

Age of Consent/Parent Involvement Workgroup

Monday, September 10, 2018

13

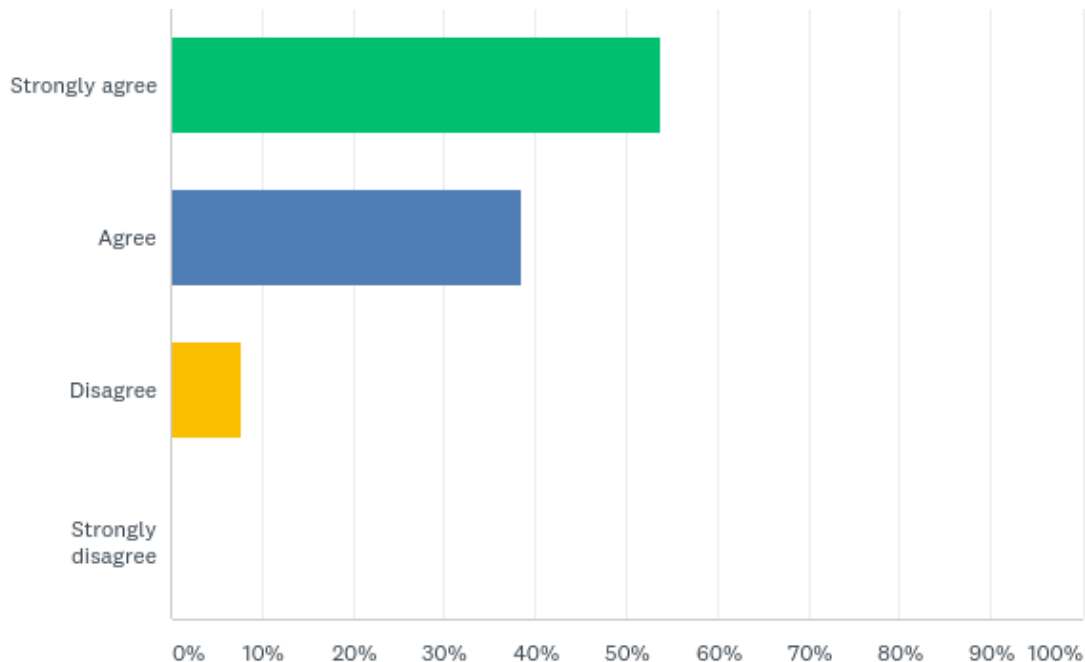
Total Responses

Date Created: Monday, September 03, 2018

Complete Responses: 13

Q1: Age of consent in Washington State for mental health and substance use treatment remains 13, at which age a youth ages 13-17 may request mental health or substance use treatment without their parent's consent (i.e. Minor Initiated Treatment).

Answered: 13 Skipped: 0



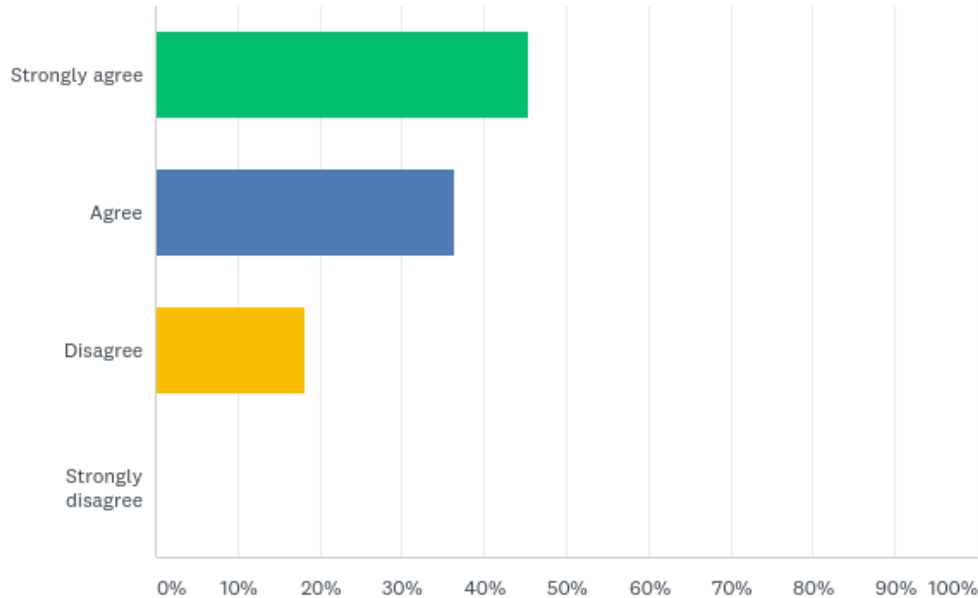
Q1: Age of consent in Washington State for mental health and substance use treatment remains 13, at which age a youth ages 13-17 may request mental health or substance use treatment without their parent's consent (i.e. Minor Initiated Treatment).

Answered: 13 Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly agree	53.85%	7
Agree	38.46%	5
Disagree	7.69%	1
Strongly disagree	0.00%	0
TOTAL		13

Q2: Parents also have the authority to request mental health and substance use treatment for a youth ages 13-17 (under current Parent Initiated Treatment law).

Answered: 11 Skipped: 2



(Question 2 continued) Parents are allowed to access medically necessary outpatient treatment for youth ages 13-17 without the specific consent of the minor, for up to 10 sessions within a 3 month period, to give the minor an opportunity to engage. If the youth is not able to engage with the current treatment provider after this period, this treatment episode can be discontinued. The parent is then allowed to access treatment with another provider on behalf of the youth for another episode of treatment. If the youth is able to engage with the provider, then the youth will sign the consent to authorize treatment, and will no longer be under parent accessed treatment.

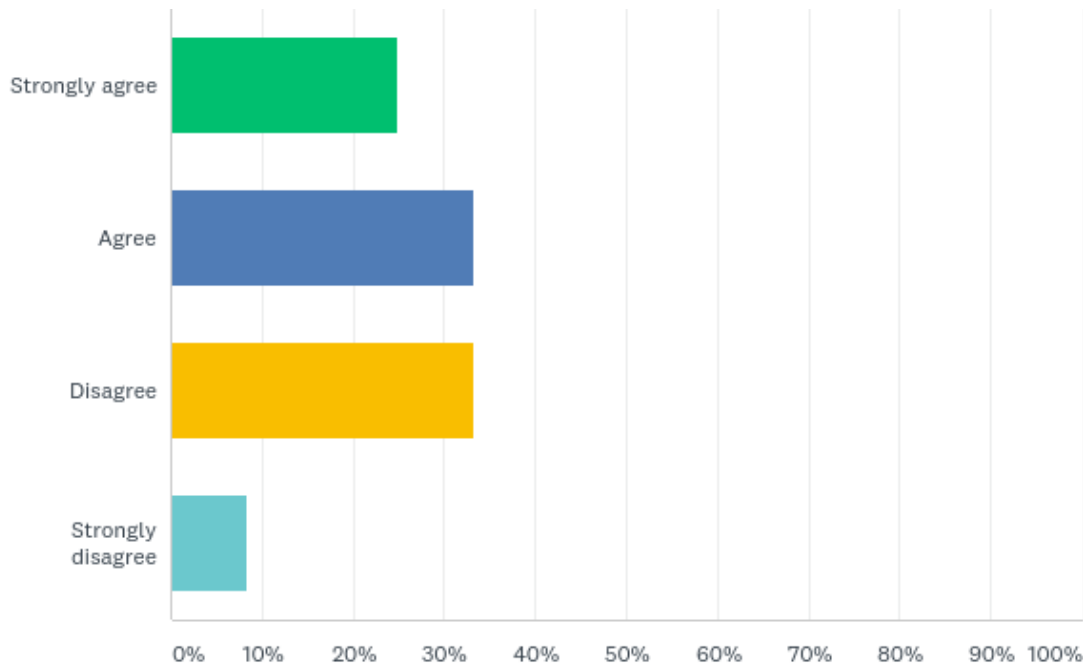
Question 2 Continued

Answered: 11 Skipped: 2

ANSWER CHOICES	RESPONSES	
Strongly agree	45.45%	5
Agree	36.36%	4
Disagree	18.18%	2
Strongly disagree	0.00%	0
TOTAL		11

Q3: Parents are allowed to access medically necessary mental health and substance abuse treatment including partial hospitalization, intensive outpatient program, residential (AKA long-term intensive treatment), and/or Voluntary CLIP for youth ages 13-17 without the specific consent of the minor.

