

A photograph of a man with dark hair, wearing a bright green ribbed sweater, holding a young child in a blue corduroy jacket and denim shorts up in the air. The man is looking up at the child with a smile. The background is a bright, overexposed outdoor setting, possibly a beach or a park. The overall mood is joyful and affectionate.

Family Initiated Treatment (FIT)

Division of Behavioral Health and
Recovery (DBHR), Prenatal
through 25 lifespan behavioral
health section (P-25)

P-25 leadership team

- ▶ Diana Cockrell – Section Manager
- ▶ Enos Mbajah – School Age Child, Youth, and Family Integrated Services Supervisor (age 5-18)
- ▶ Tina Burrell – Acting Transition Age Youth Integrated Services Supervisor (age 16-25)
 - ▶ Leads WISe team who supports services across the state

How we think about our work

▶ Continuums:

- ▶ Developmentally appropriate
- ▶ Service continuum
- ▶ Readiness for change

▶ Core elements of all work:

- ▶ Brain science
- ▶ Diversity equity and inclusion
- ▶ Trauma informed
- ▶ Lived experience driven
- ▶ Poverty impacts – social determinants of health
- ▶ Data informed

Life Span

- ▶ Set up into three lifespan areas
 - ▶ Prenatal to 5
 - ▶ School age (5-18)
 - ▶ Transition age youth (16-25)

- ▶ Additional threads stitching pieces of the fabric together
 - ▶ Youth and Young Adults leaving residential care into secure housing
 - ▶ Staffing team for the Child Youth Behavioral Health Workgroup

What's covered in this webinar

- ▶ Behavioral health services for youth (13-17 years old)
 - ▶ Pathways to access
 - ▶ Children, youth, and young people Behavioral Health Services values
- ▶ Family Initiated Treatment
 - ▶ Background
 - ▶ How to provide services – Outpatient and inpatient
 - ▶ Review of medical necessity
 - ▶ The valuable role of family members
 - ▶ Information sharing
- ▶ Additional resources

Who is an adolescent? Who is a parent?

- ▶ For behavioral health, Washington state law defines an **adolescent** as youth between the ages of 13 and 17. Youth will be used in place of adolescent hereafter.
- ▶ For Family Initiated Treatment (FIT), state law defines a **parent** as:
 - ▶ A birth or adoptive parent.
 - ▶ A stepparent.
 - ▶ A kinship caregiver.
 - ▶ Another relative who is responsible for the adolescent's health care decisions.
 - ▶ Someone given a signed authorization by the parent to make health care decisions for the adolescent.

The process for accessing behavioral health services varies depending on who gives **consent**

Adolescent Initiated Treatment

- Youth can seek and consent to treatment, with or without their parents' or guardians' consent.
- Youth who initiated treatment, can also end treatment at any time.
- *Parents or guardians must consent to treatment for anyone under age 13.*

Family Initiated Treatment (FIT)

- FIT allows parents to consent to treatment on the youth's behalf and who meet medical necessity for the level of treatment they are seeking.
- Youth do not need to provide their consent.

Involuntary Commitment (ITA)

- Involuntary treatment act (ITA) is only used when a youth is determined to be a danger to themselves, to others, and/or is gravely disabled (unable to take care of basic needs or make safe choices).
- In these cases, an evaluator who is a Designated Crisis Responder (DCR) initiates treatment.

Children and youth behavioral health values

- ▶ Three core values guide Washington's behavioral health system for children, youth, and young people:
 - ▶ Services and supports are determined by the strengths and needs of the youth and family.
 - ▶ Whenever possible, treatment services are provided in their community.
 - ▶ Services are culturally and linguistically sensitive.
- ▶ Whether treatment is voluntary or not, the youth always has the right to receive services in the least restrictive setting that meets their behavioral health needs.

Medical Necessity

- ▶ Medical necessity is **always** required for a youth to be admitted into inpatient *or* outpatient treatment services.
 - ▶ Medical necessity according to Washington state law, means the level of treatment being initiated is needed to:
 - ▶ Diagnose, correct, cure, or alleviate a mental health or substance use disorder, or
 - ▶ Prevent the progression of the mental health or substance use disorder from endangering life; causing suffering, pain, illness or injury, and
 - ▶ There is no adequate less restrictive alternative available
 - ▶ Services that are not sought of convenience for the patient, practitioner, or others.

