

July 1, 2026

Re: Proposed Regulations #14-559 Chapters §3900, §3910, and §3920 Residential Services for Children and Youth regulations as developed by the Office of Children, Youth and Families (OCYF)

Dear Commission,

With more than 400 members, the majority of who serve over one million Pennsylvanians annually, Rehabilitation and Community Providers Association (RCPA) is among the largest and most diverse state health and human services trade associations in the nation. RCPA advocates for those in need, works to advance effective state and federal public policies, serves as a forum for the exchange of information and experience, and provides professional support to members. RCPA provider members offer adult and children's mental health, substance use disorder, intellectual and developmental disabilities, children and youth, criminal and juvenile justice, brain injury, medical and pediatric rehabilitation, and physical disabilities and aging services, across all settings and levels of care.

On behalf of RCPA and our members, please accept these comments and recommendations on the proposed Regulation #14-559: Residential Services for Children and Youth Chapters §3900, §3910, and §3920, regarding the impacts of the minimum licensing requirements and the projected costs for implementing these standards if promulgated.

RCPA applauds OCYF's efforts to ensure that children, adolescents, and young adults receive safe and effective treatment. With that, these public comments outline concerns that the proposed regulations would have serious effects on the children and families they serve, and providers responsible for implementing them.

These proposed regulations have been reviewed by members of RCPA's Children's Residential Services Committee, who are some of the most experienced and knowledgeable leaders and organizations in the Commonwealth's child welfare system. RCPA's line-by-line comments and recommendations that follow this introduction will outline these various issues as well as recommendations and potential solutions.

RCPA strongly recommends that the Department reconvene stakeholder groups after the public comment period to review the provisions that have the most significant impacts on providers, youth, and families, including but not limited to:

- Staff ratios, training, and required documentation that take into consideration current facility capacity.
- A cost analysis that accurately reflects the cost projection for implementation of the regulations.
- A clearly defined budgeting process that details how funding for implementation will be sourced both in the short and long term.
- The 18-month implementation timeline and potential barriers given the enormity of the regulatory package.

I. Administrative Burden

The proposed regulations include updated processes for documentation of reportable incidents, person and property searches, and family and home visits that will place an excessive amount of administrative burden on children's residential providers. The new documentation requirements build upon existing layers of redundant administrative burdens that already exist within reporting, investigations, and multi-layered audits. Much of the new required documentation is exorbitant, requiring both written and oral reports, data collection, and investigations. It is also important to mention that many of these documentation requirements are already in place with Behavioral Health Managed Care Organizations (BH-MCOs), so providers will be forced to create duplicative documentation.

The Department is also proposing new data reporting requirements, requiring aggregate data be made available within two business days. While this may be feasible for agencies with advanced electronic records, this requirement would be impossible for providers that use paper documentation. This addition has the potential to be costly for providers as well as serving as another layer of administrative burden.

Administrative Burden
<p>§ 3900.16. Reportable Incidents. (a)(9) A child or youth does not return as planned from a scheduled family home visit and facility staff are unable to contact adult family members to identify child's or youth's status or plans to return to the facility.</p>
<p>Question/Concern: A family's late arrival returning from a home visit is not an uncommon event due to factors such as unreliable transportation or severe weather.</p>
<p>Recommendation: Facilities be required to create a policy, subject to OCYF approval, outlining an appropriate timeline before filing a reportable incident.</p>
<p>§ 3900.16. Reportable Incidents. (c) Facility staff shall make an oral report to the appropriate Department regional office and the contracting agency within 12 hours for any of the following incidents: (3) A child or youth whose whereabouts are unknown to facility staff and the child or youth is identified as being missing.</p>
<p>Question/Concern: Is there a time frame for how long the child is identified as missing for the reporting requirement? If a child is only "missing" for a few minutes, this is an abundance of documentation.</p>
<p>Recommendation: Please specify how long a child must be identified as missing for the reporting requirements.</p>
<p>§ 3900.16. Reportable incidents. (d) Facility staff shall make a verbal report to the appropriate Department regional office and the contracting agency following implementation of mitigation efforts to meet the children's or youths' needs in the event of a disruption in access to water, heat, cooling or power.</p>
<p>Question/Concern The addition of a verbal report seems redundant since a written report will also need to be submitted within 24 hours of the reportable incident.</p> <p>In the instance of a disruption of power, generators take less than a minute to kick in, which should not need to be reported.</p>
<p>Recommendation: Remove the requirement for a verbal report because a written report will be provided in a timely manner.</p> <p>We also recommend that reporting the disruption in access to water, heat, cooling, or power only be required if the disruption impacts programming or requires relocation. A few minutes without power should not require such copious reporting.</p>
<p>§ 3900.16. Reportable incidents. (g) Facility staff shall initiate an investigation of a reportable incident immediately following the report of the incident and shall, within 5 business days, provide the Department with a timeline and plan including a projected date for completion of the investigation except for incidents of suspected child abuse reported to the Department in accordance with the CPSL.</p>
<p>Question/Concern: We are concerned at the generality of the requirement for an investigation for every reportable incident. While reportable incidents such as a faulty smoke detector or injury during recreation warrant reporting, those events would not need a full investigation.</p>

<p>Additionally, BH-MCOs already require reports from their quality assurance departments following most reportable incidents. This regulation will require duplicative reports following the agency's internal investigation.</p>
<p>What would be the potential consequences if the projected date for completion is inaccurate?</p>
<p>Recommendation: We recommend that the Department define which reportable incidents require such an investigation to avoid overwhelming providers with the extra burden for incidents that lack the gravity to require an in-depth investigation.</p> <p>We also recommend that OCYF share the results of the investigation with the BH-MCOs to avoid duplicative reporting.</p>
<p>§ 3900.16. Reportable incidents. (i) Facility staff shall complete a written summary of the debriefing meeting following the investigation of each incident to identify staffing, training, physical site or program-related components relating to the cause and resolution of the incident.</p>
<p>Question/Concern: Clarification is needed on whether debriefings are required for all reportable incidents and whether a defined format or required content will be expected.</p>
<p>Recommendation: Offer clarification if all reportable incidents require a debriefing and summary, or if only certain types or outcomes are included in the requirement.</p>
<p>§ 3900.16. Reportable incidents. (l) Facility staff shall maintain a copy of reportable incident reports in the child's or youth's file, if applicable, and in the facility's administrative files.</p>
<p>Question/Concern: This is an extensive amount of retention; in the HCSIS database, in a resident medical record, and in administrative files. Those administrative files would have to follow all of the confidentiality rules of a resident record.</p>
<p>Recommendation: Require retention of facility-level reportable incidents in administrative files, not all reportable incidents.</p>
<p>§ 3900.17. Recordable incidents. (a) Facility staff shall maintain an electronic record of the following: (1) All seizures. (2) Suicidal gestures. (3) Any incident of intentionally striking or physically injuring a child or youth that does not involve facility staff or other adult responsible for the care and supervision of a child or youth</p>
<p>Question/Concern: The would be excessively burdensome for providers that use paper records.</p> <p>For (a)(1), seizures would be part of their medical/nursing records, so they should not also be recordable incidents. Seizures are not under the facility's control and should not be included in their count of recordable incidents.</p>
<p>Recommendation: We recommend that recordable incidents be maintained in a way that is least burdensome to the provider.</p> <p>We also recommend considering the removal of seizures from the list of recordable incidents as they are outside of the facility's or the youth's control.</p>
<p>§ 3900.31. Notification of rights and grievance procedures.</p>

