

RIGHTS & COMPLAINT PROCEDURES

in Youth Residential Placement

A decorative graphic consisting of a grid of colored squares. The grid is 4 squares wide and 4 squares high. The top row has one light blue square. The second row has two light blue squares and one lime green square. The third row has three squares: light blue, dark blue, and lime green. The bottom row has one orange square.

A GUIDE FOR PARENTS, GUARDIANS,
AND OTHER FAMILY MEMBERS



Please note: For the purpose of this document, “family” is used to mean a child’s parent, guardian, or custodian who has legal rights to the child.

Why am I getting this Family/Guardian Rights Guide?

My child is valuable, important and cherished. Raising a child is hard and they (or I) might need support as they grow up. There are many ways to get support, starting in our community, and sometimes, a residential facility is a tool that might be tried.



I am getting this guide because **I am the parent or legal guardian of a child staying at a residential facility.** These rights apply to the family of Philadelphia youth living in:

- Facilities that have contracts with Philadelphia Department of Human Services (DHS) for dependent or delinquent services;
- Treatment facilities that are funded by Community Behavioral Health (CBH) for youth with medical or mental health needs.

For juvenile justice facilities operated by the Commonwealth of Pennsylvania, like Youth Development Centers, the guides do not apply, though youth at these locations do have constitutional rights and other legal protections. The City is working to encourage PA DHS to use the full Rights Guide for those facilities.



This guide will **tell me about my rights and how the people at the facility must communicate with and involve me or other family.** This will help me know what is allowed and what to expect, so I can speak up to advocate for myself or my child if something is wrong.



I must also hear about my child's rights. There is a guide for them called the "Youth Rights Guide." The guide I am reading now focuses on me, the parent or guardian.

How was this guide made?

The facility where my child is staying must follow legal laws and requirements made by Pennsylvania and the City of Philadelphia. The rules can be hard to read and are very long, so this guide tries to make them easier to understand. Other family members of youth in a past residential placement gave their opinion to help this guide make more sense.

- » **This guide is a short, “quick look guide” explaining some of those rules.** If I want to see the full list of rules the facilities must follow, there are links to the them at the end of this guide.
- » **I can talk to my child’s lawyer, my lawyer or another team member** if I have questions about the rights in this guide or any other rights I may have. This guide does not give me legal advice.

PLEASE NOTE: *This guide puts laws, regulations, and contract requirements protecting Philadelphia youth who live in a residential placement facility into plain language. To see what documents it was made from, please see the list at the end of this guide. This information is up to date now, but laws and rules can change over time.*

How should I use this guide?

I should use this guide to:



LEARN my rights and the rules on how the facility must treat us



FIND ANSWERS to my questions about what can happen at my child’s facility and ask someone if I can’t find the answer



ASK for something the guide talks about, but my child or I am not getting



SPEAK UP for my child or myself if is something is wrong with their care, the facility or how I am treated



KNOW who is on our team and how to get help if we need it

MY CHILD'S TEAM

My child's team might have a lot of people on it. They are all here to help them reach their goals and have different jobs to make that happen.

Check each person who is a part of my child's team.

↓ **TEAM MEMBER**

NAME AND CONTACT INFORMATION

My Personal Support System

CASE MANAGEMENT TEAM

Case Manager at the placement facility

Case Manager's Supervisor at the placement facility

Unit Manager

DHS or CUA Worker

DHS/CUA Case Manager's Supervisor

COURT/JUSTICE TEAM

My child's case number is:

Child Advocate

Judge

Lawyer/Public Defender

Juvenile Probation Officer (JPO)

DHS Court Representative

EDUCATION TEAM

Education Decision Maker (EDM)

OTHER TEAM MEMBERS

Treatment Team



WHAT ARE MY RIGHTS?

- » **I have the right to speak up for my child and their needs** if at any point I feel they are not receiving the right care
- » **I must be treated with fairness, dignity, and respect** by all staff and people involved in my child's case.
- » **My right to visit and communicate with my child must not be used as a reward or punishment.** The court may make limits on this depending on my situation.
- » Most of the rights in this guide are **protected by the law and CBH/DHS contract requirements.** A few of the items in this guide are not legally protected by law or DHS/CBH contracts. When I see the word "should," or "I can ask" it means DHS or CBH think that idea is respectful and encourage the facility to do it, but it is not a legal rule.



