Overview

Inpatient Hospitalization &
Psychiatric Residential Treatment Facilities

This section of the Practice Kit provides guidance and information related to the inpatient psychiatric treatment of children and adolescents in psychiatric hospital and psychiatric residential treatment facility ("PRTF") settings. This section is divided into two subparts – one provides information regarding inpatient psychiatric hospitalization and the other gives information regarding PRTFs. While every effort has been made to provide updated information, you should independently verify the information contained in this Practice Kit.

CLC Resource Guide

Psychiatric Hospitalization in the District of Columbia

What Facilities Provide Inpatient Psychiatric Hospitalization for Children?

- In the District of Columbia, children who are experiencing a psychiatric emergency and is a danger to herself or others may be transported and/or admitted to the appropriate psychiatric unit at either Children's National Medical Center or the Psychiatric Institute of Washington.

What Happens When a Child is Involuntarily Psychiatrically Hospitalized?

- If a police officer or agent of the Department of Behavioral Health (DBH) (such as an employee of ChAMPS, the children's mobile crisis service) involuntarily transports a child in psychiatric crisis to a hospital for the purpose of seeking admission, this is colloquially known as an "FD-12" (referring to Form FD-12, the application for admission form that must be completed by the officer-agent). *See* D.C. Code § 21-521 (2012 Repl.); *see also* MPD General Order: Interacting with Mental Health Consumers.
- A parent must be notified of such an admission of his or her child within 24 hours. *See* D.C. Code § 21-522 (2012 Repl.).

How Long Can a Child Be Involuntarily Psychiatrically Hospitalized?

- A hospital may only hold a child or adult admitted on an emergency, involuntary basis for 48 hours. At that point, either consent (of the adult admitted, or, in the case of a minor, a parent) or a court order is required. *See* D.C. Code § 21-523 (2012 Repl.).
- If a parent is unavailable, unable, or unwilling to consent, and the youth is court-involved (i.e. is a respondent in a neglect, delinquency, or PINS matter), the Family Court judge may order a 21-day inpatient "evaluation" pursuant to D.C. Code § 16-2315 (2012 Repl.). If the youth is not court-involved but the parent does not consent to hospitalization, the procedures outlined in D.C. Code §§ 21-523 through -528 must be followed.
- As a matter of practice, most hospital stays are fairly short, and for youth who appear unable to remain safely in the community, a referral to a Psychiatric Residential Treatment Facility (PRTF) is often considered. See Part E.3. of this Practice Kit. However, for further information on extensions of initial emergency psychiatric evaluation, civil commitment, and competency issues for youth who are respondents in a delinquency matter, refer to D.C. Code § 16-2315 and §§ 21-541 *et seq*.

CLC Resource Guide

Applicable Law and Policies Regarding Psychiatric Residential Treatment Facilities

Regulations

- **42 C.F.R. § 441.150, *et seq.***
  - The rules contained in these federal regulations set base rules and requirements for the provision of inpatient psychiatric services for individuals under age 21 in psychiatric facilities or programs.

- **29 DCMR § 948**
  - This District of Columbia regulation sets base rules and requirements related to inpatient psychiatric services for individuals under 22 years of age. The regulation includes parameters as to who can provide inpatient psychiatric care for individuals under the age of twenty-two and sets minimum requirements for psychiatric residential treatment facilities.

Department of Behavioral Health Policy

- **DBH Policy 200.7: Psychiatric Residential Treatment Facility (PRTF) Medical Necessity Determination Process**
  - This policy of the D.C. Department of Behavioral Health establishes the process by which it is determined treatment in a PRTF is medically necessary. Specifically, the policy states:
    - Community-based alternatives to PRTF placement must be explored through a teaming process prior to referral to a PRTF, absent exceptional circumstances
    - After all efforts to address the needs of the child in the least restrictive environment have been made, a referral may be made to the PRTF Review Committee
    - The PRTF Review Committee shall serve as the single point of access and accountability for medical necessary determinations
    - If a child is ordered placed in a PRTF by a court or a hearing officer, the placing Agency shall refer the child or youth to the PRTF Review Committee

- **DBH Policy 200.5A: Continuity of Care Practice Guidelines for Children and Youth**
  - This policy outlines the responsibilities and actions of providers and the DBH Division of Care Coordination Access Helpline in response to a child or youth who seeks or receives urgent or emergency are within the DBH system of care.

