



WELCOME TO JACKSON SERVICES!

These are some important documents for you to have concerning your services with us and a resource for you to use. Please keep in mind, none of our providers are custody specialists and we do not conduct child custody evaluations. Due to this, none of our providers share opinions in court regarding custody matters as it is outside our scope of practice.

Jackson Services

10 Crater Lake Avenue
Medford, Oregon 97504
Office (541) 772-0127
Fax (541) 772-0966

Walk-in Hours

Tuesday and Wednesday – 12:00pm to 3:00pm

Thursday and Friday – 8:30am to 3:00pm



**After-Hours Crisis Support
Jackson County Crisis Team
541-774-8201**

When can I call the Jackson County Mental Health Crisis Support Number?

You can call the Jackson County Mental Health Crisis Line number any time of day. If you need support between 5:00pm and 8:30 am weekdays, or on the weekend, call the Jackson County Mental Health Crisis number for assistance.

Who will I talk to if I call the Jackson County Mental Health Crisis Line after-hours phone number?

The Jackson County Mental Health Crisis Team has a rotation of professionals covering the afterhours phone.

What should I expect if I call during a crisis?

If you call for after-hours support during a crisis, the person answering the phone will collaborate with you to help try to de-escalate the situation. If the situation continues to escalate or you need more help than they can provide, they will offer to call the Jackson County Crisis Team for you and can help coordinate with the crisis team.

How will I know whether to call Jackson County Crisis Team, or the Police?

If there is an immediate danger that someone will be seriously injured, call 911.

If the situation is safe, but the youth is in crisis (yelling ,screaming, slamming doors, threatening g to run away, etc.) and you are not sure what to do or are worried that the youth will not calm down, calling the Jackson County Mental Health Crisis Team will probably be the most helpful, especially if you think that you or the youth will need to go to the emergency room.

When should I contact Jackson Services for support?

If you or the youth are experiencing a crisis during business hours (Monday through Friday, 8:30 am to 5 pm), contact the youth's skills coach, therapist, or peer support directly at Jackson Services, as they will probably be the most helpful since they know you and your family. The youth's therapist and/or skills coach will assist you in coming up with an individualized safety plan to assist you in maintaining safety if difficulties arise. Your plan should outline helpful strategies for de-escalating crisis situations and will include information regarding what to do in an emergency. One of the strategies identified in your plan might include contacting Jackson Services staff, the Jackson County Mental Health Crisis Team, or the police.



Mandatory Reporting

According to Oregon law:

- We are required by law to be mandatory reporters. This means that if you or someone else gives us information that causes us to believe that physical, emotional or sexual abuse of a youth or elder might have occurred, we are obligated to report this information to the protective services office as well as the County Mental Health Program (Lane County Health and Human Services). If we report that abuse may have occurred, then the protective service office will decide what to do next. Sometimes they will do nothing. This is true if a report of a situation has already been made and resolved. They may also do nothing if the information is not sufficient to warrant an investigation. If they decide to investigate, someone from their office will be in touch with you.
- We have a duty to warn the intended victim or the police if we become aware of serious intent to harm someone
- Records can be subpoenaed by a court if they are considered relevant to the considerations of that court.

Any additional disclosure of confidential information about you requires a specific signed Authorization for Release of Information which specifies what information may be disclosed to whom and for what purpose. You will be asked to complete one of these as a part of the admission process. The intake worker will explain to whom we are being authorized to disclose confidential information and why.

As a client of our services, you have certain legal rights regarding your confidential clinical records:

1. You have the right to receive this notice.
2. You have the right to access, inspect and copy your clinical record. This right may be limited if:
 - a. Disclosure is reasonably likely to endanger someone's life or physical safety,
 - b. Disclosure is likely to cause harm to another individual,
 - c. Disclosure of confidential information is likely to reveal a confidential source of the information,
 - d. The information was compiled for a legal proceeding.
3. You have the right to request that we do not disclose information under certain circumstances. If the request refers to a signed Authorization for Release of Information, we are required to honor it, once we receive written notice of your desire to rescind the authorization. If the request refers to the routine access to records described in the beginning of this document, we will consider the request, and may agree not to disclose information, depending on the circumstances. Such an agreement may affect our ability to provide services to you, and may result in termination of further services.
4. You have the right to an accounting of who we have disclosed confidential information to.
5. You have the right to request amendment and correction of the clinical record. If you feel that information in our clinical record is incorrect or incomplete, you may request that we correct it or add the missing information to it.

