



JEWISH FAMILY & COMMUNITY SERVICES

CLIENT HANDBOOK

Jewish Family & Community Services is an agency of the Youngstown Area Jewish Federation.

CLIENT HANDBOOK

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1. PROGRAM OVERVIEW

About Jewish Family & Community Services (JFCS)

Welcome to Jewish Family & Community Services. We are a human service agency dedicated to providing high-quality, professional mental health care to the Youngstown community. Guided by the Jewish value of *Tikkun Olam* (repairing the world), our services are open to individuals of all faiths, backgrounds, and walks of life.

2. OUR MISSION, VISION, AND VALUES

Mission Statement

The mission of the Youngstown Area Jewish Federation is to sustain and enrich the quality of life for the Jewish people regionally, in Israel and worldwide. We are guided by the values of *Tzedakah* (righteousness), *Klal Yisrael* (the responsibility of each Jew for another), *Dor l'dor* (the continuity of the Jewish people), and *Tikkun Olam* (repairing the world).

Vision Statement

To be a trusted leader in providing innovative, person-centered mental health services that promote recovery, resilience, and improved quality of life.

Values

1. Respect
2. Dignity
3. Recovery oriented care
4. Cultural competency
5. Trauma-informed services
6. Ethical practice

3. CODE OF ETHICS

Our clinical team consists of **Licensed Independent Social Workers (LISW)** and **LISW-S (Supervisor credential)** licensed by the State of Ohio Counselor, Social Worker, and Marriage and Family Therapist Board. This ensures you receive care from highly trained, independent practitioners.

Our staff follows professional ethical standards that include:

- Respecting confidentiality
- Avoiding conflicts of interest
- Maintaining professional boundaries
- Providing services without discrimination
- Acting in the best interest of clients

Behavioral health professionals must maintain confidentiality and ethical conduct toward clients.

4. SCOPE OF SERVICES

JFCS provides **Outpatient Mental Health Counseling**. We offer individual and various group therapy to address a wide range of emotional and behavioral challenges.

Ohio regulations define behavioral health services as assessment, counseling, therapy, and related clinical services provided by certified providers.

What We Do Provide

- Diagnostic assessments
- Individual counseling
- Group therapy
- Case management
- Crisis intervention
- Family therapy
- Community support services

What We Do Not Provide

To ensure your safety and the highest quality of care, please note the following limitations:

- **No Inpatient Services:** We are strictly an outpatient facility.
- **No Medication Management:** We do not have medical doctors on staff and **do not prescribe or manage medications**. If you require a psychiatric evaluation for medication, we will provide a referral to a local partner.
- **No Seclusion or Restraint:** We do not utilize “time-out” rooms, physical restraints, or any form of seclusion.
- **Emergency Care:** We are not a 24-hour crisis center. If you are experiencing a life-threatening emergency, please call **988 (Suicide & Crisis Lifeline)** or go to the nearest emergency room.

5. TELETHERAPY SERVICES

JFCS provides the option for counseling via secure video conferencing.

1. **Suitability:** Not all clinical issues are appropriate for teletherapy. Your LISW will regularly review if this format is meeting your needs.
2. **Location Requirements:** You must be physically present in **Ohio** during sessions.
3. **Emergency Protocol:** You must provide your current physical address at the start of every remote session.
4. **Disconnection Plan:** If video fails, your therapist will call you at the phone number on file to continue the session or reschedule.

6. ACCESSING CARE

Hours: Monday–Friday, 8:30 a.m –5:00 p.m. (excluding holidays)

Fees: Fees are based on insurance or a sliding scale. A Good Faith Estimate will be provided per the No Surprises Act.

Attendance: We ask for prior notice for cancellations. Three consecutive no-shows may result in a transition of care to another provider.

Closures: JFCS is open every day except for New Year’s Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, Christmas, and major Jewish Holidays. Check jewishyoungstown.org for specific dates.

7. YOUR RIGHTS & RESPONSIBILITIES

Based on **OAC 5122-26-18**, all clients of JFCS, have the right to the following:

Clients have the right to be treated with consideration and respect for personal dignity, autonomy, and privacy.