BEING INFORMED

- » I have the right to **be informed of my and my child's rights. I must receive a paper copy of this *Family Member/Guardian Rights Guide*, the *Youth Rights Guide* and the steps to make a grievance at this facility if there is a problem.** Someone at the facility must review these documents with me and my child. The information must be shared in the language or type of communication I need.
- » I **can ask questions** about anything that doesn't make sense.
- » The facility must tell me **about my and my child's rights to give permission for treatment.**
- » After we receive and talk about our rights in the documents, **my child and I can sign a paper saying that the documents were reviewed with us** and that I have been informed of my child's rights.





KNOWING HOW TO FILE A GRIEVANCE (COMPLAINT)

I have the right to speak up and tell others about a problem with my child's care without fear of retaliation. I can file a grievance or contact anyone, including my lawyer or Childline, from the suggested steps in the chart on the next page at any time.



- » No one can **punish or threaten me or my child if we make a grievance. I am legally protected from the facility fighting back at me or my child.**
- » I can **write the grievance myself or I can get help from my child's case manager or their supervisor, a lawyer, or a community agency.** They can also help me send it to the right people if I don't know.
- » I can **file a grievance for my child** using the facility steps or contacting any of the people in the chart on the next page.

I am free to contact and report my child's problem to anyone at any time, including our lawyer or Childline. This is just a suggested way to get help.

What's happening:

There is a problem.
Example: My child's clothes are starting to get too tight.

We don't feel safe telling anyone at the facility or the problem got bigger.
Example: My child has not gotten bigger clothes.

The problem got worse and we don't know what to do.
Example: My child has no clothes left that fit them.

Who to ask for help:

» Staff we trust at the facility if we feel safe.

If my child is in the child welfare system:

- » Our DHS or CUA case manager; then their supervisor if they don't answer.

or

If my child doesn't have a DHS or CUA case manager:

- » Community Behavioral Health Member Services **1-888-545-2600**
- » My child's juvenile probation officer (JPO)

and

- » Our lawyer

If my child is in the child welfare system:

- » The Philadelphia Department of Human Services Commissioner's Action Response Office (CARO) **(215)-683-6000** or **dhscaro@phila.gov**

or

If my child doesn't have a DHS or CUA case manager:

- » Community Behavioral Health Member Services **1-888-545-2600**
- » My child's juvenile probation officer (JPO)

and

- » Our lawyer and child advocate if my child has them.

Ways to get help:



I can pick how I want to get help:

 Call on the phone

 Talk to them

 Write a note

 Send a note in the mail

 Send an email

My child's rights have been taken away or broken.

Example: The facility tells my child they must earn talking time with family.

My child is being hurt, abused, neglected (not cared for) or feels unsafe in any way.

and

» Staff we trust at the facility if we feel safe.

If my child is in the child welfare system:

- » Our DHS or CUA case manager; then their supervisor if they don't answer
- » The Philadelphia Department of Human Services Commissioner's Action Response Office (CARO) **(215)-683-6000** or **dhscaro@phila.gov**

If my child doesn't have a DHS or CUA case manager:

- » Community Behavioral Health Member Services: **1-888-545-2600**
 - » My child's juvenile probation officer (JPO)
- and
- » Our lawyer and child advocate if my child has them.

» The Pennsylvania Child Abuse Hotline, ChildLine at **1-800-932-0313**

Childline takes calls 24/7 and will move to get more help based on the level of immediate risk to my child. Action could be right away for abuse claims, to a few days for other concerns.

» The local police department

and

» Anyone on my team I trust a lot. They can tell the right people for help.



Here are helpful numbers to contact if I have concerns or questions about my child's case, services, the facility or how we are treated.

If I think my child is unsafe or being abused or neglected in any way:

The Pennsylvania Child Abuse Hotline, ChildLine at **1-800-932-0313**

If my child is involved with or in a facility arranged by the Philadelphia Department of Human Services:

The Philadelphia Department of Human Services Commissioner's Action Response Office (CARO) at **(215)-683-6000** or **dhscaro@phila.gov**

The case management team listed on "My Child's Team" page

If my child is in a treatment facility arranged by Community Behavioral Health:

The Community Behavioral Health Non-Emergency Services 24/7 Member Services Hotline: **1-888-545-2600**



HAVING A PLAN

- » I have the right to **know why my child is in placement and how long they are expected to be there.**
- » The facility must **include my child, me and others we invite in conversations when making a plan that meets my child's needs and goals** because we know my child best. They should contact me to discuss changing the plan if it is not helping.
 - If we have a CUA case manager, they should also take part in the creation of this plan and keep me informed of what is happening with the plan.
- » The plan and services my child gets **must be strengths-based and be respectful to our culture or language.**
- » If I want to help when the plan is made, **the staff must try more than once to find a time and place that works for me to join.** The staff must write their tries down and any reasons why I can't join. Some important things in this plan are:
 - Our goals to help my child feel better and how long the goals might take to finish
 - Info on ways our family will stay involved during my child's care
 - Info about my child's education
 - A plan to help my child calm down when they get upset and any strategies that can help them or are safe for them



STAYING CONNECTED WITH MY CHILD/FAMILY MEMBER

- » I have the right to **communicate frequently with my child using the phone and possibly email or video chat without unreasonable limits**, unless the court says differently. Our communication rights must not be used as a punishment or reward.



