

# Family Initiated Treatment (FIT)

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## Increasing access to behavioral health services for minors

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

Engrossed Second Substitute House Bill 1874; Section 24; Chapter 381; Laws of 2019

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## Executive summary

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

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

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

The law reads “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.” According to [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.”

[RCW 71.34.010](#) also assures 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.”

## Yearly surveys and data

This is the final of the four yearly survey reports required by [HB 1874 \(2019\)](#), which was amended to include an additional live stakeholder engagement activity as a requirement in [RCW 71.34.3871](#). The additional data from the engagement activity includes the total number of respondents in 2024. Survey results will help the Legislature make recommendations for statutory changes, and the Health Care Authority (HCA) intends to use the data to continue to increase access to FIT services.

The data that HCA received collectively from these surveys over the course of three years as well as two live FIT feedback events HCA hosted provided feedback on accessing FIT services, identified opportunities for improvement, and provided feedback that inform the structure of the FIT marketing campaign. The survey data also helped the state understand how and where efforts were made to educate and introduce FIT in Washington State, utilization successes, opportunities that educated and informed the system, and highlighted existing barriers.

## Background

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HCA developed the initial FIT survey questions in 2020 and used these questions in all surveys and live community events throughout the past four years of FIT implementation. The surveys provided feedback

from parents, youth, and providers on the accessibility of FIT services. Surveys were anonymous and identified participants as a parent, provider, or youth. The decision to create an opportunity for unidentifiable feedback allowed respondents the option to freely share their opinions, challenges, and critical advice regarding their experiences while remaining anonymous.

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

- Youth peers
- Family peers
- Subject matter experts
- Quality and Research Manager for HCA's children, youth, and families

The initial 2020 survey consisted of a 41 multiple-choice, Likert scale, and open-ended questions. The final 2024 FIT engagement survey included a live online FIT feedback opportunity using Microsoft Teams and consisted of five of the 41 questions previously developed in the initial 2020 FIT survey. Feedback was gathered from the Youth and Young Adult Continuum of Care (YYACC) subgroup of the Children Youth Behavioral Health Work Group (CYBHWG), and extended invitations to youth, parents, and providers.

Additionally, representation included attendees from the Washington State Community Connectors, Seattle Children's Hospital, Behavioral Health Catalyst (BHC), and the Washington State Department of Children, Youth and Families (DCYF). This effort was 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, filter what was working well, and identify areas needing improvement. HCA used the information from the survey to more quickly develop an effective plan for improvement. Through FIT implementation, we identified a recommendation for statutory exploration, trends, and additional opportunities to increase utilization expressed explicitly by users of FIT across Washington State.

## 2024 survey results

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### Respondent breakdown for the 2024 FIT survey

This FIT live feedback event was completely anonymous. Respondents were identified by:

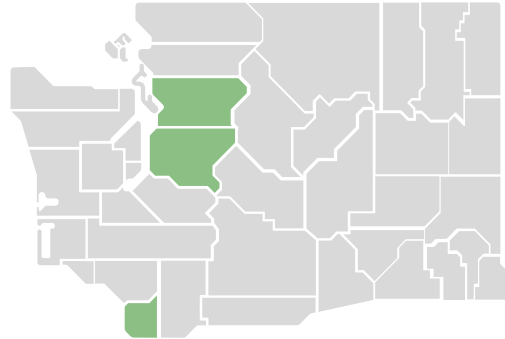
- County
- Whether they were a parent (as defined by [RCW 71.34](#))
- Youth
- Provider
- Unknown

The survey consisted of multiple choice, Likert scale, and both open and closed-ended questions. After analyzing the survey results, HCA identified two common themes regarding access and education of FIT as identified in previous surveys. Although this information did not directly result in recommendations for statutory exploration, it provides important insight, allowing the state to consider additional opportunities that further support FIT users, help guide current FIT implementation processes, and enhance FIT access to communities.

