Parent Initiated Treatment (PIT) Stakeholder Workgroup

Parent/Caregiver Webinar

August 15, 2018

In an effort to enhance information utilized in the PIT stakeholder workgroup a Parent/Caregiver webinar was facilitated by Family Liaison Program Manager, DBHR. The webinar had 33 people registered and 22 participants, 5 of which were providers (2 played dual roles as parents who were also employed as non-peer behavioral health staff in our communities). Here is a brief statement regarding the feedback (more specific notes located below):

Feedback Theme 1: Parents and providers, overwhelmingly and almost unanimously felt that youth should be able to access at the age of 13, on their own, and that parents should also be able to access behavioral health (BH) care for their children/youth up to age 18 without roadblocks or barriers.

Feedback Theme 2: It was expressed that Washington State should move beyond Parent Initiated Treatment because the term itself is believed to cause negative stigma for parents when trying to access. One parent indicated the felt "criminalized" when trying to access help for their child using PIT and hoped on of the outcomes would be that parents be "de-criminalized". The conversation did not go into more details as to why this word was chosen. It was expressed that Washington State should develop a model similar to other states that allow uninhibited access to both; minors over 13 and to parents of said minors to seek help with them/for them.

Feedback Theme 3: All changes made as a result of the PIT Stakeholder's Workgroup recommendation should come with intensive education to the BH community which would include Parents/Caregivers and Providers. It was suggested to identify the top 10 places youth and family go for access and to begin the education campaign there, Crisis Response, First Responders, Emergency room, BH Centers, schools etc.

Feedback Theme 4: Increase Parent and Youth peer support to assist with access and navigation at all levels of BH care and increase support groups for both populations.

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What revisions would you recommend for Parent Initiated Treatment?	▪ It is really important that parents have a say. Parents are often "told" how it is going to go. ▪ Parents do not get enough information "we don't know what we don't know". Mental Health providers don't know either we learned that parents actually know more than providers do when it comes to parents rights. It shouldn't be a mystery and parents shouldn't have to "refuse to leave a hospital with their child" to get care. ▪ Ditto to what was said above and in an acute care setting parents were not included or invited into treatment and did not feel listened to when giving input on care decisions. ▪ Would like to see the law go back to what it was originally intended for, so youth over 13 were able to receive care ▪ At ER twice and ER did not share PIT information. Found out about PIT from someone else. Have parent support in ER's. ▪ Couldn't use PIT due to child entering into long term in patient treatment voluntarily yet went to detention twice and ran away to strangers the situation was life threatening. He is being discharged too soon because he is on a voluntary status but not decompensated enough now for PIT to be effective.	▪ Parents to have a say in treatment. Often times they are not heard. ▪ When youth have suicidal behaviors youth can "put on a good show". Parents should have the same right for to obtain behavioral healthcare and have the same right as obtaining physical health care. ▪ Support groups should be available to parents in crisis to assist with system navigation, have education about PIT and age of consent and also groups for psycho-education ▪ Parents get lost in the shuffle due to their guidelines not being clear not only to parents but they are not clear to providers. ○ Advocate for parental involvement ○ Laws changed April 1st to include SUD • Not enough education and info is provided to parents or providers. Depends on who is paying. • Parents decline using PIT when necessary because they don't know what PIT is. Recommend Parent Support in all areas of the system, WISe already has it.

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	▪ Move beyond PIT and give parents access without taking away children's rights look at Hawaii model that allows access for both ▪ PIT ties into age of consent. When you take your child to the hospital there is roadblock after road block and it is very unhelpful. ▪ Education is needed at points of contact to include police. ▪ De-criminalization of parents seeking help. ▪ Parents receive intense consequences when seeking help such as child abandonment charges if refuse to take child home and yet also face child endangerment of other children if they bring them home. ▪ BHO's to have link on websites about PIT ▪ Received the following comments from parent by email: **Allow youth at the age of 13 to continue to seek and obtain help for substance use or for purposes of mental health. Honor the current 18 year old age of majority until which time parents may equally seek and obtain help for their child's substance use or for purposes of mental health. (could draw from how other states have already done this).** ▪ **Allow youth with concerns for health and safety to request that professionals keep their records private from family members such as developing a process whereby a minor with legal counsel**	➢ Access to Care Standards need to be reviewed especially because population is changing due to increased substance use. ➢ There is a lack of resources and Parent and Youth Navigators at all levels. Mental Health Professionals are uniformed about PIT. Parent friendly and family friendly education needs to occur. ➢ If you are a BHO you should be required in contract to have an educational link on your website for Parent's, Youth and especially for providers.

