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Department Assistance to Psychiatric Clinics and Community Health Facilities

Sec. 17a-20-1. Application for funds

Application for funds under Section 17a-20 of the General Statutes shall be made on forms to be provided by the State Department of Children and Families, hereinafter referred to as the Department. The application shall set forth a definition of the principal towns and areas to be served by the applicant; background of the organization submitting the application; description of children/youth and families to be served; rationale and need for the service; service objectives and description of expected achievement or outcome during the total service period.

The applicant shall submit, upon request of the Department, details pertaining to its corporate status and authority, if incorporated, or other information pertaining to its legal status and authority.

The applicant and the Department shall develop the method proposed to assess the program's effectiveness. The applicant shall set forth a written plan by which it proposes to coordinate its activities with those of other community agencies and organizations presently providing mental health services to children/youth and their families or contributing in any way to the continuum of services to children/youth in the area. Copies of all formal agreements with other community agencies must be attached to the application.

The applicant shall describe on forms provided by the Department the personnel requirements and qualifications needed to carry out its program proposal.

A detailed budget of anticipated program expenses in implementing the proposal and a statement showing the anticipated income specifying the sources of such income must be included.

The applicant shall submit five copies of the application to the Department.

(Effective February 1, 1994)

Sec. 17a-20-2. Review of application

The Department shall review the application within sixty working days of the receipt of the application. The Department and/or the applicant may request review of the application by the appropriate Department Regional Advisory Council.

(Effective February 1, 1994)

Sec. 17a-20-3. Criteria

The Department, in making allocations, shall consider the extent to which the proposal contained in the application emphasizes the provision of mental health services that are designed to (1) effectively decrease the prevalence and incidence of mental illness, emotional disturbance and social dysfunctioning, (2) promote mental health in individuals, groups and institutions, and (3) provide indirect services such as consultation, public education and training. The grantee shall have available the services of a sufficient number of qualified mental health professionals. These professionals shall include, but not be limited to, child psychiatrists, psychologists, and social workers. When these qualified professionals are not available, arrangements shall be made to obtain equivalent services on at least a continuing consulting basis. There shall be a sufficient number of other qualified mental health professionals and para-professionals as necessary to carry out the clinical programs. These shall include, but not be limited to, other physicians, psychiatric nurses, educators, speech and hearing specialists, etc. There shall be an adequate number of support personnel to provide the necessary services for administrative and clinical functions.

(Effective February 1, 1994)

Sec. 17a-20-4. Method of allocation

(a) The allocation of funds made by the Department shall be on the basis of a contract or letter of award for services. Each contract or Letter of Award shall set forth the terms and conditions under which the award will be made, the manner in which payments will be made, the period for which awards will be granted, and will make reference to the specific programs described in the application; (b) if, after completion of payments under the conditions set forth in the contract or Letter of Award, it is determined by the Department that the total paid hereunder, together with income from other sources applicable to the program, exceeds the total expenses for the period of the award, the applicant shall be required to refund to the Department, the amount of such excess within thirty (30) days of such termination.

(Effective February 1, 1994)

Sec. 17a-20-5. Account reports

A complete account of income and expenses shall be maintained by the applicant in accordance with guidelines set forth by the Department and is subject to audit for a period of three years following the final date of the period for which the award is made. Quarterly reports of expenditures and income shall be made by the applicant on forms supplied by the Department. Other reports providing statistical data, statements of program evaluation, and other related material shall be submitted as required by the Department.

(Effective February 1, 1994)

Licensure of Outpatient Psychiatric Clinics for Children**Sec. 17a-20-6 through 17a-20-10. Reserved for future use****Sec. 17a-20-11. Definitions. As used in section 17a-20-11 to 17a-20-61, except as otherwise provided therein**

(1) "Outpatient Psychiatric Clinic for Children" or "Clinic" means a community-based children's mental health facility which provides mental health services to children and adolescents under eighteen years of age and their families. These services are designed to: (A) promote mental health and improve functioning in children, youth and families; and (B) effectively decrease the prevalence and incidence of mental illness, emotional disturbance and social dysfunctioning. Responsibility for diagnostic and treatment services is vested in a multi-disciplinary team comprised of psychiatrists, psychologists, social workers, marriage and family therapists or other mental health professionals. Supervision of clinical services may be provided by a psychiatrist, psychologist, social worker or marriage and family therapist with appropriate child experience and state licensing. Services shall include but not be limited to diagnostic evaluation, psychological testing, family, group and individual therapies, medication services, crisis or emergency interventions. These clinics shall make every effort to respond flexibly and be accessible to their client population, as well as to work in collaboration with schools, the child welfare system, and other child caring agencies. Services are provided to the general public without bias because of race, sex, ethnicity, religion, or sexual preference and are culturally competent. Clinics shall have in place overall policies and procedures in compliance with sections 17a-20-11 to 17a-20-61, inclusive, of the Regulations of Connecticut State Agencies. Clinics shall be licensed by the Department of Children and Families;

