievance procedure. (a) The department shall  
11                   establish a standardized statewide mental health patient grievance procedure for the  
12                   benefit of any person who is undergoing evaluation or treatment at an evaluation  
13                   facility or unit or designated treatment facility or unit under AS 47.30.660 - 47.30.915.

14                   The grievance procedure must include

15                   (1) a telephone call center operated by the department for filing and  
16                   reviewing a grievance;

17                   (2) a standardized form for filing a grievance;

18                   (3) an appeal procedure that includes an administrative appeal to the  
19                   office of administrative hearings under AS 44.64;

20                   (4) a standardized notice of the grievance and appeal procedure;

21                   (5) regular monitoring of compliance with the procedure;

22                   (6) timely records review and maintenance by the department;

23                   (7) maintenance of confidentiality of the grievance records, including  
24                   appeal documents and decisions, unless the grievant provides prior written consent to  
25                   release some or all of the records; and

26                   (8) a process for designating a grievance by category as follows:

27                   (A) category 1 for a grievance related to the physical or social  
28                   environment under the control of the facility or unit;

29                   (B) category 2 for a grievance related to patients' rights as  
30                   provided in AS 47.30.825 and 47.30.830 and regulations of the department;

31                   (C) category 3 for a grievance that alleges a criminal act.

1 (b) An evaluation facility or unit and a designated treatment facility or unit  
2 shall comply with the grievance procedure established in (a) of this section, regardless  
3 of the availability of a less formal procedure for comments and suggestions. Once  
4 filed, all grievances shall be processed on a single form and completed to resolution  
5 unless the grievance is withdrawn by the grievant. The facility or unit shall

6 (1) provide a form approved by the department for submission of a  
7 grievance and a secure box for deposit of grievances; the contents of the box must be  
8 reviewed each day a patient is being treated or evaluated; the form must be readily  
9 accessible to the patient and easily understood by the patient or easily explained by a  
10 staff member in a language and method understandable to the patient; the original and  
11 a copy of a completed form submitted to the facility or unit must be kept in the  
12 patient's record of admission or an administrative file for the patient;

13 (2) maintain a complete record of all documents, including the  
14 grievance and appeals and responses to the grievance and appeals; and

15 (3) for a category 2 or 3 grievance, deliver to the department within 24  
16 hours an electronic copy of the initial grievance and all documents received under (2)  
17 of this subsection.

18 (c) Unless an extension of time of not more than five business days is agreed  
19 to by a patient or the patient's representative, an evaluation facility or unit or a  
20 designated treatment facility or unit shall mail or hand deliver a written response to the  
21 patient and an electronic copy of the response to the department within five calendar  
22 days after receipt by the department of a grievance or request for additional review.  
23 The response must include the reasons for the decision and a description of the appeal  
24 process. The grievant may request review by the commissioner within 30 calendar  
25 days.

26 (d) A grievant may not file a grievance or an appeal later than one year after  
27 being discharged from an evaluation facility or unit or a designated treatment facility  
28 or unit. The facility or unit shall make a good faith effort to mail a response to a  
29 grievant who has been discharged from the facility.

30 (e) The department shall review all grievances and responses to grievances for  
31 compliance with this section and intervene when necessary to protect rights under

1 AS 47.30.840.

2 (f) An evaluation facility or unit and a designated treatment facility or unit  
3 shall prepare and file an annual report with the department that describes the

4 (1) number of category 1, 2, and 3 grievances submitted;

5 (2) general issue raised in each grievance; and

6 (3) resolution, including litigation, of all grievances submitted.

7 (g) The department shall provide to the governor and to the legislature an  
8 annual report of the number, locations, and category of grievances filed under this  
9 section and recommendations of the department to improve mental health evaluation,  
10 treatment, and procedures in the state. The report must preserve the confidentiality of a  
11 person who is the subject of a grievance. The department shall make the report  
12 available to the public.

13 (h) In this section,

14 (1) "grievance" means a complaint or concern filed by telephone or in  
15 writing by a grievant using a form provided by an evaluation facility or unit or a  
16 designated treatment facility or unit;

17 (2) "grievant" means a patient of an evaluation facility or unit or a  
18 designated treatment facility or unit, or the patient's representative;

19 (3) "unit" means a portion of a health care facility dedicated to the  
20 evaluation or treatment of mental health patients.

21 \* **Sec. 5.** AS 47.30.855 is amended by adding new subsections to read:

22 (b) The department shall provide to an evaluation facility or unit or designated  
23 treatment facility or unit for posting and distribution a standardized notice that is  
24 designed to be easily understood and that separately describes patient rights, available  
25 assistance, and the grievance procedure described in AS 47.30.847.

26 (c) A person in charge of an evaluation facility or unit or designated treatment  
27 facility or unit shall ensure that each patient or patient's representative receives a  
28 written copy of the standardized notice provided by the department under (b) of this  
29 section and of the grievance procedure described in AS 47.30.847.

30 (d) In this section, "unit" has the meaning given in AS 47.30.847.

31 \* **Sec. 6.** AS 47.30.660(b)(13) is repealed.

# ALASKA STATE LEGISLATURE

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## REPRESENTATIVE PETE HIGGINS

---

March 7, 2014

### CS HB 214(HSS)\C Sectional Analysis

**Section 1.** Adds a mental health grievance appeals to the jurisdiction of the Office of Administrative Hearings.

**Section 2.** Requires the Office of Administrative Hearings to maintain confidentiality of records in grievance appeals.

**Section 3.** Adds rights to the list of rights of a person undergoing mental health evaluation or treatment in the state under specified provisions of state law, including involuntary commitments. The additional rights include the right to file a grievance, the right to have a designated representative of their choosing to act as a patient advocate and to assist in filing a grievance, the right to natural support systems, including family, friends, and help networks after being in an locked evaluation facility over three days; and the right to maintain confidentiality of their records unless they chose to release those records.

**Section 4.** Establishes a grievance procedure, including a call center, departmental review and appeal. Establishes three categories of grievances, and their respective reporting requirements. Defines "grievance", "grievant", and "unit".

**Section 5.** Requires the Department of Health and Social Services to provide a standardized notice of patients' rights, assistance, and grievance procedures to mental health evaluation and treatments facilities in the state. Also requires the person in charge of the facility to provide a written copy of the notice to each patient or their representative.

**Section 6.** Repeals AS47.30.660(b)(13). Cancels the department's ability to delegate their powers and duties to another organization, or treatment facility.

# ALASKA STATE LEGISLATURE

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## REPRESENTATIVE PETE HIGGINS

March 7, 2014

### Explanation of changes for CS HB 214 28-LS0869\C

**Section 1:** Unchanged

**Section 2:** AS 44.64.090 is amended by adding a new subsection to read (c) “ The office shall maintain the confidentiality of records pertaining to a mental health grievance appeal filed under AS 47.30.847 except as necessary to conduct the appeal among the parties to the appeal, unless the office has received the prior written consent of the person who filed the grievance”

**Section 3:** AS 47.30.840(a) (5) is amended to include “except as provided in the (14) of this subsection” shall be allowed to have visitors at reasonable times.

(13) Amended by removing, “employed by and clearly identified by an evaluation facility or unit or designated treatment facility or unit”.

(15) was added “has the right to confidentiality of the person’s record unless the person has consented in writing to the release of the records.”

**Section 4:** AS 47.30.847(a) (1) “A telephone call center” replaces 24 hour crisis line.

(3) amended by removing, “to an impartial body designated by the department” to “the office of administrative hearings under AS 44.64.”

(6) amended adding, “by the department”

(7) was added “ maintenance of confidentiality of the grievance records, including the appeal documents and decisions, unless the grievance provides prior written consent to release some or all of the records;

(8) was added, A process for designating a grievance by category as follows.

(A) category 1 for a grievance related to the physical or social environment under the control of the facility or unit;

(B) category 2 for a grievance related to patients’ rights as provided in AS 47.30.825 and AS 47.30.830 and regulations of the department.

(C) category 3 for a grievance that alleges a criminal act.

Page 4

Section 4 47.30.847(b)(1) amended removing, “patient records” adding, “ **patient’s record of admission or an administrative file for the patient**”

(b)(3) Amended adding, “**for a category 2 and 3 grievance, delivered to the department with 24 hours**”

Section 4 (b)(4) has been **deleted**.

Sec.4 (c) Amended changing, five “**business**” days to “**calendar**” days a written response to the patient and electronic copy to department. Amended changing, the grievant may request a review by the commissioner within “**five business days**” to “**30 calendar days**”.  
Former Sec. 4 (d) has been deleted.

Page 5

Sec. 4 (f) amended changing “**quarterly**” report to “**annual**” report.

(f) (1) amended adding, “**category 1,2, and 3**”

Sec.4 (g) amended changing “**biennial**” report to “**annual**” report changed “**type**” to “**category**”

Sec. 5 Unchanged.

Sec.6 added, repealing AS47.30.660(b)(13).

Current in Statute AS .47.30.847

Grievance Procedure

START HERE

A patient has the right to bring grievances about the patient's treatment, care, or rights to an impartial body within an evaluation facility or designated treatment facility.

AS 47.30.847(a)



An evaluation facility and a designated treatment facility shall have a formal grievance procedure for patient grievances brought under (a) of this section. The facility shall inform each patient of the existence and contents of the grievance procedure.

AS 47.30.847(b)



End Here

An evaluation facility and a designated treatment facility shall have a designated staff member who is trained in mental health consumer advocacy who will serve as an advocate, upon a patient's request, to assist the patient in bringing grievances or pursuing other redress for complaints concerning care, treatment, and rights.

AS 47.30.847(c)

**CS HB 214 Version C**  
**Grievance**  
**Procedures**

HESS Committee  
Rep. Higgins  
March 11, 2014

START HERE  
DHSS Approved Form  
AS 47.30.847(b)(1)

Standardized Notice of Grievance Process  
AS 47.30.847(a)(4)

Secure box for complaints reviewed daily by facilities  
AS 47.30.847(b)(1)

Maintain a complete record of all documents, including grievance and  
appeals and responses to grievance and appeals.  
AS 47.30.847(b)(2)

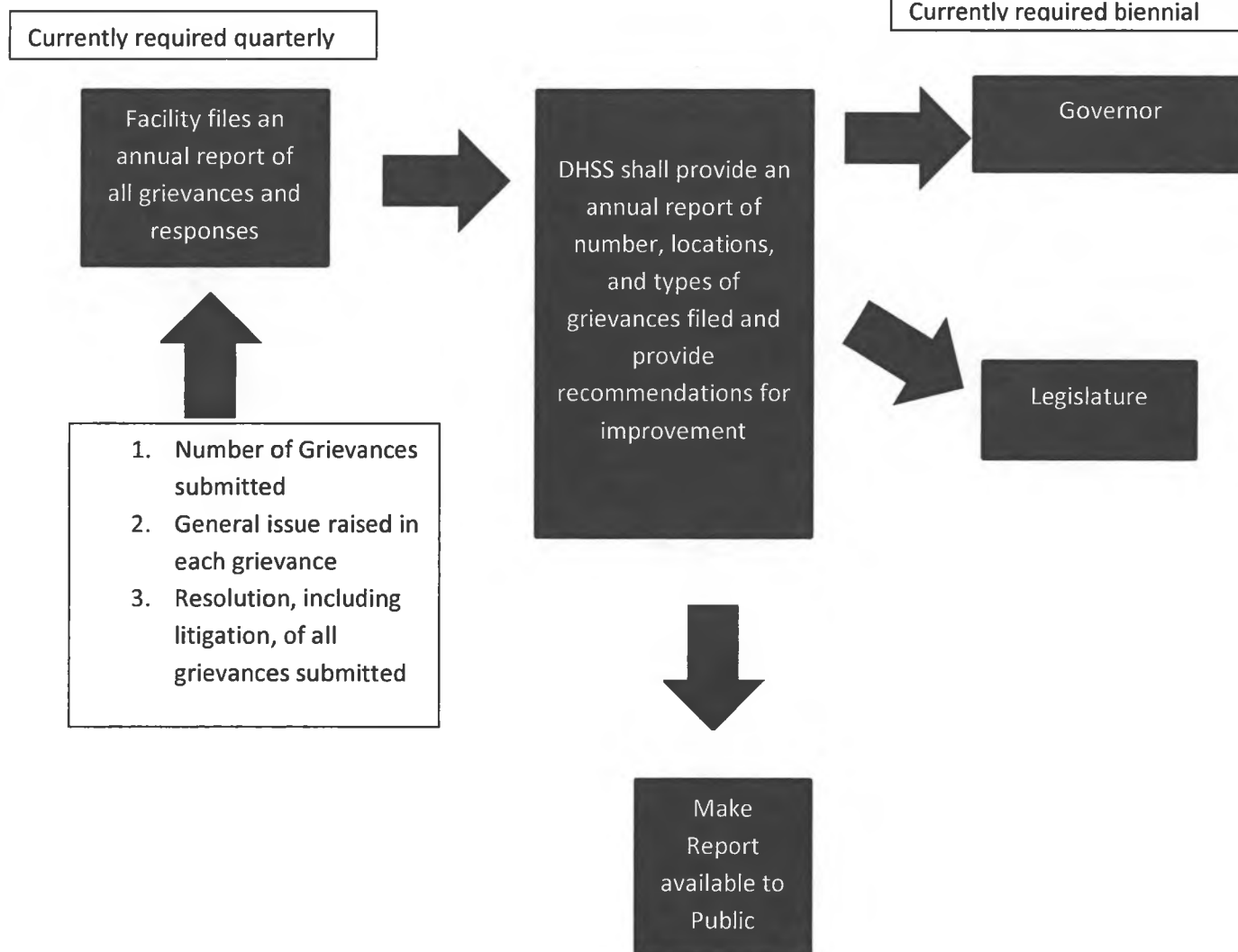
Facility must respond to category II and III within 24 hours to department.  
Facility must provide a response to Complainant or patient's representative within 5 calendar days. Must  
include a description of appeal process and the facility must provide an electronic copy of grievance to  
DHSS in 24 hours and a response to grievance to DHSS in electronic copy in 5 calendar days.  
AS 47.30.847(b)(3) and (c)

Patient can request a review by the Commissioner of DHSS within 30  
calendar days of written response.  
AS 47.30.847( c) AS 44.64.030(a)

APPEAL to Office of Administrative Appeals  
AS 47.30.847(a) (3)  
End Here

## Reports by Facilities

### CS HB 214 Version C



28-LS0869A  
Mischel  
6/7/13

**HOUSE BILL NO.**

IN THE LEGISLATURE OF THE STATE OF ALASKA  
TWENTY-EIGHTH LEGISLATURE - SECOND SESSION

**BY REPRESENTATIVE HIGGINS**

**Introduced:**  
**Referred:**

**A BILL**

**FOR AN ACT ENTITLED**

1 **"An Act relating to mental health patient rights, notifications, and grievance**  
2 **procedures."**

3 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

4 **\* Section 1.** AS 44.64.030(a) is amended by adding a new paragraph to read:

5 (51) AS 47.30.847(a)(3) (mental health patient grievance appeals).

6 **\* Sec. 2.** AS 47.30.840(a) is amended to read:

7 (a) A person undergoing evaluation or treatment under AS 47.30.660 -  
8 47.30.915

9 (1) may not be photographed without the person's consent and that of  
10 the person's guardian if a minor, except that the person may be photographed upon  
11 admission to a facility for identification and for administrative purposes of the facility;  
12 all photographs shall be confidential and may only be released by the facility to the  
13 patient or the patient's designee unless a court orders otherwise;

14 (2) at the time of admission to an evaluation or treatment facility, shall

1 have reasonable precautions taken by the staff to inventory and safeguard the patient's  
2 personal property; a copy of the inventory signed by the staff member making it shall  
3 be given to the patient and made available to the patient's attorney and any other  
4 person authorized by the patient to inspect the document;

5 (3) shall have access to an individual storage space for the patient's  
6 private use while undergoing evaluation or treatment;

7 (4) shall be permitted to wear personal clothing, to keep and use  
8 personal possessions including toilet articles if they are not considered unsafe for the  
9 patient or other patients who might have access to them, and to keep and be allowed to  
10 spend a reasonable sum of the patient's own money for the patient's needs and  
11 comfort;

12 (5) shall be allowed to have visitors at reasonable times;

13 (6) shall have ready access to letter writing materials, including  
14 stamps, and have the right to send and receive unopened mail;

15 (7) shall have reasonable access to a telephone, both to make and  
16 receive confidential calls;

17 (8) has the right to be free of corporal punishment;

18 (9) has the right to reasonable opportunity for indoor and outdoor  
19 exercise and recreation;

20 (10) has the right, at any time, to have a telephone conversation with or  
21 be visited by an attorney;

22 (11) may not be retaliated against or subjected to any adverse change  
23 of conditions or treatment solely because of assertion of rights under this section;

24 **(12) has the right to file a grievance under AS 47.30.847;**

25 **(13) has the right to a designated representative employed and**  
26 **clearly identified by an evaluation facility or unit or a designated treatment**  
27 **facility or unit to act as a patient advocate and to assist in the filing of a grievance**  
28 **under AS 47.30.847;**

29 **(14) who has been evaluated or treated in a locked evaluation**  
30 **facility or unit or a designated treatment facility or unit for more than three days**  
31 **has the right to a reasonable opportunity to maintain natural support systems.**

~~including family, friends, and help networks~~

\* Sec. 3. AS 47.30.847 is repealed and reenacted to read:

**Sec. 47.30.847. Patient grievance procedure.** (a) The department shall establish a standardized statewide mental health patient grievance procedure for the benefit of any person who is undergoing evaluation or treatment at an evaluation facility or unit or designated treatment facility or unit under AS 47.30.660 - 47.30.915. The grievance procedure must include

(1) a 24-hour crisis telephone line operated by the department for filing and reviewing a grievance;

(2) a standardized form for filing a grievance;

(3) an appeal procedure that includes an administrative appeal to an impartial body designated by the department;

(4) a standardized notice of the grievance and appeal procedure;

(5) regular monitoring of compliance with the procedure; and

(6) timely records review and maintenance.

(b) An evaluation facility or unit and a designated treatment facility or unit shall comply with the grievance procedure established in (a) of this section, regardless of the availability of a less formal procedure for comments and suggestions. Once filed, all grievances shall be processed on a single form and completed to resolution. The facility or unit shall

(1) provide a form approved by the department for submission of a grievance and a secure box for deposit of grievances; the contents of the box must be reviewed each day a patient is being treated or evaluated; the form must be readily accessible to the patient and easily understood by the patient or easily explained by a staff member in a language and method understandable to the patient; the original and a copy of a completed form submitted to the facility or unit must be kept in the patient's record;

(2) maintain a complete record of all documents, including the grievance and appeals and responses to the grievance and appeals;

(3) deliver to the department within 24 hours an electronic copy of the initial grievance and all documents received under (2) of this subsection; and

1 (4) conduct an urgent level of review and provide to the grievant a  
2 decision within 24 hours after receipt of a grievance that alleges

3 (A) sexual abuse;

4 (B) physical abuse; or

5 (C) denial of

6 (i) lifesaving treatment or procedures;

7 (ii) lifesaving medications; or

8 (iii) basic care or human rights, as defined by the  
9 commissioner.

10 (c) Unless an extension of time of not more than five business days is agreed  
11 to by a patient or the patient's representative, an evaluation facility or unit or a  
12 designated treatment facility or unit shall mail or hand deliver a written response to the  
13 patient and an electronic copy of the response to the department within five days after  
14 receipt of a grievance or request for additional review. The response must include the  
15 reasons for the decision and a description of the appeal process. The grievant may  
16 request review by the commissioner within five business days if a written response is  
17 not consistent with this section or AS 47.30.840.

18 (d) An evaluation facility or unit and a designated treatment facility or unit  
19 shall have a designated staff member who is trained in mental health consumer  
20 advocacy who shall, on a patient's request, serve as an advocate to assist the patient in  
21 bringing grievances or pursuing other redress for complaints concerning care,  
22 treatment, and rights.

23 (e) A grievant may not file a grievance or an appeal later than one year after  
24 being discharged from an evaluation facility or unit or a designated treatment facility  
25 or unit. The facility or unit shall make a good faith effort to mail a response to a  
26 grievant who has been discharged from the facility.

27 (f) The department shall review all grievances and responses to grievances for  
28 compliance with this section and intervene when necessary to protect rights under  
29 AS 47.30.840.

30 (g) An evaluation facility or unit and a designated treatment facility or unit  
31 shall prepare and file a quarterly report with the department that describes the

- 1 (1) number of grievances submitted;
- 2 (2) general issue raised in each grievance; and
- 3 (3) resolution, including litigation, of all grievances submitted.

4 (h) The department shall provide to the governor and to the legislature a  
5 biennial report of the number, locations, and types of grievances filed under this  
6 section and recommendations of the department to improve mental health evaluation,  
7 treatment, and procedures in the state. The report must preserve the confidentiality of a  
8 person who is the subject of a grievance. The department shall make the report  
9 available to the public.

10 (i) In this section,

11 (1) "grievance" means a complaint or concern filed by a grievant on a  
12 form provided by an evaluation facility or unit or a designated treatment facility or  
13 unit;

14 (2) "grievant" means a patient of an evaluation facility or unit or a  
15 designated treatment facility or unit, or the patient's representative;

16 (3) "unit" means a portion of a health care facility dedicated to the  
17 evaluation or treatment of mental health patients.

18 \* **Sec. 4.** AS 47.30.855 is amended by adding new subsections to read:

19 (b) The department shall provide to an evaluation facility or unit or designated  
20 treatment facility or unit for posting and distribution a standardized notice that is  
21 designed to be easily understood and that separately describes patient rights, available  
22 assistance, and the grievance procedure described in AS 47.30.847.

23 (c) A person in charge of an evaluation facility or unit or designated treatment  
24 facility or unit shall ensure that each patient or patient's representative receives a  
25 written copy of the standardized notice provided by the department under (b) of this  
26 section and of the grievance procedure described in AS 47.30.847.

27 (d) In this section, "unit" has the meaning given in AS 47.30.847.

28-LS0869\O  
Mischel  
3/13/14

**CS FOR HOUSE BILL NO. 214(HSS)**

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-EIGHTH LEGISLATURE - SECOND SESSION

BY THE HOUSE HEALTH AND SOCIAL SERVICES COMMITTEE

Offered:  
Referred:

Sponsor(s): REPRESENTATIVES HIGGINS, TARR, AND GATTIS, Muñoz

**A BILL**

**FOR AN ACT ENTITLED**

1 "An Act relating to mental health patient rights, notifications, and grievance  
2 procedures; and relating to delegations of duties and powers relating to mental health  
3 by the Department of Health and Social Services."

4 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

5 \* Section 1. AS 44.64.030(a) is amended by adding a new paragraph to read:

6 (51) AS 47.30.847(a)(3) (mental health patient grievance appeals).

7 \* Sec. 2. AS 44.64.090 is amended by adding a new subsection to read:

8 (c) The office shall maintain the confidentiality of records pertaining to a  
9 mental health grievance appeal filed under AS 47.30.847 except as necessary to  
10 conduct the appeal among the parties to the appeal, unless the office has received the  
11 prior written consent of the person who filed the grievance.

12 \* Sec. 3. AS 47.30.840(a) is amended to read:

13 (a) A person undergoing evaluation or treatment under AS 47.30.660 -  
14 47.30.915

1 (1) may not be photographed without the person's consent and that of  
2 the person's guardian if a minor, except that the person may be photographed upon  
3 admission to a facility for identification and for administrative purposes of the facility;  
4 all photographs shall be confidential and may only be released by the facility to the  
5 patient or the patient's designee unless a court orders otherwise;

6 (2) at the time of admission to an evaluation or treatment facility, shall  
7 have reasonable precautions taken by the staff to inventory and safeguard the patient's  
8 personal property; a copy of the inventory signed by the staff member making it shall  
9 be given to the patient and made available to the patient's attorney and any other  
10 person authorized by the patient to inspect the document;

11 (3) shall have access to an individual storage space for the patient's  
12 private use while undergoing evaluation or treatment;

13 (4) shall be permitted to wear personal clothing, to keep and use  
14 personal possessions including toilet articles if they are not considered unsafe for the  
15 patient or other patients who might have access to them, and to keep and be allowed to  
16 spend a reasonable sum of the patient's own money for the patient's needs and  
17 comfort;

18 (5) except as provided in (15) of this subsection, shall be allowed to  
19 have visitors at reasonable times;

20 (6) shall have ready access to letter writing materials, including  
21 stamps, and have the right to send and receive unopened mail;

22 (7) shall have reasonable access to a telephone, both to make and  
23 receive confidential calls;

24 (8) has the right to be free of corporal punishment;

25 (9) has the right to reasonable opportunity for indoor and outdoor  
26 exercise and recreation;

27 (10) has the right, at any time, to have a telephone conversation with or  
28 be visited by an attorney;

29 (11) may not be retaliated against or subjected to any adverse change  
30 of conditions or treatment solely because of assertion of rights under this section;

31 (12) has the right to file a grievance under AS 47.30.847;

1                   (13) has the right to a designated representative employed and  
2                   clearly identified by an evaluation facility or unit or a designated treatment  
3                   facility or unit to act as a patient advocate and to assist in the filing of a grievance  
4                   under AS 47.30.847;

5                   (14) has the right to select an individual to act as a patient  
6                   advocate and to assist in the filing of a grievance under AS 47.30.847;

7                   (15) who has been evaluated or treated in a locked evaluation  
8                   facility or unit or a designated treatment facility or unit for more than three days  
9                   has the right to a reasonable opportunity to maintain natural support systems,  
10                  including family, friends, and help networks;

11                  (16) has the right to confidentiality of the person's records unless  
12                  the person has consented in writing to the release of the records.

13 \* Sec. 4. AS 47.30.847 is repealed and reenacted to read:

14                  Sec. 47.30.847. Patient grievance procedure. (a) The department shall  
15                  establish a standardized statewide mental health patient grievance procedure for the  
16                  benefit of any person who is undergoing evaluation or treatment at an evaluation  
17                  facility or unit or designated treatment facility or unit under AS 47.30.660 - 47.30.915.  
18                  The grievance procedure must include

19                         (1) a telephone call center operated by the department for filing and  
20                         reviewing a grievance;

21                         (2) a standardized form for filing a grievance;

22                         (3) an appeal procedure that includes an administrative appeal to the  
23                         office of administrative hearings under AS 44.64;

24                         (4) a standardized notice of the grievance and appeal procedure;

25                         (5) regular monitoring of compliance with the procedure;

26                         (6) timely records review and maintenance by the department;

27                         (7) maintenance of confidentiality of the grievance records, including  
28                         appeal documents and decisions, unless the grievant provides prior written consent to  
29                         release some or all of the records; and

30                         (8) a process for designating a grievance by category as follows:

31                                 (A) category 1 for a grievance related to the physical or social

1 environment under the control of the facility or unit;

2 (B) category 2 for a grievance related to patients' rights as  
3 provided in AS 47.30.825 and 47.30.830 and regulations of the department;

4 (C) category 3 for a grievance that alleges a criminal act.

5 (b) An evaluation facility or unit and a designated treatment facility or unit  
6 shall comply with the grievance procedure established in (a) of this section, regardless  
7 of the availability of a less formal procedure for comments and suggestions. Once  
8 filed, all grievances shall be processed on a single form and completed to resolution  
9 unless the grievance is withdrawn by the grievant. The facility or unit shall

10 (1) provide a form approved by the department for submission of a  
11 grievance and a secure box for deposit of grievances; the contents of the box must be  
12 reviewed each day a patient is being treated or evaluated; the form must be readily  
13 accessible to the patient and easily understood by the patient or easily explained by a  
14 staff member in a language and method understandable to the patient; the original and  
15 a copy of a completed form submitted to the facility or unit must be kept in the  
16 patient's record of admission or an administrative file for the patient;

17 (2) maintain a complete record of all documents, including the  
18 grievance and appeals and responses to the grievance and appeals; and

19 (3) for a category 2 or 3 grievance, deliver to the department within 24  
20 hours an electronic copy of the initial grievance and all documents received under (2)  
21 of this subsection.

22 (c) Unless an extension of time of not more than five business days is agreed  
23 to by a grievant or the grievant's representative, an evaluation facility or unit or a  
24 designated treatment facility or unit shall mail or hand deliver a written response to the  
25 patient and an electronic copy of the response to the department within five calendar  
26 days after receipt by the department of a grievance or request for additional review.  
27 The response must include the reasons for the decision and a description of the appeal  
28 process. The grievant may request review by the commissioner within 30 calendar  
29 days.

30 (d) A grievant may not file a grievance or an appeal later than one year after  
31 being discharged from an evaluation facility or unit or a designated treatment facility

1 or unit. The facility or unit shall make a good faith effort to mail a response to a  
2 grievant who has been discharged from the facility.

3 (e) The department shall review all grievances and responses to grievances for  
4 compliance with this section and intervene when necessary to protect rights under  
5 AS 47.30.840.

6 (f) An evaluation facility or unit and a designated treatment facility or unit  
7 shall prepare and file an annual report with the department that describes the

8 (1) number of category 1, 2, and 3 grievances submitted;

9 (2) general issue raised in each grievance; and

10 (3) resolution, including litigation, of all grievances submitted.

11 (g) The department shall provide to the governor and to the legislature an  
12 annual report of the number, locations, and category of grievances filed under this  
13 section and recommendations of the department to improve mental health evaluation,  
14 treatment, and procedures in the state. The report must preserve the confidentiality of a  
15 person who is the subject of a grievance. The department shall make the report  
16 available to the public.

17 (h) Nothing in this section applies to a facility or unit or designated treatment  
18 facility that only provides outpatient services.

19 (i) In this section,

20 (1) "grievance" means a complaint or concern filed by telephone or in  
21 writing by a grievant using a form provided by an evaluation facility or unit or a  
22 designated treatment facility or unit;

23 (2) "grievant" means a patient of an evaluation facility or unit or a  
24 designated treatment facility or unit, or the patient's representative;

25 (3) "unit" means a portion of a health care facility dedicated to the  
26 evaluation or treatment of mental health patients.

27 \* Sec. 5. AS 47.30.855 is amended by adding new subsections to read:

28 (b) The department shall provide to an evaluation facility or unit or designated  
29 treatment facility or unit for posting and distribution a standardized notice that is  
30 designed to be easily understood and that separately describes patient rights, available  
31 assistance, and the grievance procedure described in AS 47.30.847.

1 (c) A person in charge of an evaluation facility or unit or designated treatment  
2 facility or unit shall ensure that each patient or patient's representative receives a  
3 written copy of the standardized notice provided by the department under (b) of this  
4 section and of the grievance procedure described in AS 47.30.847.

5 (d) In this section, "unit" has the meaning given in AS 47.30.847.

6 \* **Sec. 6.** AS 47.30.660(b)(13) is repealed.

# ALASKA STATE LEGISLATURE

**Session:**  
State Capitol Building,  
Room 424  
Juneau, Alaska 99801-2186  
Phone (907) 465-4230  
Fax: (907) 465-3883  
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1292 Sadler Way  
Fairbanks, Alaska 99701  
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## REPRESENTATIVE PETE HIGGINS

January 22, 2014

### HB214 Sectional Analysis

**Section 1.** Adds a new paragraph to AS 44.65.030(a) AS 47.30.847(a)(3) (mental health patient grievance appeals).

**Section 2.** Adds three rights to the list of rights of a person undergoing mental health evaluation or treatment in the state under specified provisions of state law, including involuntary commitments. The additional rights include; the basic right to file a grievance, the right to have an advocate, and the right to maintain a natural support system that would include family, friends, and help networks.

**Section 3.** Repeals the existing statute under AS 47.30.847 and reenacts it. Establishes standardized grievance procedures within the state. Defines "grievance", "grievant", and "unit".

**Section 4.** Amends AS47.30.855 adding two new subsections for posting standardized notices of grievance procedures under AS 47.30.847.

# FISCAL NOTE

**STATE OF ALASKA**  
**2012 LEGISLATIVE SESSION**

Bill Version CSSB 55(HSS)  
 Fiscal Note Number 1  
 (S) Publish Date 3/23/12

Identifier (file name) SB055-DOA-OAH-12-1-11 Dept. Affected Administration  
 Title Mental health patient rights and grievance Appropriation Centralized Administrative Services  
 Allocation Office of Administrative Hearings  
 Sponsor Senator Davis  
 Requester Senate Health and Social Services OMB Component Number 2771

**Expenditures/Revenues** (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

	FY13 Appropriation Requested	Included in Governor's FY13 Request	Out-Year Cost Estimates				
			FY14	FY15	FY16	FY17	FY18
<b>OPERATING EXPENDITURES</b>	<b>FY13</b>	<b>FY13</b>	<b>FY14</b>	<b>FY15</b>	<b>FY16</b>	<b>FY17</b>	<b>FY18</b>
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants, Benefits							
Miscellaneous							
<b>TOTAL OPERATING</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

FUND SOURCE		(Thousands of Dollars)					
1002	Federal Receipts						
1003	GF Match						
1004	GF						
1005	GF/Prgm (DGF)						
1037	GF/MH (UGF)						
1178	temp code (UGF)						
<b>TOTAL</b>		<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

POSITIONS							
Full-time							
Part-time							
Temporary							

<b>CHANGE IN REVENUES</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
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Estimated SUPPLEMENTAL (FY12) operating costs 0.0 (separate supplemental appropriation required)  
 (discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY13) costs 0.0 (separate capital appropriation required)  
 (discuss reasons and fund source(s) in analysis section)

**Why this fiscal note differs from previous version (if initial version, please note as such)**

Not applicable, initial version

Prepared by Terry L. Thurbon, Chief Administrative Law Judge  
 Division Office of Administrative Hearings  
 Approved by John Cramer, Deputy Commissioner  
Department of Administration

Phone 465-1886  
 Date/Time 12/01/2011 3:59 p.m.  
 Date 12/1/2011

FISCAL NOTE #1

STATE OF ALASKA  
2012 LEGISLATIVE SESSION

BILL NO. CSSB 55(HSS)

**Analysis**

This bill would provide mental health patients with a grievance process concerning patient treatment, care or rights. The process would include a right to an administrative appeal heard on behalf of the Commissioner of Health and Social Services by the Office of Administrative Hearings (OAH). OAH does not anticipate that addition of this licensure category would increase the office's caseload beyond OAH's capacity to provide the hearing-related services with existing authorized personnel. The cost to OAH of performing the services would be recovered from the Department of Health and Social Services through interagency receipts, based on the time commitment required for the necessary proceedings.

