

# **Department of Children and Families**

## **Interpretive Guidelines for Agency Regulations**

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### **LICENSURE OF OUTPATIENT PSYCHIATRIC CLINICS FOR CHILDREN**

**Regulations that were found to be in need of clarification / interpretation are followed in bold by the applicable interpretation. Those regulations without interpretations were deemed to be self-explanatory and not in need of further clarification.**

**Section 17a-20-6 through 17a-20-10. Reserved for future use.**

#### **Section 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;

**Guideline: In order to be considered a satellite site a location must have health and fire inspections, zoning approval, evidence of lease/ownership, emergency evacuation plans, emergency medical and mental health policy and procedures, fire drills, provisions for record storage and retention, stated hours and days of operation, telephone service, waiting areas, private office space for counseling sessions, and adequate staffing to ensure safety and supervision of clients (a minimum of two staff, whenever possible, or a plan for ensuring the safety of staff and clients including guidelines for seeing new clients, and for assessing clients’ behavior; such assessment must be in writing and included in the client’s case record). The satellite site does not have to offer all clinic services. At a minimum, however, the satellite site must provide initial assessments, individual therapy, and family therapy. Locations where intensive outpatient services are provided, must be included as a satellite site, or as part of the main clinic and meet all of those applicable requirements.**

(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;

**Guideline: Services provided at a location that is not physically a part of the clinic or a satellite site but whose services emanate from the licensed clinic must meet all of the requirements set forth in these regulations in the areas of client case records, personnel files, and policies and procedures. Therefore mental health services to children and families including but not limited to emergency mobile psychiatric services, intensive family preservation, family support teams, and IICAPS must meet the same standard as those services provided at the clinic locations in the areas of client case records, personnel files, and policies and procedures. Services provided at such provisional locations must be listed on the DCF licensing application under the**

**Program Description sections. The location or types of locations of such services must also be listed.**

(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.

**Section 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.

**Section 17a-20-13. Display of license**

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

**Guideline: Licenses must be displayed in a manner such that they may be clearly viewed upon entrance to the clinic and all satellite sites.**

**Section 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.

**Section 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.

### **Section 17a-20-16. Causes for denying or refusing to renew license**

A license may be denied 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.

### **Section 17a-20-17. Hearing on denial or refusal to renew a license**

Any clinic may, within fifteen (15) days after receipt by certified mail of notice of denial 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. If no such request for a hearing is submitted during this fifteen (15) day time period, the decision to deny or refuse to renew shall be final.

### **Section 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.

### **Section 17a-20-19. Return of license to the commissioner**

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

### **Section 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.

### **Section 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.

### **Section 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.

**Guideline: Criminal background checks must be secured through the Connecticut State Police Bureau of Identification and protective service background checks must be secured through the DCF Hotline for all clinic employees regardless of job duties. In addition the results of both Connecticut State Police and DCF Protective Service background checks must be secured before staff are allowed to work with clients alone.**

**Guideline: All staff who have face-to-face contact with clients must have a physical exam including a test for TB no more that twelve months prior to working with clients. The statement from the health care professional must clearly state the date of the patient / employee's last physical, the date of the results of the TB test, and that the patient / employee is in good health. Employees for whom a TB test is not appropriate, must have a note from a physician or APRN attesting to that fact, and the fact that the employee is free from a communicable disease.**

(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.

**Guideline: Personnel files must include documentation that employees have received a copy of their job description and have received an introductory orientation to the clinic.**

**Guideline: The plan for ongoing training and development must describe the minimum number of training hours that employees must complete annually and the training curriculum. Attendance of training by clinic employees must be documented either in each employee's personnel file or in a separate training log.**

(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.

**Guideline: Policy regarding unlicensed staff, volunteers and interns must describe the frequency of supervision and the clinic staff who will provide such supervision. The level of supervision must be sufficient to ensure the needs of the clients are being met and must be documented and available for review by licensing staff.**

(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.

