


Parent Initiated Treatment Survey

Tuesday, September 11, 2018

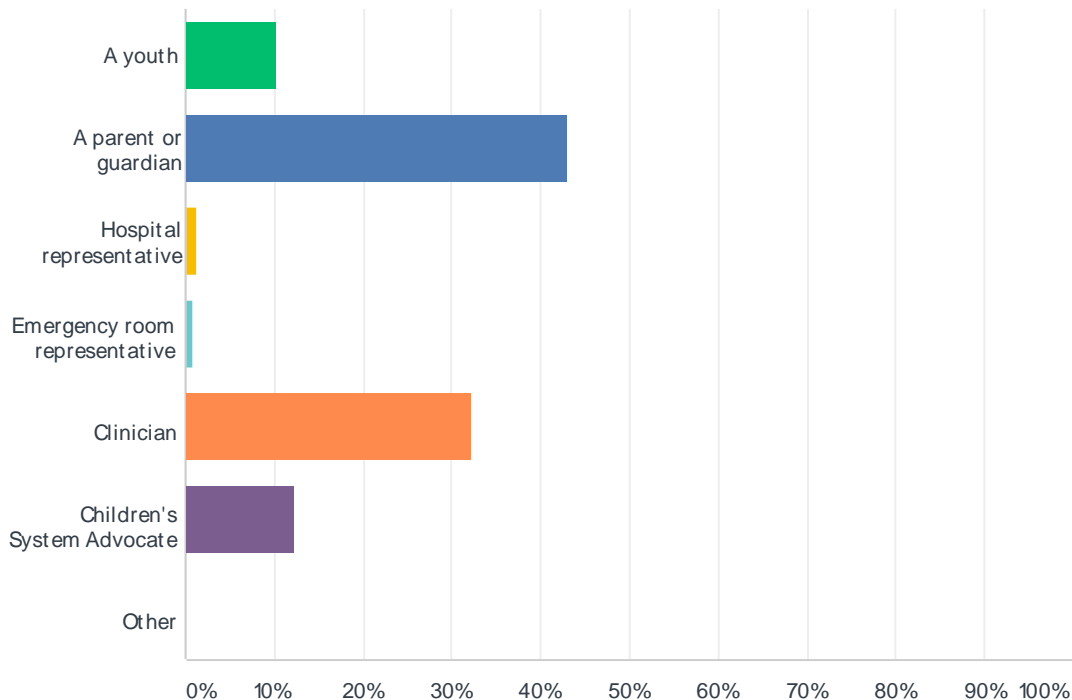
Survey Notes

- Not all survey respondents answered all questions.
- Some survey “participants” reviewed the questions without actually answering any questions. They are included in the number of reported participants as calculated by the survey software. You will see the “answered” and “skipped” calculations at the top of each graph.
- Comments from respondents are not edited for spelling or grammar.
- On some slides repeat comments were consolidated to shorten the overall report length. Those data slides are mark with  .

Parent Initiated Treatment Survey

Q1 I represent one of the following in relation to my Parent Initiated Treatment experience:

Answered: 684 Skipped: 0



ANSWER CHOICES	RESPONSES	
A youth	10.23%	70
A parent or guardian	43.13%	295
Hospital representative	1.17%	8
Emergency room representative	0.88%	6
Clinician	32.31%	221
Children's System Advocate	12.28%	84
Other	0.00%	0

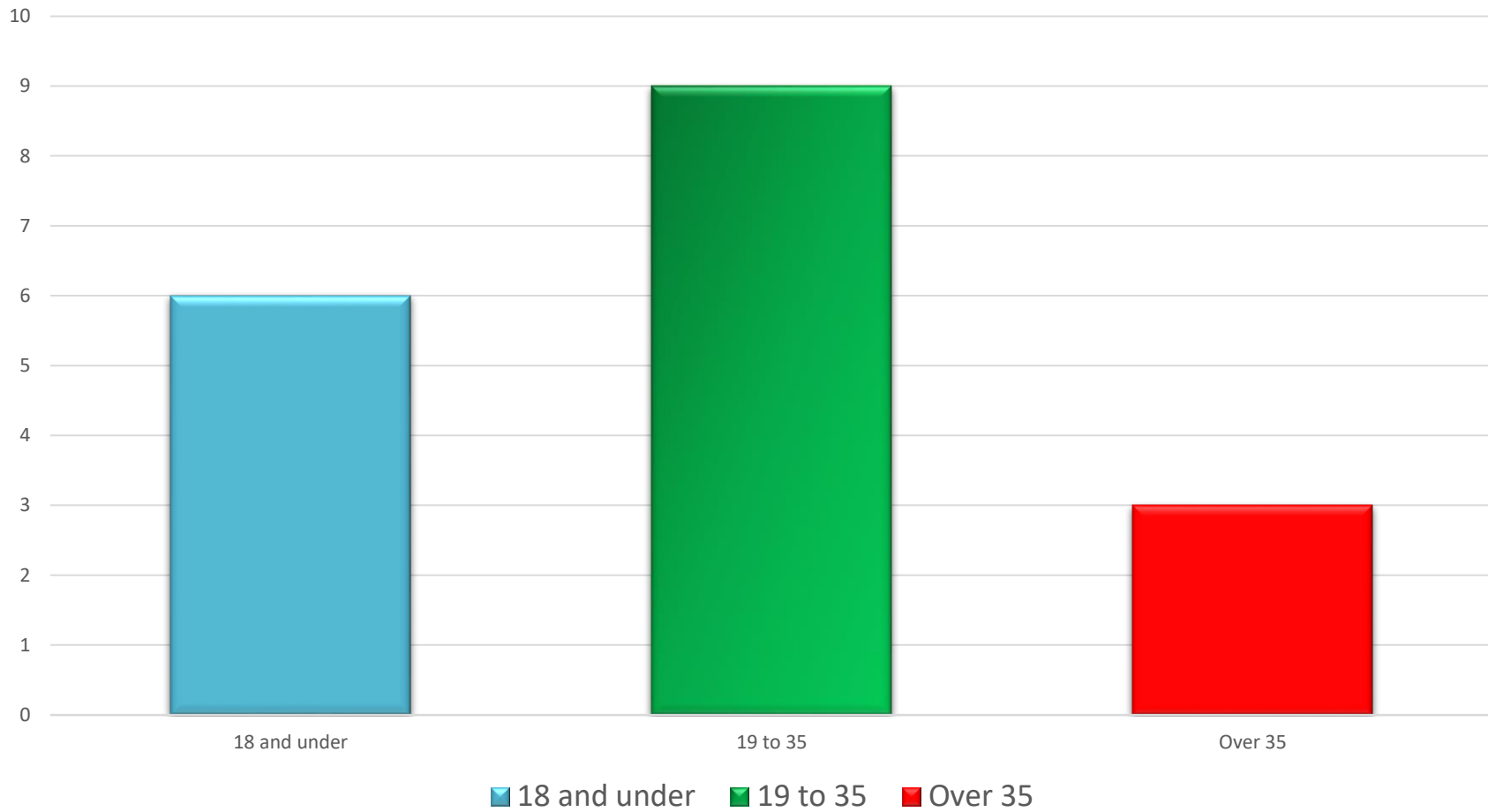
Parent Initiated Treatment Survey - Youth

Tuesday, September 11, 2018

Parent Initiated Treatment Survey

Q13 Please state your age.

Answered: 18 Skipped: 52

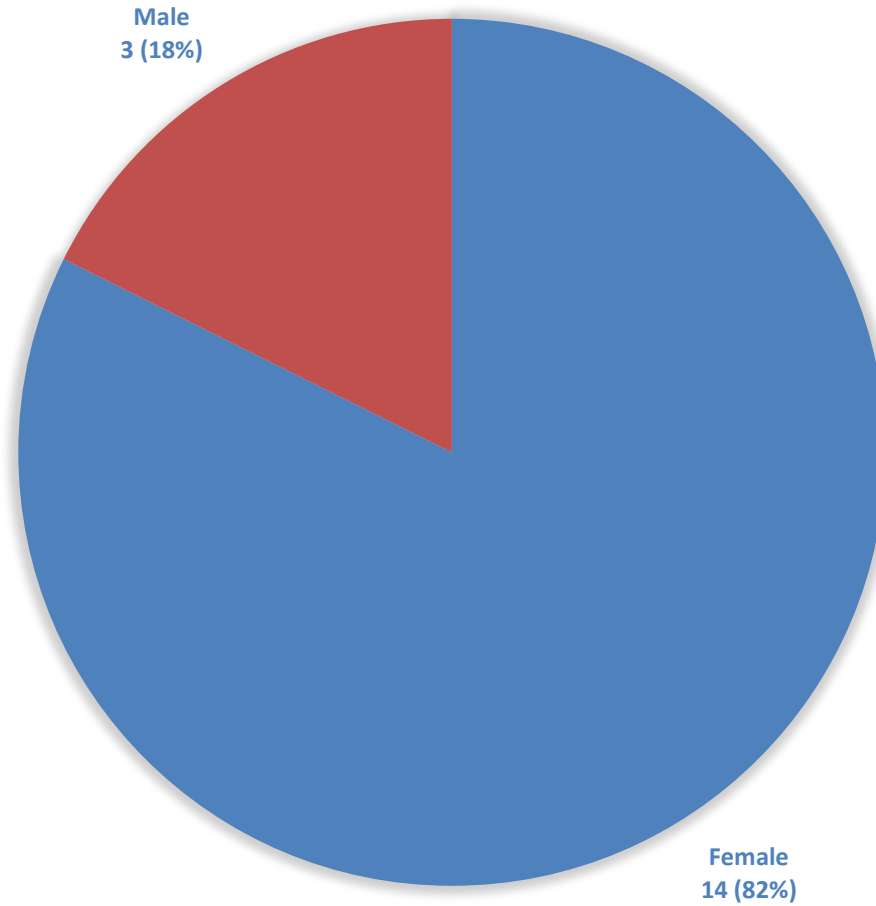


Youth

Parent Initiated Treatment Survey

Q14 Please state your gender.

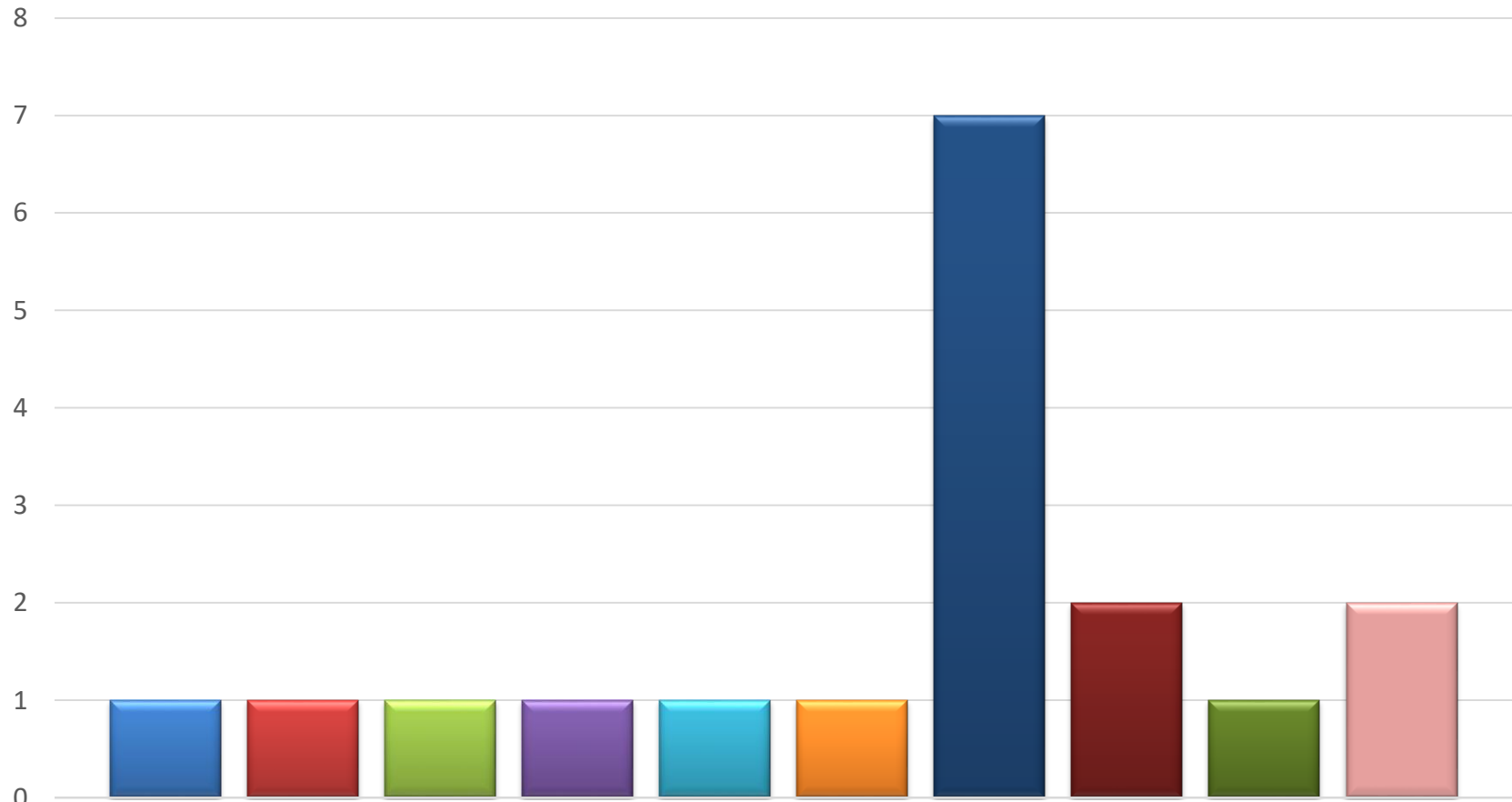
Answered: 18 Skipped: 52



Parent Initiated Treatment Survey

Q15 What city do you live in?

Answered: 18 Skipped: 52



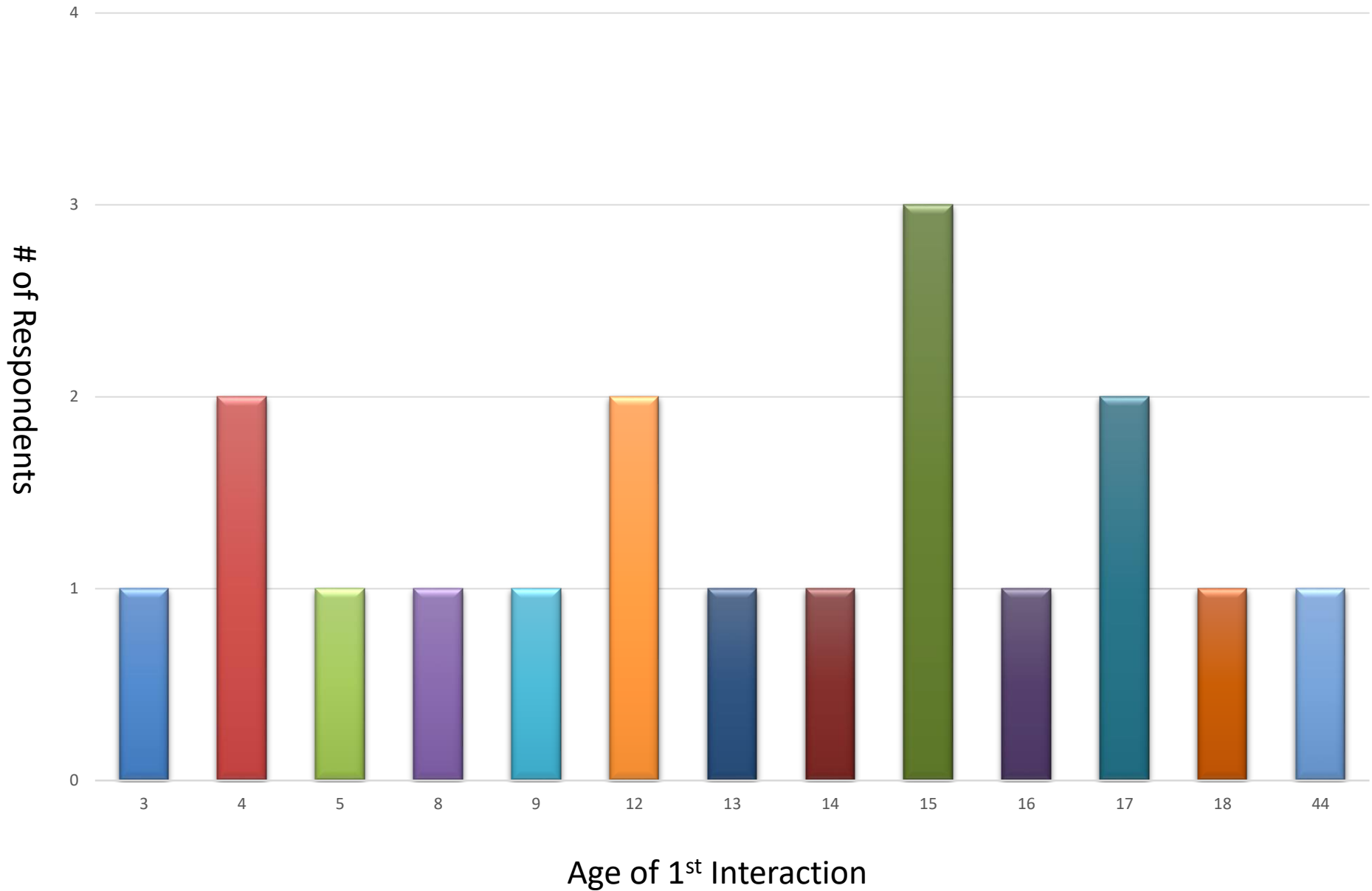
- Auburn
- Bellingham
- Coeur d'Alene
- Granite falls
- Issaquah
- Olympia
- Seattle
- Spokane
- Tacoma
- Vancouver



Q16 At what age did you first interact with the system?

Youth

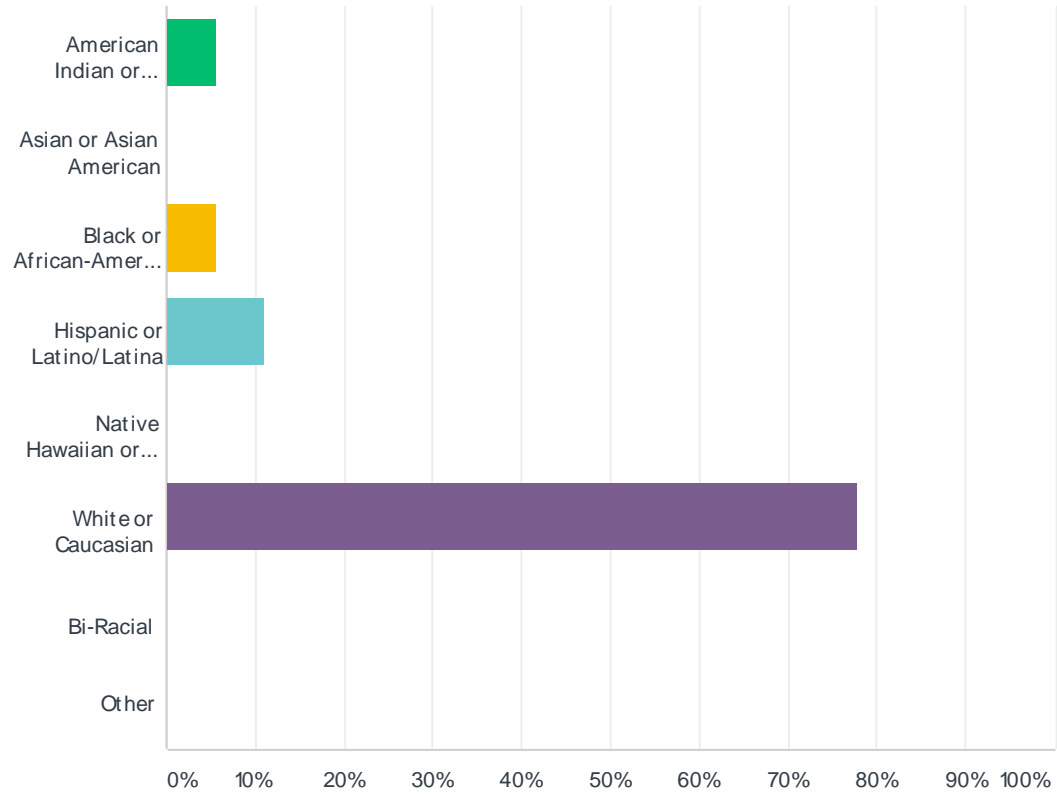
Answered: 18 Skipped:52





Q17 How do you describe yourself?

Answered: 18 Skipped: 52

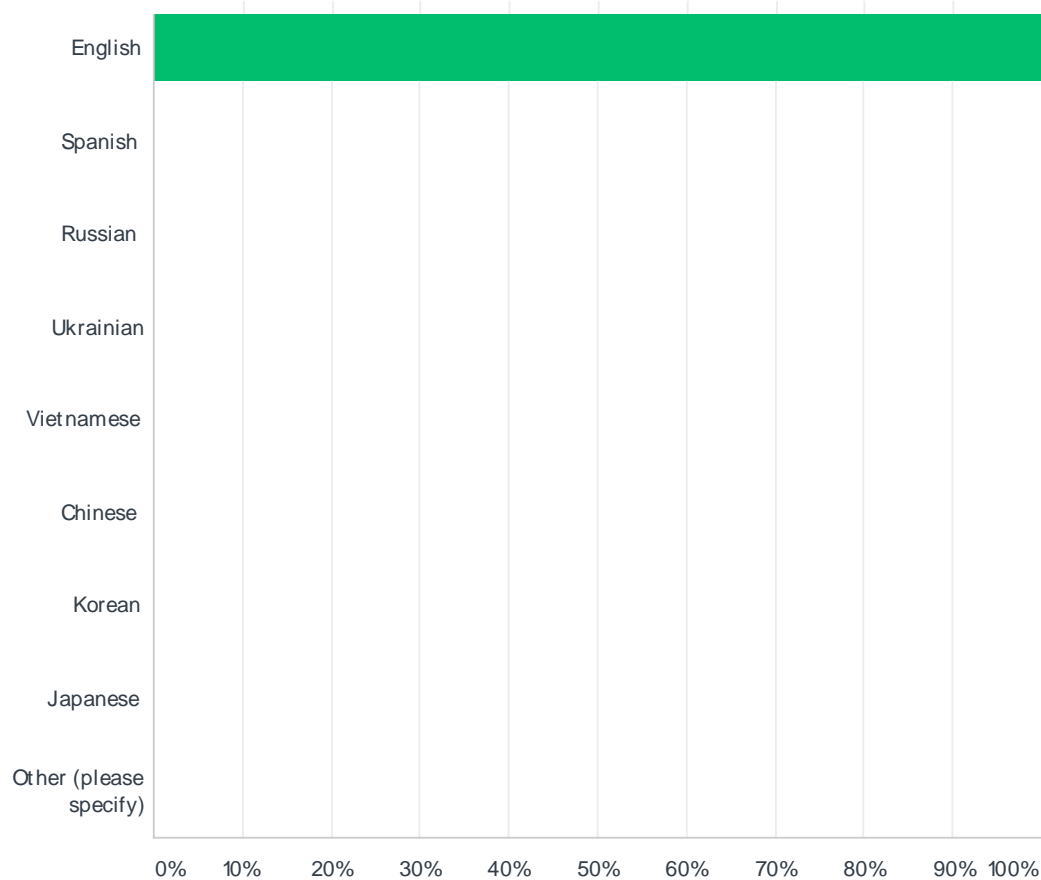


ANSWER CHOICES	RESPONSES	
American Indian or Alaskan Native	5.56%	1
Asian or Asian American	0.00%	0
Black or African-American	5.56%	1
Hispanic or Latino/Latina	11.11%	2
Native Hawaiian or other Pacific Islander	0.00%	0
White or Caucasian	77.78%	14



Q18 What language is usually spoken at home?

Answered: 18 Skipped: 52



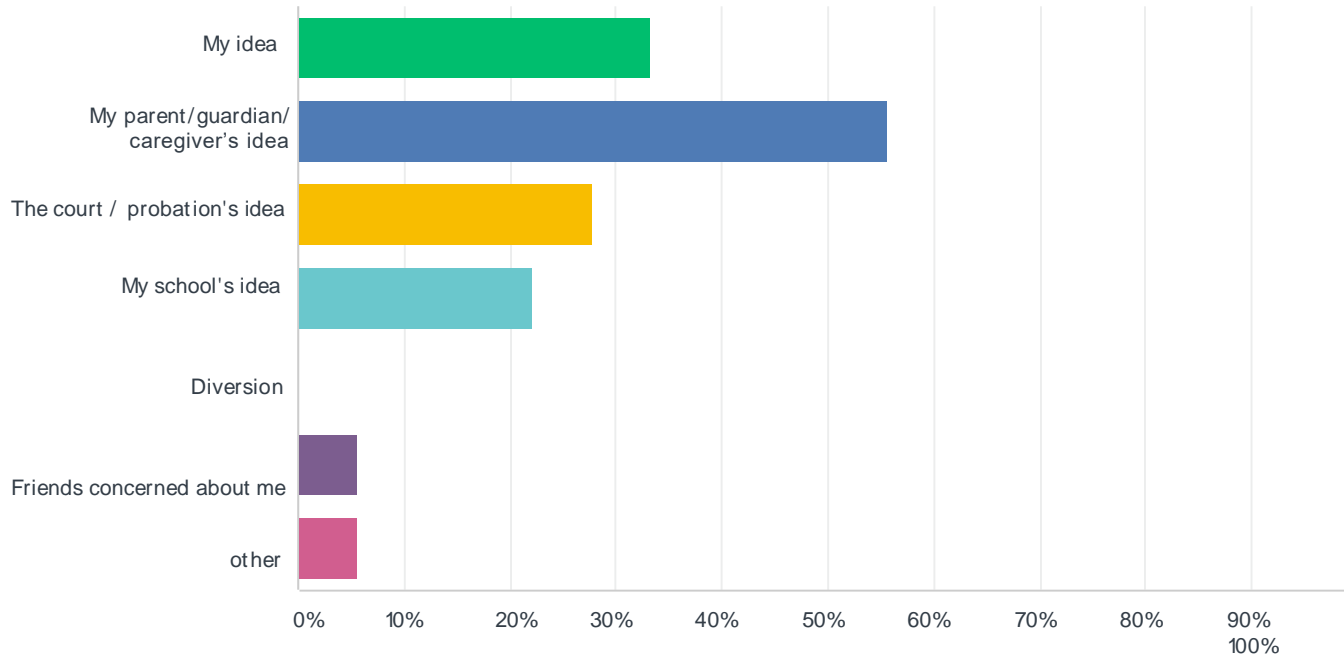
ANSWER CHOICES	RESPONSES	
English	100.00%	18
Spanish	0.00%	0
Russian	0.00%	0
Ukrainian	0.00%	0

Parent Initiated Treatment Survey



Q2 Whose idea was it for you to start treatment? Check all that apply:

Answered: 18 Skipped: 52



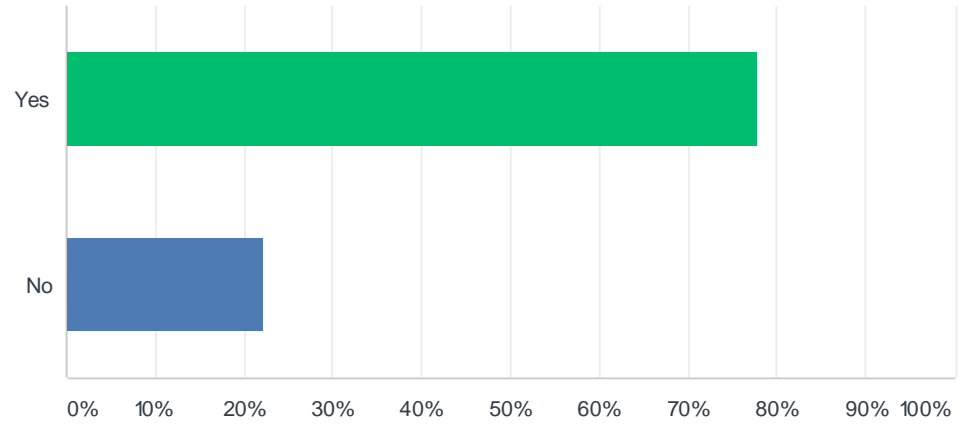
ANSWER CHOICES	RESPONSES
My idea	33.33% 6
My parent/guardian/caregiver's idea	55.56% 10
The court / probation's idea	27.78% 5
My school's idea	22.22% 4
The diversion's idea	0.00% 0
Friends concerned about me	5.56% 1
other	5.56% 1

#	OTHER (PLEASE SPECIFY)	DATE
1	Primary Care Provider	8/28/2018 10:24 PM

Parent Initiated Treatment Survey

Q3 Have you received inpatient or outpatient mental health and/or drug/alcohol treatment?

Answered: 18 Skipped: 52



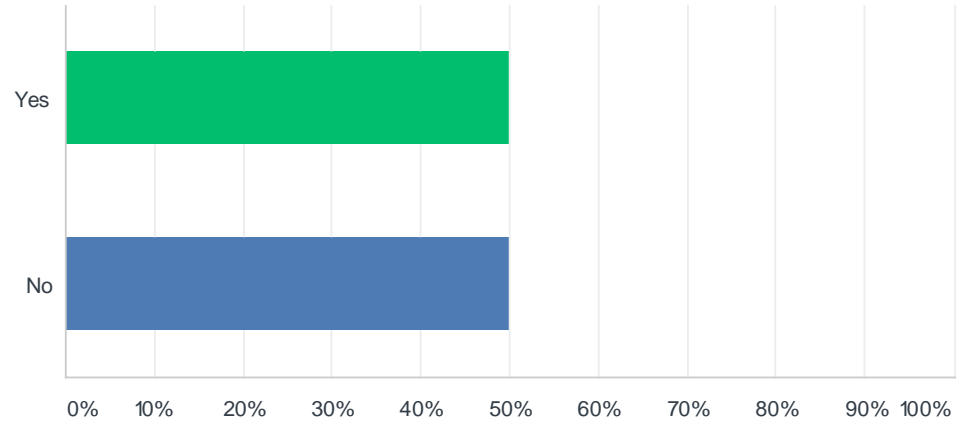
ANSWER CHOICES	RESPONSES	
Yes	77.78%	14
No	22.22%	4
TOTAL		18



Parent Initiated Treatment Survey

Q4 Did you choose to involve your parents or caregivers in your treatment?

Answered: 18 Skipped: 52



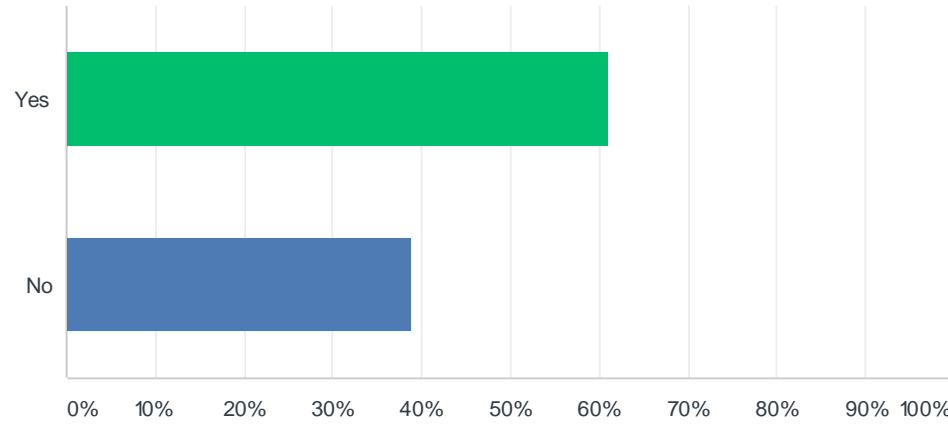
ANSWER CHOICES	RESPONSES	
Yes	50.00%	9
No	50.00%	9
TOTAL		18



Parent Initiated Treatment Survey

Q5 Did you consent or agree to treatment?

Answered: 18 Skipped: 52



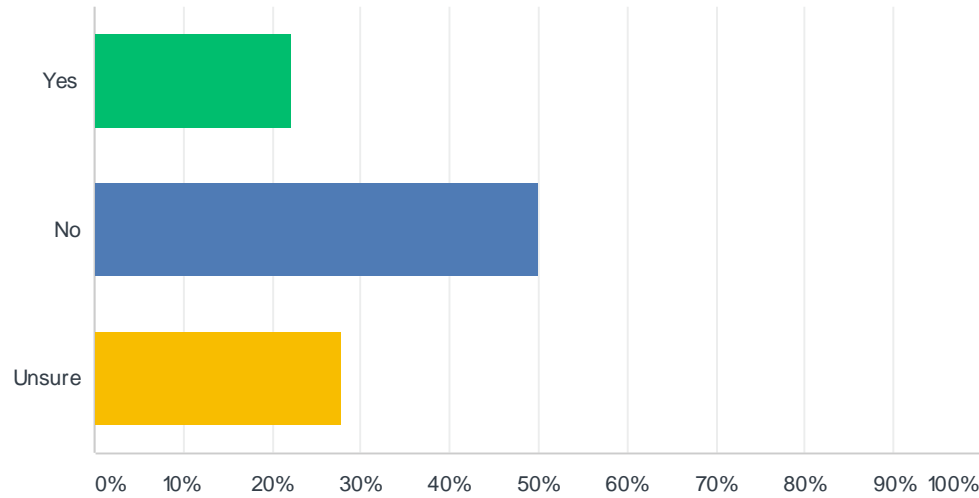
ANSWER CHOICES	RESPONSES	
Yes	61.11%	11
No	38.89%	7
TOTAL		18



Parent Initiated Treatment Survey

Q6 Have you received any treatment via Parent Initiated Treatment, meaning that your parents signed you into treatment through a special process?

Answered: 18 Skipped: 52



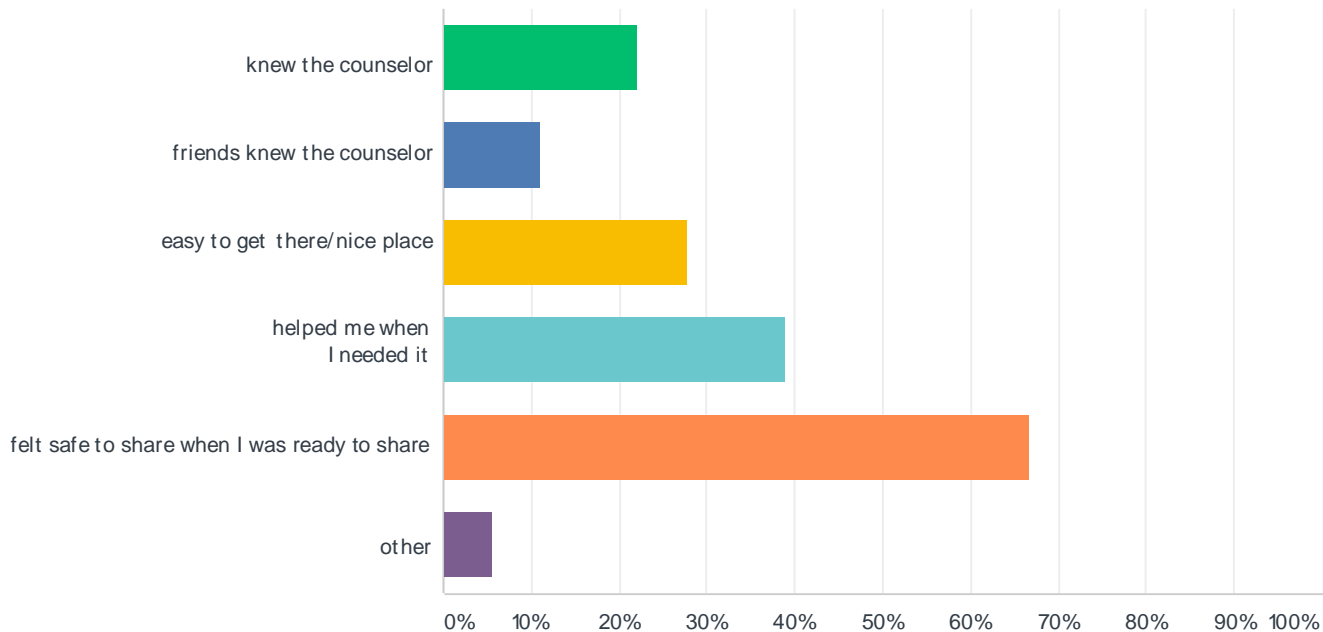
ANSWER CHOICES	RESPONSES	
Yes	22.22%	4
No	50.00%	9
Unsure	27.78%	5
TOTAL		18



Parent Initiated Treatment Survey

Q7 What helped you feel comfortable in counseling? Check all that apply:

Answered: 18 Skipped: 52

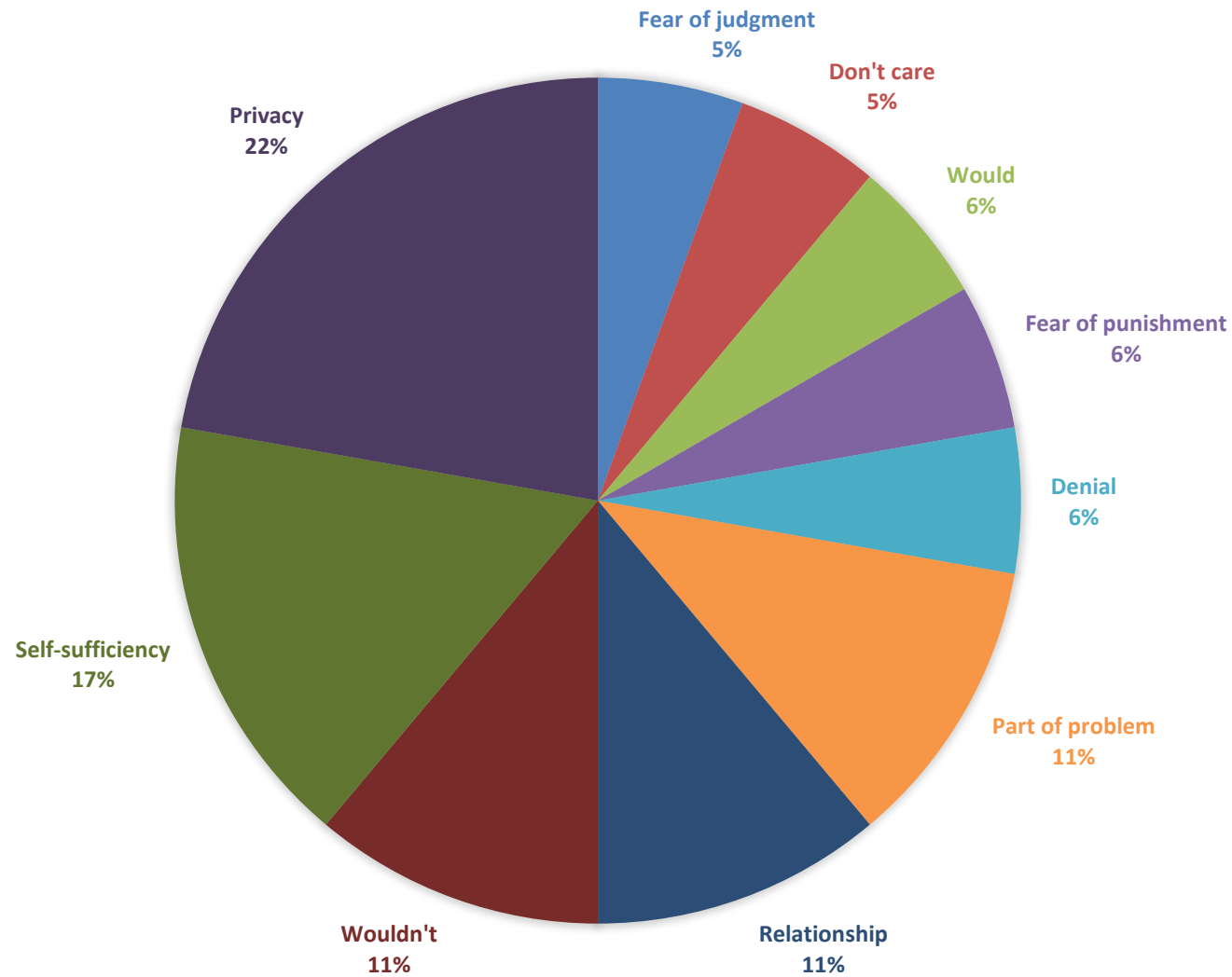


ANSWER CHOICES		RESPONSES
knew the counselor		22.22% 4
friends knew the counselor		11.11% 2
easy to get there/ nice place		27.78% 5
helped me when I needed it		38.89% 7
felt safe to share when I was ready to share		66.67% 12
other		5.56% 1
Total Respondents: 18		
#	OTHER (PLEASE SPECIFY)	DATE
1	I didn't, they diagnosed me with ptsd and general anxiety disorder. And then tried to get me to take meds for it.	8/24/2018 1:47 PM

Parent Initiated Treatment Survey

Q8 Why would you not want your parent/caregiver involved in your treatment? Please explain.

Answered: 16 Skipped: 54



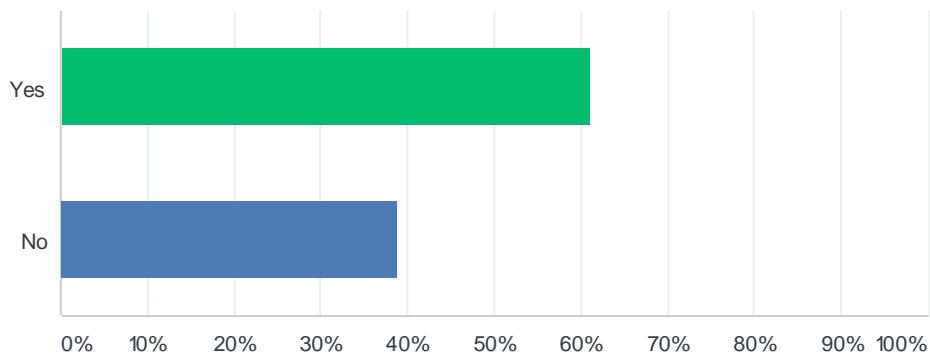
Youth

Parent Initiated Treatment Survey

Q9 Would you want your parent/caregiver to know you are in treatment?



Answered: 18 Skipped: 52

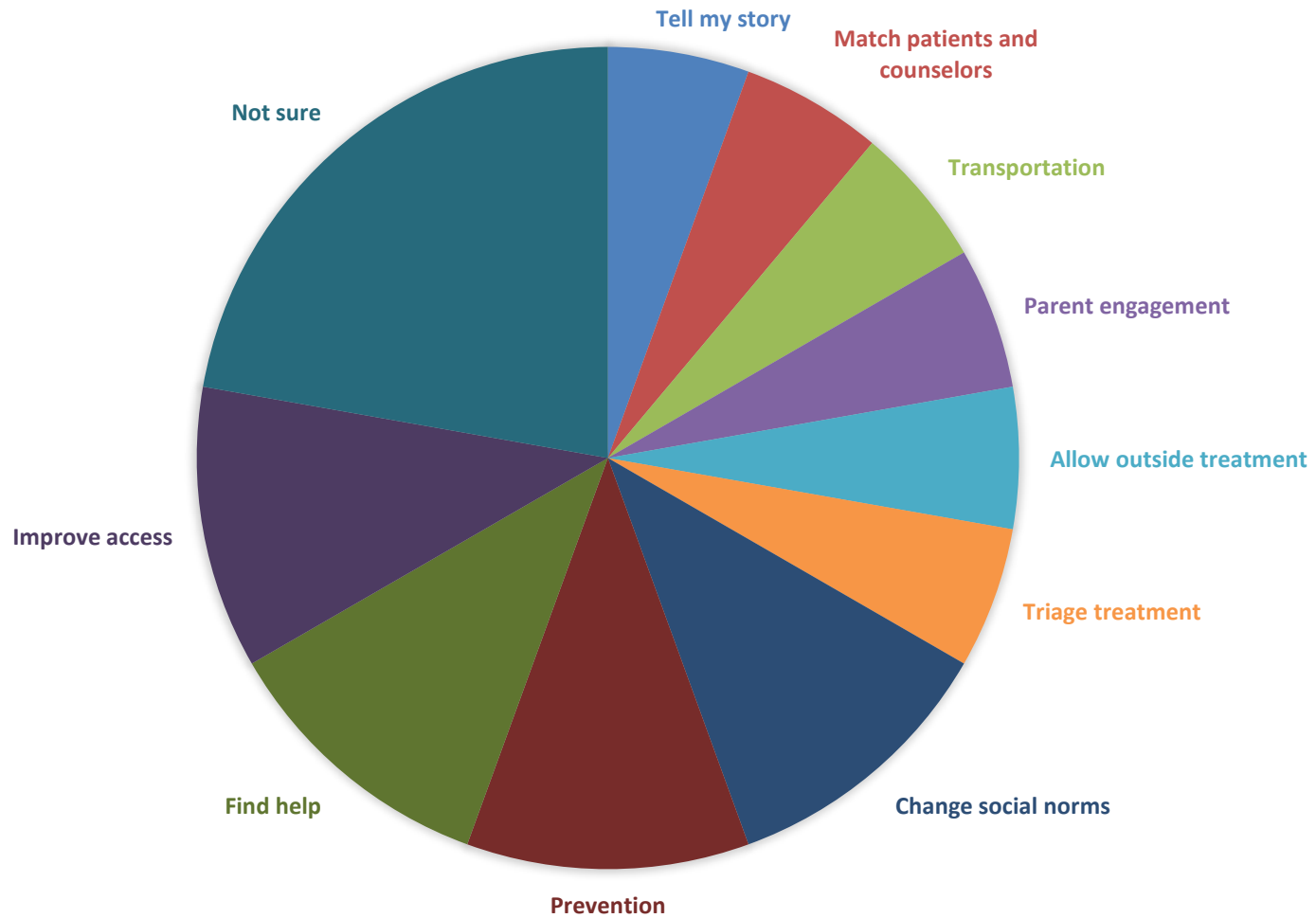


ANSWER CHOICES	RESPONSES	
Yes	61.11%	11
No	38.89%	7
TOTAL		18

#	WHY YES, OR WHY NO?	DATE
1	They might start treating me differently	8/28/2018 10:24 PM
2	if they needed to know i needed help	8/28/2018 11:46 AM
3	safety	8/27/2018 7:36 PM
4	I dont really care too much either way	8/24/2018 9:14 PM
5	I don't think they'd understand	8/24/2018 1:47 PM
6	They might tell the counselor something I don't like.	8/17/2018 7:27 PM
7	Because without them I would not have made it. It takes a while family to understand what addiction is so they can better help support thru the really tough times	8/7/2018 9:18 PM
8	They can read my records and control my treatment program.	8/7/2018 9:14 PM
9	so she can support me	8/6/2018 3:49 PM
10	It's inportant to have open and consistent communication when counseling a child with all propel involved in raising that child	8/2/2018 3:29 PM
11	Fear of parents preventing me from seeking treatment.	8/2/2018 9:03 AM

Q10 If you were in charge of making it easier for your friends and peers, who may not be aware of or are afraid to engage in Mental Health and or drug and alcohol treatment, what would you change or do more of?

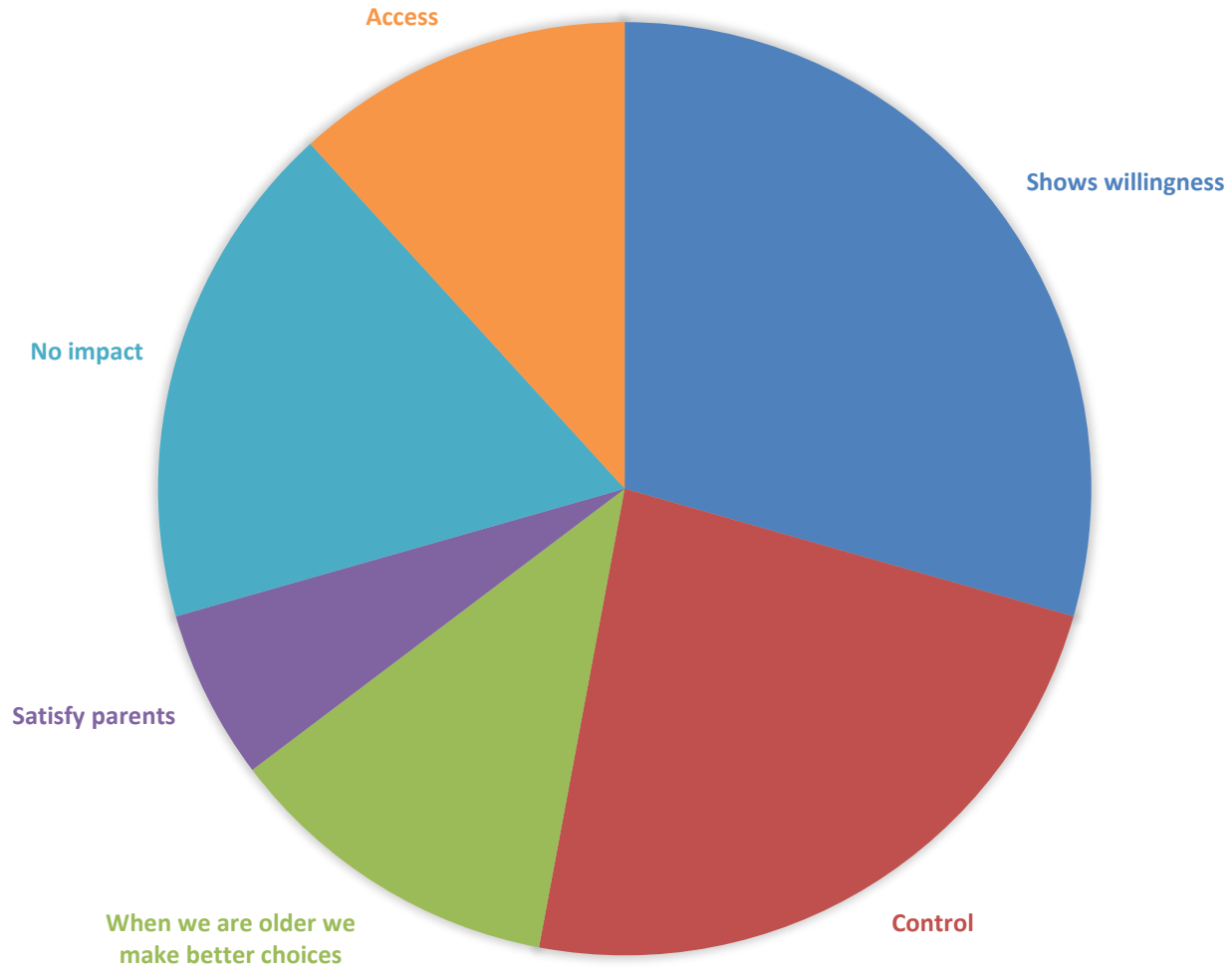
Answered: 17 Skipped: 53



Youth

Q11 How does the ability to consent to treatment impact your ability to seek and use mental health/drug/alcohol services?

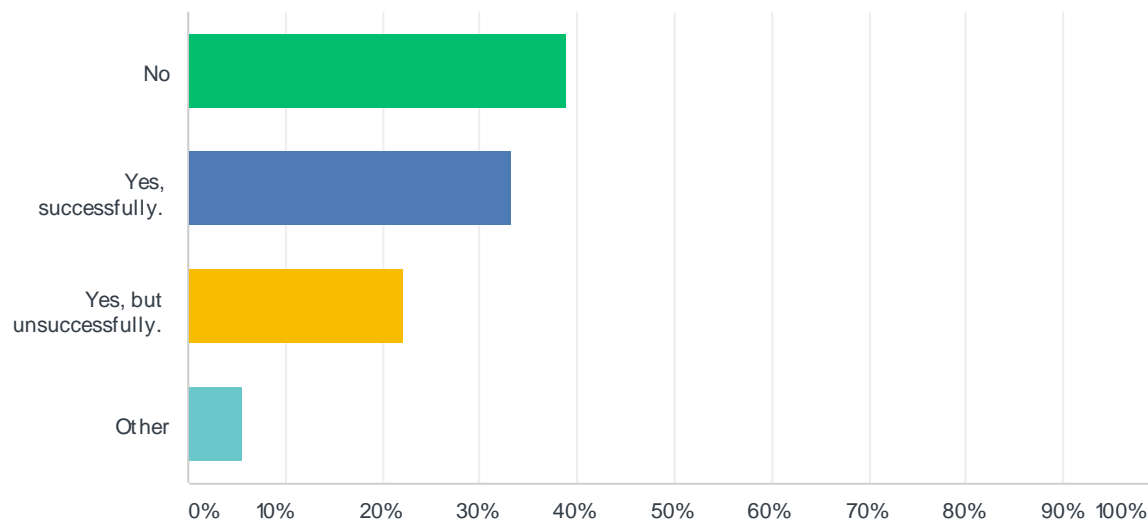
Answered: 17 Skipped: 53



Youth

Q12 Have you tried to help another youth struggling with mental health/drug/alcohol issues get into services?

Answered: 18 Skipped: 52



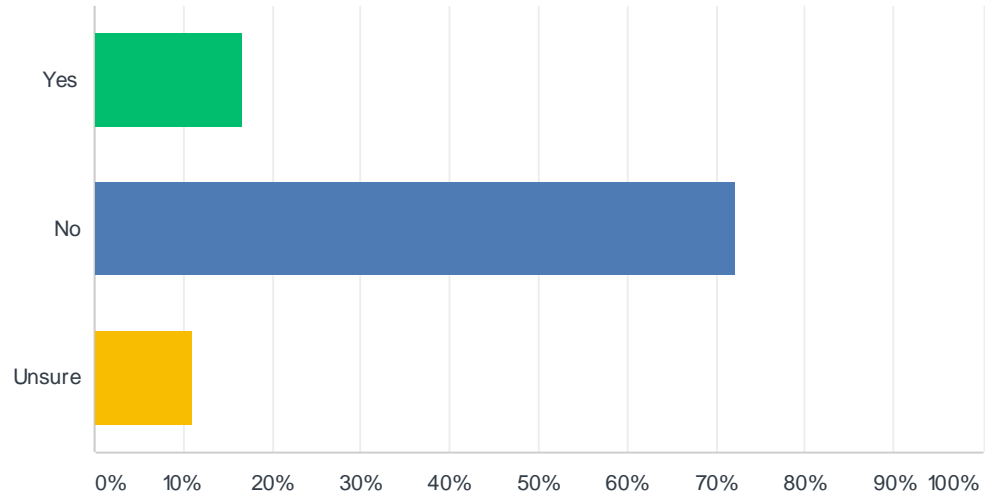
ANSWER CHOICES	RESPONSES
No	38.89% 7
Yes, successfully.	33.33% 6
Yes, but unsuccessfully.	22.22% 4
Other	5.56% 1
TOTAL	18

#	OTHER (PLEASE SPECIFY)	DATE
1	I always give my opinion on situations and when I notice people struggling or are making bad decisions ill say something, ive had people listen and continue on with there choices and also people who seek out help and still have problms	8/27/2018 7:36 PM

Parent Initiated Treatment Survey

Q19 Do you or have you had an Individualized Education Plan (IEP)?

