

Ohio Administrative Code

Rule 5122-41-02 Psychiatric residential treatment facility model.

Effective: October 1, 2023

(A) Psychiatric Residential Treatment Facility (PRTF) is a trauma informed, inpatient level, intensive multi-disciplinary residential treatment provided in a non-acute setting for youth with complex needs. A PRTF delivers trauma-informed, evidence-based individualized services to youth in order to stabilize behaviors in as short as possible time frame, and help youth and their family or caregiver to develop the knowledge and skills needed to safely manage their needs in the community, so that the youth can succeed in all aspects of community living, e.g. home and family, school, employment, etc.

(B) Individuals referred to PRTF programs are youth with complex needs including significant behavioral challenges. These individuals have a mental health diagnosis or co-occurring mental health and other diagnosis, e.g. substance use, intellectual disability, and at least one of the following:

(1) Exhibiting severe mental health symptoms at the time of the referral to PRTF.

(2) Documented severe functional impairment in comparison to same age peers or same developmental age peers in multiple life domains (school performance, family relationships, interpersonal relations, communication/thought processes, self-care, and community) as reflected in the most recent Ohio children's initiative child and adolescent needs and strengths (CANS) assessment and other clinical documentation. If an Ohio children's initiative CANS assessment has not been completed or did not result in a recommendation of PRTF, clinical documentation indicating severe functional impairment may be used.

(C) PRTF model description.

(1) Provided seven days a week to youth.

(2) Physician directed.



(3) Multi-disciplinary.

(4) Treatment is focused on the objectives that are most important for the youth to address to achieve a successful transition to their community.

(5) Able to address the intensive treatment, supervision, and safety needs of the youth.

(6) Possess the capacity and expertise to provide targeted treatment services to address the variety of needs of the youth.

(7) Treatment is strength-based, individualized, and the quantity and frequency of services is adjusted based upon the needs of individuals and the culture of the milieu.

(8) Have sensory regulation items and equipment available for youths as needed.

(9) Inclusive of evidence-based treatment services that focus on the strengths of the youth and their family or caregiver.

(10) Have qualified staff who are Ohio children's initiative CANS certified assessors, who will conduct the follow-up CANS when other appropriate entities (care management entities, community behavioral health centers, etc.) have not conducted the CANS.

(11) Consists of appropriate therapeutic, educational, recreational, and medical services, including referral and transportation to services that are not provided by the PRTF.

(12) Available to the youth and family or caregiver post transition.

(13) Utilizes performance improvement processes to monitor performance, address problem areas and troubleshoot, and assure provision of quality services.

(14) Facilitate continued OhioRISE care coordination (including in person visits and facilitating CANS assessments by the OhioRISE care coordinator) throughout treatment and the PRTF will



participate in the OhioRISE child and family team.

(D) A PRTF is inpatient level of care provided in a non-acute home-like environment.

(1) The PRTF will be in either:

(a) A separate, free-standing building; or,

(b) In a building with other services, which may include a class one residential facility, however the PRTF will be located on a separate floor or in a separate unit or wing. There may be only incidental interaction between youths in the PRTF and the class one residential facility residents who are not in the PRTF when clinically appropriate.

(2) The PRTF will provide to each youth a bedroom of not more than a double occupancy while meeting all other standards regarding sleeping space in rule 5122-30-14 of the Administrative Code. In PRTFs serving youth with co-occurring behavioral health and intellectual or developmental disabilities each bedroom will be single occupancy.

(3) The PRTF will respect as much as possible the youth's choice regarding services and supports, and who provides them.

(4) The PRTF will allow the youth to have input into the choice of schedule and activities, and food options as clinically appropriate.

(5) The PRTF will allow the youth freedom to furnish and decorate their sleeping and living areas as much as possible while being consistent with considerations for the health and safety of the youth.

(6) The PRTF will meet the following for the living and dining space of the facility in addition to the standards in rule 5122-30-14 of the Administrative Code:

(a) Have a meeting space that is large enough to accommodate all youths at the same time;

(b) Have a communal area that provides space and opportunities for small group activities and



socializing; and,

(c) Have entertainment or recreational areas, including furnishings, that promote social engagement.

(7) Notwithstanding paragraph (T) of rule 5122-30-12 of the Administrative Code, a PRTF may restrict youth's ability to leave the facility by means of locked doors. If a PRTF locks doors on the facility or unit within the facility, then all lockable doors will have delayed egress locks in accordance with the Ohio building code. Staff will also be immediately available on the premises to open the door for any youth. Doors will be operable from the outside by local fire departments via a fire department access box or key.

(E) The PRTF treatment environment:

(1) Utilizes a trauma-informed treatment model that is approved by the department for the population the PRTF serves. A trauma-informed treatment model is a program, organization or system that:

(a) Realizes the widespread impact of trauma and understands potential paths for recovery;

(b) Recognizes the signs and symptoms of trauma in clients, families, staff and others involved with the system;

(c) Responds by fully integrating information about trauma into policies, procedures and practices;

(d) Seeks to actively resist re-traumatization; and,

(e) Includes service of clinical needs and:

(i) Is an approved trauma informed treatment model applicable to the population of youth served located at http://jfs.ohio.gov/ocf/Family-First.stm; or,

(ii) Meets the ten substance abuse and mental health services administration (SAMHSA) implementation domains and follows the six key principles of the SAMHSA trauma informed approach which are located at http://jfs.ohio.gov/ocf/Family-First.stm.



(2) Reduces and avoids re-traumatization that can occur in a residential treatment environment.

(3) Is nurturing, non-coercive, family-friendly, and provides for normalcy and consistency. The PRTF does not use punitive systems, e.g. a level system where a youth may lose an earned level.

(4) Focuses on assisting youth with self-regulation.

(5) Utilizes trauma-informed strategies around safety as part of engagement, including developing soothing plans for each youth, as well as incorporating other strategies and tools such as making available the use of sensory items for a youth.

(6) Utilizes staff that can recognize crisis triggers during treatment, assist the youth if needed with implementing individual soothing plans, and engage with the youth to prevent the escalation of behaviors.

(7) Is culturally, linguistically, and developmentally appropriate for the youths served.

(8) Includes a sensory room will be available to the youth.