- **DBH Policy 340.10: High Fidelity Wraparound Care Planning Process**
    - This policy defines and outlines the responsibilities and actions of providers and DBH responsibilities for the wraparound care coordination service which includes team-based care planning where the family and team implement, track, and adapt an individualized plan of care.

- **DBH Policy 340.5: Maintaining Children and Youth in their Homes with the Support of Behavioral Health Services in Natural Settings**
    - This policy outlines the responsibilities and actions that should be undertaken by DBH staff and providers to assist children and youth as much as possible to remain in their own home and prevent the need for out of home placement for behavioral health services. The policy also states children and youth should receive behavioral health services in their natural settings whenever possible.

HSCSN PRTF Medical Necessity Review Referral Form

Health Services for Children with Special Needs, Inc. (HSCSN)
Admission to a Psychiatric Residential Treatment Facility
Medical Necessity Review Referral Form

Every child/youth who is referred for review of medical necessity for psychiatric residential level of care should be a part of an ongoing family-driven team-based process. The team should consider the strengths and needs of the child/youth and the family in order to determine what supports and services would meet the needs of the child/youth. After multiple meetings and attempts at community-based services, if the team comes to a consensus that psychiatric residential treatment would best meet the needs of the child/youth, then this referral form should be completed and submitted to HSCSN.

1. PLEASE COMPLETE THE REFERRAL FORM AND AUTHORIZATION TO USE OR DISCLOSE PROTECTED INFORMATION (SEE THE ATTACHED [DMH HIPAA-FORM 3-CYSD). SUBMIT THESE WITH ALL OTHER SUPPORTING DOCUMENTATION AS LISTED ON PAGE 2.

2. REFERRALS WHICH ARE ILLEGIBLE, INCOMPLETE, OR DO NOT HAVE REQUIRED SUPPORTING DOCUMENTATION WILL NOT BE REVIEWED BY THE PRTF REVIEW COMMITTEE. **IF THE REFERRAL PACKET IS INCOMPLETE, IT WILL BE SENT BACK TO THE REFERRING PARTY WITH FURTHER INSTRUCTIONS.**

3. THE REFERRAL FORM AND ALL SUPPORTING DOCUMENTATION SHOULD BE SENT ELECTRONICALLY TO authcentralintake@hscsn.org or via fax to 202-721-7190. IF YOU NEED TO SEND THE DOCUMENTATION BY AN ALTERNATIVE METHOD, PLEASE CONTACT THE PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY (PRTF) COORDINATOR AT 202-495-7660.

4. ONCE A REFERRAL PACKET IS RECEIVED, THE PRTF COORDINATOR WILL REVIEW THE PACKET FOR COMPLETENESS. BASED ON THE INITIAL REVIEW OF THE PACKET, THE COORDINATION MAY REQUEST ADDITIONAL INFORMATION FROM THE REFERRING PARTY WHICH MUST BE PROVIDED WITHIN A SPECIFIED DUE DATE. THE COORDINATOR WILL THEN PROVIDE A CASE SUMMARY TO THE PRTF REVIEW COMMITTEE.

5. UNLESS ADDITIONAL, ESSENTIAL INFORMATION IS REQUIRED TO MAKE A DETERMINATION, THE PRTF REVIEW COMMITTEE WILL REVIEW THE CASE AND MAKE A MEDICAL NECESSITY DETERMINATION USING INTERQUAL CRITERIA.

6. WITHIN 1-2 BUSINESS DAYS OF THE DETERMINATION, THE PRFT COORDINATOR WILL PROVIDE THE WRITTEN DETERMINATION TO THE REFERRING PARTY WITH ANY ADDITIONAL RECOMMENDATIONS MADE BY THE REVIEW COMMITTEE, AND PROVIDE A COPY TO THE DEPARTMENT OF HEALTH CARE FINANCE (DHCF).

IF THERE ARE ANY QUESTIONS REGARDING THIS PROCESS,
PLEASE CONTACT THE PRTF COORDINATOR AT 202-495-7660.

BELOW IS A LIST OF REQUIRED SUPPORTING DOCUMENTATION FOR THIS REFERRAL FOR REVIEW OF MEDICAL NECESSITY FOR PRTF

Please check all that are included in the referral packet.

