CHILD FOCUS

Strong families. Thriving communities.

# Client Handbook

## Your Information
## Your Rights
## Our Responsibilities

This handbook provides information about agency services, your rights and responsibilities, how protected health information may be used and disclosed, and how you may access your health information.

**Please review it carefully.**

# Contents

## Service Locations & Hours 513.752.1555

| Location | Address | Hours | Services |
|---|---|---|---|
| Child Focus<br>Mt. Carmel, Ohio<br>(Clermont County) | 4633 Aicholtz Road<br>Cincinnati, Ohio 45244<br>Ph# 513-752-1555 | M - TH 8:00 am - 9:00 pm<br>F - 8:00 am - 4:30 pm<br>S - 8:00 am - 4:30pm<br>(by appointment) | Therapy, TBS/CPST, Diagnostics, Medication Services, Prevention, Crisis Services, Call Center<br>OhioRISE |
| Child Focus<br>Mt. Carmel, Ohio<br>(Clermont County) | 4629 Aicholtz Road<br>Cincinnati, Ohio 45244<br>Ph# 513-752-1555 | M - F 8am to 5pm | Therapy, TBS/CPST, Diagnostics Prevention, Crisis Services, Intensive Family-Based Services, Parent Enrichment |
| Wasserman Day Treatment<br>(Clermont County) | 4286 Wuebold Lane<br>Cincinnati, Ohio 45245<br>Ph# 513-732-8800 | M - F 8:00 am - 4:30 pm | Day Treatment, Therapy TBS/CPST, Medication Services, Crisis Services |
| Wasserman Day Treatment<br>(Brown County) | 2300 Rains Eitel Road<br>Aberdeen, OH 45101<br>Ph# 937-392-4384 | M - F 8:00 am - 4:30 pm | Day Treatment, Therapy, TBS/CPST, Crisis Services |
| Genesis and STAR<br>Owensville, Ohio<br>(Clermont County) | 463 South Broadway<br>Owensville, OH 45160<br>Ph# 513-724-8555 | M - F 7:00 am - 3:00 pm | Therapy, TBS/CPST, Crisis Services |
| Little Fork Family Advocacy Center<br>(Clermont County) | 3000 Hospital Drive, Suite 110<br>Batavia, OH 4510 | M - F 8:00 am - 4:30 pm | Therapy, TBS/CPST, Crisis Services |
| Child Focus<br>Mt. Orab, Ohio<br>(Brown County) | 710 North High Street<br>Mt. Orab, Ohio 45154<br>Ph# 937-444-1613 | M - TH 8:00 am - 9:00 pm<br>F - 8:00 am - 4:30 pm | Therapy, TBS/CPST, Prevention, Crisis Services,<br>OhioRISE, Parent Enrichment |
| Health Source<br>Georgetown, Ohio<br>(Brown County) | 631 E State Street<br>Georgetown, Ohio 45121<br>Ph# 937-378-6387 | By Appointment | Therapy, TBS/CPST |
| Child Focus<br>Cincinnati, Ohio<br>(Hamilton County) | 4760 Red Bank Expressway<br>Suite 226<br>Cincinnati, Ohio 45227 | M – F 8am-4:30pm | Therapy, TBS/CPST, Prevention, Crisis Services<br>OhioRISE, Parent |

Ph# 513-685-5040 Enrichment

# Service Locations

## Mental Health Services in Area Schools

Child Focus provides comprehensive mental health services in 70 schools in the school districts listed below. Ask your service provider if mental health services are available in your child's school.

- Batavia Local Schools
- Bethel-Tate Local Schools
- Bright Local Schools
- Cincinnati Public Schools
- Clermont Northeastern Local Schools
- Eastern Brown Schools
- Fayetteville-Perry Schools
- Georgetown Exempted Village Schools
- Goshen Local Schools
- Grant Career Center
- Hamersville Schools
- Hillsboro Schools
- Live Oaks Vocational School
- Lynchburg-Clay Schools
- Mariement City Schools
- Milford Exempted Village Schools
- New Richmond Exempted Village Schools
- Ripley-Union-Lewis-Huntington Schools
- St.Thomas More School
- St. Michael's School
- West Clermont Local Schools
- Western Brown Schools
- Williamsburg Local Schools

# Your Rights

## Fundamental Rights

All individuals receiving services have the right:

### Respect and Dignity

To be treated with consideration and respect for personal dignity, autonomy, privacy, and individuality.

### Non-Discrimination

To receive services without discrimination on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, disability (physical, mental, or developmental), genetic information, HIV status, or any other status protected by federal, state, or local law.

### Freedom from Abuse and Exploitation

To be free from neglect; physical, sexual, or emotional abuse; inhumane treatment; humiliation; and financial or other exploitation.

### Least Restrictive Environment

To receive services in the least restrictive, clinically appropriate setting.

### Freedom from Seclusion and Restraint

To be free from seclusion and from unnecessary or excessive medication or physical restraint.
Physical restraint may be used only by staff trained in Crisis Prevention Intervention (CPI) and only when there is an imminent risk of physical harm to the individual or others, and in accordance with applicable law and agency policy.

## Informed Consent and Participation in Treatment

Individuals have the right:

### Informed Consent

To receive sufficient information to make informed decisions regarding services, including:

- The nature and purpose of proposed services
- Potential risks and benefits
- Reasonable alternatives
- The option of declining services and the potential consequences of refusal

### Right to Refuse Services

To consent to or refuse any service, treatment, therapy, or medication, absent an emergency, after being informed of the expected consequences of such decision.

### Understanding Diagnosis and Condition

To receive an explanation of any diagnosis and to have symptoms reviewed to establish or rule out possible diagnoses based on clinical evidence.

### Participation in Treatment Planning

To actively participate in the development, review, and revision of the individualized treatment plan and to receive a copy of the plan upon request.

### Choice and Access to Services

To access information necessary to determine participation in appropriate and available services consistent with the treatment plan. Refusal of one service shall not preclude access to other services unless participation is clinically necessary.

### Consultation

To consult with an independent treatment specialist or legal counsel at one's own expense.

### Provider Information

To know the identity and credentials of service providers, the composition of the treatment team, concurrent services being provided, and any applicable costs.

### Continuity and Termination of Services

To be informed within a reasonable timeframe of the reason for denial or termination of services, to participate in discharge planning when possible, and to receive referrals when appropriate.

### Change of Provider
To request a change in service provider if dissatisfied with progress in treatment.

## Privacy and Confidentiality
Individuals have the right:

### Confidentiality
To confidentiality of communications and personally identifying information, subject to state and federal laws governing disclosure.

### Release of Information
To authorize the release of information through a signed Authorization for Release of Information.
Individuals may request restrictions on certain disclosures, including disclosures for treatment purposes, in accordance with applicable law.

### Observation and Recording
To be informed of and refuse observation by others or recording through audio, video, photography, or one-way mirrors.
This right does not prohibit the use of closed-circuit monitoring in seclusion rooms or common areas (excluding bathrooms and sleeping areas) when permitted by law and policy.

### Access to Records
To access one's clinical record unless specific information is restricted for clear clinical reasons.
If access is restricted, the treatment plan shall document:

- The reason for restriction
- A goal to remove the restriction
- Services being provided to remove the restriction

## Research Participation

### Voluntary Participation in Research
To voluntarily agree to or decline participation in research activities without penalty.
No individual shall participate in human research without prior written consent, except where de-identified data are used in aggregate form in accordance with ethical and legal standards.

## Grievances and Rights Protection

### Right to File a Grievance
To file a grievance and to receive written instructions regarding the grievance process.

### Assistance and Representation
To receive assistance in filing a grievance upon request and to obtain referrals to legal, advocacy, or peer-support organizations.

### Freedom from Retaliation
To exercise all rights without reprisal or barriers to services, except where exercising a right would compromise health or safety.

### Rights Education
To receive a verbal explanation of client rights and to obtain a written copy upon request.

## Cultural and Linguistic Access

### Language Access
To receive services in one's preferred language. Individuals with Limited English Proficiency are entitled to interpretation services at no cost. Notice of language assistance availability is posted in the 15 most common languages spoken in Ohio and on the Child Focus website.

## Client Rights Related to the Use of AI-Assisted Documentation Tools

Clients have the right to be informed when the agency uses technology, including artificial intelligence (AI)-assisted documentation tools, to support clinical documentation.

The agency may utilize AI-assisted documentation tools approved by Child Focus to assist licensed and qualified staff with creating or summarizing clinical documentation. The specific AI tool(s) currently approved for this purpose are maintained in the agency's AI Use Inventory and will be identified by name to the client or guardian at the point of care. Approved AI-assisted documentation tools are used only as documentation support tools and do not make clinical decisions, diagnose conditions, determine treatment recommendations, or replace the professional judgment of qualified staff.

The agency is committed to protecting the privacy and confidentiality of client information. Any AI technology used by the agency must comply with all applicable federal and state privacy and security laws, including the Health Insurance Portability and Accountability Act (HIPAA), 42 CFR Part 2 (when applicable), and agency confidentiality policies.

