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BOARD REVIEW OF POLICIES & PROCEDURES

POLICY

The Policies and Procedures shall be reviewed, updated, or changed as deemed appropriate at least annually. The Chief Executive Officer and Board of Directors shall review and approve the Policies and Procedures of Connecticut Renaissance, Inc. at least annually.

Reviewed and approved by the Board of Directors:

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Policy Last Updated 4/14
MISSION & VISION

VISION

Helping people change the direction of their lives.

MISSION

The purpose of Connecticut Renaissance is to empower individuals and families affected by behavioral health or criminal justice needs to make healthy choices that will improve their lives. To achieve this we will utilize and sustain best practices in a positive, supportive environment. We will measure our success by the degree to which clients change their lives and become productive, contributing members of their families and communities.

RENAISSANCE’S HISTORY

Connecticut Renaissance was incorporated as “Project Renaissance” in 1969 in Westport, CT and is the oldest community based behavioral health agency in Connecticut. Renaissance provides Adult and Adolescent Outpatient Services through facilities in Norwalk, Stamford, Bridgeport. These facilities are licensed by both the Department of Public Health and the Department of Children and Families. In addition, CT Renaissance provides Residential Drug Treatment Programs and Community Release Programs in Waterbury and Bridgeport. The agency has developed strong, long-term relationships with its primary funders: The Department of Corrections, Department of Mental Health and Addiction Services, Department of Children and Families and Court Support Services Division. We have developed strong collaborative relationships with other community agencies as well.

Updated 4/14
BOARD OF DIRECTORS

POLICY

The Board of Directors shall stand as the governing body of the agency, and shall create and maintain the core values and mission of the organization. The Board of Directors shall be ultimately responsible for approving those policies and procedures that ensure the proper functioning of the program, quality client care, a person-centered philosophy, corporate compliance and sufficient financial resources including advocating for needed resources to carry out the mission of the organization. Personnel policies related to selection, promotion and termination of counseling, supervisory and administrative staff shall be regularly reviewed and approved by the Board of Directors. These policies and procedures shall comply with all federal, state and local guidelines dealing with fair employment practices and equal employment opportunities for all agency positions. The Board of Directors, upon recommendation of the Personnel Committee, shall hire the Chief Executive Officer. The Chief Executive Officer shall be present at Board meetings whenever possible. Minutes shall be kept of all Board meetings.

PROCEDURE

SELECTING BOARD MEMBERS
The Chief Executive Officer shall solicit names of persons interested in serving on the Board that are representative of the cultures the organization serves including representation of the population served.

- Persons will be solicited for Board membership only if the candidate fits into the organizational culture and has the needed expertise in moving the organization forward.

- Letters shall be sent to eligible persons requesting they submit a resume and any statements to the Board.

- Prospective candidates shall be asked to meet with two Board members and the Chief Executive Officer. At that meeting, the activities of the agency and the responsibilities of Board members shall be described and the applicant asked to discuss their interest in serving.

- The results of that interview are presented to the Board for a vote.

BOARD MEETINGS
The Chief Executive Officer shall schedule meetings with the Board no less than six times per year.

- A meeting agenda shall be created by the Chief Executive Officer and mailed to members at least 1 week prior to the meeting.

- The Chief Executive Officer shall, at the meetings, describe the activities of the agency, note any problems occurring in operations, and submit any proposals for change in policies and procedures, or implementation of new programs.

- Minutes shall be kept of all meetings, including meeting date, names of those attending, topics discussed, decisions reached, and actions taken.

- Meetings shall be conducted according to the procedures outlined in the Bylaws.

Policy Last Updated 4/14
BYLAWS POLICY STATEMENT

POLICY

Connecticut Renaissance is a not for profit corporation and shall maintain an incorporated legal status to ensure continuity of service to the community. The agency, at all times, shall maintain its incorporated not for profit tax status. The bylaws of the agency shall include, but not be solely limited to, the following specific points: Memberships (qualifications, duties, etc.), number of members, terms of office, duties of officers, meeting frequency, committees, quorums, parliamentary procedures, and method of amending the bylaws.

PROCEDURE

See bylaws.
BOARD OF DIRECTORS

BYLAWS

ARTICLE ONE

Name and Offices

SECTION 1. NAME
The name of this Corporation shall be CONNECTICUT RENAISSANCE, INC.

SECTION 2. CHANGE OF NAME
The Corporation may, at its pleasure, by a majority vote of the Board of Directors, change its name.

SECTION 3. PRINCIPLE OFFICE
The principal office of the Corporation, in the State of Connecticut, shall be at 350 Fairfield Ave. Suite 701, Bridgeport, Connecticut 06604. The name of the agent or person upon whom process against the corporation may be served shall be designated by the Board of Directors from time to time.

SECTION 4. OTHER OFFICES
The Corporation may also have an office or offices at such other place or places, within and without the State of Connecticut, as the Board of Directors may from time to time designate of the business of the Corporation may require.

ARTICLE TWO

Purposes

The purposes of the Corporation are to engage, undertake, conduct and manage a comprehensive program designed for the education, care, treatment, assistance and support of men and women of any age, parents, and the community as a whole, without regard to age, ancestry, color, learning disability, marital status, mental disorder, mental retardation, national origin, physical disability, race, religious creed, sex, sexual orientation or criminal record regarding the symptoms of substance abuse and addiction problems, psychiatric disorders and/or co-existing substance abuse and psychiatric disorders. The program shall be designed and implemented to support the recovery and/or stabilization of persons, reduce symptoms, restore functioning, and prevent additional functional impairment as well as enhancing the vocational, educational and social functioning of the persons served. All services shall be provided without profit and exclusively for charitable, educational and scientific purposes. The Corporation shall also expand its coverage and treatment by moving into areas of prevention and crisis intervention. The further purpose of the Corporation is to engage in, undertake, conduct, manage and provide a structured supportive living environment for residents from the drug rehabilitation program and for those referred by the State Department of Corrections in order to facilitate successful reentry of persons into the wider society.

ARTICLE THREE

Membership in the Corporation shall be open to all who are members of the Board of Directors.
ARTICLE FOUR

SECTION 1. NUMBER
The entire affairs and business of the Corporation shall be managed by a Board of Directors of not less than five (5) nor more than fifteen (15) Directors, who shall elect their successors, as provided for herein, and be self-perpetuating. The full and complete management of the Corporation shall be in the Board of Directors at all times. The Board of Directors shall have the power to increase or decrease their own number by an amendment to these Bylaws.

SECTION 2. DUTIES OF DIRECTORS
The Board of Directors shall have the control and general management of the affairs and business of the Corporation. It may adopt such rules and regulations for the management of the Corporation as it may deem proper. The Board of Directors shall select and employ the CEO, who shall be primary point of contact for monitoring and reporting on matters pertaining to corporate responsibility. The CEO shall report to the governing authority at its regularly scheduled meetings.

SECTION 3. TERM OF OFFICE
The term of office of each of the Directors elected at the annual meeting shall be for a period of one (1) year from the date of said annual election. Directors elected to the Board of Directors at other that the annual meeting shall serve until the next succeeding annual meeting. New, additional, replacement or substitute members may be elected to the Board at annual meeting, or at any other Board meeting by a vote of two-thirds (2/3) of the then membership of the Board. For purposes of the annual election, or at any other time, any suggested names for membership to the Board of Directors shall be referred to the nominating committee which shall have been appointed by the President. Said nominating committee shall review any such names and shall make a report and recommendation to the Board of Directors at the first possible Board meeting thereafter, or to the Board meeting immediately preceding the annual Board meeting, as the case may be.

For the purposes of the annual election of Directors to the Board of Directors, which shall be held in the June meeting of each year, all members of the Board of Directors then serving shall automatically have their terms of office expire on the eve of such meeting. At said meeting, the nominating committee shall make a report to the Board of Directors and shall recommend in such report a slate of Directors and Officers. Nominations from the floor may be made upon one (1) nomination and two (2) seconds and voting shall thereafter be had in accordance with these Bylaws. The Board of Directors shall vote to elect the next year Board of Directors and Officers. Officers may be elected by a simple majority vote. The election of Directors shall require the vote of two-thirds (2/3) of the entire membership of the Board.

SECTION 4. A. DIRECTORS’ MEETINGS
The said Board of Directors shall have meetings from time to time to properly conduct the affairs of the organization, no less then six (6) times per fiscal year.

Special meetings may be called by the President or by one third of the total membership of the Board at any time. Notice of such meetings, stating the purpose for which called, shall be mailed to all Directors to be received no less then forty-eight (48) hours prior to the date and time the meeting is called. This requirement may be waived if all Board Members are present or have waived the need for prior notice in writing.

B. QUORUM
The presence of not less then five (5) members or one half(1/2) of the Board of Directors, whichever is less shall constitute a quorum and shall be necessary to conduct the business of the Corporation; but a lesser number may adjourn the meeting for a period of not more than two (2)
weeks from the date scheduled by these Bylaws and the secretary shall cause a notice of this scheduled meeting to be sent to all those members who were not present at the meeting originally called. A quorum as hereinafter set forth shall be required at any adjourned meeting.

No other business but that specified in the notice may be transacted at such special meeting without the unanimous consent of all present at such meeting.

C. VOTING
Except as otherwise required by statute, by the certificate of Incorporated (as amended) or by these Bylaws, or in the election of Directors, all matters coming before the Board of Directors shall be decided by a vote of the majority of the Board of Directors.

At all meetings, except for the election of officers and directors, all votes shall be via voice, except that for election of officers and directors ballots shall be provided and there shall not appear on any place of such ballot any mark or marking that might tend to indicate the person who cast such ballot.

At any regular or special meeting if a majority so request any question may be voted upon in the manner and style provided for election of officers and directors.

Each director shall have one vote and such voting may not be done by proxy.

The President and/or the Board of Directors may make such rules and regulations covering meetings as he or they in his discretion determine necessary.

In the case of election, re-election or replacement of Directors or the filling of vacancies to the Board of Directors, voting shall be a vote of two-thirds (2/3) of the remaining members on the Board of Directors.

The President of the Corporation, by virtue of his office, shall be chairman at the meetings of the Board of Directors.

At any regular or special meeting of the Board of Directors, duly called as provided for in these Bylaws, any director or directors may, by the affirmative vote by two-thirds (2/3) of the remaining directors, be removed from office, either with or without cause.

D. NOTICE AND PURPOSE OF MEETINGS
Notice of the purpose or purposes, and of the time and place within the State of Connecticut, of every meeting of the Board of Directors shall be in writing signed by the CEO and a copy thereof shall be mailed not less than five (5) days before the scheduled meeting to each Director.

E. ORDER OF BUSINESS
The order of business at all meetings of the Board of Directors shall be:
1. Calling meeting to order.
2. Proof of notice of meeting.
3. Reading of minutes of last previous meeting.
4. Treasurer's report.
6. Reports of committees.
7. Reports of staff and administrator.
8. Old and unfinished business.
10. Adjournment.
F. COMMITTEES
The Board has three standing Committees which are as follows: Personnel, Clinical Care and Budget/Finance.

1. Personnel Committee - evaluates the CEO’s performance, reviews and revises all changes to policy and meets on an as needed basis.
2. Clinical Care Committee - evaluates program effectiveness, reviews and revises all changes to policy, and meets on an as needed basis.
3. Budget/Finance Committee - ensures agency solvency, reviews budget and budget revisions, monitors ongoing financial status and meets on a monthly basis.

All three Committees make recommendations to the Board based on their findings. Each Committee is to keep minutes of its deliberations and decisions to be reviewed by the Board.

The President may, in his discretion, appoint other standing committees as are deemed necessary and desirable, which committees shall have and may exercise such powers as shall be conferred or authorized by the President in making such appointments. The President shall have the power at any time to fill vacancies in, to change the membership of, or to discharge any such committee. The Board retains the power of veto over the appointment or disbanding of any committee.

SECTION 5. EX OFFICIO MEMBERS
The CEO of the program shall be an ex-officio member of the Board of Directors and shall attend all Board meetings, but shall not be entitled to vote.

ARTICLE FIVE
Officers

SECTION 1. NUMBER
The officers of the organization shall be as follows: President, Vice President, Secretary and Treasurer, who shall have such duties as are prescribed by statute or such as, are usually carried out by such officers.

SECTION 2. COMPENSATION
No officer or director shall, by reason of his office, receive any salary or compensation at any time, but nothing herein shall prevent an officer or director from receiving any compensation from the Corporation for duties other than as a director or officer. The Board shall review and approve any instance where a Board member may receive any salary or compensation.

SECTION 3. ELECTION
Officers shall be elected by a majority of the Board of Directors at the June meeting of each year as provided for in ARTICLE FOUR, SECTION 3., hereinabove. The Board of Directors may elect such additional vice presidents, assistance secretaries or assistant treasurers, as it may deem proper.

SECTION 4. TERM AND REMOVAL
The term of office of all officers shall be one year, but any officer may be removed from office with or without cause, at any time, by the affirmative vote of the majority of the members of the Board of Directors then in office.

ARTICLE SIX
Advisory Board of Directors
The Board of Directors, by majority vote, at the annual or any other meeting in any given year, shall be authorized to elect members to, and re-elect members to, an Advisory Board of not more than fifty (50) persons. Said Advisory Board members shall serve in an honorary, advisory, and supportive capacity to the Board of Directors.

Members of said Advisory Board may attend Board meetings, but shall not be entitled to vote. Their names may appear on corporate letterhead and publications of the Corporation from time to time. Said Advisory Board members shall not have any of the duties or responsibilities of the Board of Directors as set forth hereinabove, but shall serve in the limited role enumerated herein.

ARTICLE SEVEN

Fiscal Year

The fiscal year of the Corporation shall terminate on June 30 of each year or at such time as may be determined by the Board of Directors.

ARTICLE EIGHT

Amendment

These Bylaws may be altered, amended, repealed or added to by an affirmative vote of not less then three-quarters (3/4) of the members.

ARTICLE NINE

Termination

In the event of termination, winding up, or dissolution of this Corporation in any manner or for any reason whatsoever, its remaining assets, if any, shall be distributed to (and only to) one or more organizations described in SECTION 501 (c) (3) of the Internal Revenue Code.

Policy Last Updated 4/14
POLICY AND PROCEDURE MANUAL

POLICY

Connecticut Renaissance shall maintain a current policy and procedure manual including a statement of the purpose and goals of the agency and all approved policies and procedures. Copies of the manual shall be available in all units and accessible to all staff, volunteers, and upon request of others. The entire policy and procedure manual is also available on the Intranet where all staff have immediate access on their computer terminal. New staff members and volunteers shall be required to familiarize themselves with it as part of their orientation process. Staff shall have the opportunity to make recommendations for additions, deletions and revisions. The Chief Executive Director shall present suggested changes to staff prior to implementation, for review and refinement. The manual in its entirety shall be reviewed, updated and approved annually by both the Chief Executive Officer and the Board of Directors.

PROCEDURE

• The Director of Quality Improvement, Chief Operations/Clinical Officers and the Program Directors shall conduct an annual review of the policy and procedure manual.

• At the time of the annual review procedures that are not working efficiently or require updating given the goals of the program, or due to the agency's funding source mandates, are noted and revised.

• Suggested changes in policy and procedure are discussed with Program staff for consideration and input from all staff.

• Once complete the recommended revisions are presented to the Chief Executive Officer who reviews the manual prior to the presentation to the Board of Directors.

• The revisions that have been approved by the Board of Directors shall be put into effect. Changes are circulated to all staff and placed in unit manuals. The Director of Quality Improvement in conjunction with the IT staff shall update the Intranet. The Chief Operations/Clinical Officers meet with the Program Directors covering all operations manual changes. The Program Directors shall then communicate all manual revisions to the staff members, volunteers and where appropriate, to clients, prior to implementation. Documentation of policy and procedure dissemination shall be maintained.

• Revisions and additions that become necessary during the course of the year shall be carried out in the same manner.

Policy Last Updated 4/14
CULTURAL COMPETENCY PLAN

Introduction and Purpose

Connecticut Renaissance, Inc. believes that culture is defined as the behavior patterns, art, beliefs, values, customs, actions, institutions, and thought characteristics of a community or population. With this in mind, Connecticut Renaissance, Inc. is striving to create a respectful and inclusive environment that reaches out to the diversity among clients and staff through the development and implementation of this plan. The plan shall be flexible enough to address all people employed by and in treatment with this agency as well as those that might need to be reached out to in the future.

Our cultural competency plan is a written document that outlines a systematic approach to provide culturally relevant services to the individuals we serve. The plan shall be used to direct Connecticut Renaissance, Inc. towards culturally responsive services with demographic information, congruent policies, services/programs, ongoing staff development, and quality improvement strategies that come together to enable our behavioral health programs to provide culturally competent services. Goals and objectives shall be developed in areas identified as either priority concerns or needing improvement keeping in mind the following three critical areas of concern: access, engagement and retention.

Access is defined as the degree to which services to persons are quickly and readily available. Engagement is defined as the skill and environment to promote a positive personal impact on the quality of the client's commitment to be in treatment. Lastly, retention is defined as the result of quality service that helps maintain a client in treatment with continued commitment. The ability to offer a multi-culturally competent services system focusing on these fundamental approaches may be the deciding factor as to outcome or effectiveness of services rendered.

Our journey began by conducting an agency wide self-assessment. The questionnaire was adapted from the Regional Research Institute for Human Services, Graduate School of Social Work, Portland State University. This tool was very lengthy and was conducted over a seven-week period. In addition to this tool, the Multi-culturally Competent Service System Assessment Guide from the Connecticut Department of Mental Health and Addiction Services was also utilized to conduct a self-assessment. This process was used to identify programmatic areas and specific training needs requiring development that address cross-cultural weaknesses and build upon cross-cultural strengths of the staff generally and organization specifically. CT Renaissance has built upon these efforts through the years to ensure a well rounded culturally sensitive environment.

Cultural competence is a development process; therefore, the goal is to promote positive movement along the cultural competence continuum. Thus, the assessment results shall be viewed as an indication of areas in which the agency and staff can, over time, enhance attitudes, practices, policies, and structures concerning service delivery to culturally diverse populations. It is our intent to conduct a self-assessment annually to measure our success in moving along the cultural competence continuum. Following each self-assessment, an analysis of the findings shall take place in an effort to develop agency wide goals and objectives. All goals and objectives shall be developed for the sole purpose of increasing our cultural self-awareness, knowledge and skill in all of our interactions with others in the clinical, business and community environments.

Accountability

The Board of Directors of Connecticut Renaissance bears ultimate responsibility for promoting competency among professionals and all staff members in working with ethnically or otherwise
diverse populations. The Board of Directors shall delegate the responsibility for developing, implementing and maintaining a comprehensive plan to the Chief Executive Officer. The Chief Executive Officer, who in turn has charged the execution and maintenance of the plan to the Multi-Cultural Advisory Committee, a group of Renaissance employees who represent the agency’s various units, reviews ideas and implements action for process improvement initiatives. This plan shall be reviewed and approved by the Board of Directors on an annual basis.

**Agency Demographic Data**

The agency generates demographic data of both clientele and staff. The statistical data allows Connecticut Renaissance to appropriately plan service delivery modes that are conducive to the cultures served. Connecticut Renaissance strives to ensure that all persons have access to the programs. It is the agency’s philosophy to not unintentionally exclude groups in our service areas. It should be noted that funding sources often provide the referrals and thus the clientele that we serve.

The agency has identified the staff composition as it relates to ethnicity, race and language capabilities and periodically makes comparisons to the client demographics. An internal audit of our resources that are available is also conducted as it relates to this area. The agency is flexible in bringing in staff, volunteers or consultants as the data may reflect changes in the groups that are living in our service areas. This will assist in the engagement and retention of our consumers. Connecticut Renaissance shall make every effort to recruit staff who are representative of the persons served. At the same time, Connecticut Renaissance will maintain the best practice of hiring the most qualified person for the job.

**Policies, Procedures and Governance**

As an agency, we divided this section into two separate areas, policies and procedures and governance. This is shown by the Board of Directors’ accepting ultimate responsibility for the development, implementation and monitoring of the Cultural Competency Plan. This is carried out by the Chief Executive Officer in conjunction with the Multi-Cultural Advisory Team. The Multi-Cultural Competency Committee has been appointed the task of implementation and monitoring of the plan. This Committee shall review and provide updates to the plan as necessary based on periodic agency self-assessments. The plan and/or addendums will be reviewed and approved by the Board of Directors. These steps show the agency's commitment to becoming more culturally competent by educating staff and enhancing our programs.

Connecticut Renaissance has non-discriminatory policies and affirmative action policies in place which reflect compliance with all federal and state statutes. We are an equal opportunity employer and encourage people from diverse backgrounds to apply for employment. The agency mission statement is as follows:

The purpose of Connecticut Renaissance is to empower individuals and families affected by behavioral health or criminal justice needs to make healthy choices that will improve their lives. To achieve this we will utilize and sustain best practices in a positive, supportive environment. We will measure our success by the degree to which clients change their lives and become productive, contributing members of their families and communities.

**Linguistic and Communication Support**

Connecticut Renaissance has strong policies and procedures in place that govern how we operate and effectively treat clients. The area of concern is the communication of this in the client's primary language. The agency will make every effort within reasonable means to provide service or connect a client to services in their primary language. It is not always possible for the
agency to have the resources available to provide services in a client’s preferred language. When language cannot be accommodated, staff will make the necessary referrals to community organizations that have the capacity to meet the client’s needs.

Affiliated agreements are established with organizations that can provide translators or interpreters as the need arises. When possible the agency will utilize its internal resources to accomplish this task, through the identified list of multi-lingual staff. When new populations emerge in our service areas, plans will be created to incorporate the language and communication requirements of those groups. The Multi-Cultural Committee shall maintain lists of staff, who may be available for interpreting as well in the event of needing to address a crisis situation with a client, identified interpretation services may be enlisted. The agency has access to a service called LanguageLine. The service allows for interpreter services by phone. The staff can call LanguageLine and state that they need an interpreter for a specific language. Within 1 minute, an interpreter is on the line. Connecticut Renaissance utilizes these services on an as needed basis. Should increased need arise, the organization will revisit the need for a formal contract. Clients who fall under the pervue of CSSD are provided with an interpreter through the contract. The Program Director would contact their respective Contract Monitor for approval and then coordinate service delivery with the ABC Language Services. They provide a live interpreter for all necessary appointments and CSSD directly covers the cost. The DWI program has a similar mechanism for obtaining interpreter services. They work with DMHAS to coordinate interpreter needs.

The agency makes every attempt to have key documents translated into preferred languages. Many agency forms have been translated, when the need arises a program staff may address this through their program supervisor or take it to the Chairperson of the Multi-Cultural Committee.