Answered: 12 Skipped: 1



(Question 3 continued) For residential treatment, the same DSHS oversight currently in place for inpatient parent-initiated treatment should be implemented for residential treatment (not Voluntary CLIP which has a separate committee).

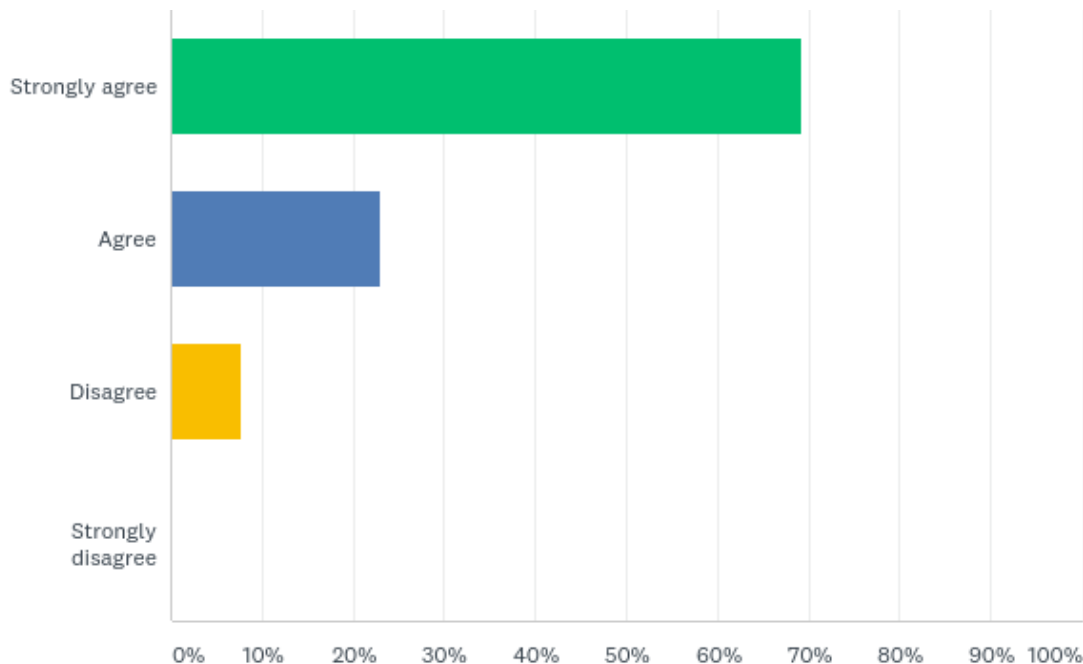
Question 3 Continued

Answered: 12 Skipped: 1

ANSWER CHOICES	RESPONSES	
Strongly agree	25.00%	3
Agree	33.33%	4
Disagree	33.33%	4
Strongly disagree	8.33%	1
TOTAL		12

Q4: For minor initiated treatment, parent initiated treatment and involuntary treatment, a treatment provider is allowed to share the following clinical information without the consent of the minor, subject to the professional provider's determination that the sharing of this information would not be detrimental to the patient:

Answered: 13 Skipped: 0



(Question 4 continued)

- Diagnosis
- Treatment plan and progress in treatment
- Recommended medications, including risks/benefits, side effects, typical efficacy, dose and schedule
- Psychoeducation about the minor's mental health or substance use condition
- Referrals to community resources
- **NEW:** Coaching on parenting or behavioral management strategies
- **NEW:** Crisis prevention planning and safety planning

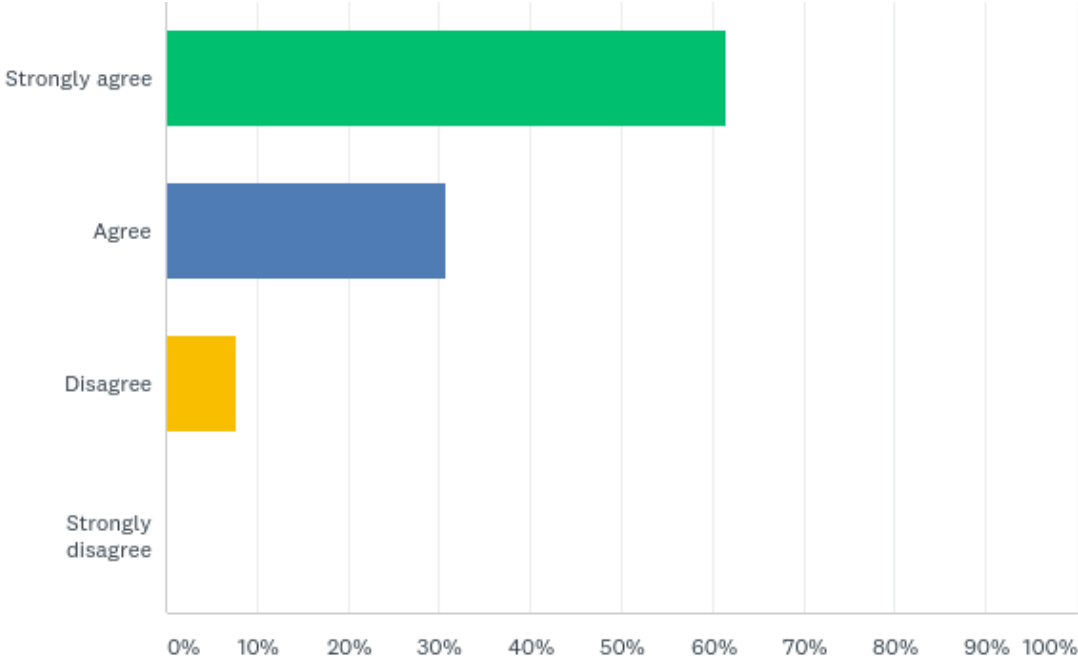
Question 4 Continued

Answered: 13 Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly agree	69.23%	9
Agree	23.08%	3
Disagree	7.69%	1
Strongly disagree	0.00%	0
TOTAL		13

Q5: If a provider believes that the limited release of information would be detrimental to the patient and declines to release information, the reasons for this decision must be documented in the medical record.