- » **I have the right to visit my child at least once every 2 weeks.**
 - If my child is in a CBH treatment facility, we should have at least two visits a week. This might depend on any Court limits.
 - The time and location must work for me, my child, and the facility, but is ideally in our home community.
 - The facility must help support transportation to and from the facility for our visits if we need it.
 - Virtual options visits should not replace in-person ones.



- » **Facilities must support activities that continue or help build our family relationships and social connections for my child.** This could be things like encouraging regular communication in addition to our visits, scheduling time with siblings or other important adults, including us in therapy sessions or helping my child take part in positive community activities.
 - We must have time for recreational visits, not just visits focused on therapy or behaviors.
- » **Facilities and case managers must work towards successfully bringing my child back home after treatment, helping us reunify or find other permanency, and re-integrating into the community depending on our situation.** This includes teaching me skills to help my child and their behaviors back at home.



MY CHILD'S HEALTH PLAN AND TREATMENT

- » **I have the right to approve the facility to provide or connect my child with routine health care**, such as health exams, dental care, vision care, hearing care and when hurt or sick. The facility should ask me for this approval at admission if possible.
 - **If my child is over the age of 14, they can give permission for mental health treatment.** If I think it is best for my child, **I can also make the decision for them to get mental health treatment** even if they don't want it, if they are under 18.
 - **The facility must ask my permission to give my child additional treatment, like surgery.** If the facility can't get in touch with me after many tries, the facility must get a court order. If it is an emergency and waiting would put my child in danger, they don't need to ask me first, but they still need to tell me.
- » I have the right to **help plan for my child's care and treatment needs because I know them best.** The staff must try hard to get in touch with me and invite me into the conversation when they are thinking about changing my child's behavioral or medical treatments, school or learning supports.
 - If my child needs special education, myself or their education decision maker must sign off on the Individualized Education Program (IEP) and recommended school.
- » **I have the right to get updates about how my child is doing and their progress.**
- » **The staff must tell me if they think my child would do better at a different facility or has made enough progress on their goals to be discharged.** If possible, the facility and I should talk about this before my child changes placements.



MY CHILD'S SAFETY:

Preventing Abuse and Avoiding the Use of Restraints, Exclusion and Seclusion *

Having a child in a residential placement can be stressful for anyone and it's normal for me to think about my child and their safety when I'm not there. The facility must take many steps to prevent any type of harm to my child.

- » The staff caring for my child are essential to having a safe and nurturing space.
The facility must make sure, and keep records, that all staff:
 - Pass child abuse, criminal history and FBI background checks;
 - Get training about trauma and how it plays a role in what my child or I go through
 - Get training about trauma-informed strategies for working with me and my child, ways to compassionately de-escalate a situation, and ways to handle crisis situations safely

ABUSE OR EMERGENCIES

- » **I can make a report to Childline or my lawyer at any time** if my child tells me or I think they are being hurt, neglected or feel unsafe—physically, sexually, or emotionally.
- » Plus, the facility must **tell me immediately if anyone at the placement (staff or other kids) is suspected to have seriously hurt my child. They must also report this to Childline immediately.** During the investigation, each facility must have a plan to make sure that all children are kept safe during the investigation. This usually means that any staff who is under investigation is not allowed to work in the same area with youth.
- » **I must also be told immediately about any serious incidents that happen to my child.** This includes things like going to the hospital, an outbreak of sickness, or their rights' were taken away. To see the full list of things I must be told about, I can search "55 Pa Code 3800.16" online or ask the facility for a copy.
- » **I must also be told if my child is offsite without staff approval for more than 4 hours or more than 30 minutes if they could be in immediate danger.** I can ask the facility during plan making if I would like to be told sooner.
- » **The facility must give me a copy of their plan for medical emergencies as soon my child starts there.** I must be told immediately if the emergency plan is needed for my child, or if my child has a bad reaction to any medications.

* These are called "restrictive procedures" by the State.