(2) "Department" means the Department of Children and Families;

(3) “Commissioner” means the Commissioner of Children and Families;

(4) “Children, youth and their families” means any person under the age of eighteen years and their family;

(5) “Satellite Site” means a location separate from the primary clinical facility at which clinic outpatient services are furnished on an ongoing basis meaning with stated hours per day and days per week;

(6) “Clinic off-site services” means clinic services provided at a location which is not physically a part of the licensed clinic but whose services emanate from the licensed clinic. Such locations may include the recipient’s home, acute care hospital, school, recreational center or similar provisional location. Off-site services do not require separate licensing but shall be specified in the licensing process as locations where services are provided;

(7) “Assessment” means a multidisciplinary process which shall include but not be limited to a review of individual, developmental, family, social, educational, financial, medical, and legal status considerations.

(Adopted effective February 1, 1999)

Sec. 17a-20-12. Issuance of license. Not transferable or assignable

(a) A license for an Outpatient Psychiatric Clinic for Children shall be issued only to the clinic which makes an application and only for the address shown on the application and any identified satellite site, and shall not be transferable or assignable. When issuing a license, the department may impose restrictions on a clinic.

(b) Licenses for Outpatient Psychiatric Clinics for Children shall be issued biennially.

(c) The department may determine that a clinic or organization licensed as an outpatient psychiatric clinic for adults by the State of Connecticut, or accredited by a national mental health accrediting body (e.g., Council on Accreditation, Joint Commission on Accreditation of Healthcare Organizations), meets the standards of sections 17a-20-11 to 17a-20-61, inclusive, of the Regulations of Connecticut State Agencies if, during the review of existing licenses or accreditation, it is determined that the clinic or organization has recently met these standards. The applicant shall attest that such licensure or accreditation complies with sections 17a-20-11 to 17a-20-61, inclusive, of the Regulations of Connecticut State Agencies.

(Adopted effective February 1, 1999)

Sec. 17a-20-13. Display of license

Each licensed clinic shall publicly display the license on its premises in a prominent place.

(Adopted effective February 1, 1999)

Sec. 17a-20-14. Access of commissioner or designee to premises

The Commissioner or his designee shall have access at all reasonable times to the premises described on the license. If child abuse or neglect is suspected, access shall be at any time.

(Adopted effective February 1, 1999)

Sec. 17a-20-15. Technical consultation with applicant or licensee

Except as provided in Section 17a-20-17 of the Regulations of Connecticut State Agencies, the department shall be available to provide technical consultation with the applicant or licensee to assist them to achieve compliance with sections 17a-20-11 to 17a-20-61, inclusive, of the Regulations of Connecticut State Agencies.

(Adopted effective February 1, 1999)

Sec. 17a-20-16. Causes for denying, suspending, revoking or refusing to renew license

A license may be denied, suspended, revoked or its renewal refused for any of the following reasons:

- (1) Failure to comply with regulations pertaining to the licensure of the clinic;
- (2) Failure to comply with applicable state or local laws, ordinances, rules and regulations, including but not limited to those pertaining to health, safety, fire prevention and protection, building, sanitation and zoning;
- (3) Violation of any of the provisions under which the license was issued;
- (4) Making of any fraudulent or misleading statement in order to maintain or retain the license;
- (5) Failure to provide information or documentation requested by the Commissioner or his designee;
- (6) Failure to allow the Commissioner or his designee access to the premises;
- (7) Employment of any person who, within five years of the date of application for a license, has been convicted of a felony against persons, or injury or risk of injury to a minor, or impairing the morals of a child, or for the possession, use or sale of a controlled substance.

(Adopted effective February 1, 1999; amended August 10, 2000)

Sec. 17a-20-17. Hearing on denial, suspension, revocation or refusal to renew a license

Any clinic may, within fifteen (15) days after receipt by certified mail of notice of denial, suspension, intended revocation or refusal to renew a license, submit a written request for an administrative hearing thereon in accordance with the Uniform Administrative Procedures Act, Chapter 54, of the Connecticut General Statutes. Denial or refusal to renew a license shall be stayed until such hearing is held except as provided in Subsection (c) of Section 4-182 of the Connecticut General Statutes. In the absence of such request for a hearing during this time period, the license shall be either denied, suspended, revoked or not renewed.

(Adopted effective February 1, 1999; amended August 10, 2000)

Sec. 17a-20-17a. Suspension of a license

If the department finds the health, safety or welfare of children requires emergency action and incorporates a finding to that effect in its order, summary suspension of a license may be ordered pending proceedings for revocation or other action. These proceedings shall be promptly instituted and determined.

