Disability Rights DC at University Legal Services

Disability Rights DC at University Legal Services (DRDC) is the federally mandated Protection and Advocacy Program for individuals with disabilities in the District of Columbia. DRDC is a private, non-profit organization and is not affiliated with the DC 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 DC residents with mental illness. Among other things, DRDC may be able to help you file a grievance or develop a treatment or discharge plan that is right for you.

DRDC believes in the dignity of all individuals, regardless of their diagnosis. If you are a consumer of mental health services, DRDC believes you should be able to:

- live and receive treatment and services in your community;
- direct your care and treatment;
- decide for yourself where you want to live, who you want your treatment team to be, and what medications you want to take; and
- recover from mental illness with the same rights as anyone else living in the District of Columbia.

For more information or for additional copies of this manual, please contact:

Disability Rights DC at University Legal Services
220 I Street, NE, Suite 130
Washington, DC 20002
(202) 547-0198 (voice)
(202) 547-2657 (tty)
http://www.uls-dc.org
# Table of Contents

I. **INTRODUCTION** 4

II. **YOUR BASIC MENTAL HEALTH CARE RIGHTS**  
   A. Your Right to Informed Consent 5  
   B. Your Right to Refuse Medication 6  
   C. Your Right to Have a “You-Centered” Treatment Plan 7  
   D. Your Grievance Rights 7  
   E. Your Right to Have an Advance Directive 10  
   F. Powers of Attorney/Substitute Decision Makers 11  
   G. Your Right to Challenge Your Guardianship 12

III. **COMMUNITY-BASED MENTAL HEALTH SERVICES**  
   A. Selecting and Enrolling in a CSA 13  
   B. DBH Emergency/Crisis Care 13  
   C. Housing Options 14  
   D. Problems With Housing 16

IV. **INPATIENT MENTAL HEALTH SERVICES**  
   A. Voluntary versus Involuntary Hospitalization 16  
   B. Seclusion and Restraint 20

V. **MENTAL HEALTH AND CRIMINAL JUSTICE** 21

VI. **CONCLUSION** 22

VII. **RESOURCES**  
   A. Core Service Agencies (CSAs) 24  
   B. Legal Assistance 29  
   C. Mental Health Peer and Family Advocacy Organizations 31

VIII. **GLOSSARY** 33
I. INTRODUCTION

• Have you ever been hospitalized against your will?
• Have you ever been forced to take medication you didn’t want to take?
• Have you ever had to live where you did not want to live?
• Have you ever been mistreated by the people who were supposed to provide your mental health care?

*If you answered “yes” to any of these questions, this book is for you!*  

We hope you will find this book useful as you walk your own personal road of recovery and self-advocacy. This book outlines the rights of individuals, over the age of 18, living with mental illness in the District of Columbia.

---

If you have questions or concerns about your rights as a mental health consumer, you may call Disability Rights DC at (202) 547-0198 between 9:00 a.m. and 5:00 p.m., Monday, Tuesday, Thursday and Friday, to seek information from an intake specialist.

---

II. YOUR BASIC MENTAL HEALTH CARE RIGHTS

Wherever you are receiving mental health services, you have the right to be treated with dignity and respect at all times. This is true if you receive mental health services from a hospital like St. Elizabeths, a psychiatric unit in a private hospital, a community based mental health center, or a private mental health care provider. The following rights are protected by federal and DC law:

• You have the right to participate in and guide your treatment planning;
• You have the right to vote;
• In a hospital setting, you have the right to speak freely and visit with your family and significant others, your attorney, religious leaders, your guardian, and anyone who plays the role of a personal or legal representative;
• You have the right to socialize with both men and women, unless a doctor recommends otherwise;
You have the right to make and receive private telephone calls. You have the right to make some long-distance calls. If you need help making calls, you have the right to get that help;

You have the right to communicate with everyone in your personal network by mail and have your privacy respected. If you need help writing letters or with stamps/envelopes, you have the right to get that help;

You have the right to wear your own clothes, style your hair, and apply your makeup the way you want to, unless a doctor determines a clinical reason to limit these rights.;

You have the right to keep and use your own personal things and have your own storage space;

You have the right to practice the religion of your choice or to not practice any religion at all;

You have the right to go outdoors and get a reasonable amount of exercise.

A. Your Right to Informed Consent

Whenever a doctor prescribes medication, you have the right to ask questions about how the medicine is supposed to help you and how side effects could make you feel uncomfortable or harm you. If you have enough information to weigh the good and the bad effects of each medication you take, you can decide whether you want to take that medication. This is called “informed consent.”

If you are having side effects from a medication, you have the right to ask your doctor if there is another medicine available that doesn’t cause these kinds of side effects.

Also, you have the right to choose whether to take part in any other support or service that you receive as part of your mental health treatment. You can ask your psychiatrist or any other doctor questions to get more information about your treatment so that you can decide for yourself what you need and what helps you with your recovery.
B. Your Right to Refuse Medication

In most cases, you have the right to refuse medication even if you have been committed by the court for treatment at St. Elizabeths Hospital or another inpatient facility. You have the right to ask questions to find out how the medicine will help you, and what side effects come with taking the medicine. You also have the right to get all the information you need to weigh the risks and the benefits of taking each medicine in the dosage the doctor wants to give you.

By law, an inpatient facility can only force you to take medication in the following limited circumstances:

1. In an emergency, when a doctor determines you are experiencing a mental health crisis and believes that medication is necessary to prevent serious injury to you or others.

2. If it is not an emergency, if two professionals (one must be a psychologist or psychiatrist and the other must be a physician) have found you to be incompetent. At least one of the two professionals must examine you and find that the nature of your symptoms prevent you from making your own decisions about your health care. If you are found to be incompetent the hospital must first try to ask your substitute decision-maker (a guardian, relative, or attorney-in-fact), and if that person is not available or you do not have a substitute decision-maker, then they must get approval for the medicine through a medication review panel process. (For more information about substitute decision makers, please see page 11.)

Medication Review Panel Process

- You must get written and spoken notice of services available for someone to advocate for you during the process;
- You must have a chance to meet with a “Medication Review Officer,” who is a person who was not involved in the decision to give you medication against your wishes;
- You must have 48 hours of notice of this meeting;
- Your representative can be present at this meeting with you;
- After the meeting, you must get a written decision about the involuntary medication. If the medication is approved, the decision is only valid for 30 days;
You have the right to appeal the decision to medicate you against your wishes, but you need to tell them you want to appeal within 24 hours. The appeal is to a “Medication Review Panel,” which will meet and review the decision within 72 hours. If you decide to appeal, you have the right to refuse the medication until the panel makes their decision.

Though, generally, you have the right to refuse to take medicine, if you are under “outpatient commitment,” you may be ordered to comply with your treatment plan, which may require you to take medication.

