

Family Initiated Treatment (FIT) expansion

Survey results impact report

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

November 1, 2022

Family Initiated Treatment (FIT) expansion

Survey results impact report



Division of Behavioral Health
and Recovery
626 8th Ave SE
Olympia, Washington 98503
Phone: (360) 725-5321
www.hca.wa.gov/fit

Table of contents

Executive summary.....	4
Background.....	5
Findings	6
FIT survey overall respondent breakdown	6
Conclusion	13

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 2883 (2020).

FIT is an admission pathway for youth aged 13-17 years old in Washington State 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 outpatient assessment and treatment services, and inpatient evaluation, hospitalization, and residential treatment.

The current law applies for youth age 13 through 17 and 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 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 second of the yearly FIT survey reports. HCA intends to use the data received from this survey as a pre-cursor to an expanded community-based survey that will be conducted in March of 2023. The data that we received from this implementation survey helped us to gather feedback on accessing FIT services, identified opportunities for improvement, and provided feedback that informed the structure of the FIT marketing campaign. The more expanded version (to be released in March 2023) will provide data to understand how and where efforts were made to educate and introduce FIT to Washington State, utilization successes, and additional opportunities to educate and inform the system. We intend to use the survey to highlight existing barriers through the use of FIT as an access point to all levels of behavioral health services.

Background

The 2022 FIT survey, developed by HCA, on August 3, 2021 was created to establish a baseline for a much broader survey that will be released in March 2023. This implementation survey allowed HCA to gather feedback on accessibility of FIT services, opportunities for improvement and overall structure of the FIT marketing campaign that began June 2022. Through marketing efforts, HCA has been able to engage various community partners, constituents, and professionals in individualized FIT trainings. These trainings aided in support efforts and allowed greater ease with utilization and access of FIT services. This survey was anonymous and identified the participant only as a parent, provider, or youth.

The questions were developed using a diverse team to consider all lenses, including youth peer, family peer, subject matter experts, and HCA's children, youth, and families, quality, and research manager. The team worked to develop, provide feedback, and edits to the survey questions as well. The survey consisted of 11 multiple choice questions with the hope that the time requirement would allow for a greater number of respondents.

The survey was sent out by HCA's communications team to parents, youth, and providers and was open for approximately one week. There were efforts made to engage respondent feedback, to ensure the survey had an adequate response rate.

Findings

FIT survey overall respondent breakdown

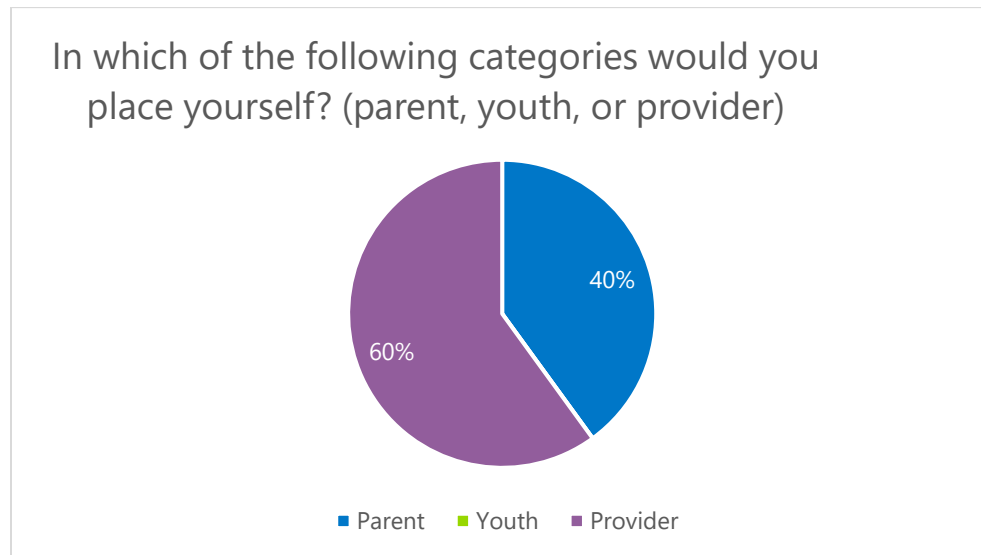
The 2022 FIT survey was completely anonymous. Respondents were only identified by county, and whether they were a parent (as defined by [RCW 71.34](#)), youth, or provider. Additionally, results indicate that all respondents identified as either a parent or provider, impeding youth input. This has allowed HCA an opportunity to create outreach strategies that focus on ways to increase youth access with the expanded version of the FIT survey that will be released in December 2022 as well as future surveys.