Answered: 13 Skipped: 0



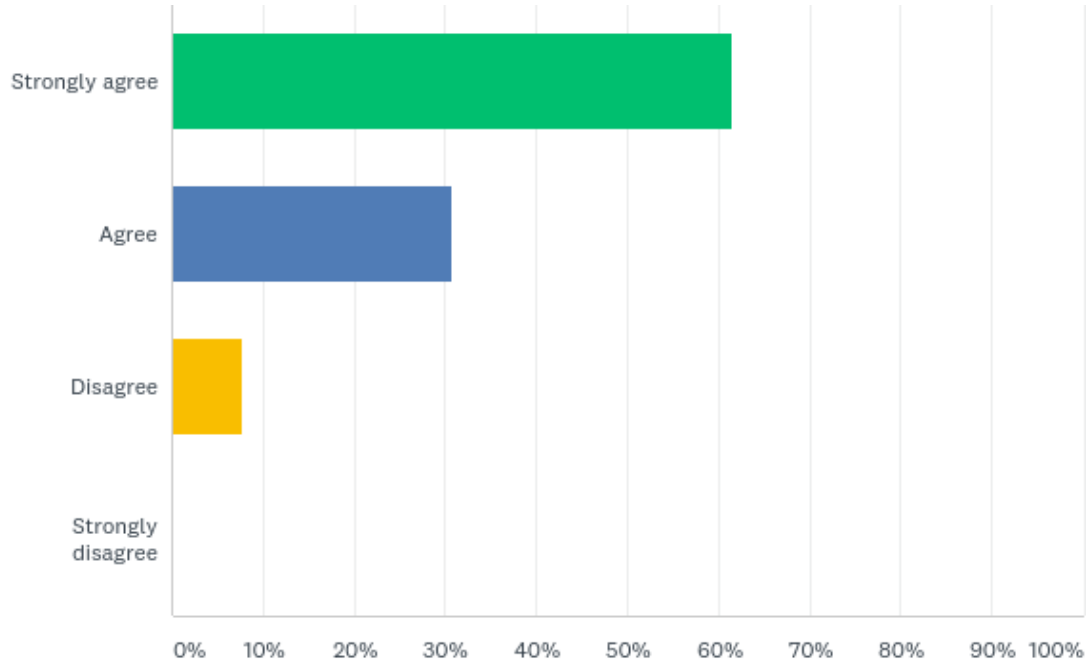
Q5: If a provider believes that the limited release of information would be detrimental to the patient and declines to release information, the reasons for this decision must be documented in the medical record.

Answered: 13 Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly agree	61.54%	8
Agree	30.77%	4
Disagree	7.69%	1
Strongly disagree	0.00%	0
TOTAL		13

Q6: A mental health or substance use treatment provider cannot be held legally liable by a minor or parent for the following:

Answered: 13 Skipped: 0



(Question 6 continued)

- Releasing limited information to parent without minor consent, if it is determined that the release of information would not be detrimental to the youth.
- Declining to release limited information to a parent, if it is determined that the release of information would be detrimental to the youth.
- Declining to treat a patient under parent initiated treatment at any point in the treatment process.

It is recognized that not all mental health or substance use providers have training or expertise to work with all youth.

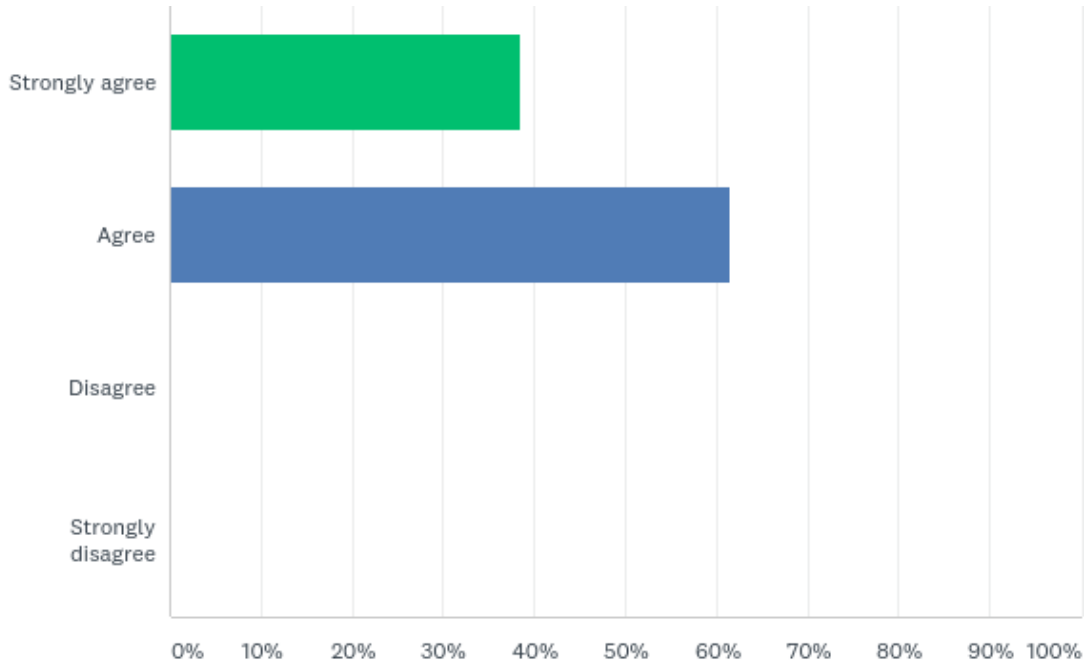
Question 6 Continued

Answered: 13 Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly agree	61.54%	8
Agree	30.77%	4
Disagree	7.69%	1
Strongly disagree	0.00%	0
TOTAL		13

Q7: Either a minor or a parent is allowed to authorize release of treatment records to a current treatment provider or to a potential treatment provider for the purpose of facilitating referrals for additional mental health or substance use treatment services, unless the treatment provider believes that the release of information would be detrimental to the patient.

Answered: 13 Skipped: 0



(Question 7 continued)

All efforts should be made for this release of information to be jointly agreed upon by the minor and parent. If the treatment provider declines to allow release of information the reasons for this decision must be documented in the medical record. Treatment records may not be released for any proposed course of treatment that is not legal in Washington State (i.e. out of state conversion therapy).

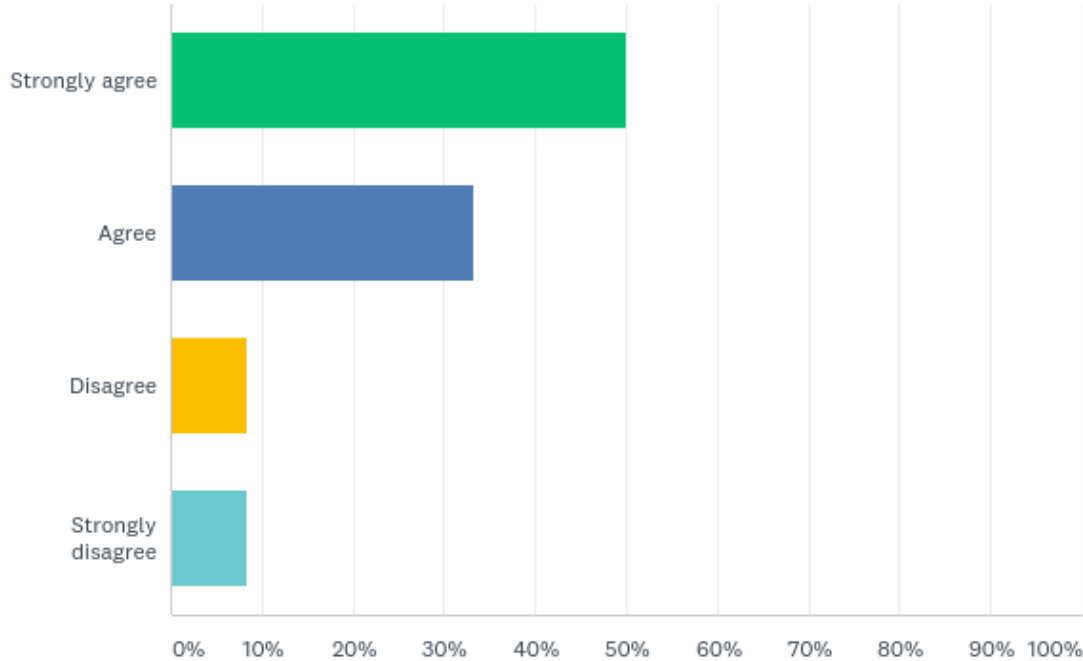
Question 7 Continued

Answered: 13 Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly agree	38.46%	5
Agree	61.54%	8
Disagree	0.00%	0
Strongly disagree	0.00%	0
TOTAL		13

Q8: Mental health treatment to minors under age 18 can only be provided by:

Answered: 12 Skipped: 1



(Question 8 continued)

- a licensed mental health provider (psychologist, psychiatrist, psychiatric nurse practitioner, social worker, marriage and family therapist, mental health counselor);
- a provider that provides care through a licensed community mental health agency, under the direct supervision of a licensed mental health provider;
- and/or an associate level provider who is working under the direct supervision of a licensed mental health provider.