C. Your Right to Have a “You-Centered” Treatment Plan

Whether you are in a hospital or a community-based treatment program, you have the right to develop a treatment plan that is right for you. It should be based upon your strengths and skills, and flexible enough to change with your needs, goals and accomplishments. As you recover, you have the right to a treatment plan that grows and changes with you.

No matter what your diagnosis, you have the right to recover at your own pace, in your own way. This means:

- You have the right to know your diagnosis;
- You have the right to know the core symptoms that make up your diagnosis; and
- You have the right to know your treatment options and what you can realistically hope for in recovery.

D. Your Grievance Rights

If you are receiving mental health services – whether from a hospital such as St. Elizabeths, or a community-based provider, such as a core service agency (CSA) or the Comprehensive Psychiatric Emergency Program (CPEP) – you can file a “grievance” if you believe the provider has failed to give you proper care, has violated your rights, or has treated you improperly in some way. For example, you may file a grievance if you feel that:

- You have been abused physically, sexually, or verbally;
- You have been denied access to services;
- You have been treated unfairly or punished for complaining;
- You are forced to live in unsafe conditions;
- Your CSA or representative payee is mishandling your money;
- Your treatment team is not considering your wishes when making your
• There is anything about your treatment that makes you feel like the provider is not treating you with dignity, privacy, independence, or respect (see “Your Basic Rights” on pages 4-5).

If your grievance concerns a specific act by your provider, you must file a grievance within six months after the incident. In some cases, a grievance will be considered after six months.

You can get a grievance form from your service provider, from DRDC, or from DBH. You can fill out the form yourself, or you can tell someone on the staff what you are complaining about and have the staff member fill out the grievance form on your behalf. Your personal representative, legal guardian, or another person you want to act on your behalf can also help you fill out the form.

On the grievance form, you can briefly write what you are complaining about, and what you want done about it. You do not have to use any formal or special language. You can ask for a change in your treatment, a change in your provider’s policies, an apology or acknowledgement of wrongdoing, or that some disciplinary action be taken against a staff person who violated your rights. In most cases, you cannot get money from your provider or be released from a hospital by filing a grievance. When you have filled out the grievance form, you should give it to a supervisor who works for your service provider.

You never have to discuss your grievance with the person(s) you are complaining about if you don’t want to. Similarly, your service provider CANNOT retaliate against you in any way for filing a grievance! “Retaliation” is when someone tries to get back at you or punish you for doing something they do not like. If you believe your service provider has retaliated against you for filing a grievance, please contact DRDC.

If you need help filling out the grievance form, you can call the Consumer Action Network (CAN), the DBH Office of Consumer and Family Affairs (OCFA), or DRDC. If you would like an attorney to represent you in your grievance, call DRDC for more information. For a list of telephone numbers, see the back of this manual.
Once you have submitted your grievance, the provider has 10 business days to investigate, review and respond to the grievance. However, if the grievance is about abuse, neglect, or denial of service, the provider has only 5 business days to investigate, review and respond to the grievance.

If you are not satisfied with the provider’s response to your grievance, you have 10 business days to appeal by asking DBH to conduct an “external review” of your grievance. You request the external review by filling out a form (which you can get from DRDC, from DBH, or from your provider) and giving it to your service provider. If you do not want to be in the same room as your service provider during the external review you can say this on form.

You have the right to be represented during the external review by a peer advocate, an attorney, a friend, or relative. Be sure to talk to the person so they understand they will be representing you. Everyone gets a chance to talk and express their point of view at the external review.

**Mediation.** In mediation, the external reviewer will try to help you and your service provider come to an agreement to resolve the grievance. You can stop the mediation at any time. If you reach an agreement with your service provider at the mediation, the external reviewer will write up the agreement at the mediation and give everyone a copy.

**Hearing.** If you have an external review hearing, you can present evidence and call witnesses at the hearing. If your service provider calls witnesses, you can question those witnesses. It is set up similarly to a court hearing, but this hearing is not as formal.

---

The external review can be either an informal hearing or mediation. You may request which kind of external review you want.

---

After the external review hearing, the external reviewer must give you the findings and decision for the external review, which is known as the “advisory opinion.” The advisory opinion should be completed within 5 business days of the hearing, although it often takes longer. After you get the external reviewer’s decision, you have 5 business days to submit any comments on the advisory opinion. The DBH Director reviews the advisory opinion and your comments
and issues a “final opinion” that may either agree or disagree with the external reviewer’s advisory opinion. The DBH Director is supposed to issue the final opinion within 10 business days after the advisory opinion, but it often takes a lot longer.

If you do not like the DBH Director’s final decision, DC law allows you to request a “fair hearing” of your grievance. You should be able to appeal by filing a request for a fair hearing with the Office of Administrative Hearings at https://oah.dc.gov/publication/request-appeal-behavioral-health-decision-or-action

E. Your Right to Make Your Own Decisions

1. Advanced Directives

A Psychiatric Advance Directive (PAD), sometimes called Psychiatric Advance Instruction, is a written legal document that allows you to state your wishes and preferences for your mental health treatment, in case at a later time you are unable to direct your care due to a decline in your mental condition. It has information you want your mental health providers to know, including if at some point in the future, you are in crisis and are not able to give your mental health providers this information. A PAD is also a tool for understanding what interventions are helpful to you and what interventions are not.

Your advocate can help you prepare a Psychiatric Advance Directive. This document tells doctors and your other treatment providers important information like:

- who to contact in an emergency;
- what medications you have been taking;
- what medications have been helpful in the past to get you through a crisis;
- what helps you feel better when you are in a crisis, such as lying down, listening to music, exercising, etc.; and
- how to contact your guardian (if you have one) or someone that has power of attorney for health care.

To become a legal document, you must sign and date PAD in the presence of at least one adult witness who is not related to you by blood, marriage, or adoption, who is not employed by DBH or your service provider, and who is not your attending physician. The witness must say in writing that they
believe you can express your treatment preferences.

Remember to be sure your treatment team knows you have a PAD and that your team understands your wishes. Remind them about your PAD periodically. Make sure you, your attorney-in-fact (the person you want to be responsible for carrying out your wishes when the PAD goes into effect), your provider(s), and anyone else you think is important has a copy of your PAD.

2. Powers of Attorney

Health Care Power of Attorney

A Health Care Power of Attorney is a legal document that allows you to give someone else the authority to make health care decisions on your behalf if you do not have capacity to make the decisions yourself. The person you choose should be someone you know well and trust to make medical decisions on your behalf. If you become incapacitated and cannot make health care decisions, the health care provider must seek consent from your Health Care Power of Attorney.

