



## Psychiatric Residential Treatment Facilities

DRAFT Regulations (55 Pa. Code Chapters 1330, 5330, and 3800)

## Observations/Considerations

- Appendix BB: What components of these draft regulations will be reflected in Appendix BB ?
- Collaboration: What are the expectations related to cross-system collaboration?
- Staffing: Given the 24/7 needs of those accessing PRTF level of care, it is our recommendation that the staff ratio remain consistent (1 staff to six CYYA). Regardless of the number of CYYA accessing the PRTF, the standards for the MH Worker supervisor are consistent (on-site versus on-call). Qualifications of staff might vary throughout the day/week to meet the clinical needs of the milieu.
- Consent: Draft regulations reflect that a Time Out is voluntary. It is recommended that specific consent/agreement is reflected throughout the draft document for all experiences while accessing treatment at the PRTF. This includes direct consent for Manual Restraint, Medications, who shares the bedroom, searches of personal belongings or person, etc.
- Senate Report: The report details numerous recommendations based on the investigations. The recommendations outlined in the Senate Report need to be incorporated into the Draft Regs. Examples of recommendations are as follows:  
*Priority noted is raising the standards inside RTFs, affording safety, dignity, and homelike conditions to those children currently accessing treatment in RTFs.*  
*The next priority is a commitment to supporting children's behavioral health needs through community based services and placements.*  
*The third overarching recommendation is implementation of effective Oversight mechanisms.*
- Family First Act: Reflect upon the intent of Family re/unification, community supports as alternative to "congregate care", reflecting the components of Family First Act in order to support the need for PRTF treatment.
- Standards: Recovery-focused, affirming treatment is the foundation of all care received by CYYA. Recognizing this, reconsider the archaic terminology and procedures currently proposed in the draft regs. Examples are "refusal", "elope", "asleep/Awake", absence of informed consent prior to interventions, inconsistent standards for clinical support, ratios, etc.
- Chronological Age: 18 YOA is considered legal adult. Reflect this throughout the draft regs. It is proposed that the age raga to PRTF be extended to 22, rather than 21. Why is it proposed that institutional treatment is extended further into adulthood, resulting in the potential for a discharge to the community without the support of family/caregiver, education, etc? It is suggested that the draft regulations reflect the expectations that CYYA are transitioned to the community, accessing intensive braided supports as needed, including the introduction of community-based adult services and independent decision making.
- Secure PRTF: Recovery-focused, affirming treatment supports a transition from secure PRTF to non-secure PRTF as the CYYA demonstrates that they are progressing with

treatment. It is the expectation that a Secure PRTF also offers a step-down to non-secure PRTF, offering consistency to the CYYA and family/team, with the ability to move within the same campus/building, rather than requiring the CYYA to transition to a different PRTF, potentially delaying progress and discharge to home/community. The intensive needs of those accessing a secure PRTF does not align with 'roommates'. Consider single-room at this level of intensity, as well as 24/7 staff ratio of 1:4, with staff qualifications varied to meet the clinical needs of milieu.

Reportable:

When a CYYA is admitted to a HLOC from the PRTF, this needs to be reported. This is regardless of the in/voluntary, PH/BH admission status. Any incident that requires ChildLine or police involvement, any harm to CYYA or staff is reportable. Consider inclusion of events that occur with CYYA who is 18 and older.

Civil Rights:

Noted in the regulations, but not detailed with recovery-oriented, affirming care. Given the Federal/State variances, detail the *rights* of CYYA, families, when accessing treatment at a PRTF located in PA, as well as located outside of PA, with treatment being reimbursed through PA. Inclusion of access to Affirming Treatment.

ADA:

Is alignment with ADA a requirement for PRTFs? Is this inclusive of family, visitors, team members, employees of the PRTF?

Visits:

Reconsider the provision that permits the treatment team to prevent a visit between a CYYA and the family/guardian. This is a voluntary service. Without a court order, how can a provider refuse contact between a CYYA and visitors/family?

Training:

Is there an expectation that PRTF providers follow protocol, approved curriculum related to any intervention, including violation of civil rights (such as searches, manual restraints). Include these expectations in the regulations.

Supervision:

The supervision standards, as drafted, require that staff have visual and audio range. How does this accommodate the use of bathrooms, access to bedrooms, accessing education, physical layout of established PRTFs that are not "open concept"?

Trauma-Informed:

Reconsider the regulation that supports up to 4 (four) beds to a bedroom. Given the vulnerability of each CYYA, the individualized needs, and the intensive 24/7 treatment needs of each, consider a trauma-informed model that supports privacy.

MNC:

Will the MNC be updated in line with the draft regulations, as well as consideration of access to a secure PRTF?

Record:

BH treatment at a PRTF, or any provider, is inclusive within the PH/BH model. PA Medical Records are to be retained for minimum of 7 years or 1 year beyond age of 18, whichever is longer. (Why does Draft reg only require 4 years?) Reconsider this for all services.