Clients have the right to:

- Be informed that AI-assisted technology may be used to support clinical documentation, and be told which specific tool is in use
- Ask questions about how AI technology is used in their care
- Receive services from qualified professionals who review, verify, and approve all clinical documentation generated with AI assistance
- Expect that only the minimum necessary information will be used within AI-assisted systems, consistent with applicable laws and agency policies
- Request information regarding the agency's privacy and security practices related to electronic health information
- Consent to or decline the use of AI-assisted technology, with no consequence

The use of AI-assisted documentation does not change a client's rights regarding confidentiality, access to records, requests for amendments, restrictions on disclosures, or the filing of complaints or grievances.

## Client Right to Consent or Refuse AI-Assisted Documentation

Child Focus provides clients with information regarding the purpose of AI-assisted documentation, how the technology is used, and the safeguards in place to protect client privacy and confidentiality.

Clients have the right to:

- Provide consent for the use of AI-assisted documentation during their services after receiving information about its purpose and use
- Refuse the use of AI-assisted documentation without fear of denial, reduction, delay, or change in the quality of services received
- Change their decision regarding the use of AI-assisted documentation at any time by notifying their clinician or agency staff
- Ask questions regarding how AI technology is used and how their information is protected
- Receive services from qualified clinicians regardless of their decision to allow or refuse AI-assisted documentation

If a client declines the use of AI-assisted documentation, the clinician will complete documentation using the agency's standard documentation process without AI assistance. The client's decision to consent to or refuse AI-assisted documentation will not affect access to services, treatment decisions, or the client's rights and protections under applicable laws and agency policies.

The agency will maintain documentation of the client's decision regarding the use of AI-assisted documentation in accordance with agency procedures.

## Team Member Responsibilities Related to the Use of AI-Assisted Documentation Tools

The use of AI-assisted documentation tools is intended to support clinical efficiency and documentation quality. AI is a documentation aid only and does not replace the clinician's professional judgment, clinical decision-making, or ethical responsibilities. Team members must use only AI-assisted documentation tools currently listed as approved in the agency's AI Use Inventory.

Clinicians using AI-assisted documentation must:

1. Maintain Professional Responsibility
   - Retain sole responsibility for the accuracy, completeness, and clinical appropriateness of all documentation.
   - Exercise independent clinical judgment in all assessments, diagnoses, treatment plans, interventions, and recommendations.
   - Ensure that AI-generated content reflects the services actually provided.
2. Review and Verify Documentation
   - Carefully review all AI-generated or AI-assisted documentation before signing or submitting it.
   - Correct any inaccuracies, omissions, inconsistencies, or unsupported statements.
   - Remove any information that is inaccurate, speculative, duplicated, or not supported by the clinical record.
   - Sign documentation only after confirming it accurately represents the clinical encounter.
3. Protect Client Privacy
   - Use only agency-approved AI applications that meet applicable privacy and security requirements.
   - Comply with all federal and state confidentiality laws, including HIPAA, FERPA (when applicable), 42 CFR Part 2 (when applicable), and agency privacy and security policies.
   - Verify that only the minimum necessary client information is disclosed or processed by approved AI systems.
   - Never enter protected health information into unauthorized or public AI platforms.
4. Maintain Documentation Standards
   - Ensure documentation is timely, objective, factual, and clinically relevant.
   - Document services in accordance with payer requirements, professional licensing standards, accreditation standards, and agency policies.
   - Include all required clinical elements regardless of whether AI assistance was used.
5. Exercise Appropriate Use
   - Use AI solely to assist with documentation-related tasks authorized by the agency.
   - Do not rely on AI to make clinical decisions, determine medical necessity, establish diagnoses, recommend treatment, assess risk, or replace clinical assessment.
   - Independently verify any clinical information, references, or recommendations produced by AI before incorporating them into the clinical record.
6. Report Concerns
   - Immediately report suspected privacy breaches, security incidents, system errors, or inappropriate AI-generated content in accordance with agency incident reporting procedures.
   - Report any malfunction or recurring inaccuracies that could affect documentation quality or client safety.
7. Maintain Competency
   - Complete all required agency training before using any approved AI-assisted documentation tool.
   - Participate in ongoing education regarding appropriate AI use, documentation standards, privacy, and information security.
   - Comply with updates to agency policies governing AI-assisted documentation.

Failure to comply with these responsibilities may result in corrective action in accordance with agency policies and may subject the clinician to applicable legal, regulatory, or professional consequences.

### Clinical Accountability
The treating clinician remains solely responsible for every entry in the clinical record, regardless of whether AI-assisted technology was used during its preparation. The clinician's electronic signature certifies that the documentation has been reviewed, edited as necessary, and accurately reflects the services provided and the clinician's professional judgment.

## Your Responsibilities

### Proof of Custody
A parent or guardian who has been granted custody by a court must provide court documents as evidence of the child's custody status. A parent who has had no court involvement must provide a birth certificate as proof of custody.

### Proof of Income
Because public funds are used in part to pay for services, parents and guardians must provide proof of income at registration. If proof of income is not provided, the client will not receive services until proof of income is provided. Proof of income is required annually as part of the fee re-determination process.

### Billable Telephone Services
Phone calls that are clinical in nature will be billed as a community psychiatric support treatment (CPST) and will appear on your bill.

### Appointment Attendance
To best support the youth, adults, and families served, Child Focus has a flexible attendance policy to keep families engaged in services and help them overcome common barriers to attending appointments consistently.

An Engagement Specialist reaches out to families if a session is missed to troubleshoot barriers and offer support.

- Effective October 1, 2025: Engagement Specialist contacts the adult served or the parent/guardian of a minor served via phone, email or text. Families respond to the Engagement Specialist within 10 days of the missed session.

- Contact is made via letter, email, and/or text regarding the missed session and steps to take to contact the Engagement Specialist.

- The Engagement Specialist will then work with the family to develop a temporary scheduling plan that fits their needs. This plan may include scheduling during non-peak hours or scheduling a same day appointment when available.

Adults served or the parent guardians of a minor served will have 30 days from the date of notification to complete this temporary plan. Once they attend a session, regular scheduling will resume.

If the adult served or the parent/guardians of a minor served do not contact the Engagement Specialist within 10 days and/or does not complete the temporary plan within 30 days, services may be discontinued and a discharge completed.

### Parent or Guardian Response to Crisis
Whenever a client is actively a danger to self or others, and immediate on-site intervention is needed to maintain safety, a parent or guardian should call 911. Child Focus can provide crisis intervention services within 24 hours to children, adolescents and their families when a child or adolescent is experiencing a crisis. A crisis assessment is conducted and a crisis plan is developed. The need for hospitalization is also assessed at this time. After hours, Child Focus has a qualified therapist on call 24/7 to assess and address crisis situations. You may call (513) 752-1555 after hours to access crisis services.

If you do not need immediate intervention, but do need to speak with your child's service provider, you may call Child Focus during business hours until 9 pm Monday through Thursday, and until 4:30 pm Friday and Saturday. You will be able to speak with your child's service provider if available. If he or she is not available, you will be provided opportunity to speak with another provider.

Child Focus provides a 24-hour answering service for after hours crisis telephone calls. The answering service can be reached by calling the main number: 513-752-1555 after business hours. The on-call worker, who is trained to assist with crises, will return your call promptly. If you have Caller ID with anonymous call block rejection, you must turn it off so that the on-call worker can return your phone call. This is done by pressing *87 on your telephone. Failure to do this may result in an inability to return your phone call.

## Psychiatric Hospitalization

In the event that your child should need psychiatric hospitalization while being served by Child Focus, the agency (CFI) will facilitate the hospital admission. Psychiatric hospitalization is needed when a child is at risk of hurting him or herself or others, and/or is displaying psychotic symptoms. A psychiatric hospitalization requires financial payment. Your financial responsibility would fit into one of three categories:

If Your Child Has Medicaid Coverage
Medicaid will pay the hospitalization cost in full. You will not receive a bill from the hospital.

If Your Child Has Private Insurance Coverage
The hospital will bill your insurance company. You will be responsible for any deductible, co-payment or remaining balance as determined by your insurance company. If your insurance company denies payment for the hospitalization and your child is a Clermont County resident, the Clermont County Mental Health and Recovery Board will be responsible for payment.

If Your Child Does Not Have Medicaid or Private Insurance Coverage AND Your Child Is a Clermont County Resident
The Clermont County Mental Health and Recovery Board will be responsible for the hospitalization cost in full. Information regarding your child's hospitalization will be shared with the Clermont County Mental Health and Recovery Board because the Board is acting as a third party payer. The information that is shared includes your child's name, reason for hospitalization and your financial status. Treatment information about the hospitalization will not be released to the Clermont County Mental Health and Recovery Board.

## Address or Telephone Number Change

In the event of an address or phone number change, it is the responsibility of the parent/guardian to notify Child Focus. The staff notified will then enter the updated information into the individual client record to ensure that mail is sent to the proper

# Explanation of Services

Child Focus is committed to providing the best possible care. It is well documented in research that mental health services for children are most successful when the family is involved. As such, parents and/or legal guardian participation is required in all outpatient services for minors.