**Treatment/Rehabilitation Planning**

The agency utilizes a computerized intake and discharge tool that assesses consumers that enter into our programs. The intake tool has received enhancements that, to a certain degree, incorporate the client’s culture, ethnicity and language into their treatment goals.

211 info-line is available for the most current list of providers and community resources.

At the beginning of a client or family’s involvement with services there will be opportunities to include family, community, traditional healers, social entities, and other natural resources into the service plan. The inclusion of these elements into the service plans will allow this agency to retain the consumers through the service process and incorporate a more effective and functioning re-integration plan.

**Cultural Assessments**

The agency intake and discharge tool, has a multi-cultural component included that will allow staff to begin at intake the process of including the consumer’s background into the plan that is developed.
Information will be gathered in the native language when possible. There is a protocol in place to provide access to interpreters or translators in a timely fashion. Local community agencies will be utilized to provide services and assist in the facilitation of the assessment process.

In an effort to maintain a continued commitment from the consumer during treatment, the agency will use culturally specific materials as needed. A variety of options and techniques will be given to the staff in an effort to increase the effectiveness of programming.

**Cultural Accommodations**

The agency has determined that improving, enhancing and instituting new policies regarding cultural accommodations of our consumers to be of the utmost importance. The consumers no matter what level of care they receive in this agency need to feel comfortable in their environment.

**Program Accessibility**

Each service area that this agency operates in is easily accessible by public transportation, car and train. Most of the facilities are open in the evenings and on weekends to accommodate those who work or go to school. The hours of service are arranged according to the needs of the groups we serve, several of the residential programs are open 24 hours a day.

The agency operates facilities in Bridgeport, Norwalk, Stamford and Waterbury. Our Outpatient D.W.I. classes and assessments are scheduled in several locations so as to make it easier for the consumer to access our services.

**Care Management**

At intake, the consumer will be viewed with a multi-cultural eye and then the treatment options will be determined and formed. The level and care will incorporate as much culturally specific content as is possible.

The agency will enlist the support of those natural community resources to help in administering the service plan. The involvement of the community would allow the agency to be flexible in providing a unique and fully formed service plan, without over burdening the agencies resources. This approach can increase the commitment level of the consumer to the plan and promote a lasting relationship with the community and the service provider.

**Continuity of Care**

The agency has a variety of affiliated agreements already established in the service areas around the state. These services cover a diverse spectrum of need, from medical services to education and clothing vouchers.

**Human Resource Recruitment and Retention**

Overall the agency as a whole is culturally diverse and reflective of our client population. The area of Human Resource Recruitment and Retention proves to be an ongoing struggle to continuously represent our populations and to provide services in a preferred language. The cultural diversity of the clients we serve in each program is compared to the cultural diversity of our staff in an effort to reveal our strengths and weaknesses. As people leave the agency to pursue other opportunities, specific actions are taken in an effort to improve the correlation between the cultural diversity of our staff and clients. When a position is available within a
program a decision should be reached as to what applicants would best fit the organization's needs and what job skills are required to do the job. Identifying specific ethnic organizations to encourage applicants is one way to accomplish this objective. When placing ads, we always include that CTR is an equal opportunity employer and encourage minorities to apply. The HR Coordinator has developed a listing of recruitment sources and advertising venues that would solicit potential applicants from the various cultures of which represents our clientele. Connecticut Renaissance shall make hiring decisions based on the skills and credentials of the applicant. Desirable cultural representation shall not be a factor in hiring. Connecticut Renaissance will, however, make every effort to recruit and solicit applicants representative of the various cultural / ethnic groups.

The current Board of Directors and the Chief Executive Officer actively recruit members with expertise in the areas of program management, marketing and medical. The membership is aware of the need to increase the cultural diversity of this group due to the cultural diversity of the population we serve and are actively recruiting members who reflect the populations we serve. Process of selection shall be conducted as outlined in the Bylaws and only if the candidate fits into our organizational culture and has expertise in the above mentioned areas. The area of governance is adequately covered due to the active plan already in place.

Once staff is employed efforts are made to retain employees not only from those diverse cultures that correlate with the population served, but all employees. Many incentives and benefits are already in place to encourage retention such as: opportunity for upward mobility, generous benefits package, efforts to improve cultural competency, reimbursement for certification expenses, and opportunities to attend outside trainings..

Quality Assessment & Improvement

Connecticut Renaissance has a strong quality improvement program in place that addresses the agency's commitment in providing culturally competent services. A multi-cultural committee is in place to explore and address need areas. Satisfaction questionnaires are another mechanism that addresses how the agency effectively meets cultural needs of our clients. "The staff was sensitive to my cultural/ethnic background" is the question asked on our satisfaction questionnaire. This is also addressed during focus groups when appropriate. It would be ideal to offer the questionnaire in the primary language of our client population that is being addressed under another section of this plan. The survey is currently available in both English and Spanish.

Three different kinds of outcome measures are monitored on a continuous basis. These measures are effectiveness, efficiency and satisfaction. The satisfaction measures were already discussed above. The effectiveness measures look at items such as program completion, AMA rates, reduction or elimination of drug/alcohol use, retention in treatment, etc. Each measure has established thresholds that are expected to be reached on a monthly basis. If a specific measure falls below the established threshold than a more in-depth analysis is conducted to assist in the development of an action plan. As part of this in-depth analysis one criterion taken into consideration is the culture/ethnicity of the client population. For example, if the AMA rate one month fell below threshold, all clients leaving AMA would be examined for trends and patterns. It may be found that all Hispanic males using cocaine left AMA, which would focus efforts on strengthening this part of the program.

Efficiency measures focus on how the internal processes of a program or service operate. Examples of efficiency measures may include timeliness of paperwork, number of rings to answer the phone, and the ability to offer 24-hour access. Integrating cultural services into these types of measures could enhance this area of our quality improvement processes. For example, measures may be broadened to include ability to offer 24-hour access for evaluation in the primary language of the persons served.
Information/Management System

Connecticut Renaissance Inc. clearly understands the benefits of technology, and how it can positively impact on the services that it provides. Systems are in place and established to begin collecting data and studying the trends that emerge. All staff are trained in the use of a variety of hardware and software tools in an effort to improve the collection and processing of data.

An internal Outcomes Committee looks at funding source thresholds as well as internally created thresholds. Program content, satisfaction levels, efficiency studies and consumer issues are examined by this committee on a monthly basis and reported on a quarterly schedule.

Staff Development

Connecticut Renaissance Inc. has deemed it a priority to offer selective training and education in areas that reflect our clientele and staff, being sensitive to and aware of the cultural groups we serve and employ. Each year the staff will have the opportunity to participate in training events on-site as well as at other venues. These opportunities will be scheduled at a minimum annually, but the agency will be flexible enough to schedule with more frequency as the need or opportunity arises.

The agency staff need to be exposed to the knowledge, history and customs of the consumers we serve. They need to expand on their awareness of how different groups view issues such as mental illness or substance abuse treatment. Staff need to be trained in ways to embrace the client's diversity and allow those differences to shape the treatment process. Each program in their service area needs to plan annual celebrations that include clients, families, community leaders and agency staff. Achieving these goals will enhance our services and insure more cultural inclusiveness. This will impact in our access, engagement and retention of all our consumers.

Annual Evaluation

Each year prior to the self-assessment of the organization, the Multi-Cultural Advisory Committee shall conduct an evaluation of the progress made. The evaluation of the Cultural Competency Plan shall be shared with all staff as well as presented to the Chief Executive Officer and Board of Directors. The Cultural Competency Plan shall be revised annually based on where the agency falls on the continuum toward achieving proficiency in cultural competence.

Last Updated 4/14
CORPORATE COMPLIANCE

POLICY

It is the policy of Connecticut Renaissance to accurately and consistently account for the expenditure, usage and tracking of funds and adhere to all relevant state and federal regulations and mandates regarding the expenditure and usage of these funds. The Chief Executive Officer has been designated as the organization’s Corporate Compliance Officer for reporting and monitoring purposes. See Corporate Compliance Plan for further details.
CORPORATE COMPLIANCE

Connecticut Renaissance is dedicated to conforming to corporate compliance practices. The agency outlines a plan to reduce the potential for risk, manage risk and detect fraud. Connecticut Renaissance maintains the stance that waste, fraud and abuse are unacceptable business practices and has enacted a means for detection, reporting, investigating and monitoring corporate compliance.

All staff employed at Connecticut Renaissance shall maintain high ethical standards in all of their assigned duties regarding professional conduct, personal behavior, business practices, marketing practices and clinical practices. Employees and volunteers with questions or concerns about any type of waste, fraud, abuse and other questionable activities and practices are encouraged to bring these issues to the attention of their immediate supervisor or other supervisory personnel by following the organizations chain of command. Employees may also report any issues regarding waste, fraud, abuse and/or other wrongdoing to the Chief Executive Officer who is the designated Corporate Compliance Officer maintaining primary responsibility and acting as Connecticut Renaissance’s point of contact for monitoring and reporting on matters pertaining to corporate responsibility. The secondary point of contact is the Director of Quality Improvement. Employees and volunteers can raise concerns and make reports without fear of reprisal.

Business Practices

Agency business practices shall be conducted according to generally accepted accounting principles. To that end, all employees of Connecticut Renaissance shall hold themselves to the utmost integrity and objectivity in their assigned position. Agency policies and procedures are consistent with the purposes of the organization and in accordance with GAP recommended controls, legal requirements, and general responsible practices.

Conflict of Interest

The Board of Directors, administrators, staff, consultant or volunteers shall never use their official position to secure privileges or advantages either within the agency, with clients or the community.

Audits

Connecticut Renaissance shall take proactive measures to address risk. An annual financial audit is completed by an external organization. Periodic chart audits are completed for each program by agency personnel not associated with that program. Billing audits are also completed quarterly for each program. Inaccuracies or deficiencies are reported through the Outcomes Committee at which time a “plan of action” is requested by the program supervisor. For more information on chart and billing audits, refer to the Quality Management Plan. Management and the Board of Directors maintain responsibility for reviewing trends, grievances, incidents, billing errors and service delivery. The agency also continuously reviews policies and procedures for accuracy and currency.

Reporting Unethical Behaviors

Any allegation of waste, fraud, abuse and/or other wrongdoing pertaining to corporate responsibility reported to or observed by any agency personnel shall be brought to the attention of the Corporate Compliance Officer, Chief Executive Officer or the Director of Quality Improvement by the end of the following business day of initially becoming aware of the potential
wrong doing. Agency staff shall make all reports without fear of reprisal. The reporter shall acknowledge that the agency will make every effort to maintain his / her privacy and adhere to the highest level of confidentiality, but cannot guarantee any level of confidentiality. Reports can be made in person, by telephone or by email to the Corporate Compliance Officer or follow the agency chain of command. All Connecticut Renaissance employees are responsible for reporting any observed actions of potential waste, fraud or abuse. Failure to report may lead to disciplinary action.

Investigation of Allegations

The Corporate Compliance Officer shall inform the President of the Board of Directors and the Executive Management Team of the allegation within 24 hours of receiving the initial report. The President of the Board of Directors is responsible for informing the other members of the Board. The Corporate Compliance Officer shall conduct an investigation and report findings and recommendations back to the President of the Board of Directors within two weeks of the initial report. At this time, the Board of Directors shall assume responsibility for implementing a plan of action so as to prevent further instances of waste, fraud or abuse.

Administrative Procedures for Violators

The Board of Directors shall determine if an agency employee has committed an act that defies Connecticut Renaissance’s corporate compliance standards based on the findings from the investigation of the allegation of any waste, fraud, abuse and/or other wrongdoing. The Board of Directors in conjunction with the Chief Executive Officer, if appropriate, shall determine if there is cause for immediate dismissal or if other disciplinary steps should be taken. Disciplinary steps may include verbal warnings, written warnings, demotion and/or disciplinary evaluation. Results of the entire process shall be included in the employee personnel file.

Dissemination & Training

The Corporate Compliance Plan and Codes of Ethics are posted on the agency intranet and in all programs in an area accessible by clients and visitors. This information is communicated to clients during their orientation to the program by their assigned counselor. The Code of Ethics is reviewed with all new employees during the orientation process and annually thereafter as part of the review of policies and procedures. Training shall include review of the Corporate Compliance Plan and the agency’s philosophy on corporate compliance, essential rules of behavior, no reprisal clause, key personnel and phone numbers, responsibilities of the corporate compliance officer, reporting responsibilities and overview of disciplinary policies.

The Connecticut Renaissance Corporate Compliance Plan also includes Codes of Ethics, Integrity in State Contracting and Quality Management.
CONFLICT OF INTEREST

POLICY

Neither the agency, its Board of Directors, administrators, staff, consultants or volunteers shall be permitted to use his/her official position to secure privileges or advantages either within the agency or the community.

PROCEDURE

- During orientation all staff shall be given information about the conflict of interest clause in the personnel policy manual. Their signature on the New Employee Orientation Checklist verifies that it is understood and shall be complied with.
- The Chief Executive Officer shall ensure that this policy is adhered to and shall take appropriate steps against any infractions.

Policy Last Updated 4/14
INTEGRITY IN STATE CONTRACTING

POLICY

No official, employee or agent of Connecticut Renaissance, Inc. will provide or cause to be provided gifts, as defined in Conn. Gen. Stat. §1-79(e) (except as otherwise set forth below), including a gift for the celebration of a major life event as described in Conn. Gen. Stat. §1-79(e)(12), to a state official or employee of the contracting or leasing agency or a state official or employee of a state agency or department which has supervisory or appointing authority over the contracting or leasing agency.

"GIFT" IS DEFINED UNDER Conn. Gen. Stat. §1-79(e), excluding subdivision (12) as follows:

(e) "Gift" means anything of value, which is directly and personally received, unless consideration of equal or greater value is given in return. "Gift" shall not include:

1. A political contribution otherwise reported as required by law or a donation or payment as described in subdivision (9) or (10) of subsection (b) of section 9-333b;
2. Services provided by persons volunteering their time;
3. A commercially reasonable loan made on terms not more favorable than loans made in the ordinary course of business;
4. A gift received from: (A) an individual's spouse, fiance or fiancee, (B) the parent, brother or sister of such spouse or such individual, or (C) the child of such individual or the spouse of such child;
5. Goods or services: (A) which are provided to the state (i) for use on state property, or (ii) to support an event or the participation by a public official or state employee at an event, and (B) which facilitate state action or functions. As used in this subdivision, "state property" means (i) property owned by the state, or (ii) property leased to an agency in the Executive or Judicial Department of the state;
6. A certificate, plaque or other ceremonial award costing less than one hundred dollars;
7. A rebate, discount or promotional item available to the general public;
8. Printed or recorded informational material germane to state action or functions;
9. Food or beverage or both, costing less than fifty dollars in the aggregate per recipient in a calendar year, and consumed on an occasion or occasions at which the person paying, directly or indirectly, for the food or beverage, or his representative, is in attendance;
10. Food or beverage or both, costing less than fifty dollars per person and consumed at a publicly noticed legislative reception to which all members of the General Assembly are invited and which is hosted not more than once in any calendar year by a lobbyist or business organization. For the purposes of such limit, (A) a reception hosted by a lobbyist who is an individual shall be deemed to have also been hosted by the business organization which he owns or is employed by and (B) a reception hosted by a business organization shall be deemed to have also been hosted by all owners and employees of the business organization who are lobbyists. In making the calculation for the purposes of such fifty-dollar limit, the donor shall divide the amount spent on food and beverage by the number of persons whom the donor reasonably expects to attend the reception;
11. Food or beverage or both, costing less than fifty dollars per person and consumed at a publicly noticed reception to which all members of the General Assembly from a region of the state are invited and which is hosted not more than once in any calendar year by a lobbyist or business organization. For the purposes of such limit, (A) a reception hosted by a lobbyist who is an individual shall be deemed to have also been hosted by the business organization which he owns or is employed by, and (B) a reception hosted by a business organization shall be deemed to have also been hosted by all owners and employees of the business organization who are lobbyists. In making the calculation for
the purposes of such fifty-dollar limit, the donor shall divide the amount spent on food and beverage by the number of persons whom the donor reasonably expects to attend the reception. As used in this subdivision, "region of the state" means the established geographic service area of the organization hosting the reception;

12. A gift, including but not limited to, food or beverage or both, provided by an individual for the celebration of a major life event;

13. Gifts costing less than one hundred dollars in the aggregate or food or beverage provided at a hospitality suite at a meeting or conference of an interstate legislative association, by a person who is not a registrant or is not doing business with the state of Connecticut;

14. Admission to a charitable or civic event, including food and beverage provided at such event, but excluding lodging or travel expenses, at which a public official or state employee participates in his official capacity, provided such admission is provided by the primary sponsoring entity;

15. Anything of value provided by an employer of (A) a public official, (B) a state employee, or (C) a spouse of a public official or state employee, to such official, employee or spouse, provided such benefits are customarily and ordinarily provided to others in similar circumstances;

16. Anything having a value of not more than ten dollars, provided the aggregate value of all things provided by a donor to a recipient under this subdivision in any calendar year shall not exceed fifty dollars.
CONNECTICUT CAMPAIGN FINANCE REFORM

POLICY

The Connecticut Campaign Finance Reform legislation contains important provisions that apply directly to Connecticut Renaissance and its management employees. The key provision of that legislation for Connecticut Renaissance is that:

“No principal of a state contractor … shall make a contribution to, or solicit contributions on behalf of, [candidates for the offices of ] Governor, Lieutenant Governor, Attorney General, State Comptroller, Secretary of the State or State Treasurer… or state senator or representative… If a principal of a state contractor makes or solicits a [prohibited] contribution, the …state… may void the existing contract with… said contractor, and no state agency … shall award the … contractor a state contract… for one year…”

The law became effective January 1, 2007, and is provisions must be included in all state contracts entered into after December 31, 2006.

The statute defines a “principal” as any employee who has managerial or discretionary responsibilities with respect to a state contract. The prohibition is also extended to the spouses and dependent children of those individuals.

Connecticut Renaissance employees covered by this legislation include the Chief Executive Officer and the spouses and dependent children of the Chief Executive Officer.

We recognize that this legislation imposes a significant restriction on the private political activity of the “principals” of Connecticut Renaissance. Given the harshness of the penalties involved, however, Connecticut Renaissance must make every effort to ensure that its “principals” understand and abide by the requirements of the legislation.

To that end, each “principal” of Connecticut Renaissance will be required to sign a statement indicating that they are aware of the restrictions included in the legislation and that they agree to abide by those restrictions during the period of their employment with Connecticut Renaissance.

As the Department of Correction contract requires, Connecticut Renaissance shall ask request from each “principal” to disclose any contributions made with the past 2 years that would fall in the prohibited category.

Policy last updated 4/14
CONNECTICUT CAMPAIGN CONTRIBUTIONS AFFIDAVIT

I acknowledge that I qualify as a “principal” of Connecticut Renaissance, Inc. as identified in Section 9-333n(g) of the Connecticut General Statutes.

I understand that as a “principal” of a non-profit organization holding contracts with the State of Connecticut, I am prohibited from donating or soliciting funds for candidates for the offices of Governor, Lieutenant Governor, Attorney General, Secretary of the State, State Comptroller, State Treasurer, State Senator and State Representative in accordance with Public Act 05-05 as amended by Public Act 06-137. I also understand that this prohibition extends to my spouse and dependents. I further understand that this prohibition is effective as of January 1, 2007.

I understand that if prohibited contributions are made or solicited by myself, my spouse or any of my dependents, Connecticut Renaissance, Inc. could be barred from receiving contracts from all agencies of the State of Connecticut for a period of one year.

Therefore, I agree that neither myself, my spouse nor my dependents will make or solicit contributions prohibited under Public Act 05-05 as amended by Public Act 06-137. I acknowledge that if any such contributions are made or solicited, I will be subject to immediate disciplinary action, up to and including termination.

I have listed below any such contributions made within the past two years. I understand that this listing is required under the terms of Connecticut Renaissance, Inc.’s current contract with the Connecticut Department of Correction. I also understand that this listing is purely informational and that there was no prohibition against the listed contributions. I further understand that no action will be taken against myself or Connecticut Renaissance, Inc. because of the listed contributions.

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Last updated 4/14
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- CCB Code of Ethical Conduct
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- Code of Ethics for Marriage and Family Therapists
- Code of Ethics for Social Workers
CODE OF ETHICS

POLICY

Connecticut Renaissance has adapted a culture that promotes the utmost quality level of services. The agency has adapted a Code of Ethics of which delineates organizational as well as employee standards of conduct.

Corporate Compliance

See Corporate Compliance Plan for related standards of conduct.

Personal Behavior

At all times staff shall behave in a manner that is respectful and considerate in all interaction with all of our customers which includes peers, other staff, clients, family members, referral sources, the community, etc. All staff without exception shall abide by all personnel policies that detail all unacceptable behaviors and the outcomes of such actions.

Relationship With Other Healthcare Providers, Educational Institutions and Payers

Mechanisms are in place to provide information to other healthcare providers that support the continuity of care of all our clients. Only the minimum amount of information necessary to provide treatment will be shared. Agency policies regarding confidential and release of information shall be strictly followed. Information shall be shared with educational institutions only with appropriate signed release of information. Payers shall only be given the minimum amount of information in order to conduct billing practices.

Marketing Practices

All staff at Connecticut Renaissance, Inc. shall engage in appropriate informational activities such as representing credentials, accreditation/licensure and/or training, descriptions of agency services in any publications and will prohibit any misleading information to be presented in any venue. All marketing materials require prior approval by the CEO as outlined in agency policy.

Clinical Practices

It is the responsibility of all employed at Connecticut Renaissance, Inc. to protect and promote the rights of clients and to encourage and assist clients in exercising these rights. Clients shall be treated with respect and dignity at all times. Clients shall be admitted to the least restrictive setting in order to maximize their recovery effort and improve their overall functioning. Employees shall be responsible for following agency policies and procedures that govern the treatment of clients.

Professional Conduct

In addition to complying with the agency Code of Ethics Policy all professionals shall also abide by their profession's established Code of Ethics, which are attached as an addendum to this statement.
1) As an employee of CTR or a member of its board, the welfare of our clients and their families in matters affecting them shall be placed above all other concerns.

2) To this end, kind and humane treatment to all in our care regardless of race, age, gender, religion or sexual orientation shall be delivered.

3) No one shall deliberately do harm to a client, either physically or psychologically. No person shall ever be verbally assaulted or ridiculed. Staff will not attempt to subjugate or endanger a client, nor will any staff allow other clients or employees to do so.

4) Changes in the lives of clientele shall be self driven and in the interest of promoting recovery from the problems that Connecticut Renaissance staff have been charged to treat. Client’s shall not otherwise be pressed to adopt beliefs and behaviors which reflect value systems that are not their own.