<p>(2)(iv) Facility staff shall again review the grievance procedures, including options for the child or youth to request assistance in filing a grievance, with the child or youth and the child's or youth's parent at the time of the child's or youth's initial ISP meeting.</p>
<p>Question/Concern: This would be time intensive, especially since there is a limited amount of time during these meetings. These procedures are provided before admission, at the time of admission, and they are posted. Reviewing the grievance procedures again would be redundant and take away from other important conversation.</p>
<p>Recommendation: We recommend removing this requirement as grievance procedures are provided and available at other times.</p>
<p>§ 3900.32. Specific rights. (e) A child or youth has a right to be involved in the development of a permanency plan and transition plan, which provides the child or youth with: (1) Safety. (2) Stability. (3) Permanence and well-being, including stable and safe housing, opportunities for postsecondary education and training, employment and a stable source of income, health insurance and a plan for future treatment. (4) Connections with safe, stable and reliable adults.</p>
<p>Question/Concern: Providers cannot guarantee appropriate dispositional resources. Currently, the system is being strained by cases in which there are no appropriate dispositional resources available. Children and youth should have the right to participate in permanency and transition planning, but the right should not be worded in such a way that guarantee an outcome or holds a facility liable for it.</p>
<p>Recommendation: Providers should be expected to document a permanency plan beginning at admission.</p>
<p>§ 3900.32. Specific rights. (h) A child or youth shall have contact and visits with family members, including siblings, as frequently as possible, consistent with the family service plan and the child's or youth's service plan, but no less than that prescribed by statute or regulation unless prohibited by court order.</p>
<p>Question/Concern: Current 3800 regulations provide a minimum cadence for visitation that providers regularly exceed. The unquantified language "as frequently as possible" has the potential to create conflict between the family and the provider.</p>
<p>Recommendation: The regulations should state a clear minimum standard for visitation.</p>
<p>§ 3900.41. Person and property searches. (c) Facility staff are permitted to conduct searches at the facility, if reasonable cause exists, in an order from least to most intrusive as follows: (2) Metal detector or wand screenings. If available, these screenings shall be used as the initial and least intrusive option for a search of a person. Metal detector or wand screenings may be used upon initial entry to the facility or upon returning from a location where weapons or other types of contraband may have been obtained.</p>
<p>Question/Concern: Many agencies use wand searches daily when clients in enhanced units return from public school. Additionally, wand searches often occur when clients return from home visits. The administrative burden to maintain these necessary searches is excessive.</p>
<p>Recommendation:</p>

<p>Routine searches prescribed by 3900.41(c)(2) should be exempted from required debriefing, documentation, and reporting unless contraband is detected.</p>
<p>§ 3900.41. Person and property searches. (c) Facility staff are permitted to conduct searches at the facility, if reasonable cause exists, in an order from least to most intrusive as follows: (2) Metal detector or wand screenings. If available, these screenings shall be used as the initial and least intrusive option for a search of a person. Metal detector or wand screenings may be used upon initial entry to the facility or upon returning from a location where weapons or other types of contraband may have been obtained.</p>
<p>Question/Concern: Metal detectors and wand searches are used anytime a child or youth return to the facility from anywhere. The administrative burden to maintain these necessary searches is excessive.</p>
<p>Recommendation: Routine searches should be exempt from the required debriefing, documentation, and reporting unless contraband is detected.</p>
<p>§ 3900.41. Person and property searches. (f) Facility staff shall notify the child's or youth's parent within 4 hours following the submission of a reportable incident of their child or youth being subjected to a body cavity search, unless restricted by applicable confidentiality statutes, regulations or an individual child's or youth's court order.</p>
<p>Question/Concern: Notifying parents of a body cavity search is critical, but the 4-hour window for notifications is very short. There are many requirements for documenting reportable incidents, as well as potential travel for the cavity search, which could make a 4-hour window difficult to achieve.</p>
<p>Recommendation: Allow 8 hours for notification of parents following the submission of a reportable incident of a body cavity search.</p>
<p>§ 3900.44. Person and property search documentation and records. (a) Documentation of any search conducted shall include the following: (1) Why facility staff determined that the search was necessary and reasonable. (2) The methods used to mitigate the need for a search for hidden contraband prior to initiating a search. (3) The type of search conducted. (4) The search date, time and location. (5) The child's or youth's response to the search basis and process. (6) The manner in which the search was conducted. (7) Whether any prohibited items were found as a result of the search and a description of the items. (8) Any actions the facility staff took following the search. (9) The names of all facility staff involved in the observations that led to the search, the decision to conduct a search and the search itself.</p>
<p>Question/Concern: This is an abundant amount of documentation that will take up a lot of the staff's time, especially for a search that does not yield any prohibited items. Although it is important for person and property searches to be properly documented, it is important to recognize that this amount of documentation is a significant amount of administrative burden that can lead to staff burnout.</p>
<p>Recommendation: For searches that do not yield any prohibited items, documentation of the search should include: (1) Why the facility staff determined the search was necessary and reasonable.</p>