# Fiscal Note

State of Alaska  
2014 Legislative Session

Bill Version: HB 214  
Fiscal Note Number: \_\_\_\_\_  
( ) Publish Date: \_\_\_\_\_

Identifier: HB214-DHSS-BHA-02-14-14  
Title: MENTAL HEALTH PATIENT RIGHTS & GRIEVANCES  
Sponsor: \*\* HIGGINS, TARR  
Requester: House Health & Social Services Committee

Department: Department of Health and Social Services  
Appropriation: Behavioral Health  
Allocation: Behavioral Health Administration  
OMB Component Number: 2665

**Expenditures/Revenues**

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2015 Appropriation Requested	Included in Governor's FY2015 Request	Out-Year Cost Estimates				
			FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
<b>OPERATING EXPENDITURES</b>	<b>FY 2015</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>
Personal Services	341.5		341.5	341.5	341.5	341.5	341.5
Travel	5.0		5.0	5.0	5.0	5.0	5.0
Services	413.3		413.3	413.3	413.3	413.3	413.3
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
<b>Total Operating</b>	<b>759.8</b>	<b>0.0</b>	<b>759.8</b>	<b>759.8</b>	<b>759.8</b>	<b>759.8</b>	<b>759.8</b>

**Fund Source (Operating Only)**

1037 GF/MH	759.8		759.8	759.8	759.8	759.8	759.8
<b>Total</b>	<b>759.8</b>	<b>0.0</b>	<b>759.8</b>	<b>759.8</b>	<b>759.8</b>	<b>759.8</b>	<b>759.8</b>

**Positions**

Full-time	3.0		3.0	3.0	3.0	3.0	3.0
Part-time							
Temporary							

Change in Revenues							

**Estimated SUPPLEMENTAL (FY2014) cost:** 0.0 *(separate supplemental appropriation required)*  
*(discuss reasons and fund source(s) in analysis section)*

**Estimated CAPITAL (FY2015) cost:** 0.0 *(separate capital appropriation required)*  
*(discuss reasons and fund source(s) in analysis section)*

**ASSOCIATED REGULATIONS**

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? Yes  
If yes, by what date are the regulations to be adopted, amended or repealed? 03/01/15

**Why this fiscal note differs from previous version:**

Not applicable, initial version.
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Prepared By:	Barbara Henjum, Acting Director	Phone:	(907)269-3410
Division:	Behavioral Health	Date:	02/14/2014 12:00 PM
Approved By:	Sarah Woods, Deputy Director, Finance & Management Services	Date:	02/14/14
Agency:	Health & Social Services		

## FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2014 LEGISLATIVE SESSION

BILL NO. HB214

### Analysis

If enacted, the bill would directly impact DHSS by substantially expanding mental health patient grievance procedures at evaluation facilities or units or designated treatment facilities or units under AS 47.30.660 – 47.30.915 – specifically the Alaska Psychiatric Institute (API), any designated evaluation and treatment (DET) facility, which currently means Bartlett Regional Hospital (BRH) in Juneau and Fairbanks Memorial Hospital (FMS) in Fairbanks and any of over sixty private, not-for-profit behavioral health centers in the state.

#### Summary of Legislation

Section 1. Adds a new paragraph that requires adjudicative administrative hearings for mental health patient grievance appeals through the Office of Administrative Hearing.

Section 2. Requires each evaluation facility to employ a designated representative to act as a patient advocate to assist in filing a grievance.

Section 3. Gives DHSS the authority to establish a standardized statewide grievance procedure to include standardized forms; 24/7 crisis line operated by DHSS for filing and reviewing a grievance; a requirement that facilities deliver to DHSS an electronic copy of all grievances received within 24-hours; a requirement that every grievance filed with DHSS be reviewed within 24 hours; a requirement that the facility provide a written response to the patient and an electronic copy to DHSS within 5 days of the receipt of the grievance; a provision for a response within 24-hours for urgent level reviews; a requirement that each facility have a designated staff member who is specially trained in mental health consumer advocacy to become patient advocate for the grievant and assist the grievant throughout the grievance and/or appeal process(es); an allowance for the grievant to file a grievance or an appeal for up to one year after being discharged; a requirement that each facility report on grievance activity to DHSS quarterly; and a requirement that DHSS report on grievance activity to the Governor and Legislature biennially.

Section 4. Requires DHSS to provide facilities with a standardized notice regarding patient rights, grievance procedures and available assistance; and requires each facility to provide a copy of the notice to every patient or patient representative.

#### Assumptions:

- It will take approximately 8 months following passage to implement the program revisions.
- Administrative staff within the Division of Behavioral Health would be responsible for reviewing every grievance and monitoring compliance with the established grievance procedures.
- It is anticipated that 3,705 grievances will be filed per year. This is based on
  - 252 grievances at the Alaska Psychiatric Institute based on the number of grievances reports in FY2013 (15% of admissions);
  - 52 grievances from the two Designated Evaluation and Treatment hospitals based on 347 admissions in FY2013 and using the same rate for those hospitals as API (15%); and
  - 2,267 grievances from community programs based on 18,892 adults and youth served in FY2013 and an estimated rate of 12% that are likely to file a written complaint that will require review.
- Less than 1% of the grievances are expected to reach the appeal level with the Office of Administrative Hearings.
- Less than .5% of the grievances are expected to require Department intervention at a facility to protect rights under AS 47.30.840.

FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2014 LEGISLATIVE SESSION

BILL NO. HB214

Analysis Continued

Costs (FY2015 – FY2020):

Personal Services: \$341,496

3.0 FTE Mental Health Clinician III (R21/B) – Based in Anchorage, these positions will be required to develop the program and regulations, function as investigators and provide training to hospital and community providers.

Travel: \$4,980

6 trips to facilities outside the Anchorage bowl for compliance monitoring and interventions :

Airfare: \$500 x 6 trips = \$3,000

Car rental: \$35/day x 1 day x 6 trips = \$210

Hotel: \$175/night x 1 night x 6 trips = \$1,050

Per Diem: \$60/day x 2 days x 6 trips = \$720

Services: \$413,305

Allocated share of facility and communication costs: \$30,000 (\$10,000 per person in Anchorage)

Contract for 24/7 grievance crisis line: \$325,000 per year (based on existing 24/7 suicide crisis line contract)

RSA with Dept of Law for prep and representation at hearing: \$8,970 per year (\$156/hour x 23 grievances x 2.5 hours per hearing)

RSA with DOA Office of Administrative Hearing: \$49,335 per year (\$165/hour x 299 total hours).

It is anticipated that some of the hearings will be more complicated than others. The 299 hour estimate is based on:

23 x 1 hour for case mgmt/settlement = 23

10 x 1 hour hrg, 1 hr prep, 5 hr decision/post decision = 70

10 x 2 hour hrg, 1 hr prep, 8 hr decision/post decision = 110

3 x 8 hour hrg, 4 hr prep, 20 hr decision/post decision = 96

# Fiscal Note

State of Alaska  
2014 Legislative Session

Bill Version: HB 214  
Fiscal Note Number: \_\_\_\_\_  
( ) Publish Date: \_\_\_\_\_

Identifier: HB214-DOA-OAH-02-14-14  
Title: MENTAL HEALTH PATIENT RIGHTS & GRIEVANCES  
Sponsor: \*\* HIGGINS, TARR  
Requester: House Health & Social Services

Department: Department of Administration  
Appropriation: Centralized Administrative Services  
Allocation: Office of Administrative Hearings  
OMB Component Number: 2771

**Expenditures/Revenues**

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2015	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2015 Request	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
<b>OPERATING EXPENDITURES</b>	<b>FY 2015</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>
Personal Services			49.3	49.3	49.3	49.3	49.3
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
<b>Total Operating</b>	<b>0.0</b>	<b>0.0</b>	<b>49.3</b>	<b>49.3</b>	<b>49.3</b>	<b>49.3</b>	<b>49.3</b>

**Fund Source (Operating Only)**

1007 I/A Rcpts			49.3	49.3	49.3	49.3	49.3
<b>Total</b>	<b>0.0</b>	<b>0.0</b>	<b>49.3</b>	<b>49.3</b>	<b>49.3</b>	<b>49.3</b>	<b>49.3</b>

**Positions**

Full-time							
Part-time			1.0	1.0	1.0	1.0	1.0
Temporary							

<b>Change in Revenues</b>							
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**Estimated SUPPLEMENTAL (FY2014) cost:** 0.0 *(separate supplemental appropriation required)*  
*(discuss reasons and fund source(s) in analysis section)*

**Estimated CAPITAL (FY2015) cost:** 0.0 *(separate capital appropriation required)*  
*(discuss reasons and fund source(s) in analysis section)*

**ASSOCIATED REGULATIONS**

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No  
If yes, by what date are the regulations to be adopted, amended or repealed?

**Why this fiscal note differs from previous version:**

Not applicable, initial version.

Prepared By:	Terry L. Thurbon, Chief Administrative Law Judge	Phone:	(907)465-1886
Division:	Office of Administrative Hearings	Date:	02/14/2014 12:27 PM
Approved By:	Curtis Thayer, Commissioner	Date:	02/14/14
Agency:	Department of Administration		

## FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2014 LEGISLATIVE SESSION

BILL NO. HB 214

### Analysis

If enacted, section 1 of the bill would place the section 3 (AS 47.30.847(a)(3)) grievance appeal under OAH's mandatory jurisdiction in AS 44.64.030(a), adding a new case category to OAH's caseload. Addition of the estimated caseload from the new category could drive the need to add a part time administrative law judge position.

#### Assumptions:

Assume 2% appeal rate, so 46 total cases, but half of those settle with minimal case management/ADR by OAH. Of the 23 that go all the way to hearing and decision, assume about 45% are simple one-issue cases with one witness and a relatively straightforward answer, similar to our typical public benefits eligibility appeals; another 45% involve two or three witnesses and moderate complexity, similar to our typical public benefits level of care appeal; and 10% involve legal or factual complexity (such as sexual abuse cases), perhaps with attorney representation on both sides.

23 x 1 hour for case mgmt/settlement = 23

10 x 1 hour hearing, 1 hr prep, 5 hr decision/post decision = 70

10 x 2 hour hearing, 1 hr prep, 8 hr decision/post decision = 110

3 x 8 hour hearing, 4 hr prep, 20 hr decision/post decision = 96

299 hrs x \$165 per hour rate = \$49,335 (estimated cost to DHSS for reimbursement).

#### Fiscal Impact:

OAH would receive interagency receipts reimbursement from DHSS based on the actual number of hours devoted to the appeals in a given fiscal year. Thus, the estimated \$49,335 impact to OAH would be covered through interagency receipts billing.

If OAH's capacity to absorb additional case work is insufficient at the time the appeals hit (FY16), it would be necessary to increase capacity by adding an administrative law judge. OAH does not currently have a vacant position to fill. If the bill were to be enacted, in FY16 OAH would need authorization to expend and collect for another administrative law judge position, 25 percent of which would be attributable to this bill, as well as the addition of a range 24, PX administrative law judge position.

# Fiscal Note

State of Alaska  
2014 Legislative Session

Bill Version: HB 214  
Fiscal Note Number: \_\_\_\_\_  
( ) Publish Date: \_\_\_\_\_

Identifier: HB214-LAW-CIV-02-21-14  
Title: MENTAL HEALTH PATIENT RIGHTS &  
GRIEVANCES  
Sponsor: \*\* HIGGINS, TARR  
Requester: (H) HSS

Department: Department of Law  
Appropriation: Civil Division  
Allocation: Human Services  
OMB Component Number: 2962

**Expenditures/Revenues**

Note: Amounts do not include inflation unless otherwise noted below.

(Thousands of Dollars)

	FY2015 Appropriation Requested	Included in Governor's FY2015 Request	Out-Year Cost Estimates					
			FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
<b>OPERATING EXPENDITURES</b>								
Personal Services			7.7	7.7	7.7	7.7	7.7	7.7
Travel								
Services			1.1	1.1	1.1	1.1	1.1	1.1
Commodities			0.2	0.2	0.2	0.2	0.2	0.2
Capital Outlay								
Grants & Benefits								
Miscellaneous								
<b>Total Operating</b>	<b>0.0</b>	<b>0.0</b>	<b>9.0</b>	<b>9.0</b>	<b>9.0</b>	<b>9.0</b>	<b>9.0</b>	<b>9.0</b>

**Fund Source (Operating Only)**

1007 I/A Rcpts			9.0	9.0	9.0	9.0	9.0	9.0
<b>Total</b>	<b>0.0</b>	<b>0.0</b>	<b>9.0</b>	<b>9.0</b>	<b>9.0</b>	<b>9.0</b>	<b>9.0</b>	<b>9.0</b>

**Positions**

Full-time								
Part-time								
Temporary								

<b>Change in Revenues</b>								
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**Estimated SUPPLEMENTAL (FY2014) cost:** 0.0 (separate supplemental appropriation required)  
(discuss reasons and fund source(s) in analysis section)

**Estimated CAPITAL (FY2015) cost:** 0.0 (separate capital appropriation required)  
(discuss reasons and fund source(s) in analysis section)

**ASSOCIATED REGULATIONS**

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No  
If yes, by what date are the regulations to be adopted, amended or repealed?

**Why this fiscal note differs from previous version:**

Initial version, not applicable.

Prepared By: Loretta Withington, Division Operations Manager  
Division: Department of Law  
Approved By: Michael C. Geraghty, Attorney General  
Agency: Department of Law

Phone: (907)465-5427  
Date: 02/21/2014 12:00 AM  
Date: 02/22/14

## FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2014 LEGISLATIVE SESSION

BILL NO. HB 214

### Analysis

If enacted, House Bill 214 would directly impact the Department of Law due to the increase in legal advice and administrative hearings that would be generated by this statutorily required grievance procedure. This bill expands mental health patient grievance procedures at evaluation facilities or units or designated treatment facilities or units under AS 47.30.660 – 47.30.915, including the Alaska Psychiatric Institute (API), any designated evaluation and treatment (DET) facility, which currently means Bartlett Regional Hospital (BRH) in Juneau and Fairbanks Memorial Hospital (FMS) in Fairbanks and any of over sixty private, not-for-profit behavioral health centers in the state.

#### Summary of Legislation

Section 1. Adds a new paragraph that requires adjudicative administrative hearings for mental health patient grievance appeals through the Office of Administrative Hearing.

Section 2. Requires each evaluation facility to employ a designated representative to act as a patient advocate to assist in filing a grievance.

Section 3. Gives DHSS the authority to establish a standardized statewide grievance procedure to include standardized forms; 24/7 crisis line operated by DHSS for filing and reviewing a grievance; a requirement that facilities deliver to DHSS an electronic copy of all grievances received within 24-hours; a requirement that every grievance filed with DHSS be reviewed within 24 hours; a requirement that the facility provide a written response to the patient and an electronic copy to DHSS within 5 days of the receipt of the grievance; a provision for a response within 24-hours for urgent level reviews; a requirement that each facility have a designated staff member who is specially trained in mental health consumer advocacy to become patient advocate for the grievant and assist the grievant throughout the grievance and/or appeal process(es); an allowance for the grievant to file a grievance or an appeal for up to one year after being discharged; a requirement that each facility report on grievance activity to DHSS quarterly; and a requirement that DHSS report on grievance activity to the Governor and Legislature biennially.

Section 4. Requires DHSS to provide facilities with a standardized notice regarding patient rights, grievance procedures and available assistance; and requires each facility to provide a copy of the notice to every patient or patient representative.

#### Assumptions

It is anticipated by DHSS that 3,705 grievances will be filed per year, and less than 1%, or approximately 23 hearings per year will involve the Department of Law. Estimated billings for legal services provided by the Department of Law for preparation and representation at hearing would be \$8,970 per year (\$156/hour x 23 grievances x 2.5 hours per hearing). This cost is itemized in the DHSS fiscal note, and is reflected in the Law fiscal note as interagency receipts.

# Fiscal Note

State of Alaska  
2014 Legislative Session

Bill Version: HB 214  
Fiscal Note Number: \_\_\_\_\_  
( ) Publish Date: \_\_\_\_\_

Identifier: HB214-DHSS-BHA-02-14-14  
Title: MENTAL HEALTH PATIENT RIGHTS & GRIEVANCES  
Sponsor: \*\* HIGGINS, TARR  
Requester: House Health & Social Services Committee

Department: Department of Health and Social Services  
Appropriation: Behavioral Health  
Allocation: Behavioral Health Administration  
OMB Component Number: 2665

## Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below.

(Thousands of Dollars)

	FY2015	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2015 Request	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
<b>OPERATING EXPENDITURES</b>	<b>FY 2015</b>	<b>FY 2015</b>					
Personal Services	341.5		341.5	341.5	341.5	341.5	341.5
Travel	5.0		5.0	5.0	5.0	5.0	5.0
Services	413.3		413.3	413.3	413.3	413.3	413.3
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
<b>Total Operating</b>	<b>759.8</b>	<b>0.0</b>	<b>759.8</b>	<b>759.8</b>	<b>759.8</b>	<b>759.8</b>	<b>759.8</b>

## Fund Source (Operating Only)

1037 GF/MH	759.8		759.8	759.8	759.8	759.8	759.8
<b>Total</b>	<b>759.8</b>	<b>0.0</b>	<b>759.8</b>	<b>759.8</b>	<b>759.8</b>	<b>759.8</b>	<b>759.8</b>

## Positions

Full-time	3.0		3.0	3.0	3.0	3.0	3.0
Part-time							
Temporary							

## Change in Revenues

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**Estimated SUPPLEMENTAL (FY2014) cost:** 0.0 (separate supplemental appropriation required)  
(discuss reasons and fund source(s) in analysis section)

**Estimated CAPITAL (FY2015) cost:** 0.0 (separate capital appropriation required)  
(discuss reasons and fund source(s) in analysis section)

## ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? Yes  
If yes, by what date are the regulations to be adopted, amended or repealed? 03/01/15

## Why this fiscal note differs from previous version:

Not applicable, initial version.

Prepared By: Barbara Henjum, Acting Director Phone: (907)269-3410  
Division: Behavioral Health Date: 02/14/2014 12:00 PM  
Approved By: Sarah Woods, Deputy Director, Finance & Management Services Date: 02/14/14  
Agency: Health & Social Services

## FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2014 LEGISLATIVE SESSION

BILL NO. HB214

### Analysis

If enacted, the bill would directly impact DHSS by substantially expanding mental health patient grievance procedures at evaluation facilities or units or designated treatment facilities or units under AS 47.30.660 – 47.30.915 – specifically the Alaska Psychiatric Institute (API), any designated evaluation and treatment (DET) facility, which currently means Bartlett Regional Hospital (BRH) in Juneau and Fairbanks Memorial Hospital (FMS) in Fairbanks and any of over sixty private, not-for-profit behavioral health centers in the state.

#### Summary of Legislation

Section 1. Adds a new paragraph that requires adjudicative administrative hearings for mental health patient grievance appeals through the Office of Administrative Hearing.

Section 2. Requires each evaluation facility to employ a designated representative to act as a patient advocate to assist in filing a grievance.

Section 3. Gives DHSS the authority to establish a standardized statewide grievance procedure to include standardized forms; 24/7 crisis line operated by DHSS for filing and reviewing a grievance; a requirement that facilities deliver to DHSS an electronic copy of all grievances received within 24-hours; a requirement that every grievance filed with DHSS be reviewed within 24 hours; a requirement that the facility provide a written response to the patient and an electronic copy to DHSS within 5 days of the receipt of the grievance; a provision for a response within 24-hours for urgent level reviews; a requirement that each facility have a designated staff member who is specially trained in mental health consumer advocacy to become patient advocate for the grievant and assist the grievant throughout the grievance and/or appeal process(es); an allowance for the grievant to file a grievance or an appeal for up to one year after being discharged; a requirement that each facility report on grievance activity to DHSS quarterly; and a requirement that DHSS report on grievance activity to the Governor and Legislature biennially.

Section 4. Requires DHSS to provide facilities with a standardized notice regarding patient rights, grievance procedures and available assistance; and requires each facility to provide a copy of the notice to every patient or patient representative.

#### Assumptions:

- It will take approximately 8 months following passage to implement the program revisions.
- Administrative staff within the Division of Behavioral Health would be responsible for reviewing every grievance and monitoring compliance with the established grievance procedures.
- It is anticipated that 3,705 grievances will be filed per year. This is based on
  - 252 grievances at the Alaska Psychiatric Institute based on the number of grievances reports in FY2013 (15% of admissions).;
  - 52 grievances from the two Designated Evaluation and Treatment hospitals based on 347 admissions in FY2013 and using the same rate for those hospitals as API (15%); and
  - 2,267 grievances from community programs based on 18,892 adults and youth served in FY2013 and an estimated rate of 12% that are likely to file a written complaint that will require review.
- Less than 1% of the grievances are expected to reach the appeal level with the Office of Administrative Hearings.
- Less than .5% of the grievances are expected to require Department intervention at a facility to protect rights under AS 47.30.840.

FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2014 LEGISLATIVE SESSION

BILL NO. HB214

Analysis Continued

Costs (FY2015 – FY2020):

Personal Services: \$341,496

3.0 FTE Mental Health Clinician III (R21/B) – Based in Anchorage, these positions will be required to develop the program and regulations, function as investigators and provide training to hospital and community providers.

Travel: \$4,980

6 trips to facilities outside the Anchorage bowl for compliance monitoring and interventions :

Airfare: \$500 x 6 trips = \$3,000

Car rental: \$35/day x 1 day x 6 trips = \$210

Hotel: \$175/night x 1 night x 6 trips = \$1,050

Per Diem: \$60/day x 2 days x 6 trips = \$720

Services: \$413,305

Allocated share of facility and communication costs: \$30,000 (\$10,000 per person in Anchorage)

Contract for 24/7 grievance crisis line: \$325,000 per year (based on existing 24/7 suicide crisis line contract)

RSA with Dept of Law for prep and representation at hearing: \$8,970 per year (\$156/hour x 23 grievances x 2.5 hours per hearing)

RSA with DOA Office of Administrative Hearing: \$49,335 per year (\$165/hour x 299 total hours).

It is anticipated that some of the hearings will be more complicated than others. The 299 hour estimate is based on:

23 x 1 hour for case mgmt/settlement = 23

10 x 1 hour hrg, 1 hr prep, 5 hr decision/post decision = 70

10 x 2 hour hrg, 1 hr prep, 8 hr decision/post decision = 110

3 x 8 hour hrg, 4 hr prep, 20 hr decision/post decision = 96

# Fiscal Note

State of Alaska  
2014 Legislative Session

Bill Version: HB 214  
Fiscal Note Number: \_\_\_\_\_  
( ) Publish Date: \_\_\_\_\_

Identifier: HB214CS(HSS)-DHSS-BHA-03-18-14  
Title: MENTAL HEALTH PATIENT RIGHTS & GRIEVANCES  
Sponsor: \*\* HIGGINS, TARR  
Requester: House Health & Social Services Committee

Department: Department of Health and Social Services  
Appropriation: Behavioral Health  
Allocation: Behavioral Health Administration  
OMB Component Number: 2665

## Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2015	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2015 Request	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
<b>OPERATING EXPENDITURES</b>	<b>FY 2015</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>
Personal Services	***		***	***	***	***	***
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
<b>Total Operating</b>	***	0.0	***	***	***	***	***

## Fund Source (Operating Only)

None							
<b>Total</b>	***	0.0	***	***	***	***	***

## Positions

Full-time							
Part-time							
Temporary							

## Change in Revenues

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**Estimated SUPPLEMENTAL (FY2014) cost:** 0.0 (separate supplemental appropriation required)  
(discuss reasons and fund source(s) in analysis section)

**Estimated CAPITAL (FY2015) cost:** 0.0 (separate capital appropriation required)  
(discuss reasons and fund source(s) in analysis section)

## ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? Yes  
If yes, by what date are the regulations to be adopted, amended or repealed? 03/01/15

## Why this fiscal note differs from previous version:

This CS eliminates "facilities that only provide outpatient services" from coverage by this legislation. This action will significantly reduce the projected cost to the Department, but we are not able to estimate the number of grievances likely to be received by the Department at this time. Therefore we are submitting an indeterminate fiscal note.

Prepared By:	Barbara Henjum, Acting Director	Phone:	(907)269-3410
Division:	Behavioral Health	Date:	03/17/2014 05:00 PM
Approved By:	Sarah Woods, Deputy Director, Finance & Management Services	Date:	03/18/14
Agency:	Health & Social Services		

## FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2014 LEGISLATIVE SESSION

BILL NO. CSHB214(HSS)

### Analysis

This legislation directly impacts DHSS by substantially expanding mental health patient grievance procedures at evaluation facilities or units or designated treatment facilities or units under AS 47.30.660 – 47.30.915. Specifically this includes the Alaska Psychiatric Institute (API); any designated evaluation and treatment (DET) facility, which currently means Bartlett Regional Hospital (BRH) in Juneau and Fairbanks Memorial Hospital (FMS) in Fairbanks; and any of more than thirty five private, not-for-profit behavioral health residential facilities in the state. This legislation excludes facilities that only provide out-patient services from coverage.

#### Summary of Legislation

Section 1. Adds a new paragraph that requires adjudicative administrative hearings for mental health patient grievance appeals through the Office of Administrative Hearing. Undetermined fiscal impact.

Section 2. Requires confidentiality of records pertaining to grievances and would have no fiscal impact.

Section 3: Establishes patient rights. No fiscal impact.

Section 4. Requires the department to establish a standardized statewide mental health patient grievance procedure including 3 categories of grievances; requires the development of a state grievance form and procedure; requires the department to establish a telephone call center for filing and reviewing grievances; requires the department to receive, review and intervene when necessary in level 2 and 3 grievances; requires the department to provide the Governor and legislature an annual report of the number, locations and categories of grievances and to provide recommendations for improving mental health evaluation, treatment and procedures in the state. This section states that facilities providing only outpatient services are not covered by the legislation. Undetermined fiscal impact.

Section 5. Requires the department to provide a standardized notice to all evaluation and treatment facilities regarding patient rights, grievances procedures and available assistance. Nominal fiscal impact.

Section 6. Repeals 47.30.660(b)(13), which would eliminate the department's ability to operate Designated Evaluation and Treatment (DET) and Designated Evaluation and Stabilization (DES) programs in non-state-owned hospitals, leaving the Alaska Psychiatric Institute as the only acute care facility for psychiatric emergencies and in-patient treatment. Undetermined fiscal impact.

#### Assumptions:

It will take approximately 8 months following passage to implement the program revisions.

Administrative staff within the Division of Behavioral Health would be responsible for reviewing every grievance and monitoring compliance with the established grievance procedures.

- 252 grievances at the Alaska Psychiatric Institute are anticipated based on the number of grievances reports in FY2013 (15% of admissions);

- 52 grievances from the two Designated Evaluation and Treatment hospitals based on 347 admissions in FY2013 and using the same rate for those hospitals as API (15%); however

- the number of grievances from community programs is undetermined without further evaluation of the impact of eliminating the outpatient programs. We know that approximately 52% of our community behavioral health programs are providers of outpatient services only, but we would expect them to account for considerably less than 52% of the grievances with a significant number of grievances coming from residential facilities covered under this legislation. Therefore we are submitting an indeterminate fiscal note. We anticipate costs associated with personal services, travel, and contractual with Department of Law and Department of Administration Office of Administrative Hearings.

Lorraine A. Lamouroux  
2808 W. 32nd Ave.  
Anchorage, AK 99517

Dear Legislator,

I write you today to ask for your support of House Bill 214 and any comparable upcoming bills. It is my hope the passage of this bill will prevent the abuse of power for Bret Bohn today at Providence Hospital.

Bret was a normal, university educated, 26 year old man with a future when he went to Providence Hospital on October 20, 2013, due to insomnia caused by stress. Treatment by Providence Hospital led to admission, and medication prescribed by the hospital which caused subsequent seizures and impairment. Bret is now imprisoned at Providence Hospital, against his will, and subject to total hospital control. Within three weeks of his incarceration at Providence Hospital Bret was ruled incompetent, and a made ward of the State of Alaska, with a State appointed guardian. The guardian has a caseload of 100 and very little time to devote to Bret. Bret's parents legal Power of Attorney was summarily dismissed as irrelevant and all parental rights voided. Bret's parents had objected to the treatment of their son with powerful, highly addictive drugs. Today, three months later, a young healthy, 26 year old man with life just starting is confined to four white walls, is heavily sedated and after three months of this treatment is probably a drug addict. Bret now wears a monitor, so can't escape even if he could. Bret has been denied visitor for two months. His parents or anyone else did not even get to see him for Christmas or his birthday. In the days of Hitler this treatment was called "Brain Washing". There has been no diagnosis and efforts are being made to send him to John Hopkins. Does the saying, "Out of sight, out of mind." seem to apply here? At a session when Bret's parents were being apprised of Bret's condition a Dr. told Bret's father that it was possible once Bret left Providence Hospital "he would NEVER see his son again".

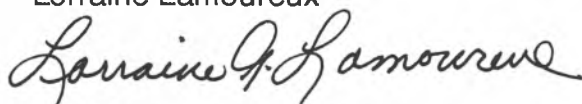
Bret's parents are spending retirement money in court fighting for rights that seem to be nonexistent when you're fighting the states biggest Corporate Hospital and the complicit State agencies that seem to work with the hospital.

Questions remain! Did Providence Hospital make a mistake in Bret's treatment that caused the seizures? Is the forceful manner in which Providence Hospital terminated all Bret's and his parents rights a response to this question? Another question. How many other people are wards of the State presently at Providence Hospital with care billed to the State? The answer and the cost to the state could be surprising. To date the bills for Bret's care continue to go to his mailing address and their total is estimated to be over ONE MILLION dollars. As a ward of the State, guess who will be paying Bret's bills?

I ask you to put yourself in Bret's place. How would you feel if this were someone in your family? Please legislate for Bret and all unfortunate victims who have the misfortune to have their future stolen from them by a corporate bureaucracy like Providence Hospital.

Sincere thanks for your support.

Lorraine Lamoureux

  
907-248-4971

Rep. Pete Higgins

1292 Sadler Way, Suite 308

Fairbanks, AK 99701

November 21, 2013

Honorable Sir,

This letter is in regards to Work Draft 28-LSO869/A of which I whole heartedly support.

I have been an LPN since 1975 and most of my career has been in Mental Health/Substance Abuse with 18 years at the North Dakota State Hospital in Jamestown, ND. I have also worked on psychiatric units in medical hospitals and in an outpatient psychiatric clinic.

I believe that all psychiatric facilities and units need to be monitored and held in compliance by the Department of Health and Social Services. I also feel that the Department of Health and Social Services should monitor compliance of psychiatric facilities and units.

It is important that statistics of the number and type of complaints is kept, analyzed, and that the legislature and the public is given access to that information as long as no patient identifiers are used.

A 24 hour crisis line for grievances would be ideal. Grievance procedures should be uniform for all. Grievance procedures should be processed in a timely fashion-within 5 business days with urgent grievance procedures being processed within 24 hours. Patients should receive in writing the outcome of their grievance.

An independent committee may be needed to analyze and investigate the grievances of psychiatric patients rather than the facility or the Department of Health and Social Services. This committee should be made up of lay people and people who have worked in a psychiatric setting; former psychiatric patients would also be a consideration.

Patients should receive a clearly written grievance procedure along with a standard notice of rights and a notice of available assistance upon admission to any psychiatric facility or unit.

During my time at the North Dakota State Hospital, much if not all of the above was implemented. That was very important to our patients and their families.

Psychiatric patients are very vulnerable. Regardless of their grievance, they should be taken seriously and said grievance should be investigated. They should be protected, not exploited.

Thank you for taking the time to read and consider this letter.

Sincerely,

Yolonda Martin, LPN

# LEGAL SERVICES

DIVISION OF LEGAL AND RESEARCH SERVICES  
LEGISLATIVE AFFAIRS AGENCY  
STATE OF ALASKA


(907) 465-3867 or 465-2450  
FAX (907)465-2029  
Mail Stop 3101

State Capitol  
Juneau, AK 99801-1182  
Deliveries to: 129 6th St., Rm. 329

## MEMORANDUM

August 15, 2013

**TO:** Representative Pete Higgins  
Attention: Thomas Studler

**FROM:** Patty Rose, Legal Editor   
Division of Legal Services

**SUBJECT:** Work Order Number 28-LS0869\A  
Mental health patients' rights

The enclosed work order has been formally prefiled as you requested. This draft copy is for your information only. Please advise immediately if you wish to withdraw this measure or make any changes.

Enclosure

**William J. Streur,** **July 1, 2013**  
**Commissioner The Department of Health and Social Services,**

**We are asking for answers to our questions from the Department of Health and Social Services and the Division of Behavioral Health? (DHSS-DBH)**

**We have been given the opportunity to proof-read "Your Mental Health Rights in Alaska" prior to publication.**

**According to DHSS-DBH approximately 30,000 individuals receive psychiatric treatment in Alaska each year.**

**In our opinion, a high number of patients are classified by the state as disabled because they receive a disability check, are brought to a psychiatric emergency room, are court-ordered to receive treatment, all of which could be considered indicators of disability even if temporary.**

**These are the questions we would like answers to:**

**One. Do disabled psychiatric patients have a legal right by state law or regulations to assistance in the protection of their rights?**

**Two. Do psychiatric patients have a legal right by state law or regulations to file an appeal concerning their complaints within a psychiatric facility or unit and to a state agency?**

**Three. Is DHSS-DBH required by state law or state regulations to investigate disabled psychiatric patient complaints?**

**Four. Is DHSS-DBH required by state law or state regulations to keep statistics of psychiatric patient complaints in psychiatric facilities, unit, clinics?  
(Number, resolution, etc.)**

**Five. Is DHSS-DBH required by state law or state regulations to advocate for the advancement of better rights for psychiatric patients?**

**Six. Is DHSS-DBH required by state law or state regulations to make reports to the Alaska legislature and the general public concerning the number and type of complaints from psychiatric patients while receiving treatment and what needs to be done to improve the rights for psychiatric patients?**

**Seven. Is DHSS-DBH required by state law or state regulations to inform disabled psychiatric patients of their rights?**

**Eight. Are psychiatric facilities, units, clinics required by state law or regulations to post the phone number of the state agencies that will assist psychiatric patients with their complaints?**

**Disabled psychiatric patients in Alaska deserve to know what their rights are. It can only happen if DHSS-DBH send the requested information as soon as possible.**

**Thank you for your help.**

**Mental Health Advocates  
Faith Myers / Dorrance Collins  
3240 Penland Pkwy, Sp. 35  
Anchorage, AK 99508  
929-0532  
faith.myers@gci.net**

**Cc: Sen. Johnny Ellis  
Rep. Geran Tarr  
Mike Lesmann  
Open Letter**



THE STATE  
of **ALASKA**  
GOVERNOR SEAN PARNELL

**Department of  
Health and Social Services**

DIVISION OF BEHAVIORAL HEALTH  
Alaska Psychiatric Institute

3700 Piper Street  
Anchorage, Alaska 99508-4677  
Main: 907.269.7100  
Fax: 907.269.7128

July 16, 2013

**Mental Health Advocates  
Faith Myers / Dorrance Collins  
3240 Penland Pkwy, Sp. 35  
Anchorage, AK 99508**

Dear Ms. Myers and Mr. Collins,

Thank you for your thoughtful inquiry regarding psychiatric patients' rights. Unfortunately, the Department of Health and Social Services, Division of Behavioral Health is not able to respond in detail to all of your questions because the majority would require additional facts and legal analysis.