5) Staff shall recognize when it is in the best interest of the client to be released or referred to another program for treatment.

6) Staff shall refrain from engaging in any activity that could be construed as exploitation of clients for personal gain, be it sexual, financial or social.

7) Staff shall not attempt to use their authority over a client in a coercive manner. Staff will not promote dependence, but help clients to empower themselves.

8) Staff shall not name or give information about a client, former client or family member except to other staff as required by treatment or when authorized by the client. Staff shall abide by all federal and state regulations regarding confidentiality and privacy practices.

9) Staff shall understand and agree to defend both the spirit and the letter of Connecticut Renaissance’s policy on client rights and to respect the rights and views of other professionals.

10) Staff shall understand that a therapeutic relationship does not end with a client’s leaving Connecticut Renaissance. Staff will recognize the need to conduct any subsequent relationships with former clients with the same concern for their well-being that is acknowledged above.

11) Staff shall exhibit responsible concern for the well-being of peers and the Connecticut Renaissance workplace by not ignoring manifestation of unethical conduct in colleagues.

12) Staff shall accept responsibility for continuing education and professional development as part of their commitment to providing quality care.

Policy Updated 4/14
CCB (Connecticut Certification Board)
CODE OF ETHICAL CONDUCT

Effective March 1, 2010, this Code of Ethical Conduct will replace the previously published CCB ethics code and investigations procedure.

CCB CODE OF ETHICAL CONDUCT
The following Rules of Conduct, adopted by the CCB, set forth the minimum standards of conduct which all certified professionals are expected to honor. Failure to comply with an obligation or prohibition set forth in the rules may result in discipline by the CCB.

UNLAWFUL CONDUCT
Rule 1.1
Once certified, a certified professional shall not be convicted for any misdemeanor or felony relating to the individual's ability to provide substance abuse and other behavioral health services as determined by CCB.
Rule 1.2
Once certified, a certified professional shall not be convicted of any crime that involves the possession, sale or use of any controlled or psychoactive substance. CB Code of Ethical Conduct - January 2010

SEXUAL MISCONDUCT
Rule 2.1
A certified professional shall, under no circumstances, engage in sexual activities or sexual contact with clients, whether such contact is consensual or forced.
Rule 2.2
A certified professional shall not knowingly engage in sexual activities or sexual contact with clients' relatives or other individuals with whom clients maintain a close personal relationship when there is a risk of exploitation or potential harm to the client.
Rule 2.3
A certified professional shall not engage in sexual activities or sexual contact with former clients when there is a risk of exploitation or potential harm to the client.
Rule 2.4
A certified professional shall not provide clinical services to individuals with whom they have had a prior sexual relationship.

FRAUD-RELATED CONDUCT
Rule 3.1
A certified professional shall not:
- present or cause to be presented a false or fraudulent claim, or provide any proof in support of such claim, to be paid under any contract or certificate of insurance;
- prepare, make, or subscribe to a false or fraudulent account, certificate, affidavit, proof of loss, or other document or writing;
- present or cause to be presented a false or fraudulent claim or benefit application, or any false or fraudulent proof in support of such a claim or benefit application, or false or fraudulent information, which would affect a future claim or benefit application, or be paid under any employee benefit program;
- seek to have an employee commit fraud or assist in an act of commission or omission to aid fraud related behavior.

Rule 3.2
An individual shall not use misrepresentation in the procurement of certification or recertification, or assist another in the preparation or procurement of certification or recertification through misrepresentation. The
term "misrepresentation" includes but is not limited to the misrepresentation of professional qualifications, education, certification, accreditation, affiliations, employment experience, the plagiarism of application and recertification materials, or the falsification of references.

Rule 3.3
An individual shall not use a title designation, credential or license, firm name, letterhead, publication, term, title, or document which states or implies an ability, relationship, or qualification that does not exist and to which they are not entitled.

Rule 3.4
A certified professional shall not provide service under a false name or a name other than the name under which his or her certification or license is held.

Rule 3.5
A certified professional shall not sign or issue, in their professional capacity, a document or a statement that the professional knows or should have known to contain a false or misleading statement.

Rule 3.6
A certified professional shall not produce, publish, create, or partake in the creation of any false, fraudulent, deceptive, or misleading advertisement.

Rule 3.7
A certified professional who participates in the writing, editing, or publication of professional papers, videos/films, pamphlets or books must act to preserve the integrity of the profession by acknowledging and documenting any materials and/or techniques or people (i.e. co-authors, researchers, etc.) used in creating their opinions/papers, books, etc. Additionally, any work that is photocopied prior to receipt of approval by the author is discouraged. Whenever and wherever possible, the certified professional should seek permission from the author/creator of such materials prior to any such use or publication.

EXPLORATION OF CLIENTS

Rule 4.1
A certified professional shall not develop, implement, condone or maintain exploitative relationships with clients and/or family members of clients.

Rule 4.2
A certified professional shall not misappropriate property from clients and/or family members of clients.

Rule 4.3
A certified professional shall not enter into a relationship with a client which involves financial gain to the certified professional or to a third party resulting from the promotion or the sale of services unrelated to the provision of services or of [the sale or acquisition of?] goods, property, or any psychoactive substance.

Rule 4.4
A certified professional shall not promote to a client, for the professional’s personal gain, any treatment, procedure, product, or service.

Rule 4.5
A certified professional shall neither ask for nor accept favors/free services/gifts of substantial monetary value or gifts that impair the integrity or efficacy of the therapeutic relationship.

Rule 4.6
A certified professional shall not offer, give, or receive commissions, rebates, or any other forms of remuneration for a client referral.

Rule 4.7
A certified professional shall not accept fees or gratuities for professional work from a person who is entitled to such services through an institution and/or agency by which the certified professional is employed.

PROFESSIONAL STANDARDS

Rule 5.1
A certified professional shall not in any way participate in discrimination on the basis of race, color, sex, sexual orientation, age, religion, national origin, socio-economic status, political belief, psychiatric or psychological impairment, or physical disability.
Rule 5.2
A certified professional shall timely seek therapy for any psychoactive substance abuse or dependence, psychiatric or psychological impairment, emotional distress, or for any other physical health related condition or adversity that interferes with his or her professional functioning. Where any such condition exists and impedes his or her ability to function competently, a certified professional must request inactive status of their CCB credential for medical reasons for as long as necessary.

Rule 5.3
A certified professional shall meet and comply with all terms, conditions, or limitations of any professional certification or license he or she holds.

Rule 5.4
A certified professional shall not engage in conduct that does not meet generally accepted standards of practice.

Rule 5.5
A certified professional shall not perform services outside of his or her area of training, expertise, competence, or scope of practice.

Rule 5.6
A certified professional shall not reveal confidential information obtained as the result of a professional relationship, without the prior written consent from the recipient of services, except as authorized or required by law. 5 CCB Code of Ethical Conduct - January 2010

Rule 5.7
The certified professional shall not permit publication of photographs, disclosure of client names or records, or the nature of services being provided without securing all requisite releases from the client, or parents or legal guardians of the clients except as authorized or required by law.

Rule 5.8
The certified professional shall not discontinue professional services to a client nor shall he or she abandon the client without facilitating an appropriate closure of professional services for the client or facilitating an appropriate referral for future counseling.

Rule 5.9
A certified professional shall obtain an appropriate consultation or make an appropriate referral when the client's problem is beyond their area of training, expertise, competence, or scope of service.

SAFETY & WELFARE

Rule 6.1
A certified professional shall not administer to himself or herself any psychoactive substance to the extent or in such manner as to be dangerous or injurious to the professional, a recipient of services, to any other person, or to the extent that such use of any psychoactive substance impairs the ability of the professional to safely and competently provide services.

Rule 6.2
All certified professionals are mandated abuse and neglect reporters and each shall comply with all mandatory reporting requirements.

RECORD KEEPING

Rule 7.1
A certified professional shall keep timely and accurate records consistent with current standards of best practices and shall not falsify, amend, or knowingly make incorrect entries or fail to make timely essential entries into the client record.

ASSISTING UNQUALIFIED/UNLICENSED PRACTICE

Rule 8.1
A certified professional shall not refer a client to a person that he/she knows or should have known is not qualified by training, experience, certification, or license to perform the delegated professional responsibility.

DISCIPLINE IN OTHER JURISDICTIONS

Rule 9.1
A certified professional holding a certification, license, or other authorization to practice issued by any certification authority or any state, province, territory, tribe, or federal government whose certification or
license has been suspended, revoked, placed on probation, or other restriction or discipline shall promptly alert the Board of such disciplinary action and provide the Board with such information concerning such discipline and/or authorizations to obtain such information about such discipline as the Board deems reasonably necessary or desirable.

**COOPERATION WITH THE BOARD**

**Rule 10.1**
A certified professional shall cooperate in any investigation conducted pursuant to this Code of Ethical Conduct and shall not interfere with an investigation or a disciplinary proceeding or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted, or completed. Interference attempts may include but are not limited to:

1. the willful misrepresentation of facts before the disciplining authority or its authorized representative;
2. the use of threats or harassment against, or an inducement to, any client or witness in an effort to prevent them from providing evidence in a disciplinary proceeding or any other legal action;
3. the use of threats or harassment against, or an inducement to, any person in an effort to prevent or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted or completed;
4. refusing to accept and/or respond to a letter of complaint, allowing a credential to lapse while an ethics complaint is pending, or attempting to resign a credential while an ethics complaint is pending. Violation of this rule under these circumstances will result in the immediate and indefinite suspension of the certified professional’s credential until the ethical complaint is resolved.

**Rule 10.1 continued**
1. not knowing make a false or misleading statement to the CCB, the State of Connecticut, or any other disciplinary authority;
2. promptly alert colleagues informally to potentially unethical behavior so said colleague could take corrective action;
3. report violations of professional conduct of other certified professionals to the appropriate licensing/disciplinary authority when he/she knows or should have known that another certified professional has violated ethical standards and has failed to take corrective action after informal intervention.

**Rule 10.2**
A certified professional shall:
1. not knowing make a false or misleading statement to the CCB, the State of Connecticut, or any other disciplinary authority;
2. promptly alert colleagues informally to potentially unethical behavior so said colleague could take corrective action;
3. report violations of professional conduct of other certified professionals to the appropriate licensing/disciplinary authority when he/she knows or should have known that another certified professional has violated ethical standards and has failed to take corrective action after informal intervention.

**Rule 10.3**
A certified professional shall report any uncorrected violation of the Code of Ethical Conduct within 90 days of an alleged violation. Failure to report a violation may be grounds for discipline.

**Rule 10.4**
A certified professional with firsthand knowledge of the actions of a respondent or a complainant shall cooperate with the CCB investigation or disciplinary proceeding. Failure or an unwillingness to cooperate in the CCB investigation or disciplinary proceeding shall be grounds for disciplinary action.

**Rule 10.5**
A certified professional shall not file a complaint or provide information to the CCB, which he/she knows or should have known, is false or misleading.

**Rule 10.6**
In submitting information to the CCB, a certified professional shall comply with any requirements pertaining to the disclosure of client information established by the federal or state government.

**MODIFICATION OF CODE OF ETHICAL CONDUCT/DISCIPLINARY PROCEDURES**

**Rule 11.1**
The CCB Board of Directors reserves the right to amend and modify the Code of Ethical Conduct and the Code of Ethical Conduct – Disciplinary Procedures. When changes are made, all certified professionals will be notified of all changes made and when changes become effective.

*Revised 5/09, 09/09, 1/10*

*CCB Board Approved, September 10, 2009; January 14, 2010*

*Published – January 15, 2010*

*Last Reviewed for Updates 4/14*
CODE OF ETHICS FOR ADDICTION PROFESSIONALS

Introduction
NAADAC recognizes that its members and NCC certified counselors live and work in many diverse communities. The NAADAC Code of Ethics was written to govern the conduct of its members and it is the accepted standard of conduct for addiction counselors certified by the National Certification Commission.

I. The Counseling Relationship

It is the responsibility of the addiction professional to safeguard the integrity of the counseling relationship and to ensure that the client is provided with beneficial services. The client will be provided access to effective treatment and referral giving consideration to individual educational, legal and financial needs. Addiction Professionals also recognize their responsibility to the larger society and any specific legal obligations that may, on limited occasions, supersede loyalty to clients.

The addiction professional shall provide the client and/or guardian with accurate and complete information regarding the extent of the professional relationship. In all areas of function, the addiction professional is likely to encounter individuals who are vulnerable and exploitable. In such relationships he or she seeks to nurture and support the development of a relationship of equals rather than to take unfair advantage. In personal relationships, the addiction professional seeks to foster self-sufficiency and healthy self-esteem in others. In relationships with clients he or she provides only that level and length of care that is necessary and acceptable.

II. Evaluation, Assessment and Interpretation of Client Data

The addiction professional uses assessment instruments as one component of the counseling/treatment and referral process taking into account the client's personal and cultural background. The assessment process promotes the well-being of individual clients or groups. Addiction professionals base their recommendations/reports on approved evaluation instruments and procedures. The designated assessment instruments are ones for which reliability has been verified by research.

III. Confidentiality/Privileged Communication and Privacy

Addiction professionals shall provide information to clients regarding confidentiality and any reasons for releasing information in adherence with confidentiality laws. When providing services to families, couples or groups, the limits and exceptions to confidentiality must be reviewed and a written document describing confidentiality must be provided to each person. Once private information is obtained by the addiction professional, standards of confidentiality apply. Confidential information is disclosed when appropriate with valid consent from a client or guardian. Every effort is made to protect the confidentiality of client information, and in very specific cases or situations to disclose information appropriately and according to federal law.
IV. Professional Responsibility

The addiction professional espouses objectivity and integrity and maintains the highest standards in the services provided. The addiction professional recognizes that effectiveness in his or her profession is based on the ability to be worthy of trust. The professional has taken time to reflect on the ethical implications of clinical decisions and behavior using competent authority as a guide. Further, the addiction professional recognizes that those who assume the role of assisting others to live a more responsible life take on the ethical accountability of living responsibly. The addiction professional recognizes that even in a life well-lived, harm might be done to others by words and actions. When he or she becomes aware that any work or action has done harm, he or she admits the error and does what is possible to repair or ameliorate the harm except when to do so would cause greater harm. Professionals recognize the many ways in which they influence clients and others within the community and take this fact into consideration as they make decisions in their personal conduct.

V. Working in a Culturally Diverse World

An Addiction professional understands the significance of the role that ethnicity and culture plays in an individual’s perceptions and how he or she lives in the world. Addiction professionals shall remain aware that many individuals have disabilities which may or may not be obvious. Some disabilities are invisible and unless described might not appear to inhibit expected social, work and health care interactions. Included in the invisible disabled category are those persons who are hearing impaired, have a learning disability, have a history of brain or physical injuries and those affected by chronic illness. Persons having such limitations might be younger than age 65. Part of the intake and assessment must then include a question about any additional factor that must be considered when working with the client.

VI. Workplace Standards

The addiction professional recognizes that the profession is founded on national standards of competency which promote the best interests of society, the client, the individual addiction professional and the profession as a whole. The addiction professional recognizes the need for ongoing education as a component of professional competency and development.

VII. Supervision and Consultation

Addiction professionals who supervise others accept the obligation to facilitate further professional development of these individuals by providing accurate and current information, timely evaluations and constructive consultation. Counseling supervisors are aware of the power differential in their relationships with supervisees and take precautions to maintain ethical standards. In relationships with students, employees and supervisees he/she strives to develop full creative potential and mature independent functioning.

VIII. Resolving Ethical Issues

The addiction professional shall behave in accordance with legal, ethical and moral standards for his or her work. To this end, professionals will attempt to resolve ethical dilemmas with direct and open communication among all parties involved and seek supervision and/or consultation as appropriate.
IX. Communication and Published Works

The addiction professional who submits for publication or prepares handouts for clients, students or for general distribution shall be aware of and adhere to copyright laws.

X. Policy and Political Involvement

The addiction professional is strongly encouraged to the best of his or her ability, to actively engage the legislative processes, educational institutions and the general public to change public policy and legislation to make possible opportunities and choice of service for all human beings of any ethnic or social background whose lives are impaired by alcoholism and drug abuse.

Revised March 28, 2011 – Last Reviewed for Updates 4/14
CODE OF ETHICS FOR MARRIAGE & FAMILY THERAPISTS

American Association for Marriage & Family Therapy

Preamble

The Board of Directors of the American Association for Marriage and Family Therapy (AAMFT) hereby promulgates, pursuant to Article 2, Section 2.013 of the Association's Bylaws, the Revised AAMFT Code of Ethics, effective July 1, 2001.

The AAMFT strives to honor the public trust in marriage and family therapists by setting standards for ethical practice as described in this Code. The ethical standards define professional expectations and are enforced by the AAMFT Ethics Committee. The absence of an explicit reference to a specific behavior or situation in the Code does not mean that the behavior is ethical or unethical. The standards are not exhaustive. Marriage and family therapists who are uncertain about the ethics of a particular course of action are encouraged to seek counsel from consultants, attorneys, supervisors, colleagues, or other appropriate authorities.

Both law and ethics govern the practice of marriage and family therapy. When making decisions regarding professional behavior, marriage and family therapists must consider the AAMFT Code of Ethics and applicable laws and regulations. If the AAMFT Code of Ethics prescribes a standard higher than that required by law, marriage and family therapists must meet the higher standard of the AAMFT Code of Ethics. Marriage and family therapists comply with the mandates of law, but make known their commitment to the AAMFT Code of Ethics and take steps to resolve the conflict in a responsible manner. The AAMFT supports legal mandates for reporting of alleged unethical conduct.

The AAMFT Code of Ethics is binding on Members of AAMFT in all membership categories, AAMFT-Approved Supervisors, and applicants for membership and the Approved Supervisor designation (hereafter, AAMFT Member). AAMFT members have an obligation to be familiar with the AAMFT Code of Ethics and its application to their professional services. Lack of awareness or misunderstanding of an ethical standard is not a defense to a charge of unethical conduct.

The process for filing, investigating, and resolving complaints of unethical conduct is described in the current Procedures for Handling Ethical Matters of the AAMFT Ethics Committee. Persons accused are considered innocent by the Ethics Committee until proven guilty, except as otherwise provided, and are entitled to due process. If an AAMFT Member resigns in anticipation of, or during the course of, an ethics investigation, the Ethics Committee will complete its investigation. Any publication of action taken by the Association will include the fact that the Member attempted to resign during the investigation.

Principle I
Responsibility to Clients

Marriage and family therapists advance the welfare of families and individuals. They respect the rights of those persons seeking their assistance, and make reasonable efforts to ensure that their services are used appropriately.

1.1. Marriage and family therapists provide professional assistance to persons without discrimination on the basis of race, age, ethnicity, socioeconomic status, disability, gender, health status, religion, national origin, or sexual orientation.

1.2 Marriage and family therapists obtain appropriate informed consent to therapy or related procedures as early as feasible in the therapeutic relationship, and use language that is reasonably understandable to clients. The content of informed consent may vary depending upon the client and treatment plan; however, informed consent generally necessitates that the client: (a) has the capacity to consent; (b) has been adequately informed of significant information concerning treatment processes and procedures; (c)
has been adequately informed of potential risks and benefits of treatments for which generally recognized standards do not yet exist; (d) has freely and without undue influence expressed consent; and (e) has provided consent that is appropriately documented. When persons, due to age or mental status, are legally incapable of giving informed consent, marriage and family therapists obtain informed permission from a legally authorized person, if such substitute consent is legally permissible.

1.3 Marriage and family therapists are aware of their influential positions with respect to clients, and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid conditions and multiple relationships with clients that could impair professional judgment or increase the risk of exploitation. Such relationships include, but are not limited to, business or close personal relationships with a client or the client's immediate family. When the risk of impairment or exploitation exists due to conditions or multiple roles, therapists take appropriate precautions.

1.4 Sexual intimacy with clients is prohibited.

1.5 Sexual intimacy with former clients is likely to be harmful and is therefore prohibited for two years following the termination of therapy or last professional contact. In an effort to avoid exploiting the trust and dependency of clients, marriage and family therapists should not engage in sexual intimacy with former clients after the two years following termination or last professional contact. Should therapists engage in sexual intimacy with former clients following two years after termination or last professional contact, the burden shifts to the therapist to demonstrate that there has been no exploitation or injury to the former client or to the client's immediate family.

1.6 Marriage and family therapists comply with applicable laws regarding the reporting of alleged unethical conduct.

1.7 Marriage and family therapists do not use their professional relationships with clients to further their own interests.

1.8 Marriage and family therapists respect the rights of clients to make decisions and help them to understand the consequences of these decisions. Therapists clearly advise the clients that they have the responsibility to make decisions regarding relationships such as cohabitation, marriage, divorce, separation, reconciliation, custody, and visitation.

1.9 Marriage and family therapists continue therapeutic relationships only so long as it is reasonably clear that clients are benefiting from the relationship.

1.10 Marriage and family therapists assist persons in obtaining other therapeutic services if the therapist is unable or unwilling, for appropriate reasons, to provide professional help.

1.11 Marriage and family therapists do not abandon or neglect clients in treatment without making reasonable arrangements for the continuation of such treatment.

1.12 Marriage and family therapists obtain written informed consent from clients before videotaping, audio recording, or permitting third-party observation.

1.13 Marriage and family therapists, upon agreeing to provide services to a person or entity at the request of a third party, clarify, to the extent feasible and at the outset of the service, the nature of the relationship with each party and the limits of confidentiality.

**Principle II**

**Confidentiality**

*Marriage and family therapists have unique confidentiality concerns because the client in a therapeutic relationship may be more than one person. Therapists respect and guard the confidences of each individual client.*

2.1 Marriage and family therapists disclose to clients and other interested parties, as early as feasible in their professional contacts, the nature of confidentiality and possible limitations of the clients’ right to confidentiality. Therapists review with clients the circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. Circumstances may necessitate repeated disclosures.
2.2 Marriage and family therapists do not disclose client confidences except by written authorization or waiver, or where mandated or permitted by law. Verbal authorization will not be sufficient except in emergency situations, unless prohibited by law. When providing couple, family or group treatment, the therapist does not disclose information outside the treatment context without a written authorization from each individual competent to execute a waiver. In the context of couple, family or group treatment, the therapist may not reveal any individual’s confidences to others in the client unit without the prior written permission of that individual.

2.3 Marriage and family therapists use client and/or clinical materials in teaching, writing, consulting, research, and public presentations only if a written waiver has been obtained in accordance with Subprinciple 2.2, or when appropriate steps have been taken to protect client identity and confidentiality.

2.4 Marriage and family therapists store, safeguard, and dispose of client records in ways that maintain confidentiality and in accord with applicable laws and professional standards.