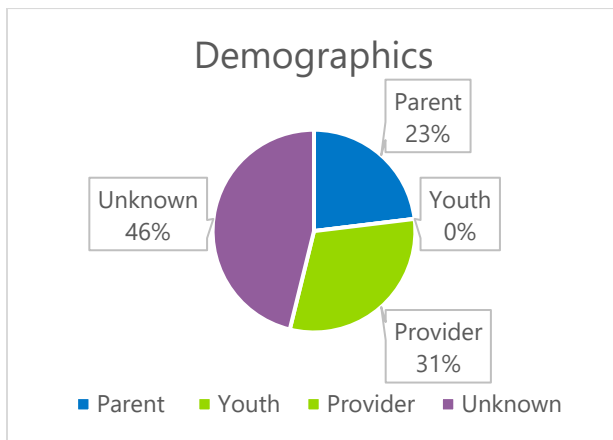
The three graphs below show survey questions and responses.

### Graph 1: In what county do you access or provide FIT services?

- Snohomish
- King
- Clark
- Land of Duwamish, Muckleshoot, Umatilla



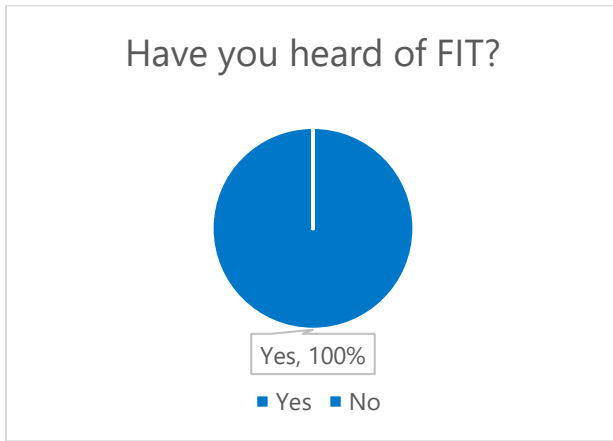
### Graph 2: In which of the categories would you place yourself- Parent, Youth, Provider, Other?



## FIT knowledge

To better understand the extent to which respondents were aware of FIT in the 2020-2023 surveys, we asked the question "Have you heard of Family Initiated Treatment (or "FIT") prior to this survey?" Feedback showed that in the 2024 in-person feedback session, 100 percent of respondents had heard of FIT prior to the survey. This information allows HCA to explore additional pathways to adjust and modify FIT marketing strategies to add greater clarity and comfortability with awareness of FIT services.

### Graph 3: Have you heard of Family Initiated Treatment (or "FIT") prior to this survey?



### Additional FIT access and education

To better understand how we are able to improve the FIT marketing campaign as well as processes, HCA asked 2024 respondents these open-ended questions: "Do you have any suggestions or recommendations for how to improve the process for using FIT" and "Do you have anything you would like to share with us about your experience with mental health, substance use treatment services, or FIT?"

Increasing access to services as well as educational opportunities for parents, youth, and providers increases visibility and understanding of FIT and ultimately leads to increased utilization of services. Respondents said they would benefit from additional education and assistance with accessing services.

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

Feedback
Parent in King County, FIT was not accessible when I was parenting my youth. She is now a young adult.
I did try to access Parent Initiated Treatment a number of times and was not successful.
The ER's and First Responders are often not aware of the changes in that law which went from Parent Initiated Treatment to Family Initiated Treatment which allows much more supports for the parents/caregivers.
Providers often aren't aware of FIT and/or the process. Family members usually bring it up
I would say that you can't get a hold of an Ombudsman should you have any grievances. I've tried on multiple occasions
Make sure providers understand the law!
The PIT to FIT change was really meaningful. I hear from providers and families that not all providers understand FIT.

FIT could always offer treatment rather than promising only the evaluation.

