Disability Rights DC at University Legal Services

Disability Rights DC at University Legal Services (DRDC) is the federally mandated Protection and Advocacy Program for people with disabilities in the District of Columbia. DRDC is a private, non-profit organization and is not affiliated with the D.C. Department of Behavioral Health (DBH) or any other agency or health care provider.

DRDC staff includes advocates and attorneys who investigate claims of abuse, neglect and rights violations, and provide referrals and legal representation without charge to eligible D.C. residents with disabilities. Among other things, DRDC may be able to help you file a grievance, develop a treatment or discharge plan, or refer you to other advocates that can help you.

DRDC believes in the dignity of all individuals, regardless of their diagnosis. If you are the parent of a child receiving mental health services, DRDC believes you have the right to:

- Have your child remain in the family home while she or he is getting services;
- Be an active participant in your child’s treatment;
- Consent to your child’s medications (with some exceptions);
- Be confident that your child is not being neglected or abused while receiving services.

For more information or to request additional copies of this handbook, please contact:

Disability Rights DC at University Legal Services
220 I St., NE Suite 130
Washington, D.C. 20002
202-547-0198 (voice)
202-547-2657 (tty)
www.uls-dc.org
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I. Introduction

Dear Parent/Legal Guardian,

Does your child get mental health services in D.C.?

Does your child need help getting mental health services in D.C.?

Has your child been in the hospital?

Have you felt confused or overwhelmed about how to get help?

Do you feel like your child’s doctors, hospital staff, therapists or caseworkers don’t listen to you or include you in your child’s treatment?
If you answered yes to any of these questions, or if your child is getting mental health services in D.C., this handbook is for YOU. Read on for more information about what is available in D.C. to support children with mental illness and their parents, legal guardians and families.

If you have questions or concerns about your rights, services, or anything in this handbook, call Disability Rights DC at University Legal Services at 202-547-0198 and ask to speak to an intake coordinator. We are open Monday to Friday, 9:00 AM to 5:00 PM.

Before you start reading, here are some important mental health terms:

- **Mental Illness, Emotional Disturbance and Mental Health**
  It is hard to define “mental illness.” You also may hear the phrase “emotional disturbance” to talk about a mental illness in children. In D.C., a child has an “emotional disturbance” if he or she has or is at risk of having “a diagnosable mental, behavioral, or emotional disorder” which “substantially impairs” his or her mental health. The definition above is from the law in D.C. But every child is different. You may feel like your child has a “mental health” label that is wrong or unfair. There are many different ways to talk about children who may need special help and support, and there is no one “correct” way to do it.

- **DBH**
  The Department of Behavioral Health (DBH) is the government agency responsible for mental health services and substance use services in D.C.

- **Behavioral Health**
  Behavioral health refers to mental health and substance use and prevention services.
• **CSA**
  A “core service agency” (CSA) provides community-based mental health services and helps set up services. The CSA should also help if a child is in the hospital.

• **Caseworker/case manager**
  Someone who works for a CSA, insurance company, or another agency and is supposed to help coordinate services for your child.

• **Consent**
  Consent means giving permission. As a parent/legal guardian, you should be asked to give consent for your child’s treatment. There are some exceptions that we will explain in this guide.

• **Treatment Plan**
  A treatment plan, sometimes called an Individualized Plan of Care (IPC), is a guide to help a child recover. The plan includes your child’s treatment goals, strengths, challenges, objectives, and outlines the services that will be provided to your child.

• **Treatment Team**
  individuals involved with your child’s welfare that work together to develop a treatment plan that will meet your child’s needs. You and your child have an important role in saying who is on the treatment team.
II. Mental Health Services at Home and in the Community

1. Core Service Agency (CSA)
2. Community Based Intervention (CBI)
3. Evidence Based Practices
4. Crisis/Emergency Care: Children and Adolescent Mobile Psychiatric Service (ChAMPS)

Mental health services are not only available in a hospital or residential facility. A young person can live at home, go to school, participate in sports and activities, and still get therapy, medication management and other services in the community.
1. Core Service Agency (CSA): Mental Health “Home Base”

A CSA is a mental health “home base” for your child. The CSA provides psychiatric, social work, case management, group therapy, community support, and other services. A case manager or community support worker from the CSA will work with your child.