<p>(2) The methods used to mitigate the need for a search for hidden contraband prior to initiating a search.</p> <p>(3) The type of search conducted.</p> <p>(4) The search date, time and location.</p> <p>(5) The manner in which the search was conducted.</p>
<p>§ 3900.44. Person and property search documentation and records.</p> <p>(b) Facility staff shall do all of the following:</p> <p>(1) Maintain a record of each search of person or property conducted which shall be kept in both an electronic restrictive procedures log and the child's or youth's record.</p>
<p>Question/Concern:</p> <p>It is excessive to require both paper and electronic documentation.</p>
<p>Recommendation:</p> <p>Documentation should only be required when a search is done outside the times indicated in policy or if contraband was found as a result of the search.</p>
<p>§ 3900.44. Person and property search documentation and records.</p> <p>(b)(5) Make aggregate search procedures data available to the Department within 2 business days upon request.</p>
<p>Question/Concern:</p> <p>The requirement to make aggregate data available to the Department within two days is a very short window, especially since this is a new requirement for the 3900 regulations. If the facility does not have software that can collect and analyze their data, the process of gathering aggregate data can be time consuming and could be impossible to complete within two business days.</p> <p>What does the Department hope to gain with this information?</p>
<p>Recommendation:</p> <p>Allow for five business days for facilities to provide aggregate search procedures data available to the Department.</p>
<p>§ 3900.51. Child abuse and criminal history checks.</p> <p>(b) Maintenance and repair service personnel secured through outside entities working unsupervised by facility staff shall be required to present documentation of child abuse and criminal history certifications prior to beginning work at the facility.</p>
<p>Question/Concern:</p> <p>This creates an unnecessary burden for both the contractors to obtain the clearances and the providers to monitor compliance. Moreover, clients are always supervised by facility staff and would never be left alone with contractors.</p>
<p>Recommendation:</p> <p>This proposed regulation can safely be removed without risk.</p>
<p>§ 3900.57 Staff training.</p> <p>(g) In addition to the requirements under subsection (f), facility staff working with children and youth who are adjudicated delinquent shall complete annual training in the following areas:</p>
<p>Question/Concern:</p> <p>Does this only apply to facilities that solely serve adjudicated delinquent youth? Many providers serve very few adjudicated delinquent youths, making this training excessively burdensome.</p>
<p>Recommendation:</p> <p>Please provide clarity on which facilities will need to require this training.</p>
<p>§ 3900.170. Restrictive procedure records.</p> <p>(a) Facility staff shall maintain documentation in both an electronic restrictive procedures log and the child's or youth's record each time a restrictive procedure is used, including emergency use. This documentation shall include the following:</p>
<p>Question/Concern:</p>

<p>This is an excessive amount of documentation. A restrictive procedure would have to be documented in a restrictive procedure log, the child's clinical record, and with the BH-MCO. Documenting in three places is time intensive.</p>
<p>Recommendation: We recommend removing the requirement for a restrictive procedure log as they will be recorded in two other places.</p>
<p>§ 3900.170. Restrictive procedure records. (c) Facility staff shall maintain a record of the restrictive procedure event as required in subsection (a). The restrictive procedure record shall include the outcomes of the debriefing process, including identifying any necessary modifications to facility policies or procedures, facility operations, staffing and supervisory patterns, interventions used, or staff, child or youth training needed.</p>
<p>Question/Concern: Agency adjustments are not appropriate in a resident's medical record. Unless there is a violation of rights, an agency working on continuous quality improvements should not be included in a medical record that may falsely indicate wrongdoing.</p>
<p>Recommendation: Adjust the wording that the facility maintains any changes to practice and policy to debriefing, but not part of an individual's medical record.</p>
<p>§ 3900.182. Family time and home visit follow-up. (b) Facility staff shall initiate at least one attempted and documented verbal contact with the child or youth and parent every 24 hours during family time and a home visit.</p>
<p>Question/Concern: This adds an administrative burden, especially during holiday seasons with a high volume of visits. Additionally, facility staff available to make these contacts on the weekends are not necessarily the most qualified to respond to a family's need.</p>
<p>Recommendation: Require RTFs to maintain visit safety plans for each client in the medical record. The safety plan should include how the parent/guardian and client will respond to interpersonal stressors as well as outline resources to call in the event of an actual crisis, including local crisis service hotlines.</p>
<p>§ 3900.182. Family time and home visit follow-up. (c) Facility staff shall initiate an additional discussion with the parent regarding the home visit or family time experience within 2 business days after a child or youth returns to the facility, unless a concern or issue that identifies a risk to the child's or youth's health or safety is shared by the child or youth requiring a more rapid follow-up.</p>
<p>Question/Concern: This creates an unnecessary administrative burden. It's already the policy of many agency for the client's therapist to debrief the home visit, including its goals, during the next weekly family therapy session. These agencies already have communication methods to accommodate parents/guardians who wish to have more immediate contact from the therapist.</p> <p>Moreover, some BH-MCOs already have performance standards governing debriefing visitation.</p>
<p>Recommendation: Require RTF to have a written therapeutic home visit policy that outlines standards for debriefing visitation with both the parent and client, the documentation of that debrief, as well as providing avenues that allow the parent to request more immediate attention in the event there was difficulty during the visit.</p>
<p>§ 3900.186 Procedures upon returning of a missing child or youth to the facility. (b)(1-11)</p>

<p>Question/Concern: Some programs allow youth to leave the facility multiple times per day, and they would not be considered to be in any danger. Would this process need to be conducted every time a child is “missing?”</p>
<p>Recommendation: Limit this requirement to when a youth is missing and considered to be in jeopardy.</p>

II. Cost

We appreciate the department’s fiscal overview and understand the difficulty in estimating costs, especially during a time of uncertainty in the budgeting for Pennsylvania. At a time when federal and state dollars face historic challenges, the fiscal analysis of the Regulation #14-559 as provided by OCYF does capture the critical variables in the funding equation, such as staffing, physical plant modifications, training, and administrative requirements. The Department’s cost projection for first year implementation is over \$34M and that encompasses more than 120 individual residential programs. A cost analysis performed by RCPA of our members who operate these licensed programs revealed that their collective cost would be nearly equal to the DHS cost estimates for a full statewide implementation. The RCPA children’s residential services provider members represent a diverse group of organizations by program size, population served, geographic region, and operating structures.

A specific area of concern is the department’s calculation on the staffing costs, as providers unilaterally agree that these salaries do not reflect current market trends, regardless of what regionalized analysis formulary was utilized. These calculations also do not take into account the individualized staffing patterns of a facility based upon organizational and programmatic structures.

This cost projection for increases for staffing, ratios, training, and administrative restructuring requirements without an accurate provider-driven cost analysis will result in an unfunded regulatory mandate which is inconsistent with the requirements of the Regulatory Review Act (71 P.S. § 612). The previous results of regulations promulgated in such a manner, like IBHS, have resulted in implementations lacking in equity, access, and with costs eventually shifted back onto the provider; equating to an unfunded mandate. This has resulted in providers eliminating programs, and eventually reducing overall access to care for our most vulnerable and complex children.

In the face of funding deficits, the state has guided providers to make rate requests, but historically, rate increases in residential care have yielded very little positive movement towards meeting the cost of delivering these services.

