Cooper, Kathy 2878

From:	Mohr, Becky [MohrB@co.lancaster.pa.us]
Sent:	Friday, November 19, 2010 4:00 PM
To:	IRRC
Cc:	Laughman, James; Holtry, Julie; Erb, Judith; Suhring, Scott
Subject:	Comments on Regulation 14-522 Residential Treatment Facilities

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2010 NOV 19 P 4:41

To Whom It may Concern;

Please accept our comments below to the proposed Residential Treatment Facilities regulations 14-522.

Cost Neutral:

We contend this is not going to be realistic:

The per diem rates are likely to be very high due to the expectations of increased staffing requirements plus the expectations of having more licensed staff (clinical** social workers, RN's, licensed psychologists; licensed occupational therapists) who are expected to participate in treatment team meetings;

**The additional cost of the Family Advocate—paid for by the RTF

**Perhaps the LOS per child may decrease but with facilities only having up to 48 beds, it is likely that each facility will be at capacity for a longer period of time at a higher rate

**Limited discharge resources—in Lancaster alone, 30% of all our RTF kids are in CYS custody with no discharge resource which contributes to a longer LOS. Until there are adequate and appropriate discharge resources developed for those children without families and therefore nothing to work toward, these children remain in RTF's.

Family Involvement:

This bulletin does little to promote or encourage the RTF's to work at obtaining family participation in the child's treatment:

**RTF's are not permitted to include costs of providing transportation to those families who have no means to be physically present for therapy or meetings; perhaps the State could offer some assistance in this clear barrier by offering reimbursement for those RTF's who are able to provide tele-therapy or video conferencing.

**RTF's are not permitted to bill for days spent on therapeutic leaves.

**Consider increasing the time frames that the discharge treatment supports can begin engaging with the child and family and therefore allow "double-billing"

**If the Family Advocate is funded by the RTF in any capacity does this person really advocate for the child and family or for the RTF (if he/she wants to keep the position)

Outcomes:

It doesn't appear as though the State is expecting the RTF's to report any data to anyone, so once again we will continue to have an expensive type of treatment/service without any outcomes to measure its' success.

Specialized Populations:

For RTF programs that specialize in treating sexually maladaptive behaviors consideration should be given and suggested in this bulletin that these youth should be in single rooms, at least at the start of treatment. We continually receive incident reports involving peer to peer sexual activity in shared rooms.

Facilities willing to work with ASD children/youth need to have ALL staff trained in working with this population (including the clinical director and the psychiatrist).

Treatment:

This bulletin is silent on the minimum expectations of treatment. Is there an expectation of group therapy? Are there expectations of a number of hours a week or month the youth is to have individual and family therapy?

Miscellaneous:
This bulletin indicates the RTF is to designate a primary contact for each child. This person is to be the liaison for identified individuals and the bulletin notes "the county intensive case manager" (pg 39).
This should be changed to County case manager or County MH/MR office. Most kids in RTF's do not have ICM's.

Thank you for this opportunity to comment.

Regards,

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