



Client Orientation & Information
School Year 2024 - 2025
(Effective 8-01-24)

Greene County ESC Mental Health Services
360 East Enon Road
Yellow Springs, OH 45387

District Based Services (937) 767-1303 ext. 1106
Prevention Services (937) 767-1303 x 1124
Learning Center (937) 767-6140
FAX (937) 767-1025

This information is designed to help you become familiar with the Mental Health Services offered by the Greene County ESC.
Please review all pages and keep this booklet for future reference.

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Mental Health Services Mission

Our mission is to support youth and families in maximizing their potential and enhancing their wellness in the natural environments of school, family, and community through advocacy, mental health services, and education.

Mental Health Services Vision

GCESC-MHS envisions a community in which the mental illnesses that impact our children, teens and families are prevented and cured.

Philosophy of the Program

Our emphasis in providing effective school-based mental health services is on accessibility and advocacy for youth and their families. Comprehensive and preventative services are key features of our system of care. We encourage active participation of youth and their families in our programs and collaboration with community agencies. Our proactive approach promotes healthy youth development by building upon a youth's unique strengths and competencies.

The Greene ESC Mission

The mission of the Greene County ESC is to promote widespread success for our students by providing essential, effective, specialized, and innovative services that foster collaborative, valued partnerships amongst all stakeholders.

Input from Stakeholders

The Greene ESC Mental Health Services' core purpose is developed through an ongoing assessment of the environment. Understanding the needs and preferences of all stakeholders, including persons served, their families, school districts, teachers, staff and community partners and providers, allows us to map the best direction to take. Assessing our agency capabilities in meeting the needs of the stakeholders provides leadership the data necessary for enhancing service delivery and business practices through the strategic planning process.

Our Quality Assurance & Performance Improvement committee analyzes the data gathered from stakeholders and environmental assessments to make changes and enhancements to the agency's strategies for fulfilling our mission. This input is used in program planning, performance improvement, strategic planning, organizational advocacy, financial planning, and resource planning.

The following methods are ways we gather input from our stakeholders: Bi-Annual parent/student National Outcome Measure and Satisfaction Surveys, Annual School and Community Partner Satisfaction Surveys, Annual Surveys from MHS staff and Community Providers, Suggestion Box, & Grievance Procedures, monitoring progress in real-time through feedback in sessions with youth.

Core Values

- Respect for the dignity and worth of all individuals and cultures
- Reduce the suffering and distress of those impacted by mental illness
- Empower persons served to ensure self-determination
- Service provision that is child centered, family driven, and community based
- Collaboration and inclusion of persons served, their families and natural support systems
- Provide intervention at the earliest point of distress
- Strive for excellence and continuous improvement of services
- Remove barriers to access of services
- Advocate for client's needs, rights and services
- Provide scientifically sound and effective clinical practices
- Engage in fiscally accountable, transparent and sustainable business practices

**Greene County ESC Mental Health Services
Staff Contact Information 2023-24**

Leadership & Administrative Team			
Anya Senetra, LISW-S	Director of Mental Health & Prevention Services	937-767-1303 ext. 1131	asenetra@GreeneESC.org
Casey Aldrich, LISW-S	Mental Health Supervisor & QA/PI & Database Analyst	937-767-1303 ext. 1120	caldrich@GreeneESC.org
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School-based Mental Health Therapy Services			
Courtney Borgerding, MSW, LSW	Greeneview MS/HS	937-503-2049	cborgerding@GreeneESC.org
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Chris Knotts, MRC, LSW	Academy/Outdoor Advantage	937-767-6142 Cell: 937-207-0518	cknotts@GreeneESC.org
Kim Michaels, M.Ed., LPC	Beaver Creek Fairbrook & Main Elementaries	937-204-0806	kmichaels@greeneESC.org
Julie Mitchell, LPCC-S & LSW	Greene County Career Center	937 372-6942 ext. 2311 Cell: 937-503-5823	jmittchell@GreeneESC.org
Rachel Mitchell, LISW-S	Beaver Creek Shaw Elementary & Bellbrook MS/HS	937-503-4821	rmitchell@GreeneESC.org
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Prevention, Outreach & Grant Services			
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Rachel Miller, M.Ed., LSW, OCPC, ICPS	Prevention Services Supervisor	937-767-1303 Ext. 1124	rmiller@GreeneESC.org
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Amanda Opicka, BSW, LSW	Truancy Interventionist	937-767-1303 ext. 1195 Cell: 937-470-2249	aopicka@GreeneESC.org
Jeff Conrad, M.S.Ed., LPC	Mental Health Therapist & Outreach Consultant – Greene County Juvenile Court	JC Office: 937-562-4065 Cell: 937-521-9075	jconrad@GreeneEsc.org
Samantha Vanderhoff	Mental Health Therapist & Outreach Consultant	937-521-9038	svanderhoff@GreeneEsc.org
Mindy Nickles	Fairborn Primary ECMH	937-767-1303	mnickles@GreeneEsc.org

24 HOUR CELL NUMBER: 937-684-1076 LIFE-THREATENING: Call 9-1-1
Suicide and Crisis Lifeline call 9-8-8
National Domestic Violence Hotline: 1 (800) 799-SAFE (7233)
Links to staff bios: <https://www.greeneesc.org/MentalHealthServices.aspx>

SERVICES OFFERED

Your child will be participating in mental health services provided by the Greene County Educational Service Center Mental Health Services – an agency certified by the Ohio Department of Mental Health and Addiction Services and accredited by CARF (Commission on Accreditation of Rehabilitation Facilities). Your child will be involved in different types of services throughout their work with our therapy staff.

Assessment and Individualized Service Planning

Each person served is part of a comprehensive diagnostic mental health assessment at the onset of treatment, to guide service planning and service delivery. Assessments are conducted by qualified mental health professionals who are knowledgeable and trained to perform child and adolescent assessments, following a signed consent by parent/guardian. Assessments are based on face-to-face clinical interviews with the person served, parent/guardian, family members when applicable, and other collateral sources, such as teachers and other community providers, when applicable and permitted. A person-centered individualized service plan, based on the assessment, is developed with the person-served, parent/guardian, family members when applicable, and other collateral sources to guide treatment course and outcomes. On-going assessment of needs and progress is integrated into the treatment process to ensure services are effective.

Individual

Individual therapy is designed to provide confidential time for your child to share feelings, talk about struggles and successes and build skills to manage stressors and symptoms they may experience at school, home, self and community. Ideally sessions will occur 3 times a month, decreasing in frequency based on your child's needs, functioning and growth.

Group Therapy

Group therapy provides the opportunity for discussion, feedback and support with peers to build skills and expand social supports for youth. Participation in group therapy is based on availability and clinical appropriateness.

Family Centered

Family input and engagement can have lasting positive impact on child functioning and enhance family relationships often strained by mental health symptoms and distress. We encourage all parents to work closely with our mental health providers throughout the course of individual counseling for their children.

Parents/guardians can initiate contact at any time, ideally, at least regular monthly contact to ensure mental health providers are aware of home factors that may impact treatment, areas of growth and effectiveness of therapy.

Crisis Intervention

The mental health staff are available 24 hours a day, 7 days a week by emergency cell phone. Mental Health Staff will respond within 20 minutes to identify potential risk to persons served. Due to our legal limitations, there are some types of crisis that mandate other types of interventions. Please refer to the included page 16, "What Is A Crisis?" for suggestions.

Telemental Health

The mental health staff offer secure, HIPAA-compliant telemental health services for youth and families as an option to ensure continuity of care when face-to-face sessions are not possible.