If your child is hospitalized, it is very important to stay in touch with the CSA. If your child was not already enrolled in a CSA before entering the hospital, the hospital staff should help you enroll before your child is discharged. The more involved the CSA is during hospitalization, the more likely it will stay connected to your child post-discharge.

While your child is in the hospital, a CSA caseworker should:

• Meet with your child directly at least twice a week;
• Be an active member of the treatment team;
• Keep progress notes;
• Work on a discharge plan with the hospital; and
• Attend meetings at the hospital and in the community after discharge.

For more information about setting up services through DBH, call the ACCESS Helpline (open 24/7) at 1-888-7We-Help
2. Community-Based Intervention (CBI)

If your child or your family is facing serious challenges at home, your family may need help coping with the situation. CBI services are meant to support the whole family and prevent children from going to the hospital or residential treatment.

CBI services are quick responding, time-limited and intensive services provided to children and youth ages six (6) through twenty-one (21) by a mental health professional in your home. CBI can help you with parenting tips, behavior management for your child, and other strategies for getting things “back to normal.”

For more information about CBI call the ACCESS Helpline at 1-888-7WEHELP or ask your CSA.

3. Evidence-Based Practices (EBPs)

Evidence based practices are family-centered research-based services that have been shown to provide positive outcomes for children, youth, and families. EBPs are designed for children of different ages who experience depression, anxiety and difficult behavior in reaction to trauma and violence.

You may have heard of the Multisystemic Therapy (MST) model and Functional Family Therapy (FFT) model. These are the two most used evidence-based services in the District for children. But the District has an array of evidence-based programs and continues to add more programs to meet the needs of families.

If your child is hospitalized, it is helpful to have evidence-based practices ready to go at home before he or she is discharged.

Where can you find these services? Your child’s CSA may provide evidence-based practices. If it does not, the CSA staff should help you find a provider that has the right training for FFT, MST or another evidence-based practice.
4. Crisis/Emergency Care: Children and Adolescent Mobile Psychiatric Service (ChAMPS)

ChAMPS is a free mobile response program that provides help for children living in D.C. facing a behavioral or mental health crisis. A ChAMPS team can come to your home or your child’s school on the same day you call.

ChAMPS will try to help a child in crisis to avoid going to the hospital by stabilizing the situation or finding an emergency placement. If ChAMPS finds hospitalization is necessary, it will bring the child to the hospital, with or without a parent’s permission (“parental consent”). ChAMPS makes follow up visits and can connect your family to support services like a CSA.

For a mental health emergency, ChAMPS is available 24 hours a day, seven days a week at 202-481-1450.
III. How Can I Get Services for My Child?

1. Health Insurance: Managed Care Organizations (MCOs)
2. Department of Behavioral Health (Access HelpLine)
3. School Mental Health Program (SMHP)
1. **Health Insurance: Medicaid Managed Care Organizations (MCO)**

http://dhcf.dc.gov/service/how-apply-medical-benefits-or-renew-coverage
1-855-532-5465

The MCO is responsible for your child’s physical, behavioral and mental health needs.

If your child qualifies for Medicaid or CHIP (a kind of health insurance for youth not eligible for traditional Medicaid), he or she usually gets health insurance through an MCO. The current available MCO plans are: AmeriHealth DC, MedStar Family Choice D.C., and Trusted Health Plan, Inc. Or, your child may get health insurance through Health Services for Children with Special Needs (HSCSN). The MCO or HSCSN must assign a case manager to assist you with managing your child’s services.
2. **Department of Behavioral Health (Access HelpLine)**

http://dbh.dc.gov/service/access-helpline  
1-888-793-4357

DBH is D.C.’s government agency responsible for mental health and behavioral health services (substance use services and prevention). If you have questions, want to enroll your child for DBH services, or need help with a crisis, call DBH’s Access HelpLine at 1-888-7WE-HELP or 1-888-793-4357. A live person will answer the phone 24/7.

