Parent Initiated Treatment: Stakeholder Advisory Group

April 24, 2018 Meeting

PIT WORKGROUP HB2779

Meeting Purpose:

The goals of this kickoff stakeholder meeting will be:

- To hear current system information on Parent Initiated Treatment and related topics
- To participate in a facilitated conversation on how the stakeholder group would like to manage the tasks included in the assignment and create a work plan with future meeting dates.

Facilitator: Blake Ellison and Paul Davis

The Bill – HB2779, Sec 9

The bill language outlines the tasks of this group as follows:

(1) The Department of Social and Health Services must convene an advisory group of stakeholders to review the parent-initiated treatment process authorized by chapter 71.34 RCW.25. The advisory group must develop recommendations regarding:

(a) The age of consent for the behavioral health treatment of a minor

(b) Options for parental involvement in youth treatment decisions

(c) Information communicated to families and providers about the parent-initiated treatment process

(d) The definition of medical necessity for emergency mental health services and options for parental involvement in those determinations.

(2) The advisory group established in this section must review the effectiveness of serving commercially sexually exploited children using parent initiated treatment, involuntary treatment, or other treatment services delivered pursuant to chapter 71.344 RCW.

(3) By December 1, 2018, the department of social and health services must report the findings and recommendations of the advisory group to the children's mental health work group established in section 2 of this act.

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Welcome	**Lead: Diana Cockrell**
Settle in/Introductions Opening remarks	**Attendees:** Diana Cockrell, Kevin Black, Kathy Brewer, Brad Forbes, Peggy Dolane, Lonnie Johns-Brown, Khurshida Begum, Paul Davis, Blake Ellison, Tim Shields, Simon Conrad, Rep. Tana Senn, Lisa Daniels, Rep. Tina Orwall, Jim Theofelis, Melanie Smith, Liz Troutman, Laurie Lippold, Lily _____, Robby Pellett, David Johnson, Zephyr Forrest, Carol Beccera, Keri Waterland, Amanda Lewis, Mandy Huber, Laressa Fourre, Patty King, Evelyn Maddox, Elizabeth Venuto, Taku Mineshita, Dae Shogren, Kristen Houser
Overview of the Children's Mental Health Group's work	**Lead: Rep Tana Senn**
Overview of task:	The purpose of the stakeholder work group was described as a re-examination of the role of the parents of children in relation to behavioral health services. It has been heard loudly that a change needs to occur. Based on the needs of parents and children; what are the opportunities to change the system? Do we need to revise PIT? Do we need to change the age of consent? What is needed for families and youth to better access the behavioral health system and to have more parental involvement than in the past? How do we improve the system of access? We need to understand why age 13 was chosen in the first place. What will ensure that youth will get the care they need with active support from their parents?
Overview of each component of the task ahead	**Lead: Subject Matter Experts**
PIT Flow Chart Lisa Daniels	Presented on PIT flow chart It was suggested that another component to look at is medical necessity.
Medical Necessity David Johnson	Provided overview of definition of medical necessity and gave background information regarding laws passed to ensure that regardless of who the insurance payer is, the plans pay for emergency medical coordination and services. Hospitals are to provide emergency care if needed prior to plan authorizations. Prudent Lay Person Standard was referred to as a standard (plan to use this standard and obliged to pay unless/until emergency care is determined no longer necessary). Also mentioned was a revision in the Prepaid Inpatient Health Plan (PIHP) (Medicaid) contract that defines medical necessity.

	Our current definition of medical necessity does not capture the danger that youth may put themselves in, an example is youth who are being sexually trafficked. It was clarified that medical necessity judgement is done by clinician at PIT admission and the independent review (IR) done by CLIP Administration office is only for assessment later in treatment. Some felt that the Length of Stay of five to seven days (PIT and insurance) is often not enough. The majority of youth are out before IR medical necessity is defined by payer and baseline is often identified by payers as "suicidal ideation is baseline for this patient" which is not accurate. Medical necessity can change yesterday to today because the hospital is an artificial environment. Perhaps a break-out group on medical necessity is needed. The following questions remain on Medical Necessity and Prudent Lay Person Standard: **Q.** Does private insurance institute similar requirements (for medical necessity)? **Q.** Is there a different standard for medical necessity for children vs adults? **Q.** What is medical necessity throughout the course of treatment? Insurance practices how they are paying (or not paying) has an impact on families. **Q.** Please send definition of Prudent Lay Person Standard and compare to 71.34
Age of Consent Mandy Huber and Amanda Lewis	Under the law, age of consent is 18 unless otherwise specified, such as the case with age of consent for behavioral health. **Q.** Rational for over ruling Comment: Avenue into CLIP and hoops families have to jump through negatively impacts families **Q.** Physical health components that are not listed on Department of Health (DOH) handout **Q.** Does parent consent required mean a child cannot refuse? **Q.** Updated chart mental health/substance abuse on DOH website **Concern:** There is need for a document that addresses consent to share information and what this entails, from a parent's perspective.

Commercial Sexual Exploitation of Children (CSEC) Dae Shogren	**Q.** When does CSEC Screen occur? Policies within Children's Administration directs screening to be conducted upon entering foster care by the Child Health and Education Tracking (CHET) social worker (SW), Missing from Care (MFC) SW, and anytime a SW is concerned that a child is being commercially and sexually exploited. **Q.** Have you seen interventions? How do we use behavioral resources for those who have been trafficked? Have you seen effective programming? **A.** Yes what seems most effective is mentorship from survivors with lived experience. Building a relationship with these children is key. **Concern:** Law enforcement doesn't have education to identify CSEC, there was a recent suicide completion in detention of a youth who had been trafficked. Attorney General's office is spearheading website: Washington Traffickers There is a bill being developed which would provide a therapeutic response solution for victims of trafficking not being jailed. **Concern:** Add psych medication regarding parent involvement. **Concern:** Cultural relevance in our juvenile justice and other systems.
Highlights	**Lead: Family Liaison**
RCW 71.34 from the DBHR Family Liaison Perspective Patty King	**Concern:** Although Patty carefully went through RCW 71.35 in its entirety, she was unable to locate anything that addressed the current common practice of saying that a youth over age 13 must sign a release of information to have records released to parent and/or for parents to be involved in treatment. This is conflicting with the "purpose statement" of 71.34.010. If that is the law, please find the RCW, CRF, WAC or HIPPA code so parent can refer back to it. **Concern:** Consider if there is truly a need to call out a parent's right under "parent initiated treatment" perhaps it would be less complex to eliminate the term "parent initiated treatment" and assume as 71.34.010 implies that it is normal practice for parents to take their children for care and instead have a section under 71.34.530 that is called "Child Initiated treatment" which allows for any minor thirteen years or older to request and receive treatment…….

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Discussion	**Lead: Blake Ellison**
Q&A with the lens that we may not have the information but will use it to feed future conversations Blake Ellison	Facilitated handouts "Who to talk to?" "About what?" "How?" "When?" Worksheet was distributed, completed by group and collected. Diana Cockrell: Survey monkey to be sent out on how to do the work. Questions focused around what the group wants to tackle. What questions does the group need to focus on and what is ultimately being tackled. How does group incorporate missing voices from the room? Would like to hear from clinicians around the state and to address the following: • PIT Outpatient- Never had ability to access • SUD PIT allowable but no mechanism for utilization • Young adult/youth voice Recommendation for breaking into groups by subjects and presentations.
End Meeting	**Lead: Diana Cockrell**