

## Parent Initiated Treatment: Stakeholder Advisory Group

July 16, 2018 Meeting

1:00 PM-3:00 PM

<b>PIT WORKGROUP HB2779</b>	
<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"> <li>(a) The age of consent for the behavioral health treatment of a minor</li> <li>(b) Options for parental involvement in youth treatment decisions</li> <li>(c) Information communicated to families and providers about the parent-initiated treatment process</li> <li>(d) The definition of medical necessity for emergency mental health services and options for parental involvement in those determinations.</li> </ul> <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>	
<b>(1) Welcome/Introductions</b>	
<b>Lead: Diana Cockrell</b>	
<ul style="list-style-type: none"> <li>• Settle in</li> <li>• Cover meeting objectives</li> </ul>	<p>Attendees: Diana Cockrell, Paul Davis, Blake Ellison, Kathy Brewer, Brad Forbes, Melanie Smith, Liz Troutman, Lois Williams, Evelyn Maddox, Amanda Lewis, George Petzinger, Lisa Daniels, Kevin Black.</p> <p>On Webinar: Tim Shields, Peggy Dolane, Laurie Lippold, Kalen Roy, Shannon Simmons, Melina Rozzisi, Danielle Cannon</p>
<b>(2) Quick overall work plan review</b>	
<b>Lead: Diana Cockrell</b>	
<ul style="list-style-type: none"> <li>• Updates as to work plan for group</li> </ul>	<p>Question regarding admission standards, recommending scope go beyond PIT. Diana stated this may be folded into future meetings.</p>

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	<p>Question of whether we are asking parents about medical necessity? Do they understand it and what has their experience been? This can be folded into the parent survey. Are there other items we want to keep in mind for parents and youth?</p> <p><b>Surveys:</b> Both surveys, similar timelines, by this Friday to Epidemiologist. Need to be sure we know what we want to ask, so Epidemiologist can formulate the question that needs to be asked. Should be completed by next week so the survey can be shared and have it out for about a month, through third week of August. Rough draft recommendations for Children’s MH Workgroup and the community forums. Group to meet again, and develop final recommendations to submit.</p>
<b>(3) Review of Parent Initiated Treatment (PIT)/Age of Consent survey questions</b>	<b>Lead: Kathy Brewer</b>
<ul style="list-style-type: none"><li>Review PIT/Age of Consent survey questions call-6/27/18</li></ul>	<p>What is a reasonable number of questions? 10 to 12, per Diana.</p> <p>Question: Ask youth their age.</p> <p>How are we getting to our target population? During last stakeholder meeting, brainstormed how to capture all of them (NAMI newsletter, Medicaid population, contacting Behavioral Health Organization (BHO) agencies and care coordinators) and recorded the ideas in the minutes. Melanie will send the survey to members, psychologists, and such for them to pass it along to parents and youth. CLIP programs clinicians, and Family Youth System Partner Round Table (FYSPRT) are other resources.</p> <p>Demographics – what region? County? Do these types of questions count against the final number of questions? Asking young adults about experiences when they were younger. Not sure if the youth survey will get the number of responses we need with dependent youth. Open to thinking more broadly. Mockingbird, Department of Children Youth and Families (DCYF), Foster Parent Association, Passion to Action, and BHO providers to help with distribution to reach dependent youth.</p> <ul style="list-style-type: none"><li>Where are you living?</li><li>Special education involvement</li><li>Racial and ethnic demographics</li></ul>

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- How does/did the ability to consent to treatment affect your ability to seek treatment?
- The importance of confidentiality. Recognizing the importance of youth having the right to access treatment.

Once survey is completed, test it with youth, prior to sending to all.

What's our aim with confidentiality? Do we want to know level of involvement, vs. access to clinical records?

Also having the conversation to include dependent youth and who gets information to them.

- Would you seek treatment if you knew that your information would not be confidential?
- Were you informed at the time you received care, did you know that you could seek treatment without parental involvement?
- Did you initiate treatment?
- Whose idea was it to initiate treatment?

A lot of youth may not know they can access treatment.

Gain Tribal involvement

Being more specific about language and defining Parent Initiated Treatment (PIT)

Is there any value in knowing if they couldn't find services?

Suggestion made of adding resources of 211, or crisis line at the end of the survey.

Parent:

1. Demographics: zip code, insurance coverage, race/ethnicity, relationship such as adoption, grandparent, etc.
2. Are you aware of the age of consent for Mental Health (MH)/Substance Use Disorder (SUD) treatment?
3. Have you tried seeking services for your 13- to 17-year-old and weren't able to because the providers wouldn't provide services because the youth would not consent? Have you brought your child for treatment and the provider wouldn't give you information about mental health treatment because your youth would not sign a release of information form?
4. Have you not taken your youth for treatment because you knew that the youth wouldn't consent?

