

Internal Procedure 311: Placement Monitoring for Specialized Placements in Sub-Acute, PRTF, and QRTP

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The Division of Children and Family Services (DCFS) recognizes youth are best served in a family setting. Placement of youth in a more restrictive setting should only be considered when their needs cannot be met in less restrictive environments. DCFS is committed to ensuring the safety and well-being of all children placed in more restrictive settings such as Psychiatric Residential Treatment Facilities (PRTFs), Sub-Acute, and Qualified Residential Treatment Programs (QRTPs).

The following is a detailed list of programs, including placement types and names. This compilation serves as a reference for staff to ensure accurate documentation and appropriate placement decisions:

Subacute:

- Arkansas State Hospital
- Bridgeway
- Pinnacle Point Hospital
- Springwoods
- United Methodist Behavioral Hospital
- Valley
- Vantage

Hospital/Psychiatric Residential Treatment Facilities (PRTF)

- Centers
- Delta
- Methodist
- Millcreek
- Perimeter (Forrest City)
- Perimeter of Ozark
- Perimeter (West Memphis)
- Timber ridge
- Yellow Rock
- Youth Home

Qualified Residential Treatment Programs (QRTP)

- Boys Shelter
- Compact
- Consolidated Youth Services (CYS)
- Dana's House
- East Arkansas Youth Services (EAYS)
- Fostering Change
- Haven
- Maggie House

- Methodist
- Open Arms
- Ouachita Children's Center (OCC)
- Vera Lloyd
- Ridgeview
- Youth Home

When a youth is placed in a specialized environment, the Primary FSW will:

- A. Make the primary placement of a youth in PRTF, Sub-Acute, or QRTP:
 - 1) Provide comprehensive and accurate information about the child during the assessment and admission phase
 - 2) Sign consents and facilitate treatment and treatment planning
 - 3) Collaborate with the facility in the development of the plan of care
 - 4) If the assigned FSW is not the one that makes the placement, an initial face to face visit between the youth and the primary FSW must occur within three (3) business days to maintain consistency and engagement
- B. Update the placement screen for the child in the Division information management system.
- C. Provide written notification of changes in placement according to Policy VII-L: Changes in Out-of-Home Placement to the following via CFS-300, CFS-300-A, text, or email, as applicable:
 - 1) The local Office of Chief Counsel attorney
 - 2) Youth's Attorney ad litem (AAL)
 - 3) Youth's Court Appointed Special Advocate (CASA)
 - 4) Parent Counsel
 - 5) The youth's biological caregivers
 - 6) The youth's siblings
- D. A second visit should be made within fourteen (14) days of the initial placement to assess the child's adjustment, engagement in their treatment plan, and immediate safety. This ensures continuity and immediate engagement.
- E. Maintain ongoing engagement with the youth and the youth's treatment team:
 - 1) Remain engaged in the treatment process and determine with the therapist at the beginning of treatment the degree and methods of engagement (e.g., phone, conversation, written reports, conferences)
 - 2) Complete weekly phone check-ins with the youth and document in the Division information management system
 - 3) Attend each appointment scheduled with a psychiatrist or physician, ensuring the youth's health and well-being are being monitored comprehensively as well as maintaining involvement in the youth's therapeutic process and support their reintegration into a family setting, if applicable

- 4) Encourage, if applicable, the youth's family members to the extent appropriate (when in the best interest of the youth) to take part in discharge planning and family therapy. (This decision should be made in coordination with the youth's therapy team.)
- F. Maintain Monthly Face to Face Visits:
- 1) Complete monthly face-to-face visits with the youth in the facility to ensure consistent engagement and follow up on the treatment progress. These visits must include:
 - a) Detailed observations of the youth's physical and emotional state
 - b) Private conversations that give the youth an opportunity to express concerns or needs
 - c) Inspection of the facility to ensure it meets cleanliness, safety, and sanitation standards
 - d) Review and discussion of the youth's treatment progress, including input from facility staff and therapists
 - e) Documentation in the Division information management system to ensure thorough records are maintained
 - f) All concerns regarding youth safety must be reported to the FSW Supervisor immediately
- G. Ensure discharge planning begins at the time of admission and ensure FSW continues involvement in discharge planning throughout the placement episode.
- H. Coordinate after care plans:
- 1) Facilitate timely discharge by identifying specific placement plans as early as possible to promote a transition from one level of care to another
 - 2) Ensure compliance with all scheduled outpatient appointments