

Parent Initiated Treatment: Stakeholder Advisory Group

June 11, 2018 Meeting

PIT WORKGROUP HB2779	
<p>(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:</p> <ul style="list-style-type: none"> (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. <p>(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.</p> <p>(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.</p>	
(1) Welcome	
Lead: Diana Cockrell	
<ul style="list-style-type: none"> • Settle in • Introduction of participants • Cover meeting objectives 	<p>Attendees: Amanda Lewis, Mandy Huber, LaRessa Fourre, Lisa Daniels, Patty King, Liz Venuto, Lois Williams, Melanie Smith, Paul Davis, Laurie Lippold, Mallory Peak, Peggy Dolane, Jim Theofilis, Kristin Royal, Shenna Tomar, Tina Orwall, Donna Christensen, Pamela Crone, Ellen Escarcega, Lucy Homans, Danielle Cannon, Rep. Tana Senn, Marsha Chenoweth, Ray Martinez Niro, George Petzinger, Roy Kalen, Sara Schumacher, Tim Shields, and Shannon Simmons</p>
(2) Quick overall work plan review	
Lead: Diana Cockrell	
<ul style="list-style-type: none"> • Review of work plan for group understanding 	<p>Reviewed plan on agenda so that everyone would know what to expect as far as upcoming invitations and participation.</p> <ul style="list-style-type: none"> • Listed the following components on the white board: Survey, Meetings, Community, and Compilation (Meeting Tracking).

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	<ul style="list-style-type: none">• Three subject matter expert leads for surveys. Parent Initiated Treatment (PIT), Admission Practices (Medical Necessity), and Commercially Sexually Exploited Children (CSEC). There are volunteers who will gather what is needed from the five stakeholder groups. The five stakeholder groups consist of clinicians, acute hospital staff, child advocates, youth, and parent voice.• Survey: The three leads will each convene a call with their survey group to gather information and questions. This information will be sent to the epidemiologist to determine how to ask the questions to develop a survey that can be shared broadly with stakeholder groups.• Meetings: Four meetings will be held over the next three months: PIT, Family voice and admission practices (medical necessity), CSEC, and the large group. The meeting invitations will be sent out from Diana to everyone and each person may attend any or all of the meetings. Subgroups will report to the large group during the large group meeting. A document will be compiled that synthesizes the running information from the groups that inform the recommendations. Stakeholders will be able to review the running document at each meeting.
(3) Agenda review for the August community meetings	
<ul style="list-style-type: none">• Discuss and receive feedback on agenda and goals for the August Community Meetings	<p style="text-align: right;">Lead: Amanda Lewis</p> <ul style="list-style-type: none">• Amanda presented a draft agenda for the two community forums scheduled for August 27th in Vancouver and August 29th in Spokane.• The agendas for both days will be the same:<ul style="list-style-type: none">○ An on-going list of attendees and stakeholders.○ Welcome, introductions, and housekeeping items for venues.○ Outline the house bill and requirements.○ Highlight the importance of community feedback and having these meetings.○ Overviews for each of the sections, led by subject matter leads TBD.○ Short break.○ Time for Q&As and feedback.○ Time to administer surveys.○ Closing remarks/adjourn.

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Questions/ Feedback:

Q: Will there be a separate conversation about the foster care population? **R:** Yes, at least three during the community meetings over the next four months.

Q: What is Safe Harbor group? **R:** Washington state is considered a Safe Harbor state for CSEC and the group is working on safety nets for youth who have been trafficked. Looking at how there can be more therapeutic responses to these individuals. Survey will be given to Safe Harbor Group for feedback.

Q: In addition to these dates in Spokane and Clark County, is there any community meeting planned in King County or North Sound? **R:** Can consider a third date if requested. Also web options are available for each meeting.