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5. Have you chosen to send your youth out of state because you couldn't obtain services in Washington? If yes, ask why.
6. Do you believe that your youth should be able to keep some information confidential from parents?
7. Do you think there is some information that providers should be required to share with parents regardless of age of consent?
8. What do you think is a severe enough condition to require a youth to be required to have a MH/SUD evaluation and treatment? This may be a medical necessity question.
9. Are you aware of parents or families who would not allow their youth to obtain mental health treatment if the age of consent was higher? Are there reasons that you would not want your youth to receive MH treatment? Provide options
10. What impacts have you felt with the age of consent in terms of relationship with you and your youth, and you and your youth's therapist? If you had parent initiated treatment, would you engage in treatment?
11. After PIT, did your youth remain engaged in treatment?

If parent/caregiver brings them to treatment, what's the discussion around what information would be shared with the parent? Standard practice is to inform, but varies. From the youth/parent's perspective, they don't know much about what would be shared.

Need to ensure we don't give the notion that the parent can't get their youth in to treatment.

Options of PIT, are there things that could be approved upon that don't require an Involuntary Treatment Act (ITA)?

- After inpatient treatment, did your child continue in treatment on an outpatient basis and were they successful or did your youth decline outpatient treatment?

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<b>(4) Agenda review for the community forum meetings</b>		<b>Lead: Amanda Lewis</b>
<ul style="list-style-type: none"><li>Discuss updated agenda, goals, and dates for the community meetings</li></ul>	Reviewed draft community agenda. The group discussed the draft agenda, as well as the concern about timeline, and being able to have recommendations to share at the forums, if this is how we want to structure the community event. Diana stated a request to change to the timeline could be made, that would allow for the community forums to be scheduled in September. This is to be determined.	
<b>(5) Review of Commercially Sexually Exploited Children (CSEC) survey questions</b>		<b>Lead: Laurie Lippold</b>
<ul style="list-style-type: none"><li>Review CSEC survey call 7/12/18</li></ul>	<p>Question 4-What indicators, signs, concerns, did you see in your child prior to the exploitation? Move away from “symptoms” and use language like indicators. Why are we asking question 4? What would we do with this? It was reiterated that the purpose and this conversation is to determine if PIT should be used with the CSEC population. Diana suggested the challenge of this group is not to provide an intervention, but how PIT and ITA can serve CSEC. Perhaps next step is to look back and pose further questions, but not address at this time. Perhaps thinking about the legislative change and tying in that even though this population wouldn’t likely meet medical necessity, they could qualify because there are other indicators that meet need. There may be other indicators to take into consideration when thinking about care. Will we learn more about what those indicators are? Suggestion to use what is already available through statewide CSEC taskforce and DCYF training for social workers. How it looks different and the importance of education and reading between the lines. Progression of involvement would look different as well. Some indicators look like developmentally appropriate adolescent behavior, and therefore is hard to differentiate. Also, the inability to identify gender exploitation. Need to know questions to ask and harm reduction approaches.</p> <ul style="list-style-type: none"><li>Exchanging any sex act for something - (sexual exploitation definition provided for clarification)</li><li>Want to make sure to ask questions the clinicians are going to answer.</li></ul>	

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- Do you think inpatient treatment would be a good idea without consent?

Clinician's perspective – once the youth is meeting with clinician, they are in treatment.

Risk of losing relationship and weighing the line of safety. Idea of referring a youth to inpatient treatment if potential of harm to self with long-term goal of helping the child see that they are worth more than the CSEC lifestyle.

Currently, no authorization criteria specific for CSEC population. Some youth are admitted to SUD treatment that includes components that focus on other lifestyle changes.

Ask some of these questions of law enforcement (LE), who come into contact with youth. Perhaps having some indicators that could get them into treatment. It varies from county to county what LE is doing in regards to responding to CSEC youth. There are still misunderstandings of CSEC in some counties where not a lot of work is happening and there are many gaps. Survivor leaders are training law enforcement.

Will we ask any survivors and have them participate in the survey? Does inpatient help? Sense of autonomy and a façade of hospital and residential treatment not being effective.

Other than incarceration, how do you get a youth out of commercial exploitation? This may or may not be the best way to serve this population. What other states or research has been taking place?

Stakeholder groups that need to get the surveys for the bigger picture. Thinking of a survey for LE, survivors and leaders, providers (advocacy groups); Organization for Prostitution Survivors (OPS), in addition to other required groups.

Diversify resources around the state

Union Gospel Mission and survivor located in Pasco, may be interested in participating  
CLIP director in Spokane participating in CSEC advisory group.

Nordic model, decriminalizing

Next CSEC breakout meeting is scheduled on Thursday, 7/19/18 at 1 pm in Seattle at Away Home WA. Some of this conversation will be incorporated into the agenda. Some discussion will focus on the best way to serve this population and some will make its way out through the survey, to accomplish both.

Timeline – last two weeks of September to solidify recommendations and final report write up.

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	<p>Reasoning for extending out dates of community forums is to have recommendations to inform. Switching gathering feedback with more solid recommendations. All community meetings would need to take place by September 11<sup>th</sup>.</p> <p>Timeline ideas/discussion:</p> <ul style="list-style-type: none"><li>• Recommendations, pros, and cons</li><li>• When dates are confirmed, need to begin advertising</li><li>• Ensure survey is out as long as possible, and not shorten the timeline. Prioritize getting information/data from the surveys.</li><li>• Extend community forums to October</li></ul>
(6) End Meeting	<b>Diana Cockrell</b>