The GCESC-MHS complies with all applicable local, state and federal laws and regulations pertaining to telemental health services. A copy of our Telemental Health Consent is on page and covers considerations taken into account related to client age, risk factors and remote setting.

PARENT INVOLVEMENT & FAMILY CENTERED SERVICES

We highly value parent involvement here at the Greene County Educational Service Center. We aim to help children and teens succeed in all areas of life. Success depends on engagement and participation from parents and caregivers. Parents are the experts in their children's lives and development. Our mental health providers want to team with you to have the most beneficial impact.

Our Family Centered Services provide the opportunity to enhance the strength of family relationships and family communication. When children in a family are experiencing distress and mental health symptoms, these can place a significant strain on all aspects of family functioning. Family involvement in child treatment can reduce stress and provide support for the whole family as your child is healing and learning to manage symptoms and distress. We know parents are busy, so we offer flexibility in scheduling.

Benefits of parental involvement:

- Children, whose parents participate, feel better understood and supported.
- Parents who participate experience improved communication with their children, and less conflict at home.
- Parents who participate experience decreased stress and less isolation in supporting their children.
- Parents who involve themselves in their children's counseling experience increased confidence, patience, and control as caregivers.

Types of parent involvement:

- Consistent on-going parent collaboration to help improve communication, develop problem-solving strategies and enhance family harmony.
- We work closely with you and your child to develop, as a team, the plan for improving success.
- We strive to keep you constantly aware of your child's progress through updates and ongoing communications, either via phone, face-to-face, telemental health, e-mail, and letters.

Requirements:

- We require parent involvement in the development of the treatment plan at the onset of counseling and on-going input and evaluation of progress and outcomes as we regularly review this plan, updating it as needed.
- We request regular parent feedback on your child's functioning, experience of distress and management of symptoms.
- Discharge Criteria: Following the completion of treatment goals, a meeting will be set to discuss discharge from Mental Health Services.

Contacts:

Please feel free to contact your child's mental health provider for details on how to involve yourself in your child's treatment, or contact the Director, Anya Senetra at (937) 767.1303 ext. 1131 for questions or comments. **We welcome your ideas and suggestions.**

General Consent, Services, Risks/Benefits

Below is the text contained in the Consent for Treatment and Consent for Telemental Health Treatment document signed in our Electron Health Record:

General Consent

I hereby give consent for mental health services from the Greene County Educational Service Center - Mental Health Services (GCESC -MHS). I understand I may decline any services at any time and may revoke this consent at any time by contacting the assigned GCESC-MHS mental health provider or the Director of Mental Health and Prevention Services.

Services Available

GCESC-MHS provides mental health services to youth and their families in the youth's natural school environment and community settings. GCESC-MHS is an Ohio Department of Mental Health & Addiction Services certified community mental health agency, and is accredited by The Commission on Accreditation of Rehabilitation Facilities (CARF).

I understand that mental health services may include, but are not limited to, discussions on family history, educational achievements and aspirations, criminal history, and any medical/drug/drug-treatment history. Mental Health services may also include but are not limited to: intake; diagnostic assessments; screening for other co-occurring diagnoses; screening for physical, sexual, mental, emotional and other traumas; treatment planning; individual counseling; group therapy; family therapy; crisis intervention; community psychiatric supportive treatment; consultation; other therapeutic behavioral services; and/or psychosocial rehabilitation.

I understand that GCESC-MHS mental health providers will review symptoms and behaviors of the person served in order to diagnose (or rule out diagnoses) based solely on evidence. I give consent for the assigned GCESC-MHS mental health provider to diagnose and/or provide treatment as deemed appropriate to presenting symptoms, needs, strengths and abilities. Examples of diagnoses that I consent to, as long as they are applicable, with resulting treatment, include, but are not limited to: depression, and other mood related disorders; anxiety; attention-deficit hyperactivity disorder; obsessive compulsive disorder; adjustment disorders; gender dysphoria; gender-related conditions; post-traumatic stress disorder; autism spectrum disorder; eating disorders; oppositional defiant disorder; and/or bipolar disorder.

Medical Information Sharing

I consent that GCESC-MHS may, in accordance with the Health Insurance Portability and Accountability Act (HIPAA), send to, and receive from covered entities, including other healthcare providers and/or contracted third party medical vendors, personally identifiable health information related to treatment activities, payment and health care operations.

I hereby GRANT GCESC-MHS permission to share and receive necessary health information with covered entities for purposes stated above.

Trauma Related Service

If trauma related services are provided, I hereby give consent for the birth month and year of the person served to be entered into the federal Substance Abuse and Mental Health Services Administration's (SAMHSA) Performance Accountability and Reporting System (SPARS) for the purposes of data collection and understanding the impact of treatment through the

Community Health and Resilience Initiative trauma grant. This information is part of the National Outcomes Measure (NOMS) that GCESC-MHS mental health providers will administer during the first assessment, at 6 month intervals and when mental health services are completed.

I understand that all of information put into SPARS is de-identified, meaning it cannot be used to identify any other information about the person served. I understand that I may refuse to participate in the NOMS interview process at any time and still receive therapy services.

Risks & Benefits

I understand I have the right to an explanation of the risks and benefits of choosing or not choosing mental health services provided by the GCESC-MHS. Mental health services can produce both positive and negative effects. I understand that if I choose to follow treatment recommendations, I am encouraged to discuss potential effects with the assigned GCESC-MHS provider.

The following are possible benefits of participating in mental health services: improvement of symptoms; positive change in relationships; increased problem solving skills; improved communications; increased interest in life; fewer problems in daily functioning; improvement in health (sleeping, eating, and concentration); and prevention of need for more intensive/costly services.

The following are possible risks of participating in mental health services: unexpected changes in relationships; new patterns of behaviors; initial worsening of symptoms; and recalling past painful experiences.

The following are possible benefits of not participating in mental health services: avoiding added stress that change can bring; no unwanted changes at home, in the community, or school; save time otherwise devoted to treatment; less conflict about attending treatment; and initial cost savings.

The following are possible risks of not participating in mental health services: no improvement or worsening of symptoms; no change in situation; and the need for more intensive/costly services.

Frequency of Services

The frequency of mental health services is agreed upon by persons served and the provider at the onset of services, and is indicated on the Individualized Service Plan (ISP). Considering natural breaks in the school calendar including holidays and summers, we will not modify the frequency of mental health services on the ISP for these calendar breaks. However, if the change in frequency in services is for clinical reasons, we will update the ISP to reflect the agreed upon change in frequency of mental health services provided.

Alternatives to Treatment

Possible alternatives to treatment include: self-help/support groups, self-help books and readings, spiritual guidance, involvement in exercise or sports activities, service groups, clubs, hobbies, seeking additional family support/respite.

Telemental Health Informed Consent Conditions and Provisions:

I hereby consent for participation in Telemental Health Services with the Greene ESC Mental Health Services (GCESC-MHS) as part of mental health services provided. I understand that Telemental Health is the practice of delivering clinical mental health care services via technology-assisted media or other electronic means between a practitioner and a person served who are located in two different locations. Technology-assisted media include, but are not limited to video or telephone-based therapy sessions and secure text.

With respect to Telemental Health Services:

1) I understand that I have the right to withdraw consent at any time without affecting my right to future care, services, or program benefits to which I would otherwise be entitled.

2) I understand that there are risks, benefits, and consequences associated with Telemental Health Services, including but not limited to, disruption of transmission by technology failures, interruption and/or breaches of confidentiality by unauthorized persons, and/or limited ability to respond to emergencies.