☐	**HSCSN Medical Necessity Review Referral Form**
☐	**Authorization to Use or Disclose Protected Information (Use DMH-HIPAA FORM-3-CYSD)**
☐	Parent/Caregiver **Authorization for Medical Necessity Review** for Psychiatric Residential Treatment (page 8 of referral)
☐	**All Psychiatric Evaluations** (within last 90 days)-**REQUIRED**
☐	**All Psychological Evaluations** (within last 2 years)-**REQUIRED**
☐	**All Psycho-educational Evaluations** (within last 2 years)
☐	**Diagnostic Assessment** (completed within last year, if Psychiatric and/or Psychological Evaluations are not available)
☐	**Treatment Plan and Discharge Recommendations** (if youth is in a facility or hospital)
☐	**Discharge Summaries** from last 2 Hospitalizations
☐	**Psychosocial Evaluation/Summary-REQUIRED**
☐	**Social Study** from Court Social Services (CSS)
☐	**Recent Court** Reports (must include description of any recent offenses, judge, attorney, defense attorney)
☐	**Current Plan of Care or Team Meeting Notes over last 6 months** (including sign-in sheets)
☐	**Individualized Education Program** (if applicable)-**REQUIRED**
☐	Any other information relevant to this review **(i.e., 504 plan, recent progress notes, other evaluations, etc.)**

Referral Packet completed by (print): _____
Name/Title

Signature: _____ Date Click here to enter a date.

Email: _____ Phone: _____

By signing below, I am certifying that the District agency/entity clinical team working with this child/youth believes that he/she meets medical necessity and this referral includes all of the above required documentation for this review:

Referral Agency Representative (print): _____
Name/Title

Signature: _____ Date Click here to enter a date.

Email: _____ Phone: _____

Supervisor (print): _____
Name/Title

Signature: _____ Date Click here to enter a date.

Email: _____ Phone: _____

Organization/Agency Affiliation: _____

PRTF Referral Form

Referred Youth's Information		
Name (Last, First, Middle Initial):	Date of Birth:	Gender: ☐ Male ☐ Female
Address: (Current address, city, state, zip code)		Phone#:
Primary Language Spoken:	Secondary Language (if any):	
☐ The family reads and speaks English at home	☐ Family speaks a different language at home:	
The family needs an interpreter: ☐Yes ☐ No	If different language, please list:	
Medicaid Eligible: ☐ Yes ☐ No ☐ TBD	If yes, please provide Medicaid #:	
	Check One: ☐ Fee For Service ☐Managed Care ☐ HSCSN	

Race/Ethnicity: (If Hispanic/Latino, choose from Section B; all others choose from Section A)

Section A:	Section B:
☐ American Indian/Alaska Native	☐ Mexican
☐ Asian	☐ Puerto Rican
☐ Black or African American	☐ Cuban
☐ Native Hawaiian or Other Pacific Islands	☐ Dominican
☐ White	☐ Central American
☐ Biracial (Specify):	☐ South American
☐Other (Specify):	☐ Other (Specify)

Parent Information (If parents are separated, include information for both parents)		
Mother's Name: (Last, First, Middle Initial)		
Address: (Home address, city, state, zip code)		
Home Phone#:	Work Phone #:	Other Phone #:
Email Address:	Best Time To Call:	
Primary Language Spoken:	Secondary Language (if any):	
Father's Name (Last, First, Middle Initial		
Address (Home address, city, state, zip code)		
Home Phone#:	Work Phone #:	Other Phone#:
Email Address:	Best Time To Call:	
Primary Language Spoken	Secondary Language (if any)	

Primary Caregiver/Legal Guardian Information (if not parent)		
Name: (Last, First, Middle Initial)		Relationship to Child/Youth:
Address: (Home address, city, state, zip code)		
Home Phone#:	Work Phone #:	Other Phone #:
Email Address:	Best Time To Call:	
Primary Language Spoken:	Secondary Language (if any):	
Legal Guardian: ☐Yes ☐ No If No, provide name:		

Other Important Contacts

If we cannot contact one of the parents or caregivers, please list the name of an additional involved contact person (e.g., grandparent, adult sibling, aunt/uncle):

Name:	Relationship to Youth	Phone#:
Name:	Relationship to Youth	Phone#:

Sibling Information (attached additional sheet as needed)

Name (First & Last)	Gender M/F	Date of Birth	Relationship To Youth	School/Grade	Current Residence

School Information

Local Education Agency (LEA): (for example, DCPS, Charter School, etc.)

