14-546-49 3204

Champa, Heidi

From: CAMPBELL, ELIZABETH M <emc20@psu.edu>

Sent: Monday, August 27, 2018 4:11 PM
To: PW, IBHS
Subject: Comments on proposed IBHS Regulations

To Whom It May Concern:

Below are several questions and comments regarding the proposed IBHS regulations, in response to the request for public comment:

CHAPTER 1155 - GENERAL PROVISIONS

1153.34 (7) states that for payment of an Evidence-based Treatment "The IBHS agency has a current certification or licensure from the National certification organization or entity that developed or owns the EBT provided or the EBT has been designated by the Department as a model intervention." - Not all EBTs offer an agency-level certification or licensure, which would make the former part of this requirement unattainable. I suspect that is why a second option" the EBT has been designated by the Department as a model intervention" is included. However, what does designation by the Department entail? And does this designation only apply for those EBTs for which national certification/licensure is not an option? If designation by the Department as an EBT is being proposed as an equivalent alternative to national certification, will the Department be imposing some type of certification standards of its own that would be applied to individual agencies providing a recognized EBT?

Time Frame for completion of the face-to-face assessment is inconsistent across services. Is this intentional or an oversight/error? The sections on Individual Services and EBTs say this assessment must be completed within 15 days. No time frame is listed under ABA Services (1155.33 (2)) and it states 5 days under Group Services (1155.35 (2)). This should be consistent across services and consistent with Chapter 5240.

CHAPTER 5240. INTENSIVE BEHAVIORAL HEALTH SER11 VICES

5240.11 (f) (2) - States the responsibilites of the clinical director include "Providing 1 hour of supervision to all staff that supervise other staff at least two times a month." -

- The way this reads, it sounds as though if a staff person supervises other staff at least twice/month, he/she must receive at least 1 hour of supervision. I don't think that is the intent. It would be clearer if it said, "Providing 1 hour of supervision at least two times a month to all staff that supervise other staff."
- Also, does this need to be 1 hour of individual supervision or is group allowable? If group supervision is allowed, is there a limit to the size of the group? (Such limits are offered elsewhere for supervision of direct care staff and would also be appropriate when providing parameters for the clinical director's supervision of supervisors.)

5240.12 (b) (2) - States the clinical director must be licensed "...or be licensed in this Commonwealth as a social worker with a graduate degree that required a clinical or mental health direct service practicum." - Assuming the goal of the clinical director position is to ensure strong clinical oversight and guidance of the program, the education, training, and experience of this individual is especially important. The qualifications should require that this person have a *clinical* mental health license and not allow for LSWs to serve as clinical director. A clinical practicum is not equivalent to the extra 3,000 hours of postgraduate clinical supervision that a LCSW, LPC, or LMFT must complete.

If DHS is concerned about providers' ability to find qualified clinically licensed individuals, perhaps a transition period could be included whereby LSWs with a certain amount of postgraduate clinical experience is able to serve as Clinical Director but at a certain point after the regulations are enacted LSWs would no longer be allowed to serve as Clinical Director. The postgraduate experience required should be more than one year; at least 3 to 5 years would be more commensurate with the postgraduate experience of clinically licensed individuals. However, 3 to 5 years of experience with an unknown degree of supervision/oversight is still not the same as the 3000 hours of experience with weekly supervision by a licensed individual as required for an LCSW.

One of the challenges we have in PA is that we have many therapists practicing who are not licensed, because they have worked in agencies where a license is not required. I think that the requirement that the Clinical Director be licensed will create an incentive for agencies to help staff become licensed and perhaps a transition period, as described above, would facilitate this.

5240.41 (b) (3) - States the individual record shall "Be reviewed for quality at least every 6 months by the administrator director, clinical director, or designated quality improvement staff." - If the requirement is that EVERY client record is reviewed every 6 months, this could be burdensome to large agencies with high caseloads. If the goal is to ensure records are maintained adequately, a random review of records every 6 months may suffice and be less burdensome. The threshold for records to review could include a certain percent or a minimum number of records for each program or each clinician.

5240.72 (Under Individual Services) - The clarification of supervision requirements is needed and welcome. However, I believe the requirement for 30 minutes of direct observation every 3 months fails to fit the needs of more experienced clinicians. Individuals who are new or have little experience may require more frequent observation, but for more experienced staff perhaps a less frequent schedule would be appropriate. Also, is the IBHS Supervisor a distinct position or can this role be filled by someone also providing direct service (e.g. Behavior Specialist or Mobile Therapist)?

5240.93 (b) - States "An IBHS agency shall ensure that EBT is provided by staff that meet the qualifications and receive supervision as set forth in the EBT."

- EBTs vary greatly in their readiness for dissemination and the type and degree of requirements set forth by the developer/purveyor of the EBT. What are the requirements or expectations if the EBT does not set forth clear requirements for staff qualifications and/or supervision?
- If EBTs will be expected to document supervision, this should also be stated (as is done in 5240.72 for Individual Services, and in the sections for ABA and Group Services).
- Training requirements for clinicians working in EBTs should also be outlined in the EVIDENCE-BASED THERAPY section, as is done for the other service categories. This could include "training as set for by the developer or purveyor of the EBT" but should also list any additional training that DHS would require (as is done in 5240.73, for instance).

In short, while the reference to developer/purveyor requirements is appropriate and will help to minimize conflicts between requirements of the state and of the EBT, this section leaves out important sections that are covered in other service categories.

5240.17 - Group Services Provision - Why is there a distinction between BHTs and MHWs for Group Services? It seems that the intent is to enable the MHW, who must have a Bachelor's, to provide certain services with greater autonomy than the BHT, would might have an associates degree. But several of the responsibilities listed under the MHW for *Group* Services are allowed to be provided by a BHT under *Individual* Services (e.g., psychoeducation). The distinction between these roles under Group Services seems artificial. For instance, why can a MHW only help the child with developing appropriate behaviors, interpersonal relationships, and coping skills, while the BHT can provide instruction in controlling emotional responses and problem skills modeling? I don't see a reason to carve this out into two separate roles.

Thank you for your consideration of my comments.

Sincerely

Liz Campbell, Ph.D., *Implementation Specialist*
Office Hours: M/W/F (out of office Tu/Th)
Evidence-based Prevention and Intervention Support Center (EPISCenter)
Bennett Pierce Prevention Research Center | Penn State University
Ph (717) 508-4778 | ecampbell@episcenter.org
www.episcenter.psu.edu | facebook.com/EPISCenterPSU | twitter.com/epis_center