(Adopted effective August 10, 2000)

Sec. 17a-20-18. Limitation of the use of license

If the department finds that the health, safety or welfare of children is jeopardized or operation of the clinic is in substantial noncompliance with sections 17a-20-11 to 17a-20-61, inclusive, of the Regulations of Connecticut State Agencies, it may limit the use of said license pending corrective action or further proceedings.

(Adopted effective February 1, 1999)

Sec. 17a-20-19. Return of license to the commissioner

Upon discontinuance of the licensed clinic, or revocation of the license, the license shall be returned by the clinic to the Commissioner within fourteen (14) days after receipt of such request.

(Adopted effective February 1, 1999; amended August 10, 2000)

Sec. 17a-20-20. Waiver of requirements

A clinic shall comply with all relevant regulations unless a waiver for specific requirements has been granted through a prior written agreement with the department. This agreement shall specify the particular requirements to be waived, the duration of the waiver, and the terms under which the waiver is granted. The department shall grant a waiver only if it determines that the aims of the requirements can still be achieved. If the clinic fails to comply with the waiver agreement in any part, the agreement shall be immediately canceled and the license may be immediately suspended, revoked or renewal denied.

(Adopted effective February 1, 1999; amended August 10, 2000)

Sec. 17a-20-21. Record retention

The child's record shall be retained by the clinic for at least seven years following discharge from services. The method of destruction of such record shall be incineration or shredding. If a clinic ceases operation, all case records shall be given to the department, or upon order, to a court of competent jurisdiction. These records, while held by the department, are not considered records of the department for purposes of Section 17a-28 of the Connecticut General Statutes.

(Adopted effective February 1, 1999)

Sec. 17a-20-22. Personnel policies and procedures

(a) Personnel policies and operating procedures regarding clinic employment and personnel practices shall be in writing and on file with the department. A copy shall be given to each employee and volunteer worker. All applications for employment or volunteers shall have a criminal conviction records check completed before being hired or selected; the results of which shall be filed, separately and confidentially in their personnel record. All direct care personnel shall have a physical examination, including a test for tuberculosis, not more than twelve months prior to assuming their assigned duties.

(b) A clinic shall not hire or employ anyone who, within five years of date of employment has been convicted of a felony against persons, or injury or risk of injury to a minor, or impairing the morals of a child, or for the possession, use or sale of a controlled substance. If any employee of the clinic is convicted of a felony against persons, or for injury or risk of injury to a minor or for impairing the morals of a child, or for the possession, use or sale of a controlled substance, such conviction shall constitute grounds for the dismissal of the employee. Prior to employment and anytime thereafter upon request all employees shall undergo a State Police background check for any convictions. A clinic shall maintain written job descriptions outlining the general requirements for each position. A copy shall be given to each employee. All job descriptions shall be made available to all staff upon request. An employee grievance procedure shall be documented and disseminated to all staff. A clinic shall provide staff reasonable access to their personnel file. There shall be written policies and procedures that are designed to assure the confidentiality of personnel records and specify who has access to various types of personnel information. Personnel policies shall include a written plan for staff training and development that includes but is not limited to: introductory orientation; ongoing training and development; supervision; annual evaluations; and external training and education.

(c) Clinics, their staff, trainees, students, and volunteers shall only provide services within their ability and skill level. Referrals shall be made to other staff or organizations with the appropriate ability or skill as necessary. Unlicensed staff, trainees, students, and volunteers shall function under the direct supervision of a licensed or

certified person with expertise in a designated area of mental health or substance abuse.

(d) There shall be a written policy delineating procedures and requirements for the granting of clinical privileges within the clinic. The process for granting clinical privileges for members of the professional staff shall include consideration of the ages of the individuals to be served.

(Adopted effective February 1, 1999)

Sec. 17a-20-23. Health, sanitation, fire safety and zoning approval

(a) Health and sanitation approval by the state and local departments of health, approval for fire safety by the state or local fire marshals, certificate of occupancy and compliance with local zoning are prerequisite to licensing upon initial application. State or local fire and health approvals shall be required for renewal of a license.

(b) A clinic shall ensure that all structures and space used by the clinic are free from any danger to health or safety. The clinic shall ensure the availability of comfortable and sufficient space to staff and children, youth and their families in treatment to permit effective operation of the clinic. A clinic shall have a written policy and procedures regarding emergency planning and procedures including evacuation due to fire and natural disasters, staff responses to emergency medical situations, and staff responses to emergency mental health situations. A clinic shall conduct unannounced, fire drills in which all staff and children shall participate at a frequency established by the Connecticut Fire Safety Code. Documentation of fire drills held shall be maintained on a standardized form which records the date, time, minutes taken to evacuate, problems noted, follow up to problems and simulated conditions of the drill. Fire evacuation diagrams shall be posted at eye level of the children, youth and their families in treatment and written in the primary language of the children, youth and their families in treatment.