3) I understand that there will be no recording of any of the online sessions by either party. All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be disclosed to anyone without written authorization, except where the disclosure is permitted and/or required by law.

4) I understand that during each video-based session the GCESC-MHS provider may ask permission to take a screen shot of the participant (or an object the participant holds up for the camera, if preferred) as evidence of the session being conducted.

5) I understand that the privacy laws that protect the confidentiality of protected health information (PHI) of the person served also apply to Telemental Health Services unless an exception to confidentiality applies (i.e. mandatory reporting of child, elder, or vulnerable adult abuse; danger to self or others; etc).

6) I understand that if the person served is having suicidal or homicidal thoughts, is actively experiencing psychotic symptoms or is experiencing a mental health crisis that cannot be resolved remotely, it may be determined that Telemental Health Services are not appropriate and a higher level of care is required.

7) I understand that during a Telemental Health session, there could be technical difficulties resulting in service interruptions. If this occurs, the GCESC-MHS provider will end the session and attempt to restart the session. If a reconnection cannot be made, I will contact the GCESC-MHS provider to re-schedule.

8) I understand that in case of a crisis the GCESC-MHS provider may need to utilize the emergency contact numbers I have provided and/or contact appropriate authorities to ensure safety.

HEALTH & SAFETY

We are committed to keeping your child safe and healthy while in our care.

Safety and Evacuation

Mental Health Services are delivered at your child's school. Each building and office has EMERGENCY EXITS posted. Our GCESC Mental Health providers participate in drills and are trained in safety and evaluation procedures. When you accompany your child to appointments, please pay close attention to these safety signs. They are designed to protect you and your child's safety.

Tornado, Fire and other Emergency Drills are routinely scheduled throughout the school year and fire exits are clearly marked.

GCESC Mental Health Services staff members are PROHIBITED from using restraint or seclusion. Use of tobacco products is prohibited in GCESC property. Illegal substances and weapons are prohibited on GCESC property. GCESC Mental Health staff are prohibited from handling, managing, storing, and administering medications to persons served. Please refer to your child's school building student handbook for health and safety policies that apply to non-mental health staff, including use of restraint or seclusion, use of tobacco products, illegal or over-the-counter medications brought into the building, prescription medications brought into the building, and weapons brought into the building.

Please refer to your child's school building student handbook for details related school/program rules, restrictions, expectations for behaviors/attitudes/events, consequences, and means by which students may regain privileges that have been restricted.

Any health and safety questions, concerns or comments please contact:

CLIENT RIGHTS, DIVERSITY & HEALTH/SAFETY OFFICER

Anya Senetra, MSW, LISW-S

Director of Mental Health & Prevention Services

Greene County Educational Services Center.

360 East Enon Road

Yellow Springs, OH 45387

Phone: (937) 767-1303 ext. 1131

E-mail address: asenetra@greeneESC.org

CODE OF CONDUCT

Areas of Conduct:

1. Observance of the Law

The Greene County Educational Service Center-Mental Health Services (GCESC-MHS) is committed to complying with all legal, professional, and ethical obligations that apply to business, marketing, service delivery, professional responsibilities, prohibition of waste, fraud, abuse & other wrongdoing, procedures for addressing alleged violations of ethics codes, education on ethical codes of conduct, human resources, contractual relationships, advocacy efforts for persons served, and corporate citizenship.

2. Professional Responsibility

Our professional staff are all licensed by the State of Ohio Board Of Social Work, Counseling, and Marriage and Family, or the Ohio State Board of Psychology. Licensed mental health staff are required to abide by the appropriate and applicable Code of Ethics by their respective licensing board. Areas covered by licensing boards, include but are not limited to: scope of practice, clinical competencies, welfare of the client, negligence, remuneration, improper arrangements, multiple relationships, conflict of interest, confidentiality, and culturally competency.

3. Services

GCESC-MHS strives to create an environment in which dignity, worth, and respect for individual differences permeate all aspects of service delivery. Our services are person and family centered, culturally sensitive, and based on the strengths, needs, abilities, preferences, and desired outcomes of the person and family served. Services are anchored to individualized service plans that are based on input from the persons and families served. Clinical interventions are empirically based, safe, and effective. We are fully committed to ensuring client rights.

4. Business Practices

GCESC-MHS is fully committed to fiscal accountability and transparency regarding financial arrangements. We are vigilant to any possible improper or fraudulent activity, including but not limited to inaccurate billing/claims (over-billing, duplicate billing, false claims, improper coding), cost report falsification, misrepresentation, inadequate documentation (not meeting Medical Necessity requirements), and inaccurate or misleading marketing.

5. Conflict of Interest

GCESC-MHS staff members shall not engage in nor have a financial interest, directly or indirectly, in any activity that conflicts (or raises reasonable question of conflict) with their duties and responsibilities. Each licensed staff member abides by not only the Greene ESC policies related to conflict of interest, but also related rules dictated by their respective professional licensing boards. When there is a conflict, or the possibility of one, between the person served and the Greene ESC-MHS staff member, the staff member will clarify the nature and direction of the staff member's responsibilities, and keep all parties concerned informed of the staff member's obligations, commitments, and loyalties.

6. Confidentiality

Each GCESC-MHS staff member is required to maintain the utmost confidentiality concerning treatment, care, and conditions of all persons served. We abide by all policies/procedures, laws, regulations, and requirements regarding confidentiality, including HIPAA (Health Insurance Portability and Accountability Act of 1996). We are fully committed to maintaining confidentiality safeguards regarding, but not limited to, assessment, counseling, collaboration, record security, and electronic security. We are

careful to ensure client care conversations do not take place in areas where they may be overheard by teachers, family members, other clients, and the public.

7. Health & Safety

We are fully committed to maintaining safe, healthy, and clean environments that support quality services, and minimize risk of harm to persons served, employees, and other stakeholders. Each GCESC-MHS staff member is required to comply with all ESC and MHS policies/procedures, federal, state, regulatory bodies, and licensing boards that pertain to health and safety, including rules and regulations of the Occupational Safety and Health Administration (OSHA). Thorough background checks are conducted on all new staff hired, and throughout employment. All employees are to maintain full compliance with laws pertaining to reporting alleged abuse or neglect. Staff members are trained annually on health and safety procedures.

8. Human Resources and Workplace Environment

We are fully committed to creating and maintaining a healthy and safe work environment in which each staff member is treated with respect, valued for his or her individual differences and diversity, and provided with opportunities for professional development. Employees are hired, promoted, and compensated according to their qualifications, and performance. All hiring practices are nondiscriminatory. GCESC-MHS does not tolerate any form of harassment by anyone, including but not limited to, sexual harassment, degrading or humiliating slurs, intimidation, or conduct based on cultural backgrounds, ethnicity, or sexual preference.

Procedures

GCESC-MHS Code of Ethics is reflected and amplified in GCESC Governing Board and GCESC-MHS policies and procedures, state licensing boards laws, regulatory bodies standards, federal and state laws and regulations, client orientation packet and staff orientation packet. We have clear, written, and easy-to-understand procedures for dealing with allegations of wrongdoing. The GCESC-MHS Compliance Officer is Anya Senetra, Director of Mental Health & Prevention Services, and any allegations are to be directed to her at (937) 767-1303, ext. 1131. All staff members receive ongoing training regarding the Code of Conduct and Corporate Compliance. We are committed to ensuring that there are no reprisals for staff members who report suspected incidents of wrongdoing, as reflected and outlined in ESC policies and procedures.

