

**ALASKA PSYCHIATRIC INSTITUTE
GOVERNING BODY BYLAWS**

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ARTICLE I

SECTION 1. OWNERSHIP AND CONTROL

- A. The Alaska Psychiatric Institute ("hospital" or "API" or "facility") shall be the official name of the hospital located at 3700 Piper Street, Anchorage, AK, 99508. The hospital is a state-licensed psychiatric hospital pursuant to [7 AAC 12.215](#) under the jurisdiction, management, and control of the State of Alaska, Department of Family and Community Services (DFCS).

SECTION 2. ROLE AND PURPOSE

- A. API exists to provide inpatient psychiatric care in accordance with [7 AAC 140.350](#). Services include inpatient psychiatric hospitalization for 1) individuals voluntarily consenting to treatment at the hospital for inpatient psychiatric care, 2) individuals involuntarily committed to the facility by court order in accordance with [AS 12.47.100](#), and 3) individuals involuntarily committed to the facility in accordance with [AS 47.30.700](#) *et seq.*

SECTION 3. MISSION

- A. Providing compassionate health care to support Alaskans in living their best possible lives.

SECTION 4. VISION

- A. An Alaska where everyone receives the care they need, when they need it, without judgment.

SECTION 5. VALUES

- A. The hospital values: I.D.E.A.S.
 - a. Integrity
 - b. Dignity
 - c. Excellence
 - d. Accountability
 - e. Safety

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ARTICLE II GOVERNING BODY OF THE HOSPITAL

SECTION 1. LEGAL AUTHORITY AND ORGANIZATIONAL STRUCTURE

- A. The Department of Family and Community Services is statutorily established by the State of Alaska as a department of the Executive Branch. The Commissioner of DFCS is the individual responsible for API.
- B. The Commissioner delegates certain API duties and responsibilities, as described in Section 3 of these Bylaws, to the Governing Body.
- C. The API Governing Body shall be comprised of members as described in Section 2 of these Bylaws.

The API Governing Body's primary roles are:

- a. Setting the strategic direction for the Hospital.
- b. Making decisions about the hospitals' vision, mission, and strategies.
- c. Establishing policies, overseeing credentialing, setting the tone regarding hospital focus and commitments, and ensuring quality mechanisms and metrics are in place for monitoring implementation.

Responsibilities of the Board are:

- a. Financial oversight – ensuring the budget prepared by the Hospital fully supports its operational needs and strategic priorities.
- b. Board members are sensitive to the expectations and needs of citizens and community organizations. Fostering community relationships supports communication and mutual understanding.
- c. Board officers will advocate for the Hospital's priorities through the Governor's office and the State Legislature.

D. API exists within DFCS as a Division and is headed by a Chief Executive Officer (CEO). In the absence of the CEO, the CEO has the authority to delegate an individual to oversee the Hospital.

The CEO is delegated the following responsibilities and authority by the Governing Body:

- a. The day-to-day operations of the hospital;
- b. Overseeing the implementation of the annual Utilization Review Plan using criteria approved by the Governing Body;
- c. Implementing a strategic plan that addresses identified problems and budgetary constraints in collaboration with the Governing Body. The strategic plan will be a detailed, written document of guidance concerning the budget, structure, outcome measures, quality assurance, safety, and operation of the Alaska Psychiatric Institute;
- d. Making medical, clinical, and professional staff appointments, reappointments, termination of appointments, and granting or in revising clinical privileges on an emergency basis; with subsequent review and approval to be obtained from the Governing Body within 45 days of the action;
- e. The authority to develop a mechanism that assures a single level of patient care without discrimination for

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patients with the same health problems;

- f. The authority to develop a mechanism that assures that all individuals responsible for the assessment, treatment, or care of patients are competent in the following, as appropriate to the ages of the persons served:
 - g. The ability to obtain information and interpret information in terms of
 1. patient needs;
 2. Knowledge of growth and development; and
 3. Understanding of the range of treatment needed by these patients.
 - h. Assuring that appropriate and available resources are used to support systems for quality assurance and improvement functions and risk management functions related to patient care and safety;
 - i. The authority to appoint, promote, and discipline employees and contract with other service providers consistent with the rules and regulations governing the Department of Family and Community Services and applicable personnel and purchasing state law rules and procedures;
 - j. Complying with all applicable laws and regulations pertaining to the hospital and acting promptly upon reports and reviews of regulatory, inspecting, and accrediting agencies; and
 - k. Approving the involvement of volunteer or auxiliary organizations.