3. **School Mental Health Program (SMHP)**

http://dbh.dc.gov/service/school-behavioral-health-program  
202-698-1871

Mental health services are available in several public and charter schools in the District. Through this program, schools have a behavioral health clinician on site to work with students, families and teachers and school staff.
IV. Help for Kids Involved with Juvenile Justice or Foster Care

For youth already involved in the juvenile justice or foster care system, there are other ways to get mental health services. These are described on the following pages.
1. The Juvenile Justice System—Department of Youth Rehabilitative Services (DYRS) and Family Court Social Services (CSS)

**DYRS and YouthLink**

http://dyrs.dc.gov/
202-299-3655 (DYRS)
202-535-2773 (YouthLink)

The Department of Youth Rehabilitative Services (DYRS) is responsible for setting up mental health services for committed youth.

- **Kids committed to DYRS and living in the community** → Can get mental health services through D.C. YouthLink and a CSA. YouthLink services include family counseling, GED tutoring, mentoring, substance use and recovery programs and teen parent programs.

- **Kids in secure confinement under DYRS** → DYRS will find a mental health provider within DYRS.

- **Children preparing for discharge from a hospital** → DYRS will hold a Youth and Family Team Meeting (YFTM) process. The youth and his or her family should be at the meeting, along with hospital or facility staff, a case manager, and someone from YouthLink. The team will talk about appropriate services and make a referral through YouthLink. YouthLink won’t refer a child to a CSA, but a child can get services from a CSA and YouthLink at the same time. Or, if a child is returning from the hospital to DYRS confinement, DYRS will find a mental health provider within the DYRS system.

Family Court Social Services Division (CSS)
202-508-1800

Juvenile Behavioral Diversion Program (JBDP)
202-508-0541

CSS
CSS is responsible for all children and youth in the justice system who are not committed to DYRS, which means all children and youth who are pre-trial or awaiting trial, and all children on probation.

• CSS offers a voluntary mental health based program, called the Juvenile Behavioral Diversion Program (JBDP). This program is available at several stages of a court case. The program requires intensive case management and frequent court appearances.

Alternatives to the Court Experience Program (ACE)
202-698-4334

If the police have picked up your child for a non-violent misdemeanor offense, he or she may be eligible for ACE. ACE offers intensive mental health services, including evidence-based practices, to its participants.
2. Child and Family Services Administration: Foster Care/Family Services

220 1st SE
Washington, D.C. 20003
202-442-6100

CFSA is D.C.’s foster care and child welfare agency. If CFSA is involved in your life, CFSA should take an active role in setting up mental health services for your child.
If CFSA has custody of your child:

• CFSA must evaluate whether she or he needs mental health services within a few days.³

• If CFSA finds a child needs mental health services and the child is not already enrolled in a CSA, CFSA will enroll him or her through the CFSA Placement Services Administration Clinical Services and Choice Provider Network.⁴

• When CFSA holds a Family Team Meeting, right before or after it removes a child from his or her parents, it should invite the CSA to the meeting.⁵

If CFSA has custody of a child it can consent to:

• Outpatient mental health evaluation or emergency outpatient psychiatric care.⁶

• Non-emergency outpatient psychiatric care when it has tried to contact the parent but the parent cannot be reached.⁷

• Note: CFSA cannot authorize inpatient psychiatric hospitalization. Only a judge can order inpatient mental health care.⁸

Even if CFSA has custody, you maintain the right to consent to your child’s medication and hospitalization, unless a judge orders otherwise. A judge can order your child to receive mental health care at an appropriate facility, including a hospital, and order medication.⁹

CFSA AND YOUR RIGHT TO CONSENT: CFSA involvement does not mean that you lose the right to consent to mental health services for your child. But, there are some situations when you could lose the right or have to make decisions with CFSA’s input. If you have questions about this, please call DRDC at 202-547-0198.
V. Going to a Hospital