Better education to cross systems such as community groups working with youth, law enforcement and other first responders, schools, and ER workforce

Parents should also get treatment too. Sometimes it isn't the child, but the parents not knowing how to parent, causing their child to be upset

Providers should be aware of community options and be able to provide support getting people to the resources they need.

I should know this but does HCA have a training that y'all take on the road to educate different groups? I'd love to have you come and meet with the Bridge Coalition—a cross system coalition of housing providers, BH inpatient tx providers, MCO's young people

Providers need to be trained in moving beyond the old thought process of the behaviors of the youth being the cause of the parents. There is a comment right here about that. AND while at times there are parents who do not have the capacity or knowledge around the unique needs of parenting children/youth with intense BH needs, the BLAME MUST STOP. We need to partner together for our children, no blame, no shame, just opportunities for both parents/caregivers and youth to learn, grow, and change and when they are not able to have the capacity to do so, is it up to ALL OF US to find out how to meet them where they are and support them.

These are brain-based conditions that require medical interventions that should not be denied just because the young person's illness has blocked their capacity for self-awareness!

Is education about FIT including education about anosognosia? This is free information: Anosognosia - Treatment Advocacy Center

Brain-based symptoms are not caused by poor parenting!

That is why the Age of Consent is 13 years old. To protect those children. FIT is for parents like me who are supportive and need to be able to have some pathways to getting their youth help.

Let's not be afraid to keep sharing and learning and talking

My ex-adoptive parents forced me into treatment but they didn't want to take treatment on themselves. They had a lot to learn about me, as did I! I realized too late that my boundaries were disrespected on top of just general disrespect. Little did they know that was the reason I didn't respect them. Little did I know until recently.

24/25 Schedule

I hope bring more young people from NorthStar and will take responsibility for paying and supporting them

# Conclusion

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## Recommendations for continued support

HCA is using the data received from the 2024 FIT survey to understand and inform impacts of implementing FIT, assessing policy strengths, and evaluating lessons learned to develop recommendations for continued access to FIT services. HCA will:

- Continue to offer training and technical assistance to providers, virtually and in person, to support their understanding of and ability to utilize FIT when appropriate.
- Expand training and educational 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 the barriers and concerns providers have 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, 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 repeatedly identified through FIT training sessions was the lack of clarity pertaining to the conducting of FIT evaluations by clinical professionals in non-behavioral health service provider locations. One provider recommended further exploration was needed to better understand and identify any parameters, barriers, and/or unintended consequences that may result from any statutory modifications to those who engage in FIT services in any capacity.

## Implementation accomplishments for FIT

Through reviewing the 2020-2024 survey data, HCA was able to provide the following opportunities to increase access and utilization of FIT services in Washington State:

- Creation of internal FIT dashboard to monitor FIT related evaluations and admissions.
- Creation of FIT Guide, which houses all FIT information, including 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 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

HCA develop the FIT marketing campaign to raise awareness about FIT legislation, provide greater clarity on ways that community members, systems advocates, and providers can access FIT services, and gather feedback regarding challenges, barriers and/or opportunities for growth within FIT.



In addition to the online trainings that HCA provided specifically for FIT, we provided personalized one-on-one trainings 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, HCA addressed many concerns and provided guidance to help ease concerns with providing FIT evaluations. Additionally, much of the feedback provided by the community allowed us to improve our processes, FIT guidance, and continuous improvement of FIT marketing training information.

## Opportunities for growth; increasing FIT access

1. **Youth voice:** The need for an increase in youth voice for stakeholder work. The surveys did not include a substantial number of youth voice populations. Ensuring youth and young adult input in the future will be a priority to ensure there are a variety of 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 broad distribution of FIT advisory opportunities.
3. **Additional funding:** The need for additional funding for translation of 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)
  - Applied Behavioral Analysis (ABA)
  - Assisted outpatient treatment (AOT)
  - Ambulatory Care
5. **Focus on expansion:** The need for HCA’s marketing and engagement strategies to be more inclusive of this information and other FIT materials for parents, providers, and community members.