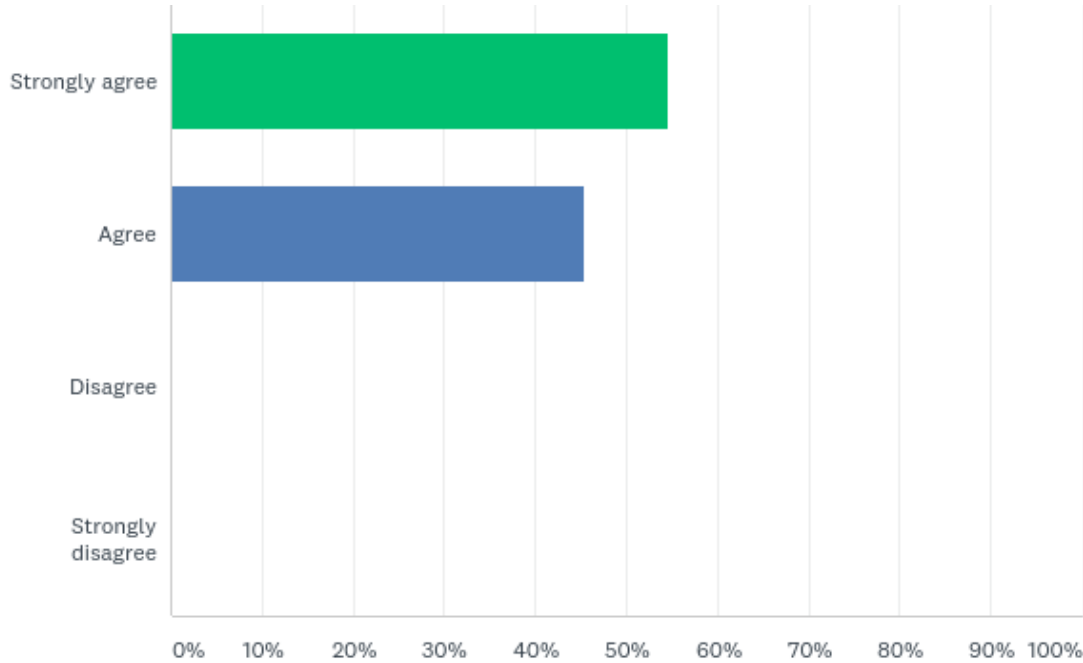
Question 8 Continued

Answered: 12 Skipped: 1

ANSWER CHOICES	RESPONSES	
Strongly agree	50.00%	6
Agree	33.33%	4
Disagree	8.33%	1
Strongly disagree	8.33%	1
TOTAL		12

Q9: No provider is required to accept a patient into treatment under parent initiated treatment.

Answered: 11 Skipped: 2



(Question 9 continued)

Providers are able to decline to treat for clinical reasons or because they do not treat youth in their practice. If a provider is not able or willing to treat the patient, it is recommended that the provider will offer the parent referrals to other community mental health centers or licensed independent practitioners, or recommend the patient contact their insurance plan for a list of in-network providers.

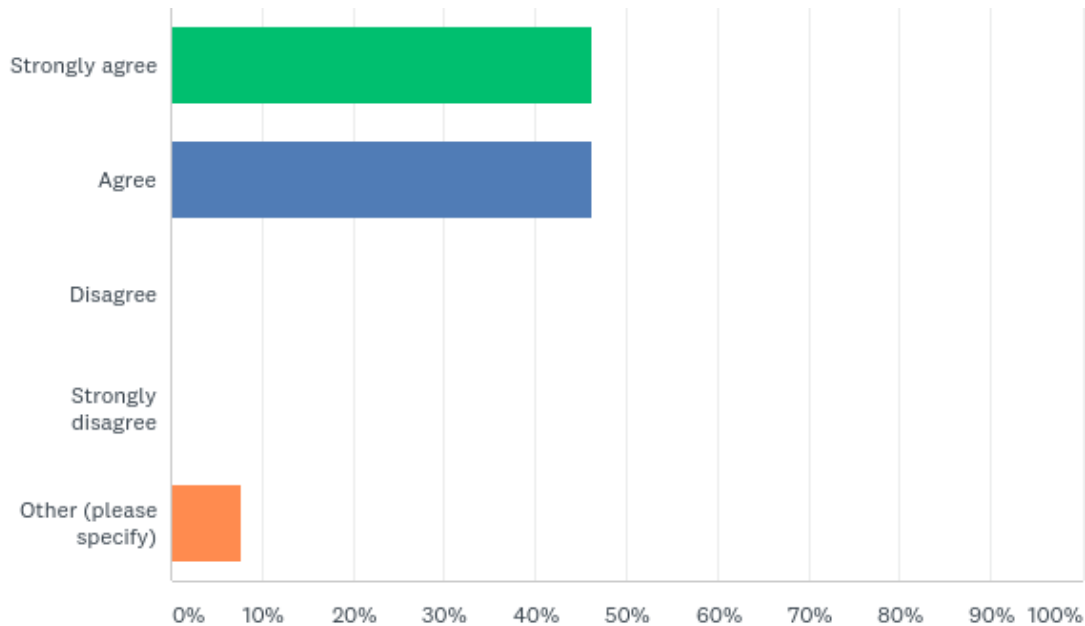
Question 9

Answered: 11 Skipped: 2

ANSWER CHOICES	RESPONSES	
Strongly agree	54.55%	6
Agree	45.45%	5
Disagree	0.00%	0
Strongly disagree	0.00%	0
TOTAL		11

Q10: For the purposes of parent initiated treatment, the definition of “parent” can include a relative who has signed a Kinship Caregiver’s Declaration of Responsibility for a Minor’s Health Care (per RCW 7.70.065).

Answered: 13 Skipped: 0



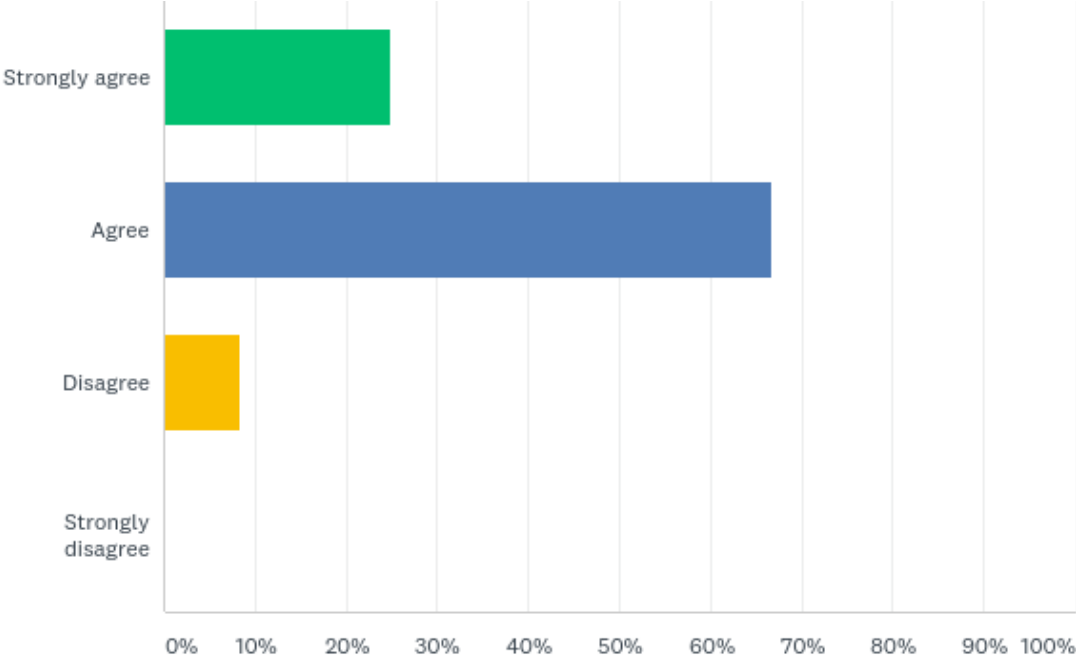
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Answered: 13 Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly agree	46.15%	6
Agree	46.15%	6
Disagree	0.00%	0
Strongly disagree	0.00%	0
Other (please specify)	7.69%	1
TOTAL		13