CHOOSING THE LEAST RESTRICTIVE SAFETY OPTION

Sometimes, my child might feel a lot of emotions. They could need help with these feelings and calming down in ways that work for them. It is the facility's job to help my child learn the skills they need to take care of their feelings in healthy ways.

It is also their job to make my child's stay safe and healing. This means that they must work to use the approach and procedure that is the least restrictive to keep my child or others safe. This starts with trying to deescalate any unsafe behaviors and only moving to intrusive procedures if nothing else worked. The staff are never allowed to use one of these procedures because they are mad at something my child did or because they want their job to be easier.

However, it is important for me to know that Pennsylvania still allows the facilities to use some procedures if there is a safety risk. To make sure my child is as safe as possible if one is used, there are rules to follow to avoid harm.

» **My child must have a personalized plan* about when and what types of procedures could be used. They will get a plan if their health and personal history show they need one to stay, or keep others, safe.**

- » My child and **I have the right to help make the plan**, along with any person invited by my child or me, or other professionals. Here, we can share our ideas on ways that help my child calm down (including how I could support if I wanted) and also what I want for my child's safety.
 - The plan will also have information about what type of unsafe behaviors my child has, any signs that show the behavior is coming and thoughts about why the behavior happens. It will also talk about ways the behavior can be stopped before a more restrictive procedure is used (like changing who my child is around, the room they are in, or their routine).
 - I can ask the facility staff about what program and types of procedures they use.
- » **The plan must be reviewed at least every 6 months.** We can talk about the plan sooner if we don't think it is helping keep my child or others safe.
- » **The facility staff must contact me if they think changes need to be made to the personalized plan.**
- » I must have **the chance to sign the restraint plan.**

* The State calls this as a "Restrictive Procedure Plan."

There are different types of restrictive procedures. Each type has their own rules for how and where they are allowed to happen. No matter what type, my child must be respected and that is why there are rules for how they can happen.

The rules are:

**NEVER
ALLOWED**



- » “Hands on them” restraint **where my child can’t breathe.** Staff **MUST NOT** put weight on my child’s mouth, nose, neck, chest, belly or back because this could cause extreme danger. **A chokehold is NOT allowed.**
- » “Hands on them” restraint **with my child face down on the floor.** Staff must also not put my child to the floor or anywhere else in a violent way as punishment or trying to get back at my child for anything they did.
- » **Pressure point techniques** (*causing pain to get my child to follow a direction, example: pulling or twisting ears or squeezing arms or wrists.*)
- » **Aversive conditioning** (*Using things that are startling, painful or harmful to their senses, example: splashing water in my child’s face.*)
- » **Using drugs to relax my child when it is not an emergency**

ALLOWED AT ALL FACILITY TYPES

(ONLY to keep my child safe and if there is absolutely no other option)

A “hands on them” restraint

- » The staff or kind of a “hands-on-them” restraint must **change every 10 minutes** until they are calm again.
- » My child must be able to breathe if staff use a “hands-on-them” restraint. **Staff MUST NOT put weight on their mouth, nose, neck, chest, belly or back** because this could cause extreme danger. A chokehold is NOT allowed.
- » Another person must watch the staff doing the restraint to make sure they are not hurting my child. This person will take notes on how my child is doing while they use the restraint.

Emergency use of drugs to relax my child if they can’t be calmed down. This is only allowed if a doctor examines my child first, approves it and a medical professional gives the drugs.

Having my child leave one place to be in a room alone (Exclusion)

- » My child cannot be restrained by staff while in the room.
- » This cannot last more than 60 minutes in a 2-hour period. They cannot be in a room by themselves more than 4 times in 24 hours.
- » Someone needs to be check on my child every 5 minutes, so they are ok.
- » The room must be bigger than a closet (at least 40 square feet), with light, air, a view outside the room, and nothing in it that could hurt my child.

Bite release

(pushing on my child’s jawbone to make them stop biting someone)

ALLOWED ONLY AT A SECURE FACILITY

(ONLY to keep my child safe and if there is absolutely no other option)

A secure facility means my child is involved in the juvenile justice system and the site has locked doors or fences that stop them from leaving.

Being locked in a room by themselves

(Seclusion/Isolation)

- » A boss must give approval before seclusion starts. A “floor staff” cannot order my child into seclusion.
- » Two different people need to check on my child. One person checks on them every 5 minutes. A supervisor must check on them every 2 hours to see how they are doing emotionally and physically.
- » Seclusion must be for less than 4 hours. If my child is still not calm, a medical staff must make sure they are safe and write that they can stay another 4 hours at most. If it is longer than 8 hours in a 48-hour period, there must be a court order and a reason to keep my child there.
- » The room must be bigger than a closet (at least 40 square feet), with light, air, a view outside the room, and nothing in it that could hurt my child.

