

#3209

Cheryl Yohn

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From: Ken Kindya <KJK1959@outlook.com>
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Subject: No. 3209 Department of Human Services #14-546: Intensive Behavioral Health Services

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Independent Regulatory
Review Commission

To Whom It May Concern:

I received my Ph.D. in clinical psychology from University of Maine in 1990. While residing in Maine I served individuals along the lifespan. I also co-founded a wraparound agency and served as its Clinical Director for five years. When I moved to Pennsylvania in 2006, I began doing BHRS psychological evaluations. As of this date it has been my pleasure to perform thousands of these evaluations and sit in on thousands of ISPT meetings.

As I review the proposed legislation No. 3209 Department of Human Services #14-546: Intensive Behavioral Health Services I find I have many concerns and find there are many inconsistencies between the proposed legislation and what has been stressed as important in the past.

First, I will address issues that affect agencies and ultimately children with Autism. The requirements that BSC's be BCBA certified puts at risk all the care of the children with Autism who are currently in BHRS. This is because there are so few people who are BCBA certified that services will not be able to be rendered. It would take an exorbitantly long time to have adequate numbers of these individuals in Pennsylvania to serve children on the spectrum.

Regarding replacing as a minimum standard, a face-to-face psychological evaluation with a "face-to-face interaction" by individuals who do not have a license to perform evaluations and make diagnoses maximizes likelihood of poor assessment. Without an accurate assessment and definition of problems proper treatment cannot commence. It appears as if this proposed legislation is attempting to raise the standards of treatment providers by requiring BSC's to be BCBA certified, yet the evaluation process is completely demeaned and left in the hands of those not privileged to do psychological evaluations or make diagnoses. This appears to be a serious contradiction and inconsistency within the legislation. The psychological evaluations in the past have been judged to be so important that several years ago that the Pennsylvania Psychological Society, Pennsylvania Psychologist Licensing Board and CCBHO required that all evaluators meet the state licensing requirement to be a psychology assistant. If the face-to-face evaluation was so important in the past and required such a high level of credentialing why have all standards been abandoned? Additionally, the contents of the psychological evaluations that are required for BHRS are clearly stated and referred to as "best practices evaluations". Again, if these evaluations are so important that minimum standards have been developed and monitored how could individuals not licensed or credentialed to provide evaluations and diagnosis be allowed to substitute a "face-to-face interaction" in lieu of a best practices evaluation?

The proposed legislation also eliminates the requirement for an ISPT following the psychological evaluation. After having participated in the thousands of these meetings I can attest to their importance. It allows the family to get detailed feedback from the treatment team and the psychologist on the status of their child. As the psychologist/evaluator I find the input from other team members invaluable in determining services required. This is particularly true when services are provided within the school only. This is because during the evaluation typically only parents are present. An ISPT provides a forum for all providers and school members to participate and provide feedback to the prescriber and family. Additionally, the presence of care managers from managed-care firms are permitted attendance and the meeting provides a fuller understanding of the child's and family's needs for them as well.

In short, the proposed legislation threatens the very existence of the services that the legislation is designed to enhance. It is filled with inconsistencies and policy change that will ultimately provide poorer service to our most needy children.

Sincerely,

Kenneth J. Kindya, Ph.D.

Licensed Psychologist