Generally speaking, persons receiving treatment at community mental health centers have the rights outlined in 7 AAC 71.200 – 7 AAC 71.220. Grievance procedures at community mental health centers are addressed in 7 AAC 71.220. Patients subject to involuntary or voluntary treatment at Designated Evaluation and Treatment Facilities of the Alaska Psychiatric Institute have a number of rights defined by statute in AS 47.30.670 – AS 47.30.915. Grievance procedures for these patients may be found in AS 47.30.847.

Specific answers to your questions require an understanding of the specific facts involved. Since The Disability Law Center of Alaska is the designated protection and advocacy system for the State of Alaska, your questions are best directed to and answered by The Disability Law Center of Alaska, 3330 Arctic Blvd., Anchorage, AK 99503, telephone (907) 565-1002.

Sincerely,

A handwritten signature in cursive script, appearing to read "William J. Streur".

**William J. Streur  
Commissioner**

cc: **Senator Johnny Ellis  
Representative Geran Tarr  
Mike Lesmann**



THE STATE  
of **ALASKA**

GOVERNOR SEAN PARNELL

Department of  
Health and Social Services

OFFICE OF THE COMMISSIONER  
Juneau

350 Main Street, Suite 404  
Juneau, Alaska 99801-1149  
Main: 907.465.3030  
Fax: 907.465.3068

August 22, 2013

Mental Health Advocates  
Faith Myers / Dorrance Collins  
3240 Penland Pkwy, Sp. 35  
Anchorage, AK 99508

Dear Ms. Myers and Mr. Collins,

It is regretful that you found my letter dated July 16 not responsive to your request for answers to eight questions regarding the rights of disabled psychiatric patients and the duties of the Department of Health and Social Services, Division of Behavioral Health (DHSS/DBH). Your August 9 letter states that you want to know DHSS's/DBH policies and regulations rather than the law. However, DHSS/DBH's policies are based on the law and DHSS regulations have the force of law. The protection of mental health consumer rights is accomplished through federal law, state statutes, and DHSS regulations.

Alaska's mental health system encompasses a broad spectrum of community providers, services provided by general acute care hospitals, designated treatment and evaluation facilities, and a state-operated hospital. The rights of mental health consumers in these various settings are protected by statutes as well as regulations adopted by DHSS. While it is difficult to answer fully all of your questions without additional information, I offer the following general supplemental responses to your questions:

1. Question: *Do disabled psychiatric patients have a legal right by state law or regulations to assistance in the protection of their rights?*

Answer: Under federal law, The Disability Law Center of Alaska is designated as the protection and advocacy system for Alaska. The Disability Law Center assists individual mental health consumers in the protection of their rights. This assistance varies according to the individual circumstances and may include coaching for self-advocacy or even the filing of lawsuits to enforce or protect mental health consumers' rights. Alaska Statute 47.30.847(c) requires a designated staff member within the facility to assist mental health consumers who may be receiving inpatient treatment at the Alaska

\* Does not apply to psychiatric units in hospitals.

F.M.

Psychiatric Institute or any of the designated treatment and evaluation facilities, to advocate and assist the patient with grievances or protection of the patient's rights. Alaska Statute 47.30.700(a) requires the appointment of a lawyer to represent and assist mental health consumers who are subject to an order for involuntary evaluation and treatment.

2. Question: *Do psychiatric patients have a legal right by state law or regulations to file an appeal concerning their complaints within a psychiatric facility or unit and to a state agency?*

Answer: Alaska Statute 47.30.847, and DHSS regulations adopted by reference in 7 AAC 72.012, and found at 7 AAC 12.890, explain the grievance procedures for these mental health consumers. When consumers are subject to involuntary evaluation and treatment, they may have additional means of appealing the outcome of certain complaints within the context of court proceedings.

3. Question: *Is DHSS/DBH required by state law or state regulations to investigate disabled psychiatric patient complaints?*

Answer: Yes, see Alaska Statute 47.30.660(b)(12).

4. Question: *Is DHSS/DBH required by state law or state regulations to keep statistics of psychiatric patient complaints in psychiatric facilities, unit, and clinics?*

Answer: No. However, Alaska Statute 47.30.660(b)(10) requires reports from treatment facilities concerning the care of patients.

5. Question: *Is DHSS/DBH required by state law or state regulations to advocate for the advancement of better rights for psychiatric patients?*

Answer: No. However, Alaska Statute 47.30.550 charges the department with adopting regulations to assure patient rights and to safeguard the confidential nature of their records and information when receiving services provided under Title 47, Chapter 30. The Alaska Mental Health Board is required to advocate for the needs of mental health consumers under Alaska Statute 47.30.666(4).

6. Question: *Is DHSS/DBH required by state law or state regulations to make reports to the Alaska legislature and the general public concerning the number and type of complaints from psychiatric patients while receiving treatment and what needs to be done to improve the rights for psychiatric patients?*

Answer: No.

7. Question: *Is DHSS/DBH required by state law or state regulations to inform disabled psychiatric patients of their rights?*

Answer: Mental health consumers have the right to be informed of their rights in various settings. Sometimes notice of these rights is required by state law or regulation to be delivered orally, in writing, and/or by posting the list of rights.

8. Question: *Are psychiatric facilities, units, clinics required by state law or state regulations to post the phone number of the state agencies that will assist psychiatric patients with their complaints?*

Answer: Designated evaluation and treatment facilities are required by regulation to post a notice of patients' rights. Community mental health centers are required by regulation to post a bill of client rights.

Thank you for your diligence in championing for the rights of Alaska's psychiatric patients.

Sincerely,



William J. Streur  
Commissioner

cc: Governor Sean Parnell  
Senator Johnny Ellis  
Representative Geran Tarr  
Mike Lesmann, Special Assistant  
State Ombudsman's Office

**August 26, 2013**

**William J. Streur,  
Commissioner—The Department of Health and Social Services,**

Thank you for your letter of August 22, 2013 in which you answered our 8 questions concerning psychiatric patient rights and thank you for the compliment you gave us.

Thirty thousand psychiatric patients in Alaska generally do not have difficulty filing a complaint/grievance. It is what happens after a complaint is filed that is our concern.

Since 1992 every psychiatric facility, unit and clinic have first and foremost written loopholes in their patient grievance policy to protect the psychiatric facility and their staff, not the patient. And that includes the Alaska Psychiatric Institute of which DHSS is the governing authority. It takes less than 30 minutes of reviewing 40 patient grievance procedures and past actions of psychiatric facilities to know it is true.

The best case scenario for psychiatric patient recovery and their protection is Alaska revising the grievance procedure law AS47.30.847, including rules for due process, appeal process, basic grievance rights all in one location for those civilly committed/ forced evaluated and also for those receiving treatment at community mental health centers.

As of now Alaska depends too heavily on out of state certification organizations to protect Alaska's disabled psychiatric patients in the grievance process. It is Alaska's responsibility to protect its citizens.

Rep. Pete Higgins and his Chief of Staff produced a work draft to improve AS47.30.847, Patient Grievance Procedure Law. We are asking DHSS and other government officials to help give long needed rights to psychiatric patients in the grievance process.

Cc: Sen. Johnny Ellis  
Rep. Geran Tarr  
Rep. Pete Higgins  
Gov. Sean Parnell  
Mike Lesmann  
Disability Law Center  
Open Letter

Mental Health Advocates,  
Faith Myers / Dorrance Collins  
3240 Penland Pkwy, Sp. 35  
Anchorage, AK. 99508  
929-0532

*Faith Myers*  
*Dorrance Collins*



## State of Alaska ombudsman

September 26, 2013

Mental Health Advocates  
Faith Myers/Dorrance Collins  
3240 Penland Pkwy., Sp. 35  
Anchorage, AK 99508

Reply to:

- 333 W. 4<sup>th</sup> Ave. Ste. 305  
Anchorage, AK 99501  
(907) 269-5290  
(800) 478-2824  
(FAX) 269-5291
- P.O. Box 113000  
Juneau, AK 99811-3000  
(907) 465-4870  
(800) 478-4870  
(FAX) 465-3330

Re: Ombudsman Complaint A2013-1008

Dear Ms. Myers and Mr. Collins:

You contacted the Office of the Ombudsman on August 9, 2013, with a complaint that the Department of Health and Social Services (DHSS) did not answer specific questions relating to the rights of psychiatric patients. Your initial letter was dated July 1, 2013. DHSS commissioner William Streur responded to you in a letter dated July 16, 2013, in which he claimed that DHSS "is not able to respond in detail to all of your questions because the majority would require additional facts and legal analysis."

Quite reasonably, you responded with a letter, dated August 9, in which you pointed out that the commissioner's July 16<sup>th</sup> letter was nonresponsive to your specific questions. As you had just sent that letter when you contacted our office, we gave DHSS a chance to respond. On August 24, 2013, the commissioner of DHSS sent you another letter, in which he answered most of your questions.

I noted that the commissioner did not answer your question #8, in which you asked, "Are psychiatric facilities, units, clinics required by state law or regulations to post the phone number of the state agencies that will assist psychiatric patients with their complaints?" I contacted the DHSS commissioner's office and requested a yes/no answer to this question. The answer is "no." Neither designated evaluation and treatment facilities nor community mental health centers are required to post phone numbers for agencies or advocacy groups. This answer is also consistent with my review of the current regulation published at 7 AAC 70.060 listing client rights at community mental health centers, and my review of the statutes regarding patient rights at designated evaluation and treatment facilities, AS 47.30.817 - 47.30.865.

While I am unimpressed with the department's initial reply to you in July, DHSS did eventually provide a more responsive answer. I have therefore closed your complaint to the Office of the Ombudsman as resolved. I am also providing DHSS with a courtesy copy of this letter, to notify the agency of the outcome of this complaint.

Sincerely,

  
Beth Leibowitz  
Assistant Ombudsman

cc: William Streur, Commissioner, DHSS

**Beth Leibowitz,**  
**Assistant State Ombudsman,**

**9/29/'13**

We appreciate your follow-up letter 9/26/13 in which the Department of Health and Social Services (DHSS) provided further clarification.

DHSS (the state) is required by law to investigate psychiatric patient complaints—Trust Authority beneficiaries. On the other hand, there is no state law or state regulations that says psychiatric patients must be informed of the state's obligation or the phone number of the state agency that is required to investigate their complaint.

DHSS (Alaska) have stated they have no interest or obligation in writing grievance procedure rules for private hospitals, even the ones that detain patients for civil commitments/ forced evaluation; There are about 7 of them. (Because of the wording, AS47.30.847 does not presently cover psychiatric units in a hospital.)

Mistreatment is when psychiatric patients are not properly informed or given their rights. In any given year there are approximately 26,000 psychiatric patients in Alaska, one quarter of those are listed as acute care or disabled.

All too often, when a disabled psychiatric patient having a psychotic break cannot file a complaint or appeal in a fair way and are not provided information, they wind up becoming a statistic.

Our complaint against DHSS is they have had over 30 years to write rules and support improvements in laws to protect psychiatric patients but they refuse to do so.

Cc: Disability Law Center  
PsychRights  
National Alliance for the Mentally Ill  
Alaska Mental Health Board  
Trust Authority Board  
Rep. Pete Higgins  
Gov. Sean Parnell  
DHSS  
Open Letter

Mental Health Advocates,  
Faith Myers / Dorrance Collins  
3240 Penland Pkwy, Sp. 35  
Anchorage, AK. 99508  
929-0532

Attn: Rep. Pete Higgins

## **Abuse and Neglect Report 8/19/2013**

The Department of Health and Social Services (DHSS) is the Governing Authority of the Alaska Psychiatric Institute (API), an 80 bed locked psychiatric hospital. In a 12 month period, 2005 to 2006, 224 complaints were filed by patients. Three were sexual abuse allegations, eighteen concerning safety, and seventeen concerning medication, etc. All complaints were handled informally by API. Patients were unable to file a formal grievance in all 224 cases.

Moving forward to a 9-page report by Disability Law Center—April 2011, Patients unable to file a grievance in a fair way.

Move forward to 4/02/2012 and the new patient grievance procedure at API. Most patients at API with a complaint have to go through an informal complaint process. There is no time frame for completion of the informal complaint process. On level 1, management can grant itself a 30 day extension to resolve a patient's complaint without being required to tell the patient. Any complaint concerning a staff member and patients cannot file a traditional formal grievance, etc. The average stay for a patient is under 14 days.

According to DHSS, current psychiatric patient grievance procedure law AS47.30.847 does not apply to all psychiatric units that do civil commitments/ forced evaluations; Many patients are not protected by this law.

We have reviewed over 40 grievance procedures from psychiatric units, hospitals and clinics. They all contain loopholes to protect the psychiatric facility and staff—not the patients.

Grievance procedure law gives patients a right to file a grievance but it does not give a time when they can do it. Patients should be given the right to file a grievance at the time of their choosing.—Approximately 30 thousand individuals receive psychiatric treatment each year.

In 2011 DHSS removed grievance procedure requirements from 7AAC71.220. DHSS is lessening the state's involvement in protecting disabled psychiatric patients. That is a mistake!

Mental Health Advocates, Faith Myers/ Dorrance Collins, 3240 Penland Pkwy, Sp 35,  
Anchorage, AK 99508 (907) 929-0532

# **Abuse and Neglect Report 8/22/2013**

The Department of Health and Social Services (DHSS) is the Governing Authority of the Alaska Psychiatric Institute (API), an 80 bed locked psychiatric hospital. In a 12 month period, 2005 to 2006, 224 complaints were filed by patients. Three were sexual abuse allegations, eighteen concerning safety, and seventeen concerning medication, etc. All complaints were handled informally by API. Patients were unable to file a formal grievance in all 224 cases.

Moving forward to a 9-page report by Disability Law Center—April 2011, Patients unable to file a grievance in a fair way.

Move forward to 4/02/2012 and the new patient grievance procedure at API. Most patients at API with a complaint have to go through an informal complaint process. There is no time frame for completion of the informal complaint process. On level 1, management can grant itself a 30 day extension to resolve a patient's complaint without being required to tell the patient. Any complaint concerning a staff member or abuse and patients cannot file a traditional formal grievance, (page 4). The average stay for a patient is under 14 days.

According to DHSS, current psychiatric patient grievance procedure law AS47.30.847 does not apply to all psychiatric units that do civil commitments/ forced evaluations; Many psychiatric patients are not protected by the grievance procedure law.

We have reviewed over 40 grievance procedures from psychiatric units, hospitals and clinics. They all contain loopholes to protect the psychiatric facility and staff—not the patients.

Grievance procedure law gives patients a right to file a grievance but it does not give a time when they can do it. Patients should be given the right to file a grievance at the time of their choosing.—Approximately 30 thousand individuals receive psychiatric treatment each year.

In 2011 DHSS removed important grievance procedure requirements from 7AAC71.220.— (Changed to 7AAC12.890 (d)). DHSS is lessening the state's involvement in protecting disabled psychiatric patients in the grievance process. That is a mistake!

Mental Health Advocates, Faith Myers/ Dorrance Collins, 3240 Penland Pkwy, Sp 35,  
Anchorage, AK 99508 (907) 929-0532

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# **Abuse and Neglect Investigation: Alaska Psychiatric Institute (API)**

## **API Violates Patients' Rights in Handling Patients' Grievances**

**Issued April 5, 2011**

**Revised and reissued July 13, 2011<sup>1</sup>**

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**The Disability Law Center of Alaska**  
**Community Integration Unit - Abuse/Neglect Investigation**

3330 Arctic Blvd., Suite 103  
Anchorage, Alaska 99503  
(907) 565-1002

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<sup>1</sup> DLC sent a copy of the initially issued report to API for review and comment. API disagreed with DLC's findings. After reviewing API's comments and concerns, DLC revised the report to make its findings more clear, but DLC's conclusions did not change. DLC has also added specific recommendations to the revised report that it hopes API will follow to ensure that patients' grievances are properly investigated.

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## **I. General Information & Terms**

**The Disability Law Center of Alaska (DLC)** is a private, independent, not-for-profit agency, and is Alaska's federally mandated Protection and Advocacy (P&A) system. Under its federal mandates, one of which is under the Protection and Advocacy for Individuals with Mental Illness Act (PAIMI Act),<sup>2</sup> DLC has the duty and authority to investigate allegations of abuse and/or neglect involving individuals who experience a disability if the incident is reported to DLC, or if DLC determines there is probable cause that an incident of abuse and/or neglect occurred. The PAIMI Act gives DLC the authority to access facilities, records, patients, staff and administration in order to complete its investigation.

**Alaska Psychiatric Institute (API)** is licensed as a specialized hospital, located in Anchorage, Alaska. API is licensed for 80-beds, is the State's only state-operated psychiatric hospital, and provides evaluation and treatment to individuals experiencing or suspected of experiencing a mental illness, regardless of their home-community within the state. The hospital is certified to receive Medicare and Medicaid funding, and is also accredited under the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). API is a Designated Evaluation and Treatment (DET) facility as identified by the State's Department of Health and Social Services.<sup>3</sup>

**Abuse** under PAIMI regulations "...means any act or failure to act by an employee of a facility rendering care or treatment which was performed, or which was failed to be performed, knowingly, recklessly, or intentionally, and which caused, or may have caused, injury or death to an individual with mental illness, and includes but is not limited to acts such as: rape or sexual assault; striking; the use of excessive force when placing an individual with mental illness in bodily restraints; the use of bodily or chemical restraints which is not in compliance with Federal and State laws and regulations; verbal, nonverbal, mental and emotional harassment; and any other practice which is likely to cause immediate physical or psychological harm or result in long-term harm if such practices continue." 42 C.F.R. § 51.2.

**Complaint** under PAIMI regulations "...includes, but is not limited to any report or communication, whether formal or informal, written or oral, received by [DLC], including media accounts, newspaper articles, telephone calls (including anonymous calls) from any source alleging abuse or neglect of an individual with mental illness." 42 C.F.R. § 51.2.

**Neglect** under PAIMI regulations "...means a negligent act or omission by an individual responsible for providing services in a facility rendering care or treatment which caused or may have caused injury or death to an individual with mental illness or which placed an individual with mental illness at risk of injury or death, and includes, but is not limited to, acts or omissions such as failure to: establish or carry out an appropriate individual program or treatment plan (including a discharge plan); provide adequate nutrition, clothing, or health care; and the failure to provide a safe environment which also includes failure to maintain adequate numbers of appropriately trained staff." 42 C.F.R. § 51.2.

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<sup>2</sup> Under the Protection and Advocacy for Individuals with Mental Illness Act (PAIMI), 42 U.S.C. § 10801 *et seq.*, DLC is mandated to protect and advocate for the rights of people with mental illness.

<sup>3</sup>See A.S. § 47.30.915.

## **II. Factual Findings**

On or about January 5, 2011, DLC received a complaint alleging a patient who experiences mental illness was injured as a result of an inappropriate physical restraint by API staff. DLC received another complaint alleging inappropriate physical restraint from a different patient, on or about February 3, 2011. Based on its receipt of those complaints, DLC initiated investigations to determine if the allegations could be substantiated, and if so, to determine if abuse or neglect occurred. DLC learned that both patients, prior to their discharge, filed a formal complaint with API about the incident.

As part of its investigation, DLC requested and received a copy of the hospital's internal investigation into these incidents. Among the documents received was a copy of a letter sent to the patients from API, notifying them of the conclusion of its investigation. After reviewing the information provided by API in connection with its investigations, DLC reviewed API's policies and procedures for the handling of patient grievances as well as the applicable federal regulations for how patient grievances are to be handled.

According to the first patient's records, he filed a complaint about the alleged incident on or about December 5, 2010; it was marked "Urgent." An extension was given the hospital's investigator to complete his investigation until January 1, 2011. The extension was granted by a hospital physician on December 16, 2010, without notifying the patient. The letter to the patient from the hospital informing him of the conclusion of the complaint investigation was dated January 3, 2011.

The second patient's records indicated he filed a complaint about the alleged incident on or around January 18, 2011. DLC did not receive a copy of the original complaint; however an e-mail from the hospital's Consumer and Family Specialist to hospital administration, dated January 19, 2011, asks if the patient's complaint should result in an Unusual Occurrence Report (UOR).<sup>4</sup> It appears the response was in the affirmative, as DLC received a copy of the resulting UOR, which was dated January 19, 2011. A letter was sent by the hospital to the patient informing him of the conclusion of the investigation into his complaint, and was dated February 16, 2011. DLC does not know if an extension was requested or granted, however the investigative report stated it took 20 days to complete the investigation.

The hospital's policies and procedures for the handling of patient grievances (P&P No. PRE 030-03, effective 10/31/07) states that:

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<sup>4</sup> An "unusual occurrence report" (UOR), is a report that documents an "unusual occurrence." An "unusual occurrence" is "...Any occurrence which involves a potential liability, or represents any disruption to the hospital and its normal operations, including any incident which occurs while on API property and occurs to the person or personal property of hospital on-duty staff, students or student interns, visitors, volunteers, or patients, and involves any loss, damage, bodily injury, or occupational injury or illness. It also involves any incident which occurs off API grounds and involves hospital on-duty staff, admitted patients, or volunteers." (API P& P No. LD-020-06, Unusual Occurrences/Incidents, effective 10/16/07)

### III. Level I, First Response

- F. The Level I reviewer will meet with the patient to discuss the concern and look for resolution. By the fifth (5th) business day after the original date of the patient's filing, the Level I reviewer will write the proposed resolution on the form and discuss it with the patient.
  - a. If, in the course of the review, it becomes apparent that more time is needed to gather information, a five (5) business day extension can be requested in writing, informing the patient that more time is needed. No more than three (3), five (5) business day extensions may be made.
- G. The patient will review the form with the Level I reviewer and mark the response: Agree; Do Not Agree; or Do Not Agree, Submit to Level II.
- H. The Level I reviewer will give the patient a copy of the Level I response with the reviewer's and the patient's signature.
- I. Complaints and grievances not resolved at Level I and submitted to Level II will be referred directly to the CEO. The CEO may conduct the review or designate an impartial party to conduct the review.

Under a Level II review, the hospital's policies and procedures state:

### V. Level II, CEO Review

- C. Within five (5) business days, the Level II written response indicating the name of the reviewer, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance process and the date of completion and offered solution will be presented to the patient.
- D. The patient may choose Agree or Do Not Agree and signs the form with the staff who reviews the response with the patient.

Based on DLC's review of the documents provided by the hospital in connection with these complaint investigations, it does not appear that any of the elements of the hospital's Patient Grievance Procedures noted above were followed. It appears that instead API followed the policy below in lieu of completing the patient grievance process:

## II. Grievances alleging abuse or employee misconduct.

C. Any allegation of employee misconduct which may be illegal or unethical will be immediately reported according to API P&Ps, a UOR filed according to policy, and a Risk Management investigation initiated. The patient will be informed of the process as fully as possible without compromising the investigation, and protected and supported throughout. (Refer to API P&P HR-040-06 Standards of Conduct.)

At the conclusion of a patient grievance investigation API must send notice to the patient of the investigation outcome. The patient grievance policies and procedures state:

## V. Level II, CEO Review

- C. Within five (5) business days, the Level II written response indicating the name of the reviewer, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance process and the date of completion and offered solution will be presented to the patient.
- D. The patient may choose Agree or Do Not Agree and signs the form with the staff who reviews the response with the patient.

In addition to the hospital's own policies and procedures with regard to notice to the patient following completion of the complaint investigation, Federal regulations at 42 C.F.R. § 482.13(a)(2)(iii) requires:

- (iii) In its resolution of the grievance, the hospital must provide the patient with written notice of its decision that contains the name of the hospital contact person, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance process, and the date of completion.

In addition to the above, the hospital's policies and procedures for patient grievances also provides for ways the patient may appeal civil issues and/or redress other concerns related to the investigation:

## VI. Additional Provisions

- A. Once all levels of administrative redress have been exhausted, the grievant may appeal civil issues to the Alaska Court System under current rules of civil procedure; file a grievance with the Disability Law Center of Alaska; or file a complaint with the Joint Commission on Accreditation of Healthcare Organizations (The Joint Commission).

Based on the information available, it appears that both patients' complaints went straight to a Risk Management investigation track. By API putting these complaints in the Risk Management

investigation track, it appears that API no longer followed the patient grievance policies and procedures that speak to timelines and extensions.

The first patient's grievance was handled as follows:

<b>Patient Grievance Track</b>	<b>Patient Grievance Policy Provisions Not Followed</b>
Grievance made on December 5, 2010	
Investigator Granted an extension on December 16, 2010 to complete investigation by January 1, 2011	Patient was not asked to approve the extension per the patient grievance policy.
Patient notified of grievance outcome on January 3, 2011	Patient only notified that his complaint was not substantiated and not notified of other problems concerning his care and treatment were found; however, because those findings are noted solely in a protected document (i.e., Quality Assurance/Peer Review), DLC was also unable to notify the patient what was found by the hospital. <sup>5</sup> Missing from the notification were: the name of the reviewer; the steps taken on behalf of the patient to investigate the grievance; the date of completion; and the offered solution (with an opportunity for the patient to either agree or disagree and sign).
Level II CEO Appeal	Not offered to patient
Notice of appeal to Alaska Court System or the ability to file complaints with outside agencies	Not included in notice to the patient

The second patient's grievance was handled as follows:

<b>Patient Grievance Track</b>	<b>Patient Grievance Policy Provisions Not Followed</b>
Grievance made on January 18, 2011	
Investigation to be completed by January 25, 2011	Investigation exceeded 5 business days and there is no record of an extension requested or granted by the patient
Patient notified of grievance outcome on February 16, 2011	Missing from the notification were: the name of the reviewer; the steps taken on behalf of the patient to investigate the grievance; the date of completion; and the offered solution (with an opportunity for the patient to either agree or disagree and sign).
Level II CEO Appeal	Not offered to patient

<sup>5</sup> See 42 U.S.C. § 10806(a); also A.S. § 18.23.030.

Notice of appeal to Alaska Court System or the ability to file complaints with outside agencies	Not included in the notice to the patient
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As the above tables note, several aspects of the patient grievance process and API's policies and procedures were not followed in processing these patients' grievances.

### **III. Conclusions and Recommendations**

While DLC understands the value of internal investigations and found the hospital's investigations and reports to be thorough, it cannot rely solely on its internal review process to the detriment of the patient grievance process. Federal regulations for hospitals require a patient grievance process be in place. While API has such a process, DLC is concerned with how API is conducting patient grievance investigations (e.g., allegation of abuse against a staff member). Although these complaints were filed with the hospital as a patient grievances, API is processing these grievances in a manner that does not follow all the elements of how patient complaints are required to be handled according to the hospital's own policies and procedures or federal regulations and generally excludes the patient from the process to resolve his or her grievance.

Moreover, with regard to the notices sent to patients at the conclusion of an investigation, DLC has some concerns about the way that particular policy and procedure is written concerning patients ability to seek additional redress. Specifically, as the policy is written, it implies that a patient's ability or right to redress by filing a complaint with DLC and/or JCAHO<sup>6</sup> may happen only after all levels of administrative redress have been exhausted. This is simply not the case; the patient may file a complaint with either entity at any time. In addition, such notice should also include the patient's right to file a complaint with the State's Survey and Certification agency. Finally, since there are timelines that apply to filing an appeal within the Alaska Court System upon exhausting all administrative avenues within API, API must explicitly notify patients of their ability to file a court appeal and the time in which they have to do so.<sup>7</sup>

Whether or not the hospital elects to have patient complaints of this nature placed on dual tracks (e.g., both under Risk Management and Patient Grievance) or develops some other system, the fact that a Risk Management investigation takes place does not relieve the hospital from meeting both its own as well as the federal requirements for the handling of patient complaints. Thus, DLC concludes that the facts substantiate the complaint of neglect as to the handling of both patients' grievances.

In order to better serve patients, meet the federal regulatory criteria and comply with its own policies and procedures DLC makes the following recommendations:

1. Carefully document when patient grievances are referred to Risk Management and ensure that all steps in the patient grievance process, including applicable timelines, extensions and patient notification, are followed in conformance with the patient grievance policies and procedures;

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<sup>6</sup> The Joint Commission (JCAHO) is an independent, not-for-profit organization, JCAHO accredits and certifies more than 19,000 health care organizations and programs in the United States. API is accredited by JCAHO.

<sup>7</sup> Alaska Rules of Appellate Procedure Rule 602(a)(2).

2. Fully inform patients of the outcome of patient grievances as indicated by the policies and procedures. Simply stating that the allegation is unsubstantiated is both unsatisfying for the patient and conveys very little information to the patient about his or her concern. If the patient grievance policy and procedure is followed the patient will at least know the steps taken by API to investigate the grievance regardless of the outcome;
3. Accurately convey in the patient notification letter the patient's other options to file a complaint with outside agencies such as DLC, State Certification and Licensing or JACHO and that the option to file a complaint with any of these agencies can be done at anytime;
4. Explicitly include in patient notification letters when the notification is a final agency decision and subject to appeal to the Alaska Superior Court, including the applicable timeline the patient has to make such an appeal; and
5. Ensure that the written explanation provided to patients about how to submit written or verbal grievances is clear and easily understandable to patients. DLC found the policies and procedures governing patient grievances convoluted and not particularly easy to follow. Information available to patients should be in simple language that clearly explains what patients should expect after filing a grievance.

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**Abuse and Neglect Investigation:  
Alaska Psychiatric Institute**

**Patient Illegally Held at API Despite Not  
Having a Mental Illness**

**March 21, 2011**

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**The Disability Law Center of Alaska  
Community Integration Unit - Abuse/Neglect Investigation**

3330 Arctic Blvd., Suite 103  
Anchorage, Alaska 99503  
(907) 565-1002

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**IV. RECOMMENDATIONS.....6**

## **I. General Information & Terms**

**The Disability Law Center of Alaska (DLC)** is a private, independent, not-for-profit agency, and is Alaska's federally mandated Protection and Advocacy (P&A) system. Under its federal mandates, two of which are the Protection and Advocacy for Individuals with Mental Illness Act (PAIMI Act),<sup>1</sup> and the Developmental Disabilities Assistance and Bill of Rights Act (DD Act),<sup>2</sup> DLC has the duty and authority to investigate allegations of abuse and/or neglect involving individuals who experience a disability if the incident is reported to DLC, or if DLC determines there is probable cause that an incident of abuse and/or neglect occurred. Both the PAIMI and DD Acts give DLC the authority to access facilities, records, patients, staff and administration in order to complete its investigation.

**Alaska Psychiatric Institute (API)** is licensed as a specialized hospital, located in Anchorage, Alaska. API is licensed for 80-beds, is the State's only state-operated psychiatric hospital, and provides evaluation and treatment to individuals experiencing or suspected of experiencing a mental illness, regardless of their home-community within the state. The hospital is certified to receive Medicare and Medicaid funding, and is also accredited under the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). API is a Designated Evaluation and Treatment (DET) facility as identified by the State's Department of Health and Social Services.<sup>3</sup>

**Abuse** under PAIMI regulations "...means any act or failure to act by an employee of a facility rendering care or treatment which was performed, or which was failed to be performed, knowingly, recklessly, or intentionally, and which caused, or may have caused, injury or death to an individual with mental illness, and includes but is not limited to acts such as: rape or sexual assault; striking; the use of excessive force when placing an individual with mental illness in bodily restraints; the use of bodily or chemical restraints which is not in compliance with Federal and State laws and regulations; verbal, nonverbal, mental and emotional harassment; and any other practice which is likely to cause immediate physical or psychological harm or result in long-term harm if such practices continue." 42 C.F.R. § 51.2.

**Complaint** under PAIMI and DD Act regulations "...includes, but is not limited to any report or communication, whether formal or informal, written or oral, received by [DLC], including media accounts, newspaper articles, telephone calls (including anonymous calls) from any source alleging abuse or neglect of an individual with mental illness." 42 C.F.R. § 51.2 and 45 C.F.R. § 1386.19.

**Discharge Planning** is required by state and federal law prior to a patient's discharge from a hospital. Discharge planning requires that a hospital responsible for the patient's care and treatment create a plan that includes detailed information of the patients current mental health status, what is needed for continued care, appropriate community placement, and his ability for self-care. See 42 C.F.R. §§ 482.43 and 482.61-.62; 7 AAC 72.290.

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<sup>1</sup> Under the Protection and Advocacy for Individuals with Mental Illness Act (PAIMI), 42 U.S.C. § 10801 *et seq.*, DLC is mandated to protect and advocate for the rights of people with mental illness.

<sup>2</sup> Under the Developmental Disabilities Assistance and Bill of Rights Act (PADD or the DD Act), 42 U.S.C. § 6000 *et seq.*, DLC is mandated to protect and advocate for the rights of individuals with developmental disabilities.

<sup>3</sup> See A.S. § 47.30.915.

**Ex parte involuntary commitment** refers to when a judge orders an emergency examination or treatment of an individual when "...there is probable cause to believe the [individual] is mentally ill and that condition causes the [individual] to be gravely disabled or to present a likelihood of serious harm to self or others." A.S. § 47.30.700.

**Neglect** under PAIMI regulations "...means a negligent act or omission by an individual responsible for providing services in a facility rendering care or treatment which caused or may have caused injury or death to an individual with mental illness or which placed an individual with mental illness at risk of injury or death, and includes, but is not limited to, acts or omissions such as failure to: establish or carry out an appropriate individual program or treatment plan (including a discharge plan); provide adequate nutrition, clothing, or health care; and the failure to provide a safe environment which also includes failure to maintain adequate numbers of appropriately trained staff." 42 C.F.R. § 51.2.

## **II. Factual Findings**

On December 14, 2010, the Disability Law Center learned there was a patient admitted to API who allegedly did not meet admission criteria as he had dementia, not a mental illness. Based on this report, the Disability Law Center initiated an abuse and neglect investigation as to whether the patient was properly in the facility.