## Traditional Outpatient Mental Health Services

### Assessment

Diagnostic assessment is a clinical evaluation of a person provided by an eligible provider. It is individualized and age, gender, and culturally appropriate. It determines diagnosis, treatment needs, and establishes a treatment plan to address the person's mental illness and/or substance use disorder. Assessment is conducted either at specified times or in response to treatment, or when significant changes occur.

An initial diagnostic assessment must be completed prior to the initiation of any mental health services. The only exceptions to this would be the delivery of crisis intervention services or medication/somatic services as the least restrictive alternative in an emergency situation.

### Psychological Assessment

Child Focus offers psychological evaluations for a more in-depth assessment to clarify diagnostic impressions and assist with recommendations for difficult to treat symptomology. Each evaluation is individually tailored to the client. With the information gained, Child Focus offers direction for intervention, and all findings, impressions, and recommendations are presented to the client/family in a follow-up informing interview. This process typically takes 2-3 sessions.

### Counseling/Psychotherapy

Counseling, or therapy, involves a collaborative relationship between a therapist and an individual, family, or group, where the goal is problem resolution of mental health or substance use symptoms and sequelae. The approach varies according to the client needs. Therapy includes the processing of inner emotions, thoughts, beliefs, and/or trauma that affect day-to-day functioning at home, school, and/or with friends. The intent is to help the client or family change behavior or make decisions that will improve the quality of their life. Therapy is usually provided in a private office setting.

Child Focus offers therapy services are evidence based and evidence-informed. The term evidence-informed is used to design programs and activities using evidence to identify potential benefits, harm and also acknowledging that what works in one context may not work in another. The term evidence-based treatment (EBT), evidence-based practice (EBP) or empirically-supported treatment (EST) refers to preferential use of mental and behavioral health interventions for which systematic empirical research has provided evidence of statistically significant effectiveness as treatments for specific problems. Child Focus offers the following evidenced-informed or evidence-based treatments:

Active Parenting Program
Dialectical Behavior Therapy (DBT)
Incredible Years (IY)
Nurturing Parent (NP)
Parent-Child Interaction Therapy (PCIT)
Positive Parenting Program (Triple P)
Systemic Family Therapy
Trauma Focused Cognitive Behavior Therapy (TF-CBT)
Eye Movement Desensitization and Reprocessing (EMDR)
The Seven Challenges
Internal Family Systems (IFS)-Informed Treatment

*Individual/Family Therapy:*

Occurs between the identified client, parents/guardians, other family members, and a therapist addressing relevant issues with the goal of problem resolution. Therapists use a variety of therapy approaches depending

on the age and needs of the client. Child Focus believes that in order for a minor client to make sustainable progress, it is important to work with other members of the family, as well.

### *Group Therapy:*

Occurs with a group (typically 2-7 persons) of individuals with similar presenting issues and a therapist. The groups are organized into programs that generally include several youth groups and a parent group that meets simultaneously. Some of the group programs that Child Focus offers are:

Social skills/Self-esteem (Together Group)
Autism Spectrum (Mastering the Social Exchange Group)
Anger Management
DBT
Adolescent Female Mood and Self-esteem (Connections Group)
ADHD
LGBTQIA+ (Rainbow Resilience Group)
Grief and Loss
Healthy Boundaries
Youth with Problematic Sexual Behaviors
Active Parenting
Cooperative Co-parenting

## Case Management

Qualified Mental Health Specialists (QMHS)/Qualified Behavioral Health Specialists (QBHS) offer many types of services for children and families throughout Clermont and Brown Counties. They provide services in the home, school and community, in order to assist families in the child's natural environment. They help families access community resources within and outside of the agency. QMHS also work with schools, Juvenile Court, Job and Family Services, and other community agencies to coordinate services and advocate for children and families. These services are provided through office visits, school visits, home visits, and/or phone calls. There are 3 different case management services within the Traditional Outpatient Mental Health program:

### *Community psychiatric supportive treatment (CPST)*

Community psychiatric supportive treatment (CPST) service provides an array of services delivered by community based, mobile individuals or multidisciplinary teams of professionals and trained others. Services address the individualized mental health needs of the client. They are directed towards adults, children, adolescents and families and vary with respect to hours, type and intensity of services, depending on the changing needs of each individual. The purpose/intent of CPST services is to provide specific, measurable, and individualized services to each person served. CPST services should be focused on the individual's ability to succeed in the community; to identify and access needed services; and to show improvement in school, work and family and integration and contributions within the community. Activities of the CPST service consist of one or more of the following:

- Ongoing assessment of needs
- Assistance in achieving personal independence in managing basic needs as identified by the individual and/or parent or guardian
- Facilitation of further development of daily living skills, if identified by the individual and/or parent or guardian
- Coordination of the Individualized Treatment Plan, including:
    - Services identified in the ITP
    - Assistances with accessing natural support systems in the community, and
    - Linkages to formal community service/systems
    - Symptom monitoring
- Coordination and/or assistance in crisis management and stabilization as needed
- Advocacy and outreach
- As appropriate to the care provided to individuals, and when appropriate, to the family, education and training specific to the individual's assessed needs, abilities and readiness to learn
- Mental health interventions that address symptoms, behaviors, thought processes, etc. that assist an individual in eliminating barriers to seeking or maintaining education and employment

- Activities that increase the individual's capacity to positively impact his/her own environment

*Therapeutic Behavioral Services (TBS) and Psychosocial Rehabilitation (PSR)*
TBS and PSR services are an array of activities intended to provide individualized support or care coordination of healthcare, behavioral healthcare, and non-healthcare services. TBS and PSR may involve collateral contacts and may be delivered in all settings that meet the needs of the individual.

TBS service activities include, but are not limited to:

- Consultation with a licensed practitioner or an eligible provider pursuant to paragraph (C) of this rule, to assist with the individual's needs and service planning for individualized supports or care coordination of healthcare, behavioral healthcare, and non-healthcare services and development of a treatment plan
- Referral and linkage to other healthcare, behavioral healthcare, and non-healthcare services to avoid more restrictive levels of treatment
- Interventions using evidence-based techniques
- Identification of strategies or treatment options
- Restoration of social skills and daily functioning
- Crisis prevention and amelioration

PSR service activities include, but are not limited to:

- Restoration, rehabilitation and support of daily functioning to improve self-management of the negative effects of psychiatric or emotional symptoms that interfere with a person's daily functioning
- Restoration and implementation of daily functioning and daily routines critical to remaining successfully in home, school, work, and community
- Rehabilitation and support to restore skills to function in a natural community environment

### Medication Use
Medication use services provide psychiatric evaluations to clients who may benefit from psychotropic medication to help with their behavioral and/or emotional problems. Medication services are provided by psychiatrists and psychiatric mental health nurse practitioners. Child Focus also has nurses who are available 5 days a week to provide support and consultation to families.

### Crisis intervention (Psychotherapy for Crisis or TBS for Crisis)
This service is provided on the same day or within 24 hours to children, adolescents, and their families when a child or adolescent is experiencing an unusually high level of stress and is not able to adequately cope. Crisis situations include suicidal thoughts/gestures, homicidal thoughts, out of control behavior, psychotic symptoms, or acute post-traumatic symptoms. Crisis resolution can often be achieved through brief, focal psychotherapy or TBS services. The need for hospitalization is also assessed at this time. During the session, a safety plan is developed, and transition services are planned. If indicated, the client will transition into ongoing services for further assessment and treatment.

## Crisis Services

### Clermont and Brown Crisis Hotline (513-528-SAVE or 988)
The Clermont and Brown Crisis Hotline was originally created in 2003 as part of the Clermont County Suicide Prevention Coalition's Strategic Plan to provide intervention and education about suicide and other mental health issues to residents of all ages of Clermont County. The Crisis Hotline offers **24-hour assistance to callers 7 days per week, 365 days per year.** Hotline is staffed at all times by a minimum of three responders.

### Mobile Crisis
In the early years of Hotline operation, when a caller needed someone to respond in person, the Hotline Responder contacted law enforcement to go to the caller. These mental health calls took law enforcement away

from policing. And so, once again, to fill a clear community need, in 2011, less than 8 years after answering the first Crisis Hotline call, Mobile Crisis services were launched. Mobile Crisis is currently a 24-hour around the clock service, 365 days/year.

### Mobile Response and Stabilization Services (MRSS)

In 2018, through the Engage 2.0 grant, Child Focus became one of the first Mobile Response and Stabilization Services, or MRSS, providers in Ohio. MRSS is a very specialized form of mobile crisis for children and youth ages 0-20 and is offered as an OhioRISE service. MRSS staff meet with youth and families in person wherever they are to provide intensive services to address emotional and/or behavioral issues that require intervention. Services can be offered for up to 42 days.

### Jail Liaison

Child Focus embeds a Jail Liaison in the county jail whose role is to provide crisis intervention and prevention for inmates at the Clermont County Jail and ensure those needing mental health services are linked to service prior to release.