Answered: 18 Skipped: 52



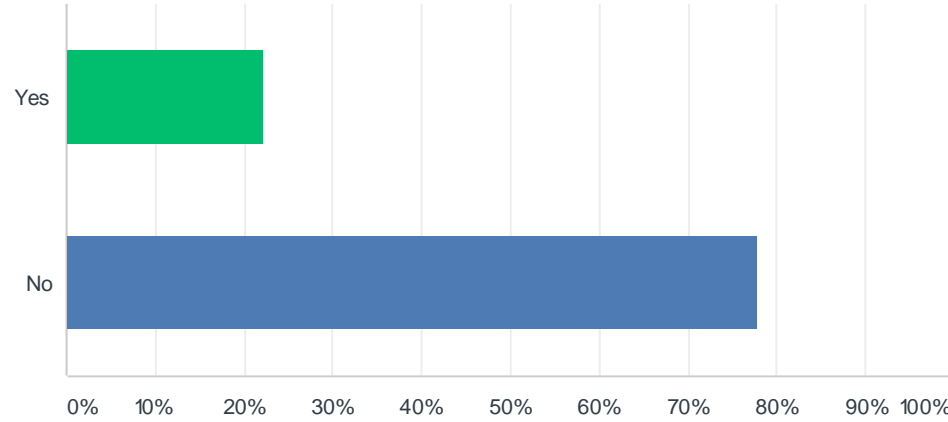
ANSWER CHOICES	RESPONSES	
Yes	16.67%	3
No	72.22%	13
Unsure	11.11%	2
TOTAL		18



Parent Initiated Treatment Survey

Q20 Would you seek treatment if you knew that your information would not be confidential?

Answered: 18 Skipped: 52



ANSWER CHOICES	RESPONSES	
Yes	22.22%	4
No	77.78%	14
TOTAL		18

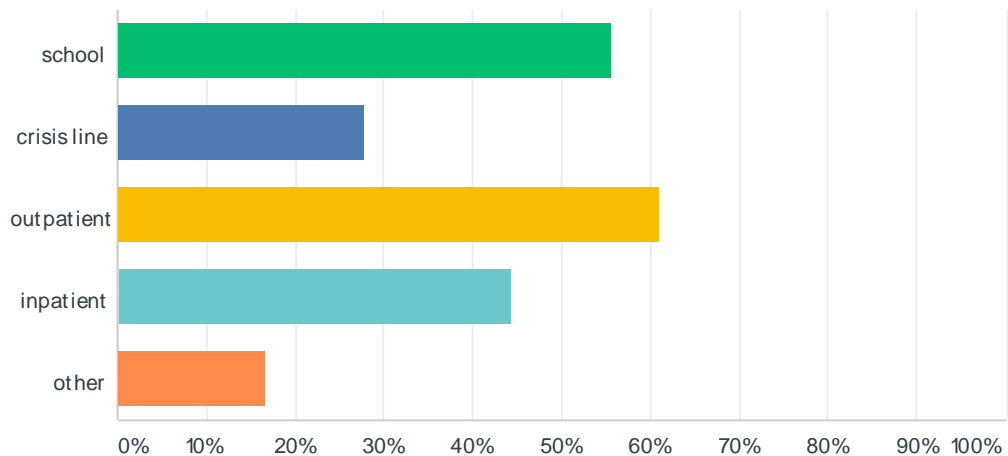


Parent Initiated Treatment Survey

Q21 Where have you tried to get mental health or drug/alcohol treatment on your own? Check all that apply:

Youth

Answered: 18 Skipped: 52



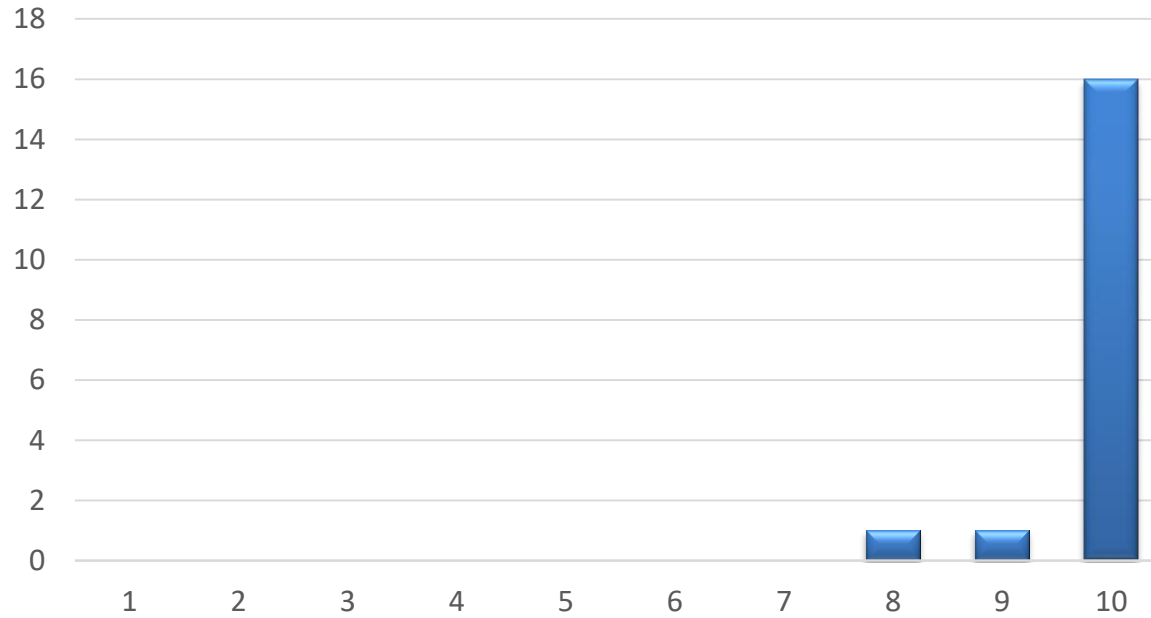
ANSWER CHOICES	RESPONSES
school	55.56% 10
crisis line	27.78% 5
outpatient	61.11% 11
inpatient	44.44% 8
other	16.67% 3
Total Respondents: 18	

#	OTHER (PLEASE SPECIFY)	DATE
1	online therapy	8/27/2018 7:36 PM
2	I think outpatient, like i would go to appointments.	8/24/2018 1:48 PM
3	Any	8/7/2018 4:18 PM

Parent Initiated Treatment Survey

Q22 On a scale of 1-10 (1 not at all, 10 very important) How important is confidentiality to you?

Answered: 18 Skipped: 52



(no label)	1	2	3	4	5	6	7	8	9	10	TOTAL	WEIGHTED AVERAGE
	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.56%	5.56%	88.89%	18	
	0	0	0	0	0	0	0	1	1	16		1.00

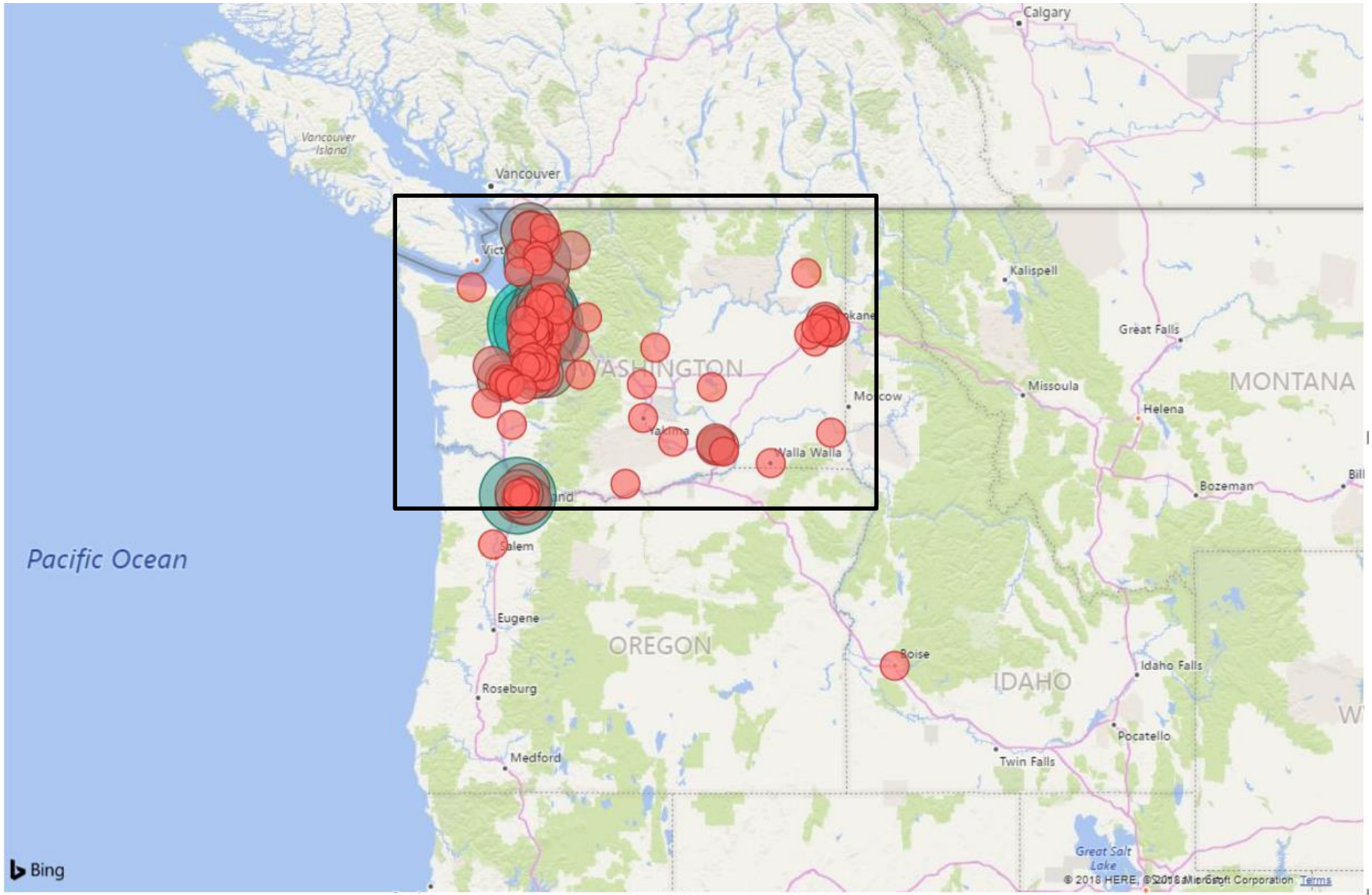
Youth

Parent Initiated Treatment Survey – Parent or Guardian

Tuesday, September 11, 2018

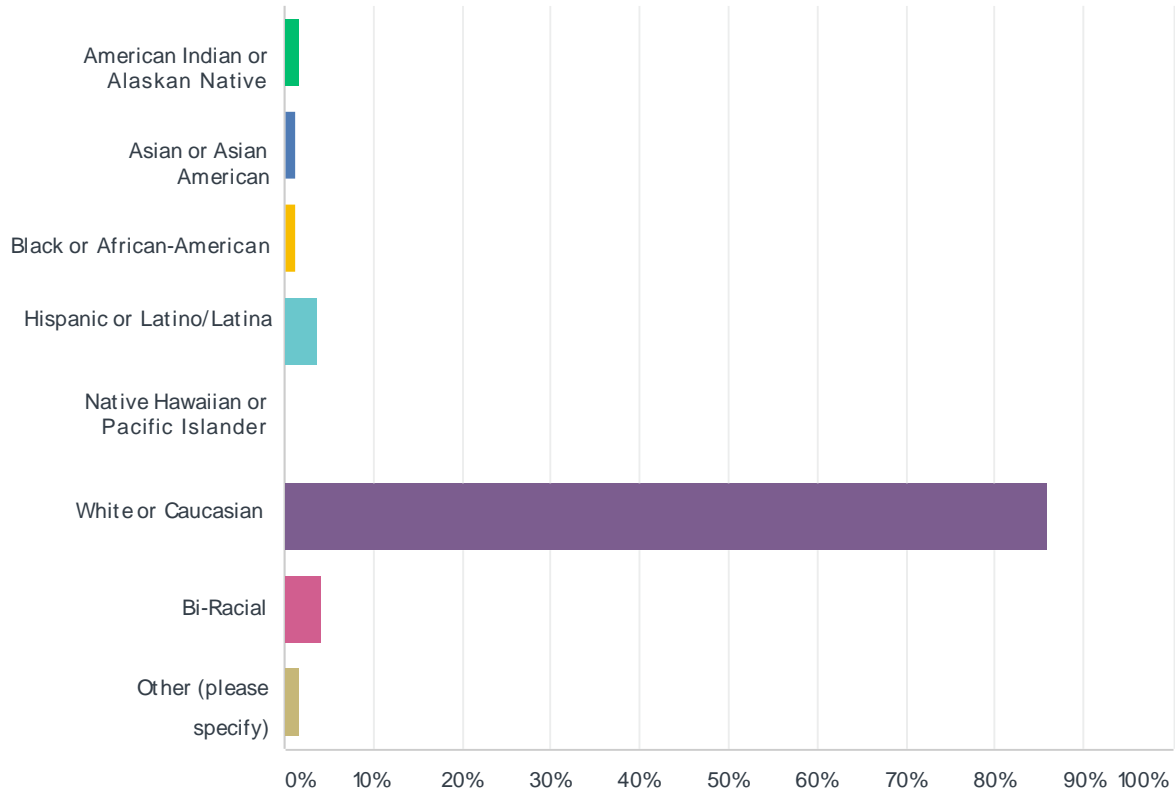
Q23 What is the zip code for the area you live?

Answered: 232 Skipped: 63



Q25 Please state your race/ethnicity.

Answered: 234 Skipped: 61



ANSWER CHOICES	RESPONSES	
American Indian or Alaskan Native	1.71%	4
Asian or Asian American	1.28%	3
Black or African-American	1.28%	3
Hispanic or Latino/Latina	3.85%	9
Native Hawaiian or other Pacific Islander	0.00%	0

Parent Initiated Treatment Survey

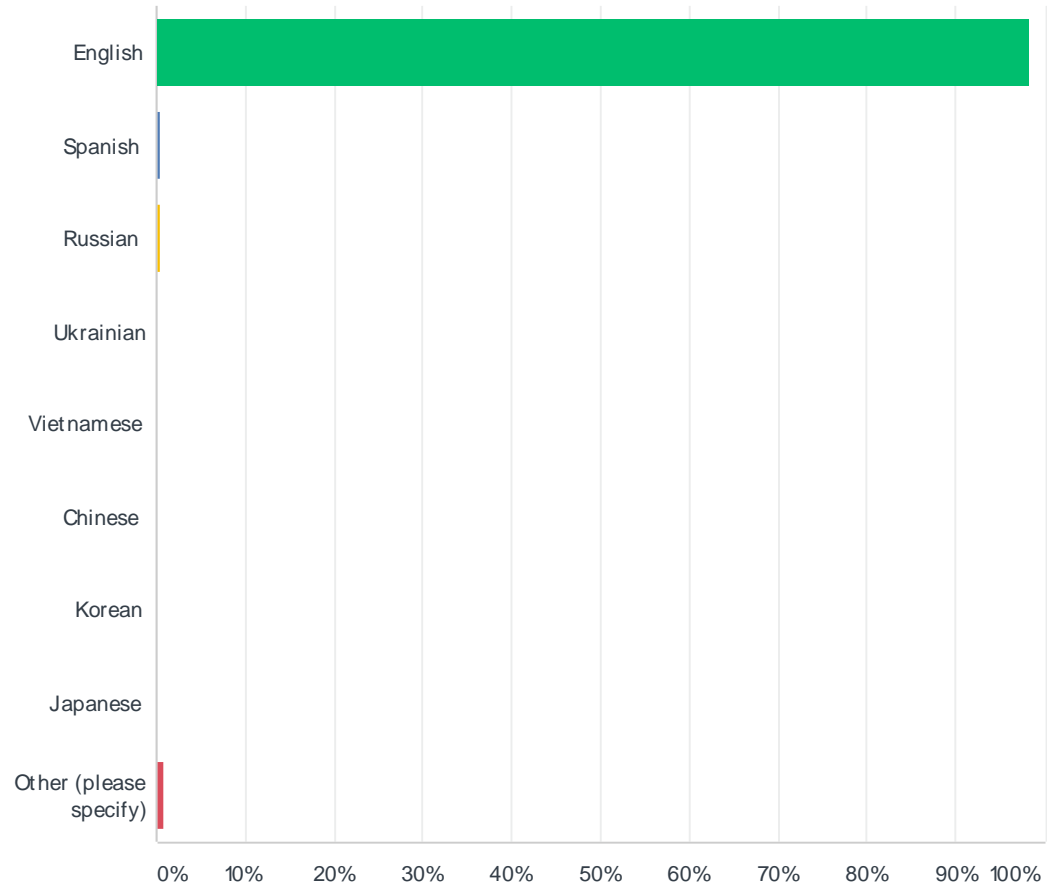
White or Caucasian	85.90%	201
Bi-Racial	4.27%	10
Other (please specify)	1.71%	4
TOTAL		234

#	OTHER (PLEASE SPECIFY)	DATE
1	mixed	8/27/2018 9:19 PM
2	American	8/22/2018 3:03 PM
3	Asian, Scandinavian (white)	8/6/2018 9:55 AM
4	I am white, but my children are bi-racial. This is important perspective in this discussion.	8/2/2018 9:34 AM

Parent or
Guardian

Q26 What language is usually spoken at home?

Answered: 234 Skipped: 61



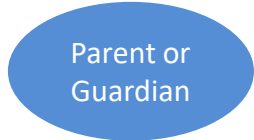
ANSWER CHOICES	RESPONSES	
English	98.29%	230
Spanish	0.43%	1
Russian	0.43%	1
Ukrainian	0.00%	0

Parent Initiated Treatment Survey

Vietnamese	0.00%	0
Chinese	0.00%	0
Korean	0.00%	0
Japanese	0.00%	0
Other (please specify)	0.85%	2
TOTAL		234

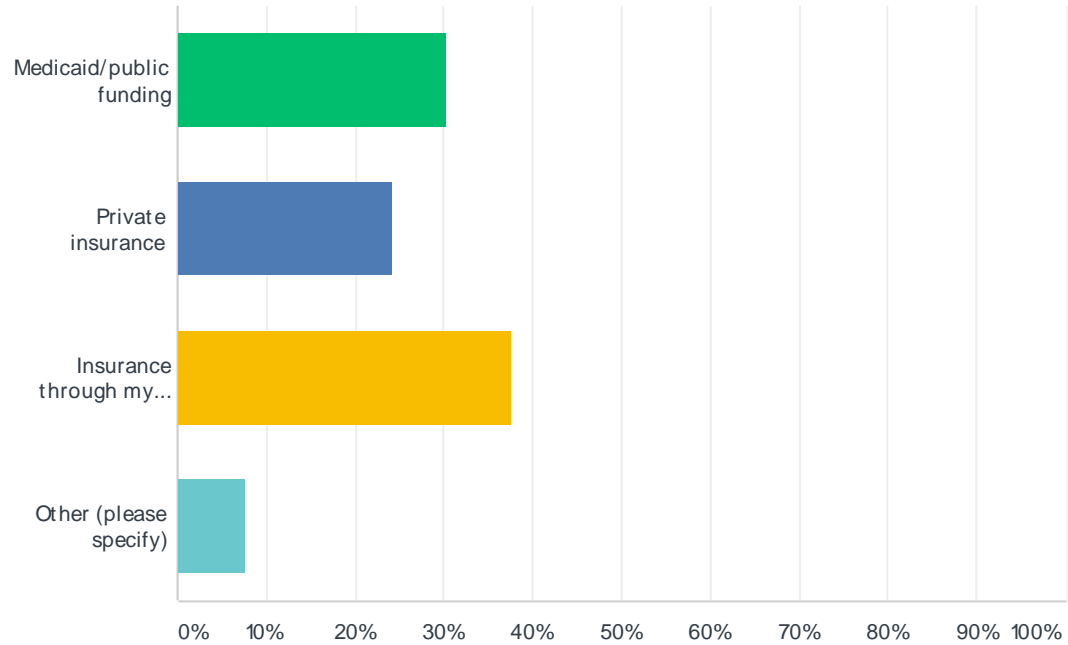
#	OTHER (PLEASE SPECIFY)	DATE
1	french	8/4/2018 6:47 PM
2	English and Czech	8/2/2018 3:08 PM

Parent or
Guardian



Q24 What type of insurance coverage do you currently have?

Answered: 234 Skipped: 61



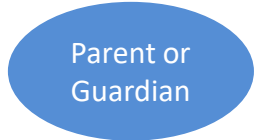
ANSWER CHOICES	RESPONSES
Medicaid/public funding	30.34% 71
Private insurance	24.36% 57
Insurance through my employer	37.61% 88
Other (please specify)	7.69% 18
TOTAL	234

#	OTHER (PLEASE SPECIFY)	DATE
1	medicare/Soundpath Health	8/28/2018 5:25 AM
2	Coordinator care	8/26/2018 1:26 AM

Parent Initiated Treatment Survey

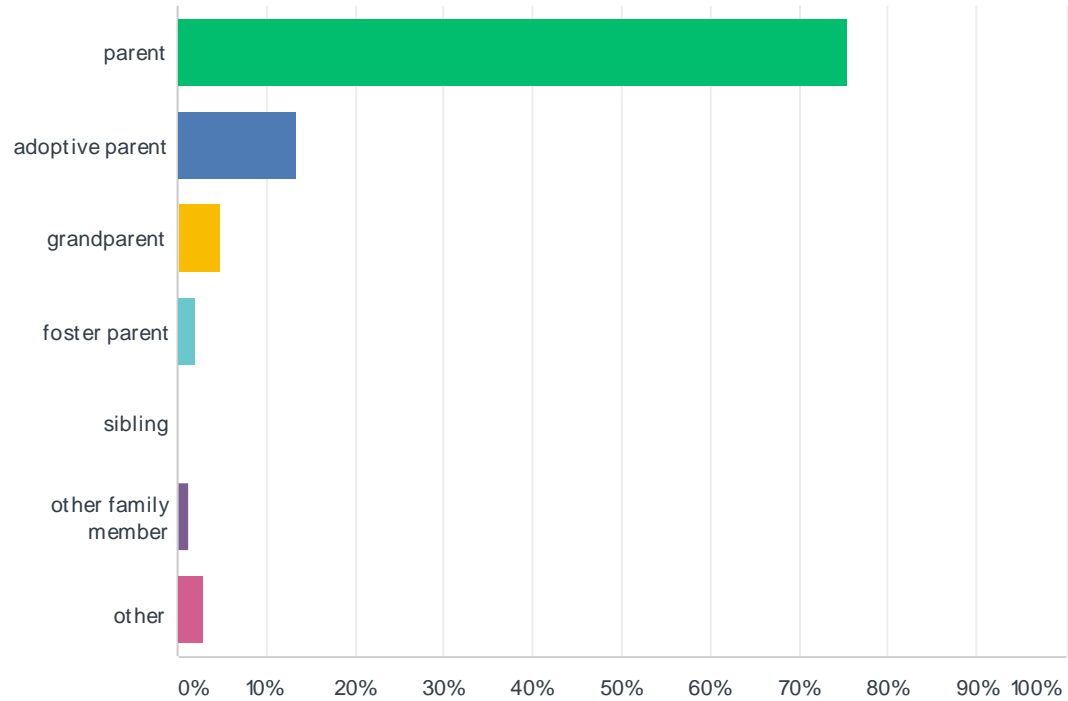
3	Medicare and Tricare	8/22/2018 2:19 PM
4	All three	8/19/2018 1:05 AM
5	None	8/17/2018 1:33 PM
6	Medicare Advantage, my daughter has medicare	8/13/2018 8:52 PM
7	Medicare	8/13/2018 4:31 PM
8	Mixed bunch of stuff, high deductible	8/9/2018 9:30 PM
9	VA	8/7/2018 2:56 PM
10	Both Private AND Medicaid	8/7/2018 12:55 AM
11	We have both private & medicaid	8/6/2018 12:21 PM
12	Dual covered private and state	8/5/2018 1:28 PM
13	Private and Medicaid	8/5/2018 9:26 AM
14	Private and Molina	8/5/2018 8:41 AM
15	None	8/3/2018 6:57 PM
16	at the time , he was on medicaid	8/2/2018 11:23 PM
17	Insurance through my spouse's employer	8/2/2018 3:08 PM
18	Both Medicaid and through an employer	8/2/2018 11:53 AM

Parent or
Guardian



Q27 What is your relationship to the youth?

Answered: 233 Skipped: 62



ANSWER CHOICES	RESPONSES	
parent	75.54%	176
adoptive parent	13.30%	31
grandparent	4.72%	11
foster parent	2.15%	5
sibling	0.00%	0
other family member	1.29%	3
other	3.00%	7

Parent Initiated Treatment Survey

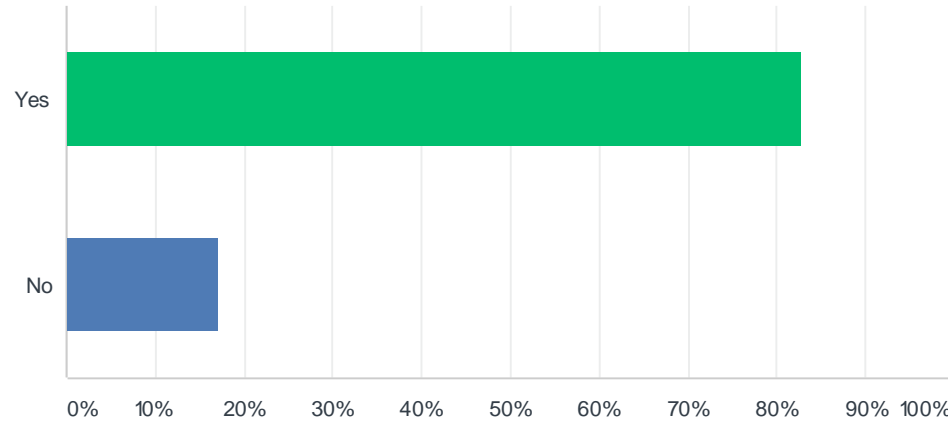
TOTAL		233
#	OTHER (PLEASE SPECIFY)	DATE
1	Mother	8/28/2018 9:57 AM
2	legal guardian	8/28/2018 5:25 AM
3	Step father	8/27/2018 6:42 PM
4	adoptive grandparent	8/22/2018 2:19 PM
5	older sibling and legal guardian due to death of parents	8/13/2018 5:37 PM
6	my daughter is 38 not a youth	8/13/2018 4:31 PM
7	Teacher	8/13/2018 2:51 PM
8	and legal guardian	8/8/2018 3:07 PM
9	Great Aunt	8/7/2018 4:03 PM
10	Parent and Family Advocate SW	8/7/2018 2:56 PM
11	Aunt	8/3/2018 12:18 PM
12	Parent and grandparent	8/2/2018 2:49 PM
13	Step parent	8/2/2018 8:15 AM

Parent or
Guardian

Parent Initiated Treatment Survey

Q28 Are you aware of the age of consent for Mental health and/or Drug and alcohol treatment?

Answered: 234 Skipped: 61

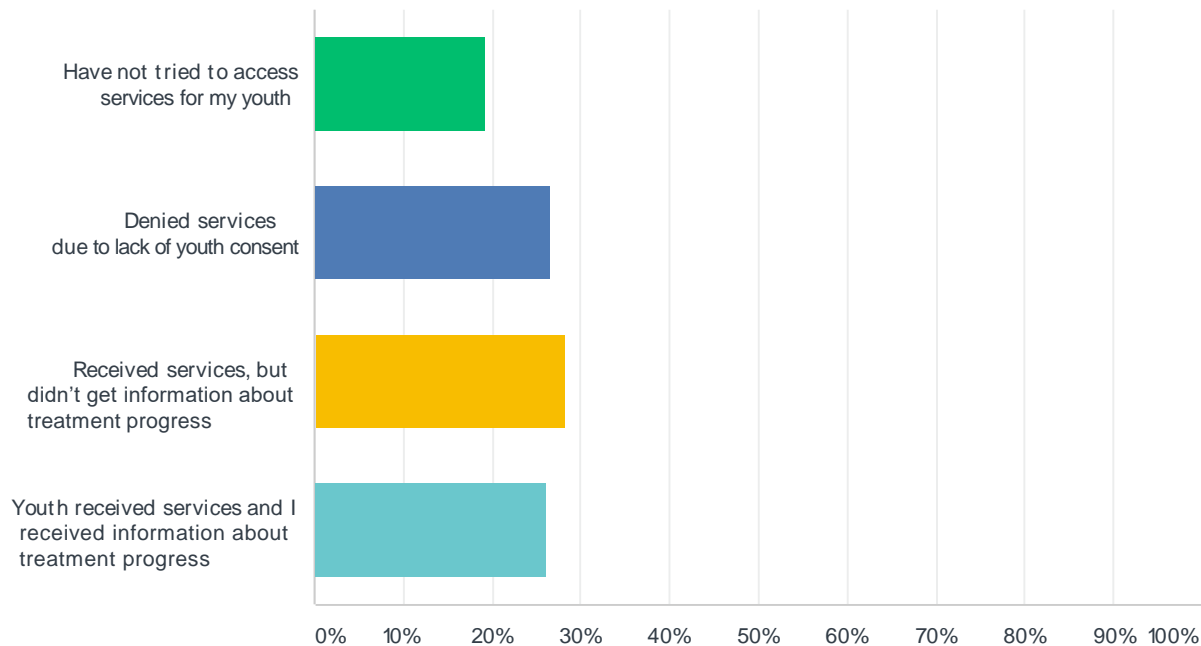


ANSWER CHOICES	RESPONSES	
Yes	82.91%	194
No	17.09%	40
TOTAL		234

Q29 What is your experience accessing mental health and/or drug and alcohol services for your 13-17 year old?

Answered: 234 Skipped: 61

Parent or Guardian

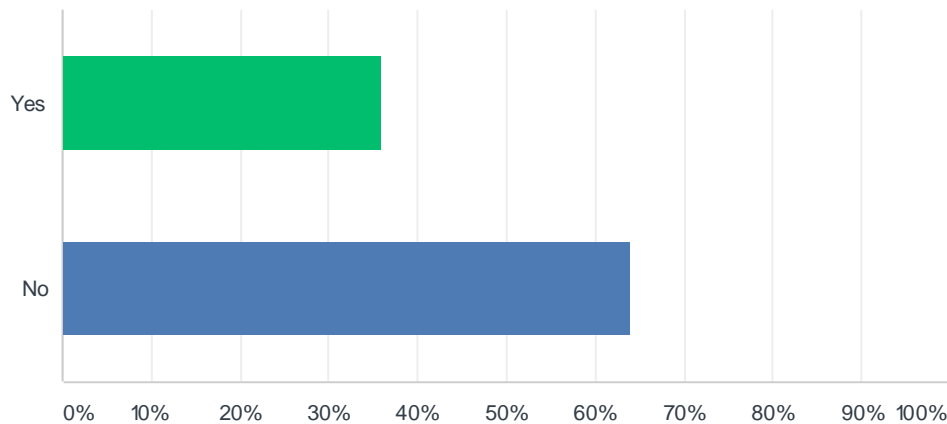


ANSWER CHOICES	RESPONSES	
Have not tried to access services for my youth	19.23%	45
Denied services due to lack of youth consent	26.50%	62
Received services, but didn't get information about treatment progress	28.21%	66
Youth received services and I received information about treatment progress	26.07%	61
TOTAL		234

Q30 Have you chosen not to take your youth for treatment because you felt they wouldn't consent?

Parent or Guardian

Answered: 233 Skipped: 62



ANSWER CHOICES	RESPONSES	
Yes	36.05%	84
No	63.95%	149
TOTAL		233

Parent Initiated Treatment Survey

Q31 What was the circumstance that led you to feel your youth wouldn't consent to services?

Answered: 74 Skipped: 221

#	RESPONSES	DATE
1	He was suffering from severe anxiety and depression, including suicidal thoughts. He did not think he needed treatment, and did not think treatment would help him	8/31/2018 9:56 AM
2	He said he wouldn't go, and quit taking his medications.	8/31/2018 8:56 AM
3	He gets angry and says he's not crazy we are the problem	8/30/2018 8:50 PM
4	Doesnt feel it would do anything for them	8/30/2018 12:24 PM
5	He started treatment as required by his school suspension, but skipped a lot and (we found out later), rigged his drug tests. He refused to try another program.	8/28/2018 11:16 AM
6	My child presented with nothing but resistance to help	8/28/2018 9:42 AM
7	Our child was oppositional defiant, and would not agree to any treatment for her behavior.	8/28/2018 8:26 AM
8	They verbally refused	8/27/2018 11:09 PM
9	Our daughter refused to go to the doctor or to an evaluation.	8/27/2018 10:00 PM
10	My 15-year-old son has a marijuana addiction and has refused both intensive out-patient drug treatment and residential treatment. We had to send him to Utah, to a residential facility from which he could not sign himself out, for treatment.	8/27/2018 9:52 PM
11	We have two children one is semi-cooperative the other is defiant. The defiant one has stated that he won't go to treatment.	8/27/2018 9:24 PM
12	defiance, running away, drug use that veers toward addiction. It is common knowledge that people (of all ages!) with drug use or mental health issues do not necessarily want or know that they need treatment.	8/27/2018 8:25 PM
13	She got service from catholic community but she is never into drugs just been abuse	8/26/2018 1:30 AM
14	Refused when asked. Would not show up when we had in home counseling.	8/25/2018 10:25 AM
15	she told me she would not consent	8/21/2018 10:00 AM
16	A 14 year old who thought they knew what was best for them and wanted control. This child is now 20 and admits they were being a rebellious teen and now recognizes parents were very much needed and trying to do their best to help.	8/20/2018 7:48 AM
17	Pride	8/17/2018 1:37 PM
18	Youth refused to go.	8/15/2018 10:49 PM
19	She stated she wouldn't go	8/15/2018 10:05 PM
20	I am a parent of an adult (35 years old). There wasn't an appropriate place to take my son when he was a teen.	8/15/2018 4:35 PM

Parent or
Guardian

Parent Initiated Treatment Survey

21	My child blocks me from any meaningful contact with her therapist and doctor.	8/15/2018 1
22	Child refused	8/15/2018 8
23	Significant depression with suicidal thoughts	8/15/2018 7:54 AM
24	First episode and youth was arrested.	8/14/2018 11:12 AM
25	typical youth, immaturity, lack of awareness of symptoms and possible outcomes/consequences	8/13/2018 11:58 PM
26	Blatantly refused once they knew age of consent	8/13/2018 5:31 PM
27	He is too scared, not understanding what is happening	8/13/2018 2:09 PM
28	Both my children refuse much needed services because they know they can. They both suffer from behavioral issues and both are well aware of this ridiculous law that bars me as there parent from getting them help	8/12/2018 11:07 AM
29	He said he wouldn't go	8/11/2018 2:22 PM
30	My son was using cocaine and addicted. He did not want to stop.	8/10/2018 10:28 AM
31	They told me	8/9/2018 2:30 AM
32	Mental health crisis, knows what to say to convince them that he will be fine	8/8/2018 9:54 PM
33	He refuses at times. At other times he has been admitted and signed himself out, other times Involuntarily sent and yet others parent initiated treatment	8/8/2018 6:25 PM
34	She refused. Didn't want it. She ran away.	8/8/2018 5:16 PM
35	Very oppositional and won't admit having any problems.	8/8/2018 3:11 PM
36	They refused to even go to start the process	8/8/2018 2:12 PM
37	She was in services and told me she right before her 13th birthday she didn't want services any longer at that time. So, we both agreed. She was doing ok at the time. She has not returned to services as of yet and she would benefit from services but doesn't want them.	8/8/2018 2:03 PM
38	Severe depression, suicidal ideation, felt and said doctors weren't helpful in the past. He has a developmental disability that impacts his communication and perspective taking. It's very difficult for him to access appropriate mental health services.	8/8/2018 8:36 AM
39	When he turned 13, his counselor sat him down in front of me and told him he didn't have to access services any more, take medications, and I had no say in the matter. That was the last time I was able to get him into a therapist, take needed medications, or go to a doctor without a fight.	8/8/2018 12:13 AM
40	I have 5 kids. 3 of them have been in MH counseling. My oldest stopped going when he was 13 because "he didn't want to anymore".	8/7/2018 8:30 PM
41	He said he's not participating	8/7/2018 4:06 PM
42	Our loving, engaged son suddenly over a short period of time dropped out of school, became withdrawn, NEVER spoke to us, & spent his time gaming. The response we got from professionals at the time was that since he didn't abuse substances, there were no services even if he did consent them. Anaethetizing is anaethetizing regardless of the "mechanism" but our options were to do nothing, file an ARY petition (which we did & that was hopeless), or have him kidnapped & taken to ID or UT.	8/7/2018 3:08 PM
43	I offered and my child didn't want to participate/feel it was necessary	8/7/2018 12:35 PM

Parent or
Guardian

Parent Initiated Treatment Survey

44	They don't think they have a problem.	8/7/2018 11:36 AM
45	He said he would deny treatment and refuse services.	8/7/2018 1:03 AM
46	He was threatening to harm himself and was recently switched to a different med dosage. He was not thinking rationally and wouldn't go to the ER from Crisis Response. CRU gave us a form for Joel's Law and told us if we didn't take him home they would call CPS and we could face abandonment charges even though he was a danger to himself.	8/6/2018 4:38 PM
47	Youth stated they would not consent	8/6/2018 4:05 PM
48	said he would refuse	8/6/2018 12:21 PM
49	Youth did not want to have to give up anything to get help such as cell phone, etc.	8/5/2018 10:15 PM
50	Denial of the severity. We were forced to drive to oregon twice because our son tried killing himself. We drive back and forth every weekend. It was miserable!! It is insane i can't force my CHILD to get the help they need in this state. This legislature needs to change.	8/5/2018 4:36 PM
51	She would run away for weeks at a time at age 13	8/5/2018 9:51 AM
52	His noncompliance w outpatient services. Denial that he "had a problem" because he "could handle it" on his own.	8/4/2018 8:33 AM
53	Youth refused	8/3/2018 11:38 PM
54	He ended up getting services but we had to negotiate.	8/3/2018 11:33 PM
55	He is very adamant about not receiving treatment	8/3/2018 10:31 PM
56	He refused to go to appointments and stopped taking medication.	8/3/2018 8:03 PM
57	I'm having a hard time answering some of the questions, because it only allows one response. I have sought care multiple times for multiple years, and therefore sometimes more than one response is appropriate. For example, I have both been denied services due to lack of youth consent, and also received services but got no information about treatment progress, and I've also received services and have been given information. However, I'm only allowed to choose one response. One time, my child was recommended to participate in a step-down program from partial hospitalization, but he refused to participate so I didn't do the intake. Another time he needed to go back to therapy but refused so I didn't try to make appointments.	8/3/2018 7:46 PM
58	They denied consent to services in the past.	8/3/2018 6:37 PM
59	Stated he would not consent.	8/3/2018 6:26 PM
60	He "doesn't need any help".	8/3/2018 5:44 PM
61	My daughter was a runaway and using drugs. She did not want to get help, she didn't even want to live.	8/3/2018 12:48 PM
62	She kept running away and told me she would not consent	8/3/2018 12:16 PM
63	Didn't think he had an addiction problem	8/3/2018 10:48 AM
64	I knew if he knew he could leave...he would eventually. I ended up taking him out of state for this reason.	8/3/2018 10:36 AM
65	She told me she wouldnt	8/3/2018 10:01 AM
66	She was very aware of the consent rules and would refuse to go for inpatient services	8/3/2018 9:19 AM

Parent or
Guardian

Parent Initiated Treatment Survey

67	Youth stated that since he was over age of 13 he didnt have to go and would tell them no	8/2/2018 8:01 PM
68	My son verbally refused several times and is aware the law won't make him	8/2/2018 4:39 PM
69	My son is extremely defiant and feels he can do everything on his own.	8/2/2018 1:35 PM
70	They verbalized that and had proven in past to decline help.	8/2/2018 12:36 PM
71	He says he's fine. He gets angry and walks out of all counseling and intervention. He refused medication. He runs away. There is no way I could get him in the car to go to a residential placement, which is what he needs, or think that he'd stay if it wasn't a locked facility.	8/2/2018 12:15 PM
72	oppositional defiant disorder, attachment disorder, lack of understanding about what he was refusing or how it could help, failure of adults in school to meet his educational needs, therapists informing her of her rights (2 kids, 2 different reasons), emotional development stuck at 3 years old, fear response. climate of services provided.	8/2/2018 10:06 AM
73	She denied every form, release, parent-initiated effort to help.	8/2/2018 9:36 AM
74	My child was lacked insight about mental health symptoms and challenges as well as severely addicted to illegal drugs	8/2/2018 8:35 AM

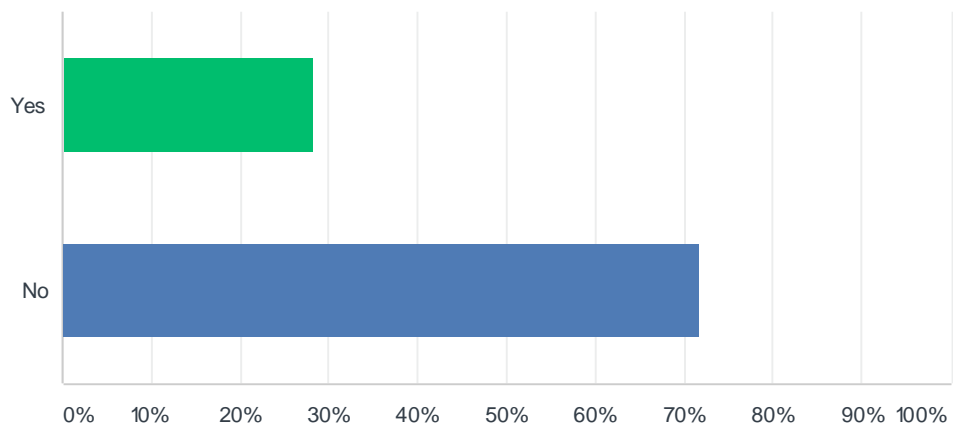
Parent or
Guardian

Parent Initiated Treatment Survey

Q32 Have you chosen to send your youth out of state because you couldn't obtain services in Washington?

Parent or Guardian

Answered: 205 Skipped: 90



ANSWER CHOICES	RESPONSES	
Yes	28.29%	58
No	71.71%	147
TOTAL		205

#	IF YES, PLEASE EXPLAIN WHY.	DATE
1	I have no sent my son out of state yet but I am looking into it	9/5/2018 8:06 AM
2	My daughter had gone into psychosis and was having suicidal thoughts. Sacred Heart in Spokane would not admit her. My daughter's psychiatrist sent her to Kootenai in Idaho where they did admit her.	8/31/2018 1:02 PM
3	We couldn't obtain adequate services for him in Washington. He needed anxiety treatment which also dealt with personality disorders, and therefore needed to send him to the Menninger Clinic in Houston TX	8/31/2018 9:56 AM
4	I live in Oregon	8/30/2018 11:42 PM
5	Our son would have left any program that didn't require him to stay, so we sent him to a school in Idaho. He arranged to have his friends pick him up there on the day he turned 18.	8/28/2018 11:16 AM
6	Because they could walk out of treatment in WA state, totally unacceptable for 13 yr old.	8/28/2018 8:58 AM

Parent Initiated Treatment Survey

7	We did not believe that sending her out of state was in her best interest. We would have been interested in sending her to a facility in state, but not out of state.	8/28/2018 8:26 AM
8	Yes, we sent him to a residential treatment facility in Utah because he refused to participate in treatment in Washington.	8/27/2018 9:52 PM
9	There are few programs in Washington state due to the age of consent. He was sent out of state to programs where he couldn't walk out.	8/27/2018 9:24 PM
10	Services are not an option in this state.	8/27/2018 8:44 PM
11	I knew that he could not leave a treatment facility or wilderness program in another state until completing treatment and getting sober due to correct laws to keep children safe.	8/27/2018 8:25 PM
12	My 14 year old son was "court ordered" to go to inpatient treatment as part of his felony arrest. After 2 of 4 planned weeks at Ryther, his mom called me to let me know she had been called by staff to say he's being kicked out as he snuck in some "contraband" and it "wasn't fair to the other kids." He was apparently told "obviously you're not serious about your sobriety and recovery, so you have to leave. Please come back when you are serious." His mom was told to come pick him up and that he shared, by the way, that he's planning to run away from home. I tried to get him into Daybreak or Sundown M ranch as he still needed to complete treatment per his juvenile probation counselor. There were no beds at the former and the latter would take him only if he agreed to "accept the reservation" and to agree to take whatever psychiatric medicines the psychiatrist deemed appropriate. My son refused. He said to me, "I don't have a problem dad. You've got a problem." He was right! I brought him with the support of friends/family to Gladstone, OR and Northwest Behavioral Health Services, where he began again to get sober and get treatment. He went from there to a wilderness program in Georgia, then to a therapeutic boarding school in AZ. He's been sober > 3 years now.	8/23/2018 11:18 PM
13	There were no mental health beds available at the time she agreed to get help and then when a bed opened, she declined. We sent her to a facility in Oregon on two separate occasions.	8/22/2018 12:56 PM
14	laws in Idaho and Oregon allow parents to keep their kids in treatment. As a result, treatment programs exist there that do not exist in WA, like wilderness therapy and therapeutic boarding schools.	8/21/2018 10:00 AM
15	She has Dual Citizenship in Saudi Arabia and can receive treatment there for free and can be assisted by her family there.	8/17/2018 1:37 PM
16	Sent to Trillium Children's Farm Home because couldn't get extended treatment in WA	8/15/2018 10:05 PM
17	I sent him to stay with family to try to keep him safe while he was on depakote for the first time because marijuana is less available there and there is a 10pm curfew that would keep him away from drugs. The law was much more strict and although he had runaway when he was there he had actual consequences upon returning and we figured out that eliminating the marijuana the medicine definitely worked. We might not have been able to figure that out in this weed legal state especially when the age of consent is 13.	8/15/2018 7:04 PM
18	Forced to leave state and have my child put in treatment out of state so they can get help.	8/15/2018 2:56 PM
19	Would have liked to but couldn't afford it and youth would not agree to it.	8/14/2018 11:12 AM
20	my daughter is an adult	8/13/2018 10:00 PM
21	This was a number of years ago, but I had to send my son to Portland Oregon for dual diagnosis treatment.	8/13/2018 9:24 PM
22	They have state medical I have work insurance and it's to expect to add them to my insurance	8/12/2018 11:07 AM
23	Oregon doesn't say child has to consent	8/11/2018 2:22 PM

Parent or
Guardian

Parent Initiated Treatment Survey

24	Feel as though our hands had been amputated---we had no say in our daughter's treatment. She'd had a serious suicide attempt and taken to the hospital but because she was immediately making another attempt and she said she wouldn't she was deemed not to be considered to be an "Imminent" risk to herself so was released with a card for calling the Crisis Line. The State had taken away all of our parental rights so we took her to Utah where the rights for mental and reproductive issues was age 18 and where she could get serious help.	8/10/2018 12:13 PM
25	My son was addicted and out of control. He needed to be removed from the situation and get clean in order to get healthy.	8/10/2018 10:28 AM
26	She required residential treatment, which is simply not available here. We used 4 facilities over a period of 2.5 years. Expensive, scary, frustrating. We need options in WA.	8/9/2018 6:46 PM
27	Have considered it. Many parents take their youth to Portland area.	8/8/2018 6:25 PM
28	Had transport show up while she was sleeping and wake her up and take her to locked facility out of state	8/8/2018 5:16 PM
29	Moved to California for a season to get treatment involuntary treatment until youth recognized treatment was needed.	8/8/2018 2:39 PM
30	n/A	8/7/2018 2:58 PM
31	Our son was in both the WRAP around program and WISe program and we were denied any further help. And, because of his age and his ability to turn down any other services we chose to send him out of state so he wouldn't have that option. He had tried to commit suicide and was homicidal and we were told it was safe to take him home. He was very much not safe to take home. He had a plan to kill himself and everyone in the family.	8/7/2018 1:03 AM
32	Due to limited local resources, my family evaluated programs in other states prior to legal circumstances beyond our control preventing access to them.	8/6/2018 8:47 PM
33	Because there was no room in a Dual program for mental health and substance abuse and for Sexually aggressive youth	8/6/2018 11:29 AM
34	1. Seattle Children's refused to treat my son's (at 15yo) MI issues, refused neurological & DNA testing, and didn't follow up until after 6 months.. too late! 2. I have yet to locate a WA MI/Treatment facility that is accredited by the National Joint Commission!!! Most directors don't even know what that is!!!	8/6/2018 10:50 AM
35	My daughter has severe OCD, generalized anxiety, depression, body dysmorphic disorder and social anxiety. She needed residential treatment to treat these conditions as she was not completing any daily functions. There were no appropriate placements for her in Washington, especially for adolescents with OCD and BDD.	8/6/2018 12:19 AM
36	When my child was 15 I took him to a facility in OR that was a dual treatment facility and locked. It was what he needed to be safe from himself. I just wish he could have stayed longer.	8/5/2018 10:15 PM
37	I'm not happy about it. We were desperate to save our child's life! He may have had a lot better outcome as an adult if he could have gotten treatment in our state!	8/5/2018 4:36 PM
38	After several hospitalizations my daughter (age 14) soon came to the realization she had the control over her meds. As such, she abruptly took herself off 11/17. This led to her quick decline in mental health, school refusal, isolation, further depression. We sent her to a wilderness therapy program 1/18. She has been in treatment since then, currently finishing a RTC in Utah.	8/5/2018 4:20 PM
39	Because she would leave the facilities.	8/5/2018 9:51 AM
40	Inpatient services for dual diagnosis, I could not find anyone in WA to take my child if he did not "want" to go. I continue to use a clinician in OR for mental health as they do share with me things I need to know about as my child's parent. My other son went inpatient and they REFUSED to even share what drugs he was using so I could be prepared at home to help.	8/5/2018 9:38 AM
41	There aren't any services.	8/5/2018 8:44

Parent or
Guardian

Parent Initiated Treatment Survey

42	Our daughter needed wilderness therapy followed up by residential treatment. Services were in Colorado and Utah.	8/5/2018 7:49 AM
43	Other states offer a wider variety of services and they allow parent involvement.	8/4/2018 7:41 PM
44	No in state treatment available for adopted child with sexual behavior disorder unless a ward of state or adjudicated	8/4/2018 12:39 PM
45	Nearby state had secure inpatient treatment facility	8/4/2018 8:33 AM
46	Too extreme	8/3/2018 11:38 PM
47	It was considered an option	8/3/2018 11:33 PM
48	Could not afford to	8/3/2018 11:17 PM
49	There were not any open beds in Washington for inpatient services.	8/3/2018 8:03 PM
50	There is a profound lack of quality services in Washington. Programs are poorly staffed, do not use best practices, and exclude parents. My child participated in several programs in Washington state, and after being consistently excluded from his treatment, we went out of state, where I was allowed to participate and be a part of his treatment. His illness does not occur in a vacuum, and treating the entire family was crucial to us.	8/3/2018 7:46 PM
51	To be with my mother	8/3/2018 5:53 PM
52	Haven't made it this far, yet.	8/3/2018 5:44 PM
53	Couldn't get her help here. She was 15 a runaway and using meth. I sent her to a locked facility in Oregon and eventually to Utah	8/3/2018 12:48 PM
54	See number 10	8/3/2018 10:36 AM
55	My daughter needed to be 'forced' to be treated - that couldnt happen in WA.	8/3/2018 10:01 AM
56	Because of her refusal to participate and the providers inability to share critical information about my child's mental health and substance use, for her safety we did send her to a dual diagnosis facility in ORegon- on 2 separate occasions for a month.	8/3/2018 9:19 AM
57	To an Rtc in Utah because my son would not consent in our state . The 13 consent law has prevented me to get the proper help my son needs . He has been in 4 acute short term inpatients hospitals here in Wa. And I had to fight to get him admitted . We have tried meds, intensive therapies , everything and he needs longer residential care and he would not sign releases to any hospitals here that offer Longer care over 7 days . He has been diagnosed / and suffered with mental disorders in which prevents him to make the right decision for his care . It's my job as a parent to get him the help he needs and I'm prevented from that once he turned 13 .	8/2/2018 9:03 PM
58	Tried but couldnt fund anywhere to take him	8/2/2018 8:01 PM
59	No reputable long term services in WA. WA ranks among the worst states for MH funding and services in the country	8/2/2018 4:45 PM
60	Residential treatment that my child needed for borderline personality disorder is not available in Washington. There are some "generic" programs that are not specifically tailored to his needs, and would not involve her in his treatment. I sent my child to Massachusetts to as program specifically for borderline personality disorder, where I would be informed and a part of his treatment at every step	8/2/2018 4:39 PM
61	Because the evaluator said intensive treatment wasn't necessary	8/2/2018 2:59 PM

Parent or
Guardian

Parent Initiated Treatment Survey

62	in 1994-96 we sent our then 14-15 year old daughter to COD Tx in Oregon and Idaho because she would walk about of facilities in Washington - if they even took her - and live on the streets doing drugs and prostituting herself.	8/2/2018 1:39 PM
63	Couldn't afford. Plus many places wouldn't take him because he runs away all the time.	8/2/2018 1:35 PM
64	in my attempts to get help using Wraparound Services & CCORS, I was reported to CPS multiple times. CPS told me that foster care was a significant risk for one child, the other child was starting criminal behavior that was going to lead to arrest and I could not wait for slow wheels of the system to recognize he needed residential care. It was clear he was going to end up in jail before I found any effective help in WA.	8/2/2018 10:06 AM
65	My child was 14 at the time, running away and doing drugs. Her behavior was scary and unsafe.	8/2/2018 9:42 AM
66	Suicide attempt after years of ideation, parental alienation, rock bottom. In Oregon (wilderness therapy) and then Utah (residential treatment center) our kid has come back to reality and is getting well. So wish that could've happened in Washington, where we could have participated in family therapy more easily, frequently, and affordably.	8/2/2018 9:36 AM
67	did not have the resources to do so	8/2/2018 8:35 AM