1. Background
2. How Could My Child End Up in the Hospital?
3. Seclusion and Restraint
4. Discharge Planning
5. Transportation
1. Background

If your child goes to a hospital for psychiatric treatment, he or she will go to one of the two hospitals in D.C. that have psychiatric units for children and teens:

**Psychiatric Institute of Washington (PIW)**
4228 Wisconsin Ave, NW
202-885-5600

**Children’s National Medical Center**
111 Michigan Ave, NW
202-476-5005

It is important that your child is connected to a CSA or a community-based intervention (CBI) provider before he or she is discharged. Being connected to a community provider means services can continue immediately when your child returns to the community.
If your child is already enrolled in a CSA or CBI the hospital and provider should talk within 24 hours of your child’s admission.

If your child does not have a CSA or CBI the hospital should help you to enroll him or her while he or she is in the hospital. The decision to enroll our child is usually is up to you, unless there is a court order stating otherwise or CFSA or DYRS are involved.

2. How Could My Child End up in the Hospital?

With your consent (permission)

In most cases, your child cannot be hospitalized without your permission. If you think your child is having a mental health emergency, you can bring him or her to the hospital.

In an emergency

- A police officer, DBH officer, ChAMPS, or a doctor can take a child to a hospital if he or she believes the child is likely to hurt him or herself or others if not immediately hospitalized.

  - ChAMPS (Children and Adolescent Mobile Psychiatric Services) is usually the DBH agent that will bring a child to the hospital. Their phone number is 202-481-1450.

- If the hospital wants to keep your child in the hospital, it must notify you within 24 hours and ask for your permission.

- If the hospital wants to keep your child in the hospital for more than 48 hours and you don’t agree, the hospital has to either discharge your child or ask a judge for an order to keep your child in the hospital.

- As described below, there are two ways the hospital can go about asking for an order to keep your child in the hospital. The hospital most often uses the Family Court process to request an order.
With a judge’s order

A Mental Health or Family Court judge can order your child to go to the hospital or remain in the hospital without your permission.\(^\text{12}\)

- **Mental Health Court:** If the hospital wants to keep your child in the hospital against your wishes, the hospital can file papers to ask a Mental Health Court Judge for an order that will keep your child in the hospital.\(^\text{13}\) The judge must review the papers filed by the hospital within 24 hours and either grant the request for a 7-day order or deny it.\(^\text{14}\)

  - If the judge does not sign the order, your child is free to come home with you.
  
  - If the judge signs the order, your child will be assigned a lawyer. That lawyer should be in touch with you and your child during this 7-day period to find out
if you want to ask for a hearing to challenge the 7-day order. After the court receives the request, the hearing will take place within 24 hours. If the hospital wants to keep your child longer than 7 days, and it does not have an order from Family Court, they must file a paper or “petition” with the court requesting involuntary commitment of your child. The attorney who was appointed to represent your child when the judge signed the first 7-day order will usually continue to be your child’s attorney in this case.

- **Family Court**: If your child has a delinquency, neglect, or person in need of supervision (PINS) case, the judge in that case can order the child to go to the hospital or stay in the hospital. The lawyer already assigned to your child’s case will represent your child in this process. There are two reasons the Family Court can order your child to be hospitalized:
  - **For a mental health exam**: The hospital can keep a child for up to 21 days. After 21 days the hospital must discharge the child unless a psychiatrist or psychologist explains to the judge why the hospital needs more time to complete the exam. Then the judge can decide to keep the child in the hospital for up to 21 more days.\(^{15}\)
  - **For inpatient mental health treatment**: When the judge finds it is necessary for the treatment of the child. The child can ask the judge to review the decision after 30 days and then every six months.\(^{16}\)
3. **Seclusion and Restraint**

**Seclusion** happens any time the hospital keeps a child alone in a room and prevents the child from leaving or the child believes he or she cannot leave.

**Restraint** happens when staff prevents a child from moving. Staff may use physical force, mechanical restraints (“straps”), handcuffs or medication to stop a patient from moving.