Treatment works best when the youth is engaged

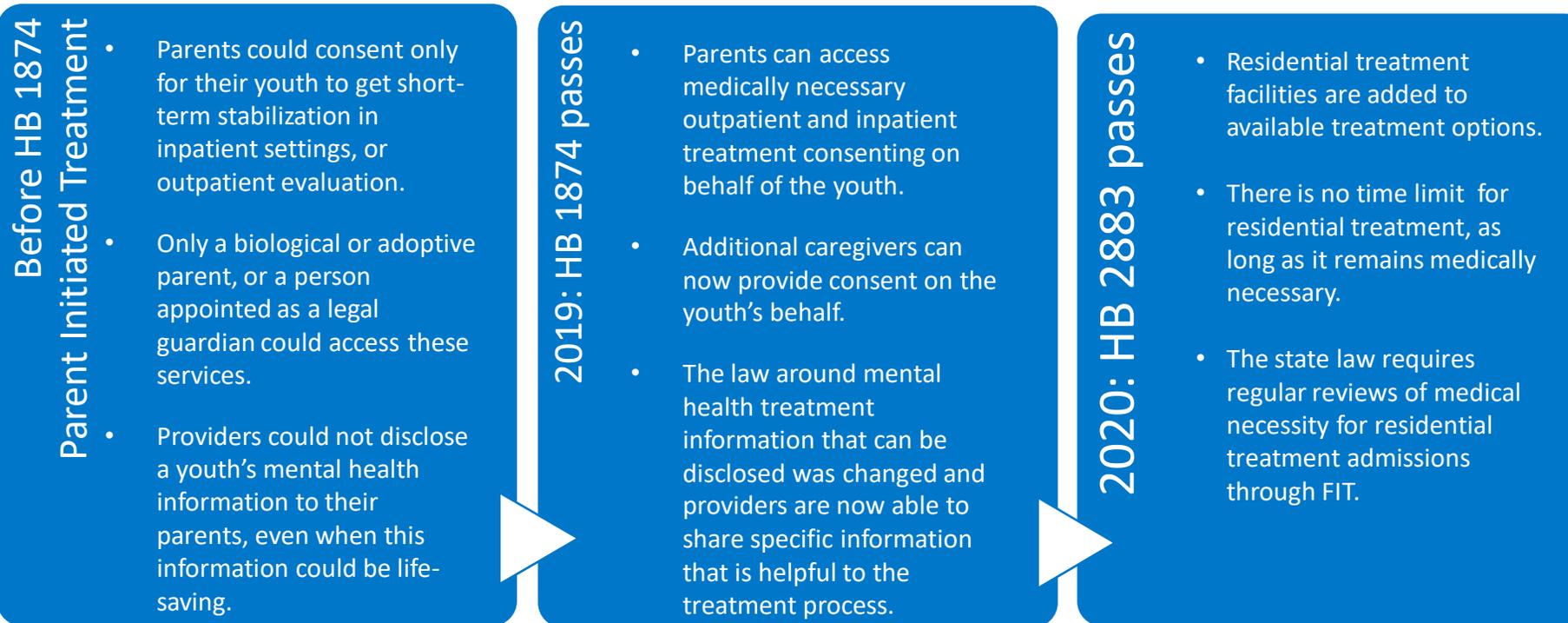
- ▶ While there are times that treatment is medically necessary to protect the individual or others from harm, it has a better chance of success when the youth chooses it and actively engages with the provider.
- ▶ FIT gives parents and providers an opportunity for time-limited treatment where the parents can provide consent on behalf of the youth.
- ▶ The goal is to engage youth in the services they are receiving so they consent to continued treatment, as needed.

Family Initiated Treatment – How did we get here?

- ▶ In 2018, a work group made up of family members, youth, providers, and other system partners looked at youth's access to care from all perspectives
- ▶ The workgroup conducted a large survey of Washington state parents, youth, and providers.

Family Initiated Treatment (FIT)

In 2019, as a result of this group's recommendations, the Legislature passed House Bill 1874, the Adolescent Behavioral Health Care Access Act.



Providing services through FIT

While FIT provides a new access point for families, it is not a guarantee of immediate services by providers.

- ▶ For a youth to receive services through FIT, a mental health or substance use disorder professional must conduct an evaluation and determine that the level of treatment is medically necessary.
- ▶ In addition, for treatment to continue, the Health Care Authority's independent reviewer, the FIT administration, will conduct regular reviews to determine whether the level of treatment continues to be medically necessary.

Providing services through FIT

- ▶ Each provider will have their own processes and requirements for the evaluation of medical necessity and admission to services.
- ▶ Providers are under no obligation to evaluate or treat a youth through FIT.
 - ▶ Providers who choose not to provide mental health treatment through FIT cannot base it solely on the youth's lack of consent.