2.5 Subsequent to the therapist moving from the area, closing the practice, or upon the death of the therapist, a marriage and family therapistArrange for the storage, transfer, or disposal of client records in ways that maintain confidentiality and safeguard the welfare of clients.

2.6 Marriage and family therapists, when consulting with colleagues or referral sources, do not share confidential information that could reasonably lead to the identification of a client, research participant, supervisee, or other person with whom they have a confidential relationship unless they have obtained the prior written consent of the client, research participant, supervisee, or other person with whom they have a confidential relationship. Information may be shared only to the extent necessary to achieve the purposes of the consultation.

Principle III
Professional Competence and Integrity

Marriage and family therapists maintain high standards of professional competence and integrity.

3.1 Marriage and family therapists pursue knowledge of new developments and maintain competence in marriage and family therapy through education, training, or supervised experience.

3.2 Marriage and family therapists maintain adequate knowledge of and adhere to applicable laws, ethics, and professional standards.

3.3 Marriage and family therapists seek appropriate professional assistance for their personal problems or conflicts that may impair work performance or clinical judgment.

3.4 Marriage and family therapists do not provide services that create a conflict of interest that may impair work performance or clinical judgment.

3.5 Marriage and family therapists, as presenters, teachers, supervisors, consultants and researchers, are dedicated to high standards of scholarship, present accurate information, and disclose potential conflicts of interest.

3.6 Marriage and family therapists maintain accurate and adequate clinical and financial records.

3.7 While developing new skills in specialty areas, marriage and family therapists take steps to ensure the competence of their work and to protect clients from possible harm. Marriage and family therapists practice in specialty areas new to them only after appropriate education, training, or supervised experience.

3.8 Marriage and family therapists do not engage in sexual or other forms of harassment of clients, students, trainees, supervisees, employees, colleagues, or research subjects.

3.9 Marriage and family therapists do not engage in the exploitation of clients, students, trainees, supervisees, employees, colleagues, or research subjects.

3.10 Marriage and family therapists do not give to or receive from clients (a) gifts of substantial value or (b) gifts that impair the integrity or efficacy of the therapeutic relationship.
3.11 Marriage and family therapists do not diagnose, treat, or advise on problems outside the recognized boundaries of their competencies.

3.12 Marriage and family therapists make efforts to prevent the distortion or misuse of their clinical and research findings.

3.13 Marriage and family therapists, because of their ability to influence and alter the lives of others, exercise special care when making public their professional recommendations and opinions through testimony or other public statements.

3.14 To avoid a conflict of interests, marriage and family therapists who treat minors or adults involved in custody or visitation actions may not also perform forensic evaluations for custody, residence, or visitation of the minor. The marriage and family therapist who treats the minor may provide the court or mental health professional performing the evaluation with information about the minor from the marriage and family therapist’s perspective as a treating marriage and family therapist, so long as the marriage and family therapist does not violate confidentiality.

3.15 Marriage and family therapists are in violation of this Code and subject to termination of membership or other appropriate action if they: (a) are convicted of any felony; (b) are convicted of a misdemeanor related to their qualifications or functions; (c) engage in conduct which could lead to conviction of a felony, or a misdemeanor related to their qualifications or functions; (d) are expelled from or disciplined by other professional organizations; (e) have their licenses or certificates suspended or revoked or are otherwise disciplined by regulatory bodies; (f) continue to practice marriage and family therapy while no longer competent to do so because they are impaired by physical or mental causes or the abuse of alcohol or other substances; or (g) fail to cooperate with the Association at any point from the inception of an ethical complaint through the completion of all proceedings regarding that complaint.

Principle IV
Responsibility to Students and Supervisees

Marriage and family therapists do not exploit the trust and dependency of students and supervisees.

4.1 Marriage and family therapists are aware of their influential positions with respect to students and supervisees, and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid conditions and multiple relationships that could impair professional objectivity or increase the risk of exploitation. When the risk of impairment or exploitation exists due to conditions or multiple roles, therapists take appropriate precautions.

4.2 Marriage and family therapists do not provide therapy to current students or supervisees.

4.3 Marriage and family therapists do not engage in sexual intimacy with students or supervisees during the evaluative or training relationship between the therapist and student or supervisee. Should a supervisor engage in sexual activity with a former supervisee, the burden of proof shifts to the supervisor to demonstrate that there has been no exploitation or injury to the supervisee.

4.4 Marriage and family therapists do not permit students or supervisees to perform or to hold themselves out as competent to perform professional services beyond their training, level of experience, and competence.

4.5 Marriage and family therapists take reasonable measures to ensure that services provided by supervisees are professional.

4.6 Marriage and family therapists avoid accepting as supervisees or students those individuals with whom a prior or existing relationship could compromise the therapist’s objectivity. When such situations cannot be avoided, therapists take appropriate precautions to maintain objectivity. Examples of such relationships include, but are not limited to, those individuals with whom the therapist has a current or prior sexual, close personal, immediate familial, or therapeutic relationship.

4.7 Marriage and family therapists do not disclose supervisee confidences except by written authorization or waiver, or when mandated or permitted by law. In educational or training settings where there are multiple supervisors, disclosures are permitted only to other professional colleagues, administrators, or
employers who share responsibility for training of the supervisee. Verbal authorization will not be sufficient except in emergency situations, unless prohibited by law.

**Principle V**  
**Responsibility to Research Participants**

*Investigators respect the dignity and protect the welfare of research participants, and are aware of applicable laws and regulations and professional standards governing the conduct of research.*

5.1 Investigators are responsible for making careful examinations of ethical acceptability in planning studies. To the extent that services to research participants may be compromised by participation in research, investigators seek the ethical advice of qualified professionals not directly involved in the investigation and observe safeguards to protect the rights of research participants.

5.2 Investigators requesting participant involvement in research inform participants of the aspects of the research that might reasonably be expected to influence willingness to participate. Investigators are especially sensitive to the possibility of diminished consent when participants are also receiving clinical services, or have impairments which limit understanding and/or communication, or when participants are children.

5.3 Investigators respect each participant’s freedom to decline participation in or to withdraw from a research study at any time. This obligation requires special thought and consideration when investigators or other members of the research team are in positions of authority or influence over participants. Marriage and family therapists, therefore, make every effort to avoid multiple relationships with research participants that could impair professional judgment or increase the risk of exploitation.

5.4 Information obtained about a research participant during the course of an investigation is confidential unless there is a waiver previously obtained in writing. When the possibility exists that others, including family members, may obtain access to such information, this possibility, together with the plan for protecting confidentiality, is explained as part of the procedure for obtaining informed consent.

**Principle VI**  
**Responsibility to the Profession**

*Marriage and family therapists respect the rights and responsibilities of professional colleagues and participate in activities that advance the goals of the profession.*

6.1 Marriage and family therapists remain accountable to the standards of the profession when acting as members or employees of organizations. If the mandates of an organization with which a marriage and family therapist is affiliated, through employment, contract or otherwise, conflict with the AAMFT Code of Ethics, marriage and family therapists make known to the organization their commitment to the AAMFT Code of Ethics and attempt to resolve the conflict in a way that allows the fullest adherence to the Code of Ethics.

6.2 Marriage and family therapists assign publication credit to those who have contributed to a publication in proportion to their contributions and in accordance with customary professional publication practices.

6.3 Marriage and family therapists do not accept or require authorship credit for a publication based on research from a student’s program, unless the therapist made a substantial contribution beyond being a faculty advisor or research committee member. Coauthorship on a student thesis, dissertation, or project should be determined in accordance with principles of fairness and justice.

6.4 Marriage and family therapists who are the authors of books or other materials that are published or distributed do not plagiarize or fail to cite persons to whom credit for original ideas or work is due.

6.5 Marriage and family therapists who are the authors of books or other materials published or distributed by an organization take reasonable precautions to ensure that the organization promotes and advertises the materials accurately and factually.
6.6 Marriage and family therapists participate in activities that contribute to a better community and society, including devoting a portion of their professional activity to services for which there is little or no financial return.

6.7 Marriage and family therapists are concerned with developing laws and regulations pertaining to marriage and family therapy that serve the public interest, and with altering such laws and regulations that are not in the public interest.

6.8 Marriage and family therapists encourage public participation in the design and delivery of professional services and in the regulation of practitioners.

**Principle VII**

**Financial Arrangements**

*Marriage and family therapists make financial arrangements with clients, third-party payors, and supervisees that are reasonably understandable and conform to accepted professional practices.*

7.1 Marriage and family therapists do not offer or accept kickbacks, rebates, bonuses, or other remuneration for referrals; fee-for-service arrangements are not prohibited.

7.2 Prior to entering into the therapeutic or supervisory relationship, marriage and family therapists clearly disclose and explain to clients and supervisees: (a) all financial arrangements and fees related to professional services, including charges for canceled or missed appointments; (b) the use of collection agencies or legal measures for nonpayment; and (c) the procedure for obtaining payment from the client, to the extent allowed by law, if payment is denied by the third-party payor. Once services have begun, therapists provide reasonable notice of any changes in fees or other charges.

7.3 Marriage and family therapists give reasonable notice to clients with unpaid balances of their intent to seek collection by agency or legal recourse. When such action is taken, therapists will not disclose clinical information.

7.4 Marriage and family therapists represent facts truthfully to clients, third-party payors, and supervisees regarding services rendered.

7.5 Marriage and family therapists ordinarily refrain from accepting goods and services from clients in return for services rendered. Bartering for professional services may be conducted only if: (a) the supervisee or client requests it, (b) the relationship is not exploitative, (c) the professional relationship is not distorted, and (d) a clear written contract is established.

7.6 Marriage and family therapists may not withhold records under their immediate control that are requested and needed for a client’s treatment solely because payment has not been received for past services, except as otherwise provided by law.

**Principle VIII**

**Advertising**

*Marriage and family therapists engage in appropriate informational activities, including those that enable the public, referral sources, or others to choose professional services on an informed basis.*

8.1 Marriage and family therapists accurately represent their competencies, education, training, and experience relevant to their practice of marriage and family therapy.

8.2 Marriage and family therapists ensure that advertisements and publications in any media (such as directories, announcements, business cards, newspapers, radio, television, Internet, and facsimiles) convey information that is necessary for the public to make an appropriate selection of professional services. Information could include: (a) office information, such as name, address, telephone number, credit card acceptability, fees, languages spoken, and office hours; (b) qualifying clinical degree (see subprinciple 8.5); (c) other earned degrees (see subprinciple 8.5) and state or provincial licensures and/or certifications; (d) AAMFT clinical member status; and (e) description of practice.
8.3 Marriage and family therapists do not use names that could mislead the public concerning the identity, responsibility, source, and status of those practicing under that name, and do not hold themselves out as being partners or associates of a firm if they are not.

8.4 Marriage and family therapists do not use any professional identification (such as a business card, office sign, letterhead, Internet, or telephone or association directory listing) if it includes a statement or claim that is false, fraudulent, misleading, or deceptive.

8.5 In representing their educational qualifications, marriage and family therapists list and claim as evidence only those earned degrees: (a) from institutions accredited by regional accreditation sources recognized by the United States Department of Education, (b) from institutions recognized by states or provinces that license or certify marriage and family therapists, or (c) from equivalent foreign institutions.

8.6 Marriage and family therapists correct, wherever possible, false, misleading, or inaccurate information and representations made by others concerning the therapist's qualifications, services, or products.

8.7 Marriage and family therapists make certain that the qualifications of their employees or supervisees are represented in a manner that is not false, misleading, or deceptive.

8.8 Marriage and family therapists do not represent themselves as providing specialized services unless they have the appropriate education, training, or supervised experience.

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CODE OF ETHICS
of the National Association of Social Workers

Approved by the 1996 NASW Delegate Assembly and revised by the 2008 NASW Delegate Assembly

The 2008 NASW Delegate Assembly approved the following revisions to the NASW Code of Ethics:

1.05 Cultural Competence and Social Diversity

Preamble
The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession’s focus on individual well-being in a social context and the well-being of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living.

Social workers promote social justice and social change with and on behalf of clients. “Clients” is used inclusively to refer to individuals, families, groups, organizations, and communities. Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice. These activities may be in the form of direct practice, community organizing, supervision, consultation administration, advocacy, social and political action, policy development and implementation, education, and research and evaluation. Social workers seek to enhance the capacity of people to address their own needs. Social workers also seek to promote the responsiveness of organizations, communities, and other social institutions to individuals' needs and social problems.

The mission of the social work profession is rooted in a set of core values. These core values, embraced by social workers throughout the profession’s history, are the foundation of social work’s unique purpose and perspective:

- service
- social justice
- dignity and worth of the person
- importance of human relationships
- integrity
- competence.

This constellation of core values reflects what is unique to the social work profession. Core values, and the principles that flow from them, must be balanced within the context and complexity of the human experience.

Purpose of the NASW Code of Ethics
Professional ethics are at the core of social work. The profession has an obligation to articulate its basic values, ethical principles, and ethical standards. The NASW Code of Ethics sets forth these values, principles, and standards to guide social workers’ conduct. The Code is relevant to all social workers and social work students, regardless of their professional functions, the settings in which they work, or the populations they serve.
The NASW Code of Ethics serves six purposes:

1. The Code identifies core values on which social work’s mission is based.
2. The Code summarizes broad ethical principles that reflect the profession’s core values and establishes a set of specific ethical standards that should be used to guide social work practice.
3. The Code is designed to help social workers identify relevant considerations when professional obligations conflict or ethical uncertainties arise.
4. The Code provides ethical standards to which the general public can hold the social work profession accountable.
5. The Code socializes practitioners new to the field to social work’s mission, values, ethical principles, and ethical standards.
6. The Code articulates standards that the social work profession itself can use to assess whether social workers have engaged in unethical conduct. NASW has formal procedures to adjudicate ethics complaints filed against its members.* In subscribing to this Code, social workers are required to cooperate in its implementation, participate in NASW adjudication proceedings, and abide by any NASW disciplinary rulings or sanctions based on it.

The Code offers a set of values, principles, and standards to guide decision making and conduct when ethical issues arise. It does not provide a set of rules that prescribe how social workers should act in all situations. Specific applications of the Code must take into account the context in which it is being considered and the possibility of conflicts among the Code’s values, principles, and standards. Ethical responsibilities flow from all human relationships, from the personal and familial to the social and professional.

Further, the NASW Code of Ethics does not specify which values, principles, and standards are most important and ought to outweigh others in instances when they conflict. Reasonable differences of opinion can and do exist among social workers with respect to the ways in which values, ethical principles, and ethical standards should be rank ordered when they conflict. Ethical decision making in a given situation must apply the informed judgment of the individual social worker and should also consider how the issues would be judged in a peer review process where the ethical standards of the profession would be applied.

Ethical decision making is a process. There are many instances in social work where simple answers are not available to resolve complex ethical issues. Social workers should take into consideration all the values, principles, and standards in this Code that are relevant to any situation in which ethical judgment is warranted. Social workers’ decisions and actions should be consistent with the spirit as well as the letter of this Code.

In addition to this Code, there are many other sources of information about ethical thinking that may be useful. Social workers should consider ethical theory and principles generally, social work theory and research, laws, regulations, agency policies, and other relevant codes of ethics, recognizing that among codes of ethics social workers should consider the NASW Code of Ethics as their primary source. Social workers also should be aware of the impact on ethical decision making of their clients’ and their own personal values and cultural and religious beliefs and practices. They should be aware of any conflicts between personal and professional values and deal with them responsibly. For additional guidance social workers should consult the relevant literature on professional ethics and ethical decision making and seek appropriate consultation when faced with ethical dilemmas. This may involve consultation with an agency-based or social work organization’s ethics committee, a regulatory body, knowledgeable colleagues, supervisors, or legal counsel.

Instances may arise when social workers’ ethical obligations conflict with agency policies or relevant laws or regulations. When such conflicts occur, social workers must make a responsible effort to resolve the conflict in a manner that is consistent with the values, principles, and
standards expressed in this Code. If a reasonable resolution of the conflict does not appear possible, social workers should seek proper consultation before making a decision.

The NASW Code of Ethics is to be used by NASW and by individuals, agencies, organizations, and bodies (such as licensing and regulatory boards, professional liability insurance providers, courts of law, agency boards of directors, government agencies, and other professional groups) that choose to adopt it or use it as a frame of reference. Violation of standards in this Code does not automatically imply legal liability or violation of the law. Such determination can only be made in the context of legal and judicial proceedings. Alleged violations of the Code would be subject to a peer review process. Such processes are generally separate from legal or administrative procedures and insulated from legal review or proceedings to allow the profession to counsel and discipline its own members.

A code of ethics cannot guarantee ethical behavior. Moreover, a code of ethics cannot resolve all ethical issues or disputes or capture the richness and complexity involved in striving to make responsible choices within a moral community. Rather, a code of ethics sets forth values, ethical principles, and ethical standards to which professionals aspire and by which their actions can be judged. Social workers' ethical behavior should result from their personal commitment to engage in ethical practice. The NASW Code of Ethics reflects the commitment of all social workers to uphold the profession's values and to act ethically. Principles and standards must be applied by individuals of good character who discern moral questions and, in good faith, seek to make reliable ethical judgments.

Ethical Principles
The following broad ethical principles are based on social work's core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. These principles set forth ideals to which all social workers should aspire.

Value: Service

Ethical Principle: Social workers' primary goal is to help people in need and to address social problems.

Social workers elevate service to others above self-interest. Social workers draw on their knowledge, values, and skills to help people in need and to address social problems. Social workers are encouraged to volunteer some portion of their professional skills with no expectation of significant financial return (pro bono service).

Value: Social Justice

Ethical Principle: Social workers challenge social injustice.

Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people. Social workers' social change efforts are focused primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice. These activities seek to promote sensitivity to and knowledge about oppression and cultural and ethnic diversity. Social workers strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people.

Value: Dignity and Worth of the Person

Ethical Principle: Social workers respect the inherent dignity and worth of the person.

Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. Social workers promote clients' socially responsible self-determination. Social workers seek to enhance clients' capacity and opportunity to change and to address their own needs. Social workers are cognizant of their dual responsibility to clients and to the broader society. They seek to resolve conflicts between clients' interests and the broader society's interests in a socially responsible manner consistent with the values, ethical principles, and ethical standards of the profession.
Value: Importance of Human Relationships

**Ethical Principle:** Social workers recognize the central importance of human relationships. Social workers understand that relationships between and among people are an important vehicle for change. Social workers engage people as partners in the helping process. Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities.

Value: Integrity

**Ethical Principle:** Social workers behave in a trustworthy manner. Social workers are continually aware of the profession’s mission, values, ethical principles, and ethical standards and practice in a manner consistent with them. Social workers act honestly and responsibly and promote ethical practices on the part of the organizations with which they are affiliated.

Value: Competence

**Ethical Principle:** Social workers practice within their areas of competence and develop and enhance their professional expertise. Social workers continually strive to increase their professional knowledge and skills and to apply them in practice. Social workers should aspire to contribute to the knowledge base of the profession.

Ethical Standards

The following ethical standards are relevant to the professional activities of all social workers. These standards concern (1) social workers’ ethical responsibilities to clients, (2) social workers’ ethical responsibilities to colleagues, (3) social workers’ ethical responsibilities in practice settings, (4) social workers’ ethical responsibilities as professionals, (5) social workers’ ethical responsibilities to the social work profession, and (6) social workers’ ethical responsibilities to the broader society.

Some of the standards that follow are enforceable guidelines for professional conduct, and some are aspirational. The extent to which each standard is enforceable is a matter of professional judgment to be exercised by those responsible for reviewing alleged violations of ethical standards.

1. SOCIAL WORKERS’ ETHICAL RESPONSIBILITIES TO CLIENTS

1.01 Commitment to Clients

Social workers’ primary responsibility is to promote the well-being of clients. In general, clients’ interests are primary. However, social workers’ responsibility to the larger society or specific legal obligations may on limited occasions supersede the loyalty owed clients, and clients should be so advised. (Examples include when a social worker is required by law to report that a client has abused a child or has threatened to harm self or others.)

1.02 Self-Determination

Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals. Social workers may limit clients’ right to self-determination when, in the social workers’ professional judgment, clients’ actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others.

1.03 Informed Consent

(a) Social workers should provide services to clients only in the context of a professional relationship based, when appropriate, on valid informed consent. Social workers should use clear
and understandable language to inform clients of the purpose of the services, risks related to the
services, limits to services because of the requirements of a third-party payer, relevant costs,
reasonable alternatives, clients’ right to refuse or withdraw consent, and the time frame covered
by the consent. Social workers should provide clients with an opportunity to ask questions.
(b) In instances when clients are not literate or have difficulty understanding the primary language
used in the practice setting, social workers should take steps to ensure clients’ comprehension.
This may include providing clients with a detailed verbal explanation or arranging for a qualified
interpreter or translator whenever possible.
(c) In instances when clients lack the capacity to provide informed consent, social workers should
protect clients’ interests by seeking permission from an appropriate third party, informing clients
consistent with the clients’ level of understanding. In such instances social workers should seek
to ensure that the third party acts in a manner consistent with clients’ wishes and interests. Social
workers should take reasonable steps to enhance such clients’ ability to give informed consent.
(d) In instances when clients are receiving services involuntarily, social workers should provide
information about the nature and extent of services and about the extent of clients’ right to refuse
service.
(e) Social workers who provide services via electronic media (such as computer, telephone,
radio, and television) should inform recipients of the limitations and risks associated with such
services.
(f) Social workers should obtain clients’ informed consent before audiotaping or videotaping
clients or permitting observation of services to clients by a third party.

1.04 Competence
(a) Social workers should provide services and represent themselves as competent only within
the boundaries of their education, training, license, certification, consultation received, supervised
experience, or other relevant professional experience.
(b) Social workers should provide services in substantive areas or use intervention techniques or
approaches that are new to them only after engaging in appropriate study, training, consultation,
and supervision from people who are competent in those interventions or techniques.
(c) When generally recognized standards do not exist with respect to an emerging area of
practice, social workers should exercise careful judgment and take responsible steps (including
appropriate education, research, training, consultation, and supervision) to ensure the
competence of their work and to protect clients from harm.

1.05 Cultural Competence and Social Diversity
(a) Social workers should understand culture and its function in human behavior and society,
recognizing the strengths that exist in all cultures.
(b) Social workers should have a knowledge base of their clients’ cultures and be able to
demonstrate competence in the provision of services that are sensitive to clients’ cultures and to
differences among people and cultural groups.
(c) Social workers should obtain education about and seek to understand the nature of social
diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual
orientation, gender identity or expression, age, marital status, political belief, religion, immigration
status, and mental or physical disability.