Were your child’s rights violated during an episode of seclusion and/or restraint?

- Was your child forced to remain in a room without good reason?
- Was your child hurt while being held down by staff?
- Was your child given medication you did not agree to?
- Were you not told about the seclusion or restraint until days later?

If you answered yes, you may want to call DRDC at 202-547-0198 to see if your child’s rights were violated.

**Seclusion and Restraint should only be used:**

- When a child is likely to injure herself or others;
- The hospital has tried less restrictive measures; and
- A doctor states that seclusion and/or restraint was the only thing that could prevent the child from injuring him or herself or others.
Seclusion and restraint cannot be used:

- Because it is more convenient for staff;

- As a punishment;

- To get back at you or your child for making a complaint; or

- To make a child do something he or she does not want to do.

Your rights as a parent regarding seclusion and restraint.¹⁸

- The hospital should inform you about its seclusion and restraint policies and give you a copy of the seclusion and restraint policies.

- All communication regarding the seclusion and restraint policies should be available in a language you can understand.

- You should have the right to give advance instructions for a psychiatric emergency.

- The hospital should include POSITIVE INTERVENTIONS in your child’s treatment plan to avoid the use of seclusion and restraints.¹⁹

More Rules about Seclusion and Restraint:

- Your child should be evaluated within 24 hours after admission to the hospital for a history of abuse. Any child who has been physically or sexually abused within the last two years CANNOT be placed in seclusion or restraint.²⁰

- As soon as a child calms down, he or she should be taken out of seclusion or restraint.

- If the doctor thinks a child needs to remain in seclusion or restraint, he can extend the order for up to two hours at a time for children ages nine to seventeen or one hour at a time for children under the age of nine, for a maximum of up to 24 hours.²¹
• A child who is suicidal should not be placed in seclusion.

• Any child under the age of eighteen in seclusion should be monitored face to face by a staff person at all times.

**Drugs as Restraint/“Chemical Restraint”**

• If the doctor or nurse believes a child is a danger to self or others, and the only way to prevent injury is to give medication, the doctor or nurse can medicate the child without the parent’s permission.²²

• All the rules about restraint, listed above, also apply.
4. Discharge Planning

Nervous about how your child will react to new medication? Overwhelmed by the list of appointments set up in the hospital? Frustrated that the hospital is not involved once your child is discharged?

Here are some key facts about discharge planning:

• You have the right to take an active role in discharge planning;

• Within two days of learning that your child is in the hospital, the CSA/CBI provider should attend a treatment team meeting;

• At the meeting, the team should develop a discharge plan.
The members of the team should include:

• The child’s parent or legal guardian;

• DBH—In complex cases, a DBH Care Manager may help coordinate services between the CSA and the hospital, and work on getting all of the members of the team to talk to each other;

• Core Service Agency (CSA)—your child’s community support worker from the CSA should attend all discharge planning meetings and make sure services are ready to go when your child returns to the community;

• CBI providers;

• The hospital—The hospital is host for the discharge-planning meeting. The hospital should:
  
  ° Invite the young person, his or her family, and his or her CSA to all meetings;

  ° Make sure the CSA has the paperwork it needs to set up services;

  ° Make sure the child has an appointment set up with a CSA within 7 days of discharge;

  ° When the youth is ready for discharge, provide prescriptions or enough medications to last until the youth’s next scheduled medical appointment;

  ° Provide discharge summaries; and

  ° Assist any child who is not already enrolled in a CSA with getting enrolled.

• CFSA—CFSA should participate if your child is under CFSA custody; and

• Anyone else who is involved and helpful to your child’s well-being—friends, neighbors, teachers, relatives, community members.
The discharge plan should include:

- A face-to-face appointment with the CSA/CBI providers within 7 days of discharge;

- An appointment with the CSA to discuss your child's medications if she or he is taking any psychotropic medications; and

- A plan to have CBI authorized and in place within two days if appropriate.
5. Transportation

Medicaid may cover travel costs for treatment planning. Ask the hospital or MCO whether they can help you arrange for funds for transportation through Medicaid.