If you feel that your privacy rights have been violated, you should tell your Individual & Family Therapist. The process for telling us about such a violation is described in the handout on client grievance procedures.



Notice of Privacy Practices

In the course of your referral to and receipt of services from Kairos, information is collected and records are created regarding you and your previous care. These records are available to Kairos staff who must access them in order to do their job, including:

- all clinical staff
 - psychiatrists
 - psychologists
 - Individual and Family Therapists
 - Skills Coach Supervisors
 - Skills Coaches
 - interns
- classroom staff
 - teachers
 - classroom aides
 - tutors
- clerical staff
 - office managers
 - office assistants
- fiscal staff (billing and bookkeeping)
- our consulting Accredited Records Technician (in order to review and advise us on our handling of these records)
- our consulting Dietitian (in order to advise us on menu planning and dietary education)

All of our staff are bound by legal requirements to preserve the confidentiality of your records and trained in those requirements.

In addition, certain individuals from outside the agency may review these records as a part of their supervision of agency practices for accreditation, regulatory, contract, licensing and billing purposes. These reviewers include:

- Oregon Department of Human Services (DHS)
 - Coordination of Care
 - Agency Licensing
 - Compliance with State and Federal regulations
 - Contract supervision
 - Billing
- Oregon Youth Authority (OYA) (for some of those youth who are already involved with OYA)
 - Coordination of care
 - Compliance with State and Federal regulations
 - Contract supervision
 - Billing
- Coordinated Care Organizations and Counties who may contract with Kairos to provide some of our services)
 - Coordination of care
 - Contract supervision
 - Billing
- AMH (The Addictions and Mental Health Division, which is the quality improvement organization under contract with DHS to review agency records for them)
 - Coordination of care
 - Compliance with State and Federal regulations
 - Contract supervision
 - Billing
- The federal Center for Medicare and Medicaid Services (CMMS)
 - Compliance with Federal regulations
 - Billing
- The Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
 - Agency and program accreditation

All of these reviewers are bound by the same legal requirements to protect the confidentiality of your child's records as our staff.



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PROCEDURE RELATING TO ABUSE AND ABUSE REPORTING

Purpose of this procedure: The Oregon Revised Statutes and Administrative Rules define abuse of persons with mental illness or developmental disability as many different things. Below are kinds of abuse and some examples. If you are uncertain if something is abuse, **report it**.

The below information/procedure is provided to Kairos from the State of Oregon. The State of Oregon as mandated through Oregon Revised Statute and Oregon Administrative Rule provides the below procedures/directions to individuals who are Mandated Reporters.

Definitions of Abuse	Examples
FOR ALL COMMUNITY PROGRAMS AND COMMUNITY FACILITIES	
<ul style="list-style-type: none"> Any death by other than accidental or natural means or occurring in unusual circumstances. 	<ul style="list-style-type: none"> Any death where there was neglect, or serious service delivery problems.
<ul style="list-style-type: none"> Any physical injury caused by other than accidental means, or that appears to be at variance with the explanation given of the injury. 	<ul style="list-style-type: none"> An injury with people giving different explanations of what happened. A client getting hurt on purpose by someone.
<ul style="list-style-type: none"> Willful infliction of physical pain or injury, including, but not limited to, hitting, kicking, scratching, 	<ul style="list-style-type: none"> Staff hurting client. Slapping a client.
<ul style="list-style-type: none"> Sexual harassment or exploitation including, but not limited to, requests for sexual favors, other situations where the resident experience unwelcome verbal or physical sexual contact, and any sexual contact between an owner, employee or other agent of a facility and the client, whether consensual or not. 	<ul style="list-style-type: none"> Any sexual contact between any staff and client (e.g., inappropriate hugs or touches, kisses, caresses, sex, etc.) Rape or any unwanted sexual contact with another person. Sexual harassment.
<ul style="list-style-type: none"> Neglect that leads to physical harm or significant mental injury. 	<ul style="list-style-type: none"> Not following the prescribed dose of medication that results in client needing medical interventions.