(c) There shall be an agency-wide policy for smoking, and the policy shall address smoking by staff, visitors, and clients. The policy shall comply with applicable state and federal laws concerning smoking in public areas.

(d) Clinics shall develop written standards regarding housekeeping supplies and procedures in keeping with its established infection control program.

(Adopted effective February 1, 1999)

Sec. 17a-20-24. Hazardous equipment

All power-driven machines and other hazardous equipment shall be properly safeguarded and their use by children regulated by supervisory staff of the clinic.

(Adopted effective February 1, 1999)

Sec. 17a-20-25. Construction

The plans and designs for all new construction, additions to or substantial modification of buildings or parts of buildings used or to be used in the operation of the clinic shall be submitted to the Commissioner or his designee for review before such construction is contracted for or begun. The proposed plans shall include written confirmation of required fire, health, safety and zoning approvals. The Commissioner or his designee shall determine if the proposed plans are in compliance with the intent of sections 17a-20-11 to 17a-20-61, inclusive, of the Regulations of Connecticut State Agencies within thirty (30) days of the submittal of such plans.

(Adopted effective February 1, 1999)

Sec. 17a-20-26. Water supply

The water supply shall be adequate and potable. If the clinic is not served by a public water supply, the well water shall be analyzed and approved by the state

department of public health, local department of health or a private water testing laboratory approved by the state department of public health at the time of initial licensure and at any subsequent time the department deems such testing as necessary.

(Adopted effective February 1, 1999)

Sec. 17a-20-27. Sewage and garbage facilities

Adequate and safe sewage and garbage facilities shall be maintained.

(Adopted effective February 1, 1999)

Sec. 17a-20-28. Heating, ventilation and lighting

Comfortable heating, sufficient ventilation, and both natural and artificial lighting shall be provided.

(Adopted effective February 1, 1999)

Sec. 17a-20-29. Lavatory facilities

The clinic shall have an adequate number of lavatories to meet the needs of clients and employees. The bathroom equipment for the children, youth and their families shall be of appropriate size and height for their use. Bathrooms and toilets shall allow for individual privacy.

(Adopted effective February 1, 1999)

Sec. 17a-20-30. Kitchens, equipment, food handling

If a clinic provides for the serving of snacks or meals, the food served shall be wholesome and of sufficient quantity. All kitchens shall be clean, well lighted, properly ventilated and screened, and provided with essential and proper equipment for the preparation and serving of food. Storage, refrigeration and freezer facilities shall be adequate for the number of persons to be served. All perishable foods shall be refrigerated at a temperature at or below 45 degrees Fahrenheit. Freezers and frozen food compartments shall be maintained at minus 10 degrees to 0 degrees Fahrenheit. Cooking utensils, dishes and tableware shall be in good condition and proper cleaning facilities for the equipment shall be provided. Dishes shall be stored in a clean, dry place protected from flies, dust or other contamination. Proper food handling techniques and sanitation to minimize the possibility of the spread of food-borne diseases shall be maintained. The clinic's kitchen, equipment and food handling shall comply with all applicable sections of the public health codes and all other state and federal laws.

(Adopted effective February 1, 1999)

Sec. 17a-20-31. Eating areas and supervision

Designated areas for serving meals or snacks shall be kept clean and attractive, well-lighted, properly screened and ventilated, and shall be large enough to accommodate the children and staff responsible for their supervision. Staff supervision shall be adequate to ensure a safe and comfortable atmosphere for eating.

(Adopted effective February 1, 1999)

Sec. 17a-20-32. Housekeeping equipment and supplies

Housekeeping equipment and supplies shall not be accessible to children unless an individual determination is made concerning their ability to safely use them or their use is under direct staff supervision. Such materials shall be maintained in a safe, protected space which shall be clean, dry, well lighted, ventilated and in good repair, free from rodents and other vermin.

(Adopted effective February 1, 1999)

Sec. 17a-20-33. Internal and external security

The clinic shall provide adequate internal and external security to ensure the safety of children and staff.

(Adopted effective February 1, 1999)

Sec. 17a-20-34. Children's grievance procedure

Clinics shall have written grievance procedures for children and their families. This policy shall be explained to the child and family and, if the child is unable to sign his or her name, the parent or guardian shall sign the form after the child has been informed. The staff member shall enter a note into the child's case record confirming that this explanation has taken place. Any grievance and its disposition shall be recorded in the child's case record.