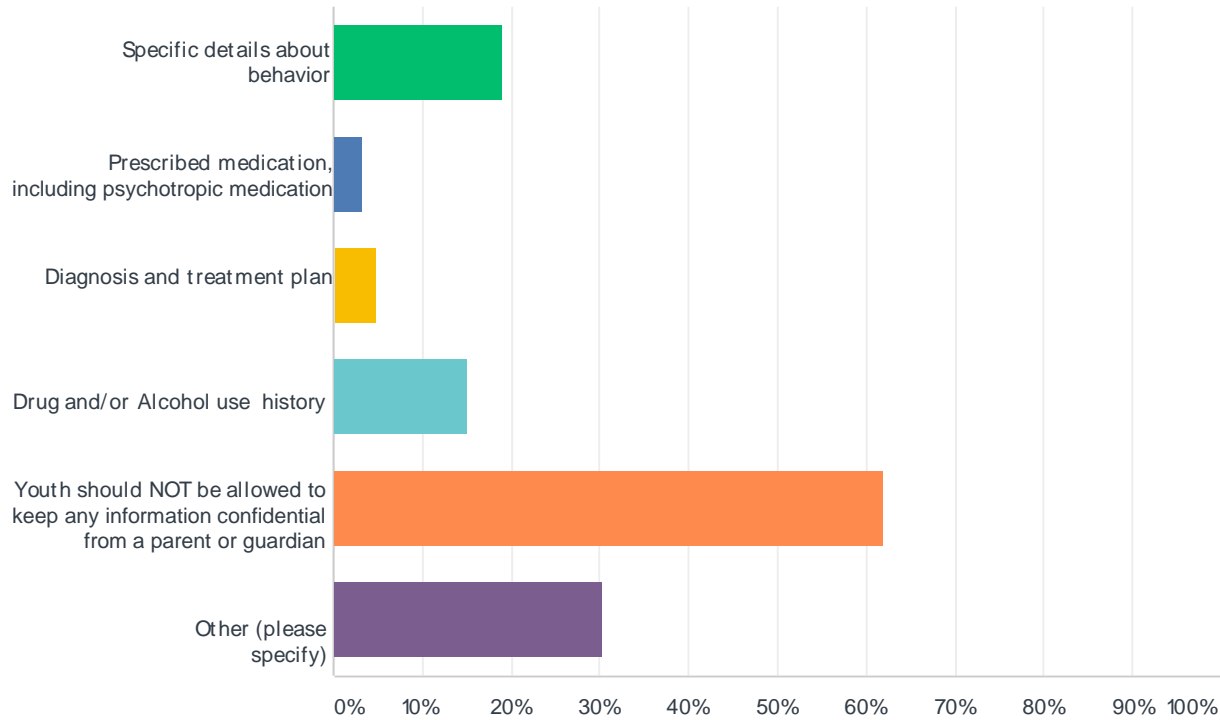
Parent or
Guardian

Parent Initiated Treatment Survey

Q33 Should youth be able to keep the following information about their mental health and/or substance use services confidential from parents? Check all boxes that apply:

Answered: 205 Skipped: 90

Parent or Guardian



ANSWER CHOICES	RESPONSES	
Specific details about behavior	19.02%	39
Prescribed medication, including psychotropic medication	3.41%	7
Diagnosis and treatment plan	4.88%	10
Drug and/or Alcohol use history	15.12%	31
Youth should NOT be allowed to keep any information confidential from a parent or guardian	61.95%	127
Other (please specify)	30.24%	62

Parent Initiated Treatment Survey

Total Respondents: 205

#	OTHER (PLEASE SPECIFY)	DATE
1	If parents are not abusive, they should be able to get info -- otherwise no.	9/1/2018 3:57 PM
2	Specific information about their behavior and drug/alcohol use should be private. Medication, diagnosis and treatment plan are things that the family needs to know for the safety of everyone in the home.	8/31/2018 4:13 PM
3	It depends on the situation and the type of relationship the child has with his/her parents.	8/31/2018 1:02 PM
4	Parents need to know what is going on with their child, and the child's treatment, otherwise they can't help their child. If the therapist doesn't keep the parents in the loop, the parents can't obtain parenting guidance to know how best to help their child. Therefore, the child's situation just gets worse because the parents aren't allowed to be involved. It is horrible for the parents, horrible for the child.	8/31/2018 9:56 AM
5	Unless MD or other qualified person determines parents are a danger to youth.	8/30/2018 11:42 PM
6	I feel that each case is unique. A counselor should have the power to decide if something they learn in therapy should be known by a parent. For instance, if a child reveals that he/she has a suicide plan, I think the parent should know. On the other hand, if a teen wants to get a prescription for birth control, that might be something the parent doesn't need to know.	8/28/2018 11:16 AM
7	I think that they should be able to keep drug/alcohol usage, to an extent, private when seeking treatment. Especially if their parent knowing how much, when, where etc is going to stop them from getting treatment.	8/28/2018 10:03 AM
8	As a parent, I am much more concerned about parents have the right to insure that their children get the best possible treatment for the teenage children.	8/28/2018 8:26 AM
9	We do not need to know what is said in therapy but we need to understand our kids behavior, diagnosis, treatment and medication information.	8/27/2018 8:44 PM
10	Once they are 18 and deemed an adult, they can keep things confidential.	8/23/2018 11:18 PM
11	Youth should be able to have some privacy in what they say to a counselor, but parents should know about diagnosis, treatment, medication, drug/alcohol history. I'm not sure what is meant by specific details about behavior.	8/22/2018 2:38 PM
12	Parents have the responsibility but no authority currently, and it works to the child's long term disadvantage. In some cases, the parents are part of the problem, ie users/dual diagnosis, and the child has the right to treatment without interference. Tough call	8/22/2018 2:27 PM
13	Youth in certain situations, such as abuse, should have privacy and confidentiality.	8/22/2018 1:59 PM
14	Obviously, there needs to be leeway for a case by case instance. I think in general NO info should be kept from parents, however, if it can be validated by a professional that a parent having the knowledge will be detrimental to the child, there should be a way to address that. Children being sent to de-programming due to sexual or identity issues which are not harmful to the child but go against a parent's beliefs is unacceptable and cannot be encouraged. However, those instances need to be the exception not the standard practice of denying parents information because the kid feels like it.	8/22/2018 12:56 PM
15	Minor drug and alcohol use may be kept confidential, but it should not have to rise to the level of life-threatening in order to be disclosed.	8/21/2018 10:00 AM
16	I feel if the parent has to pay the bill, they should have access to everything. If youth is paying, then it can stay private to an extent. Parent needs to be aware of diagnosis and behaviors to watch for because too many that have mental health problems are not sometimes able to recognize when things are bad and they need help.	8/17/2018 6:02 PM

Parent or
Guardian

Parent Initiated Treatment Survey

Parent or
Guardian

17	Youth should not be allowed to keep information confidential from a parent or guardian unless there are extenuating circumstances. (e.g. allegations of abuse, parent is incarcerated, risk of harm, etc.)	8/17/2018 5:30 PM
18	Unless there is a CPS reason that a youth needs protection from a parent youth are vulnerable and need their natural supports to be there for them not hide and be ashamed. How do we help them when we are kept in the dark?	8/15/2018 10:49 PM
19	I think a child should be able to make their choices, but I think parents should know what they are diagnosed with or need treatment with. If they are living in their home how best can they help them. I know many parents are jerks, but so many of us are not. If my child is having sex, I want to help them make the best choice to not get pregnant or get someone pregnant and to have safe sex. If my child is depressed, I want to get them to a therapist, etc... If my child is needing help with an addiction how can help them if they are hiding it? If they are getting bullied how do I know if they are being told parents are the enemy and at 13 keep secrets from them? If my child doesn't want to take meds then lets figure out how you can best function at your best without meds... etc.	8/15/2018 2:56 PM
20	Youth would not have kept appointments or taken medications if we were not aware of them.	8/14/2018 11:12 AM
21	Specific details of a very personal nature could remain confidential, but certainly NOT diagnosis and meds	8/13/2018 10:00 PM
22	Historical information -sure keep it confidential, but what is currently going on, the use, the amount of use and how it's affecting their mood swings, and if prescribed medication is used, I'm paying for it with my copayments, out of pocket expenses and employer sponsored insurance, I should get to know.	8/13/2018 5:41 PM
23	Children are not capable of making adult decisions period I do not know how this will change but my family has suffered tremendously from the negative impact of this law	8/12/2018 11:07 AM
24	Risky behaviors should be disclosed. This is more than suicidal.	8/11/2018 2:22 PM
25	If a parent is supportive of treatment it makes no sense to not have them involved for the best outcome for the youth. Youth that want treatment and the parent is not supportive should be able to get treatment without consent. The goal should be adequate treatment either way. It is not helpful to conflate lack of adequate or good quality treatment with a youth's right to refuse any treatment. They are two different issues and must be addressed separately. Addicted youth refuse treatment most of the time. All youth deserve high-quality treatment. Both are true and must be addressed separately	8/10/2018 10:28 AM
26	Needs to be case by case. I encourage full disclosure, but most important thing is for youth to get the treatment they need, even if it means withholding info from parents.	8/9/2018 11:06 AM
27	Within reason treatment goals can be kept confidential and if there is fear of abuse or neglect then other aspects of treatment can be kept confidential as well.	8/8/2018 9:54 PM
28	There may be specific behaviors that they don't want to share and that is fine. Hopefully at some point they will feel safe to do that.	8/8/2018 5:16 PM
29	It would be great if youth trusted parents with ALL information.	8/8/2018 3:11 PM
30	Because I as parent am responsible for cot inuit of care!	8/8/2018 2:39 PM
31	Youth should have the ability to have confidentiality as long as it does not impact safety.	8/8/2018 1:45 PM
32	Should not be allowed to keep info confidential except in exceptional circumstances. (Child feel endangered etc)	8/8/2018 10:22 AM

Parent Initiated Treatment Survey

33	The age of 13 for youth consent is too young. My depressed 15 year old refused treatment and has struggled for three years since that time because he could refuse. As a caring parent in a supportive family we continue to help in any way possible, but it would have been much easier if we could have taken him to treatment. I realize individuals need to be willing to engage in services to benefit in general, but there is no way he would have not benefitted at all from an evidence based services such as CBT with supportive parents. I have a coworker who's 15 year old daughter is struggling with anxiety to the point she has a 504 at school and shuts down during testing. But she also is refusing counseling services. This isn't really helping our kids!! The age of 18 was set as the age of "adulthood" for a reason. Because teens aren't really thinking clearly anyway (not that they are magically at 18 either, but they certainly aren't at 13!) and brain science is proving that teens think completely differently from adults. Teens that have caring parents and supports could benefit from services, but are refusing them because they have the ability to say no. And teens do often say no as a part of the normal growing up process of gaining independence. What a tragedy that we allow our teens to make such critical decisions, when they could be receiving life long help and coping skills to early address their mental health issues! It is really hard to be a parent when kids have so much power. We are constantly told we need to parent parent parent, but then the laws don't allow us to actually do that.	8/8/2018 10:16 AM
34	Concerns about the parent,	8/7/2018 8:49 PM
35	Somebody with sufficient skills needs to determine whether or not a specific youth, in a specific family, in a specific situation would be harmed if information was shared with parents. Failing that determination, information should not be confidential. How can a depressed, anxious or otherwise mentally ill 13-17 year old manage the perspective to know they can probably get better, accept services & get stable?	8/7/2018 3:08 PM
36	I think youth that choose to keep MH/ SUD services confidential must document the reason why and be supported in a formal opportunity to address barriers through a guided mediation process.	8/7/2018 2:32 PM
37	sexual history/experiences	8/7/2018 12:35 PM
38	Make an exception in cases where parental danger is know to exist. In the interest of a child's health and sometimes public safety, youth have a right to informed and engaged parents - being unaware could create an environmental condition where the youth might be unwittingly exposed to activity around the home or community that would be counterproductive to recovery and a healthy future.	8/6/2018 8:47 PM
39	I feel that youth under 18 have needs that should be addressed by parents and that the parents should be able to access diagnosis, treatment plan, drug and alcohol and medication history	8/6/2018 3:40 PM
40	In general, I think youth and parents should have the same information. The ONLY time I think information about a youth's medication, behavior, diagnosis, etc. should be kept confidential is when an independent, third party (guardian ad litem for example) believes the youth could be abused or harmed if they knew the information.	8/6/2018 3:20 PM
41	If parents are the reason why the kids use, then all should be in discussion	8/6/2018 12:38 PM
42	Again, I defer to AA recommendation that the patient shares only the "exact nature" of behavior & use history. Anything beyond that is shame based and compromises recovery.	8/6/2018 10:50 AM
43	Perhaps sexual activity as long as they are not a danger to themselves	8/5/2018 4:36 PM
44	It's a hard call. Accessing treatment is the most important thing	8/5/2018 1:31 PM
45	Underage girls should have the right to their own reproductive information	8/5/2018 9:30 AM
46	13 years old is too young to keep parents out of the loop.	8/4/2018 6:54 PM

Parent or
Guardian

Parent Initiated Treatment Survey

47	Youth SHOULD be able to also keep information around their sexuality confidential Youth SHOULD NOT be able to keep confidential that they are receiving services. Youth SHOULD be able to keep confidential any disclosure of abuse from Parents or Guardians	8/4/2018 3:45 PM
48	i think that based on therapist and child decision, a level of privacy needs to be in place in order to form a trusting relationship. i think drug and alcohol should be divulged only if the therapist feels it goes beyond experimentation and into risk for addiction, or addiction. Parents MUST know diagnosis and treatment if they are to support the child. Mental illness does not occur in a vacuum! Parents support, education, and involvement is necessary for recovery.	8/3/2018 7:46 PM
49	Only information such as sexual details, names of friends (unless endangered), or information about interactions with the other parent. Details not pertinent to treatment, medication or behavior.	8/3/2018 6:26 PM
50	How can we help if we can't know?!	8/3/2018 5:44 PM
51	I don't feel that there should be an all or nothing. Parents need to have the ability to be actively involved so they can help support their youth. Their access to this information should be based on how best to help them. In my experience, most parents don't want all the information but do need to be kept in "the loop" regarding medications, diagnosis, etc.	8/3/2018 5:22 PM
52	I am more concerned with me being able to force treatment in an emergent situation than knowing all details. In my experience once my daughter was in treatment and getting help she opened up to me about many things that I never knew. Getting the treatment is the important part.	8/3/2018 12:48 PM
53	If the youth threatens harm to themselves or others or tests positive for drugs that information should be shared.	8/3/2018 12:21 PM
54	Unless parent is neglectful or abusive . All parents should have rights to know their youths mental health info . We r responsible for our child til he is 18 for everything else . Let us do our job to help our kid or any kid that is mentally unstable or struggles . Maybe we wouldn't have so many teenage suicides or teenagers causing gun killings if we could help and address their Mental health . Statistics show drug/ substance abuse addictions , suicides are from persons that have Mental disorders .	8/2/2018 9:03 PM
55	No because as parents we are legally responsible for their actions	8/2/2018 8:01 PM
56	I don't know- this is a tricky question,	8/2/2018 4:45 PM
57	Only under special circumstances, should the youth's safety need protection, information could be kept from parents.	8/2/2018 3:15 PM
58	I believe parents/ guardians should know what treatment modalities are being used & trained how to continue to support youth as they progress; I also believe there should be additional information about what's working, what's not working & what parents/guardians may need to learn to positively support youth's recovery work.	8/2/2018 2:59 PM
59	I do not need to know the specifics of therapeutic conversation or the specifics of sexual behavior or drug and alcohol use. I do need to know diagnoses, I do need to know risk factors and side effects, I do need to know costs, I do need to know transportation and placement information, I do need to know behavior agreements and triggers and safety plans, I do need to know of threats that could affect me or family members or property. And I do need to be consulted about my side of the story and my experience, because my child's diagnoses involve habitual lying.	8/2/2018 12:15 PM
60	I don't need to know what my child says, but I do need to be able to collaborate with the therapist as adults who care for the child's best interests, rather than being an outsider where the therapist becomes a wedge between me and my child.	8/2/2018 10:06 AM
61	Follow the menta health professional's guidance, and I'm sure there are exceptions with mature/well children and dysfunctional parents, but in the case of a mentally ill youth and a relatively well parent, most treatment information needs to be shared.	8/2/2018 9:36 AM

Parent or
Guardian

Parent Initiated Treatment Survey

62

If youth enter in to services on their own and request confidentiality due to abuse and neglect then please do so. If youth enter services with a parent then full disclosure should be required to the parent consistent with RCW 71.34.010 Purpose—Parental participation in treatment decisions—Parental control of minor children during treatment.

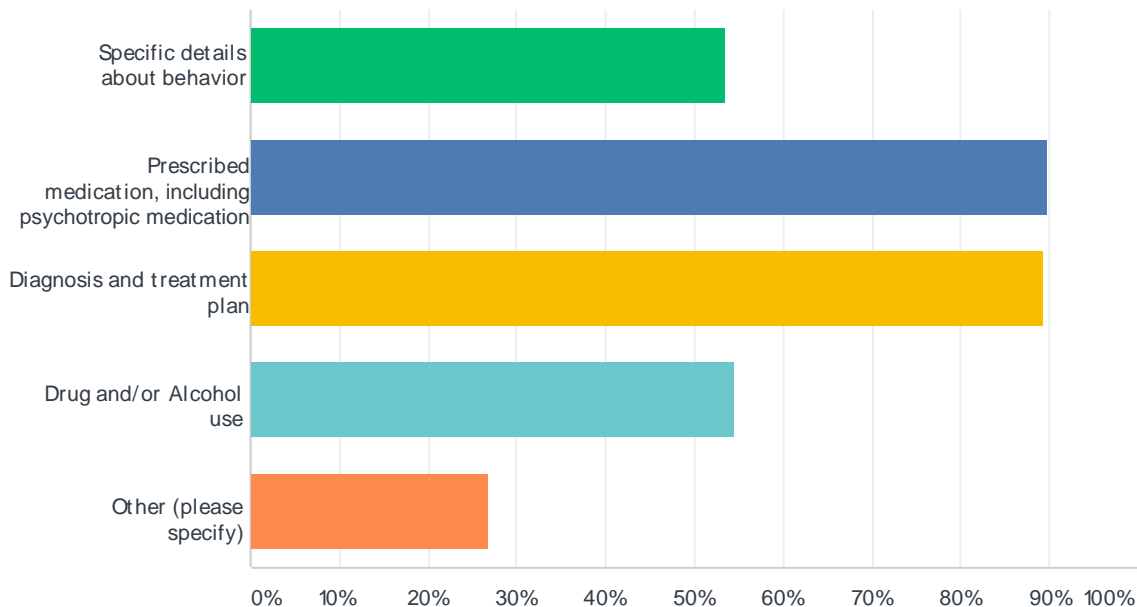
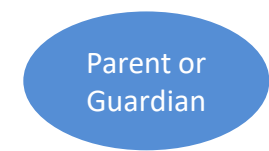
8/2/2018 8:35 AM

Parent or
Guardian

Parent Initiated Treatment Survey

Q34 What information do you believe providers should be required to share with parents regardless of age of consent? Check all that apply:

Answered: 205 Skipped: 90



ANSWER CHOICES	RESPONSES
Specific details about behavior	53.66% 110
Prescribed medication, including psychotropic medication	89.76% 184
Diagnosis and treatment plan	89.27% 183
Drug and/or Alcohol use history	54.63% 112
Other (please specify)	26.83% 55
Total Respondents: 205	

#	OTHER (PLEASE SPECIFY)	DATE
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# of responses	What information do you believe providers should be required to share with parents regardless of age of consent
5	None
1	Don't know
3	All of the above
1	Information on relevant parenting support groups, parenting sessions with providers so they are kept in the loop on diagnosis and treatment
1	How the treatment plan is going.
1	risks and concerns that the parent can assist the youth in overcoming.
1	Appointment information (times/locations/with whom)
1	I don't know what's meant by specific details about behavior.
1	Parents should also have a plan of recovery for themselves, ie how they can be most helpful, while keeping the family together. Perhaps NAMI's Family to Family course.
1	Specific behaviors of harm to self or others.
1	Again, there needs to be protection in place if the info will harm the child.
1	Anything that can help my child get to a place of recovery and wellness and or acceptance of self.
1	Drug and alcohol use but not history (if in past)
1	Dangerous or reckless behavior, self harm, or suicidal ideation
1	Self harm
1	possibly drug and alcohol use perhaps, especially if it reacts with prescribed meds
1	Costs of program I'm expected to pay.
1	All relevant information
1	The law is ridiculous it gives a child control over the most important help available. This is why there are so many school shootings
1	Risky behaviors but not limited to Suicide
1	Again a supportive parent should be involved in medication and treatment plan decisions and a good treatment program will involve both parents and youth as team members.
1	Assessment of risk.
1	Any self harm or suicidal feelings
1	Homicidal and suicidal ideation as well as drug abuse. This has an impact on the family as a whole and is important for parents to be aware of.

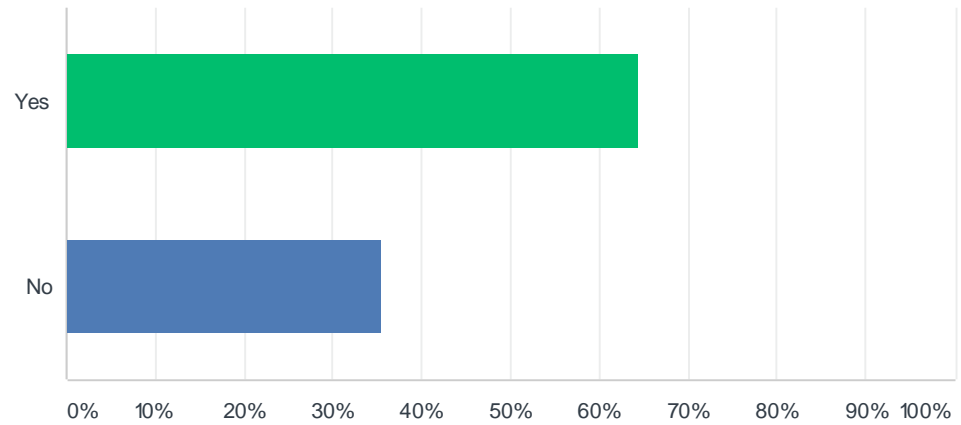
# of responses	What information do you believe providers should be required to share with parents regardless of age of consent
1	Threats to self or others. Comments from youth that indicate psychotic thinking. I'm not a psych professional, but if I were I'm sure I could write a longer list.
1	Drugs if they are illegal (not medical marijuana).
1	I provide housing and 24/7 continuity of care. As well as factual observations.
1	Any safety concerns regarding the youth need to be shared with the parents.
1	I am on the fence about drug and alcohol use. I personally would want to know if my teen was using. Drug use impacts so many areas of life and are often the cause of violent or aggressive behaviors that often lead to criminal charges. If teens have supportive parents, they should be made aware of substance use - since all substance use is potentially life threatening. Parents should know what medications their children are taking. How are we to help them manage the medication usage, purchase it, or watch for negative side effects if we don't know what they are taking? Young people with altered brain functioning, and mental illness, are not going to watch carefully for side effects of the meds they are taking. And countless studies and the warnings on depression meds say that taking the medications can cause an increase in suicidal feelings. Seems to me someone should be CLOSELY monitoring teens taking psychotropic medications!!!
1	When there's serious concerns about harm to self or others, parents should be notified immediately.
1	See answer to question #12.
1	Issues of personal and public safety. Legal issues.
1	any bx or experiences that threaten child's life and/or family
1	I feel that reproductive health and medical should remain confidential and any birth control they may be taking should be confidential maintain the current age of consent.
1	A. Both Axis I and II diagnoses; B. Specific recommended therapies design to alleviate or prevent worsening of conditions; C. Referrals to specific community resources including least restrictive alternatives. Parents armed with the right information can do further research, off-loading the system and using their discovered resources to maximize success even with local community resource limitations.
1	Parent consent should be the norm.
1	See my answer to number 11. I believe, and based upon my family's experience, treatment is most effective for youth/children when all parties are on board with the plan etc.
1	thoughts of self harm
1	Parents/guardians do not need to, and in many cases 'should not' know the exact Usage history. A 'general nature' history is more appropriate to maintain semblance of privacy to legally protect the youth and others involved. The focus needs to be on recovery, not shaming..
1	That they are receiving services.
1	Our son had behaviors that were unsafe for animals and younger children. We did not find out the extent of his issues until he entered treatment. If we had not been appraised of this info, he could have molested younger children
1	All health issue. If the parent has to pay the bill than a parent should be able to get the child health information.
1	Any and all details related to minor.
1	Drug screen results, threats of self harm or threats to harm others.
1	All relevant information to allow the parent to keep their child safe. Not giving this information to the parent and then releasing the child into their custody is like putting a blindfold on a person driving the car and expecting them to drive safely.
1	Behavior details if they are a safety concern
1	Costs, safety plans, threats, agreements, risks
1	Parents should be able to talk to providers about the child without the child present. The therapist and parent need to share perspective about events that happen. What does the child report v. what has the parent seen. How does the therapist recommend the parent respond. Does the therapist and parent share the same view of the issue. parents and therapists are adults. the child is the child. even divorced parents have to take a class about how to work together in the best interest of the child. In our current situation therapists act as enabling and dysfunctional adults in their interest of forming a trust bond with the child.

Parent Initiated Treatment Survey

Q35 Have you sought care for your youth and the recommended level of service was less than you felt was required?

Parent or Guardian

Answered: 205 Skipped: 90



ANSWER CHOICES	RESPONSES	
Yes	64.39%	132
No	35.61%	73
TOTAL		205

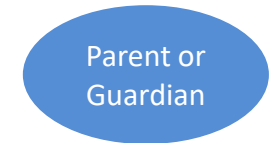
# of responses	If yes, were you informed about how to appeal the decision?
131	Yes
121	No
2	Don't know / not applicable
1	A piece of paper was slid to me across the table as the social worker or LMHP was walking out the door and we were already dismissed.
1	After 3 visits to the ER my suicidal child was admitted to inpatient. When released from inpatient the outpatient facility's (Kaiser Permeate) policy was every other week counseling (unacceptable), it was clear to all providers she needed more, but that is the company policy. I was able to double her up with another facility to get her once a week services just after being released. If I did not push and know how access to behavioral health services work in Washington I truly believe she would not be here today as 1 hour twice a month is not enough support for a struggling suicidal teenager.
1	As noted above, I sought treatment for my son in WA and it was not completed. If Ryther facilitated a transfer to another accepting facility, that would have been consistent with the treatment both his parents and the courts asked for. They did not.
1	At each instance of known conditions (over 10 years ago), I was told by providers that resources were either not known to exist or existing treatment resources had been exhausted. No appeal process was mentioned. I was unable, through being uninformed, to seek care for those conditions of which I was uninformed.
1	Availability of youth psychiatry care givers is extremely limited in this area.
1	Because my children have this control they refuse to engage is services
1	Because we know our youth have issues and problems and sometimes only one part is treated and not the other, such as substance abuse, anxiety, stress, trauma, sexual abuse, alcohol abuse, medications because you need to know what they are taking so it doesn't mix with a prescribed medicine from their physician.
1	From an insurance perspective yes
1	Have mostly paid privately for services and have received good communication.
1	He refused to do what was needed and only agreed to the minimal amount of services, no one told me how to appeal it.
1	How do you appeal it when the kid won't go, doesn't keep appointments, and fights about it at home?
1	However, we were private pay and had an extremely hard time accessing mental health services due to lack of providers in the area and long waiting lists.
1	I didn't understand how to get help for my son or that I could have talked with my doctor about his behavior that worried me.
1	I pushed for therapy and admission to psych ward. They were not going to do anything.
1	I was given a handbook.
1	I wasn't informed about how to appeal the decision.
1	Issues with teen that impacted the whole family, especially the parents, but the parents/family were not included in treatment.
1	It is hard to find a provider that matches my youth's temperament. When one is found he/she is not on my youth's insurance plan.
1	King County Mental Ombuds never returned calls
1	Multiple times - always succeeded
1	My child has been in a revolving door of acute stabilization hospitalizations because there is no actual treatment in Washington state that offers a higher level than weekly outpatient.
1	My daughter became of age to denied services/leave/stop services @will
1	My son left AMA from the great majority of inpatient facilities. He would have had more clean time in a secure facility.
1	No . Had to educate myself .
1	No and no one wanted to help or give info
1	no I was not informed of how to appeal the decisions made by WA state providers
1	No one would listen to my observations as the system seemed overloaded and no access unless harmed self or person and property of others resulting in criminal charge.
1	no, I even threatened with a lawsuit, talked with a lawyer who told me that the laws protect the "patient" and it would be very difficult to win a case
1	No. I could not get anywhere because my child blocked me.
1	No. I did my own research
1	No. I didnt know that was an option.
1	Our case was dismissed by the ARY judge. Since our son declined services, there was no point in appealing. To whom would we appeal?
1	Question seems to apply to an insurance appeal? Or are others refusing services you want?
1	The length of treatment was much too short

# of responses	If yes, were you informed about how to appeal the decision?
1	The level of care is always lacking. Too many youth need help and facilities are too few. Then there is the battle with insurance to cover care.
1	The problem with there were no providers within the state who take Medicaid to treat her mental health condition
1	The psychiatrist cut me off and did not respect my input. I was appalled.
1	Therapists do not solicit information from the parents' perspective on what is going on with the child. This is horrible when a defiant teenager needs psychological help. The teen convinces the therapist that the parents are not good parents, simply because they are not mentally healthy and engaging in distorted thinking. But the therapist falls for the patient's side of the story, hook-line-and-sinker. Parents are DESPERATE to get their child help, but an accurate diagnosis on the child is never achieved because the therapist does not solicit information from the parents' perspective.
1	there was no appeal. the services aren't available.
1	This was in regards to physical health, but the doctors talk to the teens, not the parents, and the teens have no idea how to advocate for themselves or ask questions. That's probably why kids have parents, you know, to help them navigate difficult systems.
1	Was spotty.
1	we at one point were told we merely were experiencing normal teen behaviors.
1	We have two adopted children with severe mental health issues. Our daughter was discharged from Seattle Children's Hospital psychiatric unit against our wishes. We went to court to obtain an involuntary commitment and she was placed in the Tamarack Center in Spokane through the CLIP program for 18 months.
1	We went to Sacred Heart twice for emergency mental health services and was sent home without a treatment plan or follow-up plan.
1	We were completely shut out of the information loop recently by Providence St. Peter Hospital. And our son received no psychiatric or psychological services there, despite being warehoused there for more than 24 hours.
1	Yes and we did!
1	Yes and we won but the agency refused to provide the services.
1	Yes we were told by the psychiatrist at Children's that to "appeal" and have access to behavior rehabilitative services through the state-we would have to refuse to pick up our daughter from the hospital. This would then trigger an abandonment investigation that would allow for a family decision team meeting through we which could access the needed services. A completely traumatic experience for all involved just to access needed services.
1	Yes! Absolutely NO ONE informed us on how to appeal!!! Seattle Children's Hospital was the worst, lowest level of MI care or concern. We have had too many psychiatrists just dole out drugs. Overlake hospital Psych ER did do thorough examination and drug prescription but then sent our son to Fairfax.. Fairfax offered NO aftercare and NO follow-up!
1	Yes, and I appealed and I got the treatment for my daughter.
1	Yes, I appealed several times.
1	Yes, we are appealing now.
1	Yes, we were informed and have filed appeals.
1	youth did not believe they had a problem and the problem was the parent's. So no treatment offered

Parent Initiated Treatment Survey

Q36 What do you think is a severe enough condition for a youth to be required to have a Mental health or Substance Use Disorder evaluation and to follow treatment recommendations against their will?

Answered: 191 Skipped: 104



#	RESPONSES	DATE
1	Engaging in risky behavior with life long consequences	9/9/2018 9:37 PM
2	Positive UA or other testing, psychosis, self-harm, suicide attempt	9/8/2018 5:56 PM
3	If the condition could cause them to harm themselves or others if left unaddressed.	9/8/2018 3:59 PM
4	When the behaviors result in going to jail over and over for thefts, assault	9/5/2018 8:06 AM
5	None	9/1/2018 3:57 PM
6	Anything that involves violent behaviors or thoughts towards others. Parents have a responsibility to keep other family members (especially younger children in the home) as well as school peers and other community members safe.	8/31/2018 4:13 PM
7	If the safety of themselves or others is at risk.	8/31/2018 1:20 PM
8	If they are a definite threat to themselves and/or others.	8/31/2018 1:02 PM
9	Any mental disorder currently listed in the DSM is a severe enough condition for youth to require treatment	8/31/2018 9:56 AM
10	When they are a harm to themselves, others, the community and or harming animals.	8/31/2018 8:56 AM
11	SMI eval., unable to perform activities of daily living, psychosis, self harm, dangerous to people or animals, illegal actions due to mental illness, showing symptoms of SMI/brain illness, family or caregiver reports.	8/30/2018 11:42 PM
12	Where they are physically harming people around them or threats. Also threats to harm/harm to themselves.	8/30/2018 8:50 PM
13	Any that has life threatening or body harming consequences	8/30/2018 12:24 PM
14	Suicidal ideation, self harm	8/28/2018 12:00 PM
15	If a teen's life and school work are being negatively impacted by their substance use or mental health condition, the parent should be allowed to seek involuntary treatment for them.	8/28/2018 11:16 AM
16	bipolar schizophrenia drug addiction/alcohol	8/28/2018 10:03 AM
17	safety concerns	8/28/2018 9:42 AM
18	When they are in danger of hurting themselves or others or acting totally irrational.	8/28/2018 8:58 AM
19	chronic marijuana use, weight loss, violent behavior, major behavioral changes, academic failure	8/27/2018 10:00 PM

Parent Initiated Treatment Survey

20	If the youth expresses suicidal ideation or engages in self-harming behaviors such as cutting and severely restricting food. Also, drug or alcohol use that renders the youth non-functional (failing school, truant from school, etc.) or which has led them to engage in criminal behavior (stealing, drug-dealing, etc.).	8/27/2018 9:52 PM
21	Addiction to recreational drugs or alcohol that interfere with normal behavior. Suicidal ideation.	8/27/2018 9:24 PM
22	chronic drug use that endangers their health. Mental health issues that endanger their health such as depression or anxiety that interfere with normal daily activities, like attending school.	8/27/2018 8:25 PM
23	Parental or judge recommendation, suicidal, or police citations	8/27/2018 6:49 PM
24	My child receive really good treatment	8/26/2018 1:30 AM
25	By the time a parent realizes there is a serious problem.	8/25/2018 10:25 AM
26	Aggressive/violent behavior; safety issues in the home with family, caregivers, self; need to call 9-1-1 for any reason; a need for PRN medications to control extreme pain or behaviors	8/24/2018 2:41 PM
27	addiction or problem drug use such that they are failing school or home. Time using is reinforcing unhealthy brain circuitry. Time is brain. why WA allows kids to bumble on in their drug use is beyond me.	8/23/2018 11:18 PM
28	Depression, anxiety. Any condition that will potentially negatively effect their future.	8/22/2018 5:12 PM
29	If they have a diagnosis mental illness or currently using substances. If the child is running away from home. If the parents feel the child is out of control or not obeying parents or on a dangerous path - I'm sure this is a little vague and needs some better guidelines.	8/22/2018 2:38 PM
30	Substantial likelihood of harm to self or others; increasing use of substances or increase in bizarre behavior and unable to function in school/work/life.	8/22/2018 2:27 PM
31	Suicide attempt, mental health disorder with harm to self or others ie. Violent behavior/conduct disorder.	8/22/2018 1:59 PM
32	We have to re-evaluate what harm to themselves looks like. I cannot get my daughter mental health treatment because she declines, even though the trauma she experienced has led her to use heroin and meth and live on the streets, since she doesn't cut or have suicidal tendencies, she isn't being treated for the mental health issues she has. It is too long to tell here, however, we have quite the story.	8/22/2018 12:56 PM
33	sustained use of any drug other than alcohol and cannabis. Heavy use of alcohol and/or cannabis.	8/21/2018 10:00 AM
34	Suicidal	8/20/2018 7:41 PM
35	psychotic thinking that is results in them being a danger to themselves or others	8/20/2018 2:31 PM
36	drug addictions, severe eating disorders, dangerous behaviors.	8/20/2018 7:48 AM
37	Any type of self harm or engaging in substance abuse that is causing decline in school performance and/or resulting in criminal activity or other high risk behaviors.	8/18/2018 7:51 PM
38	Legal problems from addiction...physical danger to self or others.	8/17/2018 9:40 PM
39	When they are endangering themselves or other. Also if you have a child with special needs who often doesn't understand	8/17/2018 8:02 PM
40	Cutting, suicidal, deep depression, and alcohol or drug abuse.	8/17/2018 6:02 PM
41	Not sure	8/17/2018 5:44 PM

Parent or
Guardian

Parent Initiated Treatment Survey

42	How would you know the condition unless the evaluation had already happened? I believe that youth with any diagnosed disability or who have mental illness within their family should be evaluated. I do not think treatment recommendations should be against their will unless they are at imminent risk to harming themselves. The problem is that many drugs given as "treatment recommendations" actually make a youth worse so before any drugs are administered, there should be multiple options on the table. It would be helpful to have advocates (with a similar mental health condition but stable) to be available for the youth and medical team to talk with.	8/17/2018 5:30 PM
43	Self harm or harm against others	8/17/2018 1:37 PM
44	Bipolar disorder, some types of Autism Spectrum disorders, other psychotic disorders	8/17/2018 9:37 AM
45	Strung out, self harming, plans to kill self, plans to harm others, puts self in dangerous situations, puts self in places where they could become a victim of a sex assault or sex trafficking, etc.	8/15/2018 10:49 PM
46	Anything that interferes with their ability to live within the norms for their age	8/15/2018 10:05 PM
47	skipping school, a dramatic change in character- at this level if we could have gotten resources perhaps we wouldn't have had 10 hospitalizations, 7 times in detention, and 22 runaway reports regarding our one child.	8/15/2018 7:04 PM
48	Youth should be required when the school teachers say that the youth is "not reaching his potential". And when youth are on the path to addiction.	8/15/2018 4:35 PM
49	Drugs more than 1-2 mo. Alcohol (weekly getting drunk). Suicidal plan or homicidal plan.	8/15/2018 2:56 PM
50	Failing school, running away, stealing regularly, dramatic change in their appearance for the worse, fighting with family, police interactions.	8/15/2018 1:08 PM
51	Suicidal acts / idealization, Substance Use History.	8/15/2018 11:47 AM
52	Self harm, suicidal ideation, addiction	8/15/2018 11:25 AM
53	drug use, runaway, hanging out w/dangerous people who sell or use drugs, criminal activity	8/15/2018 9:43 AM
54	When there is danger of harming self or others	8/15/2018 7:54 AM
55	Suicide attempt; violence toward others; escalating behavior that could result in institutionalization	8/14/2018 9:27 PM
56	Self harm, depression	8/14/2018 9:21 PM
57	Psychosis and/or sever depression. Suicidal talk or fixation on suicide.	8/14/2018 11:12 AM
58	life threatening consequences, suicidal issues, potential for serious harm to others. This step should not be taken outside a parent's authority, only in concert with a parent's consent.	8/13/2018 11:58 PM
59	verbally threatening behavior to family or community, ANY CHANGE from the baseline of being functional, I call it being proactive and trying to initiate help before the behavior escalates and the person is out of control (nip it in the bud)	8/13/2018 10:00 PM
60	If the youth gets in trouble with the law or is found to be using drugs or has a conduct disorder or destroys family property Or is psychotic.	8/13/2018 9:24 PM
61	Radical mood swings causing fights with siblings, fights with guardian, failing in school, can't hold a job.	8/13/2018 5:41 PM
62	Suicidal behavior, pattern of reckless and dangerous behavior associated with unmedicated illness such as bipolar disorder, failure in major life domains.	8/13/2018 5:31 PM

Parent or
Guardian

Parent Initiated Treatment Survey

63	psychosis, Bipolar. Addiction	8/13/2018 4:35 PM
64	Out of control behavior, screaming at parents	8/13/2018 4:25 PM
65	Any involvement with drugs or alcohol	8/13/2018 2:39 PM
66	risky behavior that would involve self harm or harm to others in the family or community. Also to be included would be loss of educational status (unable to attend because of illness) or other age appropriate roles.	8/13/2018 2:09 PM
67	Suicide attempts and inability to function in school	8/12/2018 11:07 AM
68	When youth misses developmental milestones, causing harm to self, poor choices for over 6 months	8/11/2018 2:22 PM
69	Any attempt/behavior of self-harm or suicide; drug/alcohol use; considered to be an at-risk youth; serious changes in behavior	8/10/2018 12:13 PM
70	Addiction is a huge issue for youth today. Even marijuana which may seem fairly mild compared to cocaine or heroin is highly addictive and can impair a youths healthy progress in life and in school and leads to other issues. My son was addicted to cocaine and was trying every substance given to him so his life was in immediate danger. If a youth has been evaluated to have an addiction, the youth should be followed to be sure they are making progress with the current level of treatment and if not elevated to the next level. That's the standard of care and should be followed if a youth has been evaluated to have an addiction, the youth should be followed to be sure they are making progress with the current level of treatment and if not elevated to the next level. That's the standard of care and should be followed carefully.	8/10/2018 10:28 AM
71	Suicidal ideation; violent thoughts, plans or impulses; extreme eating disorders or substance abuse.	8/9/2018 6:46 PM
72	active suicidal thoughts, active homicidal thoughts	8/9/2018 11:06 AM
73	Displays of Violence, sexual activity, drug usage &/or disturbing behavior/emotions	8/9/2018 10:31 AM
74	Any violent, suicidal thoughts, self harm, basically out of control behavior. I think that more should be done to listen to the parents they ARE the experts of their children.	8/9/2018 10:26 AM
75	Suicide, severe drug use, depression, disabilities	8/9/2018 6:16 AM
76	SUD, self harm, mental health such as cutting, depression, self harm	8/9/2018 5:33 AM
77	Suicidal ideation Threats of violence	8/9/2018 2:30 AM
78	Self-harm, suicidal ideation, harming our threatening others (with means and/or intent to carry out)	8/8/2018 11:00 PM
79	Suicidal and homicidal ideation, abrupt change in behavior, drug use.	8/8/2018 9:54 PM
80	any condition that could become life threatening if the treatment protocol isn't followed.	8/8/2018 6:56 PM
81	Threats of extreme violence, assault, complete breakdowns, psychotic episodes	8/8/2018 6:25 PM
82	Suicide talk and or actions, not going to school because of drug use or depression, not coming home because of drug use, going to school high, extreme change in behavior or physical appearance, dependence on pain Meds, chronic mental impairment due to substance use	8/8/2018 5:16 PM
83	Threats to harm self or others. Conversations that show the youth cannot distinguish between reality and fantasy. Uncontrolled behavior online or in-person.	8/8/2018 4:05 PM
84	Any time they threaten themselves or others.	8/8/2018 3:11 PM
85	Inability to live laugh and love while progressing through age appropriate developmental stages.	8/8/2018 2:39 PM

Parent or
Guardian

Parent Initiated Treatment Survey

86	Harm to self or others and systems not fighting parents along the way. CCS in home services can work but depends greatly on the team. I have seen youth get no services and problem continues	8/8/2018 2:12 PM
87	A Mental Health Professional evaluation stating the youth's safety is at risk and are actively seeking substances.	8/8/2018 2:03 PM
88	when safety is a concern - their life depends on whether they access treatment.	8/8/2018 1:45 PM
89	endangering their lives	8/8/2018 11:40 AM
90	If the youth is a danger to self or others	8/8/2018 10:32 AM
91	Suicidal, severe mental health issues, addiction, other self harm,	8/8/2018 10:22 AM
92	If a youth under the age of 18 has a mental health or substance use concern, they should have treatment regardless of consent. Let's be honest, doing nothing isn't going to help them as young adults.	8/8/2018 10:16 AM
93	Imminent risk of harm to self and others. History of suicidal ideation and/or threats against others including close family members.	8/8/2018 8:36 AM
94	harm to themselves or others, behavior that causes suspension or expulsion from school, behavior that interferes with family, school or community.	8/8/2018 8:12 AM
95	Any drug use and when they are expressing suicidal thoughts	8/8/2018 6:31 AM
96	For my son it was seeing things that weren't there, having huge anger outbursts that included violent tendencies, and depression. He was diagnosed with ADHD, BiPolar, PTSD, and then Schizophrenia (medication caused).	8/8/2018 12:13 AM
97	When the behavior harms another person.	8/7/2018 9:50 PM
98	Repeated relapses, family issues, not going to school, criminal behavior and hurting self and others. I feel like if the parents get to a place where they feel like they can't help that kid safe from themselves or others we need options.	8/7/2018 8:52 PM
99	Suicide attempt, serious assaultive behavior	8/7/2018 8:49 PM
100	Attempted overdose, delinquency in school, criminal charges	8/7/2018 8:30 PM
101	Physical Harming self or others or property	8/7/2018 4:06 PM
102	For example, some one who is abusing substances. Someone who is using scary drugs. Someone whose behavior has radically deteriorated from how they've been.	8/7/2018 3:08 PM
103	violent acting out	8/7/2018 2:58 PM
104	When the child is incapable of performing basic life skills it is disruptive/a danger to others	8/7/2018 2:41 PM
105	An involuntary commitment.	8/7/2018 2:32 PM
106	they are unable to function daily without using; the real answer to this is very individualistic	8/7/2018 12:35 PM
107	threat to themselves or others, no just actions of actual assault or self harm. Mental illness and substance abuse affects more then the person involved and should be treated as such.	8/7/2018 9:39 AM
108	N/A	8/7/2018 9:24 AM

Parent or
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Parent Initiated Treatment Survey

109	Physically attacking someone, planning or attempting suicide, planning or attempting homicide.	8/7/2018 1:03 AM
110	Any condition which causes a youth to be in danger of serious physical or mental harm resulting from a failure to provide for his or her essential human needs of health or safety, or manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions in a way that is likely to endanger life or cause suffering and pain or prevent the youth from progressing developmentally as individually appropriate, and to live at home or in a homelike setting, succeed in school and avoid encounters with the justice system.	8/6/2018 8:47 PM
111	Chronic drug use, failing school, running away from home, hallucinations, suicidal behavior, threatening family members or pets, severe mood swings, sleep disturbances.	8/6/2018 7:04 PM
112	Any condition where the parent feels the need to seek outside intervention for the safety of the child is a severe enough condition.	8/6/2018 4:38 PM
113	Behavior issues at home and community	8/6/2018 4:05 PM
114	Chronic mental health conditions addiction the bar should not be actively harming self or others. It is to high and too risky. Preventive measures and treatment should be allowed to be required	8/6/2018 3:40 PM
115	Conditions that pose a potential for harm to life or limb for the patient (youth or child) or parent/community.	8/6/2018 3:20 PM
116	if they can't function with everyday duties	8/6/2018 12:38 PM
117	Not right now but could need it in the future	8/6/2018 12:24 PM
118	self harm or thoughts of. drug use. signs of mental instability. signs of depression.	8/6/2018 12:21 PM
119	different acting out behaviors, education issues, social issues.	8/6/2018 11:29 AM
120	Again... All levels of depression! Social & school avoidance anxiety. Self-medicating use/abuse when its obviously not social use. All treatment needs to be respected by healthcare professionals BEFORE it becomes catatonic for the child and family!!!	8/6/2018 10:50 AM
121	Mental and substance.	8/6/2018 9:06 AM
122	Major depression, harming oneself, suicidal or aggressive behaviors	8/6/2018 12:19 AM
123	Any signs of danger to self, criminal activity, out of control behavior.	8/5/2018 10:15 PM
124	Substance abuse concerns, mental health concerns, self mutilation.	8/5/2018 4:36 PM
125	Depression, anxiety, drugs/alcohol	8/5/2018 4:20 PM
126	Adhd	8/5/2018 1:31 PM
127	Any type of self harm, including substance use and abuse. Any harm to others.	8/5/2018 9:51 AM
128	Severe enough condition?? If my child is using drugs, skipping school, harming themselves or others, etc and the school, courts or doctors are involved and suggest it, that should be a huge sign that they need treatment "against their will." Parents are taken to court for NOT providing proper services and punished when kids are truant, yet they have no right to help their kid or enforce them attending treatment services. Kids can just refuse to get help yet they cannot enter into a legally binding contract til 18 yet they get to decide what services they will do. How in the world does that make any sense?	8/5/2018 9:38 AM
129	It isn't about a specific situation or diagnosis, more about if things aren't improving and a higher level of care is needed, then they need it regardless of their consent	8/5/2018 9:30 AM

Parent or
Guardian

Parent Initiated Treatment Survey

130	When it's necessary	8/5/2018 8:44 AM
131	Self harm, suicidality, unwilling to go to school, anti-social behavior, showing symptoms of a severe mental disorder- paranoia, schizophrenia, bipolar disorder etc.	8/5/2018 7:49 AM
132	Any adolescent episode that involves drugs, alcohol, or other risky behavior such as self harm and has resulted in an emergency room visit should require a complete psychiatric evaluation in addition to the assessment for suicide.	8/4/2018 7:41 PM
133	Thoughts of suicide, depression, cutting, self injury, drug use.	8/4/2018 6:54 PM
134	Suicidal Ideation and Drug/Alcohol Abuse	8/4/2018 3:45 PM
135	Attempted suicide; harm to self; harm to others	8/4/2018 2:12 PM
136	Anything which makes him or her somewhat likely to cause serious harm to her/himself or others.	8/4/2018 12:39 PM
137	Any condition that limits their ability to safely care for themselves and participate functionally in school, employment and extra curriculars.	8/4/2018 11:08 AM
138	Any level of mental or substance use should be evaluated and treatment even if it's against the will. Early treatment is much better than waiting.	8/4/2018 10:20 AM
139	Self harm or harm to others	8/4/2018 10:18 AM
140	Self harm, suicidal threats, threats of physical violence against others, inability to attend school or work due to substance addiction.	8/4/2018 10:00 AM
141	Depression	8/4/2018 9:02 AM
142	Addiction,	8/4/2018 8:36 AM
143	Evidence of chronic relapses, overdoses, evidence of self harm, neglect, inability to make decisions leading to healthy lifestyle.	8/4/2018 8:33 AM
144	Harm to self. Addiction. Trafficking	8/3/2018 11:38 PM
145	When the behavior creates scenario where they are a danger to themselves or others. language and definition needs to be clarified	8/3/2018 11:33 PM
146	I think when you notice change it needs to be addressed before it escalates to unsafe conditions	8/3/2018 11:17 PM
147	Behavior and a down grade in life and health	8/3/2018 10:31 PM
148	Cutting self, destroying things, overdosing	8/3/2018 10:26 PM
149	Any behavior that endangers themselves or others. Any behavior that interferes with the being productive.	8/3/2018 8:03 PM
150	evaluations should ALWAYS be done regardless of whether the child consents if the parent and health provider agree it's necessary. If evaluation shows elevated risk, treatment recommendation should be followed regardless of child consent. My own 13-year-old was allowed to decline treatment, despite experiencing psychosis, because of the age of consent. No child should be burdened with such an important decision they are unequipped to manage.	8/3/2018 7:46 PM
151	Anything that could be harmful to the youth/others	8/3/2018 7:01 PM
152	Their behavior creates a substantial physical risk not just the risk of death to themselves or others.	8/3/2018 6:49 PM
153	Youth is isolating, behavior is irrational, talks about hurting oneself or others, found doing drugs/alcohol.	8/3/2018 6:37 PM

Parent or
Guardian

Parent Initiated Treatment Survey

154	Danger to self, danger to others	8/3/2018 6:26 PM
155	A danger to self or others.	8/3/2018 6:19 PM
156	Drive use. Harmful behavior	8/3/2018 5:53 PM
157	Physical, uncontrollable, harm	8/3/2018 5:44 PM
158	Use that significantly impairs their daily functioning and puts their well-being in jeopardy	8/3/2018 5:22 PM
159	Bi polar, schizophrenia, depression, anxiety, ADHD , traumatic events	8/3/2018 5:07 PM
160	Drug/alcohol use other than marijuana, the desire to harm themselves or others.	8/3/2018 1:38 PM
161	At risk behavior, runaway, truancy at school, drug use beyond "normal" teenage experimentation.	8/3/2018 12:48 PM
162	Positive test for drugs and threats of self harm or harm to others, if witnessed by parents or school staff.	8/3/2018 12:21 PM
163	If the youth is mentally ill or actively using drugs, they do not have the mental capacity to determine what is safe for themselves. Parents are held accountable for their actions, but not able to keep their children safe. Brain development is not complete at these ages and children need guidance from adults.	8/3/2018 12:16 PM
164	Harm to self or others.	8/3/2018 12:07 PM
165	When substance use affects school and relationships at home. When it accompanies risky behavior and issues with the law. When it causes physical health problems.	8/3/2018 12:07 PM
166	Any signs of mental health disorder or any sign of substance abuse	8/3/2018 10:55 AM
167	Overdose or evaluation stating there is an abuse problem.	8/3/2018 10:48 AM
168	Their behavior is causing severe concerns at home and at school.	8/3/2018 10:36 AM
169	ANY mental health or SUD diagnosis.	8/3/2018 10:01 AM
170	I think it depends on the circumstances- and serious concern for physical safety needs to be recognized. There does need to be a threshold that parents can access services against the will of the child.	8/3/2018 9:19 AM
171	significant changes in grades, relationships, interests and hobbies, change in emotions, personality, substance use, suicide attempts or discussions about wanting to die.	8/2/2018 11:26 PM
172	Suicide attempt . Suggestions of wanting to end life . Severe depression . Flunking school , not attending or engaging in school . ADHD . ODD, Bipolar diagnosed . Aggressive behavior towards someone . Having manic behaviors . Committing crimes . Drug or substance abuse . Overdose .	8/2/2018 9:03 PM
173	Safety for self or others and drug and alcohol use	8/2/2018 8:01 PM
174	Not sure	8/2/2018 4:45 PM
175	If evaluation warrants treatment the parent should be allowed to make that decision	8/2/2018 4:39 PM
176	Any I can think of. ADHD at minimum	8/2/2018 4:30 PM
177	Suicide attempt	8/2/2018 3:03 PM
178	Beginning of habitual use or significant challenging behaviors	8/2/2018 2:59 PM

Parent or
Guardian

Parent Initiated Treatment Survey

179	A knowledgeable parent/caregiver giving a reliable history of things that the youth is or has been doing that put them at risk to harm themselves or others, particularly as it applies to youth who test positive for any drugs - including alcohol - for which they do not have a valid prescription.	8/2/2018 1:39 PM
180	Can't get a diagnosis unless they are willing to be seen in the first place.	8/2/2018 1:35 PM
181	Safety to self and others Financial responsibility of parents	8/2/2018 1:30 PM
182	When it's affecting their life, choices and their families life.	8/2/2018 12:36 PM
183	Violence, use of weapons, suicidal threat, stealing and destruction of property, overdose or ER visit result, extreme raging requiring police intervention, extended runaway and truancy, manic behavior, sexual assault.	8/2/2018 12:15 PM
184	heavy marijuana use, school refusal, violence against family members, unwilling to follow even the most basic parent instruction for safety, running away, any school discipline rule violations resulting in suspension, any time a child has a functional behavior plan, IEP & 504 plans identify need for behavioral services, risky sexual behavior, process addictions such as gaming, eating disorders, extreme emotional dysregulation, any combination of high risk behaviors that indicate declining mental health, self harm/cutting, porn addiction, internet/social media addiction, suicidal ideation, any time a pediatrician or other youth professional recommends that a parent seek help.	8/2/2018 10:06 AM
185	not sure	8/2/2018 10:01 AM
186	A danger of harm himself or others.	8/2/2018 9:51 AM
187	Drug abuse, skipping school for more than one week, dramatic change in child's ability to function in daily life.	8/2/2018 9:42 AM
188	Use of drugs and /or alcohol. Chronic behavior issues especially if youth is in danger of harming self or others.	8/2/2018 9:36 AM
189	Harm to themselves or others	8/2/2018 9:36 AM
190	When their behavior becomes detrimental to their health and others.	8/2/2018 9:13 AM
191	If a parent feels that their child needs an evaluation then the evaluation should be completed (same as if a parent feels the child needs a physical) and treatment recommendations should be accessible and assisted by the parent just like if it were medical treatment recommended as a result of a physical	8/2/2018 8:35 AM