Through its investigation, which included reviewing the patient's API records, the Disability Law Center determined that the patient was inappropriately held at API from December 4, 2010, when the ex parte order expired, through his return home on December 29, 2010. Upon his admission on December 1, 2010, the patient's recorded diagnoses showed that he did not suffer from a mental illness, but did have dementia.

The review of the patient's records revealed that from his initial admission to API on December 1, 2010, the patient did not meet admissions criteria. The patient was admitted to API on an ex parte order. API did not seek a 30 day commitment following the expiration of the ex parte order on December 4, 2010. Even though API records characterized the patient's admission to API as having been inappropriate, the records also show he signed in as a voluntary patient on December 7, 2010. The patient's API records further indicate that as of December 8, 2010, the patient could not be discharged because of the following note in his file: "[discharge] on hold per state attorney." This hold was in effect even though he had been evaluated by API and no further evaluation or treatment was deemed necessary, and even though he had signed in on a voluntary basis the day before.

On December 20, 2010, the Disability Law Center inquired whether the patient could leave the facility. The next day API, through its counsel, responded that the patient could not leave the facility as API had not fulfilled its discharge planning duties pursuant to state and federal law. The Disability Law Center responded that according to the patient's records plans had been made for the patient's discharge as early as December 8, 2010, including returning the patient to his home where his daughter resides, with involvement of the tribal council and the tribal safety officer. No further mental health treatment or follow-up is noted in his records. The Disability Law Center also informed API that the facility's belated concern about discharge planning was not legal authority to continue to hold the patient. Regardless, API continued to hold the patient at its facility.

On December 29, 2010, the Disability Law Center was informed by API through counsel that the patient was to be discharged and on the next flight back to his village.

On February 3, 2011, API responded to a draft of this report by saying that it stood behind its decision to admit the patient as a voluntary patient.

## **III. Determinations**

Under 42 U.S.C. § 15043(a)(2)(B) (PADD) and 42 U.S.C. § 10801(b)(2)(B) (PAIMI), unwarranted confinement in an institution is neglect. Based on the Disability Law Center's

investigation, it is determined that the patient was subject to neglect by being held without legal authority by API once the ex parte order expired.

Further, API should not have allowed the patient to sign in as a voluntary patient when he did not suffer from a mental illness and thus did not meet the statutory criteria for a voluntary admission found in AS 47.30.670. That statute provides “A person 18 years of age or older may be voluntarily admitted to a treatment facility if the person is *suffering from mental illness* and voluntarily signs the admission papers.” (emphasis supplied). When API knows, as API knew here, that a person is not suffering from mental illness, regardless of what other justifications it believes may exist, API should not allow the person to sign in voluntarily. API’s continuing to hold the patient when he wished to leave the hospital per a state attorney’s “hold” was not lawful as he did not meet the voluntary admission criteria and was not subject to a court order requiring he be held at the facility.

Finally, API’s claim that it could not release the patient because it had not completed discharge planning was an insufficient reason to continue to hold the patient and also constitutes neglect. *See id.* The patient’s records revealed that discharge planning was complete and no further evaluation or treatment was needed. Plans had been made for the patient’s return home. Given the important liberty interest the patient had to be free from unnecessary confinement in a psychiatric hospital<sup>4</sup>, even if API had not completed discharge planning, it would have been insufficient justification to continue to confine the patient at API when he did not suffer from a mental illness and there was no court order requiring his detainment.

#### **IV. Recommendations**

- Review API’s current tracking system for patients admitted to API pursuant to court orders and the orders’ expiration so that patients free to leave API – i.e., not involuntarily admitted under a court order – are scheduled for discharge, or sign in as voluntary patients if and only if they meet the statutory criteria.
- Adopt a policy that all patients at API must either be under a valid court order pursuant to Alaska’s Title 12 or 47 or be signed in as a voluntary patient.
- Adopt a policy that when a patient has been at API under a valid court order, but the order expires or is terminated by the Court, a patient will not be admitted as a voluntary patient unless he or she is suffering from a mental illness.
- Review with all staff as part of API’s training curriculum the criteria as set forth in AS 47.30.670 for voluntary admission to prevent future voluntary admissions to API that do not meet the statutory criteria.
- Review with all staff as part of API’s training curriculum how to assess whether a patient can understand his or her options – i.e., whether he is competent – regarding signing in as a voluntary patient. Establish a review mechanism that staff can access and use when it

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<sup>4</sup> *See Wetherhorn v. API*, 156 P.3d 371, 384 (Alaska 2007).

is unclear whether a patient is competent or able to understand his or her rights and understand the implications of signing in as a voluntary patient.

- Review with all staff as part of API's training curriculum the hospital's ongoing duty to discharge plan from a patient's initial admission, as well as the statutory and regulatory requirements for discharge planning, including the requirement that discharge plans be in writing.

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**Abuse and Neglect Investigation:  
Alaska Psychiatric Institute**

**Patient Illegally Held at API Despite Not  
Having a Mental Illness**

**March 21, 2011**

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**The Disability Law Center of Alaska  
Community Integration Unit - Abuse/Neglect Investigation**

3330 Arctic Blvd., Suite 103  
Anchorage, Alaska 99503  
(907) 565-1002

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- Review with all staff as part of API’s training curriculum how<sup>4</sup> to assess whether a patient can understand his or her options – i.e., whether he is competent – regarding signing in as a voluntary patient. Establish a review mechanism that staff can access and use when it

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- Review with all staff as part of API's training curriculum the hospital's ongoing duty to discharge plan from a patient's initial admission, as well as the statutory and regulatory requirements for discharge planning, including the requirement that discharge plans be in writing.

**William J. Streur,** **July 1, 2013**  
**Commissioner The Department of Health and Social Services,**

We are asking for answers to our questions from the Department of Health and Social Services and the Division of Behavioral Health? (DHSS-DBH)

We have been given the opportunity to proof-read "Your Mental Health Rights in Alaska" prior to publication.

According to DHSS-DBH approximately 30,000 individuals receive psychiatric treatment in Alaska each year.

In our opinion, a high number of patients are classified by the state as disabled because they receive a disability check, are brought to a psychiatric emergency room, are court-ordered to receive treatment, all of which could be considered indicators of disability even if temporary.

These are the questions we would like answers to:

**One. Do disabled psychiatric patients have a legal right by state law or regulations to assistance in the protection of their rights?**

**Two. Do psychiatric patients have a legal right by state law or regulations to file an appeal concerning their complaints within a psychiatric facility or unit and to a state agency?**

**Three. Is DHSS-DBH required by state law or state regulations to investigate disabled psychiatric patient complaints?**

**Four. Is DHSS-DBH required by state law or state regulations to keep statistics of psychiatric patient complaints in psychiatric facilities, unit, clinics?  
(Number, resolution, etc.)**

**Five. Is DHSS-DBH required by state law or state regulations to advocate for the advancement of better rights for psychiatric patients?**

**Six. Is DHSS-DBH required by state law or state regulations to make reports to the Alaska legislature and the general public concerning the number and type of complaints from psychiatric patients while receiving treatment and what needs to be done to improve the rights for psychiatric patients?**

**Seven. Is DHSS-DBH required by state law or state regulations to inform disabled psychiatric patients of their rights?**

**Eight. Are psychiatric facilities, units, clinics required by state law or regulations to post the phone number of the state agencies that will assist psychiatric patients with their complaints?**

**Disabled psychiatric patients in Alaska deserve to know what their rights are. It can only happen if DHSS-DBH send the requested information as soon as possible.**

**Thank you for your help.**

**Mental Health Advocates  
Faith Myers / Dorrance Collins  
3240 Penland Pkwy, Sp. 35  
Anchorage, AK 99508  
929-0532  
faith.myers@gci.net**

**Cc: Sen. Johnny Ellis  
Rep. Geran Tarr  
Mike Lesmann  
Open Letter**



THE STATE  
of **ALASKA**  
GOVERNOR SEAN PARNELL

**Department of  
Health and Social Services**  
DIVISION OF BEHAVIORAL HEALTH  
Alaska Psychiatric Institute

3700 Piper Street  
Anchorage, Alaska 99508-4677  
Moh: 907.269.7100  
Fax: 907.269.7128

July 16, 2013

**Mental Health Advocates  
Faith Myers / Dorrance Collins  
3240 Penland Pkwy, Sp. 35  
Anchorage, AK 99508**

Dear Ms. Myers and Mr. Collins,

Thank you for your thoughtful inquiry regarding psychiatric patients' rights. Unfortunately, the Department of Health and Social Services, Division of Behavioral Health is not able to respond in detail to all of your questions because the majority would require additional facts and legal analysis.

Generally speaking, persons receiving treatment at community mental health centers have the rights outlined in 7 AAC 71.200 - 7 AAC 71.220. Grievance procedures at community mental health centers are addressed in 7 AAC 71.220. Patients subject to involuntary or voluntary treatment at Designated Evaluation and Treatment Facilities or the Alaska Psychiatric Institute have a number of rights defined by statute in AS 47.30.670 - AS 47.30.915. Grievance procedures for these patients may be found in AS 47.30.847.

Specific answers to your questions require an understanding of the specific facts involved. Since The Disability Law Center of Alaska is the designated protection and advocacy system for the State of Alaska, your questions are best directed to and answered by The Disability Law Center of Alaska, 3330 Arctic Blvd., Anchorage, AK 99503, telephone (907) 565-1002.

Sincerely,

A handwritten signature in black ink, appearing to read "William J. Streur".

**William J. Streur  
Commissioner**

cc: **Senator Johnny Ellis  
Representative Geran Tarr  
Mike Lesmann**



THE STATE  
of **ALASKA**  
GOVERNOR SEAN PARNELL

Department of  
Health and Social Services

OFFICE OF THE COMMISSIONER  
Juneau

350 Main Street, Suite 404  
Juneau, Alaska 99801-1149  
Main: 907.465.3030  
Fax: 907.465.3068

August 22, 2013

Mental Health Advocates  
Faith Myers / Dorrance Collins  
3240 Penland Pkwy, Sp. 35  
Anchorage, AK 99508

Dear Ms. Myers and Mr. Collins,

It is regretful that you found my letter dated July 16 not responsive to your request for answers to eight questions regarding the rights of disabled psychiatric patients and the duties of the Department of Health and Social Services, Division of Behavioral Health (DHSS/DBH). Your August 9 letter states that you want to know DHSS's/DBH policies and regulations rather than the law. However, DHSS/DBH's policies are based on the law and DHSS regulations have the force of law. The protection of mental health consumer rights is accomplished through federal law, state statutes, and DHSS regulations.

Alaska's mental health system encompasses a broad spectrum of community providers, services provided by general acute care hospitals, designated treatment and evaluation facilities, and a state-operated hospital. The rights of mental health consumers in these various settings are protected by statutes as well as regulations adopted by DHSS. While it is difficult to answer fully all of your questions without additional information, I offer the following general supplemental responses to your questions:

1. Question: *Do disabled psychiatric patients have a legal right by state law or regulations to assistance in the protection of their rights?*

Answer: Under federal law, The Disability Law Center of Alaska is designated as the protection and advocacy system for Alaska. The Disability Law Center assists individual mental health consumers in the protection of their rights. This assistance varies according to the individual circumstances and may include coaching for self-advocacy or even the filing of lawsuits to enforce or protect mental health consumers' rights. Alaska Statute 47.30.847(c) requires a designated staff member within the facility to assist mental health consumers who may be receiving inpatient treatment at the Alaska

\* Does not apply to psychiatric units in hospitals.

F.M.

Psychiatric Institute or any of the designated treatment and evaluation facilities, to advocate and assist the patient with grievances or protection of the patient's rights. Alaska Statute 47.30.700(a) requires the appointment of a lawyer to represent and assist mental health consumers who are subject to an order for involuntary evaluation and treatment.

2. Question: *Do psychiatric patients have a legal right by state law or regulations to file an appeal concerning their complaints within a psychiatric facility or unit and to a state agency?*

Answer: Alaska Statute 47.30.847, and DHSS regulations adopted by reference in 7 AAC 72.012, and found at 7 AAC 12.890; explain the grievance procedures for these mental health consumers. When consumers are subject to involuntary evaluation and treatment, they may have additional means of appealing the outcome of certain complaints within the context of court proceedings.

3. Question: *Is DHSS/DBH required by state law or state regulations to investigate disabled psychiatric patient complaints?*

Answer: Yes, see Alaska Statute 47.30.660(b)(12).

4. Question: *Is DHSS/DBH required by state law or state regulations to keep statistics of psychiatric patient complaints in psychiatric facilities, unit, and clinics?*

Answer: No. However, Alaska Statute 47.30.660(b)(10) requires reports from treatment facilities concerning the care of patients.

5. Question: *Is DHSS/DBH required by state law or state regulations to advocate for the advancement of better rights for psychiatric patients?*

Answer: No. However, Alaska Statute 47.30.550 charges the department with adopting regulations to assure patient rights and to safeguard the confidential nature of their records and information when receiving services provided under Title 47, Chapter 30. The Alaska Mental Health Board is required to advocate for the needs of mental health consumers under Alaska Statute 47.30.666(4).

6. Question: *Is DHSS/DBH required by state law or state regulations to make reports to the Alaska legislature and the general public concerning the number and type of complaints from psychiatric patients while receiving treatment and what needs to be done to improve the rights for psychiatric patients?*

Answer: No.

7. Question: *Is DHSS/DBH required by state law or state regulations to inform disabled psychiatric patients of their rights?*

Answer: Mental health consumers have the right to be informed of their rights in various settings. Sometimes notice of these rights is required by state law or regulation to be delivered orally, in writing, and/or by posting the list of rights.

8. Question: *Are psychiatric facilities, units, clinics required by state law or state regulations to post the phone number of the state agencies that will assist psychiatric patients with their complaints?*

Answer: Designated evaluation and treatment facilities are required by regulation to post a notice of patients' rights. Community mental health centers are required by regulation to post a bill of client rights.

Thank you for your diligence in championing for the rights of Alaska's psychiatric patients.

Sincerely,



William J. Streur  
Commissioner

cc: Governor Sean Parnell  
Senator Johnny Ellis  
Representative Geran Tarr  
Mike Lesmann, Special Assistant  
State Ombudsman's Office

**Sec. 47.30.660. Powers and duties of department.**

(a) The department shall

(1) prepare, and periodically revise and amend, a plan for an integrated comprehensive mental health program, as that term is defined by AS 47.30.056 (i); the preparation of the plan and any revision or amendment of it shall

(A) be made in conjunction with the Alaska Mental Health Trust Authority;

(B) be coordinated with federal, state, regional, local, and private entities involved in mental health services;

(2) in planning expenditures from the mental health trust settlement income account, conform to the regulations adopted by the Alaska Mental Health Trust Authority under AS 47.30.031 (b)(5); and

(3) implement an integrated comprehensive system of care that, within the limits of money appropriated for that purpose and using grants and contracts that are to be paid for from the mental health trust settlement income account, meets the service needs of the beneficiaries of the trust established under the Alaska Mental Health Enabling Act of 1956, as determined by the plan.

(b) The department, in fulfilling its duties under this section and through its division responsible for mental health, shall

(1) administer a comprehensive program of services for persons with mental disorders, for the prevention of mental illness, and for the care and treatment of persons with mental disorders, including inpatient and outpatient care and treatment and the procurement of services of specialists or other persons on a contractual or other basis;

(2) take the actions and undertake the obligations that are necessary to participate in federal grants-in-aid programs and accept federal or other financial aid from whatever sources for the study, prevention, examination, care, and treatment of persons with mental disorders;

(3) administer AS 47.30.660 - 47.30.915;

(4) designate, operate, and maintain treatment facilities equipped and qualified to provide inpatient and outpatient care and treatment for persons with mental disorders;

(5) provide for the placement of patients with mental disorders in designated treatment facilities;

(6) enter into arrangements with governmental agencies for the care or treatment of persons with mental disorders in facilities of the governmental agencies in the state or in another state;

(7) enter into contracts with treatment facilities for the custody and care or treatment of persons with mental disorders; contracts under this paragraph are governed by AS 36.30 (State Procurement Code);

(8) enter into contracts, which incorporate safeguards consistent with AS 47.30.660 - 47.30.915 and the preservation of the civil rights of the patients with another state for the custody and care or treatment of patients previously committed from this state under 48 U.S.C. 46 et seq., and P.L. 84-830, 70 Stat. 709;

(9) prescribe the form of applications, records, reports, requests for release, and consents to medical or psychological treatment required by AS 47.30.660 - 47.30.915;

(10) require reports from the head of a treatment facility concerning the care of patients;

(11) visit each treatment facility at least annually to review methods of care or treatment for patients;

(12) investigate complaints made by a patient or an interested party on behalf of a patient;

(13) delegate upon mutual agreement to another officer or agency of it, or a political subdivision of the state, or a treatment facility designated, any of the duties and powers imposed upon it by AS 47.30.660 - 47.30.915;

(14) after consultation with the Alaska Mental Health Trust Authority, adopt regulations to implement the provisions of AS 47.30.660 - 47.30.915;

(15) provide technical assistance and training to providers of mental health services; and

(16) set standards under which each designated treatment facility shall provide programs to meet patients' medical, psychological, social, vocational, educational, and recreational needs.

## **42 USC § 10841 - Restatement of bill of rights**

It is the sense of the Congress that, as previously stated in title V of the Mental Health Systems Act [42 U.S.C. 9501 et seq.], each State should review and revise, if necessary, its laws to ensure that mental health patients receive the protection and services they require, and that in making such review and revision, States should take into account the recommendations of the President's Commission on Mental Health and the following:

**(1)**A person admitted to a program or facility for the purpose of receiving mental health services should be accorded the following:

**(A)**The right to appropriate treatment and related services in a setting and under conditions that—

**(i)** are the most supportive of such person's personal liberty; and

**(ii)** restrict such liberty only to the extent necessary consistent with such person's treatment needs, applicable requirements of law, and applicable judicial orders.

**(B)**The right to an individualized, written, treatment or service plan (such plan to be developed promptly after admission of such person), the right to treatment based on such plan, the right to periodic review and reassessment of treatment and related service needs, and the right to appropriate revision of such plan, including any revision necessary to provide a description of mental health services that may be needed after such person is discharged from such program or facility.

**(C)**The right to ongoing participation, in a manner appropriate to such person's capabilities, in the planning of mental health services to be provided such person (including the right to participate in the development and periodic revision of the plan described in subparagraph (B)), and, in connection with such participation, the right to be provided with a reasonable explanation, in terms and language appropriate to such person's condition and ability to understand, of—

**(i)** such person's general mental condition and, if such program or facility has provided a physical examination, such person's general physical condition;

**(ii)** the objectives of treatment;

**(iii)** the nature and significant possible adverse effects of recommended treatments;

**(iv)** the reasons why a particular treatment is considered appropriate;

**(v)** the reasons why access to certain visitors may not be appropriate; and

**(vi)** any appropriate and available alternative treatments, services, and types of providers of mental health services.

**(D)**The right not to receive a mode or course of treatment, established pursuant to the treatment plan, in the absence of such person's informed, voluntary, written consent to such mode or course of treatment, except treatment—

**(i)**during an emergency situation if such treatment is pursuant to or documented contemporaneously by the written order of a responsible mental health professional; or

**(ii)**as permitted under applicable law in the case of a person committed by a court to a treatment program or facility.

**(E)**The right not to participate in experimentation in the absence of such person's informed, voluntary, written consent, the right to appropriate protections in connection with such participation, including the right to a reasonable explanation of the procedure to be followed, the benefits to be expected, the relative advantages of alternative treatments, and the potential discomforts and risks, and the right and opportunity to revoke such consent.

**(F)**The right to freedom from restraint or seclusion, other than as a mode or course of treatment or restraint or seclusion during an emergency situation if such restraint or seclusion is pursuant to or documented contemporaneously by the written order of a responsible mental health professional.

**(G)**The right to a humane treatment environment that affords reasonable protection from harm and appropriate privacy to such person with regard to personal needs.

**(H)**The right to confidentiality of such person's records.

**(I)**The right to access, upon request, to such person's mental health care records, except such person may be refused access to—

**(i)**information in such records provided by a third party under assurance that such information shall remain confidential; and

**(ii)**specific material in such records if the health professional responsible for the mental health services concerned has made a determination in writing that such access would be detrimental to such person's health, except that such material may be made available to a similarly licensed health professional selected by such person and such health professional may, in the exercise of professional judgment, provide such person with access to any or all parts of such material or otherwise disclose the information contained in such material to such person.

**(J)**The right, in the case of a person admitted on a residential or inpatient care basis, to converse with others privately, to have convenient and reasonable access to the telephone and mails, and to see visitors during regularly scheduled hours, except that, if a mental health professional treating such person determines that denial of access to a particular visitor is necessary for treatment purposes, such mental health professional may, for a specific, limited, and reasonable period of time, deny such access if such mental health professional has ordered such denial in writing and such order has been

incorporated in the treatment plan for such person. An order denying such access should include the reasons for such denial.

**(K)**The right to be informed promptly at the time of admission and periodically thereafter, in language and terms appropriate to such person's condition and ability to understand, of the rights described in this section.

**(L)**The right to assert grievances with respect to infringement of the rights described in this section, including the right to have such grievances considered in a fair, timely, and impartial grievance procedure provided for or by the program or facility.

**(M)**Notwithstanding subparagraph (J), the right of access to (including the opportunities and facilities for private communication with) any available—

**(i)**rights protection service within the program or facility;

**(ii)**rights protection service within the State mental health system designed to be available to such person;

**(iii)**system established under subchapter I of this chapter to protect and advocate the rights of individuals with mental illness; and

**(iv)**qualified advocate;

for the purpose of receiving assistance to understand, exercise, and protect the rights described in this section and in other provisions of law.

**(N)**The right to exercise the rights described in this section without reprisal, including reprisal in the form of denial of any appropriate, available treatment.

**(O)**The right to referral as appropriate to other providers of mental health services upon discharge.

**(2)**

**(A)**The rights described in this section should be in addition to and not in derogation of any other statutory or constitutional rights.

**(B)**The rights to confidentiality of and access to records as provided in subparagraphs (H) and (I) of paragraph (1) should remain applicable to records pertaining to a person after such person's discharge from a program or facility.

**(3)**

**(A)**No otherwise eligible person should be denied admission to a program or facility for mental health services as a reprisal for the exercise of the rights described in this section.

**(B)**Nothing in this section should—

**(i)** obligate an individual mental health or health professional to administer treatment contrary to such professional's clinical judgment;

**(ii)** prevent any program or facility from discharging any person for whom the provision of appropriate treatment, consistent with the clinical judgment of the mental health professional primarily responsible for such person's treatment, is or has become impossible as a result of such person's refusal to consent to such treatment;

**(iii)** require a program or facility to admit any person who, while admitted on prior occasions to such program or facility, has repeatedly frustrated the purposes of such admissions by withholding consent to proposed treatment; or

**(iv)** obligate a program or facility to provide treatment services to any person who is admitted to such program or facility solely for diagnostic or evaluative purposes.

**(C)** In order to assist a person admitted to a program or facility in the exercise or protection of such person's rights, such person's attorney or legal representatives should have reasonable access to—

**(i)** such person;

**(ii)** the areas of the program or facility where such person has received treatment, resided, or had access; and

**(iii)** pursuant to the written authorization of such person, the records and information pertaining to such person's diagnosis, treatment, and related services described in paragraph (1)(I).

**(D)** Each program and facility should post a notice listing and describing, in language and terms appropriate to the ability of the persons to whom such notice is addressed to understand, the rights described in this section of all persons admitted to such program or facility. Each such notice should conform to the format and content for such notices, and should be posted in all appropriate locations.

**(4)**

**(A)** In the case of a person adjudicated by a court of competent jurisdiction as being incompetent to exercise the right to consent to treatment or experimentation described in subparagraph (D) or (E) of paragraph (1), or the right to confidentiality of or access to records described in subparagraph (H) or (I) of such paragraph, or to provide authorization as described in paragraph (3)(C)(iii), such right may be exercised or such authorization may be provided by the individual appointed by such court as such person's guardian or representative for the purpose of exercising such right or such authorization.

**(B)** In the case of a person who lacks capacity to exercise the right to consent to treatment or experimentation under subparagraph (D) or (E) of paragraph (1), or the right to confidentiality of or access to records described in subparagraph (H) or (I) of such paragraph, or to provide authorization as described in paragraph (3)(C)(iii), because such person has not attained an age considered sufficiently advanced under State law to permit the exercise of such right or such authorization to be legally binding,

such right may be exercised or such authorization may be provided on behalf of such person by a parent or legal guardian of such person.

**(C)**Notwithstanding subparagraphs (A) and (B), in the case of a person admitted to a program or facility for the purpose of receiving mental health services, no individual employed by or receiving any remuneration from such program or facility should act as such person's guardian or representative.

**42 USC § 10801 - Congressional findings and statement of purpose**

**(a)**The Congress finds that—

**(1)**individuals with mental illness are vulnerable to abuse and serious injury;

**(2)**family members of individuals with mental illness play a crucial role in being advocates for the rights of individuals with mental illness where the individuals are minors, the individuals are legally competent and choose to involve the family members, and the individuals are legally incompetent and the legal guardians, conservators, or other legal representatives are members of the family;

**(3)**individuals with mental illness are subject to neglect, including lack of treatment, adequate nutrition, clothing, health care, and adequate discharge planning; and

**(4)**State systems for monitoring compliance with respect to the rights of individuals with mental illness vary widely and are frequently inadequate.

**(b)**The purposes of this chapter are—

**(1)**to ensure that the rights of individuals with mental illness are protected; and

**(2)**to assist States to establish and operate a protection and advocacy system for individuals with mental illness which will—

**(A)**protect and advocate the rights of such individuals through activities to ensure the enforcement of the Constitution and Federal and State statutes; and

**(B)**investigate incidents of abuse and neglect of individuals with mental illness if the incidents are reported to the system or if there is probable cause to believe that the incidents occurred.



the effective operation of the grievance process and for the review and resolution of grievances, as well as a Patient Advocate, who will act as a liaison between the patient/resident and the facility to facilitate problem-solving actions when necessary.

2. Patient/resident and their family members will be informed of the patient/resident's rights and responsibilities upon admission. Patient/resident and their family members will also be informed of the grievance process by which they can voice any concerns related to their rights and/or treatment. This information includes the name of the Patient Advocate and the method to access this individual, the time frame for review of the grievance, and the provision of a written response to the patient/resident within that time frame. The Patient/resident/family are also provided with the telephone number of the Department of Health Facilities Certification and Licensure – (907) 334-2482. Information regarding the option of contacting the Office for Civil Rights (Seattle Office @ 1-800-368-1019), and Disability Law Center (907-565-1002) is also given. Patients and guardians may send concerns in writing to the Joint Commission on Accreditation of Health Care Organizations Office of Quality Monitoring ( [www.jointcomission.org](http://www.jointcomission.org) or Fax: (630) 792-5636.)
3. At each level of this process, the facility staff should listen to the patient/resident's grievance, consider the circumstances and the context of the grievance, assure the patient/resident that his/her concerns will be investigated and seek further information and input as needed.
4. The steps for any Patient/resident/Resident/Family to take to find resolution for a possible violation of rights concern are:
  - Step 1: The patient/resident or family is to discuss concern with physician, therapist, nursing staff, RTC Administrator, or any other North Star staff member. The Charge Nurse or Supervisor will need to be notified as soon as possible for assistance with resolution or follow-up needed.
  - Step 2: If the patient/resident/Family is not satisfied, they can either utilize the Patient/Resident's Concern Notification form, or they may call the Patient Advocate at 258-7575. If the form is used, drop it into the designated box located on each unit. The Patient Advocate will contact the patient/resident/family by the next business day after receiving the form or request for contact. If the concern is forwarded to the Patient Advocate, documentation of all previous attempts of resolution will be attached for review.
  - Step 3: The Patient Advocate will initiate an investigation that may include:
    - meeting with involved staff members,
    - reviewing pertinent medical records, and
    - talking with other patient/resident/residents as needed.This investigation will be concluded within a reasonable time frame based on the complexity of the complaint. All investigations will be concluded within 7 days of receipt. In the event there is extenuating circumstances that delay the investigation beyond 7 days, the reason for the delay must be communicated to the patient/resident/guardian with an anticipated time frame for completion (not to exceed 30 days.)
  - Step 4: The Patient Advocate will communicate the actions or resolutions to the Patient/resident/guardian no later than the business day following the conclusion of his/her investigation. This communication may be verbal, but must be accompanied

by written notice to the Patient/resident/guardian containing:

- The name of the Patient Advocate
- Steps taken to review the complaint
- Steps taken to resolve the complaint
- Date of completion

6. **After Hours/Weekend Process:** The appropriate Nurse Manager or Supervisor will investigate and address any grievance or other urgent matter within 24 hours of the time the grievance is received. If the situation cannot be resolved by the Charge Nurse/Supervisor, the Administrator on-call will be notified to determine if the issue is to be referred to the Patient Advocate, or if other measures need to be taken. Whatever the decision, the patient/resident/family will be notified during the next business day.
7. The Patient Advocate will maintain a log of all complaints received, and present a monthly report to the designated committee (Quality Council) for review and further action as necessary. Cases may be referred by the Quality Council to the Peer Review Committee or Patient Safety Council when concerns relate to quality of care or premature discharge issues
8. Any grievance received after the patient/resident is discharged from a program should be documented by the staff member receiving the complaint and forwarded to the Patient Advocate. The Patient Advocate will complete an investigation of the allegation and the subsequent steps in the process outlined above.
9. The Governing Body shall have the final authority and responsibility in resolving grievances.
10. If a grievance is received from legal counsel or regulatory authority, it should be forwarded directly to the CEO or designee and Risk Manager. The CEO will delegate investigation to the appropriate staff members.
11. The above procedures are intended to provide guidelines for patient/residents and families to express concerns and for staff to respond to these concerns. They may be modified as necessary to insure prompt and responsive action by the most appropriate staff member in any given situation.

Attachments:

Patient/Resident Concern Notification Form  
Patient Advocate Written Notification (Non-patient/resident)  
Patient Advocate Written Notification (patient/resident)  
Sample Patient/Resident/Family Grievance Log

**Patient/Resident Concern Notification**

We strive to make every aspect of your treatment as comfortable as possible. We recognize that issues may arise that you become aware of before we do, and urge you to report any issues or concerns to a staff member. If you feel that your concerns are not addressed appropriately OR if you just feel more comfortable reporting them in writing, please use the space below. Include any individuals involved and be as specific as possible if you feel that any Patient/resident rights may have been violated.

Name (Optional): \_\_\_\_\_ Date: \_\_\_\_\_

Program: \_\_\_\_\_ Physician: \_\_\_\_\_

Area of Concern: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return this to any staff member. Thank you for allowing us an opportunity to improve the quality of care we provide to our patient/residents.

\* \* \* \* \*

Disposition: (FOR STAFF USE ONLY)

Date Received: \_\_\_\_\_ Assigned To: \_\_\_\_\_ Date Assigned: \_\_\_\_\_

Pertinent Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Problem Resolution/Follow Up: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Addressed by: \_\_\_\_\_ Date: \_\_\_\_\_

CEO/DIR QI/RM Signature: \_\_\_\_\_

**\*\*\*\* Please Forward to the Patient Advocate\*\*\*\***

(This letter is printed on letterhead)

Date:

Dear

We strive to make every aspect of our patient/resident's treatment as beneficial as possible. We recognize unanticipated situations occur. We appreciate you bringing your concern(s) to our attention and allowing us the opportunity to evaluate our services and make improvements when needed.

Regarding your complaint, received on \_\_\_\_\_, the following was conducted regarding your concerns.

•  
After review, the following occurred:

•  
Thank you for allowing us an opportunity to improve the quality of care we provide to our Patient/resident.

Sincerely,

---

Patient Advocate  
North Star Behavioral Health System

(This letter is printed on letterhead)

patient/resident complaint

Dear ,

We try to make every part of your treatment as helpful as possible. We know that sometimes situations occur. Thank you bringing your concern(s) to our attention so that we can make things better for you and all the Patient/resident here.

Here is what we did to follow up on the complaint you made on (DATE)

- 

After reviewing all the information, we did the following;

- 

Thank you for helping us to improve the care of Patient/resident at North Star.

Sincerely,

---

Patient Advocate  
North Star Behavioral Health System



## Lost Item Notice

### Personal Belongings:

North Star Hospital cannot be held responsible for valuables not given to staff members for safe keeping upon admission. Furthermore, we strongly discourage you and parent(s)/guardian(s) from bringing expensive and/or valuable/sentimental items to the hospital. You will not need cash or money of any kind. You are responsible for your own belongings.

### Labeling Your Clothing:

Parents will be asked to fill out an inventory sheet and label your personal clothing and belongings before you are admitted into the hospital. Staff may provide a sharpie maker so that they may label your clothing. If additional items are brought in after this initial inventory, parents are asked to add these items to your property sheet. To keep you from getting sick, please wear only your own clothes. At North Star we are not responsible for lost personal items

## North Star Behavioral: Patient Rights and Responsibilities

At North Star Behavioral Health System, we do many things to protect your right to privacy. Any information about you, even if you are here in the hospital, is strictly confidential which means we can't give out any information. The doctors, nurses, therapists, MHS's and all the staff here at the hospital are trained how to protect your private information. Only with your guardian or parent's written permission, will we give out your records or any information about you. The only exception to this would be if we were required by law to release information that a judge has formally requested. The management of North Star Hospital welcomes any comments, suggestions, or questions you may have. You may express your comments in writing or verbally to the Administrator's office which is on the first floor. Your floor staff can help you do this. Every effort will be made to respond to all suggestions. When you are discharged you will be given a Patient Satisfaction Survey to fill out.