(Adopted effective February 1, 1999)

Sec. 17a-20-35. Patients rights

Clinics shall have, in writing, policies and procedures which address patient rights. These shall include, but not be limited to, the following:

(1) A policy which requires the clinic to obtain informed consent from the legal guardian for treatment of the client. Such consent shall be in writing, shall describe in specific terms the treatment for which consent is given, and shall be signed by the legal guardian;

(2) Procedures which ensure the confidentiality of information;

(3) Procedures which ensure that a client's privacy is protected;

(4) Procedures which ensure that a client is informed of his rights in a manner and language that promotes understanding of those rights;

(5) Procedures providing for the review of treatment plans to ensure that the treatment is consistent with the rights of the client and the philosophy of the clinic. All treatment plans shall meet accepted ethical standards;

(6) Procedures, where, upon request, the client or his family is provided with information regarding the professional education and experience of the treating clinician.

(Adopted effective February 1, 1999)

Sec. 17a-20-36. Informed consent for research, experimentation, or clinical trials

Policies shall be in place to protect the rights of children and their families during any research, experimentation, or clinical trials with signed informed consent including:

(1) A description of benefits to be expected;

(2) A description of the potential discomforts and risks;

(3) A description of alternative, non-experimental services that might also prove advantageous to them;

(4) A full explanation of the procedures to be followed, especially those that are experimental in nature;

(5) Assurance of their right to refuse to participate in any research project without comprising their access to services.

(Adopted effective February 1, 1999)

Sec. 17a-20-37. Confidentiality

(a) All case records are confidential and shall be maintained in locked files or secured areas only available to duly authorized personnel listed in the written personnel and policy procedures of the clinic.

(b) The guardian or custodian of the child shall be entitled to receive, upon request, reports and information concerning the health, behavior and progress of the child, and all other information allowed under the provisions of Sections 52-146c through 52-146j, inclusive, and Sections 17a-540 through 17a-550, inclusive, of the Connecticut General Statutes, and Federal Statutes Title 42 USC 290dd-2.

(c) The child's record shall be retained by the clinic for at least seven years following discharge. The method of destruction of such records shall be incineration or shredding. If a clinic ceases operation, all children's case records shall be given to the department, or upon order, to a court of competent jurisdiction.

(d) The clinic shall not disclose information pertaining to a child or family to other persons, unless the parent or guardian has given written permission, except in an emergency or in a case of suspected child abuse or neglect or by a court order, or as permitted in Sections 52-146f through 52-146i, inclusive, of the Connecticut General Statutes.

(Adopted effective February 1, 1999)

Sec. 17a-20-38. Record of enrolled children

The clinic shall keep a record of each enrolled child, including name, address and telephone number of parent or guardian; child's date of birth, enrollment date; attendance record; accidents and major illnesses while in care and date of termination from the clinic's program.

(Adopted effective February 1, 1999)

Sec. 17a-20-39. Office space. Confidential files

Private office space shall be available for administrative and counseling staff. There shall be office space available large enough to accommodate family counseling or group therapy in a comfortable and confidential manner. There shall be locked files for all confidential material. The records shall not be available to anyone other than authorized persons. A list of duly authorized personnel shall be maintained by the clinic.

(Adopted effective February 1, 1999)

Sec. 17a-20-40. Referral process

(a) The clinic shall consider for admission all referrals regardless of race, sex, religion, sexual orientation, disabilities or ethnic origin.

(b) In the case of refusal, the clinic shall document the reason for refusing admission and so inform the referring agency of these reasons and include recommendations for a more appropriate treatment program.

(Adopted effective February 1, 1999)

Sec. 17a-20-41. Assessment process

(a) The assessment of a client shall be conducted by one or more qualified staff members. There shall be a written report of the assessment and the report shall describe the methods and material used in the evaluation. Any formal or informal tests which are used shall be named in the report and any scores obtained shall be included. Information shall be obtained regarding the client's medical, psychological, developmental and familial history; educational status and academic achievement; social and emotional background and status, the presenting problems and any other relevant information. The assessment shall yield information regarding the client's strengths and weaknesses.

(b) During the assessment, the child's age, cultural background and dominant language or mode of communication shall be considered.

(c) The information obtained through assessment should determine the client's treatment.

(d) In all clinics, a mechanism shall exist that is designed to coordinate and facilitate the family's or guardian's involvement throughout the assessment process. This mechanism includes:

(1) An assessment of the effect of the family or guardian on the condition of the individual served and the effect of that condition on the family or guardian;

(2) An assessment of the individual's legal custody status, when applicable;

(3) An assessment of the individual's growth and development, including physical history, emotional, cognitive, educational, nutritional, and social development;

(4) An assessment of the individual's play and daily activity needs;

(5) The family's or guardian's expectations for and involvement in the assessment, initial treatment, and continuing care of the individual served.

(e) The clinic shall be able to perform psychological and psychiatric evaluations as needed.

(f) In the event a clinic provides substance abuse laboratory testing, the clinic shall comply with all relevant state and federal requirements.