Advocacy

GCESC-MHS strives in all aspects to be an effective advocate for youth and families in Greene County. Our mission statement, vision statement, and core values reflect our commitment to help create a healthy, compassionate, informed, culturally sensitive, and thriving community. Our Strategic Action Plan outlines our specific efforts to reach out and positively impact our community, including but not limited to trainings for staff, educators, and parents, consultation and collaboration with school and other community stakeholders to create environments that support healthy development, and participation on youth advisory committees. Specific public awareness campaigns and trainings that we currently offer include Prevention of Youth Suicide, Safety & Violence Prevention for Educators, Crisis Intervention Training for Police Officers, Prevention of Child Abuse and Neglect, Understanding the Impact of Childhood Maltreatment, Understanding the Impact of Poverty, and Overview of Mental Health Problems in Children & Teens.

GCESC-MHS Corporate Compliance Officer

Anya Senetra, MSW, LISW-S, Director of Mental Health & Prevention Services

asenetra@greeneESC.org

(937) 767-1303 ext. 1131

The Greene ESC Mental Health Services

PERSON and FAMILY CENTERED SERVICES STATEMENT
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The Greene County Educational Service Center – Mental Health Services provides services that are person and family centered. Our services are based on the unique strengths, needs, abilities, preferences, desired outcomes, and cultural backgrounds of the youth and families served. We emphasize the power of therapeutic relationships and positive nurturing environments to empower persons served to manage their own behavior. We believe that it is impossible to achieve and sustain success, not only at the client level but also as an organization, without the active and ongoing engagement with the people we serve. Our person and family centered services always reflect our Core Values:

- Dignity, Worth, and Respect for All Individuals and Cultures
- Freedom from Suffering
- Empowerment and Self Determination
- Child Centered, Family Driven, and Community Based Services
- Collaboration and Inclusion
- Early Intervention
- Excellence and Continuous Improvement
- Access
- Advocacy
- Scientifically Sound and Effective Clinical Practices
- Fiscally Accountable and Sustainable Business Practices

We actively engage youth and families in all aspects of service delivery. The Individual Service Plan (ISP) is developed in collaboration with the youth and family, and is based on input from persons served at the onset of treatment and throughout service delivery. The ISP is expressed in the youth and parents' words, and is reflective of the informed choice of the persons served. We use empirically-based client-centered outcome measures to guide treatment, assess the effectiveness of services, and work collaboratively with youth and families to gather and share ongoing input on goal achievement.

We strive to gather and analyze input from youth, families and other key stakeholders on an ongoing basis, and use the input to make decisions related to program planning, performance improvement, strategic planning, organizational advocacy, financial planning, and resource planning.

The Greene ESC Mental Health Services

CULTURAL COMPETENCE and LINGUISTIC APPROPRIATENESS STATEMENT

GCESC-MHS strives to provide services that are culturally competent and linguistically appropriate. We are committed to cultural humility and demonstrating awareness, respect, sensitivity and attention to the diverse backgrounds of all persons served, families/caregivers, personnel, and other stakeholders. Our commitment to cultural humility is anchored to our mission, core values, strategic action plan, attitudes, organizational structure, policies, and services. GCESC-MHS strives to recognize, respect and honor the unique cultural ideals, values and traditions of the persons and communities we serve.

We understand aspects of cultural humility need to recognize any intersectionality of the following: race, ethnicity, and national origin; sexual orientation or gender identity/expression; age; military status; mental and physical abilities; disabilities of the population served; language; dress; traditions; notions of modesty; eye contact; health values; help-seeking behaviors; work ethics; spiritual beliefs, values and practices; holidays; dietary regulations/preferences; attitudes regarding mental health treatment; culturally-specific treatments prescribed by traditional healers, concepts of status (such as HIV or socio-economic); issues of privacy and personal boundaries; and any identified special characteristics of the persons served. Our GCESC-MHS Cultural Humility and Inclusion Plan is reviewed annually and revised as the composition and needs of those we serve change over time. The plan's design is to be dynamic, flexible, and person-focused; responsive to the diversity of all stakeholders, and how knowledge, skills, and behaviors will enable personnel to work more effectively in cross-cultural situations.

Our services are based on the strengths, needs, abilities, preferences, desired outcomes, and cultural backgrounds of the youth and family served. Provision of linguistically appropriate and culturally humble services is a key factor in developing effective person and family centered programming. We are committed to continuous evaluation and improvement of service delivery structures and methods that may inadvertently reduce access to care or create barriers to effective services. Many of the procedures and policies inherent in delivering mental health services may provoke a defensive and protective posture in culturally diverse families. GCESC-MHS works to build awareness and sensitivity to the values, norms and cultural complexities of the prominent cultures in the service community. Client and family centered care, which focuses on increasing family and caregiver participation in the treatment process, ensures respect and integration of cultural values, roles and norms as part of improving service delivery.

We believe that it is impossible to achieve and sustain success, not only at the client level but also as an organization, without the active and ongoing engagement with the people we serve. We strive to gather and analyze input from youth, families and other key stakeholders on an ongoing basis, and use the input to make decisions related to program planning, performance improvement, strategic planning, organizational advocacy, financial planning, and resource planning.

**The Greene County Educational Service Center
Mental Health Services**

CORPORATE COMPLIANCE STATEMENT

It is the policy of the Greene County Educational Service Center-Mental Health Services (GCESC-MHS) to deliver services in accordance with all legal, professional, regulatory, and ethical obligations, and to create an environment that is characterized by strict adherence to the highest standards of accountability for administration, programs, business, marketing, service delivery, professional responsibilities, human resources, and financial management.

The leadership of GCESC-MHS is fully committed to a corporate compliance program that ensures ongoing monitoring and conformance with all legal and regulatory requirements. The corporate compliance program establishes an atmosphere that promotes:

- (1) Prevention and early detection of any wrongdoing, including fraud, fiscal mismanagement, waste, abuse, conflicts of interest, and criminal conduct;
- (2) Immediate reporting, investigation, and corrective actions of questionable activities without consequences to the reporting party; and
- (3) continual monitoring, reporting, and correcting of any situation that puts the Greene County Educational Service Center-Mental Health Services, its leadership, staff, funding sources, and consumers at risk.

GCESC-MHS is committed to maintaining well-informed personnel through ongoing trainings on corporate compliance, code of conduct, role of compliance officer, and the organization's procedures for allegations of fraud, waste, abuse and other wrongdoing.

GCESC-MHS Corporate Compliance Program is anchored to applicable federal and state laws, state professional licensing boards, the Greene County ESC Governing Board policies, Mental Health Services policies, codes of conduct, Mental Health Services Risk Management Plan, and Mental Health Services Strategic Action Plan.

Corporate Compliance Officer

Anya Senetra, MSW, LISW-S, Director of Mental Health & Prevention Services

asenetra@greeneESC.org

(937) 767-1303 ext. 1131

What Is A Crisis?