*Each person in the hospital has rights (or privileges), which include, but are not limited to the following:*

- A. The right to care and treatment that respects the patient as a person.
- B. The right to privacy. This includes bathing and toileting activities unless clinically contraindicated.
- C. The right to have their medical record and treatment kept private. This information will not be released without the patient's or the parent/guardian's permission unless there is a court order.
- D. The right to move about freely on the unit as their treatment plan and unit safety allow.
- E. The right to help create an individual treatment plan.
- F. The right to see a healthcare provider and be treated if they are sick. A health care provider will examine the patient as soon as possible after admission. Additionally, the

- parent or guardian may request a second opinion at his/her own expense.
- G. The right to be informed by a physician why they are here, what problems or issues they may have and how we are going to help them.
  - H. The right to have all medications explained to them, including what they are, why they are taking them and how they will make them feel.
  - I. The right to not take medications and other treatments which are recommended unless such refusal would make the patient unsafe to self or others.
  - J. The right to help staff plan for when the patient leaves the hospital and what they will do after they leave.
  - K. The right to receive the visitors the Guardian designates, including, but not limited to another family member, or a friend (over the age of 18, or accompanied by an authorized adult.) Before patient care is provided, if possible, the Guardian shall also have the right to designate a Support Person who can exercise the patient's visitation rights in the event the Guardian is incapacitated or otherwise unable to do so. Patient Visitation Rights shall not be restricted, limited, or otherwise denied by the hospital on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. All visitors shall enjoy full and equal visitation privileges during the posted times consistent with the Guardian's preferences. NSBH may impose clinically appropriate limitations on patient visitation when visitation would interfere with the patient's care, whether the reason for limiting or restricting visitation is infection control, disruptive behavior of visitors, or the patient's or patient's roommate's need for rest or privacy. This consent for visitation can be withdrawn by the guardian at any time.
  - L. The right to not be restrained (time limited) or given emergency medications unless they are at risk of hurting themselves or others.
  - M. The right to go to any church or religious service in the hospital which the parent or guardian approves.
  - N. The right to be assessed and given medication or treatment for pain as indicated.
  - O. The right to talk to people in charge of the hospital about any problem or complaint. The appropriate avenue is outlined in the hospital policy and procedures guidelines and in the Parent Information Handbook.
  - P. The right to wear their own clothes when outside the facility, to have access to their own personal property and to keep a reasonable amount of spending money.
  - Q. The right to make private telephone calls to people on the approved telephone list unless the parent or guardian tells us otherwise.
  - R. The right to send and receive unopened mail unless the parent or guardian tells us otherwise. Packages received by patients will be opened in front of a staff member. The patient may keep what is sent to them if it is something allowed in the hospital and does not interfere with their treatment.
  - S. The right to a clean and safe unit and hospital. Patients will not be forced to do chores or other work for the hospital but will be expected to make a reasonable effort to maintain a neat and orderly milieu.
  - T. The right to know what programs are offered at North Star Behavioral Health System.
  - U. The guardian has the right to know how much treatment costs at North Star Behavioral Health System.
  - V. The right to a lawyer to help them with legal problems.
  - W. The right to receive educational support from the Anchorage School District teacher

- during regular school days.
- X. The right to be told about an unexpected outcome.
  - Y. The right to be free from mental, physical, sexual, and verbal abuse, neglect and exploitation.
  - Z. The right to have access to outdoors, i.e., patio areas, community resources, etc., unless clinically contraindicated.
  - AA. The right to be provided with an environment within the facility which is suitable to their needs, i.e., furnishings, and equipment as needed. Sufficient storage space is provided for personal belongings.
  - BB. The right to be provided with a room with the number of appropriate patients, based upon age, developmental level and clinical status
  - CC. The right to have appropriate articles for grooming and personal hygiene readily available, based upon age, developmental level, and clinical status.
  - DD. The right to have access to protective and advocacy services.

The staff at North Star Behavioral Health System will work with you to support and maintain your rights as a patient. As you are able to, you will be expected to demonstrate behavior that allows you to live in the unit's community and help the staff to give you the best care possible. We expect every patient to do their part to make North Star Hospital a safe place to be. You can help by doing the following:

*You are asked to do the following:*

1. To be honest and open about their medical history.
2. To respect the privacy of other patients by not sharing their private information with anyone.
3. To help staff make decisions about their medical care as they are able.
4. To cooperate with their peers on the unit, as well as the staff and doctors in their treatment and care.
5. To ask staff to explain things if they do not understand what is happening to them.
6. To report changes in how they are feeling to those responsible for their care and welfare.
7. To be respectful and considerate of other patients and staff, their personal possessions and their rights.
8. To tell staff about incidents that can be harmful to them or their fellow patients' treatment program.
9. To use hospital furnishings and equipment only as they are intended to be used.
10. To keep their bathroom, and assigned room neat and clean. For safety, they are asked to keep items off the floor in their room.
11. To not have drugs, alcohol or weapons in the hospital.
12. To talk to staff and the administration if they feel their rights are being violated.
13. To obey the law.

## Telephone Guidelines

Daily telephone contact with parents and guardians is encouraged and will be allowed as scheduled. **There are designated hours for phone calls in or out, and a time limit of five minutes per call.** Considerations will be made for special circumstances. Calls are placed and received by staff. You are expected to act and speak appropriately during calls. Calls to Social Workers, Parole Officers, Lawyers, and GALs will be coordinated to ensure access to these representatives and with minimal disruption to the unit schedule. To ensure that our environment is safe for all patients, and due to the risk of confidentiality breaches, personal cellular phones are not permitted for use in any North Star facility. If you need to make a private call, please coordinate with your Clinical Therapist.

**It is encouraged that you not make and/ or receive phone calls for the first 24 hrs. This is advised in order to help with part of the initial assessment and assist you in your adjustment to the treatment environment.**

**Telephone Hours**

**Monday – Sunday.....Children’s Unit.....4:50-5:50**

**Monday-Friday.....Preteen Unit.....7:00-8:30**

**Saturday/Sunday.....Preteen Unit.....7:30-8:30**

**What is asked of you when using the phone:**

1. Be polite when asking to use the phone (respectful/positive tone and positive words, “please, may I, and thank you.”)
2. Be patient. We are trying our best to accommodate many patients and their phone call needs.
3. Be courteous. There are others that need to use the phone as well, please keep your phone call time to five minutes.
4. Please be respectful of NSBH property, including the phone (Do not slam the phone down when hanging up, hit it against the wall, or pull at the cord). This is part of your community, please treat it with respect.
5. When you see someone using the phone, show them respect by using an inside voice. Treat others the way that you would like to be treated.
6. When you are told that your (5 minute) time limit has ended, please respond with a respectful tone of voice and kind words. If more time is needed due to certain circumstances your therapist may approve it.
7. Immediate or Extended Family: may have approved calls (5 minutes per call).

**Visitors**

1. All visitors must be approved by your parent/guardian prior to visiting you.
2. All visitors are required to sign the “Confidentiality Agreement” form upon arrival. Visitors are expected to abide by all facility rules and guidelines or phone calls.
3. We encourage visiting to occur in common areas, unless otherwise specified by the Unit RN or Clinical Therapist.
4. Visiting families are welcome to eat with you during mealtimes.

**(Due to limits on physical space, we encourage you to limit the number of visitors at one time).**

**Visiting Times**

- **Lunch Time.....Monday-Friday.....Children’s Unit.....12:00-12:30**  
**Saturday/Sunday.....Children’s Unit.....11:30-12:00**
  
- Monday-Sunday.....Preteen Unit.....11:30-12:00**

- **Dinner.....Monday – Sunday.....Children’s Unit.....4:50-5:50**  
**Preteen Unit.....5:30-6:30**
- **Family Night.....Friday.....Children’s Unit.....6:00-7:00**  
**Friday.....Preteen Unit.....6:00-7:00**

**Spiritual Services**

Upon request, spiritual providers can be notified that you are in the hospital. In order do this, your parent would need to add that person’s name to the Release of Information with contact information provided. If you are interested in receiving spiritual services, please contact the nursing supervisor to make arrangements and with permission from parents.

**Cafeteria**

All meals are provided in our cafeteria where you are expected to follow similar guidelines for behavior while on the unit.

**Basic Cafeteria Rules:**

1. You may only sit with members of your community unless otherwise authorized.
2. All food and drink must be consumed in the cafeteria.
3. When you are finished eating, please raise your hand to be excused from the table to clear your tray.
4. You are expected to clean up after yourself and your table.
5. Family will be encouraged to visit you in the cafeteria, depending on level of safety.

**Cafeteria Meal Time Schedule**

<b>Breakfast Time.....</b>	<b>Monday-Sunday.....</b>	<b>Children’s Unit.....</b>	<b>8:15-8:45</b>
	<b>Monday-Friday.....</b>	<b>Preteen Unit.....</b>	<b>8:00-8:30</b>
	<b>Saturday/Sunday.....</b>	<b>Preteen Unit.....</b>	<b>8:30-9:00</b>
<b>Lunch Time.....</b>	<b>Monday-Friday.....</b>	<b>Children’s Unit.....</b>	<b>12:00-12:30</b>
		<b>Preteen Unit.....</b>	<b>11:30-12:00</b>
<b>Summer Schedule.....</b>	<b>Monday-Friday.....</b>	<b>Children’s Unit.....</b>	<b>12:05-12:40</b>
	<b>Monday-Friday.....</b>	<b>Preteen Unit.....</b>	<b>11:30-12:10</b>
	<b>Saturday/Sunday.....</b>	<b>Children’s Unit.....</b>	<b>11:30-12:00</b>
		<b>Preteen Unit.....</b>	<b>11:30-12:00</b>
<b>Dinner Time.....</b>	<b>Monday-Sunday.....</b>	<b>Children’s Unit.....</b>	<b>4:50-5:20</b>
		<b>Preteen Unit.....</b>	<b>5:20-5:50</b>

## Concerns Regarding Care

### Concern process:

It is the policy of North Star Behavioral Health System to treat our patients and families with respect, dignity, and equality. If you feel you or your family's rights have been violated in anyway, you are encouraged to report your concern using our grievance process. The grievance process steps are as follows.

1. Discuss your concern with your physician, therapist, nursing staff or Administrator. Possibly a Charge Nurse or Supervisor might also try to assist you with finding a resolution to your concern.
2. If not satisfied, request a Client Concerns/Problem Notification form from any staff member.
3. If using the form, complete the top section with as much detail as possible. Place form in box on your unit.
4. The Patient Advocate will contact you by the next business day of either receipt of the form or request for contact.
5. It is the responsibility of the Patient Advocate to help you find a resolution to your concerns. To do this, the Patient Advocate will meet with the involved staff members, review your medical record, and talk with other patients as needed. The Patient Advocate will communicate the actions or resolutions to you and your parent(s) within a reasonable time frame. This time frame will be no more than 7 days after receipt of the concerns unless there are extenuating circumstances. If it will be longer than 7 days, you will be notified of the anticipated time frame.
6. While using the internal grievance process as outlined above is an efficient way to address your concerns, please be aware that you do have the right to contact the State of Alaska Health Facilities Licensing and Certification office at 334-2483, or the Office for Civil Rights at 1-800-368-1019. You may send concerns in writing to the Joint Commission on Accreditation of Health Care Organizations (JCAHO) Office of Quality Monitoring:

Fax: 630-792-5636

E-Mail: [complaint@jointcommission.org](mailto:complaint@jointcommission.org)

Mail: Office of Quality Monitoring  
The Joint Commission  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181

At North Star, we want to provide you with the best treatment possible. You are critical part of treatment! Should you have any concern or not understand any part of the care provided, we want you to speak up! We welcome your questions and will answer them to be best of our ability. Any of the following areas should be brought to our attention immediately:

- Safety concerns
- Questions regarding your treatment plan
- Concerns regarding medication prescribed for you
- Difficulties communicating with staff
- Unusual events involving your child or others in our facility
- If you do not understand the discharge plan or instructions
- Sanitary concerns including staff not washing their hands when providing care

## Dear Parent/Guardian

11/19/2008 WED 13:22 FAX 907 565 1000 DLC

003/003



### ANCHORAGE

3330 Arctic Boulevard  
Suite 103  
Anchorage, AK 99503  
(907) 565-1002  
FAX (907) 565-1000  
1-800-478-1234  
www.dlcak.org

Dear Parent/Guardian:

This letter is to inform you that the Disability Law Center of Alaska (DLC) is planning to conduct monitoring visits to North Star Behavioral Health System's facilities over the next year. DLC is the federally mandated Protection and Advocacy System for the State of Alaska. In addition to advocating for the rights of individuals with disabilities, one of DLC's responsibilities is to conduct visits to facilities to monitor compliance with respect to the rights and safety of residents.

A monitoring visit means that DLC staff will be visiting and touring the facility, talking with staff and residents, and observing the general conditions and environment of the facility. During these visits, DLC staff will be available to speak with residents about their rights, and to listen to any complaints or issues the residents may have.

DLC looks forward to working with North Star to ensure the best possible care for patients. If you have any questions regarding DLC's visit to North Star and potentially speaking with your child, please feel free to contact Holly Johanknecht at (907) 565-1002.

Sincerely,  
Disability Law Center of Alaska

David C. Fleurant  
Executive Director

MEMBER OF THE  
NATIONAL  
DISABILITY  
RIGHTS  
NETWORK

## Lost Item Notice

### Personal Belongings:

North Star Hospital cannot be held responsible for valuables not given to staff members for safe keeping upon admission. Furthermore, we do strongly discourage you and parents/guardian from bringing in expensive and/or valuable/sentimental items to the hospital. You will not need cash or money of any kind. You are responsible for your own belongings.

### Labeling Your Clothing:

Parents will be asked to fill out an inventory sheet and will be encouraged to label your personal clothing and belongings before you are admitted into the hospital. Staff may supply your family with a sharpie maker so that they may label your clothing. If throughout your stay additional items are brought in, parents are asked to add these items to your inventory sheet. To keep you from getting sick, please only wear your own clothes. At North Star we are not responsible for lost personal items.

## North Star Behavioral: Patient Rights and Responsibilities

At North Star Behavioral Health System, we do many things to protect your right to privacy. Any information about you, even if you are here in the hospital, is strictly confidential which means we can't give out any information. The doctors, nurses, therapists, MHS's and all the staff here at the hospital are given classes in how to protect your private information. Only with your guardian or parent's written permission, will we give out your records or any information about you. The only exception to this would be if we were required by law to release information that a judge has formally requested. The management of North Star Hospital welcomes any comments, suggestions, or questions you may have. You may express your comments in writing or verbally to the Administrator's office which is on the first floor. Your floor staff can help you do this. Every effort will be made to respond to all suggestions. When you are discharged you will be given a Patient Satisfaction Survey to fill out.

*Each person in the hospital has rights (or privileges), which include, but are not limited to the following:*

- A. The right to care and treatment that respects the patient as a person.
- B. The right to privacy. This includes bathing and toileting activities unless clinically contraindicated.
- C. The right to have their medical record and treatment kept private. This information will not be released without the patient's or the parent/guardian's permission unless there is a court order.
- D. The right to move about freely on the unit as their treatment plan and unit safety allows.
- E. The right to help create an individual treatment plan.
- F. The right to see a healthcare provider and be treated if they are sick. A health care

- provider will examine the patient as soon as possible after admission. Additionally, the parent or guardian may request a second opinion at his/her own expense.
- G. The right to be informed by a physician why they are here, what problems or issues they may have and how we are going to help them.
  - H. The right to have all medications explained to them, including what they are, why they are taking them and how they will make them feel.
  - I. The right to not take medications and other treatments which are recommended unless such refusal would make the patient unsafe to self or others.
  - J. The right to help staff plan for when the patient leaves the hospital and what they will do after they leave.
  - K. The right to receive the visitors the Guardian designates, including, but not limited to another family member, or a friend (over the age of 18, or accompanied by an authorized adult.) Before patient care is provided, if possible, the Guardian shall also have the right to designate a Support Person who can exercise the patient's visitation rights in the event the Guardian is incapacitated or otherwise unable to do so. Patient Visitation Rights shall not be restricted, limited, or otherwise denied by the hospital on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. All visitors shall enjoy full and equal visitation privileges during the posted times consistent with the Guardian's preferences. NSBH may impose clinically appropriate limitations on patient visitation when visitation would interfere with the patient's care, whether the reason for limiting or restricting visitation is infection control, disruptive behavior of visitors, or the patient's or patient's roommate's need for rest or privacy. This consent for visitation can be withdrawn by the guardian at any time.
  - L. The right to not be restrained (time limited) or given emergency medications unless they are at risk of hurting themselves or others.
  - M. The right to go to any church or religious service in the hospital which the parent or guardian approves.
  - N. The right to be assessed and given medication or treatment for pain as indicated.
  - O. The right to talk to people in charge of the hospital about any problem or complaint. The appropriate avenue is outlined in the hospital policy and procedures guidelines and in the Parent Information Handbook.
  - P. The right to wear their own clothes when outside the facility, to have access to their own personal property and to keep a reasonable amount of spending money.
  - Q. The right to make private telephone calls to people on the approved telephone list unless the parent or guardian tells us otherwise.
  - R. The right to send and receive unopened mail unless the parent or guardian tells us otherwise. Packages received by patients will be opened in front of a staff member. The patient may keep what is sent to them if it is something allowed in the hospital and does not interfere with their treatment.
  - S. The right to a clean and safe unit and hospital. Patients will not be forced to do chores or other work for the hospital but will be expected to make a reasonable effort to maintain a neat and orderly milieu.
  - T. The right to know what programs are offered at North Star Behavioral Health System.
  - U. The guardian has the right to know how much treatment costs at North Star Behavioral Health System.

- V. The right to a lawyer to help them with legal problems.
- W. The right to receive educational support from the Anchorage School District teacher during regular school days.
- X. The right to be told about an unexpected outcome.
- Y. The right to be free from mental, physical, sexual, and verbal abuse, neglect and exploitation.
- Z. The right to have access to outdoors, i.e., patio areas, community resources, etc., unless clinically contraindicated.
- AA. The right to be provided with an environment within the facility which is suitable to their needs, i.e., furnishings, and equipment as needed. Sufficient storage space is provided for personal belongings.
- BB. The right to be provided with a room with the number of appropriate patients, based upon age, developmental level and clinical status
- CC. The right to have appropriate articles for grooming and personal hygiene readily available, based upon age, developmental level, and clinical status.
- DD. The right to have access to protective and advocacy services.

The staff at North Star Behavioral Health System will work with you to support and maintain your rights as a patient. As you are able to, you will be expected to demonstrate behavior that allows you to live in the unit's community and help the staff to give you the best care possible. We expect every patient to do their part to make North Star Hospital a safe place to be. You can help by doing the following:

*You are asked to do the following:*

1. To be honest and open about their medical history.
2. To respect the privacy of other patients by not sharing their private information with anyone.
3. To help staff make decisions about their medical care as they are able.
4. To cooperate with their peers on the unit, as well as the staff and doctors in their treatment and care.
5. To ask staff to explain things if they do not understand what is happening to them.
6. To report changes in how they are feeling to those responsible for their care and welfare.
7. To be respectful and considerate of other patients and staff, their personal possessions and their rights.
8. To tell staff about incidents that can be harmful to them or their fellow patients' treatment program.
9. To use hospital furnishings and equipment only as they are intended to be used.
10. To keep their bathroom and assigned room neat and clean. For safety, they are asked to keep items off the floor in their room.
11. To not have drugs, alcohol or weapons in the hospital.
12. To talk to staff and the administration if they feel their rights are being violated.
13. To obey the law.

Patient Name	Patient Signature	Date
Signature of Legal Guardian	NSBHS Staff	Date
White – Floor	Yellow – Guardian	

## Telephone Hours & Guidelines

**DAILY PHONE** contact with parents and guardians is encouraged and will be allowed as scheduled. **There are designated hours for phone calls in or out, and a time limit of five minutes per call.** Considerations will be made for special circumstances. Calls are placed and received by staff. You are expected to act and speak appropriately during calls. Calls to Social Workers, Parole Officers, Lawyers, and GALs will be coordinated to ensure access to these representatives and with minimal disruption to the unit schedule. To ensure that our environment is safe for all patients, and due to the risk of confidentiality breaches, personal cellular phones are not permitted for use in any North Star facility. If you need to make a private call, please coordinate with your Clinical Therapist.

- **It is encouraged that you not make and/ or receive phone calls for the first 24 hrs. This is advised in order to help with part of the initial assessment and assist you in your adjustment to the treatment environment.**

## Telephone Hours

**Monday – Friday .....Girls A & B & Boys A & B.....1:00-3:00**  
Social workers, parole officers, lawyers, & GALs. This will be worked around groups & activities, not during groups if possible.

**Monday – Sunday.....Girls B.....6:00-7:00**  
Family, friends, or others that are on your phone list.

**Mon-Thurs., & Sun.....Girls A.....6:30-7:30**

**Friday and Saturday.....Girls A.....5:30-6:30**

**Monday-Sunday.....Boys A & B.....6:30-7:30**  
Family, friends, or others that have been approved by your Clinical Therapist and on your phone list.

### What is asked of you when using the phone:

1. Be polite when asking to use the phone (respectful/positive tone and positive words, “please, may I, and thank you.”)
2. Be patient. We are trying our best to accommodate many patients and their phone call needs.
3. Be courteous. There are others that need to use the phone as well, please keep your phone call time to five minutes.
4. Please be respectful of NSBH property, including the phone (Do not slam the phone down when hanging up, hit it against the wall, or pull at the cord). This is part of your community, please treat it with respect.
5. When you see someone using the phone, show them respect by using an inside voice. Treat others the way that you would like to be treated.

6. When you are told that your (5 minute) time limit has ended, please respond with a respectful tone of voice and kind words. If more time is needed due to certain circumstances your therapist may approve it.
7. Phase 1 : may make a one (5 minute) call out, per day.
8. Phase 2: may make two (5 minutes) calls out, per day.
9. Immediate or Extended Family: may have approved calls (5 minutes per call).

**Visitors**

**Your visitation privileges vary based on individual phase status and can be extended based on the treatment team decision.**

1. All visitors are required to sign the “Confidentiality Agreement” form upon arrival and prior to visiting. Visitors are expected to abide by all facility rules and guidelines or phone calls.
2. We encourage visiting to occur in common areas, unless otherwise specified by the Unit RN or Clinical Therapist.
3. Visiting families are welcome to eat with you.

(We encourage you to limit the number of visitors at one time).

**Visiting Times**

- **Lunch Time.....Monday – Friday.....**

Girls A.....	12:30pm-1:00 pm
Girls B.....	12:00pm-12:30 pm
Boys A & B.....	12:30pm-1:00 pm

<b>Saturday &amp; Sunday.....</b>	Girls A.....	11:45am-12:15 pm
	Girls B.....	12:15pm-12:45 pm
	Boys A & B.....	12:30pm-1:00 pm
  
- **Dinner.....Monday – Sunday.....**

Girls A.....	4:30pm-5:30 pm
Girls B.....	5:00pm-6:00 pm
Boys A.....	5:30pm-6:30 pm
Boys B.....	5:10pm-6:10 pm
  
- **Family Night.....**

<b>Thursday.....</b>	Girls A & B.....	6:00-7:00 pm
<b>Monday.....</b>	Boys A & B.....	6:00-7:00 pm

**Spiritual Services**

Upon request spiritual providers can be notified that you are in the hospital. In order to do so, your parent would need to add that person’s name to the Release of Information with contact information provided. If you are interested in receiving spiritual services, please contact the nursing supervisor to make arrangements and with permission from parents.

## Cafeteria

All meals are provided in our cafeteria where you are expected to follow the guidelines for behavior while eating.

### Basic Cafeteria Rules:

1. You may only sit with members of your community unless otherwise authorized.
2. All food and drink must be consumed in the cafeteria.
3. When you are finished eating, please raise your hand to be excused from the table to clear your tray.
4. You are expected to clean up after yourself and your table.
5. Family will be encouraged to visit you in the cafeteria, depending on level of safety.

## Cafeteria Meal Time Schedule

<b>Breakfast Time.....Monday-Friday.....</b>	<b>Girls A</b>	<b>7:30 - 8:00 am</b>
	<b>Girls B</b>	<b>8:00 - 8:30 am</b>
	<b>Boys A &amp; B</b>	<b>7:35 - 8:20 am</b>
<b>Saturday &amp; Sunday.....</b>	<b>Girls A</b>	<b>9:00 - 9:30 am</b>
	<b>Girls B</b>	<b>8:30 - 9:00 am</b>
	<b>Boys A &amp; B</b>	<b>9:00 - 9:30 am</b>
<b>Lunch Time.....Monday-Friday.....</b>	<b>Girls A</b>	<b>12:30 - 1:00 pm</b>
	<b>Girls B</b>	<b>12:00 -12:30 pm</b>
	<b>Boys A &amp; B</b>	<b>12:30 - 1:00 pm</b>
<b>Summer Schedule.....Monday-Friday.....</b>	<b>Boys A</b>	<b>11:35 - 12:05 pm</b>
	<b>Boys B</b>	<b>12:10 - 12:45 pm</b>
<b>Saturday &amp; Sunday.....</b>	<b>Girls A</b>	<b>11:45 am -12:15 pm</b>
	<b>Girls B</b>	<b>12:15 -12:45 pm</b>
	<b>Boys A &amp; B</b>	<b>12:00 - 1:00 pm</b>
<b>Dinner Time.....Monday-Sunday.....</b>	<b>Girls A</b>	<b>5:00 - 5:30 pm</b>
	<b>Girls B</b>	<b>5:30 - 6:00 pm</b>
	<b>Boys A</b>	<b>5:10 - 5:40 pm</b>
	<b>Boys B</b>	<b>5:40 - 6:10 pm</b>

## Concerns Regarding Care

### Concern process:

It is the policy of North Star Behavioral Health System to treat our patients and families with respect, dignity, and equality. If you feel you or your family's rights have been violated in anyway, you are encouraged to report your concern using our grievance process. The grievance process steps are as follows.

1. Discuss your concern with your physician, therapist, nursing staff or Administrator. Possibly a Charge Nurse or Supervisor might also try to assist you with finding a resolution to your concern.
2. If not satisfied, request a Client Concerns/Problem Notification form from any staff member.
3. If using the form, complete the top section with as much detail as possible. Place form in box on your unit.

4. The Patient Advocate will contact you by the next business day of either receipt of the form or request for contact.
5. It is the responsibility of the Patient Advocate to help you find a resolution to your concerns. To do this, the Patient Advocate will meet with the involved staff members, review your medical record, and talk with other patients as needed. The Patient Advocate will communicate the actions or resolutions to you and your parent(s) within a reasonable time frame. This time frame will be no more than 7 days after receipt of the concerns unless there are extenuating circumstances. If it will be longer than 7 days, you will be notified of the anticipated time frame.
6. While using the internal grievance process as outlined above is an efficient way to address your concerns, please be aware that you do have the right to contact the State of Alaska Health Facilities Licensing and Certification office at 334-2483, or the Office for Civil Rights at 1-800-368-1019. You may send concerns in writing to the Joint Commission on Accreditation of Health Care Organizations (JCAHO) Office of Quality Monitoring:

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Mail: Office of Quality Monitoring

The Joint Commission

One Renaissance Boulevard

Oakbrook Terrace, IL 60181

At North Star, we want to provide you and your child with the best treatment possible. Your participation is a critical part of treatment. Should you have any concern or not understand any part of the care provided, we want you to speak up! We welcome your questions and will answer them to the best of our ability. Any of the following areas should be brought to our attention immediately:

- Safety concerns
- Questions regarding your treatment plan
- Concerns regarding medication prescribed for you
- Difficulties communicating with staff
- Unusual events involving your child or others in our facility
- If you do not understand the discharge plan or instructions
- Sanitary concerns including staff not washing their hands when providing care.

## **Your Privacy**

All medical records are considered confidential. Information about your health is private. That is why NSBH is required by federal and state law to protect the privacy of your health information. Before any medical record information is copied and sent out from the medical record's department, written requests for records are reviewed to make certain applicable law are followed. If you want to obtain consent for Release of Information & Confidentiality you will need to talk with your parent and/or guardian, and therapist.



**ANCHORAGE**

3330 Arctic Boulevard  
Suite 103  
Anchorage, AK 99503  
(907) 565-1002  
FAX (907) 565-1000  
1-800-478-1234  
www.dlcaak.org

Dear Parent/Guardian:

This letter is to inform you that the Disability Law Center of Alaska (DLC) is planning to conduct monitoring visits to North Star Behavioral Health System's facilities over the next year. DLC is the federally mandated Protection and Advocacy System for the State of Alaska. In addition to advocating for the rights of individuals with disabilities, one of DLC's responsibilities is to conduct visits to facilities to monitor compliance with respect to the rights and safety of residents.

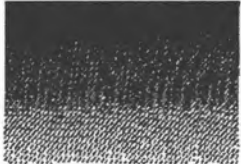
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DLC looks forward to working with North Star to ensure the best possible care for patients. If you have any questions regarding DLC's visit to North Star and potentially speaking with your child, please feel free to contact Holly Johanknecht at (907) 565-1002.

Sincerely,  
Disability Law Center of Alaska

David C. Fleurant  
Executive Director

MEMBER OF THE  
NATIONAL  
DISABILITY  
RIGHTS  
NETWORK



**PROVIDENCE CRISIS RECOVERY CENTER**

<b>Subject: Grievance Policy</b>	<b>Number: 900.107</b> <b>Page: 1 of 4</b>
<b>Approved by: Cindy Gough</b> <b>Date Signed:</b> <b>Effective Date: 01/01/2013</b>	<b>Original Effective Date: 7/30/07</b> <b>Review Date (s):</b> <b>Revision Date (s): 3/16/12,</b> <b>01/01/13</b>

**I. POLICY**

In keeping with the philosophy and mission of Providence Health and Services, Providence Crisis Recovery Center provides systems to receive, promptly investigate, respond to, and resolve complaints made by clients and their families.

**II. PURPOSE/SCOPE**

To improve the satisfaction of those we serve and to identify opportunities for improvement of services.

**III. DEFINITION(S)**

UOR- Unusual Occurrence Report

Complainant- The client, family member or visitor making the complaint

**IV. PROCEDURE**

A. Complaints can be made in person, over the phone to Providence Crisis Recovery Center at (907)-563-5006 or anonymously to our Providence Hospital complaint line at 1-800-510-3375 or (907) 261-3615.

B. Clients are provided information about the Providence Crisis Recovery Center in the follow ways:

a. Instruction on the process of how a client can voice a complaint is found in the client handbook that is given to each client upon admission to the program.

b. A copy of the grievance procedure is posted in the facility.

- c. A copy of the PCRC grievance policy is available to clients upon admission to the program.
- C. The client (client/family member/visitor) complaints will be documented on the appropriate UOR form if resolution is not reached between the complainant and the involved staff member when the complaint is initially made.
- D. UOR forms are submitted electronically and the appropriate member of the Leadership Team or designee will investigate the complaint.
- E. The individual investigating the complaint will promptly speak directly with the complainant involved and work towards a resolution as quickly as possible. The sequential chain of command and listed procedures will be followed to the point a complaint has reached resolution:
  - a. Communication with the complainant upon receiving the complaint that the process has begun to reach resolution.
  - b. Direct resolution through dialogue with the staff member involved or with a member of the Leadership Team of the staff member or with both if the complainant requests.
  - c. Resolution through the Providence Area Operations Administrator or their designee.
  - d. Resolution through utilizing the technical assistance of the State of Alaska Department of Health and Social Services, Division of Behavioral Health (DBH).
  - e. Resolution through the Community Advisory Board.
- F. The complainant filing the complaint must receive a written response within 7 (seven) days of filing the complaint to inform them of the resolution of the complaint.
  - a. If a member of the Leadership Team or Designee is not able to reach a resolution within this time period, the complainant must receive written notification of the progress and be provided a date with which there will be a resolution or when they will be contacted again if the investigation is not yet complete.

- G. Satisfactory resolution to complaint should occur within 30 (thirty) days of receiving the complaint.
  - a. If satisfactory resolution has not been reached after 30 (thirty) days a referral to DBH will be made for technical assistance.
- H. Any complaints that involve abuse, neglect, or unnecessary seclusion or restraint will be immediately elevated to the Providence Area Operations Administrator or designee and then to the Community Advisory Board as necessary.
- I. Individual records for complaints that are filed will be kept and maintained at Providence Crisis Recovery Center. Files will be kept in a secure location and be maintained for a ten year period after the resolution of the complaint.

**V. JOB TITLE/RESPONSIBILITIES**

None.

**VI. CROSS REFERENCE**

PHS- Alaska Region Policy: R300.002 – Patient Complaint Management

**End of Policy**

**Attachment A**

**Client Grievance Procedure**

This procedure is intended to guide the persons with a complaint about his or her care or the way they were treated within the Providence Crisis Recovery Center.

If a client has a complaint or grievance, the person should follow this procedure:

1. Call (907) 563-5006. The Crisis Recovery Center staff will address and review the client or family/guardian complaint.
2. If the staff does not resolve the grievance satisfactorily, please ask to speak to a member of the Leadership Team. This person will assist in investigating and resolving your grievance. If you leave a message, your call will be returned as soon as possible, usually within 2 business days.
3. If a member of the Leadership Team does not resolve the grievance satisfactorily, please call 1-800-510-3375. An impartial body designated to investigate care and treatment received at the Providence Crisis Recovery Center with respect to any unresolved complaints will investigate and determine a final resolution of the grievance.
4. If you would like to speak to an authorized hospital staff member who specializes in assisting clients with the complaint process and who will assist you with the grievance please call (907) 212-3615.
5. The person investigating the complaint will speak directly with the person with the concern and work to resolve the issue.

**PROVIDENCE ALASKA MEDICAL CENTER (Psychiatric Emergency Department)**

<b>Subject:</b> Complaint Procedure Psychiatric Emergency Department	<b>Number:</b> 930.219B <b>Page:</b> 1 of 2
<b>Approved By:</b> David Telford, MD, Medical Director  Cindy Gough, Director of Behavioral Health Services	<b>Original Effective Date:</b> 05/20/2002 <b>Review Date:</b> 8/15/2012 1-27-2014 <b>Revision Date:</b>

**I. POLICY**

In keeping with the philosophy and mission of the Sisters of Providence, Mental Health Services, the Psychiatric Emergency Department will comply with Medical Center policies regarding patient and family/guardian complaints. Patients and families/guardians have the right to voice complaints regarding their care and to have those complaints reviewed and addressed.

**II. PURPOSE/SCOPE**

This policy describes how complaints are addressed and reviewed in the Psychiatric Emergency Department.

**III. DEFINITION(S)**

None

**IV. PROCEDURE**

- A. Psychiatric Emergency Department staff will address and review patient or family/guardian complaints. Staff members will solicit the support of the treatment team in managing complaints. If the patient or family member/guardian feels that the issue needs further attention, they will be referred to the Clinical Supervisor or designee.
- B. The complaint will be brought to the attention of the Manager or designee who will investigate and consult with the treatment team. If the complaint is not resolved by the Manager or designee, it will then be referred to the Director of Behavioral Health Services. Patients are also encouraged to discuss their concerns with the leadership of the Psychiatric Emergency Department first. If their concerns are not resolved they may contact the Care Line by dialing 26111 or they may call the Customer Service Line at 212-3615. They may also contact the Alaska State Division of Certification and Licensing at 1-888-378-9387 or the Joint Commission Office of Quality Monitoring at 1-800-994-6610.
- C. All patient/family complaints are addressed in a timely, efficient, and respectful manner. The patient's rights are guarded at all times.
- D. Patients and family/guardians are invited to voice complaints or concerns through the discharge surveys provided to both patients and family members.