SECTION 2. MEMBERSHIP

- A. The Governing Body shall consist of three voting members; eight non-voting members, and four *ex officio* members. Membership will follow the guidelines per Governing Body policy number GB-22-0001. The Governing Body retains the right to select non-voting members in the event the organization listed is unable to provide or nominate a member.
- B. Voting Members:
 - a. The DFCS Commissioner;
 - b. The DFCS Deputy Commissioner; and,
 - c. The DFCS Assistant Commissioner.
- C. Non-Voting Members:
 - a. Four individuals nominated by a behavioral health community partner or association;
 - b. A member-at-large with tribal behavioral healthcare experience;
 - c. A member-at-large who is a psychiatrist or advanced practice nurse;
 - d. A member-at-large who is an individual with lived experience or a family member of an individual with lived experience; and,
 - e. The Department of Health, Division of Behavioral Health Director, or designee.
- D. *Ex Officio* Members:
 - a. The Chief Executive Officer of the hospital shall be an *ex officio* member of the Governing Body, shall not have a vote, and will not be counted toward a quorum for purposes of attendance.
 - b. The Department of Health Chief Medical Officer shall be an *ex officio* member, shall not have a vote and will not be counted toward a quorum for purposes of attendance;
 - c. The Commissioner of the Department of Corrections shall identify an employee to serve as an *ex officio* member.
 - d. The Director of Senior Disability Services shall be an *ex officio* member, shall not have a vote and will

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not be counted toward a quorum for purposes of attendance.

- e. API staff members shall attend meetings as needed based on the agenda or needs of the Governing Body.
- E. Non-voting members will serve a three-year term and be eligible for reappointment.
- F. Non-voting members are encouraged to participate in meeting discussions and are encouraged to make and second motions.
- G. Officers of the Governing Body shall be:
 - a. Chairperson: shall be the DFCS Deputy Commissioner. The Chairperson of the Governing Body is authorized to act for and on behalf of the Governing Body between meetings. This authority may be delegated to another individual as deemed appropriate.
 - b. Vice-Chairperson shall be the DFCS Assistant Commissioner.

SECTION 3. DUTIES AND RESPONSIBILITIES

- A. The members of the API Governing Body agree to be bound by the underlying principles and rules in [AS 39.52](#) governing ethics for public employees as part of their tenure on the Governing Body.
- B. Claims against any of the members of the API Governing Body and all departmental employees are subject to the provisions of [AS 09.50.250](#) and [AS 09.50.253](#).
- C. API Governing Body voting members accept fiduciary oversight for the hospital and its operations, policies, governance, and the obligation to continuously strive to provide safe and high-quality care to the patients.
- D. The API Governing Body shall act as the final arbiter of conflicts between administrative/management groups that cannot be resolved by the customary administrative process.
- E. The Governing Body is empowered to determine and maintain the objectives, purposes, and values of the Hospital and reviews and approves the hospital scope of services to ensure the highest quality of inpatient psychiatric services to patients of the hospital.
- F. The Governing Body has the authority to establish the Medical Executive Committee (MEC). The MEC is the official entity that assures medical staff representation at meetings of the API Governing Body and provides input and recommendations regarding issues pertaining to quality patient care.
- G. The Governing Body is responsible for approving the Medical Staff Bylaws (MSB), rules, and regulations that govern medical staff and other professional staff. The MEC will develop the MSB, review it annually, and present it and any changes to the Governing Body for approval.

The Governing Body is responsible for the appointment, reappointment, termination of appointments, and the granting or revision of clinical privileges, as set forth by the Document.

- a. Any differences between medical staff or professional staff recommendations and the CEO shall be resolved by the Governing Body within 45 days of formal complaint; and
- b. The MSB are an attachment to these Bylaws and are incorporated by reference.

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The Governing Body has the power to approve, modify, and disapprove bylaws, rules and regulations, and to assign, curtail, or terminate privileges.

- H. The Governing Body has a fiscal responsibility to approve the Hospital's annual operating budget and long-term capital budget before it is submitted to the Governor.
- I. The Governing Body is responsible for maintaining a systematic and effective mechanism for communication between the Governing Body members and the management, medical, clinical, and support staff of the Hospital. Working collaboratively with the API CEO, the Governing Body is responsible for establishing a mechanism for conducting institutional planning that invites participation in the process of hospital management, medical, clinical, and support staff.
- J. The Governing Body ensures that a process is in place for assuring that all individuals providing patient care services, who are not subject to the medical staff privilege process, are competent and qualified to provide such services to all populations served.
- K. The Governing Body monitors and evaluates the quality of patient care through the review of an organized performance improvement plan presented annually to the Governing Body by the CEO and the Quality Improvement Director. In addition, the Governing Body will regularly review performance improvement data to monitor the hospital's performance.
- L. The Governing Body ensures that a process is in place to obtain the necessary information to fulfill its duties and responsibilities.
- M. The Governing Body annually evaluates the hospital's performance in relation to its Mission, Vision, and Goals.
- N. The Governing Body will evaluate its own performance on an annual basis per Governing Body policy number GB-22-0002.
- O. The leadership of API will evaluate the Governing Body on an annual basis per Governing Body policy number GB-22-0002.
- P. The Governing Body ensures that an effective safety management program is in place and receives regular reports on its performance.
- Q. The Governing Body is responsible for maintaining a grievance process for patients. This process will include at least the following:
 - a. Written notification of patient rights must be provided to patients;
 - b. The presence and availability of a Patient Advocate on-site;
 - c. The right of each patient to file complaints both in writing and verbally to staff;
 - d. The right of each patient to appeal any decision made by staff to the Patient Appeals Board (PAB).