Federal Substance Use Disorder (SUD) Privacy Laws

- ▶ Federal SUD privacy laws currently prevent parents from using FIT to access SUD treatment services without the youth's consent.
 - ▶ Parents can have their child evaluated for a substance use disorder to determine appropriate level of care and medical necessity.
 - ▶ However, this information cannot be shared with the parents and treatment cannot occur without the youth's consent.
 - ▶ During the evaluation, a skilled professional will do everything possible to engage the youth, so they voluntarily consent to receiving treatment.

Outpatient Treatment

- ▶ FIT can be utilized for outpatient services
 - ▶ Outpatient services provided through FIT are done so at the discretion of the provider.
 - ▶ Medical necessity is always required.
- ▶ FIT allows a maximum of 12 outpatient sessions within a 3 month period. After that, the youth must consent for sessions to continue.
- ▶ Parents have the option of initiating FIT again with a different behavioral health provider.

The process for FIT outpatient treatment



Outpatient Independent Reviews of Medical Necessity

- ▶ The provider must send information to the FIT administration between 7-14 days of a youth's admission to services, and again every 45 days that treatment services continue.
- ▶ The following information must be sent to conduct the outpatient review of medical necessity:
 - ▶ Admittance face sheet
 - ▶ Intake assessment note
 - ▶ Discharge summary

Inpatient treatment

▶ FIT inpatient services include:

- ▶ **Acute Inpatient Psychiatric Treatment:** A psychiatric health facility that is licensed to provide acute inpatient hospital service for individuals at high risk of immediate danger to self or others. The facility is typically locked and provides 24 hour care; typical length of stay is 5-7 days.
- ▶ **Residential treatment:** A step down from acute inpatient treatment, provided in a more home-like environment.

▶ Types of Inpatient facilities include:

- ▶ Hospitals (general or psychiatric)
- ▶ Residential treatment facilities licensed or certified as:
 - An evaluation and treatment facility for minors,
 - A secure detox facility for minors, or
 - An approved substance use disorder treatment program for minors.

Inpatient treatment

- ▶ HCA's independent reviewer, the FIT administration, must complete a review of medical necessity not less than 7 days and not more than 14 days from when the adolescent arrived.
- ▶ The youth will continue receiving services until they no longer meet medical necessity for this level of treatment.

Inpatient treatment

- ▶ Youth receiving inpatient treatment in a hospital must be released within 30 days following the later of:
 - ▶ Completion of HCA's independent review, or
 - ▶ The youth's filing of a petition for judicial review.

- ▶ If a youth receiving treatment in a residential treatment facility is not released as a result of a petition, treatment may continue if it is medically necessary.

Notification of FIT admission to services

▶ Admission notification

- ▶ Must be sent within 24 hours of admission to services through FIT
- ▶ Notification should include:
 - Name
 - Date of FIT admission, or status change to FIT
 - Date of birth
 - County in which the adolescent lives, and
 - Whether the adolescent is covered by private insurance or Medicaid

▶ Notification of FIT admission is sent to the FIT administration office fitreporting@fitadministration.com

Inpatient Independent Reviews of Medical Necessity

- ▶ The provider must send information to the FIT administration by the 10th day after admission (or the day before, if the 10th day is a holiday or weekend), if the patient is to remain admitted through FIT status and will not be discharged within 14 days of admission.
- ▶ Information should include
 - ▶ Hospital Face Sheet with parent contact information
 - ▶ Psychiatric and physical history from admission
 - ▶ Psychiatric progress note from past 2-3 days on the unit
 - ▶ Shift and RN/clinical notes from the most recent 2-3 days on the unit

Inpatient Independent Reviews of Medical Necessity

- ▶ After the FIT administration review has been completed, they will send certification to the inpatient provider for the youth's inpatient file.
- ▶ The inpatient provider **must** notify the youth of their right to petition the Superior Court for release from the facility prior to the review of medical necessity.
- ▶ If the independent review determines medical necessity criteria has not been met for continued inpatient treatment, the reviewer will immediately notify the provider and parent.

Inpatient Independent Reviews of Medical Necessity

- ▶ The facility must release the youth within 24 hours of receiving the notice.
- ▶ If the professional person in charge and the parent believe that it is a medical necessity for the youth to continue inpatient treatment, the youth shall be released to the parent on the second judicial day following the determination, in order to allow the parent time to file an at-risk youth petition under Chapter 23.32A RCW.
 - ▶ *Consideration for a youth voluntarily signing into treatment or evaluating whether an Involuntary Treatment Act [ITA] hold is appropriate, are also options.*
- ▶ The inpatient provider must notify the FIT Administration Office of the discharge date or change of admission status (i.e., voluntary or ITA) via secure email or fax.