Q11: Do not authorize disclosure to the parent of information relating to the substance use disorder treatment of a child to the extent that this disclosure is prohibited under federal law. NEED MORE INFORMATION ON 42 CFR limits.

Answered: 12 Skipped: 1



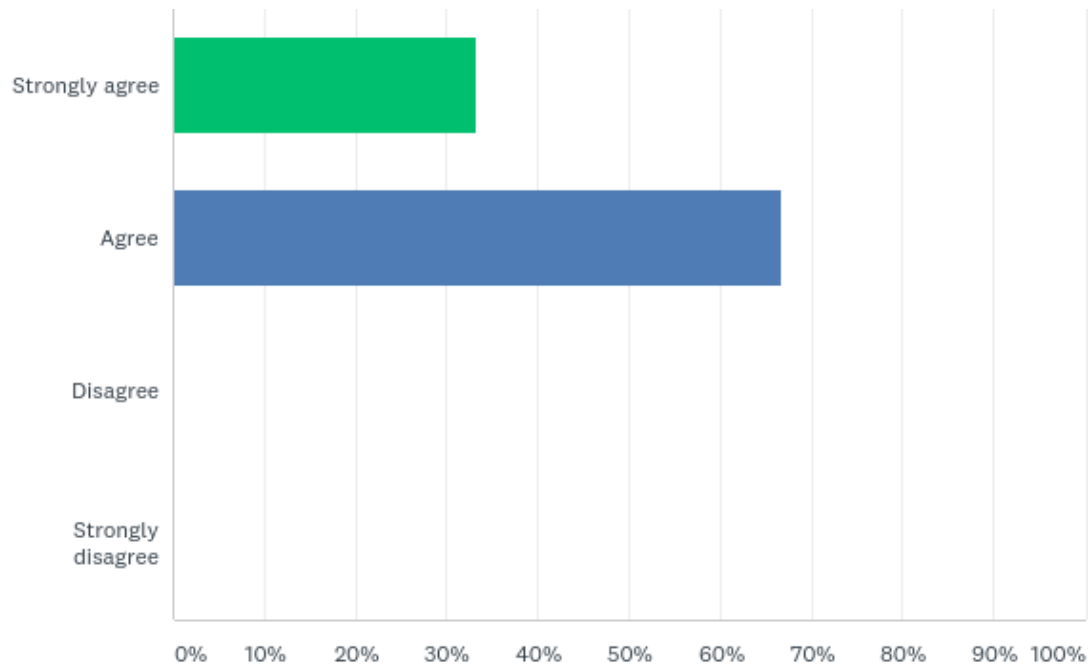
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Answered: 12 Skipped: 1

ANSWER CHOICES	RESPONSES	
Strongly agree	25.00%	3
Agree	66.67%	8
Disagree	8.33%	1
Strongly disagree	0.00%	0
TOTAL		12

Q12: If parents are separated or divorced and are both actively involved with the minor's care, it is best practice to obtain information from both parents and involve both in care, unless it is determined that such involvement would be detrimental to the patient (and documented in the medical record).

Answered: 12 Skipped: 1



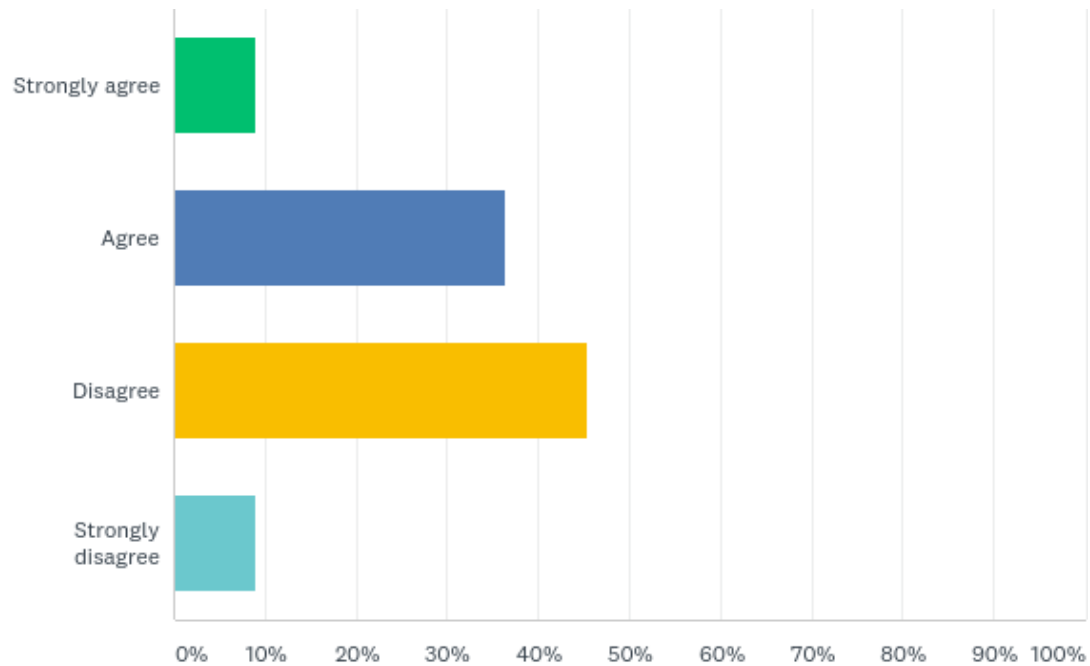
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Answered: 12 Skipped: 1

ANSWER CHOICES	RESPONSES	
Strongly agree	33.33%	4
Agree	66.67%	8
Disagree	0.00%	0
Strongly disagree	0.00%	0
TOTAL		12

Q13: Consider new language to describe minor initiated or parent initiated treatment. Parents are sharing that the term “parent initiated” has become stigmatizing from a parent/family perspective. Consider language relating to minor or parent being able to access care.