General or Statutory Power of Attorney

A General or Statutory Power of Attorney is a legal document that allows another person to help you with matters such as finances, social security, public benefits, rent, and paying bills. DRDC can help you with completing Power of Attorney documents. Call our intake specialist for more assistance.

3. Substitute Decision Makers

Sometimes health care decisions are made by family and friends without the need for a court-ordered guardian. If you are found incapacitated and you don’t have a PAD, a Power of Attorney, guardian, or a “substituted decision-maker” may make some decisions for you about medication and treatment. DC law lists the order of priority of which someone can make health care decisions on your behalf. After a court-appointed guardian, the list is: (1) your spouse or domestic partner; (2) your adult child, (3) your parent, (4) your adult sibling; (5) the individual’s religious superior if the individual is a member of a religious order or a diocesan priest; (6) the individual’s close friend or (7) the individual’s nearest living relative. The health care decision made by this decision-maker must be based on your known wishes.
A. Your Right to Challenge Your Guardianship or Conservator

If the Probate Court has appointed a conservator (someone who takes care of your money and property) or a guardian (someone who makes decisions for you), you may ask the court to end the conservatorship or guardianship because you feel you no longer need someone to make decisions for you, or to appoint a new one if you are unhappy with the one you have. The process for doing this is called the “Petition Post Appointment” process.

To begin this process, you or any other interested person, such as a relative or case worker, must complete a “Petition Post Appointment” form and file it with the clerk in the Probate Court of the DC Superior Court. You can contact the clerk of the Probate Court for a copy of the form. The court will then hold a hearing before it decides what to do. A hearing is the meeting where the court hears what the people involved, such as your guardian or conservator, your relatives, and you, have to say.

The court may appoint a new guardian if it finds that your guardian did not act as you would have acted if you were able to do so, abused her powers, did not provide for you, or interfered with your progress or participation in programs in the community.

For guardians appointed on or after June 1, 2015, the court is required every 3 years to appoint a case reviewer (a social worker) to investigate whether you still need a guardian. Within 6 months, the case reviewer must file a report with the court with the results of the investigation. In the report, the case reviewer is required to include your preferences. You also have a right to request a hearing during this process.

If you have concerns about your guardian or conservator, you may contact the Guardian Assistance Program at the Probate Court at (202) 879-9407. Guardian Assistance Program monitors the carer of adults placed under guardianship in the District of Columbia. It also provides information and support.

III. COMMUNITY-BASED MENTAL HEALTH SERVICES

The Department of Behavioral Health (DBH) provides FREE mental health care for qualified residents of the District of Columbia.
To get free mental health care from DBH, call the DBH Access HelpLine at (202) 671-3070 or (888) 793-4357 or call one of the mental health providers listed on page 25. DBH contracts with these private community mental health providers. These core service agencies (CSAs) all provide assessments, medication, counseling and community support. Many CSAs also provide other types of services, like group therapy, day treatment and crisis services.

A. Selecting and Enrolling in a CSA

To enroll in a CSA, call the DBH Access HelpLine at (202) 671-3070 or (888) 793-4357. You can request any information you need about a CSAs in order to choose the right CSA for you. You can also call or go to any of the CSAs listed on page 24 to enroll.

Once you are enrolled, you will meet with a mental health professional and begin to discuss your condition and your recovery. You will develop a treatment team and other professionals may be added such as:

- therapists
- employment counselors
- community support workers

Your treatment team, with you as captain, should develop a treatment plan called an Individual Recovery Plan (IRP). You have the right to participate in your treatment planning. Your IRP will be developed over time, as you meet with the different people on your treatment team. You have the right to know what your diagnosis is and how your treatment team plans to help you walk your own personal road of recovery. If you need help with your IRP, you can call CAN or DRDC o.

B. DBH Emergency/Crisis Care

You can always call 911 if you are having an emergency. However, you also have other choices. In an emergency – if you are afraid you could hurt yourself or someone else – you can call 988, the Suicide and Crisis Lifeline or the DBH Access HelpLine at (202) 671- 3070 or (888) 793-4357. You can ask that the Mobile Crisis Unit come to assess you.

The DBH Community Response Team (CRT), is a 24/7 multidisciplinary
direct service team. CRT supports adults who are experiencing, emotional, psychiatric, or substance use vulnerabilities to promote service engagement and overall behavioral health and wellness. The team provides assessments, referrals, short term case management, and follow-up for individuals across the district.

CRT may take you to CPEP (the Comprehensive Psychiatric Emergency Program). CPEP is located behind DC General Hospital in Building. You can call CPEP at (202) 673-9319. You can also go to CPEP on your own. CPEP is open 24 hours a day, 7 days a week. When the Mobile Crisis Unit is not available, the Access HelpLine can work with you during the emergency and can contact your service provider or 911, if necessary.

If you call the Access HelpLine or DBH, however, or go to your CSA, they may still call 911 if they think you are in immediate danger.

C. Housing Options

If you are enrolled with the DC Department of Behavioral Health, you may have access to a number of housing options. Your caseworker, and CSA housing liaison, should work with you to decide what type of housing setting you prefer. Your housing choice should become a part of your treatment plan, so there should be housing goals with timelines. You may be eligible for some of the following housing programs:

- Home First Rental Assistance
- PUSH bridge fund loans
- Single Room Occupancies (SROs)
- Community Residential Facilities (CRFs)

For more information, you can contact the DC Department of Behavioral Health Housing Division at (202) 671-3169.

**Mental Health Community Residential Facilities (CRFs):** CRFs are supervised group homes that are certified by the DC Department of Behavioral Health. Your CSA must submit an application on your behalf and DBH must approve the application and issue a Level of Care Certificate (LOCC). To pay for the CRF, your SSI or SSDI check is usually supplemented by a grant called the Optional State Payment. Your CSA must submit paperwork to DBH and the Department of Health Care Finance (DHCF) in order for you to receive the
Optional State Payment, which goes to the CRF operator. In 2024, everyone who resides in a CRF is entitled to receive at least $134.16 per month for individuals and $268.32 per month for couples per month, which is usually all that remains once the rent is paid. This is called the Personal Needs Allowance.

**Vouchers and Public Housing:** If you meet income and program requirements, you are eligible to apply for the Housing Choice (“voucher”) waiting list and the Public Housing list at the District of Columbia Housing Authority, 1133 North Capitol Street, NE. Your case worker should be able to assist you with these applications. Getting onto as many lists as possible is important so that you have the best chance of obtaining housing. To schedule an appointment, call the Client Placement Division at (202) 535-1000, Monday through Friday between 8:30 a.m. and 4:30 p.m. However, sometimes the housing waitlist may “close,” meaning that the Housing Authority will not add anyone for a certain amount of time. You will then have to wait until it “reopens” before putting your name on the list. If you have at least one year of documented chronic homelessness, you may also be eligible for Permanent Supportive Housing (PSH). PSH provides a long-term housing voucher and case management services to individuals and families who are considered “chronically homeless.”