<p>Cost</p>
<p>§ 3900.32. Specific rights. (u) A child or youth has the right to clean, seasonal clothing that is age and gender-expression appropriate.</p>
<p>Question/Concern: Will this be a reimbursable cost? If the facility is expected to fulfill the terms of this right, it should be reimbursed for it.</p>
<p>Recommendation: Seasonal and gender-appropriate clothing should be a reimbursable cost for the provider.</p>
<p>§ 3900.44. Person and property search documentation and records. (4) Make a facility specific analysis of the aggregate data compiled and any quality improvement plans developed as a result of the analysis available to the Department. This analysis shall be made available on an annual basis at the time of licensure renewal.</p>
<p>Question/Concern: Will the state cover costs for facilities to purchase the software necessary to collect and record data to be able to provide an analysis of aggregate search data?</p>
<p>Recommendation:</p>

<p>If data collection and analysis will be required by regulation, there should be funding opportunities to ensure that facilities can access the necessary software to collect and analyze the data.</p>
<p>§ 3900.57 Staff training. (a)(13) Health conditions, medications and other special issues affecting the population served at the facility including administration of Naloxone, and how to report concerns related to side effects of medications.</p>
<p>Question/Concern: Please provide more specific information as to what health conditions and medications training should be around? Serving youth in general, there aren't always a lot of commonalities in health conditions.</p>
<p>Recommendation: Please provide clarification.</p>
<p>§ 3900.57 Staff training. (b) Prior to working alone with children or youth and within 120 calendar days after the date of hire, the residential program director and each full-time, part-time, and temporary facility staff who will have regular and direct contact with children or youth shall have a minimum of 30 hours of training in at least the following areas: (1) – (13)</p>
<p>Question/Concern: This is a large amount of training to provide prior to someone working directly with youth or children. It will create longer onboarding and orientation programs, increasing the overhead costs tied to the programs, and potentially overtime, as providers are waiting longer to fill open positions.</p>
<p>Recommendation: Reduce the number of trainings required before a staff person can work with the youth and allow for them to complete it within their first six months of hire.</p>
<p>§ 3900.57 Staff training. (f) After initial training, the residential program director and each full-time, part-time and temporary facility staff who have regular and direct contact with children and youth, shall have at least 42 hours of training annually relating to the care and management of children, youth, and facility policies and procedures. The requirement for annual training for the initial year of employment is prorated based on the date of completion of the initial 120 days of employment.</p>
<p>Question/Concern: The current 3800 regulations require at least 40 hours of annual training “relating to the care and management of children.” The proposed regulations are much more precisely defined, which will create financial and administrative burdens to develop and administer new trainings. Will the Department develop these trainings or is the burden and cost solely on the provider?</p>
<p>Recommendation: Either provide the trainings or work with the providers to develop a reimbursement to cover the costs of restructuring the trainings for staff members.</p>
<p>§ 3900.88. Video surveillance system. (a) A video surveillance system shall be installed in facilities having a capacity of 25 or more children or youth and each secure residential and secure detention facility providing coverage of all areas to which a child or youth has access, excluding bathrooms, showers and sleeping rooms.</p>
<p>Question/Concern: Will the Department be providing funds for the installation of video surveillance systems for providers that do not yet have such technology?</p>
<p>Recommendation:</p>

<p>This cost should not fall solely on the facility, there should be funding available to avoid an unfunded mandate.</p>
<p>§ 3900.133. Food groups and alternative diets. (c) Written weekly menus, reflecting the meal requirements in (a) and food served, shall be posted and maintained in the facility’s records for 1 year before being discarded. Any food allergies experienced by children or youth at the facility shall be noted to reduce the risk of exposure.</p>
<p>Question/Concern: The regulation does not clearly state where the “food allergies experienced” is to be noted.</p>
<p>Recommendation: Require RTFs to have written policies regarding sharing dietary information, including allergies, with their contracted food service vendors.</p>
<p>§ 3900.184. Youth training. (a) Facility management shall select or develop and deliver training and educational supports to youth that address the following: (1) Sex trafficking warning signs. (2) Grooming techniques and risks. (3) Personal and social media safety. (4) Relationship boundaries. (5) Developing healthy connections. (b) These trainings shall be presented using a child-friendly or youth-friendly curriculum.</p>
<p>Question/Concern: Acquiring an evidence-based curriculum to address each topic would come at a considerable expense to the facilities. The regulation as written does not standardize the training from one facility to the next, so if a curriculum is not provided, the contents of the training could vastly differ from facility to facility.</p> <p>This regulation will require the provider expense of paying for engineering hours in their electronic health records to track the delivery of these courses and client attendance.</p> <p>Additionally, many of the trainings are listed as non-allowable costs under Title IV-e, so if counties are not willing to pay above the approved Title IV-e rate, providers will not have any funding to pay for these trainings.</p>
<p>Recommendation: The state should either develop and provide acceptable curricula for providers or supply a list of acceptable curricula for each topic.</p> <p>We also recommend that funding be available for any Title IV-e non-allowable cost trainings, or remove them from the requirement.</p>
<p>§ 3900.184 Youth training. (d) In addition to the requirements in subsection (c), meaningful age and developmentally appropriate training on youth rights and facility grievance procedures shall be provided to youth at admission, as a youth’s ISP is being developed, and as part of each ISP review.</p>
<p>Question/Concern: The youth are provided with a handbook during their intake. It seems redundant, administratively burdensome, and cost prohibitive to continually print these documents out to give to the youth or child.</p>
<p>Recommendation: Remove the requirement of these documents needing to be provided so often.</p>
<p>§ 3900.188 Assessments for sex trafficking experiences. (a) Facility clinicians or specifically trained facility staff shall complete a sex trafficking assessment at the contracting agency’s request after a child or youth returns to the facility from a runaway episode or as needed during the child’s or youth’s placement.</p>

Question/Concern: Will the contracting agency then be required to pay for training of the staff and the assessment?
Recommendation: Provide an assessment to be used and require contracting agencies to train the staff.
§ 3910.20 Youth training. Youth training shall be presented with peer educators or facility alumni participating in the training session, if available.
Question/Concern: Is the Department providing funding for this? How often would this need to occur? What are the allowable reasons for this not to occur since it's 'if available.' Is there an age requirement for this person?
Recommendation: Provide further clarification as well as how it is to be funded.

III. Training

While we appreciate that the proposed regulations ensure the most qualified personnel are present, the elevated work experience and training standards are neither necessary nor viable. Unless much of the proposed training required will be funded or provided by the Department, it would be nearly impossible for providers to achieve.

We also express deep concern with the proposed requirement that every child receive training on sex trafficking and grooming. We recognize that the Preventing Sex Trafficking and Strengthening Families Act (Pub. L. No. 113-183, 128 Stat. 1919), the Trafficking Victims Protection Act of 2000 (Pub. L. No. 106-386, 114 Stat. 1464) and the Family First Prevention Services Act (Title VII of Division E. Pub. L. No. 115-123, 132 Stat. 64) (codified at 42 U.S.C. § 671(a)(9)(C)) require policies and procedures for identifying and documenting experiences and determining appropriate services for any child or youth under their care and supervision for whom the state has reasonable cause to believe is, or is at risk of being, a victim of sex trafficking or a severe form of trafficking in person.

