Parent Initiated Treatment/Advisory Stakeholder Workgroup

August 10, 2018 Meeting
1:00 PM - 4:00 PM

PIT WORKGROUP HB2779

(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.

(1) Welcome/Introductions	**Facilitator: Diana Cockrell**
• Introduction of participants	**Attendees:** Rep. Noell Frame, Natalia Koss Vallejo, Peggy Dolane, Ellen Escarcega**,** Lisa Daniels, Kathy Brewer, George Petzinger, Mary Clogston **On the Phone:** Robert Hilt, Christine Kapral, Lonnie Johns-Brown, Laurie Lippold **HCA Staff:** Mandy Huber, Amanda Lewis, Patty King, Lois Williams, Paul Davis, Diana Cockrell
(2) Overview of Age of Consent School Based Discussion	**Facilitator: Mandy Huber**
• Potential impacts to school based behavioral health services with	Mandy reported on recent meeting that took place with Office of Superintendent of Public Instruction (OSPI,) Educational School District (ESD) 113, who presented to the group on 8/2/18. They are the leader in school based behavioral health (BH) access in this state. ESD 113 gave an overview, sharing their perspective on access and impact on access if there were to be a change in age of consent. There are 9 ESDs in the state and ESD 113 serves five counties. From their

change of age of consent	perspective, a change would impact timely access, add significant lag time to engage families, and create a delay in initiating treatment. Sometimes parents already have little interest in participating, initiating or are inaccessible. During the meeting, discussion and look at Illinois model took place, and ESD 113 recognized some potential middle ground may be possible and that there may be enough time to engage the youth and family in their treatment, under this type of model. Illinois model allows eight sessions to be accessed by youth without parental consent. ESD 113 would want to allow for more follow up after eight sessions, therefore would need additional funding, knowing it would pose a challenge if parent is not the insurance holder. Illinois model was looked at with treatment started without parental consent and after several sessions, parent must consent. Various challenges were discussed. A stakeholder commented that ESD felt changing the age of consent would create difficulties. Parent stakeholder indicated that ESD 113 was not offered the "either party" consent model. A stakeholder asked whether we need a bucket of money for treatment without parent's payment coverage"? This has a process for confidentiality A parent stakeholder wanted to reiterate that ESD 113 stated that children who received care outside of the state, had shown it to be beneficial. A Health Care Authority (HCA) staff member reiterated that ESD 113 only shared their point of view, as a behavioral health treatment agency offering school based treatment services, and not speaking on behalf of others. A stakeholder stated that ESD 113 felt it would cause more harm than help if we were to change the age of consent. A stakeholder summarized that this morning we spoke about having as much access as possible, and at this point in the conversation we are no longer wanting to raise the age of consent. Need to ensure to think about a fiscal note if we are to implement policy changes, this may be a need. Where would the funding come from? Explanation of benefits (EOB). Question was asked: What is changing that would now require a fiscal note? It was discussed that in the Behavioral Health Organization (BHO) system there is state funding available that is required to be used for youth who are not Medicaid, for substance use disorder treatment. Unsure if this is replicated for mental

	health treatment. We are also unsure about Managed Care Organization (MCO) and Administrative Service Organization (ASO) system. Medicaid cannot bill families. Stigma and Medical necessity issues continue. Parents are getting "stuck with bills" in the commercial world. It was reminded that parents with Medicaid shouldn't be getting a bill, but they could access insurance records.
Parent Webinar Update	**Patty King**
- Patty gave her update early due to her schedule	Patty updated on parent webinar she is hosting next Wednesday from 6-8 PM in effort to capture more parent voice. Patty discussed overview of questions that were presented at the first PIT meeting in April by Rep. Senn. Comments were shared from 20 parents. Parents benefit from the input of others and the majority of parents feel PIT is not effective. Increase support for parents is needed. The parent webinar notes will be posted to the PIT Stakeholder Workgroup website. It was asked if there was opportunity for youth to have a voice in this. Diana will connect Lauren with another stakeholder for this.
Breakout Workgroup Updates	**Laurie Lippold, Kathy Brewer**
- CSEC, PIT/Age of Consent	**Commercially Sexually Exploited Children (CSEC) Breakout** Laurie provided update. Preliminary recommendations have been determined and sent out to the group. Some recommendations are to not make signs/indicators of CSEC, criteria for medical necessity alone. A need to have a variety of quality behavioral health services, have receiving centers be placed in close proximity to an Evaluation and Treatment Center (E&T) and/or hospital, determine who should be able to file a PIT, and not opening this broadly, but to include kinship caregivers. The CSEC breakout group added four questions that were sent out in the survey to youth, survivors, law enforcement, and going to Rep Orwall's contacts. The four survey questions were shared with the group. And although recommendations have been identified, the group is still asking questions to receive feedback from stakeholders and recognize this importance. Once the survey closes, results will be analyzed and further recommendations may be made. Parent stakeholder commented she had spoken with Barbara Mack in King County stating that a Judge has been given authority to make residential treatment decisions. Recalling that there wasn't awareness of this

bill 2746? From 2016. Laurie stated that if we want to continue conversation about this that we should involve the appropriate folks. The digest mentions Juvenile Justice (JJ), so we may have to explore this further. With JJ moving to Department of Children Youth & Families (DCYF), this may begin to operate differently.