Situation:	Response:	Contact Numbers:
My child is SUICIDAL or HOMICIDAL and has OVERDOSED or has said they have OVERDOSED or have CUT on themselves or done other HARM.	<ul style="list-style-type: none"> * Call 911 and seek IMMEDIATE assistance from trained medical professionals. * Call your child's mental health provider the next day to provide updates. 	<p style="text-align: center;">911</p> <p style="text-align: center;">Once your child is stable: Call mental health provider - see Staff Contact Information list on page 5</p>
My child is TELLING ME they are feeling suicidal. I am not sure how to handle this.	<ul style="list-style-type: none"> * Call the 24-Hour Crisis Phone. The mental health provider will call you back to help assess the situation and discuss options. * The on-call provider will notify your child's mental health provider the next day. 	<p style="text-align: center;">24-Hour Crisis: 937-684-1076</p>
My child is NOT SUICIDAL but is CUTTING on themselves and has made actual cuts into skin and these cuts are <u>NOT</u> life threatening.	<ul style="list-style-type: none"> * If you are not able or comfortable tending to these cuts at home, consider taking your child to the nearest Urgent Care or ER for a medical assistance. * Contact your child's mental health provider the next day. 	<p style="text-align: center;">Greene County ER's: SOIN Medical Center 937-702-4000 Greene Memorial Hospital: 937-429-3200 Dayton Children's Crisis Assessment Center 937-641-4480</p>
My child is NOT SUICIDAL but is CUTTING on themselves and has made actual cuts into skin and these cuts <u>ARE</u> LIFE THREATENING.	<ul style="list-style-type: none"> * Call 911 Seek IMMEDIATE assistance from trained medical professionals. * Contact your child's mental health provider the next day. 	<p style="text-align: center;">911</p>
My child has RUNAWAY and his/her whereabouts ARE UNKNOWN.	<ul style="list-style-type: none"> * Call your local POLICE and make the necessary reports. * Contact your child's mental health provider the next day. 	<p style="text-align: center;">Your Local Police</p>
My child has RUNAWAY and his/her whereabouts ARE KNOWN.	<ul style="list-style-type: none"> * Call your local POLICE and ask for assistance. * Contact your child's mental health provider the next day. 	<p style="text-align: center;">Your Local Police</p>
I have just had a FIGHT with my child and I want his/her mental health provider to be aware of what happened.	<p><u>You have TWO choices:</u></p> <ul style="list-style-type: none"> * Call your child's mental health provider and leave a voice mail message. * Arrange to have your child's mental health therapist meet with you and your child the next school day. 	<p style="text-align: center;">Call mental health provider - see Staff Contact Information list on pages 5 & 6</p>
My child has a friend who has told them they are SUICIDAL or wants to hurt someone else.	<p>In a situation like this, call the Greene County Crisis Hotline to assess the situation and make contact with that child and their family.</p>	<p style="text-align: center;">TCN Behavioral Health 24 HOUR CRISIS HOTLINE (937) 376-8701 National Suicide Prevention Hotline Call or text 988</p>
My child is OUT OF MEDICATIONS.	<p>Call the prescribing physician for a refill prescription.</p>	<p style="text-align: center;">Your Doctor or Pharmacy</p>

Greene County Public Schools

Academy	
Office	937.848-6131
Beavercreek	
High School	937.429.7547
Ankeney	937.429.7567
Fairbrook	937.429.7616
Ferguson	937.429.7577
Main Elementary	937.429.7588
Parkwood	937.429.7604
Shaw	937.429.7610
Valley	937.429.7597
Pre-School Center	937-458-2360
Transportation	937.426.1522 x 636
Bellbrook-Sugarcreek	
High School	937.848.5001
Middle School	937.848.2141
Bell Creek	937.848.3777
Stephen Bell	937.848.7831
Transportation	937.848.4029
Cedar Cliff	
High School	937.766.6000
Transportation	937.766.6000
Fairborn	
High School	937.879.3611
Baker Jr. High	937.878.4681
Intermediate	937.879.3969
Primary	937.878.8668
Wright Campus	937.879.0600
Transportation	937.878.1772
Greene County Career Center	
Office	937.372.6941
Greeneview	
High School	937.675.9711
Middle School	937.675.9391
Elementary	937.675.6867
Pre-School	937.675.9391
Transportation	937.675.6814
Yellow Springs	
High School	937.767.7224
Mills Lawn	937.767.7271
Transportation	937.767.7381
Xenia	
High School	937.767.7224
Warner Middle School	937-376-9488
Tecumseh Elementary	937-372-3321
Shawnee Elementary	937-372-6461
McKinley Elementary	937-372-1251
Cox Elementary	937-372-9201
Arrowood Elementary	937-372-9251



GREENE COUNTY COMMUNITY RESOURCES



Sponsored By: Greene County Public Health Early Intervention

ABUSE

Adult Protective Services.....	562-6315
DR Protection Orders.....	562-6249
Family Violence Prevention Center of Greene Co.	376-8526
	426-8535
24 Hour Crisis Line.....	372-4552 & 426-2334
Greene Co. Children Services (Child Abuse & Neglect)	562-6600
	(Fairborn) 879-4357
24 Hour Emergency Line.....	372-4357
Michael's House.....	641-5670
Victim's Assistance.....	562-5087
After Hours Emergency Line.....	376-5111

CHILDCARE

4 C For Children.....	1-800-256-1296 ext. 1300
Greene Co. Dept. of Job & Family Services.....	562-6000
	426-1779

CLOTHING AND HOUSEHOLD ITEMS

Goodwill Industries (Xenia).....	372-0759
United Voluntary Services	372-1101

DRUG & ALCOHOL

TCN Behavioral Health Care & Family Solutions Center	427-3837
	376-8700
	879-3400
Crisis Line.....	376-8701
Christopher House.....	376-8782
Women's Recovery Center.....	562-2400

EDUCATION

Adult Basic Literacy Education (GED) (ABLE)	562-6071
Beavercreek City Schools.....	426-1522
Bellbrook/Sugarcreek Local Schools	848-6251
Cedarcliff Schools	766-3811
CORS Kids Learning Place	1-866-627-4557
Fairborn City Schools.....	878-3961
Greene Co. Career Center	372-6941
Greene Co. Public Health	
Help Me Grow Home Visiting.....	824-0889
Greeneview Local Schools	675-2728
Miami Valley Regional Center	236-9965
Ohio State University Extension (Financial, Nutrition)	372-9971
Xenia Community Schools.....	376-2961
Yellow Springs Schools	767-7381

EMPLOYMENT

Greene Co. Dept. of Job & Family Services.....	562-6000
Greene Inc. Adult Services.....	562-4200
OhioMeansJobs Greene Co.....	562-6565

FAMILY PLANNING

Five Rivers Greene Co. Health Center.....	708-3400
Miami Valley Women's Center.....	298-2822
Planned Parenthood of the Greater Miami Valley	226-0780

FOOD & NUTRITIONAL SERVICES

Bellbrook Family Resource Center	848-3810
Community Action Partnership	376-7747
	427-3377
FISH PANTRY	
Beavercreek.....	222-5444
Fairborn.....	879-1313
Xenia.....	372-8441
Yellow Springs (United Methodist).....	767-7560
Greene Co. Dept. Job & Family Services.....	562-6000
Jamestown United Methodist Church	675-3377
Ohio State University Extension	372-9971
Greene Co. Public Health	
Women Infants and Children (WIC).....	374-5641
	(Fairborn) 879-4093

Revised 3/19

GREENE COUNTY SERVICES

Adult Probation	562-5266
Child Support Enforcement Agency	562-6200
Common Pleas Court	562-5290
Dept. of Job & Family Services	562-6000
Domestic Relations Court	562-6249
Family & Children First	562-5600
Greene Co. Switchboard	562-5000
Juvenile Court	562-4000
Probate Court	562-5280
Veteran Services	562-6020

HEALTH CARE & MEDICAL INSURANCE

Dayton Children's Hospital	641-3000
	1-800-228-4055
Five Rivers GC Health Center	708-3400
Greene Co. Public Health	
Children with Medical Handicaps (CMH)	374-5600
Greene Memorial Hospital	352-2000
Medicaid HMO (Care Source, Amerigroup, Molina)	1-800-605-3040
Miami Valley Hospital	208-8000
Ohio Medicaid/Healthy Start Healthy Families (DJFS)	562-6000