If your child is in the hospital, your child gets DC Medicaid, and you do not have a way to visit, you may be able to get tokens, fare cards, or even rides.

• If your child is a member of AmeriHealth DC, call 1-800-315-3485 for transportation assistance.

• If your child is a member of MedStar Family Choice call 1-866-208-7357 for transportation assistance.

• If your child is a member of Trusted Health Plan call 1-866-796-0601 for transportation assistance.

• If your child is a member of Health Services for Children with Special Needs (HSCSN), please contact your Care Manager for transportation assistance.

If you are denied transportation or you have questions about transportation, contact Disability Rights DC at University Legal Services.
VI.
Legal Rights of Children and their Parents/Legal Guardians

1. Informed Consent
2. The Rights of Parents/Legal Guardians to Consent to Medication on Behalf of their Child
3. The Right to a Family Centered Treatment Plan
4. What You Can Do if You Do Not Agree with Your Child’s Treatment
1. **Informed Consent**

When a doctor prescribes medication for your child, you have the right to give **informed consent**. Informed consent means that a doctor or nurse has talked to you and answered your questions. The doctor or nurse should explain to you the purpose of the medication, possible side effects, and available alternatives. You have the right to talk with family and friends about the decision. Remember, in an emergency situation the hospital does not have to wait to get informed consent before it medicates your child.

2. **The Rights of Parents/Legal Guardians to Consent to Medication on Behalf of their Child**

- Except in an emergency situation, a hospital cannot medicate a child under the age of sixteen without the parent or legal guardian’s permission or a judge’s order.

- A child age sixteen or older may agree to medication without the permission of a parent/legal guardian or a judge’s order when:
  - His or her doctor finds that the child can consent and that the medication is appropriate and: (1) the parent/legal guardian is not available; (2) requiring the consent of the parent/legal guardian would be harmful to the child; or (3) when the parent/legal guardian refuses to consent.
3. Your Child’s Right to Have a “Family-Centered” Treatment Plan

A treatment plan, sometimes called an Individualized Plan of Care (IPC), is a guide to help a child recover. The treatment team creates the plan together, either in a meeting with the CSA or in the hospital. You and your child should be at the center of creating this plan. The plan should include:

- Goals for recovery;

- Services in an environment that feels as normal as possible for your child; and

- At least one year before your child is ready for adult services, the treatment team should meet to put in a plan for transition services.
4. What to Do When You Don’t Agree with your Child’s Treatment

A. Grievances against a Mental Health Provider
B. Grievances/Complaints and Appeals against a MCO
C. Fair Hearings

If you feel your child has been neglected, abused, or his or her rights have been violated, you can speak up. The different options can be confusing. Call DRDC at 202-547-0198 if you are not sure where to file your complaint. Remember, there are time limits on how long you can wait to make a complaint after something has happened, so find out your options ASAP.

A. **Grievances: Complaints Against a Hospital, CSA, or Mental Health Provider**

A grievance is a complaint about an incident concerning a mental health services provider, like a CSA or hospital. Make sure to file the grievance within six months.

For help filing a grievance, call DBH’s Office of Consumer and Advocacy Affairs at 202-673-7440 or the Consumer Action Network at 202-842-0001 for help filling out a grievance. If you think you may need a lawyer to represent you in a grievance, call DRDC at 202-547-0198.
When should you think about filing a grievance?

- Your child was physically or emotionally harmed at the hospital;
- Your child was placed in seclusion or restraint and you don’t think she should have been;
- Staff did not follow the treatment plan;
- You and/or your child were not permitted to be an active participant of your child’s treatment plan meeting; or
- You or your child was not treated with dignity or respect.

You can submit a grievance in writing or ask a staff person to record your grievance. DBH’s grievance forms are at the end of this guide and may be the easiest way to complete the grievance:

I. Submit the grievance to the mental health care provider:

- Fill out the DBH FAIR form. A grievance form located at http://dbh.dc.gov/service/consumer-rights. Briefly describe why you are submitting a grievance on the form. You can ask for the provider to change a policy or practice, give you an apology in writing, or discipline or fire an employee. Usually you cannot ask for money. For more information and for help filing a grievance, contact DRDC at 202-547-0198.