School Name:

Current Academic Performance: | Grade Level:

Regular Education (specify accommodations, if any):	☐Special Education (attach Individualized Education Program) ☐ Primary Disability Category:	☐ Other (specify):

Is the attendance of the youth an issue/concern? ☐ Yes ☐ No

If Yes, what has been done to address it:

Teaming

Team Meeting Notes or Plan of Care Attached ☐ Yes ☐ No

Has the team met routinely and adjusted the Plan of Care? ☐ Yes ☐ No If Yes, how often:

If No, please explain:

Teaming/Care Coordination provided by:

☐ DC Choices Wraparound Process

☐ Far Southeast Collaborative Child and Family Teaming ☐ GA Avenue Collaborative Child and Family Teaming

☐ DYRS Youth and Family Teaming ☐ CSS Family Group Conferencing

☐ Other (specify):

Name of Team Facilitator/Care Coordinator:

Is the team in consensus about referring this you to PRTF? ☐ Yes ☐ No
If No, identify the parties who disagree and why:

Current System Involvement and Team Members (Select all that apply)

	Contact Person	Phone#	Email
☐ Court Social Services (Probation)			
☐ Department of Youth Rehabilitation Services			
☐ Education			
☐ Child and Family Services Agency			
Parent's Rights Terminated: ☐ Yes ☐ No			
☐ Special Education			
☐ Mental Health Provider (agency name:)			
☐ Specialty Mental Health Provider: (For example, CBI, MST, FFT, private therapist)			
☐ Hospital			
☐ Physical Health Care Agency/Clinic/Provider			
☐ Substance Abuse Agency/Clinic/Provider			
☐ Other (Please specify)			
☐ Other (Please specify)			

Current Living Situation of Youth

☐ Two Parent Biological Family	☐ Therapeutic Group Home
☐ One Parent Biological Family	☐ Youth Shelter House
☐ Two Parent Adoptive Family	☐ Runaway/Homeless
☐ One Parent Adoptive Family	☐ Detention ☐ Youth Services Center ☐ New Beginnings
☐ Grandparent(s)	☐ Residential Treatment Center Name:
☐ Other Relative's Home	☐ Psychiatric Residential Treatment Facility Name:
☐ Other Non-Relative's Home	☐ Acute Care Inpatient Hospital:
☐ Traditional Foster Care	☐ Sub-Acute Care Inpatient Hospital:
☐ Therapeutic Foster Care	☐ Other (specify):
☐ Traditional Group Home	
Anticipated discharge date from above (if applicable):	

Out of Home Placement Due to Family Court:

Is placement related to Child Welfare? ☐ Yes ☐ No

Is placement related to Juvenile Justice? ☐ Yes ☐ No

Family Court Involvement:

Next Court Date:

Type of Hearing:

Name of Judge:

During the Past 6 Months, was the Youth the Enrollee/Recipient of any of the Following? (Select all that apply)

☐ Medicaid (Check one) ☐ Fee For Service ☐ Managed Care ☐ Health Services for Children with Special Needs

☐ TANF (public assistance): ☐ Yes ☐ No ☐ Private insurance (specify):

☐ Social Security Disability Income & Amount (SSI Benefits):

DSM Diagnosis Source (provided within last 12 months)

Which professional source made the diagnosis as indicated in the following information below?

☐ Child Psychiatrist	☐ Licensed Clinical Social Worker	☐ Child Psychologist
☐ General Psychiatrist	☐ Nurse Practitioner	☐ General Psychologist
☐ Licensed Professional Counselor	☐ Other	

Name of Clinician: Date of Diagnosis:

DSM Diagnosis Information

AXIS I: CLINICAL DISORDERS (*Please list Axis 1 Primary Diagnosis first.*)

AXIS II: PERSONALITY DISORDERS, MENTAL RETARDATION (*If any*)

AXIS III: GENERAL MEDICAL CONDITIONS (*If any*)

AXIS IV: PSYCHOSOCIAL AND ENVIRONMENTAL PROBLEMS
(*Select all that apply)*

☐ Problems with primary support group	☐ Economic problems
☐ Problems related to the social environment	☐ Problems with access to health care services
☐ Educational problems	☐ Occupational problems
☐ Other psychosocial and environmental problems	☐ Housing problems
☐ Problems related to interaction with the legal system/crime	☐ Other (specify):

AXIS V: GLOBAL ASSESSMENT OF FUNCTIONING (GAF)

What are the problems within last 6 months that led to this referral for PRTF? Check all that apply

☐ Suicide-related problems (including suicide ideation, suicide attempt, self-injury)