Demographics

Respondent breakdown for the 2022 FIT survey

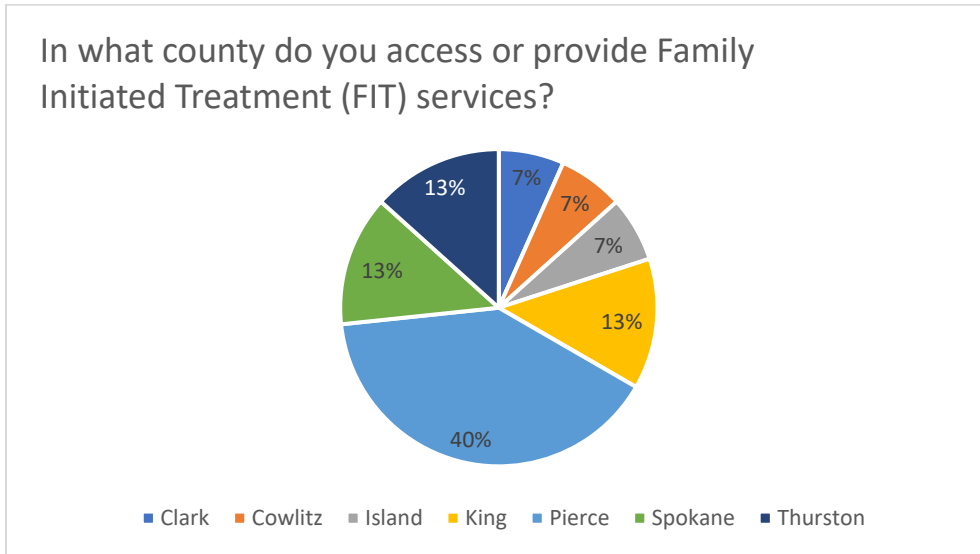
To maintain anonymity, we required minimal identifiers. When asked, *in which of the following categories would you place yourself (parent, youth, or provider)?* 60 percent of respondents identified as a provider and 40 percent identified themselves as a parent.

Graph 1: Survey respondent demographics



When asked, *in what county do you access or provide Family Initiated Treatment (FIT) services?* Island, Clark, and Cowlitz counties responded equally with 7 percent, Thurston, Spokane, and King counties responded with 13 percent, and Pierce County respondents made up 40 percent of the survey data.

Graph 2: FIT service counties

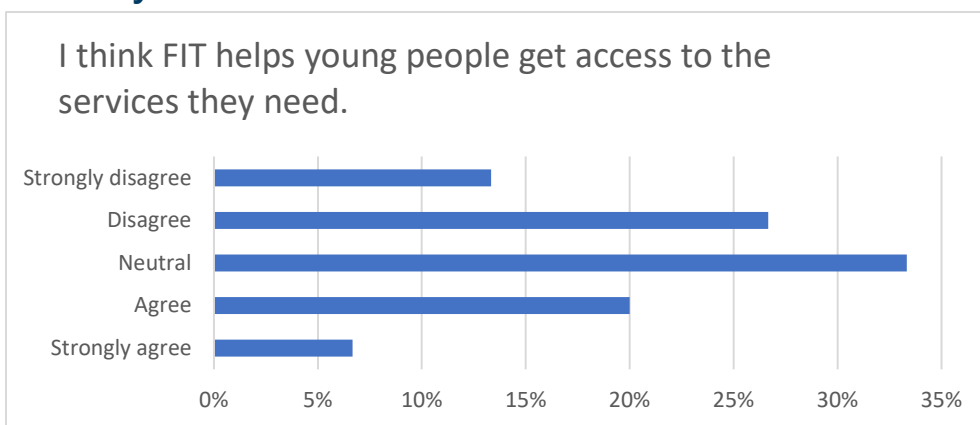


FIT access and perception

In the survey, we wanted to identify to what degree respondents believed barriers exist to accessing FIT services as well as their perception of FIT, using a Likert scale. This feedback allows us an opportunity to improve the FIT marketing campaign to add greater clarity and comfortability with accessing FIT.