HOUSING

American Red Cross	376-3111
Community Action Partnership	376-7747
	427-3377
Greene Co. Fair Housing	562-5645
	(Fairborn) 754-3060
Greene Metropolitan Housing Authority	376-2908
	(Fairborn) 429-7736

MENTAL HEALTH & COUNSELING

Family Service Association	222-9481
Marriage Works	262-7010
Greene Co. Educational Service Center	
Infant/Early Childhood Mental Health	767-1303
TCN Behavioral Health Care & Family Solutions Center	376-8700
	427-3837
	879-3400
Crisis Line	376-8701
Crisis Line	426-2302

SPECIAL NEEDS

Greene Co. Board of Developmental Disabilities	562-6500
Four Oaks Early Intervention	562-7000
Greene Co. Public Health	
Early Intervention	824-0828
Children with Medical Handicaps (CMH)	374-5600
Help Me Grow (Referrals)	612-3322
	1-800-755-4769
Interpreters for the Deaf	242-6047
Miami Valley Regional Center	236-9965
Deaf Community Resource Center	222-2434
Opportunities for Ohioans with Disabilities (BVR)	331-5000
Ohio School for the Blind	614-728-8805

TRANSPORTATION

Dept. of Job & Family Services	562-6000
	426-1779
Greene CATS Public Transportation	1-877-227-2287

UTILITIES

Community Action Partnership	376-7747
	427-3377

OTHER

Council on Aging	1-888-795-8600
	376-5486
Jeremiah Tree	562-3121
Kinship Navigator Program	641-5090
Legal Aid Society	1-888-534-1432
Social Security Administration	1-866-755-5372
United Way	225-3001
	426-4008
United Way's Help Link	2-1-1

Revised 3/19

***Area code (937), unless otherwise indicated

MENTAL HEALTH RECOVERY BOARD OF CLARK, GREENE, AND MADISON COUNTIES
NOTICE OF PRIVACY PRACTICES

Effective: January 1, 2021

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
Greta Mayer (greta@mhrb.org)

OUR DUTIES

At the *Mental Health Recovery Board Clark, Greene, Madison Counties*, 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) give you notice of our legal duties and privacy practices with respect to your health information; 3) abide by the terms of the notice that is currently in effect; and 4) 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 that we pay for in full or in part, we receive health information about you. We may use or share your health information for the following purposes:

Payment– For payment activities such as confirming your eligibility for our benefit plans, paying for your services, managing your claims, conducting utilization reviews and processing health care data. We are prohibited, however, from using or disclosing any genetic information we receive about you to make decisions about your benefit eligibility or coverage.

Health Care Operations – For our internal health care operations such as to train staff, manage costs, conduct quality review activities, perform required business duties and make plans to better serve you and other community residents who may need mental health or substance use disorder services. We may also disclose your health information to health care providers and other health plans for certain health care operations of those entities such as care coordination, quality assessment and improvement activities and health care fraud and abuse detection or compliance, provided that the entity has had a relationship with you and the information pertains to that relationship.

Treatment – We do not provide treatment but we may share your health information with your health care providers for their treatment purposes such as coordination of your care.

Other Uses and Disclosures - We may also use or disclose your health information, in accordance with specific requirements in the law, for the following purposes: 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 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 business associates that have signed an agreement requiring them to maintain the confidentiality of your health information. If you have a guardian or a power of attorney, we are also permitted to provide information to your guardian or attorney in fact.

USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN PERMISSION

We are prohibited from selling your health 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 health 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 reasons covered by your written permission. We are unable to take back any disclosures we have already made with your permission.

POTENTIAL IMPACT OF OTHER LAWS

If any state or federal privacy law requires us to provide you with more privacy protections than those described in this Notice, then we must also follow that law in addition to HIPAA. For example, substance use disorder treatment records generally receive greater protections under federal law.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding your health information:

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for purposes of treatment, payment, and health care operations and to inform individuals involved in your care about that 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 we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.
- **Right to Inspect and Copy.** You have the right to request access to certain health information we have about you. Under certain circumstances we may deny access to that information such as if the information is the subject of a lawsuit or legal claim or if the release of the information may present a danger to you or someone else. We may charge a reasonable fee to copy information for you.*
- **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 made of your health information, except for those related to treatment, payment, our health care operations, and certain other purposes such as those you authorized us to make. Your request must include a timeframe for the accounting and it 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 on our web site: **mhrb.org**, but you may contact us to obtain a paper copy.

To exercise any of your rights described in this paragraph, please contact our Privacy Officer using the information on the first page of this Notice.

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

CHANGES TO THIS NOTICE

We can change the terms of this Notice and the changes will apply to all the information we have about you. The new notice will be available upon request and on our website at: mhrb.org. If there is a material change to our Notice, we will mail information about the revised Notice and how you can obtain a copy to the last known address we have for you.

TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with the Board by contacting the Privacy Officer using the information on the first page of this Notice. 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* or visiting www.hhs.gov/ocr/privacy/hipaa/complaints. We will not retaliate against you for filing a complaint.

Greene County Educational Services Center
Mental Health Services
NOTICE OF PRIVACY PRACTICES

Notice of Privacy Practices: Effective: January 1, 2021

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

At the GREENE COUNTY EDUCATIONAL SERVICE CENTER - MENTAL HEALTH SERVICES (GCESC), *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) give you notice of our legal duties and privacy practices with respect to your health information; 3) abide by the terms of the notice that is currently in effect; and 4) notify you if there is a breach of your unsecured health information.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Greene County Educational Services Center may *use or disclose* your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your *consent*. To help clarify these terms, here are some definitions:

- “*PHI*” refers to information in your mental health record that could identify you.
- “*Treatment, Payment and Health Care Operations*”
 - *Treatment* is what is provided, coordinated or managed related to your child’s mental health care and other services related to this care in a school-based setting. An example of treatment would be a consultation with another provider outside of the school setting, such as your family physician. It is also related to the information disclosed to the educators responsible for you child.
 - *Payment* is when reimbursement is obtained for the mental health services provided. In the school setting, payment sources could be and but not limited to the school district you are attending, the Mental Health and Recovery Board of Clark, Greene and Madison Counties, and or Medicaid (if eligible).
 - *Mental Health Care Operations* are activities that relate to the performance and operation of this program. Examples of health care operations are quality assurance and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “*Use*” applies only to activities within the scope of the school-based mental health services program of the GCESC such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of the school-based mental health services program at the GCESC, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

GCESC may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “*authorization*” is written

permission above and beyond the general consent that permits only specific disclosures. In those instances when GCESC is asked for information for purposes outside of treatment, payment and health care operations, authorization will be obtained from you before releasing this information. Authorization will also be obtained before releasing any psychotherapy notes.

“Psychotherapy notes” are notes made about our conversation during a private, group, joint, or family counseling session, which are kept separate from the rest of your child’s record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time to stop future uses /disclosures except to the extent that GCESC have already undertaken an action in reliance upon your authorization. Each revocation must be in writing.