☐ Depression-related problems (including major depression, dysthymia, sleep disorders, somatic complaints)

☐ Anxiety-related problems (including fears and phobias, generalized anxiety, social avoidance, obsessive-compulsive behavior, post-traumatic stress disorder)

☐ Hyperactive and attention-related problems (including hyperactive, impulsive, attention difficulties)

☐ Conduct/delinquency-related problems (including physical aggression, extreme verbal abuse, non-compliance, sexual acting out, property damage, theft, running away, sexual assault, fire setting, cruelty to animals, truancy, police contact)

☐ Substance use, abuse, and dependence-related problems

☐ Adjustment-related problems (including changes in behaviors or emotions in reaction to a significant life stress)

☐ Psychotic behaviors (including hallucinations, delusions, strange or odd behaviors)

☐ Pervasive developmental disabilities (including autistic behaviors, extreme social avoidance, stereotypes, preservative behavior))

☐ Specific developmental disabilities (including enuresis, encopresis, expressive or receptive speech and language delay)

☐ Learning Disabilities

☐ School performance problems not related to learning disabilities

☐ Eating Disorders (anorexia, bulimia, obesity)

☐ Trauma (community violence, school violence, complex trauma, domestic violence, medical trauma, natural disasters, neglect, physical abuse, refugee and war zone trauma, sexual abuse, terrorism, traumatic grief)

☐ Other Problems (Please specify):

CRITICAL INFORMATION FOR ELIGIBILITY

IMPORTANT: Eligibility factors are largely based on risk of out-of-home placement or hospitalization. Be explicit and detailed including the level of severity and frequency of the behaviors. ***DC PRTF Admission criteria listed on page 9 of this referral form should be addressed here. Add additional pages if necessary.***

At-Home: (examples: safety concerns for youth and/or family, rebellious, curfew violations, physical aggression, trauma)

In School (examples: attendance, suspension, altercations, weapons)

In Community: (examples: involvement with Crisis Services, Juvenile Justice involvement, substance abuse)

Services Received within Last Year to Attempt to Stabilize Youth: Please select all that apply and additional pages regarding outcomes if necessary

	Agency/Individual	Dates of Service
☐ Inpatient Acute Hospitalization (s)		
☐ Inpatient Sub-acute Hospitalization (s)		
☐ Psychiatric Residential Treatment (anytime within last 5 yrs)		
☐ Individual Therapy (frequency:)		
☐ Family Therapy (frequency:)		
☐ Community Support		
☐ Community Based Intervention		
☐ Multi-Systemic Therapy		
☐ Trauma-Focused Cognitive Behavior Therapy		
☐ School Mental Health Services (specify type:)		
☐ Day Treatment		
☐ One-on-One Staff (frequency/setting:)		
☐ Special Education Services (IEP)		
☐ Other (specify)		
☐ Other (specify)		

Justification for PRTF Level of Care

Indicate why lower levels of service have not been successful in stabilizing this youth and why he/she requires PRTF to meet his/her needs.

Expectations from PRTF

Please identify the goals of treatment in PRTF, the anticipated length of stay in PRTF, and anticipated plans upon discharge.

Goals:

Anticipated Length of Stay:

Anticipated Discharge Plans:

Youth & Family Strengths

Describe youth and family strengths that will assist in keeping the youth at home and within the community; or, what strengths will assist in the successful return of the youth from placement.

To Be Completed by Parent/Legal Guardian Only:

The Department of Mental Health recognizes that families have a voice and choice during the process for reviewing for medical necessity for treatment in a Psychiatric Residential Treatment Facility (PRTF). I, as the parent/caregiver, understand that my family's strengths and needs were identified prior to this review. I will continue to work with my child/family team to help determine what will work best for my child and family.

Name of Parent or Legal Guarding (Print): _____

Signature: _____ Date: _____

DC Medicaid Authorized Psychiatric Residential Treatment Facilities[1]

