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# CITY OF PHILADELPHIA

Promoting Recovery, Resilience & Self Determination

November 17, 2010

Arthur C. Evans, Jr., Ph.D.  
Director

Michael J. Covone  
Deputy Director

Sadé Ali  
Deputy Director

Department of Behavioral Health  
and Mental Retardation Services  
1101 Market Street, 7<sup>th</sup> Floor  
Philadelphia, PA 19107-2907

Phone (215) 685 - 5400

Sabrina Tillman-Boyd  
Director  
Bureau of Policy and Program Development  
Office of Mental Health and Substance Abuse Services  
Commonwealth of Pennsylvania  
Department of Public Welfare  
P.O. Box 2675  
Harrisburg, PA 17105-2675

Thomasina H. Bouknight, LSW  
Community Program Manager  
Office of Mental Health and Substance Abuse Services  
Room 105, Building #57  
Southeast Field Office  
Norristown, PA 19401-5397

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REVIEW COMMISSION

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BUREAU OF POLICY AND  
PROGRAM DEVELOPEMENT

Dear Ms. Tillman-Boyd and Ms. Bouknight:

Thank you for the opportunity to comment on the proposed new Psychiatric Rehabilitation Service (PRS) Regulations. The time and effort invested by your office in the development of these regulations is evident and appreciated. Many of the concepts and practices contained in the draft will facilitate effective service delivery and advance efforts to promote recovery among PRS participants. There are, however, several significant issues that we would like to bring to your attention that may inadvertently impede service delivery and negatively impact recovery outcomes. With that in mind, please see the following comments that were developed in collaboration with current providers of Psychiatric Rehabilitation Services in Philadelphia County:

**1. Admission Requirements (5230.30.a.) The allowance for diagnostic eligibility exceptions has been eliminated.**

Issue: Current PRS Standards allow for diagnostic exceptions. Specifically, they state that, "Any other mental health diagnosis\* must be reviewed and approved by the BHMCO on an exception basis. Such requests must include appropriate documentation of factors such as the scope of the treatment history and severity of the illness." This provision allows much needed local flexibility to respond to individualized need and it is recommended that it be reinstated.

\* Allowable diagnoses include schizophrenia, major mood disorder, psychotic disorder NOS, schizoaffective disorder, or borderline personality disorder.

2. **General Staffing Patterns (5230.51.d.) and Staff Qualifications (5230.50).** “When a service is delivered, a PRS facility shall schedule a Specialist or Worker to be present.”

Issue: Clarity is requested regarding this requirement related to the fact that many Certified Peer Specialists (CPSs) will not qualify as Workers until they have gained a full year of experience working in a PRS program (“1 year of mental health direct service”). This is problematic because program participants may feel more comfortable relating directly to Peer Specialists on a 1:1 basis, than to other staff. A strict interpretation of the aforementioned regulation could be understood to prohibit this 1:1 service provision until CPSs have gained sufficient experience to achieve “Worker” status. This requirement would also seem to prevent many CPSs from providing services in community settings for up to a year after their hire date, unless another staff person is present (Worker or Specialist). To avoid these impediments, it is recommended that certification as a Peer Specialist be considered sufficient to qualify these personnel as “Workers.”

3. **General Staffing Pattern (5230.51.c).** “When a service is delivered in a facility, a PRS facility shall have an overall complement of one FTE staff for every ten individuals (1:10), based upon average daily attendance.”

Issue: Staffing based on average daily attendance is preferable to ratios based upon licensed capacity. However, it would be better to allow staffing ratios to correspond to average, “shift-based” attendance rather than average daily attendance. Philadelphia County has been granted this exception with regard to the current PRS Standards and it has proven especially beneficial for programs with extended hours of operation that include evenings and weekends. I.e., agencies do not have to have a full compliment of personnel on duty, based on daily attendance, whenever the program is operational. Rather, staff can be deployed efficiently in complements sufficient to serve the average number of people who attend during particular periods. E.g., morning, afternoon, evening, or weekend hours.

4. **Daily Entry (5230.62).** “A PRS facility shall include an entry for the day service that was provided in the record of an individual as follows:

- a. **Indicates the date, time, duration, location, and type of interaction.**
- b. **Documents the service provided in context of the goal.**
- c. **Documents the individual response to the service.”**

Issue: The daily documentation requirement appears excessive and likely to detract from the time program personnel have available to render service. Current regulations allow for a monthly note for services rendered in site-based settings. Philadelphia County has been granted the ability to provide community-based as well as site-based services using the site-based standards. This arrangement has encouraged the provision of off-site services, which promote community integration, while requiring only a monthly note. With this in mind, it is recommended that the monthly note requirement be retained.

**5. Physical Site Requirements (5230.13.b). "Space for the PRS distinct from other services offered simultaneously."**

Issue: Transformed, recovery focused day programs in Philadelphia County operate as blended Outpatient and PRS services. This approach was taken to ensure that treatment and rehabilitation services were merged to most effectively address participants' needs and promote their recovery. These blended service components comprise a single program that necessarily occupies the same facility space. Consequently, it is recommended that physical site allowances be made to accommodate service configurations such as those implemented in Philadelphia.

Thank you again for your efforts to expand the provision of PRS to people across the commonwealth and for the opportunity to comment on the draft regulations. Please contact Joe Faith ([joe.faith@phila.gov](mailto:joe.faith@phila.gov)) if you require additional detail regarding our comments.

Sincerely,



Arthur C. Evans, Jr., Ph.D.  
Director

ACE:MH/kr

- cc: Carol Ward-Colasante
- Noraliz Campanella
- Michael J. Covone
- OmiSade Ali
- Nancy Lucas
- Michelle Khan
- Dana Morse
- Sandy Vasko
- Joe Faith



CITY OF PHILADELPHIA  
 DEPARTMENT OF BEHAVIORAL HEALTH &  
 MENTAL RETARDATION SERVICES  
 1101 MARKET ST. - 7<sup>TH</sup> FLOOR  
 PHILADELPHIA, PA 19107-2907

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Sabrina Tillman-Boyd, Director  
 Bureau of Policy and Program Development  
 Office of Mental Health and Substance Abuse Services  
 Commonwealth of Pennsylvania  
 Department of Public Welfare  
 P.O. Box 2675  
 Harrisburg, PA 17105-2675

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