1.06 Conflicts of Interest
(a) Social workers should be alert to and avoid conflicts of interest that interfere with the exercise
of professional discretion and impartial judgment. Social workers should inform clients when a
real or potential conflict of interest arises and take reasonable steps to resolve the issue in a
manner that makes the clients’ interests primary and protects clients’ interests to the greatest
extent possible. In some cases, protecting clients’ interests may require termination of the
professional relationship with proper referral of the client.
(b) Social workers should not take unfair advantage of any professional relationship or exploit others to further their personal, religious, political, or business interests.

(c) Social workers should not engage in dual or multiple relationships with clients or former clients in which there is a risk of exploitation or potential harm to the client. In instances when dual or multiple relationships are unavoidable, social workers should take steps to protect clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries. (Dual or multiple relationships occur when social workers relate to clients in more than one relationship, whether professional, social, or business. Dual or multiple relationships can occur simultaneously or consecutively.)

(d) When social workers provide services to two or more people who have a relationship with each other (for example, couples, family members), social workers should clarify with all parties which individuals will be considered clients and the nature of social workers’ professional obligations to the various individuals who are receiving services. Social workers who anticipate a conflict of interest among the individuals receiving services or who anticipate having to perform in potentially conflicting roles (for example, when a social worker is asked to testify in a child custody dispute or divorce proceedings involving clients) should clarify their role with the parties involved and take appropriate action to minimize any conflict of interest.

1.07 Privacy and Confidentiality

(a) Social workers should respect clients’ right to privacy. Social workers should not solicit private information from clients unless it is essential to providing services or conducting social work evaluation or research. Once private information is shared, standards of confidentiality apply.

(b) Social workers may disclose confidential information when appropriate with valid consent from a client or a person legally authorized to consent on behalf of a client.

(c) Social workers should protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons. The general expectation that social workers will keep information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or other identifiable person. In all instances, social workers should disclose the least amount of confidential information necessary to achieve the desired purpose; only information that is directly relevant to the purpose for which the disclosure is made should be revealed.

(d) Social workers should inform clients, to the extent possible, about the disclosure of confidential information and the potential consequences, when feasible before the disclosure is made. This applies whether social workers disclose confidential information on the basis of a legal requirement or client consent.

(e) Social workers should discuss with clients and other interested parties the nature of confidentiality and limitations of clients’ right to confidentiality. Social workers should review with clients circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. This discussion should occur as soon as possible in the social worker-client relationship and as needed throughout the course of the relationship.

(f) When social workers provide counseling services to families, couples, or groups, social workers should seek agreement among the parties involved concerning each individual’s right to confidentiality and obligation to preserve the confidentiality of information shared by others. Social workers should inform participants in family, couples, or group counseling that social workers cannot guarantee that all participants will honor such agreements.

(g) Social workers should inform clients involved in family, couples, marital, or group counseling of the social worker’s, employer’s, and agency’s policy concerning the social worker’s disclosure of confidential information among the parties involved in the counseling.

(h) Social workers should not disclose confidential information to third-party payers unless clients have authorized such disclosure.
(i) Social workers should not discuss confidential information in any setting unless privacy can be ensured. Social workers should not discuss confidential information in public or semipublic areas such as hallways, waiting rooms, elevators, and restaurants.

(j) Social workers should protect the confidentiality of clients during legal proceedings to the extent permitted by law. When a court of law or other legally authorized body orders social workers to disclose confidential or privileged information without a client’s consent and such disclosure could cause harm to the client, social workers should request that the court withdraw the order or limit the order as narrowly as possible or maintain the records under seal, unavailable for public inspection.

(k) Social workers should protect the confidentiality of clients when responding to requests from members of the media.

(l) Social workers should protect the confidentiality of clients’ written and electronic records and other sensitive information. Social workers should take reasonable steps to ensure that clients’ records are stored in a secure location and that clients’ records are not available to others who are not authorized to have access.

(m) Social workers should take precautions to ensure and maintain the confidentiality of information transmitted to other parties through the use of computers, electronic mail, facsimile machines, telephones and telephone answering machines, and other electronic or computer technology. Disclosure of identifying information should be avoided whenever possible.

(n) Social workers should transfer or dispose of clients’ records in a manner that protects clients’ confidentiality and is consistent with state statutes governing records and social work licensure.

(o) Social workers should take reasonable precautions to protect client confidentiality in the event of the social worker’s termination of practice, incapacitation, or death.

(p) Social workers should not disclose identifying information when discussing clients for teaching or training purposes unless the client has consented to disclosure of confidential information.

(q) Social workers should not disclose identifying information when discussing clients with consultants unless the client has consented to disclosure of confidential information or there is a compelling need for such disclosure.

(r) Social workers should protect the confidentiality of deceased clients consistent with the preceding standards.

1.08 Access to Records

(a) Social workers should provide clients with reasonable access to records concerning the clients. Social workers who are concerned that clients’ access to their records could cause serious misunderstanding or harm to the client should provide assistance in interpreting the records and consultation with the client regarding the records. Social workers should limit clients’ access to their records, or portions of their records, only in exceptional circumstances when there is compelling evidence that such access would cause serious harm to the client. Both clients’ requests and the rationale for withholding some or all of the record should be documented in clients’ files.

(b) When providing clients with access to their records, social workers should take steps to protect the confidentiality of other individuals identified or discussed in such records.

1.09 Sexual Relationships

(a) Social workers should under no circumstances engage in sexual activities or sexual contact with current clients, whether such contact is consensual or forced.

(b) Social workers should not engage in sexual activities or sexual contact with clients’ relatives or other individuals with whom clients maintain a close personal relationship when there is a risk of exploitation or potential harm to the client. Sexual activity or sexual contact with clients’ relatives or other individuals with whom clients maintain a personal relationship has the potential to be harmful to the client and may make it difficult for the social worker and client to maintain
appropriate professional boundaries. Social workers—not their clients, their clients’ relatives, or other individuals with whom the client maintains a personal relationship—assume the full burden for setting clear, appropriate, and culturally sensitive boundaries.

(c) Social workers should not engage in sexual activities or sexual contact with former clients because of the potential for harm to the client. If social workers engage in conduct contrary to this prohibition or claim that an exception to this prohibition is warranted because of extraordinary circumstances, it is social workers—not their clients—who assume the full burden of demonstrating that the former client has not been exploited, coerced, or manipulated, intentionally or unintentionally.

(d) Social workers should not provide clinical services to individuals with whom they have had a prior sexual relationship. Providing clinical services to a former sexual partner has the potential to be harmful to the individual and is likely to make it difficult for the social worker and individual to maintain appropriate professional boundaries.

1.10 Physical Contact
Social workers should not engage in physical contact with clients when there is a possibility of psychological harm to the client as a result of the contact (such as cradling or caressing clients). Social workers who engage in appropriate physical contact with clients are responsible for setting clear, appropriate, and culturally sensitive boundaries that govern such physical contact.

1.11 Sexual Harassment
Social workers should not sexually harass clients. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

1.12 Derogatory Language
Social workers should not use derogatory language in their written or verbal communications to or about clients. Social workers should use accurate and respectful language in all communications to and about clients.

1.13 Payment for Services
(a) When setting fees, social workers should ensure that the fees are fair, reasonable, and commensurate with the services performed. Consideration should be given to clients’ ability to pay.

(b) Social workers should avoid accepting goods or services from clients as payment for professional services. Bartering arrangements, particularly involving services, create the potential for conflicts of interest, exploitation, and inappropriate boundaries in social workers’ relationships with clients. Social workers should explore and may participate in bartering only in very limited circumstances when it can be demonstrated that such arrangements are an accepted practice among professionals in the local community, considered to be essential for the provision of services, negotiated without coercion, and entered into at the client’s initiative and with the client’s informed consent. Social workers who accept goods or services from clients as payment for professional services assume the full burden of demonstrating that this arrangement will not be detrimental to the client or the professional relationship.

(c) Social workers should not solicit a private fee or other remuneration for providing services to clients who are entitled to such available services through the social workers’ employer or agency.

1.14 Clients Who Lack Decision-Making Capacity
When social workers act on behalf of clients who lack the capacity to make informed decisions, social workers should take reasonable steps to safeguard the interests and rights of those clients.

1.15 Interruption of Services
Social workers should make reasonable efforts to ensure continuity of services in the event that services are interrupted by factors such as unavailability, relocation, illness, disability, or death.
1.16 Termination of Services

(a) Social workers should terminate services to clients and professional relationships with them when such services and relationships are no longer required or no longer serve the clients’ needs or interests.

(b) Social workers should take reasonable steps to avoid abandoning clients who are still in need of services. Social workers should withdraw services precipitously only under unusual circumstances, giving careful consideration to all factors in the situation and taking care to minimize possible adverse effects. Social workers should assist in making appropriate arrangements for continuation of services when necessary.

(c) Social workers in fee-for-service settings may terminate services to clients who are not paying an overdue balance if the financial contractual arrangements have been made clear to the client, if the client does not pose an imminent danger to self or others, and if the clinical and other consequences of the current nonpayment have been addressed and discussed with the client.

(d) Social workers should not terminate services to pursue a social, financial, or sexual relationship with a client.

(e) Social workers who anticipate the termination or interruption of services to clients should notify clients promptly and seek the transfer, referral, or continuation of services in relation to the clients’ needs and preferences.

(f) Social workers who are leaving an employment setting should inform clients of appropriate options for the continuation of services and of the benefits and risks of the options.

2. SOCIAL WORKERS’ ETHICAL RESPONSIBILITIES TO COLLEAGUES

2.01 Respect

(a) Social workers should treat colleagues with respect and should represent accurately and fairly the qualifications, views, and obligations of colleagues.

(b) Social workers should avoid unwarranted negative criticism of colleagues in communications with clients or with other professionals. Unwarranted negative criticism may include demeaning comments that refer to colleagues’ level of competence or to individuals’ attributes such as race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability.

(c) Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the well-being of clients.

2.02 Confidentiality

Social workers should respect confidential information shared by colleagues in the course of their professional relationships and transactions. Social workers should ensure that such colleagues understand social workers’ obligation to respect confidentiality and any exceptions related to it.

2.03 Interdisciplinary Collaboration

(a) Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.

(b) Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other avenues to address their concerns consistent with client well-being.

2.04 Disputes Involving Colleagues

(a) Social workers should not take advantage of a dispute between a colleague and an employer to obtain a position or otherwise advance the social workers’ own interests.
(b) Social workers should not exploit clients in disputes with colleagues or engage clients in any inappropriate discussion of conflicts between social workers and their colleagues.

2.05 Consultation
(a) Social workers should seek the advice and counsel of colleagues whenever such consultation is in the best interests of clients.
(b) Social workers should keep themselves informed about colleagues’ areas of expertise and competencies. Social workers should seek consultation only from colleagues who have demonstrated knowledge, expertise, and competence related to the subject of the consultation.
(c) When consulting with colleagues about clients, social workers should disclose the least amount of information necessary to achieve the purposes of the consultation.

2.06 Referral for Services
(a) Social workers should refer clients to other professionals when the other professionals’ specialized knowledge or expertise is needed to serve clients fully or when social workers believe that they are not being effective or making reasonable progress with clients and that additional service is required.
(b) Social workers who refer clients to other professionals should take appropriate steps to facilitate an orderly transfer of responsibility. Social workers who refer clients to other professionals should disclose, with clients’ consent, all pertinent information to the new service providers.
(c) Social workers are prohibited from giving or receiving payment for a referral when no professional service is provided by the referring social worker.

2.07 Sexual Relationships
(a) Social workers who function as supervisors or educators should not engage in sexual activities or contact with supervisees, students, trainees, or other colleagues over whom they exercise professional authority.
(b) Social workers should avoid engaging in sexual relationships with colleagues when there is potential for a conflict of interest. Social workers who become involved in, or anticipate becoming involved in, a sexual relationship with a colleague have a duty to transfer professional responsibilities, when necessary, to avoid a conflict of interest.

2.08 Sexual Harassment
Social workers should not sexually harass supervisees, students, trainees, or colleagues. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

2.09 Impairment of Colleagues
(a) Social workers who have direct knowledge of a social work colleague’s impairment that is due to personal problems, psychosocial distress, substance abuse, or mental health difficulties and that interferes with practice effectiveness should consult with that colleague when feasible and assist the colleague in taking remedial action.
(b) Social workers who believe that a social work colleague’s impairment interferes with practice effectiveness and that the colleague has not taken adequate steps to address the impairment should take action through appropriate channels established by employers, agencies, NASW, licensing and regulatory bodies, and other professional organizations.

2.10 Incompetence of Colleagues
(a) Social workers who have direct knowledge of a social work colleague’s incompetence should consult with that colleague when feasible and assist the colleague in taking remedial action.
(b) Social workers who believe that a social work colleague is incompetent and has not taken adequate steps to address the incompetence should take action through appropriate channels
established by employers, agencies, NASW, licensing and regulatory bodies, and other professional organizations.

2.11 Unethical Conduct of Colleagues

(a) Social workers should take adequate measures to discourage, prevent, expose, and correct the unethical conduct of colleagues.

(b) Social workers should be knowledgeable about established policies and procedures for handling concerns about colleagues’ unethical behavior. Social workers should be familiar with national, state, and local procedures for handling ethics complaints. These include policies and procedures created by NASW, licensing and regulatory bodies, employers, agencies, and other professional organizations.

(c) Social workers who believe that a colleague has acted unethically should seek resolution by discussing their concerns with the colleague when feasible and when such discussion is likely to be productive.

(d) When necessary, social workers who believe that a colleague has acted unethically should take action through appropriate formal channels (such as contacting a state licensing board or regulatory body, an NASW committee on inquiry, or other professional ethics committees).

(e) Social workers should defend and assist colleagues who are unjustly charged with unethical conduct.

3. SOCIAL WORKERS’ ETHICAL RESPONSIBILITIES IN PRACTICE SETTINGS

3.01 Supervision and Consultation

(a) Social workers who provide supervision or consultation should have the necessary knowledge and skill to supervise or consult appropriately and should do so only within their areas of knowledge and competence.

(b) Social workers who provide supervision or consultation are responsible for setting clear, appropriate, and culturally sensitive boundaries.

(c) Social workers should not engage in any dual or multiple relationships with supervisees in which there is a risk of exploitation or potential harm to the supervisee.

(d) Social workers who provide supervision should evaluate supervisees’ performance in a manner that is fair and respectful.

3.02 Education and Training

(a) Social workers who function as educators, field instructors for students, or trainers should provide instruction only within their areas of knowledge and competence and should provide instruction based on the most current information and knowledge available in the profession.

(b) Social workers who function as educators or field instructors for students should evaluate students’ performance in a manner that is fair and respectful.

(c) Social workers who function as educators or field instructors for students should take reasonable steps to ensure that clients are routinely informed when services are being provided by students.

(d) Social workers who function as educators or field instructors for students should not engage in any dual or multiple relationships with students in which there is a risk of exploitation or potential harm to the student. Social work educators and field instructors are responsible for setting clear, appropriate, and culturally sensitive boundaries.

3.03 Performance Evaluation

Social workers who have responsibility for evaluating the performance of others should fulfill such responsibility in a fair and considerate manner and on the basis of clearly stated criteria.
3.04 Client Records
(a) Social workers should take reasonable steps to ensure that documentation in records is accurate and reflects the services provided.
(b) Social workers should include sufficient and timely documentation in records to facilitate the delivery of services and to ensure continuity of services provided to clients in the future.
(c) Social workers’ documentation should protect clients’ privacy to the extent that is possible and appropriate and should include only information that is directly relevant to the delivery of services.
(d) Social workers should store records following the termination of services to ensure reasonable future access. Records should be maintained for the number of years required by state statutes or relevant contracts.

3.05 Billing
Social workers should establish and maintain billing practices that accurately reflect the nature and extent of services provided and that identify who provided the service in the practice setting.

3.06 Client Transfer
(a) When an individual who is receiving services from another agency or colleague contacts a social worker for services, the social worker should carefully consider the client’s needs before agreeing to provide services. To minimize possible confusion and conflict, social workers should discuss with potential clients the nature of the clients’ current relationship with other service providers and the implications, including possible benefits or risks, of entering into a relationship with a new service provider.
(b) If a new client has been served by another agency or colleague, social workers should discuss with the client whether consultation with the previous service provider is in the client’s best interest.

3.07 Administration
(a) Social work administrators should advocate within and outside their agencies for adequate resources to meet clients’ needs.
(b) Social workers should advocate for resource allocation procedures that are open and fair. When not all clients’ needs can be met, an allocation procedure should be developed that is nondiscriminatory and based on appropriate and consistently applied principles.
(c) Social workers who are administrators should take reasonable steps to ensure that adequate agency or organizational resources are available to provide appropriate staff supervision.
(d) Social work administrators should take reasonable steps to ensure that the working environment for which they are responsible is consistent with and encourages compliance with the NASW Code of Ethics. Social work administrators should take reasonable steps to eliminate any conditions in their organizations that violate, interfere with, or discourage compliance with the Code.

3.08 Continuing Education and Staff Development
Social work administrators and supervisors should take reasonable steps to provide or arrange for continuing education and staff development for all staff for whom they are responsible. Continuing education and staff development should address current knowledge and emerging developments related to social work practice and ethics.

3.09 Commitments to Employers
(a) Social workers generally should adhere to commitments made to employers and employing organizations.
(b) Social workers should work to improve employing agencies’ policies and procedures and the efficiency and effectiveness of their services.
(c) Social workers should take reasonable steps to ensure that employers are aware of social workers’ ethical obligations as set forth in the *NASW Code of Ethics* and of the implications of those obligations for social work practice.

(d) Social workers should not allow an employing organization’s policies, procedures, regulations, or administrative orders to interfere with their ethical practice of social work. Social workers should take reasonable steps to ensure that their employing organizations’ practices are consistent with the *NASW Code of Ethics*.

(e) Social workers should act to prevent and eliminate discrimination in the employing organization’s work assignments and in its employment policies and practices.

(f) Social workers should accept employment or arrange student field placements only in organizations that exercise fair personnel practices.

(g) Social workers should be diligent stewards of the resources of their employing organizations, wisely conserving funds where appropriate and never misappropriating funds or using them for unintended purposes.

3.10 Labor-Management Disputes

(a) Social workers may engage in organized action, including the formation of and participation in labor unions, to improve services to clients and working conditions.

(b) The actions of social workers who are involved in labor-management disputes, job actions, or labor strikes should be guided by the profession’s values, ethical principles, and ethical standards. Reasonable differences of opinion exist among social workers concerning their primary obligation as professionals during an actual or threatened labor strike or job action. Social workers should carefully examine relevant issues and their possible impact on clients before deciding on a course of action.

4. SOCIAL WORKERS’ ETHICAL RESPONSIBILITIES AS PROFESSIONALS

4.01 Competence

(a) Social workers should accept responsibility or employment only on the basis of existing competence or the intention to acquire the necessary competence.

(b) Social workers should strive to become and remain proficient in professional practice and the performance of professional functions. Social workers should critically examine and keep current with emerging knowledge relevant to social work. Social workers should routinely review the professional literature and participate in continuing education relevant to social work practice and social work ethics.

(c) Social workers should base practice on recognized knowledge, including empirically based knowledge, relevant to social work and social work ethics.

4.02 Discrimination

Social workers should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical disability.

4.03 Private Conduct

Social workers should not permit their private conduct to interfere with their ability to fulfill their professional responsibilities.

4.04 Dishonesty, Fraud, and Deception

Social workers should not participate in, condone, or be associated with dishonesty, fraud, or deception.
4.05 Impairment
(a) Social workers should not allow their own personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties to interfere with their professional judgment and performance or to jeopardize the best interests of people for whom they have a professional responsibility.

(b) Social workers whose personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties interfere with their professional judgment and performance should immediately seek consultation and take appropriate remedial action by seeking professional help, making adjustments in workload, terminating practice, or taking any other steps necessary to protect clients and others.

4.06 Misrepresentation
(a) Social workers should make clear distinctions between statements made and actions engaged in as a private individual and as a representative of the social work profession, a professional social work organization, or the social worker’s employing agency.

(b) Social workers who speak on behalf of professional social work organizations should accurately represent the official and authorized positions of the organizations.

(c) Social workers should ensure that their representations to clients, agencies, and the public of professional qualifications, credentials, education, competence, affiliations, services provided, or results to be achieved are accurate. Social workers should claim only those relevant professional credentials they actually possess and take steps to correct any inaccuracies or misrepresentations of their credentials by others.

4.07 Solicitations
(a) Social workers should not engage in uninvited solicitation of potential clients who, because of their circumstances, are vulnerable to undue influence, manipulation, or coercion.

(b) Social workers should not engage in solicitation of testimonial endorsements (including solicitation of consent to use a client’s prior statement as a testimonial endorsement) from current clients or from other people who, because of their particular circumstances, are vulnerable to undue influence.

4.08 Acknowledging Credit
(a) Social workers should take responsibility and credit, including authorship credit, only for work they have actually performed and to which they have contributed.

(b) Social workers should honestly acknowledge the work of and the contributions made by others.

5. SOCIAL WORKERS’ ETHICAL RESPONSIBILITIES TO THE SOCIAL WORK PROFESSION
5.01 Integrity of the Profession
(a) Social workers should work toward the maintenance and promotion of high standards of practice.

(b) Social workers should uphold and advance the values, ethics, knowledge, and mission of the profession. Social workers should protect, enhance, and improve the integrity of the profession through appropriate study and research, active discussion, and responsible criticism of the profession.

(c) Social workers should contribute time and professional expertise to activities that promote respect for the value, integrity, and competence of the social work profession. These activities may include teaching, research, consultation, service, legislative testimony, presentations in the community, and participation in their professional organizations.

(d) Social workers should contribute to the knowledge base of social work and share with colleagues their knowledge related to practice, research, and ethics. Social workers should seek
to contribute to the profession’s literature and to share their knowledge at professional meetings and conferences.

(e) Social workers should act to prevent the unauthorized and unqualified practice of social work.

5.02 Evaluation and Research

(a) Social workers should monitor and evaluate policies, the implementation of programs, and practice interventions.

(b) Social workers should promote and facilitate evaluation and research to contribute to the development of knowledge.

(c) Social workers should critically examine and keep current with emerging knowledge relevant to social work and fully use evaluation and research evidence in their professional practice.

(d) Social workers engaged in evaluation or research should carefully consider possible consequences and should follow guidelines developed for the protection of evaluation and research participants. Appropriate institutional review boards should be consulted.

(e) Social workers engaged in evaluation or research should obtain voluntary and written informed consent from participants, when appropriate, without any implied or actual deprivation or penalty for refusal to participate; without undue inducement to participate; and with due regard for participants’ well-being, privacy, and dignity. Informed consent should include information about the nature, extent, and duration of the participation requested and disclosure of the risks and benefits of participation in the research.