**Guideline: The process for granting clinical privileges must be clearly stated in the clinic's policy and procedure manual and include the following components: a**

**statement of who will oversee the process; what credentials will be used in determining privileges; what services will require specific privileges; how often privileges will be renewed; and what will be the criteria used to determine renewal of privileges. Policies and procedures may also use the term credentialing instead of the term privileging. The following is a suggested process that clinics may use to comply with this regulation:**

**The privileging process may include a review and verification of the experience, education, and licensure/certification of each clinician. The CEO or his or her designee may conduct such a review, or a committee assigned to perform such a task. The process may clearly spell out the types of clinical services that each clinician is authorized to perform based on their ability and skill level. Evidence that each clinician has gone through the privileging process may be documented in each personnel file. Such documentation may include a clear statement that the clinician is authorized to perform specific services within the clinic, the length of time that the privilege is in place, and any restrictions that will be in place. Each clinician's privilege may be reviewed every two years. The review may include a review of the clinician's annual performance evaluation, a review of any complaints filed against the clinician, verification that the clinician is in compliance with the clinic's ongoing training requirements, and verification that the clinician is maintaining all required licensure/certification.**

### **Section 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.

**Guideline: Upon initial licensing, and at the time of license renewal, each clinic must request an inspection by the local health department. If the local health department states that it does not inspect clinic sites, then the clinic must request a letter from the local health department stating that an inspection is not required.**

(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.

**Guideline: The policy regarding emergency planning must include staff responses to emergency medical and mental health situations, providing specific guidelines to staff. Fire drills must be conducted quarterly at all licensed sites (main and satellite sites) and must include periods of time when clients are in the building. The local fire marshal has the authority to determine the locations of evacuation diagrams.**

(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.

**Guideline: Each clinic must develop an infection control program. Included in that infection control program must be written standards regarding housekeeping supplies. The housekeeping supply standards should identify the chemicals that will be used for cleaning and disinfecting the clinic along with the storage of those chemicals. The infection control program must also include standards for the cleaning and disinfecting of areas of the clinic commonly used by clients such as waiting areas, bathrooms, toys, and clinical offices.**

#### **Section 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.

#### **Section 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.

#### **Section 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.

#### **Section 17a-20-27. Sewage and garbage facilities**

Adequate and safe sewage and garbage facilities shall be maintained.

#### **Section 17a-20-28. Heating, ventilation and lighting**

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

#### **Section 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.

#### **Section 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.

#### **Section 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.

### **Section 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.

### **Section 17a-20-33. Internal and external security**

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

**Guideline: Keys must be readily available to all staff on duty to any locked and lockable areas of the clinic where clients may gain access.**

### **Section 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.

**Guideline: Several options are available to gain compliance in this area: 1. a form outlining the grievance procedure is signed by the child and/or parent and a progress note is written by the clinician stating that the procedure has been explained to the child and parent; 2. the grievance procedure form can include a statement that the procedure has been explained to the child and parent and the form is initialed or signed by the staff member providing the explanation; or 3. the clinician writes a note on the form indicating that the procedure has been explained to the child and parent and initials or signs the form. For all of these options the child and parent must sign the form. The only exception for the child not signing the form would be a case where the child is too young to sign their name.**

### **Section 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;

**Guideline: The consent form must be signed prior to or during the first face-to-face contact with the client by clinic staff. The consent form may describe the range of**

**services that may be provided, such as individual therapy, family therapy, group therapy, psychiatric evaluation and medication management.**

- (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.

**Guideline: Clients must be informed of the rights articulated in sections 1 through 6 of this regulation. Documentation that clients have been informed of their rights may be done through the use of a signed form, or some other form of notation in the case record.**

#### **Section 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.

**Guideline: A clinic must put in place policies to cover the areas required in this section only if it currently participates in research, experimentation, or clinical trials, or plans to in the near future. If the clinic does not participate in research, experimentation, or clinical trials, and has no plans to participate, then compliance can be gained by providing a statement to that effect.**

### **Section 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.

**Guideline: Authorized personnel may be referred to by name or by job title.**

(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.

