

Parent Initiated Treatment/Advisory Stakeholder Workgroup

September 11, 2018 Meeting

1:00 PM - 5:00 PM

| PIT WORKGROUP HB2779 | |
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| <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/Introductions | |
| Facilitator: Blake Ellison | |
| <ul style="list-style-type: none"> • Introduction of participants | <p>Attendees: Danielle Cannon, Lisa Daniels, Kathy Brewer, Brad Forbes, Melanie Smith, Peggy Dolane, Timothy Miller</p> <p>On the Phone: Laurie Lippold, Melanie Smith, Christine Kapral, Kalen Roy, Marsha Chenoweth, Robert Hilt, Dae Shogren, Shannon Simmons, Jim Theofelis</p> <p>HCA Staff: Diana, Cockrell, Mandy Huber, LaRessa Fourre, Lois Williams, Paul Davis, Gary Hanson, Blake Ellison</p> <p>Staff on Phone: Patty King</p> |
| (2) Overview of Participation Ground Rules | |
| Facilitator: Blake Ellison | |
| <ul style="list-style-type: none"> • Cover ground rules: *Talk one at a time *Refrain from side conversations | <p>Overview of ground rules discussed and request to facilitate using the mic for the benefit of the people on the phone. This will ensure everyone has the opportunity to talk and the discussion is open to those on the phone. A request for no side conversations was made.</p> <p>If group is stuck on a topic, we will move forward and come back if there is time.</p> <p>The group agreed to ground rules.</p> |

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| <p>*Ensure opportunity for people joining remotely to ask questions and give input</p> <p>*If we get stuck on a particular topic, we will move ahead and come back to it later today or next meeting</p> <p>*Focus on what we are doing now-versus how the system used to work</p> <p>*Goal is to find common ground-listen to understand and clarify</p> <p>*Approach concerns with solution focused lens</p> <p>* Others?</p> | |
| <p>Overview of Survey Results</p> | |
| <p>Diana Cockrell</p> <ul style="list-style-type: none"> • Blake and Diana provided survey results update | <p>Blake reported that there were over 680 participants who completed the survey. The survey will continue to be worked on this week due to the 252 pages of results that will need to be pared down. Diana asked that if it is too large to send, would the group be okay with it being posted on the website? The stakeholders didn't appear to have a preference. Additional meetings for reviewing the survey will be scheduled in October.</p> |
| <p>Overview of PIT Workgroup</p> | |
| <p>Kathy Brewer</p> <ul style="list-style-type: none"> • Work through last week's survey sent out by Kathy • Continue to work through each item on the Ideas Under Consideration document-in order now by closest items with consensus | <p>Kathy Brewer updated on the process of the workgroup. Kathy sent out a survey monkey to the group to determine consensus on the questions from the Ideas Under Construction document. There was general agreement in expanding outpatient and intensive outpatient, but unsure how to do so. There still needs to be a decision made on outpatient reporting and how to develop treatment plans with youth and parents. Ensure youth's rights are protected, have a check and balance system, and build in reviews of some kind. The morning's breakout workgroup got as far as question 13 and tabled the rest for the next meeting. September 27th from 3-5 for the next PIT breakout group was accepted by the group. A calendar invite will follow. The</p> |