To connect with PSH, ask your caseworker to connect you with an organization that can complete a Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) assessment, the results of which must be entered into the Homelessness Management Information System (HMIS) within 48 hours of VI-SPDAT administration. Once your VI-SPDAT results are entered, you will be part of the District’s Coordinated Assessment and Housing Placement (CAHP) system, which can match you with available housing resources, including PSH.

**Housing Eligibility Assessment List (HEAL).** There is another list you can get on while the housing list is “closed” or while you are waiting for your name to come up on the list. DBH keeps a list of their own vouchers, called “Home First” vouchers. You should ask your caseworker to make sure you are on the HEAL waitlist too. When you apply for DBH housing, you should get a written receipt saying that they received your application. If you are having difficulty obtaining assistance from your case worker, ask to speak with your CSA’s housing liaison. That person has special expertise and responsibilities related to housing for clients at the agency.

**Other Housing Options:** Another path that may be open to you is through non-profit agencies, such as So Others Might Eat (SOME) or Miriam’s Kitchen. These non-profits may be able to help you connect to housing.
resources. You can also go directly to the Department of Human Services, which administers programs for homeless District residents.

If you are 62 or older, you may apply for a unit in a senior citizen building. The DC Housing Authority operates some of these buildings. Others are privately operated and maintain their own waiting lists. Your case worker should be able to help you to search for these units.

D. Problems With Housing

**Your Rights in a CRF:** If you live in a Community Residential Facility, you have many protected rights.

- You are not required to perform any unpaid work other than basic household chores;
- Your CRF should allow you to assist with cooking and laundry, if you would like to work on these skills;
- Your home should be set-up and maintained in a comfortable, “home-like” manner;
- Each ramp and stairway should have a handrail or banister;
- Each room should be properly lit;
- Your bedroom will have, at least, a bed, mattress, bedside table or cabinet that can be locked, your own reading lamp, storage space for your personal clothing and belongings, a waste bin, and a clothes hamper;
- The CRF should make sure you receive at least three (3) meals per day. Your CRF should also allow you to eat snacks in-between meals;
- The CRF will properly store your medications and keep a record of when you take your medications;
- You never should be locked out of the CRF; and
- You should not be forced to go to a day program.

**Problems with Housing:** If you have a complaint about the services you receive from your housing provider, your treatment by housing staff, or anything else having to do with living in your home, you may file a grievance. You have the right to be free from retaliation for filing a grievance, and no one can punish you for complaining about problems.

If you live in a CRF: If you would like help filing a grievance, you can contact DRDC. If you have a complaint about your CRF, you can call the Long-
IV. INPATIENT MENTAL HEALTH SERVICES

A. Voluntary versus Involuntary Hospitalization

1. Voluntary Hospitalization

If you want to be admitted to a hospital, you can sign in as a voluntary patient. If you then decide to leave the hospital before the doctor discharges you, you'll need to ask staff for a “request for release” or discharge form (some hospitals call this an “AMA” form. AMA stands for “against medical advice”). Fill it out, write the date and time, sign it and give it back to staff, making sure that your written request for release gets to the doctor in charge of your unit. The doctor in charge of your unit must release you within 48 hours of receiving your written request for release, excluding weekends.

2. Involuntary Hospitalization

Sometimes, even if you do not want to go to a hospital for mental health treatment, you can be forced to do so. For example, if you call the Access HelpLine or DBH, or go to your CSA, they may call 911 if they think you are in immediate danger and need immediate treatment to be safe. This can only happen under a special set of rules, and you must have a chance to argue that you should not be held against your will. The sections below explain these rules, the facts a court considers, and when you will get a chance to argue that you should not be held against your will.

a. 48-Hour Holds

If the Mobile Crisis Team, the police, or your treatment team has taken you to CPEP or another hospital against your will and you don’t want to stay there or be admitted to a hospital, you can ask to be discharged. However, if the doctor at the hospital evaluates you and decides you have a mental illness and because of that illness you are a danger to yourself or others if released, then you will be held at the hospital as an emergency involuntary patient.

b. 7-Day Holds
Within 24 hours of your involuntary admission to CPEP or a hospital, and if the hospital or DBH wants to keep you for more than 48 hours, the hospital or DBH must file papers with the DC Superior Court. A court must review the papers filed by the hospital or DBH within 24 hours and either grant the request for a 7-day order or deny it. If the judge does not sign the 7-day order, you are free to leave (or to remain at the hospital as a voluntary patient). The judge makes a decision whether to extend your hospitalization for 7 days based on the papers the hospital or DBH gives to the court. You will not be present when the judge makes the decision on the 7-day order.

If the judge gives the hospital or DBH permission to hold you for 7 more days, you will be assigned a lawyer. If you can afford to hire your own lawyer, you are allowed to do that instead. If you don't know who your lawyer is or need help finding him or her, you can call the Public Defender Service Day Duty Attorney at (202) 628-1200 or toll-free at (800) 341-2582. A court hearing is scheduled only if you request one. After the court receives the request, the hearing will take place within 24 hours. The hearing will be downtown at DC Superior Court, and hospital staff will take you to the hearing.

c. Commitment Orders for 1 Year

If the court issues a 7-day order, the hospital can, within those 7 days, file a petition (a “petition” is a document filed with the court) for involuntary hospitalization for up to one year. Usually, the treatment will be at St. Elizabeths Hospital.

If the hospital does not file a petition for involuntary commitment within 7 days, the hospital must discharge you by the end of 7th day. The hospital, as an alternative to discharge, could ask you to continue to receive treatment as a voluntary patient.

i. Hearing Before the Commission on Mental Health

When a commitment petition is filed, the court automatically schedules a hearing in your case. The hearing is before the Commission on Mental Health, which is a part of DC Superior Court. You should be told when the commitment hearing is scheduled.

The attorney who was appointed to represent you when the judge signed the first 7-day order will usually continue to be your attorney in the proceedings.
before the Commission on Mental Health. You and your attorney will be able to prepare for the commitment hearing to try to convince the Commission on Mental Health that (1) you don't have a mental illness OR that (2) even if you have been diagnosed with a mental illness, you are not a danger to yourself or others if treated in the community on a voluntary basis.

If the Commission on Mental Health makes a decision that you have a mental illness and, as a result, are likely to hurt yourself or others, then the Commission must decide whether you require commitment for inpatient treatment or outpatient treatment. If the Commission determines that you are not mentally ill or that you are not likely to be a danger, your case will be closed and you must be released right away.

**ii. The Right to a Jury Trial**

If the Commission on Mental Health recommends civil commitment (“involuntary hospitalization”), you have the right to a jury trial. You must decide whether you want to have a jury trial or whether you want to accept commitment for 1 year. If you want to have a jury trial, it will be scheduled a few months after your Commission hearing.

