CBH, in conjunction with our state and county partners and family representation, recently completed a tour of all agencies licensed as children’s residential treatment facilities (RTFs). A portion of the visit was dedicated to reviewing RTF staff files in order to compare them to applicable state and CBH requirements.

In part as a result of the staff file reviews, CBH is making changes to the staff requirements for agencies contracted as RTFs. Please note, while these changes affect the position of mental health worker, the changes are currently relevant ONLY for children’s RTFs.

The changes are meant to more closely align CBH requirements with the current state requirements and ensure that staff providing care to CBH members are appropriately trained and able to provide high-quality interventions.

CBH is recognizing the following positions in accordance with Commonwealth requirements:

- Child care workers
- Child care supervisors

**Child care workers and supervisors will replace the current mental health worker position for RTFs** in the CBH Manual for Review of Provider Personnel Files (MRPPF). A supplement to the MRPPF will be published in the coming weeks. The following changes, however, are effective (in advance of the planned MRPPF update) **November 24, 2017**:

- CBH will no longer require child care workers to obtain 12 college credits in order to be considered qualified for the position.
- The position of, and related requirements for, mental health worker no longer apply to children’s RTFs.
- Children’s RTFs are expected to meet or exceed any experiential or education requirements for child care worker and child care supervisor as presented in 55 Pa. Code § 3800. This includes staffing ratios as defined in relevant sections of the PA Code.
- All direct care staff, including child care workers and supervisors, must be trained according the requirements listed in the next section.
- Providers must maintain evidence not only of staff completion of required trainings but also the trainer’s qualifications and curriculum used.
- For all required trainings, proficiency, understanding, and attendance should be demonstrated with sign-in/registration logs, pre- and post-training assessments (tests), and/or skill demonstration assessments.
- Providers are expected to adopt position nomenclature that is consistent with state position requirements (i.e. child care worker and child care supervisor).
Training Requirements for All Direct Care Staff in Children’s Residential Treatment Facilities

The following requirements reflect federal and state guidelines. It is understood that while some of the guidelines may overlap, they are being provided verbatim to ensure providers are aware of the regulations that CBH references in oversight and monitoring of RTF programs as they are written.

The Office of Mental Health and Substance Abuse Services (OMHSAS) recommends (and CBH requires)\(^1\) that prior to working with members, staff must receive at least 10 hours of training on:

- Less restrictive alternatives to the use of seclusion\(^2\) or restraints
- The proper application of restraints

This includes the following:
- Listening skills
- Communication skills
- Relationship building with consumer and family
- De-escalation techniques
- Conflict resolution
- Violence prevention
- Psychosis (command hallucinations directing the consumer to become violent)
- Risk assessment
- Debriefing techniques
- Possible negative psychological effects of seclusion and restraint
- Understanding of how age, gender, cultural background, history of abuse or trauma may effect an individual's response to seclusion and restraint
- The proper application of manual restraints appropriate to the age, weight, and diagnosis of the consumer served
- The developmental stages of children/adolescents/adults and the vulnerabilities of individuals to assess when seclusion or restraints are appropriate
- Individuals with posttraumatic stress disorder (PTSD) and those with a history of sexual/physical abuse
- Appropriate documentation to be included in the consumer's records
- The removal of restraints and how to monitor individuals in restraint or seclusion

Staff should be able to verbalize understanding of the training, and successfully demonstrate their skills and knowledge through a written exam. If a facility's/program's policies and procedures allow the use of restraint, staff should demonstrate the appropriate application of those restraints the facility/program has approved for use. Staff should regularly receive training and refresher courses in alternative non-intrusive behavior modification techniques. If a facility/program allows the use of restraint or seclusion, staff should also receive ongoing education and training in the safe and appropriate use of restraint or seclusion.\(^3\)

\(^1\) This OMHSAS recommendation has been adopted as a requirement by CBH.
\(^2\) All references to seclusion in this document are with the understanding that seclusions in RTF are prohibited in PA.
\(^3\) OMHSAS, 4/8/02, Bulletin 02-01: The Use of Seclusion and Restraints in Mental Health Facilities and Programs, http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin_admin/d_005714.pdf
PA Code 3800.205. Staff Training states the following: If restrictive procedures are used, each staff person who administers a restrictive procedure shall have completed training within the past year in the use of restrictive procedures.\(^4\) Training shall include:

- Using de-escalation techniques and alternative nonrestrictive strategies and addressing the child’s feelings after use of a restrictive procedure
- Child development principles appropriate for the age of the children served, to understand normal behavior reactions to stress at various ages
- The proper use of the specific techniques or procedures that may be used
- Techniques and procedures appropriate for the age and weight of the children served
- Experience of use of the specific procedures directly on each staff person and demonstration of use of the procedure by each staff person
- Health risks for the child associated with use of specific procedures
- A testing process to demonstrate understanding of and ability to apply specific procedures \(^5\)

Centers for Medicare and Medicaid Services (CMS) states that staff must demonstrate the following competencies on a semiannual basis (every six months):

- Techniques to identify staff and resident behaviors, events, and environmental factors that may trigger emergency safety situations
- The use of nonphysical intervention skills, such as de-escalation, mediation conflict resolution, active listening, and verbal and observational methods, to prevent emergency safety situations
- The safe use of restraint, including the ability to recognize and respond to signs of physical distress in residents who are restrained.\(^6\)

All other training requirements described in 55 Pa. Code § 3800 must followed. This includes initial trainings and at least 40 hours of training annually relating to the care and management of children.

All training must be documented in the individual’s personnel file. Documentation must include pre and post tests as well as evidence that the staff person has successfully demonstrated an understanding of the training content around restraints. The provider must maintain documentation in accordance with 55 Pa. Code § 3800 and the MRPPF.

Questions regarding this Bulletin should be directed to CBH.Compliancecontact@phila.gov.

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\(^4\) OMHSAS and CBH require that all staff are appropriately trained in the use of restrictive procedures; this guideline should not be interpreted to mean that some staff are exempt from the training listed, as all staff can potentially become involved in restrictive procedures.

\(^5\) PA Code § 3800 Staff Training, [https://www.pacode.com/secure/data/055/chapter3800/s3800.205.html](https://www.pacode.com/secure/data/055/chapter3800/s3800.205.html)