

# North Sound Mental Health Administration

Regional Support Network for Island, San Juan, Skagit, Snohomish, and Whatcom Counties  
*Improving the mental health and well being of individuals and families in our communities*

117 North First Street, Suite 8 • Mount Vernon, WA 98273

360.416.7013 • 800.684.3555 • Fax 360.416.7017 • Email [nsmha@nsmha.org](mailto:nsmha@nsmha.org) • Web Site <http://nsmha.org>

NSMHA Contract Memorandum 2014-004

Date: March 28, 2014

To: Tom Sebastian, Compass Health  
Donna Konicki, Bridgeways  
Michael Watson, Lake Whatcom RTC  
Dean Wight, Whatcom Counseling and Psychiatric Center  
Kathy McNaughton, Catholic Community Services Northwest  
Claudia D'Allegri, Sea Mar  
Ken Stark, Snohomish County Human Services Director  
Phil Smith, Volunteers of America  
Cindy Paffumi, Interfaith  
Sue Closser, Sunrise Services  
Mitch Lykins, Pioneer Human Services  
Hospital Emergency Department Directors

From: Sandy Whitcutt, Quality Specialist

Subject: Parent-Initiated Treatment (PIT) Process

The North Sound Mental Health Administration (NSMHA) realizes you are partially performing the PIT process and the attached **revised** numbered memorandum and memo is to clarify the complete process for PIT by child outpatient providers, Integrated Crisis Response System (ICRS) and Emergency Departments (ED).

Numbered memorandum 2014-004 with attached memo **replaces and updates** numbered memorandum 2013-002 with attached memo regarding the PIT process.

Please fully implement the PIT process within 60 days of the date of this memorandum.

Sincerely,

Sandy Whitcutt

cc: Cindy Ferraro, Bridgeways  
Heather Fennell, Compass Health  
Kay Burbidge, Lake Whatcom RTC  
Pamala Benjamin, Whatcom Counseling  
and Psychiatric Center  
Pat Morris, Volunteers of America  
Katherine Scott, Sea Mar  
Richard Sprague, Interfaith

Robert Sullivan, Pioneer Human Services  
Rebecca Clark, Mental Health Program  
Coordinator Skagit County  
Barbara LaBrash, San Juan County Coordinator  
Anne Deacon, Whatcom County Coordinator  
Jackie Henderson, Island County Coordinator  
Cammy Hart-Anderson, Snohomish County  
Contract File

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## MEMORANDUM

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**TO:** NSMHA Outpatient Programs

**FROM:** North Sound Mental Health Administration (NSMHA) (Greg Long, Deputy Director; Sandy Whitcutt, Quality Specialist)

**SUBJECT:** Parent-Initiated Treatment, revised 3/13/2014

**DATE:** March 28, 2014

**CC:** ICRS, EMERGENCY DEPARTMENT DIRECTORS

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Parents or guardians seeking a mental health evaluation or treatment for any child under the age of 18 must be notified of all legally available treatment options. One of these options is Parent-Initiated Treatment (PIT). This memo offers guidance regarding procedures to Community Mental Health Agency (CMHA) outpatient clinicians and case managers, Emergency Mental Health Clinicians (EMHC), and Designated Mental Health Professionals (DMHP) regarding the law. The use of the PIT option may allow the child and family to avoid having to go through the legal process of involuntary commitment.

### **OUTPATIENT PIT (RCW 71.34.650)**

1. The law allows for a parent to bring his or her minor child to a CMHA for an assessment without the consent of the minor. A parent may schedule an appointment and bring a minor up to age 18, to a CMHA for outpatient mental health treatment and request that the minor be examined to determine whether the minor has a mental disorder and is in need of treatment. Consent of the minor is not required for the assessment.
2. If a minor, seen at an outpatient facility and requires emergent psychiatric care, the clinician will work with the minor and family to consider the least restrictive setting and exhaust all less restrictive options to meet the minor's needs prior to considering any inpatient psychiatric care. If inpatient psychiatric treatment is the most appropriate level of care, then the outpatient clinician will follow NSMHA inpatient admission guidelines for voluntary hospitalization (refer to NSMHA Policy 1572 – Inpatient Continuity of Care) to assist the family in arranging for the minor to be hospitalized. (Note: Please refer to the inpatient referral following for PIT instructions when a minor is not presenting as voluntary.) If it is clinically necessary for the minor to go to the emergency department (ED) as part of the inpatient admission process, the outpatient clinician needs to contact the hospital ED and inform them of the minor's impending arrival.

### **COMMUNITY OUTREACH**

1. When an EMHC/DMHP has been dispatched to a community location to provide a voluntary intervention and has determined that PIT should be pursued, the family will need to bring and/or arrange transportation to get the minor to the hospital. When necessary the EMHC/DMHP will facilitate transportation with the family to the nearest emergency department.
2. Parents need to be informed the law does not establish specific procedures or responsibilities for funding transportation of the minor to an evaluation and treatment (E&T) facility or ED under PIT.

### **INPATIENT PIT (RCW 71.34.600)**

1. Under PIT, if parents bring their minor to an ED, the parent may request a professional person at the facility examine the minor and determine whether the minor has a mental disorder and is in need of inpatient psychiatric treatment. Professional person means a physician or other mental health professional empowered by an E&T facility with authority to make admission and discharge decisions on behalf of the facility.
  - a. The consent of the minor is not required for admission, evaluation and inpatient treatment if the parent or guardian brings the minor to the facility, gives informed consent and is willing to pursue PIT.
  - b. A minor can only be admitted to inpatient treatment under PIT if it is determined there is medical necessity.
  - c. There must be prior approval by VOA Inpatient Utilization Management for all admissions for publically funded treatment in acute inpatient facilities, to include PIT.
  - d. An inpatient psychiatric facility that admits an individual without first obtaining authorization from VOA may not receive payment for the inpatient stay.
2. It is the responsibility of the hospitals to inform the parents of their rights under PIT and facilitate admission if medical necessity has been established. Hospitals, including EDs, may contact the Care Crisis Response Services (CCRS) for consultation and support regarding pediatric psychiatric patients.
3. If after consultation with **all** possible receiving hospitals, the medical professional at the ED or the EMHC are advised there is a **clinical** need to pursue involuntary treatment, the medical professional or EMHC will call CCRS, provide disposition and request DMHP dispatch. The clinical rationale for the involuntary request (provided by the potential receiving hospital) will be communicated to the DMHP.
4. This clinical rationale may include the absence of a legal guardian/parent, the level of dangerous behavior exhibited by the minor, the acuity of the mental health symptoms, the response of the minor to interventions at the hospital, etc.
5. NSMHA will need to be advised on all PIT cases occurring in the Region. The name of the individual, date of the PIT and receiving hospital should be called into the designated NSMHA staff (by faxing Sandy Whitcutt at 360-416-7017) the next business day by the VOA CCRS.
6. For any cases that have been initiated as a PIT but referred for an involuntary evaluation, documentation of the involuntary evaluation will be requested by NSMHA from the DMHP office by the next business day (by faxing Sandy Whitcutt at 360-416-7017). These cases will be reviewed by NSMHA and NSMHA medical director.

If you have any questions regarding this memo, please feel free to contact Sandy Whitcutt at NSMHA at 360-416-7013 or at [sandy\\_whitcutt@nsmha.org](mailto:sandy_whitcutt@nsmha.org).