(Adopted effective February 1, 1999)

Sec. 17a-20-42. Treatment plan

(a) The clinic shall ensure that there is an individualized treatment plan for each child within thirty (30) calendar days of the child's entry into the clinic's program unless documentation demonstrates why this was not possible.

(b) The treatment plan shall specify measurable and time-bounded goals and objectives to be achieved by the child and family in order to establish or re-establish emotional health.

(c) These goals shall be based on periodic assessments of the child and, when appropriate, the child's family.

(d) The treatment plan shall specify any specialized services or treatment to be provided by the clinic as well as identify the person responsible for implementing or coordinating the implementation of the treatment plan. The treatment plan shall include referrals for relevant services that the clinic does not provide directly.

(e) The treatment plan shall delineate the specific criteria to be met for termination of treatment. Such criteria shall be part of the initial treatment plan and all subsequent plans.

(f) The treatment plan shall identify the supports and resources that may be required for discharge.

(g) Preliminary plans for discharge shall be discussed as well as alternative aftercare programs, when appropriate.

(h) The treatment plan specifies the frequency of treatment procedures.

(i) The treatment plan shall specify the anticipated discharge date.

(j) The number of contacts shall be specified for the delivery of treatment services.

(k) The clinic shall ensure that the treatment plan and any subsequent revisions are explained to the child and his parent or guardian in language understandable to these persons.

(l) The treatment plan shall be signed by the chief administrator of the clinic or his designee; the child, if he is capable of doing so, and the child's parent or guardian.

(m) In accordance with the treatment plan, each record shall contain notes which document services provided and progress made toward goals and objectives. Each note shall be typewritten or entered in ink by a qualified staff member or consultant

and shall be dated, legibly printed, signed by the person making the entry, and include the person's title.

(n) The clinic shall have policy and procedures governing the use of special treatment procedures which shall be consistent with state statutes and regulations, and shall receive prior approval by the department.

(o) The treatment-planning process is designed to ensure that care is appropriate to the individual's specific needs and shall provide an assessment of the severity of his or her condition, impairment, or disability.

(p) The treatment plan shall reflect the individual's clinical needs and condition and identify functional strengths and limitations.

(Adopted effective February 1, 1999)

Sec. 17a-20-43. Treatment plan review

(a) The clinic shall review each treatment plan initially ninety (90) days after the completion of the initial treatment plan. This review shall document and evaluate the progress or lack thereof toward the established goals and objectives and shall revise the treatment plan accordingly. Thereafter, individual treatment plans shall be documented and reassessed at ninety (90) working day intervals as well as when a significant change in condition or diagnosis occurs.

(b) The treatment plan shall indicate the date of the next review and identify the individuals who participate.

(Adopted effective February 1, 1999)

Sec. 17a-20-44. Discharge and aftercare procedures

(a) The clinic shall establish criteria for discharge, including administrative and emergency discharges.

(b) When a child is discharged, the clinic shall compile a complete written discharge summary within thirty (30) days of the date of discharge.

(c) The discharge summary shall include the name, address and telephone number of the clinic. It shall also include a summary of the treatment services which have been provided; progress in treatment; treatment needs which remain; specification of follow-up services, including alternate service possibilities, the identification of those responsible for such follow-up; and recommendations for any other services.

(d) When the discharge date is not in accordance with the child's treatment plan, the following items shall be added to the summary: the circumstances leading to the unplanned discharge; the actions taken by the clinic regarding the discharge and the reason for these actions.

(e) All discharge documentation shall be maintained in the child's case record.

(f) Services shall reflect continuity in care from assessment and diagnosis, to planning, and treatment of those served. Each client shall receive Case Management as part of their services, meaning that each child shall be provided coordination among service providers when multiple providers exist.

(Adopted effective February 1, 1999)

Sec. 17a-20-45. Agreement between outpatient psychiatric clinic for children and parent or guardian

The clinic staff shall discuss with the parent or guardian the responsibilities of the clinic and those of the parent or guardian with regard to the treatment of the client. The following information shall specifically be discussed and shall be included in the case record:

- (1) Hours and days of service, fees, and arrangements for the client's arrival and departure arrangements;
- (2) Procedures for medical emergencies;
- (3) Procedures for the administration of medication, if applicable;
- (4) Indication that the clinic has informed the parent or guardian of the clinic's reporting responsibilities, pursuant to Section 17a-101 of the Connecticut General Statutes.

(Adopted effective February 1, 1999)

Sec. 17a-20-46. Reporting to the department

The clinic shall report, in writing, to the department on the next working day any emergency circumstances which alter the service as originally licensed or statement of fact in the application for licensing.

(Adopted effective February 1, 1999)

Sec. 17a-20-47. Health and medical treatment. Administration of first aid. Prescription medication. Administration of medicine or treatment. Written records. Storage of drugs, medicines and instruments. Sick room. Telephone

(a) A clinic that provides medical treatment for clients shall have a written plan which describes the arrangements for routine and emergency care.

