



Understanding Family Initiated Treatment (FIT): A school-based introduction

Washington State
Health Care Authority

HCA 82-0678 (09/25)

Introduction and overview of Family Initiated Treatment (FIT)

As students return to classrooms, schools and Educational Service Districts (ESDs) play an important role in identifying and responding to the mental health needs of young people. Educators, administrators, and counselors are often the first to observe behavioral changes or emotional challenges that may signal a student is struggling. In these moments, having the right tools and resources can make all the difference.

Family Initiated Treatment (FIT) is a Washington State law that empowers families to initiate mental health evaluations and services for youth ages 13–17, even if the youth is not willing to participate at first. FIT is designed to provide a pathway to care before a situation becomes a crisis offering hope, stability, and support for both young people and their families.

This toolkit is designed specifically for ESDs, school administrators, and counselors to:

- ▶ **Raise awareness** about the purpose, process, and impact of Family Initiated Treatment
- ▶ **Support families** in navigating mental health concerns with compassion and clarity
- ▶ **Strengthen collaboration** between schools and local behavioral health systems
- ▶ **Promote early intervention** to reduce crisis escalations and improve student outcomes

By understanding how FIT works and how schools can support families through this process, educational professionals can help bridge the gap between concern and care. Whether you're leading a district, coordinating school-based mental health supports, or working directly with students and families, this toolkit will help you feel more confident in your role and better equipped to connect youth with the help they need.



Note: The **Parent's Guide to Family Initiated Treatment (FIT)** (see page 5) was created to help families understand how the FIT process works, what to expect, and how to navigate care for their adolescent. It offers information, answers to common questions, and resources to support you during this difficult time.

Recognizing when a student may benefit from mental health treatment

Be alert to patterns of behavior that go beyond normal developmental challenges. Signs a student may need additional support include:

- ▶ Changes in mood: sudden sadness, irritability, or withdrawal
- ▶ Behavioral concerns: aggression, defiance, or risky behavior
- ▶ Academic decline: drop in performance, missed assignments, or lack of focus
- ▶ Physical complaints: frequent headaches, stomachaches, or fatigue
- ▶ Social isolation: avoiding peers, no longer engaging in activities
- ▶ Talk of self-harm or concerning social media posts

These signs may signal emotional distress, trauma, or emerging mental health disorders. Early intervention can make a critical difference.

Role of school counselors and psychologists in FIT conversations

School counselors and psychologists are key to supporting students and guiding families:

- ▶ **Identify concerns:** Review behavioral patterns and screening results that may warrant further evaluation
- ▶ **Engage the family:** Help parents understand what they're seeing and why support may be needed
- ▶ **Explain FIT:** Share information about the Family Initiated Treatment process as an option if the student is not willing to engage in care
- ▶ **Coordinate with partners:** Refer families to local behavioral health agencies or school-based health centers
- ▶ **Respect youth autonomy:** Emphasize that FIT is meant to ensure safety and support, not to punish or force compliance

Note: School counselors and psychologists do not initiate FIT directly but are important in guiding families to appropriate next steps.

Approaching families about mental health concerns

When reaching out to families:

- ▶ **Start with care:** Share your observations in a non-judgmental, compassionate way. "We've noticed some changes in your student's behavior that we want to better understand and support."
- ▶ **Be collaborative:** Emphasize that you are on the same team, working toward the student's well-being
- ▶ **Provide resources:** Offer information about school supports, community services, and FIT if needed
- ▶ **Listen actively:** Create space for families to express concerns, questions, or hesitations
- ▶ **Follow up:** Stay connected and continue supporting the student during and after the FIT process

What school staff can and cannot do under FIT

What you can do:

- ✓ Observe and document concerning behavior
- ✓ Share behavioral health concerns with the student's family
- ✓ Refer families to the Health Care Authority (HCA), local behavioral health agencies, or care coordinators
- ✓ Support families by explaining what FIT is and where to start
- ✓ Collaborate with school-based and external mental health providers

What you cannot do:

- ✗ Initiate a FIT petition on behalf of a parent or guardian
- ✗ Diagnose mental health conditions unless appropriately licensed to do so
- ✗ Require a student to undergo treatment based on school staff observation alone
- ✗ Disclose private treatment information without proper consent

Referral pathways

School staff often serve as the bridge between families and behavioral health care. When concerns arise, especially when a student may need more intensive support, knowing how to guide families toward appropriate services is important.

This section provides practical guidance for referring families to key behavioral health partners and includes a fillable template for regional provider information. While school staff cannot initiate Family Initiated Treatment (FIT) themselves, you can help families understand their options and connect them with the professionals who can take the next steps.