**iii. What Happens if You Do Not Ask for a Jury Trial**

If you decide to accept commitment, you will have to go to court a week or so after the Commission hearing and tell the judge that you do not want to have a jury trial and you agree to commitment. Your lawyer should talk with you about all of this.

The judge must order the “least restrictive” form of commitment possible. This means many people are committed for 1 year to receive outpatient treatment. If you are committed to inpatient treatment, you will most likely be at St. Elizabeths Hospital for up to 1 year.

**d. Recommitment**

About 9 months after the judge signs an order for a 1-year commitment, DBH will make a decision about extending your commitment for another year. If your doctor thinks you should remain committed (as an outpatient or an inpatient) for another year, the government will file papers in court. The papers filed in court are a “petition for recommitment” and a certificate from your doctor stating
why the doctor believes you have a mental illness and are dangerous to yourself or others, as a result of mental illness.

When a recommitment petition is filed in court, a hearing before the Commission on Mental Health will be scheduled. A lawyer, probably your original lawyer, will be appointed to represent you. A copy of the recommitment petition will be sent to you and to your lawyer. At the hearing, the government must prove that you continue to have a mental illness and, because of that mental illness, you are dangerous to yourself or others.

If the Commission agrees with the government, the Commission will extend your commitment for a 1-year period. You may request a review of the Commission’s order by the DC Superior Court.

The commitment or recommitment order requires DBH and all other mental health care providers to treat you in the least restrictive appropriate setting possible. Your attorney can advocate for you to be treated in a less restrictive setting than St. Elizabeths.

B. Seclusion and Restraint

Whether you are in the hospital voluntarily or by court order, hospitals can only use seclusion or restraint, including chemical restraint, in an emergency. Only hospitals and mental health crisis programs can use seclusion and restraint.

A “restraint” is something staff does to prevent you from moving the way you want to, including a physical hold, mechanical restraints or medication that is used to control your behavior (“chemical restraint”). “Seclusion” is whenever you are kept in a room or separate area away from other patients, and the staff locks the door, prevents you from leaving the room, or makes you believe you are not free to leave the room.

If a hospital uses seclusion or restraint against you or give you medication to control your behavior, the attending physician must sign a statement saying that the seclusion or restraint was medically necessary to prevent you from injuring yourself or another person. You must present an imminent threat of hurting yourself or another person. The doctor must state that there was no other way available at the time to prevent the harm, or that all other possible ways to prevent the harm were tried and did not work.
DC law forbids treatment staff from using seclusion and restraint for more than 24 hours, and your doctor has to review the order and write a new one every 4 hours if you’re an adult.

If it is an emergency and the physician or physician’s assistant is not present, a registered nurse (RN) can put you in restraints or seclusion before a written order is obtained. However, if a verbal order is not received within 15 minutes, you must be released. Also, if the doctor does not see you face-to-face within an hour, you must be released.

Seclusion and restraint cannot be used:

- to punish you for breaking a hospital or unit rule;
- when it’s just for staff convenience;
- by staff to get back at you for complaining; or
- for filing a grievance.

When staff puts you in seclusion or restraint, they have to stop using it as soon as you calm down. You should never be in restraints or kept in the seclusion room when you are calm or sleeping.

Finally, if restraint and seclusion are used at the same time, the staff must follow a special procedure for using both: a staff member must regularly monitor you face-to-face.

C. Discharge Planning

Discharge planning should begin as soon as you enter a hospital setting and should be part of your treatment plan. You have a right to live in the “least restrictive environment” appropriate for your needs. If you are not committed or held on criminal charges, you have the right to live in the community.

If you are connected to a CSA, you should have a community support worker who helps you find a place to live in the community, get a job, find a day program, and apply for whatever public benefits you are entitled to. In the Resources section on page 31 there are a number of peer advocacy groups and advocacy organizations that can help you in the discharge planning process.
V. MENTAL HEALTH AND CRIMINAL JUSTICE

A. Introduction

Both DC law and federal law protect the rights of people with psychiatric disabilities in the criminal justice system. DRDC has a program to remove barriers to community healthcare and supports people returning to the community from jail or prison. We help develop transition plans for the first few months of release and also protect against segregation, discrimination, mistreatment, and delays or denials of social services.

B. Specific Rights in Prison or Jail

Not all of the rights described in this manual apply to those in prison or jail. Some rights that you do have are:

- You have the right to decide what treatment you want, and you have the right to play an active role in creating a written treatment plan. Mental health professionals must respect your opinion;
- You have the right to informed consent;
- You have the right to take or refuse medications or other types of treatment.
- You have a right to medical treatment, including appropriate medication (not a particular brand),
- You have the right to see your private medical and mental health records;
- You have the right not to be discriminated against because of your disability;
- You have the right to be free from physical, emotional, sexual, and financial abuse, neglect, harassment, coercion, and exploitation when seeking or receiving mental health services and support while incarcerated or in the community;
- You have the right to be treated with dignity and respect.

When you get to the jail, Unity Healthcare will conduct a medical and mental health intake. You should be asked about Medicaid on intake. If you do not have insurance, you should get help applying for benefits. If you are on Medicaid, your insurance may be suspended. Be sure to check with your case manager several weeks before your release to make sure your Medicaid has been turned back to “active status.” This will make it easier for you to get
treatment when you leave.

VI. CONCLUSION

We hope this book helps you to understand what your rights are and how you can stand up for yourself to make sure your rights are respected. This book is meant to be used as a source of information about the rights of consumers who get their mental health services in the District of Columbia, not as legal advice. To get specific legal advice about your mental health services and your rights, you may call DRDC or another organization or attorney and explain your situation. DRDC may be able to give you the legal advice you need for your particular issue or refer you to other organizations that can.
## VII. RESOURCES