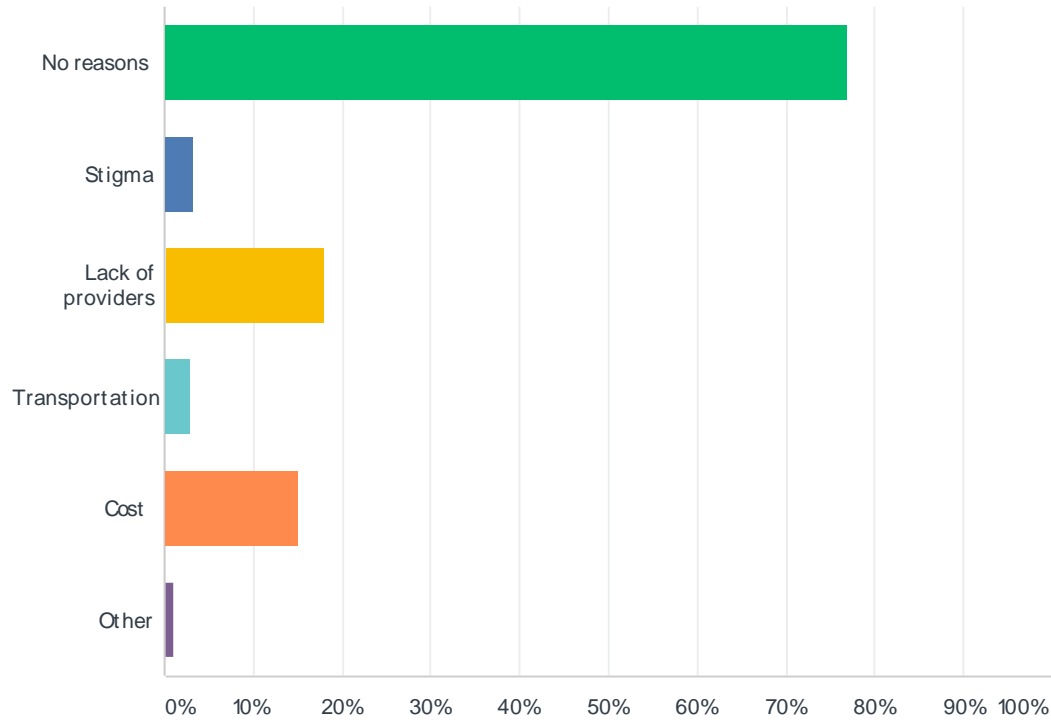
Parent or
Guardian

Parent Initiated Treatment Survey

Q37 Are there reasons that you would not want your youth to receive Mental Health/Substance Use Disorder treatment? Check all that apply:

Answered: 205 Skipped: 90

Parent or Guardian



ANSWER CHOICES	RESPONSES	
No reasons	77.07%	158
Stigma	3.41%	7
Lack of providers	18.05%	37
Transportation	2.93%	6
Cost	15.12%	31
Other	0.98%	2

Parent Initiated Treatment Survey

Total Respondents: 205

#	OTHER (PLEASE SPECIFY)	DATE
1	I would support my youths decision on his/her treatment/therapy unless it would cause them or others undo harm not to pursue treatment.	9/8/2018 3:59 PM
2	I have never encountered a mental health professional who is not oppresive and coercive.	9/1/2018 3:57 PM
3	Appropriate treatment, available treatment... AOT or ACT after hospitalization. Should NOT have to be a forensic patient or have to wait long period of time in jail if arrested.	8/30/2018 11:42 PM
4	It could cause my child to hate/resent me.	8/25/2018 10:25 AM
5	I definitely would not want my youth to receive tx from providers that are not qualified or have very little experience with what issues/concerns are for my youth.	8/24/2018 2:41 PM
6	I would love it if it were not necessary! however when it becomes clearly necessary, I want my son to get access to it.	8/23/2018 11:18 PM
7	Lack of qualified, trained, compassionate providers or providers that negatively impact youth.	8/22/2018 1:59 PM
8	Fear that the provider would prescribe something my child would be allergic to and it would make him worse.	8/17/2018 5:30 PM
9	No reason, but access to care is HUGE - both financially and logistically. And if professionals aren't looping in parents, don't assume they do not want to be part of the team, or afraid of stigma. They may just be clueless and uncertain.	8/14/2018 9:27 PM
10	inappropriate treatment for a youth, ie: only adult providers or treatment level was available.	8/13/2018 2:09 PM
11	Need providers who follow positive treatment philosophies other than AA. SMART recovery is a healthy program supporting families and those struggling Includes dual diagnosis model.	8/11/2018 2:22 PM
12	I need to be a part of the process since I'm paying the bill	8/11/2018 1:14 PM
13	Mental health and substance use disorder treatment can save a young person's life. I am sure if educated every parent would want this for their child. With the mental health parity act high-quality treatment for mental health and substance use should be a human right available to all. This would help our society tremendously as well as help individual youth.	8/10/2018 10:28 AM
14	The local mental health clinic is not taking new patients, too full/too many clients	8/9/2018 10:31 AM
15	I would not want my youth to receive services from a provider who is ill qualified, experienced or trained in his particular combination of needs.	8/8/2018 8:36 AM
16	Kids are impressionable and attending groups with other kids who have extremely severe CD disorders can be dangerous for their recovery. I see kids go to CD group for marijuana and start herion due to connections made at treatment group.	8/7/2018 8:30 PM
17	Cost isn't an issue because we're fortunate to have good insurance.	8/7/2018 3:08 PM
18	Not necessarily a lack of providers, but a lack of a high standard of care.	8/7/2018 2:32 PM
19	This question is not appropriately written. The assumption is that the listed reason are why you would not want your youth to receive treatment. All of the above are obstacles to getting therapy not refusal.	8/7/2018 9:39 AM
20	Cost if it is prohibitive for the family and other public or private funding is not available.	8/6/2018 8:47 PM

Parent or
Guardian

Parent Initiated Treatment Survey

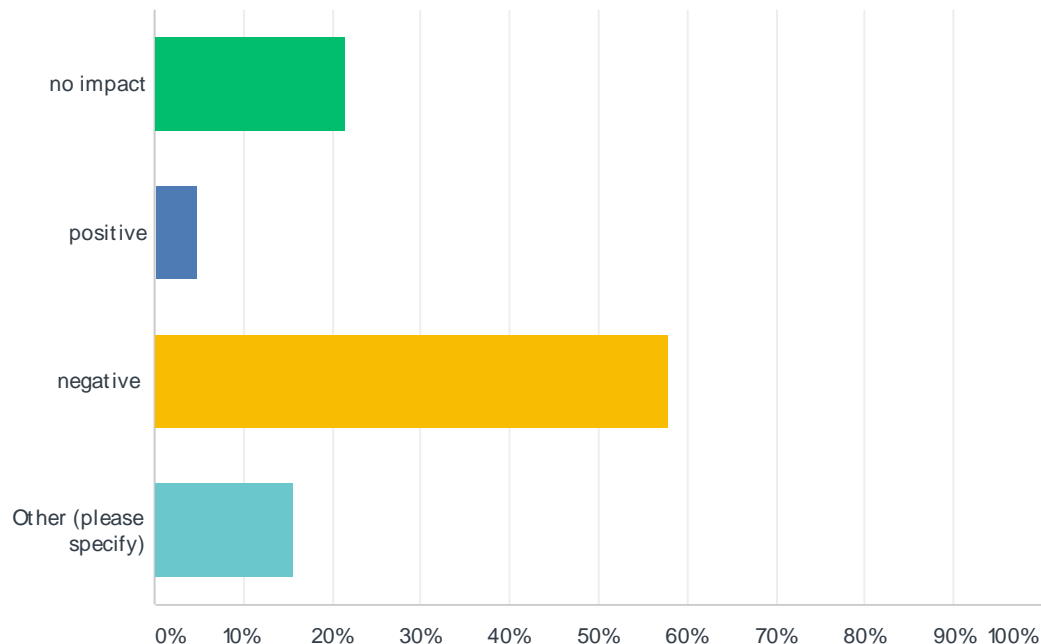
21	I would do everything I could to help my child be healthy. Two times I changed doctors when they prescribed medication that my son reacted badly to, and the doctor did not change the prescription even after I told them about the negative affects. I am not going to just watch my child suffer.	8/6/2018 7:04 PM
22	Again... Facility not being accredited by the National Joint Commission!! Again, I cannot tell you how many facility Directors have asked, "Whats that?!!!!	8/6/2018 10:50 AM
23	However it is way too expensive.	8/5/2018 4:36 PM
24	I sent my child out of state so I could have a say in their treatment program.	8/5/2018 9:51 AM
25	We've had to pay most of our daughter's mental health treatment out of pocket. Either no out of network option through insurance for the right provider or no coverage for treatment programs. We paid over \$100,000 for treatment last year.	8/5/2018 7:49 AM
26	Only if it meant loss of privacy or individual or family control of the situation.	8/4/2018 11:08 AM
27	Though cost and lack of providers is a huge barrier to getting treatment. Parents with means would go to the ends of the Earth to find treatment plans. Parents without means would do the same but are sadly in a horrible, crushing position. Our society failed them.	8/4/2018 10:00 AM
28	Some details should go on school record , especially since diagnosis may change or be.wrong	8/3/2018 11:33 PM
29	I want my child to receive help,	8/3/2018 11:17 PM
30	There needs to be a place where he can receive help for mental illness and substance abuse at the same time not separately.	8/3/2018 8:03 PM
31	We've had treatment that was sub-par, although I can't say for sure because I was not involved. my child has left programs much worse off than when he entered. if I was involved and aware of the treatment and determined it was harming my child, I would like to be able to end that treatment.	8/3/2018 7:46 PM
32	If they smoke weed. I don't think that's worth forced rehab.	8/3/2018 1:38 PM
33	Those above are barriers but that doesn't mean I don't want them getting treatment.	8/3/2018 10:36 AM
34	If my child felt they needed to access treatment without my knowledge and have information kept confidential then there should be a specific process for a youth over 13 to do so but there should not be a blanket law that all youth over 13 must consent, parents should be able to take their child for care just like in the medical world example, my 13 year old may not want the immunization but I'm there and the doctor administers it regardless. I am not told that because the child is not consenting they will not give the immunization.	8/2/2018 8:35 AM
35	If the quality was inadequate	8/2/2018 4:39 PM
36	Clinician's values in contradiction with parents	8/2/2018 1:30 PM
37	Lack of providers meaning lack of sufficiently trained providers...for example, my 10 year old had been raging for 12 hours one day, threatening to kill his brother, literally smashing furniture and climbing walls. A crisis team worker was there. She called her supervisor for ideas on how to help and was told that we should all play a board game with him. I do not want that sort of help. I'll go without than deal with having to educate or have it be treated as a silly minor joke. I have a dozen other examples of this sort of thing.	8/2/2018 12:15 PM
38	the other reasons are not reasons that I wouldn't want help for my child, but they are barriers to getting help. I wouldn't want my child to get treatment if they were being told that being gay is a sin. I wouldn't want my child to be sentenced to "treatment" in jail/detention. I would not seek out treatment for my black son through the courts.	8/2/2018 10:06 AM

Parent or
Guardian

Q38 What impacts, positive or negative, have you felt with the age of consent in terms of relationship with you and your youth?

Parent or Guardian

Answered: 205 Skipped: 90



ANSWER CHOICES	RESPONSES	
no impact	21.46%	44
positive	4.88%	10
negative	58.05%	119
Other (please specify)	15.61%	32
TOTAL		205

#	OTHER (PLEASE SPECIFY)	DATE
1	Both positive & negative	8/30/2018 11:42 PM

Parent Initiated Treatment Survey

2	negative, in that my son was willing to get treatment but his therapist would not tell me ANYTHING about how it was going. Not even a "good" or "bad." Which made it very hard for me as a parent to make decisions about parenting.	8/28/2018 10:03 AM
3	He hated my guts and I was #1 on his "Enemies List" as we drove to OR. 23 months later as he graduated from his therapeutic boarding school, he read a letter to me aloud saying that what I did was the most loving thing anyone had ever done for him.	8/23/2018 11:18 PM
4	It is difficult to access my special needs child's records online and medical information	8/17/2018 8:02 PM
5	Positive and negative.	8/17/2018 6:02 PM
6	Negative- Unable to have consequences for youth when she is out of control or using drugs. She is a child and should HAVE to enter treatment and services if a professional assessment indicates the need but instead it is optional for her so she either won't go or doesn't comply or leaves.	8/15/2018 9:43 AM
7	None yet. In our case, she wanted treatment. But when she is in the throws of an episode, she does not make rationale decisions, plus she is so young. She often "forgets" her meds. Would you expect her to fly solo if she had cancer? Or a heart condition? Who is there to evaluate the health care professionals and advocate for the patient if the key person - guardian/parent - is kept in the dark?	8/14/2018 9:27 PM
8	We have generally been able to talk through issues and eventually get agreement.	8/14/2018 11:12 AM
9	this does not apply to me as my daughter is an adult, but she has no insight into her illness, does not believe she has a mental health disorder so she always resists treatment	8/13/2018 10:00 PM
10	Unmedicated my teens agreed with age of consent and once medicated and stable they believe the age of consent at 13 is "child abuse" as by nature when symptomatic insight is poor.	8/13/2018 5:31 PM
11	My son just turned 13 so this has not yet been a factor for us.	8/13/2018 4:25 PM
12	There was no PIT available at the time	8/10/2018 12:13 PM
13	I tried to sell it to our child when she found out about it. Before that she wasn't aware she had a choice in treatment. Thankfully we don't have this struggle in our home yet. But with my child diagnosis it could become an issue at any time.	8/9/2018 10:26 AM
14	My child was willing to receive help/hospitalization, but did not have the ability to self-advocate or initiate care. I don't know what we would have done if my child had refused care. I feel certain they would have dropped out of school, and likely committed suicide without the help we received as a family, and the guidance we received as parents supporting the process after discharge.	8/8/2018 11:00 PM
15	This is a challenging question. We have been fortunate that my son has always allowed us to know information. I have worked with families where the child would have been better served with an ITA but they signed voluntary in the emergency room which ultimately caused more problems for the family than the ITA process would have.	8/8/2018 9:54 PM
16	We cannot support him when we have no information to work with or support him.	8/8/2018 6:25 PM
17	NEGATIVE -- See above This survey should use checkboxes in more places and radio buttons in fewer places. I could have checked all of the boxes, above, in different situations, and this data should be relevant.	8/8/2018 4:05 PM
18	Both - Positive encouraged her to take control of her recovery and what she shared with me. Negative was she chose to end her treatment when she could but we did talk about it and I had to let it go.	8/8/2018 2:03 PM
19	It really depends.	8/8/2018 1:45 PM
20	do not know the age of consent	8/7/2018 2:58 PM

Parent or
Guardian

Parent Initiated Treatment Survey

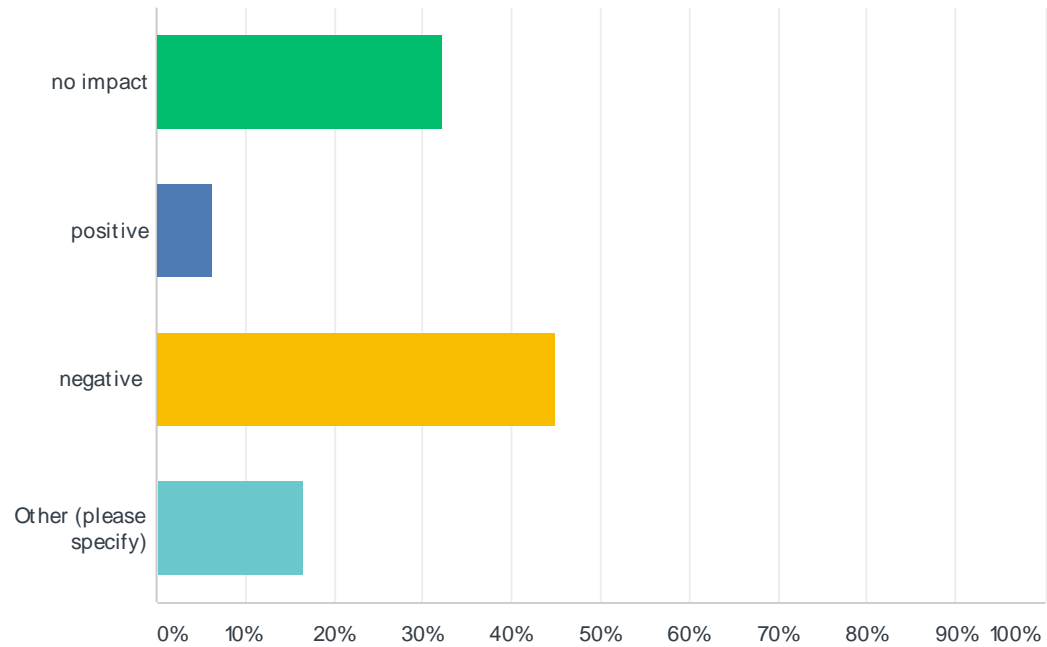
21	While my youth's consent to treatment was never an issue, I believe the young age of consent in our State has resulted, perhaps unintentionally, in RCW wording around information privacy that is biased in favor of withholding critical information from parents who should also be able to consent. Ability for one party to consent should not preclude another from consenting. The lack of complete information to parents regarding condition and potential outcomes if left untreated contributed in my mind to an abysmal future for this particular youth. We did not have the opportunity to influence progress at the most vulnerable time in a youth's life.	8/6/2018 8:47 PM
22	It wasn't really an option. My child turned 13 while in treatment and was willing and able to sign the consent forms to allow me to know about care, treatment, plans, etc.	8/6/2018 3:20 PM
23	When our son (at 15-18yo) refused help or to see professionals there was NOTHING we could do but witness him waste away! WRAP services also refused to help!	8/6/2018 10:50 AM
24	We have no personal experience but if my minor child needed care, I believe it is up to me as the guardian to have all access and information, as well as determination that care is needed.	8/4/2018 2:12 PM
25	The age is too young for the dynamics in our family, which is one of trust and involvement. We emphasize a shared responsibility for researching and selecting choices for health and personal care during the young teen years. Age 13 is far too young to be able to privately shut out parents from such serious and complex decisions, especially when family history is taken into account.	8/4/2018 11:08 AM
26	My son has always signed an ROI for me and called me when he left treatment. This is not the case w many families.	8/4/2018 8:33 AM
27	I "can't make him"	8/3/2018 5:44 PM
28	Both positive and negative in some ways	8/3/2018 5:07 PM
29	my grandson died at age 15	8/2/2018 11:26 PM
30	It was quite challenging, fortunately we had a therapist who helped us negotiate a consensual agreement.	8/2/2018 2:59 PM
31	When my child can overrule me, or is told that he doesn't have to listen to me, or can refuse to do what would keep the rest of the family safe, that destroys respect and control and gives a mentally ill child power...and that makes them feel unsafe, plus destroys relationships.	8/2/2018 12:15 PM
32	there are absolutely no positives I can see under the current system. none. the system harms our children in the name of their "rights."	8/2/2018 10:06 AM

Parent Initiated Treatment Survey

Q39 What impacts, positive or negative, have you felt with the age of consent in terms you and your youth's therapist's relationship?

Parent or Guardian

Answered: 205 Skipped: 90



ANSWER CHOICES	RESPONSES	
no impact	32.20%	66
positive	6.34%	13
negative	44.88%	92
Other (please specify)	16.59%	34
TOTAL		205

#	OTHER (PLEASE SPECIFY)	DATE
1	Have had to deal with release of information forms. Often a lack of communication within treatment facilities and/or staff.	8/30/2018 11:42 PM

Parent Initiated Treatment Survey

2	Positive- because he could obviously trust the environment he was in.	8/28/2018 10:03 AM
3	Because of current laws, we never find out info to determine this.	8/27/2018 6:49 PM
4	To this day I am most upset with Ryther's stance and the WA state law on age of consent = age of refusal to consent.	8/23/2018 11:18 PM
5	N/A	8/17/2018 8:02 PM
6	Mostly negative because teens tend to be secretive and this makes them further draw away from those who love and can help them most, their natural supports.	8/15/2018 10:49 PM
7	He won't go to a therapist.	8/15/2018 4:35 PM
8	None yet. I worry about her ability to evaluate her care, though	8/14/2018 9:27 PM
9	since my daughter does not like to take meds and does not want to tell me things, this impacts her treatment because any new therapist may not be aware of previous meds that were tried and did not work, they never consult me even if she has signed a release. I ALWAYS have to call them.	8/13/2018 10:00 PM
10	Therapist couldn't talk to us/we couldn't talk to therapist other than give information. Many years of being in the dark of son's struggles and him having the unlimited power to say I don't want my parents involved. Even after overdosing on heroine.	8/11/2018 2:22 PM
11	both negative and positive	8/9/2018 11:06 AM
12	We were fortunate because she was out of state we were in communication with her therapists. And she wanted us to be involved once she was sober and thinking clearly because we have always been supportive and she's been able to confide in us, except when she was using heavily.	8/8/2018 5:16 PM
13	We are legal guardians so have access to ALL info.	8/8/2018 3:11 PM
14	He could hide truth and manipulate through lies.	8/8/2018 2:39 PM
15	There is no impact because he refused to see a therapist.	8/8/2018 10:16 AM
16	n/a	8/7/2018 2:58 PM
17	We have presented it as "we are a team and we make decisions as a team". He doesn't always believe it, but it's a starting point.	8/7/2018 1:03 AM
18	I believe our youth's therapists were fearful of overstepping the bounds of their authority in sharing information with the parents. They may have felt that there was yet time to consider alternatives - a choice that tradition has typically assigned to parents as primary caregivers of their children until the age of 18. Consider that, when in doubt, it is safer for professionals under the current law to under-share than to over-share.	8/6/2018 8:47 PM
19	Again, because my child is willing to sign the consent forms, it hasn't been an issue. That said, we're also "practicing" self-advocacy and encouraging my child to speak candidly to her therapist and not rely on me to pass information along has been important for ongoing treatment/progress.	8/6/2018 3:20 PM
20	Therapists, professionals just refused further support.. everyone just said they didn't have to.	8/6/2018 10:50 AM
21	Both positive and negative. Positive in that it is for the child and the child should be able to talk freely with their therapist without fear of repercussions. Negative in that it seems to ostracize the parent from both the problem and the solution.	8/5/2018 9:51 AM
22	We were Lucky, son was on the younger side - 12-14, and therapist was collaborative - in his best interests	8/5/2018 9:30 AM

Parent or
Guardian

Parent Initiated Treatment Survey

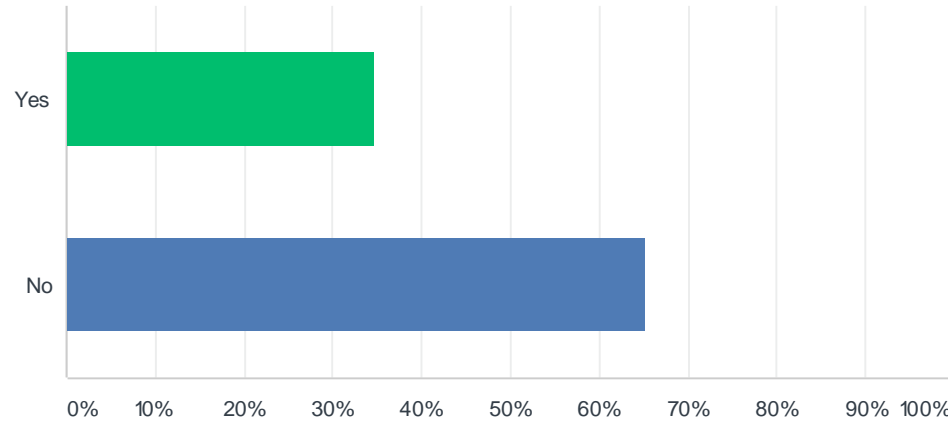
23	Our daughter has either signed a ROI or the therapist shared information she felt was important. The only negative experience we had was at Fairfax hospital. They shared nothing.	8/5/2018 7:49 AM
24	The therapist is not authorized to provide feedback, so I do not have information about this.	8/4/2018 7:41 PM
25	It creates an unhelpful barrier to partnership for parents of young teens and their health provider.	8/4/2018 11:08 AM
26	My son is passive and disinterested in therapy sessions	8/4/2018 8:33 AM
27	Seattle children's therapist relationship was a nightmare. Current therapist and psychiatrist include parents as part of program and treatment. Much improved plan and more successful	8/3/2018 11:33 PM
28	My child has a history of lying to his therapist - telling therapist false statements about what is going at home, and also leaving out VERY important information like hallucinations and paranoia. The therapist relationship is superficial and ineffective when the therapist does not have accurate information.	8/3/2018 7:46 PM
29	She only hears what the providers either want to share or have to but not a parents who might differ. I would not have withheld treatment but if in an emergency I don't know who or what treatment she is receiving that can be very dangerous. They think they will be able to advocate for themselves but they may not.	8/3/2018 6:49 PM
30	When my daughter was under 18, she was pregnant and using drugs. She blocked me from contact with her doctor, kept running away, and tried (unsuccessfully) to get emancipated. She was in a relationship with an abusive boyfriend who controlled her. Her baby was born just before she turned 18. CPS ordered her to live at home (she only was home during curfew hours) at first, but then let her leave after a few weeks. She continued in the abusive relationship and we had very little contact. Her boyfriend was abusive. He stomped on her foot while she was driving and caused the car to crash with the baby in it too. I wish we could have done more when she was younger. CPS has removed the baby and my daughter is now using even worse than before.	8/3/2018 12:16 PM
31	N/A	8/2/2018 4:30 PM
32	We had no issues once we came to a mutual understanding of what was needed to positively support youth	8/2/2018 2:59 PM
33	It is a dilemma for therapists who are uninformed or refuse to thoroughly explore HIPPA rights so they truly understand the youth's rights to "confidentiality" vs. a parent's right to ensure their youth's basic safety and well being.	8/2/2018 1:39 PM
34	Parent Initiated Treatment, just the term alone comes with it's own stigma. We should live in a world where it is normal for children to be taken for care by their parents up until their 18th birthday medical, behavioral etc. A child if requesting treatment on their own should be able to do so at age 13 and request special protection of confidentiality if they feel they need it and that is how age of consent should be implemented.	8/2/2018 8:35 AM

Parent or
Guardian

Parent Initiated Treatment Survey

Q40 Have you pursued Parent Initiated Treatment (PIT) for your youth?

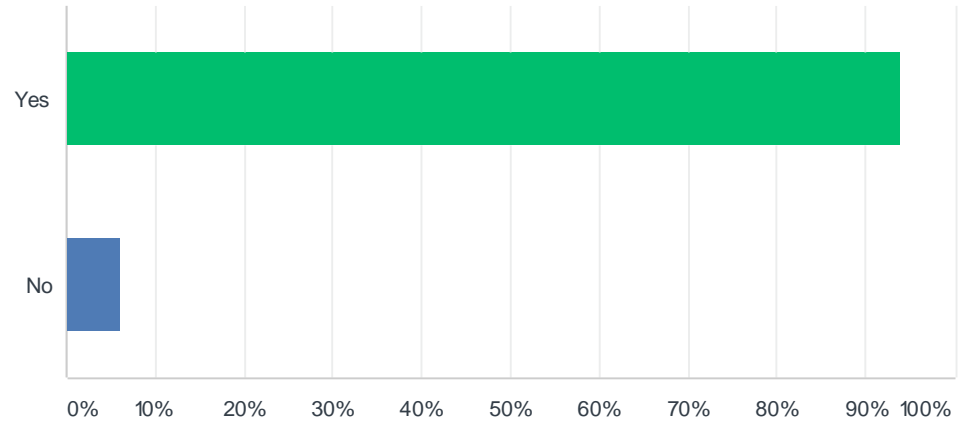
Answered: 205 Skipped: 90



ANSWER CHOICES	RESPONSES	
Yes	34.63%	71
No	65.37%	134
TOTAL		205

Q41 Were you active in the treatment process with your youth?

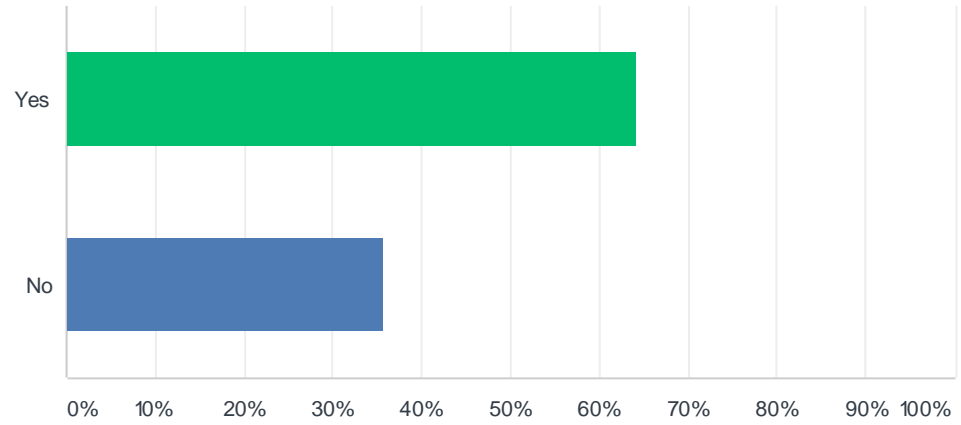
Answered: 67 Skipped: 228



ANSWER CHOICES	RESPONSES	
Yes	94.03%	63
No	5.97%	4
TOTAL		67

Q42 After PIT, did your youth remain engaged in treatment?

Answered: 67 Skipped: 228

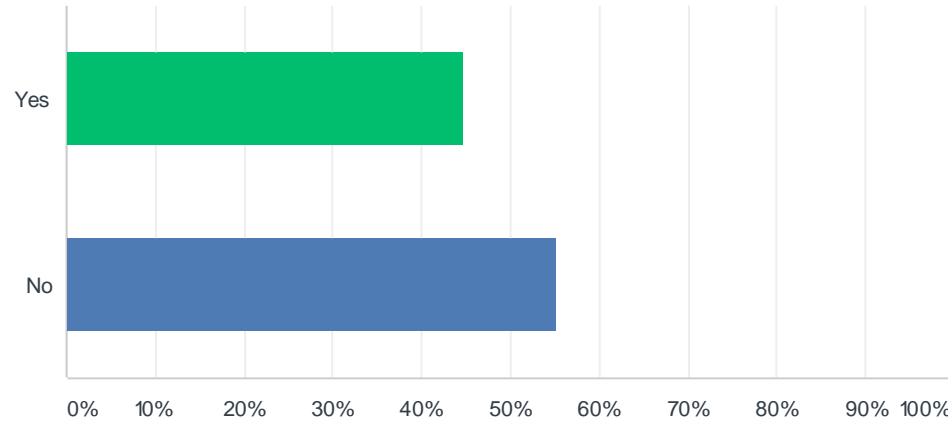


ANSWER CHOICES	RESPONSES	
Yes	64.18%	43
No	35.82%	24
TOTAL		67

Parent Initiated Treatment Survey

Q43 Did PIT connect you and your youth to the level of services you needed?

Answered: 67 Skipped: 228



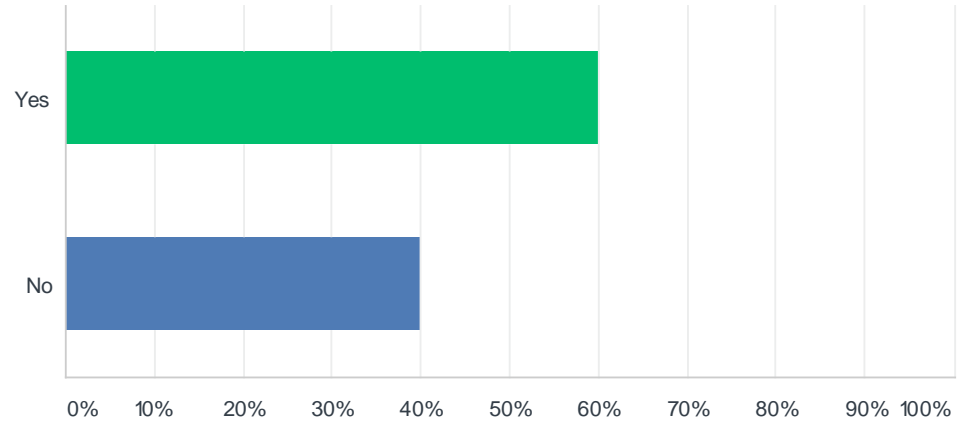
ANSWER CHOICES	RESPONSES	
Yes	44.78%	30
No	55.22%	37
TOTAL		67

Parent Initiated Treatment Survey

Parent or Guardian

Q44 Was PIT helpful?

Answered: 67 Skipped: 228



ANSWER CHOICES	RESPONSES	
Yes	59.70%	40
No	40.30%	27
TOTAL		67

Parent Initiated Treatment Survey

Q45 Please share other information you would like us to know about your experience using PIT.

Answered: 44 Skipped: 251

#	RESPONSES	DATE
1	My daughter was a willing participant in PIT. She did not want her rights removed.	8/31/2018 1:04 PM
2	Therapy ONLY works when parents are allowed to initiate it and be involved in the diagnosis and treatment	8/31/2018 10:05 AM
3	unknown	8/28/2018 9:43 AM
4	Parents should be involved with treatment for their kids under 18 at least.	8/28/2018 8:59 AM
5	too brief and the doctor released him from Children's PBMU with no follow up plan at all	8/27/2018 8:28 PM
6	It was a lot of support not only for my youth for us as a foster parent too	8/26/2018 1:31 AM
7	It gave me skills as well and it has helped me in dealing with my daughter on a more successful level.	8/22/2018 12:57 PM
8	needs to be more than just at the inpatient care level.	8/21/2018 10:01 AM
9	If PIT means I pushed for treatment then yes that's what I did. It finally worked out and my child is doing great now, 5 years later. But I did not go through any group of PIT.	8/17/2018 6:05 PM
10	My daughter was ultimately involuntarily committed. She spent 12 months in an inpatient childrens psychiatric facility. She has been out for 3 years but continues therapy twice a month and is still under the care of a Psychiatrist	8/17/2018 9:39 AM
11	Needs more Peer involvement for parents.	8/15/2018 10:51 PM
12	It should not be so hard to access.	8/15/2018 7:07 PM
13	Treatment was parent initiated but not formally through PIT	8/15/2018 11:26 AM
14	hj	8/15/2018 9:46 AM
15	PIT is damage control that would not be necessary if the age of consent were 18.	8/13/2018 5:36 PM
16	Still undergoing therapy	8/13/2018 2:40 PM
17	It's a loss	8/12/2018 11:08 AM
18	Until the age of 18 parents should have the right to know what is going on with their child. Access to all medical issues and concerns. How else can we help them? We are legally responsible, how can a child at 13 be required to sign a consent for us to know? It makes no sense.	8/9/2018 5:57 AM
19	I'm those instances where he tried to convince medical professionals that he was fine and we knew he was not, PIT has been tremendously helpful	8/8/2018 9:55 PM
20	Without it our son would not have received the referrals to services that have been essential for him.	8/8/2018 4:07 PM

Parent or
Guardian

Parent Initiated Treatment Survey

21	Lost all hope for a season until the criminal justice system forced treatment compliance.	8/8/2018 2:42 PM
22	I answered the questions above because I said I sought PIT for my child, but my child refused to go. So the question taking me to this page is flawed. I can seek treatment, but if the child refuses, it doesn't matter. So the yes questions above don't actually count, but the survey wouldn't let me finish without answering.	8/8/2018 10:21 AM
23	He stopped therapy several times and I stopped scaffolding the process.	8/8/2018 8:37 AM
24	My child refused services. We were not informed of PIT by our provider.	8/8/2018 8:18 AM
25	Our providers coordinated care very well and respected the parent role as critical in the well being of the youth	8/7/2018 2:46 PM
26	Inpatient mental health services for youth in King County are abysmal. I had time, money, and insurance, and still my daughter ended up in a horrifying facility that caused mental scars that will last a lifetime.	8/7/2018 9:26 AM
27	My now adult child has a developmental disability and that plays a role with involvement and consent still.	8/7/2018 9:24 AM
28	It wasn't enough. Our son needed so much more! There is so much lacking in our system today, and my son is falling through the cracks.	8/7/2018 1:08 AM
29	PIT laws were less developed over 10 years ago when we utilized the process. What exists today could still be enhanced to greatly inform and engage a youth's most significant and resourceful caregivers when it can make the most difference. Lack of information and engagement for us resulted in short term savings to insurance companies but long term expense for the State not to mention needless victimizations, a lifetime of restrictions and missed opportunities for the youth. Ask our kids - I bet they would expect that we had been given the information that could help them when they could not help themselves.	8/6/2018 9:18 PM
30	I believe PIT saved my child's life. She got the intensive treatment she needed and is thriving now, 2 years after discharge.	8/6/2018 3:23 PM
31	none	8/6/2018 11:30 AM
32	PIT was a joke after our son became 13! As parents, we were powerless and WA state supports that!	8/6/2018 11:11 AM
33	I guess I don't actually know what PIT is, but yes we sought treatment from out of state wilderness and residential programs	8/5/2018 9:31 AM
34	The system is completely broken and the services aren't available.	8/5/2018 8:44 AM
35	After a while parents are on their own to try to help their youth. It is still hard to try to help my youth as I don't know where to go from where we are now.	8/4/2018 6:57 PM
36	Law enforcement was not familiar with the Process. The Hospital Social Worker was not familiar with the Process. And my daughter was released the next day.	8/4/2018 3:48 PM
37	I had to take child out of state to receive treatment. This made it expensive and complicated. For a child with attachment issues, this could be disastrous.	8/4/2018 12:45 PM
38	N/a	8/3/2018 8:04 PM
39	They gave her too much say	8/3/2018 5:54 PM
40	PIT is the only option right now for parents. And it doesn't do much. And it's hard to initiate. It helps to get your youth into a inpatient hospital for 72 hours. Then if you're lucky they may stay in 5-7 days. After that, a parent has no support to keep their youth in longer if needed. And the hospitals don't follow through on their end and really don't share much about a PIT to a parent. They put it into the paperwork and you're lucky if you see it. As well as they're too busy following the 13 consent law and making that well known to your youth in crisis who can't make proper decisions and just want to go home.	8/2/2018 9:10 PM

Parent or
Guardian

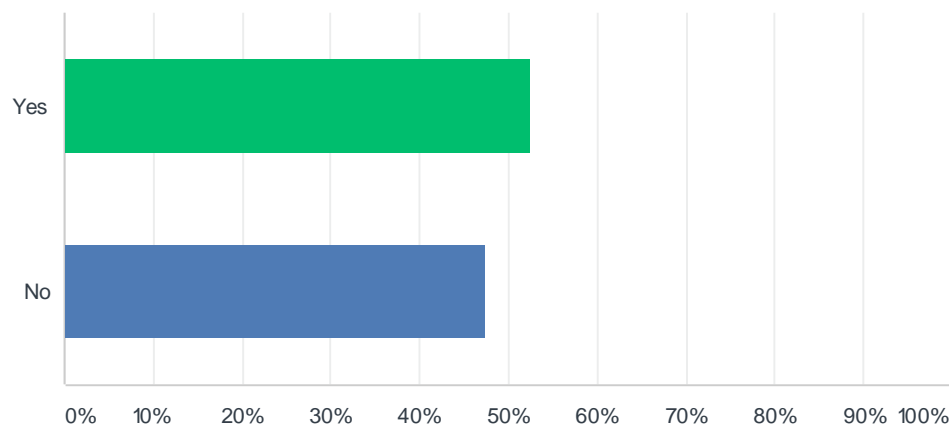
Parent Initiated Treatment Survey

41	No answer, needs a discussion to explain	8/2/2018 3:00 PM
42	We got as far as admitting him to the hospital. Once he was coherent he was able to block us from everything.	8/2/2018 1:37 PM
43	Seattle Children's Hospital held my daughter for 7 days, told us she needed dual diagnosis mental health and drug rehab inpatient care, said they do not offer that and released her with no aftercare plan at all. We later learned they placed her on medication without our consent and stopped it cold turkey after 7 days. We threatened to sue them and they never asked us for payment.	8/2/2018 9:57 AM
44	There should not be Parent Initiated Treatment please abolish and allow parents to take their children for needed treatment as a norm not as an exception	8/2/2018 8:39 AM

Parent or
Guardian

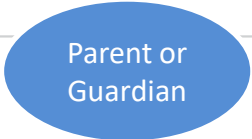
Q46 Is there anything else you would like us to know about your experience with your youth accessing mental health/substance use disorder treatment?

Answered: 196 Skipped: 99



ANSWER CHOICES	RESPONSES	
Yes	52.55%	103
No	47.45%	93
TOTAL		196

#	IF YES, PLEASE COMMENT.	DATE
1	The freaking law needs to go from 13 to 18, from 18 to 21 if an LRA has happened and/or some info shared until age 26 as long as the dependent is on the parent's insurance.	9/8/2018 5:58 PM
2	There is a lack of resources. Our children should not have the right to refuse mental health or substance treatment, we are the parents that love our children and want what is best for them.	9/5/2018 8:10 AM
3	After a couple of years of so-called treatment, my child was going downhill (medication) I met with many young people who had gotten out of the system and off meds -- once she was off meds, she got better and we figured out ways to help her cope and recover. She is now at Oxford Univ. in the UK	9/1/2018 4:03 PM
4	The lack of mental health resources for children and youth is a huge problem. We need more providers overall and providers need to take Medicaid. More youth than ever are experiencing trauma in their home lives that spills into schools and the community.	8/31/2018 4:16 PM



Parent Initiated Treatment Survey

5	It was extremely difficult to obtain the proper services. I was not kept informed of the medications being given to my child and the potential risks. I have other children in the home and this is an extremely scary situation to be in.	8/31/2018 1:22 PM
6	The three-month outpatient program at Tamarack in Spokane was stressful, but very beneficial for my daughter.	8/31/2018 1:04 PM
7	Parents love their children more than anybody else on the planet. Parents are DESPERATE to get their children help when the child is having mental health issues. Even if the child/teen is being defiant, parents NEVER stop loving their child, and NEVER give up on getting their child the help they need. The current system, with its age of consent problem, is a huge obstacle to parents desperate to help their child. Teenagers are not capable of making mental health decisions on their own, and they need their parents' guidance. The current age of consent problem is DEVASTATING for children and their parents. My son suffered unnecessarily through 5 years of his teen years because I couldn't get him the help he needed, and when I was able to I was left out of the loop by the therapist and therefore couldn't help him at home. PLEASE change this law for the child's sake. They are NOT better off with the current law. My son is now 20 years old, and is only now finally starting to see that refusing treatment ONLY hurt him all those years. He is only now starting to see that I ONLY had his best interest in mind all those years I was DESPERATE to get him help. Fortunately for us, he did not end up taking his life during those years when he was refusing treatment and/or his parents were left out of the loop when he did. But other families are not so lucky. PLEASE change this law.	8/31/2018 10:05 AM
8	My child is in need of serious treatment but because he knows the laws he refuses all treatment. He is abusive to his friends and family, however he is able to maintain enough that he falls through the cracks for ITA laws and the court system makes it so much more difficult to get help as a working parent that i do not want to take that route any longer, therefore he gets to be a "terror" in our home and doesn't have to take his medication or see someone to talk about appropriate ways to deal with situations.	8/31/2018 9:00 AM
9	Often there has not been enough structure in facilities. Also missing: appropriate community supports and continuum of care for stability.	8/30/2018 11:45 PM
10	not enough providers, long wait lists	8/28/2018 12:01 PM
11	As a parent, it is stressful when you have concerns about your child's mental health, and you find that state laws limit the options you have to get your child the appropriate treatment. A 13 year old is still a child. We should not pretend that they can make good choices at that age.	8/28/2018 8:28 AM
12	Youth aren't ready mature enough to make the right decision about mental health treatment for themselves.	8/27/2018 10:01 PM
13	Washington State gives very little respect nor help to family, mentally ill kids and schools. Our ranting is an embarrassment.	8/27/2018 8:48 PM
14	we know that the frontal lobe of a person is not fully formed until their 20s. This combined with mental health or substance use issues should be reason enough to show the legislature that youth need a supportive adult to guide their treatment choices. If we are trusting a clinician to make a sound diagnosis, why not trust the same clinician to assess the health and necessity of parental input and guidance?	8/27/2018 8:28 PM
15	It gives the youth too much power over parents when they are certainly not mature enough or psychologically developed to make smart choices.	8/27/2018 6:52 PM

Parent or
Guardian

Parent Initiated Treatment Survey

16	As a parent, I feel it is near impossible to take an active role in by child's mental and physical health. The process separates the parent from the child, taking the parent out of the equation, making us feel out of control, diminishing our responsibilities while our concern for our child's well being is frustrated. A parent wants to know about every struggle so we can lend the guidance, love and support they need. We want to know all of their success so we can encourage and cheer them on. The system, including hipaa, serve to distance the child's deepest needs from the person who has the greatest investment of time, energy, concern and love. These systems put the children, who have underdeveloped brains and very limited experience in the drivers seat, forcing them to make decisions that a young person should never make apart from a caring parent. The parent should always be involved in the discussion.	8/25/2018 11:29 AM
17	My son (now deceased) was 13 years old when he died, and I was unable to log onto his medical records system w/ PCP b/c of his age - EVEN THOUGH he was severely disabled, non-verbal, and required full-time medical care 24 hours/day... this was not right. It would have saved all providers a lot of time if I could have logged on to view his blood labs, appointment information, etc. The 13 yo rule was pretty ridiculous in our case.	8/24/2018 2:44 PM
18	I am a family physician, I treat people struggling with addiction among other things, I am a program representative for Changes Parent Support Program in Seattle. I can't overemphasize how many parents are struggling with this issue. Addiction is a family disease. It is also a chronic brain disease that starts in adolescence. Not all adolescents who use are addicts of course, but the system has to help those kids who are, and those parents who are trying their best to help them.	8/23/2018 11:21 PM
19	So much depends on the rapport between youth and counselors; plus the values of the counselors should be compatible with the parents	8/22/2018 2:28 PM
20	Severe lack of providers. Took 3 months to get into psychiatrist.	8/20/2018 7:42 PM
21	If parents are assessed to be helpful/supportive to their child, regardless of age, they should be able to be part of the treatment/care process.	8/20/2018 2:32 PM
22	If parents are not allowed to have access and given the chance to be parents, I believe parents should be financially responsible for the costs.	8/20/2018 7:49 AM
23	My teenage son called the suicide hotline and numbers in Clark County and was essentially put on "hold". He wasn't able to be seen by a recommended and referred provider until THREE days after his crisis. (We ended up going outside the system and finding our own.) All the places that we were referred to were booked. Only one of the three places that we called that we were referred to even called us back and the one where he had an appointment set for three days later? They never even followed up afterward to see how he was doing. The system in Clark County, WA is so wrong... Developmental Disabilities and Mental Health systems for youth and adults do not work well together and if you have someone who crosses from a youth into young adulthood like our son did, get ready for one system to again not talk to the other.	8/17/2018 5:35 PM
24	I feel that children with special needs where the parents take care of them need to be able to continue to make those choices for them without having to jump through multiple hoops to get that done. I also feel that age 13 is NOT old enough to make such decisions.	8/17/2018 2:39 PM
25	Lack of beds, littler no counseling especially from the private sector	8/17/2018 1:38 PM
26	Because of the age of consent there are not private pay residential treatment facilities in this state(that I am aware of...) so the only way we could access CLIP was if we qualified for medicaid.	8/15/2018 7:07 PM
27	I wish there was more information about mental health on the television, radio, billboards, in schools for caregivers and loved ones alike. There should be many campaigns like there are for cancer and political candidates.	8/15/2018 4:40 PM

Parent or
Guardian

Parent Initiated Treatment Survey

28	Medical and mental health providers treat parents with suspicion and that affects the kids. This is completely nuts. Parents want to have healthy children and want to get them help. We need to change the law giving teenagers total decision-making power. They are too immature to handle it appropriately.	8/15/2018 1:10 PM
29	My child is very open with me about how she is feeling, other parents may not have this. It was hard to advocate for her to get the services she needed with her participating. I can only image how difficult it is for those who's kids are not wanting help. There needs to be more education for parents on how to advocate for their child.	8/15/2018 11:53 AM
30	The original good intent of the law to allow children to access treatment w/o parental consent has backfired in a HUGE way. Now teens are able to ignore professional and parental recommendations and become out of control, in danger, in gangs, drugs, school drop out. They are children and need to be led by adults w/some sort of authority.	8/15/2018 9:46 AM
31	I can't under-estimate how difficult it can be to find a provider appropriate for your child. I don't know how parents do it if they can't afford private paying and forgetting about insurance. I also can't under-estimate how alienating and frightening it is to enter this world with an extreme act of violence (in our case a suicide attempt). Parents need support so they can support their child - not treated as an outsider and alienated. The child is so very, very vulnerable, and honestly I worry about providers taking advantage of her.	8/14/2018 9:31 PM
32	My experience is becoming out of date, as I'm thinking of my past efforts to help a teenage child navigate the beginning symptoms of a then-undiagnosed mental health disorder, which subsequently worsened resulting in hospitalization and consequences as a young adult. Better treatment earlier in concert with me as a parent (instead of occurring outside my purview and only as long as the child was willing) may have prevented this.	8/14/2018 12:02 AM
33	Other problems when they do not inform parents of the person being hospitalized: my daughter has animals in the apartment that need to be taken care of. Her car has been impounded and without that knowledge the cost of getting the car out goes up as the days go by without knowing. PARENTS MUST BE PART OF THE TEAM. IT DOES TAKE A VILLAGE. AND WE ALL NEED TO BE ON THE SAME PAGE.	8/13/2018 10:04 PM
34	The science of brain development does not support the concept that most 13 year olds have the problem solving capacity and insight to make decisions regarding their health care.	8/13/2018 5:36 PM
35	We have been seeking help for a decade and are still fighting to get what our child needs. Now that he is 13 We fear that it will be even more difficult.	8/13/2018 4:26 PM
36	There was very limited help for the parent. Information was not shared with me. The experience was very detrimental.	8/13/2018 2:40 PM
37	This law has enabled my children to destroy there future	8/12/2018 11:08 AM
38	When my kid is struggling and making very unhealthy choices for himself it seems ridiculous to think he will then make positive choices about his mental health and getting care. Even if his brain was developed by 25 if he is struggling w alcohol and drug use/abuse and depression he shouldn't loose his parents guidance just because he pissed at them	8/11/2018 2:25 PM
39	It was a nightmare. It became obvious that we were unable to keep her safe and the age of consent was working against us--we had no rights. It was a case of throwing out the baby with the bathwater--we had little or no say in her treatment options, and she quickly realized that so her at risk behavior steadily increased	8/10/2018 12:17 PM
40	For my son he needed emergency treatment as his life was in danger. That was overwhelming to me and to have to go to court and convince a judge to order treatment would have delayed the process and been even more overwhelming for me. In addition it costs money to go to court and to navigate the system. This is unfair for families who may not have the resources or education or language skills to navigate this.	8/10/2018 10:30 AM

Parent or
Guardian

Parent Initiated Treatment Survey

41	My daughter has always cooperated with treatment, but we still had few options because "nobody can operate in WA because of our laws." I hope this will change soon. The need is great.	8/9/2018 6:47 PM
42	Not enough affordable, local treatment options. Not enough support for families.	8/9/2018 11:07 AM
43	None of our experiences with MH treatment in WA state have been without fierce advocacy from myself and our team. Our system is absolutely broken and not serving our most vulnerable youth. The things that I have had to fight through most parents would have given up.	8/9/2018 10:46 AM
44	There needs to be more inpatient and counseling available for youth. The only 2 I can think of right now are Daybreak in Spokane and Sundown in Yakima. We need to address this before it gets worse.	8/9/2018 5:57 AM
45	My child has a serious mental illness, bipolar disorder, if he is able to choose whether or not to receive treatment while he is an adolescent I am concerned that a hormonal need for control will prompt him to stop taking his medication.	8/8/2018 6:58 PM
46	It is a system designed to keep people out and to limit services to crisis care only. On one occasion son ended up in the Juvenile justicesystem because he was not seen as ill enough to be admitted from the ER to a mental hospital. This is a total shambles and we should all be ashamed at how our sickest young people are not cared for.	8/8/2018 6:29 PM
47	We were going through this before Ricky's Law was passed and were unable to get any kind of treatment in state because she wasn't willing. No one EVER said anything about PIT existing.	8/8/2018 5:17 PM
48	There are too few providers in Thurston County; most of the services we get come providers in Mason and Grays Harbor counties, in addition to the help he received at Seattle Children's Hospital and Fairfax Hospital in King County.	8/8/2018 4:07 PM
49	He's older now. When he experienced suicidal ideation it was very difficult to figure out who to go to and who could help - this process should be less mysterious and less stigmatizing. Time for WA to step up - thank you for trying.	8/8/2018 3:12 PM
50	It takes a nation to raise children to adulthood not war against other countries.	8/8/2018 2:42 PM
51	I think it would be great if this could be evaluated on a case by case basis. Taking into consideration the parental relationship with the youth and the mental health status of both parent and youth and if it would be beneficial to the family.	8/8/2018 2:06 PM
52	I am so thankful for the hospitalization my daughter had and the positive impact it has had on her life. It was not easy to have her in the hospital for her suicide attempt but, it has made all the difference in the world.	8/8/2018 11:41 AM
53	I work with families who have a child with developmental disabilities. If they were over 18 they would have a legal guardian, but under 18, there is a real d in being able to seek help if the child refuses (which is not uncommon). Individuals may not be able to follow treatment plans without parental involvement.	8/8/2018 10:24 AM
54	The age requirement only gives our children a legal reason to opt out. Service providers are very quick to give them the information to avoid mental health services. Stupidest law EVER. Only hurts families. Hope someone who is rational listens to this. In the meantime, my child has gone without counseling for years. This is partially responsible for another lost little life.	8/8/2018 8:18 AM
55	Services need to be widely accessible to families with WA Apple Health. Also, services could be more flexible in location and hours in order to serve single parent families.	8/7/2018 9:52 PM
56	Long waitlists to access treatment. Unresponsiveness of providers.	8/7/2018 8:50 PM
57	The negative experiences were from when I has state issued medical ins. Now that I have private, quality insurance, I have quality providers who are experts and have skills I have never before experienced. It's incredibly sad for those who could benefit most don't get sufficient services.	8/7/2018 8:33 PM