III. Uses and Disclosures with Neither Consent nor Authorization: “Limits of Confidentiality”

The law provides that GCESC may use/disclose PHI from mental health records without consent or authorization under the following circumstances:

- **Child Abuse:** If it is known or suspected that a child under 18 years of age, or intellectually disabled, developmentally disabled, or physically impaired child under 21 years of age, has suffered or faces a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect, GCESC is required by law to immediately report that knowledge or suspicion to the Ohio Public Children Services Agency, or a municipal or county peace officer.
- **Adult and Domestic Abuse:** If there is reasonable cause to believe that an adult is being abused, neglected, or exploited, or is in a condition which is the result of abuse, neglect, or exploitation, GCESC is required by law to immediately report such information to the County Department of Job and Family Services.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your evaluation, diagnosis and treatment and the records thereof, such information is privileged under state law and it will not be released without written authorization from you or your persona or legally-appointed representative, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** If it is believed that a client poses a clear and substantial risk of imminent serious harm to self or another person, the GCESC will disclose relevant confidential information to public authorities, the potential victim, other professionals, and/or your family in order to protect against such harm. If an explicit threat of inflicting imminent and serious physical harm or causing the death of one or more clearly identifiable victims, and it is believed that the client has the intent and ability to carry out the threat, then GCESC is required by law to take one or more of the following actions in a timely manner: 1) take steps to hospitalize the client on an emergency basis; 2) establish and undertake a treatment plan calculated to eliminate the possibility that the client will carry out the threat, and initiate arrangements for a second opinion risk assessment with another mental health professional; 3) communicate to a law enforcement agency and, if feasible, to the potential victim(s), or victim's parent or guardian if a minor, all of the following information: a) the nature of the threat; b) your identity; and c) the identity of the potential victim(s).
- **Government Functions:** PHI may be disclosed to a government benefit program relating to eligibility and enrollment and for national security reasons.

IV. Patient's Rights

- *Right to Request Restrictions* – the client has the right to request restrictions on certain uses and disclosures of protected health information about themselves. GCESC will consider the request, but is not legally bound to agree to the restriction.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – the client has the right to request and receive confidential communications of PHI at an alternative address or by an alternative means.
- *Right to Inspect and Copy* – the client has the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in the mental health and/or billing records used to make decisions as long as the PHI is maintained in the record. Access may be denied under certain circumstances, but in some cases this decision can be reviewed. Upon request, the details of the request process can be discussed according to the policies and procedures of the GCESC.
- *Right to Amend* – the client has the right to request an amendment of PHI for as long as the PHI is maintained in the record. Under certain circumstances your request may be denied. On request, the details of the amendment process can be discussed according to the policies and procedures of the GCESC.
- *Right to an Accounting of Disclosure* – the client has 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* – the client has the right to obtain a paper and /or e-mail copy of this notice upon request.

VI. Questions and Complaints

If you have questions about this notice, disagree with a decision made about access to records, or have other concerns about privacy rights, please contact:

Anya Senetra, MSW, LISW-S
Director of Mental Health & Prevention Services
Greene County Educational Services Center
360 East Enon Road
Yellow Springs, OH 45387
Phone: 1-937-767-1303, x 1131
E-mail address: asenetra@greeneESC.org

You may also send a written complaint to:

Secretary of the U.S. Department of Health and Human Services
Office for Civil Rights, Midwest Region
233 N. Michigan Ave., Suite 240
Chicago, IL 60601
Telephone: (800) 368-1019
TTD: (800) 537-7697
ocrmail@hhs.gov

You have specific rights under the Privacy Rule. No one will take retaliatory action against you if a complaint is filed.

VII. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on January 1, 2021. This notice will be included as part of the enrollment process to received school-based mental health services. This notice will be included in the year-end reviews of the status of those currently enrolled in the GCESC mental health services program. This notice will be reviewed and discussed annually with all open cases.

**Greene County Educational Service Center
Mental Health Services
360 E. Enon Road
Yellow Springs, OH 45387
(937) 767-1303**

CLIENT RIGHTS AND RESPONSIBILITIES

As you begin Mental Health Services through the Greene County Educational Service Center (ESC), it is important you understand your rights and responsibilities as a client. This brochure will help you gain that understanding. Please read it carefully.

Client Rights

Confidentiality

As you enter treatment, a client record is started which includes information about your personal history, service plan and progress. This information is shared only with those involved with your treatment. You must provide written consent for anyone outside our agency to have access to your record. However, Greene County ESC Mental Health Services may release information without your consent when a court order is received, if there is an emergency or life-threatening situation, if there is evidence to suggest child abuse, or as otherwise require by law. Records may also be examined by auditors and evaluators to assure quality of services or to substantiate claims for payment (e.g., insurance, Medicaid). SEE "Limits of Confidentiality" on PAGE 23 for details.

All client records are kept in our secure Electronic Health Record and locked files and are seen only by authorized staff with the above exceptions. You may request to see your client record or to have a copy for which there may be a charge. A professional staff member will review it with you. Except for clients receiving forensic evaluation services as defined in paragraph (D) (9) of Rule 5122:2-1-01 of the Administrative Code, from a certified forensic center, each client has all of the following rights as listed in paragraphs (D) (1) to (D) (22) of this rule.

1. The right to be treated with consideration and respect for personal dignity, autonomy and privacy;
2. The right to reasonable protection from physical, sexual or emotional abuse, neglect, and inhumane treatment;
3. The right to receive services in the least restrictive, feasible environment;
4. The right to participate in any appropriate and available service that is consistent with an individual service plan (ISP), regardless of the refusal of any other service, unless that service is a necessity for clear treatment reasons and requires the person's participation;
5. The right to give informed consent to or to refuse any service, treatment or therapy, including medication absent an emergency;
6. The right to participate in the development, review and revision of one's own individualized treatment plan and receive a copy of it;
7. The right to freedom from unnecessary or excessive medication, and to be free from restraint or seclusion unless there is immediate risk of physical harm to self or others;
8. The right to be informed and the right to refuse any unusual or hazardous treatment procedures;
9. The right to be advised and the right to refuse observation by others and by techniques such as one-way vision mirrors, tape recorders, video recorders, television, movies, photographs or other audio and visual technology. This right does not prohibit an agency from using closed-circuit monitoring to observe seclusion rooms or common areas, which does not include bathrooms or sleeping areas;
10. The right to confidentiality of communications and personal identifying information within the limitations and requirements for disclosure of client information under state and federal laws and regulations;
11. The right to have access to one's own client record unless access to certain information is restricted for clear treatment reasons. If access is restricted, the treatment plan shall include the reason for the restriction, a goal to remove the restriction, and the treatment being offered to remove the restriction;
12. The right to be informed a reasonable amount of time in advance of the reason for terminating participation in a service, and to be provided a referral, unless the service is unavailable or not necessary;
13. The right to be informed of the reason for denial of a service;
14. The right not to be discriminated against for receiving services on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status, or in any manner prohibited by local, state or federal laws;
15. The right to know the cost of services;
16. The right to be verbally informed of all client rights, and to receive a written copy upon request;
17. The right to exercise one's own rights without reprisal, except that no right extends so far as to supersede health and safety considerations;
18. The right to file a grievance;
19. The right to have oral and written instructions concerning the procedure for filing a grievance, and to assistance in filing a grievance if requested;
20. The right to be informed of one's own condition; and,
21. The right to consult with an independent treatment specialist or legal counsel at one's own expense.