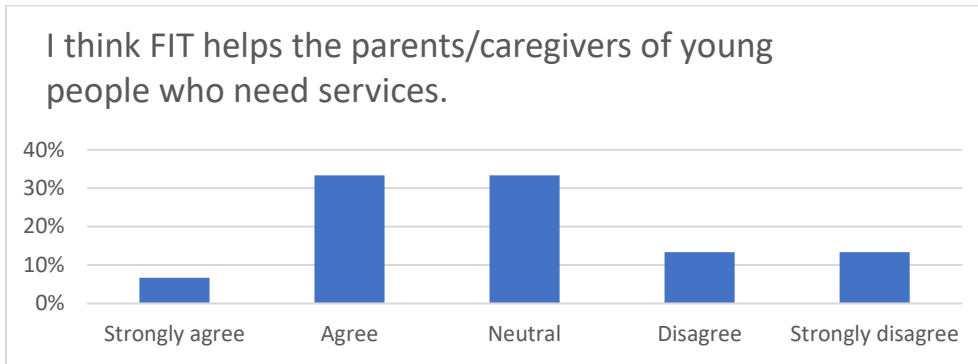
When given 5 response options ranging from Strongly Agree to Strongly Disagree to the statement, *I think FIT helps young people get access to the services they need*, 7 percent Strongly Agree, 20 percent Agree, 33 percent were Neutral, 27 percent Disagree, and 13 percent Strongly Disagree.

Graph 3: Answers to the question “I think FIT helps get young people access to the services they need”



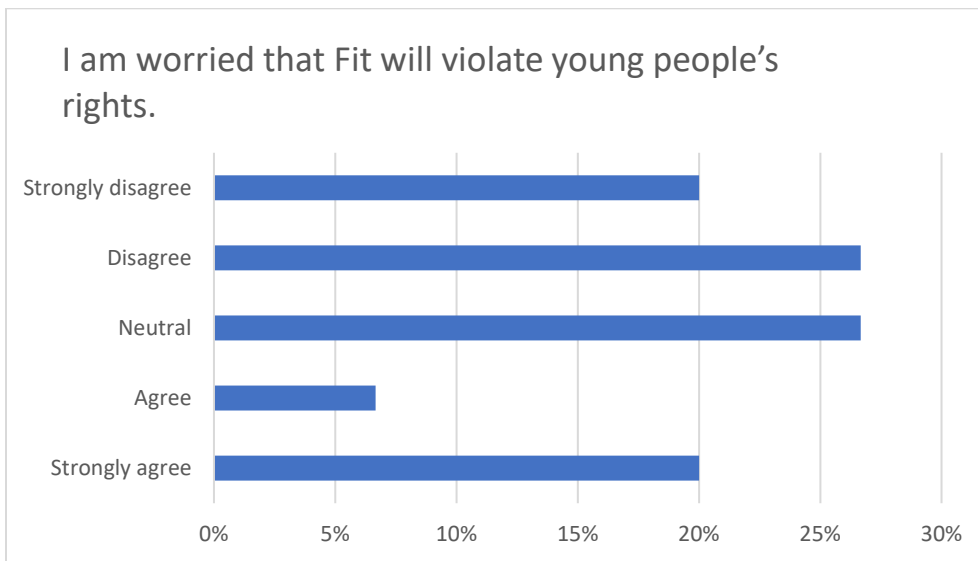
Using the same Likert scale, the statement, *I think FIT helps the parents/caregivers of young people who need services* was measured. 7 percent Strongly Agree, 33 percent Agree, 33 percent were Neutral, 13 percent Disagree, and 13 percent Strongly Disagree.