## Day Treatment Services

Wasserman Day Treatment is a day treatment program for children and youth who are severely emotionally disturbed and cannot be maintained in regular school programming. The program is a therapeutic environment with an academic component (80% treatment/20% academics). The Partial Hospitalization Program offers at least 3 hours of group therapy and one hour of academic instruction per day.

The program operates in 2 locations – Clermont County and Brown County – and is in operation year-round, five days per week. The program is closed for school holidays, as well as several weeks during the summer for training purposes. On call coverage provides emergency services for support and treatment intervention twenty-four hours per day, seven days per week. Clients may contact the emergency on-call staff in the evenings or weekends by calling the agency's phone number: 513-752-1555.

Throughout the academic year, services are delivered from 8:00 a.m. to 1:30 p.m. Monday through Friday. Team members remain on site from 1:30 p.m. to 4:30 p.m. to hold weekly team meetings, staff meetings, family sessions and perform other necessary planning.
There is one extended day each month from 5:30 p.m. – 7:00 p.m., designated for parent and family treatment groups.

Throughout the summer months, services are delivered from 8:30 a.m. to 12:30 p.m. Monday through Friday. Program staff are available on-site Monday through Friday from 8:00 a.m. to 4:30 p.m.

## Mental Health in Early Childhood (MHEC)

Child Focus has been providing Mental Health in Early Childhood services since the 1990's and is considered a leader in the state in this area. Classroom consultation provides early childhood teaching staff with tools necessary for working effectively with young children, focusing specifically on providing social emotion supports in Head Start classrooms and childcare classrooms in Clermont, Brown and Adams counties. Specialists provide consultation to administrators, teachers, parents or other adults to recommend behavior modification strategies and to provide support or suggestions to better meet student needs. Individual intervention/prevention services are offered for children who have been identified as being at risk for removal from the center due to severe behavioral difficulties. The Early Childhood Treatment team also offers diagnostic assessments, individual and family therapy, case management, psychological testing, and group therapy services.

# Strong Families

## Parent Enrichment

All parents, including birth, kinship, foster and adoptive parents, can benefit from support including mentoring, child development information, education and training, role modeling, hands-on parent guidance provided by highly skilled parent educators, daily living skills training and concrete resources and social supports. The goal of parent enrichment services is to provide individualized and specialized support, training and preparation to promote healthy, well-adjusted children and families. Child Focus Parent Enrichment services benefit children, parents, and schools.

- **Children benefit** from parents improved nurturing practices, enhanced parent-child relationship and communication, the implementation of nurturing routines and structure in the home and positive non-physical discipline practices.
- **Parents benefit** from improved knowledge, understanding and response to the child's social, emotional, cognitive and physical care needs, improved organization, structure and care giving routines, the quality of the parent-child relationship and the support in meeting the family's basic needs.
- **Schools benefit** from the child's enhanced ability to be successful in the classroom as a result of the parent educator's home-based services and support provided to the family, improved communication, coordination and follow through by parents and their support of their child's educational goals.

Services are provided to parents in Clermont, Brown, and Adams counties using the Nurturing Parent Program, an Evidenced-based Best Practice Program. Specific goals of parenting include building self-worth through appropriate expectations of children's growth and development, developing empathy and caring in parents and children, utilizing non-physical discipline practices and techniques, developing appropriate role expectations and empowering adults and children through the development of their personal power.

## Court- and Home-based Services

Child Focus offers services to both Juvenile and Domestic Relations Court in Clermont County through a variety of programs.

***Intensive Home-based Treatment*** **(IHBT)** is a therapeutic program that provides individual and family therapy, case management, and peer support to youth who are actively on probation and/or involved with the OhioRISE. IHBT is an intensive program for youth who have behavioral health concerns as well as chronic family dynamic issues and are at risk of being placed outside of the home. On average, services are provided 2-4 hours per week in the home and community. Parent participation is required as it has been shown that a child's progress in treatment is directly related to the family's active involvement in treatment. Referrals are made through court order, probation officers, and OhioRISE. IHBT offers a comprehensive, family-centered treatment program for adolescents with substance abuse and related behavioral and emotional disorders. Interventions target known risk and promotive factors and processes in adolescents and parents, and the family's interactions with school and juvenile justice.

### *Strengthening Families Program (SFP)*

SFP is an evidenced-based program that focuses on enhancing parenting skills, children's life skills, and strengthening family communication and cohesion. It is a 14-week program for children and parents to participate in group sessions separately and together. The overall goals of SFP are to reduce risk factors, build protective factors, and strengthen family resiliency.

### *Juvenile Detention Center Services*

A large percentage of youth held in Juvenile Detention Centers across the United States have mental health issues. Child Focus provides a therapist to complete assessments and ongoing consultation with youth, to work on anger management, problem solving skills, stress and anxiety, and many other areas.

### *Domestic Relations Court Liaison*

Child Focus provides a Domestic Court Liaison who connects parents with needed services, offers Cooperative Co-parenting groups, and provides Parent Enrichment services.

## Peer Support

Family Peer Support is provided by an individual who has self-identified as the caregiver of a person with behavioral health challenges and who has successfully navigated service systems for at least one year on behalf of the person and successfully meets the requirements to be a Certified Peer Recovery Supporter by the Ohio Department of Mental Health and Addiction Services. Child Focus offers Peer Support in the Juvenile Court programs, and as a part of MRSS and IHBT. Family Peer Supporters:

- provide empathic listening and support,
- assist families in navigating systems
- supply information about child-serving systems, mental health and development, and community resources
- render advocacy support
- encourage self-care activities
- facilitate familial engagement with service providers
- model collaboration between families and professionals
- engage in safety and care planning; exploring and eliminating barriers to care plan follow-through
- offer skill-building for parents that enhances resiliency, communication, advocacy and other areas affecting the ability to maintain a child with complex needs in the home, school and community
- share personal stories
- providing hope

## OhioRISE

The State of Ohio designed a reimagined Medicaid system and structure of services to better serve children and youth with complex behavioral health needs and their families/caregivers. The Ohio Resilience through Integrated Systems and Excellence (OhioRISE) Program aims to improve care and outcomes for children and youth with complex behavioral health and multi-system needs and their families/caregivers by: 1. Creating a seamless and integrated delivery system for children and youth, families/caregivers, and system partners; 2. Providing a "locus of accountability" by offering community-driven comprehensive care coordination; and 3. Expanding access to critical services needed for this population while assisting families, state and local child serving agencies, and other health providers to locate and use these services when necessary. Child Focus is a subdelegate care management entity (CME) providing wraparound-driven care coordination services to OhioRISE enrollees living in the catchment area.

# Ethical Standards

Child Focus is committed to conducting its business ethically, in full compliance with agency policies, with all state and federal standards, regulations, third party payer standards and laws. Compliance with these standards, regulations and laws is every employee's responsibility. Emphasis is on prevention of fraud, abuse and unethical activities through education, awareness, auditing and reporting of problems for corrective responses. However, disciplinary action will be taken as appropriate to correct serious infractions and to discourage further non-compliance.

### *Service Delivery*

All direct services provided by Child Focus will be delivered in accordance with applicable laws and regulations. All staff are expected to respect the inherent dignity and worth of all individuals, to behave in a trustworthy manner, to practice within their scope of competence and to develop and enhance their professional skills.

### *Diversity*

Staff who deliver service to clients are expected to have a knowledge base of their clients' cultures and be able to demonstrate competence in the provision of services that are sensitive to clients' cultures and to differences among people and cultural groups.

### *Privacy*
All staff should respect clients' right to privacy and should protect the confidentiality of all information obtained in the course of professional service except when disclosure is necessary to prevent serious, foreseeable and imminent harm to the client or other identifiable person. See Privacy Policies and Procedures for further detail.

### *Personal Fund Raising*
To protect Child Focus and its staff from unnecessary and non-agency related distractions, solicitation initiated by staff or clients including the distribution of literature or the sale or giveaway of any products is prohibited. Solicitation is defined as the approach of another person with a cause.

### *Personal Property*
Child Focus does not tolerate the unauthorized use or possession of Child Focus and / or another individual's property by any employee, visitor or person served.

### *Conflict of Interest/Dual Relationships*
All staff should be alert to and avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment. It is the employee's responsibility to recognize the potential for a dual relationship and to discuss this with their supervisor. Staff should not engage in dual or multiple relationships with clients or former clients. All licensed staff must adhere to the applicable credentialing body's code of ethics. The professional relationship should not be used to further the service provider's personal, religious, political, or business interests. The officers, employees, and agents of Child Focus shall neither solicit nor accept personal gratuities, favors, money or anything of significant monetary value from persons receiving benefits or services from Child Focus Significant monetary value is defined as being over $25.00. (Unsolicited gifts from children are excluded).

## Training

### *Competency*
The training program will provide programming to assist professionals in maintaining competence, developing new skills, and will offer training about best practices and emerging techniques.

### *Diversity*
The training program will make reasonable accommodations for any trainee with special needs. The training program will promote training opportunities that reflect an understanding of the diverse and/or special populations with whom clinicians work.