Laurie asked two questions. Can anything be done about medical necessity criteria? What will a parent be able to do if the law changed?

Rep. Frame clarified that no one is talking about changing the age of consent, rather giving more consent options. There is fear of abuse and a need to fix system to bring in more safeguards. We wouldn't want abuser to use treatment for added abuse.

Does the medical necessity component cover the abuse problem? The facility must be licensed. Parents want more power to compel treatment because youth can refuse treatment when it is truly needed. There is a need to put in guardrails.

There is the ability to put youth into an Evaluation and Treatment (E & T) Center. However there is a revolving door when often after 72 hours, youth is released and then goes to jail before getting a Children's Long Term Inpatient (CLIP) referral or other treatment. Seattle Children's Hospital (SCH) stakeholder commented that the statue allows for longer than 72 hours, if there is a need.

Parent stakeholder commented on the Stigma attached to PIT. There is a need to give more power to parents and also to allow youth to commit themselves into treatment. PIT law currently "cuts the parents out."

A stakeholder again asked if group is trying to fix the current system or create a new one? Time is too short to create a new system.
Laurie commented that it does not feel like law actually reflects what parents can do.

Admission Practices Breakout

The only update is insurance survey is out to plans and when the survey ends, results will be analyzed and shared with group.

PIT/Age of Consent Breakout

Kathy provided update from the morning breakout workgroup. Kathy is looking at multiple perspectives, receiving parent feedback, and generating a list of what the group could agree upon. Next steps would be to draft, and share with workgroup. Group is continuing to narrow and refine. The group was able to come to general consensus, expanding the ability for parents to access treatment for their youth. The outpatient law is not adequate, and there is a need to expand outpatient and long term inpatient. Rep. Frame commented about parental consent being required for medication while in treatment. Parents that may not believe in psychotropic medication, may not consent. Also, what is the range of medication that youth could consent to themselves? Youth should be able to consent. Why are we requiring parents to consent to medication? A stakeholder commented that if parents are not involved in this process and are responsible and have authority to discontinue medication, this creates a gap in communication and involvement. If parents are living outside of the home, that could be beneficial. By and large it is important to involve the whole family.

Returning to the question, are we laying out something brand new or changing the system? Kathy added if we make changes to the new system, it will be a new system. Modifying 71.34. Do we need to have additional safeguards in place, to ensure that we are not enforcing youth into care inappropriately?
Who has the veto right? A 14 yr. old or parent? A stakeholder stated that it may depend upon the provider, and it isn't always clear. Providers can look at the dynamics in the family, the complexity, and make decisions considering. We want to determine what could be of benefit for all. Avoid either/or veto power and make it a collaborative experience.

A stakeholder referenced a disconnect between the MH provider and the prescriber, and that they are often not the same person.

There are safety concerns when the parent is not managing medication and not knowing the risks. Kathy discussed the access issue. Parents are to lock up the meds because of overdose. Parents need to be in charge to keep the youth safe.

Concern expressed about parents having veto authority and education to parents/caregivers is needed about medication storage.
Agreement of need for a collaborative approach.

	Stigma around psychotropic medications was discussed. Concerns if parents are given veto authority when the youth may want to take medication. There are populations that are not as open to the idea of taking medications because of culture and beliefs, which may pose an issue to youth who would like to consider taking medication.
Overview of Survey Update	**Facilitator: Diana Cockrell**
- Survey timeline, data and analysis	The PIT Stakeholder project is being expanded. Community forums are being moved out to October. The survey will close on August 31st and hoping to hear form as many people as possible. Diana shared information about details and design of the survey. So far, there are 604 responses to the survey. September 4-12 will be for analyzing results and then sending it out to the group. Will plan to have results by September 11th, in time for the scheduled PIT meeting that day. Group informed that there is a meeting August 15th to gather youth voice in the Vancouver area for 18-24 yr-olds receiving care for MH issues.
Review of Community Meetings	**Facilitator: Amanda Lewis**
- Discuss potential dates for community forum meetings	Amanda updated the group that the community forums have moved because of the extension of project timeline. Currently, dates are being scheduled between October 4 and 12. Agenda will include survey results. Group will continue to work on agendas. Previously discussed locations should be the same. Once finalized, invites will be sent out to stakeholders.
End Meeting	**Facilitator: Diana Cockrell**