Graph 4: Answers to the question “I think FIT helps the parents/caregivers of young people who need services”



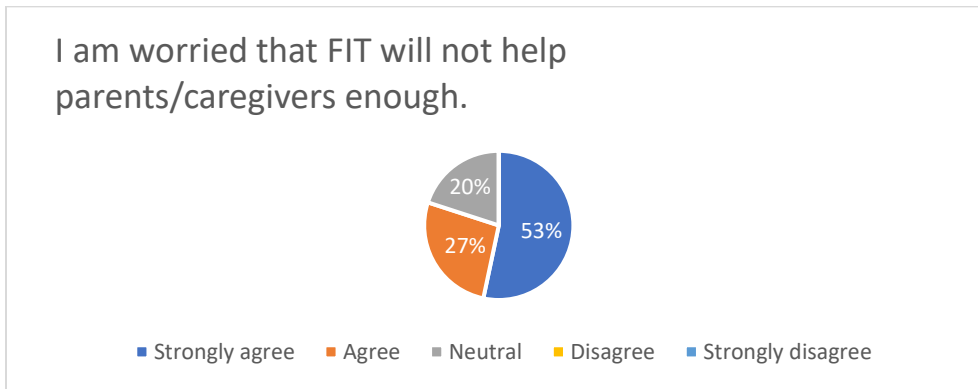
Additionally, when the statement *I am worried that Fit will violate young people's rights* was offered, 20 percent Strongly Agree, 7 percent Agree, 27 percent were Neutral, 27 percent Disagree, and 20 percent Strongly Disagree.

Graph 5: Answers to the survey question “I am worried that FIT will violate young people’s rights”



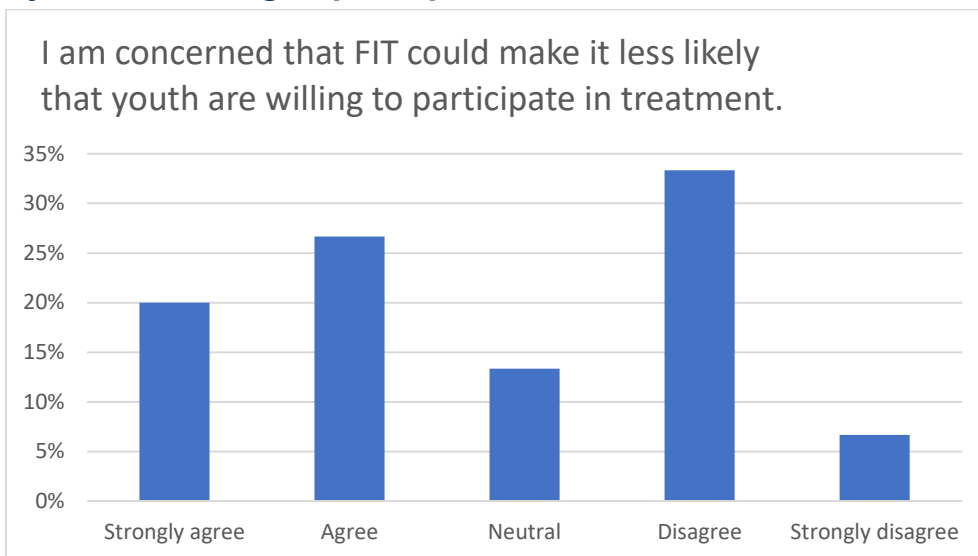
When reviewing the statement, *I am worried that FIT will not help parents/caregivers enough*, 53 percent Strongly Agree, 27 percent Agree, and 20 percent were Neutral.

Graph 6: Answers to the question “I am worried that FIT will not help parents/caregivers enough”



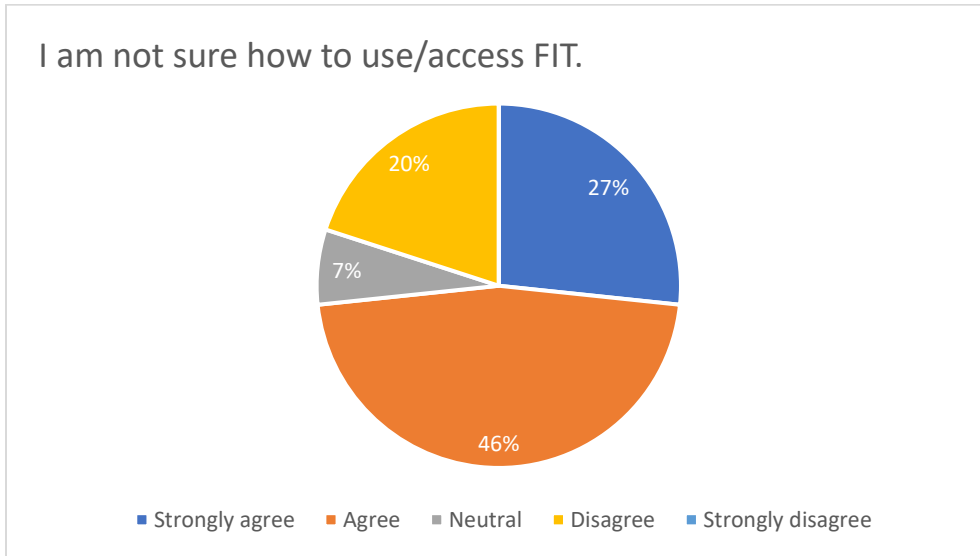
I am concerned that FIT could make it less likely that youth are willing to participate in treatment was offered as an option for respondents as well and 20 percent Strongly Agree, 27 percent Agree, 13 percent were Neutral, 33 percent Disagree, and 7 percent Strongly Disagree.