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| <ul style="list-style-type: none">• Modify language as needed to reach consensus | group would like to finish going through the questions and talk about the survey response. Kathy asked the group to email her with feedback if unable to attend the meeting. |
| Overview of Admission Practices Workgroup | |
| <ul style="list-style-type: none">• Overview of Admission Practices | <p style="text-align: right;">Facilitator: Mandy Huber</p> <p>Mandy provided update from the morning's Admission Practices breakout workgroup, led by Lonnie Johns-Brown. The Integrated Managed Care (IMC) and Behavioral Health Organization (BHO) survey question answers were presented. David Johnson with HCA provided responses in terms of BHO admission practices and Colette Jones with HCA provided IMC responses regarding admission practices.</p> <p>Lonnie had informed that the group has gathered a lot of information and has heard from parents, and received some stakeholder's perspectives. The goal of next meeting is to specifically identify gaps. Lonnie will send out next steps and questions generated with a timeframe. Lonnie's office will get the next breakout meeting date sent out to the group. Meeting minutes may not be out this week, but Lonnie will email participants. Paul will send out ASAM and EMTALA information to be included.</p> <p>A stakeholder lead brought up the need for a discussion to address youth with risky behaviors. It was commented that most agencies are not set up to address these behaviors that don't usually meet medical necessity criteria. Maybe Functional Family Therapy (FFT) is needed to break the cycle. Often the only way to these promising, evidence based treatments of Functional Family Therapy (FFT) and Multisystemic Therapy (MST) is via the Juvenile Justice (JJ) system and Child Protective Services (CPS). How can we broaden access? There is a lot of work happening to reduce JJ involvement and still have youth receive treatment methods such as FFT and MST. A lead stakeholder commented that there is a lot of work going on to provide services to youth with risky behaviors. We may need to look at all the systems to see where there is overlap. There should be "no wrong door" into services. Admission practices need to change overall. We cannot change the definition of medical necessity, but can think about how to contract and work with organizations like Community Youth Services, rather than mental health providers. Also utilizing a school based approach and perhaps incorporating some of these services in the school setting. There needs to be a publication of available services as a resource for clinicians to provide referrals. Residential treatment can get the youth out of the environment as well. It was advised that this discussion is outside of the work of this advisory group, but the recommendation can be made for future work.</p> |

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| Overview of Community Forum Dates and Agenda Building | Facilitator: Diana Cockrell |
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| <ul style="list-style-type: none">• Updates on survey, community forum dates and agenda building discussion | <p>Forum Dates: October 4th, Spokane Regional Health District October 10th, Puget Sound Regional Council – Seattle October 11th, Daybreak Youth Services – Brush Prairie There is a need to confirm times. Would mornings be the best?</p> <p>Agenda Building: Discussion around the agenda for the community forums took place. What should it look like? Example, use clickers to capture live feedback during the meeting, who needs to attend each forum, who should provide presentations with enough context, should all three topics from the breakout groups be included or focus on one topic for feedback? How broad is the lens for the forums? Should the forums focus on PIT/AOC or Admission Practices? How should the group incorporate feedback from the broader community and from the survey? How held to the opinions expressed in the survey will the group be? Discuss concerns related to CSEC area, same with medical necessity (admission practices). Ask what parents have experienced, what barriers have occurred, taking this in and relooking at our recommendations, in the spirit of what we've been tasked with.</p> <p>The question was asked if the forums need to be held since there was good response to the survey. It was suggested that Family Youth System Partner Roundtables (FYSPRTs) could be the response medium. It would be difficult to get on the regional FYSPRT agendas at this point, but the work of this PIT workgroup has been a topic at some regional meetings. What about having these conversations through the FYSPRTs versus the community forums? A stakeholder mentioned adding this to the Spokane FYSPRT agenda on Oct. 4th. It was commented that King county works differently and has system partners, so will require timely notice. A stakeholder from King County offered to help get information out to that FYSPRT. Concern was expressed about going to ten FYSPRT meetings on short notice. This could be a good opportunity to influence state policy, and FYSPRTs will appreciate being involved. Would we be able to do education as well as gather feedback? There is still a need for the community to understand the PIT process. The group needs to make a decision about what we need to get out of community reach out. It was asked if we could use the statewide organization for FYSPRTs to contact the regions for us. Then have a call or meeting to gather their responses. If we provide them our recommendations, that would confine the conversation.</p> |

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| | <p>In summary, a lead stakeholder would like to hear back from the community what works and doesn't work for parents. Also, a need to ensure that it makes sense with the recommendations on CSEC. Possibly request our FYSPRT lead reach out. A recommendation to reach out to tri-leads, gather feedback and participate in a call. Overall, the group came to the conclusion that FYSPRTs would be a better way to get the community feedback. A reach out will be made to some representatives, or other legislative members to see how they would prefer reaching the community.</p> <p>A stakeholder asked if we have cast a wide enough net for input or should we do a more open-ended survey? Can we get more youth and tribal input? It was reiterated that there was significant reach with the PIT survey and a significant response from the community.</p> <p>Diana thanked everyone for their process and conversation.</p> |
| (6) Schedule Follow Up PIT Meeting | |
| | Facilitator: Diana Cockrell |
| Next Meeting | Discussed next steps for a full meeting. It was decided to schedule on October 15 th in the afternoon. The meeting will be to present the recommendations for the full group. A calendar invite will be sent to the group. |
| End Meeting. | Adjourned at 2:35. |