However, not every child entering a residential facility is inherently at risk or has been a victim of sex trafficking. Although for some individuals, education regarding sex trafficking and grooming could be crucial for their safety, forcing every child and youth to learn about the subject may be inappropriate. Children's residential providers serve a wide array of youth, and it is important to recognize that training on such a topic is not appropriate for every child, and must be taught on a case-by-case basis to avoid further trauma. We strongly urge that the requirement for every child and youth to receive this training be removed, and allow for providers to make the judgement as to when such youth training is necessary.

Training
§ 3900.57. Staff training. (a) Prior to having contact with children or youth in the facility, each facility staff who will have regular and direct contact with children or youth, including part-time and temporary facility staff and volunteers, shall have an orientation that addresses the following:
Question/Concern: The term "regular and significant contact" is not defined.
Recommendation: Please clarify the definition of "regular and significant contact".
§ 3900.57. Staff training. (c) In addition to the requirements under subsection (a), facility staff working with children or youth who are adjudicated delinquent shall complete training in the following areas during the first 120 days of their employment:
Question/Concern: An agency may have a very small subset of residents that fall into this category, and this would be intense training for staff who do not often work with adjudicated delinquent youth. It

would be excessive to provide this training if only 1% of the residents are adjudicated delinquent.
Recommendation: Provide a number or percentage threshold of adjudicated youth at a facility to warrant these additional trainings.
§ 3900.57. Staff training. (i) At least 22 hours of the annual training required by subsections (f) and (g) shall be provided through one of the following: (1) Formal in-service training. (2) Academic programs. (3) Participation in conferences, institutes or workshops.
Question/Concern: This does not address online training programs. The term “academic programs” does not encapsulate training programs that agencies have purchased.
Recommendation: Include accredited online training programs.
§ 3900.57. Staff training. (k) Volunteers who are not responsible for the direct care and supervision of children or youth and who are not counted in the child and youth to facility staff ratios shall participate in the same orientation process provided to facility staff under subsection (a) but are not required to complete the initial 120-day and annual trainings required for facility staff.
Question/Concern: This regulation would require that volunteers NOT responsible for the direct care and supervision receive hours of unrelated training before being able to provide meaningful service. Volunteers participating an event such as a fundraiser, do not need to be trained in the requirements of the 3900s, four hours of trauma-informed theory, policies concerning child discipline, daily care, and managing children, restrictive procedure policies, medication administration, first aid, crisis intervention including suicide intervention, before they are able to provide meaningful service. This regulation will discourage volunteerism and harm the ability for agencies to raise funds to benefit clients. Some providers have a two-week orientation, and their training departments could not handle training such a high volume, and it is also unlikely that a volunteer would want to participate in two weeks of training as they do not have the same responsibilities as a paid staff member.
Recommendation: Volunteers who are not responsible for the direct care of children or youth and who are not counted in the children or youth to facility staff ratios should be required to complete the following prior to being allowed to volunteer: <ul style="list-style-type: none"> • Specific job duties and responsibilities, including professional boundaries and limits on sharing personal information. • Facility confidentiality policies. • A brief overview of trauma-informed care. • The Emergency Operation Plan for the location at which they are volunteering. • The physical layout of the location of their volunteer service, including the location of fire alarms, fire extinguishers, telephones, and other emergency apparatuses.
§ 3900.150 Medication Administration training. (a) Facility staff who have completed and passed the Department-approved medications administration course within the past 2 years are permitted to administer oral, topical and eye and ear drop prescription medications and epinephrine injections for insect bites.
Question/Concern: Currently, agencies are permitted to officially delegate the administration of asthma inhalers and EpiPens to facility staff who are formally trained on their use. Eliminating this

<p>accommodation will make it unfeasible to send affected clients on off-ground activities, as the presence of a nurse would be required.</p>
<p>Recommendation: Permit agencies to be able to officially delegate the administration of asthma inhalers and EpiPens to staff who are formally trained in their use. Require agencies to be able to retrieve these training records upon request.</p>
<p>§ 3900.164. Restrictive procedures staff training. (a) Facility staff who, as a result of their job responsibilities, may be involved in a restrictive procedure, directly or as an observer, shall have completed training as required under § 3900.57(f)(5) (relating to staff training) and obtain and maintain certification in the use of restrictive procedures, using a professionally recognized, practice evidence-based curriculum.</p>
<p>Question/Concern: The description in the preamble states if a facility staff has a formal certification from a recognized crisis management training program which is valid for more than one year, full training is not required until expiration of the certification. However, this is not expressed in the regulation.</p> <p>Who specifically would be considered an observer? Could this just be another staff on duty at the site?</p> <p>Additionally, will a “professionally recognized, practice evidence-based curriculum” be provided or funded?</p>
<p>Recommendation: Please clarify the differences in the regulation and the preamble and who qualifies as an observer.</p> <p>We recommend providing or funding the required evidence-based curriculum to avoid an unfunded mandate.</p>

IV. Staffing

The proposed model represents a workforce structure that the children’s residential service providers have not been able to meet for more than a decade. The national shortage of psychiatrists, mental health professionals, nurses, and direct care staff, coupled with inadequate Pennsylvania funding models show that, even if these staff were available, residential service providers are not adequately funded to hire them.

This confluence of inadequate rate structures, multiple layers of regulatory and payer administrative burden, and the challenges of working with the most behaviorally complex youth in the system has driven the staff from these programs, creating such a chasm in residential services access that the governor’s office and DHS have embarked on a multiyear blueprint project to redesign this very system of care for youth in need of residential care and those with complex needs.

These proposed staffing requirements will make it virtually impossible to be in compliance with several sections of the proposed regulations, including:

- Delivery of treatment services;
- Delivery of medical care and services;
- Supervision of youth and staff;
- Transportation; and
- Restrictive procedure processes.

Staffing
§ 3900.32. Specific rights.