Clients have the right to reasonable protection from physical, sexual, and emotional abuse, neglect, exploitation, or inhumane treatment.

Clients have the right to receive services in the least restrictive, safe, and appropriate environment available.

Clients have the right to participate in services that are appropriate and consistent with their treatment needs.

Clients have the right to provide informed consent before receiving treatment or services and have the right to refuse services except when otherwise required by law or emergency circumstances.

Clients have the right to participate in the development, review, and revision of their individualized treatment plan and to receive a copy of that plan when requested.

Clients have the right to confidentiality and privacy regarding their clinical records and communications, except when disclosure is required or permitted by law.

Clients have the right to review their clinical records unless access is restricted for documented clinical reasons consistent with applicable law.

Clients have the right to be informed about their condition, available treatment options, and services offered by the program.

Clients have the right to exercise their rights without fear of retaliation, reprisal, or discrimination.

Clients have the right to be informed of the costs of services and any applicable fees before services are provided.

Clients have the right to file a grievance if they believe their rights have been violated.

Clients have the right to receive assistance with filing a grievance from the agency's Client Rights Officer.

Clients have the right to consult with independent treatment specialists or legal counsel at their own expense.

Clients have the right to receive services without discrimination based on race, color, national origin, religion, gender, sexual orientation, disability, or age.

Your Responsibilities: To provide accurate information, participate in your goals, and treat staff and the facility with respect.

Clients Rights Officer

As required by the State of Ohio, JFCS has a designated Client Rights Officer responsible for ensuring these rights are protected and for assisting clients with grievances.

8. FEEDBACK & SURVEYS (YOUR VOICE MATTERS)

Your feedback is important to us. It helps us improve our services and make sure that we are meeting your needs. You may be asked to provide feedback in different ways, and all feedback is **voluntary, confidential, and will not affect your care.**

Types of Surveys

- **Entrance**
- **Exit**
- **Client Satisfaction**

How Your Feedback is Used

All feedback is reviewed by staff and leadership to improve services, enhance client experience, and guide staff training. Your responses are confidential and will never be used to penalize or discriminate against you.

If you have questions about surveys or want assistance in providing feedback, you may contact your **counselor, staff member, or Client Rights Officer.**

9. HEALTH, SAFETY, & FACILITY RULES

- **Tobacco-Free:** JFCS is a tobacco and vape-free environment.
- **Weapons:** No weapons of any kind are permitted on the premises.
- **Illegal Substances:** Possession or use of illicit drugs on-site is strictly prohibited.
- **Safety Drills:** Occasionally, we conduct fire or weather drills. Please follow staff instructions immediately.

10. GRIEVANCE & COMPLAINT PROCEDURE

We are committed to addressing your concerns promptly and fairly

A grievance is any concern about your treatment, services, staff behavior, or a violation of your rights. You may submit a grievance verbally or in writing. Assistance is available if you need help.

We encourage you to first speak with your counselor or staff member if appropriate. Many concerns can be resolved informally. If informal resolution does not work, a formal grievance can be submitted.

How to Submit a Grievance

- Contact the **Client Rights Officer** directly
- Submit a written complaint to the CRO or any staff member

Include your name, a description of the issue, the date of the incident if known, and your desired outcome.

Investigation and Response

The Client Rights Officer will investigate the grievance, which may include:

- Interviewing staff involved
- Reviewing records and documentation
- Gathering relevant information

You will receive a **written response** detailing the investigation results and any actions taken. We aim to resolve grievances **within 20 working days**. If additional time is needed, you will be notified.

External Review

If you are not satisfied with the outcome, you may contact external oversight agencies, such as:

- **The Ohio Department of Mental Health and Addiction Services (OhioMHAS)**
- **Mahoning County Mental Health and Recovery Board** (330.744.0320)
- **Ohio CSWMFT Board** (614-466-0912)

Non-Retaliation

Filing a grievance will not affect your services or relationship with our agency. You will not experience retaliation for exercising your rights.