IN MENTAL HEALTH, LICENSED RESIDENTIAL FACILITIES

Definitions of Abuse	Examples
<ul style="list-style-type: none"> Failure to act/neglect that leads to or is in imminent danger of causing physical injury, through negligent omission, treatment, or maltreatment. 	<ul style="list-style-type: none"> Not following the prescribed dose of medication. Failure to provide adequate food, clothing, shelter, medical care, or supervision. Condoning or permitting abuse by another person. Not supervising a suicidal client.



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| • Use of derogatory names or phrases, profanity, ridicule, harassment, coercion, threats, cursing or intimidation. | • Making fun of a resident. |
| • Placing unreasonable restrictions on a client's freedom of movement. | • Swearing at a resident. |
| • Financial exploitation which may include, but is not limited to, unauthorized rate increases, borrowing money from clients, adding program's name to the client's personal property, the program becoming a client's guardian or conservator, etc. | • Verbally threatening a resident. |
| | • Making a client stay in his/her room as punishment. |
| | • Stealing a client's money. |
| | • Telling a client to buy something for the facility, other clients, or staff. |
| | • Witnessing wills in which a program or staff is beneficiary. |
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Who Needs to Report Abuse?

Mandatory Reporters must report abuse if they think it has happened to an adult in mental health services.

If you are a provider, county worker, work at a residence or home at any time, are an owner or licensee of a residence or home, come into contact with persons with a mental illness as part of your job, **you need to report abuse!**

Other Mandatory Reporters: doctors, nurses, any staff involved in the care of clients, police, crisis workers, etc. psychiatrists, psychologists, clergy, and attorneys are mandatory reporters, but do not have to report information given from communications that are privileged.

If you are a client who has been abused, it is important to tell staff whom you trust, so that you can get help and protection from the abuse.

I think Abuse has Happened. What do I Do?

If you think abuse has happened call the Hotline listed below; and tell your supervisor, case manager, or a county staff immediately **and** call:

The Oregon Child Abuse Hotline at 855-503-SAFE(7233)

When reporting abuse or suspected abuse to the Hotline, please be sure to document the date, time and the screeners name when a call is made and include that info on the incident report.

If you have feedback or questions regarding the Hotline, you can send them to Feedback.OregonChildAbuseHotline@dhsosha.state.or.us.

If you think a crime has been committed, call your local law enforcement agency or 911.



It is VERY IMPORTANT that you know how to contact someone IMMEDIATELY if you think abuse has happened.

You cannot get in trouble for reporting abuse if you think it happened. Oregon law protects people who report suspected abuse “in good faith”.

What Happens Next?

If it appears that abuse may have happened, staff needs to make sure that the client is safe immediately and throughout the investigation process. This may mean moving the client to a safe place, contacting the police or emergency services, counseling, or even adding services and support to the client’s treatment. It depends on the case.

The County or State staff will do an Abuse Investigation, depending on the circumstances. If criminal activity is suspected, it will be reported to the local law enforcement.

During an Abuse Investigation, you may be interviewed about the case. It is important to tell everything you know in a honest and clear way. In the final Abuse Investigation report, people who report abuse, the alleged victims, and the witnesses who are interviewed are kept confidential.

The Abuse Investigation report will document evidence and make a finding of whether the abuse happened or not, or if it is not possible to decide. The Abuse Investigation report may also give recommendations or corrective actions to improve services to prevent abuse from happening again.

