Stephen Hoffman

From: IRRC
Sent: Thursday, December 5, 2024 8:08 AM
To: Michelle Elliott; Shawn Good; Stephen Hoffman
Cc: Fiona Cormack; Leslie Johnson
Subject: FW: Comments on proposed 5330 regulations

Comment on #3417

Second comment from this person (Lisa Koontz).

From: ANTHONY KOONTZ <tonylisakoontz@embarqmail.com>
Sent: Wednesday, December 4, 2024 9:25 PM
To: Wright, Imogen L. <iwright@pahouse.net>; IRRC <irrc@irrc.state.pa.us>; Annmarie Robey <arobey@pahousegop.com>; Burnett, David <dburnett@pasen.gov>; Freeman, Clarissa <clarissa.freeman@pasenate.com>
Cc: ra-pwprtfregs@pa.gov
Subject: Re: Comments on proposed 5330 regulations

I am going to rewrite some of the email that I lost last night and I know that this is late but I hope that it will still be considered.

5330-42 staff requirements-Mental Health Professional
Having a mental health professional on site for all waking hours is going to create more difficulty with filling positions for MHPs. There are times now when the PRTF that I work for now has 2-3 openings for MHPs and there are times when there is a 3-6 month time period that a position is vacant. This leads to frequent extra coverage needs that stretch the MHPs that are currently working. It is difficult to find MHPs to begin with and nights and weekend hours are going to make that even more difficult.

The primary therapist is not going to be able to work 7 days a week during all waking hours so that there would need to be multiple MHPs for the positions that currently exist to be able to cover all of the time that exists for 7 days a week during all waking hours. If MHPs, who are not familiar with the youth are attempting to intervene it is not going to be any different than having an MHW there to support the youth.

The salaries that are offered for a master's level clinician at the PRTF are not able to compete with many outpatient offices to begin with and if the company has to hire 2-3 times as many MHPs to cover the regulation, it will most likely decrease the salaries that they are able to offer, decrease the available beds that they are able to staff or make a company close their doors.

Solution: Remove the expectation
There could be someone on call that could assist if needed.

5330.45 Clinical Director

Forcing this position to have a license is not looking at the fact that experience is significantly important and there are staff with no license but a great deal of experience who would be much better in a Clinical Director position than some of the individuals with a license. I work with some therapists that have licenses who would "qualify" as a Clinical Director, however, would be awful at the job, while some colleagues who are not licensed but have 15-20 years or more clinical experience and other teaching or supervisory experience and would be extremely competent in the job.

Solution: Allow the Clinical Director to not have a license if have at least 2 years clinical experience.

5330.48 MHP

Caseload of 8 is actually too high with all of the paperwork, treatment plans meetings and other indirect client needs, however, dictating a caseload is problematic when there are so frequently MHPs leaving PRTF jobs and then the co-workers need to cover caseloads.

5330.34 Searches

Unclothed body searches cannot be done? This will likely lead to the death of one or more likely multiple youth. Many of the youth who are in need of the level of care provided at a PRTF engage in self-harm behavior or make multiple attempts on their life. These youth have many times gotten very adept at hiding a tiny piece of metal or glass that they find, get a peer to give them, or have broken off of something. There are so many places and ways that youth have found to hide a self-harm item. It is also terrifying how large a cut can be made with the tiniest piece of metal or glass.

There are also times where youth will self-harm in areas that are not easily visible without removing some of all of their clothing and these wounds can become infected.

Solution: If a youth cannot be thoroughly searched, then 2 heathcare staff when given an order by a physician should be able to complete an unclothed body search.

5330.49 MHW

Needing to have 1 year of experience is going to eliminate a significant portion of employees from the MHW workforce.

It is likely that 50% of our MHWs do not have 1 year of experience. This regulation would likely lead to facilities having to decrease their bed availability.

My workplace has increased the MHW salaries 20% or more since the pandemic in 2020 and this has not led to having better or more experienced individuals applying for positions.

It is a great deal easier if you can work at Target or put items in boxes on an assembly line for the $16-18 an hour that MHWs are getting and having to frequently deal with very stressful situations which can also include aggression from the youth.

The regulations on restraints of not happening on transports and not continuing for more than 30 minutes are problematic. Staff do not want to have to restrain youth and this is only done for safety. If a youth has not been able to become safe and the restraint is being released just because of a 30 minute time

limit, this seems negligent and could lead to multiple restraints needing to occur. What are staff supposed to do if a youth is being aggressive or runs into a road or parking lot to get run over by a car?

5330.151 If the driver is not counted in the ratio that needs to be maintained this will make it more difficult to have transports and will strain the already small pool of staff that are available and make things less safe for everyone on campus.

I am sorry that these comments are late. Please include them.

Lisa Koontz
Psychotherapist

On Tue, 3 Dec, 2024 at 10:05 PM, me <tonylisakoontz@embarqmail.com> wrote:

> To: iwright@pahouse.net; irrc@irrc.state.pa.us; arobey@pahousegop.com; clariss.freeman@pasen.gov; dburnett@pasen.gov
> Cc: ra-pwprtfregs@pa.gov

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)