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**Champa, Heidi**

**From:** Eric Schwartz <ESchwartz@sarahreed.org>  
**Sent:** Tuesday, August 15, 2017 4:31 PM  
**To:** PW, OPCRegs  
**Subject:** Outpatient Regulations

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Attention: Michelle Rosenberger, Bureau of Policy, Planning and Program Development, Commonwealth of Pennsylvania

Dear Ms. Rosenberger,

My name is Eric Schwartz. I am a licensed psychologist and Board Certified in Clinical Child and Adolescent Psychology. I am the Vice President of Clinical Services and Director of Psychology Internship Training at the Sarah A. Reed Children's Center in Erie, Pa. I have been at Sarah Reed for almost 20 years. One of the programs under my leadership and responsibility is our Outpatient Psychiatric Clinic. I am writing to share with you my comments regarding the proposed Outpatient Regulations currently out for public comment.

First, I sincerely applaud the efforts by all of those involved to update and modernize these antiquated regulations. The bottom line impact will hopefully lead to more accessible outpatient options (e.g MMHT for children under 21) and services for vulnerable Pennsylvanians and reduced burdensome and onerous restrictions on the provision of those services by the dedicated professionals who diligently, ethically, and with integrity meet the needs of the individuals they are charged with working with each and every day. So, thank you for this.

There are many positives in the revised regulations. The updated language to reflect the dignity of all people who seek out services; the emphasis on evidence-based individual clinical interventions as a fundamental approach to providing high quality services, and the recognition of the need to expand existing services both in terms of location (MMHT) and actual providers is a long time coming. Again, I applaud the work done in this important effort.

I would be remiss, as a professional who has dedicated his career as a psychologist to working with children, adolescents, and families in public mental health, if I did not share my comments on and suggestions for improving the current or even future regulatory efforts.

As I mentioned, the updated language in these revised regulations is incredibly important and sets the stage for delivering services that are responsive, sensitive, and inclusive of the diversity of individuals who struggle with psychological, emotional, behavioral, and psychiatric disabilities. One suggestion I have is to broaden the nomenclature for identifying these services to be equally as inclusive. For example, the use of the label "psychiatric outpatient clinic" seems highly idiosyncratic and can easily lead to the identification of individuals receiving services at such clinics as requiring services from a psychiatrist. In fact, this is often not the case, especially with children. In line with the regulatory efforts to be more sensitive to the individuals seeking services, as well as the broad array of professionals providing services to these individuals, it might be clearer to refer to these clinics as "Mental Health and Wellness Centers". This communicates a more positive emphasis on the use of services to support mental health and wellness and is in line with current evidence-based practices.

Similarly, the consistent terminology focused on the use of the term "psychiatric" in other definitions does little to recognize the reality of the broad array of services and interventions by licensed professionals from other disciplines, that in fact, are often doing the lion share of work with individuals. Shifting the way in which we label and describe services to be broader and more inclusive is in no way intended to malign or diminish the important work and role that psychiatrists and other medical professionals (e.g. CRNP's and PA's) have as part of the team, but to better communicate the interdisciplinary approach needed to address the spectrum of mental and behavioral health needs of individuals.

Just as terminology can be problematic, so can the actual delivery of services be burdened. One of the areas that is most confusing to me, that is not explicitly addressed in the regulations, is the inconsistency in the application of the regulations to the provision of outpatient mental health services to individuals who have Medicaid. Specifically, I am

referencing the significant regulatory burdens placed on "psychiatric outpatient clinics" vis a vis the requirement for psychiatric oversight of mental health treatment provided by otherwise independently licensed professionals. Here is an example; Individual A has Medicaid and seeks out mental health services at their local "outpatient psychiatric clinic". At the clinic, the person is seen in treatment by a licensed psychologist. The psychologist provides psychotherapeutic interventions based on the best available research, the individual's unique cultural background, and the clinicians experience and judgement. No medication is warranted in this case. Under this scenario, the care is burdened by the regulatory requirements for "outpatient psychiatric clinics" for psychiatric oversight, such as reviewing, approving, signing treatment plans and supervision.

Here is the exact same scenario except that the only difference is the individual who is receiving services (being paid for by Medicaid) is provided these services in a psychologist's or other LMHP's private practice. In this scenario, the same psychologist or LMHP is unrestrained from having to have his/her psychotherapeutic work burdened by the required review of a psychiatrist. I understand that the regulations do not apply to private practice and I recognize that the regulations are based on federal guidelines, but it simply bears stating that the burdensome psychiatric oversight requirements placed on clinics are a constant barrier to the provision of services in the most efficient manner possible. I have personally had contact with a number of individuals supported by Medicaid who preferred to seek out services from private practitioners because they did not want to have their treatment reviewed by a psychiatrist (particularly when no medication was involved). Unfortunately, there are simply not enough private providers who accept medical assistance payments and so individuals are limited to receiving services in "psychiatric outpatient clinics" and therefore having their services reviewed, approved, and signed off by a psychiatrist who may not have any direct knowledge or contact with the individual receiving treatment.

Once again, I am incredibly optimistic that the proposed changes will go a long way to modernizing the service delivery system and improving access to care for the diversity of individuals who struggle with mental health issues. Please accept my comments as opportunities to further improve the system so more people can access the care they need in a system burdened by regulations that are often contradictory and onerous.

Thank you for allowing me to comment. The opportunity for public dialogue on these critical issues enhances the transparency of the process and allows for open communication and the sharing of diverse ideas and opinions.

Respectfully,

Eric Schwartz, Psy.D., ABPP  
Licensed Psychologist  
Board Certified in Clinical Child and Adolescent Psychology  
Vice President of Clinical Services  
Director of Psychology Internship Training  
Sarah A. Reed Childrens Center

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