(b) There shall be written policies and procedures, reviewed by a physician at least annually, for the administration of first aid care to children with minor illnesses. Appropriate first aid supplies shall be available in the clinic, out of the reach of children.

(c) The clinic shall have a written policy and procedures governing the prescribing of medications. Such policy shall include provisions that there be informed consent, signed by the parent or guardian, acknowledging that they have been provided with a written description of the medication including possible side-effects and contraindications.

(d) There shall be written policies and procedures, reviewed by a physician at least annually, for the administration or use by children of prescription and non-prescription medicines. Such policies and procedures shall only permit prescription medication to be administered to a child upon the written order of the child's physician and written approval of the parent or guardian.

(e) In accordance with Section 20-14i of the Connecticut General Statutes, only staff who have been fully trained to administer and monitor medications shall be permitted to administer such medication. The clinic shall also have written criteria which are used to designate staff who administer medication and shall maintain a roster of those designated to administer medication. The clinic shall also have a written policy for the training of staff regarding medication. There shall be periodic reviews of the staff's knowledge of medication and other treatment and, where necessary, staff training shall be completed.

(f) A written record shall be kept of the administration of all prescription and non-prescription medicine to a child, identifying the medicine and dosage, time of administration and the person who administered the medicine.

(g) All drugs, medicines and medical instruments shall be kept in labeled containers out of reach of children in a locked cabinet accessible only to designated staff members. A child may keep and administer prescribed medicines himself only with the written approval of his physician and parent or guardian and the agreement of designated staff that this practice would not be a risk for other children in the clinic.

(Adopted effective February 1, 1999)

Sec. 17a-20-48. Code of ethical behavior

The clinic shall establish and implement a code of ethical behaviors that address at least the following:

- (1) Ethical issues in patient care;
- (2) Marketing, admissions, and billing practices;
- (3) The relationship of the clinic and of its staff members to other health care providers, educational institutions, and payers.

(Adopted effective February 1, 1999)

Sec. 17a-20-49. Rooms to be used for the treatment of children

Rooms shall be sufficient in size and equipment to accommodate the licensed program. Each room shall be comfortably and appropriately furnished, well heated, lighted, ventilated and screened, clean and cheerful.

(Adopted effective February 1, 1999)

Sec. 17a-20-50. Fire, liability and vehicle insurance

The licensee shall carry insurance covering fire and liability as protection for children or youth in care. The licensee shall ensure that any vehicle authorized for use in transporting children in care, in accordance with the Connecticut statutory and regulatory transportation requirements and used by any of the licensee's staff on the licensee's business shall have insurance which covers liability.

(Adopted effective February 1, 1999)

Sec. 17a-20-51. Written policies and procedures

(a) The policies and operating procedures of the clinic shall be in writing, shall be reviewed no less than annually by the director of the clinic and shall be amended and expanded where necessary. The written policies and procedures shall include, but not be limited to the following: enrollment of clients; treatment programs; discharge planning; supervision and discipline of clients; staffing requirements; and emergency medical care.

(b) The clinic shall have written policies and procedures describing the diagnostic process including types of information to be obtained, procedures to be followed, and types of records to be maintained.

(c) The clinic shall have written policies and procedures regarding family involvement and shall specify if family involvement is required for admission to the clinic's program.

(d) A clinic shall have written policies and procedures to ensure that a wide range of treatment modalities are available, including, but not limited to individual, group, family and psychopharmacological modalities. The clinic may provide the following services: vocational or pre-vocational training; recreational programming; speech therapy; occupational therapy; in-home services; and, other services appropriate to the needs of the children being served.

(e) Copies and any subsequent revisions thereof shall be made available to staff of the clinic. Copies and any subsequent revisions shall be provided to the department on at least an annual basis.

(Adopted effective February 1, 1999)

Sec. 17a-20-52. Abuse of children. Discipline

The clinic shall prohibit abusive, corporal, humiliating or frightening punishment. Restraints shall only be used when appropriate. The control, supervision and discipline of children shall be the responsibility of the staff.

(Adopted effective February 1, 1999)

Sec. 17a-20-53. Children not to be used for fund-raising

The clinic shall not require nor permit children to solicit funds or be identified by name, in photographs or in any other manner in its fund-raising material or in public relations unless written waivers are obtained from the parent or guardian.

(Adopted effective February 1, 1999)

Sec. 17a-20-54. Case records

(a) Each clinic shall maintain a current confidential case record for each child in treatment including family, social and health history. The case record shall contain but not be limited to pre-admission data; the reason for admission; results of all diagnostic assessments performed; a summary of admission information; the individual treatment plan; a record of all care and services, including medical services, provided by the clinic; progress notes on the child in treatment; reviews of the treatment plan; the plan for discharge and disposition; a discharge summary and all other documents received and required for the treatment of a particular child.