Answered: 11 Skipped: 2



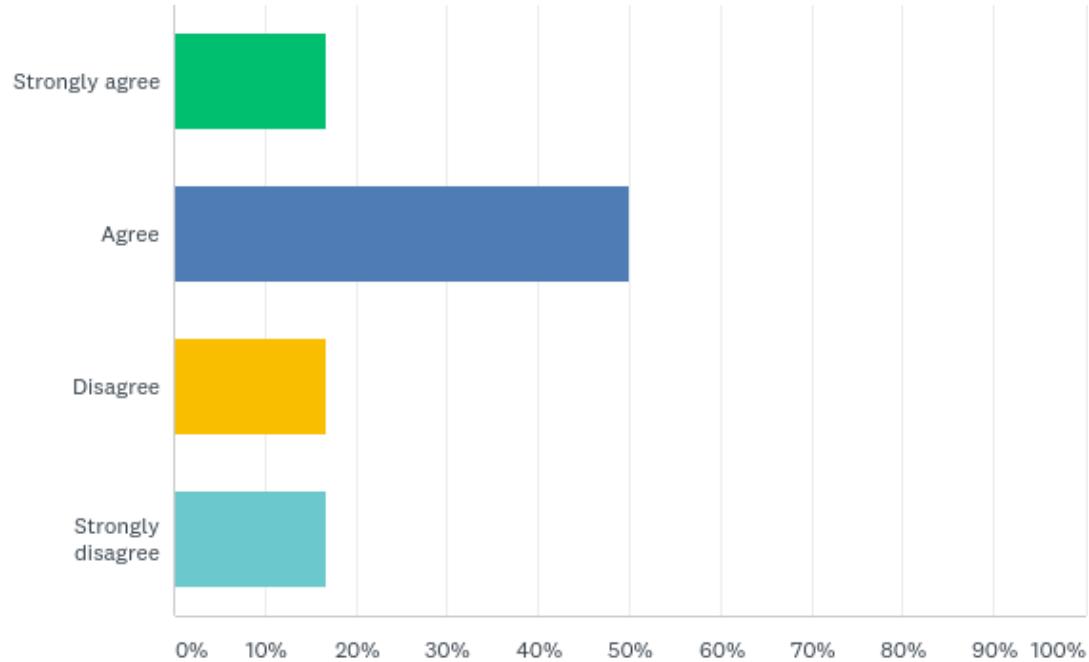
Q13: Consider new language to describe minor initiated or parent initiated treatment. Parents are sharing that the term “parent initiated” has become stigmatizing from a parent/family perspective. Consider language relating to minor or parent being able to access care.

Answered: 11 Skipped: 2

ANSWER CHOICES	RESPONSES	
Strongly agree	9.09%	1
Agree	36.36%	4
Disagree	45.45%	5
Strongly disagree	9.09%	1
TOTAL		11

Q14: Consider if language for minor initiated treatment should include: "If, in the opinion of the licensed behavioral health professional, the minor is mature enough to participate intelligently in the mental health treatment or counseling services."

Answered: 12 Skipped: 1



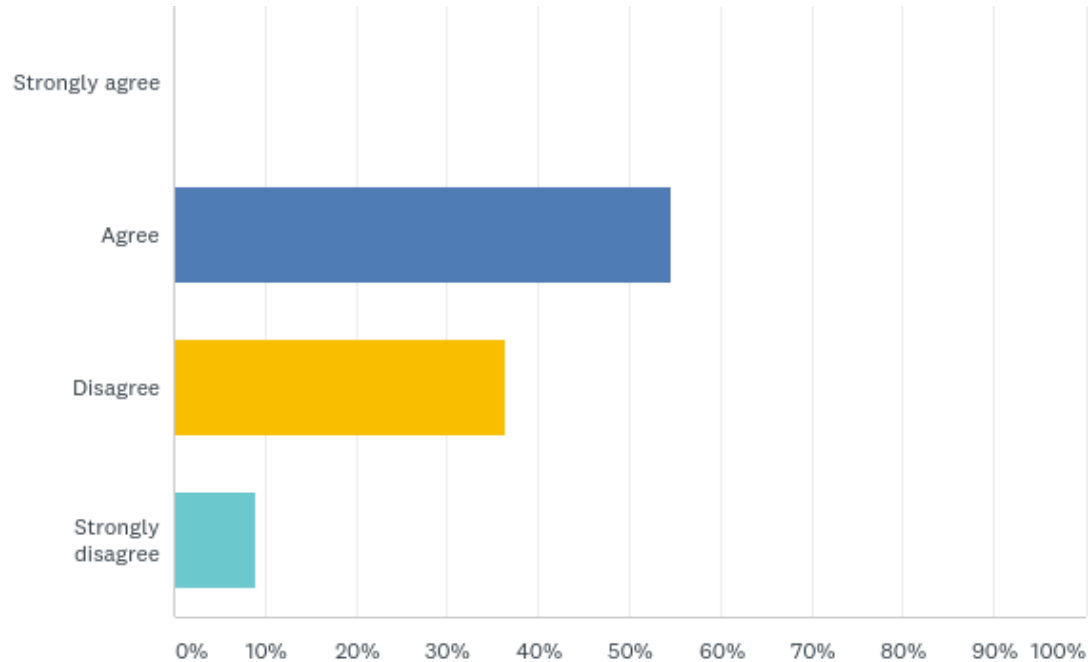
Q14: Consider if language for minor initiated treatment should include: "If, in the opinion of the licensed behavioral health professional, the minor is mature enough to participate intelligently in the mental health treatment or counseling services."

Answered: 12 Skipped: 1

ANSWER CHOICES	RESPONSES	
Strongly agree	16.67%	2
Agree	50.00%	6
Disagree	16.67%	2
Strongly disagree	16.67%	2
TOTAL		12

Q15: Consider if minor initiated treatment without parent involvement or consent requires new funding opportunities – if we are going to add a clause about parent not being responsible for cost of treatment (i.e. the Hawaii model).

Answered: 11 Skipped: 2



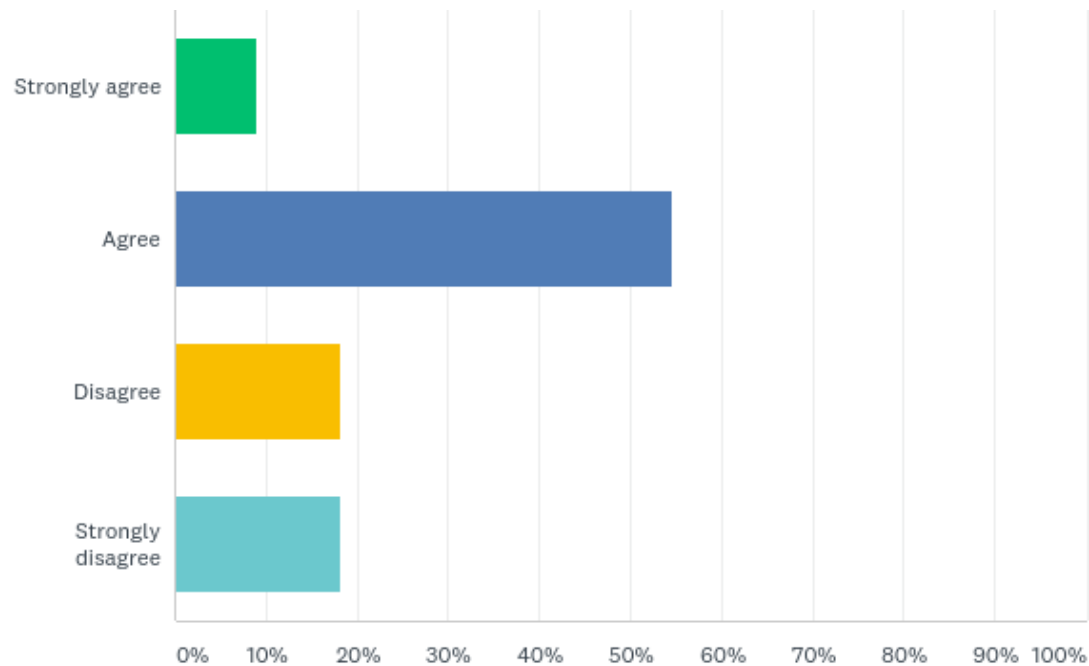
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Answered: 11 Skipped: 2

ANSWER CHOICES	RESPONSES	
Strongly agree	0.00%	0
Agree	54.55%	6
Disagree	36.36%	4
Strongly disagree	9.09%	1
TOTAL		11

Q16: Do we add in language about medication and whether parent consent is required, or only minor consent is required. If parent consent is not required, would expect to involve parents in the decision making process. Need more input from prescribing providers on current practice.