<p>(p) A child or youth has the right to participate or choose not to participate in religious observances and activities and attend religious services of the child's or youth's preference or the religion of the child's or youth's family of origin or culture as may be reasonably accommodated.</p>
<p>Question/Concern: With staffing requirements, this would not be feasible to offer and accommodate for all residents.</p>
<p>Recommendation: We recommend rewording the statement that all residents should have the right to practice their religion in their own way, as it would not be possible to bring every resident to their respective religious service.</p>
<p>§ 3900.42 Appropriate use of person and property searches. (d) The facility staff who suspect the presence of prohibited items shall consult with at least one supervisory facility staff to ensure that the decision to initiate a search is in accordance with facility policy.</p>
<p>Question/Concern: Requiring staff to consult with someone else before acting on suspected contraband could create delays that increase safety risks. For example, if someone has a weapon, significant disasters can occur within only a few seconds.</p>
<p>Recommendation: Remove the requirement of a supervisory facility staff to ensure the decision to initiate a search and rather require training on the facility's policy on searches.</p>
<p>§ 3900.42 Appropriate use of person and property searches. (e)(8) A requirement that facility staff shall provide a transgender or intersex child or youth the opportunity to request and confirm in writing their preference that staff of a particular gender conduct any pat down or visual search of the child or youth. Facility staff shall comply with the child's or youth's request absent exigent circumstances and shall document deviation from the child's or youth's self-identified gender shall perform the search.</p>
<p>Question/Concern: Ensuring the chosen staff gender is always available is not operationally possible. There are staffing shortages and staff aren't assigned to locations based on their sex. Waiting for the arrival of another staff person could put all people present at risk.</p>
<p>Recommendation: Permit searches to occur with any gender with a witness available. If the preferred gender staff is present, they would be the one to do the search.</p>
<p>§ 3900.42 Appropriate use of person and property searches. (e)(9) The requirement that at least two facility staff of the same gender of the child or youth are involved in conducting a search of the child's or youth's person, except as provided under paragraph (8).</p>
<p>Question/Concern: Ensuring two staff of the youth's gender for searches is not operationally possible in the facilities. There are regular staffing shortages and providers don't limit who can work where based on gender. There are also facilities that are mixed-gender and financially cannot ensure there are enough staff of all genders available. Delaying a search while the needed gender staff member arrives on site could create safety risks for all youth and staff.</p>
<p>Recommendation: Permit searches to occur with any gender with a witness available. If the same gender staff is present, they would be the one to do the search.</p>
<p>§ 3900.53. Residential program director. (b) A residential program director shall be responsible for administration and management of the facility, including the regular and significant direct contact with the children and youth to ensure their safety and protection including the provision of a quality trauma-informed</p>

<p>approach, implementation of policies and procedures and compliance with this chapter, including all staff training requirements under § 3900.57 (relating to staff training).</p>
<p>Question/Concern: Facility management is the responsibility of the Chief Operating Officer, maintenance, and/or safety committee.</p>
<p>Recommendation: Remove this from the scope of residential program director responsibilities.</p>
<p>§ 3900.54. Residential program supervisor. (a) There shall be one designated residential program supervisor available either on site or by telephone at all times while children and youth are at the facility.</p>
<p>Question/Concern: In the description portion, it states “allowing for the director’s absence during the day when youth are in school and not at the facility,” though this is not specified in the regulation. How this regulation is written is appropriate, though the description may cause some confusion in interpretation.</p>
<p>Recommendation: Please clarify the wording in the preamble compared to the regulation.</p>
<p>§ 3900.54. Residential program supervisor. (b) For facilities serving 12 or more children or youth, whenever 12 or more children or youth are present at the facility, there shall be at least one residential program supervisor present at the facility.</p>
<p>Question/Concern: If all units must be licensed separately, then each would have to follow this staffing requirement. This is prohibitive due to availability of staff and cost.</p>
<p>Recommendation: One physical plant should be able to fall under one license, then the staffing requirement would be reasonable and manageable.</p>
<p>§ 3900.54 Residential program supervisor. (e)(1) A bachelor’s degree in social work, sociology, psychology, family ecology, family or child development, etc.</p>
<p>Question/Concern: Would these qualifications apply to an assistant program manager as well?</p>
<p>Recommendation: Clarify if these qualifications would apply to anyone in a supervisory type of role over a site.</p>
<p>§ 3900.55 Additional staff responsibilities. (d) Effective (blank – this date will be 18 months after the effective date of this section), facility management shall designate at least one facility staff as a parent advocate or peer support specialist.</p>
<p>Question/Concern: Would this be per youth? Per site? Per organization?</p>
<p>Recommendation: Clarify how this can be broken down or if it’s expected that it would be one person for everyone.</p>
<p>§ 3910.12. Residential program worker. (b) A residential program worker shall shadow or work under the supervision of experienced facility staff when working with children or youth during their initial 120 days of employment and may not be counted in the child and youth to staff ratios until certification is acquired in the subject areas under § 3900.57 (c)(1) – (5).</p>
<p>Question/Concern: 120 days is completely unreasonable and operationally not feasible. There’s a staffing shortage that providers are already struggling with. Forcing a staff to be supervised for that long creates barriers that will prohibit the required ratios from being met. It also creates</p>

<p>additional expenses around paying extra staff on site and overtime for staff to supervise for that long. Also, what is considered 'experienced' for the facility staff?</p> <p>This regulation creates an undue financial burden on the provider, especially when considering that there will be periods when an agency will be hiring multiple new hires simultaneously. Additionally, the event of another staff calling off on a shift when a new hire was working would immediately put the unit out of compliance.</p>
<p>Recommendation: Shorten the 120 period and/or completely remove it – allowing providers to observe the staff member themselves to determine the amount of supervision needed.</p>
<p>§ 3920.11. Residential program worker. (a) Prior to having contact with children or youth in the facility, residential program workers, including part-time staff, shall complete an orientation training and comply with all other training requirements on the timelines as addressed in § 3900.57 (relating to staff training). (b) A residential program worker shall shadow or work under the supervision of experienced facility staff when working with children and youth during their initial 120 days of employment and may not be counted in the child and youth to staff ratios until certification is acquired in the subject areas under § 3900.57(c)(1) – (5) (relating to staff training)</p>
<p>Question/Concern: Same as comment for §3910.12.</p>
<p>Recommendation: Same as comment for §3910.12.</p>
<p>§ 3920.21. Safe transportation. The following requirements apply whenever the facility arranges or provides transportation for children or youth, except when transportation is provided by law enforcement officials: (1) The driver and at least one additional facility staff shall be present in the vehicle at all times when one or more children or youth are being transported. (2) One residential program worker shall be present with the children or youth for every three children or youth during transportation of children or youth either by the facility or another transportation source. (3) The driver of the vehicle may not be counted in the staffing ratio.</p>
<p>Question/Concern: The required staffing ratios would be difficult to meet given current workforce shortages.</p>
<p>Recommendation: Remove the requirement that the driver of the vehicle is not counted in the staff ratio.</p>

V. Physical Site

<p>Physical Site</p>
<p>§ 3900.66 Ventilation. (a) Natural or mechanical ventilation shall be available in all areas used by a child or youth, including living areas, recreation areas, dining areas, bathrooms, bedrooms, and kitchens...</p>
<p>Question/Concern: Please further define mechanical ventilation. Does this just mean a fan? If so, are there size requirements? Municipalities have regulations around mechanical ventilation that could be violated and/or costly to implement.</p>
<p>Recommendation: Provide clarity on "mechanical ventilation."</p>
<p>§ 3900.83. Bedroom accommodations. (a) Each facility shall maintain an ability to provide a child or youth with single room accommodations in response to their assessed safety or clinical needs identified as part of the child's or youth's assessment and treatment plan.</p>
<p>Question/Concern:</p>