Parent or
Guardian

Parent Initiated Treatment Survey

58	Finally, gaming is being recognized as an issue. But really, isn't the substance being abused just the youth's anaesthesia of choice in response to a mental health condition? Some choose alcohol, some choose video games. Others choose other things. Some have a severe enough mental health condition that the issues are more complex. Parents deserve the respect of being heard. While schools already have plenty to do, truancy should NOT be addressed by suspending the student. Students who aren't of color also deserve interventions when their situations warrant it.	8/7/2018 3:15 PM
59	The initial intake evaluation period was lengthy and stressful. Personal outreach by friends, separate from the "approved" line of communication was key. Crisis intervention accessing a youth mental health emergency room was disastrous. ER staff refused to coordinate with pediatric staff on call. We had to walk out before our teen was taken to the adult in patient unit. A nightmare averted, barely! Regular pediatric psych care provider was never contacted by staff. This is a truly broken ppoint of the care network	8/7/2018 2:46 PM
60	Services in Clark County are lacking!	8/7/2018 11:36 AM
61	The services available to Medicaid eligible youth is iniquity, hard to get into and quick fix oriented. They also rarely encourage holistic family inclusive therapy once a youth hits 12 years old. This tares families apart and further increases failure.	8/7/2018 9:42 AM
62	Families are extremely vulnerable during their children's mental health crisis. It is next to impossible to find providers and services, even with the best of resources. Inpatient facilities are scarce and the quality of treatment is terrible.	8/7/2018 9:26 AM
63	As it stands, we know that if we truly need help, we cannot rely on the services in the state of WA. They are a joke and allow a child who cannot even legally vote make life alerting decisions. The only reason my son is alive today is because we left the state to get him help. Had we stayed here, he'd be dead.	8/7/2018 1:08 AM
64	We worked hard to advocate for our child. In the months prior to a horrific life-changing action by our youth, we were told that the youth didn't qualify for an Anger Management class for fear that their behavior might disrupt the class. We were denied access to Multi-Systemic therapy by Family Reconciliation Services due to "significant mental health issues" that required the care of a psychiatric professional. When asking about a more appropriate classroom environment for learning, we were told that the school district did not have one (even though we learned later that they may have been able to fund one in another location). The youth was discharged from a hospital after just beginning a new medication regimen while still experiencing muscle convulsions because an authority deemed it was no longer medically necessary for the youth to remain under observation. Two ironies of our State's current situation with the social system's care of adolescents are prominent. The first being that while we are reluctant to adequately fund, coerce constrain or empower parents of an adolescent to get help as a youth, the system is empowered and adequately funded to restrain young adults who could have benefited from preventive help when younger. Regardless of age of consent, I don't believe that any particular provider is ever or should ever feel compelled to treat mental health or substance use issues against the will of the youth in non-emergency situations. Consider a minor now who is younger than the current age of consent for mental health and refuses to be treated. Under those conditions, the parent is informed of the child's resistance to help and other avenues are explored. The point is that a family and professionals do not give up on trying to convince the child that professional assistance, however uncomfortable, is the best way to proceed. The second irony is that parents, sometimes from being uninformed, are prevented from using public and private resources to maximize a protective environment for a child while the parents have youthful vigor and insurance resources. Yet, these same parents, if they are still alive after an adult leaves institutional care, are often relied upon by the system and to provide a protective environment for the adult when the parents' youthful vigor is depleted and they no longer possess insurance or extended family resources that were available in prior years. Please make changes that may help our children and the community at the earliest possible opportunity in their lives to avoid becoming a burden to society!	8/6/2018 9:18 PM
65	Doctors have been practically coaching my child to not share treatment information with me, and the Age of Consent law is putting a wedge between parents collaborating together with the medical personnel to get the best results for teens.	8/6/2018 7:05 PM

Parent or
Guardian

Parent Initiated Treatment Survey

66	We have a huge deficit of providers in King county and the state of Washington. I hope the state will consider accreditation vs. licensing in order to bring more access to mental health across the region and state.	8/6/2018 3:42 PM
67	Before I got my child in treatment, there was little to NO information shared with me by therapists, providers, psychiatrists, school personnel, etc. about where to turn. No one seemed to know where or what was available to my child. It was through my own tenacity and persistence that she got the help she needed. I wouldn't take no for an answer and I didn't go home from the ER with her when she "seemed" better even though there wasn't a placement for her yet. We stood our ground. Parents must have the information to make good choices for their children.	8/6/2018 3:23 PM
68	my son is now 25 and an out of control iv heroin drug addict. the system has failed him with too many slaps on the wrist and no significant jail time. he will likely end up dead because of this because his only saving grace at this point would be jail or prison.	8/6/2018 12:23 PM
69	Need more trained local providers, and some minority especially Native counselors for our youth.	8/6/2018 11:30 AM
70	WA state & UW need to get into the 21st century on MH!! 1. All facilities need to be accredited by the National Joint Commission. 2. Psychiatrists need to be dual practicing psychologists or illegal to dole drugs! 3. DNA testing should be the first protocol for all MH issues! 4. Highly recommend all MH providers & facilities study and practice the protocol at Rogers Memorial Behavioral Hospital, Wisconsin. 5. Highly recommend all Substance Use Tx providers & facilities study & practice the protocol at Hazelden, Minnesota. 6. All Substance Use cases are dual diagnosis!! 7. Increase funding, support and knowledge to NAMI 8. Stop dismissing Mothers! Providers need to believe us when we are crying for our children's well being!!	8/6/2018 11:11 AM
71	If a patient is receiving treatment and there are know positive treatment outcomes for the type of treatment receiving, NO insurance providers should take away coverage of that treatment until it is complete, as defined by the treating doctor. My daughter's insurance (Regence) denied further coverage of her residential treatment when she was barely starting to make improvement. That improvement does not indicate she can leave a treatment program known to work before she made successful gains.	8/6/2018 12:24 AM
72	Until our youth are legal adults they should have no legal decision rights on their mental health. Their pre-frontal cortex is not yet developed to be able to make rational decisions, particularly mental health.	8/5/2018 4:21 PM
73	My kids are 9. I never knew I minor could decide not to get treatment. How can we parent if we leave these decisions to a minor. I hope I'm never on this situation and if I ever am I need the state to allow me to make decisions for my underage kids	8/5/2018 2:48 PM
74	I had to resort to an ARY petition through the courts to try to get my child under control. My child only went to treatment because they were court ordered to go to treatment.	8/5/2018 9:53 AM
75	Our daughter asked for services. That's when we discovered that wilderness and RTCs were all out of state. It was extremely disappointing that we had to send her out of state. The services were both excellent and very successful. It was also extremely disappointing that our insurance covered so little. \$100,000 out of pocket.	8/5/2018 7:53 AM
76	Please pay a better reimbursement so there can be enough willing providers for these kids.	8/5/2018 1:41 AM
77	I was never informed about the PIT option while my child was undergoing care. Knowing this could have significantly improved my daughter's chances for a better outcome.	8/4/2018 7:43 PM
78	This is a very tough situation parents are in. When help is not available, or too expensive.	8/4/2018 6:57 PM
79	I understand and appreciate the need for the age of consent. Services should be accessible to children when they need it regardless of parental consent. But too often Kids who genuinely NEED help, are NOT treated because they do not consent, but yet are too mental ill and unstable to really make that judgement. My daughter has almost died 3 times because my hands and her counselors hands were tied to help her.	8/4/2018 3:48 PM

Parent or
Guardian

Parent Initiated Treatment Survey

80	Current services perpetuate a myth that the same child cannot have both developmental disabilities such as autism and a mental health issue. This creates all sorts of issues, such as "pathways" at Childrens PBMU that ignore a child's developmental issue completely, leading to ineffective treatment.	8/4/2018 12:45 PM
81	Lack of available providers is a real issue in Seattle, at least in our experience looking for a quick "right fit" with tweens/teens who have serious issues burble up. It can be sudden and unlike with physical health, there are stressful delays in finding available care in a low-stigma way. School counselors are not nearly available enough for drop-ins and appointments (understaffed for the need in public high schools, such as Ballard). And private providers have very full calendars, especially given transportation constraints that families must contend with in Seattle.	8/4/2018 11:32 AM
82	Had to get a youth at risk for my daughter. She hated me at the time. Never regarded that decision to do it.	8/4/2018 10:23 AM
83	Lack of available mental health resources is a real and frightening reality. It's available to the insured and wealthy, others go without. This harms our society as a whole.	8/4/2018 10:04 AM
84	The reason I did not pursue PIT is because my son reached age 18 before it was available.	8/4/2018 8:34 AM
85	Finding the best team is key. Difficult to find therapists that work with complicated diagnosis. Children's not good with complicated diagnosis because it is teaching hospital, with revolving door of psychologists, with agendas. Wont prescribe meds without diagnosis and not all experienced with juvenile mood disorders. It was frustrating not be able to try a mood stabilizer, and wasted 2 years. Once we changed providers, son could finally try this class of meds and it worked! Has been positive ever since . Fought for 2 years with SCH and they never looked at mood stabilizers as an option. Even with family connection. Also, son had a psychotic episode on antidepressant, which is a sign of bipolar and they never noticed, just kept prescribing different antidepressants. Ugh.	8/3/2018 11:41 PM
86	It is horrific to be unable to help one's child	8/3/2018 11:39 PM
87	Once admitted a parent is still a parent and should know what's going on. 7 medications later and finally my son shared with me but it was too late he was an addict and if they would have asked me I would have chosen other methods not just drugs.	8/3/2018 10:28 PM
88	I am seriously considering moving to another state because it has been so difficult to access meaningful care for my son. Treatment programs don't exist here because the laws in Washington make meaningful treatment impossible. So, we have a black hole in terms of treatment resources for children with serious mental illness (my child does not have addiction issues) in Washington, and the very light outpatient resources that are available exclude parents to the detriment of the child, making them even more ineffective.	8/3/2018 7:49 PM
89	I think providers could have a specific form to fill out for parents that has the "nuts & bolts" of dx, meds, treatment plan , what parents can do to support their youth. If we as parents do not have any rights after age 13 than the state can pay for treatment and can be responsible for the youth.	8/3/2018 6:41 PM
90	Adopted, trauma, sexually abused who was subjected to alcohol and drugs prior to birth children who have enough challenges without additional obstacles to work through by all is not what these children need until they have fully developed/matured.	8/3/2018 5:47 PM
91	I feel that I was fortunate that I didn't have issues accessing information when my son was younger. We also had private insurance at the time. However, my biggest issue is lack of services that are appropriate for adolescents and providers that are skilled dealing with complex issues	8/3/2018 5:24 PM
92	I faced a nightmare scenario of my 15 year old daughter rapidly declining from an AP highschool student to a runaway meth addict in about 6 months. I couldn't find help for her without hiring a company to basically kidnap her and take her to Oregon and later to Utah. She will tell you now at 19 that it saved her life. I just wish we didn't have to go to such lengths to help her. It was traumatic for all involved.	8/3/2018 12:50 PM

Parent or
Guardian

Parent Initiated Treatment Survey

93	Thankfully I have not had any issues while my children were minors. However, I have had 2 adult children with substance abuse issues. One of them is deceased. I feel like if they had started when they were younger I would have definitely tried to access treatment for them whether they wanted it or not.	8/3/2018 12:11 PM
94	The system needs to move to a more common sense approach and not put families in crisis. By allowing children to control the information their parents receive about their mental health and substance use the law is creating dangerous situations for families. One the one hand parents are responsible for caring for their child and keeping them safe and can be held liable if their children are injured- and on the other hand the medical people who are supposed to be caring for the children do not give the parents the information necessary to make informed decisions on how to keep their children safe. I went through hell with my daughter and the very system designed to help her was part of the problem.	8/3/2018 9:23 AM
95	was told he did not want to go to rehab or talk with therapist anymore, discharged from emergency rooms at Swedish Ballard and Childrens	8/2/2018 11:27 PM
96	My child triangulated, did not share with his provider, and as a result his condition got worse. If I had been an equal participant this could have been avoided	8/2/2018 4:40 PM
97	Early intervention is needed, nothing should prevent that. Waiting until middle school or even high school lowers chances of recovery.	8/2/2018 3:17 PM
98	If my child had died as a result of the psychiatric hospital telling her that at 13 she could run away and live on the streets and take drugs and we couldn't stop her because it was not illegal - which is precisely what she did - I would have sued them and I think that should be a given for every provider and facility in the state.	8/2/2018 1:41 PM
99	The clinician identified grooming concerns between siblings. The clinician did not share that with me. It was a legitimate concern. I discovered this after my son was in court for child molestation.	8/2/2018 1:33 PM
100	It can't be both ways! You can't tell someone struggling with mental health that they have the voice and choice for care or treatment and they deny services then systems turn around and place the blame on parents. A parent is NOT being neglectful when their hands are tied!	8/2/2018 12:39 PM
101	I have consistently been told that I am overreacting, that he's just a kid, that I need to parent better, that he just needs to be punished more, that it's a quick fix and he'll come around. Or, I've been told that he's allowed to break into my home because he's a resident, that he can take anything because it is community property, that he's allowed to have friends over regardless of whether they steal stuff, smoke drugs in the house, or run around inside making flamethrowers. All of this is usually said in front of the child, by counselors and social workers and police officers and probation officers and judges. Even CPS said that there was no law protecting the parent from the child here in WA. No boundaries, no expectations, no criteria for successful release? Why would a kid want to stop doing whatever they want?	8/2/2018 12:22 PM
102	we need to understand the disconnect between schools, mental health and substance abuse. providers need to understand that escalating drug use in youth happens so quickly that even waiting until next week's session to address it may be too long, much less the extraordinarily long, difficult and unhelpful process that families must take to get any residential care. suicide isn't the only risk to children's long term health. a parent doesn't take their child into an emergency room for on-line gaming addiction, for example. WISE is not available to youth who do not consent. The least restrictive alternatives are not available to non-consenting children. We over estimate a child's ability to provide informed consent and understand long-term consequences.	8/2/2018 10:10 AM
103	I tried to get help from an At Risk Youth juvenile court case for 2 years and my child never once did a drug test, did not cooperate with any court ordered services and her lawyer constantly gave the excuse that her behavior was due to "conflict with the mother." At the end of the case, the judge admitted their process did not help our family. I had to pay for her lawyer too. It was a cruel, heartless process, leading to no improvement. The only thing that helped was sending our child out of state to a program that would work with the parents.	8/2/2018 9:57 AM

Parent or
Guardian

Parent Initiated Treatment Survey

104	Youth only went to drug and alcohol treatment only because the juvenile court ordered it	8/2/2018 9:38 AM
105	Please make the sub sections of RCW 71.34 consistent with 71.34.010: Additionally, all mental 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 mental 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 minor children when there is a medical necessity for treatment and without the requirement of filing a petition under this chapter.	8/2/2018 8:39 AM

Parent or
Guardian

Parent Initiated Treatment Survey – Hospital Representative

Tuesday, September 11, 2018

Parent Initiated Treatment Survey

Q47 How do Parent Initiated Treatment admissions differ from other admissions regarding restrictions?

Answered: 4 Skipped: 4

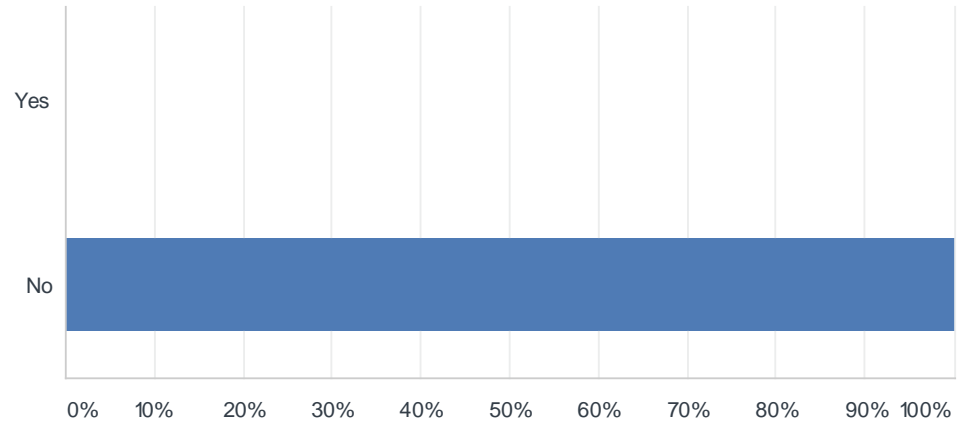
#	RESPONSES	DATE
1	none	9/10/2018 4:14 PM
2	They present a challenge in that the parents initiate the treatment and then cannot get information or participate in therapy if the youth will not allow. Very frustrating for the parents who sign the child in and then are often left in the dark.	8/14/2018 8:05 AM
3	?	8/2/2018 1:37 PM
4	no current differences; just have to have the parent or guardian available to sign a consent form	8/2/2018 9:27 AM

Hospital
Representative

Parent Initiated Treatment Survey

Q48 Are there any barriers in your facility that would prevent you from admitting a minor patient under Parent Initiated Treatment?

Answered: 4 Skipped: 4



ANSWER CHOICES	RESPONSES	
Yes	0.00%	0
No	100.00%	4
TOTAL		4

#	IF YES, PLEASE EXPLAIN.	DATE
	There are no responses.	



Parent Initiated Treatment Survey

Q49 How does a patient's Parent Initiated Treatment status affect treatment planning?

Answered: 4 Skipped: 4

#	RESPONSES	DATE
1	no different than other voluntary admits	9/10/2018 4:14 PM
2	It depends on the child. If the child will participate it does not affect treatment planning. At times the child will not participate and will not sign ROIs.	8/14/2018 8:05 AM
3	?	8/2/2018 1:37 PM
4	unless the patient authorizes to release information, providers feel limited by the information they can share with parents as the law does not specifically allow sharing of information without youth consent	8/2/2018 9:27 AM

Hospital
Representative

Parent Initiated Treatment Survey

Q50 Please explain how you share clinical information with parents, when the patient is admitted through the Parent Initiated Treatment program.

Answered: 4 Skipped: 4

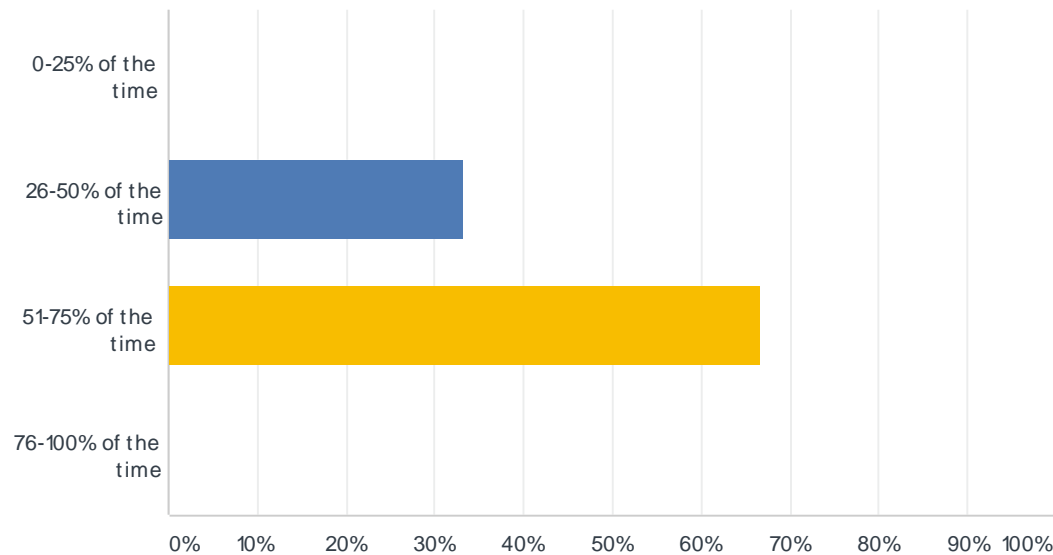
#	RESPONSES	DATE
1	Even when an adolescent admits on their own volition without parent approval, we are obliged to contact the legal guardian. So whether voluntary admit as adolescent or via PIT or mutual agreement, the clinical team is obliged to include legal guardians of minors under the age of 18	9/10/2018 4:14 PM
2	If the child will sign a ROI we share information allowed to be shared. If the child will not sign a ROI we allow the parents to share but do not share details of the admission.	8/14/2018 8:05 AM
3	I share that this is for a child 13 or older who is not agreeing to need for treatment.	8/2/2018 1:37 PM
4	We provide the mental health treatment options form and verbally explain to parents that PIT authorizes.	8/2/2018 9:27 AM



Parent Initiated Treatment Survey

Q51 How often does your hospital refer to Wraparound with Intensive Services (WISe) as part of the discharge planning?

Answered: 3 Skipped: 5



ANSWER CHOICES	RESPONSES
0-25% of the time	0.00% 0
26-50% of the time	33.33% 1
51-75% of the time	66.67% 2
76-100% of the time	0.00% 0
TOTAL	3

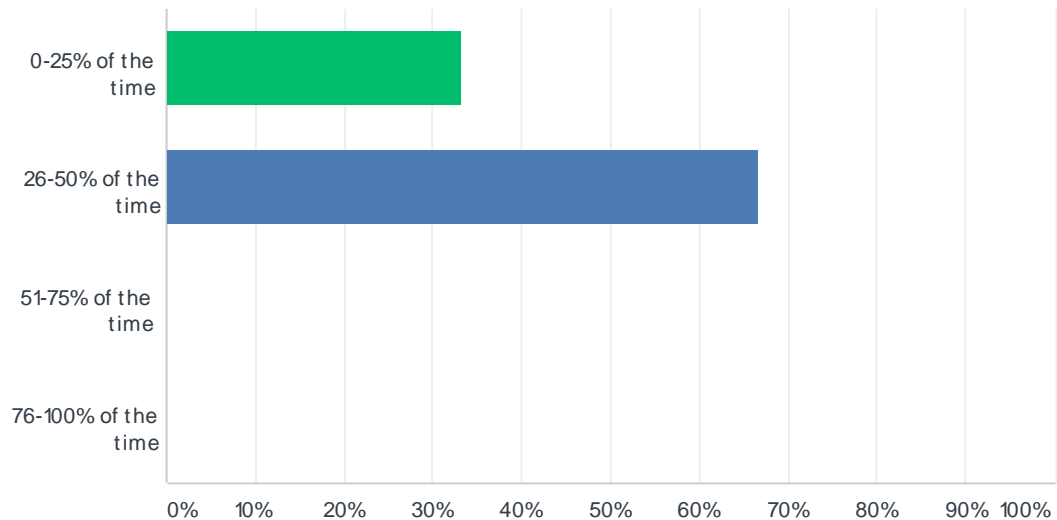
#	OTHER INFORMATION YOU WOULD LIKE TO SHARE?	DATE
1	Because the threshold for admission and continued care is so high with regard to medical necessity criteria, a large portion of our adolescent patient population remains at higher than average risk upon discharge and so these services are sought quite often to support discharge following relatively brief crisis stabilization,	9/10/2018 4:14 PM





Q52 How often does your hospital refer for residential treatment?

Answered: 3 Skipped: 5

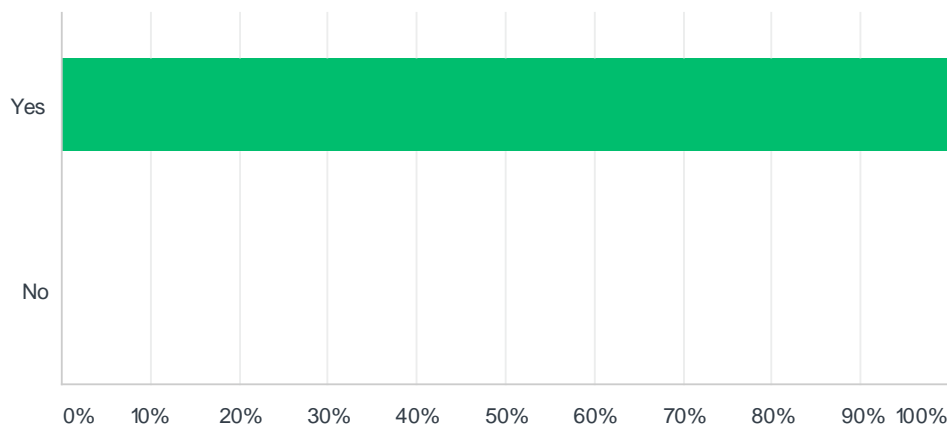


ANSWER CHOICES	RESPONSES	
0-25% of the time	33.33%	1
26-50% of the time	66.67%	2
51-75% of the time	0.00%	0
76-100% of the time	0.00%	0
TOTAL		3

#	OTHER INFORMATION YOU WOULD LIKE TO SHARE?	DATE
1	Both through the civil commitment and CLIP process as well as step-down to sub-acute resi services when available (and typically paid for through commercial insurance)	9/10/2018 4:14 PM
2	There are not enough beds, we would refer more if we had more options.	8/14/2018 8:05 AM
3	limited options for residential in WA State make it hard to refer	8/2/2018 9:27 AM

Q53 When seeking to make a WISe or residential referral for a patient, are there consistent barriers you encounter?

Answered: 3 Skipped: 5



ANSWER CHOICES	RESPONSES	
Yes	100.00%	3
No	0.00%	0
TOTAL		3

#	IF YES, PLEASE SHARE WHAT THOSE BARRIERS ARE.	DATE
1	Medicaid resi care is only available to those on ITA (versus a lengthy outpatient referral process and wait-list). Sub-acute resi care requires commercial/private pay, out of state placement which is counter to facilitating regular family engagement. The age of consent at age 13 laws mean that teens can sign themselves out of these facilities and parents are helpless to have them get the care they need without resorting to out of state placement and further family disruption.	9/10/2018 4:14 PM
2	Lack of resources	8/14/2018 8:05 AM
3	na	8/2/2018 1:37 PM
4	long wait times in communities are not helpful for WISe; limited options in WA State are a significant barrier; the facilities that are here don't always accept the patients we see in our hospital due to diagnosis (i.e. Autism) or acuity; Medicaid is only recently starting to cover residential for eating disorders only and there are barriers and slow response times from BHO's.	8/2/2018 9:27 AM



Parent Initiated Treatment Survey

Q54 What is your process for complying with the state review, i.e. Children's Long Term Inpatient (CLIP) Office review process between 7 and 14 days?

Answered: 4 Skipped: 680

#	RESPONSES	DATE
1	We call in the reviews as required	9/10/2018 4:14 PM
2	Unknown would need SW to respond	8/14/2018 8:05 AM
3	na	8/2/2018 1:37 PM
4	we have a PIT coordinator who handles all of the paperwork and communication with the CLIP office for PIT reviews; most patients are not in the hospital long enough to need a review	8/2/2018 9:27 AM



Parent Initiated Treatment Survey

Q55 How does having Parent Initiated Treatment as an option improve outcomes for your patients?

Answered: 4 Skipped: 680

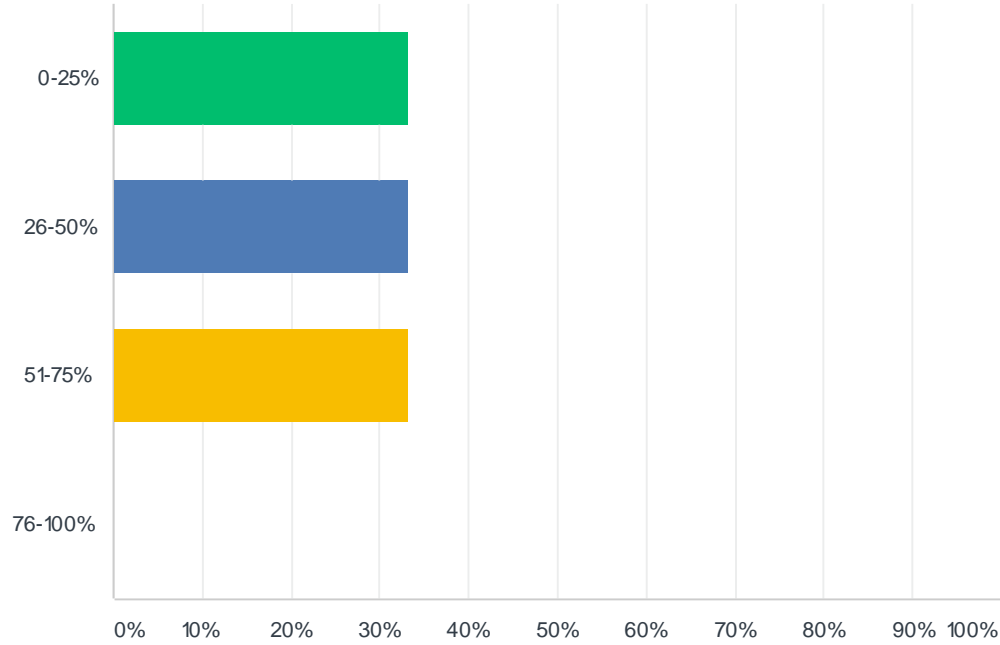
#	RESPONSES	DATE
1	It allows patients to receive care that they might not allow for themselves otherwise. However it has no bearing on review of clinical necessity and many families misconstrue the law to mean that their children will be in care for a minimum of 14 days as if by court order or ITA.	9/10/2018 4:14 PM
2	It provides a way to get services to children that are not willing to seek treatment, they often participate once on the unit.	8/14/2018 8:05 AM
3	na	8/2/2018 1:37 PM
4	PIT allows patients who need care to be admitted even when they are resistant or denying the need for care. Lack of outpatient PIT option makes follow up care more challenging	8/2/2018 9:27 AM

Hospital
Representative

Parent Initiated Treatment Survey

Q56 In the past year, what percentage of total admissions were Parent Initiated Treatment?

Answered: 3 Skipped: 5



ANSWER CHOICES	RESPONSES
0-25%	33.33% 1
26-50%	33.33% 1
51-75%	33.33% 1
76-100%	0.00% 0
TOTAL	3

#	OTHER COMMENTS?	DATE
1	na	8/2/2018 1:37 PM

Hospital Representative

Parent Initiated Treatment Survey

Q57 What are the differences in payer authorizations for patients who are voluntarily admitted or admitted under Parent Initiated Treatment?

Answered: 4 Skipped: 4

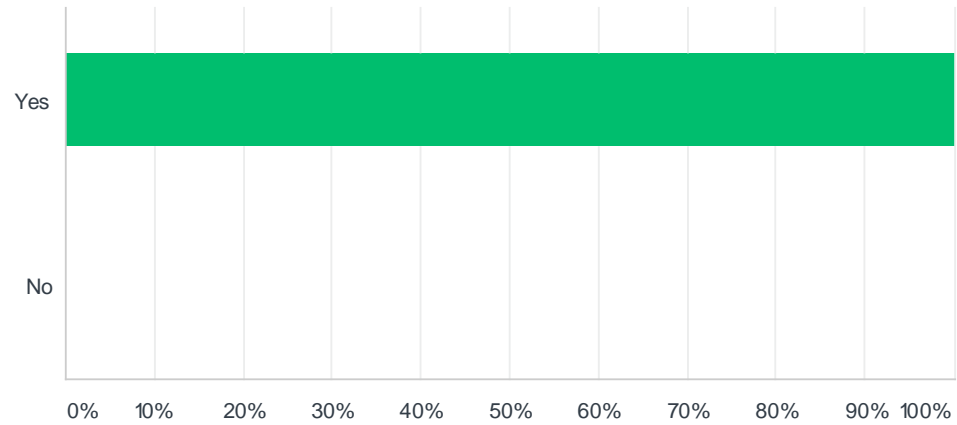
#	RESPONSES	DATE
1	no difference, Medical necessity reviews operate independently of PIT and that status has no bearing on those determinations	9/10/2018 4:14 PM
2	None	8/14/2018 8:05 AM
3	na	8/2/2018 1:37 PM
4	no difference in auth process	8/2/2018 9:27 AM

Hospital
Representative

Parent Initiated Treatment Survey

Q58 Are there cases where the medical diagnosis and plan for treatment is not agreed upon by the hospital and the funder?

Answered: 3 Skipped: 5



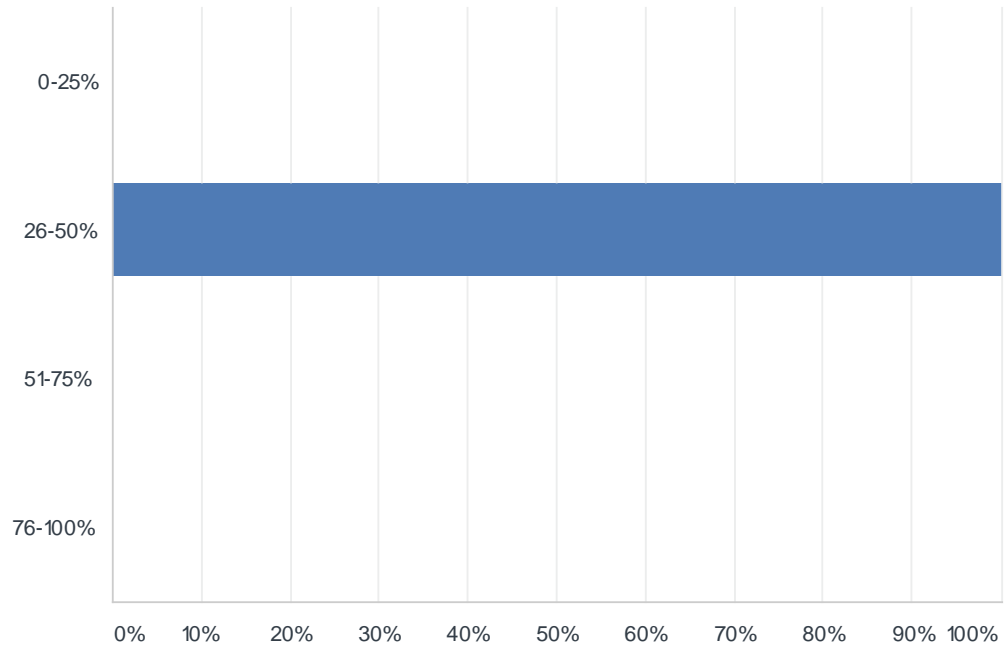
ANSWER CHOICES	RESPONSES	
Yes	100.00%	3
No	0.00%	0
TOTAL		3



Parent Initiated Treatment Survey

Q59 How often are the medical diagnosis and plan for treatment not agreed upon by the hospital and the funder?

Answered: 3 Skipped: 5



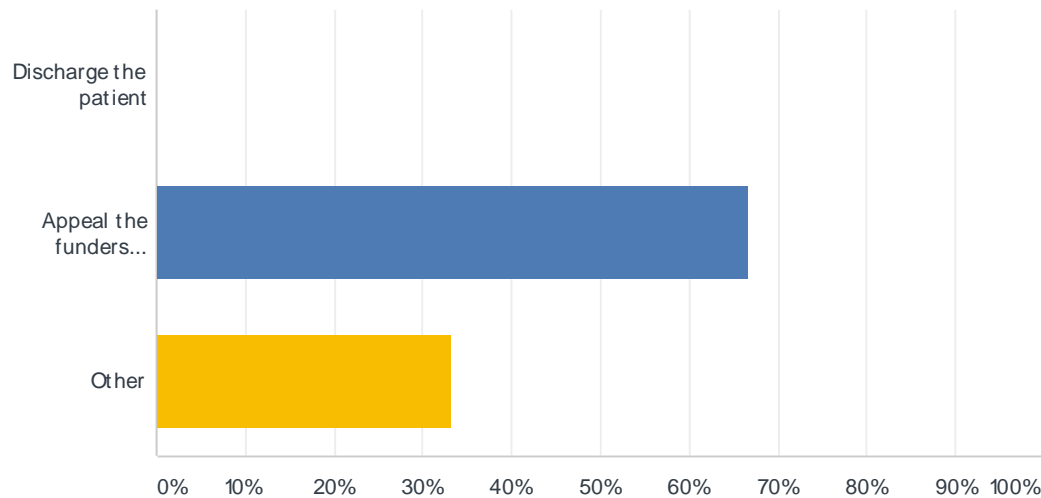
ANSWER CHOICES	RESPONSES
0-25%	0.00% 0
26-50%	100.00% 3
51-75%	0.00% 0
76-100%	0.00% 0
TOTAL	3



Parent Initiated Treatment Survey

Q60 What do you do when the medical diagnosis and plan for treatment is not agreed upon by the hospital and the funder?

Answered: 3 Skipped: 5



ANSWER CHOICES	RESPONSES
Discharge the patient	0.00% 0
Appeal the funders decision while continuing treatment	66.67% 2
Other	33.33% 1
TOTAL	3

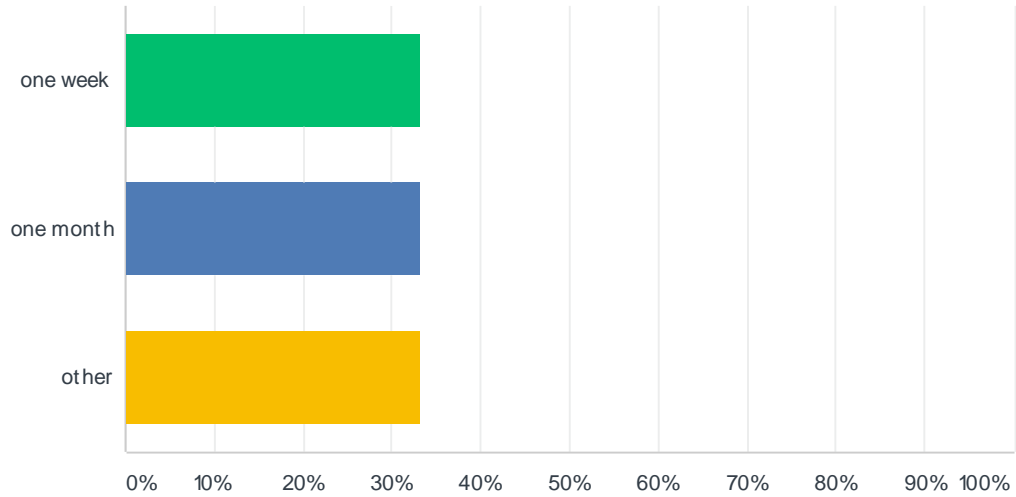
#	OTHER (PLEASE SPECIFY)	DATE
1	Some BHOs are only providing 24 hour auths and then declining, we cannot stabilize a child in 24 hours.	8/14/2018 8:07 AM
2	Depending on medical necessity and risk, we might plan for discharge, or we might keep the patient and plan to appeal after discharge for denied days. So both options above are true.	8/2/2018 9:29 AM



Parent Initiated Treatment Survey

Q61 On average, how quickly does the appeal process take to get a final decision?

Answered: 3 Skipped: 5



ANSWER CHOICES	RESPONSES	
one week	33.33%	1
one month	33.33%	1
other	33.33%	1
TOTAL		3

#	OTHER (PLEASE SPECIFY)	DATE
1	or much longer	9/10/2018 4:16 PM
2	usually at least 1 month and frequently longer; it always happens after discharge.	8/2/2018 9:29 AM



Parent Initiated Treatment Survey

Q62 In your personal experience what treatment services should be available for Commercially Sexually Exploited Children (CSEC)? e.g. (secure detox, psychiatric facilities, community based counseling)

Answered: 3 Skipped: 5

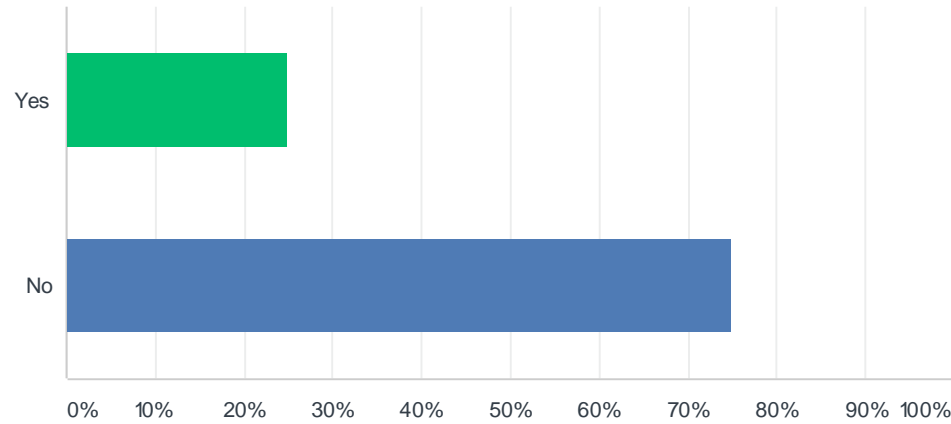
#	RESPONSES	DATE
1	all services depending on the comorbidities	9/10/2018 4:16 PM
2	IP beds, secure detox, CLIP, counseling	8/14/2018 8:07 AM
3	counseling and possible inpatient and transition care that is designed to treat CSEC youth and help them successfully transition out of the sex industry	8/2/2018 9:29 AM

Hospital
Representative

Parent Initiated Treatment Survey

Q63 Should being Commercially Sexually Exploited to be reason enough to be committed to an inpatient psychiatric facility through the Parent Initiated Treatment process?

Answered: 4 Skipped: 4



ANSWER CHOICES	RESPONSES	
Yes	25.00%	1
No	75.00%	3
TOTAL		4

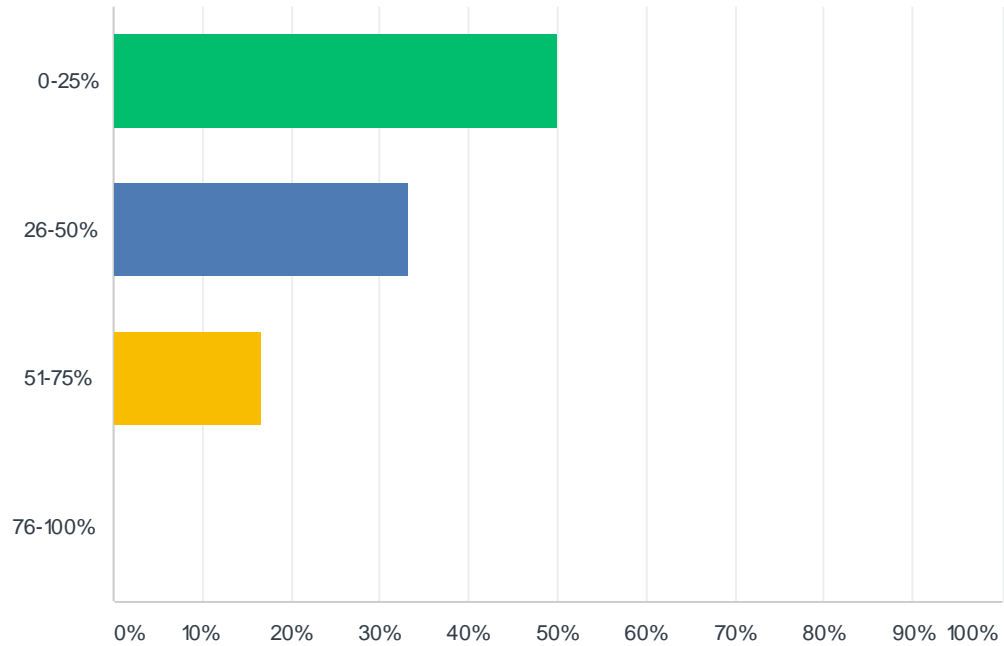
Parent Initiated Treatment Survey – Emergency Room Representative

Tuesday, September 11, 2018

Parent Initiated Treatment Survey

Q64 What percentage of patients referred for psychiatric admission are admitted to psychiatric inpatient facilities under Parent Initiated Treatment?

Answered: 6 Skipped: 0



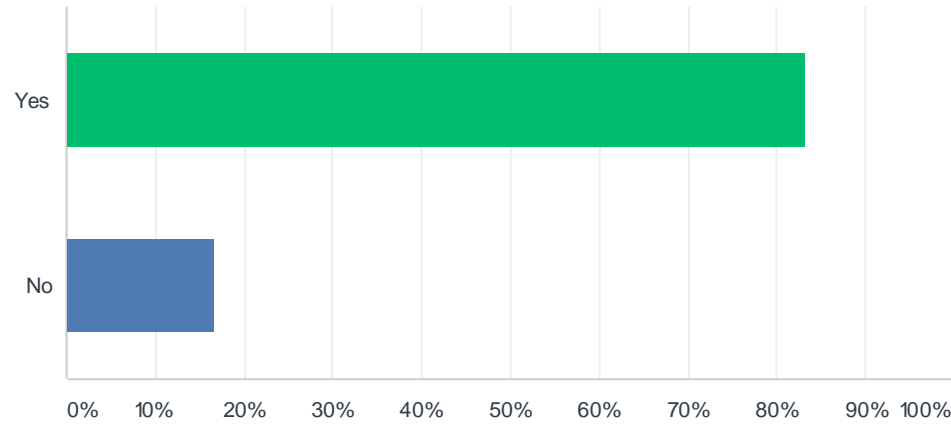
ANSWER CHOICES	RESPONSES	
0-25%	50.00%	3
26-50%	33.33%	2
51-75%	16.67%	1
76-100%	0.00%	0
TOTAL		6

Emergency Room Rep.

Parent Initiated Treatment Survey

Q65 Does your emergency department notify all parents of youth ages 13-17 that Parent Initiated Treatment is an option for admission if the youth meets criteria for admission?

Answered: 6 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	83.33%	5
No	16.67%	1
TOTAL		6

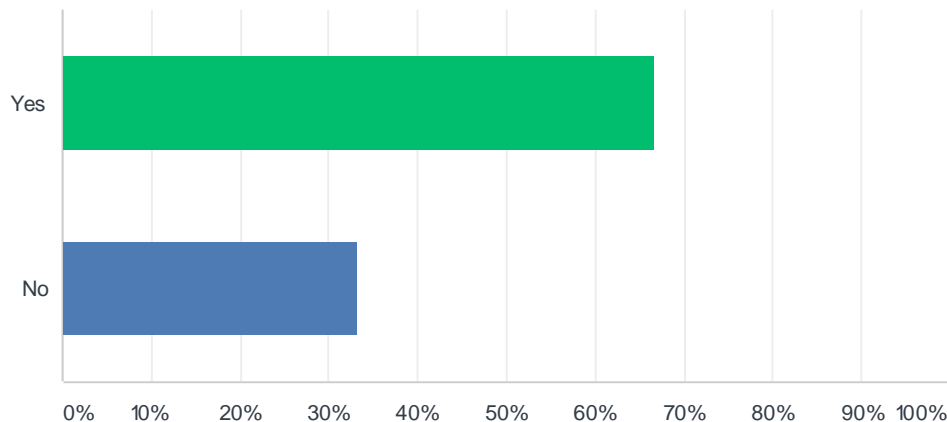
#	IF NO, ROUGHLY WHAT PERCENTAGE DO GET NOTIFIED?	DATE
1	80	8/4/2018 11:31 AM

Emergency Room Rep.

Parent Initiated Treatment Survey

Q66 Does your emergency department have access to a pediatric practitioner qualified to assess and diagnose behavioral health?

Answered: 6 Skipped: 0



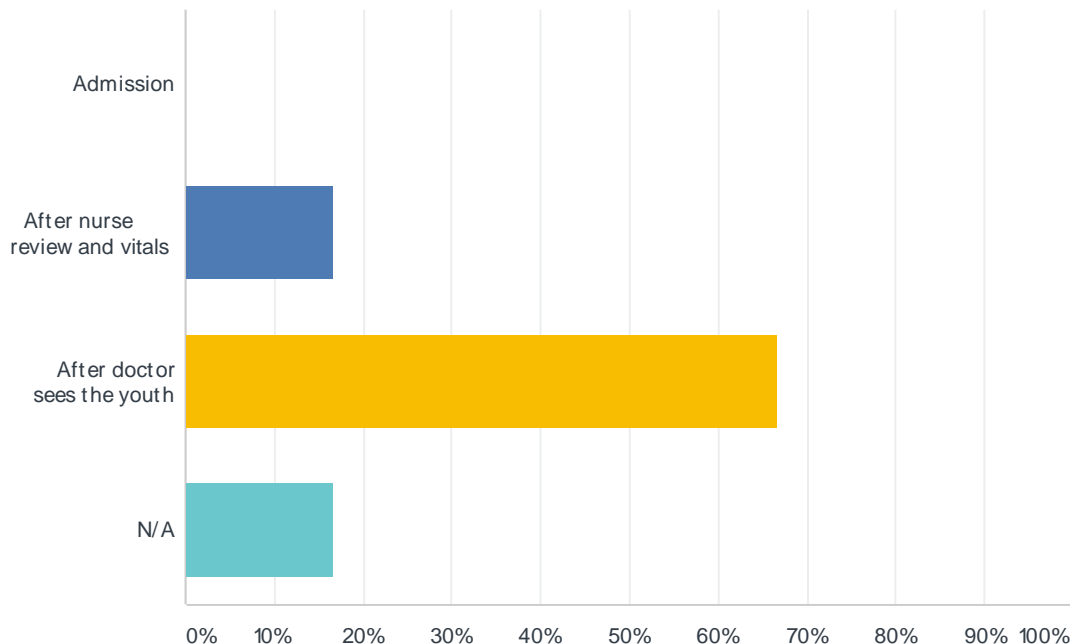
ANSWER CHOICES	RESPONSES	
Yes	66.67%	4
No	33.33%	2
TOTAL		6

#	IF YES, WHAT IS THE GENERAL WAIT TIME FOR A YOUTH TO SEE THAT PERSON?	DATE
1	Same as any other mental health pt, 30 minutes-2hours	8/25/2018 2:00 AM
2	less than 24hrs	8/13/2018 9:08 AM
3	depends on the time of year - 1-4 hours	8/6/2018 12:46 PM

Parent Initiated Treatment Survey

Q67 At what point do social workers or discharge planners explain the Parent Initiated Treatment process to parents in your emergency department?

Answered: 6 Skipped: 0



ANSWER CHOICES	RESPONSES
Admission	0.00% 0
After nurse review and vitals	16.67% 1
After doctor sees the youth	66.67% 4
N/A	16.67% 1
TOTAL	6

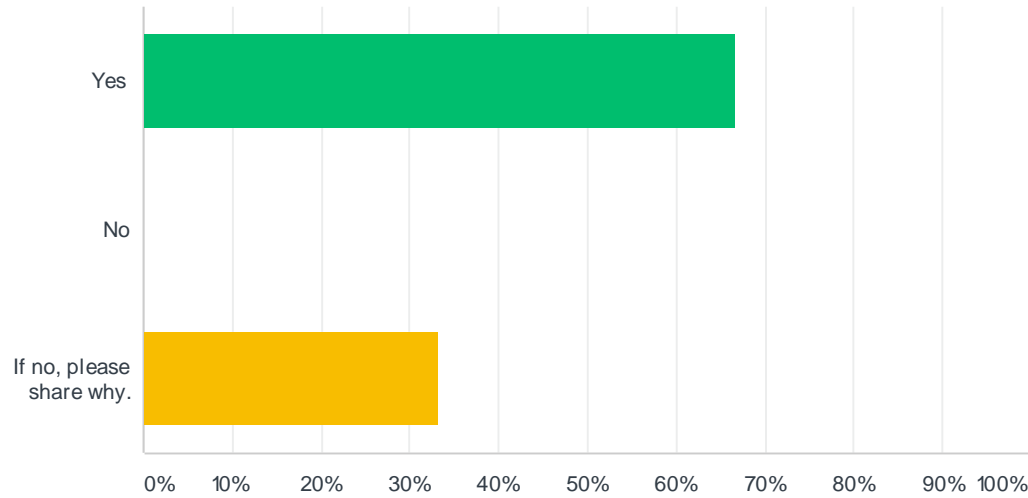
#	OTHER (PLEASE SPECIFY)	DATE
1	After SW completes mental health evaluation	8/25/201

Emergency Room Rep.

Parent Initiated Treatment Survey

Q68 If a Designated Crisis Responder (DCR) does the sole evaluation and referral for your youth psychiatric patients, do they consider Parent Initiated Treatment an option for admission

Answered: 6 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	66.67%	4
No	0.00%	0
If no, please share why.	33.33%	2
TOTAL		6

#	IF NO, PLEASE SHARE WHY.	DATE
1	DCR would not do the sole evaluation in any of the ED's in which I work, they would only be called if PIT is not an option	8/25/2018 2:00 AM
2	No, as the psych personnel for our ER explore PIT if appropriate.	8/13/2018 9:08 AM

Parent Initiated Treatment Survey

Q69 What barriers occur in your emergency department with referring patients for Parent Initiated Treatment admission?

Answered: 6 Skipped: 0

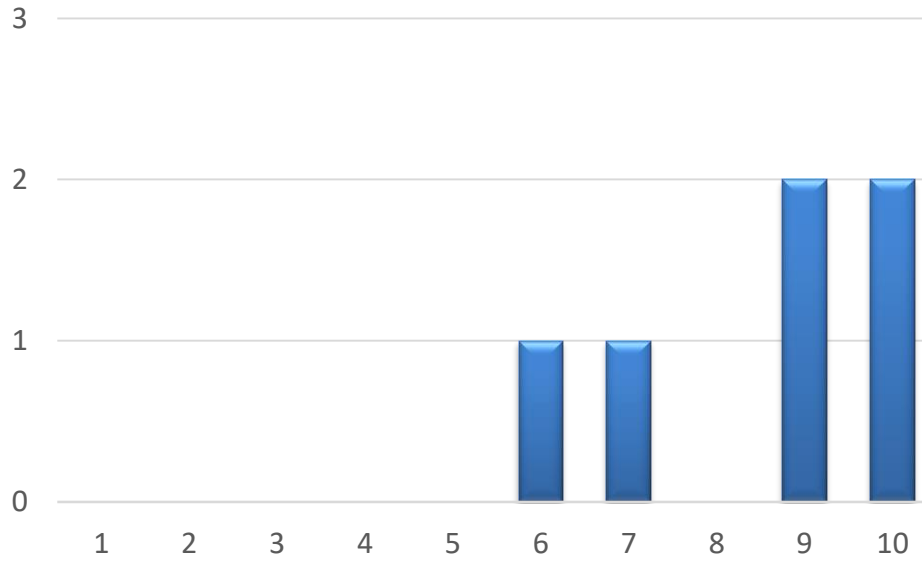
#	RESPONSES	DATE
1	None in our ED, only barrier to choosing PIT concerns likelihood of pt being declined by Psychiatric facility due to their concerns over possibility of pt refusing medications/eloping once at their facility and being on PIT	8/25/2018 2:00 AM
2	Parents don't want to be the bad guy! Parents are not involved in pts care so they PIT and then do not want to participate.	8/13/2018 9:08 AM
3	Some minors are too acute for the units to accept on a PIT due to needing immediate medications.	8/7/2018 5:46 PM
4	the time that it takes to get inpatient units to accept or the inpatient units won't accept the PIT	8/7/2018 2:55 PM
5	none	8/6/2018 12:46 PM
6	Availability of beds	8/4/2018 11:31 AM

Emergency
Room Rep.

Parent Initiated Treatment Survey

Q70 On a scale of 1-10 (1 is NO understanding, 10 is full understanding), how adequately do your social workers understand Parent Initiated Treatment laws?