Custody Disclosure

None of our providers are custody specialists and we do not conduct child custody evaluations. Due to this, none of our providers share opinions in court regarding custody matters as it is outside our scope of practice.



CLIENT AND FAMILY RIGHTS

As a client of KAIROS, you have certain rights that we protect and support. These rights are listed for you here. As a parent of a client, all the applicable rights apply to you as well. If you ever feel that these rights are not being recognized, please let us know.

1. The right to prompt treatment, with dignity and respect, no matter what sex, race, or color you are, or what religion, sexual preference or handicap you might have.
2. The right to privacy and confidentiality. We won't share any information about you or your family without your and your parent's or legal guardian's consent.
3. The right to good treatment, offered by trained adults, who care about you and won't hurt you in any way.
4. The right to services needed to prevent, diagnose, and treat most mental health problems, including referral to special providers when medically necessary.
5. The right to emergency services, when necessary.
6. The right to written information on how to obtain emergency and routine mental health services.
7. The right to a care plan made just for you and your family, the right to help in building this plan, including the right to accept or refuse services.
8. The right to develop in your own ethno-cultural environment, to the extent possible.
9. The right not to be secluded or restrained unless you are about to hurt yourself or someone else.
Note: Restraint and Seclusion is strictly prohibited in our Community Services, Treatment Foster Care and Jackson (Outpatient) Service programs.
10. The right to talk with your lawyer and/or caseworker or care coordinator or wrap facilitator.
11. The right to have access to your records.
12. The right to be informed about fees and the fee payment process.
13. The right to express your concerns, opinions, and complaints about the program to people who will listen and act.
14. The right to put a grievance in writing if you feel that any of your rights have been violated. We will investigate and respond and explain what you can do if you are still not satisfied.

In addition, those youth in residential treatment and treatment foster care at KAIROS, and their families, have the following rights:

15. The right to good care. This means things like healthy meals, a safe clean environment, opportunity for good hygiene, and necessary rest and health care.
16. The right to be discharged as soon as you can be safe at home or in the community.
17. The right to wear your own clothes and to keep personal belongings, and to have a safe space to store those belongings.
18. The right to be told before you come, what sort of things you may not bring to the program and why.
19. The right to participate in the development of your chosen spirituality, and to worship and to practice your religion.



20. The right to earn allowance by doing chores, and to spend your money within the specified parameters. The right to receive gifts from parents and friends.
21. The right, with your parents' or legal guardian's permission, to unrestricted visits, phone calls (at scheduled times) and mail privacy, unless it is determined that this right may in some way do harm to you. If that occurs, we will explain why, and review this decision weekly.
22. The right to participate in recreational and physical activities and to go off campus and on home visits as part of your treatment plan.
23. The right to appropriate educational services.
24. The right to routine preventive, emergency medical, vision, behavioral health, dental, and rehabilitation care as warranted.

In addition, please note that the Foster Care Ombudsman represents all youth in DHS care, and can provide information about your rights and serve as an avenue for addressing issues and concerns that you may have during your stay in foster care. The Foster Care Ombudsman is Darin Mancuso, and he can be reached at 503-945-5897; darin.mancuso@state.or.us.



Kairos Grievances and Appeals Procedure

If you as a consumer of Kairos services have a concern about a program policy, decision, or about something that has happened or not happened, we want you to let us know. We'll try to work things out. Listed here for your information are the steps available to you to express your concerns or complaints. Kairos adheres to grievance and appeals policy and procedures outlined by Oregon Administrative Rules (OARs).

DEFINITIONS:

- “Appeal” means an application for a decision to be reversed.
- “Grievance” means a formal complaint submitted to a provider verbally or in writing by an individual or the individual’s chosen representative pertaining to the denial or delivery of services and supports.
- “Grievant” means an individual who submits a grievance for resolution through a grievance procedure.
- “Liability” means the state of being responsible for something, especially by law.
- “Retaliation” means to punish or get revenge.
- “Witness” means a person who sees or has knowledge of an event from personal observation or experience.