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	could file a court approved record to withhold mental health and substance use information from parents/guardians. Such approval would require evidence of health and safety concerns and information would remain private until timely court hearing resolution.	
Do we need to change the age of consent, what would you recommend?	▪ Would like to see the law go back to what it was originally intended for, so youth over 13 were able to receive care whose parents religion or other beliefs, or the youth didn't want the parent to know they were accessing services. The original intent of this law was bastardized. ▪ Child required to sign consent forms to communicate or involve parents lead to parents providing an incentive to the youth which felt like rewarding bad behavior in order to incentivize the youth to sign consent forms. ▪ Important that when a youth has mental health issues if they live with you and you are responsible the youth should not have a say to refuse services. They may not be developmentally appropriate. ▪ Parents should be able to access care for their child/youth up to age 18. Youth should be able to access on their own at age 13 and up. ▪ We don't allow 13 year olds to vote, drink, drive or get jobs. I see no health reasons that should	✓ Age of consent more appropriate at age 16. ✓ There should be a screening process for those under the age of 16 who do not want their parents involved. If it is determined parents shouldn't be involved then determine if it's important to put a call into authorities. ✓ Oregon requires parental involvement before end of treatment.

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	allow an immature youth in crisis to refuse treatment. ▪ Age 13-17 need to be able to seek treatment on their own. ▪ Consent forms should not be needed to involve and include parents in their treatment. ▪ Out of concern for developmentally delayed children who can stay in public school until 23 the age of consent should be 21 or 23 ▪ Clause in law that youth should get care if they are 13 and laws should be written to protect them if they want to access without parental consent due to immigrant, religious or other beliefs. ▪ We were discharged from WISe and re-referred 2nd therapist advised youth to tell his provider he does not want the service. ▪ Ditto, we don't allow youth to vote, drink, or work for a reason ▪ Keep access for children over 13 ▪ Chronological age does not equal competency. Example: Autistic child tests out developmentally at age. ▪ Youth should be able to access services on their own. ▪ Age 18 for age of consent because "I am responsible for my child, it is my responsibility to	

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	access services to keep my child alive without road blocks. ▪ Age 13 should be able to access. ▪ Age 18 ▪ Should be able to access, parent should be involved without consent, they should be able to access resources if they have parents that are not helpful. ▪ Parent agrees with above statement exactly except encourage parental involvement. ▪ 18 no lower ▪ 13 to consent only if in abusive home parents should not be involved ▪ Parents sometimes fear the unknown youth should be able to consent on their own.	
What is needed for families and youth to better access the behavioral health system and to have more parental involvement than that of the past? What will ensure kids get care they need with active support from their parents?	▪ Sometimes parents don't understand and need clarity. ▪ More education to parents. ▪ Youth reach out to school personnel for help at times. 13 and up should be able to access treatment on their own. ▪ Support groups for parents to better understand laws ▪ Parents experience a lot of runaround and finger pointing.	➢ Identify top resources that parent's most likely access and start there for education. Crisis line, Schools, law enforcement and hospital. ➢ Look at college curriculum being taught to become a counselor. ➢ Provide peer support

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	▪ Clearer, flow chart or something clear describing what to do when your child's behavior is dangerous in a central place. ▪ Crisis line doesn't know, police don't always know etc. ▪ Needs to be a lot easier and parents need to be involved in every step. ▪ Re-iterate above comment especially with crisis line, we stopped calling. ▪ School and law enforcement need more education. ▪ Entities need to expand and hire more people because if more personal crisis response was available we can de-escalate. ▪ Educate initial points of contact mentioned above and WISe ▪ Staff are going to support groups intended for parents to learn resources. ▪ Educate parents, we were unable to support our youth in DBT effectively due to having a crash course that did not provide us enough info for him to maximize benefit. ▪ Trainings are inaccessible in our community. ▪ School counselors should be trained in mental health. ▪ Support should include parental involvement.	

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	▪ Increase parent support ▪ Expand WISe to non-Medicaid families. ▪ It is emotional for parent to come to the table and share this information and to express ourselves while dealing with our children's needs. ▪ Received following comments from a parent by email: **Require professionals to fully inform parents/guardians of conditions indicating emerging mental health needs and substance use including those which could seriously impact personal or community health and safety until the age of majority. Such information should include Axis I and Axis II diagnoses along with corresponding best practice therapeutic interventions regardless of whether or not they currently exist in the community. Prescribed medications and possible side effects are important and parents should be included in education by the pharmacist. Families especially need information on the conditions which are currently not treatable or not being treated. It's difficult to completely ensure active support but it might help to require professionals to document and issue a periodic statement in writing to parents/guardians that they make regular efforts to engage**	

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	parents/guardians in the recovery process identifying conditions which they treat along with a list of referrals made to specific community resources that include least restrictive options. Parents also benefit from referrals to public or private parent support/education events. ▪ **Clarifying in the code that adolescents from this point on will no longer be solely responsible for driving their own mental healthcare in Washington State should help providers inform parents/guardians and should help parents be empowered to help.**	