Answered: 6 Skipped: 0



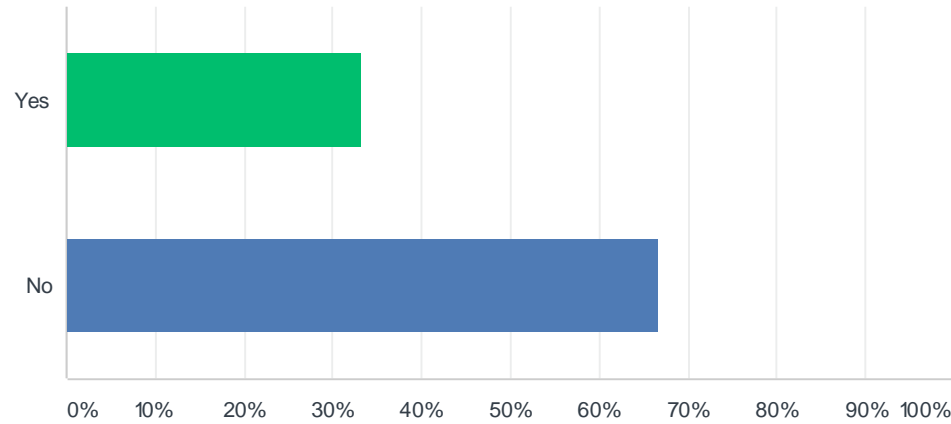
(no label)	1	2	3	4	5	6	7	8	9	10	TOTAL	WEIGHTED AVERAGE
	0.00%	0.00%	0.00%	0.00%	0.00%	16.67%	16.67%	0.00%	33.33%	33.33%		
	0	0	0	0	0	1	1	0	2	2	6	1.00

Emergency Room Rep.

Parent Initiated Treatment Survey

Q71 If you had more information about Parent Initiated Treatment, do you think you would use it more often as an admission option?

Answered: 6 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	33.33%	2
No	66.67%	4
TOTAL		6

#	IF YES, WHAT ADDITIONAL INFORMATION WOULD BE MOST HELPFUL?	DATE
	There are no responses.	



Parent Initiated Treatment Survey

Q72 In your personal experience what treatment services should be available for Commercially Sexually Exploited Children (CSEC)? e.g. (secure detox, psychiatric facilities, community based counseling)

Answered: 4 Skipped: 2

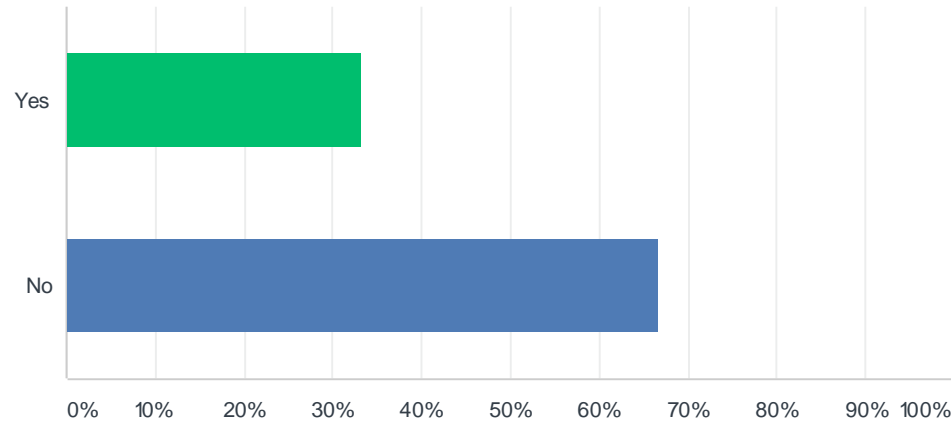
#	RESPONSES	DATE
1	All of the above	8/25/2018 2:00 AM
2	secure detox, residential treatment facilities with specialized services	8/7/2018 5:46 PM
3	a place for detox, psychiatric care that is not with general public youth in a hospital	8/7/2018 2:55 PM
4	treatment facilities, case management, counseling	8/6/2018 12:46 PM

Emergency
Room Rep.

Parent Initiated Treatment Survey

Q73 Should being commercially sexually exploited be reason enough to be committed to an inpatient psychiatric facility through the Parent Initiated Treatment process?

Answered: 6 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	33.33%	2
No	66.67%	4
TOTAL		6

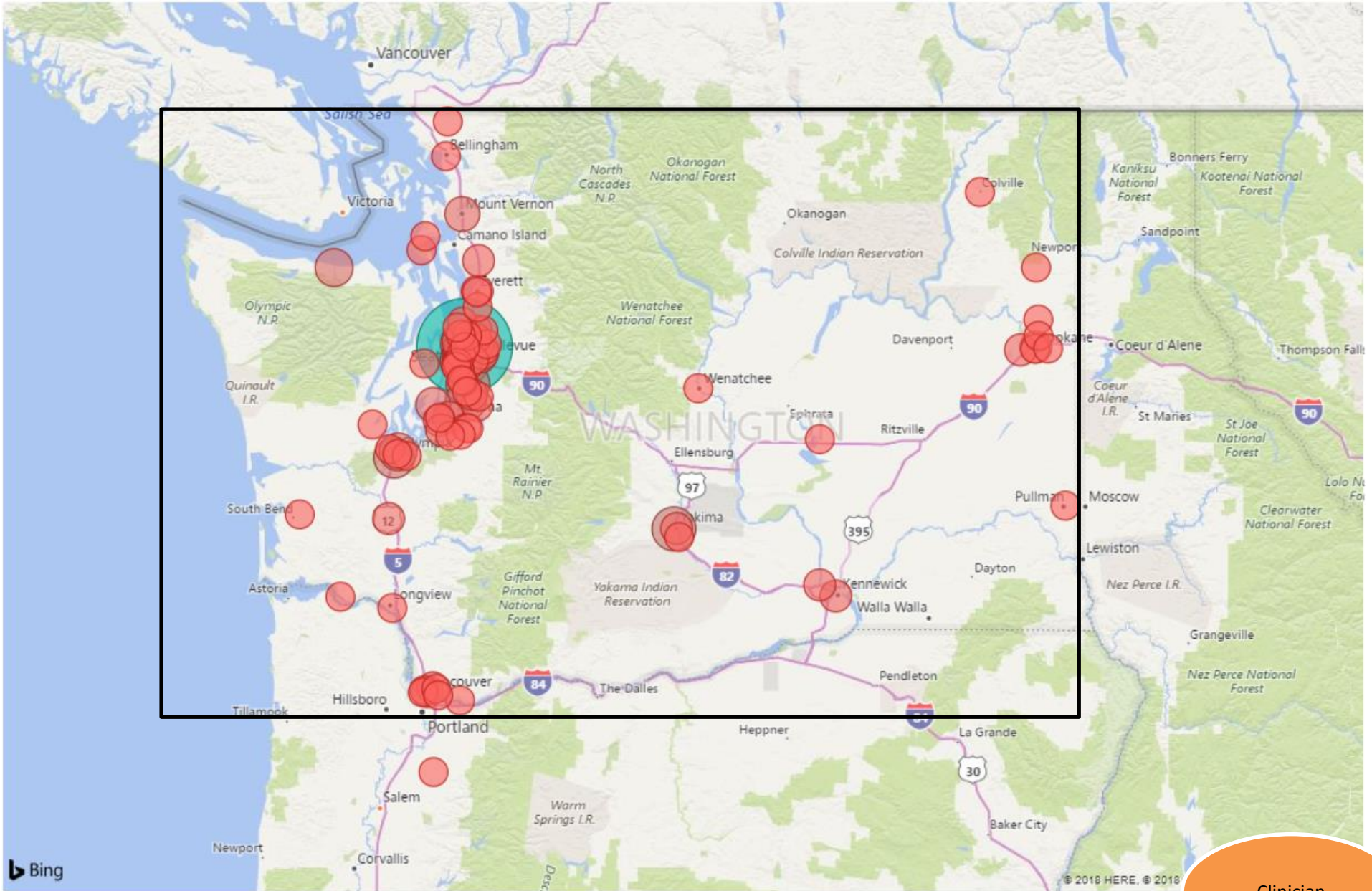
Emergency Room Rep.

Parent Initiated Treatment Survey – Clinician

Tuesday, September 11, 2018

Q76 What is the zip code where you practice/provide treatment?

Answered: 202 Skipped: 19

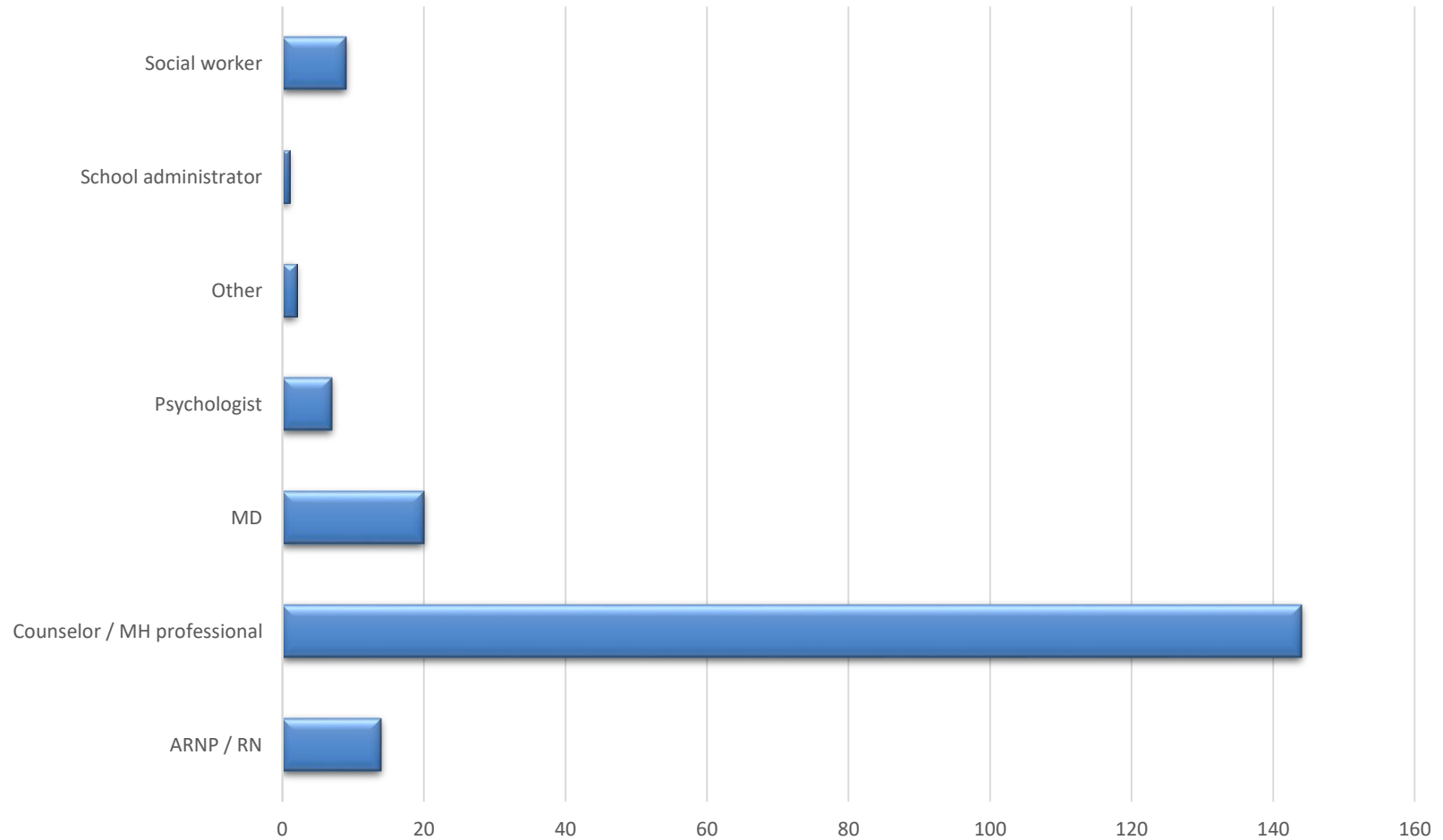


Clinician

Q74 What kind(s) of license(s) and/or certifications do you have?

Answered: 200 Skipped: 21

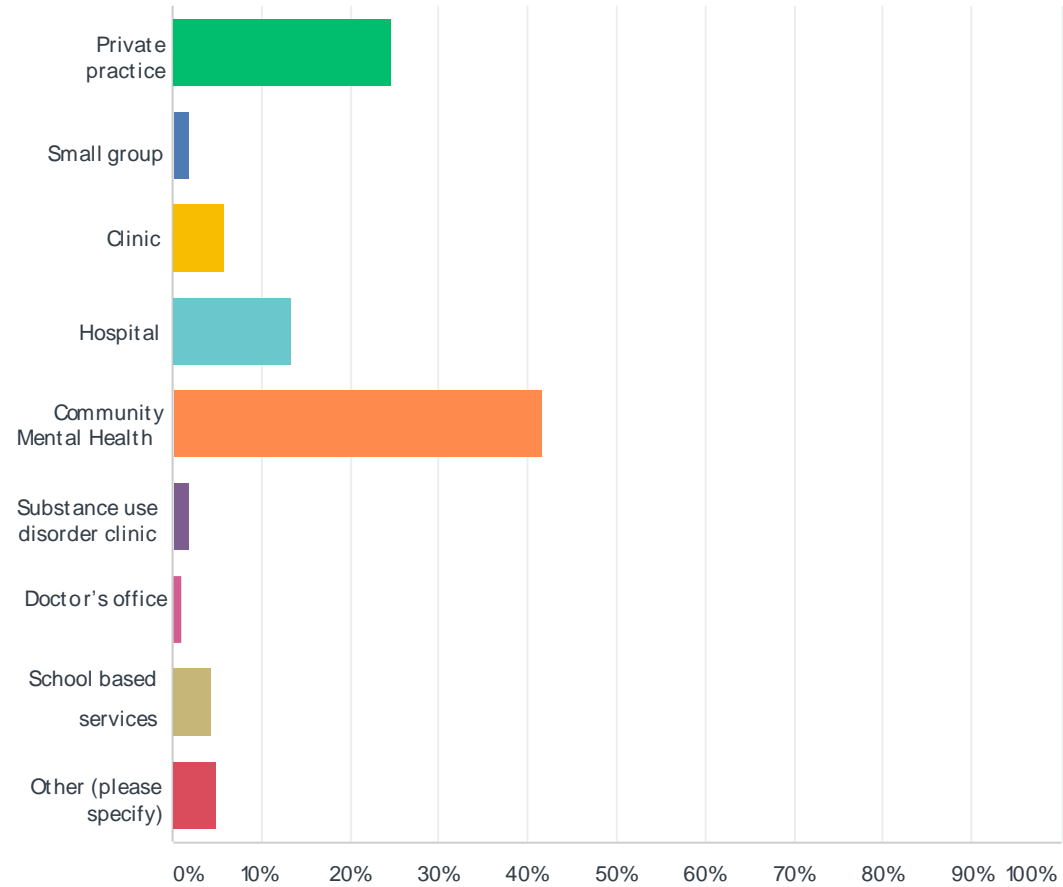
Number of Respondents by Category





Q75 What kind of practice/provider setting do you work in?

Answered: 202 Skipped: 19



ANSWER CHOICES	RESPONSES	
Private practice	24.75%	50
Small group	1.98%	4
Clinic	5.94%	12
Hospital	13.37%	27

Parent Initiated Treatment Survey

Community Mental Health	41.58%	84
Substance use disorder clinic	1.98%	4
Doctor's office	0.99%	2
School based services	4.46%	9
Other (please specify)	4.95%	10
TOTAL		202

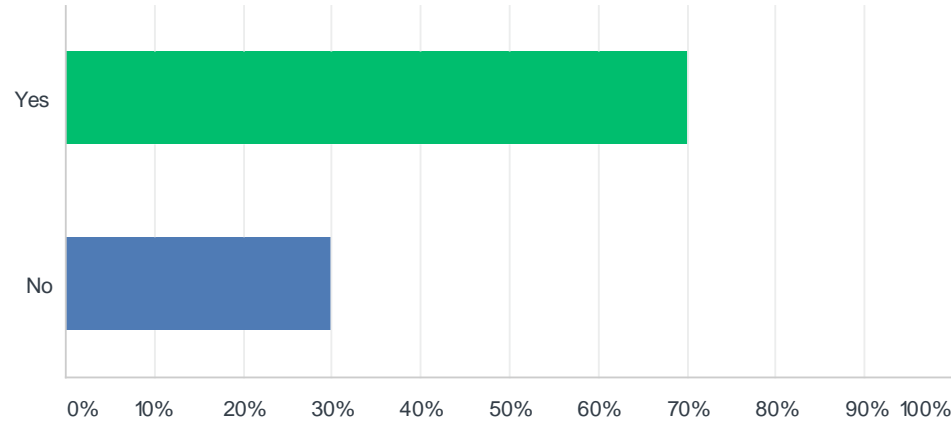
#	OTHER (PLEASE SPECIFY)	DATE
1	Retired from community mental health, Advocacy work	8/27/2018 11:01 AM
2	retired	8/26/2018 8:38 PM
3	nn	8/24/2018 7:45 PM
4	Faith Community	8/20/2018 3:06 PM
5	ED SW	8/8/2018 2:00 PM
6	Children's Long-term Inpatient Program (CLIP)	8/7/2018 7:07 PM
7	State of WA JRA and private contracted practice	8/7/2018 11:16 AM
8	Admin	8/7/2018 9:35 AM
9	Not currently practicing. Current focus is as county human services administrator.	8/3/2018 4:15 PM
10	both private practice and speciality clinic within a hospital	8/2/2018 9:06 AM



Parent Initiated Treatment Survey

Q77 Do you have a specialty?

Answered: 202 Skipped: 19



ANSWER CHOICES	RESPONSES	
Yes	70.30%	142
No	29.70%	60
TOTAL		202

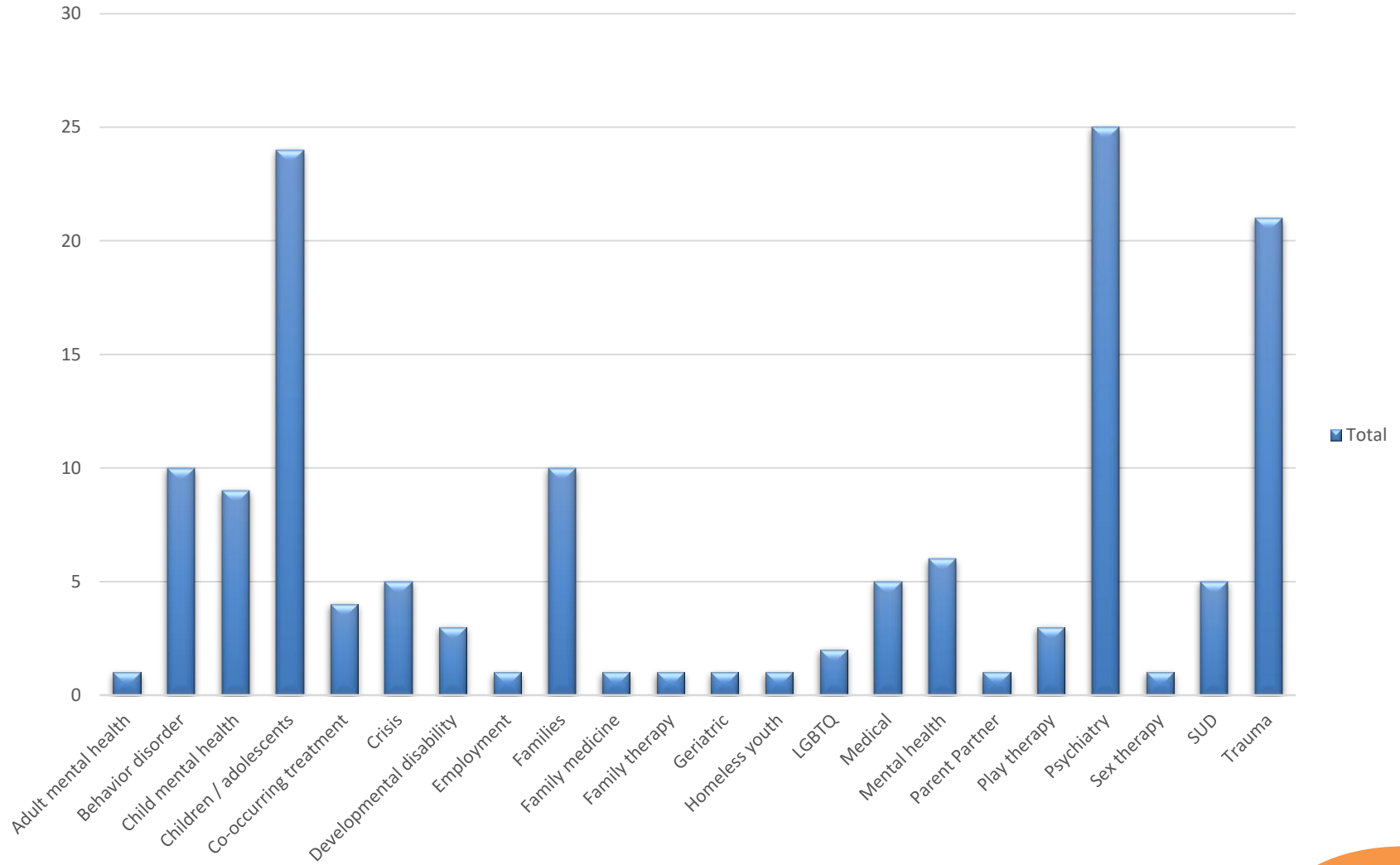


Q77 Do you have a specialty?

Answered: 202 Skipped: 19

#	IF YES, PLEASE SPECIFY.	DATE
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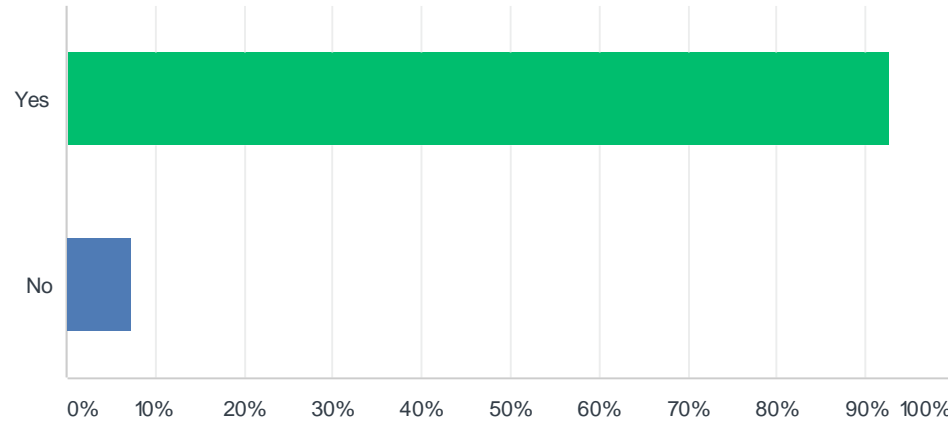
Categorized Specialty by Count



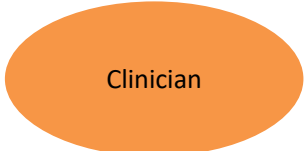
Parent Initiated Treatment Survey

Q78 Do you serve children and youth?

Answered: 202 Skipped: 19



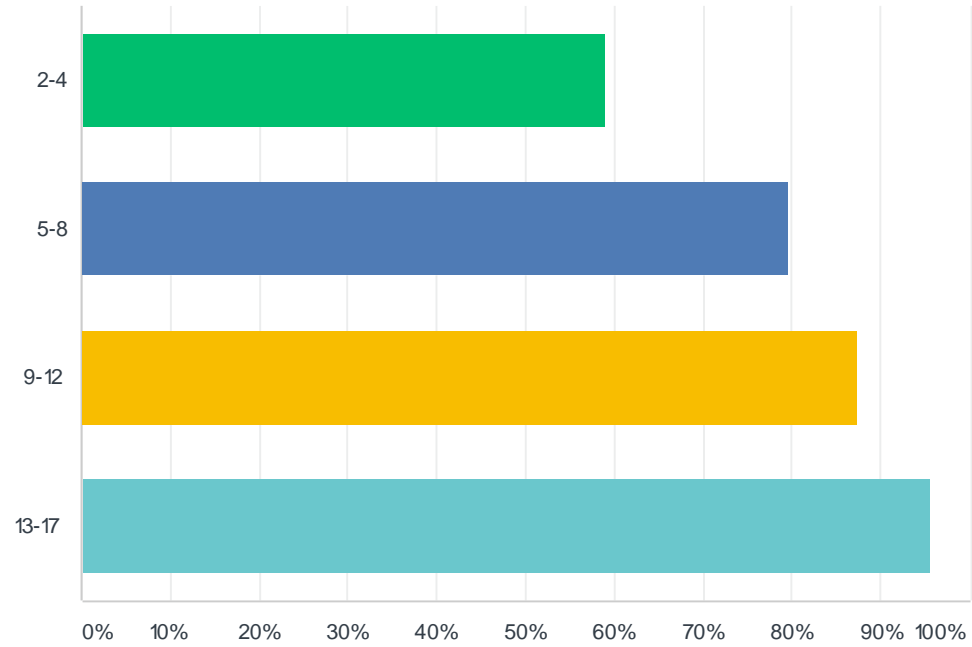
ANSWER CHOICES	RESPONSES	
Yes	92.57%	187
No	7.43%	15
TOTAL		202



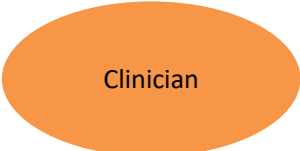
Parent Initiated Treatment Survey

Q79 Do you accept children and youth in the following age groups? Check all that apply:

Answered: 183 Skipped: 39



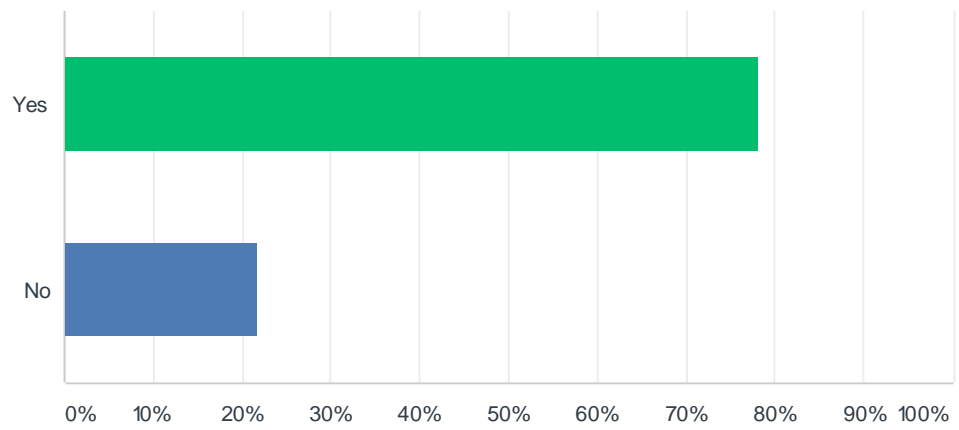
ANSWER CHOICES	RESPONSES	
2-4	59.02%	108
5-8	79.78%	146
9-12	87.43%	160
13-17	95.63%	175
Total Respondents: 183		



Parent Initiated Treatment Survey

Q80 Will you see a minor, aged 13-17, without parent/guardian/caregiver knowledge?

Answered: 183 Skipped: 39



ANSWER CHOICES	RESPONSES	
Yes	78.14%	143
No	21.86%	40
TOTAL		183

#	IF NO, WHY NOT?	DATE
1	Family centered therapy is my preference.	8/29/2018 5:05 PM
2	when incarcerated and housed in adult housing	8/26/2018 8:39 PM
3	My focus is family treatment	8/26/2018 12:07 PM
4	My treatment model usually includes to some degree parental coaching and/or conjoint family therapy	8/22/2018 11:51 AM
5	Children usually dependent on parental assistance to attend therapy. Often family systems issue.	8/21/2018 10:03 AM
6	I don't typically work with 13+ and many of my patients have developmental/cognitive delays	8/20/2018 5:14 PM
7	Parent usually pays for services	8/18/2018 7:12 AM
8	Cooperation from parent or caregiver is crucial to the treatment success with the adolescent. Moreover, parents pay for treatment.	8/17/2018 8:25 AM
9	I'm at a school, so that happens easily.	8/16/2018 10:29 AM

Parent Initiated Treatment Survey

10	parent consent is required for any special education services to be provided for students under 18. (Students may visit the counseling center without parent/guardian knowledge, however.)	8/15/2018 11:53 AM
11	It's the law	8/15/2018 11:47 AM
12	I encourage youth to involve parents as much as possible.	8/15/2018 11:11 AM
13	We still see them, because it is the law, we accept all who request services. We would rather not see 13-17 without parent consent.	8/14/2018 7:10 AM
14	It has not come up yet, so I never thought about it.	8/13/2018 3:18 PM
15	As long as billing insurance is provided	8/13/2018 9:53 AM
16	Insurance purposes	8/12/2018 12:30 AM
17	Too many risks and legal liabilities for providing care without guardian consent.	8/10/2018 1:47 PM
18	Adolescents need to have parents involved and supportive in their lives. I facilitate that support and involvement in the best interest of the teen. The brains of adolescents are not fully developed nor have they experienced enough of life to make reasonable choices in their own best interest on many general life issues that confront them. If the teens has a mental illness, the need for family support is orders of magnitude greater. The current laws has harmed teens, families, and providers, Basically we have all had to dance around the law to effectively help teens in our practices. Teens need family support and role models to learn how to navigate the challenges of life and live responsibly. Parents and other adult family members need our guidance and help to be supportive and good role models who are more involved not less! Futhermore, how do young teens get to counseling, who calls for appointments, who signs to access insurance or to be responsible for the cost of counseling, and who is walking along side these teens during the 166-167 hours each week outside of the 1-2 hours of counseling that I have the privilege to spend with them?	8/10/2018 1:02 PM
19	Seems challenging. Insurance issues, liability issues	8/10/2018 11:58 AM
20	I only see families, so the parents are included in the therapy.	8/10/2018 11:25 AM
21	adult support is need for transportation in most cases. parents insurance & payment is also required. I believe that parents/guardians should be involved in counseling so they can learn how to support and encourage growth for their children. if the family dynamics are address as well children will grow more quickly.	8/10/2018 11:22 AM
22	Financial responsibility usually falls within the parents' jurisdiction. Most children and youth are covered under their parents' insurance and are not self-insured. Parents have a legal right to see their children's records if the child/youth is under 18.	8/9/2018 1:48 PM
23	Unless minor has means of payment, as our practice is private pay due to most panels being closed.	8/9/2018 12:52 PM
24	Provide residential services. It is also important to involve families in services.	8/8/2018 1:05 PM
25	Children in our program are primarily admitted on an involuntary basis which requires that the guardian be informed. Guardians of voluntary residents have to complete a thorough application process with their child and community partners.	8/7/2018 7:10 PM
26	do not see teens.	8/7/2018 12:37 PM
27	as appropriate	8/7/2018 11:17 AM
28	Parents are liable for this age bracket so they should be involved	8/7/2018 10:17 AM
29	AS THE LAW DICTATES/ALLOWS	8/7/2018 9:10 AM

Clinician

Parent Initiated Treatment Survey

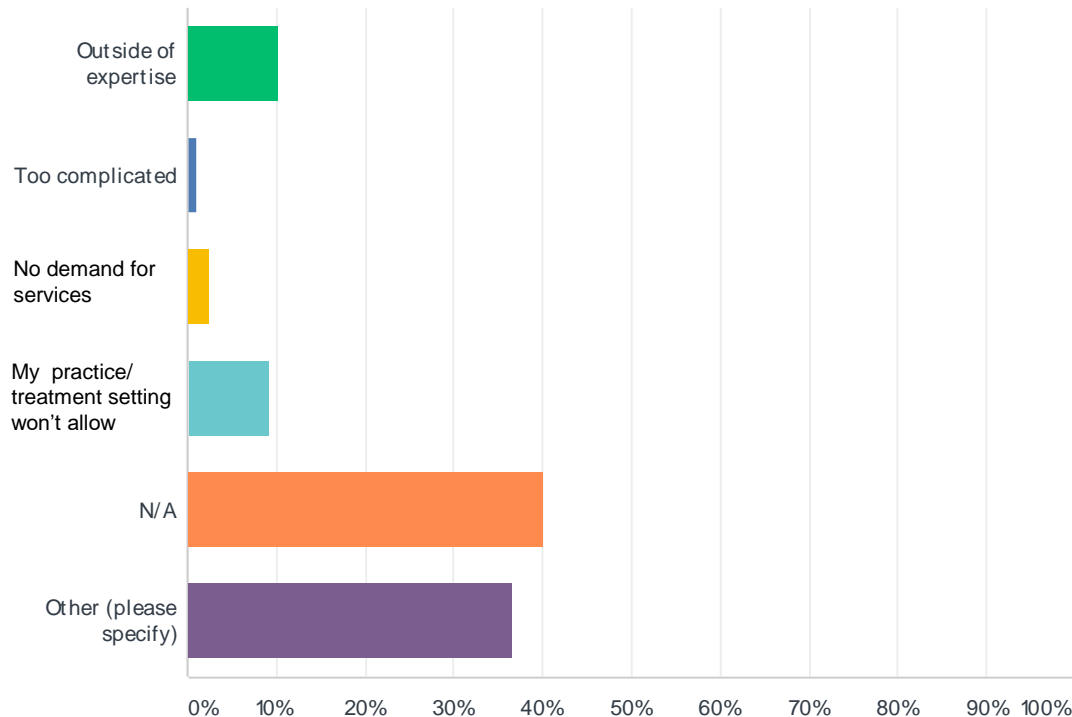
30	So I bill insurance, so it not really possible for parents not to know. I also feel I at least need to let parents know about emergencies, so I get an ROI for at least that.	8/6/2018 3:52 PM
31	I only take private insurance, therefore parents will need to be notified in order to be billed.	8/6/2018 2:37 PM
32	If an adolescent is living alone, on their own, I would see them by themselves. Otherwise there is a family system involved which is usually part of the problem and part of the solution. To rely only on the adolescent for information is poor practice. And it's important to enlist the whole family and changes designed to address issues.	8/6/2018 1:55 PM
33	We do not see youth without parent or guardian knowledge.	8/6/2018 1:39 PM
34	While legally possible I have never been asked to do so and it makes no clinical sense to do so.	8/4/2018 11:18 AM
35	Only see clients within hospital setting so follow those guidelines	8/3/2018 4:36 PM
36	The settings I work in are set up around parent participation.	8/3/2018 10:53 AM
37	hospital policy to inform parents/legal guardian of admissions	8/2/2018 4:24 PM
38	Caregiver is needed for safety planning	8/2/2018 2:48 PM
39	Not relevant to the type of care I provide.	8/2/2018 2:11 PM
40	RCW 71.34.510	8/2/2018 10:38 AM
41	Usually not. THere are exceptions, but generally if child is not being abused or other such issues, i prefer a parent to be involved in some way negotiating w youth	8/2/2018 10:06 AM
42	We are a family-based treatment facility where parental and family involvement is key to each child's recovery (eating disorders)	8/2/2018 9:44 AM
43	Not appropriate in the context in which I treat	8/2/2018 9:07 AM

Clinician

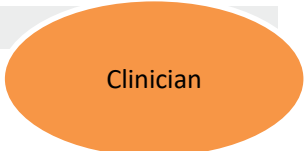
Parent Initiated Treatment Survey

Q81 If you do not serve children and youth, or children and youth under a certain age, why?

Answered: 194 Skipped: 27



ANSWER CHOICES	RESPONSES	
Outside of expertise	10.31%	20
Too complicated	1.03%	2
No demand for services	2.58%	5
My practice/treatment setting won't allow	9.28%	18
N/A	40.21%	78
Other (please specify)	36.60%	71
TOTAL		



Q81 If you do not serve children and youth, or children and youth under a certain age, why?

Answered: 194 Skipped: 27

CONSOLIDATED RESPONSES TO OTHER BY TOPIC (Summary)

It is not my area of specialty

While practicing, I was very busy with my adult practice and did not have credentialing (board certification) in child psychiatry.

Choice to limit practice at this phase of career

not set up for it

I'm too old to be on the floor with young children in active play therapy.

My practice is geared towards children, 0-5, and their caregivers, along with expectant mothers, because of the special risk factors associated with this group

I prefer to see young children and try not to see adolescents, as I enjoy the work with the younger children more. Sometimes agency needs demand it though.

Organization only services child at a certain age.

We are not licensed to serve youth under the age of 12.

My agency specialized in single homeless, vulnerable adults

Statement is not accurate for my practice

We actually are just recently reaching out to a younger age group with the implementation of our first episode psychosis program.

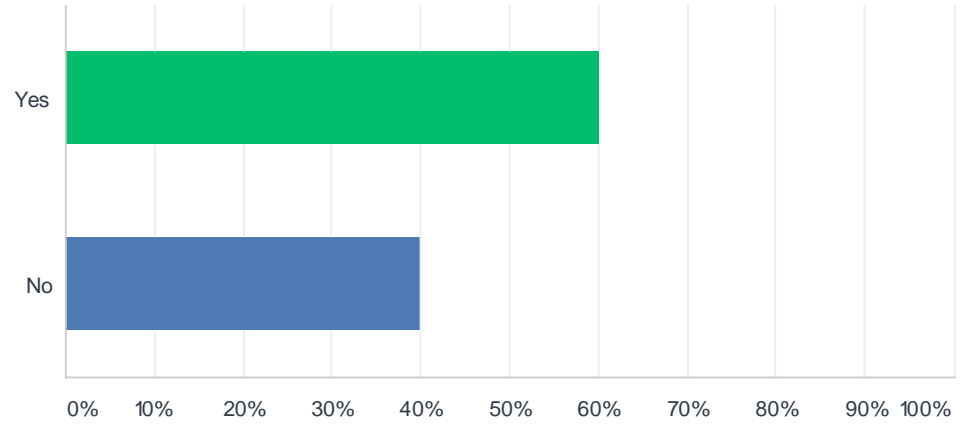
We do not serve 0-3.

We serve children 8 and older only (Eating disorder treatment facility)

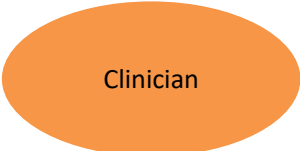
Parent Initiated Treatment Survey

Q82 Do you have a policy on family engagement when serving youth 13-17?

Answered: 198 Skipped: 23



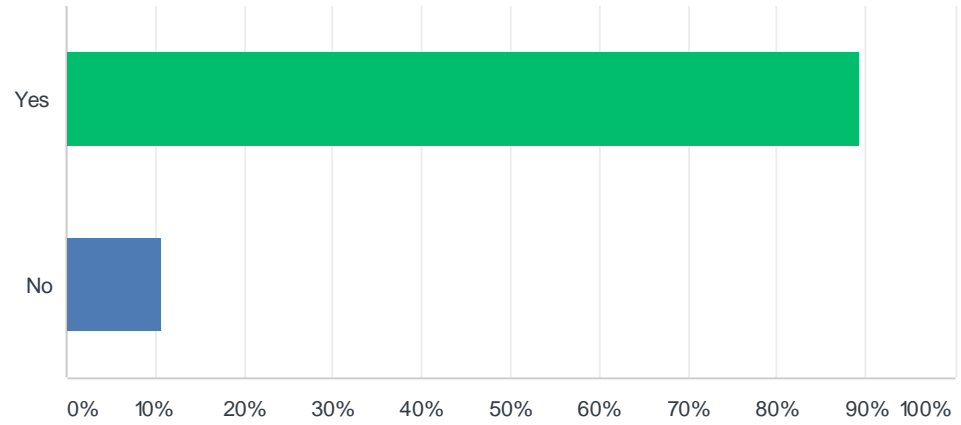
ANSWER CHOICES	RESPONSES	
Yes	60.61%	120
No	39.39%	78
TOTAL		198



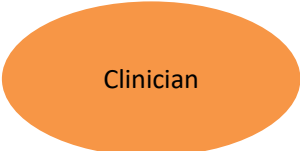
Parent Initiated Treatment Survey

Q83 Do you share this policy with the parents and or the youth prior to beginning treatment?

Answered: 93 Skipped: 128



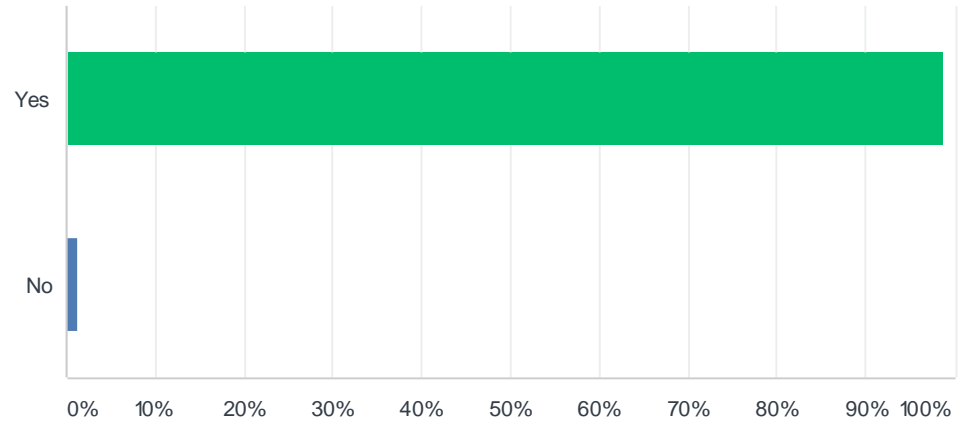
ANSWER CHOICES	RESPONSES	
Yes	89.25%	83
No	10.75%	10
TOTAL		93



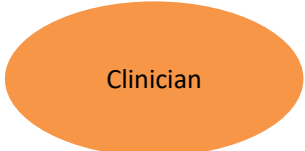
Parent Initiated Treatment Survey

Q84 Do you have a policy that addresses HIPAA?

Answered: 153 Skipped: 68



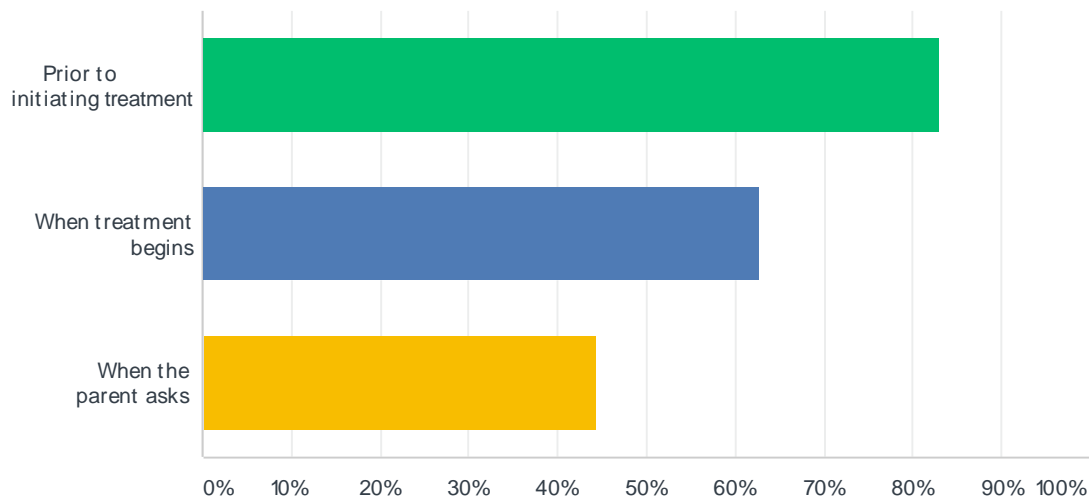
ANSWER CHOICES	RESPONSES	
Yes	98.69%	151
No	1.31%	2
TOTAL		153



Parent Initiated Treatment Survey

Q85 When do you discuss HIPAA with the parents and youth? Check all that apply:

Answered: 153 Skipped: 68



ANSWER CHOICES	RESPONSES
Prior to initiating treatment	83.01% 127
When treatment begins	62.75% 96
When the parent asks	44.44% 68
Total Respondents: 153	

#	OTHER (PLEASE SPECIFY)	DATE
1	Intake & Treatment Planning and as needed	8/30/2018 4:27 PM
2	as the need presents in the course of services	8/24/2018 7:52 PM
3	PHI and the confidentiality rights of the minor	8/22/2018 12:06 PM
4	as necessary	8/21/2018 8:25 AM
5	At any point in the treatment process we can address if there is a question about it, confidentiality, release of information or records.	8/20/2018 2:19 PM
6	Intake and throughout as needed	8/16/2018 10:00 AM

Clinician

Parent Initiated Treatment Survey

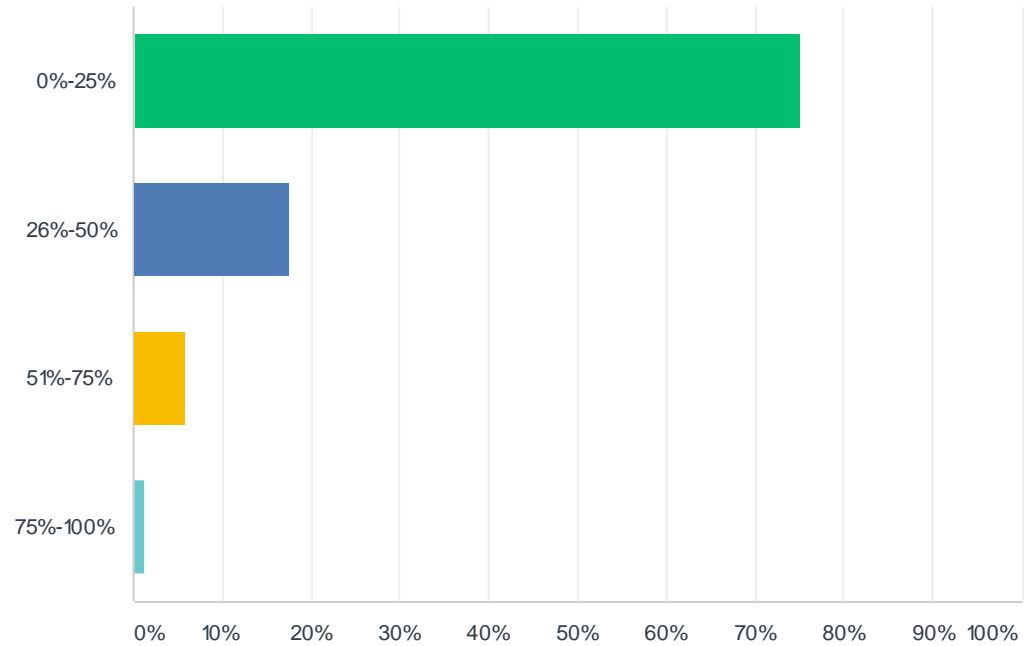
7	When a youth refuses to allow their parent consent to disclose information	8/14/2018 7:17 AM
8	During the intake, and during the consultation call	8/13/2018 8:53 AM
9	I do not electronically transmit data so I do not discuss HIPAA, as I am not a HIPAA provider.	8/13/2018 8:29 AM
10	When clinically indicated and only with a release	8/12/2018 10:37 AM
11	Anytime the need arises throughout treatment.	8/10/2018 2:43 PM
12	During initial paperwork/registration prior to intake.	8/10/2018 10:05 AM
13	Also as needed	8/9/2018 10:18 AM
14	We discuss HIPAA throughout the course of treatment.	8/7/2018 7:28 PM
15	At the intake appointment as part of my Disclosure Statement	8/7/2018 5:19 PM
16	At time of intake.	8/7/2018 3:34 PM
17	At intake and ongoing	8/7/2018 11:29 AM
18	Whenever the topic of confidentiality or mandated reporting comes up.	8/7/2018 10:04 AM
19	At registration	8/3/2018 4:41 PM
20	During consent procedures	8/2/2018 10:26 AM

Clinician

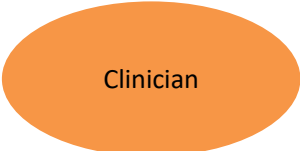
Parent Initiated Treatment Survey

Q86 What percentage of youth refuse to consent to including their parent/guardian in their treatment plans and information?

Answered: 153 Skipped: 68



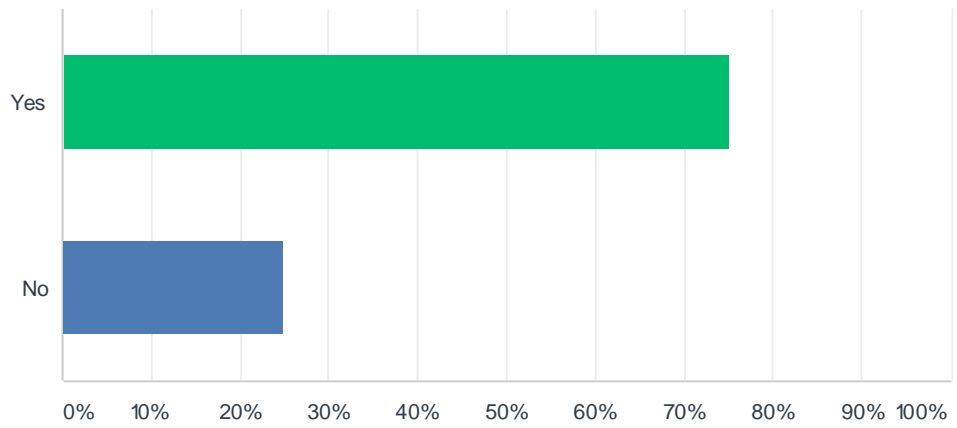
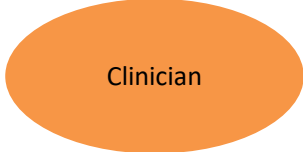
ANSWER CHOICES	RESPONSES	
0%-25%	75.16%	115
26%-50%	17.65%	27
51%-75%	5.88%	9
75%-100%	1.31%	2
TOTAL		153



Parent Initiated Treatment Survey

Q87 Do the majority of youth you serve allow full consent to their parents in early treatment?

Answered: 153 Skipped: 68



ANSWER CHOICES	RESPONSES	
Yes	75.16%	115
No	24.84%	38
Total Respondents: 153		

#	IF NO - WHAT IS AVERAGE LEVEL OF CONSENT (FOR THEIR PARENT) IN YOUR WORK?	DATE
1	19	9/9/2018 9:35 AM
2	appointment scheduling, treatment goals	8/31/2018 10:08 AM
3	?	8/30/2018 4:27 PM
4	In my practice I had only a few late teen patients with severe and persistent mental illness at time complicated by substance use disorder. In this situation it was often difficult to get consent from the youth to involve parents or the opposite where they were totally dependent on their parents.	8/27/2018 11:32 AM
5	A minor who has reached the age of 13 does not often seek to include parents. Communication issues with parents are often why the minor has been brought to me for treatment.	8/22/2018 12:06 PM
6	30%	8/20/2018 10:08 AM
7	Basic overview of treatment plan and progress as well as attendance	8/18/2018 1:15 PM

Parent Initiated Treatment Survey

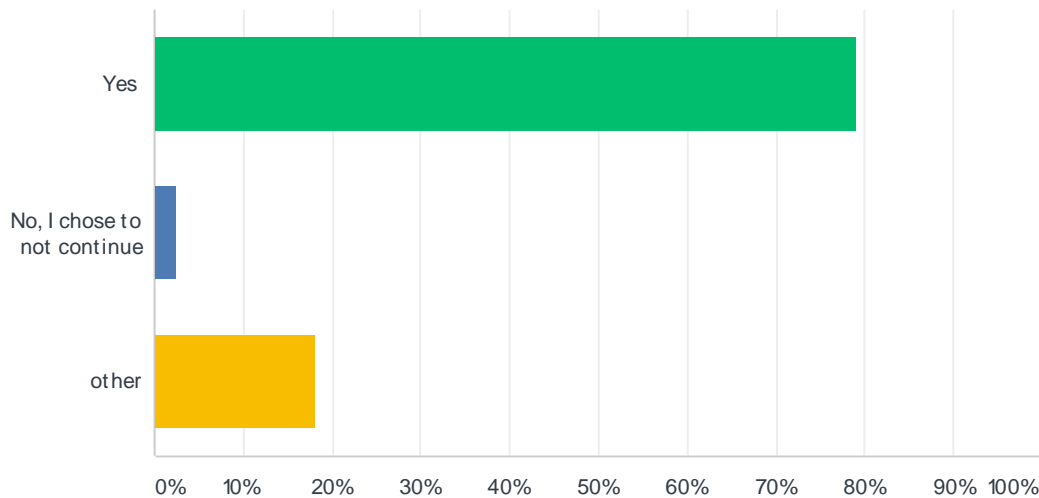
8	Not full consent, emergency contacts and coordinating care, but not details of treatment	8/16/2018 6:42 PM
9	Initially as an emergency contact, broader scope later	8/16/2018 1:21 PM
10	30	8/16/2018 10:52 AM
11	100% under 13, 25% or less 13 and up, although family therapy is encouraged	8/16/2018 10:37 AM
12	90%	8/14/2018 10:11 AM
13	90%	8/13/2018 3:26 PM
14	75%	8/13/2018 2:37 PM
15	middle to end of treatment, attempts to engage parents and discussion occurs throughout, acceptance and allowance occurs more towards end of treatment when trust has been established	8/13/2018 1:48 PM
16	25%	8/13/2018 9:59 AM
17	as needed - high risk/acuity for imminent danger	8/13/2018 9:57 AM
18	Most will allow for general discussion for progress and treatment goals.	8/13/2018 8:53 AM
19	N/A	8/12/2018 10:37 AM
20	They often want them to make appointments only. Very few teens are open to sharing what is said in session.	8/12/2018 12:36 AM
21	I do not work with children over 12	8/10/2018 1:59 PM
22	Many youth (75%) want some degree of sovereignty in what is shared.	8/10/2018 1:56 PM
23	May talk about progress but not specifics	8/10/2018 1:52 PM
24	It would be hard to put a number on it.	8/10/2018 11:33 AM
25	they are usually good with my policy.	8/10/2018 11:29 AM
26	75%	8/10/2018 10:38 AM
27	Most will allow parents to know they're in services	8/10/2018 9:42 AM
28	When I ask specifically if they would or would not like information shared.	8/9/2018 1:53 PM
29	General themes & attendance	8/9/2018 1:02 PM
30	They consent to discussing treatment goals and progress most of the time. They do not consent mostly to sharing content of our sessions.	8/9/2018 11:03 AM
31	Through tx total 70%	8/9/2018 10:18 AM
32	30%	8/8/2018 10:36 PM
33	Full consent with exception of UA results	8/8/2018 3:40 PM
34	Many allow some level of consent, but request to be alerted to any info disclosed. Content of sessions is often not shared. Treatment goals are often the focus of consent	8/7/2018 11:29 AM
35	60-70%	8/6/2018 11:29 AM

Clinician

Parent Initiated Treatment Survey

Q88 When a youth refuses to consent to including parent/guardian, do you continue to treat that youth?