Answered: 11 Skipped: 2



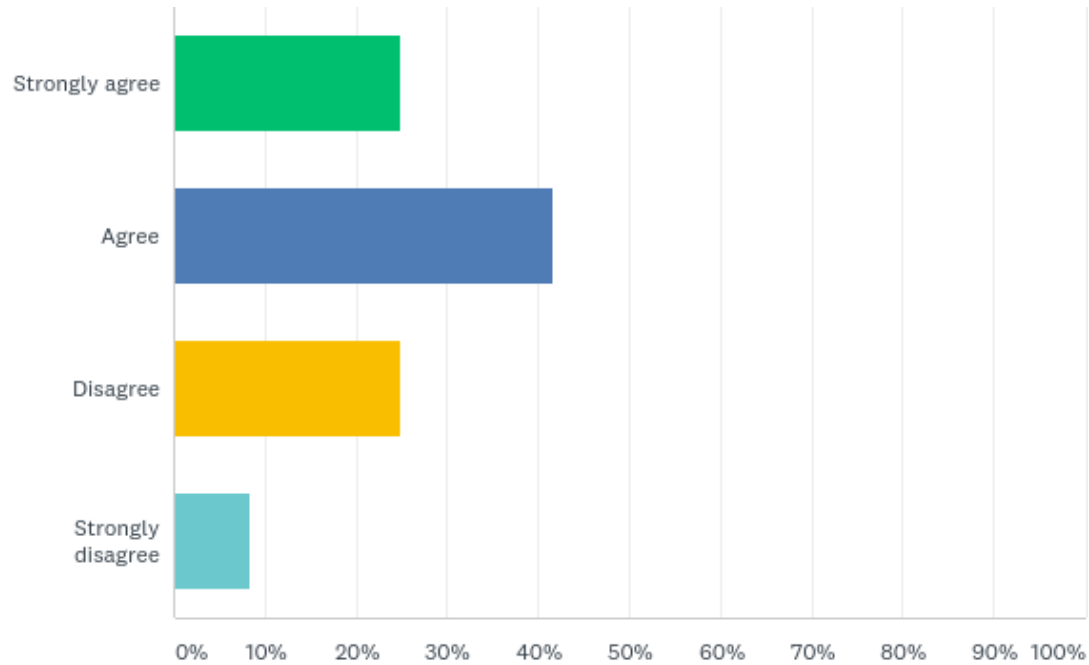
Q16: Do we add in language about medication and whether parent consent is required, or only minor consent is required. If parent consent is not required, would expect to involve parents in the decision making process. Need more input from prescribing providers on current practice.

Answered: 11 Skipped: 2

ANSWER CHOICES	RESPONSES	
Strongly agree	9.09%	1
Agree	54.55%	6
Disagree	18.18%	2
Strongly disagree	18.18%	2
TOTAL		11

Q17: Neither child nor parent may abrogate (maybe use revoke?) the other's consent (except in the case of medications the child must consent).

Answered: 12 Skipped: 1



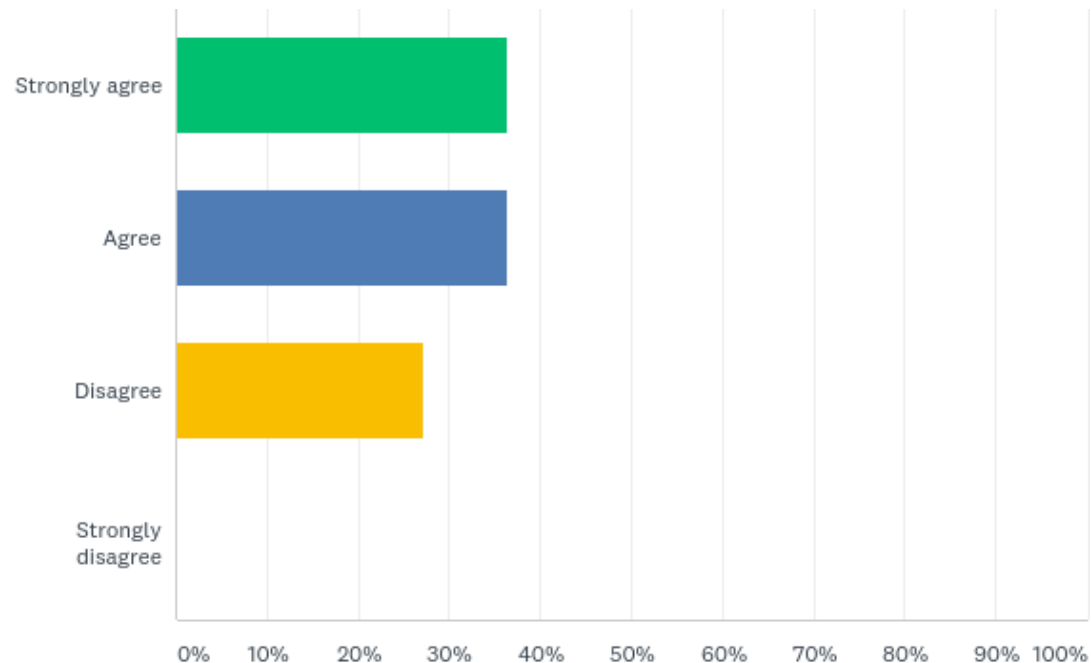
Q17: Neither child nor parent may abrogate (maybe use revoke?) the other's consent (except in the case of medications the child must consent).

Answered: 12 Skipped: 1

ANSWER CHOICES	RESPONSES	
Strongly agree	25.00%	3
Agree	41.67%	5
Disagree	25.00%	3
Strongly disagree	8.33%	1
TOTAL		12

Q18: When a parent has initiated care, the parent may authorize release of information to step-parent that is involved in caring for the youth, even if the minor does not consent. Information may be released subject to the professional team's determination that it is in the best interest of the patient.

Answered: 11 Skipped: 2



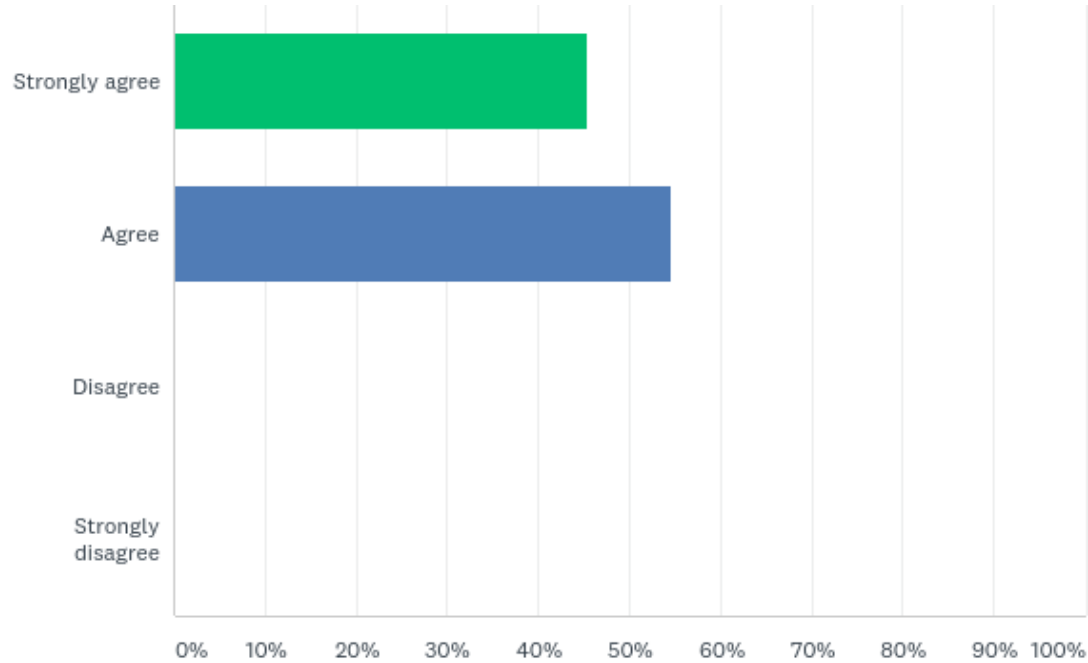
Q18: When a parent has initiated care, the parent may authorize release of information to step-parent that is involved in caring for the youth, even if the minor does not consent. Information may be released subject to the professional team's determination that it is in the best interest of the patient.