Behavioral health treatment options for youth

In Washington State, behavioral health treatment for youth is available in multiple settings and levels of intensity, including:

- ▶ **Outpatient counseling** through community agencies or school-based health centers
- ▶ **Adolescent initiated treatment (AIT)** for youth seeking behavioral health care independently
- ▶ **Intensive outpatient programs (IOP)** for youth needing more structured therapy
- ▶ **Wraparound with Intensive Services (WISe)** for youth with high-level behavioral health needs
- ▶ **Residential treatment programs** for youth needing 24/7 care (including FIT-initiated treatment)
- ▶ **Children's Long-term Inpatient Program (CLIP)** for long-term, inpatient psychiatric treatment

Each family's path is unique. FIT offers a valuable option when a youth is not voluntarily seeking help, but the family is concerned for their well-being. Schools are vital partners in helping families take that first step.

Local behavioral health agencies

Local community-based agencies are often the first stop for mental health assessments, outpatient therapy, and care coordination. These agencies can help families begin the FIT process by providing diagnostic evaluations and developing treatment plans.

Wraparound with Intensive Services (WISe) providers

WISe provides intensive, team-based support for youth with serious emotional and behavioral health needs. Families may access WISe through a referral from a behavioral health agency or through the FIT process if the youth meets eligibility criteria.

Children's Long-term Inpatient Program (CLIP)

CLIP is the most intensive level of psychiatric care available for youth in Washington State. It is generally accessed when less intensive treatment options have not been successful, and the youth meets medical necessity criteria for inpatient care.

More information

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🌐 **Family Initiated Treatment (FIT) Health Care Authority:** hca.wa.gov/fit

🌐 **FIT Washington (training modules):** fitwashington.com



Parent's guide to Family Initiated Treatment

Adolescents ages 13-17 are eligible for services through Family Initiated Treatment (FIT)

Family Initiated Treatment (FIT) is designed to help parents and caregivers receive behavioral health care for their adolescent even when the young person may not agree to treatment. FIT offers families another pathway to support, with safeguards to balance youth rights and family concerns. Consent of the adolescent is not required. The FIT process creates an additional access point but does not guarantee care on demand for adolescents admitted through FIT. Providers will have individual processes and requirements for evaluation and admission to services.

Outpatient FIT process

FIT outpatient services can last up to 3 months and include up to 12 visits with that provider, after which services may only be continued with the adolescent's consent.

Inpatient FIT process

When a youth is admitted for FIT inpatient treatment, HCA must conduct a contracted independent review of medical necessity for treatment within the timespan of one to two weeks following admission. If HCA's finding confirms the medical necessity for treatment, the adolescent has the opportunity to petition the superior court to order their release from the treatment facility. If the youth files a petition for release, the facility must discharge the youth within 30 days from HCA's contracted review of medical necessity or 30 days from a youth's filing of a petition for release, whichever is later unless the adolescent voluntarily agrees to further treatment or a designated crisis responder (DCR) initiates involuntary commitment proceedings.

RCW 71.34.020(46)

(b) For purposes of family-initiated treatment under RCW 71.34.600 through 71.34.670, "parent" also includes a person to whom a parent defined in (a) of this subsection has given a signed authorization to make health care decisions for the adolescent, a stepparent who is involved in caring for the adolescent, a kinship caregiver who is involved in caring for the adolescent, or another relative who is responsible for the health care of the adolescent, who may be required to provide a declaration under penalty of perjury stating that he or she is a relative responsible for the health care of the adolescent pursuant to chapter 5.50 RCW.



Parent requests evaluation.

Adolescent's consent is not required. Evaluation may occur at an evaluation and treatment facility (E&T), inpatient facility, or approved substance use disorder treatment program.



Provider determines whether inpatient treatment is medically necessary.

Evaluation must be completed within 24 hours, unless the person assessing determines that the individual's condition requires more time. Evaluation cannot take longer than 120 hours.



If inpatient treatment is medically necessary, parent signs consent on the adolescent's behalf.



Within 24 hours of admission, provider notifies HCA's contracted, independent reviewer.

Prior to the review conducted under RCW 71.34.610, the professional person shall notify the adolescent of his or her right to petition superior court for release from the facility. The petition may be filed no sooner than five days following the review (RCW 71.34.320).



If the professional person in charge and the parent believe that it is medically necessary for the adolescent to remain in inpatient treatment, and the adolescent doesn't consent to continued treatment, the provider shall release the adolescent to the parent on the 2nd business day after receiving notice.

This allows the parent time to file an **at risk youth** petition under RCW 13.32A.

For more information

🌐 Visit: hca.wa.gov/fit

✉ Email: HCAFamilyInitiatedTreatment@hca.wa.gov