Documentation

All grievances and resolutions are documented and maintained according to agency policy and Ohio law. This helps the agency monitor quality, improve services, and ensure compliance with legal and ethical standards.

10. CONFIDENTIALITY AND PRIVACY

Your records are confidential and protected by:

- The Health Insurance Portability and Accountability Act (HIPAA) of 1996
- 42 CFR Part 2
- Ohio Revised Code

Information about your care may only be shared:

- With your written consent
- When required by law
- In emergencies
- For reporting abuse or threats of harm

Jewish Family & Community Services (JFCS) is committed to protecting your privacy and maintaining the confidentiality of your personal health information in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and applicable Ohio law.

11. USE AND DISCLOSURE INFORMATION

Your information may be used and shared for the following purposes:

- **Treatment:** To provide, coordinate, and manage your care.
- **Payment:** To bill and receive payment from insurance providers or other payers.
- **Healthcare Operations:** For administrative, quality improvement, and program evaluation purposes.

We will not share your information for other purposes without your written authorization, unless required or permitted by law.

12. LIMITS OF CONFIDENTIALITY

While your privacy is very important to us, there are situations where we are legally and ethically required to disclose information without your consent:

- **Risk of Harm to Self or Others:** If you express intent to harm yourself or another person, we may take necessary steps to ensure safety, including notifying appropriate individuals or authorities.
- **Abuse or Neglect:** We are mandated reporters and must report suspected abuse, neglect, or exploitation of:
 - Children
 - Older adults
 - Vulnerable adults with disabilities
- **Court Orders and Legal Proceedings:** We may be required to release information if ordered by a court of law or in response to a valid subpoena.
- **Medical Emergencies:** Information may be shared with emergency personnel if necessary to protect your health and safety.
- **Public Health Requirements:** We may disclose information when required by law for public health or safety concerns.

13. YOUR RIGHTS REGARDING YOUR INFORMATION

You have the right to:

- Request access to and receive a copy of your records (with limited exceptions)
- Request corrections or amendments to your records
- Request restrictions on how your information is used or shared
- Request confidential communication methods (e.g., alternative phone numbers)
- Receive a copy of our full Notice of Privacy Practices

Coordination of Care

With your written permission, we may communicate with other healthcare providers, family members, or support persons involved in your care to ensure coordinated and effective treatment.

Questions or Concerns

If you have questions about confidentiality or believe your privacy rights have been violated, you may contact the JFCS administration. You also have the right to file a complaint without fear of retaliation.

14. TREATMENT PLANNING

Within **30 DAYS** after intake, a treatment plan will be developed that includes:

- Person centered planning
- Client's goals
- Services to be provided
- Expected outcomes

15. TRANSITION AND DISCHARGE

Services may end when:

- Treatment goals are achieved
- Services are no longer medically necessary
- Client chooses to discontinue
- Repeated missed appointments occur

Discharge is a planned process. You and your counselor will decide together when your goals have been met. You will be provided with a discharge summary and, if needed, referrals for continued support in the community.

16. CRISIS SERVICES

If you experience a crisis call:

- **988 Suicide & Crisis Lifeline**
- Local crisis hotline
- Emergency services (911)

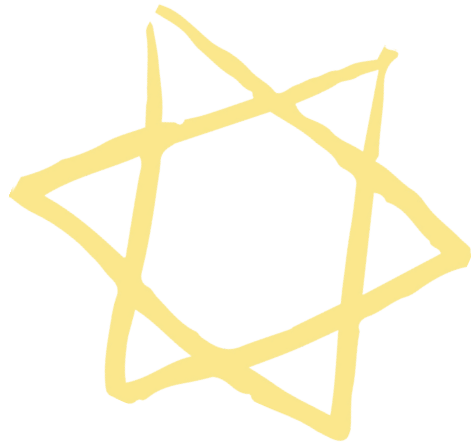
17. CLIENT ACKNOWLEDGMENT

I have received a copy of the JFCS Client Handbook. I understand my rights, the scope of services, and the requirement to participate in the 90-day survey process.

Client Signature: _____

Date: _____







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jewishyoungstown.org/jfcs