(f) When evaluation or research participants are incapable of giving informed consent, social workers should provide an appropriate explanation to the participants, obtain the participants’ assent to the extent they are able, and obtain written consent from an appropriate proxy.

(g) Social workers should never design or conduct evaluation or research that does not use consent procedures, such as certain forms of naturalistic observation and archival research, unless rigorous and responsible review of the research has found it to be justified because of its prospective scientific, educational, or applied value and unless equally effective alternative procedures that do not involve waiver of consent are not feasible.

(h) Social workers should inform participants of their right to withdraw from evaluation and research at any time without penalty.

(i) Social workers should take appropriate steps to ensure that participants in evaluation and research have access to appropriate supportive services.

(j) Social workers engaged in evaluation or research should protect participants from unwarranted physical or mental distress, harm, danger, or deprivation.

(k) Social workers engaged in the evaluation of services should discuss collected information only for professional purposes and only with people professionally concerned with this information.

(l) Social workers engaged in evaluation or research should ensure the anonymity or confidentiality of participants and of the data obtained from them. Social workers should inform participants of any limits of confidentiality, the measures that will be taken to ensure confidentiality, and when any records containing research data will be destroyed.

(m) Social workers who report evaluation and research results should protect participants’ confidentiality by omitting identifying information unless proper consent has been obtained authorizing disclosure.

(n) Social workers should report evaluation and research findings accurately. They should not fabricate or falsify results and should take steps to correct any errors later found in published data using standard publication methods.

(o) Social workers engaged in evaluation or research should be alert to and avoid conflicts of interest and dual relationships with participants, should inform participants when a real or
potential conflict of interest arises, and should take steps to resolve the issue in a manner that makes participants’ interests primary.

(p) Social workers should educate themselves, their students, and their colleagues about responsible research practices.

6. SOCIAL WORKERS’ ETHICAL RESPONSIBILITIES TO THE BROADER SOCIETY

6.01 Social Welfare
Social workers should promote the general welfare of society, from local to global levels, and the development of people, their communities, and their environments. Social workers should advocate for living conditions conducive to the fulfillment of basic human needs and should promote social, economic, political, and cultural values and institutions that are compatible with the realization of social justice.

6.02 Public Participation
Social workers should facilitate informed participation by the public in shaping social policies and institutions.

6.03 Public Emergencies
Social workers should provide appropriate professional services in public emergencies to the greatest extent possible.

6.04 Social and Political Action
(a) Social workers should engage in social and political action that seeks to ensure that all people have equal access to the resources, employment, services, and opportunities they require to meet their basic human needs and to develop fully. Social workers should be aware of the impact of the political arena on practice and should advocate for changes in policy and legislation to improve social conditions in order to meet basic human needs and promote social justice.

(b) Social workers should act to expand choice and opportunity for all people, with special regard for vulnerable, disadvantaged, oppressed, and exploited people and groups.

(c) Social workers should promote conditions that encourage respect for cultural and social diversity within the United States and globally. Social workers should promote policies and practices that demonstrate respect for difference, support the expansion of cultural knowledge and resources, advocate for programs and institutions that demonstrate cultural competence, and promote policies that safeguard the rights of and confirm equity and social justice for all people.

(d) Social workers should act to prevent and eliminate domination of, exploitation of, and discrimination against any person, group, or class on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical disability.

Last Reviewed for Updates 4/14
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PROGRAMS & LOCATIONS

Norwalk, Stamford and Bridgeport Outpatient

The Outpatient programs are licensed psychiatric outpatient clinics offering a full range of mental health and substance abuse counseling services. The geographical area that is served is the State of Connecticut. Individuals are referred to the program from a variety of sources including the courts, probation, parole, hospitals, detox programs, other treatment facilities, private therapists, attorneys, employers, family members and significant others.

Each individual who is seeking admission to the program is given a comprehensive evaluation which assesses the following: drug history and drug treatment history, psychiatric history and psychiatric treatment history, family information, living arrangements, social relationships, legal status, medical history, education and employment history, financial status, mental status, and an assessment of treatment needs. This assessment is computerized and tied into a variety of outcome statistics. Eligibility for treatment is determined in a Screening Meeting, which is run by the Director of Outpatient Services and attended by the counseling staff.

Individuals who are found eligible for outpatient treatment are scheduled for appropriate counseling services, which may include individual, group or family treatment. Treatment services may range from one time weekly to a more intensive schedule of three times weekly. In addition, outpatient program clients are assisted in obtaining appropriate supports in the community such as self-help groups, vocational/educational assistance or training, advocacy groups, etc. Substance use is also monitored through random urine testing. The local Health Department also provides on-site HIV education, testing and counseling on an as needed basis. Clients participate with their primary counselor in developing their own treatment plan.

This treatment plan is designed to assist the client in reaching their goals. Length of treatment varies depending on the needs of the individual and may be anywhere from several weeks to several months. Successful completion of the program occurs when treatment goals have been successfully reached.

Norwalk, Stamford and Bridgeport Adolescent Programs

The Adolescent Outpatient Programs provide treatment to adolescents and their families with substance abuse and addiction problems, psychiatric disorders and/or co-existing substance abuse and psychiatric disorders. The majority of referrals are through the Juvenile Court System but referrals are also accepted through other sources.

Each individual seeking admission is given a comprehensive evaluation that is the same as described under the Outpatient Program. Eligibility for treatment is determined by the Director of the Adolescent Program for which the perspective client was referred based on the established admission criteria.

The content of the program includes: psychotherapy, individual counseling, group counseling, family therapy, peer counseling, recreational activities and community service. Programming occurs on a daily basis focusing on drug education, social issues, self-esteem, tutoring, anger management, and positive goal setting. The combination of counseling services and supportive activities are essential in ensuring a successful recovery and improved prognosis.
Clients participate with a counselor to develop their own individualized treatment plan. The length of the program varies depending on need. Successful completion of the program occurs when treatment goals have been successfully reached.

**Residential Drug Treatment Programs: Waterbury East, West & the McAuliffe**

The Residential Substance Abuse Treatment facilities in Waterbury are licensed by the State of Connecticut to serve 32 (East) and 50 (West) and 20 (McAuliffe) clients. Referrals are accepted on a statewide basis. The programs are designed to provide a highly structured environment for clients who have been assessed and diagnosed as individuals who are significantly impaired, and require the structure and support offered in this setting. The average length of stay varies from two to eight months.

Each individual seeking admission to the programs undergoes a comprehensive evaluation. Eligibility for treatment is determined in a Screening Meeting which is run by the Program Director and attended by the counseling staff.

Individuals who are found eligible for treatment are scheduled for a variety of services including: individual counseling, group counseling, family counseling, self help groups, special population meetings and leisure/recreational services. Other services offered are vocational counseling/referral, medical/health services, housing assistance, financial services, adult education and aftercare planning.

Each resident participates in the development of his/her treatment plan which is designed to guide the resident's treatment.

**Community Release Programs: Bridgeport and Waterbury**

The Waterbury and Bridgeport Community Release Residential Programs are geared toward assisting incarcerated status individuals reintegrate into the community. These programs are highly structured environments that provide assistance and guidance to inmates.

The average length of stay is four to five months. Each individual seeking admission to these programs has a comprehensive screening evaluation to assess program readiness; treatment planning needs, and risk management issues.

To be eligible for admission an individual must be referred via the regional Department of Correction Units, have community release status, and a maximum of eighteen months remaining on their DOC status.

Programming begins with a mandatory 30-day intensive treatment component during which the client is oriented to program and DOC regulations, group and individual therapy and establishment of their program and aftercare goals. Following the intensive portion of the program and with staff approval, the client then advances to the work release phase of the program. The client begins to enter the community with close supervision to pursue educational and vocational goals, while continuing with group and individual counseling services.

At discharge, an individual has a demonstrated working knowledge in the areas of financial management, employment ethics, health education, community-based resources, educational issues, appropriate interaction with family, group and individual counseling, substance abuse education, independent living skills, and adherence to their legal obligations.
Impaired Driver Intervention Program

Connecticut Renaissance operates the Impaired Driver Intervention Program for all of Fairfield County. The main office is located in Norwalk with satellite offices in Stamford and Bridgeport. This program provides alcohol education to all first time DWI offenders found eligible for the program. The program receives referrals from courts all across the state and works closely with the Bail Commissioners to see that people are processed in a timely manner. All clients are first evaluated using an assessment tool provided by the state of Connecticut. The program provides two levels of education determined by the blood alcohol level (BAC) at the time of arrest or the clients refusal to take a breathalyzer test. Clients refusing the test or having a BAC of 0.159 or lower receive 10 weeks of education totaling 15 hours. Those people with a 0.16 or higher receive 15 weeks of education for a total of 22.5 hours.

Community Service Labor Program

Connecticut Renaissance Inc. provides two programs for first time drug offenders. The programs also cover all of Fairfield County. The office locations are the same as for the IDIP program. The referral sources for these programs are Probation (Community Service Labor Program) and the Bail Commissioners (Drug Education Program). The curriculum for both of these programs is exactly the same. After being evaluated by a counselor, clients are placed in drug education classes for 8 weeks. This is equal to a total of 12 hours of instruction.

Policy Last Updated on 4/14
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<th>KEY CONTACT</th>
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<td>Administration</td>
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FACILITY DIRECTIONS

The headquarters for Connecticut Renaissance is located in Bridgeport, Connecticut. We also have facilities in Waterbury, Bridgeport, Norwalk and Stamford.

**Renaissance Headquarters/Administration**
350 Fairfield Ave. Suite 701
Bridgeport, CT 06604
(203) 336-5225

From I-95 North/South:
- Take Exit 27A to Route 25/8
- Take Golden Hill Street Exit 2
- Bear Right at light onto Lafayette Square
- Parking: Go to light and turn Left onto Fairfield Avenue. Turn Left into parking garage.
- Renaissance is located in building next to garage 350 Fairfield Ave. Suite 701

From Merritt Parkway North:
- Take Exit 49S to Route 25
- Take Fairfield Avenue Exit 2
- Go straight through light and bear left around Lafayette Circle
- Parking: Go to light and turn Right onto Fairfield Avenue. Turn Left into parking garage.
- Renaissance is located in building next to garage 350 Fairfield Ave. Suite 701

From Merritt Parkway South:
- Take Exit 52 to Route 8
- Take Fairfield Avenue Exit 2
- Go straight through light and bear left around Lafayette Circle
- Parking: Go to light and turn Right onto Fairfield Avenue. Turn Left into parking garage.
- Renaissance is located in building next to garage 350 Fairfield Ave. Suite 701

**Bridgeport Outpatient Behavioral Health Clinic**
1 Lafayette Circle
Bridgeport, Connecticut 06604
(203) 331-1503

From the New Haven or Norwalk Area:
- Take I-95 South to Exit 27A toward Trumbull/Waterbury
- Stay in the right lane
- Take Exit 2 (Golden Hill) and bear right off the exit
- At the bottom of the hill take a right at the light onto Fairfield Avenue
- Take next left (bearing left around circle) and enter parking lot on your left
- You will see a green awning that says CT Renaissance
- The address is 1 Lafayette Circle

**Bridgeport Adolescent Programs & DWI Programs**
1120 Main Street / 1126 Main St. / 115 Middle St.
Bridgeport, CT 06601
(203) 367-6827

To Bridgeport Program from New York:
- Take I-95 North to Exit 27A toward Trumbull/Waterbury
- Stay in the right lane. Take Exit 2 (Golden Hill)
- At the end of the ramp, proceed straight onto Golden Hill Street
- Go through one stop sign and at the next traffic light take a right onto Main Street
- Connecticut Renaissance is located on your left
To Bridgeport Program from New Haven:
  Take I-95 North to Exit 27A toward Trumbull/Waterbury
  Stay in the right lane. Take Exit 2 (Golden Hill)
  At the end of the ramp, proceed straight onto Golden Hill Street
  Go through one stop sign and at the next traffic light take a right onto Main Street
  Connecticut Renaissance is located on your left

**Maple Street House**
575 Maple Street
Bridgeport, Connecticut 06608-2036
(203) 335-8867

From 1-95 Southbound:
  Take Exit 29 (Stratford Avenue & Seaview Avenue)
  Take a right at end of ramp, Seaview Ave
  Follow this road to the 1st light (0.5 miles)
  At the light take a left onto Barnum Avenue
  At third street (0.4 miles) take a right onto Pembroke Street
  Take first left onto Maple Street
  Facility is located on right side of street
From I-95 Northbound:
  Take Exit 28 (East Main Street)
  Turn left at the end of the ramp onto East Main Street
  After fifth light, turn right onto Maple St.
  Our facility is located on the left side of the street at 575 Maple St.

**Norwalk Behavioral Health Outpatient Clinic**
4 Byington Place
Norwalk, Connecticut 06850
(203) 866-2541

To Norwalk Program from New York:
  Take I-95 North to Exit 15 (Norwalk, Danbury, Route 7)
  Quickly get into the right hand lane in order to get off at Exit 1 (Downtown Norwalk)
  Turn right at the end of the ramp (Belden Ave)
  At your first traffic light take a right onto Byington Place
  Connecticut Renaissance is on your right
To Norwalk Program from New Haven:
  Take I-95 North to Exit 15 (Norwalk, Danbury, Route 7)
  Quickly get into the right hand lane in order to get off at Exit 1 (Downtown Norwalk)
  Turn right at the end of the ramp (Belden Ave)
  At your first traffic light take a right onto Byington Place
  Connecticut Renaissance is on your right

**Norwalk Adolescent Programs**
17 High Street
Norwalk, CT 06851
(203) 854-2915

To Norwalk Program from New York:
  Take I-95 North to Exit 15 (Norwalk, Danbury, Route 7)
  Quickly get into the right hand lane in order to get off at Exit 1
  Turn right at the end of the ramp (Belden Ave)
  Take 1st left onto Cross St. / US-1
  Turn Rt onto High St.  17 High St I on the right
To Norwalk Program from New Haven:
   Take I-95 South Exit 15 (Norwalk, Danbury, Route 7)
   Quickly get into the right hand lane in order to get off at Exit 1
   Turn right at the end of the ramp (Belden Ave)
   Take 1st left onto Cross St. / US-1
   Turn Rt onto High St.  17 High St I on the right

Stamford Behavioral Health Outpatient Clinic
141 Franklin Street
Stamford, CT 06901
(203) 602-4441

To Stamford Program from New Haven:
   Take I-95 to Exit 7
   Follow Frontage road to Washington Boulevard
   Turn right onto Washington Boulevard and proceed to North Street
   Turn right onto North Street, proceed one block and turn left onto Franklin Street
   Go straight through the light; Franklin Commons is on the left

To Stamford Program from New York:
   Take I-95 to Exit 7
   Follow Frontage road to Washington Boulevard
   Turn right onto Washington Boulevard and proceed to North Street
   Turn right onto North Street, proceed one block and turn left onto Franklin Street
   Go straight through the light; Franklin Commons is on the left

Renaissance East
31 Wolcott Street
Waterbury, Connecticut 06702
(203) 753-2341

From Hartford Area:
   I-84 West to Exit 23 (Hamilton Avenue)
   At the top of the ramp there will be a light; turn right onto Hamilton Ave
   Follow Hamilton to the first light; then turn right onto Silver Street Expressway
   Follow Expressway to the second light
   Turn left onto East Main Street; follow East Main to the second light
   Go straight through and take your first right onto Wall Street
   Follow Wall Street and take the second right onto Catherine Ave
   Go all the way to the end, where you will see the Connecticut Renaissance Inc. sign at the top of
   the driveway
   Follow the driveway down and park
   Observe the visitors entrance.

From Norwalk Area:
   I-95 or Merritt Parkway to Route 8 North
   Follow Route 8 north to I-84 heading east toward Hartford. Take Exit 23 off I-84
   Once off I-84, the road will parallel I-84 for approximately one-half mile
   At this point, on the right you will see the actual exit ramp
   Go off the ramp to the light and make a right turn onto the Silver Street Expressway
   Follow Expressway to the second light
   Turn left onto East Main Street; follow East Main to the second light
   Go straight through and take your first right onto Wall Street
   Follow Wall Street and take the second right onto Catherine Ave
Go all the way to the end, where you will see the Connecticut Renaissance Inc. sign at the top of the driveway
Follow the driveway down and park
Observe the visitors entrance.

**Renaissance West**
466 West Main Street
Waterbury, CT 06702
(203) 591-8010

From Hartford Area:
I-84 West to Exit 21 (Meadow Street)
At the top of the ramp there will be a light; go straight onto Meadow Street
Turn slight right onto Grand Street
Turn left onto State Street and then left onto West Main Street
Renaissance West is located on your right.

From Norwalk Area:
I-95 or Merritt Parkway to Route 8 North
Follow Route 8 north to Exit 32 toward Downtown Waterbury
Stay straight onto Riverside Street and then straight onto West Main Street
Renaissance West is located on your left.

**Central Ave. Work Release & McAuliffe Center**
24 Central Ave. 70 Central Ave.
Waterbury, CT 06702 Waterbury, CT 06702
203-596-7303 203-346-1931

From the Stamford/Norwalk Area:
Take CT-15 N / Merritt Parkway toward New Haven:
Merge onto CT-8 North Via Exit 52 off the Merritt

From the Bridgeport Area:
Take CT-8 North
Take Exit 32 toward downtown Waterbury
Stay straight to go onto Riverside St.
Turn Right onto Freight St.
Turn Left onto Meadow St.
Turn Right onto W. Main St.
Turn Left onto Central Ave.

From the Hartford Area:
Take I-84 West toward Waterbury
Take the Meadow St. Exit 21 toward Bank St.
Turn Right onto Freight St.
Turn Left onto Meadow St.
Turn Right onto W. Main St.
Turn Left onto Central Ave.
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BUDGET

POLICY

The agency operates in accordance with an annually prepared budget of anticipated revenues and expenditures which is approved by the Board of Directors and various funding agencies. Budget preparation shall take into consideration the resources available to meet the costs necessary to meet agency goals with specific attention to long-term solvency and to maintain the continuity of all services. While it shall be the responsibility of the Chief Financial Officer under the supervision of the Chief Executive Director to prepare and manage the budget, each Program Director and the Chief Clinical/Operations Officers shall have input into the preparation of the budget. Budgetary preparation and financial planning shall also consider input from persons served and other stakeholders. Revisions in the agency wide budget may be made with the approval of the Board of Directors.

PROCEDURES

BUDGET PREPARATION

- The agency's fiscal year is July 1 to June 30. Budget preparation begins in April under the overall supervision of the Chief Executive Director.

- Each Program Director may be asked to submit projected line item expenditures and recommended merit pay increases by April 15th and on an ongoing basis.

- Budgets are prepared that include reasonable projections of revenues and expenditures after comparing historical performance.

- Chief Clinical/Operations Officers will review submitted written recommendations and deliver these budgetary needs to the Chief Executive Director.

- The Chief Executive Director reviews budget recommendations with the Chief Financial Officer.

- The Chief Financial Officer prepares the budget for each individual program and for the agency as a whole, following guidelines from the funding agencies and in accordance with applicable State regulations and policies and reviews it with the Chief Executive Director.

- The agency wide budget is presented to the Budget and Finance Committee at the September Board meeting. The Board of Directors will vote on approval at the September Board meeting.

- Any adjustments the Board may deem appropriate will then be incorporated into the final version of the budget by the Chief Financial Officer.

- Approved budgets are written and disseminated to the appropriate personnel and other stakeholders.
BUDGET REVISIONS & CONTRACT AMENDMENTS

- Budget Revisions are periodically required by the funding agencies to reallocate approved program funding among individual cost line items within program budgets. The Chief Financial Officer is responsible for evaluating the need for, and preparing, Budget Revisions under the supervision of the Chief Executive Director.

- Contract Amendments are periodically issued by the funding agencies to change the level of funding within a program and to modify the program’s budget to reflect the revised funding level. The Chief Financial Officer is responsible for preparing Contract Amendments documents and related budgets under the supervision of the Chief Executive Officer.

Policy Last Updated on 4/14
FINANCIAL REPORTS AND AUDITS

POLICY

Monthly financial reports shall be prepared by the Chief Financial Officer and provided to the Chief Executive Officer, the Budget and Finance Committee, and Board of Directors. Revenues and expenditures in each category of the budget shall be shown in these reports, indicating revenues and expenditures to date against the budgeted levels.

An audit of the Fiscal Year’s operations of the program is to be performed by an independent public accounting firm at least annually in accordance with state, federal and local regulations. The results are to be provided to the Board of Directors and the Chief Executive Officer. Following the review and approval by the Board of Directors, these audits shall be submitted to Federal, State and local agencies pursuant to their requirements and regulations.

PROCEDURES

A. Monthly Financial Reports

- The Chief Financial Officer prepares monthly financial reports, which include comparisons of actual expenditures and approved budget amounts. The reports are submitted to the Chief Executive Officer and the Budget and Finance Committee prior to the meeting of the full Board of Directors.

- Separate reports are prepared for each Program/Department and for the agency as a whole. The reports contain a statement of income and operating expenses for the month, for the year-to-date, a comparison to budget, and a variance analysis.

- The Chief Financial Officer distributes the monthly reports to the CCO/COO’s and highlights significant items for further review and action. The CCO/COO’s review the reports with the individual Program Directors and formulate any needed action plans.

B. Annual Audit

- An independent certified public accounting firm shall be contracted to provide a complete financial audit each year, in accordance with standard auditing procedures, requirements of the agency’s funding sources and applicable Federal and State regulations.

- All agency staff shall cooperate in facilitating this audit.

- Draft Audit Reports shall be provided to the Chief Executive Officer and Board of Directors by September 30, and final reports shall be presented as soon thereafter as possible. The Board of Directors shall review and approve the Audit Reports prior to their distribution.

- The Chief Financial Officer and the Chief Executive Officer shall insure that any recommendations identified by this independent financial review shall be implemented. A time line for implementation shall be reviewed with the Budget and Finance Committee.

Policy Last Updated on 4/14
FISCAL CONTROL

POLICY

Accounting procedures shall be maintained for the receipt, safeguarding, disbursement and recording of funds in compliance with generally accepted accounting principles. Measures shall be taken to guard against any misuse of funds, to insure proper approval for expenditures and to maintain other internal fiscal controls.

The Chief Financial Officer shall, under the supervision of the Chief Executive Officer, supervise all bookkeeping activities, including the preparation of payroll and other disbursements; the processing of all agency receipts; the storing of all financial records; the accounting for petty cash and the making of bank deposits. Personnel with fiscal responsibilities are provided initial and ongoing training.

The Chief Executive Officer shall supervise the Chief Financial Officer in carrying out fiscal services and oversee all matters of fiscal management and planning in conjunction with the Board of Directors.