(b) The case record shall contain only information pertaining to a particular child.

(c) The case record shall include contact summaries where appropriate and copies of special behavior contracts used for a particular child.

(Adopted effective February 1, 1999)

Sec. 17a-20-55. Governing board

All licensed clinics shall have a governing board. Such board shall be legally constituted and shall manage its affairs in accordance with applicable provisions of law, its statement of purpose, its certificate of incorporation and its duly adopted bylaws. The board shall meet at least with the frequency specified in the corporation's bylaws and keep minutes of each meeting which shall be made a part of the permanent records of the facility. Minutes of the discussion of those matters relating to the operation of the clinic shall be made available to the department upon request. A written plan shall include setting a mission or statement of purpose for the clinic and providing the strategic, operational, programmatic, and other plans and policies to achieve the mission or fulfill the statement of purpose.

(Adopted effective February 1, 1999)

Sec. 17a-20-56. Finances

The clinic shall have sufficient income and resources to adequately maintain the plant, equipment and program encompassed by sections 17a-20-11 to 17a-20-61, inclusive, of the Regulations of Connecticut State Agencies. Financial records showing the amount and sources of all income and expenses and of all assets and liabilities of the clinic and the sponsoring organization shall be maintained. There shall be an annual audit of all capital resources, assets, liabilities, receipts and expenditures by a qualified public accountant not affiliated with the clinic or organization as an employee. A copy of each such annual audit in such form as required by the Commissioner or designee shall be a part of the clinic's record and shall be submitted to the department upon request.

(Adopted effective February 1, 1999)

Sec. 17a-20-57. Staffing and human resources

(a) There shall be a full-time chief administrative officer who shall be in charge of the overall management and planning in the clinic and carry out the policies of the governing board.

(b) The clinic shall employ sufficient numbers of qualified staff to ensure the safety and well-being of the clients.

(c) The clinic shall verify the licensure or certification of each member of the professional staff who is required to be licensed or certified pursuant to all Connecticut licensing and certification statutes.

(d) Each clinic shall designate a psychiatrist, licensed in the State of Connecticut, who is preferably a Child Psychiatrist, to serve as Medical Director for the clinic. If the clinic is unable to attain the services of a child psychiatrist, the Medical Director shall be a psychiatrist with significant documented prior experience working with children and adolescents.

(e) Each clinic shall designate a Clinical Director who shall be trained and have experience in children's mental health, and be a licensed mental health professional in Connecticut.

(f) A clinic shall actively recruit and employ qualified personnel representative of the racial or ethnic groups it serves. No person shall be denied employment in violation of Section 46a-60 of the Connecticut General Statutes.

(g) A clinic shall have a written policy regarding the utilization of volunteers and student interns. Such policy shall detail the duties and responsibilities of volunteers or interns, shall specify the degree of confidential information authorized for access by volunteers or interns, shall require that a personnel file be maintained for each volunteer or intern and shall stipulate that volunteers or interns given direct access to children undergo reference checks, orientation, training and evaluation similar to that of the clinic's professional employees. A copy of this policy shall be provided to each volunteer or intern.

(h) Every personnel record shall contain a form, signed by the individual at the time of entry, that he has read, understands and shall adhere to the provisions of Section 17a-28 of the Connecticut General Statutes regarding confidentiality for all children, Section 17a-101 regarding abuse and neglect reporting and Section 17a-550 regarding patients rights in the area of mental health services.

(Adopted effective February 1, 1999)

Sec. 17a-20-58. Populations targeted for priority access

The clinic shall demonstrate the capability to provide priority access to children with serious emotional disturbance.

(Adopted effective February 1, 1999)

Sec. 17a-20-59. Effectiveness of services

The clinic shall have a comprehensive and well-designed plan for measuring and improving its performance. The plan shall include:

(1) A statement of the clinic's general purpose, specific objectives, needs and practice guidelines;

(2) A description of the methodology which is used to collect and evaluate data and assess the performance of the clinic;

(3) A method for incorporating information yielded by the performance data and implementing changes based on data.

(Adopted effective February 1, 1999)

Sec. 17a-20-60. Program description

Each clinic shall have a written program description which specifies: the statement of purpose; a description of overall approach to treatment and family involvement; the types of services provided; the characteristics of the children to be served; and the characteristics of those children not appropriate for the clinic's program.

(Adopted effective February 1, 1999)

Sec. 17a-20-61. Granting of funds to assist in establishing, maintaining, and expanding psychiatric clinics

Nothing in sections 17a-20-11 to 17a-20-61, inclusive, of the Regulations of Connecticut State Agencies nor the attainment of a license as a clinic shall be construed as an entitlement of funds or funding by the State of Connecticut or the Department of Children and Families.

(Adopted effective February 1, 1999)