**V. JOB TITLE/RESPONSIBILITIES**  
None

**VI. CROSS REFERENCE**

**End of Policy**

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This policy integrates these previous policies:



<b>SUBJECT: Rights and Responsibilities of Patients</b>	<b>POLICY NUMBER: PAMC/MS 987.001</b>
<b>Policy Type: Patient Care</b>	<input type="checkbox"/> <b>New</b> <input checked="" type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Reviewed</b>
<b>EXECUTIVE Approval:</b>  <i>/s/</i> <b>Richard D. Mandsager, MD,</b> <b>Chief Executive</b> <b>Providence Alaska Medical Center</b>	<b>Date Signed: 5-29-2012</b>  <b>Effective Date: 6-13-2012</b>  <b>Implementation Date: 11/30/1996</b>

**I. PURPOSE/SCOPE**

To list the rights and responsibilities of patients cared for at Providence Alaska Medical Center, to provide for the education of patients concerning these rights and responsibilities, and to delineate staff responsibilities for upholding patients' rights

**II. POLICY**

In keeping with the philosophy of respect, compassion, and justice and the mission of Providence Health & Services, Providence Alaska Medical Center believes every patient has certain rights and responsibilities. These rights and responsibilities flow directly from the mission, vision, and values of the Sisters of Providence. Patients are educated about their rights and responsibilities and these rights are supported by the staff.

**III. DEFINITIONS**

None

**IV. SPECIAL CONSIDERATIONS**

None

**IV. PROCEDURES**

A A patient at Providence Medical Center has the right to:

1. Considerate, respectful care which reflects personal values and belief system.
2. Access to competent medical care regardless of sex, age, national origin, physical limitations or source of payment.
3. Information about the outcome of care, including unanticipated outcomes.
4. Effective communication. This includes receiving information about risks, benefits and alternatives for procedures and surgery so that consent can be fully informed.

5. To have visitors of your choice except when it interferes with your immediate care.
  6. Knowledge of the names of all physicians and staff involved in the patient's care.
  7. Understand the charges on the bill.
  8. Participate in decisions about care.
  9. Pain Management.
  10. Informed Refusal of care.
  11. Voice complaints regarding the care received and to have those complaints reviewed and addressed.
  12. Be free from mental, physical, sexual, and verbal abuse, neglect and exploitation.
  13. Be free from coercion and restraints except when restraints are medically indicated.
  14. Comfort and dignity at the end of life.
  15. Confidentiality, privacy and security of medical records.
  16. Personal privacy.
  17. Recognition and respect of their Advance Directives.
- B. Patients, and their families, when appropriate, have the responsibility to:**
1. Provide an accurate and complete medical history.
  2. Ask questions and seek clarification related to care, treatment and services.
  3. Follow the treatment plan developed with the health caregivers and to communicate with the caregivers if any part of the plan is objectionable or unclear.
  4. Report all changes in condition to the health caregivers.
  5. Follow the rules and regulations of Providence Alaska Medical Center.
  6. Demonstrate respect and consideration for the rights and property of others.

7. Fulfill financial obligations and seek explanations for any questionable or disputed charges.

**C. Patients are informed about their rights and responsibilities initially, and as needed thereafter.**

1. Upon admission, the Admitting Clerk gives the patient, and their family, when appropriate, a copy of the rights and responsibilities of patients, PAMC form 8721-584.
2. The Rights and Responsibilities of Patients form is also posted throughout the hospital.
3. During the nurse's initial assessment of an inpatient, the patient, and their family, when appropriate, are asked if they have been given a copy of the rights and responsibilities of patients. If they do not have a copy and wish to review one, they will be shown or informed where a copy is available on that inpatient unit.

**D. All employees are oriented to the rights and responsibilities of patients. All physicians and practitioners with staff privileges are also informed the patient's rights and responsibilities.**

**E. Staff Responsibilities:**

1. All staff are required to support the patient in the free exercise of rights and responsibilities. If a patient or caregiver needs assistance with this, the issues may be discussed with the patient's physician, the patient's nursing team, the case manager, or the Ethics Committee.
2. In the situation where a patient is not fulfilling the responsibilities as outlined and this is potentially impacting the provision of care or creates a risk to others, the staff may take the following steps:
  - a. Consult with the patient's physician.
  - b. Request a care conference.
  - c. Request an ethics consult.
  - d. Notify the Administrator on Call
  - e. Call Security.

**VI. REFERENCES**

None

**VII. ATTACHMENTS**

Attachment A – Rights and Responsibilities of Patients - Hmong (Form #8721-584)  
Attachment B – Rights and Responsibilities of Patients – Korean (Form #8721-584)  
Attachment C – Rights and Responsibilities of Patients – Spanish (Form #8721-584)  
Attachment D – Rights and Responsibilities of Patients – English (Form #8721-584)

**VIII. KEY SEARCH WORDS**  
Patient Rights, Patient Responsibilities

**\*\* Policy is not complete without Signature Authorization sheet following\*\***

**End of Policy**

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**HISTORY:** This policy REVISES PAMC 100.001 Policy Management, Providence Alaska Medical Center effective date 6-18-11 and incorporates PAMC/ MS 955.047 Policy Management, Patient Care which is being archived

**PROVIDENCE ALASKA MEDICAL CENTER  
Policy Approval Sheet**

<b>Policy Title: Patient Rights and Responsibilities</b>	
<b>Policy Number PAMC /MS 987.001</b>	
Policy is: <input type="checkbox"/> New <input type="checkbox"/> Reviewed ~ References verified ( to include regulatory and accreditation standards, competencies, forms, evidence based citations and attachments) Past Review dates: <u>  3/10, 2/09, 12/07, 1/07  </u> <input checked="" type="checkbox"/> Reviewed and Revised with Changes Past Revision Dates <u>  4/12, 5/11, 1/07, 8/05, 7/03, 5/02  </u> <input type="checkbox"/> To be Archived Reason: _____	
Policy Owner / Reviewer: Monica Anderson, Chief Mission Integration Officer    /s/	
Date of Review: 4/12	
Policy has also been Reviewed by:	
<b>Patient Care Policy Review</b>	
P&P Committee <ul style="list-style-type: none"> <li>• Review Date(s) <u>  2/07  </u></li> <li>• Approval Date _____</li> </ul>	<b>Facility Policy Review</b>
Policy Triage Subcommittee <ul style="list-style-type: none"> <li>• Review Date _____</li> <li>• Minor Policy Changes and Approved at Medical Executive Committee on <u>  10/05  </u></li> <li>Or</li> <li>• Major Policy changes and Submitted to Medical Staff Bylaws On _____ then approved at Medical Executive Committee on _____</li> </ul>	PAMC Operations Council <ul style="list-style-type: none"> <li>• Reviewed policy on _____</li> <li>• Approved Policy on _____</li> </ul>
<b>Signature Approvals</b>	
Approved by  /s/ Deborah Hansen, RN, MS, NE-BC Chief Nurse Executive	Approved by  /s/ Robert Honeycutt Chief Operating Officer
Approved by:  Chief Medical Officer	
Approved by:  /s/ Robert Pease, MD Chief of Staff	

## TUS NEEG MOB COV CAI THIAB COV DEJ NUM

Pawg neeg kho mob ntawm Providence Alaska Medical Center muaj kev ruaj siab los muab kev pab rau nws cov neeg mob thiab lawv tsev neeg yam muaj kev hwm, kev hlub tshua, kev ncaj ncees, kev ua tau zoo tshaj thiab kev saib xyuas. Nyob ncaj nrog rau cov ntsiab tseem ceeb no, peb lees paub tus neeg mob cov cai thiab cov dej num nram qab no:

Ua ib tug neeg mob ntawm Providence Alaska Medical Center, koj muaj **CAI**:

- Tau kev kho mob yam uas siab zoo thiab muaj kev hwm uas lees paub txog qhov tseem ceeb thiab cov kev ntseeg ntawm koj ntiag tug.
- Muaj kev xyuas kom nyab xeeb thiab meej mom thaum txoj sia yuav tu.
- Tau kev kho mob tsis hais txog koj li zeej xeeb, hnub nyoog, yug teb chaws twg, cov kev txwv ntawm kev siv lub cev ua ub no los yog rab peev xwm them nqi.
- Txiaiv txim siab txog txoj kev kho koj thiab kom suav los yog tsis txhob suav cov neeg hauv tsev neeg los yog lwm cov neeg thaum uas txiaiv txim siab.
- Kom qhia rau koj kom ntxaws txog koj txoj kev noj qab haus huv thiab cov txheej txheem tau xav kom ua los kho koj.
- Tsis kam txais txoj kev kho mob uas tau tawm tswv yim tias yuav muab rau koj thiab tseem tau txais lwm cov kev kho mob uas koj pom zoo rau.
- Tau kev txhawb nqa los ntawm cov kev pab neeg thiab kev pab sab ntsuj plig los pab rau lub sijhawm koj tab tom zoo los.
- Cov lus qhia uas pab tau thiab cov lus teb rau koj cov nqe lus nug.
- Tau txais cov ntawv txhais los yog lwm cov kev pab sib txuas lus los pab kom koj nkag siab txog koj tus mob thiab txoj kev kho koj.
- Cov npe ntawm tag nrho cov kws kho mob thiab cov neeg ua hauj lwm uas pab hauv txoj kev kho koj.
- Kev hloov cov kws kho mob.
- Kev pab, raws li qhov koj xav tau, rau qhov uas mob.
- Koj muaj cai muaj qhua tuaj raws li qhov koj xaiv tshwj tsis yog thaum nws cuam tshuam rau txoj kev kho koj tam sim ntawd.
- Muaj kev hwm koj Tsab Ntawv Teev Cov Lus Qhia Ua Ntej Seb Xav Kom Kho Mob Li Cas (Advance Directives), uas yuav caum raws kom ntau li ntau tau.
- Cov lus qhia txog qhov yuav tshwm sim ntawm txoj kev kho koj, nrog rau qhov tsis xav txog tias yuav tshwm sim.
- Kev ywj pheej los ntawm kev raug tsim txom ntawm kev xav, lub cev, kev deev, thiab kev hais lus, kev tsis saib xyuas thiab kev caij tsuj lwm tus neeg.
- Tsis txhob muaj kev tuav tseg dua li ntawm cov uas siv rau kev kho mob los pab rau koj txoj kev nyab xeeb.
- Hwm koj txoj kev tsis pub lwm tus neeg paub txog koj ntiag tug.
- Nug txog cov nqi hauv koj daim nqi. (Thov hu rau Tus Neeg Mob Tus As Khauj ntawm 1-866-397-9269)
- Cov ntaub ntawv kho mob uas tsis pub leej twg paub thiab muaj kev ruaj ntseg. (Saib Providence Health & Services Alaska Tsab Ntawv Qhia Txog Kev Siv Cov Ntaub Ntawv Kho Mob Uas Tsis Pub Rau Leej Twg Paub (Notice of Privacy Practices))
- Hais qhov tsis txaus siab txog txoj kev kho mob uas koj tau txais thiab kom nrog saib cov kev tsis txaus siab ntawd thiab muab lus teb rau cov ntawd. Hu rau Tus Xov Tooj Muab Kev Pab Neeg ntawm 212-3615 los yog 1-800-510-3375 rau ib daim ntawv sau txog kev tsis txaus siab los yog hais kev tsis txaus siab.
- Qhia txog cov kev txhawj xeeb los yog cov kev tsis txaus siab uas tsis tau teb uas hu rau Chav Fai ntawm Kev Saib Xyuas Txog Qhov Zoo hauv Lub Koom Haum Koom Ua Ke (Office of Quality Monitoring of the Joint Commission) uas muab kev pom zoo rau lub tsev kho mob los ntawm kev hu rau 1-800-994-6610 los yog e-mail mus rau [complaint@jointcommission.org](mailto:complaint@jointcommission.org) los yog hu rau Alaska Xeev Fab Muab Ntawv Pom Zoo thiab Ntawv Tso Cai (Alaska State Division of Certification and Licensing) ntawm 1-888-387-9387.

Thaum ua ib tug neeg mob, koj thiab koj tsev neeg, thaum uas tsim nyog, muaj **TXOJ DEJ NUM**:

- Qhia txog txoj kev kho mob yav tas los kom tseeb thiab meej.
- Nug cov lus nug thiab nrhiav kev pab kom koj nkag siab txog txoj kev tu xyuas, kev kho mob, thiab cov kev pab koj.
- Ua raws li lub hom phiaj kho mob uas tau tsim tawm los ntawm pawg neeg kho mob thiab qhia rau cov neeg tu xyuas yog hais tias muaj tej seem hauv lub hom phiaj nws tsis raug chua los yog tsis meej pes tsawg.
- Qhia rau pawg neeg kho mob txog tag nrho cov kev hloov hauv koj tus mob.
- Muab kev hwm thiab kev xam pom txog cov cai thiab tej khoom ntawm lwm cov neeg.
- Ua raws li cov cai thiab txhooj cai hauv Providence Alaska Medical Center.
- Them cov nqi uas koj yuav tau them thiab hais kom tshab txhais cov nqi yog tias koj tsis nkag siab los yog muaj lus nug.
- Muab koj cov khoom muaj nqis tso rau tom tsev, yog tias tau, tsis li koj muaj txoj dej num los xyuas cov ntawd yog tias koj nqa tuaj rau hauv tsev kho mob.



## 환자의 권리 및 책임

Providence Alaska Medical Center의 건강 관리 팀은 상대방을 존중하고, 배려하고, 공정하고, 전문적이고, 협력하는 자세로 환자와 그 가족을 대하기 위해 최선을 다합니다. 이러한 핵심적인 가치를 기준으로 다음의 환자 권리 및 책임을 주지하고 있습니다

Providence Alaska Medical Center의 환자는 다음의 권리를 가집니다.

- 귀하의 개인적인 가치관 및 신념을 배려하는 친절하고 존중하는 치료를 받을 수 있습니다.
- 생을 마감할 때 편안하고 인간의 존엄성을 유지하는 대우를 받을 수 있습니다.
- 성별, 나이, 국적, 신체 장애, 의료비 재원 및 지불 능력 등에 관계 없는 의학적 치료를 받을 수 있습니다.
- 귀하의 치료에 대한 결정을 내리고 결정시 가족 구성원 또는 기타 사람을 포함시키거나 제외할 수 있습니다.
- 귀하의 건강 상태와 귀하의 치료를 위해 제시된 시술에 대해 완전한 설명을 들을 수 있습니다.
- 귀하께 제시된 치료를 거절하고 귀하가 동의하는 다른 치료를 받을 수 있습니다.
- 귀하의 회복에 도움이 될 수 있는 사회적 서비스 및 정신적 치료를 지원 받을 수 있습니다.
- 귀하의 질문에 대한 유용한 정보 및 응답을 제공 받을 수 있습니다.
- 귀하의 질병 및 치료를 이해할 수 있도록 도움을 주는 번역 또는 기타 대화 보조 수단을 제공 받을 수 있습니다.
- 귀하의 치료를 담당하고 있는 모든 의사 및 직원의 이름을 알 수 있습니다.
- 담당 의사를 변경할 수 있습니다.
- 필요에 따라, 통증 치료를 받을 수 있습니다.
- 귀하의 즉각적인 치료에 방해가 되는 경우를 제외하면 귀하가 원하는 사람이 방문할 수 있도록 할 수 있습니다.
- 귀하의 사전 의사결정서를 존중하고, 이를 최대한 따르도록 할 수 있습니다.
- 예상치 못한 결과를 비롯하여, 귀하의 치료 결과에 대한 정보를 받을 수 있습니다.
- 정신적, 육체적, 성적 및 언어적 학대와, 방치 및 착취로부터 자유로울 수 있습니다.
- 귀하의 안전을 위해 의학적으로 지시된 사항 이외의 제약으로부터 자유로울 수 있습니다.
- 귀하의 개인 정보를 존중 받을 수 있습니다.
- 귀하의 청구서 내역에 대해 문의할 수 있습니다. (원무과 전화 1-866-397-9269번으로 문의)
- 의료 기록의 비밀이 유지되고 안전하고 지켜지도록 할 수 있습니다. (Providence Health & Services Alaska Notice of Privacy Practices 참조)
- 귀하께서 받은 치료에 대해 불만을 제기하고 이러한 불만 사항이 검토되어 그 결과를 통보 받을 수 있습니다. 서면상 또는 구두상 불만 접수는 고객 서비스 라인(Customer Service Line) 전화 212-3615 또는 1-800-510-3375번으로 문의하십시오.
- 응답 받지 못한 신 건의 또는 불만 사항은 1-800-994-6610번으로 전화하시거나 [complaint@jointcommission.org](mailto:complaint@jointcommission.org)로 이메일을 보내셔서 병원 인허가를 담당하는 Office of Quality Monitoring of the Joint Commission으로 신고하시거나, 1-888-387-9387번으로 전화하셔서 Alaska State Division of Certification and Licensing으로 알려주십시오.

귀하 또는 귀하의 가족은 환자로서 다음과 같은 책임을 집니다.

- 정확하고 완전한 병력 기록을 제공하십시오.
- 귀하에 대한 처치, 치료 및 서비스를 이해할 수 있도록 질문하고 도움을 구하십시오.
- 건강 관리 팀이 개발한 치료 플랜을 따르고 플랜이 적절하지 않거나 명확하지 않은 경우에 치료 담당자에게 이를 알려주십시오.
- 귀하의 모든 상태 변화를 건강 관리 팀에게 알려주십시오.
- 타인의 권리와 재산을 존중하고 고려하십시오.
- Providence Alaska Medical Center의 규칙과 규정을 따르십시오.
- 재정적인 책임을 이행하고 이해하지 못한 변동 사항이나 질문에 대한 설명을 요청하십시오.
- 가능하면 귀중품은 집에 두고 오시고, 만약 병원에 가져오시는 경우에는 이것에 대한 책임을 지십시오.



## DERECHOS Y RESPONSABILIDADES DE LOS PACIENTES

El equipo de atención de la salud de Providence Alaska Medical Center está dedicado a atender a sus pacientes y sus familias con respeto, compasión, justicia, excelencia y organización. En línea con estos valores centrales, reconocemos los siguientes derechos y responsabilidades de los pacientes:

Como paciente de Providence Alaska Medical Center, usted tiene **DERECHO** a lo siguiente:

- Una atención amable y respetuosa, que reconozca sus creencias y valores personales.
- Ser tratado con comodidad y dignidad al final de la vida.
- Atención médica independientemente de su sexo, edad, origen nacional, limitaciones físicas, fuente de pago o capacidad de pagar.
- Tomar decisiones sobre su atención e incluir o excluir a miembros de la familia u otros cuando toma decisiones.
- Estar totalmente informado sobre su salud y cualquier procedimiento sugerido para su atención.
- Rechazar cualquier cuidado que se le ofrezca y aun así, recibir otros cuidados que usted acepte.
- El apoyo de servicios sociales y atención espiritual para fomentar su recuperación.
- Información útil y respuestas a sus preguntas.
- Recibir traducción u otra asistencia con la comunicación para ayudarlo a comprender su enfermedad y tratamiento.
- Los nombres de todos los médicos y el personal que colabora en su atención.
- Cambiar de médicos.
- Tratamiento, según sea necesario, para el dolor.
- Usted tiene derecho a recibir las visitas que elija, excepto cuando interfieran con su atención inmediata.
- Respeto por sus directivas anticipadas, que serán aplicadas en la medida de lo posible.
- Información sobre el resultado de sus cuidados, incluidos los resultados inesperados.
- Libertad de abuso mental, físico, sexual y verbal, abandono y explotación.
- Estar libre de restricciones más allá de las indicadas médicamente por su seguridad.
- Respeto por su privacidad personal.
- Hacer preguntas sobre los cargos en su factura. (Llame a Cuentas de los Pacientes al 1-866-397-9269).
- Registros médicos confidenciales y seguros. (Ver Aviso de Prácticas de Privacidad de Providence Health & Services Alaska).
- Quejarse por la atención que ha recibido y que esas quejas sean consideradas y respondidas. Llamar a la Línea de Servicios al Cliente al 212-3615 o al 1-800-510-3375, para realizar un reclamo verbal o escrito.
- Denunciar todas las inquietudes o quejas no respondidas, comunicándose con la Oficina de Monitoreo de Calidad de la Comisión Conjunta que certifica al hospital, llamando al 1-800-994-6610 o por correo electrónico a [complaint@jointcommission.org](mailto:complaint@jointcommission.org) o comunicándose con la División de Certificación y Licencias del Estado de Alaska al 1-888-387-9387.

Como paciente, usted y su familia, cuando corresponda, tienen la **RESPONSABILIDAD** de:

- Proporcionar una historia clínica completa y verdadera.
- Hacer preguntas y buscar ayuda para comprender su atención, tratamiento y servicios.
- Seguir el plan de tratamiento desarrollado con el equipo de atención médica e informar a los responsables de los cuidados si alguna parte del plan no es aceptable o no está clara.
- Informar al equipo de atención médica sobre todos los cambios en su estado.
- Mostrar respeto y consideración por los derechos y la propiedad de otros.
- Seguir las normas y reglamentaciones de Providence Alaska Medical Center.
- Cumplir sus obligaciones financieras y solicitar explicaciones de todos los cargos que no comprenda o cuestione.
- Dejar sus objetos de valor en casa, si es posible, o asumir la responsabilidad por ellos si los trae al hospital.



## Attachment A

### Rights and Responsibilities of Patients

The healthcare team at Providence Alaska Medical Center is dedicated to serving its patients and their families with **Respect, Compassion, Justice, Excellence and Stewardship**. To help reach this goal, we recognize the following patient **Rights and Responsibilities**.

As a patient at Providence Alaska Medical Center, you have the **right**:

- To kind and respectful care which recognizes your personal values and beliefs.
- To be treated with comfort and dignity at the end of life.
- To medical care regardless of your sex, age, national origin, physical limitations, source of payment or ability to pay.
- To make decisions about your care and to include or exclude family members or others when you make your decisions.
- To be fully informed about your health and any procedures suggested for your care.
- To refuse any care offered to you and still receive other care that you agree to.
- To the support of social services and spiritual care to aid your recovery.
- To helpful information and answers to your questions.
- To receive translation or other communication assistance to help you understand your disease and treatment.
- To the names of all physicians and staff helping with your care.
- To change physicians.
- To treatment, as you need it, for pain.
- To respect for your Advance Directives, which will be followed as much as possible.
- To information about the outcome of your care, including unexpected outcomes.
- To freedom from mental, physical, sexual, and verbal abuse, neglect and exploitation.
- To be free from restraints other than those medically indicated for your safety.
- To respect of your personal privacy.
- To confidential and secure medical records. (See other side and the Providence Health System in Alaska Notice of Privacy Practices.)
- To ask questions about the charges on your bill. (Please call Patient Accounts at 1-866- 397-9269.)
- To complain about the care you have received and have those complaints looked into and answered. (Please call the Customer Service Line at 261-3615 or 1-800-510-3375 for a written or verbal complaint)
- To report any unanswered concerns or complaints by contacting the Office of Quality Monitoring of the Joint Commission which certifies the hospital by either calling 1-800-994-6610 or e-mailing [complaint@icaho.org](mailto:complaint@icaho.org) or by contacting the Alaska State Division of Certification and Licensing at 1-888-387-9387.

As a patient, you and your family, when appropriate, have the **responsibility**:

- To provide a truthful and complete medical history.
- To ask questions and seek help so that you understand your care, treatment and services.
- To follow the treatment plan developed with the healthcare team and to tell the caregivers if any part of the plan is not acceptable or is unclear.
- To tell the healthcare team about all changes in your condition.
- To show respect and consideration for the rights and property of others.
- To follow the rules and regulations of Providence Alaska Medical Center.
- To meet your financial obligations and ask for explanations for any charges you do not understand or question.
- To leave your valuables at home, if possible, or to take responsibility for them if you choose to bring them to the hospital.

## **Attachment A (pg. 2)**

### **Advance Directives**

The employees of Providence Health System in Alaska respect your right to decide what kind of treatment and procedures you agree to receive. Sometimes patients are too sick to be able to tell us their wishes about treatment choices. At those times, we look to the written documents that you can prepare to tell us how to treat you. These documents are called **Advance Directives** because they are made in advance, while you can still talk for yourself. They direct future decision making in case your illness makes it impossible for you to talk to us. There are two kinds of Advance Directives—the **Living Will** and the **Power of Attorney for Health Care Decision Making**.

The **Living Will** is a written document in which you list your wishes for how decisions about your care should be made. As long as you can still talk for yourself, it is not used.

In a **Power of Attorney for Health Care Decision Making** document you name the person we should go to for permission to treat you if you cannot talk to us yourself. You can appoint any person who knows you well enough to know your values and wishes. When you are not able to tell us yourself, we will ask the person you named as your Power of Attorney to tell us what care you want.

When you are admitted to Providence Alaska Medical Center, we will ask you about your Advance Directives. If you have made one or both of these Advance Directives, we will ask you for a copy since we cannot act on them until we see them. If you cannot get a copy to us, please tell the healthcare team what they say. Once we have a copy, it will stay with your medical record for future use unless you tell us you wish to cancel it.

If you have not made Advance Directives, we can provide you with more information and the typical forms. You may wish to get more information from your physician, family members, or attorney before you complete the forms.

You are not required to make any Advance Directives. It is your choice. We do encourage everyone, young and old, to talk with family members about how they feel about different kinds of treatments. Other family members can then be comfortable about the decisions being made. If you have not appointed someone to speak for you, we will ask your family members what care you would want if you can not tell us. It is helpful to them and to us, if you have talked to them about your wishes. Your physician, nurses, social worker, or chaplain can help with these discussions if you wish.

### **Confidentiality**

You have the right to tell us which family members and friends you wish us to give information about your medical condition and treatment. If you are not able to talk to us, we ordinarily talk to your family members to report your progress and ask them about your wishes. If there are family members or other people you do not want us to talk with, please tell your nurses and physician so your wishes can be followed.

## Rights and Responsibilities of Patients

The Healthcare Team at Providence Alaska Medical Center is dedicated to serving its patients and their families with **Respect, Compassion, Justice, Excellence and Stewardship**. To help reach this goal, we recognize the following patient **Rights and Responsibilities**.

As a patient at Providence Alaska Medical Center, you have the **right**:

- ❖ To kind and respectful care which recognized your personal values and beliefs.
- ❖ To be treated with comfort and dignity at the end of life.
- ❖ To medical care regardless of your sex, age, national origin, physical limitations, source of payment or ability to pay.
- ❖ To make decisions about your care and to include or exclude family members or others when you make your decisions.
- ❖ To be fully informed about your health and any procedures suggested for your care.
- ❖ To refuse any care offered to you, and still receive other care that you agree to.
- ❖ To the support of social services and spiritual care to aid your recovery.
- ❖ To receive translation or other communication assistance to help you understand your disease and treatment.
- ❖ To the names of all physicians and staff helping with your care.
- ❖ To change physicians.
- ❖ To treatment, as you need it, for pain.
- ❖ To respect for your Advance Directives, this will be followed, as much as possible.
- ❖ To information about the outcome of your care, including unexpected outcomes.
- ❖ To freedom from mental, physical, sexual, and verbal abuse, neglect and exploitation.
- ❖ To be free from restraints other than those medically indicated for your safety.
- ❖ To respect of your personal privacy.
- ❖ To confidential and secure medical records.
- ❖ To Ask question about the charges on your bill. (Please call Patient Accounts at 1-866-397-9269)
- ❖ To complain about care you have received and have those complaints looked into and answered. Please call the Customer Service Line at 261-3615 or 1-800-510-3375 for a written or verbal complaint.
- ❖ To report any unanswered concerns or complaints by contacting the Office of Quality Monitoring of the Joint Commission which certifies the hospital by either calling 1-800-994-6610 or e-mailing [complaint@jcaho.org](mailto:complaint@jcaho.org) or by contacting the Alaska State Division of Certification and Licensing at 1-888-387-9387.
- ❖ To request the gender of hospital staff providing intimate care and have that request honored whenever possible, if you are an adult behavioral health patient.

As a patient, you and your family, when appropriate, have the responsibility:

- ❖ To provide a truthful and complete medical history.
- ❖ To ask questions and seek help so that you understand your care, treatment and services.
- ❖ To follow the treatment plan developed with the healthcare team and to tell the caregivers if any part of the plan is not acceptable or unclear.
- ❖ To tell the healthcare team about all changes in your condition.
- ❖ To show respect and consideration for the rights and property of others.
- ❖ To follow the rules and regulations of Providence Alaska Medical Center.
- ❖ To meet your financial obligations and ask for explanations for any charges you do not understand or question.
- ❖ To leave your valuables at home, if possible, or to take responsibility for them if you choose to bring them to the hospital.

## **Bartlett Regional Hospital**

Title: RRC COMPLAINTS, CONCERNS AND COMPLIMENTS PROCESS

Department/s: RRC, BRH RISK MANAGEMENT

Original Date: 10/22/2011

Author: Sandra Kohtz, Director

**PURPOSE:** The purpose of this policy is to define processes for responding to complaints, concerns and compliments received from clients and families receiving services at Rainforest Recovery Center (RRC).

**POLICY:** It is the policy of RRC to respond to all complaints and concerns received by the staff and management of RRC. The staff and management is open to and welcomes feedback regarding the services and personnel with the goal of providing quality services.

### **PROCEDURE:**

- A. These processes are outlined in the RRC Client Handbook which is given to all new clients upon admission to treatment as well as the Patient Rights and Responsibilities information.
- B. Forms entitled "Patient Feedback" are placed in locations around RRC and available for clients and families to complete.
- C. Clients are encouraged to attempt to resolve issues first with their immediate counselor.
  - C.1. Counseling staff are asked to report concerns expressed by clients to the Director or Assistant Director of RRC.
  - C.2. The steps that have been taken to alleviate concerns will be discussed at that time.
  - C.3. Resolutions to the issues will be given to the client within 24 hours of them voicing their concern.
  - C.4. If the concern is resolved, no further action will be taken.
- D. If no satisfactory resolution is attained through informal discussion with their counselor, the client will schedule an appointment with the Assistant Director or Director to seek a solution to the concern.
  - D.1. The appointment will take place within 7 days of receipt of the formal grievance or complaint.
  - D.2. Upon meeting with the client/family, the client will be asked if the resolution to the issue is satisfactory.
  - D.3. If the concern is resolved, no further action will be taken.
  - D.4. If no satisfactory resolution is reached, BRH Risk Manager will be informed and the complaint will be forwarded to Risk Management along with documentation of all attempts made to resolve this issue.
- E.1. Upon receipt of this grievance, the BRH Risk Management Department will respond to the complaint in accordance with Bartlett Regional Hospital policy Patient Complaints/Service Recovery.
- F. Clients and family members may also register complaints or concerns with:
  - F.1. Administrator  
Office of Health Facilities Licensing and Certification  
Department of Health and Human Services  
430 Business Park Blvd., Suite # 18  
Anchorage, AK 99503-7137  
(907) 531-8081
  - F.2. Medicare and Medicaid beneficiaries may contact the beneficiary hotline at 1-800-445-6941
  - F.3. The Joint Commission Accreditation (800)-994-6610

[www.jointcommission.org](http://www.jointcommission.org)

**AGE SPECIFIC CONSIDERATIONS:** 18 years or older

**REFERENCES:** BRH POLICY: Patient Complaints and Service Recovery

**ATTACHMENTS:** None



## **Bartlett Regional Hospital**

Title: **PATIENT COMPLAINTS, GRIEVANCES, AND SERVICE RECOVERY**

Department/s: All Departments

Original Date: 04/08/02

### **PURPOSE:**

To resolve patient complaints to the extent practical, that results in a positive hospital experience for patients and families, and which will improve patient satisfaction.

### **DEFINITIONS:**

- A. **Grievance:** a formal or informal written or verbal communication that is made to the hospital by a patient or patient's representative, regarding a patient issue that was not resolved during the episode of care. The following are always considered grievances, regardless of form or timing:
  - A.1. Written complaint
  - A.2. Allegation of abuse or neglect
  - A.3. Allegation of non-compliance with Conditions of Participation
- B. **Complaint:** an issue that can be resolved promptly during the episode of care by a staff person.
- C. **Service Recovery:** a business process that results in a positive approach to complaint resolution by fostering a positive relationship between the patient and the hospital.

### **POLICY:**

- A. The BRH Board of Directors (BOD) is responsible for the effective operation of the grievance process.
  - A.1. The BOD delegates the responsibility for the patient grievance process to the Chief Executive Officer, who delegates the process to the Quality Director and/or Risk Manager, who report aggregate or significant complaint data and trends to the Hospital Quality Improvement Council (HQIC) and Board of Directors Quality Assurance (BOD QA) Committee.
    - A.1.1. The BOD approves the grievance process.
- B. Grievances are to be communicated to the Quality Director or Risk Manager, regardless of origin or nature of complaint.
  - B.1. Grievances will be responded to in writing within an average of 7 business days.
    - B.1.1. If a grievance requires more lengthy investigation or resolution time, patients will receive regular and timely communication about the delay and progress toward resolution.
    - B.1.2. Written correspondence about grievance resolution will include:
      - B.1.2.1. The name of the hospital contact person
      - B.1.2.2. The steps taken on behalf of the individual to investigate the complaint
      - B.1.2.3. The results of the process
      - B.1.2.4. The date of completion of the complaint process (usually, the date of the letter)

- B.1.3. After a review of the validity of the grievance, the Quality Director or Risk Manager will make decisions on grievance-based service recovery, including write-offs, good will gestures, and other major accommodations.
- B.1.4. Billing issues are not considered grievances, unless the patient alleges poor quality of care or service.
- B.1.5. The Quality Director or Risk Manager will communicate with appropriate leadership about the resolution of any grievance, as appropriate.
- B.2. Complaint resolution shall be addressed and resolved at the lowest possible level in the organization. Staff members are encouraged to resolve complaints in real time.
  - B.2.1. The employee resolving the issue will communicate with management.
- C. Patients who voice complaints and/or recommended changes are encouraged to do so freely, without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care.
  - C.1. As applicable, patient concerns regarding quality of care or premature discharge are referred to the state quality improvement organization (QIO) in a timely manner.
- D. Orientation to the patient/family complaint, grievance, and service recovery process is provided during new employee orientation.
- E. Patient/family grievances are tracked, and trends are addressed as part of the hospital's process improvement activities.
  - E.1. The Risk Manager will provide a report on patient grievance data quarterly. Summary data will be reported to the BOD QA Committee regularly.
- F. Grievances involving employees will be referred to the applicable department director, who will address employee performance issues identified through the complaint/grievance process according to applicable Human Resource policy.
- G. Grievances involving licensed independent practitioners (MD, DO, NP, PA, etc.) will be referred to the Medical Staff Executive Committee (MSEC) by the Quality Director. Further action will follow the MSEC Policy Regarding Complaints / Concerns About Members of the Medical Staff.