PROCEDURE:

- Any individual or parent or guardian receiving services may file a grievance with their provider (Kairos), the individual’s coordinated care plan, the individual’s managed care plan, or the Health Systems Division of the Oregon Health Authority, or its designee (Division).
- Kairos’ grievance process shall:
 - Notify each individual or guardian of the grievance procedures by reviewing a written copy of the policy upon entry;
 - Assist individuals and parents or guardians to understand and complete the grievance process and notify them of the results and basis for the decision;
 - Encourage and facilitate resolution of the grievance at the lowest possible level;
 - Complete an investigation of any grievance within 30 calendar days.



- Accepting, processing, and responding to grievances:
 - When a Kairos employee receives a written grievance, whether on the Kairos Grievance Form or otherwise, they will email a copy to the applicable Program Director/Manager and the Kairos Grievance Committee.
 - The Grievance Committee comprises of one leadership staff from each program, Senior Clinical Director, Human Resources Director, and Quality Systems Director.
 - A Grievance Committee meeting will be scheduled to take place no later than 7 business days from the receipt of the grievance.
 - The Grievance Committee will review the submitted grievance and agree upon:
 - Action plan
 - Staff member that will carry out the action plan
 - Deadline for completion of the action plan
 - Once the action plan is completed by the Kairos staff member, that employee will contact the Grievance Committee to verify conclusion.
 - If it is deemed necessary for the Grievance Committee to meet for follow-up, a Grievance Committee meeting will be scheduled to take place no later than 7 business days from the action plan completion verification contact.
- Documentation of grievances and appeals
 - The Quality Systems Director or designee will document and track grievances, appeals, Grievance Committee meeting minutes, and outcomes within the secure Kairos electronic folder system.
- Kairos shall post a Grievance Process Notice in a common area stating the telephone numbers of:
 - The Division;
 - Disability Right Oregon;
 - Any applicable coordinated care organization; and
 - The Governor's Advocacy Office.
- In circumstances where the matter of the grievance is likely to cause harm to the individual before the grievance procedures are completed, the individual or guardian of the individual may request an expedited review. The program administrator shall review and respond in writing to the grievance within 48 hours of receipt of the grievance. The written response shall include information about the appeal process.
- A grievant, witness, or staff member of Kairos may not be subject to retaliation by Kairos for making a report or being interviewed about a grievance or being a witness. Retaliation may include but is not limited to dismissal or harassment, reduction in services, wages, or benefits, or basing service or a performance review on the action.



- The grievant is immune from any civil or criminal liability with respect to the making or content of a grievance made in good faith.

- Individuals and their legal guardians may appeal entry, transfer, and grievance decisions as follows:
 - If the individual or guardian is not satisfied with the decision, the individual or guardian may file an appeal in writing within ten working days of the date of the program administrator's response to the grievance or notification of denial for services. The appeal shall be submitted to the Division;
 - If requested, Kairos staff shall be available to assist the individual;
 - The Division shall provide a written response within ten working days of the receipt of the appeal; and
 - If the individual or guardian is not satisfied with the appeal decision, they may file a second appeal in writing within ten working days of the date of the written response to the Division Director.

If you have questions about any of these steps, please let us know, and we'll try to help you. Kairos is committed to working with you as **partners** in the treatment process. It is important to us that you feel listened to and treated fairly. This Grievance Process is in place to make sure you can contact people who will respond to your concerns seriously. Hopefully, you won't ever have to use it!



Behavior Support Philosophy

Kairos aspires to build an organization that understands the prevalence and consequences of toxic stress and trauma experienced by the youth and families we serve. It is the policy of Kairos to practice “universal trauma precautions” and assume that all persons with whom we work are coping with the effects of adversity, stress, and trauma, and to frame and adjust our practice accordingly. Kairos’ behavior support philosophy, policies and associated procedures assist staff in determining the best response to a youth’s challenging behavior patterns.

