

2878

Cooper, Kathy

From: Smith, James M.  
Sent: Monday, November 22, 2010 2:54 PM  
To: IRRC  
Subject: FW: Proposed Changes to Existing RTF Regulations

RECEIVED  
IRRC

2010 NOV 22 P 2:55

#2878

-----Original Message-----

From: Mike Stonesifer [mailto:mstonesifer@hoffmanhomes.com]  
Sent: Monday, November 22, 2010 2:06 PM  
To: connell@paproviders.org; Smith, James M.; ra-rtfcomments@state.pa.us  
Subject: Proposed Changes to Existing RTF Regulations

To Whom This May Concern:

As Director of Operations at the largest RTF in south-central PA I'd appreciate your consideration concerning the following proposed changes to RTF's:

1. We currently can handle up to 141 children with emotional/mental disorders. If the program limits our institution to "48" children who will provide for adequate treatment for the other "93" children? Not only will the children suffer from inadequate care and a chance to return to society as a whole person, but the financial impact to our staffing through lost jobs will be significant.
2. Reduction in child care numbers does not necessarily equate to "higher quality behavioral health treatment." We have the facilities and staffing to treat a maximum of 141 children. Will we be reimbursed for the unused facilities? If not, we have created an unwarranted burden upon RTF's to remain financially viable.
3. Mental Health Workers are the "mainstays" of day to day care for the children. The comfort level of the children with these workers is undeniable. If you change the credentials regarding the MHW's you will automatically disqualify some the hardest working and most needed members of our treatment teams.
4. A maximum of two children per bedroom raises the question of why? We have housed "4" children to a bedroom successfully for years. Our night-time monitoring systems have proven to be effective. Again, why limit the availability of residential treatment when housing, staffing, and facilities are readily available.
5. Family involvement- If family involvement in a children's treatment is to remain viable then travel to/from the child's home must remain relevant. Our south-central PA location easily serves 7 neighboring counties.
6. Clinical Director- If proposed regulations require a LCSW credential you again limit the availability of a readily qualified pool of candidates plus place the added financial burden upon RTF's to "pay" the salary of a higher credentialed individual. What happens to the individuals currently functioning in these positions with lesser credentials? Do they lose their jobs? Carry the additional financial burden of more education? Will they be "grandfathered" into their positions for a period of time? Why are they considered substandard when they have been functioning successfully in their positions for years?

Please consider the above questions and concerns. Children in need of care, families in need of re-structuring & change and workers currently employed are all counting upon your correct analysis of the situations provided above. Regards,

Mike

Michael A. Stonesifer  
Director of Operations  
(717) 359-7148 ext 1100