

Family Initiated Treatment (FIT)

Increasing access to Behavioral Health services for minors

Substitute House Bill 1800; Section 3(1); Chapter 134; Laws of 2022

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Executive summary

Parent Initiated Treatment (PIT) was expanded to Family Initiated Treatment (FIT) through Engrossed Second Substitute House Bill (E2SHB) 1874 (2019), the Adolescent Behavioral Health Care Access Act, and Substitute House Bill (SHB) 2883 (2020). FIT is an admission pathway for Washington State youth aged 13-17 years old that currently includes access to mental health and substance use services across the continuum of care. FIT requires that youth meet the medical necessity to receive necessary treatment. Treatment may include:

- Outpatient assessment and treatment services
- Inpatient evaluation
- Hospitalization
- Residential treatment

The current law applies to youth aged 13 through 17. It requires that mental health and substance use professionals protect the rights of the youth to seek care independently while also assuring that parents, per the expanded definition in [RCW 71.34.600](#), are provided the opportunity to participate in treatment decisions for their children.

Currently, the law reads that “minors in need of mental health care and treatment receive an appropriate continuum of culturally relevant care and treatment, including prevention and early intervention, self-directed care, parent-directed care, and involuntary treatment.” Per [RCW 71.34.010](#), “Additionally, all behavioral health care and treatment providers shall assure that minors' parents are given an opportunity to participate in the treatment decisions for their minor children. The behavioral health care and treatment providers shall, to the extent possible, offer services that involve minors' parents or their family. It is also the purpose of this chapter to assure the ability of parents to exercise reasonable, compassionate care and control of their youth, aged 13-17 years old, when there is a medical necessity for treatment and without the requirement of filing a petition under this chapter, including the ability to request and receive medically necessary treatment for their adolescent children without the consent of the adolescent.”

This is the final of the three yearly FIT survey reports, including the FIT live event hosted by the Health Care Authority (HCA) to collect feedback from youth, parents, and providers on their experience accessing FIT services. This final survey was completed as required by the new House Bill 1800 law and includes data on the total number of respondents from 2020-2023 (see data below). Previous survey results can be found in previous legislative report submissions. These survey results will help the legislature to make recommendations for statutory changes. The HCA intends to use the data received to increase access to FIT services. The data that our agency received collectively from these surveys, as well as a live FIT feedback event that HCA hosted, helped to gather feedback on accessing FIT services, identify opportunities for improvement, and provide feedback that informed the structure of the FIT marketing campaign. The survey also provided data to understand how and where efforts were made to educate and introduce FIT to Washington State, utilization successes, opportunities to educate and inform the system, and highlighted existing barriers.

Background

HCA developed the FIT survey which included questions from the year 2020 to the year 2023. The survey provided feedback from parents, youth, and providers on the accessibility of FIT services. The survey was anonymous and identified the participant only as a parent, provider, or youth. The decision to create an opportunity for unidentifiable feedback allowed respondents to freely share their opinions, challenges, and critical advice regarding their experiences while remaining anonymous.

The questions were developed using a diverse team to consider all lenses. Members of the team included:

- Youth peer
- Family peer
- Subject matter experts
- Quality and research manager

The survey consisted of a variation of 41 multiple choice, Likert scale, and open-ended questions, hoping to capture as much feedback from respondents as possible.

This is the final of the three yearly FIT survey reports. The FIT surveys were sent out by HCA's communications team each year to parents, youth, and providers. The final 2023 survey remained open for approximately 3 ½ months, including a live online FIT feedback opportunity using the Microsoft Teams Platform. These efforts were made to engage respondent feedback and ensure the survey had an adequate response rate.

Providing opportunities to gather feedback from community members and stakeholders allowed a pathway to uncover unmet needs and filter what worked well to what needed to work better. The information from the survey was used to develop an effective plan for improvement more quickly. Over the course of the FIT implementation period, we have identified a recommendation for a statutory exploration, trends that surfaced, and additional opportunities that we believe could increase utilization expressed explicitly by users of FIT across Washington State.

