Age of Consent/Parent Involvement Workgroup – Ideas Under Consideration

#	Idea Under Consideration – STRONG CONSENSUS – Over 80% Agree/Strongly Agree	Survey Results	%
1	**APPROVED:** 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).	Strongly Agree Agree Disagree Strongly Disagree	54 38 8 0
4	**APPROVED:** For minor initiated treatment, parent initiated treatment and involuntary treatment, a treatment provider is allowed to share the following clinical mental health 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: a. Diagnosis b. Treatment plan and progress in treatment c. Recommended medications, including risks/benefits, side effects, typical efficacy, dose and schedule d. Psychoeducation about the minor's mental health or substance use condition e. Referrals to community resources f. NEW: Coaching on parenting or behavioral management strategies g. NEW: Crisis prevention planning and safety planning	Strongly Agree Agree Disagree Strongly Disagree	69 23 8 0
5	**APPROVED:** If a provider feels 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.	Strongly Agree Agree Disagree Strongly Disagree	61 31 8 0
7	**APPROVED:** Either a minor or a parent is allowed to authorize release of mental health 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. a. All efforts should be made for this release of information to be jointly agreed upon by the minor and parent. b. If the treatment provider declines to allow release of information the reasons for this decision must be documented in the medical record. c. Treatment records **may not** be released for a referral to conversion therapy.	Strongly Agree Agree Disagree Strongly Disagree	39 61 0 0
19	**APPROVED:** If a child is in foster care and a DCYF social worker has initiated care, the social worker may authorize a limited release of information to a foster parent that is 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.	Strongly Agree Agree Disagree Strongly Disagree	45 55 0 0

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9	**APPROVED:** No provider is required to accept a patient into treatment under parent initiated treatment. a. Providers are able to decline to treat for clinical reasons or because they do not treat youth in their practice. b. 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.	Strongly Agree Agree Disagree Strongly Disagree	55 45 0 0
10	**APPROVED:** 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).	Strongly Agree Agree Disagree Strongly Disagree	46 46 0 0
12	**APPROVED:** 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). It is recommended that providers request a copy of the parenting plan if there are custody related concerns.	Strongly Agree Agree Disagree Strongly Disagree	33 67 0 0
6	**APPROVED:** A minor or parent/legal guardian of a minor child shall have no cause of action against a provider of outpatient mental health treatment or outpatient substance use disorder treatment for the following: a. Releasing limited information to parent without minor consent, if it is determined that the release of information would not be detrimental to the youth. b. Declining to release limited information to a parent, if it is determined that the release of information would be detrimental to the youth. c. 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	Strongly Agree Agree Disagree Strongly Disagree	61 31 8 0
11	**APPROVED:** Information regarding substance use disorder and treatment may not be disclosed to the parent without minor consent due to 42 CFR.	Strongly Agree Agree Disagree Strongly Disagree	25 67 8 0
8	**APPROVED:** Mental health treatment to minors under age 18 can only be provided by a licensed mental health provider (psychologist, psychiatrist, psychiatric nurse practitioner, social worker, marriage and family therapist, mental health counselor, chemical dependency professional, physician, physician assistant, nurse practitioner) or a provider that provides care through a licensed community mental health agency, under the direct supervision of a licensed mental health provider or an associate level mental health or chemical dependency provider who is working under the direct supervision of a licensed mental health or certified chemical dependency provider.	Strongly Agree Agree Disagree Strongly Disagree	50 32 8 8

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21	**APPROVED:** Revise RCW 71.34.510 to say "The administrator of the treatment facility shall provide notice to the **parent/legal guardian/kinship caregiver** of a minor when the minor is voluntarily admitted to inpatient treatment under RCW 71.34.500."	Strongly Agree Agree Disagree Strongly Disagree	33 58 8 0
2	**APPROVED:** Parents may access medically necessary routine outpatient mental health and substance use treatment for youth ages 13-17 without the specific consent of the minor, for up to 12 sessions, up to a 3 month period with clinician discretion, to give the minor an opportunity to engage. i. 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. ii. 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.	Strongly Agree Agree Disagree Strongly Disagree	45 36 18 0
NEW	It is recommended that DBHR develop a free online training regarding Washington State Law and best practices when working with children, youth, and families. The training should be required prior to initial licensure and upon licensure renewal. The training curriculum should be developed by a workgroup composed of clinicians, youth, parents, hospital providers, and DBHR staff.		
NEW	It is recommended that DBHR create and send out a survey on an annual basis for the first three years after the above recommendations have been implemented, to youth, family, clinicians, and hospitals to determine impact of the changes.		

START HERE FOR CONTINUED DISCUSSION

#	Idea Under Consideration – MODERATE TO LOW CONSENSUS Less than 79% Agree/Strongly Agree	Survey Results	%
3 b-1	**NEW WORDING SINCE SURVEY:** A parent/legal guardian/kinship caregiver may access medically necessary mental health and substance use treatment without the minor's consent, including partial hospitalization and intensive outpatient program as long as that program is paid for by a commercial insurance or Medicaid plan. A parent/legal guardian/kinship caregiver may not access treatment without the minor's consent if they will be paying out of pocket 100% as there will be no external payer review for medical necessity. When a parent has accessed intensive outpatient treatment or partial hospitalization treatment without a minor's consent, there will be a treatment review at least every 30 days with the youth, parents and treatment team to determine whether continued care is necessary. A discharge meeting with recommendations will be provided at the end of treatment.	Strongly Agree Agree Disagree Strongly Disagree	25 33 33 8
3 b-2	**NEW WORDING SINCE SURVEY:** A parent/legal guardian/kinship caregiver may access medically necessary residential (AKA long-term inpatient) treatment without the minor's consent, as long as that program is paid for by a commercial insurance or Medicaid plan. The same DSHS oversight currently in place for inpatient parent-initiated treatment should be implemented for residential treatment.		
3c	**NEW WORDING SINCE SURVEY:** A parent/legal guardian/kinship caregiver may request to have a Voluntary CLIP application submitted without the minor's consent, as long as all other less restrictive treatment options have been attempted and/or deemed not appropriate to meet youth's treatment needs, by a professional person evaluating the youth in an E&T or acute inpatient setting. All CLIP applications will still require review by the CLIP committee and CLIP Administration Office to ensure admission and certification requirements are met.	Strongly Agree Agree Disagree Strongly Disagree	25 33 33 8
14	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."	Strongly Agree Agree Disagree Strongly Disagree	17 50 17 16
15	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).	Strongly Agree Agree Disagree Strongly Disagree	0 55 36 9
16	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.*	Strongly Agree Agree Disagree Strongly Disagree	9 55 18 18

17	Neither child nor parent may abrogate (maybe use revoke?) the other's consent (except in the case of medications the child must consent).	Strongly Agree Agree Disagree Strongly Disagree	25 42 25 8
18	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.	Strongly Agree Agree Disagree Strongly Disagree	36 36 27 0
13	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.	Strongly Agree Agree Disagree Strongly Disagree	9 36 46 9
20	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).	Strongly Agree Agree Disagree Strongly Disagree	27 46 18 9

BEST PRACTICE/TRAINING IDEAS:

A treating provider is allowed to talk with a parent and obtain clinical information from the parent without signed consent from the minor. Information that a parent shares with a provider does not have to be released to the minor – the provider can keep parent information confidential from the minor.