The process for FIT inpatient treatment



What information can a mental health providers disclose?

- ▶ Mental health providers can disclose some treatment information to parents if they believe that sharing this information would benefit the treatment process.
- ▶ Before sharing any information, the professional must talk to the youth about the information they want to disclose and address any concerns they may have with information being disclosed.
- ▶ If information is disclosed and the youth is not in support of it, the youth's concerns and the providers attempts to address them **must** be documented in their medical record.

What information can a mental health professional share?

To help parents support the treatment process, providers may choose to share:

- ▶ Diagnosis and recommendations for treatment
- ▶ Treatment progress
- ▶ Recommended medications, dosage, benefits, risks, and side effects
- ▶ Crisis prevention and safety planning
- ▶ Referrals for other services in the community
- ▶ Training or coaching for parents that could benefit the youth and the family system

What information can a mental health professional share?

- ▶ One of the ultimate goals of FIT is to foster increased engagement between the provider and youth, so that the youth sees the benefits of continuing treatment voluntarily.
- ▶ It is vital youth feel comfortable sharing information with their provider, to trust that they will be respected, and that their privacy will be protected, outside of mandatory reporting requirements.
 - ▶ The provider should make every effort to include the youth in the reporting process, at their discretion.

Family members are vital partners

Families can support the youth in treatment by:

- ▶ Being part of the team and treatment plan.
- ▶ Recognizing that the whole family has been affected in some way and may benefit by being a part of the healing process.
- ▶ Learning about how their fears and anxiousness might contribute to the youth's behaviors, and how to reduce that impact.
- ▶ Working as allies to find strategies that support the youth's outside of treatment.
- ▶ Respect the youth's privacy and understand why the professional cannot share all the treatment information.
- ▶ Trust the relationship the provider is building.

Resources

- ▶ [Chapter 71.34 RCW: BEHAVIORAL HEALTH SERVICES FOR MINORS \(wa.gov\)](#)
- ▶ [Mental Health Treatment Options for Minor Children \(wa.gov\)](#)
- ▶ [Family initiated treatment \(FIT\) | Washington State Health Care Authority \(family page\)](#)
- ▶ [Family initiated treatment \(FIT\) | Washington State Health Care Authority \(provider page\)](#)
- ▶ [FIT training modules](#)
- ▶ [Parents Guide to Family Initiated Treatment \(FIT\) \(wa.gov\)](#)
- ▶ [Mental health information disclosures \(wa.gov\)](#)
- ▶ [About CLIP \(clipadministration.org\)](#)
- ▶ [Children's Long-term Inpatient Program \(CLIP\) | Washington State Health Care Authority](#)
- ▶ [BHASO \(clipadministration.org\)](#)
- ▶ [Ricky's Law: Involuntary Treatment Act | Washington State Health Care Authority](#)
- ▶ [The Center of Parent Excellence \(COPE\) project | Washington State Health Care Authority](#)

The Center of Parent Excellence (COPE) project

The COPE project was developed as a support to enhance our System of Care framework. The project is intended to provide a pathway for Washington State parents who are accessing and navigating the children's behavioral health system to have peer support to ease their journey, whenever possible.

Support is provided by [A Common Voice](#), a statewide, family-run nonprofit organization that provides advocacy and support for families whose children have intensive behavioral health needs.

Find help through the COPE project

The COPE project is staffed by lead parent support specialists, hired for their lived experience as a parent/caregiver. If you are a Washington State parent/caregiver of a child/youth who may benefit from assistance accessing and navigating behavioral health services, please [contact your regional lead parent support specialist](#).

COPE project services

Important! Services are available regardless of your health insurance status.

Services offered:

- **One on one support** for parents/caregivers accessing and navigating behavioral health services on behalf of your child. Support can be accessed by a phone call or email to the lead parent support specialist for your county.
- **Support groups** provided twice a month for parent that are set up by region and can be accessed below.
- **Monthly consultation groups** designed for employed family peers who are employed in Washington State's behavioral health system and can be accessed.
- **Assistance to [WISe](#) Child and Family Teams (CFTs)**, upon request, to address their concerns and barriers. The COPE project will track recurring system gaps and barriers and advance them to the local and/or regional [FYSPRT](#).



Thank you!

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