General Analysis	
Appendix BB	What components of the draft regulations are uniform, held regardless of payor source? What components are open for expansion, when meeting the needs of the MCO/Counites?
Collaboration	Cross-Systems collaboration to meet holistic needs of youth?
Staffing	Maintain ratios regardless of time or day. Unknown needs require significant support available.
Family First Act	Consideration of referencing this existing document?

Senate Report	This draft was written prior to the publication of the Senate Report. Consideration of taking recommendations from report and implementing within these regs?
Fiscal Impact	For those providers that meet/exceed draft standards, will there be fiscal shift that aligns with the shift offered to those who do not meet minimum standards?
Impact	Inclusion of Secure PRTF within PA, holistic care for youth. Potential shift in funding from JPO/CYS/DOE to MA?
Typo	Reconsider "Awake/Asleep" terminology. This assumptions does not reflect individual needs of the CYYA, or developmental shifts within the milieu. Typo on Pg 13?
Leave	At age of 18, can the YA verbalize and leave the program? Consider how to reflect this experience in the regs, versus 'elope' for those who are under guardianship of others.

Draft Regs	Page	
Secure	3	Who makes determination for need? MNC? Recommend modifying definition to support the ability for a provider to have a secure unit as well as non-secure unit, so youth can transition within the same campus.
Staffing	10	"On-Call?" Are we in support of this level of support? Parameters of "on-call"?
Substances	13	Assess for substance use, treatment for tobacco/alcohol? Accommodate access for those who are 21 yoa?
Milieu	21	Therapeutic, when access to PRTF occurred through various systems?

ANNEX	Page	
Age	5	<b>Why increase to the age of 22?</b>
Bed-Hold	7	Annual limitation mandated regardless of circumstances?
	8	If CYYA is admitted to hospital or elopes from a home visit, does the Bed-Hold apply?
Costs	10	How are the costs related to skill sets (OVR-ish) to be reimbursed?
Reportable	23	Why is reportable limited to <b>involuntary</b> emergency psychiatric admission?
Time out	24	<b>Time Out is voluntary?</b> What does this look like? What is the option when TO is refused by the CYYA?
Reportable Incidents	31	Reportable Incidents- Any situation that results in ChildLine/legal involvement? Any harm/injury inflicted on CYYA/Staff?
Mandated Events	32	Are there events other than those mentioned that require reporting?

Search of CYYA	34	Are we comfortable with the standard? (Senate Report)
Consent	36	Consider Specify confidentiality re: SUD, verbal vs written, YYA vs Guardian, consent withdrawal.
Civil Rights	39	Detail, including affirming treatment.
Visits	40	Who can determine whether a visit should not occur?
Searches	41-43	Rationale? Consented to? Training? Documented? What does this process look like?
Supervision	46	Auditory AND visual range? Established footprint of facilities? Time in bedroom? Bathroom? Education?
“Asleep” Ratio	46	Might be only one staff along w ‘on-call’? Is this aligned w BP?
Prevention	47	Carve out specifics for Crisis Prevention/Intervention plan, to explore indications of challenges, supporting skill development, <i>consider</i> the need for enhanced supervision, searches, restraints, etc.
ADA	60	ADA Accommodations for all who might access the facilities?
Privacy	65	Number of youth to a bedroom (4). Minimum number of facilities. Reconsider.
Medical Exam	76	Will this exam include intentional consideration of youth’s ability to tolerate a manual restraint, explore alternative interventions?
“Refusal”	83	Throughout the document, please consider opportunities to reflect Recovery oriented Language.
Treatment Plan	85	Will the assessment be conducted and include multiple domains? Which would include home, community and school settings?
Engagement	86	When someone refuses to agree to ITP, sign, what will occur to support engagement?
Def of Family	88	Expand Family Therapy to include those identified by CYYA as well as sibs, HH members, etc.
Ind Therapy	89	Access to Specialized Treatment- Can this occur through telehealth?
Planning DC	90	The team needs extensive time to successfully prepare for transitions. 30 day notice of d/c is insufficient to address the holistic needs of the CYYA.
Education	89-90	Educational needs. How to support providers in shifting from this practice?
Level System	91	How is a Level System support EBPs for MH treatment, recovery in PRTF?
Medications	93	Will entire prescription be transported home with CYYA for visit, to be returned at end of visit? Consideration for items left behind?
Consent	99	Is there intentional consent from CYYA or family pertaining to manual restraint? Ability of the CYYA/Family to refuse consent for restraint?
‘Unit’	109	<b>The facility would be deemed a secure facility if a “portion” of the facility is secured?</b> This limits the opportunity to

		implement a secure unit, as well as a non-secure unit, to meet the needs of CYYA as they recover. <b>MNC for Secure Facility?</b>
Records	113	PA Medical Records are to be retained for minimum of 7 years or 1 year beyond age of 18, whichever is longer. (Why does Draft reg only require 4 years?)