Graph 7: Answers to the question “I am concerned that FIT could make it less likely that youth are willing to participate in treatment”



We proposed the following statement *I am not sure how to use/access FIT* to gauge respondents’ knowledge as it pertains to utilizing FIT services. This helps to further inform content for our FIT marketing campaign. 20 percent Strongly Agree, 27 percent Agree, 13 percent were Neutral, 33 percent Disagree, and 7 percent Strongly Disagree.

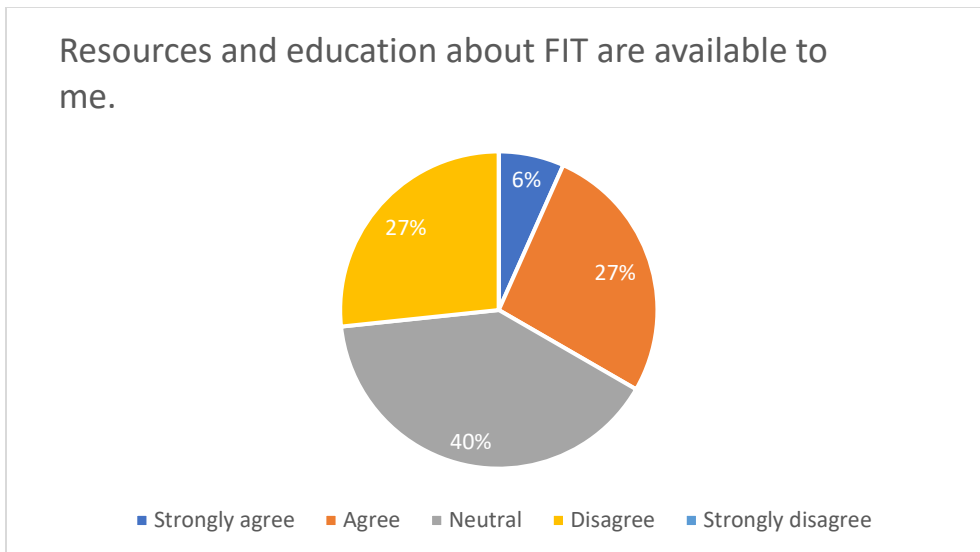
Graph 8: Answers to the question “I am not sure how to use/access FIT



FIT resources

To increase knowledge and access to FIT services, we wanted to measure whether respondents felt they had adequate education and resource materials available to them about FIT. 6 percent Strongly Agree, 27 percent Agree, 40 percent were Neutral, 27 percent Disagree, and 6 percent Strongly Disagree.