### **Section 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.

**Guideline: The individual client's case record will be interpreted as meeting the requirements of this regulation as long as it contains all of the required elements.**

### **Section 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.

**Guideline: Case records must be stored in either locked file cabinets or in a locked file room. Only authorized persons may have access to these locked areas. Authorized personnel may be identified through a list that is maintained or through a policy statement that clarifies who has access to confidential material.**

### **Section 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.

**Guideline: In these cases of refusal the person requesting services must be notified either verbally or in writing. If the notification is done verbally, then this verbal notification must be documented through a case note, a logbook or some other form of documentation. Only requests for services that are provided by the clinic need to be documented if such a request for service is denied. Requests for services not provided by the clinic such as adult services, would not need to be documented. The notification must include the reason for refusal and recommendations for more appropriate treatment services. Refusal for services cannot be based on the client's place of residence. The referral information, and the documentation of refusal notification must be maintained by the clinic in a confidential manner similar to that of client case records, retained for at least seven years, destroyed by either shredding or incineration, and given to the Department or a court of competent jurisdiction if the clinic ceases operation.**

### **Section 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.

**Guideline: A summary report describing the assessment process must be written for each client. The report must describe the assessment process and the information gathered. The report must determine a rationale for the treatment approach and the outpatient setting. Interviews conducted must be described in the report along with information regarding previous assessments, evaluations, and treatment services. The summary report must include information regarding all of the areas listed in Subsection (d) (1-5).**

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

**Guideline: Each clinic must have on staff, professionals who are legally authorized to perform psychological and psychiatric evaluations either as a full-time staff member or as a part-time contract employee who can provide these services as needed.**

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

### **Section 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.

**Guideline: The date of the child's entry is interpreted as the date of the first clinical appointment. This date would include the clinical assessment, but would exclude appointments where only administrative information is gathered. The treatment plan must include the date that the plan was written. The plan must be written, signed, and explained to the child and family within 30 calendar days from the date of the first session.**

- (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.

**Guideline: A separate treatment plan must be written for each child in the family in cases where more than one child is receiving treatment services. Goals and objectives**

**must be written in such a way that progress can be measured within the time frames specified on the plan, i.e. specific, time-bounded, and achievable. The goal can be a global statement but must include a clear indication of measurability by using such words as more than, less than, improve, increased by or decrease by, etc. Objectives must include a statement on how achievement of the goal will be measured, incorporating language such as, as evidenced by, demonstrated by, etc.**

**The goal is the end point; where the clinician wants the client to be when discharged. The objective is how the client will reach the goal and is then discharged. Objectives shall state whether a behavior shall be increased or decreased, with a clear beginning and end for the life of the treatment plan. Upon review of the treatment plan, documentation must indicate if goals are met and the treatment plan changed to reflect the improvement or possibly continued if no improvement has occurred.**

**The treatment plan must also identify the sources of information used in order to determine progress in meeting the goals and objectives, i.e. teacher reports, parent reports, therapist observations, etc.**

**The expectation is that if one goal and objective includes the family it shall suffice in meeting the spirit of the regulation.**

(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.

**Guideline: The treatment plan must include the specific services that will be provided identifying the person responsible for implementing or coordinating the implementation of the treatment plan... In addition, the plan must include any services that will be provided outside of the clinic and identify the agency or specific person who will provide those services.**

(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.

**Guideline: The treatment plan must include the preliminary plans for discharge which consist of the elements included in sections (e), (f), and (g) above. The criteria**

**for termination of treatment must be written in such a way as to identify the specific desired behavioral outcomes. The plan should identify any services or supports that must be in place before the child and family can be successfully discharged. This differs from discharge recommendations in the sense that these services and supports are deemed to be essential to the successful discharge. Ideally the child and family would not be discharged from the clinic until these services and supports are in place, or arrangements have been made for their provision.**

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

**Guideline: Specify how often treatment services will be provided, ex. weekly, monthly, twice weekly, etc.**

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

**Guideline: The discharge date may be represented as a specific date or as a length of services, ex. 6 months, 90 days, etc.**

(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.