2020-2023 survey trends

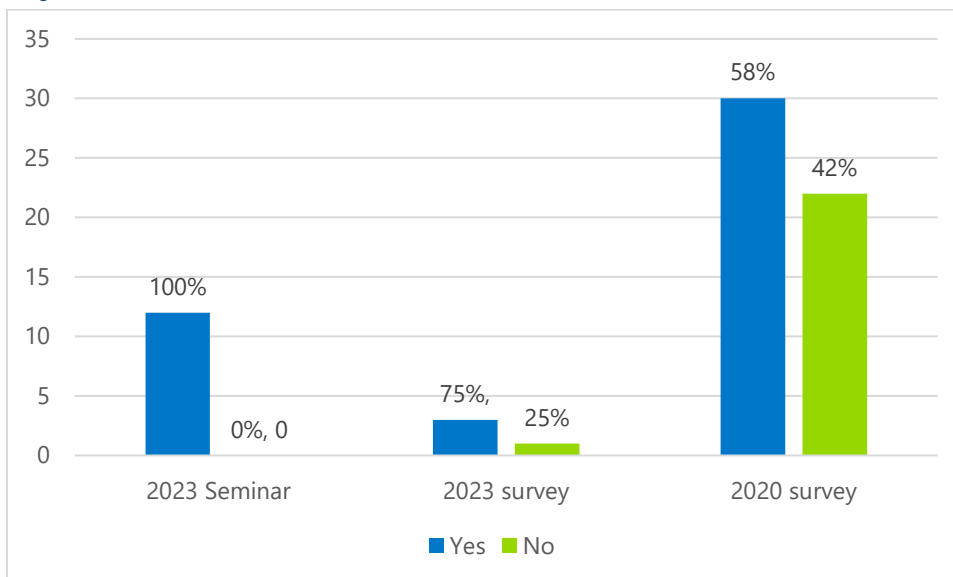
FIT themes identified the FIT surveys and live feedback event were completely anonymous. Respondents were only identified by county, and whether they were a parent ([RCW 71.34.020](#)), youth, or provider. Additionally, results indicate that all respondents identified as either a parent or provider, impeding youth input. The survey consisted of multiple choice, Likert scale, as well as both open and closed-ended questions. Upon analysis of all survey results, we have been able to identify three common themes, perceptions, topics, ideas, and/or patterns that surfaced repeatedly over the course of three years. Although this information did not directly result in recommendations for statutory exploration, it does provide important insight that allows us to consider additional opportunities that further support FIT users. Additionally, the feedback will help guide current FIT implementation processes and enhance FIT access to our communities.

FIT knowledge

A respondent breakdown for the 2020-2023 FIT survey

To better understand the extent to which respondents were aware of FIT in the 2020-2023 surveys, we asked, Have you heard of Family Initiated Treatment (or "FIT") before *this survey*? The feedback highlighted that in the 2023 in-person feedback session, 100 percent of respondents had heard of FIT before the survey. In the 2023 FIT survey, 76 percent of respondents had heard of FIT prior to the survey, and 25 percent had not. In the 2020 survey, 58 percent of respondents had heard of FIT prior to the survey, and 42 percent had not. This information allowed us to explore additional pathways to adjust and modify FIT marketing strategies to add greater clarity and comfortability with awareness of FIT services.

Graph 1: Have you heard of Family Initiated Treatment (or "FIT") prior to this survey?



Additional FIT education

In an effort to better understand how we are able to improve the FIT marketing campaign as well as processes, we asked all 2020-2023 respondents the open-ended question, *Do you have any suggestions or recommendations for how to improve the process for using FIT?* Increasing educational opportunities for parents, youth, and providers increases visibly and understanding of FIT and ultimately leads to increased utilization of services. Across the span of all surveys, respondents identified that they would benefit from additional education on FIT.

Table 1: Do you have any suggestions or recommendations for how to improve the process for using FIT?