This is a reasonable expectation at the time of admission but not during treatment. An agency cannot keep a single room or multiple single rooms available.
Recommendation: Specify at the time of admission.
§ 3900.95. Portable space heaters. Portable space heaters, defined as heaters that are not permanently mounted or installed, are not permitted in the facility.
Question/Concern: This is outdated as portable heaters have new safety requirements (automatic shut-off, do not run on kerosine, etc.).
Recommendation: Specify that portable heaters are not permissible as a primary heating source but can be used in emergency situations.
§ 3910.15. Unobstructed egress. (1) Doors equipped with a delayed mechanism unlock after no more than a 15 second delay.
Question/Concern: Delayed locks unlock when the fire alarm activates and therefore does not pose a risk in the event of an emergency. Therefore the 15 second delay limit should not be dictated. Depending the size of a unit, 15 second delay may not be enough time to prevent elopement.
Recommendation: Remove the 15 second delay requirement and include that the delayed locks must release with the activation of the fire alarm.

VI. Technology

RCPA appreciates the mention of the drastic changes in the technological landscape that have occurred since the promulgation of the 3800 regulations, but there are some concerns that remain unaddressed in the regulations. First, there is no mention of artificial intelligence in the preamble or in the regulation. While AI may not have been widely utilized when this regulatory package was first drafted, it has become commonly used both by youth and in the workplace. With the extensive youth training that the proposed regulation offers, we believe it be important to include training on AI safety, especially with a growing number of youths using AI for mental health needs.

Technology
§ 3900.32 Specific rights. (g) A child or youth has the right to communicate with others by facility telephone or other available means of communication, including access to and use of technology, electronics or cell phones, subject to reasonable facility policy and written instructions from the contract agency or court, if applicable, regarding circumstances, frequency, time and privacy.
Question/Concern: Several programs have no-cell-phone policies to protect youth safety, including limiting contact with individuals who may put a youth's safety at risk.
Recommendation: The preamble clarifies that social media, cell phone, and internet are not required, but this is not adequately reflected in the regulation. We recommend updating the language to specify that landlines are permitted for programs that restrict access to cell phones.
§ 3900.184. Youth training. (a) Facility management shall select or develop and deliver training and educational supports to youth that address the following: (3) Personal and social media safety.
Question/Concern: RCPA commends the Department for recognizing the importance of social media literacy and safety, though concern remains about the lack of training for use of artificial intelligence.
Recommendation:

Add a training requirement for AI safety to allow youth to learn how to safely utilize this new tool.
§ 3900.193. Copies of the ISP. (a) Copies of the ISP, revisions to the ISP and monthly documentation of progress shall be provided to the youth 14 years of age and older, and to the child's or youth's parent, the contracting agency, and persons who participated in the ISP's development and revisions. (b) Facility staff shall maintain copies of the ISP, revisions to the ISP and monthly documentation of progress in the child's or youth's record.
Question/Concern: Does (a) specify a physical or electronic copy? Giving a youth a paper copy may present a risk to confidentiality.
Recommendation: Specify that an electronic copy can be provided.
§ 3900.32. Specific rights. (i) A child or youth has the right to receive and send mail unless prohibited by court order.
Question/Concern: Does this also pertain to email?
Recommendation: Clarify if this includes the right to send and receive emails.

VII. General Questions and Concerns

General Questions and Concerns
§ 3900.5. Definitions. <i>Gender expression</i> - Describes how individuals communicate their gender to others, including through hairstyles, clothing, physical expression and mannerisms, physical alteration of their body or by choosing a name that reflects their gender identity.
Question/Concern: The use of pronouns other than those assigned birth is a gender expression.
Recommendation: Amend to "choosing a name or pronouns that reflect their gender identity."
§ 3900.16 Reportable incidents. (b) Facility staff shall notify law enforcement of a missing child or youth as soon as the determination is made that the child or youth is missing.
Question/Concern: Immediate reporting in every case may unintentionally overwhelm law enforcement and escalate situations that are not true emergencies.
Recommendation: Allow for a short, defined window to confirm the situation before notifying law enforcement when there is no indication of jeopardy.
§ 3900.16 Reportable incidents. (a)(12) An event that results in emergency services, including law enforcement or fire services, being called to the facility.
Question/Concern: Would this include crisis services? Would it include if there was a false alarm and the fire department arrived?
Recommendation: Offer additional clarity around what emergency services are and if all arrivals need to be reported or just if there was intervention involved.
§ 3900.18 Child and youth funds. (g) Facility management serving children or youth who are adjudicated delinquent shall develop and demonstrate implementation of policies and procedures to address the following requirements:

Question/Concern: Is this for all programs or only ones specifically for adjudicated delinquent?
Recommendation: Offer clarification as some providers do not specifically serve adjudicated delinquent youth or children but may have some who come into their programming.
§ 3900.42. Appropriate use of person and property searches. (e)(9) The requirement that at least two facility staff of the same gender of the child or youth are involved in conducting a search of the child's or youth's person, except as provided under paragraph (8).
Question/Concern: Will searches be postponed until two facility staff of the same gender are available? How will the facility staff be selected for a child or youth that identifies as non-binary or a gender expression other than male or female?
Recommendation: Clarify the definition of gender to avoid potential confusion.
§ 3900.43 Person and property search documentation and records. (a) Documentation of any search conducted shall include the following:
Question/Concern: Many facilities have metal detectors at their entrances and wand the children or youth that come in. Would this be considered a search? If so, the documentation on each time a youth enters the facility would be incredibly burdensome.
Recommendation: Provide clarification that metal detectors and wand a youth or child would not be included in this documentation requirement.
§ 3900.55. Additional staff responsibilities. (a) Facility management shall designate one or more facility staff as the primary contact responsible for each of the following: (1) Communication with family members. (2) Coordinating family time and contact with the child or youth. (3) Timely exchange of information and updates with the family relevant to the child's or youth's experiences at the facility. (4) Coordinating the child's or youth's transition planning throughout placement. (5) Ensuring compliance with the provisions of 42 Pa.C.S. Chapter 63 Subchapter G (relating to pregnant or postpartum restrictions, training, supports and reporting) as it relates to staff presence during labor.
Question/Concern: This section seems to be describing the functions of a case manager rather than every staff member.
Recommendation: Clarify whether these regulations are prescribing something beyond the function of a case manager in the RTF setting.
§ 3900.118 Health and behavioral health services. (b) ...within 48 hours of identification of the child's or youth's need for an appointment.
Question/Concern: Is it 48 business hours? If a youth comes in on a Friday night or around a holiday, most of these types of places won't open up until at least Monday morning, putting providers out of the required timeframe.
Recommendation: Please specify if this is within 48 hours or 48 business hours.
§ 3900.121 Staff health statement.