**Guideline: The case record must contain documentation that the treatment plan was explained to the child and parent/guardian. This explanation must meet the cognitive level of the child and parent/guardian, and may be documented either in the progress notes or by a signed statement on the treatment plan itself. Such statement may be handwritten or typed. The statement must clarify that an explanation of the plan has taken place.**

(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.

**Guideline: The clinic's policy regarding treatment planning should clarify who may be considered a designee of the chief administrator. All children who are capable of signing their names should sign the treatment plan.**

(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.

**Guideline: The person entering the progress notes must include their job title not just their qualifications; for example, Jane Doe, MSW, Children and Families Clinician.**



(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.

**Guideline: The treatment plan must identify the strengths and limitations of the child and family.**

### **Section 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.

**Guideline: Each treatment plan review must be conducted at 90 calendar day intervals. The treatment plan review document must include a brief narrative section describing the progress or lack of progress of the child and the family towards the goals and objectives listed on the treatment plan. Any revisions to the treatment plan shall necessitate the writing of a new plan signed by the child and parent/guardian. The treatment plan review document must also list those persons who participated in the review, and the date of the next review.**

### **Section 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.

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(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.

**Guideline: Case Management services provided must be documented in the progress notes section of the client's case record. Case Management services would include all of the services listed the guideline for Contact Summaries under 17a-20-54 subsection (c).**

#### **Section 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.

**Guideline: The requirement for an agreement may be met by creating one form that covers all of the above referenced information, or a series of forms that also include this information. The case record must include a statement signed by the parent/guardian that clinic staff have reviewed with the parent/guardian all of the required information. This statement may be incorporated into the agreement form or in some other manner be documented in the case record.**

#### **Section 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.

**Guideline: Circumstances that would require department notification would include any circumstance which leads to the immediate relocation or closure of the clinic. Other circumstances would include financial or legal situations that require immediate changes to the staffing and/or services of the clinic.**

**Section 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.

**Guideline: All clinics must have policies regarding the provision of first aid care to children with minor illness, as well as policies regarding access to emergency medical services. Only those clinics that also provide medical treatment must have policies regarding the provision of routine and emergency care. The term care is interpreted as the provision of medical treatment by clinic staff.**

(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.

**Guideline: The informed consent form must stipulate that the parent has received a written description of the medication including possible side effects and contraindications. If the clinic's psychiatrist begins working with a new client who is already taking psychotropic medications that were prescribed by another psychiatrist, the clinic must obtain informed consent for each medication in order for the clinic's psychiatrist to take over monitoring of the medications.**

(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 that 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

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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.

#### **Section 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.

#### **Section 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.

#### **Section 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.

#### **Section 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.

**Guideline: The term “director of the clinic” is interpreted as meaning the Chief Administrative Officer of the agency that is licensed or applying for a license or their authorized designee. This term is not to be confused with the term “Clinical Director” referred to in 17a-20-57e.**

(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.

**Guideline: The terms “diagnostic process” and “assessment process” are interpreted to be interchangeable for the purposes of these regulations.**

(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.

**Guideline: All licensed clinics must provide individual, family, group, and pharmacological treatment modalities. The physical plant of the clinic must provide sufficient space for group sessions to be conducted as they are needed. The clinic may decide the type and frequency of group sessions, and whether or not a client is in need of group therapy. In addition the clinic may decide when there are sufficient numbers of clients who require group therapy intervention.**

(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.

**Guideline: At least one copy of the agency policy manual must be kept at all licensed clinic sites at all times. This would exclude off-site service locations.**

### **Section 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.

**Guideline: Clinic staff are deemed to accept responsibility for the supervision of a child once the clinician picks the child up for a counseling session from the waiting room. Parents are responsible for supervision of children in the waiting room. If a child should be dropped off alone at the clinic or allowed to leave the clinic alone the clinic must have written policy describing under what circumstances this would be allowed and the legal guardian must sign a written agreement spelling out the arrangements for arrival and departure. If children are left in the waiting room or other areas of the clinic alone while the parents are meeting with the clinician, the clinic is responsible to ensure adequate supervision of the child.**