2020-2023 Rollup

Response	Year
Provider/Parent education. I believe there needs to more support for applying to outpatient resources. The intent is great but not making the impact due to the limitations and lack of support for implementation. Also having more clear definitions of what is medical necessity.	2023 Seminar
I would like to second around education. I think clear language regarding criteria and need for evaluation to determine eligibility.	2023 Seminar
Make it more clear the process in what we can do. Help get hospitals reimbursement for the stabilization of these patients while we find resources so we don't get pressure to discharge them without a plan	2023 Survey
Telling more clients about the FIT program maybe distribute some flyers.	2023 Survey
Having pamphlets or information that we can share with families would be helpful (similar to the 'at risk youth' petition in Kitsap County). Having information sessions put on by hospitals or dept of health or insurance companies, to educate families and the public.	2023 Survey
More education and awareness for providers	2023 Survey
More information about how it works and making sure people have a good understanding of what that looks like	2023 Survey
More guidance. If parents are unable to get their kids to attend this seems to not work.	2023 Survey
Quarterly trainings & targeted outreach to hospital systems.	2023 Survey
Continue to educate community clinicians about FIT and release of information law. There remains a lot of confusion and misunderstanding in the community.	2023 Survey
More education to agencies and public. More resources on how families can use FIT and how, pragmatically, that would look for a youth who refuses to go.	2023 Survey
Not using it. Youth 13 to 17 should have autonomy over their own mental health unless deemed cognitively or mentally incapacitated.	2023 Survey

Need to get the word out to parents and families	2023 Survey
Training ED and hospital social workers	2020 Survey
I don't think families are aware of this option- if they are, I think more would choose to use it.	2020 Survey
More training around FIT with regards to both inpatient and outpatient treatment for FIT youth and family involvement.	2020 Survey
Create a greater awareness of FIT, the purpose of FIT, how families initiate and participate in FIT.	2020 Survey
Educate parents on the clinical aspect of FIT and that it functions as voluntary treatment, therefore, using the same process to request authorization of services.	2020 Survey
Maybe town meetings to share what it is about and how to access it.	2020 Survey
It would be beneficial if HCA had a step-by-step toolkit for implementation and operations.	2020 Survey
Inform clinicians how they can use FIT even if the youth does not participate.	2020 Survey
There seems to be many questions on the release of information around FIT	2020 Survey
Provide more trainings to agencies. I don't know if families are able to follow through with the commitment. I've seen parents who are scared of their kids when they are forced into situations such as these. I've also seen parents who are not willing to argue to force kids into these situations because it disrupts home life. More support to families. I don't see many families who don't have family issues themselves where the kid is the one and only who needs help.	2020 Survey
Further education for parents/caregivers, especially surrounding less restrictive options	2020 Survey
Increase knowledge among families.	2020 Survey

FIT intersectionality

It is important that we gather the opinions and critique from those who are accessing, or desire to access, FIT services. Additionally, gaining greater clarity on how FIT intersects with other programs benefits external partners who are responsible for providing essential recommendations and resources to community members. The desire to understand the intersectionality more clearly between FIT and other programs was consistently identified as an area for growth based on all 2020-2023 surveys. This feedback allowed our agency to involve users in shaping the marketing, education, and delivery of FIT training. The feedback that we received to support this trend was identified using the same question: *Do you have any suggestions or recommendations for how to improve the process for using FIT?*

Table 2: Do you have any suggestions or recommendations for how to improve the process for using FIT?

2020-2023

Response	Year
More education for parents. Perhaps through At Risk Youth, CLIP or even 211. Some seeking FIT really need residential or CLIP and FIT can't access those.	2023 Seminar
More education for parents. Perhaps through At Risk Youth, CLIP or even 211.	2023 Seminar
I think FIT can be used for residential/It sounds like there could be more clarity there.	2023 Seminar
Seemingly solid suggestions in the zoom survey chat, I now have as knowledge when recommendations for FIT seem matched with the youth we will be working with. Thank you.	2023 Survey
Implement some training to clinicians to inform parents of FIT and how to determine necessity and criteria for FIT	2023 Survey
Clear guidelines for both MCO, behavioral health agencies and families	2023 Survey
Providers need to and should take the FIT requests seriously, even when DCYF is acting as the de facto parent. Or we need some different resources for clients with particularly complex and acute diagnostic profiles.	2020 Survey
Providers seem confused by it and would recommend additional trainings be provided by HCA if possible.	2020 Survey
These teens should come in through the WISe program with MCO's as the funding source and a requirement of a team approach to services mandating family involvement.	2020 Survey
It's still not possible to truly have family-initiated SUD treatment due to federal laws. I hope there is some discussion happening around this. Many families are desperate to get their child the SUD treatment they so badly need.	2020 Survey
More widespread information about what treatment options exist	
I would ask a cadre of young people. Both adolescents and young people who are just beyond that stage developmentally. I believe they may tell us that involuntary outpatient treatment is not likely to be effective. Outpatient treatment can be very effective once a youth is successfully engaged. FIT would seem to be a better 'fit' when a youth is engaged in dangerous behaviors - e.g., substance use that is significant - and inpatient treatment is essential. And in our experience, it does not seem to be an effective or needed approach for youth referred for WISe.	2020 Survey

Conclusion

This FIT report is the third and final of three reports by the E2SHB 1874 Sec. 24(1), which stated HCA must include any statutory changes identified as needed based on survey results. HCA is using the data from these surveys to understand and inform the impacts of the implementation of FIT and assess the policy strengths as well as the recommendations for continued access to FIT services in the future from lessons learned.