(c) The staff health assessment shall include the components required for this assessment under 3270.151-3270.152
Question/Concern: 3270.151(c)(2) requires a TB test, which is not included in the current 3800 regulations. Is there a reason that a TB would be required now if has not been required in the past?
Recommendation: Remove the requirement for a TB test as it would just be an extra cost and burden to staff.
§ 3900.133 Food groups and alternative diets. (c) Written weekly menus, reflecting the meal requirements in (a) and food served, shall be posted and maintained in the facility's records for 1 year before being discarded.
Question/Concern: In some of the programs, such as an Adolescent Semi-Independent Living program, the youth are in their own apartments and prepare their own foods. Providers offer programming to teach them about healthy meal preparation, but what they prepare is ultimately their decision.
Recommendation: Do not require a menu for all programs.
§ 3900.149. Medication administration during off-grounds family visits. (1) Facility staff shall document that the child's or youth's parent was provided with information that addresses the following: (ii) Options to provide for the security of the medication during a family home visit or family time away from the facility.
Question/Concern: A facility has no way of knowing what is available in an individual's home to secure the medication.
Recommendation: State that the facility should encourage the family to secure the medication when it is in their home.
§ 3900.161. Appropriate use of restrictive procedures. (b) Limitations and situations related to the use of restrictive procedures for pregnant and postpartum children or youth and reporting requirements under 42 Pa.C.S. Chapter 63 Subchapter G (relating to pregnant or postpartum restrictions, training, supports and reporting) shall apply to a child or youth who is in any stage of pregnancy, labor or delivery, who has given birth within the last 30 days and is in postpartum recovery or is being transported to a medical facility.
Question/Concern: What is the protocol for pregnant youth who are at risk of hurting themselves or others if restrictive procedures are prohibited?
Recommendation: Please clarify.
§ 3900.161 Appropriate use of restrictive procedures. (e)(3) A restrictive procedure may not be used unless the emergency nature of the child's or youth's behavior prevents the use of less restrictive interventions.
Question/Concern: Could more information be provided on the "emergency nature" of a child's behavior?
Recommendation: Please clarify.
§ 3900.169 Exclusion. (d) Before a child or youth can be placed in exclusion, facility staff shall: (1) Explain the reason for the isolation to the child or youth.
Question/Concern: How will providers need to demonstrate this? Will there be specific documentation?
Recommendation:

Please provide clarification.
<p>§ 3900.182. Family time and home visit follow-up.</p> <p>(b) Facility staff shall initiate at least one attempted and documented verbal contact with the child or youth and parent every 24 hours during family time and a home visit.</p> <p>(c) Facility staff shall initiate an additional discussion with the parent regarding the home visit or family time experience within 2 business days after a child or youth returns to the facility, unless a concern or issue that identifies a risk to the child's or youth's health or safety is shared by the child or youth requiring a more rapid follow-up.</p>
<p>Question/Concern:</p> <p>The family should have choice in the frequency of contact. Due to time restrictions, the person making contact is not necessarily someone who is working directly with the family.</p> <p>The requirement of the parent discussion within 2 days of return from a home visit also does not guarantee that the therapist that is working directly with that child and family will be present.</p>
<p>Recommendation:</p> <p>We recommend that the family have the choice of the frequency of contact during visits, and that the parent discussion after a home visit take place during the next family session to ensure the clinician that knows the family can be present.</p>
<p>§ 3900.183. Child and youth involvement.</p> <p>(a)(5) How a child or youth will be provided with opportunities to work and develop job skills at an age-appropriate level, consistent with State laws and as may be reasonably accommodated.</p>
<p>Question/Concern:</p> <p>It is recognized that these are important skills; however, residents in a PRTF have been identified as unable to safely and successfully live in the community. Opportunities to work may only be feasible if the resident worked on-site, which would require extra staffing and the agency would have to pay the residents.</p>
<p>Recommendation:</p> <p>All work-related regulations are not appropriate for this level of care. We recommend that decisions regarding the employment of the residents remain unregulated.</p>
<p>§ 3900.211 Sanctions.</p> <p>(2) ordering the appointment of a master as approval by the Department, at the facility's expense and not eligible for reimbursement from the department, to manage and direct the facility's operational, program and fiscal functions.</p>
<p>Question/Concern:</p> <p>Could more information be provided? How will this individual be identified and what is their role within the organization?</p>
<p>Recommendation:</p> <p>Provide clarification.</p>
<p>§ 3910.11. Specific rights.</p> <p>In addition to the rights under Chapter 3900 Subchapter C (relating to rights), a child or youth has the right to participate in extracurricular, cultural, and personal enrichment activities that are reasonably available and consistent with the child's or youth's age and developmental level.</p>
<p>Question/Concern:</p> <p>Elevating participation in extracurricular, cultural, or personal enrichment activities to a right without defining "reasonably available" creates undue liability risks for the provider.</p>
<p>Recommendation:</p> <p>A best practice cannot be elevated to the level of a client right.</p>
<p>§ 3910.14 Supervision.</p>

(c) Sight and sound checks under subsections (a) and (b) shall include actual viewings of each child and youth and documentation of observations.
Question/Concern: What is needed in the documentation beyond if they completed the check? If staff are doing more documentation for a check occurring every 15 or 30 minutes, it seems all they'll be doing during their shift is sitting at a computer, documenting.
Allow for the documentation of checks to be a simple check that the child or youth are present and awake or sleeping.
§ 3910.22 Contents of the ISP. In addition to the requirements under 3900.191, a child's or youth's ISP shall include RPPS considerations that the facility staff shall employ when determining whether to allow the child or youth to participate in extracurricular, enrichment, cultural, and social activities.
Question/Concern: The current process is to consult with the case worker. Will this process need to change and how should it be documented?
Recommendation: Provide additional clarification.

In closing, we again offer our thanks for the opportunity to provide these comments and recommendations on behalf of our members and those they serve. We understand how difficult this process is and the great lengths the Department has gone to in order to develop, promulgate, and implement regulations. Despite these concerns, we are confident that OCYF, under the direction of Deputy Secretary Laval Miller-Wilson and his department's efforts, will reflect the recent promulgation process changes that have come about in the last several years, beginning with the OMHSAS proposed PRTF regulations development process. In partnering with other child welfare provider associations across the Commonwealth, we must reengage the stakeholders after the initial comment period to revisit the proposed regulations, to ensure that they reflect the needs and current climate impacted by the increased youth acuity and treatment needs, workforce, and funding challenges. We believe what we offer in the following review reflects the general consensus among providers, associations, families, and stakeholders. The urgency is not the promulgation timeline, but ensuring that what we are building can be fairly and equitably implemented, so we may achieve the desired outcomes we all seek for our youth.

Respectfully Submitted,

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