Client Responsibilities

FINANCIAL

The Greene ESC Mental Health Services is committed to providing effective, accessible and affordable mental health services to persons served. We are funded through a combination of sources including contributions from Greene County School Districts, The Mental Health and Recovery Board of Clark, Greene & Madison Counties, and the Ohio Office of Medicaid. We bill Medicaid for services either through the Ohio Medicaid Managed Care Companies (MCOs) or in limited circumstances directly to Medicaid (Fee-For-Service). You will not be required to pay any out-of-pocket expenses for Greene ESC Mental Health Services. In order to access the above-mentioned funding sources and enroll in Greene ESC Mental Health Services, you will be asked to provide the following information to:

- Your child’s Social Security Number OR if you are an adult receiving services, your Social Security Number
- Copies of Medicaid Managed Care Company Insurance Cards (MCOs) or Ohio Medicaid Card (Fee-For-Service)
- Estimate of Gross Monthly Income
- Proof of Residency (Choose one)
 - Current Driver’s License with County Address same as Declared County Address
 - Current Utility Bill, Address same as Declared Address
 - Current Ohio Personal Identification Card, Address same as Declared Address
 - Current SSI/SSDI Benefit Eligibility Statement, Address the same as Declared
 - Current Rent receipt, Address same as Declared Address
 - Current Mortgage Statement or Payment, Address same as Declared Address
 - Current Pay Stub, Address same as Declared Address
 - Current Ohio Medicaid Care, Address same as Declared Address

Please bring the above-mentioned information to your scheduled appointment. Your child’s or your Greene ESC Mental Health Mental health provider will answer any questions you have at the time of the intake appointment. Any additional questions may be directed to Anya Senetra, LISW-S, Director of Mental Health & Prevention Services at (937)-767-1303, ext.1131

Other Responsibilities

At intake, you will be asked to provide background information to help complete a Diagnostic Assessment, and to sign an Informed Consent for Treatment form and Releases of Information. At least twice a year you will be required to meet with your child’s, or your, GCESC-MHS mental health provider to review and sign Individualized Service Plans.

Greene County ESC Mental Health Services is a private not-for-profit corporation and complies with the standards set forth by the Ohio Department of Mental Health, the Ohio Department of Mental Health and Addiction Services, the Americans with Disabilities Act, and the Rehabilitation Act of 1973. Greene County ESC Mental Health Services contracts with the Mental Health & Recovery Board of Clark, Greene, and Madison Counties.

Our mission is to support school-age youth and their families in maximizing their potential and enhancing their wellness in the natural environments of school, family, and community through advocacy, mental health services, and education.

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Client Rights Officer and Health & Safety Officer
Anya Senetra, MSW, LISW-S
Director of Mental Health & Prevention Services
(937) 767-1303 ext. 1131
An Equal Opportunity Employer and Equal Provider Service

Greene County Educational Service Center - Mental Health Services Grievance Procedure

Any person served who feels his/her rights have been violated or who feels he/she has not received proper treatment in any aspect of the Greene County Educational Service Center - Mental Health Services (GCESC-MHS) may use this procedure. All persons served will have prompt accessibility to the Client Rights Officer.

The griever is to bring the grievance, verbally or in writing, to the Client Rights Officer of GCESC-MHS, or to the attention of any staff member. If the person served brings the grievance to a staff member, that staff person becomes responsible for ensuring that the grievance is promptly given to the Client Rights Officer.

The grievance must be put into writing; if made verbally, the Client Rights Officer shall be responsible for preparing this written account of the grievance. The written grievance shall include:

- The date, and approximate time of the incident, if available;
- A description of the incident;
- Names of individuals involved in the incident or situation being grieved
- A dated signature by the client, the individual filing the grievance on behalf of the client, or have an attestation by the client advocate that the written grievance is a true and accurate representation of the client's grievance.

Upon receiving a grievance, the Client Rights Officer will notify the Director of Operations in writing that a grievance has been initiated, and will notify the person served, also in writing, that the initial investigation and a proposed resolution- both done by the Client Rights Officer and the Director of Operations will be completed within ten (10) business days.

Additionally, the person served shall be informed that he/she or his/her designated representative may have access, upon request, to an impartial decision-maker within twenty (20) business days of filing a grievance. The impartial decision-maker shall be the Grievance Committee, meeting as a whole. Time from grievance filing date to grievance resolution may not exceed 20 business days. In sum, the flow of a grievance would be as follows:

- The grievance is filed with the Client Rights Officer who investigates and suggests a resolution within ten (10) business days.
- If the suggested resolution is not satisfactory to the person served, he/she or his/her designated representative may request a hearing before the Grievance Committee as a whole.
- A meeting before the Committee and the committee's decision must occur within twenty (20) business days of the date the grievance was filed.
- The investigation and proposed resolutions shall be documented in full and sent to the Director of Operations and the designated GCESC-MHS Supervisor.

**Greene County Educational Service Center - Mental Health Services
Grievance Procedure**

The Client Rights Officer of the GCESC-MHS will advise the griever of outside entities at the time the grievance is submitted. He/she will inform the griever to file with the agencies listed below if desired, or if not satisfied with the agency's investigation and proposed resolutions:

Greene County Educational Service Center

360 East Enon Road
Yellow Springs, Ohio 45387

Mental Health & Recovery Board of Clark, Greene, & Madison Counties

1055 East High Street
Springfield, Ohio 45505

Ohio Department of Mental Health/Addiction Services

30 East Broad Street, 8th Floor
Columbus, Ohio 43215-3430

Ohio Legal Rights Service

8 East Long Street, Suite 500
Columbus, Ohio 43215-2999

Ohio Attorney General, Medicaid Fraud Control Unit

150 East Gay Street, 17th Floor
Columbus, Ohio 43215-3130

Ohio Governor's Council on People with Disabilities

400 East Campus View Boulevard
Columbus, Ohio 43235-4604

State of Ohio Counselor, Social Worker, & Marriage/Family Therapist Board

LeVeque Tower
50 W Broad Street Suite 1425
Columbus, Ohio 43215-5919

Office for Civil Rights

US Department of Health & Human Services
200 Independence Avenue, SW
Room 509, HHH Building
Washington, DC 20201

Greene County Educational Service Center - Mental Health Services Grievance Procedure

A written notification and explanation of the resolutions will be provided to the person served, or to the griever if other than the client, with the person served's written permission. All such written notifications must be provided within twenty (20) business days of the filing of the grievance. In addition, a copy will be provided, upon written request, to the GCESC-MHS staff member grieved against.

If the grievance is filed against the Client Rights Officer of GCESC-MHS, a Conciliatory Officer will be appointed by the GCESC Superintendent to make the initial investigation and proposed resolution.

If the griever is not satisfied with the findings or decision of the Grievance Committee, he/she may appeal the grievance, in writing, to the Executive Committee of the Board of Education within five business days.

The Director of Operations and the designated GCESC-MHS Supervisor will provide, upon request with a signed release of information form, all relevant information about the grievance to one or more of the specified organizations to which the griever has initiated a complaint.

If a staff member has a concern regarding a client rights issue but is unsure whether it warrants a grievance, he or she may attend a Grievance Committee meeting to discuss the concern. At that point the Committee will decide whether a grievance should be filed.

The agency pledges full support of the Director of Operations and designated GCESC-MHS Supervisor to execute any provisions that must be made to provide for prompt accessibility to the griever, and the appropriate steps that may be necessary to assure compliance with the grievance procedure.

GCESC-MHS staff will explain to you any aspects of client rights upon request and at admission. For information, assistance, or to file a grievance, contact the Client Rights Officer:

Anya Senetra MSW, LISW-S
Director of Mental Health & Prevention Services
Greene County Educational Service Center- Mental Health Services
360 East Enon Road
Yellow Springs, Ohio 45387

Phone: (937) 767-1303 ext. 1131 ● 8:00 a.m. - 4:00 p.m. ● Monday - Friday