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**HORIZON HOUSE**

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Department of Human Services, OMHSAS

Attention: Laurie Madera

Bureau of Policy, Planning, and Program Development

Commonwealth Towers, 11th Floor, 303 Walnut Street

Harrisburg, PA 17105.

Dear Ms. Madera:

Horizon House reviewed the Proposed Psychiatric Rehabilitation Services Regulation, Chapter 5230, and we are extremely pleased that it's no longer required for participants to sign and comment on the daily note. Below is an outline of our recommendations.

1. It is great that the proposed regulation allows for the provision of services via telehealth. However, in an effort to ensure that the telehealth services align with OMHSAS' requirements on telehealth, the OMHSAS Telehealth Bulletin should be referenced in the regulation.
2. In 5230.56 (2) i and ii, where trainings in resiliency and recovery practices are concerned, there's a noted distinction between the training required for staff serving adults and those serving individuals under 18 but over 14 years of age. We believe there should be more consistency with the training requirement, and that the staff serving the adult population should also receive training in resiliency, and the staff serving the adolescents should receive the recovery practices training. We propose the following changes to 5230.56 (2) (i) and (ii):
  - a. "If the PRS agency serves individuals 18 years of age or older, 12 hours of the required training shall be specifically focused on psychiatric rehabilitation or recovery practices/resiliency, or both."
  - b. "If the PRS agency serves individuals 14 years of age or older but under 18 years of age, 12 hours of the required training shall be specifically focused on psychiatric rehabilitation or recovery practices/resiliency, or both, with a minimum of 6 hours specifically focused on youth services."
3. For 5230.56 (3) (ii), we are asking that mentoring be defined in the Definitions section of the regulation. This will clarify the expectations of that requirement.



4. In reference to 5230.62 (a) (7), we are recommending that the Individual Recovery Plan requirements do not include the option for consent without signature from the participant. Excluding the participant signature may not reinforce the need to have participants actively involved and present during the recovery planning process, and this is more akin to the medical model and not the recovery model.

Thanks for the opportunity to provide feedback, and please do not hesitate to contact me at (267) 671-4428 if you need further clarification in any of the items above.

Sincerely,



Karlene Ricketts, MPH, MHC, NCC  
Horizon House, Inc.  
Director of Organizational Quality and Compliance

