

## Family Initiated Treatment (Youth access to behavioral health services)

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There are multiple pathways to access behavioral health services (mental health and substance use disorder) for children (ages 0-12) and youth (ages 13-17) in Washington State. System of care in Washington is guided by 3 core values that include: family and youth driven and directed, emphasis on importance of community-based services, and delivery of services with cultural and linguistic humility to address issues of diversity and disparity. Within this framework youth always have the right to receive services in the least restrictive setting to have their needs met. Additionally, there may be times when the youth may not be able to provide consent to participate in behavioral health treatment voluntarily. Family Initiated Treatment (FIT) provides an additional access point for these youth to receive the behavioral health treatment they need.

### Family Initiated Treatment

A parent or guardian as defined in RCW 71.34.020, may bring their youth to a participating outpatient behavioral health provider, evaluation and treatment (E&T) facility, inpatient facility (licensed under RCW 70.41, 70.12, or 72.23), secure withdrawal management facility, or approved substance use disorder (SUD) treatment program and request an evaluation to determine if their symptoms met the medical necessity for this level of service. The youths' consent is not required. The Health Care Authority (HCA) has developed 3 FIT training modules for youth, parents/guardians, providers, and the community at large to help provide additional knowledge and clarification on how to access FIT and what that process entails. Modules 1 and 2 provide background information and address what is in the law, while module 3 is focused on best practices for treatment engagement.

### Outpatient FIT

The parent(s) or guardian as defined in RCW 71.34.020, may bring or authorize the bringing of their youth to an outpatient behavioral health provider and request that an appropriately trained

professional as defined by WAC 182-130-0100, complete an evaluation and determine if the youth meets medical necessity for outpatient treatment. If after the initial evaluation the professional person agrees the youth could benefit from outpatient treatment, the parent or guardian may provide consent for up to 12 outpatient visits within a 3-month period, without the youth's consent. Following the 3-month treatment period, the youth will need to consent for further treatment with that specific professional person.

A professional person that is solely providing mental health (MH) treatment to the youth has to provide notification of the treatment to the FIT administration within twenty-four hours of the first receipt of treatment and again at least every 45 days. HCA will then conduct a review to determine if the current level of treatment is medically necessary.

A professional person solely providing substance use disorder (SUD) treatment or co-occurring SUD and MH treatment, will convene a treatment review. If the youth provided written consent to the disclosure of SUD treatment, this review is sent to an independent reviewer at HCA and includes that written receipt of treatment notification. For additional information on (SUD), please reference the Health Care Authority Youth Substance Use Disorder Treatment Services Fact Sheet.

### Inpatient FIT and Residential Inpatient

When a parent or guardian is seeking inpatient care for their youth, they may seek an evaluation at:

- Evaluation and treatment (E&T) facility
- Hospital emergency department
- An approved SUD treatment program as defined by RCW 71.34.600; chapter 70.41, 71.12, or 72.23
- Withdrawal management program, or
- Inpatient facility

This evaluation must be completed within 24 hours from the time the youth is brought to the facility

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unless the professional person determines that the condition(s) necessitate additional time for evaluation. When a youth is admitted for FIT inpatient treatment, HCA must conduct a contracted independent review of medical necessity for treatment within the timespan of one to two weeks following admission. If HCA's finding confirms the medical necessity for treatment, the adolescent has the opportunity to petition the superior court to order their release from the treatment facility. If the youth files a petition for release, the facility must discharge the youth within 30 days from HCA's contracted review of medical necessity or 30 days from a youth's filing of a petition for release, whichever is later unless the adolescent voluntarily agrees to further treatment or a designated crisis responder (DCR) initiates involuntary commitment proceedings.

No provider is obliged to provide treatment to a youth under FIT, however no provider may refuse to treat a youth solely on the basis that the youth has not consented to the treatment as defined by RCW 71.34.600 (4). Additionally, no provider may admit a youth to treatment unless it is medically necessary. If, after any review conducted by the authority under RCW 71.34.610 (3) it is determined there is no longer a medical necessity for the youth to receive inpatient treatment, the authority will immediately notify the parents and the facility. The facility will release the youth to the parents within 24 hours of receiving notice.

## Eligibility requirements

Youth 13-17 years of age

## Authority

RCW 71.31, RCW 71.34.020, RCW 71.34.600, RCW 71.34.610, RCW 71.34.670, WAC 182-130-0100

## Partners

Youth, parent, or guardian; managed care organizations (MCOs), behavioral health administrative services organizations (BH-ASOs), mental health and SUD treatment providers, hospitals, school-based professionals, the Department of Children, Youth and Families (DCYF).

## Oversight

Per RCW 71.34.610, The Children Long Term Inpatient (CLIP) Administration Office is HCA's

identified state-contracted agency to provide reviews of medical necessity determinations of youth admitted to inpatient treatment under FIT under 71.34.600.

## For more information

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