Mechanical Restraint

(a device to stop my child’s movement)

- » The only types that are allowed are behind the back handcuffs and leg restraints. Handcuffs in front of my child are only allowed with a transportation waist belt.
- » A supervisor must give approval before they are used. A “floor staff” cannot order my child to wear them.
- » My child cannot have them on if they are in seclusion
- » My child cannot be handcuffed to another person or thing
- » My child must be able to eat, use the bathroom or meet their other physical needs.
- » My child can only have them on for 2 hours in a row, unless a medical staff makes sure they are ok and writes that it is safe for another 2 hours.
- » My child cannot wear them longer than 4 hours in a 48-hour period unless there is a court order and a reason to keep using them.
- » The restraint must come off for a 10-minute break every 2 hours.

DOCUMENTATION OF RECEIPT AND REVIEW

Placement Facility Name:

Youth in Placement Name:

Date of Youth Entry to Placement:

Date of document read through with parent/guardian:

Individuals Present for conversation:

Discussed with:

Staff Name:

Staff Signature:

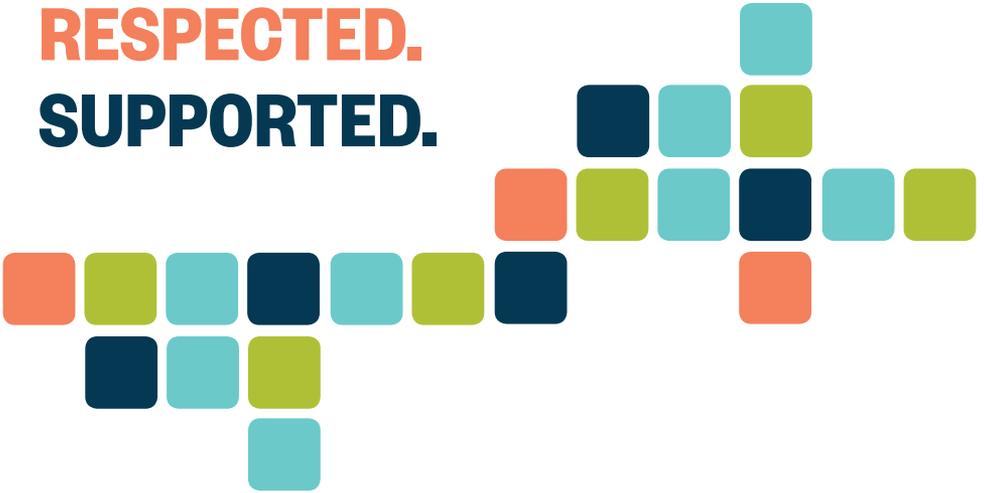
I certify to having explained the rights in this guide in detail to this parent/guardian and answered their questions truthfully and to the best of my knowledge.

Parent/Guardian Name:

Parent/Guardian Signature:

A facility staff member has read these rights to me and explained the rights in this guide. I had the chance to ask questions and I can ask more if I have them after today.

SAFE. RESPECTED. SUPPORTED.



FOR MORE INFORMATION, PLEASE REFER TO:

- » 55 Pa. Code Chapter 3800; https://www.pacodeandbulletin.gov/secure/pacode/data/055/chapter3800/055_3800.pdf
- » Regulatory Compliance Guide on 55 Pa. Code Chapter 3800. <http://www.paproviders.org/wp-content/uploads/2015/06/3800-Regulatory-Compliance-Guide-PRIDE-04-01-2015-Draft.pdf>
- » 55 PA Code Chapters 13.1-14.9 (regulations applicable to State operated delinquent facilities) <https://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/055/055toc.html&d=reduce>
- » Guidance on Minors' Access to Confidential Health Care in Pennsylvania; <https://www.aclupa.org/en/reference-card-minors-access-confidential-health-care-pennsylvania>
- » HIPAA, Health Insurance Portability and Accountability Act, <https://www.hhs.gov/hipaa/index.html>
- » Community Behavioral Health Psychiatric Treatment Facility Performance Standards; https://cbhphilly.org/wp-content/uploads/2019/08/PRTF_Standards_Final.pdf
- » Philadelphia Department of Human Services Congregate Care Scope <https://www.phila.gov/media/20201112150033/Congregate-Care-Scope.pdf>