Answered: 153 Skipped: 68



ANSWER CHOICES	RESPONSES
Yes	79.08% 121
No, I chose to not continue	2.61% 4
other	18.30% 28
TOTAL	153

#	OTHER (PLEASE SPECIFY)	DATE
1	I will continue to treat that youth if there is possible risk to safety associated with them seeking treatment (for example, trans youth who do not have support from their family and may be at risk for homelessness, abuse, etc).	8/28/2018 12:28 PM
2	youth I have seen were incarcerated in adult facilities and family not involved in treatment	8/26/2018 8:47 PM
3	Depends of therapeutic value/the intensity of the youth's treatment needs, and would be for a very brief period, specified in writing with the youth	8/24/2018 7:52 PM
4	I go over with the youth my responsibility to the state mandate to report imminent harm and the various circumstances that may be judged thus.	8/22/2018 12:06 PM

Parent Initiated Treatment Survey

5	Not been an issue in my practice	8/22/2018 11:32 AM
6	Depends on complexity of the case.	8/21/2018 12:33 PM
7	Depends on the circumstance.	8/21/2018 10:14 AM
8	Yes, while continuing to encourage the youth to consent to include parent/guardians	8/20/2018 1:42 PM
9	Yes I see the client, but in my field a parents statement during a crisis is important and may be received as a declaration. I always continue to treat the youth. There are many reasons why a youth may not want parents involved in treatment	8/16/2018 6:42 PM
10	for 13 and up	8/16/2018 7:59 AM
11	However, we work with youth to try to understand the benefits of engaging their parents.	8/15/2018 9:50 AM
12	We continue to engage the youth to understand the ramifications if their parents are not informed.	8/14/2018 7:17 AM
13	This has not happened yet.	8/13/2018 10:42 AM
14	If they have emergency contact or adult we can work with	8/13/2018 9:57 AM
15	N/A to my practice	8/12/2018 10:37 AM
16	n/a	8/10/2018 1:59 PM
17	NO, I do not work with youth who do not permit their parents to be involved even after I have explained to them and their parents together how I protect the privacy of the youth who is my client. I do not believe I can be effective without family support of the teen. I refer the teen to other therapists who may be able to help them and if possible I will facilitate a warm referral.	8/10/2018 1:25 PM
18	I only see families so the parents are included in the treatment	8/10/2018 11:29 AM
19	it depends on the issue.	8/10/2018 11:29 AM
20	It depends on the reason the child, if age 13 or over is seeking treatment.	8/10/2018 11:04 AM
21	Usually, yes, with the hope that s/he will see the purpose of inclusion of it seems appropriate.	8/10/2018 10:38 AM
22	Only if the youth is age 13 or older.	8/10/2018 10:05 AM
23	As long as parent understands payment is still required.	8/9/2018 1:02 PM
24	With continuous offering to include parent	8/9/2018 10:18 AM
25	Yes but I make it clear that involving the parent is vital and continue to assess throughout	8/8/2018 10:36 PM
26	I haven't experienced this myself but I believe it depend more on their age, if they are older and on their own and the parents are not involved then we would work with the youth but still encourage them to involve their parents if possible. I have never heard of a 13-16 year old initiating services with us.	8/8/2018 12:30 PM
27	depends	8/7/2018 11:21 AM
28	Treat with full disclosure to the youth that treatment can be compromised without parental involvement. and that safety will trump disclosure.	8/6/2018 5:21 PM
29	Depends on the reason.	8/6/2018 3:55 PM
30	Does not apply due to taking only private insurance where parents are aware of treatment for billing purposes.	8/6/2018 2:42 PM

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Parent Initiated Treatment Survey

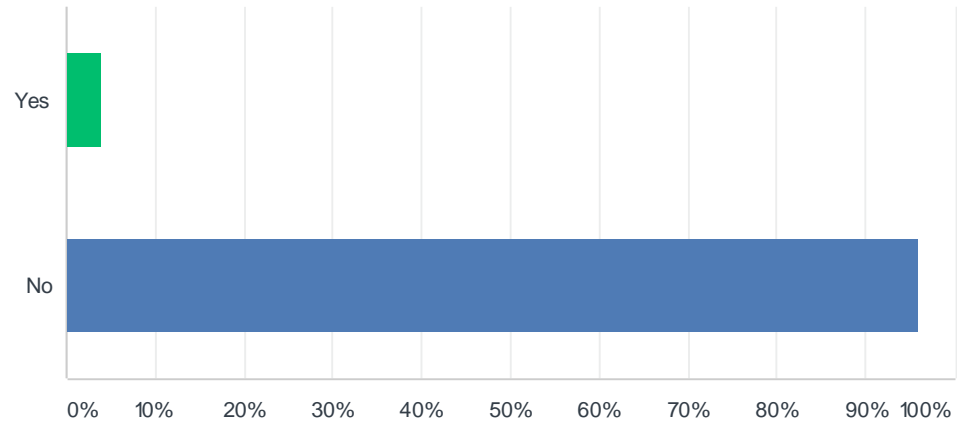
31	I'll work on developing rapport and readdress the issue.	8/6/2018 1:58 PM
32	depends on clinical situation	8/6/2018 11:27 AM
33	has not occurred when I explain that medication management really requires that parents help to observe for side effects. All the children I see have a guardian	8/5/2018 5:17 PM
34	Not Applicable.	8/4/2018 2:42 PM
35	In inpatient yes; in outpatient this comes up rarely (as parents are often the driver to get kids in to treatment) but it would be more difficult so would likely be no.	8/3/2018 10:58 AM
36	Individual case by case	8/2/2018 10:11 AM

Clinician

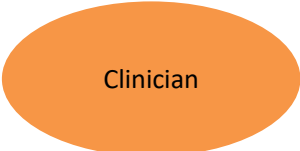
Parent Initiated Treatment Survey

Q89 Have you ever had insurance claims denied because the minor refused to share medical information with the parent?

Answered: 153 Skipped: 68



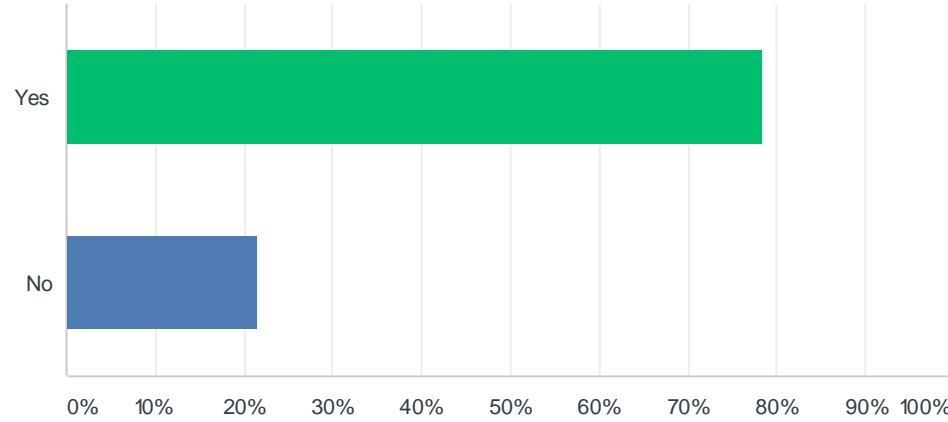
ANSWER CHOICES	RESPONSES	
Yes	3.92%	6
No	96.08%	147
TOTAL		153



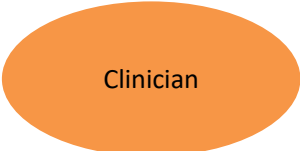
Parent Initiated Treatment Survey

Q90 Have you ever referred a youth to inpatient treatment?

Answered: 153 Skipped: 68



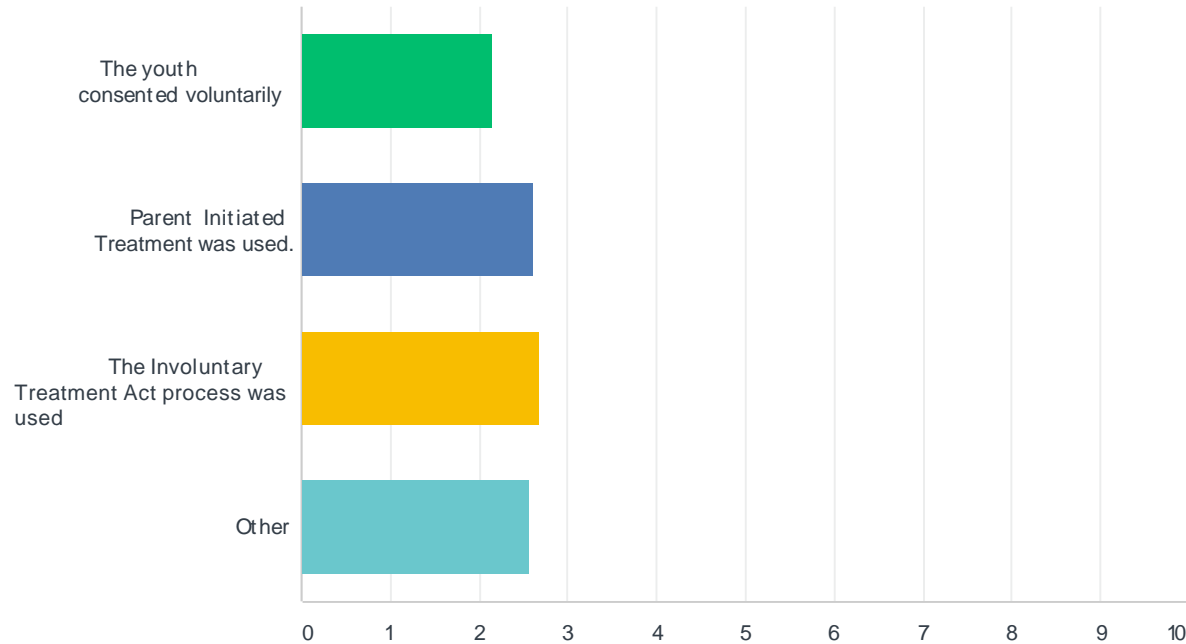
ANSWER CHOICES	RESPONSES	
Yes	78.43%	120
No	21.57%	33
TOTAL		153



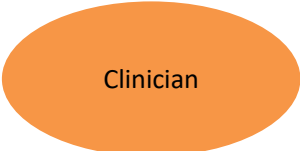
Parent Initiated Treatment Survey

Q91 If yes, what is the most used method rate 1-4 (1 being the least used and 4 being the most used method)

Answered: 152 Skipped: 69



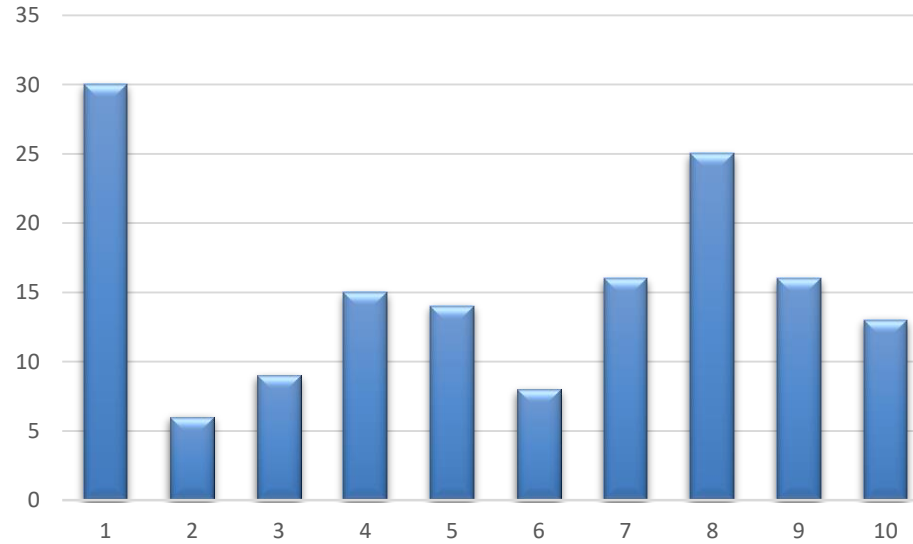
	1	2	3	4	TOTAL	SCORE
The youth consented voluntarily.	26.97%	10.53%	13.82%	48.68%		
	41	16	21	74	152	2.16
Parent Initiated Treatment was used.	15.79%	40.13%	34.21%	9.87%		
	24	61	52	15	152	2.62
The Involuntary Treatment Act process was used.	21.71%	32.89%	36.18%	9.21%		
	33	50	55	14	152	2.67
Other	36.24%	16.78%	16.11%	30.87%		
	54	25	24	46	149	2.58



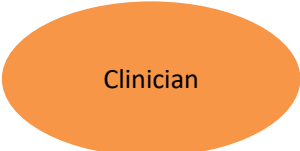
Parent Initiated Treatment Survey

Q92 On a scale of 1-10 (1 is not at all familiar, 10 is completely familiar), what is your familiarity with the Parent Initiated Treatment process?

Answered: 152 Skipped: 69



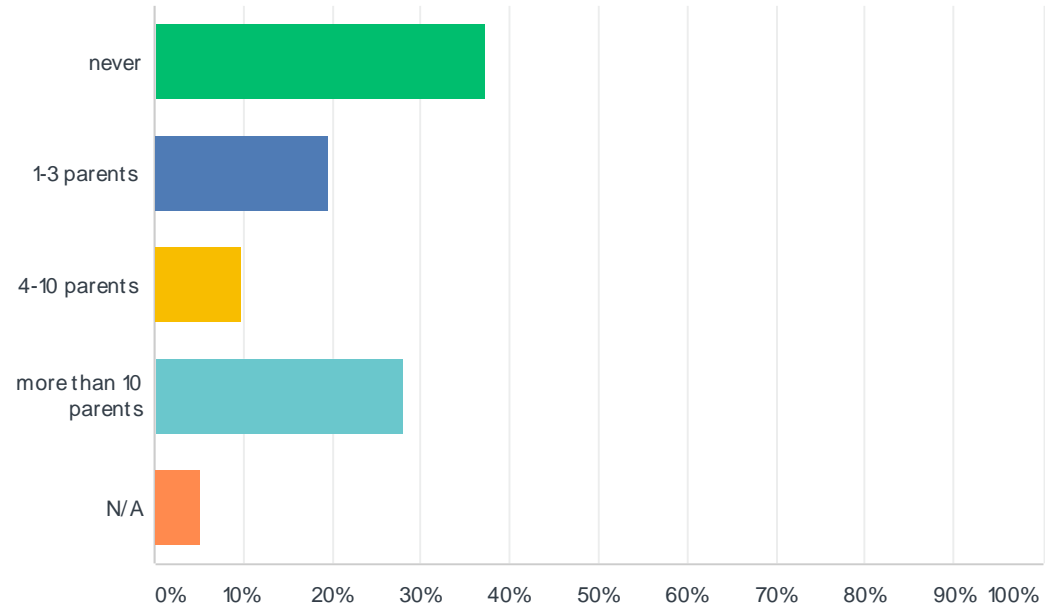
(no label)	1	2	3	4	5	6	7	8	9	10	TOTAL	WEIGHTED AVERAGE
	19.74%	3.95%	5.92%	9.87%	9.21%	5.26%	10.53%	16.45%	10.53%	8.55%	152	1.00
	30	6	9	15	14	8	16	25	16	13		



Parent Initiated Treatment Survey

Q93 How often have you informed Parents about the Parent Initiated Treatment process?

Answered: 153 Skipped: 68



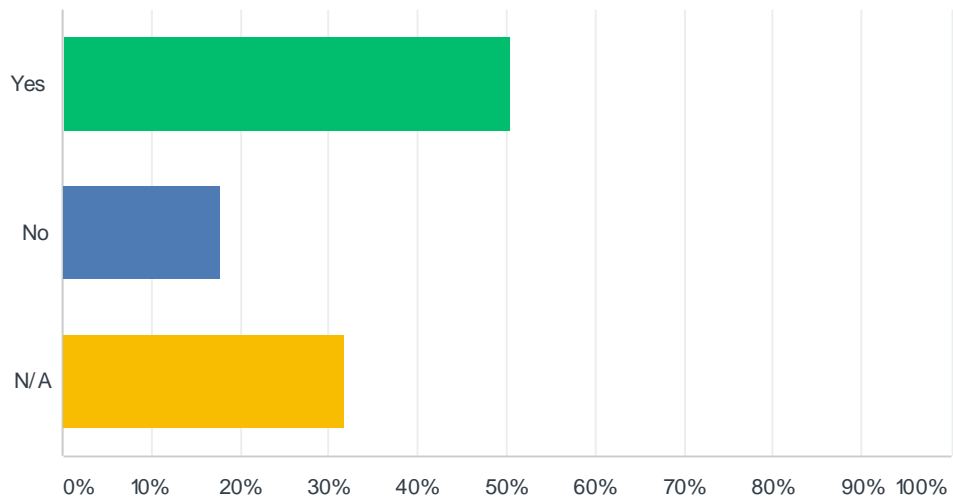
ANSWER CHOICES	RESPONSES	
never	37.25%	57
1-3 parents	19.61%	30
4-10 parents	9.80%	15
more than 10 parents	28.10%	43
N/A	5.23%	8
TOTAL		153



Parent Initiated Treatment Survey

Q94 Were the parents/caregivers able to navigate the inpatient Parent Initiated Treatment process?

Answered: 151 Skipped: 30



ANSWER CHOICES	RESPONSES	
Yes	50.33%	76
No	17.88%	27
N/A	31.79%	48
TOTAL		151

#	IF NO, WHY?	DATE
1	These children typically didn't meet ita criteria so when they presented to a hospital for PIT they were discharged within hours of admission	8/26/2018 3:18 PM
2	They were denied based on make up of current mileu	8/17/2018 5:57 PM
3	No hospital in our area...parents are often unable to transport to an E&T to request admission.	8/14/2018 11:28 AM
4	Parents have difficulties due to the lack of beds and long distances they have to drive	8/14/2018 7:59 AM
5	It is a difficult learning process for the parents.	8/14/2018 7:17 AM

Parent Initiated Treatment Survey

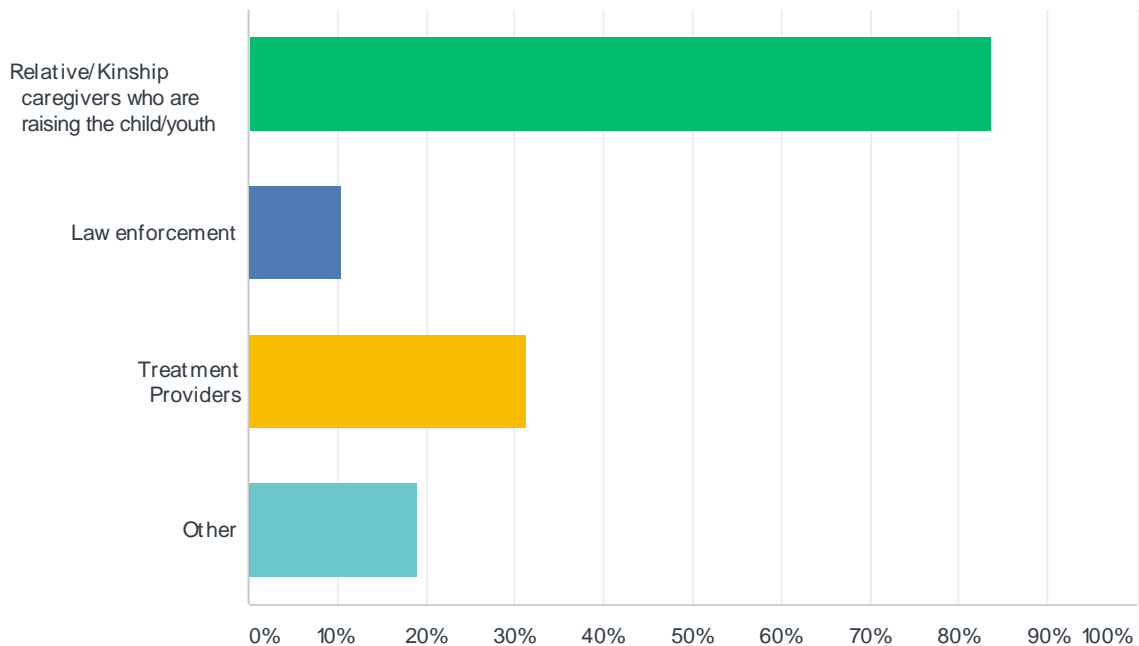
6	I've not worked with youth who connect or end up connecting with inpatient treatment in my practice.	8/13/2018 8:55 AM
7	with hospital and therapist support	8/10/2018 3:42 PM
8	I've never had a parent use the PIT process.	8/10/2018 2:43 PM
9	Difficult and most parents are in crisis mode when this option is presented and have difficulty comprehending	8/8/2018 10:36 PM
10	I tell every parent about the PIT process, but to the best of my knowledge none of them have ever successfully been able to utilize the process or they haven't needed to (i.e. the evidence of risk was clear enough that the DMHP detained without parent initiation).	8/8/2018 6:56 PM
11	This has never been a situation that has come up in my treatment facility	8/8/2018 3:40 PM
12	Not aware of it.	8/8/2018 12:30 PM
13	I'm not completely sure - due to my role, I often step in briefly then step out of situations. Other staff here follow the situations ongoing.	8/8/2018 10:48 AM
14	I have not referred parents to PIT.	8/8/2018 9:38 AM
15	Parents express their are unable to engage/ "bring" a resistant uncooperative teen-and expect the therapist will be able to "restrain" "enforce" cooperation	8/7/2018 5:19 PM
16	N/A	8/7/2018 3:34 PM
17	I don't know about it.	8/7/2018 12:44 PM
18	do not know or use this	8/7/2018 11:21 AM
19	Too confusing for them. ED Social Workers helped them.	8/7/2018 10:04 AM
20	they are on their own	8/7/2018 9:41 AM
21	we have not yet had a time where this had to happen, as we are still a new program.	8/7/2018 8:50 AM
22	Parent needed help filling out the CLIP application	8/7/2018 7:14 AM
23	They were, but it took work	8/6/2018 3:55 PM
24	N/A	8/6/2018 2:15 PM
25	NA, see above	8/6/2018 1:58 PM
26	We do not provide inpatient services and we have not referred children to inpatient under this process.	8/6/2018 11:37 AM
27	Not Applicable.	8/4/2018 2:42 PM
28	Not applicable	8/4/2018 10:05 AM
29	It wasn't needed. The youth ended up consenting. Or there was no treatment bed available	8/3/2018 8:00 PM
30	Most were able to navigate. Some were reluctant because they felt that it made them "the bad guy."	8/2/2018 10:42 AM
31	not sure - this was not at my facility, we are not inpatient	8/2/2018 9:47 AM

Clinician

Parent Initiated Treatment Survey

Q95 In addition to parents, who should be able to file a Parent Initiated Treatment? Check all that apply:

Answered: 153 Skipped: 68



ANSWER CHOICES	RESPONSES
Relative/Kinship caregivers who are raising the child/youth	83.66% 128
Law enforcement	10.46% 16
Treatment Providers	31.37% 48
Other	18.95% 29
Total Respondents: 153	

#	OTHER(S) (PLEASE SPECIFY)	DATE
1	DCFS	8/27/2018 2:36 PM

Parent Initiated Treatment Survey

2	n/a	8/26/2018 8:47 PM
3	nobody else	8/24/2018 7:52 PM
4	state workers for wards of state	8/21/2018 8:25 AM
5	The overwhelming majority of the youth on my caseload have state social workers who are their guardians. These social workers are not their parents, but hold custody of the youth. These social workers should be able to file a PIT.	8/20/2018 9:59 AM
6	Foster parents	8/16/2018 6:42 PM
7	No comment	8/16/2018 1:21 PM
8	don't know because I have never heard of this	8/16/2018 10:37 AM
9	None	8/14/2018 10:11 AM
10	If age of consent was lowered to 17years 364 days we would not have to worry about PIT	8/14/2018 7:17 AM
11	not sure. probably no one	8/13/2018 3:51 PM
12	Legal Guardians or those with power of attorney.	8/11/2018 9:11 AM
13	case managers	8/10/2018 2:43 PM
14	Legal guardians	8/10/2018 1:59 PM
15	I am uncomfortable with anyone other than a parent or guardian having this degree of power/influence in a child's life.	8/10/2018 1:56 PM
16	Don't know	8/10/2018 1:52 PM
17	I don't know because I'm not aware of the PIT	8/9/2018 1:53 PM
18	Do not know enough on the topic to comment	8/9/2018 1:02 PM
19	Non-clinical service providers, such as housing staff in a transitional living program, case managers at a drop-in center, outreach workers, peer-support workers, etc.	8/8/2018 6:56 PM
20	Guardian	8/7/2018 11:29 AM
21	any natural supports that have the best interest for the individual	8/7/2018 8:50 AM
22	Regarding the 1st box checked, relative/kinship caregiver must be legal guardian. Regarding "other" box, of child is state dependent, state can auth PIT.	8/6/2018 3:19 PM
23	DCFS SW for legally free children/youth	8/6/2018 12:40 PM
24	legal guardians (parents and state dependents must go through court process)	8/5/2018 5:17 PM
25	Unsure	8/4/2018 2:42 PM
26	CA case worker for a child	8/4/2018 11:23 AM
27	I don't know	8/4/2018 10:05 AM
28	None	8/3/2018 8:00 PM
29	none; only legal guardians should be able to do this	8/2/2018 4:

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Parent Initiated Treatment Survey

30	Legal guardians only	8/2/2018 10:42 AM
31	I am ambivalent about treatment providers being able to do this given the history of the involuntary process in WA	8/2/2018 10:11 AM

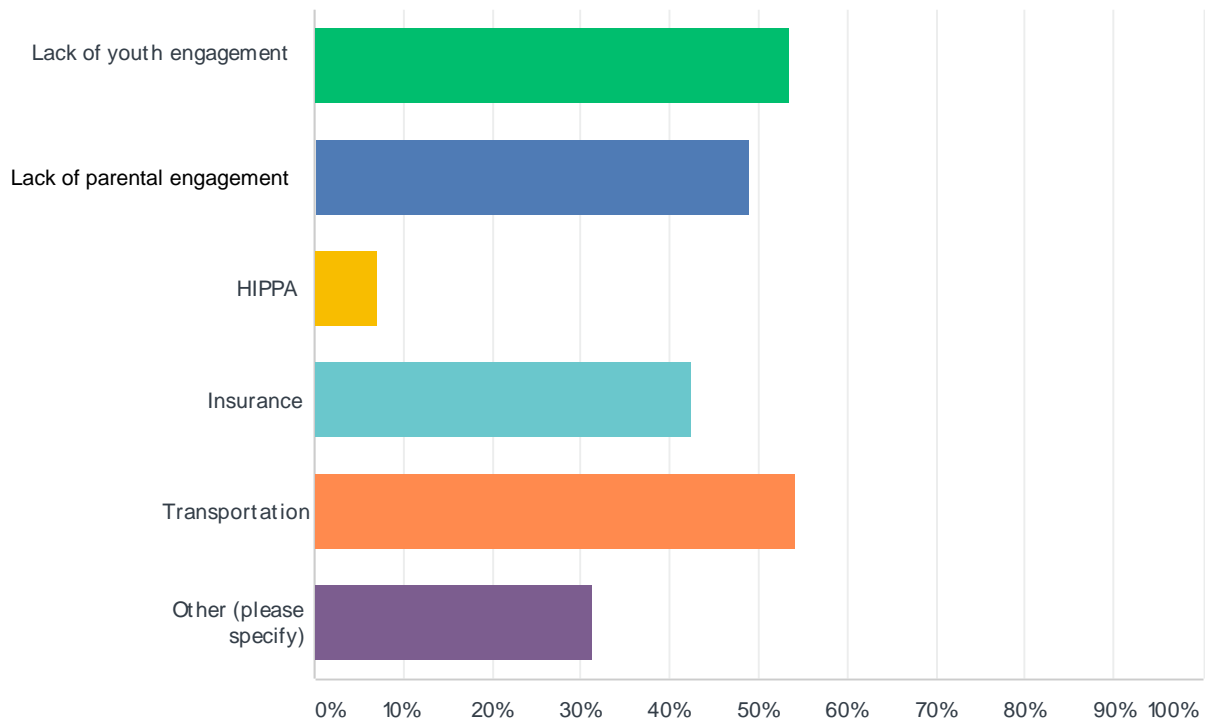


Clinician

Parent Initiated Treatment Survey

Q96 What do you see as the primary barrier standing in the way of youth obtaining treatment?
Check all that apply:

Answered: 153 Skipped: 68



ANSWER CHOICES	RESPONSES	
Lack of youth engagement	53.59%	82
Lack of parental engagement	49.02%	75
HIPPA	7.19%	11
Insurance	42.48%	65
Transportation	54.25%	83
Other (please specify)	31.37%	48

Parent Initiated Treatment Survey

Total Respondents: 153

#	OTHER (PLEASE SPECIFY)	DATE
1	Stigma	8/30/2018 4:27 PM
2	Finances	8/28/2018 12:28 PM
3	My practice did not involve many youth with only substance use disorder	8/27/2018 11:32 AM
4	Not enough beds	8/26/2018 3:18 PM
5	Unawareness of services offered and places to get the service	8/23/2018 9:52 PM
6	Lack of available services	8/23/2018 7:46 AM
7	Lack of providers	8/22/2018 11:32 AM
8	The law as written	8/21/2018 10:14 AM
9	schools not allowing or punishing children for attending appointments during school hours, sports schedules, outside supports	8/20/2018 2:19 PM
10	In my experience related to PIT it has to do with the Hospitals refusing to take the youth under PIT	8/20/2018 1:42 PM
11	other life priorities	8/17/2018 4:32 PM
12	No enough providers to cover the vast need for child mental health services, especially for the lower income.	8/16/2018 8:29 AM
13	absence of school-based mental health services with licensed clinical providers	8/15/2018 9:05 AM
14	lack of accessible services	8/13/2018 10:37 AM
15	Hospital unwilling. Too difficult to get youth inpatient treatment in Washington state.	8/13/2018 8:29 AM
16	Availability of Facilities/Providers	8/13/2018 8:24 AM
17	lack of beds, lack of funding (medicaid), unresponsive/non-existent DMHP's, getting turned away at ER's (usually due to being on Medicaid), insufficient services for Medicaid clients in general.	8/10/2018 2:43 PM
18	Mental health marketing that reinforces negative stigma/stereotypes for socially sensitive youth	8/10/2018 1:59 PM
19	Stigma	8/10/2018 1:56 PM
20	Lack of affordable options	8/10/2018 11:54 AM
21	Safety of the youth if parents were to find out the youth were seeking services.	8/10/2018 10:05 AM
22	Stigma to therapy	8/9/2018 1:53 PM
23	Cost	8/9/2018 1:02 PM
24	safety issues if parents find out what they are saying to therapist	8/9/2018 11:03 AM
25	Access to care, including wait times to see therapist or psychiatric provider	8/8/2018 7:43 PM
26	Not enough beds in the state/county. Too often turned away due to lack of space. Secondly, often turned away due to funding source (Medicaid). Very few in-patient options for children on Medicaid.	8/8/2018 6:56 PM

Clinician

Parent Initiated Treatment Survey

27	Stigma	8/8/2018 1:06 PM
28	Hospital availability, incompetent DMHPs	8/8/2018 1:02 PM
29	The biggest barrier is lack of relevant system support and services that meet their true needs.	8/8/2018 12:30 PM
30	I believe there are many families who want their youth to receive inpatient treatment when they don't have that level of need.	8/8/2018 10:48 AM
31	Lack of available treatment options.	8/8/2018 9:20 AM
32	Some teens remain fearful caregiver or authority will obtain their information	8/7/2018 5:19 PM
33	Access to care	8/7/2018 3:34 PM
34	Services available	8/7/2018 2:38 PM
35	hit and miss attitude about attending appointments.	8/7/2018 12:44 PM
36	Schools insisting on parent consent when legally the youth is able to consent to treatment without parent consent or notification.	8/7/2018 10:04 AM
37	stigmatization of mental health in our society	8/7/2018 8:50 AM
38	Lack of inpatient resources/facilities.	8/6/2018 3:19 PM
39	Lack of knowledge of services available	8/6/2018 12:40 PM
40	Lack of providers	8/4/2018 2:42 PM
41	Lack of care providerd	8/4/2018 10:05 AM
42	Lack of treatment beds. Lack of parental follow thru.	8/3/2018 8:00 PM
43	availability of care providers	8/3/2018 4:41 PM
44	Lack of treatment adaptation to developmental needs of teens	8/3/2018 7:55 AM
45	paucity of treatment resources; cost	8/2/2018 4:16 PM
46	Access to high quality care in the community	8/2/2018 10:42 AM
47	Availability of providers; Medicaid or public insurance limited to selected sites	8/2/2018 10:11 AM
48	STIGMA	8/2/2018 9:47 AM

Clinician

Q97 In your personal experience, what treatment services should be available for Commercially Sexually Exploited Children? e.g. (secure detox, psychiatric facilities, community based counseling)

Answered: 142 Skipped: 153

Clinician

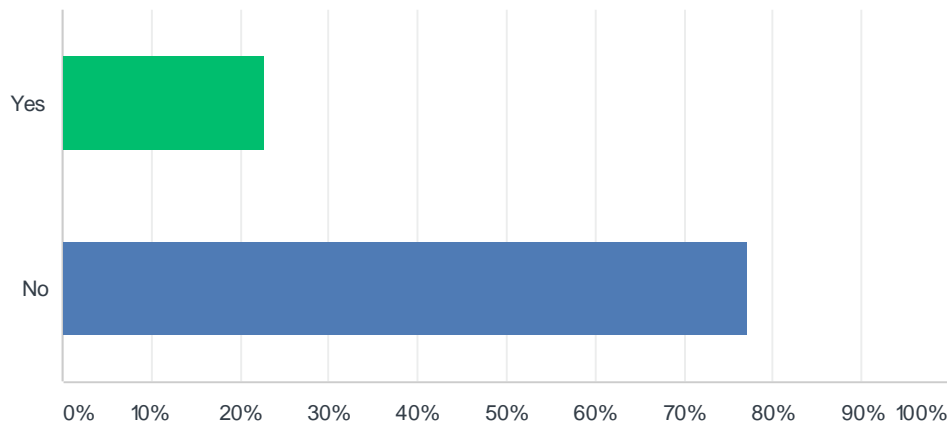
In your personal experience, what treatment services should be available for Commercially Sexually Exploited Children? BY COUNT

55	"Everything / all"	1	Evidence-based treatment
43	Community-based counseling / Counseling	1	Outpatient treatment
15	Don't know	1	Therapy
13	Detox / secure detox	1	Co-occurring programs
11	Psychiatric care / facility	1	Individual therapy
9	Housing	1	Outreach
7	Trauma care	1	Education / prevention
6	SUD treatment	1	Secure facility
6	Psychiatric care / facility	1	Wilderness therapy
5	Residential treatment	1	Bi-directional care coordination
3	Advocates	1	Crime victim services
3	Attorney / legal	1	Mentoring
3	Medical care	1	Legal services
3	Other	1	Employment
3	WRAP	1	Screening
3	Inpatient	1	Day treatment
3	Peer support	1	Outpatient
2	Group therapy	1	Financial help
2	Respite / family support	1	Yoga
2	Emergency shelter	1	Telehealth therapy
2	Harm reduction	1	Mental health referral
2	Mentors	1	Coordinated treatment team
2	Social services	1	Psychological education
2	Support group	1	Transportation
2	Education	1	Intensive outpatient SUD
1	Foster care		

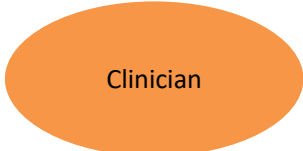
Parent Initiated Treatment Survey

Q98 Should being commercially sexually exploited be reason enough to be committed to an inpatient psychiatric facility through the Parent Initiated Treatment Process?

Answered: 153 Skipped: 68



ANSWER CHOICES	RESPONSES	
Yes	22.88%	35
No	77.12%	118
TOTAL		153



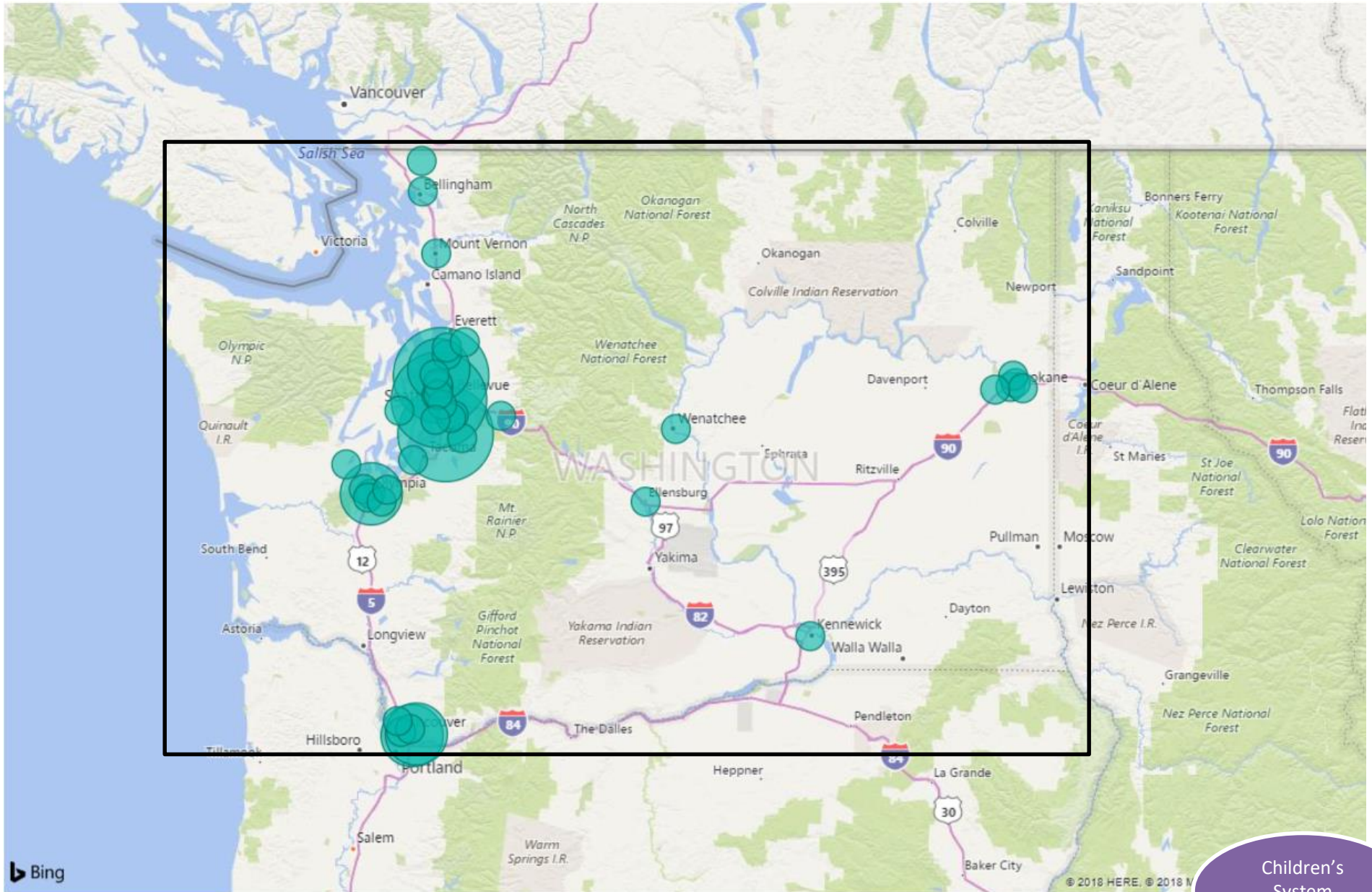
Parent Initiated Treatment Survey – Children's System Advocate

Tuesday, September 11, 2018

Parent Initiated Treatment Survey

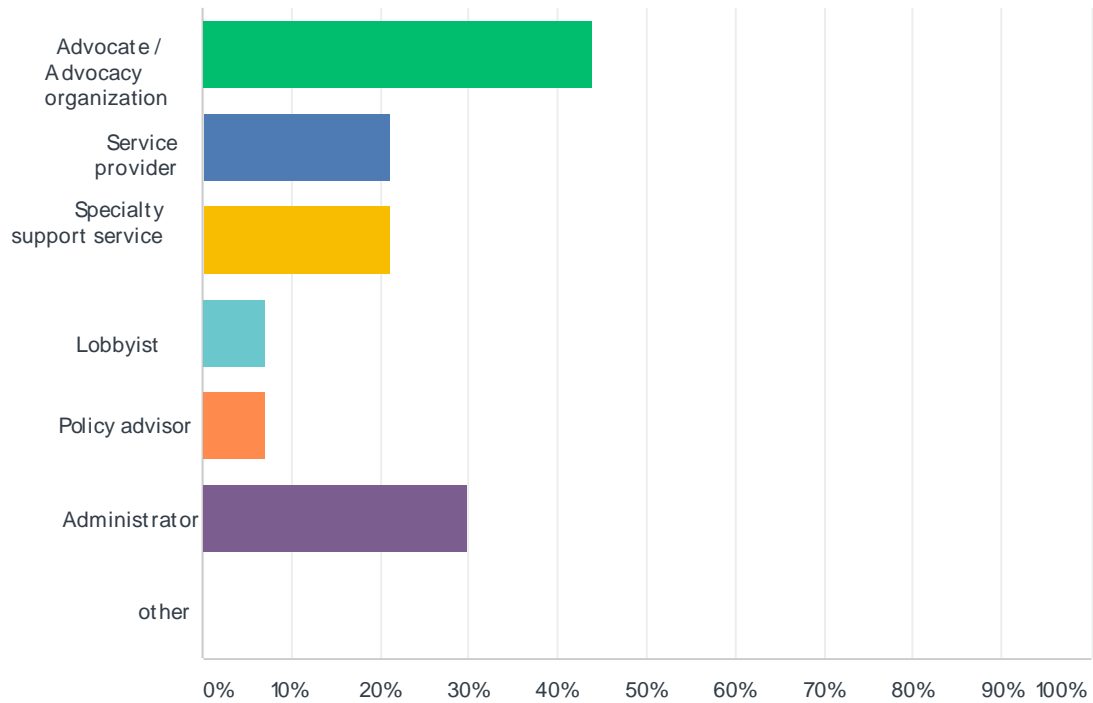
Q99 Please provide your zip code to the area you reside

Answered: 56 Skipped: 28



Q101 Are you a(n): (check all that apply)

Answered: 57 Skipped: 27



ANSWER CHOICES	RESPONSES	
Advocate/ Advocacy organization	43.86%	25
Service provider	21.05%	12
Specialty support service	21.05%	12
Lobbyist	7.02%	4
Policy advisor	7.02%	4
Administrator	29.82%	17
other	0.00%	0

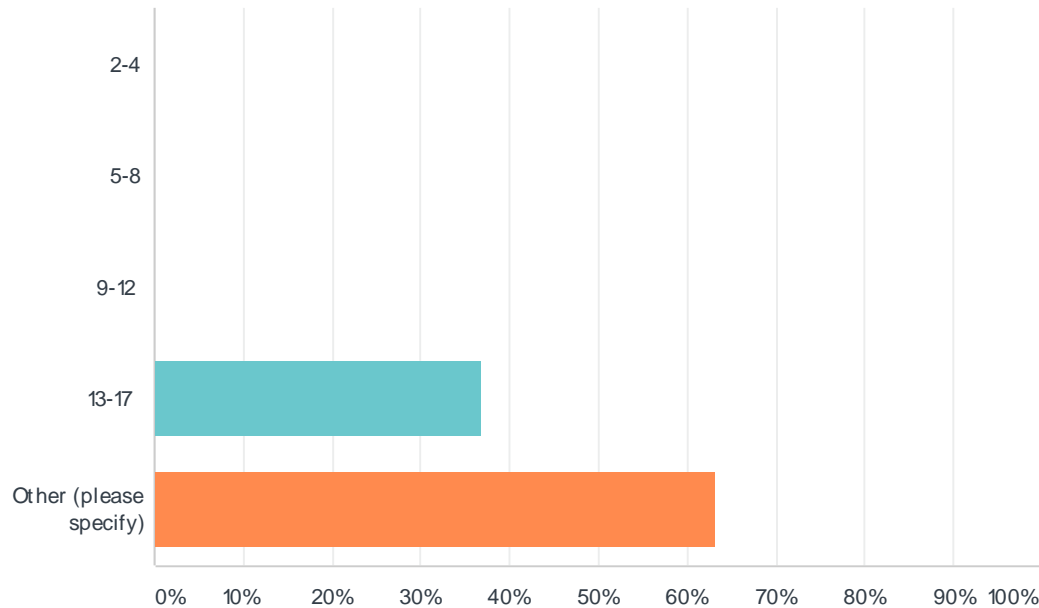
Parent Initiated Treatment Survey

Total Respondents: 57

#	OTHER (PLEASE SPECIFY)	DATE
1	School district	8/28/2018 2:28 PM
2	Retired service provider and family advocate, grandparent to 9 children	8/14/2018 8:27 AM
3	Disability Integration Manager for Coalition on Inclusive Emergency Planning	8/7/2018 3:41 PM
4	Interested citizen and former Director of Consumer Affairs for the DSHS/Behavioral Health Administration and advocate for behavioral services improvements.	8/7/2018 11:20 AM
5	WISe	8/7/2018 9:50 AM
6	Coordinator for school based services	8/7/2018 9:40 AM
7	wraparound (WISe) provider	8/6/2018 1:40 PM
8	Director at a Behavioral Health agency	8/6/2018 11:41 AM
9	I selected other but it is forcing me to choose a category. Also, on the last question you didn't allow for a "don't know" or "no opinion" I am forced to choose one.	8/5/2018 8:37 AM

Q100 What age group of youth do you represent?

Answered: 57 Skipped: 27



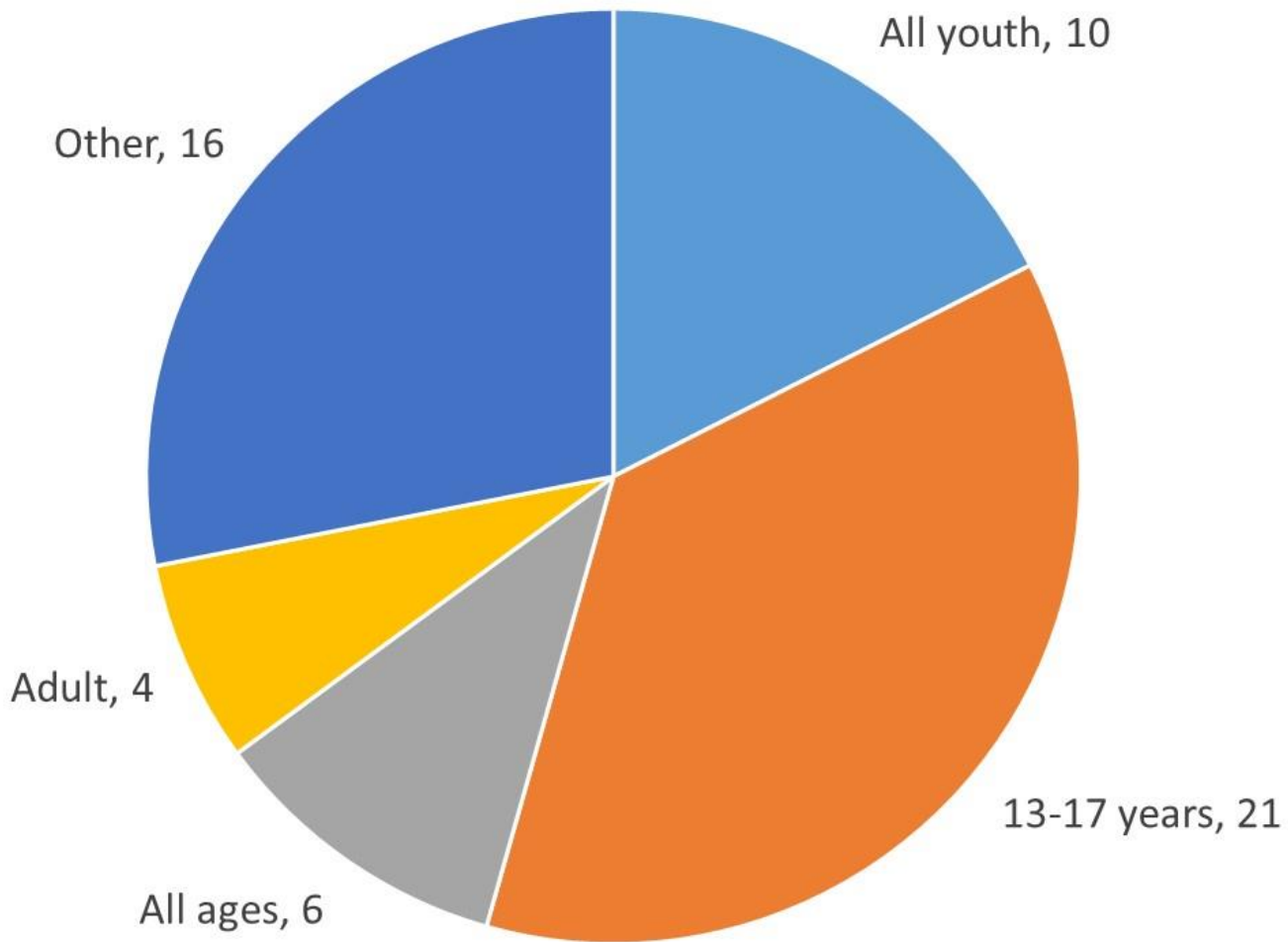
ANSWER CHOICES	RESPONSES	
2-4	0.00%	0
5-8	0.00%	0
9-12	0.00%	0
13-17	36.84%	21
Other (please specify)	63.16%	36
TOTAL		57

Q100 What age group of youth do you represent?

Answered: 57 Skipped: 27

#	OTHER (PLEASE SPECIFY)	DATE
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Other	Count
3-18	3
0-21	2
10-21	1
5-23	1
2-16	1
5-17	1
K-21	1
birth to age 21	1
Children with disabilities	1
5-22	1
0-20	1
5-21	1
kinship youth	1

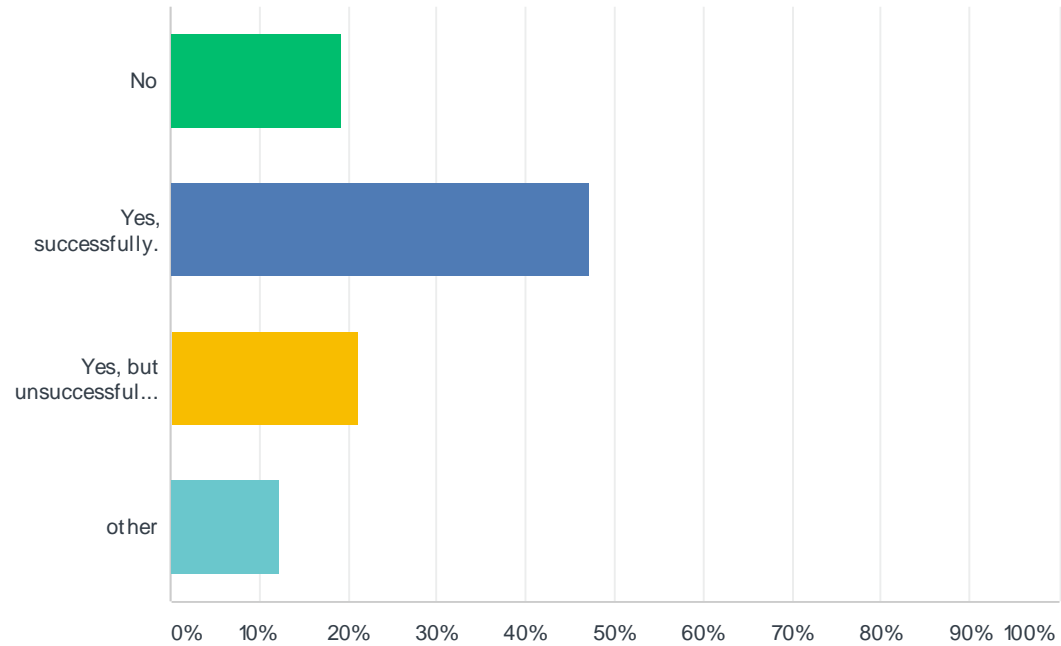


Parent Initiated Treatment Survey

Q102 Have you tried to access services for a youth struggling with mental health and/or substance use disorder?



Answered: 57 Skipped: 27



ANSWER CHOICES	RESPONSES	
No	19.30%	11
Yes, successfully.	47.37%	27
Yes, but unsuccessfully.	21.05%	12
other	12.28%	7
TOTAL		57

#	OTHER (PLEASE SPECIFY)	DATE
1	ultimately successfully but not without its challenges	8/27/2018 2:57 PM

Parent Initiated Treatment Survey

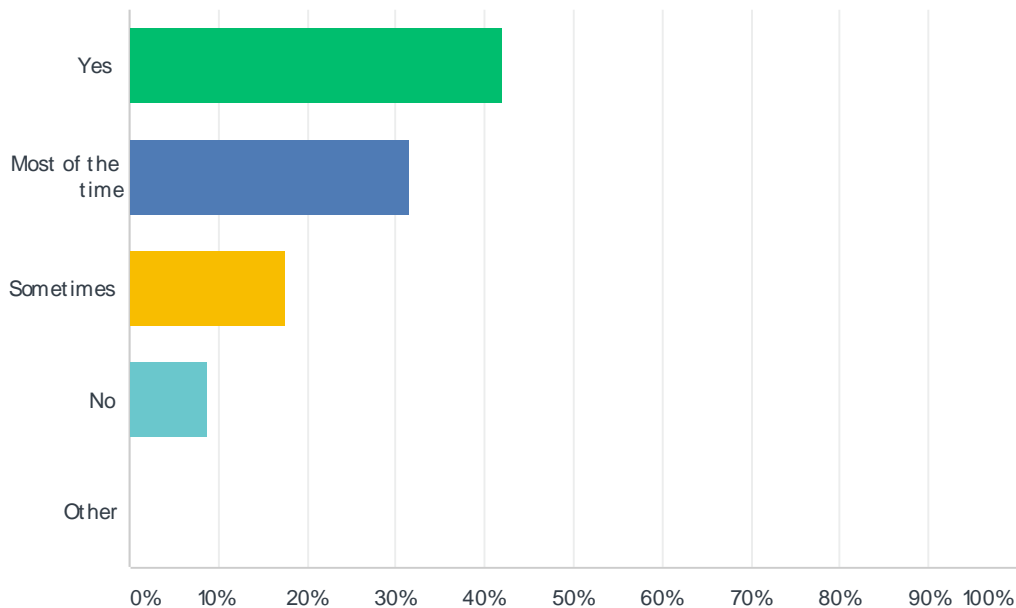
2	Both successfully and unsuccessfully	8/13/2018 11:04 AM
3	There are a lack of services. The WISe teams do not seem to know how to deal with youth who are older, have neurodevelopmental issues. There also seems to be a lack of engagement with youth by mental health providers.	8/12/2018 9:25 AM
4	I am the parent support person on a wraparound team. The Care Coordinator on our team is responsible for accessing mental health services for the youth.	8/7/2018 3:59 PM
5	sometimes successful, sometimes not. Depends a great deal on situation, coverage, etc	8/7/2018 9:50 AM
6	Yes, sometimes successfully and other times unsuccessfully. Biggest barrier is funding source.	8/7/2018 9:40 AM
7	It has been successful at times and unsuccessful others.	8/6/2018 3:41 PM
8	both	8/6/2018 1:40 PM
9	Yes, many times successfully, and many times unsuccessfully	8/6/2018 11:41 AM
10	both successfully and unsuccessfully -- this survey is not great because you cannot answer more than one.	8/5/2018 12:42 PM
11	stabilization appears to be the only services offered	8/5/2018 8:37 AM
12	yes unsuccessfully and successfully	8/3/2018 7:15 AM
13	I have helped parents and others connect to services.	8/2/2018 7:51 PM

Parent Initiated Treatment Survey

Q103 Do you know how to connect youth with services who may not be aware of or have barriers to accessing mental health and/ or substance use treatment?



