

**Stephen Hoffman**

From: IRRC
Sent: Wednesday, December 4, 2024 8:40 AM
To: Michelle Elliott; Shawn Good; Stephen Hoffman
Cc: Fiona Cormack; Leslie Johnson
Subject: FW: Comments on proposed 5330 regulations

Comment on #3417

From: ANTHONY KOONTZ <tonylisakoontz@embarqmail.com>
Sent: Tuesday, December 3, 2024 10:06 PM
To: Wright, Imogen L. <iwright@pahouse.net>; IRRC <irrc@irrc.state.pa.us>; Annmarie Robey <arobey@pahousegop.com>; clariss.freeman@pasen.gov; Burnett, David <dburnett@pasen.gov>
Cc: ra-pwprtfregs@pa.gov
Subject: Comments on proposed 5330 regulations

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Good evening,

I hope that my comments will still be included. I have tried to get time over the past month to write my responses and with the never-ending job that is working in a PRTF, I have not been able to do so.

I have reviewed the proposed 5330 regulations as they will significantly impact me and my work, along with many other individuals, especially the youth and young adults with whom I work. I have significant concerns about some of the proposed regulations and how they will impact the quality of care and the ability for treatment facilities to care for youth. I have worked in mental health for 31 years and have spent 15 of those years working in residential treatment. It is a very difficult job but also a vital one.

Reportable incidences:

1. calling in reportable incidences and completing a report is a duplication of tasks that will take away time from the care of the youth and duties of the staff responsible for reporting the incidents.

Solution: If a report is required it should be sufficient or vice versa if this is to be reported with a phone call that should suffice.

2. Decreasing the time from 24 to 12 hours from the reportable incident will likely lead to the potential for more inaccurate information, will stretch staffing thinner as there are times when there are multiple reportable incidents close together or multiple youth involved in 1 reportable incident. This will be a significant burden on the staff responsible and take them away from their ability to support other situations and help to maintain the safety of all youth at the PRTF.

Solution is to maintain the current 24 hour deadline.

5330: 20- Visits

1. Having visits that are more than 24 hours in length require a provider to call and check-in with the family is intrusive and will stretch staffing. It is not likely that the primary therapist would be the staff making the call as the family overnight visits generally happen on the weekends and the primary therapist is not able to work 24/7. The object of overnight visitation with family is to have the youth be able to practice the coping skills that they are learning in their natural family environment. Youth and families will not typically have a therapist or mental health provider calling to check in. The youth that we send on overnight visits have a safety plan that is created with the family and both youth and family understand the safety plan and are able to receive support from the provider if they chose to reach out and are able to return the youth to the facility if there are safety issues or significant difficulties on the visit.

Solution: This should be a case-by-case basis and should be a decision that is made between the Therapist and the family.

I had written an lengthy email addressing many of the other proposed regulations that are not going to be realistic for PRTFs to put into place and still be able to run without reducing bed capacity which has already been devastated by a reduction in bed capacity in the mental health PRTF community already since COVID. However due to the length of the email my email crashed and I am not sure that I can recover it. I will send this beginning draft and hope that I can recover my other extensive email.

I am sorry that this is late and hope that you will still consider it.

Lisa Koontz
psychotherapist (MHP)