### *Compliance with State Boards*

## Professional Responsibilities

### *Credentialing*
All employees who are credentialed will ensure that their licensure is current and active.

### *Training*
All employees are encouraged to seek opportunities to enhance their professional education and training. All employees will utilize skills in specialty areas only after appropriate education, training, and while receiving appropriate supervision.

### *Attendance*
All employees will maintain compliance with attendance and punctuality guidelines.

*Agency Core Values*
All employees will perform their duties and will make decisions in a manner that is consistent with the agency's core values.

*Professional Expertise*
Employees will not use their professional expertise to take advantage of the lack of knowledge or inexperience of others.

## Business

All staff who conduct billing and other business and administrative practices will adhere to applicable laws and regulations. Unethical business practices include:

*Diversity*
The Agency will attempt to contract with businesses owned by women or minorities when all other considerations are equal. See financial policies for more details.

*Unlawful Billing Practices*
Unlawful billing knowingly committed such as duplicate billing and using a billing code that yields a higher payment instead of the billing code that reflects the actual services provided. It is unethical to knowingly make false insurance claims for services that were not provided or were not medically necessary.

*Kickbacks*
Kickbacks of any kind are not permitted. A kickback is the acceptance of an incentive (monetary or otherwise) to contract with a provider of goods or services. See financial policies for further detail.

*Unbundling*
Unbundling that is knowingly committed is not permitted. Unbundling occurs when separate claims are submitted for services that should be billed together in a single claim.

*Business Records*
Business records and cost reports are to be kept up-to-date and accurate. It is illegal to alter business records or cost/mileage reports.

*Contractual Relationships*
The Chief Executive Officer and/or Chief Operating Officer are authorized to negotiate and issue contracts that will provide Child Focus with "least total cost" arrangements for goods and services required from outside suppliers. Contracts shall be made with responsible contractors who possess the potential to perform successfully under the terms and conditions of the proposed procurement. See financial policies for further detail.

## Marketing

All marketing conducted by Child Focus will adhere to applicable laws and regulations.

*Diversity*
All marketing materials will be designed to reflect inclusion and the equal importance of all persons regardless of race, color or creed.

*Truthful Communications*
Communications will not be deceptive or misleading in any way.

*Privacy*
Privacy of clients will be protected and information collected from clients will be confidential and used only for expressed purposes. All client information will be safeguarded against unauthorized access.

### *Approved Materials*

The CEO, Director of Marketing, or their designee will approve marketing.

## Human Resources

All Human Resource functions are performed in accordance with applicable laws and regulations. See Human Resource policies for further detail.

### *Diversity*

All human ***resource*** functions of the agency will strive to foster an environment of inclusiveness and a commitment to diversity.

### *Policies*

The Human Resource Department will adhere to and advocate for the use of published policies related to conflict of interest. The Human Resource staff will ensure that the Human Resource policies and practices of the agency are communicated and implemented by staff in an accurate and complete manner.

### *Preferential Treatment*

Human Resource and/or supervisory staff will refrain from giving or seeking preferential treatment. Human Resource staff will ensure that only appropriate information is used when making employment related decisions.

### *Accuracy and Security of Information*

Human Resource and/or supervisory staff will investigate the accuracy and source of information before allowing it to be used in employment related decisions. Accurate and current Human Resource information will be maintained in a secure and confidential location.

# Notice of Privacy Practices

## Privacy Policy

Child Focus is committed to your privacy and guards any data which you provide in a confidential manner. The Child Focus website does not collect personal information. Child Focus staff will respond to an e-mail when you request a response. Child Focus. does not share, sell or make public any information provided to the agency. Individual donors or companies may be identified in materials associated with a gift or special event. Donors who do not wish to receive public recognition must specify in writing, at the time of their donation.

## Computer Tracking and Cookies

Our web sites are not set up to track, collect or distribute personal information not entered by visitors. Our site logs do generate certain kinds of non-identifying site usage data, such as the number of hits and visits to our sites. This information is used for internal purposes by technical support staff to provide better services to the public and may also be provided to others, but again, the statistics contain no personal information and cannot be used to gather such information. If you have questions about Child Focus. online privacy policy, please contact us at OnlinePrivacyReview@child-focus.org.

## Our Duty to Safeguard Your Protected Health Information

In order to protect your privacy, Child Focus follows all federal regulations related to privacy including HIPAA Privacy Rules (45 CFR Parts 160 and 164) and 42 CFR, Part 2 which pertains to substance use treatment.

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for health care is considered "Protected Health Information" (PHI). We are required to extend certain protections to your PHI, and to give you this Notice about our privacy practices that explains how, when, and why we may use or disclose you PHI. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the intended purpose of the use or disclosure. We are required to follow the privacy practices described in the Notice though we reserve the right to change our privacy practices and the terms of this Notice at any time. You may request a copy of the new Notice from the front desk at any of our facilities, from your service provider, or from the Privacy Officers.

- We are required to obtain your consent for most uses and sharing your information.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know if you change your mind. Understand if you change your mind and no longer give us written permission to use or share your health information, that it would not change information previously used or shared when we had your permission.

For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.**

## Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

### *Consent for Treatment, Payment and Health Care Operations*

You may provide a single consent for all future uses or disclosures for treatment, payment and healthcare operations purposes  You may provide consent for more limited purposes; however, doing so may affect the services we can provide or how you pay for services.

### *Get a Copy of Your Medical Record*

Unless your access to your records is restricted for clear and documented treatment reasons, you have a right to see your protected health information upon your written request. We will respond to your request within 30 days. If we deny your access, we will give you written reasons for the denial and explain any right

to have the denial reviewed. If you want copies of your PHI, a charge for copying will be imposed. You have a right to choose which portions of your information you want copied and to have prior information about the cost of copying.

*Ask Us to Correct Your Medical Record*
If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is: (1) correct and complete; (2) not permitted to be disclosed, or; (3) not created by us/or not part of our records. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If we approve the request for amendment, we will change the PHI and so inform you, and tell others that need to know about the change in the PHI.

*Request Confidential Communications*
You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.

*Ask Us to Limit What We Use or Share*
You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. If we agree to your request, we may still share this information in the event you need emergency treatment.

If you pay for a health care service out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

To the extent that we do agree to any restrictions on our use/disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations.

*Get a List of Those with Whom We've Shared Information*
You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask including when, to whom, for what purpose and what content has been released. We will include all the disclosures except for those about treatment, payment, and health care operations. We will respond to your request for such a list within 60 days. We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

*Get a Copy of This Privacy Notice*
You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper and/or electronic copy promptly.

*Discuss This Notice with Someone in Our Program*
You can ask questions or obtain more information about this notice and our privacy practices by calling or emailing the contact person at the bottom of this notice.

*Choose Someone to Act for You*
If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

*File a Complaint if You Feel Your Rights Are Violated*
You can complain if you feel we have violated your rights by contacting us using the information on the back page. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/hipaa/filing-a-complaint/index.html.** We will not retaliate against you for filing a complaint.

*Fundraising*
You have the right to clear and obvious notice in advance of, and a choice about whether to receive, fund raising communications for our program.

*Breach Notification*
Affected individuals will be notified of any breach of unsecured PHI no later than 60 calendar days after the breach is discovered. An exception applies when law enforcement determines a notification would impede a criminal investigation or threaten national security.

## Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

*Friends, Family and Others Involved in Your Care*
With your consent we may share information with your family, close friends, or others involved in your care. We may also share information in a disaster relief situation. If you are not able to tell us your preference, we may go ahead and share your information if we determine it is in your best interest. We may also share your information to lessen a serious and imminent threat to health or safety.

*We Never Share Your Information*
We never share your information for marketing purposes or sale of your information

*Fundraising*
We may contact you for fund raising efforts, but you can tell us not to contact you again.

## How We May Use and Disclose Your Protected Health Information

We use and disclose Protected Health Information for a variety of reasons. We have a limited right to use and/or disclose your PHI for purposes of treatment, payment and for our health care operations. For uses beyond that, we must have your written authorization unless the law permits or requires us to make the use or disclosure without your authorization. If we disclose your PHI to an outside entity in order for that entity to perform a function on our behalf, we must have in place an agreement from the outside entity that it will extend the same degree of privacy protection to your information that we must apply to your PHI. However, the law provides that we are permitted to make some uses/disclosures without your authorization. The following describes and offers examples of our potential uses/disclosures of your PHI.

## Our Uses and Disclosures Relating to Treatment, Payment and Health Care Operations

With your consent, we typically use your health information in the following ways:

*For treatment*
We may disclose your PHI to private therapists, psychologists, or psychiatrists; primary care providers and specialists when the purpose of the exchange is to facilitate continuity of care. For example, your PHI will be shared among members of your treatment team, including your service provider(s) and supervisor(s).

*To obtain payment*
We may use/disclose your PHI in order to bill and collect payment for your health care services. For example, we may release portions of your PHI to the Medicaid program, the ODMH central office, the local ADAMH/CMH Board through the Multi-Agency Community Information Services Information System (MACSIS), and/or a private insurer to be paid for services that we delivered to you. We may release your PHI to a collection agency to obtain payment.