PROCEDURES

A. HANDLING INCOMING MONIES

- Electronic payments by funding agencies into the Operating Account are monitored on a daily basis and posted to the ledger by the Finance Department.

- Checks received from funding agencies are processed by the Finance Department and posted to the ledger daily. Checks are deposited via remote electronic transmission by the Assistant Finance Director.

- Electronic payments by third party payers or other non-funding source entities into the Operating Account are monitored on a daily basis and posted to the ledger by the Finance Department.

- Payments received for services provided on a Fee For Service basis (both electronically and by paper check) are received and logged in the Administration Office by the Assistant Chief Finance Director. They are then faxed to the Billing Specialist for review and posting in the medical services billing software. The Billing Specialist prepares a breakdown of each payment received, indicating the applicable clinic location, service type, payer and payment amount and faxes it to the Assistant Finance Director. The Assistant Finance Director posts the information from these breakdowns in the accounting software.

- Counselors and Outpatient Administrative Staff receive cash, check, money order and credit card payments of outpatient fees by clients at the time of the session. Deposits are recorded in the Electronic Health Record by those staff receiving the payment. A receipt is printed from the deposit screen. The system records the deposit and then the Assistant Finance Director runs a report of deposits made and compares to the payments deposited into the safe.

- Client fees for the outpatient programs are collected at least weekly by the Fiscal Staff and brought to the Finance Office. A log of all fees collected and processed is maintained
at the Finance Office. A copy of the log is sent to the billing specialist for reconciliation with session logs. The receipts are reconciled against the contents of each department's receipt book. The accounting clerk posts the receipts daily and prepares a bank deposit slip. All fees collected are stored in the safe until taken to the bank for deposit.

- A fee schedule is utilized to determine client fees, which is based on a sliding scale. Clients are informed of their fees at the time the first appointment is made and then discussed further during their orientation. Modifications to fees may be requested by the client, to the Program Director. The Program Director will review client’s inability to pay and determine if modification should be allowed.

- On a monthly basis, the Quality Improvement Department reviews a sampling of records to insure services are billed timely and accurately, analyze aged accounts, and review standings with necessary personnel.

- The Fiscal Staff make bank deposits whenever cash receipts on hand in the finance office exceed $500, but in no case on less than a weekly basis. Copies are made of all non-cash remittances included in a deposit and attached to the bank’s deposit confirmation form. This documentation is then placed in the cash receipts file.

B. COLLECTING RESIDENT MONIES

- Designated staff members collect Client Fee payments, CIA payments and savings deposits on residents' payday, accepting only money orders for the exact amount. The staff members give the resident a receipt (taken from the receipt book) for the exact amount.

- All monies collected by staff members shall be documented and placed in the facility’s drop safe. The Unit Supervisor and/or designated staff members at each facility shall facilitate the collection and complete further documentation of such monies.

- Each week, the monies and receipts in each residential facility’s safe shall be delivered to the Fiscal Office by courier service or authorized CT Renaissance personnel.

- Any monies received in the Finance Office and not deposited on that day shall be stored in a safe by the Accounting Clerk.

- All collected resident client savings amounts shall be deposited in a separate bank account dedicated to that purpose. The Assistant Finance Director shall maintain a log indicating the balance for each individual resident within that account. Deposits to that account shall be made weekly, or more often as deemed necessary by the Chief Executive Officer or Chief Financial Officer. Immediately prior to a resident’s discharge from the program, program staff will meet with the client, prepare a “close out” request and forward it to the Finance Office. The Fiscal Staff will reconcile the amount on the request with the savings log and prepare a check for the appropriate amount. That check will be forwarded to the program facility for the client, or if the client has already left the program, the check will be mailed to the client’s forwarding address. “Abandoned” resident savings shall be remitted to the Department of Correction in accordance with their guidelines and regulations by the Assistant Finance Director.

- Deposits of CIA payments, along with other incoming monies, shall be made weekly or more often as deemed necessary by the Chief Executive Officer or Chief Financial Officer and according to the procedure in this section. The remittance of collected CIA payments shall be made to the appropriate State offices in accordance with their guidelines by the Assistant Finance Director.
• The Unit Supervisors are responsible for monitoring the collection and handling of all client fees at their residential facilities. They shall ensure that the procedures are enforced and that all funds received are properly recorded, safeguarded and credited to the accounts of the individual clients.

C. DISTRIBUTING AND ACCOUNTING FOR PETTY CASH

• Petty cash is maintained at programs locations based on the needs of the programs with the approval of the Chief Executive Officer.

• The process begins with obtaining receipts for all expenses and the recording of each petty cash expenditure in a journal by category.

• Each week the designated administrative staff member at each location maintaining a petty cash fund gives the Accounting Clerk a list of petty cash expenses for the previous week from that location, and corresponding receipts to reimburse the facility for the amount spent in that previous week.

• The Accounting Clerk prepares a breakdown of expenses and issues a check payable to the designated Fiscal Staff member with the next payable batch for that week.

• The check is delivered to the Fiscal Staff member the following week, cashed and placed in a safe. Only the Unit Supervisor and/or designated staff have access to this cabinet.

• The Unit Supervisors are responsible for monitoring the operations of the petty cash funds at the residential facilities, outpatient programs and adolescent programs. The Chief Financial Officer is responsible for monitoring the operations of the Administration petty cash fund. They are responsible for ensuring that funds are properly accounted for and expended only for appropriate activities.

D. MAKING CASH DISBURSEMENTS

• For each invoice received, the Accounting Clerk shall compare it to the accompanying approved purchase order to determine that the description prices and quantities are correct; that no unauthorized additions are reflected on the invoices; and that the purchase order has been approved.

• The Accounting Clerk then properly codes the invoice to the correct cost center and expense account.

• The Accounting Clerk enters the batch of payables into the computerized accounting system for processing. After the checks are printed the Accounting Clerk marks the invoice paid with the check number and date.

• Invoices are reviewed by the Chief Financial Officer, or in his absence the Chief Executive Officer, for correct assignment to expense accounts and cost centers.

• The signature of two (2) authorized people must be obtained for each check issued. The authorized people include the Chief Executive Officer, the Chief Clinical/Operating Officer and two (2) Board Members.
The approved invoice and signed check then goes back to the Accounting Clerk for mail preparation. The Accounting Clerk or Accounting Assistant mails the paid invoices.

The Accounting Assistant shall then file all paid invoices by vendor in a secure location.

E. VENDOR SELECTION

- Agency vendors will be selected based on their ability to provide needed services to the agency facilities. Final selection will be based on competitive price, product quality and efficient service.

- Vendor relationships shall be reviewed prior to the expiration of the contract for performance effectiveness and cost analysis.

- Vendors will be selected by soliciting three (3) competitive bids for supplies, services and contracts in excess of $10,000.

- The Connecticut Small Business Set-Aside Directory will be utilized. Minority and women-operated businesses will be contacted as potential vendors.

- In most cases, consultants will be dealt with as a service vendor. A written agreement concerning the scope, duties and compensation will be developed and maintained in the administration office.

F. PURCHASING

- All purchases must have a purchase order completed for it with the exception of routine, recurring invoices for facility rents, utilities, equipment leases and similar items.

- Purchase orders are to be prepared and approved by the Unit Supervisors, Chief Financial Officer, the Chief Executive Officer, or the Chief Clinical/Operating Officers & Director of Quality Improvement.

- Any purchase order that does not fall within line item budgets must be approved by the Chief Executive Officer and/or Board of Directors.

- Invoices for purchases should be sent by the vendor directly to the Fiscal Office from the vendor and should be matched with a copy of the previously submitted purchase order.

- Those invoices should not be paid unless accompanied by a properly approved purchase order.

- The procedure for "making cash disbursements" shall be followed in issuing a check or making payment by agency credit card or electronic transfer. All credit card and electronic transfer payments must be approved by the Chief Executive Officer.
G. PAYROLL

- When a new employee is hired, the Human Resources Department shall ensure the following forms are completed and filed in the personnel department:
  1. W-4 form (state & federal income tax withheld)
  2. Direct Deposit authorization form (if applicable)
  3. Medical insurance enrollment form
  4. I-9 form
  5. Pension form
  6. Additional information included on the Personnel Checklist.

- When a new employee is hired (or if a change in salary is granted), a "Payroll Authorization Form" shall be filled out and approved by the Chief Executive Officer. It is forwarded to the Human Resources Department who places it in the appropriate personnel file, after Unit Supervisor and employee sign the form.

- The Human Resources Department maintains a computerized payroll system. That system contains information on each employee's rate of pay, payroll tax withholding rates, voluntary deductions and garnishments. It also includes the employees' vacation, personal and sick time information. The Human Resources Department enters the information for each new employee at the time of employment and updates the information on an ongoing basis.

- Each employee documents daily hours worked and at the close of the work week, submits a completed time sheet to his/her supervisor. The supervisor reviews each timesheet for accuracy and compiles a weekly payroll log worksheet summary for all employees under his/her supervision. The payroll log is forwarded to the Fiscal Office by 10:00 AM the following Monday for processing by the Fiscal Department staff. Any revisions to information submitted in the prior week are forwarded at the same time.

- Payroll payments are made every other Friday (bi-weekly) for the two week period ending the Saturday preceding the payment date. Payroll processing is outsourced to an external payroll services company. The Fiscal Department staff inputs the weekly information from the payroll logs into the computerized payroll system and updates all information on rates of pay and deductions for each payroll cycle. That information is electronically transmitted to the payroll services company. The payroll services company prepares the payroll and delivers a package of payroll reports and materials to the Fiscal Department the day following the electronic submission of the data. The Department staff reviews the reports to ensure that the payroll has been correctly processed. The Fiscal Department staff mail out the direct deposit advisories and any manual payroll or garnishment checks. The payroll services company executes all the Direct Deposit payments. The payroll transactions are posted to the ledger via General Journal entries based on the information included in the payroll reports prepared by the payroll services company.

- The Chief Financial Officer is responsible for ensuring the accurate and timely deposit of all federal and state payroll taxes.

- The Chief Financial Officer is responsible for ensuring the accurate and timely filing of all federal and state employer quarterly tax returns.
• The Chief Financial Officer is responsible for ensuring the accurate and timely preparation, distribution and filing of annual compensation information to all employees and the appropriate federal and state agencies.

H. RECORDING "IN-KIND" DONATIONS

• In each residential facility, the Unit Supervisor shall maintain a list of any "in-kind" donations received each month (furniture, equipment, etc). The list shall include the date of donation, name of donor, item donated and its value as assessed by the donor.

• At the end of the month, any such list shall be forwarded to the agency's Fiscal Office.

• The Fiscal Office staff shall maintain a list of donations received there, in the same manner described above. The Fiscal Staff shall also review all invoice from the Connecticut Food Bank and record all donated items acquired in a log which will be posted monthly to the accounting system.

• The Chief Financial Officer shall keep a record of all "in-kind" donations made throughout the year.

• The Chief Financial Officer shall insure that the agency's tax status is disclosed to all contributors.

I. RECONCILING ACCOUNTS

• The Accounting Assistant shall put all cancelled checks in order for the operating and the payroll accounts.

• The Assistant Director of Finance shall review all bank statements, cancelled checks and bank notices, checking for any unusual items or discrepancies and preparing reconciliation.

• The Chief Financial Officer shall review the bank statements with agency records, making certain there are no discrepancies on a monthly basis.

• At the end of the fiscal year, the reconciled statements shall be made available to an independent accounting firm for the annual audit.

J. FINANCIAL REPORTING

• The Chief Financial Officer shall prepare monthly financial reports showing the year to date revenues and operating expenditures by category. The reports shall include the year to date budgeted amounts for each item and an analysis of the variance between the budgeted and actual amounts. Separate reports shall be prepared for each department and for the agency as a whole. These reports will be provided to the Chief Executive Officer and the Budget and Finance Committee of the Board of Directors prior to the monthly meeting of the board.
The Chief Executive Officer reviews these figures with the Chief Financial Officer and the Budget and Finance Committee. Financial trends and challenges are reviewed. The reports are then submitted to the Board of Directors at its next meeting.

Other personnel are provided financial reports and standings as necessary. Should budgetary concerns arise, a corrective action plan shall be created to insure budget compliance.

K. PROPERTY INVENTORY

A Company wide computerized asset ledger of agency owned assets with values of $5,000 or more is maintained in the Fiscal Office. The Asset ledger shall also include all property leased by the agency.

Purchases, dispositions, or relocations of qualifying property must have an approved asset form signed by the Unit Supervisor, COO’s, Chief Executive Officer or Chief Financial Officer. The Accounting Clerk utilizes these forms to update the asset ledger.

In accordance with the guidelines of the various funding agencies, qualifying property purchased by funds directly provided by those agencies must be included and separately identifiable within the asset inventory and disposed of in accordance with the funding agency guidelines.

L. WORKING CAPITAL AND INVESTMENTS

The Chief Financial Officer shall be responsible for the ongoing monitoring of working capital funds and the development of short term investment strategies for those funds. Those funds shall be invested in highly liquid instruments with minimal risk of loss of principal. The selection of specific investment vehicles shall also consider the rate of interest earned, the maintenance/building of strong relationships with the agency’s major banking partners and FDIC insurance limits.

The Chief Executive Officer, with input from the Chief Financial Officer and other members of senior management as required, shall be responsible for all long-term investment decisions. The goal of longer term investments shall be to provide both (a) a prudent expansion/improvement of the volume and quality of services that could be made available to the agency’s target client population and (b) reasonable prospects for earning an adequate financial return on the invested capital. All such investment opportunities shall be fully reviewed and approved by the Board of Directors prior to the commitment of agency resources.

The Chief Financial Officer is responsible for the maintenance of adequate working capital to meet the short term cash requirements of the agency.

The Chief Financial Officer shall establish and maintain a Line of Credit agreement between the agency and it’s principal bank. That agreement shall provide for at least $400,000 in short term credit to cover agency operating expenses.

The Assistant Director of Finance shall provide the Chief Financial Officer with the current cash balance position at the beginning of each week.

Payments received from all sources shall be deposited on a timely basis, consistent with the need to accurately attribute the funds to individual programs/services. In no case,
however, shall the period between receipt and deposit of any payment exceed 5 working days.

- The Chief Financial Officer shall maintain a historical profile of available cash balances in order to monitor agency trends and assist in investment decisions.

- The Chief Financial Officer shall ensure that cash balances not required for short-term working capital are invested in interest bearing instruments/accounts. The selection of any investment instrument/account must be approved by the Chief Executive Officer.

- Investments in instruments/accounts with a term exceeding one month require the approval of both the Chief Executive Officer and the Budget and Finance Committee of the Board of Directors.

Policy Last Updated 4/14
INSURANCE COVERAGE

POLICY

Adequate insurance coverage shall be maintained to protect clients, the public and the corporation including its employees, administration and Board of Directors. Such insurance shall include but not be limited to: property liability, personal injury liability, bonding of fiduciary staff, vehicle liability, professional liability, mal-practice, employee crime liability, Directors & Officers liability and worker's compensation.

PROCEDURE

- The Chief Executive Officer and the Chief Finance Officer annually review all insurance packages with the current carrier to insure necessary coverage at sufficient levels is met to protect the Corporations, its employees and funding agencies.

- Bids from at least three sources should be solicited by the Chief Executive Officer (or designee), if changes in vendors/brokers due to increased cost or level of service are deemed appropriate.

- The Board of Directors shall review and approve the desired plan.

- The Chief Financial Officer shall assure that all premiums, claims, and reports are properly processed in a timely manner.

Policy updated 4/14
RISK MANAGEMENT

POLICY

Connecticut Renaissance actively pursues a risk management plan that (a) identifies potential and actual risks to clients, staff, the agency’s ability to deliver quality services to the general public; (b) evaluation and analysis of loss exposures; (c) Identification of how to rectify Identified exposures; (d) implementation of actions to reduce risks; (f) reporting results of actions taken to reduce risks; (g) inclusion of risk reduction in performance improvement activities.

The Chief Executive Officer shall be responsible for implementing the risk management plan with input from the Chief Operating Officers, Chief Financial Officer, Director of Quality Improvement and the Unit Directors.

The agency shall rely on commercial liability insurance to protect its assets and to limit the impact of potential losses wherever feasible, consistent with sound business practices. Insurance shall include both property and liability coverage. The Chief Executive Officer shall determine the appropriate level of insurance coverage and deductibles in consultation with senior management. The annual insurance plan shall be reviewed annually for adequacy by the Leadership and Board of Directors.

In addition, the agency maintains self insured benefit programs for employee health care and short term disability. The Chief Executive Officer shall be responsible for determination of benefit levels, deductibles, co-pays, employee premium contributions and reinsurance (stop loss) coverage. The annual self insurance program shall be reviewed and approved by the Board of Directors.

PROCEDURES

The agency will evaluate four classes of risks on an annual basis: potential liabilities covered within the commercial insurance program, potential financial losses from the self insured employee benefit programs, potential funding losses for major programs and potential disruptions of service within existing programs.

Items to be covered within the commercial insurance program include but are not limited to:

- general liability for clients, staff and visitors to agency facilities;
- property casualty insurance for owned/leased assets as required;
- automobile insurance for agency leased vehicles and privately owned vehicles used for agency business by employees;
- crime insurance covering dishonest acts by employees;
- fiduciary insurance for the administration of company benefit programs;
- professional liability insurance for staff members and independent contractors serving agency clients;
- workers compensation insurance; and
- directors and officers insurance
These items will be reviewed annually to ensure that the existing insurance policies reasonably cover all agency facilities and operations, that coverage limits and deductibles are appropriate, and that no new areas of risk have emerged. Any deficiencies noted will be incorporated into the insurance program for the year. A major part of the loss control program is ongoing in-service training focusing on safety issues and staff/operations policies.

The Chief Financial Officer and Chief Human Resource Officer will monitor the status of the self-insured benefit programs on a monthly basis and report it to the Chief Executive Officer. Comprehensive reviews of the programs shall be conducted on a semi-annual basis by the Chief Financial Officer, Chief Human Resource Officer the Chief Executive Officer and the benefits broker/administrator handling the programs. More frequent reviews shall be held whenever sustained adverse trends in claims incidence are detected. Changes in benefit levels, deductibles, co-pays, employee contribution levels and reinsurance (stop loss) provisions shall be made to insure that the programs do not impose unacceptable costs on the agency.

The Chief Financial Officer, Chief Human Resource Officer, and the Human Resources staff shall work with the loss prevention staff from the insurance company to identify areas of need and where to focus improvements in risk management. Connecticut Renaissance shall develop plans and strategies in accordance with any such recommendations. The insurance agency employs loss prevention specialists who routinely attend safety meetings, so as to be able to effectively interface with staff in regards to risks and safety planning.

The Chief Executive Officer and senior management will maintain a close monitoring of the status of existing agency funding and the financial trends within major funding sources. Significant potential changes in existing or future funding availability will be investigated and analyzed. The likelihood and extent of the potential reductions will be estimated. The response to this type of risk will depend on the likelihood and severity of the projected loss. Reasonable strategies designed to reverse adverse funding decisions will be developed and implemented. Attempts will be made to identify and secure alternative funding for threatened programs. In extreme cases, an exit plan will be developed. This plan will address ongoing care options for clients, staff reassignments/terminations, and facility/operational issues in the event the program must be discontinued. Risk Reduction plans shall be included in performance improvement activities.

Unforeseen events such as severe weather or fires can produce significant problems for the delivery of services, as well as generating financial losses, especially at the agency’s residential units. These types of risks are addressed in the agency-wide Emergency Preparedness Plan for all programs. This plan is reviewed and updated annually and approved by the Board of Directors.
OUTPATIENT FEE STRUCTURE

POLICY

Connecticut Renaissance shall assist the clientele receiving services in its Behavioral Health Outpatient Clinics in fully understanding their payment obligations. Connecticut Renaissance shall bill third party payors when applicable. In the event that a client does not have a means to seek reimbursement from an associated payor (insurance company), Self Pay fees would be applicable. Connecticut Renaissance utilizes a sliding fee scale to best serve its clientele.

PROCEDURES

- A fee schedule is utilized to determine client fees, which is based on a four TIER sliding scale.

- At the time the first appointment is made insurance information is discussed. If the client does not have an active benefit program, then the self pay schedule is explained. The clinic wants to ensure that the persons served have a clear understanding of their payment obligations.

- At the time of the 1st appointment, clients complete a fee assessment form. This is used to determine insurance information as well as where the client falls in the fee schedule based on the Federal Poverty Income Level. Fee responsibilities are reviewed during the orientation process.

- Clients who do not have a third party payor are assisted and encouraged to engage in the process of applying for entitlements.

- Modifications to fees may be requested by the client, to the Program Director. The Program Director will review client's inability to pay and determine if modification should be allowed.

- The fee scale is evaluated as needed to ensure that the fees are adjusted as necessary to reflect changes in services, the cost of delivering services and the local market. In doing so, CT Renaissance evaluates the current Federal Poverty Income Level (FPIL), Private and Public payor fee schedules and the expectations for collecting self pay fees from the referral source.

- When it is determined that the fee schedule is in need of review or updating, collaboration amongst the leadership including the Chief Financial Officer takes place, so as to update the schedule in a manner that is positively conducive to the agency’s budget as well as the person served.
# Client Sliding Fee Schedule

**Effective: January 1, 2016**

Based on Client's Income and Household Size Relative to Current Federal Poverty Income Level (FPIL)

<table>
<thead>
<tr>
<th>Staff/Service</th>
<th>Percentage of Published Rate</th>
<th>Up to 100% of FPIL</th>
<th>101% - 200% of FPIL</th>
<th>201% - 300% of FPIL</th>
<th>Over 300% of FPIL</th>
<th>Current Medicaid</th>
<th>Enhanced Medicaid</th>
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<tbody>
<tr>
<td><strong>Counseling Staff</strong></td>
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<td>40%</td>
<td>55%</td>
<td>70%</td>
<td>100%</td>
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<tr>
<td>90791 Initial Evaluation/Intake Session</td>
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<td>$80.00</td>
<td>$110.00</td>
<td>$140.00</td>
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<tr>
<td>H0015 Intensive Outpatient Daily Session (Per Day)</td>
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<td>90792 Psychiatric Evaluation</td>
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QUALITY IMPROVEMENT PLAN

I. Purpose

The purpose of the Quality Improvement Plan of Connecticut Renaissance is to ensure the delivery of optimal client care at the most appropriate level of care in the most cost-effective fashion, while maintaining efficient and effective use of agency resources and also to be consistent with the agency goals of continually improving clinical outcomes and customer satisfaction. This is carried out through a planned systematic agency wide approach to quality improvement. The Quality Improvement Plan provides a description of all QI activities and delineates the respective roles and responsibilities of the Board of Directors, Chief Executive Officer and all Clinical and Administrative Staff.

