

## Family Involvement Bulletin/Proposed RTF Regulation Crosswalk

<u>Family Involvement Bulletin</u>	<u>Proposed RTF Regulations</u>
<p><u>Child Practices:</u> Treatment and support planning and implementation should comprehensively integrate education objectives; program practices should recognize the importance and provide a variety of flexible supports to ensure educational achievement.</p>	<p><u>§ 23.229 (a) and (b):</u> (a) Under 22 PA Code chapters 11, 14, and 15 a child who is of compulsory school age shall participate in a Department of Education-approved school program or educational program under contract with the local education agency.            (b) The decision regarding the educational portion of a child’s day is to be made on an individualized basis utilizing the least restrictive environment, with input from the members of the ISPT, by public education officials, and a child’s home school district.</p>
<p><u>Family Practices:</u> The family should be consulted routinely regarding everyday care and support of the child (for example, haircuts, school achievements), and have regular and meaningful roles in key decisions regarding the child’s care. This is particularly important in understanding and respecting the family’s culture and practices while the child is in care.</p>	<p><u>§ 23.41 (6):</u> An RTF shall ensure that a child’s family is given the opportunity to participate fully in the planning for delivery of services as evidenced by the following...            (6) Involvement of the family in making appropriate decisions about the child’s activities and schedule.</p>
<p><u>Family Practices:</u> The family should be actively engaged and supported in identifying and accessing the supports, services, or referrals needed, both for the identified child, any other siblings, themselves, or persons who are a part of the household, to support long-term positive outcomes for their family (for example, training, counseling, linkage to needed treatment services and support, assistance with concrete issues such as housing, transportation, etc.)</p>	<p><u>§ 23.41 (4) (ii) and (iii):</u> (ii) An RTF shall document its efforts to link the child and family with community resources, both formal human services systems and informal community supports.            (iii) An RTF shall base the choice of community linkages outside the RTF on the planned expectation that the child will be returning to the community and will need supports to assist the child in making a smooth transition.</p>
<p><u>Child and Family Practices:</u> The child and family, including siblings, should have contact with one another as recommended by the child and family team; frequent, ongoing and meaningful child and family contact should be an agency priority that is fully and flexibly supported by agency practices.</p>	<p><u>§ 23.32 (f):</u> A child shall have the right to visit with family at least once a week, at a time and location convenient for the family, the child and the RTF, and outlined in the family participation plan specified in §23.42 (b) (2) unless visits are restricted by court order. This does not restrict more frequent family visits.</p>
<p><u>Child and Family Practices:</u> Child and family visits or telephone calls should not be cancelled or abbreviated as a result of a child’s behavior, or used as a privilege or consequence. If a child is having behavioral difficulties, increasing the frequency of visits should be considered, if the family is able.</p>	<p><u>§ 23.33 (c):</u> A child’s visits with family may not be used as a reward or sanction.</p>