Q: There are two hours for education and overview and then 30 minutes for a survey and 30 minutes for Q&A? Can there be more opportunity for engagement and interactions? You want people to feel that they've contributed substantively. How much is the community meeting about getting information out as there is a need to be anchored in a mission. I.e., reactions to different opportunities that we could offer like "Children should be able to seek treatment without their parent knowing." Reactions. Are we going out to collect information or shift culture?

R: This is prior to forming recommendations so we are not able to provide recommendations or thoughts for feedback. The whole stakeholder group would have to develop and support the information that would be put out there to be responded to. That is the work of the group.

Q: How much of this is to gather information and how much is to motivate? There is a fear that we could end up with a study and have it go nowhere. There has been work on this for two years now. Understand that the government moves slowly, but what can we do to make this move more quickly?

R: We are seeking to get information from the community. This is the third meeting as a stakeholder group, and have spent 10-12 hours unpacking current system. Community may not get that in a meeting or even 12 hours of meetings. What they can bring to the table are current experiences, challenges, real life experiences, and preferences. This is job one. Our job is to make recommendations, the legislature's job is to act. We need to educate so the community understands why we are asking questions and collecting information.

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Q: How can we let parents know that they need to get themselves organized? The real debate is going to begin in January, and they need to be ready to inform and participate.

R: The Legislature is a question of studying vs. action: The work of this group is important. You can't change it if you can't understand it. Can DBHR say more about the overview piece? Trying to get a sense of who the audience will be and what depth will be needed to get the necessary information to get an understanding of these issues. We need a succinct document for the meeting, here is what you need and what the standards are. **Here's what we know, here's what we're thinking, now what do you think?** It will be helpful to have a sense of what we can do and cannot do. So we need the subgroups to work to develop those tentative recommendations so that the community would have something to respond to. This would have to be done by the groups and not by staff at the state.

Q: Questions will come back to the larger group for review. We will need each group to make sure that they are using full-voice from the community and think about how to make that happen.

R: Make sure that we are linking recommendations from former meetings as well. We know that we will not get consensus regarding recommendations. Community may not understand how nuanced this process to gather information to make recommendations.

Q: How do we connect our CSEC group with the other CSEC group that Senator Orwell has? Is this possible?

R: We need to be on the same page with recommendations. Let's talk offline.

Q: Are we going to be making a recommendation about the age of consent? After the whole historical dig, there was no substantial evidence about why the state chose the age of 13 for the age of consent. That was surprising. There was reportedly some movement nationally in the 70s to use 13 as the age.

R: Yes, we will be looking at this.

Q: Community Meetings- As the groups work on their topics they will develop test run questions/recommendations for the community meetings.

R: Not required, but an option.

Q: Can we include a slide that talks about the process in order to manage expectations?

R: People like that.

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(4) Questions from prior meeting		Lead: Mandy Huber
<ul style="list-style-type: none"> • Review questions from previous meetings and process them 	<p>Question matrix from the April and May stakeholder meetings reviewed by group. All questions were not reviewed due to time constraints.</p> <p>Questions reviewed were processed, and determinations made for which questions are of focus for the stakeholder group, and which are out of scope.</p>	
(5) Work Plan Discussion & Lead Assignment		Lead:
<ul style="list-style-type: none"> • Conversation on PIT and Age of Consent 	<p>Did not have time to cover.</p>	
(6) Next Steps, End Meeting		Diana Cockrell
<ul style="list-style-type: none"> • Review Next Steps • End Meeting 	<p>Document review for meeting tracking purposes for DBHR- Two similar documents that include all bill language. The first document has information according to the break-out groups, the second is the format that will be used for making recommendations at the end. All the same information just two possibilities for formatting. What does the group prefer? The group agreed that whichever tracking document that works best for DBHR's report writing should be used.</p> <p>Next step: Meet with leads to determine when meetings will be for the rest of the summer. Invites will be released to the entire group.</p> <p>Final questions? Are eating disorders including in PIT process? Response: House bill 2779 addresses eating disorders and PIT, but is a separate section from this.</p> <p>Close of meeting.</p>	
<p>End Meeting.</p>		