**SCOPE:** Applies to all patients receiving services from any entities of BRH.

**PROCEDURE:**

- A. BRH will provide patients/family members with information concerning the complaint / grievance process that is tailored to their level of understanding.
  - A.1. Patients will receive a copy of the Patient Rights and Responsibility information in the admission packet or upon registration. The pamphlet will also be available in selected high traffic areas throughout the facility.
  - A.2. The Patient Rights and Responsibility pamphlet will contain information for contacting the Quality Director or Risk Manager, the state authority, and The Joint Commission.
- B. Patients/family members are encouraged to immediately voice concerns to any BRH employee for timely resolution.
  - B.1. Any complaint involving situations or practices that place the patient in immediate danger will be referred directly to the House Supervisor, who will attempt to resolve the issue. The House Supervisor will provide documentation of the issue

and resolution to the Quality Director or Risk Manager for follow-up and data collection.

- B.2.** Retrospective grievances concerning services or care will be immediately referred to the Quality Director or Risk Manager, who will collect information sufficient to initiate an investigation.

**REFERENCES:**

Alaska State Statue 18.20.075

The Joint Commission, CAM-H, RI.01.07.01

Medicare Hospital Condition of Participation: Patient Rights. §482.13(a)(2)(i),(ii),(iii)

BRH Policy 9500.004 Patient Rights and Responsibilities

**ATTACHMENTS:**

1. Bartlett Regional Hospital Patient Feedback Form

<b>Approval/Review/Revision</b>					
Date:	Signature:(Medical Director or Committee Chair, as appropriate)	Date:	Signature:(Medical Director or Committee Chair, as appropriate)	Date:	Signature:(Medical Director or Committee Chair, as appropriate)
4/02	New	8/06	Revised		
4/03	Reviewed	10/07	Revised		
09/04	Reviewed	9/08	Reviewed		
12/05	Revised	05/12	Revised		



## Policy and Procedure

*Banner Health System – FMH/DC*

Admin     Nursing Admin     Human Resources  
 Med Staff     Department: Mental Health

Distribution to:  All Departments  
 Specific Depts: \_\_\_\_\_  
 \_\_\_\_\_

Policy No: B-35	Page <u>1</u> of <u>2</u>
Date Originated: <u>1-2008</u>	by <u>N Mehta</u>
Review/Revised: 1)	_____
2)	_____
3)	_____
4)	_____

**APPROVAL:**

Dept. Mgr: Neena Mehta    Date: 5/19/08    Med Staff: Dr Victor Bell    Date: 5/20/08

Other Dept: \_\_\_\_\_    Date: \_\_\_\_\_    Administrative: Elizabeth Woodward    Date: 5/20/08

**SUBJECT: PATIENT COMPLAINT AND GRIEVANCE**

**PURPOSE:** To resolve concerns/ complaints/ grievances to the satisfaction of the patient, family or their representative.

**A. Definitions**

1. "Complaint" means an expression of concern that can be resolved promptly to the patient/family/representative's satisfaction at the point of service.
  - a. Where a staff can resolve an issue to the patient's satisfaction at the point of service.
  - b. Where a Director/ RN Manager or other hospital personnel can assist in resolving the issue promptly to the satisfaction of patient.
  
2. "Level I Grievance" means a verbal or written complaint regarding the patient's care, abuse or neglect, issues related to the hospital's compliance with the CMS Conditions of Participation, or a Medicare beneficiary billing complaint related to rights and limitations provided by 42 CFR §489.
  - a. A verbal complaint about patient care that has been resolved promptly to patient/family/representative's satisfaction through staff present shall not be treated as a grievance.
  - b. Where the patient requests a grievance (either verbally or in writing) or where the patient requests a response from the hospital, the complaint shall be treated as a grievance.
  - c. Complaints that were neither addressed nor resolved during the patient's stay, including written or telephonic complaints received after discharge, shall be treated as grievances.
  - d. Where complaints about billing or patient valuables contain elements addressing patient services issues shall be treated as a complaint, and if not resolved immediately, as a grievance. Billing issues related to rights and limitation under 42 CFR §489 shall also be treated as a grievance.
  
3. "Level II Grievance" means a grievance that has been addressed through the Level I Grievance process, but has not been resolved to the patient/family/representative's satisfaction and has been referred by the complainant to the Grievance Committee for review.

**TEXT OF THIS POLICY/PROCEDURE:**

**A. Patient Rights and Responsibilities Notification**

1. Patient Rights and Responsibilities Notification will inform patients and patient representatives of their right to express concern the process to resolve concerns and their right to file grievances if their concerns are not resolved promptly to their satisfaction. The Notification will describe the hospital's grievance process, including how to file a complaint and who to contact if they have a complaint/grievance.
2. Patient Rights and responsibilities Notification will include the telephone number and address of the state agency.
3. Grievance may be verbal or written.

**B Procedure:**

**Complaints:**

1. Give all patients a copy of the Patient Rights and Responsibilities, including grievance rights, at the time of admission in a language or method of communication that each patient understands.
2. Attempt to resolve concerns immediately at the point of service to the satisfaction of the patient/family member/representative.
3. Concerns regarding a coverage decision, premature discharge, and/or quality of care concerns are addressed promptly.
4. The behavioral health unit offers its patients/families and their representatives the opportunity to express concerns about any aspect of their visit without fear of discrimination or retribution.
5. The behavioral health unit does not discriminate against patient's or visitors on the basis of color, sex, race, national origin, religion, age or disability. Any individual who believes he/she has been subject to discrimination may file a complaint under this policy.

**Grievances:**

1. Receipt of grievance is dated and recorded.
2. Inform RN Manager/ Director for appropriate follow up. RN Manager/ Director shall conduct an internal investigation, submit report of findings and implement corrective action taken and make direct contact with patient when appropriate.
3. In case of potential liability/litigation, refer complaints to Risk Manager. Notify Compliance Officer of any compliance concerns.
4. Within 7 working days patient/family/member representative shall be notified in writing notice of decision and steps taken to resolve the grievance, date of completion and the hospital contact person.

**Allegations of Sexual /Physical /verbal abuse of patients: 1**

Director/RN Manager shall:

1. Notify Administration, Complaint Coordinator and Risk Management immediately regarding patient allegation of physical, verbal, or sexual abuse.
2. Take action to protect patient safety.
3. Coordinate investigation with Human resources if alleged abuser is an employee.
4. Document all contacts with police, state board, and state and federal agencies  
Conducting investigation pertaining to allegation of physical/ verbal abuse of a patient.

## Patient Complaint Process

It is important to us that you are satisfied with the quality of care and services you receive while you are a patient at Fairbanks Memorial Hospital. We encourage you and your family to report concerns about safety and your care. Please give us the opportunity to resolve any problem that may arise during your stay.

If you have a complaint, concern or suggestion regarding any aspect of your stay, please ask to speak with the Department Director.

If you have voiced your concern to the Department Director and feel it has not been resolved, please call Fairbanks Memorial Hospital Administration at 458-5300.

If we, at the hospital level, have not been able to resolve your concern to your satisfaction, you are welcome contact the following organizations:

**Banner Health Board of Directors**

1441 N. 12th Street, Phoenix, AZ 85006  
1-866-239-1888 (toll free)

**State of Alaska/Dept. of H&SS Division of Public Health  
Certification and Licensing**

619 East Ship Creek, Suite 232, Anchorage, AK 99501  
(907) 561-8081

*and/or*

**The Joint Commission**

One Renaissance Blvd , Oakbrook Terrace, IL 60181  
1-800-994-6610 (toll free)

*and/or for quality of care issues, coverage decisions or to  
appeal a premature denial*

**Qualis Health (Medicaid patients)**

741 Sesame Street, Suite 100, Anchorage, AK 99503  
1-888-578-2547 (toll free)

**Mountain-Pacific Quality Health (Medicare patients)**

4241 B Street, Suite 303, Anchorage, AK 99503  
1-800-497-8232 (toll free)

# Patient Rights and Responsibilities



Banner Health

Denali Center

Fairbanks Memorial Hospital

*Community-Owned*

1650 Cowles Street, Fairbanks, AK 99701  
(907) 452-8181

# Patient Rights and Responsibilities

1. You have the right to courteous treatment.
2. You have the right to be informed of the outcomes of your treatment, about other types of treatment and the freedom to choose the type of treatment you want.
3. You have the right to privacy, security and personal dignity.
4. You have the right to have your care and medical record kept confidential.
5. You have the right to receive the care you need by a qualified medical care provider, even if that means you need to be transferred to another hospital.
6. You have the right to be told and to refuse if your doctor or hospital wants to participate in medical research related to your care.
7. You have the right to receive an explanation of your bill and the charges you are responsible for. It is your responsibility to provide us information about your insurance. You are responsible for prompt payment of your bill.
8. You have the right to receive an explanation of your medical treatment and to participate in decisions made. You may refuse treatment if you desire. We will tell you about possible outcomes of refusing care.
9. You have the right to an interpreter if you need one to communicate effectively.
10. You have the right to visitors during posted hours.
11. You have the right to have effective pain relief — or to refuse it.
12. Your health care provider and staff have the right to be treated with courtesy and respect.
13. You have the right to pastoral care or any other spiritual services.
14. You have the right to have your cultural, psychosocial, spiritual, and personal values, beliefs, and preferences respected.
15. You have the right to resolution of your concerns and/or complaints. We will inform you of our complaint and grievance process.
16. You have the right to access protective and advocacy services.
17. You have the right to access your medical record in accordance with hospital policy and State & Federal regulations.
18. You have the right to access, request amendment to, and receive an accounting of disclosures regarding your own health information as permitted under applicable law.
19. You have the right to receive information in a manner that you understand.
20. You have the right to freedom from the inappropriate use of all restraints and seclusion, in all hospital settings.
21. You have the right to have your Advance Directives honored; however certain orders such as Do Not Resuscitate (DNR) may be suspended during anesthesia. In these situations, you would be informed before anesthesia is administered.
22. You have the right to accept or refuse medical or surgical treatment; including forgoing or withdrawing life-sustaining treatment or withholding resuscitative services.
23. You have the right to freely voice complaints and recommend changes without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care, treatment, and services.
24. You have the right to receive adequate information about the person(s) responsible for the delivery of your care, treatment, and services.
25. You have the right to be provided a safe and secure environment, including your personal property.



Banner Health

Fairbanks Memorial Hospital

### PATIENT UNRESOLVED COMPLAINT/GRIEVANCE REPORT

(To be completed by staff—not the patient or family)

Patient Name: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Concern Received From (if other than patient): \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Concern Initially Received by: \_\_\_\_\_ Department: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Concern Referred to: \_\_\_\_\_ Department: \_\_\_\_\_ Date/Time: \_\_\_\_\_

E.D. Patient       Visitor       Outpatient       Inpatient-Unit: \_\_\_\_\_

#### TYPE OF CONCERN

Written        
Telephonic

Walk-in

In Person (verbal)

Customer Service/Service Recovery – **Patient Relations (Leilani Sauer/Terry Strle)**

Bill – **To Jennifer Mitchell**

Quality of Care – **Patient Relations (Leilani Sauer/Terry Strle)**

Allegations of sexual/physical/verbal abuse – **To Risk Mgmt**

Allegation of privacy violation – **To Sharon Ulrich**

Allegation of Discrimination – **Patient Relations (Leilani Sauer/Terry Strle)**

Nature of Concern (if necessary, use reverse or additional sheet):

Action Taken:

Complaint Resolved:  Yes  No

\_\_\_\_\_  
Name of Person Addressing Complaint - Required

If unresolved, does patient wish to file a formal grievance?  Yes  No  
If yes, notify Patient Relations at extension 5154 immediately.

Risk Management notified:  Yes  No

<b>Alaska Psychiatric Institute (API) Policy &amp; Procedure (P&amp;P) No:</b>		<b>PRE 030-03</b>
<b>Title: Patient Grievance Procedures</b>		
<b>Key Words: Complaints, Grievances, Patient Rights</b>		
<b>Primary: CFS</b>	<b>Effective Date: 04/02/2012</b>	<b>Page 1 of 5</b>

## **POLICY**

To uphold each patient's right to file grievances, without fear of reprisal and in accordance with all federal, state, licensing, accreditation, and other legal standards.

The institution will process grievances in a timely manner and inform the patient that steps have been taken to address their grievance.

The process for capturing and utilizing patient feedback and concerns is used to enhance the provision of services at Alaska Psychiatric Institute/Alaska Recovery Center (API).

The Consumer and Family Specialist (CFS) will act as the patient advocate in the patient grievance procedure

## **PROCEDURE**

### **I. ACTIVITIES TO SUPPORT PATIENT GRIEVANCE PROCESS**

#### **A. CFS or designee shall:**

1. Inspect boxes to insure integrity of locked box, availability of Compliant/Grievance/Suggestion forms, and collect forms each workday.
2. Assure copies of Patient's Rights and Grievance Procedures are posted in areas readily accessible to patients.
3. Provide information on patient rights, responsibilities, how to contact advocacy offices, and the grievance procedure when conducting community meetings and during individual sessions.
4. Consolidate forms by issue when multiple forms are submitted on the same issue by the same patient, assign number to form and keep numbers consistent with subsequent forms.
5. Maintain the file of completed Complaint / Grievance / Suggestion forms, assure that patient has received a copy if desired, manage on-going issues and remind reviewers of deadlines.
6. Make reasonable attempts to provide outcome information to patients who have been discharged and document that information in the specific Complaint / Grievance / Suggestion file.

**Title: Patient Grievance Procedures****B. Unit Staff shall:**

1. Provide patients admitted to his or her unit information on patient rights, responsibilities, how to contact advocacy offices, and the grievance procedure when orientating to the unit as a new admission, through individual contact, and on an as needed basis.
2. Help the patient complete the form when requested and place completed forms into the locked box at the client's request.

**II. INITIATION OF GRIEVANCE BY PATIENT****A. Patient may initiate a grievance by:**

1. Placing a completed Complaint/Grievance/Comment/Compliment form into their unit's locked Complaint/Grievance/Comment/Compliment box, or by giving it to a staff member to place in the unit's locked box.

**B. To protect patients from reprisal and encourage their right to file:**

1. Complaint and grievance records will be recorded and stored outside of the patient's permanent medical record by the CFS.
2. Complaints and grievances should not be documented in the patient's permanent record with the exception of threats to self, others, or public safety.

**III. GRIEVANCE RESPONSE PROCESS****A. Level I, First Response, CFS or designee will:**

1. Engage the patient to clarify understanding of the area of concern. Any changes to the original form will be made only with the client's permission.
2. Seek to resolve the concern with the patient during that initial meeting.
  - a. If the issue is resolved to the patient's satisfaction, the CFS has the patient sign the form as resolved.
  - b. If issue remains unresolved, the CFS refers form to Level I reviewer/manager of the area of concern.

**B. Level I Reviewer, manager of the area of concern will:**

1. Meet with patient to seek resolution of concern.
2. Write proposed resolution on form, discusses it with the patient within 7 calendar days of receipt.
  - a. The Level I Reviewer signs the form and offers the patient a copy of offered solution.

**Title: Patient Grievance Procedures**

3. If additional time is needed to research or investigate patient's concern, the Level I Reviewer may request additional time from the CFS.
  - a. Extended time is not to exceed 30 (thirty) calendar days.
4. Level I reviewer will return completed form to the CFS.
5. If solution is not accepted, CFS will submit to Level II.

**C. Patient will be encouraged to:**

1. Work with staff in the process of clarifying the concern and possible resolutions.
2. Mark the form as either being in agreement or not in agreement with resolution, and sign form.

**IV. LEVEL II, CEO REVIEW****A. CFS will:**

1. Refer patient grievance directly to the CEO or designee.
2. Give patient information about external resources, including but not limited to, Disability Law Center, the ombudsmen, and The Joint Commission (TJC), where they can submit a formal complaint.

**B. CEO will:**

1. Conduct review of grievance form and offered Level I resolution.
2. Consult as needed with anyone directly involved and/or seek consultation with clinical professionals.
3. Within 7 (seven) calendar days provide the patient with a written response to verify that the complaint has been received and will be processed.
4. Level II Reviewer has up to 30 (thirty) calendar days to complete the process.
5. Provide a written response to include:
  - a. the name of the reviewer,
  - b. the steps taken on behalf of the patient to investigate the grievance,
  - c. the results of the grievance,
  - d. the date of completion, and
  - e. follow-up internal and external contact numbers.
6. When possible, the patient will review the completed Level II response form, mark whether they agree or do not agree and sign the form.
  - a. Reviewer will offer a copy of the forms to the client.

**Title: Patient Grievance Procedures****V. FORMS MARKED URGENT****A. Forms Marked "Urgent", API staff will:**

1. Immediately deliver the grievance form marked "Urgent" to the CFS or Nursing Shift Supervisor.

**B. CFS or Nursing Shift Supervisor will:**

1. Immediately discuss the concern with the patient on the day received to assess the urgent nature of the concern.
2. If, after consultation, the patient decides the issue is non-urgent, the Level I response process will be initiated.
3. Refer urgent cases to the CEO or Medical Director or designee as directed by the patient.

**C. CEO or Medical Director or designee will:**

1. Seek resolution of urgent grievance within 7 (seven) calendar days of patient's submission.
2. If additional time is needed to research or investigate patient's urgent grievance, the CEO or Medical Director or designee will request up to a 30 (thirty) day extension from the patient.

**D. Patient will:**

1. Give grievances marked "urgent" directly to staff and inform staff that grievance is urgent.
2. Review urgent nature of grievance with CFS or NSS.
3. Review the offered solutions, mark the form as agree or do not agree, sign the form.
  - a. Reviewer will offer to make a copy for the patient.
4. If not satisfied with outcome, may choose to appeal civil issues to the Alaska Court System, file a grievance with Disability Law Center of Alaska, and/or file a complaint with the Joint Commission.

**VI. GRIEVANCES ALLEGING ABUSE OR EMPLOYEE MISCONDUCT****A. API Staff, CFS, or Nursing Shift Supervisor will:**

1. Immediately review the allegation with patient on the day received.
2. Refer case to CEO or Medical Director or designee.
3. Complete an Unusual Occurrence Report (UOR) and review the patient's allegation with the Safety Officer (SO)/Risk Manager (RM) or designee.

**Title: Patient Grievance Procedures**

- a. The SO/RM staff will determine the course of action and notify CFS.
  - b. CFS will keep the patient informed on process and ensure protection and support.
4. Inform patient of any delays in meeting identified timelines.

**VII. QUALITY IMPROVEMENT****A. The CFS will facilitate quality Improvement by:**

1. Preparing periodic summary reports and present reports to the API Management Team, Advisory Board, and other stakeholder groups as assigned.
2. Coordinating quality assurance and integrity of grievance review with the appointed member of the Advisory Board Quality Assurance Sub-committee.

**B. API Senior Management will:**

1. Utilize data to inform quality improvement efforts for patient care.

**HISTORY OF REVISIONS**

New: 05/29/85 (30-24).

Revised and Renumbered: from P&P 30-24 to 30-3, 02/25/87.

Revised: 02/21/91; 10/16/97; 03/07/06; 10/31/07; 04/02/12

Reviewed: 09/9/93; 09/15/94; 08/03/00; 09/01/03


Renumbered: from P&P 30-3 to PRE-30-3 on 08/03/00.

Renamed: Patients' Rights Complaints to Patients' Complaint and Grievance Procedure, 03/07/06.

Revised and Renamed: Patients' Complaint and Grievance Procedure to Patient Grievance Procedures, 10/31/07.

**ATTACHMENTS**

Concern/Grievance/Suggestion Form #06-15016

	<b>State of Alaska Department of Corrections Policies and Procedures</b>		<b>Index #:</b> 808.01	<b>Page 1 of 3</b>	
			<b>Effective:</b> 6/26/07	<b>Reviewed:</b>	
			<b>Distribution:</b> Pubic	<b>Due for Rev:</b>	6/09
	<b>Chapter:</b>	Prisoner Rights			
<b>Subject:</b>	Legal Rights of Prisoners				

I. Authority

In accordance with AS 44.28.030, AS 33.30.021 and 22AAC 05.155, the Department of Corrections will establish and maintain a manual of policies and procedures to interpret and implement the statutory and regulatory duties of the Department.

II. Reference

Alaska Statutes

12.25.150, 33.30.011, 33.30.031, 33.30.221, 44.28.030

Alaska Administrative Code

22AAC 05.545

Standards for Adult Local Detention Facilities 3<sup>rd</sup> Edition 1991

3ALDF 3D-18, 3E-01, 3E-02, 3E-03, 5D-06

Standards for Adult Correctional Institutions 4<sup>th</sup> Edition 2003

4-4268, 4274, 4275, 4276

III. Purpose

To establish procedures enabling prisoner contact and communication with their attorney, the courts, and access to legal materials.

IV. Applications

All employees and prisoners

V. Definitions

Working Day

Monday through Friday except for legal holidays

VI. Policy

The Department will ensure that prisoners have access to privacy and a telephone to communicate with their attorney or legal representatives. Prisoners also must have access to the court for transmitting correspondence and documents. Department staff may not penalize prisoners for seeking judicial relief.

VII. Procedures

A. Visitation by Attorneys and Legal Representatives. (See also policy #810.02, Visitation.) Attorneys and legal representatives may visit a prisoner at the institution between 8 AM and 10 PM daily or at any time during the initial 24 hours of a client's incarceration except at meal times or while the institution conducts a population count. 22 AAC 05.545(a)

1. An attorney entitled to practice law in Alaska has the right to visit the prisoner immediately after arrest if the prisoner, a relative, or a friend so requests. A.S. 12.25.150(b); 22 AAC 05.545(b)
2. Attorneys and legal representatives must show proper identification and sign the Professional Visitor's Log when they arrive at the correctional facility. See policy #810.02, Visitation 22 AAC 05.545.
3. Each institution shall provide private and secure attorney-client interview space with adequate seating and a writing table or desk.
  - a. The institution shall ensure that the attorney or attorney's representative can speak privately with the prisoner and exchange or review legal documents without interference from correctional staff, except for a search for contraband.



- mail with an explanation for its non-delivery. The prisoner shall be notified verbally or in writing within 24 hrs of non-delivery.
4. The subject matter of a legal fax is limited to legal matters. Suspected abuse shall be reported to the Superintendent. When abuse is substantiated, the privilege may be suspended or revoked by the Superintendent.
  5. Prisoner requests to fax material to an attorney or other party shall be denied.
- F. Prisoners shall have access to notary public services.

VIII. Implementation


This policy and procedure is effective 14 days following the date signed by the Commissioner. Each Manager shall incorporate the contents of this document into local policy and procedure. All local policies and procedures must conform to the contents of this document; any deviation from the contents of this document must be approved in writing by the Director of Institutions.

6-26-07

Date



Joseph D. Schmidt, Commissioner  
Department of Corrections

	<b>State of Alaska Department of Corrections Policies and Procedures</b>	<b>Index #:</b> 808.05	<b>Page 1 of 1</b>
		<b>Effective:</b>	<b>Reviewed:</b>
		<b>Distribution:</b>	<b>Due for Rev:</b>
	<b>Chapter:</b> Prisoner Rights		
	<b>Subject:</b> Environmental and Programmatic Rights of Prisoners		

Authority

In accordance with AS 44.28.030, AS 33.30.030, and 22 AAC 05.155, the Department of Corrections shall develop and adopt policies and procedures that are consistent with laws for the guidance, government and administration of correctional facilities, programs and field services.

Purpose

To establish procedures to ensure prisoners a healthy environment as relates to living areas, recreational and exercise areas, and medical and dental care.

Application

To all employees and prisoners.

Definitions

As used in this document, the following definitions shall apply:

Discrimination:

Exercising a difference in action or process based upon a person's race, religion, color, sex, age or national origin when such behavior may cause that person loss.

Policy

- A. Prisoners have certain rights relative to the conditions of their confinement that have been recognized and are mandated. These rights include:
1. Single or double cell occupancy, and/or supervised dormitories;
  2. Clean and orderly surroundings;
  3. Adequate toilet, bathing and laundry facilities;
  4. Adequate lighting, heating and ventilation;
  5. Compliance with state, federal and local fire and life safety laws and regulations;
  6. A wholesome, properly prepared, nutritionally adequate diet;
  7. Health care services comparable in quality to those locally available to the general public;
  8. Access to both indoor and/or outdoor recreational opportunities and equipment;
  9. Access to clergymen, religious advisors, publications and related services which allow prisoners to adhere to legitimate religious practices;
  10. Visitation with legal representatives and other visitors in a visiting area which is limited only by those institutional requirements necessary to maintain order and security;
  11. Communication and/or correspondence between prisoners and other persons and organizations limited only as necessary to maintain order and security;
  12. Institutions shall not place limits upon the volume of a prisoner's incoming and outgoing mail except that limits may be placed on mail used by a prisoner to conduct business activities. Institutions will pay postage for up to five first class letters pertaining to legal matters per week for prisoners with insufficient funds.
-

13. Prisoners shall be permitted to receive paperback books, newspaper clippings and magazines from any source subject to inspection for contraband and a determination that the material would not aid in escape or incite violence;
14. Each prisoner, except those in punitive segregation, shall be permitted to complete telephone calls;
15. Pre-trial detainees shall be housed separately from sentenced felons, except when they waive the right by the exercise of a Prisoner Housing Waiver (form 20-808.05A) and agree to be intermixed because of work assignments and/or institutional programming;
16. Pre-trial detainees, except those in punitive segregation, shall be eligible for participating in educational programs, religious services, and counseling;
17. Pre-trial detainees, except those in punitive segregation or in administrative segregation pending investigation of a disciplinary infraction, shall be permitted to wear their personal clothing except under circumstances where security considerations require a clothing restriction;
18. Freedom from discrimination is a basic right extended to all prisoners. Programs, activities, services or assignment shall not be denied or granted any prisoner based upon discrimination;
19. A safe environment shall be maintained for prisoners;
20. Personal choice regarding grooming and appearance shall be limited only by institutional requirements for safety, identification, hygiene or security;
21. Each prisoner shall have access to a Prisoner Handbook which sets forth institutional rules, procedures and prisoner conduct;
22. Prisoners shall be permitted access to broadcast media through radio;
23. Prisoners shall be permitted to visit with news media representatives once media access request procedures have been completed;
24. Every prisoner confined to an institution is entitled to report and file a grievance in accordance with established procedures;
25. All prisoners shall be permitted access to an institution's law library or contents; and
26. Each prisoner accused of a violation of institutional rules shall be afforded an impartial hearing before a disciplinary sanction may be imposed.

#### Procedures

Specific procedures to fulfill requirements described in the policy section of this document are outlined in the following chapters of this manual:

- A. Classification- Chapter: 700
  - B. Physical Plant- Chapter: 801
  - C. Food Services- Chapter: 805
  - D. Sanitation and Hygiene- Chapter: 806
  - E. Medical and Health Care- Chapter: 807
  - F. Prisoner Rights - Chapter: 808
  - G. Prisoner Rules and Discipline- Chapter: 809
  - H. Communication, Mail and Visiting- Chapter: 810
  - I. Reception and Orientation- Chapter: 811
  - J. Library Services- Chapter: 814
  - K. Recreation and Prisoner Activities- Chapter: 815
-

L. Religious Services- Chapter: 816

Implementation

This policy and procedure is effective as of the date signed by the Commissioner. Each Manager shall incorporate the contents of this document into policy and procedure within 14 days. All local policies and procedures must conform to the contents of this document any deviation from the contents of this document must be approved in writing from the Commissioner or designee.

DATE

9-10-85

  
\_\_\_\_\_  
Roger V. Endell, Commissioner  
Department of Corrections

Applicable forms:  
808.05A

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**DISABILITY  
LAW CENTER  
OF ALASKA**

**PRISONER  
RIGHTS**

A GENERAL GUIDE FOR INMATES  
WITH DISABILITIES IN  
ALASKA CORRECTIONAL FACILITIES

MEMBER OF THE  
NATIONAL DISABILITY  
RIGHTS NETWORK

This publication was prepared by the Disability Law Center of Alaska, the protection and Advocacy System for Alaska. This publication was made possible by funding support from the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration and also from the United States Department of Health and Human Services.

The contents are solely the responsibility of the grantee and do not necessarily represent the official view of either Center for Mental Health Services, Substance Abuse and Mental Health Services Administration or the United States Department of Health and Human Services.

All laws are subject to change by legislation and by court decisions. This information is not intended to be legal advice. It is a Public Education resource. Readers should use the guide for information, and then ask questions about their own individual needs.

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## **EXPLANATION OF GUIDE**

This guide is offered to provide information to inmates with disabilities in correctional facilities operated by the Alaska Department of Corrections (DOC). This guide is based in part on the policies and procedures of DOC. These policies and procedures apply to all DOC inmates. If you have any additional questions regarding any of the DOC policies and procedures referenced in this guide, consult your prisoner handbook.

Nothing included in this guide constitutes legal advice. If you have a legal question, contact your attorney.

**The Disability Law Center of Alaska (DLC)** may be able to help you in the following situations:

- Getting appropriate mental health treatment if you have been diagnosed with a mental illness;
- Getting appropriate medical treatment if you have a disability;
- Getting an accommodation if you are diagnosed with a disability.

**The DLC** cannot help with issues of:

- Discipline;
- Classification;
- Placement (Relocation to another prison site, in or outside of Alaska);
- Complaints of staff misconduct;
- Problems relating to your criminal conviction or new criminal charges brought while incarcerated.

# HOW TO ASK FOR AN ADA ACCOMMODATION

Under the Americans with Disabilities Act (ADA), the prison cannot treat an individual with a disability differently from those who do not have a disability solely on the basis of the disability. Prisoners with disabilities must have access to the same programs, services and activities as prisoners without disabilities. It may be discrimination if DOC refuses to accommodate a valid request.

## **Some examples of ADA Reasonable Accommodations:**

- Using a shower chair if standing in the shower is impossible.
- Having important prison or program information in a format you can understand if you are deaf or blind.
- Being assigned a lower bunk if you have medical diagnoses and verification that you suffer from vertigo.

**Security is the prime concern for prison officials. If an accommodation is provided, and it is used as a weapon, the inmate may have forfeited the right to that accommodation.** (For example: using a crutch to attempt to injure someone.)

If you believe you have been denied access to a program, service, or activity because of your disability, you must attempt to correct the situation informally (with a cop-out) before using the formal grievance process.

## **Informal Process**

- File a Request for Interview (cop-out) form.
- Direct the cop-out to the person best able to assist you.
- If unsuccessful, proceed with the formal Request for Accommodation.

## **Formal Process - Request for Accommodation**

The Request for Accommodation asks for the modifications or actions you need to access the service, program or activity. Follow these steps:

1. Within 90 days of the perceived discrimination, contact the Institution ADA Coordinator.
2. Fill out the form provided by the ADA Coordinator.
3. Sign the form, or have your authorized representative sign it.
4. Submit form to the Institution ADA Coordinator.

The review process for a Request for Accommodation is similar to the grievance process. Each facility has a prisoner ADA coordinator who can assist you with questions or problems with your request. Following is a break-down of the process:

**Step 1:**      Request for Accommodation (Form 808.16A).

- Include name, OTIS number, and description of the incident in detail.
- If necessary, include Accommodation for Offender Release (Form 808.16B) and/or
- Health Care Provider Information (Form 808.16C).

Forms 808.16B and 808.16C are available from the ADA Coordinator.

**Step 2:**      Meeting

- Within 10 working days of receiving your Request for Accommodation, the Institution ADA Coordinator will meet with you to try to resolve the issue immediately. NOTE: If you need an accommodation for the meeting (e.g., interpreter) let the ADA Coordinator know in advance.
- The Institution ADA Coordinator will create a file that will be updated throughout the process. A copy of this file will be forwarded to the DOC ADA Coordinator.
- A copy of this file will be sent to the State ADA Coordinator within 5 working days of having received the request for accommodation.

**Step 3:**      The Agreement

- If you come to a satisfactory agreement, a written agreement will be drawn. A copy shall be given to the inmate within 10 working days of the meeting.
- If no agreement is reached, the institution must notify the inmate in writing or other means of communication when necessary within 10 working days of the meeting stating the reasons why the request was denied.

**Step 4:**      First appeal. to DOC ADA Coordinator

- If no agreement was reached, the inmate can request a review of the decision from the DOC Prisoner ADA Coordinator.
- The procedure and timelines will track those in Step 2 above.

**Step 5:**      Second Appeal. to State ADA Coordinator

- Within 10 working days of being notified that the DOC ADA Coordinator denied the request, the inmate may request a review by the State ADA Coordinator.
- The request for review must include a detailed explanation of why the review is requested.

**Step 6:**      Final Administrative Review

- The State ADA Coordinator will respond within 30 working days advising of the decision.
- If the State ADA Coordinator finds that the prison is in compliance with the ADA, or that it has not engaged in discriminatory activities, s/he will advise the prisoner how to appeal to the Alaska Human Rights Commission and the U.S. Department of Justice. A prisoner may also contact the Disability Law Center or a private attorney.

## TIPS ON FILING A GRIEVANCE

Timelines are very important. Times in which you must respond or appeal are based upon when the prison official receives your request, grievance, or appeal. For this reason, ALWAYS BEGIN COUNTING TIME BY THE DATE ON WHICH YOU FILE THE REQUEST, GRIEVANCE OR APPEAL. When possible, drop the request, grievance, or appeal in the locked box in the morning.

- Be sure you are following the correct grievance procedure for your issue. There are separate grievance procedures for Health Care (including Mental Health treatment), Emergencies, and other problems.
- Watch timelines.
- Fill the form out carefully; be sure to follow all directions.
- Request help from your caseworker or other designated staff member.
- Fill in all the spaces.
- Use a separate form for each issue.
- Sign your name and enter the date of the grievance form.
- Fill out your name, inmate OTIS number, and unit.
- Place the grievance in the appropriate locked box.
  - o Ask another inmate to watch you put your grievance in the envelope and into the locked box.
  - o Ask this inmate to write down the time and date you did this and to sign this paper.
  - o Keep this inmate's written statement for your records.

### **You CANNOT grieve the following:**

- Classification decisions regarding security or custody levels, facility placement, work and program eligibility and assignments, or furlough.
- Disciplinary decisions.
- Medical charge disputes.
- Administrative transfers.
- Alaska Parole Board procedures or decisions.
- Court procedures or decisions.
- Claims being litigated in court.
- Decisions on whether there is or is not an emergency.
- Unrelated issues that should be in a separate grievance.