- You should be able to give the grievance to any staff person at your MH provider or mail it directly to the provider. If you can, ask for the consumer advocate.

II. The provider should respond:

- Once you submit the grievance, the mental health provider must investigate and respond in 5 business days if you are alleging abuse, and within 10 business days for other complaints.

- The provider is not allowed to retaliate against you or your child because you submitted a grievance.
III. If you are not happy with the provider’s response, you can appeal the Provider’s Response to DBH

- Fill out the attached FAIR Form E to ask DBH to review the provider’s response.
- You have 10 business days to ask DBH to review the grievance.
- You can ask for a mediation or formal hearing. You have the right to bring a lawyer, friend, or someone else who supports you, to the mediation or hearing.
- In mediation, an “external reviewer” (someone who is not a regular DBH employee) will try to help you and the service provider come to an agreement. You can stop the mediation at any time. If you do come to an agreement, the external reviewer will put the agreement in writing. If you do not reach an agreement, the mediator will write an advisory opinion and the director of DBH will issue a final opinion.
- In a hearing, you can present evidence and call witnesses. The external reviewer will write an “advisory opinion.” You have five business days to submit comments on the opinion. The director of DBH will review the advisory opinion and issue a final opinion. The DBH director is supposed to issue the final opinion within ten days, but it can take a lot longer.
D. Complaints about your MCO (Medicaid Health Plan): Grievances and Appeals

File a grievance against an MCO if:

- You feel you were not treated with respect.
- You are not satisfied with your child’s mental health treatment or healthcare.
- It took too long to get an appointment.

You or your primary care provider can file the complaint. The MCO has to respond within 90 days.

For more information and to file a complaint with your MCO, contact:

- **MedStar**
  
  Call Member Services at 888-404-3549.
• **AmeriHealth**
  Call Member Services at 1-202-408-4720 or toll-free at 1-800-408-7511.
  Or in writing: AmeriHealth Caritas District of Columbia, Member Service
  Grievance Department/200 Stevens Drive/Philadelphia, Pa 19113/Fax Number:
  1-202-408-8682

• **Trusted Health Plan**
  Call Member Services at 202-821-1100 or 1-855-872-1852.

• **HSCSN**
  Call the Quality Inquiry Line at 202-721-7168 or toll free at 866-937-4549. Or write
  to HSCSN/1100 Vermont Ave., NW Suite 1200/Washington, D.C. 20005/Attention:
  Quality/Accreditation Department.

Feeling overwhelmed by all of the complaint and grievance
options? Call DRDC at 202-547-0198 and we can talk about
your options. We may be able to represent you.

You also may be able to appeal an MCO decision if you are not happy with
their response:  28

• Your must file the appeal within 90 days of receiving a “Notice of Action,” which
  is a letter informing you of a change in benefits. A mental health provider can file
  the appeal on your behalf.

• For more information and for help filing an appeal with your MCO, contact DRDC
  at 202-547-0198.
C. Request a Fair Hearing

If you are not satisfied with your MCO’s response to your appeal, you can request a fair hearing. Sometimes, you may not even have to appeal a decision to reduce, delay, stop or deny benefits with your MCO at all—you may be able to go straight to a court by requesting a fair hearing at the Office of Administrative Hearings (OAH). (Check with a lawyer at DRDC if you are not sure!) The OAH is like a court of law, and an Administrative Law Judge (ALJ) will preside over the hearing and make a decision.

You must request a fair hearing within 90 days of receiving the Notice of Action.

To request a fair hearing, you can visit or call the Office of Administrative Hearings at:

**District of Columbia Office Administrative Hearings Clerk of the Court**
441 4th St., NW Suite 4150
Washington, D.C. 20001
Telephone Number: 1-202-442-9094

Free legal help is available at OAH on certain days and during specific hours. Call ahead to find out the when you can talk to someone about opening a case.