- Continue to offer training and technical assistance to providers virtually and in person to support their understanding of and ability to utilize Family Initiated Treatment when appropriate.
- Expand training and education materials to additional languages to support awareness and access.
- Continue the marketing and education initiatives listed below in this report.
- Continue to learn more about providers' barriers and concerns about offering FIT in their service delivery and make systemic change recommendations as themes arise in coming years.
- Continue to explore the nuances around the changing delivery system and explore what places independently licensed professionals may be able to complete an evaluation under FIT and facilitate connection to the appropriate level of care, even if they aren't based in a behavioral health facility.

One of the areas of challenge that have been repeatedly identified through FIT training sessions was the lack of clarity pertaining to conducting FIT evaluations by clinical professionals in non-behavioral Health service provider locations. Further exploration opportunities should be considered to understand better and identify any parameters, barriers, and unintended consequences resulting from any statutory modifications on those who engage in FIT services in any capacity.

Implementation accomplishments for FIT

Through the review of the 2020-2023 data, HCA provided the following opportunities to increase access and utilization of FIT services in Washington State.

- Creation of an internal FIT dashboard to monitor FIT-related evaluations and admissions
- Creation of a FIT guide that houses all FIT information, including the most current legislative updates
- Creation of FIT FAQ (frequently asked questions) sheet
- Daily engagement with community members via email/phone calls to address questions
- Development of FIT training modules for parents, youth, and providers
- Creation of a QR code to provide additional access to FIT online trainings
- Marketing campaign with community partners and providers to promote/clarify FIT legislation
- Translation of select printed materials into Spanish
- Modification/editing of printed FIT materials based on community engagement/feedback
- Current engagement in conversations to consider implementation of a FIT provider opt-in option for the Recovery Help Line to allow community members to more easily identify which providers are FIT evaluation experts

Marketing campaign details

The FIT Marketing campaign was developed to raise awareness about FIT, clarify how community members, systems advocates, and providers can access FIT services, and gather feedback regarding challenges, barriers, and/or opportunities for growth within the FIT body of work. In addition to the online trainings that we provided specifically for FIT, we offered personalized one-on-one training for numerous organizations including but not limited to school districts, behavioral health organizations, hospitals, a host of providers in varying roles, and youth groups across Washington state. During these sessions, we addressed many concerns and provided guidance to help ease concerns by providing FIT evaluations. Additionally, much of the feedback provided by our community allowed us to improve our processes, FIT guidance, and continuous improvement of FIT marketing training information.

Opportunities for growth: increasing FIT access

From our surveys, the following opportunities for growth were identified.

1. **Youth voice:** The need to increase youth voice for stakeholder work. The surveys did not include a substantial number of youth voice populations. Ensuring youth and young adult input will be a priority to ensure there are various ways for youth to engage in future collaborations.
2. **Parent voice:** The need for continued outreach and inclusion of parent voice for future stakeholder work. Continue to work with parent support networks to ensure a broad distribution of FIT advisory opportunities.
3. **Additional funding:** Additional funding for translating all FIT materials into multiple languages. Funding for translation of online training into multiple languages and additional funding to update online training.
4. **Training and education:** The need for more information to be made available about the intersectionality between FIT and other behavioral health services, such as:
 - Children’s Long-term Inpatient Program (CLIP)
 - Substance Use Disorder (SUD) treatment
 - Wraparound with Intensive Services (WISe)
 - ABA (Applied Behavioral Analysis)
 - AOT (Assisted Outpatient Treatment)
 - Ambulatory Care

Additionally, we focus on the expansion of our marketing and engagement strategies to be more inclusive of this information and other FIT materials for parents, providers, and community members.