## SCREENED GRIEVANCES

A grievance will be screened (i.e. denied) for the following reasons:

- The action or decision does not involve DOC regulations, statutes, policies or procedures. Rights under federal statutes, such as the Americans with Disabilities Act, are included in the DOC regulations.
- The grievance does not meet the timeline requirements or is not completed properly or has not been filled out completely.
- The action requested is unclear.

- You used profanity or obscenity.
- The incident has not yet occurred.
- There was no attempt to resolve the issue informally.
- The issue was already grieved by another prisoner and resolved.
- The grievance is on behalf of another prisoner who is able to grieve it.
- Based on the facts, the grievance is clearly ridiculous and has no merit.
- There are too many issues. Separate grievances must be filed for each complaint.
- The grievance is outside the jurisdiction of the prison, i.e., an outside provider gave your health records to a third party without your consent.
- The issue is currently being reviewed by the court system.

**Always ask for two forms of every grievance or appeal you file so that you can keep one handwritten form for your own files.**

## **ABUSE OF GRIEVANCE SYSTEM**

It is considered an abuse of the grievance system if you:

- File more than 5 grievances in a week;
- File more than 20 grievances in an 180 consecutive days; and/or
- Demonstrate a pattern of filing frivolous or repetitious grievance or by filing false statements

If you are found to abuse the grievance system, you may be subject to a restriction on filing grievance and/or discipline

Be sure you follow ALL rules and procedures when filing a grievance to ensure your grievance is addressed.

## **HOW TO ASK FOR MEDICAL TREATMENT FOR A DISABILITY**

Asking for treatment for a disability is the same as asking for any other medical treatment.

Some examples of asking for medical treatment for a disability are:

- Your medication caused you to gain weight and your prosthesis no longer fits you and DOC will not provide a replacement.
- You think you might have a foot infection, caused by your diabetes.
- Your seizure disorder seems to be getting worse, even with the medication you are receiving.

The DOC is required to provide the most cost effective medical, dental, and mental health care comparable to that received by the general public. DOC can seek reimbursement for services from third parties when appropriate.

### **Non-emergency:**

- Attend Sick Call. DOC will schedule Sick Call from 1 day a week for institutions with less than 50 inmates to 5 days a week for institutions with over 200 inmates. It is available for all inmates, regardless of classification or status.
- Complete a Request for Medical Care form and place in the appropriate locked box.

### **Emergency:**

**Notify any prison staff immediately if you are having a medical crisis.**

## HOW TO ASK FOR MENTAL HEALTH TREATMENT

Asking for mental health treatment is the same as asking for regular medical care: You can either attend Sick Call or submit Request for Medical Care, **unless you are having a mental health crisis.**

**Examples of a mental health crisis include:**

- Feeling you might hurt yourself or others.
- Feeling your symptoms are getting worse, quickly.

**Notify any prison staff immediately if you are having a mental health crisis.**

**Examples of Non-Crisis Request for Mental Health Care Include:**

- You take medication for depression and the medication is helping you a little, but you would like to try increasing the amount to see if it would help more.
- You are hearing voices again and want to see a doctor.
- You would like to have more out-patient therapy because you are having a hard time dealing with some of the symptoms of your mental illness.

# HEALTH CARE GRIEVANCE PROCESS

DOC provides medical care that is economical and comparable to that in the community at large.

If you believe you have not received proper medical care that you have requested for a well-founded medical problem, including a mental illness, there is a special grievance process that includes the medical staff. There are only 3 steps in the health care grievance process:

1. **Informal resolution**
2. **Formal Grievance - Level 1**
3. **Appeal**

Be sure to complete all of these levels within the appropriate time limits or you may have to start the process over or lose your ability to grieve the issue.

## **Informal Resolution**

Before filing a formal grievance, the inmate must attempt to resolve the issue informally with the staff member involved, or a staff member aware of or directly involved with the incident.

If direct verbal communication does not resolve the issue, the inmate must file a Request for Interview Form and place it in the appropriate locked box.

Be sure to keep a record of everything that occurs during this "informal" stage. You must report your efforts in the formal Grievance Procedure.

If the prison ignores or denies any part of your attempts to resolve your issue informally, you can begin the formal grievance process.

If your grievance involves allegations of staff misconduct, you are not required to attempt to resolve the grievance informally with the staff member who is the subject of the grievance.

If you are unable to resolve your issue through this informal procedure, you may file a formal complaint. This begins the formal Grievance Procedure.

**You have 30 days from the date of your first request for medical treatment to begin the formal grievance procedure. Use this timeline when waiting for a response to your Request for Interview.**

## **Formal Grievance - Level 1**

1. **Within 30 days of the incident, or within 30 days that you found out about the incident, you must complete page one of the Prisoner Grievance Form.** Two additional pages may be attached. Ask the unit officer or your caseworker for the appropriate form.

2. You must include any response to the "Request for Interview" from the informal procedure to your grievance.
3. If you had no response from your informal attempt to resolve the issue, you must include the name of the person with whom you tried to resolve the issue, when this occurred, and the results from the meeting.
4. Fill out the form carefully. Explain clearly what you want, and why you should be granted your request. If you have more than one medical issue, **file separate grievances for each one.**
5. Place the grievance in the appropriate locked box. Be sure you signed the form, and checked all appropriate boxes. Ask your caseworker for assistance if necessary.
6. If possible, have another inmate watch you place the grievance in the box. Have the inmate write the information with time and date and keep this written statement for your records.
7. If the grievance cannot be screened or easily resolved, the grievance shall be forwarded to the Institutional Health Care Officer for investigation. If you do not receive a response within **15 working days** (excludes weekends and holidays), you should assume the grievance is unfavorable and continue to the next step.
8. The Institutional Health Care Officer will investigate the grievance, gather relevant medical records, and issue a written decision containing a statement of findings.

## Appeal

**Within 2 working days after receiving the response** to your grievance, you may file an appeal.

1. Complete the Prisoner Grievance Appeal Statement. Be sure you signed the form, and checked all the appropriate boxes. Ask your caseworker for assistance if necessary.
2. Place the form in the appropriate locked box. Have another inmate watch you drop the appeal. Have him/her write down the time and date and keep it for your records.

The Health Care Administrator will assign an impartial investigator. The investigator will investigate the matter within 10 working days of the receipt of the grievance appeal, and provide the Medical Advisory Committee with a written statement of findings and recommendations.

Within 5 working days of the receipt of the investigator's statement, the Medical Advisory Committee will review the findings and recommendations and issue a written decision with the findings of fact and conclusions as to the merits of the grievance.

The decision of the Medical Advisory Committee is the final administrative action on the grievance by DOC.

# THE STANDARD GRIEVANCE PROCEDURE

There are four (4) levels in the Alaska DOC grievance process including:

- Informal Resolution
- Formal Grievance Procedure - Level 1
- Formal Grievance Procedure - Level 2
- Formal Grievance Procedure - Level 3

This process is used for all grievances **other than** emergency grievances, health care grievances (including mental health) and grievances against staff.

**You must follow all deadlines for filing grievances and appealing decisions. If you miss a deadline, you may have to start the process all over again, or, you may lose the opportunity to grieve the issue.** If you have problems with the grievance process, contact your Facility Standards Officer or the assigned staff officer and explain your problem.

**NOTE:** If you do not receive a response from DOC within the designated time limits, assume the decision is unfavorable (i.e. the DOC has denied your request) and continue with the next step.

## Informal Resolution

Before filing a formal grievance, the inmate must attempt to resolve the issue informally with the staff member involved, or a staff member aware of or directly involved with the incident. If direct communication does not resolve the issue, the inmate must file a Request for Interview Form and place it in the appropriate locked box.

Be sure to keep a record of everything that occurs during this “informal” stage. You must report your efforts in the formal Grievance Procedure.

If the prison ignores or denies any part of your attempts to resolve your issue informally, you can begin the formal grievance process by filing a formal complaint. This begins the formal Grievance Procedure.

## Formal Grievance Procedure

You have 30 days from the date of the incident to begin the formal grievance procedure. Use this timeline when waiting for a response to your Request for Interview.

### Grievance Procedure - Level 1

1. **Within 30 days of the incident, or within 30 days that you found out about the incident, the you must complete page one of the Prisoner Grievance Form (Form 808.03C).** Two additional pages of narrative may be attached if you need additional room to explain your grievance. Ask the unit

officer or your caseworker for the appropriate form.

2. You must include any response to the "Request for Interview" from the informal procedure to your grievance.
3. If you had no response from your informal attempt to resolve the issue, you must include the name of the person with whom you tried to resolve the issue, when this occurred, and the results from the meeting.
4. **Fill out the form carefully.** Explain clearly what you want, and why you should be granted your request. **Put only one issue on each grievance form.** If you have more than one issue, fill out an additional grievance for each issue. Only file a grievance for a real issue. **Too many grievances, or frivolous grievances, may be considered abuse of the system.**
5. Place the grievance in the appropriate locked box. Be sure you signed the form, and checked all appropriate boxes. Ask your caseworker for assistance if necessary.
6. If possible, have another inmate watch you place the grievance in the box. Have the inmate write the information with time and date and keep this written statement for your records.
7. **If you do not receive a response within 15 working days you should assume the grievance is unfavorable and continue to the next step.**

## Grievance Procedure - Level 2

If the prison denies or ignores any part of your Procedure Level One Grievance, or you disagree with the decision, you may file an appeal of your Level One Grievance. This appeal is called a Level Two (2) Grievance.

1. You must file your Level 2 grievance **within 2 working days of the date your Level One Grievance was denied.**
2. **If you have not received a response** to your Level One grievance within 15 working days, assume it has been decided against you. **File your Level 2 grievance within 2 days of when the 15 working day deadline of Level 1 grievance was due.**
3. Ask your caseworker, or housing officer, for the Prisoner Grievance Appeal Statement. Address the Appeal Statement to the Facility Standards Officer and deposit in the appropriate locked box.
4. Explain why you think the first grievance was not handled correctly. Clearly state why you think you should have the services you requested. Clearly explain why they should not be denied. **Focus on the original issue.**
5. You can include only information addressed in the original grievance. **No new or additional information is permitted.**
6. Place your grievance in the appropriate locked box.

7. If possible, have another inmate watch you place the grievance in the box. Have the inmate write the information with time and date and keep this written statement for your records.
8. **If you do not receive a response to your Level 2 grievance within 15 working days, consider the appeal denied, and proceed to Level 3.**

### **Grievance Procedure - Level 3**

If you feel your grievance was not handled consistent with DOC policy, you may file an appeal of your Level Two Grievance. This appeal is called a Level Three Grievance. This Grievance will go to the Standards Administrator. The Standards Administrator must respond in writing directly to you. You will not meet with the Standards Administrator.

1. The appeal **must be received by DOC within 20 working days** after receiving the Director's decision.
2. You file a Level 3 review by submitting a letter (no more than two pages) to the Standards Administrator. Place the letter in a sealed envelope and send it directly to the Standards Administrator.
3. DOC must respond to you within 20 working days of receiving your appeal. **Again, if there is no response to the appeal within 20 days, consider the appeal denied.**
4. If DOC responds late to your Level Three Grievance, but grants your request, it is valid.
5. This decision is the final administrative action by the Department on the grievance.

## HOW TO GET HELP

If you have completed all levels of the prison grievance process, and you are still unsatisfied, you may seek additional assistance from one of the following sources. **Before contacting these sources, be sure you have documentation that you have completed ALL steps of the prison grievance process.**

### **Alaska Bar Association Lawyer Referral Service**

If you would like to talk with a private attorney, the Lawyer Referral Service can give you names of attorneys in specific areas of law.

P.O. Box 100279

Anchorage, Alaska 99510-0279

Phone: (907) 272-0352

Statewide: 1-800-770-9999

### **The Disability Law Center of Alaska (DLC)**

DLC can only assist individuals who have legal issues directly related to their disability. DLC cannot help you with criminal issue or appeals. A disability is a physical or mental impairment that greatly limits one or more major life activity. "Major life activities" include, but are not limited to, walking, talking, breathing, learning, working, and caring for oneself.

DLC can help you with a medical care issue only if the health care or failure to provide health care is causing such severe deterioration in your health that it may be abuse or neglect, and you have a disability. However, you may have a civil law suit. If this is the case, you should contact a private attorney.

If you have a disability, DLC may be able to help you, but **only if you have correctly grieved the issue through ALL levels of the prison grievance process.**

If the DLC is unable to assist you, you may be able to get assistance from the following:

### **The Alaska State Commission for Human Rights (ACHR)**

ACHR is the state agency which enforces the Alaska Human Rights Law. ACHR accepts complaints of discrimination because of race, religion, color, national origin, sex, and physical/mental disability.

800 A Street, Suite 204

Anchorage, Alaska 99501

Phone: (907) 274-4692

TTY/TDD 276-3177 or 1-800-478-3177

Statewide: 1-800-478-4692

### **Alaska Civil Liberties Union (ACLU)**

The ACLU works to defend and preserve individual rights and liberties guaranteed to every person in this country by the Constitution and laws of the United States.

P.O. Box 201844

Anchorage, Alaska 99520

Phone: 907-276-2258

**Alaska Native Justice Center (ANJC)**

ANJC serves as a bridge between Alaska Natives and Alaska's justice systems.

3600 San Jeromino Drive, Suite 264

Anchorage, Alaska 99508

Phone: 907-793-3550



**1-800-478-1234**

**ANCHORAGE OFFICE:**

3330 Arctic Blvd., Suite 103; Anchorage, Alaska 99503  
(907) 565-1002 phone • (907) 565-1000 fax

**FAIRBANKS OFFICE:**

1949 Gillam Way, Suite H; Fairbanks, Alaska 99701  
(907) 456-1070 phone • (907) 456-1080 fax

**JUNEAU OFFICE:**

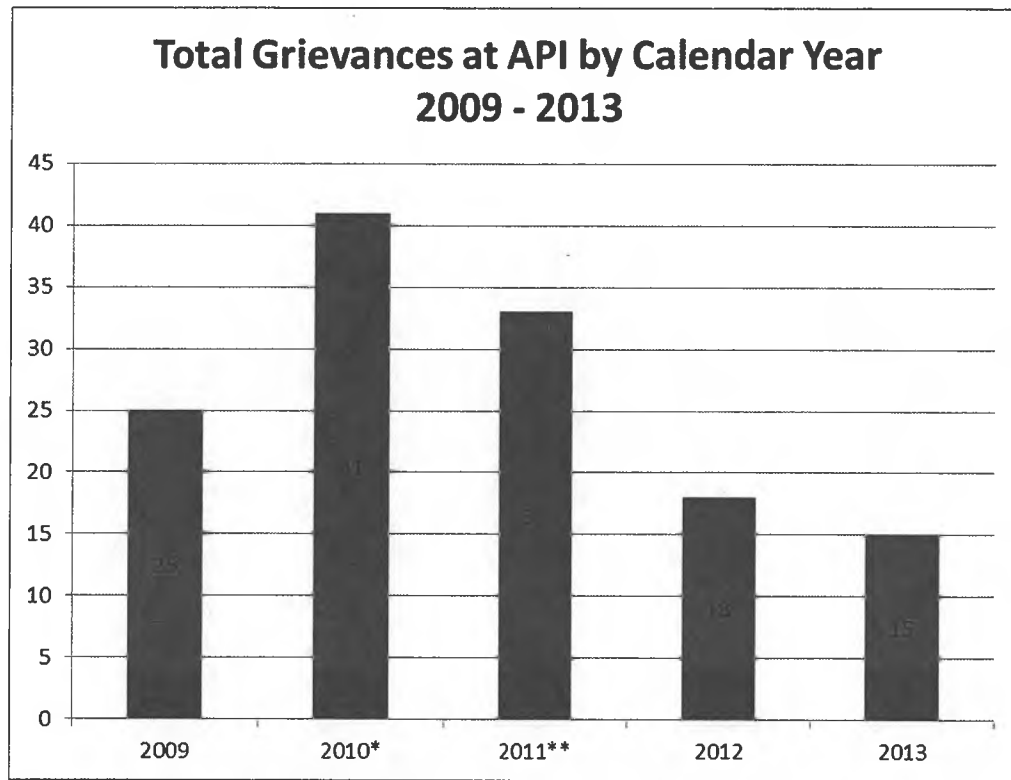
230 South Franklin, #206; Juneau, Alaska 99801  
(907) 586-1627 phone • (907) 586-1066 fax

**BETHEL OFFICE:**

PO Box 2303; Bethel, Alaska 99559  
(907) 543-3357 phone • (907) 543-3359 fax

ALL NUMBERS ARE BOTH VOICE & TDD  
[www.dlcak.org](http://www.dlcak.org) • e-mail: [akpa@dlcak.org](mailto:akpa@dlcak.org)

	Compliments /Kudos	Complaints	Grievances	Comments	Total	% Grievances
2009	18	124	25	107	274	9.12%
2010	28	189	41	131	389	10.54%
2011	40	201	33	120	394	8.38%
2012	60	169	18	89	336	5.36%
2013	33	163	15	76	287	5.23%



\*API experienced unprecedented occupancy levels in 2010.

\*\* API transitioned to the acute care model in September of 2011

Grievances by Type	Mileu	Procedure	Treatment	Staff	Other	Non-spec	Facility	Total
2009	1	0	6	16	2	0	0	25
2010	2	4	10	24	0	0	1	41
2011	1	2	11	19	0	0	0	33
2012	0	2	6	9	1	0	0	18
2013	1	2	4	8	0	0	0	15

Outcome of Grievances (Data collection started in FY11)

Result of Grievance Investigation	Substantiated	Unsubstantiated	Other	N/A	Blank
2009					25
2010	1	1	3	6	30
2011	12	6	7	1	7
2012	3	6	3	3	3
2013	2	7	5	0	1

An example of 'Other' outcome is a patient complaint about unit procedure in which that client was satisfied with the response.

I can provide information related to the Alaska Psychiatric Institute (API) because it's a state entity. The other two designated evaluation and treatment facilities (Bartlett Regional Hospital in Juneau and Fairbanks Memorial Hospital) are outside this report.

The Attorney General's Office tracks the number of incoming ex parte petitions that order a person to be transported to API for a 72-hour evaluation period. We tracked 1694 of those orders in 2013. In thirty-eight of those cases, the person was not admitted to API for one reason or another (could not be located/stabilized and discharged prior to admission/admitted to a different hospital, etc.). By our calculation, **1656 people admitted to API under an ex parte civil involuntary order in 2013**. There may be more because patients are sometimes admitted voluntarily without an order or involuntarily when APD or the troopers deliver a person directly to API without an order.

Once a person is admitted to API under an involuntary order for evaluation one of three things will happen:

- API staff determines the patient **does not meet the criteria** for involuntary treatment beyond the 72-hour evaluation period and the patient is **discharged**; or,
- API staff determines the patient **needs continuing treatment**, the patient agrees and signs an application for **voluntary** admission; or,
- API staff determines the patient **needs continuing treatment** and, the patient either refuses voluntary treatment or is not able to competently agree to voluntary treatment – this typically results in API filing a **petition for 30-day commitment**.

The Attorney General's Office does not track the number of 30/90/180-day petitions filed by API once a person is admitted to the hospital. We may be able to round up that information, but it wasn't available immediately – so I at least wanted to provide this info. Since late 2011, API hearings have been held 3 days a week unless there are holidays or other court closures. We have statistics based on the hearing results from **131 hearing days at API in 2013**. There may be some missing data from a handful of dates, but it would be negligible.

These statistics (below) show only 51 petitions for 30-day commitment were actually heard by the court in 2013. Up to twice that many may have been filed, but never actually proceeded to hearing. Just over half of those 51 petitions for 30-day commitment included petitions for involuntary medication. These numbers are greatly reduced from 2011, when it was not uncommon for there to be five to ten or more 30-day commitment petitions filed on every hearing day. Today, API has a more stable group of full-time psychiatrists that are dedicated to working with patients on a cooperative basis rather than confrontation and coercion through the court process. The vast majority of patients either sign voluntary or are discharged before the 72-hour evaluation period ends.

The second table below, with "2013 Other Hearings," shows "Continuances" which are the number of times the hearing for a petition for 30/90/180-days was continued – the majority of these continuances are by stipulation between the patient and doctor. Usually this is because the patient cooperated with treatment after the petition was filed, but had not been accepted for a voluntary admission by the time of the hearing.

A "Compliance Hearing" is held for a patient who is still in the 72-hour evaluation period and has not been discharged or signed voluntary. The compliance hearing puts the court, counsel for the patient, the hospital, and the AGO on notice of the calculated date and time that the 72-hour evaluation period will end. (See AS 47.30.805 for calculation/periods of exclusion).

2013 Contested Hearings	Granted	Denied	Heard	Prevailed
30 - Day Petitions	37	14	51	73%
Medication Petitions (30)	27	1	28	96%
90- Day Petitions	4	1	5	80%
Medication Petitions (90)	2	0	2	100%
180-Day Petitions	1	1	2	50%
Medication Petitions (180)	0	0	0	0
<b>Totals for 131 Hearing Days</b>	71	17	88	81%

2013 Other Hearings			Heard	Num/ Hrg Day
Continuances (30/90/180)	0	0	176	1.344
Compliance Hearing	0	0	627	4.786
Status Hearing	0	0	48	0.366
<b>Totals for 131 Hearing Days</b>	0	0	851	6.519



Hello – My name is Laura McKenzie and I am a Licensed Clinical Social Worker. I work as the Director of Quality Improvement and Risk Management, and Compliance Officer for North Star Behavioral Health.

Mr. Chairman and the Committee – thank you for this opportunity to provide testimony regarding North Star Behavioral Health’s concerns regarding House Bill 214, mental health patient rights and grievances.

I would like to start by stating that North Star has been in business for over 28 years, and provides voluntary behavioral health treatment exclusively for children and adolescents at both our acute hospital, and residential treatment facilities. We welcome external oversight and community agency involvement in our facilities, and fully support our patients having access to grievance procedures.

We view their feedback as an important tool in our performance improvement efforts, and take our responsibilities for their treatment seriously. North Star is committed to providing the children in our facilities and the employees who care for them, a safe environment that complies with, or exceeds all local, state and federal requirements. As part of that culture of safety is continuous monitoring of all patients to prevent the unlikely occurrence of serious events such as sexual or physical abuse which are crimes, not grievances as outlined in this bill.

North Star program(s) are licensed by the State of Alaska, the Center for Medicaid and Medicare Services and accredited by the Joint Commission on Accreditation of Health Care Organizations. Monitoring is also conducted by external organizations such as the Disability Law Center, State of Alaska Office of Children's Services, the Division of Behavioral Health, and the Division of Juvenile Justice. Additionally inherent with treating children, each patient has one or more of the following who monitor and participate in care: parents, family, Guardian Ad Litem(s), Social Workers, external community treatment providers and school personnel. One can surmise from reviewing all involved parties that multiple levels of monitoring and or investigation are already in place.

As part of the requirements for licensure and operation we must have a grievance procedure that is patient friendly, efficient, and responsive to concerns. You have previously heard testimony that behavioral health patients do not have rights, or have fewer rights than prisoners. This is not accurate as patients at North Star have rights in 30 different categories, just like adults in other hospitals. We maintain a vigorous program that is written into policy and shared at multiple points. Information about this process is given to every patient and parent upon admission as part of the intake paperwork, and also in the parent or patient handbook. Additionally, we have this information posted on every unit, and groups regarding rights and grievance procedures are held with the patients. We have a designated Patient Advocate who is responsible for responding to grievances. We have installed locked boxes on each unit so that patients can submit concerns directly to the Advocate. The Advocate's picture is even on the box to assist patients with identifying him when making a complaint. We have

additional management staff trained and available during times the Advocate is not on duty to assure continuous access to this process at all times. Additionally, we provide the contact information for State of AK Facilities Licensing, Disability Law Center, and the Joint Commission to all employees as part of orientation; it is printed in the patient and parent handbook and it is posted on our website.

Complaints are investigated and a written response is given within a couple of days, not 2 weeks as previous testimony would allege. Parents/guardians and other support systems are involved in all aspects of treatment, and that includes complaint resolution. Concerns are then reviewed each month for trends and opportunities to improve by the Quality Council, Medical Executive Committee, and the Governing Board each quarter. Additional review of the complaint data is done by external agencies during annual, tri-annual and unannounced regulatory surveys. Inquiries and surveys in response to complaints are not uncommon, and can last up to four days while involving multiple departments.

A complaint received last month from a patient stated: "wake up time is too early on the weekends." This is a typical complaint we receive and clearly would not rise to the level necessitating investigation and response by an external party. Another point worth discussion is the inherent benefit of having an internal advocate who can investigate and work with the clinical team to address concerns, thus preventing triangulation and preserving the therapeutic alliance between patient and treatment team. Please note, that all patients are admitted to North Star on a voluntary basis and with the consent of their parent who can discharge their child at any time of they are unhappy.

As you can see, a patient receiving treatment at North Star Behavioral Health already has the participation of up to ten separate agencies and entities. It is questionable, how the addition of the process outlined in this bill will add value. HB 214 is unnecessary, redundant, and an inefficient use of resources given the onerous regulations and oversight already provided to health care facilities. I am available to answer any questions that the committee may have.

Thank you

## **Testimony to the House Hss Committee,**

Mr. Chair, Committee members, My name is Faith Myers.

Every single improvement in psychiatric patient rights has been opposed by somebody.

In 1984, psychiatric patient were given the right by law to be free from corporal punishment; no other class of people in Alaska needed to be given that right.

In 1981, psychiatric patients were given 7 rights in law. The attorney general wrote a letter supporting the passage of the bill; he stated the bill should be passed to protect the private psychiatric hospitals and units from lawsuits; improving quality of patient care was secondary.

The states of Maine and Georgia made extensive improvements to their psychiatric patient grievance procedure laws and rules. There was no reduction in quality of patient care—In fact, Maine has one of the top ratings of quality of psychiatric patient care. The state of Georgia produced a 14 page patient grievance procedure law—It is a pretty good law.

Large psychiatric institutions—whether it is a bad patient grievance procedure law or a good patient grievance procedure law, institutions will adjust.

The question is—how do we in Alaska want to be remembered?

Add to HB 214 that patients and guardians have the right to file a grievance at the time of their choosing and a right to file an appeal.

I support the passage of House Bill 214CS.

Mental Health Advocates, Faith Myers/Dorrance Collins, 3240 Penland Pkwy,  
Sp.35, Anchorage, AK. 99508 (907) 929-0532

## **Testimony to House HSS Committee,**

Mr. Chair, Committee members. My name is Dorrance Collins.

A hundred years ago when an acute care psychiatric patient walked through the doors of an institution, the institution owned that patient for all matters concerning rights and quality of care.

The Alaska psychiatric patient grievance procedure law (AS47.30.847) is a throwback to the methods of a hundred years ago. The law tells the psychiatric institutions and units to write the patient grievance procedure, due process rules, appeal process and to establish an impartial body that hears the patient's complaint.

In 2010, Disability Law Center with offices in Fairbanks, Juneau and Anchorage, stated in a letter: "It is the position of the Disability Law Center that AS47.30.847 is inadequate to protect the right of mental health patients to file meaningful grievances."

In 2007, the Alaska Mental Health Board, advisors to the legislature and the Advisory Board on Alcohol and Drug Abuse passed a motion to unanimously support the revision of AS47.30.847, psychiatric patient grievance procedure law.

In 2007, the Mental Health Trust Board of Directors, the largest mental health advocacy organization in the state, voted to support the revision of AS47.30.847.

In 2007, the Anchorage chapter of the National Alliance on Mental Illness wrote a letter calling for the revision of AS47.30.847, psychiatric patient grievance procedure law.

*Inadequate to protect the right of mental health patients to file meaningful grievances—I agree.*

In closing, I support the passage of House Bill 214.

Mental Health Advocates, Dorrance Collins/Faith Myers, 3240 Penland Pkwy,  
Sp. 35 Anchorage, AK. 99508 (907) 929-0532

# Alaska Mental Health Trust Authority

## About The Trust

The Alaska Mental Health Trust Authority is a state corporation that administers the Alaska Mental Health Trust, a perpetual trust managed on behalf of Trust beneficiaries. The Trust operates much like a private foundation, using its resources to ensure that Alaska has a comprehensive integrated mental health program to serve Trust beneficiaries. The Trust is overseen by a seven-member board of trustees who are appointed by the governor and confirmed by the Legislature.

Our goal is to serve as a catalyst for change and improvement in Alaska's mental health continuum of care. To accomplish this, The Trust funds projects and activities that promote long-term system change, including capacity building, demonstration projects, funding partnerships, rural-project technical assistance, and other activities that will improve the lives and circumstances of Trust beneficiaries.

The Trust, is the only organization of its kind in Alaska dedicated to assisting those who experience mental illness, developmental disabilities, chronic alcoholism, and Alzheimer's disease and related dementia.

## Vision and Mission

The Alaska Mental Health Trust Authority administers the mental health trust to improve the lives of beneficiaries. Trustees have a fiduciary responsibility to protect and enhance Trust assets in perpetuity for beneficiaries. The Trust provides leadership in advocacy, planning, implementing and funding of a Comprehensive Integrated Mental Health Program and acts as a catalyst for change.

## Trust Duties

- Enhance and protect the trust
- Provide leadership in advocacy, planning, implementing, and funding of a Comprehensive Integrated Mental Health Program
- Propose a budget for Alaska's Comprehensive Integrated Mental Health Program
- Coordinate with state agencies on programs and services that affect beneficiaries
- Report to the Legislature, the governor and the public about The Trust's activities

The Trust works on behalf of all beneficiaries, but does not provide individual services; please [click here](#) for a list of references that do.

## Guiding Principals

To improve the lives of Trust beneficiaries, The Trust is committed to:

- Education of the public and policymakers on beneficiary needs

- Collaboration with consumers and partner advocates
- Maximizing beneficiary input into programs
- Continually improving results for beneficiaries
- Prioritizing services for beneficiaries at risk of institutionalization or needing long-term, intensive care
- Useful and timely data for evaluating programs
- Inclusion of early intervention and prevention components
- Provision of reasonably necessary beneficiary services based on ability to pay

# Special Report December 2013

## Grievance Procedure Laws for Psychiatric Patients and Others with Disabilities

**Massachusetts:** Eight page Grievance Law outlining appeal processes, who investigates complaints, state required to keep statistics of patient complaints, due process rules, appeal process rules to state, etc.

**Georgia:** Fourteen page Grievance Law calls for Independent Body creating grievance rules, due process, appeal process, investigating complaints, keeping statistics of complaints, making them available to the general public, etc.

**Maine:** Important portions of the patient grievance law is controlled by court settlement of a lawsuit—"Bates VS the state of Maine." Lawsuit helped create a 96 page book outlining patient rights, thirteen pages devoted to the grievance procedure, appeal process, due process, etc.

**Alaska:** Grievance Procedure Law (AS47.30.847) for psychiatric patients, three paragraphs, about 100 words. Psychiatric institutions' staffs create the patient grievance appeal process/due process rules. Law may not cover all psychiatric patients in units according to the Department of Health and Social Services. No appeal process to state agencies by patients in the grievance law.

Alaska needs to revise, update and improve their grievance procedure law for psychiatric patients; add or require an appeal process/ due process rules in the law and requirement for keeping statistics of patients' complaints, cover all psychiatric patients, etc.

Rep. Pete Higgins of Fairbanks will introduce a Bill in January to improve the grievance procedure law for psychiatric patients (Work Draft 28-LSO869/A). Call or email your support.

Mental Health Advocates, Faith Myers and Dorrance Collins, 3240 Penland Pkwy, Sp. 35,  
Anchorage, Alaska. 99508 929-0532 faith.myers@gci.net

Providence Alaska Medical Center  
3200 Providence Drive  
PO Box 196604  
Anchorage, Alaska 99519-6604  
T: (907) 562-2211  
[www.providence.org/alaska](http://www.providence.org/alaska)



February 19, 2014

The Honorable Lance Pruitt  
Majority Leader and Member of Health and Social Services Committee  
Alaska State House of Representatives  
State Capitol, Room 204  
Juneau, AK 99801

Dear Representative Pruitt:

Thank you for your recent inquiry. I can offer the following points:

1. Under federal privacy laws (HIPAA), Providence cannot discuss the specifics regarding patient care. The Office of Public Advocacy would have to authorize the disclosure of any medical information regarding patients with a guardian.
2. We can speak in general about guardianships. Evidence and arguments presented in guardianship proceedings are confidential and are not subject to public disclosure. *See AS 13.26.013*. Whatever information is available can be found in public court records.
3. Health care providers are required by state law to make reports of harm to Adult Protective Services whenever they have reasonable cause to believe a vulnerable adult suffers from abuse or neglect.
4. Under state law, when a patient is not competent to make medical decisions on their own behalf, their (1) guardian, (2) health care agent, or (3) surrogate are allowed to make health care decisions on their behalf. Health care providers are permitted under state law, and required by their standard of care, to decline to comply with the direction of a surrogate if they determine that the surrogate is not abiding by the wishes, values, and best interest of the patient. *AS 13.52.030(h)*. Health care providers are also permitted under state law, and required by their standard of care, to decline to comply with the direction of a guardian, agent, or surrogate if that direction requires health care that is contrary to generally accepted health care standards. *AS 13.52.060(f)*.
5. When a temporary or permanent guardian is appointed by the court for a patient, that guardian will, in most cases, have the sole authority to make health care decisions on behalf of the patient, including decisions regarding medication and how long the patient should stay in the hospital. Accordingly, when a guardian is appointed by the court for a patient at Providence, and the court gives that guardian the sole authority to make health care decisions for the patient, Providence confers with the guardian regarding the treatment of the patient and obtains the necessary consent to treatment from the guardian.

Honorable Lance Pruitt  
February 19, 2014  
Page Two

6. Providence only restricts visitation to a patient when that patient requests no visitors or when restricting visitation is medically necessary and in the best interests of the patient. There are many different types of medical situations in which restricting visitation, including visitation by family members, may be medically necessary. Providence attempts to work with the family and the patient to reinstitute visitation as soon as doing so is both in the best interests of the patient and requested by the patient. For patients that do not have capacity and have a guardian appointed, Providence also confers with the guardian in regards to any restrictions on visitation.

I am sending Representative Higgins a copy of this letter and I ask that he make copies available to members of the House Health and Social Services Committee. I hope this information is helpful.

Sincerely,



Laurie Herman, Director  
Government Relations

✓ cc: Representative Pete Higgins, Chair, House Health and Social Services Committee