*For health care operations*
We may use/disclose your PHI in evaluation the quality of services provided, or disclose your PHI to our accountant or attorney for audit purposes. Since we are an integrated system, we may disclose your PHI to designated staff in our other facilities. Release of your PHI to the Multi-Agency Community Services Information System and/or state agencies might also be necessary to determine your eligibility for publicly funded services.

*Appointment reminders*
Unless you provide us with alternative instructions, we may send appointment reminders and other similar materials to your home.

*Substance Use Disorder Specifically*
With your consent, we can share your information to prevent multiple enrollments in withdrawal management or maintenance treatment programs, to report participation in treatment required by the criminal justice system, and to report prescribed substance use disorder treatment medications to a state prescription drug monitoring program when required by law.

Under Confidentiality Law 42 CFR, Part 2, Child Focus must gain your written consent prior to disclosing information related to treatment purposes, health care operations, and payment for service.

## Uses and Disclosures Requiring Authorization

For uses and disclosures beyond treatment, payment and operations purposes we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. Authorizations can be revoked at any time to stop future uses/disclosures except to the extent that we have already undertaken an action in reliance upon your authorization. We are required to have your written authorization to release psychotherapy notes. We are required to have your written authorization before using or disclosing your PHI to market a product or service. We are required to have your written authorization in order to sell your PHI.

## Additional Uses and Disclosures for Mental Health Services

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good such as public health records and research. We have to meet any conditions in the law before we can share your information for these purposes.

*Help with Public Health and Safety Issues*
We can share information about you for certain situations such as preventing disease, assisting with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect and domestic violence, & preventing or reducing serious threat to anyone's health or safety.

*For health oversight activities*:
We may disclose PHI to our central office, the protection and advocacy agency, or another agency responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents, and monitoring of the Medicaid program.

*To Do Health Research*
In certain circumstances, and under supervision of a privacy board, we may use or share your health information for health research.

*To Comply with the Law*
We will share information about you if a state or federal law requires it, including the Department of Health and Human Services, if it wants to see that we are complying with federal privacy law. We may disclose PHI when a law requires that we report information about suspected child abuse and neglect, when felonious behavior is reported to a social worker or counselor (or to someone supervised by a social worker or counselor) when a crime has been committed on the program premises, or against program personnel, or in response to a court order.

*Organ and Tissue Donation*
We can share information about you with organ procurement organizations.

*Medical Examiner*
We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

*Workers' Compensation, Law Enforcement and Other Government Request*
We can share health information about you for workers' compensation claims, for law enforcement purposes, with health oversight agencies for activities authorized by law, for special government functions such as military, national security, and protection of the President.

*Respond to Lawsuits and Legal Action*
We can share information about you in response to a court or administrative order, or in response to a subpoena.

## Additional Uses and Disclosures for Substance Use Disorder Services

The law provides that we may use/disclose your PHI from alcohol and other drug records without authorization under the following circumstances:

*To communicate within our program and with contractors*
We can share your information within our program, with an organization that has administrative control over our program, and with contractors who help us run our program.

*For medical emergencies*
We can share your information during a bona fide medical emergency with the personnel and health care providers responding to your emergency, even when you are unable to consent because of the emergency. We can also share your identifying information to assist the federal Food and Drug Administration in notifying you or your doctor about unsafe products you may be using.

*Help with public health*
We can share health information that does not identify you for certain situations such as preventing disease and reporting adverse reactions to medications.

*Aid scientific research*
We can use or share your information to conduct or help with health research. Researchers cannot include any patient identifying information in their reports about the research.

*Respond to management and financial audits and program evaluations*
We can use or share your information to improve the quality of our services, obtain needed credentials, and cooperate with oversight agencies for activities authorized by law, as long as those who view or receive the information agree to destroy or return the information when they are finished and agree not to use it against you.

*Assist with cause of death inquiries*
We can share patient identifying information about a patient's death if state or federal law requires the information for collection of vital statistics or inquiry into cause of death.

R*eport suspected child abuse and neglect*
We will only report the information required by law.

*Prevent or reduce crime in our program*
We may report to law enforcement when a patient commits or threatens to commit a crime within our program or against our staff.

## Redisclosure of Substance Use Disorder Services According to HIPAA

When you consent to uses and disclosures for all future treatment and payment purposes and to run our business, we may share your information with other substance use disorder treatment programs, doctors' offices, and health care businesses for those activities. If the person who receives it is subject to HIPAA, then they are allowed to use and share your information again without your consent for the purposes that HIPAA allows. Your information still cannot be used in legal proceedings against you unless (1) you consent or (2) based on a Part 2 court order and a subpoena (or similar legal requirement).

## Legal Proceedings and Court Orders for Substance Use Disorder Services

We must follow certain procedures before using or sharing your information for investigations and legal proceedings.

- We will not use or share your information or provide testimony about your information in any civil, administrative, criminal, or legislative proceedings against you without your written consent or a court order.
- We will only respond to a court order to use or share your health information if it is accompanied by a subpoena or other similar legal mandate requiring us to comply.
- We will only use or share your information in proceedings against you based on a court order after we have received notice and an opportunity to be heard or you tell us that you have received notice.
- We may use or share your information to respond to legal proceedings against our program based on a court order and you may not be notified in advance. You have the right to seek to overturn or change the court order after you learn about it.

## Submitting a Complaint About Our Privacy Practices:

If you think we may have violated your privacy rights, or if you disagree with a decision we made about access to your PHI, you may file a complaint with the Child Focus Chief or Associate Privacy Officer. You also may file a written complaint with the Secretary of the U.S. Department of Human Services at 200 Independence Avenue SW, Washington D.C., 20201 or call 1-877-696-6775. We will take no retaliatory action against you if you make such complaints.

## To Submit a Complaint:

If you have questions about this Notice or any complaints about our privacy practices, please contact our Client Right Officers, or the statewide Clients Rights Advocate at:

Ohio Department of Mental Health
30 East Broad Street, 8th Floor Columbus, OH 43215-3430
Telephone: (614) 466-2333

## Child Focus Client's Rights Officers

Jennifer Brinkdopke
Email: jbrinkdopke@child-focus.org
Phone Number: 513-752-1555

Laura Stith
Email: lstith@child-focus.org
Phone Number: 513-752-1555

## Changes to this Notice

We are required by law to follow the terms of this notice that currently in effect. We may change the terms of this notice, and the changes will all apply to all information we have about you. The new notice will be available upon request, in our office and on our website.

*Originally Effective: April 2003*
*Revised February 16, 2026*

# Grievance Policy & Procedures

## Client Grievance Definition

A client or potential client or person acting on behalf of a client or potential client has the right to file a grievance with Child Focus

A formal complaint or Grievance is defined as a written complaint submitted when a person served or their family believes that their personal rights have been violated by a person, policy or event at Child Focus. A grievance has the following characteristics:

- Standard practice, informal attempts have failed and/or
- The allegations are deemed serious, and/or
- The person expressing the concern has put it in writing or requested to do so formally

The grievance must be submitted in writing, be dated, signed by the griever, and accurately represent the grievance.

## Rights and Responsibilities of Child Focus and Team Members

*Rights of Child Focus and Team Members*

Child Focus has the right to investigate all grievances submitted, as well as the right to access outside legal consultation related to any grievance submitted.

Child Focus team members have the right to be informed of any grievance submitted and the right to contribute information related to the investigation, which will be utilized by the agency in determining the outcome and recommendations related to the grievance filed.

*Responsibilities of Child Focus and Team Members*

The Client's Rights Officer investigating the grievance bears the responsibility of reviewing the grievance filed, investigating the grievance and determining action steps and recommendations.
All team members bear the responsibility to provide honest, accurate reporting of the events related to the grievance so that efforts may be made by the agency to resolve the grievance and make appropriate conclusions and recommendations.

The Client Rights and this Client Grievance Procedure is available on the Child Focus website at all times in the Client Handbook. A paper copy will be provided upon request. A verbal explanation will also be provided upon request.
A copy of the Client Rights and Client Grievance Procedure shall be posted in a conspicuous location in each building operated by Child Focus

Appropriate staff will explain any and all aspects of the Client Rights Policy and the Client Grievance Procedure upon request. Filing a grievance will not result in retaliation or barriers in service.

## Client Rights Officers and Client Advocate

The following individuals have been designated by this agency as the Client Rights Officers who are responsible for accepting and overseeing the process of any grievance filed. These Officers may represent the griever at the agency hearing about the grievance and take all necessary steps to assure compliance with the grievance procedure. .

In the event that the Client Rights Officer is the subject of the grievance, alternate arrangements shall be made by Child Focus to respond to the griever.