Answered: 57 Skipped: 27



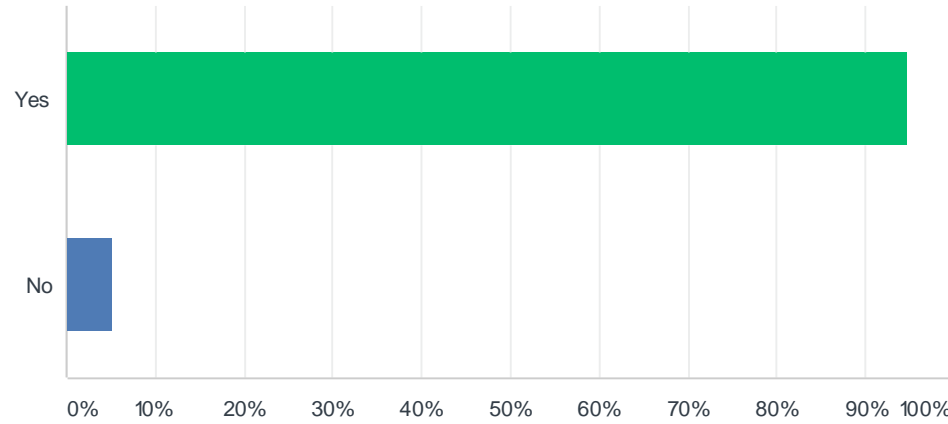
ANSWER CHOICES	RESPONSES	
Yes	42.11%	24
Most of the time	31.58%	18
Sometimes	17.54%	10
No	8.77%	5
Other	0.00%	0
TOTAL		57

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

Parent Initiated Treatment Survey

Q104 Are you familiar with age of consent rules?

Answered: 57 Skipped: 27



ANSWER CHOICES	RESPONSES	
Yes	94.74%	54
No	5.26%	3
TOTAL		57

Parent Initiated Treatment Survey

Q105 How have you seen age of consent rules impact youth?

Answered: 53 Skipped: 31

#	RESPONSES	DATE
1	Youth aged <13 : Parents will consent to services based on accessibility. If services are provided directly to children at school, parents benefit from no additional travel/time/expenses to bridge the gap to services. Youth aged 13+ : Youth are able to legally consent to behavioral health services, and have these services protected through confidentiality. However, if services are not delivered to the youth directly (i.e. home or school based), then youth are forced to give up their right to confidentiality, and true consent is ultimately left to parents to provide transportation/time/expenses for the youth to receive services.	8/31/2018 10:56 AM
2	I have not seen the current rules impact youth.	8/29/2018 10:46 AM
3	Our students with state insurance are able to access care without parental consent which is often the only way they can receive help.	8/28/2018 2:28 PM
4	Fear rises when they feel unable to access care	8/28/2018 12:48 PM
5	Yes, for children who experience intellectual disabilities, the medical field is using the age of consent to prevent parent from assisting their child with medical issues. the law has a overly broad view and needs to be clarified. The medical providers say the child is not competent to sign a release form, yet will not allow the parent access to records with out it. So our very vulnerable children are being put at extreme risk.	8/17/2018 2:09 PM
6	Youth ages 13 and older have the right to voluntarily participate in services. Many times the youth have significant delays and/or mental health symptoms which greatly impact their ability to make healthy decisions. It may be beneficial for guardians to have the ability to provide consent for their child who is in danger.	8/17/2018 9:52 AM
7	In my experience as a service provider, I have seen youth who are in eminent danger being released from mental health or treatment facilities due to consent laws. In these cases,I do think parent's having the ability to mandate a youth to stay in these facilities could keep youth safe and alive.	8/15/2018 10:56 AM
8	I've seen both - hindrance and helpful	8/14/2018 11:55 AM
9	Parents / family members do not realize the limitations and current laws. They often do not understand their rights in advocating for their children	8/14/2018 8:44 AM
10	Youth resist the help they need and parents need the help of an At Risk Youth petition (court and CPS) to get help for children with mental health, behavioral and substance abuse needs. This was the route I had to take for my own child years ago.	8/14/2018 8:27 AM
11	The low age of consent in Wa. empowers youth to access and engage in their own treatment while maintaining some confidentiality from parent or guardians when needed. However, it can also make it very difficult to access these services for youth who need services but refuse to obtain, engage, or comply with treatment services.	8/13/2018 11:04 AM
12	Parents have a very difficult time getting MH and SA services for their children 13+	8/13/2018 9:52 AM

Parent Initiated Treatment Survey

13	1. When youth are in abusive households it allows them to seek good advice about if their situation is appropriate. Often their parents involvement have kept them from getting good services because they can't speak freely. 2. Youth won't seek help or be honest if it is something that has happened that would upset a parent, like being LGBTQ, have engaged in some risky behavior or other things that that parent wouldn't approve of. 3. In custody cases where parents are fighting against each other youth seem to close down and be unable to appreciate counseling. 4. Where a youth and parent have even normal healthy disagreements if youth do not have safety in expressing their thoughts they become more suicidal, do more acting out and running away. 5. I see service providers use the age of consent rules to justify their lack of engagement with you and parents to say it is not my fault. This happens especially when providers view the parent as being pushy, wrong about their assessment of the youth's problems or controlling as well. Instead of saying parent your refusal to accept that your son is gay is creating the problem. Inpatient hospitalization won't help that.	8/12/2018 9:25 AM
14	In a prior clinician role, I worked with youth who would choose to not include family in their therapy goals to have some space and gain direction for their recovery and independence. I also worked with youth who wanted their parents involved in every aspect of reaching therapy goals. Mostly, I have seen positive impact for youth.	8/9/2018 12:03 PM
15	I have seen where families are powerless to do much if their child is 13+	8/8/2018 3:58 PM
16	I see the age of consent as more restrictive in accessing care.	8/8/2018 3:07 PM
17	They can get care at age 13 or above without their parent's knowledge if they want	8/8/2018 1:43 PM
18	I am not familiar with the specifics of the rules, but in my capacity working with youth advocates I have heard anecdotally that it can be difficult for them to get treatment if they cannot obtain permission from family or legal guardians.	8/8/2018 11:00 AM
19	Youth who are oppositional tend to decline our services and parents become frustrated and terrified, feeling like the system ties their hands as parents.	8/8/2018 10:00 AM
20	no	8/8/2018 9:59 AM
21	Children get to decline the services that are much needed while the parents and providers are lost trying to find a solution.	8/8/2018 6:55 AM
22	Youth are impacted if parents / caregivers cannot provide a safe and stable place for youth to return to if they have been excluded from treatment and discharge planning conversations. If families don't know what is going to work best for youth, they cannot adequately prepare for a young person's return home from MH / SUD treatment, which can put both the youth and the family at risk of disruption...and the youth at risk of self-harm, running away, etc.	8/7/2018 9:42 PM
23	Parents have told me that as soon as the therapist tells the youth the services are voluntary, the youth refuses to participate in counseling.	8/7/2018 3:59 PM
24	More concerned about children being unqualified interpreters for family members who don't speak English.	8/7/2018 3:41 PM
25	Opting in to services w/out needing parent consent	8/7/2018 1:38 PM
26	Age of consent rules provide vital protection for youth in cases where their caregivers may not understand the nature of the issue, or may not have the youth's best interest at heart.	8/7/2018 1:27 PM
27	Misunderstanding or lack of knowledge of rules surrounding age of consent rules has led to youth ending up in various silos of care or lack thereof.	8/7/2018 11:20 AM
28	not meeting criteria for an ITA and client not willing to stay. Becomes a revolving door	8/7/2018 9:50 AM

Parent Initiated Treatment Survey

29	Youth request services without parent consent which can be helpful when the youth wants services and guardians are hesitant. However, some youth appear to use the age of consent as a way of avoiding parental involvement. Funding source can also be impacted if private pay is involved. There is lack of funding for students requesting services without parent consent who are not Medicaid eligible, and funding source can't be accessed. Many of these students are unable to receive services without parental consent-the laws/rules regarding access to private pay insurance do not work well with the age of consent law.	8/7/2018 9:40 AM
30	sometimes by allowing them to make their own decisions to not engage in treatment, which is not in their best interest.	8/7/2018 9:20 AM
31	Creating barriers to needed family involvement in treatment. I have witnessed younger adolescents make poor judgment about medication and continuing treatment.	8/6/2018 4:29 PM
32	Through my various roles as a LMHC/CMHS, Program Mngr. and now as a Children's BH Administrator	8/6/2018 4:28 PM
33	As a youth peer with past mental health experience, it's a difficult subject. Because at the age of 13 these youth are struggling with either being okay getting help or barriers like bullying and low self esteem get in the way of truly seeing the importance of emotional well being without judgement. Most are too stubborn in their behavior and think that seeking help is a sign of weakness. When I was institutionalized at 16 it was not my choice because of the state I lived in. I may of thought in the moment that I didn't need help but in the back of my mind I knew I needed it but was not ready to say so out loud. So i think this question really depends on where the youth is at. In my work experience I've seen the youth feel heard because they have a choice but I have also seen youth turn down services as well even if they need it.	8/6/2018 4:16 PM
34	They are sometimes more willing to get services, but other times it prevents parents from being able to support them.	8/6/2018 3:41 PM
35	It helped for the youth that have parents not are against their child getting MH services.	8/6/2018 2:45 PM
36	My program directly serves youth who are 13-17 but do not want parent involvement in their mental health treatment (or parents are unwilling). Mental health providers (e.g. outpatient therapists) do not always know how to handle involving parenting/caregivers in treatment when youth is 13 or older. Many mental health providers do not seem to understand the intent of the law and end up creating barriers in treatment by not getting a release of information for parents, even when parent involvement would be beneficial.	8/6/2018 1:59 PM
37	youth 13+ have the final say over their mental health services. When Caregivers/Parents disagree with the youth challenges, frustrations, and concerns can arise from parents and/or service providers	8/6/2018 1:40 PM
38	The laws about 13+ years old youth in Washington controlling their mental health treatment have a significant impact on my work. Sometimes because it removes a lot of barriers to mental health care for teens without supportive or capable families, sometimes because it prevents us from working with the whole family.	8/6/2018 1:32 PM
39	yes, both ways. 1. youth who want to participate in services and cannot rely/count on/or don't want their parents involved a younger age of consent is great. 2. for parent who wants treatment for sometimes oppositional youth age of consent being at 13 is not helpful and presents a barrier to treatment services.	8/6/2018 12:36 PM
40	I have seen many times where the age of consent has not prevented the young person from accessing the treatment they need. However, I have also experienced far too many unfortunate situations where youth have been engaging in very unsafe behaviors, and there are no options for parents to have them evaluated and treated in the time necessary due to age of consent restrictions.	8/6/2018 11:41 AM
41	They isolate from their families and hide their problems.	8/6/2018 10:36 AM
42	Youth 13 and older are able to refuse voluntary outpatient behavioral health services and can decide not to allow their family to participate in their treatment.	8/6/2018 10:00 AM

Parent Initiated Treatment Survey

43	negatively in most cases. the age of consent was created for the rare occasion a youth was in danger of harm from parent	8/6/2018 8:46 AM
44	Kids have been forced into treatment when they are not willing to participate and don't want to be there when they are under the age of 13. When over 13 they have a voice in what they feel could benefit them.	8/6/2018 8:13 AM
45	They are a HUGE benefit to youth who need help but do not have parents who are taking care of them, who have parents who are abusive, who have parents who harm them.	8/5/2018 12:42 PM
46	prevents children from receiving the treatment they need during a phase of adolescent development where they are at most at risk and most need the guidance of parents, but are most likely to refuse.	8/5/2018 8:37 AM
47	I have worked with hundreds of parents & we cannot get violent, self-harming adolescents help as we always confront "I will not consent!"	8/4/2018 11:42 PM
48	13 has not historically been a developmentally appropriate age for youth to be able to make well-informed decisions about their treatment needs. I have seen 13 year olds decline needed services despite the recommendations of professionals and pleas from their parents.	8/3/2018 5:17 PM
49	It makes it easier for youth to get psychiatric or medical services without parental approval.	8/3/2018 4:24 PM
50	age 13 is too young to have that decision making power, blocks access to needed services if they dont agree	8/3/2018 7:15 AM
51	They have allowed youth to access services on their own, which is extremely important.	8/2/2018 7:51 PM
52	All the time	8/2/2018 1:08 PM
53	I have seen them successful in maintaining privacy from a parent or guardian	8/2/2018 9:21 AM

Parent Initiated Treatment Survey

Q106 How have you seen age of consent rules impact families?

Answered: 52 Skipped: 32

#	RESPONSES	DATE
1	I have seen parents refuse consent based on fear of legal and CPS repercussions. I have seen parents withhold or withdraw consent based on a youth's willingness to include/share service information with parents. I have seen parents cancel sessions and refuse to transport clients to sessions as punishment for "disobedient behavior". I've seen parents pressure clinicians for confidential information because they the parent were the ones who consented to services for their child.	8/31/2018 10:56 AM
2	I have seen parents/guardians struggle with their child refusing services or refusing to allow their parents to participate in treatment with them.	8/29/2018 10:46 AM
3	Mostly positively. Many parents are supportive of MHS and want to be involved actively in their child's care, yet the child may not want them to be so it can be challenging for the family. However those who are not supportive, the Age of Consent works in the child's favor as they are able to access care as long as they are on state insurance or we can find a low/no cost therapist. If they are covered by their parent's private insurance, then the issue of privacy becomes a challenge.	8/28/2018 2:28 PM
4	Families can be confused and react poorly	8/28/2018 12:48 PM
5	Families who have children with intellectual disabilities are spending hours up on hours, hiring attorneys and calling advocates to try and get through the complex maze to try and get access to their child's records.	8/17/2018 2:09 PM
6	I have witnessed parents struggle because they know their child needs help but the adolescent is not willing to participate in services. They fear for their child's life but feel stuck and unable to "save" them.	8/17/2018 9:52 AM
7	I have seen families desperate for an intervention because their child is on the streets using drugs, being exploited, or suicidal. Due to the consent laws, parents have to file a runaway warrant in order to get their child off the streets. I have not seen them utilize PIT and maybe if they knew it could help.	8/15/2018 10:56 AM
8	It assists youth in getting help It hinders communication between parent and child	8/14/2018 11:55 AM
9	Children/ teens not accessing treatment	8/14/2018 8:44 AM
10	The need to "convince" multiple systems to get any help. Also, payment for services can be another barrier.	8/14/2018 8:27 AM
11	A lot of frustration of the parent/guardian/caregiver side when attempting to access treatment services for their child or adolescent who refuses to services.	8/13/2018 11:04 AM
12	Parent's can't get their children the help they need, their hands are tied and their children's mental health declines	8/13/2018 9:52 AM

Parent Initiated Treatment Survey

13	1. As an advocate I see parents become upset because they want to control what is happening to the youth often due to their own mental health issues, substance abuse issues, partner relationships etc. They feel if the youth is having a problem then it is the youth's fault. They have often refused to look at any of their own actions. 2. I do see that those youth who have neurodevelopmental problems, like autism, FAE or other issues are without good services to help their youth and the youth may be reluctant to engage. It would make sense where these youth are experiencing difficulty making decisions that there should be an evaluation or assessment of that youth deficit and an appropriate parent be given greater ability to make those decisions. However there has to be services that are appropriate to meet the youth's needs. We as tax payers could waste a lot of money forcing youth into services that don't make a difference. There is also a concern for those youth that are adopted. There seems to be anecdotally a lot of these families where things are not going well. It seems that if child welfare is going to put these youth in these homes then the adoption support should be used with a flexibility that allows the youth to be placed out of the home to see if things can be remedied or if there are basically irreconcilable differences that be resolved.	8/12/2018 9:25 AM
14	In my prior clinician role, when a youth would not sign a release of information to share information with the parent/family, this was sometimes a frustration for family members. Some families embraced it, others didn't. It varied from family to family based on severity need, family dynamics, youth's personality, etc.	8/9/2018 12:03 PM
15	See response to question 8. Specifically, when it comes to youth, they have not always had the capacity to determine what might serve their interests long-term.	8/8/2018 3:58 PM
16	We have families of parents that care that want service for their children that can not access them because of the age of consent rule. 13 is too young for children to decide their own care.	8/8/2018 3:07 PM
17	families are not happy that a kid can have the authority to make decisions about their care	8/8/2018 1:43 PM
18	Not directly.	8/8/2018 11:00 AM
19	Parents become frustrated and terrified when their youth have more say than they do, and youth tend to fall through the cracks when this becomes an issue.	8/8/2018 10:00 AM
20	no	8/8/2018 9:59 AM
21	It causes unnecessary trauma and prolongs positive outcomes.	8/8/2018 6:55 AM
22	Caring & dedicated families can feel marginalized or treated as "outsiders" if treatment providers rely on consent laws to exclude parents from treatment & discharge plans. The laws of consent (rightfully) exist to prevent abusive and/or dangerous caregivers from having access to children's MH and SUD treatment decisions. However, youth and families can be negatively impacted if caring & dedicated parents cannot provide a safe & stable place for youth to return to after receiving MH and SUD treatment if parents do not know how to support that youth. Clinical providers need to have nuanced and ongoing conversations with youth and with parents to reach mutual understanding about how best to serve youth and families while also protecting young people's privacy / consent rights.	8/7/2018 9:42 PM
23	Same as above	8/7/2018 3:59 PM
24	See #8	8/7/2018 3:41 PM
25	When parents received an EOB with mental health services that they had not known about, created challenge for the child to continue to receive needed mental health services.	8/7/2018 1:38 PM
26	Age of consent rules can add barriers to parent and caregiver efforts to coordinate the care of youth. At the same time, those rules afford protection to youth whose parents may not be supportive of their identity or their mental health.	8/7/2018 1:27 PM

Parent Initiated Treatment Survey

27	Dumping of youth into foster/group home care, increases in parental divorce and increased potential for essential abandonment of parent/youth relationship.	8/7/2018 11:20 AM
28	parents being fearful of bringing their child home due to clients instability. Once home, allowing client to break rules/walking on egg shells in order to prevent another crisis situation.	8/7/2018 9:50 AM
29	Some parents are upset that the student is able to access services without parental consent and when discovered the youth is in services, they refuse to allow the youth to continue with the counselor or be seen at the school. On the other hand, parents appear frustrated when they feel the youth needs services and the youth refuses. .	8/7/2018 9:40 AM
30	By not being able to get treatment for their child, when the child refuses.	8/7/2018 9:20 AM
31	immense frustration and disempowerment	8/6/2018 4:29 PM
32	Usually favorably - - not always.	8/6/2018 4:28 PM
33	I have seen some families feel discouraged with their youth that are closer to 13 with this consent rule because they see their youth using that against them and possibly opting out of services to rebel the parents. I have seen this rule also impact positively with older youth since they are getting close to adulthood the families see their youth grow more independently.	8/6/2018 4:16 PM
34	-inability for them to provide accurate information to providers -unable to support them -unable to know what is going on in the process or if the youth is even showing up	8/6/2018 3:41 PM
35	Many times parents are frustrated because the youth does not want MH services and the parents want it for the youth.	8/6/2018 2:45 PM
36	Parents often become frustrated when they are not able to access information about their teen's mental health treatment. Therapists often do not seem to know how to navigate the law, e.g. by having youth sign a limited release of information or collaborating with parents without disclosing PHI.	8/6/2018 1:59 PM
37	Parents are often frustrated by these rules, in my experience. Especially when youth don't want services but the parent thinks they need them.	8/6/2018 1:32 PM
38	yes, see above	8/6/2018 12:36 PM
39	I have seen families spend hours upon hours in Emergency Rooms speaking with ER social workers, DMHPs, and other providers attempting to access appropriate levels of treatment for their young person. These ER visits are costly to the family and the system, and often end with the family going home with a crisis or safety plan that does not fully address the needs of the young person. I have seen young people refuse to share information with their parents that is crucial to keeping this young person safe. Parents often end up "stuck": not feeling they can access appropriate treatment for their child to keep them safe, and then feeling the only option to increase safety in the home is to call the police. The police are often very reluctant to intervene, particularly if there is a clear underlying MH or SUD issue at play, and then parents feel defeated and rejected by both systems. If the young person is in fact transported to detention, they are now engaging in a system we would much rather see them avoid, and though they may temporarily be safer, the underlying need for treatment is only exacerbated.	8/6/2018 11:41 AM
40	Parents have a very difficult time keeping their ill children safe when they struggle with lack of insight issues related to their illnesses. This often means parents cannot protect their other children from the ill siblings. It puts families into danger in general and creates severe rifts in the family structure.	8/6/2018 10:36 AM
41	Parents can be limited in their participation in their youth's voluntary outpatient behavioral health treatment. Parent's are also unable to access CLIP for their youth, if the youth is not willing to consent, even if the youth also has a developmental delay. This may impact their ability to determine whether or not they will benefit from treatment.	8/6/2018 10:00 AM
42	negatively. a youth is given too much control and don't have the maturity to make good decisions for themselves in most cases	8/6/2018 8:00 AM

Parent Initiated Treatment Survey

43	Some parents want to get rid of their kids and get frustrated when they are over the age of 12 and need to get the youth's consent and willingness to participate before going through the process for CLIP.	8/6/2018 8:13 AM
44	It allows a youth in an unhealthy family to seek their own care. It is a huge benefit to youth.	8/5/2018 12:42 PM
45	children's lives are being lost because parents can not get their children help. Even WISe is not available to parents seeking help if their youth does not consent.	8/5/2018 8:37 AM
46	I have seen marriages destroyed, parents & siblings hurt, and so many parents feeling helpless & hopeless.	8/4/2018 11:42 PM
47	As a result of my above comment, families are left feeling powerless and trapped in a cycle of being unable to support their youth. It shifts a needed power differential between parent and child.	8/3/2018 5:17 PM
48	Yes. Some youth do not give permission for staff to talk to their parents. Parents are still legally responsible for their children under age 18, but sometimes don't have input into their child's treatment.	8/3/2018 4:24 PM
49	countless times parents try to get kids the help they need and work to understand the rules and system barriers continually get in their way. often youth need longer term inpatient SUD or MH and parents cant get this treatment because kids dont agree or DCRs only give them the less restrictive option which is PIT. PIT was an attempt to meet parent needs by having a middle option and in many cases it does not afford them what they need.	8/3/2018 7:15 AM
50	Too many families are unaware of the PIT process so they don't think, because the age of consent is 12, that they have the ability to do anything if the youth isn't voluntarily going along with services.	8/2/2018 7:51 PM
51	a lot	8/2/2018 1:08 PM
52	I have seen it challenge families when a foster or kinship placement occurs... and I have seen it protect children when the same thing happens.	8/2/2018 9:21 AM

Parent Initiated Treatment Survey

Q107 Other comments about age of consent?

Answered: 44 Skipped: 40

#	RESPONSES	DATE
1	Unless services are delivered directly to where youth are, there is no such thing as true consent. If youth depend on their parents for transportation to services, they are required to give up their right to privacy and consent to services, leaving parents as the gatekeeper of any/all services that are provided.	8/31/2018 10:56 AM
2	My biggest concern with WA age of consent is that it does not reflect what we know about brain development. The brain is not fully developed until the age of 25 and the last part of the brain to fully develop is the frontal lobe or judgment center. I am concerned that the current age of consent law allows minors, who's brains are not yet capable of fully well developed judgment, to make life altering decisions.	8/29/2018 10:46 AM
3	There needs to be more privacy for the child when covered by private insurance.	8/28/2018 2:28 PM
4	Do not change age of consent. Put value on improving relations between parents and their children	8/28/2018 12:48 PM
5	keep it as it is	8/27/2018 2:57 PM
6	This RCW needs to be clarified to the medical practitioners, as they have overly broad view of the law and what it says as well as the intent of the law. This misunderstanding is causing adverse consequences to youth with intellectual disabilities and their families.	8/17/2018 2:09 PM
7	Research suggests that individuals must be ready and willing to participate in services for their treatment to be effective. If a youth is ordered to treatment, then it may likely be ineffective.	8/17/2018 9:52 AM
8	It is too young.	8/14/2018 11:55 AM
9	Family members need to have more input into treatment, even into young adulthood, individuals experiencing psychosis are often not able to make this often saving choices regarding accessing treatment	8/14/2018 8:44 AM
10	As children "age out" at 18 parents are no longer even in the loop unless their child is declared incompetent. The window for effective intervention narrows at age of consent, then closes for many a few years later.	8/14/2018 8:27 AM
11	No	8/13/2018 11:04 AM
12	no	8/13/2018 9:52 AM
13	I am very concerned that this law will lead to a number of unintended consequences. 1. Great suicide among youth 2. Wasted tax dollars on treatment that makes a parent feel better but does not resolve the issues. 3. More homeless youth who can't resolve the problem 4. This will not resolve that the child welfare system refuses to servie many adolescents and abusive parents can use the system to support their abuse.	8/12/2018 9:25 AM
14	I agree that family involvement in therapy has benefits and depending on the age of the youth, part of therapy is realization of goals, how to reach goals, supports to help reach goals, etc. Age of consent gives youth the opportunity to drive their own therapy based on their wants and needs. Sometimes families are responsive to this and sometimes not. I think it goes back to severity of need, family dynamics, etc.	8/9/2018 12:03 PM

Parent Initiated Treatment Survey

15	I wish there were more options available for youth and families to access the support they need.	8/8/2018 3:58 PM
16	I have also seen children who could access care but don't because of the indoctrinated belief system of their families when they could or should. So my guess is that fewer children are accessing health care because of the age of consent.	8/8/2018 3:07 PM
17	no	8/8/2018 1:43 PM
18	No.	8/8/2018 11:00 AM
19	It's a double edge sword but our State has one of the lowest ages of consent, lawmakers should rethink this and evaluate consent nationwide to make an informed decision.	8/8/2018 10:00 AM
20	13 is way too young for kids to make decisions about their mental health. They're too young to understand the importance of mental health services.	8/7/2018 3:59 PM
21	No	8/7/2018 3:41 PM
22	Age of consent should be less than 18 years of age	8/7/2018 2:10 PM
23	Please try to collect data on when age of consent is a problem; seems like a few stories have been elevated to convey that age of consent is negative, when in reality is a positive thing. Also, isn't age of consent related to reproductive health initially? Would reproductive health remain protected for age of consent?	8/7/2018 1:38 PM
24	Despite the complexity of the issue and the roadblocks it can create, I do not support expanding the legal powers of caregivers to impose treatment on the youth in their care.	8/7/2018 1:27 PM
25	I am aware that the age of consent often gets in the way of treatment. Sometimes a situation tends to escalate due to client refusing treatment. But I also see how changing the age of consent can be detrimental to some children	8/7/2018 9:50 AM
26	My biggest barrier is that the laws do not work together-FERPA requires parental consent until the child graduates (basically), HIPPA guarantees right to privacy, but does not account for age of consent and access to funding source, WA age of consent works well for those who are Medicaid eligible, but does not work well for those with private insurance since the parent will receive billings related to the service which means that the parent is notified.	8/7/2018 9:40 AM
27	no	8/7/2018 9:20 AM
28	Current age of consent law does not support good treatment	8/6/2018 4:29 PM
29	I am seeking more clarification on PIT	8/6/2018 4:28 PM
30	none	8/6/2018 2:45 PM
31	Working directly with youth in the mental health system, I think the law is beneficial. I have worked with many teen clients who are able to access mental health services that they would not otherwise have if their parents had to consent. However, many mental health providers seem unsure about how to navigate the law. Additional training for clinicians/providers who work with youth would be helpful.	8/6/2018 1:59 PM
32	I think raising the age of consent to 16 makes more sense. This gives the adolescent a little more time to reach maturity, and ideally make better decisions for themselves.	8/6/2018 12:36 PM

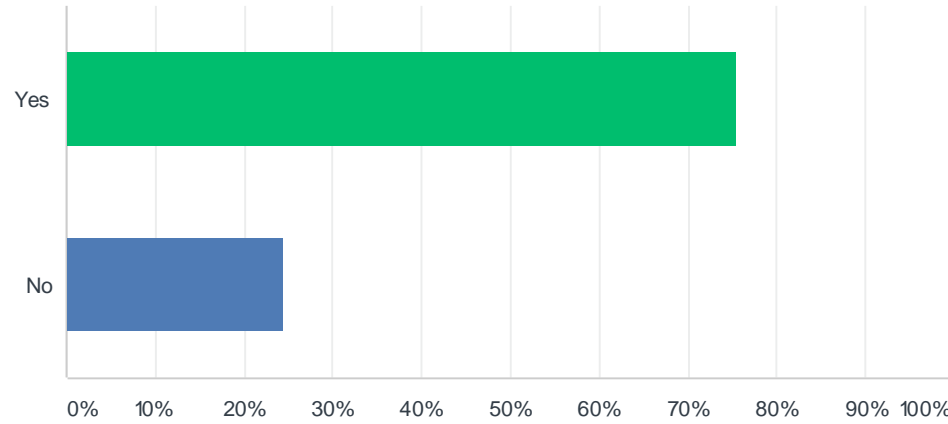
Parent Initiated Treatment Survey

33	We need inpatient and outpatient SUD treatment on demand in our community for young people with MH & SUD issues, and parents need to be empowered to connect their children with these services, and have a sense of "say" in what the course of treatment is. I witnessed a young lady who had just turned 13, had meth in her system and reported that she had been using for over 6 months, was sleeping on the street (literally) or with friends who would take her in on occasion. There was clearly both MH and SUD concerns, and her parents were strong advocates for her to get appropriate treatment. Nonetheless, this young lady was able to convince everyone who came out to the ER that she was safe enough, promised to engage in outpatient treatment and assessment (though she never did), and refused to voluntarily go to an inpatient bed. We tried PIT twice with this family, but the stays were not long enough to accurately assess and begin to treat this young lady's needs. Her parents, school team members, counselor, and natural supports worked together tirelessly and tried for over a year to access appropriate treatment, before the young lady eventually disappeared, likely the victim of commercial sexual exploitation. There were so many opportunities for more appropriate intervention here, and this was with 2 parents who were system-savvy advocates for their child.	8/6/2018 11:41 AM
34	An example of a law that perhaps had good intentions but has created a dangerous set of unintended consequences.	8/6/2018 10:36 AM
35	N/A	8/6/2018 10:00 AM
36	it fails to take into account the harm youth can have on themselves in decision making	8/6/2018 8:46 AM
37	None	8/6/2018 8:13 AM
38	The parents who want more parent-initiated laws do not understand the circumstances of youth whose parents are not treating them well. Especially LGBTQ youth whose parents harm them daily.	8/5/2018 12:42 PM
39	UNBELIEVEABLE!!!!!!!!!!!!	8/4/2018 11:42 PM
40	I understand the intent of 13 being set as the age of consent, but I believe the impact has been far riskier than being able to maintain privacy. On top of this, there are other states who maintain a higher age of consent, so there is precedent for ways in which to ensure a modicum of privacy while allowing youth the services they need.	8/3/2018 5:17 PM
41	Many are different depending on the agency or type of service. This makes it difficult to remember which as of consent is used with which agency/service provider.	8/3/2018 4:24 PM
42	due the due diligence needed by thoroughly looking at other states solutions to solving these needs and make a change not just add bandaides	8/3/2018 7:15 AM
43	I don't believe that changing the age of consent is going to do anything to improve the system for youth. We have to make sure that people know what the options are and that they work effectively.	8/2/2018 7:51 PM
44	No all children are the age they present as...	8/2/2018 9:21 AM

Parent Initiated Treatment Survey

Q108 Are you familiar with Parent Initiated Treatment (PIT)?

Answered: 57 Skipped: 27



ANSWER CHOICES	RESPONSES	
Yes	75.44%	43
No	24.56%	14
TOTAL		57

Q109 How have you seen PIT rules impact youth?

Answered: 46 Skipped: 38

How have you seen PIT rules impact youth? Categorized by response/count.

8	No - have not seen impact	1	Sometimes the PIT rules interfere with CLIP admittance.
1	Too often there are not any available therapists or spaces for care.	1	It is a bit murky...under thirteen only?
1	Concerned about forcing treatment	1	When the youth doesn't want help and the parents can use PIT.
1	it varies wildly.	1	Fewer involuntary hospitalizations, but it does make it easier in general for youth to be hospitalized in my experience.
1	PIT allows family members to advocate for their loved one to access necessary treatment, children youth who get treatment have a much better chance of a good outcome than those who slip through the system.	1	I think it allows the youth more time to reconsider agreeing to treatment. I gives them an opportunity to ask questions about the types of treatment and locations of treatment.
1	PIT allows youth who refuse treatment to be professionally evaluated and treated if deemed necessary. PIT also has allowed treatment professionals the time to provide thorough evaluations as to further need for treatment or the need to pursue ITA status.	1	Youth have ended up being hospitalized for 2-4 days for assessment under PIT
1	It hasn't. It is very difficult for parents to access PIT	1	In some instances I have seen it support them in getting needed care
1	1. I have not read what is being imposed. I do know where there is not a good assessment of the problem for youth, youth become more desperate and take measures for self help. If they don't then they continue to feel depressed do not have an opportunity to learn good problem solving and decision making then turn 18 and are unequipped to be independent. They also become homeless because they must leave home.	1	No specific examples except general confusion in the public.
1	parents no longer have to cross borders to have their 13 year old and above kid get care	1	Parents are able to pursue hospitalization even if their child is unwilling to participate in treatment
1	yes, most of the time the youth is turned away because the agency won't serve due to elopement or aggressive behaviors	1	positively, when the parent in most cases genuinely wants to help their child it is more effective more consistently.
1	Most of the time it is unsuccessful, I cannot recall a time I saw this implemented successfully.	1	I have seen it be beneficial but I have also seen it damage the relationship with the parents as there are several parents who don't want their kids and this is a way for them to try to get rid of them.
1	The child rebels.	1	It often rips families apart and the youth will never trust their parent again.
1	Due to lack of placement potentials, dumping into law enforcement world resulting in total lack of care.	1	sometimes gets them into services, but most often fails them
1	PIT has allowed parents to seek IP treatment for their child when the child refused and they did not meet criteria to be detained when over 13.	1	YES!!!
1	My experience has been that youth refuse to participate in the assessment process when PIT is activated. However, some of my other colleagues have seen successful outcomes from parents using PIT.	1	I haven't. Until recently, this had been a widely mis-understood rule that has not necessarily been promoted as an option to families or professionals on the ground.
1	in many cases kids needed an ITA vs PIT	1	Are you talking about parents setting up substance use treatment, i.e., inpatient without their child's approval?
1	PIT allows a youth to be committed against their will, which generally isn't a great way to initiate treatment but might be absolutely necessary.		

Q110 How have you seen PIT rules impact families?

Answered: 43 Skipped: 41

# of responses	How have you seen PIT rules impact families?
5	Have not seen impact, not aware of this.
1	Not enough availability of MHS.
1	Families may feel less helpless when it comes to options
1	It has helped and it has hindered.
1	Families are not torn apart because of a youths' illness, just as if my daughter had cancer i would do anything to get her treatment and feel that I had done my best for her no matter the outcome...the same with mental illness. How would you feel if your child went untreated for a treatable condition?>>???
1	Have not seen impact, not aware of this.
1	Negatively, parents still have a difficult time accessing PIT
1	the decision to say yes to hospitalization has been taken out of kid's hands
1	yes, struggles
1	It is not successful in my experience.
1	I think PIT has allowed some families to place their child in a treatment environment when the child meets medical necessity and the child has refused treatment.
1	Allows parents to seek IP treatment for their child. Not much use for seeking OP treatment if the child refuses to engage on-goingly.
1	Frustrated parents when they finally get the youth to the facility and the child refuses to participate.
1	yes, sometimes for the better, but other times affects CLIP treatment
1	Helps for the parents to do PIT when needed for the youth.
1	PIT has been helpful for families who want their youth to stay safe and stabilized in the hospital when the youth doesn't meet criteria for ITA but may not be safe going home. The law can be frustrating as few facilities accept PIT and parents are not always informed about their options by medical/mental health providers.
1	I think it gives parents a sense of relief, that they can get their youth into a hospital for an evaluation and perhaps a start on treatment. This works very well for youth who are younger or maybe on the fence about their view of treatment.
1	Families are able to access 2-4 days of hospitalization for assessment-only stays
1	Families feel more empowered but also have seen it increase family conflict
1	Confusion and frustration about how to implement.
1	Families have an avenue to pursue hospitalization, even if their child is unwilling to participate
1	positively, the youth get the help and families improve
1	Parents can get a break from their kids.
1	Creates more adolescent youth being dumped back into the foster care system when adoptive parents don't want to do the hard work of meeting the needs of a highly traumatized young person.
1	creates unhealthy dynamic between child's therapist and parents. parents are cut out of the process and perceived as the problem. The ARY process is particularly shaming of parents seeking help.
1	The hospitals don't want to follow through!!
1	Families need to be more familiar with PIT so that they actually use it and stop focusing on the age of consent.

Q111 What other comments do you have about PIT?

Answered: 38 Skipped: 46

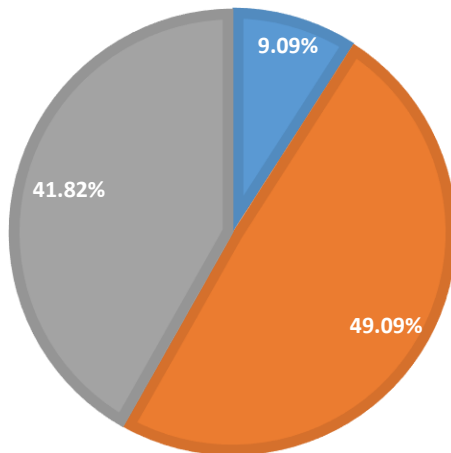
# of responses	What other comments do you have about PIT?
8	None
1	Education to prevent parents from defaulting to an ER as they frequently release too quickly.
1	Again, balance is needed
1	I have worked in 3 different counties and it is employed/interpreted 3 different ways
1	It facilitates the treatment of a medical condition..that can only be good.
1	This is more than just a parent's should have the right to their children issue. It should involve true assessment and examination of the problems. A youth's refusal for treatment can be a symptom of the families issues not just the youth.
1	It seems like a very complex topic.
1	I wish there was more information and awareness available about PIT
1	Glad it is in place, avoids an ITA and court process
1	I think it's a good idea. Parents are, for the most part, better equipped to make decisions about treatment for their kids.
1	I think PIT is a good alternative to not having any other options for parents who are worried about their youth. Unfortunately, in our area many parents drive the youth over the bridge to Oregon where the parent can choose to admit their child to a facility without invoking PIT.
1	Most people, even social workers, even people who work in hospitals, don't seem to know about or understand PIT.
1	PIT is not, in fact, "treatment". In practice, a PIT stay only allows a young person to stay for a few days in an "assessment only" bed, to be diagnosed and given recommendations for treatment. It does not, however, give enough time for the young person to begin to receive and engage in treatment needed.
1	when it was initiated I was surprised it was not used more often
1	Guidance is needed.
1	It is more effective and allows for the greater population to get help
1	Parents need more support and education about raising teenagers with mental health needs.
1	We need to start over and reenvision our system of care from the ground up.
1	Premise is good if you can get age of consent changed would be even better!
1	I am starting to see a shift in how this rule can be applied, but there is still quite a bit of misinformation or no information for providers and families to understand.
1	I think parents are in a tough spot. They are usually held liable for their child's behavior but cannot always have input into their treatment services.
1	Providers, advocates, parents all need to become much more familiar with it. We also need to increase its use in the outpatient realm

Q112 Would the youth and / or families you serve benefit from a reduction or increase to the age of consent?

Answered: 55 Skipped: 29



■ Yes, reduction ■ Yes, increase ■ No, keep it as is



ANSWER CHOICES	RESPONSES	
Yes, reduction	9.09%	5
Yes, increase	49.09%	27
No, keep it as it is	41.82%	23
TOTAL		55

#	IF YES, HOW MUCH OF AN INCREASE OR DECREASE?	DATE
1	If behavioral health services are school-based, consent can be requested of parents of all students, at all grade levels at the beginning of each year. This protects patient confidentiality and allows children of all ages to access services when they need them.	8/31/2018 10:56 AM
2	The individual child and their cognitive ability to make decisions needs to be a part of equation.	8/17/2018 2:09 PM
3	Unsure, as I don't beleive that age should be the sole determinant for the ability to consent.	8/17/2018 9:52 AM
4	16	8/14/2018 11:55 AM

Parent Initiated Treatment Survey

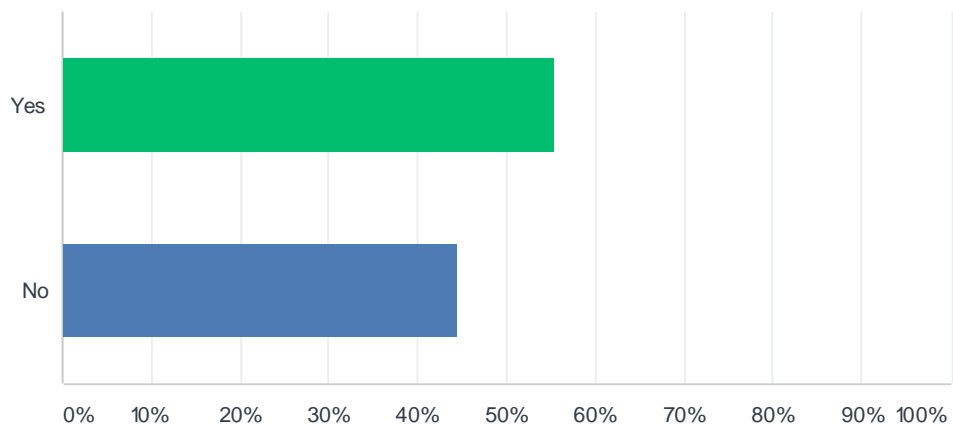
5	up to age 26 when many scientists fell that the brain has gone through adolescence	8/14/2018 8:44 AM
6	To age 16 if emancipated, otherwise to 18	8/14/2018 8:28 AM
7	15 or 16	8/13/2018 9:52 AM
8	Not sure	8/9/2018 12:03 PM
9	17	8/8/2018 3:58 PM
10	I would like to see the age increase to 16 years of age in alignment with driving privileges. I am a behavior specialist and driving is a huge reinforce for adolescents.	8/8/2018 3:11 PM
11	3 years	8/8/2018 1:43 PM
12	Not sure	8/8/2018 11:01 AM
13	age 15-16	8/8/2018 10:00 AM
14	I think 16 would be a better age.	8/7/2018 3:59 PM
15	None	8/7/2018 3:41 PM
16	It should be reduced provided parents retain overall authority and do not lose requirements for prior notification of any potential in/out patient treatment.	8/7/2018 11:20 AM
17	As stated above, I have concerns around increasing the age of consent as it does at times interfere with the voice of the youth, but there is also the possibility of abusing the system	8/7/2018 9:50 AM
18	Keeping as is works well. What is needed is funding sources for youth who are underinsured or insured and not Medicaid eligible. Despite the law being in place, not all youth are able to access services regardless of the age of consent due to funding source.	8/7/2018 9:40 AM
19	to age 16	8/7/2018 9:20 AM
20	age 16	8/6/2018 4:29 PM
21	15	8/6/2018 2:45 PM
22	I could see both pros and cons of increasing/decreasing. I have no strong opinion	8/6/2018 1:40 PM
23	change age of consent to age 16	8/6/2018 12:36 PM
24	Amending age of consent to 15 or 16	8/6/2018 11:41 AM
25	to age 18, with more common sense protections for privacy at discretion of providers who know more about the family dynamic.	8/6/2018 10:36 AM
26	13 is too young to make this decision	8/6/2018 10:00 AM
27	18 years old	8/6/2018 8:46 AM
28	this question is biased	8/5/2018 8:37 AM
29	At least 16, preferably 18 due to inability of those with mental health issues to understand their need!	8/4/2018 11:42 PM
30	16-17 makes better developmental sense. However, capacity must be taken into consideration.	8/3/2018 5:17 PM

Parent Initiated Treatment Survey

31	Make it even across the board. I think 13 is a little young to be making medical or psychiatric decisions for one's self.	8/3/2018 4:24 PM
32	perhaps.. depends on the cognitive age of a child ... as well as physical age...	8/2/2018 9:22 AM

Q113 Would the youth and / or families you serve benefit from a change to Parent Initiated Treatment?

Answered: 56 Skipped: 628



ANSWER CHOICES	RESPONSES	
Yes	55.36%	31
No	44.64%	25
TOTAL		56

#	IF YES, PLEASE EXPLAIN.	DATE
1	I think that allowing a parent more latitude in decision making when a child is struggling with significant behavioral health issues is important. While youth voice and choice is very important, those two things can be significantly impacted by significant behavioral health issues.	8/29/2018 10:46 AM
2	I'm not sure what type of changes would or could be made ...	8/28/2018 2:28 PM
3	I am primarily talking about medical issues, not behavioral health issues, so I am not sure how PIT would interact with that.	8/17/2018 2:09 PM
4	Yes, it may allow some youth and families to engage in the services needed.	8/17/2018 9:52 AM
5	I think families need to know that PIT is available to them.	8/15/2018 10:56 AM
6	needs clearer expectations and access.	8/14/2018 11:55 AM
7	Don't know enough about it.	8/14/2018 8:28 AM

Parent Initiated Treatment Survey

8	The payment authorization for youth admitted under PIT status should not be 'solely' held by an outside entity (BHOs/MCOs who are not a professional involved in-person with the youth's inpatient treatment team.	8/13/2018 11:04 AM
9	Not sure	8/9/2018 12:03 PM
10	Increase awareness, make it easier to understand.	8/8/2018 3:58 PM
11	The rational part of a teen's brain isn't fully developed and won't be until age 25. In fact, recent research has found that adult and teen brains work differently. Adults think with the prefrontal cortex, the brain's rational part. This is the part of the brain that responds to situations with good judgment and an awareness of long-term consequences. Teens process information with the amygdala. This is the emotional part.	8/8/2018 3:11 PM
12	Making it more accessible and available to families, most are not aware of this resource and having an increase in the age of consent would likely provide in an increase of positive outcomes when parents are able to have more control over their child's mental health needs. I would like to see the age increase to avoid having defiant youth get sucked up in the JRA system instead of a behavioral health service.	8/8/2018 10:00 AM
13	accepting the youth into services	8/8/2018 9:59 AM
14	Should it be called Parent/Caregiver Initiated Treatment?	8/7/2018 4:42 PM
15	I think parents have the right to get their child into counseling. A youth who have a mental health or behavioral disorder can wreak havoc on a family. The parents need as many tools as they can get in order to contain the behavior of their out of control child.	8/7/2018 3:59 PM
16	not sure	8/7/2018 2:10 PM
17	Please see statement immediately preceding above.	8/7/2018 11:20 AM
18	Safety	8/7/2018 9:50 AM
19	Unclear	8/6/2018 4:28 PM
20	This is a vague and poorly worded question. What kind of "change" are you talking about?	8/6/2018 1:59 PM
21	I think the system can always be improved to support youth/families	8/6/2018 1:40 PM
22	I don't know.	8/6/2018 1:32 PM
23	I think it works well as it is.	8/6/2018 12:36 PM
24	Expanded scope of PIT to include extensive outpatient treatment, and to include SUD treatment.	8/6/2018 11:41 AM
25	Parents need more right to access appropriate treatment, but more treatment options need to be available for the law to apply in real time.	8/6/2018 10:36 AM
26	PIT should be an option for outpatient treatment, as well	8/6/2018 10:00 AM
27	the parents who do make good decisions for their child is in the larger population and the youth that don't make good decisions for themselves is in the larger population. Therefore the impact is greater with PIT.	8/6/2018 8:46 AM
28	children struggling will get the help they need without jail as the only resort offered to parents	8/5/2018 8:37 AM
29	Why is it hidden & never mentioned to the parents? They have to be the ones to beg!!	8/4/2018 11:42 PM

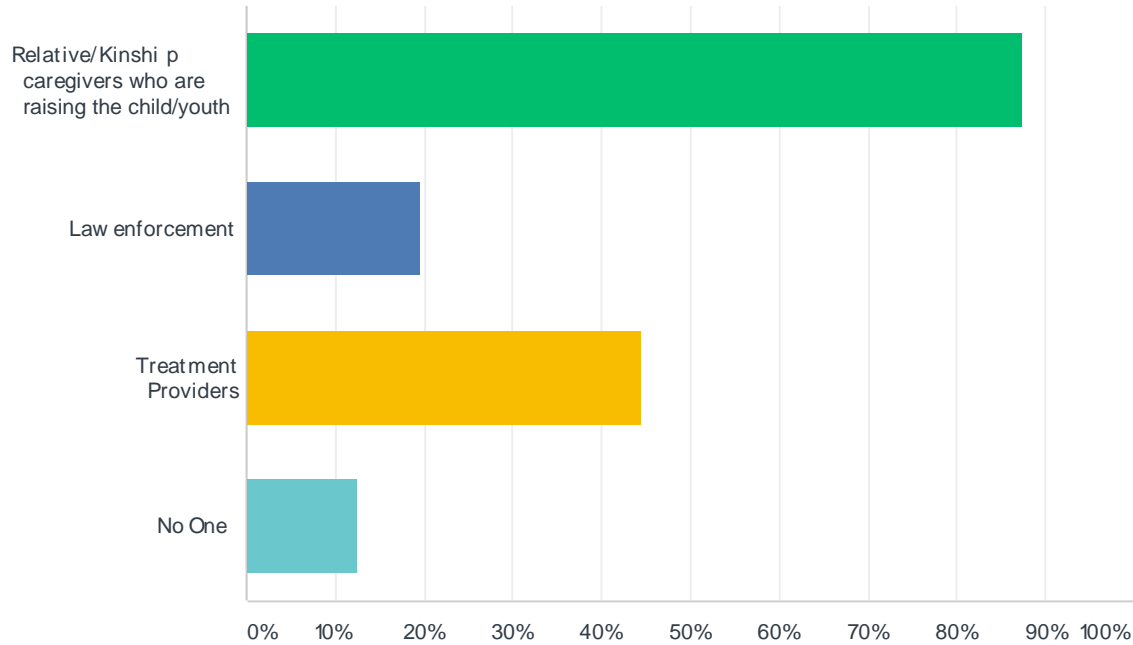
Parent Initiated Treatment Survey

30	Not necessarily a change but providing clear, concise information about when and how PIT can be used. This information must simultaneously be provided to families and providers as there is wide misunderstanding across both groups.	8/3/2018 5:17 PM
31	I don't know.	8/3/2018 4:24 PM
32	raise age of consent and you dont need it	8/3/2018 7:15 AM
33	Caregivers need to have greater access to information about the treatment, once it has been determined that in patient is medically necessary.	8/2/2018 7:51 PM
34	Again- in relationship to the maturity of the youth..	8/2/2018 9:22 AM

Parent Initiated Treatment Survey

Q114 In addition to parents, who should be able to file Parent Initiated Treatment?

Answered: 56 Skipped: 628



ANSWER CHOICES	RESPONSES
Relative/Kinship caregivers who are raising the child/youth	87.50% 49
Law enforcement	19.64% 11
Treatment Providers	44.64% 25
No One	12.50% 7
Total Respondents: 56	

#	OTHER(S) (PLEASE SPECIFY)	DATE
1	School staff	8/28/2018 2:28 PM



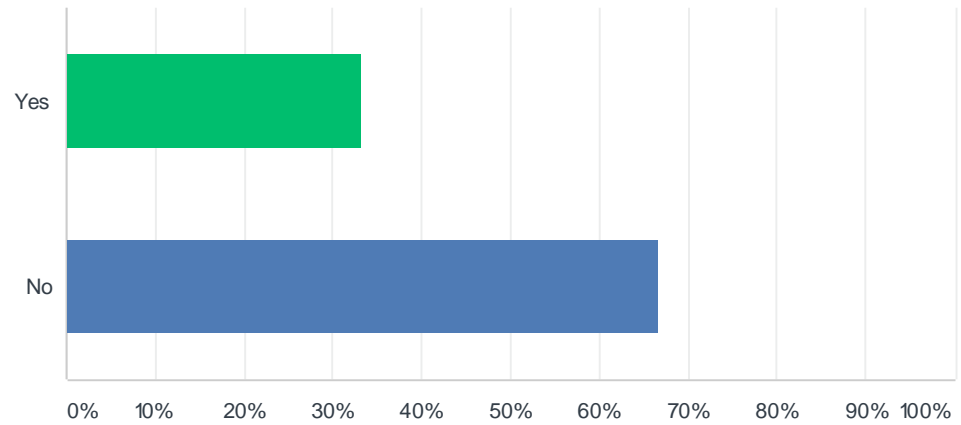
Parent Initiated Treatment Survey

2	This may be helpful where a youth's parent is practically non existent or does not believe in treatment. Often youth have trouble accessing treatment even though they want it because many insurance providers require parents to sign documents and they refuse.	8/12/2018 9:26 AM
3	Treatment providers, maybe.	8/8/2018 3:58 PM
4	NA	8/8/2018 3:11 PM
5	I feel the age of consent should stay the same, however, the ITA process needs to be overhauled.	8/7/2018 9:50 AM
6	anyone with guardianship or legal authority for the care of the youth.	8/6/2018 12:36 PM
7	the court, CPS	8/5/2018 8:37 AM
8	In certain cultures and situations, kinship is not formalized, often relying upon groups of relatives or family friends who are also considered "family" as relevant caregivers to that system. Care must be taken in considering these scenarios so as to not leave out these groups because they do not have a formalized caregiver family structure.	8/3/2018 5:17 PM

Parent Initiated Treatment Survey

Q115 Should being commercially sexually exploited be reason enough to be committed to an inpatient psychiatric facility through the Parent Initiated Treatment Process?

Answered: 57 Skipped: 627



ANSWER CHOICES	RESPONSES	
Yes	33.33%	19
No	66.67%	38
TOTAL		57