The PRTF Process

Created for DFCS by the DFCS Care Coordination Treatment Unit



Clinical provider recommends youth via PRTF funding Application via Availity.com; 5-7 day response time.



Child Meets criteria for Psychiatric Residential Treatment See PRTF SOP pg.1

If necessary, clinician can appeal funding application with more information. If appeal denied, DFCS can request an Administrative Law Hearing with DFCS Medical Director.

Choose the best PRTF for youth's specific needs. Submit referral to PRTF of choice with AMG funding

5

DFCS to participate in treatment team meetings, case reviews, and discharge planning IF DENIED and the youth still needs PRTF care, a request for a state funded assessment bed waiver can be submitted via GA+SCORE

6

County and PRTF diligently plan for discharge. PRTF to provide updates and recommendations. DFCS to secure placement and supportive services.

> cctu.support@dhs.ga.gov https://www.gascore.com/proteam/step1.cfm

PRTF Admissions Criteria

Youth/Young adult must meet the target population criteria as noted above, and one or more of the following:

1. Youth/Young adult has shown serious risk of harm in the past thirty (30) days, as evidenced by the following:

A. Current suicidal or homicidal ideation with either clear, expressed intentions and/or past history of carrying out such behavior; and at least one of the following:

a. Indication or report of significant and repeated impulsivity and/or physical aggression, with poor judgment and insight, and that is significantly endangering to self or others.

b. Recent pattern of excessive substance use (co-occurring with a mental health diagnoses as indicated in target population definition above) resulting in clearly harmful behaviors with no demonstrated ability of child/adolescent or family to restrict use.

B. Clear and persistent inability, given developmental abilities, to maintain physical safety and/or use environment for safety.

&

2. The clinical documentation supports the need for the safety and structure of treatment provided in a high level of care and the youth/young adult's behavioral health issues are unmanageable as evidenced by both:

A. There is a documented history of multiple admissions to crisis stabilization programs or psychiatric hospitals (in the past 6 months) and youth/young adult has not progressed sufficiently or has regressed; and two of the following:

a. less restrictive or intensive levels of treatment have been tried and were unsuccessful, or are not appropriate to meet the individual's needs, and

b. Past response to treatment has been minimal, even when treated at high levels of care for extended periods of time, or

c. Symptoms are persistent and functional ability shows no significant improvement despite extended treatment exposure.

B. Youth/Young adult and/or family has history of attempted, but unsuccessful follow through with elements of a Resiliency/Recovery Plan which had resulted in the exhibition of specific mental, behavioral or emotional behaviors that place the recipient at imminent risk for disruption of current living arrangement including:

- a. Lack of follow through taking prescribed medications,
- b. Following a crisis plan, or
- c. Maintaining family integration

Reference DFCS PRTF Standard Operating Procedures