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<p><u>Child and Family Practices</u>: Family therapy, when needed or desired by the family, should be ongoing and provided in a consistent manner and at times most convenient for the family.</p>	<p><b>§ 23.41 (4)</b>: Family therapy for the benefit of the child as well as the parent support and education groups involving parents and when applicable, guardians or custodians, shall be provided to a child as part of the overall treatment offered in the RTF and documented in the child's record.</p>
<p><u>Family Involvement</u>: If necessary, the family should be offered transportation by staff or other team members to facilitate the family's presence at team meetings and insure numerous visits to the child.</p>	<p><b>§ 23.44</b>: An RTF shall assist with the coordination of available transportation for the family's onsite participation and visits when assistance with transportation is needed.</p>
<p><u>Family Involvement</u>: The family should be notified within reasonable time frames and invited to attend any and all medical appointments that are outside of the facility.</p>	<p><b>§ 23.41 (5)</b>: Involvement of the family in making appropriate medical and medication decisions including arranging for family participation in medical appointments when desired by the family.</p>
<p><u>Residential Treatment Facilities</u>: Staff should encourage the family's self-advocacy and system advocacy skills by providing family centered resources from local, state, and national organizations.</p>	<p><b>§ 23.42 (b) (5)</b>: The following information shall be discussed at the time of the onsite visit...  (5) Information about advocacy organizations and consumer satisfaction teams that are available to assist in the lodging of complaints and grievances.</p>
<p><u>Family Involvement Plan</u>: The family should be actively involved in the development of the Family Involvement Plan. The plan should be developed within the first 14 days of admission to a residential treatment facility.</p>	<p><b>§ 23.42 (b) (2)</b>: An RTF shall ensure that the family is scheduled for an onsite visit as soon as possible and no later than 7 calendar days of the child's admission unless the family is present on the day of admission. The following information shall be discussed at the time of the onsite visit...  (2) The need to jointly develop a written family participation plan that identifies specific goals for family involvement in the child's ongoing treatment to be reviewed and updated at least monthly.</p>
<p><u>Treatment Plan</u>: The family should be actively involved in the development of the Treatment Plan.</p>	<p><b>§ 23.223 (c)</b>: The ISP [Individual Service Plan] shall be developed by the ISPT comprised of the following:  (1) A child  (2) A child's parent and, when applicable, the child's guardian or custodian.  (3) A person invited by the child or the child's parent, or others in whose care the child will be after discharge  <b>etc...</b></p>

<p><u>Treatment Plan</u>: The Treatment Plan should identify the family's strengths, needs and cultural values identified in the Family Involvement Plan and supports needed by the child and family while in residential treatment. It should also identify living arrangements for the child after the residential stay is complete.</p>	<p><u>§ 23.223 (b)</u>:An ISP including a comprehensive, strengths based treatment plan addressing the behavior health needs, including the information related to the child's trauma screen and history demonstrating that trauma-related factors are being addressed in clinical treatment, shall be developed for the child within 14 calendar days of a child's admission.</p>
<p><u>Suggested Supports Provided by RTF's</u>: Flexible scheduling of meetings.</p>	<p><u>§ 23.41 (1)</u>: An RTF shall ensure that a child's family is given the opportunity to participate fully in the planning for delivery of services to the child as evidenced by the following: (1) Meetings being held at times convenient to the family with at least a 2 week notice to maximize the possibility of family involvement.</p>
<p><u>Suggested Supports Provided by RTF's</u>: Information about rights and grievance procedures shared both verbally and in writing. This should include facility policies and procedures, including names and contact information for all relevant persons. This information should be displayed in all public areas of the RTF, and provided in printed form to the family.</p>	<p><u>§ 23.31 (b) and (c)</u>: (b) A copy of the child's rights, the grievance procedures and applicable consent to treatment protections shall be posted in a conspicuous and public place at the RTF. (c) The child, parents, unless court-ordered otherwise, and when applicable the child's guardian or custodian, shall be informed of the child's rights and grievance procedures in an easily understood manner, and in the primary language or mode of communication of the child. The child must be informed of the rights and grievance procedures upon admission and the child's parent(s), and when applicable the child's guardian or custodian, shall be informed of the child's rights and grievance procedures within 7 days of the child's admission if not present when the child is admitted.</p>
<p><u>Suggested Supports Provided by RTF's</u>: Comfortable and private space for meetings with staff and the child unless unsupervised contact with the child is prohibited by court order.</p>	<p><u>§ 23.43</u>: An RTF shall have at least one designated area onsite for family visits that offers privacy for the child and family.</p>
<p><u>Suggested Supports Provided by RTF's</u>: <b>Provision of a specific contact person</b> and 24-hour general contact information for emergencies.</p>	<p><u>§ 23.59 (a)</u>: At the time of the child's admission, the RTF staff shall designate a staff person, either a mental health professional or a mental health worker, to be the child's primary contact during the stay at the RTF and have primary responsibility for coordination of care. The assignment of a primary contact for the family will, at no time, preclude a parent, or when applicable a guardian or custodian, from communicating directly with the treating physician or other staff about the child.</p>