Kairos focuses on strength-based approaches to relationships, and therefore, treatment. Understanding that relationships are built, and that trust and safety must be earned and demonstrated over time, we encourage our staff to be aware of their internal responses to a youth’s provocation, manage their own emotions in response to challenging behavior, to consciously modify or contain those responses when they are unhelpful, and seek to avoid power struggles. Kairos expects staff to understand behavior and problems from the youth’s perspective, and to develop collaborative partnerships consistent with self-direction and person-centered approaches to care.

Kairos does not use punitive responses to challenging behavior, but rather focuses on teaching new skills. We understand that often what people construe as “misbehavior” by a youth is on another level an expression of need, and that there is a message implicit in any behavior, which is often different from the “face message” of that behavior. Our job is to decipher the message, respond to it, and assist the youth in finding more effective methods of expression.

We individualize our responses to behavior, appreciating that youth have differing strengths and needs and that it is important to discover what works best for each youth. We teach that “kids do well if they can” and that part of the reason youth do not do well is because they have not yet learned or are not able to access the skills necessary to address the situation. We use positive reinforcement techniques whenever we can and teach staff to look for opportunities to “catch them doing right.” We encourage staff to work with youth to develop new social and behavioral skills that work more effectively in helping them get their needs met.

We strive to establish and maintain non-coercive environments by creating physical and emotional safety through fostering connections, maximizing opportunities for choice and control, and ensuring that our services promote understanding, self-control, and skill building. We employ a variety of ongoing methods and mechanisms to support such environments, such as the Restorative Approach, Dialectical Behavior Therapy, Collaborative Problem Solving, Crisis Prevention Intervention, and Positive Behavior Supports.



We involve each youth and family in developing an individualized behavior support and safety plan, based on what has worked historically and what hasn't, and on the youth/family's sense of what might work in the future. When we use special individualized interventions, they are based on building skills and positive reinforcement, and incorporate a values orientation.

When we restrict privileges, we do so on an individualized basis for purposes of keeping a youth and/or their environment safe. We do not restrict privileges without there being a threat to safety. We do not withhold food, telephone access, personal contact, contact with family members, home visits, access to outdoors or recreational activities, or other client rights as punishment.

We do not employ "high-risk" interventions, such as restraint and seclusion in our community based programs, including Intensive Outpatient Services (Jackson Services) and Treatment Foster Care, or in our young adult residential treatment homes (Cadenza, Tempo, and Momentum).

In our middle and elementary Day Treatment programs, staff are trained to safely physically-restrain youth, or briefly escort them from the immediate environment to maintain safety and avoid injury when all other alternatives have been exhausted. We have learned that when we create safe, supportive, soothing environments that promote skill building, the need for seclusion/restraint is greatly reduced.

We do not use police or other law enforcement officers to manage disturbances in our residential or day treatment environments unless necessary to maintain safety amongst staff and the individuals served. In our community settings, including Treatment Foster Care, a youth's individual safety and support plan may in some cases specify circumstances under which an adult caregiver may request police assistance after a number of alternative interventions have been attempted. In some instances, individual plans may specify utilizing residential capacity to respond to prolonged behavioral disruption. Whether or not we file charges against a youth for behavior occurring while in our care is a decision that is made by the full Care Team based on circumstances and clinical indication. We work with families and any currently involved representatives of the legal system to create Individualized Safety Plans that meet any requirements of probation or conditional release while respecting the individual's mental health needs. We also work to educate the legal system on the mental health issues that may influence an individual's aggressive behaviors.



Feedback Informed Treatment (FIT) and OpenFIT Use Disclaimer

Kairos Jackson Services strives to provide Feedback Informed Treatment (FIT) to all youth and families to facilitate ongoing evaluation of the effectiveness of our services throughout treatment. This allows Kairos care teams to tailor therapeutic approaches and interventions to provide you the best possible mental health care.

