From: Amanda Roth
To: PW, PRTFRegs
Subject: [External] BHARP feedback
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Attachments: Outlook-yk53x44m.png

Good afternoon,
Below is feedback on PRTF regs from both BHARP and our BHARP Provider Council:

TREATMENT:

Therapy services: Adds requirements for minimum standards for treatment services, including the required frequency for individual therapy, group therapy, and family therapy.

The proposed rulemaking includes the following minimum requirements:

- Individual therapy with the child's psychiatrist must be provided for a least 1 hour/month
- Individual therapy with the child's mental health professional must be provided for at least 2 hours/week
- Group therapy must be provided for at least 3 hours/week
- Family therapy must be provided for at least 1 hour/week
- Psychoeducation group must be provided for at least 3 hours/week

- Promoting the participation of parents, legal guardians, and caregivers in treatment and discharge planning
- Requires discharge planning to begin at the time of admission

BHARP feedback:

- *General support for the enhanced treatment guidelines; however, additional clinical services will necessitate additional staff (which translates into additional resources/budget/costs) to ensure coverage, adequate qualifications and training of staff, and participation from the youth/family.*
- *Enhanced participation of youth's family/guardian is appreciated and desired; however, this proposed rulemaking should allow for interpretation of various approaches to meet the identified special population's needs and level of participation to ensure compliance.*

- *The proposed rulemaking does not appear to permit for individualized treatment planning regarding the minimum standards which is concerning since the level of care may be providing care to members who are unable to regulate symptoms and/or participate with minimum programming.*
- *Discharge planning initiated upon admission can have a positive impact on the treatment plan; however, consideration should be given for how facilities interpret this regulation to ensure it doesn't negatively impact admission consideration (and potentially impacting access).*
- *This proposed rulemaking may be impacted by the limits of a provider's ability to maintain adequate staffing patterns; considering workforce challenges, changes to the treatment plan are impacted by treatment staffing patterns.*

Restraints:

- Reduces the length of time for a manual restraint to be applied
- Prohibits physical restraints that exceed beyond continuous 30 minutes (age)
- Prohibits prone restraints, exclusion, seclusion, chemical restraints and mechanical restraints
- Notes limiting use of restraints in various settings (facility, vehicle)
- Reportable and recordable incidents are impacted by notification time reduction and related administrative documentation process (see Reportable & Recordable Incidents)

BHARP feedback:

- *General support for limiting the use of restraints and restrictive interventions; however, clinical determination and diagnostic consideration should be incorporated in proposed rulemaking. Concern for complete removal of seclusion, chemical restraints, and mechanical restraints if those interventions are clinically appropriate to ensure both child/youth and staff safety within the realm of trauma-informed care.*
- *Concern for time-limited (at 30-minutes) when physical restraints may be necessary longer as clinically determined, especially if other restraints are prohibited that may manage the acute exacerbation of symptoms and behaviors to ensure safe management.*
- *Increased administrative burden and clinical support necessitated by the proposed rulemaking changes (see Reportable & Recordable Incidents).*

STAFFING-RELATED: *The proposed rulemaking requires changes in staff ratios, qualifications, and training:*

Minimum staffing:

- Requires a minimum staffing ratio of 1:6 during awake hours and 1:12 during sleep hours (versus current 1:8 and 1:16)
- Requires a "mental health professional" be available at the PRTF during awake hours each day

Qualified positions: Proposed rulemaking makes changes to the existing staff requirements; keeps position of director (with changes) and changes others:

- Program Director – changes to existing; less stringent: the proposed rulemaking allows:
    - program director with a master's degree to have 1 year less work experience;
    - program director with a bachelor's degree to have 2 years less work experience;
    - program director with an associate's degree and 3 years of work experience; or
    - program director with a high school diploma or equivalent and 5 years of work experience
- Mental health worker: updates the requirements for "child care worker"
    - Requires MH worker to have a high school diploma or the equivalent of a high school diploma, and 1 year of experience working directly with children, youth, or young adults (currently "child care workers" are not required to have direct experience)
- Mental health worker supervisor: less stringent than the current "child care supervisor" positions with respect to education and experience;
    - allows individuals with an associate's degree to have 1 year less work experience;
    - individuals with a high school diploma or equivalent and 3 years of work experience
- The proposed rulemaking also requires additional positions that are not currently required. The additional positions were added to meet 42 CFR (related to plan of care). The new positions include:
    - Medical Director *may also serve as the treatment team leader and clinical director as long as the requirements of each position are met
    - Treatment Team Leader
    - Clinical Director
    - Mental Health Professional
    - Registered Nurse; also permits LPN or advanced practice professional (PA or CRNP)

BHARP feedback:

- *General support for the enhanced staffing patterns to support the proposed clinical enhancements and organizational changes; however, workforce shortages, qualifications of current staff vs proposed rulemaking changes, training time may be challenging to achieve and sustain at the provider level.*
- *"Less stringent" proposed rulemaking may be proposed to loosen the current higher level of qualifications based on available workforce; however, does it compromise the professional scope of practice and level of care being provided. Need to ensure the professionals with less experience (as proposed) have adequate clinical supervision and growth potential within their roles; however, this is not clearly defined in application.*
- *General support for enhanced Mental Health Professional personnel during awake hours to expand therapeutic intervention opportunities and engage with stakeholders outside of traditional hours; however, this may be problematic due to workforce preferences regarding shifts and work setting.*
- *General vagueness regarding some of the proposed changes regarding positions and related roles regarding qualifications, application to treatment team*

Training:

- Sets minimum training standards and requiring staff training in trauma-informed care, child development, cultural competency, diversity, equity and inclusion

BHARP feedback:

- *General support for enhanced training and minimum requirements to improve the caliber of professional standards and application of skills through training; however, training time translates into additional costs for training resources, staff, coverage, etc. related to training.*

ORGANIZATIONAL POLICIES & IMPLEMENTATION:

- Requires the incorporation of trauma-informed care practices throughout the organization; whereas the PRTFs "will need to describe how trauma-informed practices, trauma assessments, and staff training on trauma-informed care will be implemented and utilized".
- Requires new documentation requirements; requiring written P&P on the many new policies:
- Requires written agreements to coordinate services with other service providers and to develop a written quality assurance plan and generate annual quality assurance reports.

BHARP feedback:

- *General support for enhanced organizational compliance to program standards and proposed rulemaking; however, increases administrative burden on organizations and program management initially and ongoing. Costs associated with compliance and staff training time on new policies and ongoing documentation can be burdensome to providers.*

REPORTABLE & RECORDABLE INCIDENTS:

Increases reportable and recordable incidents:

- Proposed rulemaking strengthens Federal requirements by requiring that incidents involving a fire that results in members being displaced and incidents involving the disruption of water, heat, cooling, or power be reported to the Department within 12 hours (instead of current 24 hours)
- Requires that <u>all</u> incidents be reported to the Department, and parents/legal guardians within 12-hours after the PRTF learns of the incident.
- Expands the list of serious incidents that would need to be reported to parents/guardians and The Department include: disruption of water, heat or electricity, use of a prohibited restrictive procedure, and any medication error.

BHARP feedback:

- *Concern regarding the significant change in hours of notification to report all incidents and even more so for some specific incidents. While generally understanding of the reduction in time to notify, the change adds additional administrative and clinical burden to the providers.*
- *Changes to the current administrative and clinical processes impacts staffing availability and may impact clinical care, depending on the nature of the incident.*

SECURE PRTFs

- Admission and treatment based on MH dx, not delinquency status
- Establishes "more stringent staffing ratio"
- Enhanced treatment components: sets a minimum requirement for weekly family therapy sessions, and promoting the participation of parents, legal guardians, and caregivers in treatment and discharge planning.
- *Note: Currently no secure PRTFs in PA*
- Staffing: Requires a minimum staffing ratio of 1:4 during awake hours and 1:8 during sleep hours

BHARP feedback:

- *Development of "more stringent staffing ratio" may be appropriate for the clinical nature of secure PRTFs; however, the minimum staffing ration may be*

unachievable for providers to achieve and sustain, especially with the current workforce situation.

- *Do these proposed rulemaking changes further discourage potential interest in developing a secure PRTF within PA (as there are no current in PA).*
- *Same minimum requirements for therapeutic services and related schedule – see Treatment comments.*

ACCREDITATION:

- All RTFs currently licensed and certified by the Department will need to comply with the proposed rulemaking.
    - Currently 22 providers with 76 licensed programs that are accredited
    - Additionally, there are 6 providers with 27 licensed programs that are not accredited
- Requires accreditation of all PRTFs; proposed rulemaking will create a clear distinction between PRTFs and RTFs

BHARP feedback:

- *General support for the concept of accreditation for all; however, may be unachievable for some current providers. If they are unable or unwilling to pursue accreditation, they would cease to exist which negatively impacts the number of PRTFs in our state which are needed to meet the current needs of members.*
- *General support for distinction and clarification of PRTFs and RTFs, as well as secure PRTFs; however, rate consideration will be necessary to seek accreditation and sustain the accreditation status with the proposed rulemaking changes.*

General:

- *Rates – Recommended changes would require additional resources – capital investment, rates, and other revenue options, etc. The current rates likely do not keep pace with the current needs, let alone the proposed changes.*

BHARP Provider Council feedback:

- Concerns with Minimum Tx standards. This includes therapists serving no more than eight members and the requirements for psychiatrists.
- Proposed regulations challenge the availability of psychiatrists. Provider's interpretation is doc time would almost double, and this is concerning with there already being a shortage of psychiatrists.

- Increased expectations for clinical or therapy team and limits of number of members per clinician will necessitate hiring additional clinical team which comes at a cost and at a time when workforce is at its shortest.
- Requirements for DSP reduces applicant pool during workforce shortages and this level of care often is a training ground for new to the field applicants which wouldn't be possible.
- Proposed regulations impact the ability of providers to individualize treatment.
- Providers would need a rate increase to be able to meet the proposed regulations.

Thanks,
Amanda

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