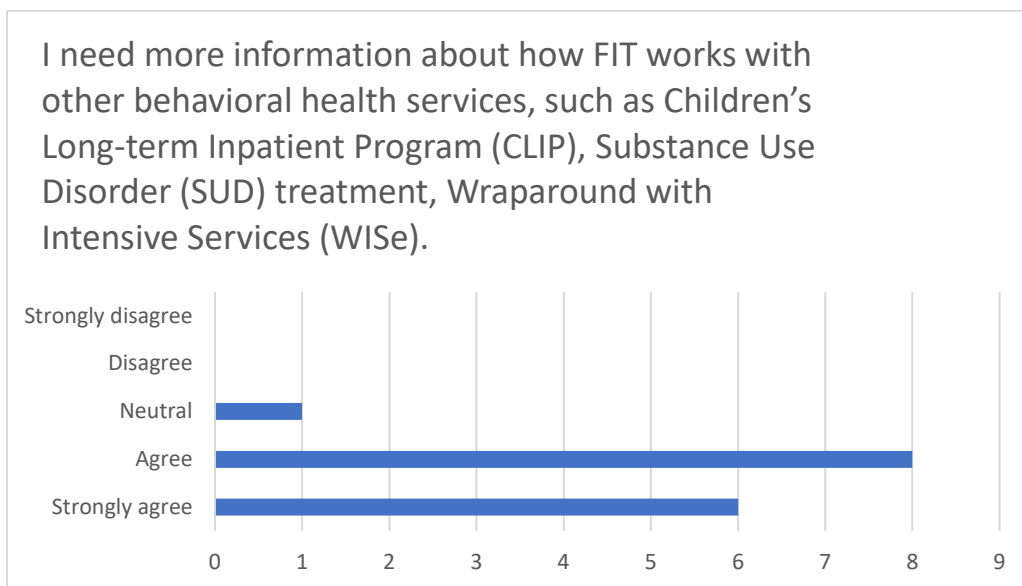
Graph 9: Answers to the question “Resources and education about FIT are available to me”



FIT feedback

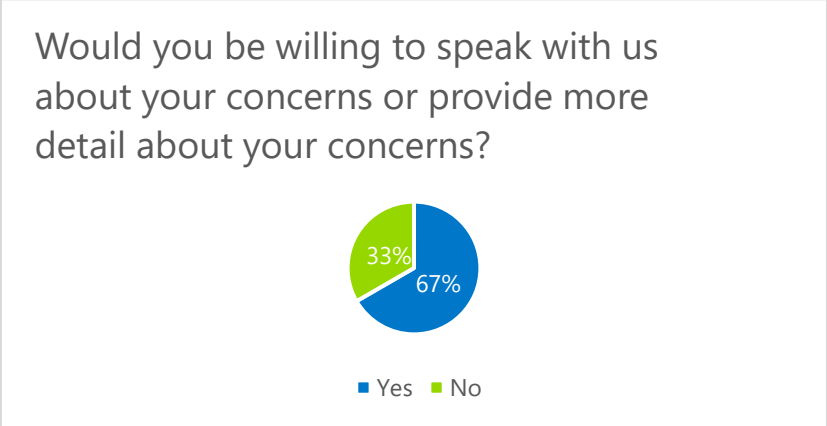
It is important that we gather the opinions and critique from those who are or desire to access FIT services as well as how FIT intersects with other programs. This feedback allows us to involve users in shaping the marketing, education, and delivery of FIT training. 6 percent of respondents 40 percent Strongly Agree that they need more information about how FIT works with other behavioral health services, such as Children’s Long-term Inpatient Program (CLIP), Substance Use Disorder (SUD) treatment, Wraparound with Intensive Services (WISe) while 53 percent Agree, and 7 percent were Neutral.

Graph 10: Answers to the question “I need more information about how FIT works with other behavioral health services...”



Additionally, we asked, *would you be willing to speak with us about your concerns or provide more detail about your concerns?* 67 percent of respondents said yes, and 33 percent said no.

Graph 11: Answers to the question “Would you be willing to speak with us about your concerns or provide more detail about your concerns?”



Conclusion

Opportunities for further survey development

The 2022 FIT survey report is the second of three reports required by the E2SHB 1874. HCA is using the data received from the 2022 report as a baseline to understand and inform the impacts of implementation of FIT as well as the expanded version of the FIT survey. It helps to assess the policy strengths and needs to inform the final report and any policy recommendations made in the final report from lessons learned.

Through the review of the 2022 baseline data, opportunities were identified that would inform planning and implementation efforts being done for FIT.

1. **Youth voice:** The need for an increase in youth voice for future surveys and stakeholder work. The 2020 survey did not include the voice of youth populations. Ensuring youth and young adult input in advance of expanded FIT survey will be a priority to ensure there are a variety of ways for youth to engage in future surveys.
2. **Parent voice:** The need for continued outreach and inclusion of parent voice for future survey and stakeholder work. Continue to work with parent support networks to ensure broad distribution of FIT advisory opportunities.
3. **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). Additionally, focus on expansion of our marketing and engagement strategies to be more inclusive of this information and other FIT materials for parents, providers, and community members.