### A. DBH-Certified Core Service Agencies (CSAs)

<table>
<thead>
<tr>
<th>Provider</th>
<th>CEO</th>
<th>Address</th>
<th>Phone / Email</th>
<th>Child / Youth Service Provider?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absolute Healthcare Resources</td>
<td>Peter Atemnkeng</td>
<td>143 Kennedy Street, NW Suites, 16, Washington, DC 20011</td>
<td>(202) 507-8139 <a href="mailto:Peter.a@ahrhomecare.com">Peter.a@ahrhomecare.com</a></td>
<td>No</td>
</tr>
<tr>
<td>Abundant Grace Health Services</td>
<td>Jeanne Johnson, CEO</td>
<td>4645 Nannie Helen Burroughs, Avenue 2nd Floor Washington, DC 20002</td>
<td>(202) 733-4904 <a href="mailto:jjohnson75376@gmail.com">jjohnson75376@gmail.com</a></td>
<td>No</td>
</tr>
<tr>
<td>All Walks of Life</td>
<td>Floyd Taliaferro, CEO</td>
<td>200 I Street, NE Suite 250 Washington, DC 20017</td>
<td>(410) 558-0019 <a href="mailto:FTaliaferro@awlllc.org">FTaliaferro@awlllc.org</a></td>
<td>Yes</td>
</tr>
<tr>
<td>Anchor Mental Health</td>
<td>Denise Capaci</td>
<td>1001 Lawrence Street, NE Washington, DC 20017</td>
<td>(202) 635-5900 <a href="mailto:denise.capaci@cc-dc.org">denise.capaci@cc-dc.org</a></td>
<td>No</td>
</tr>
<tr>
<td>Ark of DC, The</td>
<td>Estella Muma/CEO</td>
<td>1818 New York Avenue #110 Washington, DC 20002</td>
<td>202-489-0615 <a href="mailto:estella.muma@thearkofdc.com">estella.muma@thearkofdc.com</a></td>
<td>No</td>
</tr>
<tr>
<td>Better Morning</td>
<td>Tusar Pattanayak</td>
<td>4545 42nd Street NW, Ste 105 Washington, DC 20016</td>
<td>(202) 536-4414 <a href="mailto:tusar@bettermorninginc.com">tusar@bettermorninginc.com</a></td>
<td>Yes</td>
</tr>
<tr>
<td>CityCare Health Services</td>
<td>Jorge Cabrea Mercedes, CEO</td>
<td>508 Kennedy Street, NW, #207 Washington, DC 20011</td>
<td>(202) 313-7283 <a href="mailto:vkitwara@citycarehome.com">vkitwara@citycarehome.com</a></td>
<td>No</td>
</tr>
<tr>
<td>Community Connections,</td>
<td>Dr. Maxine Harris</td>
<td>801 Pennsylvania Avenue, SE</td>
<td>(202) 546-1512 <a href="mailto:MHarris@CCDC1.org">MHarris@CCDC1.org</a></td>
<td>Yes</td>
</tr>
<tr>
<td>Provider</td>
<td>CEO</td>
<td>Address</td>
<td>Phone / Email</td>
<td>Child / Youth Service Provider?</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>----------------------</td>
<td>----------------------------------</td>
<td>-----------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Inc.</td>
<td></td>
<td>Washington, DC 20003</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Wellness Ventures</td>
<td>Charlayne Hayling-Williams, Ph.D.</td>
<td>1930 MLK Ave SE Washington, DC 20020</td>
<td>(202) 450-5822 <a href="mailto:chayling-williams@cwellnessv.com">chayling-williams@cwellnessv.com</a></td>
<td>Yes</td>
</tr>
<tr>
<td>District Healthcare Services</td>
<td>Dr. Habib Shamte</td>
<td>2811 Pennsylvania Avenue, SE Washington, DC 20020</td>
<td>(202) 894-6811 <a href="mailto:hshamte@districthealthcareservices.com">hshamte@districthealthcareservices.com</a></td>
<td>No</td>
</tr>
<tr>
<td>Doors of Hope</td>
<td>Pamela Khumbah</td>
<td>1818 New York Ave NE, Suite 221, Washington, DC 20002</td>
<td>(202) 800-6440 <a href="mailto:pamelakhumbah@doorsofhopeinc.org">pamelakhumbah@doorsofhopeinc.org</a></td>
<td>Yes (Children Only)</td>
</tr>
<tr>
<td>Family Solutions of Ohio</td>
<td>Jane Ijeaku</td>
<td>650 Pennsylvania Avenue SE, Ste 330 Washington, DC 20003</td>
<td>(202) 864-4184 <a href="mailto:j.ijeaku@familysolutionsdc.com">j.ijeaku@familysolutionsdc.com</a></td>
<td>Yes</td>
</tr>
<tr>
<td>Family Wellness</td>
<td>Lambert Mbom, CEO</td>
<td>2526 Pennsylvania Avenue SE, Suite C Washington, DC 20020</td>
<td>(202) 748-5641 <a href="mailto:lmbom@thefwc.net">lmbom@thefwc.net</a></td>
<td>Yes</td>
</tr>
<tr>
<td>Goshen Healthcare</td>
<td>Leonard Ndouga</td>
<td>1715-1717 Newton St. NE Washington, DC 20018</td>
<td>(202) 526-1652 <a href="mailto:admin@goshenhealthcare.com">admin@goshenhealthcare.com</a></td>
<td>No</td>
</tr>
<tr>
<td>Hillcrest Children &amp; Family Center</td>
<td>Juanita Price</td>
<td>915 Rhode Island Ave, NW Washington, DC 20009</td>
<td>(202) 232-6100 <a href="mailto:jprice@hillcrest-dc.org">jprice@hillcrest-dc.org</a></td>
<td>Yes</td>
</tr>
<tr>
<td>Inner City Family Services</td>
<td>James Walker</td>
<td>2307 Martin Luther King Avenue, SE Washington, DC 20020</td>
<td>(202) 525-4855 <a href="mailto:Skip@innercityfamilyservices.com">Skip@innercityfamilyservices.com</a></td>
<td>Yes</td>
</tr>
<tr>
<td>Provider</td>
<td>CEO</td>
<td>Address</td>
<td>Phone / Email</td>
<td>Child / Youth Service Provider?</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>----------------------</td>
<td>-------------------------------------------------------------------------</td>
<td>-------------------------------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Kahak Health Services</td>
<td>Michael Kahak</td>
<td>2041 Martin Luther King Jr. Ave Se Suite M1</td>
<td>(202) 610-9560 (202) 610-6560 <a href="mailto:mkahak@kahak.com">mkahak@kahak.com</a></td>
<td>No</td>
</tr>
<tr>
<td>Kinara Health and Home Care Services, LLC</td>
<td>Jacqueline Adoko, CEO</td>
<td>7603 Georgia Avenue, Ste 301 Washington, DC 20012</td>
<td>(202) 506-5529 <a href="mailto:jackie@kinarahcs.com">jackie@kinarahcs.com</a></td>
<td>Yes</td>
</tr>
<tr>
<td>Latin American Youth Center</td>
<td>Lupi Quintero’s-Grady, CEO</td>
<td>1419 Columbia Road, NW Washington, DC 20009</td>
<td>(202) 319-2225 <a href="mailto:lupi@layc-dc.org">lupi@layc-dc.org</a></td>