Answered: 11 Skipped: 2

ANSWER CHOICES	RESPONSES	
Strongly agree	36.36%	4
Agree	36.36%	4
Disagree	27.27%	3
Strongly disagree	0.00%	0
TOTAL		11

Q19: When a DCYF social worker has initiated care, the case worker may authorize release of information to a foster parent that has been caring for the youth, even if the minor does not consent. Information may be released subject to the professional team's determination that it is in the best interest of the patient.

Answered: 11 Skipped: 2



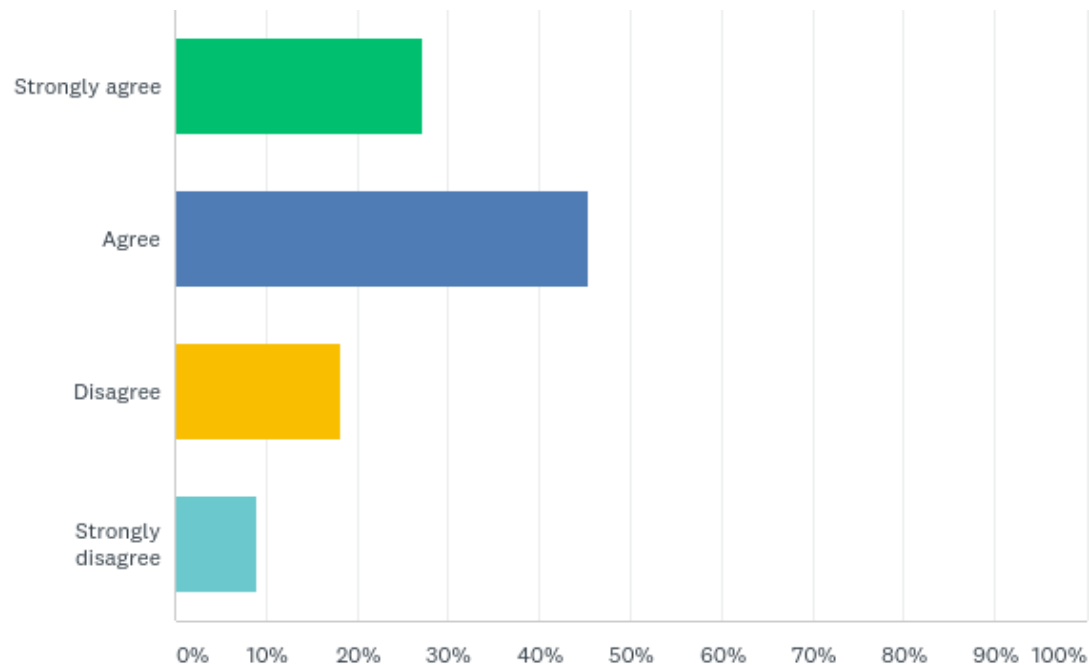
Q19: When a DCYF social worker has initiated care, the case worker may authorize release of information to a foster parent that has been caring for the youth, even if the minor does not consent. Information may be released subject to the professional team's determination that it is in the best interest of the patient.

Answered: 11 Skipped: 2

ANSWER CHOICES	RESPONSES	
Strongly agree	45.45%	5
Agree	54.55%	6
Disagree	0.00%	0
Strongly disagree	0.00%	0
TOTAL		11

Q20: Consider if language for minor initiated treatment should include “If a child who seeks care without a parent’s consent, the treatment provider must involve the parent in the treatment plan or document why that is not in the child’s best interests.” (i.e. the Hawaii model).

Answered: 11 Skipped: 2



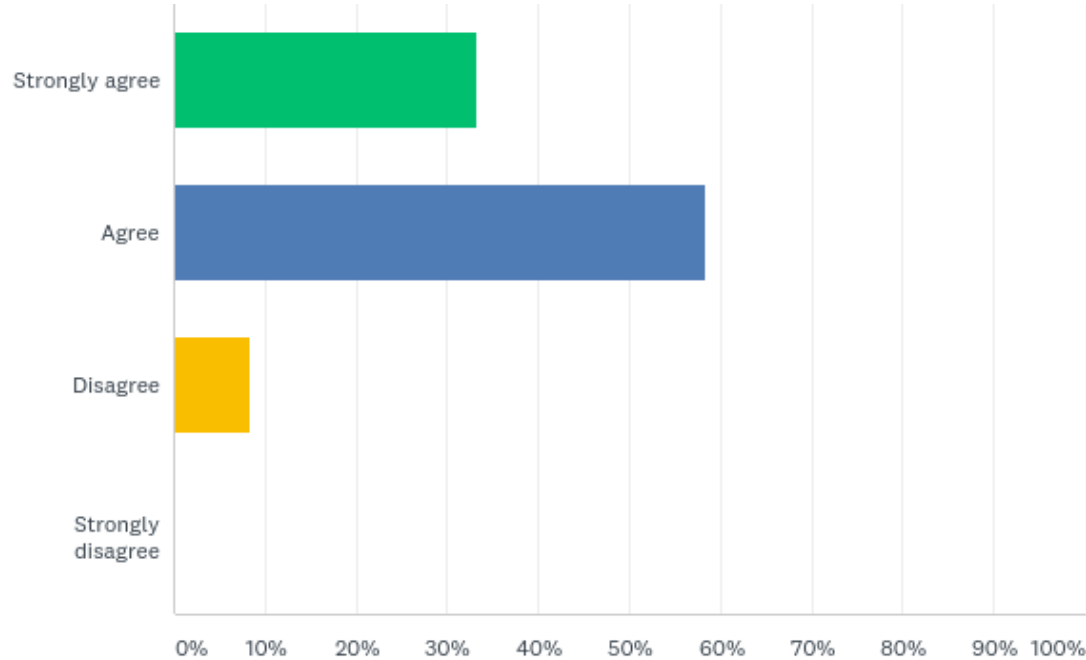
Q20: Consider if language for minor initiated treatment should include “If a child who seeks care without a parent’s consent, the treatment provider must involve the parent in the treatment plan or document why that is not in the child’s best interests.” (i.e. the Hawaii model).

Answered: 11 Skipped: 2

ANSWER CHOICES	RESPONSES	
Strongly agree	27.27%	3
Agree	45.45%	5
Disagree	18.18%	2
Strongly disagree	9.09%	1
TOTAL		11

Q21: Consider changing the minor initiated treatment law to hospitals only being required to notify the custodial parent(s) or parent(s) with medical decision making. Currently the law says “parents” and hospitals end up notifying parents that aren’t involved in their youth’s care and this can be traumatizing for the youth.

Answered: 12 Skipped: 1



Q21: Consider changing the minor initiated treatment law to hospitals only being required to notify the custodial parent(s) or parent(s) with medical decision making. Currently the law says “parents” and hospitals end up notifying parents that aren’t involved in their youth’s care and this can be traumatizing for the youth.

Answered: 12 Skipped: 1

ANSWER CHOICES	RESPONSES	
Strongly agree	33.33%	4
Agree	58.33%	7
Disagree	8.33%	1
Strongly disagree	0.00%	0
TOTAL		12