**Client Rights Officer**
Jennifer Brinkdopke MA, LPCC-S
Chief Administrative Officer
4629 Aicholtz Road
Cincinnati, Ohio 45244-1551
513-752-1555
jbrinkdopke@child-focus.org

**Client Rights Officer Alternate/Client Advocate**
Laura Stith, Ph.D.
Chief Clinical Officer
4633 Aicholtz Road
Cincinnati, Ohio 45244
513-752-1555
lstith@child-focus.org

## Procedure for Filing a Grievance

A client or applicant client may file a written grievance with the Child Focus Client Rights Officer at any time. The Client Rights Officer may be reached at the telephone number listed above. If the client needs assistance in submitting the Client Grievance Form, the Client Rights Officer shall act in the role of client advocate and assists the client to write the grievance.

The grievance must include, if available, the date, approximate time, location, a description of the incident and names of individuals involved in the incident being grieved.

The Client Rights Officer will provide the griever with written acknowledgment of the grievance within 3 days of receipt of the grievance. This document includes, at a minimum, the date the grievance was received, a summary of the grievance, overview of the grievance investigative process and a timetable for completion of the investigation and resolution.

The Client Rights Officer will investigate the client grievance.

The Client Rights Officer will propose a solution to the CEO and griever within ten (10) working days of the filing of the grievance. If the proposed solution is agreeable to all parties, the grievance procedure will conclude.

If the issue is not resolved by the Client Rights Officer, the griever and the Client Rights Officer will meet with the Chief Executive Officer who will serve as an impartial party to hear the grievance. The agency Chief Executive Officer will have ten (10) working days during which to conduct an investigation of the matter and will give a written statement of the results to the griever and any other appropriate party with the client's permission. Any extenuating circumstances resulting in the extension of this time period will be documented in the grievance file and written notification will be given to the client.

The client will receive a response in writing detailing the review of the grievance and the determined action steps to be taken.

If the matter is not successfully resolved at this level, the griever shall be advised and referred to appropriate outside resources (see attachment) for additional assistance. The Client Rights Officer will assist the client in contacting any outside resources upon request.

Any griever may initiate a complaint with any and all of the outside entities, specifically the Clermont County Mental Health and Recovery Board, the Ohio Department of Mental Health, the Ohio Legal Rights Service, the United States Department of Health and Human Services, and appropriate professional licensing and regulatory associations as listed.

If the griever formally initiates a complaint to any of the outside entities specified in the Attachment, all relevant information about the grievance shall be provided to the respective organization(s) as mandated in the Ohio Revised Code 5122:2-1-02-F (4).

## Grievance Resource Agencies

*Brown County Mental Health & Addiction Services Board*
85 Banting Drive
Georgetown, Ohio 45121
1-937-378-3504

*Clermont County Mental Health & Recovery Board*
2337 Clermont Center Drive
Batavia, Ohio 45103-1959
513-732-5400

*Ohio Department of Mental Health & Addiction Services*
30 East Broad Street, 36th Floor
Columbus, Ohio 43215-3430
877-275-6364

*U.S. Department of Health & Human Services*
330 233 N. Michigan Ave. Suite 240
Chicago, Illinois 60601
(800) 368-1019

*Ohio Attorney General's Office*
Medicaid Fraud Control
East Town Street 5th Floor
Columbus, Ohio 43215
614-466-9956

*State of Ohio Counselor, Social Worker and Marriage & Family Therapist Board*
50 West Broad Street, Suite 1075
Columbus, Ohio 43215-3301
614-466-0912

*Ohio State Board of Psychology*
*Vern Riffe Center for Government and the Arts*
77 South High Street Suite 1830
Columbus, Ohio 43215-6108
614-466-8808

*Ohio Legal Rights Service*
East Long Street, 5th Floor
Columbus, Ohio 43215-299
(614) 466-7264

*Disability Rights Ohio*
200 S Civic Center Dr #300,
Columbus, OH 43215
(800) 282-9181

*Nursing Education & Nurse Registration Board*
S. High Street, 17th Floor
Columbus, Ohio 43266-0316
(614) 466-2596

## Team Member Training

Child Focus provides training to all team members, including administrative, clerical and support team members, regarding the Client Rights and Grievance Policy and Procedures. Such training ensures that every team member has a clearly understands the responsibility to immediately advise any client or any other person who is articulating grievance, about the name and availability of the agency's Client Rights Officer and the right to file a grievance.

## Child Focus Grievance Records

Child Focus maintains, for at least two years from resolution, records of client grievances that include, at a minimum, a copy of the grievance including documentation reflecting the process used investigate the grievance and the resolution/remedy of the grievance; Documentation of extenuating circumstances for extending the time period for resolving the grievance beyond twenty business days will be maintained, if applicable.

# CCMHRB Notice of Privacy Practices

## Clermont County Mental Health and Recovery Board
NOTICE OF PRIVACY PRACTICES
**Effective Date: September 23, 2013**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. *PLEASE REVIEW IT CAREFULLY.*

If you have any questions about this Notice, please contact: **Denny Moell, MSW, LISW-S, Associate Director. Phone: 513-732-5400. Address: 2337 Clermont Center Drive, Batavia, Ohio, 45103-1959.**
**Email: dmoell@ccmhrb.org.**

### OUR DUTIES
At the Clermont County Mental Health and Recovery Board, we are committed to protecting your health information and safeguarding that information against unauthorized use or disclosure. This Notice will tell you how we may use and disclose your health information. It also describes your rights and the obligations we have regarding the use and disclosure of your health information.

We are required by law to: 1) maintain the privacy of your health information; 2) provide you Notice of our legal duties and privacy practices with respect to your health information; 3) to abide by the terms of the Notice that is currently in effect; and 4) to notify you if there is a breach of your unsecured health information.

### HOW WE MAY USE AND DISCLOSE YOUR PERSONAL HEALTH INFORMATION
When you receive services paid for in full or part by the Board, we receive health information about you. We may receive, use or share that health information for such activities as payment for services provided to you, conducting our internal health care operations, communicating with your healthcare providers about your treatment and for other purposes permitted or required by law. The following are examples of the types of uses and disclosures of your personal information that we are permitted to make:

*Payment:* We may use or disclose information about the services provided to you and payment for those services for payment activities such as confirming your eligibility, obtaining payment for services, managing your claims, utilization review activities and processing of health care data.

*Health Care Operations:* We may use your health information to train staff, manage costs, conduct quality review activities, perform required business duties, and improve our services and business operations.

*Treatment:* We do not provide treatment but we may share your personal health information with your health care providers to assist in coordinating your care.

*Other Uses and Disclosures:* We may also use or disclose your personal health information for the following reasons as permitted or required by applicable law: To alert proper authorities if we reasonably believe that you may be a victim of abuse, neglect, domestic violence or other crimes; to notify public or private entity authorized by law or charter to assist in disaster relief efforts, for the purpose of coordinating family notifications; to reduce or prevent threats to public health and safety; for health oversight activities such as evaluations, investigations, audits, and inspections; to governmental agencies that monitor your services; for lawsuits and similar proceedings; for public health purposes such as to prevent the spread of a communicable disease; for certain approved research purposes; for law enforcement reasons if required by law or in regards to a crime or suspect; to correctional institutions in regards to inmates; to coroners, medical examiners and funeral directors (for decedents); as required by law; for organ and tissue donation; for specialized government functions such as military and veterans activities, national security and intelligence purposes, and protection of the President; for workers' compensation purposes; for the management and coordination of public benefits programs; to respond to requests from the U.S. Department of Health and Human Services; and for us to receive assistance from consultants that have signed an agreement requiring them to maintain the confidentiality of your personal information. Also, if you have a guardian or a power of attorney, we are permitted to provide information to your guardian or attorney in fact.

## USES AND DISCLOSURES THAT REQUIRE YOUR PERMISSION

We are prohibited from selling your personal information, such as to a company that wants your information in order to contact you about their services, without your written permission.

We are prohibited from using or disclosing your personal information for marketing purposes, such as to promote our services, without your written permission.

All other uses and disclosures of your health information not described in this Notice will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your health information for the purposes state in your written permission except for those that we have already made prior to your revoking that permission.

## PROHIBITED USES AND DISCLOSURES

If we use or disclose your health information for underwriting purposes, we are prohibited from using and disclosing the genetic information in your health information for such purposes.

## POTENTIAL IMPACT OF OTHER APPLICABLE LAWS

If any state or federal privacy laws require us to provide you with more privacy protections than those explained here, then we must also follow that law. For example, drug and alcohol treatment records generally receive greater protections under federal law.

## YOUR RIGHTS REGARDING YOUR PERSONAL HEALTH INFORMATION

You have the following rights regarding your health information:

Right to Request Restrictions. You have the right to request that we restrict the information we use or disclose about you for purposes of treatment, payment, health care operations and informing individuals involved in your care about your care or payment for that care. We will consider all requests for restrictions carefully but are not required to agree to any requested restrictions.*

Right to Request Confidential Communications. You have the right to request that when we need to communicate with you, we do so in a certain way or at a certain location. For example, you can request that we only contact you by mail or at a certain phone number.