Prov ID	Prov Name	Prov Addr Line 1	Prov Addr Line 2	Prov City	Prov State Cd	Prov ZIP 5
32465900	ABS LINCS SC INC., DBA	4500 LEEDS AVENUE	STE 219	CHARLESTON	SC	29405
77713300	ACADIA VILLAGE LLC	2431 JONES BEND ROAD		LOUISVILLE	TN	37777
	ACADIA MONTANA	55 BASIN CREEK ROAD		BUTTE	MT	59701
36732100	ADVENTIST HEALTHCARE INC	14901 BRESCHART ROAD		ROCKVILLE	MD	20850
33171300	ALABAMA CLINICAL SCHOOLS	1221 ALTON DRIVE		BIRMINGTON	AL	35210
30828900	BARRY ROBINSON CENTER	443 KEMPSVILLE ROAD		NORFOLK	VA	23502
19198100	Devereux Pennsylvania: Children's Behavioral Health Services Brandywine Programs	P.O. BOX 69 DEVEREUX ROAD	DEVEREUX ROAD	GLENMOORE	PA	19343
40378800	BHC FOX RUN HOSPITAL INC	67670 TRACO DR	DBA CTR FOR CHLDRN & ADOLESC	ST. CLAIRSVILLE	OH	43950
99357400	CHESAPEAKE TREATMENT CENTERS INC	2400 CUB HILL ROAD		BALTIMORE	MD	21234
49038500	CHILDHELP, INC.	23164 DRAGOON ROAD		LIGNUM	VA	22726
37056100	COASTAL HARBOR TREATMENT CENTER	1150 CORNELL AVE		SAVANNAH	GA	31406
34723300	COLORADO BOYS RANCH	28071 HWY 109		LA JUNTA	CO	81050
	COPPER HILLS YOUTH CENTER	5899 West Rivendell Drive		West Jordan	UT	84088
36499800	COTTONWOOD YOUTH ACADEMY	1144 WEST 3300 SOUTH		SALT LAKE	UT	84119
	DESERT HILLS	5310 Sequoia Road		Albuquerque	NM	87120
19199800	Devereux Pennsylvania: Children's Behavioral Health Services Mapleton Programs	P.O. BOX 275 655 SUGARTOWN RD.	655 SUGARTOWN ROAD	MALVERN	PA	19355
19197300	DEVEREUX HOSP & CHILDRENT CTR	8000 DEVEREUX DRIVE	SUITE 400	VIERA	FL	32940
38785600	GATEWAY RESIDENTIAL TREATMENT PRO	1401 20TH STREET SOUTH		BIRMINGHAM	AL	35205
20703800	GOOD SHEPHERD CENTER	4100 MAPLE AVENUE		BALTIMORE	MD	21227
73390300	GRAFTON SCHOOL INC BERRYVILLE	180 GRAFTON LANE		BERRYVILLE	VA	22611
30613300	GRAFTON SCHOOL INC LEESBURG		801 CHILDRENS CTR RD SW	LEESBURG	VA	20175
32305400	GULF COAST TREATMENT CENTER	1015 MAR WALT DRIVE		FORT WALTON BEACH	FL	32547
32755900	HALLMARK YOUTH CARE RICHMOND	RESIDENTIAL TREATMENT	12800 WESTCREEK PARKWAY	RICHMOND	VA	23238