The PAB is a subcommittee of the Governing Body. The membership of this subcommittee shall be as follows:

1. The Chair of the Patient Appeals Board will be an at-large member of the Governing Body. The Chair may be nominated by any member of the Governing Body (including non-voting members) and shall be elected by a majority vote of the voting members. The Chair shall be elected for a term of two years and may be elected for additional terms. The Patient Appeals

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Board may include both voting and non-voting members of the Governing Body and will require a quorum of at least three Governing Body members to conduct business.

2. To mitigate potential conflicts of interest, Governing Body members who are Alaska Psychiatric Institute employees or State of Alaska Department of Family and Community Services employees will be excluded from all PAB meetings. However, the Chair of the PAB shall retain authority to invite Alaska Psychiatric Institute employees or State of Alaska Department of Family and Community Services employees to its meetings
3. The PAB shall meet on matters of patient advocacy and review any appeal within 30 days of submission. Meetings will be publicly noticed, and to ensure patient privacy, the PAB will go into Executive Session when reviewing complaints and appeals. The PAB will submit written recommendations to the Governing Body.
4. As a subcommittee of the Governing Body, the PAB will meet as often as necessary. Meeting space – physical and/or virtual - shall be provided by the Alaska Psychiatric Institute.

B. The Governing Body may establish a Community Engagement Committee (CEC) that will be responsible for hosting public forums. The CEC shall be a subcommittee of the Governing Body. The membership of this subcommittee shall be as follows:

- a. The Chair of the CEC shall be a member of the Governing Body. The Chair may be a voting or non-voting member of the Governing Body. The Chair shall be nominated by any member of the Governing Body (including non-voting members) and shall be elected by a majority vote of all Governing Body members (including non-voting members). The Chair shall be elected for a term of two years and may be elected for additional terms.
- b. CEC forums/events will be held at least quarterly and will be accessible online to ensure state-wide ability to participate. CEC meetings will be publicly noticed and will provide opportunities for questions.
- c. CEC meeting space - physical and/or virtual – shall be provided by the Alaska Psychiatric Institute.

C. The Governing Body shall hire a qualified Chief Executive Officer (CEO) and entrust to the CEO the authority and responsibility of the day-to-day operation of the hospital. The Governing Body has the authority to discipline and remove the CEO should that become necessary. The Governing Body will evaluate the CEO annually and is responsible for guiding and monitoring the CEO's performance.

SECTION 4. MEETINGS

- A. The Governing Body shall meet at least quarterly. Three (3) voting members will establish a quorum.
- B. API Governing Body meetings shall be scheduled with reasonable public notice and are open to the public except as otherwise provided by [AS 44.62.310](#). Meeting protocol shall adhere to applicable state laws with motions being approved with a simple majority vote unless otherwise specified in this document. All meetings will have an opportunity for general discussion of its members and a period available for public comment. Governing Body meetings may include staff, or individuals from outside the hospital, by invitation or be closed for an executive session by the Chairperson as permitted by [AS 44.62.310](#).
- C. Minutes of all meetings will be maintained in accordance with Robert's Rules of Order.

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- D. Meetings of the Governing Body will have a published agenda posted seven (7) days before the meeting, will include a time for public comment, and may have an Executive Session as permitted by [AS 44.62.310](#). Public notices will be posted seven (7) days prior to the meetings.
- E. Members of the Governing Body shall specify any potential conflict of interest and abstain from voting on matters that may be in conflict.

SECTION 5. COMMITTEES

- A. The Governing Body may establish committees to carry out specific duties and functions as necessary. When the establishment of a committee is deemed appropriate, the Governing Body may delegate authority and responsibility to a committee but retains the prerogative to withdraw authority as appropriate. These Committees may be made up of members of the Governing Body (voting or non-voting), members of staff, or other individuals as seems appropriate to the Governing Body. The Chairperson of the Governing Body shall be an *ex officio* member of any Committee. Committee Chairpersons will be appointed by a majority vote of the Governing Body.

SECTION 6. ADOPTION, REVISION, AND AMENDMENTS

- A. Revisions and amendments of the Governing Body Bylaws may be made at any time by a two-thirds majority vote of the Governing Body. Bylaws shall be reviewed annually and revised as needed. Governing Body members will review the Bylaws with input from the MEC and staff of the Hospital.

Adoption and Amendment

These bylaws of the Alaska Psychiatric Institute Governing Body shall become effective when signed and approved by the members of the API Governing Body. This document shall be reviewed at least annually and may be revised as necessary at the discretion of the Governing Body.

Chair

Date

Vice-Chair

Date

Treasurer

Date

Secretary

Date