Right to Inspect and Copy. You have the right to request access to certain health information we have about you. Fees may apply to copied information.*

Right to Amend. You have the right to request corrections or additions to certain health information we have about you. You must provide us with your reasons for requesting the change.*

Right to an Accounting of Disclosures. You have the right to request an accounting of the disclosures we make of your health information, except for those made with your permission and those related to treatment, payment, our health care operations, and certain other purposes. Your request must include a timeframe for the accounting, which must be within the six years prior to your request. The first accounting is free but a fee will apply if more than one request is made in a 12-month period.*

Right to a Paper Copy of Notice. You have the right to receive a paper copy of this Notice. This Notice is also available at our web site www.ccmhrb.org, but you may obtain a paper copy by contacting the Board Office at the address provided below.

To exercise any of the rights described in this paragraph, please contact the Board Privacy Officer/Associate Director Lee Ann Watson at the following address or phone number: 2337 Clermont Center Drive, Batavia, Ohio 45103-1959 or 513-732-5400.

* To exercise rights marked with a star (*), your request must be made in writing. Please contact us if you need assistance.

## CHANGES TO THIS NOTICE

We reserve the right to change this Notice at any time. We reserve the right to make the revised Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of our current Notice at our office and on our website at: www.ccmhrb.org. In addition, each time there is a change to our Notice, you will receive information about the revised Notice and how you can obtain a copy of it. Information will be posted on our website, and provided through the agency to which you receive services. The effective date of each Notice is listed on the first page in the top center.

## TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with the Board or with the Secretary of the Department of Health and Human Services. To file a complaint with the Board, contact the Privacy Officer at the address above. You will not be retaliated against for filing a complaint. If you wish to file a complaint with the Secretary you may send the complaint to:

Office for Civil Rights
U.S. Department of Health and Human Services
Attn: Regional Manager
233 N Michigan Ave. Suite 240
Chicago, IL 60601-5519

# BCMHRB Notice of Privacy Practices

## Brown County Board of Mental Health & Addiction Services
## NOTICE OF PRIVACY PRACTICES
## Effective Date: September 23, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this Notice, please contact:
Privacy Officer 937-378-3504 ext. 101

### OUR DUTIES

At the **Brown County Board of Mental Health & Addiction Services** we are committed to protecting your health information and safeguarding that information against unauthorized use or disclosure. This Notice will tell you how we may use and disclose your health information. It also describes your rights and the obligations we have regarding the use and disclosure of your health information.

We are required by law to: 1) maintain the privacy of your health information; 2) provide you Notice of our legal duties and privacy practices with respect to your health information; 3) to abide by the terms of the Notice that is currently in effect; and 4) to notify you if there is a breach of your unsecured health information.

### HOW WE MAY USE AND DISCLOSE YOUR PERSONAL HEALTH INFORMATION

When you receive services paid for in full or part by the Board, we receive health information about you. We may receive, use or share that health information for such activities as payment for services provided to you, conducting our internal health care operations, communicating with your healthcare providers about your treatment and for other purposes permitted or required by law. The following are examples of the types of uses and disclosures of your personal information that we are permitted to make:

*Payment* - We may use or disclose information about the services provided to you and payment for those services for payment activities such as confirming your eligibility, obtaining payment for services, managing your claims, utilization review activities and processing of health care data.

*Health Care Operations* - We may use your health information to train staff, manage costs, conduct quality review activities, perform required business duties, and improve our services and business operations.

*Treatment* - We do not provide treatment, but we may share your personal health information with your health care providers to assist in coordinating your care.

*Other Uses and Disclosures* - We may also use or disclose your personal health information for the following reasons as permitted or required by applicable law: To alert proper authorities if we reasonably believe that you may be a victim of abuse, neglect, domestic violence or other crimes; to reduce or prevent threats to public health and safety; for health oversight activities such as evaluations, investigations, audits, and inspections; to governmental agencies that monitor your services; for lawsuits and similar proceedings; for public health purposes such as to prevent the spread of a communicable disease; for certain approved research purposes; for law enforcement reasons if required by law or in regards to a crime or suspect; to correctional institutions in regards to inmates; to coroners, medical examiners and funeral directors (for decedents); as required by law; for organ and tissue donation; for specialized government functions such as military and veterans activities, national security and intelligence purposes, and protection of the President; for Workers' Compensation purposes; for the management and coordination of public benefits programs; to respond to requests from the U.S. Department of Health and Human Services; and for us to receive assistance from consultants that have signed an agreement requiring them to maintain the confidentiality of your personal information. Also, if you have a guardian or a power of attorney, we are permitted to provide information to your guardian or attorney in fact.

### Uses and Disclosures That Require Your Permission

We are prohibited from selling your personal information, such as to a company that wants your information in order to contact you about their services, without your written permission.

We are prohibited from using or disclosing your personal information for marketing purposes, such as to promote our services, without your written permission.

All other uses and disclosures of your health information not described in this Notice will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your health information for the purposes state in your written permission except for those that we have already made prior to your revoking that permission.

### Prohibited Uses and Disclosures

If we use or disclose your health information for underwriting purposes, we are prohibited from using and disclosing the genetic information in your health information for such purposes.

*Other Uses and Disclosures* - We may also use or disclose your personal health information for the following reasons as permitted or required by applicable law: To alert proper authorities if we reasonably believe that you may be a victim of abuse, neglect, domestic violence or other crimes; to reduce or prevent threats to public health and safety; for health oversight activities such as evaluations, investigations, audits, and inspections; to governmental agencies that monitor your services; for lawsuits and similar proceedings; for public health purposes such as to prevent the spread of a communicable disease; for certain approved research purposes; for law enforcement reasons if required by law or in regards to a crime or suspect; to correctional institutions in regards to inmates; to coroners, medical examiners and funeral directors (for decedents); as required by law; for organ and tissue donation; for specialized government functions such as military and veterans activities, national security and intelligence purposes, and protection of the President; for Workers' Compensation purposes; for the management and coordination of public benefits programs; to respond to requests from the U.S. Department of Health and Human Services; and for us to receive assistance from consultants that have signed an agreement requiring them to maintain the confidentiality of your personal information. Also, if you have a guardian or a power of attorney, we are permitted to provide information to your guardian or attorney in fact.

### Uses and Disclosures That Require Your Permission

We are prohibited from selling your personal information, such as to a company that wants your information in order to contact you about their services, without your written permission.

We are prohibited from using or disclosing your personal information for marketing purposes, such as to promote our services, without your written permission.

All other uses and disclosures of your health information not described in this Notice will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your health information for the purposes state in your written permission except for those that we have already made prior to your revoking that permission.

### *Prohibited Uses and Disclosures*

If we use or disclose your health information for underwriting purposes, we are prohibited from using and disclosing the genetic information in your health information for such purposes.

## POTENTIAL IMPACT OF OTHER APPLICABLE LAWS

If any state or federal privacy laws require us to provide you with more privacy protections than those explained here, then we must also follow that law. For example, drug and alcohol treatment records generally receive greater protections under federal law.

## YOUR RIGHTS REGARDING YOUR PERSONAL HEALTH INFORMATION

You have the following rights regarding your health information:

*Right to Request Restrictions*.

You have the right to request that we restrict the information we use or disclose about you for purposes of treatment, payment, health care operations and informing individuals involved in your care about your care or payment for that care. We will consider all requests for restrictions carefully but are not required to agree to any requested restrictions.*

*Right to Request Confidential Communications*.

You have the right to request that when we need to communicate with you, we do so in a certain way or at a certain location. For example, you can request that we only contact you by mail or at a certain phone number.

*Right to Inspect and Copy.*

You have the right to request access to certain health information we have about you. Fees may apply to copied information.*

*Right to Amend.* You have the right to request corrections or additions to certain health information we have about you. You must provide us with your reasons for requesting the change.*

*Right to an Accounting of Disclosures*. You have the right to request an accounting of the disclosures we make of your health information, except for those made with your permission and those related to treatment, payment, our health care operations, and certain other purposes. Your request must include a timeframe for the accounting, which must be within the six years prior to your request. The first accounting is free but a fee will apply if more than one request is made in a 12-month period.*

To exercise any of the rights described in this paragraph, please contact the Board Privacy Officer at the following address or phone number:
85 Banting Drive Georgetown, OH 45121 or 937-378-3504

* To exercise rights marked with a star (*), your request must be made in writing.
Please contact us if you need assistance.

**CHANGES TO THIS NOTICE**
We reserve the right to change this Notice at any time. We reserve the right to make the revised Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of our current Notice at our office and on our website at: www.bhg.org/boards/brown.html In addition, each time there is a change to our Notice; you will receive information about the revised Notice and how you can obtain a copy of it. The effective date of each Notice is listed on the first page in the top center.

**TO FILE A COMPLAINT**
If you believe your privacy rights have been violated, you may file a complaint with the Board or with the Secretary of the Department of Health and Human Services. To file a complaint with the Board, contact the Privacy Officer at the address above. You will not be retaliated against for filing a complaint. If you wish to file a complaint with the Secretary you may send the complaint to:
Office for Civil Rights
U.S. Department of Health and Human Services
Attn: Regional Manager
233 N. Michigan Ave., Suite 240
Chicago, IL 60601