<td>Yes</td>
</tr>
<tr>
<td>Life Care, Inc.</td>
<td>Benedict Foretia, CEO</td>
<td>1427 Marion Barry Ave. SE Washington, DC 20020</td>
<td>(202) 836-4841 <a href="mailto:bforetia@lifecareinc.net">bforetia@lifecareinc.net</a></td>
<td>No</td>
</tr>
<tr>
<td>Life Enhancement Services</td>
<td>Herb Gray, Interim CEO/Exec. Dir.</td>
<td>1301 L’Enfant Square SE Washington, DC 20018</td>
<td>(202) 269-2404 <a href="mailto:hgray@lesdc.org">hgray@lesdc.org</a></td>
<td>Yes</td>
</tr>
<tr>
<td>Life Stride</td>
<td>Joyce Drumming, CEO</td>
<td>3005 Bladensburg Road, NE Washington, DC 20018</td>
<td>(202) 635-2320 <a href="mailto:jdrumming@life-stride.com">jdrumming@life-stride.com</a></td>
<td>No</td>
</tr>
<tr>
<td>Mary’s Center</td>
<td>Maria Gomez</td>
<td>2333 Ontario Road, NW Washington, DC 20009</td>
<td>(202) 483-8196 <a href="mailto:mgomez@marysCenter.org">mgomez@marysCenter.org</a></td>
<td>Yes</td>
</tr>
<tr>
<td>MBI</td>
<td>Maria Morilus-Black</td>
<td>4130 Hunt Place, NE Washington, DC 20019</td>
<td>(202) 388-4300 <a href="mailto:mblack@mbihs.com">mblack@mbihs.com</a></td>
<td>Yes</td>
</tr>
<tr>
<td>Provider</td>
<td>CEO</td>
<td>Address</td>
<td>Phone / Email</td>
<td>Child / Youth Service Provider?</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>----------------------------------</td>
<td>---------------------------------------</td>
<td>------------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>MD/DC Family Resource</td>
<td>Dr. Beth Crawford</td>
<td>903 Brightseat Road, Landover, MD 20785</td>
<td>(301) 333-2980 <a href="mailto:bcrawford@mfrinconline.com">bcrawford@mfrinconline.com</a></td>
<td>Yes</td>
</tr>
<tr>
<td>McClendon Center</td>
<td>Sheandinita M. Dyson, President/CEO</td>
<td>1629 K Street NW, Suite 1100, Washington, DC 20005</td>
<td>(202) 745-0073 <a href="mailto:sdyson@mcclelondoncenter.org">sdyson@mcclelondoncenter.org</a></td>
<td>No</td>
</tr>
<tr>
<td>35 K Mental Health Clinic (Not a CSA)</td>
<td>This information was not confirmed. Ms. Black resigned but there is no replacement.</td>
<td>35 K Street, NE, Washington, DC 20002</td>
<td>(202) 442-4204 <a href="mailto:nancy.black@dc.gov">nancy.black@dc.gov</a></td>
<td>Yes</td>
</tr>
<tr>
<td>Neighbors Consejo</td>
<td>Manuel Celaya, Executive Director</td>
<td>6323 Georgia Avenue, NW, Suite 206, Washington, DC 20011</td>
<td>(202) 234-6855 <a href="mailto:admin@neighborsc.org">admin@neighborsc.org</a></td>
<td>No</td>
</tr>
<tr>
<td>New Living Health Care Services, LLC</td>
<td>Kija Lupemba, CEO</td>
<td>350 Eastern Avenue NE, Washington, DC 20019</td>
<td>(202) 248-1356</td>
<td>No</td>
</tr>
<tr>
<td>New Hope</td>
<td>Luc YaYa</td>
<td>2759 Martin Luther King Jr. Avenue, Suite 301, Washington, DC 20032</td>
<td>(202) 827-9961 <a href="mailto:lyaya@nhh-services.com">lyaya@nhh-services.com</a></td>
<td>No</td>
</tr>
<tr>
<td>NYA Health Care Service</td>
<td>Alain Nouaga</td>
<td>1615 Rhode Island Avenue, NE, Washington, DC 20018</td>
<td>(202) 832-1698 <a href="mailto:alain.nouaga@nyahsi.com">alain.nouaga@nyahsi.com</a></td>
<td>No</td>
</tr>
<tr>
<td>Provider</td>
<td>CEO</td>
<td>Address</td>
<td>Phone / Email</td>
<td>Child / Youth Service Provider?</td>
</tr>
<tr>
<td>----------</td>
<td>-----</td>
<td>---------</td>
<td>---------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>One Care DC, Inc.</td>
<td>Donna Stevens, CEO</td>
<td>1628 Good Hope Road, SE Washington, DC 20020</td>
<td>(202) 889-0800 <a href="mailto:makere01@yahoo.com">makere01@yahoo.com</a></td>
<td>No</td>
</tr>
<tr>
<td>P &amp; G Behavioral Health Services</td>
<td>Dalton Beckles, CEO</td>
<td>2041 Martin Luther King Jr. Avenue, Suite 234 Washington, DC 20020</td>
<td>(202) 717-9428 <a href="mailto:Dbeckles@pgbhs.com">Dbeckles@pgbhs.com</a></td>
<td>No</td>
</tr>
<tr>
<td>Prestige Healthcare Resources</td>
<td>Isiah Coles</td>
<td>1418 Good Hope Road, SE, Washington, DC 20020</td>
<td>202-796-5000 <a href="mailto:Isiahcoles@myprestigehealth.com">Isiahcoles@myprestigehealth.com</a></td>
<td>No</td>
</tr>
<tr>
<td>Preventive Measures</td>
<td>Dwayne Jones</td>
<td>2124 Martin Luther King, Jr. Ave SE, Washington DC 20020</td>
<td>(202) 563-7632 <a href="mailto:Djones@PreventiveMeasures.onmicrosoft.com">Djones@PreventiveMeasures.onmicrosoft.com</a></td>
<td>Yes</td>
</tr>
<tr>
<td>PSI Family Services</td>
<td>Dr. Sadie Bianco, Chief Clinical Officer</td>
<td>5820 Dix St NE, Washington DC 20019</td>
<td>(202) 547-3870 <a href="mailto:sadie.bianco@psiservices.org">sadie.bianco@psiservices.org</a></td>
<td>Yes</td>
</tr>
<tr>
<td>Psychiatric Center Chartered</td>
<td>Joyce Drumming, CEO</td>
<td>3001 Bladensburg Road, NE Washington, DC 20018</td>
<td>(202) 635-3577 <a href="mailto:jdrumming@lifStride.com">jdrumming@lifStride.com</a></td>
<td>No</td>
</tr>
<tr>
<td>Quality Health Care Services, LLC</td>
<td>Santa Chacha, CEO</td>
<td>1818 New York Avenue NE, Washington, DC 20002</td>
<td>(202) 492-4163 <a href="mailto:info@qualityhealthcaredc.com">info@qualityhealthcaredc.com</a> <a href="mailto:santac@qualityhealthcaredc.com">santac@qualityhealthcaredc.com</a></td>
<td>Yes (Children Only)</td>
</tr>
<tr>
<td>Restoration</td>
<td>Cherryl Bradley/CEO</td>
<td>1809 Rhode Island Ave, NE Washington, DC 20018</td>
<td>(202) 629-2917 <a href="mailto:cherryl@bradleyandassociates.org">cherryl@bradleyandassociates.org</a></td>
<td>No</td>
</tr>
</tbody>
</table>
### B. Other Legal Assistance

