

Summary of Comments

Draft PRTF Regulations

5-30-06

- Thus far 42 entities have responded with comments. Representation includes family advocates, county programs and their administrators association, BH-MCO's, staff within DPW (field offices, program offices and Policy), a continuum of providers, and provider, professional, and advocacy associations. Several entities alluded to having full day workgroups to discuss and gather comments on the proposed regulations.
- A database is being kept to log and address each individual comment. There are well over 200 comments to consider. Many of the comments are in regard to specific definitions and word choice. A summary of the more substantive issues is provided below.

Structural Issues

- **RTF vs. PRTF** – provider comments reflect a confusion as to if RTF's will continue to operate or if everyone will be required to meet the new PRTF standards. Association and county/BH-MCO comments reflect a need for the Department to be more clear in their intention
- **Placement of the regulations**- freestanding vs. a chapter within 3800
- **Use of Federal definitions and regulations**- arguments for and against using these as a minimum.
- **Consistency in terminology and requirements**- various issues with this throughout the document
- **Appropriate avenues for a grievance process**- stated that this does not currently exist
- **Reserve bed limits & Therapeutic leave**- limits may be counterproductive to encouraging therapeutic leave and maintaining community connections
- **Physical Health needs as an unfunded requirement**- providers have difficulty getting reimbursed for these services which is an issue as they are serving more youth with significant physical health needs in addition to Mental Health needs
- **Responsibilities in regard to residents who are not from PA**- how will this be handled
- **Clarity on who will be enforcing what (BPI, C&Y, OMHSAS)**- concerns regarding duplications of work and different interpretations within the Department

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Staffing Issues

- **Cost of implementation**- cost is a factor in implementing lower staff/youth ratios (1:5 vs 1:8), extending minimum staff requirements into nights and weekends, reality of having Masters level staff on site throughout evenings, weekends and holidays, hiring staff with more experience, additional training time, and providing pre-employment drug screens
- **Smaller applicant pool**- greater requirements for experience will lead to a smaller amount of qualified staff in a system already experiencing a shortage of appropriate staff
- **Medical professionals**- additional demands for face to face time and direct contact with family as well as more requirements specific to a board certified psychiatrist and additional paperwork increase cost and contractual time on a profession that is already experiencing delays in service due to lack of qualified professionals
- **Training** -draft spends much time and effort on not using restraint but is lacking when it comes to focusing on alternatives, and positive approaches. Providers and related associations desire additional training be included in the existing 40 hrs while advocate based associations are calling for an increase in the number of training hours required.

Reporting & QM

- **Data System**- agreement that this is necessary, divergent views on how to best accomplish and what data elements to include
- **Consistency**- what is required as reportable incidents should be consistent across counties, BH-MCO's and Program Offices for PRTF's

Family Involvement

- **On-site visit** (w/in 7 days of admission)- parents may be incarcerated, in treatment themselves, or C&Y may have custody all of which may prohibit a family visit. Other comments included alternatives to on-site visits such as videoconferencing.