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To Whom It May Concern;

Gemma Services envisions a world where everyone knows they matter. For children who are experiencing significant mental and behavioral health challenges, this sentiment rings even more true. Gemma Services provides high quality, comprehensive Psychiatric Residential Treatment Facility (PRTF) services for children, ages six through fourteen. The children we accompany have experienced a lack of safety and stability in their homes and communities. Though PRTF are complicated to run, clinically sound and well run PRTFs can make a profound impact on children and families which can last a lifetime. Gemma Services is committed to providing excellent care and believes additional requirements are needed at the PRTF level. We appreciate the increased attention so that together we can ensure PRTFs deliver quality services.

Gemma Services would like to share the following feedback regarding the recently released revised regulations for the PRTF level of care. The overall concern is the significant increase in daily rates that would be needed to meet all the new requirements and ensure fidelity. Gemma Services provides high quality care, and this produces a large deficit in our PRTF under the current cost structure approved by the managed care organizations (MCOs). Our concern is that the transition from the Office of Children Youth and Families oversight to the Office of Mental Health and Substance Services (OMHSAS) for regulation approval and licensures status does not support the rate increases needed from the managed care organizations to meet the requirements. As a provider in good standing with all MCOs, approvals for rate increases are slow, small, and often non-existent. We would not be able to meet the new requirements under the current reimbursement rates

A second concern is the lack of clear definitions of much of the terminology shared in the draft regulations. There are staffing titles that lack clarity regarding their specific requirements and the language regarding reporting requirements is unclear. Gemma Services is interested in understanding the rationale behind some of the suggested revisions. While some areas are in line with the best practices for PRTFs, others do not feel supportive of initiatives such as Building Bridges and evidence based clinical practices. An understanding of the rationale behind the proposed changes would be informative and appreciated.

Gemma Services will highlight specific questions and concerns regarding each section below:

Reportable Incidents:

Gemma Services is looking for a rationale on why the reporting requirement was reduced from 24 hours to 12 hours. This will increase personnel hours to ensure the reporting is completed in that timeframe. The additional reporting requirements section of physical assault involving a child does not provide clear definitions of what this entails.

Recordable Incidents:

The rationale for the reporting requirement to be reduced from 24 hours to 12 hours, again, will increase personnel hours to ensure the recording is completed in that timeframe. The addition of the recordable incident of search of a child, youth, or young adult's property does not specify whether there are circumstances where this is permitted or not. PRTFs regularly conduct property searches in regard to safety and suicide assessments. We follow a strict policy to ensure it is completed within a child's rights. The rationale is not clear why this is not a recordable incident.

Visits:
There is no definition regarding a child "not under the supervision of the PRTF." Does this include day passes

and community passes or only home time that is greater than a certain number of hours? There is no clear rationale for why we must ensure contact is made every 24 hours the child is not in the program. This does not align with Building Bridges practices, or some evidence based clinical models (DBT). The goal of home time is for the family and child to practice skills learned while in treatment. While the PRTF is always there to support through telephonic communication, requiring a contact every 24 hours could inhibit the therapeutic relationship. This requirement will increase personnel hours and often a member of that youths' direct treatment team would not be the one providing the contact, potentially causing therapeutic disruption.

Staffing:

There are no definitions of the staffing positions required. We are interested in learning the required degrees or experience for what position is needed to complete the job responsibilities. Regarding the supervision requirements, there was only a statement in the presentation saying that the regulation will describe who can supervise whom and what those requirements look like, but that information was not shared. We request clarity on the purpose of always having a mental health professional on grounds and a definition of that position's requirements.

Minimum Treatment Requirements:

We request clarity on the definition of the positions that are required to meet minimum treatment requirements. It was stated the Treatment Team Leader can serve as the Child Psychiatrist. PRTF Child Psychiatrists do not provide therapy. They provide medication management and treatment oversight. The language requiring this position to complete individual therapy needs to be revisited.

There needs to be clarity on which roles are allowed to provide the treatment requirements of group therapy. Psychoeducational groups usually do not qualify as a therapy under most evidence based clinical practices. There needs to be clarity on which roles are allowed to provide the psychoeducation group content.

Gemma Services largely agrees with increasing the requirement of treatment hours a child receives in PRTF level of care. However, Gemma Services would argue that a PRTF should be able to individualized treatment hours based on the needs of the children and family. Providing a cookie cutter set number of hours for a child of any age does not allow for individualized treatment needs to be fully met. For example, an 8 year old youth diagnosed with ADHD and anxiety who was recently admitted can sometimes only regulate themselves for 15-20 minutes of therapy as opposed to a 13 year old youth who has been in treatment for 4 months and has a strong relationship for their clinician and may seek to participate in 1.5 hour sessions, particularly when completing their trauma narrative.

Further, the recommended caseload size for a clinical staff member was a 1:8 ratio. Assuming the clinician would be providing both the individual and family therapy, that would equate to 24 hours of therapy weekly for a clinical staff member. In a PRTF setting providing 24 hours of therapy a clinicians have other job responsibilities including attending monthly treatment team meetings, providing crisis support, documentation requirements, and therapy preparation, which makes this requirement untenable. In this case, Gemma Services would not be comfortable having a clinical staff member have a caseload of 8. This reduction in caseload size would require more clinicians in the program and increase the need for a higher daily rate.

Further, Gemma Services is concerned about the ability to balance the treatment requirements which occur mostly after 3:00 PM when the children return from school. The increase in requirements interferes with activities that allow the children to also experience normal childhood development needs. At the PRTF it may be a child's first experience learning how to swim, being in the community to learn how to shop for their hygiene needs, participating in a sports team after school, learning an instrument, learning how to garden and grow vegetables to eat. A PRTF treats the whole child and family. A holistic individualized approach has been shown to lead to greater success and outcomes. While increased treatment hours are needed, it needs to come with balance and financial support to ensure the child is allowed to engage in childhood experiences they often

cannot because of their trauma and mental health needs they experienced prior to placement. The treatment as prescribed in the proposed regulations would require children as young as 6 in our facility to transition from school directly to an evening of back-to-back therapy sessions. We know as trained service professionals that one of the most powerful antidotes to Adverse Childhood Experiences is positive and joyful childhood experiences. There needs to be time built into the program to support this less institutionalized approach.

Transportation:

Gemma Services is seeking clarity on the requirement that the driver is not permitted to count in the ratio i of one staff member per three children in the vehicle, even if there is another staff member in the vehicle. This would increase the need for direct care staff to ensure community trips and transportation home and to visits can occur, again, adding cost to the program.

Gemma Services has a large concern with restrictive procedures being prohibited in vehicles. While in theory the restriction is based on safety, it could present a larger risk for both children and staff if this is prohibited. Gemma Services has strong policies regarding physical interventions while in a transport or off grounds and prohibiting this we believe would pose a larger risk, particularly if staff are not permitted to provide any physical intervention to a youth who is escalated when the vehicle is in motion or near a busy road.

We greatly appreciate the ability to provide this feedback on the proposed changes. Gemma Services welcomes partnership in ensuring the care of the children and families in treatment is to the highest standards. Gemma Services is open to discussing and clarifying any of our proposed edits and questions.

Respectfully,

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