### **Section 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.

### **Section 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.

**Guideline: “Pre-admission data” is interpreted as the referral information. The “summary of admission information” is interpreted as the written report required under Section 17a-20-41 Assessment Process. The “plan for discharge and disposition” is interpreted as the information on the treatment plan relevant to discharge.**

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

**Guideline: If a family has multiple children receiving treatment services the clinic must provide a separate, complete case record for each child. Such a child would be identified as requiring individual, group or psychopharmacological treatment in order to enhance their functioning. If a sibling is only a participant in family sessions then a separate case record is not required. Reference may be made to family members in the progress notes section and in the pre-admission information section. Reference may not be made to children outside of the family.**

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

**Guideline: “Contact summaries” refers to written summaries of phone calls, meetings, and correspondence with interested parties such as referral sources, previous providers of treatment services, DCF workers, etc.**

### **Section 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.

**Guideline: The written plan, which the board must adopt, shall include 1. a mission statement, and 2. a plan to achieve the mission statement. If the board has already adopted a strategic planning process that incorporates these elements, this would be sufficient as long as the outpatient clinic is included or referenced in the plan.**

### **Section 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.

### **Section 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.

**Guideline: The chief administrative officer is interpreted as being synonymous with the term “director of the clinic”.**

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

**Guideline: The clinic must have sufficient staff in order to supervise the waiting area. In addition, clinicians should not be allowed to work alone in the main clinic building, or satellite sites.**

(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.

**Guideline: A copy of the current license or certificate must be placed in the personnel files of all staff who are required to be licensed or certified.**

(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.

**Guideline: If the Medical Director is not a child psychiatrist then that person's personnel file must include documentation of significant prior experience working with children and adolescents. The duties of the Medical Director must be spelled out in the agency's policy manual and the job description of the Medical Director. At a minimum these duties must include direct patient care, and the review and approval of policies and procedures related to medical care.**

(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.

**Guideline: The Clinical Director is interpreted as being the person who oversees the overall delivery of clinical services, supervises clinical staff directly or ensures that clinical staff receive supervision from competent senior staff.**

(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.

**Guideline: Each clinic must have a plan for the recruitment of staff that represent the racial and ethnic groups that it serves. Clinics must provide documentation of the plan being implemented.**

(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.



**Guideline: The personnel files of volunteers and interns who have direct access to children and families and confidential information must be held to the same standard as those of paid employees. Individuals who are engaged in other activities such as fund raising, beautification projects, or other activities that do not involve access to children, families or confidential information would not be included in the definition of volunteers.**

(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.

**Guideline: All employees of the clinic regardless of their job duties are covered by this requirement.**

### **Section 17a-20-58. Populations targeted for priority access**

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

**Guideline: A child/family who would be eligible for priority access would be those where there is a reasonable expectation that without immediate or rapid initiation of treatment the child/family will deteriorate and place individuals at risk. In addition, the child/family is not currently appropriate for referral to a higher level of care.**

**The clinic must also create policy regarding the use of client waiting lists. The waiting list policy must require that clients placed on the list are offered a list of alternative service providers available in the area and statewide. In addition those on a waiting list must be informed who to contact in the event of an emergency, ex. local hospital ED, local EMPS provider, etc.**

### **Section 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.

**Guideline: The focus of this regulation is on the assessment of the clinic's performance in terms of the effectiveness of services. Therefore the plan must identify performance measures. Based on the types of services provided and the population served these measures may vary from clinic to clinic. The plan must then clearly state what methods will be used to collect data about the various elements of the measures and how this data will be evaluated. Finally, based on the data collected and evaluated, the clinic must develop a plan for improvement of the clinic's performance in these areas. The improvement plan must clearly state the specific steps that will be taken and the relevant time frames for completion of these steps.**

### **Section 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.

**Guideline: The program description must be included on the licensing application, the agency policy manual, and made available to clients i.e. posted on the wall of the waiting room, handed out to clients during the intake process, etc.**

### **Section 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.

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