If you want to keep receiving your benefit until you have resolved an appeal or have a fair hearing, request the fair hearing within 10 days of the Notice of Action or the day when the benefit is supposed to stop (whichever comes later).
VI.
Where Can I Get Help?

1. Disability Rights DC at University Legal Services

220 I St NE Suite 130
Washington, D.C. 20001
202-547-0198

If you believe your child needs a lawyer to represent his or her interests, Disability Rights DC at University Legal Services (DRDC) may be able to help or refer you to another organization. DRDC is the Protection and Advocacy Program for People with Disabilities in D.C. Call DRDC between 9:00 AM and 5:00 PM Monday through Friday. Calling first is preferable, but you can visit us at our office.
2. **Department of Behavioral Health Ombudsman**

821 Howard Road, SE  
Washington, DC 20020  
844-698-2924  
Help.dbh@dc.gov

If you are having a problem with general mental health services, the Department of Behavioral Health Ombudsman may be able to help. The Department of Behavioral Health Ombudsman is a D.C. government employee.

3. **D.C. Healthcare Ombudsman**

441 4th Street, NW Suite 900 South  
Washington, D.C. 20001  
202-724-7491

If you are having a problem with your health insurance, whether it’s a Medicaid managed care organization or private health insurance, the Health Care Ombudsman is available to help. The Health Care Ombudsman is a D.C. government employee.

4. **Office of Ombudsman for Public Education**

202-741-0886  
ombudsman@dc.gov  
Or file a complaint at http://sboe.dc.gov/page/file-complaint

If you are having problems with your child’s school, the Ombudsman for Public Education may be able to help you. The Ombudsman is a neutral party that assists parents and students in conflicts with a D.C. public school or charter school.
VI. Conclusion

We hope this handbook has been helpful. Being the parent of a child receiving mental health services can be a challenging job. The more information you have, the more ready you will be to advocate for your child.

This handbook is a reference guide about mental health services for youth in D.C., not a legal manual. If you need legal assistance, call DRDC and we will determine whether your request meets our priorities and we have the resources to assist you. If we cannot help you, we will try to find an organization that can provide assistance.
VII. Glossary

Behavioral Health
The state of mental and emotional well-being, including mental illness and substance use and addiction.

Community Based Intervention (CBI)
Quick responding, time-limited, intensive services provided by a mental health professional in the family home. CBI can include parenting tips, behavior management for children, and other hands on service to make things stable for a child and his or her family at home.

Core Service Agency (CSA)
A private provider certified by the D.C. Department of Behavioral Health to provide mental health services. The services provided by a CSA may include: medication management, case management, counseling and other services.

DBH
The Department of Behavioral Health (DBH) is the government agency responsible for mental health services in D.C.

Discharge
Releasing someone from the hospital.

Evidence-based Practices
Family-centered, age specific practices for children who experience depression, anxiety and difficult behavior in reaction to trauma and violence.
Grievance
A complaint filed by someone who receives or the parent of someone who receives mental health services.

Individual Plan of Care (IPC) or Treatment Plan
A guide to help a young person recover by using his or her strength’s preferences, experiences and background. The treatment team, including the young person and his or her family as active members, develops the treatment plan/IRP.

Informed consent
A clear understanding of the pro and cons, side effects, and alternatives to taking the medication before agreeing to take the medication. A parent/legal guardian should give informed consent for his or her child’s medication and mental health treatment (with some exceptions).

Managed Care Organization (MCO)
Health insurance plan for children who are covered by Medicaid or CHIP.

Restraint
When a young person is prevented from moving with handcuffs or another device, medication, or physical force.

Seclusion
When a child is in a room alone and cannot leave, or does not think that he or she can leave.
Endnotes

4. D.C. Code § 4-1303.03e.
6. D.C. Code § 1403.05(1).
7. D.C. Code §1403.05(2)
Disability Rights DC at University Legal Services
220 I St., NE Suite 130
Washington, D.C. 20002
202-547-0198 (voice)
202-547-2657 (tty)
www.uls-dc.org