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**To:** PW, RTFComments  
**Cc:** Mrozowski, Stanley; Erhard, E. Shaye  
**Subject:** Proposed Regulations: 14-522 IRR# 2878

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I am submitting these comments on the proposed RTF regulations as the parent of an 18 year-old who resided in two RTFs for approximately 2 years and 3 months. While I am offering these observations as a parent, I have also been CEO of a Community Mental Health Center for almost 20 years. Some of my comments reflect my experience as a "provider" of both children's behavioral health services and residential services for seniors and adults with disabilities (but not RTF), but all of my observations and comments are those of a concerned and informed parent.

Although I have direct experience with only two RTFs, I believe the two probably represent the best and (hopefully) the worst of RTFs. In terms of the quality of care and the competency of the staff (as observed by a parent with decades of behavioral health experience), one of the facilities was outstanding. The other, while primarily staffed with individuals who seemed caring and compassionate, engaged in "treatment" that seemed to have no possibility of being effective; indeed, the staff - including the chief psychiatrist - appeared to have only the most rudimentary knowledge of basic behavioral health practices. For this reason, I strongly endorse the proposed regulations' mandate for adequately trained staff. (Sec. 23.51 - 23.62) I hope that there will be no "grandfathering" of inadequately trained staff who will then have the opportunity to continue to impede the recovery of the youth in their charge by continuing to engage in highly questionable "treatment".

The one commonality of the two RTFs I'm familiar with is that they both had a capacity in excess of 48. They had spacious grounds and numerous resources that would not be feasible in a smaller facility. While some youth may benefit from a smaller facility, from my daughter's perspective, I encourage the removal of the artificial cap of 48 residents. (Sec. 23-14) The facility I view so highly is able to offer their level of professional expertise because they are large. It would be naive to expect a facility that served 48 or fewer residents to be able to engage a chief psychiatrist and other clinical staff with the same experience and credentials of one that can spread these costs over a larger number of residents. Many youth may benefit from smaller, more intimate settings, but others, such as my daughter, are better served by the resources of a larger facility. I would suggest that the commonwealth not make assumptions about the "appropriate" size of a facility and instead concentrate on the outcomes achieved.

Since family reintegration should be a fundamental goal of an RTF, family contact - where appropriate, and it not always is - should be encouraged and facilitated. 23.32(f) requires that weekly visits with family be permitted; I recommend a minimum of two family visits be permitted per week; visits should not be unduly limited in duration. Additionally, from a parent's perspective, it would be helpful if the facility could provide an appropriate room or other facility for the visits, as required by 23.43. The facility I think so poorly of did allow frequent telephone contact between child and family. This is one area where they were superior to the facility I highly recommend, which only permitted the residents 2 incoming and 2 outgoing calls per week. At least daily telephone calls between residents and families should be permitted, as specified in 23.41(3), except in cases where such frequent calls are clinically inappropriate. I enthusiastically endorse the rest of 23.31 - 23.34.

The family advocate (Sec. 23.60) is an excellent concept, but the advocate should be employed by the Commonwealth or a non-affiliated advocacy organization (along the lines of Visions for Equality).

Food is very important to most children and teenagers. 23.161 should be reworded to include the requirement that food should be appropriately prepared (words like "overcooked", "soggy", "stale", etc. should NOT describe the food served to the residents, but accurately described much of the food served at one of the RTFs where my daughter resided!) While 23.104(e) specifies how food should be stored, 23.161 should specify that hot food should be hot *when served*. The kids residing in RTFs would be grateful if this section required both an afternoon and an evening snack, rather than just one per day.

The Commonwealth should closely review the development and especially the implementation of Restrictive Procedure Policies, as well as other behavioral interventions, especially the application of punishment. In my experience, some RTF staff appear to believe they are employed by Residential *Punishment* Facilities as opposed to treatment facilities. Certainly it's much easier to develop and implement a punishment instead of a therapeutic intervention, but that is hardly

conducive to the child's recovery, and is more likely to exacerbate their feelings of bitterness and frustration. On numerous occasions, my 17 year old daughter was sent to bed at 8 p.m. for a three night span because she displayed a symptom of her mental illness (attempted to cut herself) in school. The clinical manager would patiently assure me that being sent to bed early was a *consequence*, not a punishment. Well, yes, but isn't this consequence a *punishment*? It would be helpful if section 23.228 stressed Positive Approaches and less dependency on punishment, even if that makes the staffs' jobs a bit more challenging.

As a parent, I want to be assured that the majority of the public dollars that are being spent on my daughter's care are going to services and not toward excessive administrative costs. I therefore applaud the Commonwealth's intent to keep administrative costs in line with the limitations placed on other DPW funded services. In general, I believe that the Commonwealth is well within its right to attempt to prevent excessive compensation (primarily to C.E.O.s).

Thank you for the opportunity to offer my thoughts about the proposed RTF regulations.

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