[1] Information obtained from the Department of Behavioral Health

36984100	HILLCREST BEHAVIORAL HEALTH SRVS	6869 FIFTH AVENUE SOUTH		BIRMINGHAM	AL	35212
65547100	HUGHES CENTER LLC	1601 FRANKLIN TURNPIKE		DANVILLE	VA	24540
	Kenbridge Youth Academy			Kenbridge	VA	
	KVC Prairie Ridge			Kansas City	KS	
40098500	KEYSTONE CONTINUUM, LLC	332 HOSPITAL ROAD		MOUNTAIN CITY	TN	37683
54510800	KEYSTONE MEMPHIS LLC	7900 LOWRANCE ROAD		MEMPHIS	TN	38125
35597400	KEYSTONE NEWPORT NEWS	17579 WARWICK BOULEVARD		NEWPORT NEWS	VA	23603
47350400	KIDSPEACE NATIONAL CENTER INC	5300 KIDSPEACE DRIVE		OREFIELD	PA	18069
38227400	LAUREL HEIGHTS HOSPITAL	934 BRIARCLIFF ROAD		ATLANTA	GA	30306
95795900	LIBERTY POINT BEHAVIORAL HEALTHCARE	1110 MONTGOMERY AVENUE		STAUNTON	VA	24401
	Millcreeek	1810 Industrial Drive	P.O. Box 727	Fordyce	AK	71742
55550900	NATIONAL DEAF ACADEMY LLC			MOUNT DORA	FL	32757
36315800	NEW HOPE CAROLINAS, INC.	101 SEDGEWOOD DRIVE		ROCK HILL	SC	29732
35968400	NORTH SPRING BEHAVIORAL HEALTHCARE	42009 VICTORY LANE		LEESBURG	VA	20176
59053300	OPTIONS TREATMENT CENTER ACQUISITIO	5602 CAITO DRIVE		INDIANAPOLIS	IN	46226
	PARC PLACE SW (Acadia)	2190 North Grace Blvd.		Chandler	AZ	85225
39557500	PROVO CANYON SCHOOL	1350 EAST 750 NORTH		OREM	UT	84097
48358100	RTC RESOURCE ACQUISITION CORP	1404 S STATE STREET		INDIANAPOLIS	IN	46203
44225400	SAN MARCOS TREATMENT CENTER	120 BERT BROWN ROAD		SAN MARCOS	TX	78666
40031100	TENNESSEE CLINICAL SCHOOLS INC	DBA HERMITAGE HALL	1220 8TH AVENUE SOUTH	NASHVILLE	TN	37203
19200400	THE DEVEREUX FOUNDATION TRMNT NETWK	PO BOX 1688	1291 STANLEY RD	KENNESAW	GA	30144
31456601	BRIGHTON BEHAVIORAL HEALTH CARE CENTER	1801 PORTSMOUTH BLVD	BRIGHTON CAMPUS	PORTSMOUTH	VA	23704
31456600	HARBOR POINT HEALTH CARE	825 CRAWFORD PARKWAY		PORTSMOUTH	VA	23704
31456602	KEMPSVILLE CENTER FOR BEHAVIORAL HEALTH	860 KEMPSVILLE RD		NORFOLK	VA	23502
87222700	UNIVERSITY BEHAVIORAL LLC	2500 DISCOVERY DRIVE		ORLANDO	FL	32826
	WOODBOURNE CENTER	1301 Woodbourne Avenue		BALTIMORE	MD	21239
58215800	WORDSWORTH ACADEMY	3905 FORD ROAD		PHILDELPHIA	PA	19131
38403100	YOUTH VILLAGES	3320 BROTHER BLVD		MEMPHIS	TN	38184

Tip Sheet: Questions to Ask When Considering a PRTF

Does My Client Need a PRTF?

- Why is a PRTF being considered? Who supports it? Who opposes?
- Have all community-based services been utilized before considering a PRTF? If not, why not?
- What are my client's specific mental health needs?
- What services could my client receive in a PRTF that they cannot receive in the community?
- What impact will there be on my client's relationship with their family/community if they are placed at PRTF?
- What impact will there be on progress toward my client's permanency goal?
- What impact will there be on my client's education if they are placed in a PRTF?

Is There a PRTF That Can Meet My Client's Needs?

- Clinical Treatment
    - What treatment modalities does the PRTF offer? How do they choose what modality to use with each client? Is it individualized?
    - What assessments or evaluations are conducted during the course of the treatment at the PRTF?
    - What staff members will be working with the child and what are their qualifications? Who is responsible for ensuring that the client's treatment objectives are being met?
    - Is any tool used to get a sense of the client's baseline functioning at admission, during the course of treatment, and at discharge?
- Education
    - Does the facility have a Certificate of Approval (COA) from the Office of the State Superintendent of Education (OSSE)?
    - Will the client be able to receive a proper education at the PRTF?
        - What is their academic curriculum?
        - What is their student-to-teacher ratio?
        - Do they provide appropriate special education services?
    - What time of the school year will the child be placed at the PRTF (e.g. mid-semester)?
- Program Policies

    - What is used to gauge a client's progress during treatment at the PRTF? Is it purely a level system (based on behavioral modification) or are there other assessments or tools that are used?
    - What are the program's disciplinary policies and procedures?
    - What is the average length of stay in the program?
- Environment
    - What is the peer group like? What are the ages and needs of the other children at the PRTF?
    - How many children are placed at the PRTF?
    - Is the facility locked? Is it "staff secure"?
- Family
    - How far away from the child's home and family are the facilities being considered?
    - How will the child's family be able to visit and/or be meaningfully involved in the treatment team?

Tip Sheet: How Do I Advocate for a Client Placed in a PRTF?

Get to Know the Key Staff

- Who is responsible for every day treatment decisions? How are those decisions made?
- How often does the treatment team meet as a whole? How do I participate in those treatment team meetings? Who do I contact if I want to get an update in between treatment team meetings?
- How do I stay in touch with my client while he/she is at the PRTF? How do the parents/guardian stay in touch?
- Who is responsible for daily monitoring at the PRTF? What sort of daily monitoring occurs? Can I contact this person for updates?
- What steps are taken if my client is not making progress? What modifications occur to the treatment? How can the treatment be individualized, if needed?