Kairos uses OpenFIT, a Health Information Portability and Accountability Act (HIPAA) compliant database under contract with CareOregon, to administer FIT assessment tools. OpenFIT enables our care teams to track youth and family feedback and progress over time. OpenFIT also allows providers to track their total clinical effectiveness. Kairos supervisors and managers can see youth and Kairos providers' OpenFIT data. While FIT data may be used to support ongoing quality improvement efforts, identify potential areas for professional development, and for provider network reporting purposes, it will not be used punitively against any provider or client. FIT data will not become part of the client chart to keep the integrity of the data for clinician development and quality improvement. The data collected and stored in the OpenFit database is protected health information (PHI). OpenFIT data for clients with CareOregon coverage is reported to CareOregon. All PHI is only shared in line with Kairos' privacy policies, and as permitted by law.



KAIROS JACKSON SERVICES HOME SAFETY SERVICE DELIVERY AGREEMENT

A safe environment is critical to the success of mental health treatment. To ensure a safe environment, Kairos Jackson Services requests that families receiving services in the home agree to the following:

- Household pets remain under control of the owner while we are providing in-home services. It is our preference that non-caged pets be removed from the treatment environment whenever possible during appointments. Per discretion of the Kairos service provider, appointments may be moved to an alternate location.
- Alcohol, drugs and/or other intoxicating substances must be stored in a manner that prevents unauthorized access by youth and may not be consumed by anyone on the premises while Kairos staff is present.
- All medications, poisonous chemicals, and toxic cleaning materials are stored in a manner that prevents unauthorized access or misuse by others.
- Outdoor tools, equipment, machinery, chemicals, flammables, or combustibles are stored in a safe manner.
- Firearms and ammunition are stored in separate, locked compartments. Firearms are kept unloaded.
- The legal guardian or an alternate adult authorized by the legal guardian must be present during service provision. (For example, foster parent, stepparent, approved adult relative, etc.)
- Kairos staff may use their own discretion and may exit the premises at any time should they feel it is unsafe for service delivery to proceed.



Missed Appointment Policy:

Kairos is committed to providing quality mental and behavioral health services as effectively and efficiently as possible. Although we understand that situations may cause you to miss an appointment now and then, repeated missed and/or cancelled appointments do not meet your treatment needs nor do they allow for efficient use of Agency resources. Therefore, effective March 1, 2019 Kairos will implement a missed appointment policy in accordance with the definitions and procedure as outlined below.

Definitions:

- **No-Show:** You miss an appointment without contacting us. This is considered a missed appointment.
- **Late Cancellation:** You notify us less than 24 hours before your appointment, making it difficult for the provider to arrange another productive use of the appointment time. This is considered a missed appointment.
- **Tardiness:** If you arrive more than 10 minutes late for your appointment, you may be asked to reschedule. If your clinician agrees to see you, your appointment will be shortened. If your clinician is unable or chooses not to see you, this would be considered a missed appointment.
- **Cancellation:** You contact us at least 24 hours in advance that you need to cancel and/or reschedule your appointment.

Regularly scheduled appointments will be discontinued when any of the following occurs:

- No-show/late cancellation rate exceeds 20%
- Two (2) missed appointments over a 60 day period
- Rate of cancellation exceeds 30%
- Three (3) cancellations over a 60 day period

Once this occurs, appointments will be on an alternative temporary scheduling plan arranged between you and a member of the Kairos staff.

Procedure:

1. After you miss your first appointment, a member of the Kairos staff will contact you by phone to discuss the reason for your missed appointment and provide help in resolving any barrier(s), if needed.
2. If you miss a second appointment, your future appointments will be made on an alternative scheduling plan that will be discussed with you by a member of the Kairos staff.
3. If you cancel 3 appointments in a 60 day period, future appointments will be made on an alternative scheduling plan that will be discussed with you by a member of the Kairos staff.
4. If you fail to adhere to an alternative temporary scheduling plan, your case will be closed.

Although Kairos wants to help you in your recovery process, we understand that you have the right to terminate your services with us.