**Employment Discrimination**

- **ACLU/National Capital Area**  
  202-457-0800

- **DC Employment Justice Center**  
  202-828-9675

- **Legal Counsel for the Elderly (60+)**  
  202-434-2170

- **Washington Lawyers’ Committee for Civil Rights & Urban Affairs**  
  202-319-1000

- **U.D.C. School of Law HIV/Public Entitlements Clinic**  
  202-274-7312
Whitman-Walker Clinic
202-939-7627

General

DC Bar Advice and Referral Clinic
Second Saturday of every month from 10 a.m. to 12 p.m. at Bread for the City NW (1525 7th St NW) and SE (1640 Good Hope Road SE)

Bar of the District of Columbia Lawyer Referral Service
202-296-7845 (Not free)

HIV-Related and LGBT Health-Related Issues

Whitman-Walker Clinic
202-939-7627

Housing Issues

Archdiocesan Legal Network
202-628-4263

Bread for the City Legal Clinic
202-265-2400

Columbus Community Legal Services
202-319-6788

Legal Aid Society of DC
202-628-1161

Legal Counsel for the Elderly (60+)
202-434-2170

Neighborhood Legal Services
202-269-5100

Washington Lawyers’ Committee for Civil Rights and Urban Affairs
202-319-1000

Washington Legal Clinic for the Homeless
202-328-5500
DC Law Students in Court
202-638-4798

Involuntary Commitment

Public Defender Service of DC, Mental Health Division
202-824-2860

Public Benefits

Archdiocesan Legal Network
202-682-4263

Bread for the City Legal Clinic
202-265-2400

Columbus Community Legal Services
202-319-6788

George Washington University Community Legal Clinics
202-994-7463

202-739-0668
(if you are age 60+ or have Medicare)

Legal Aid Society of DC
202-628-1161

Neighborhood Legal Services
202-832-6577

Washington Legal Clinic for the Homeless
202-328-5500

C. Mental Health Peer and Family Advocacy Organizations

The Campbell Center
202-684-7015

Consumer Advocates Network
202-842-0001

DC NAMI
(202) 546-0646

Our Door Community Wellness Center
202.554.2926
VIII. GLOSSARY

Attorney-in-Fact – Someone named to make legal decisions on behalf of another individual. This authority should be supported by a written Power of Attorney document.

Commission on Mental Health – A panel appointed by the DC Superior Court to hear cases about civil inpatient and outpatient commitment. It is made up of one judge and eight psychiatrists and psychologists.

Comprehensive Psychiatric Emergency Program (CPEP) – A program that operates 24 hours a day and 7 days a week to provide emergency psychiatric services, mobile crisis services and extended observation beds for individuals over the age of 18.

Conservatorship – When an individual cannot manage his or her assets and finances, a legal right is given to another person to be responsible and have control of the individuals’ assets and finances. It is established by a court order.

Core Service Agency (CSA) – A private provider certified by the DC 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.

External Review – One step in the consumer grievance process. After receiving a written response regarding the grievance, the consumer has the opportunity to disagree with the response. There are two types of external reviews: mediation and hearing. In mediation, an external reviewer (someone outside DBH) works with all parties to come to a solution. In a hearing, the external reviewer listens to all parties involved and writes a report to the Director of the DC Department of Behavioral Health.

Grievance – A complaint filed with a mental health provider or the Department of Behavioral Health if a consumer is dissatisfied with his/her mental health care or if he/she feels his/her rights have been violated.

Guardian – A person who has the legal authority to make decisions on behalf of another individual, the ward. A guardian is usually put in place when the ward is unable to make legal decisions for himself/herself. Guardians are court appointed and required to submit reports periodically to the court about the status of the ward. Sometimes the court puts limits on a guardian’s power, but other times the guardian has very broad decision-making power. There are some things a guardian can never control unless a court specifically says they can, such as whether or not you should get married or have children.
**Incompetent** – A term used by courts to describe when an individual is unable to adequately manage his or her affairs. If an individual is unable to manage his or her affairs, a legal guardian can be appointed.

**Individual Recovery Plan (IRP)** – A guide to help an individual recover by using the individual’s strengths, preferences, experiences and background. The plan is created by the individual and others close to that person, usually the treatment team. It is often called a treatment plan.

**Informed Consent** – Agreeing to a medical procedure or medication when the individual has a clear understanding of the possible consequences or side effects.

**Involuntary Commitment** – Placing an individual in a psychiatric hospital against his/her will. If the stay is longer than 48 hours, an order must be issued.

**Medication Review Officer** – A neutral person, appointed by a provider or the Department of Behavioral Health, who reviews the need for involuntary medication.

**Mobile Crisis Team** – Responds to adults in the District of Columbia who are experiencing a psychiatric crisis and are unable or unwilling to travel to receive mental health services. The team provides crisis stabilization, including dispensing medication and performing assessment for voluntary and involuntary hospitalizations and linkages to other services, such as crisis beds and substance abuse detoxification and treatment. The team should work with family members and the community-based mental health provider, if appropriate, to help with follow up.

**Power of Attorney** – A person assigned to act on someone’s behalf in a legal matter.

**Psychiatric Advance Directive (PAD)** – A legal document that expresses the consumer’s preferences for treatment to be used in the future if the consumer is unable to give or withhold informed consent.

**Representative Payee** – Social Security's Representative Payment Program provides financial management for the Social Security and SSI payments of beneficiaries who are incapable of managing their benefits.

**Restraint** – When an individual is prevented from moving and can include: **Mechanical Restraints** – items like handcuffs or leg cuffs that prevent an individual from being able to move his/her arms and legs; **Chemical Restraints** – medication used to control behavior during an emergency. “Chemical restraints” can include any drug given without consent when an individual is in crisis, such as medications given with a needle; **Physical Holds** – any time a staff member uses force to stop an individual from moving, without using any item or medication to control him/her.
**Retaliation** – When someone “gets back at you” for making a complaint or grievance.

**Seclusion** – When an individual is placed in a room or location alone and not allowed to leave. It is seclusion even if the door to the room is open if the individual is not allowed to leave.

**Treatment Team** – A group of people that help create your plan for treatment and recovery. The team is multidisciplinary and includes doctors, social workers, advocates, and others who are close to the consumer.