Discharge Planning

Good discharge planning starts the first month your client gets to the PRTF.

Assessing whether the child is ready for discharge

- Has s/he made significant progress on the goals for which PRTF admission was sought?
    - Review reports and evaluations, talk to clinicians and caregivers, attend meetings if possible
- If progress has not been made, is there more work that could be done by the PRTF to assist the child?
    - What specific issues/skills should they be working on?

Even while you are evaluating if the child is ready for discharge, you should also be considering:

- Will there be a team in place both at the PRTF and back in the DC to ensure the child transitions back the community?
- What services will be put in place to ensure a smooth transition back?
- What does the program itself do to provide referrals or connections after discharge including ongoing mental health services, education, housing, employment etc.?
- What are the parents/guardians doing NOW to ensure a smooth transition back to the community?

Tip Sheet: Questions to Ask When Choosing a Specific PRTF for Your Client

- What is the ratio of staff to children?
- What does the average day look like?
- Does the facility operate on a level system? Can you have a copy of it?
- How long is the average resident's length of stay?
- How often is there individual therapy (days, hours)? Group therapy? What are the sessions about?
- Are there any athletic programs? Sports? Recreation?
- Do therapists have training with trauma?
- Do you offer art, music, or other expressive therapy?
- Do you communicate with the child's lawyer, social worker, birth parent, etc.? How (writing, reports, phone calls)? How often?
- How do I reach my client to talk to them? Do I need a code?
- To what extent is there family contact? Phone calls? Visits?
- Do you have any dietary programs? What if my client is overweight?
- What is the educational/special education program? Are the school/teachers accredited? Is there SAT prep., etc. for seniors?
- Do the children get taken out into the community (movies, park, etc.?) How often?
- How homogenous is the population (children and staff)?
- What's the living situation for the kids (are there roommates, etc.)?
- Use of psychotropic medication? Medication management/evaluation- how often?
- What sorts of restraints are used? Under what conditions? Who performs them? What is their training? Can I have a copy of your protocol?
    - Physical? What types?
    - Chemical? What types?
    - Seclusion? For how long?
- Do you address substance use? How?
- Do you address sexual abuse? How?

Tip Sheet: What To Expect When a Child is Placed in Residential through a Department of Behavioral Health (DBH) Level of Care (LOC)

What Happens When DBH Issues a Level of Care for Residential Treatment?

- Child or youth is authorized for funding at a residential treatment facility for the period of time specified by the LOC.
- The clock starts running when the child begins the PRTF program (not when the LOC is issued). So if an LOC is issued in June for six months, but the child does start in the program until August, the LOC's expiration date will run from August (not June).
- **First thirty days after placement in residential**: child or youth is monitored by their MCO (Amerihealth, Medstar, etc).
- **On the thirty first day**: DBH takes over monitoring the child's placement, and should assign a DBH monitor to the youth's case.
- **If no monitor is assigned by DBH** (i.e. no one from DBH is attending treatment team meetings), contact Dr. James Ballard at 202-673-4424, james.ballard2@dc.gov.

What Happens If the Youth Needs More Time in Residential?

- The LOC must be extended through application to DBH. The residential cannot just decide to maintain the child in the program without prior approval from DBH.
- If the PRTF has informed you, but not DBH, that they would like more time make sure they inform DBH immediately.

Who is Responsible for Monitoring the Youth's Education While They Are in Residential?

- The District of Columbia Public Schools (DCPS) is responsible for monitoring a child's education (and special education services if applicable) while a child is in residential treatment.
- To ensure DCPS is monitoring a child's education, make sure a DCPS Progress monitor is assigned to the youth.
    - Contact Yaa Nsia Opare-Phillips, Program Manager, 202-724-1490, yaa.phillips@dc.gov.
    - DCPS may require the parent or guardian to verify residency before assigning a progress monitor.

What About Transportation for Visits and Family Therapy?

- After the first 30 days, DBH is responsible for assisting with funding for visits with family.
- The Residential Facility should be working with DBH to coordinate visits, but you can reach out to Ms. Gwendolyn Bell Foxworth at the Department of Health Care Finance (DCHF) for assistance at 202-442-5957, gwen.bell@dc.gov to assist with setting up visit transportation.