

Parents may make medically necessary, behavioral health treatment decisions for their minor children 13-17.

Problem's with Today's Parent Initiated Treatment

- Stigmatizes parents. System that assumes parents are the problem and do not understand their child's needs. (Sometimes nobody understands!)
- Excludes the most knowledgeable person (child's care manager) who has the most to lose.
- Only provides short-term stabilization.
- Untested in SUD and as of 4/1/18 parents no longer can consent to i/p SUD tx.
- Assumes all children are capable of informed – and discounts the importance of trauma-informed interventions & adolescent brain development
- Parents are not able to collaborate – nor get information – in their child's care, thus a therapist is effectively able to fully understand the child's best interests
- Requires involvement with the courts and bureaucratic hoops to get long term treatment
- Excludes oppositional kids from accessing our safety net services (WISe) and enables defiance by youth

Parents Want a Family-Centered Approach...

- Ability to make medically necessary behavioral health care decisions for our minor children
- Ability to communicate with providers who are caring for our children, including medication management
- Mandated involvement of parents/caregivers in child's treatment unless documented otherwise
- Access to residential care without needing an ITA, multiple levels of state approvals, or court intervention
- Stop using jail to "treat" deviant behaviors. ARY/CHINS must be part of the solution.
- Provide in home services for resistant children including Dialectical Behavior Therapy (distress tolerance & emotional regulation skills training), respite care, and Functional Family Therapy
- Clear standards of admission practices for tiered levels of care/intervention
- School-based services that include behavioral health supports for IEP & 504 students
- Family not shamed for needing more help than the average
- Minor children are able to access care without our consent, but parents are involved as early as is prudent.

...that Protects Children's Rights

- Do allow minors 13 years or older the ability to seek out behavioral health treatment without immediate parent consent
- Do not require providers to treat a minor nor make disclosures to the child's parents if, in the judgment of the provider, doing so would put the child at risk of harm.
- Do not: provide parents access to psychotherapy notes.
- Do not hold healthcare providers liable for communicating with a parent about their child's evaluation or treatment.
- Do not: Change the right of any child to receive an abortion nor impact laws that allow children 14 and older to receive testing, reproductive healthcare, contraception and treatment for STDs without their parents' knowledge.

New Ideas:

Raise the Age of Refusal *(Consistent with the purpose of 71.34)*

- A minor who is 12 years of age or older may access behavioral health care or counseling
- The treatment plan of a minor shall include the involvement of the minor's parent or guardian, if appropriate, as determined by the professional person or treatment facility treating the minor.
- The professional shall state in the minor's treatment record whether and when the professional person attempted to contact the minor's parent or guardian, and whether the attempt to contact the parent or guardian was successful or unsuccessful, or the reason why would not be appropriate to contact the minor's parent or guardian.
- The minor's parent or guardian is not liable for payment for any care provided to a minor
- The state shall respect the right of a parent or legal guardian to seek medical care and counseling for a drug- or alcohol-related problem of a minor child when the child does not consent to the medical care and counseling, and nothing in this section shall be construed to restrict or eliminate this right. (A child cannot refuse medical care until they turn 18.)
- In cases where a parent has sought the medical care and counseling for a drug- or alcohol-related problem of a minor child, the provider shall disclose medical information concerning the care to the minor's parent upon his or her request, even if the minor child does not consent to disclosure, without liability for the disclosure.

Create Child Initiated Treatment

- Parents can access healthcare for their minor children up to the age of 18 regardless of whether it is physical, behavioral, or mental (with the exception of reproductive health)
- Abolish Parent Initiated Treatment because of the stigma it create.
- Create a Child Initiated Treatment Process that allows a child of any age to access care that protects youth over 13 who want to access services without parent consent and protects their medical records.

Fix the Loopholes

When a parent brings a child in for an evaluation and the provider determines that treatment is medically necessary, then the parent becomes the personal representative for the child during the course of treatment.

- Include protection for provider so they are not be liable for communications with the parent of the minor related to the exchange of information or treatment discussions.
- The role of personal rep includes the transmission of medical information, making treatment decisions, reviewing the compliance of the minor with treatment recommendations.
- The provider is not required to enter into a treatment relationship or make disclosures which would, in the judgment of the provider, place the child at risk of harm.
- The obligation to share treatment information with a parent shall not include a right of access to psychotherapy notes.
- Do not disclosure to the parent of information relating to the substance use disorder treatment of a child to the extent that this disclosure is prohibited under federal law.