II. Objectives

A. Assure that all Quality Improvement activities are in line with the agency's mission, vision and plans; and takes into account the needs and expectations of our customers.

B. To establish a continuous, comprehensive and objective mechanism to monitor, evaluate, and improve the quality and appropriateness of services rendered through routine data collection, analysis and teamwork.

C. To establish priorities for the investigation and resolution of concerns and problems by focusing on those with the greatest potential impact on client care outcome and customer satisfaction.

D. To ensure coordination and integration of all quality improvement activities by maintaining an Outcomes Committee, which enforces the concept of continual process improvement.

E. To document and evaluate patterns of utilization in order to identify over and under utilization, as well as inefficient use of agency resources.

F. To communicate quality improvement activities and findings to all agency staff, including the Board of Directors and to ensure their active participation in the program.

G. To monitor and comply with policies, standards, and regulations, set by the Board of Directors, Chief Executive Officer, CARF The Accreditation Commission, state and federal governments and other regulatory or accrediting bodies.

III. Accountability for the Quality Improvement Program

The Board of Directors of Connecticut Renaissance bears ultimate responsibility for assuring quality client care services at the most appropriate level of care while maintaining efficient and effective use of agency resources. The Board of Directors shall delegate responsibility for developing, implementing and maintaining a comprehensive program to the agency administration. Specific responsibilities and activities are delineated in this plan, which shall be reviewed and approved by the Board of Directors on an annual basis.

IV. Scope and Organization of the Quality Improvement Program

All activities with direct or indirect impact on client care quality shall be reviewed under the Quality Improvement Program. The coordination and integration of these activities shall be the responsibility of the Director of Quality Improvement as delegated by the Chief Executive Officer.
A. Board of Directors' Role

- Assures all quality improvement activities are in line with the agency's mission and vision.
- Reviews surveys / audit reports and findings as reported from state, federal and other accrediting bodies and develops a plan of action as appropriate.

B. Administration's Role

- Adopt and support quality improvement activities that are in line with the agency's mission and vision.
- Actively support and provide adequate resources to effectively perform the activities of the QI Program.
- Create and maintain information systems to support collecting, managing, and analyzing data needed to facilitate ongoing improvement.
- Actively participate and support a team approach to quality improvement.
- Responsible to act on recommendations from quality improvement activities

C. Clinical Staff Role

- Actively participate in the team approach to quality improvement.
- Collect and report data as required in quality improvement activities.
- Surface potential or actual areas for systems improvement or development in keeping with existing policies.

V. Process and Project Teams

The most intensive effort of the Quality Improvement Program is the formation of a process or project team. A team is formed when a problem is scheduled for resolution, a system or process needs review or development or when a specific mission is to be carried out in line with data results and/or agency needs. The Board of Directors and the Chief Executive Officer support the team concept and strongly encourage all staff involvement. Teams are multi-disciplinary groups of people brought together to work on a specific task. Teams are time limited, intensive and focused. Agency staff are encouraged to submit suggestions and recommendations to the Leadership on ways to improve services to all agency customers whether internal or external. Suggestions can be submitted to the Director of Quality Improvement, who will submit to the leadership for discussion. Suggestions can be verbal, written, emailed.... A cornerstone of team activity is the collection, review, and presentation of relevant data, which serves to ensure the integrity of the design, focus, assessment and evaluation of the team's mission. Team progress and activities are closely monitored by the Quality Council, which serves in an advisory role to the team's relative purpose, structure and function. Team activities are shared with all agency staff and can be done so in a variety of ways, but typically email is the most convenient and surefire means of distributing information.
VI. Quality Improvement functions

Committees and Teams are developed for the purpose of performance improvement. The Leadership could assign problems or topics to individuals, groups or Teams for investigation, assessment and recommendation. Such topics or problem areas may stem from the input of staff, consumers, external stakeholders, community needs assessments... The Teams or committees that embark upon quality improvement functions create status reports to document their problems, goals, plans of action and progress towards goals. Status reports are shared / reviewed with the Leadership and agency staff. This information serves as a forum for informational flow between agency programs, sites and departments.

A. Audit Team functions

- Monitors the timeliness and quality of documentation in the medical record and makes recommendations for improvements.
- Conducts quarterly or semi-annual audits of current and closed records to ensure quality and appropriateness of services.
- Reviews the appropriateness of services rendered to ensure that client's needs are addressed and any over or under utilization of resources are identified.
- Monitors any identified over and under utilization of resources and recommends a plan of action to address the inefficient use of agency resources.
- Ensures that discharge planning is conducted in a timely and appropriate fashion.
- Reports quarterly to the Outcomes Committee.

C. Safety Committee functions

- Ensures a safe environment in all agency sites.
- Reviews and monitors all incident reports for trends and patterns.
- Makes recommendations based on the findings of incident review.
- Ensures that all sites are in compliance with applicable state and local fire and emergency codes.
- Ensures a minimum of at least one inspection from external authorities every year and develops a plan of action based on their findings.
- Conducts safety and facility self-inspections monthly for outpatient programs and weekly for residential facilities documenting deficiencies found and corrective action plans.
- Conduct emergency action drills monthly.
- Ensures that infection control polices are followed.
- Reports and provides trends, updates, status information to the leadership and Board of Directors.
D. Outcome Measures Committee functions

- Ensures that outcomes data is collected in a systematic and timely fashion.
- Ensures reporting of outcome data to all appropriate State and Federal agencies.
- Reviews all outcome data for trends and patterns and recommends change to or implementation of policies or programs based on findings.
- Develops and implements mechanisms for obtaining input from the persons served.
- Ensures that satisfaction data is collected in a systematic and timely fashion.
- Reviews all satisfaction data for trends and patterns and recommends change to or implementation of programs and policies based on findings.

E. Cultural Competency Committee

- Create a respectful and inclusive environment that reaches out to the diversity among clients and staff through the development and implementation of the Cultural Competency Plan.
- The plan shall be flexible enough to address all people employed by and in treatment with this agency as well as those that might need to be reached out to in the future.
- The written document outlines a systematic approach to provide culturally relevant services to the individuals we serve.
- The plan shall be used to direct Connecticut Renaissance toward culturally responsive services with demographic information, congruent policies, services/programs, ongoing staff development, and quality improvement strategies that come together to enable our behavioral health programs to provide culturally competent services.
- Goals and objectives shall be developed in areas identified as either priority concerns or needing improvement keeping in mind the following three critical areas of concern: access, engagement and retention.

F. Process Teams functions

- Develops a mission statement based on an assigned task.
- Uses up to date resources such as literature searches, standards of practice, similar agencies, etc. to investigate and research the task.
- Measures the existing process in order to compare the effectiveness of the gains made.
- Generates an action plan to achieve the stated goal or mission.
- Implements the approved action plan throughout the agency.
- Measures the effectiveness of the action plan and normalizes gains.
VII. Accountability for Corrective Action

Some committees/teams will report quarterly to the agency leadership and staff while others will report monthly. Team reports shall include the mission statement, customers, customer objectives, team goals, objectives, and timeliness, membership, baseline measures, progress, action and status of timeline. Committee reports shall include the results of ongoing quality improvement activities such as team audits and medical record reviews. It is the responsibility of all agency staff to ensure the implementation of corrective actions with oversight responsibility resting with the leadership and supervisors.

VIII. Information Management

Sources of data for quality improvement review activities and agency decision making include but are not limited to medical records, incidents, outcome monitoring results, claims, utilization review findings, customer satisfaction results, complaints, committees, teams, regulatory agencies and audit teams. Information Management systems are both manual and electronic. The use of personal computers and the E-mail system supports the collection and distribution of data in a timely fashion to the personnel best able to use the information.

IX. Retention of Information and Reports

All minutes, reports and data will be kept in their original form for no less than three years.

X. Confidentiality

The Quality Improvement program at Connecticut Renaissance has been designed to comply with all CARF, federal, and state standards. Disclosure of QI information is protected. All data, reports and minutes are confidential and shall be respected as such by all participants in the QI program. Names of clients, staff and clinicians shall not be identified in reports in order to respect the individual's confidentiality.

XI. Annual Evaluation

The Quality Improvement Department shall coordinate the annual management report for submission to the Chief Executive Officer and the Board of Directors. The Management Report shall be shared with all staff and made available upon request to any customer, funding source or purchaser of service. All agency staff shall participate in the evaluation of the QI Program. The annual management report shall address to the extent to which the agency programs are meeting or not meeting the established measures for effectiveness, efficiency and customer satisfaction and are used to improve the quality of our programs. Modifications shall be implemented as needed to assure that the program is effective and efficient in monitoring agency performance.

Policy Last Updated on 4/14
OUTCOME MANAGEMENT SYSTEM

An outcome management system is the process that measures the accomplishments of program objectives for the purpose of continuous quality improvement. This is achieved through a variety of different measures, which assess effectiveness, efficiency and customer satisfaction with the ultimate goal of improving the functioning of our client population. The outcome management system includes all persons served by the agency including the persons that we intend to serve.

Post discharge information shall be collected at least 30 days following discharge, 6 months following discharge or one year following discharge depending on the program. During the orientation to the program, the importance of contacting clients post discharge will be explained, consent for contact shall be obtained and the name of at least one person who can help locate the client if address or phone number changes. The questions asked will be consistent with the effectiveness and satisfaction measures in place in order to compare results over time. The client shall be provided additional services if needed or action taken if determined at risk. Confidentiality laws and agency policies shall be followed at all times.

Use of Results

Data collection on all outcome measures shall be the responsibility of the individual programs. Data shall be aggregated on a monthly basis and presented to the Outcomes Committee. All indicators shall be reviewed each quarter with either effectiveness; efficiency or satisfaction measures focused on each month. Each type of indicator shall be reviewed across all agency programs on a rotating basis throughout the year. This schedule is to ensure all data is analyzed in a timely fashion.

Based on the findings, the Outcomes Committee shall ask the individual programs for action plans to increase compliance with thresholds or increase satisfaction ratings. Each Unit Director shall be responsible for disseminating information to their staff and obtaining input for corrective actions.

The Outcomes Committee shall prepare on a monthly basis with a summary of their findings. The report is reviewed and approved at the following month’s meeting. This report shall include the monthly results over time to identify trends and patterns, actions taken as a result of findings and whether the actions taken have resulted in improvements. An annual evaluation shall also be conducted and included in the Annual Management Report.

The results obtained through the Outcomes Management System shall be used for program improvement and utilized in management decision-making. All results shall be incorporated into the Annual Management Report which is made available to all and is an important tool used for educating the public regarding the services offered and advocating for the needs of our clients and our programs.
AUDIT TEAM

The mission of the Audit Team is to continually monitor and evaluate our programs and facilities to ensure compliance with all of our regulatory agencies. The Audit Team shall focus on the review of case records from both a clinical and billing perspective.

CASE RECORDS

There will be a professional review of the services provided through a case record review that focuses on the quality of services, the appropriateness of services and the utilization of services. The professional review shall address the entire case record including but not limited to whether the assessments conducted are thorough, complete and timely, treatment goals and objectives were based on assessment results, services rendered were related to identified goals and objectives and that the persons served were actively involved in making treatment choices.

- Persons served are provided with a complete orientation.
- Persons served are actively involved in making informed choices regarding their care.
- Assessments are thorough, complete and timely.
- Treatment plan goals and objectives are based on the results of assessments.
- Treatment plan goals and objectives include the input of persons served.
- Services rendered directly relate to treatment plan goals and objectives.
- Documentation is conducted as outlined in policy and procedure.
- Treatment planning is reviewed and updated according to policy.
- All signatures are present and legible where / when necessary according to policy.
- All services billed have associated documentation.

The outpatient and residential programs will undergo a chart review on a quarterly basis that includes both current and closed records. A staff member shall not review a record in which they are responsible. This will ensure an objective review of all the case records.

BILLING AUDITS

On a quarterly basis, programs billing on a fee for service basis shall undergo a billing audit. A representative sample of records shall be reviewed as part of this billing audit. This review is to ensure that all services provided were billed properly and all services billed were provided. Results of each review are shared with the Chief Clinical Officer, Program Director and Billing Specialist and a plan of correction is developed as applicable.

FLOW OF INFORMATION

- Audits are conducted based on calendar of events.
- Immediate feedback to Program Director or designee.
- Data aggregated and summary written including recommendations on correcting deficiencies.
- Data worksheets and summary are submitted to the Outcomes Committee for review.
- Any action required by the Outcomes Committee will be brought back to the program teams by the Director.
- Action plans shall be requested of the Program Directors for areas of deficiency.
- The Program Director shall review results with staff, respond to findings and develops action plans for areas of deficiency.
• A status report is then developed for documentation and performance improvement purposes a quarterly basis.

PROCEDURES FOR AUDITS OF PERSONNEL FILES

Personnel files shall be audited in an effort to monitor and evaluate our compliance with regulatory agencies. There will be a professional review of the Personnel Files to ensure that all required documentation is present, completed within required timeframes and signed.

• Personnel Files shall be audited quarterly.
• Each quarter 1 Department will be audited to ensure all annual documents are signed and present. The Departments are:
  o Residential Drug Treatment – 1st qtr (Jan. – March) to be completed 1st wk of June
  o Work Release – 2nd QTR (April – June) to be completed 1st week of September
  o Outpatient – 3rd QTR (July – September) to be completed 1st week of December
  o Adolescent Programs – 4th QTR (Oct. – Dec.) to be completed 1st week of March
• Each quarter (as defined above) all Personnel files for new hires will be audited to ensure that all documents are signed, completed and timely.
• The HR Audit Checklist will be used to document the file results for both new hires and annual reviews.
• Personnel files will be reviewed by:
  o All Program Staff – Quality Improvement Assistant
  o Program Directors – Director of Quality Improvement
  o Chief Operations Officers, Director of IT and Director of Finance – HR Coordinator

Policy Last Updated on 4/14
SAFETY, SECURITY & HEALTH COMMITTEE

PURPOSE:

The purpose of this policy is to establish a safety, security and health committee to promote health, safety and security in all places of employment. The committee shall bring the persons served, employers and employees together in a non-adversarial, cooperative and effective effort to promote safety, security and health at each work site. The committee is responsible for developing appropriate health, security and safety policy and procedures.

COMPOSITION OF THE COMMITTEE:

1. The Employee and persons served members shall be selected throughout the agency and at least 1 staff from each facility shall participate on the committee.
2. Committee members shall represent the following departments: Direct Service, Maintenance, Food Service, Counseling, and Management.

FACILITY SAFETY AND MAINTENANCE:

Monthly self-inspections shall be conducted of all agency locations. These inspections will be the responsibility of the Safety Committee. The areas covered in these inspections include common spaces and offices, bathrooms, stairways, grounds, general safety, equipment, and fire safety. In addition the Safety Committee shall review all agency incidents for patterns and trends.

RESPONSIBILITIES OF THE COMMITTEE:

1. The committee shall meet quarterly or more often as needed.
2. A roster shall be kept containing the names and departments of all committee members.
3. Names of current committee members shall be posted, to ensure that all employees can readily contact them with their concerns.
4. The chair-person shall keep minutes of the meeting and make them available, upon requests, to the Worker's Compensation Commissioner.
5. The employer shall retain these records for three years.
6. Safety surveillance rounds shall be reviewed at a minimum quarterly.
7. Accidents/incidents shall be reviewed at a minimum quarterly.
8. Emergency drills shall be reviewed at a minimum quarterly.
9. The chair person shall prepare reports and recommendations which shall be presented to the leadership and insurance broker as appropriate for further risk management analysis.

TRAINING:

All members of the committee shall be trained in their rights and responsibilities as committee members upon becoming safety committee members.

COMPENSATION:

Any employee, who participates in committee activities in their role as a committee member, shall be compensated for all hours worked.

Policy Last Updated 4/14
CUSTOMER SATISFACTION

POLICY

Customer satisfaction data is collected from a variety of resources in an effort to improve the services rendered to our client population. Satisfaction data is collected from clients, families, referral sources / funding sources and employees in a timely and systematic fashion.

PROCEDURE

Client Satisfaction

- Clients shall complete the designated program satisfaction questionnaire on a quarterly basis.
- This shall be conducted in a confidential and anonymous manner.
- In addition, our funding sources may also request / require a satisfaction questionnaire from our clients. In this case, the funder would aggregate the data and report results to the program.
- Completed questionnaires shall be forwarded to the Quality Improvement Assistant for aggregation of data.
- Results are reviewed quarterly and a summary of findings shall be presented to the Outcomes Committee on a quarterly basis.
- The Outcomes Committee shall present their recommendations to the Programs on a quarterly basis for review and action as necessary.
- It is the responsibility of the Program Directors to share this information with their staff and/or departments.
- Any area falling below the established thresholds shall require a plan of action from the involved area.

Referral Source Satisfaction

- On an annual basis, each referring person/agency shall be sent a satisfaction questionnaire.
- All responses shall be returned to the Quality Improvement Assistant for aggregation of data.
- Data shall be presented to the Outcomes Committee on an annual basis.
- Results are reviewed annually and a summary of findings shall be presented to the Programs.
- It is the responsibility of Program Directors to share this information with their staff and/or departments.
- Any area falling below the established thresholds shall require a plan of action from the involved area.

Employee Satisfaction

Connecticut Renaissance shall solicit feedback from staff in an effort to improve employee satisfaction and consequently morale as well as performance. Addressing employee satisfaction may be conducted in a variety of ways and at various intervals. Focus groups or surveys are just two common means of gauging satisfaction level and / or needs of improvement. Data is collected, put together in report format and addressed with the Leadership and Board of Directors. Plans of action are discussed and implemented so as to effectively meet the needs of the employees.

Policy Last Updated 4/14
INPUT FROM THE PERSONS SERVED

Obtaining input from the persons served is an important mechanism to ensure that the needs of the persons served are met. Information from the persons served is gathered through a variety of ways. The mechanisms utilized include satisfaction questionnaires, client focus groups, and follow-up telephone surveys. The feedback obtained pertains to the client's satisfaction with the services rendered, the facility and environment, services most helpful and services least helpful, opportunities for improvement and services not presently offered but desired. Input is utilized for the development, monitoring and evaluation of programs. Input is collected at different points throughout the client's treatment depending on the mechanism in use.

SATISFACTION QUESTIONNAIRES

- On a quarterly basis, clients shall be asked to complete a satisfaction questionnaire.
- Clients shall be assured that their responses will not have any impact on their treatment.
- Once complete the client shall place the questionnaire in a secure location for collection by the Director of Quality Improvement or designee.
- This shall be an anonymous process where clients do not have to identify themselves.
- The Quality Improvement Assistant shall aggregate the data quarterly and present it to the Outcomes Committee.
- The Outcomes Committee shall review the data and make recommendations for change in collaboration with the Program Director.
- Program Directors shall be responsible for the dissemination of information to staff in their departments.

FOCUS GROUPS

- Focus groups shall be held when needed based on the results of the satisfaction questionnaires. The focus groups shall include between 8 - 12 members made up of clients, family members and/or referral sources.
- Topics of the focus groups shall be based on the results of the satisfaction questionnaires.
- The Outcomes Committee shall review this information and make recommendations in collaboration with the Program Director.
- Program Directors shall be responsible for the dissemination of information to staff in their departments.

POST-DISCHARGE FOLLOW-UP INQUIRIES

- Thirty days, six months, or 1 year post discharge a telephone or mailed inquiry is made.
- At this time the counselor/support staff conducting the follow-up inquiry shall ascertain if the client is interested in further treatment or if the client is at risk. If so, the counselor/support staff shall forward the information to the appropriate person to ensure the client's needs are met.
- Agency confidentiality policies shall be followed in regard to this contact.
- Data shall be forwarded to the Quality Improvement Assistant and reviewed at the Quarterly Satisfaction Outcomes meeting.
- Program Directors shall be responsible for the dissemination of this information to their department members.

Policy Last Updated 4/14
CLINICAL SUPERVISION

POLICY

All staff members performing treatment services undergo clinical supervision. Competencies for all clinical staff are evaluated at established periodic intervals. Specifically, staff members are rated in their delivery of the Evidence Based Treatment Model to ensure fidelity and their effectiveness / competency in providing services to people with co-occurring disorders. Each staff shall meet individually with the program director or designee (abiding by all contractual agreements) to discuss client cases and professional development. This allows opportunity to address any issues that the client is having in reaching treatment goals as well as successes. It also provides for insight, direction and allows an outlet to discuss any boundary issues and any personal struggles that a clinical staff is having in facilitating treatment services within the guidelines of the Evidence Based Treatment Model. Client cases are also reviewed meetings as clinically indicated to allow for further insight and creative approaches in providing individualized person-centered treatment.

PROCEDURE

- The Connecticut Renaissance Clinical Supervision Team has been charged with facilitating the process of providing appropriate, objective supervision to clinical staff across all programs. The mission of the team has been to develop a uniform set of procedures and guidelines to measure and oversee professional development as well as compliance in facilitating respective Evidence Based Treatment models and serving persons with co-occurring disorders.

- During both individual and team supervision discussions, professional development shall also be the focus. This provides opportunity for the clinician's to discuss and solicit feedback in their approach to effectively utilizing Evidence Based Treatments.

INDIVIDUAL SUPERVISION

- Clinical staff and when appropriate Case Managers shall meet with the program director or designee individually to review and discuss client cases. A minimum of 10% of a Clinical Staff's case load shall be presented in their individual supervision meetings. The discussion is based on the client's progress and/or struggles in meeting treatment goals and obtaining other necessary services that would enhance quality of life.

- The supervision meetings shall be structured around the Individual Development Plan format. The “IDP” shall act as a guide and basis for professional development and addressing staff’s strengths and areas for further clinical development. The DMHAS list of staff competencies will also be utilized as an evaluation tool. The DMHAS Competency Tool will be completed for each clinical staff upon hire, reviewed quarterly thereafter, updated annually and submitted to the Human Resources Department in conjunction with the annual performance appraisal.

- Individual supervision shall take place weekly for new staff. After a new employee has reached the end of their 6 month probationary period, the program director or designee may choose to reduce individual supervision meetings to bi-monthly. The program director or designee shall make a decision on whether or not the employee has reached a proficient level in delivering the model. Clinical staff providing treatment services for Connecticut Renaissance within a given program for longer then 6 months and have been deemed proficient in their delivery of shall meet for supervision on a bi-monthly basis unless a need arises for increased supervision.

- If a staff transfers from one program to another, the staff shall receive weekly supervision for the first 6 months or until deemed competent in the respective Evidence Based Treatment Model.

Policy Revised August 6, 2015
GROUP SUPERVISION

- Each program shall meet weekly or as deemed necessary by contractual agreements as a team to discuss client cases. A rotating schedule of case presentations by clinical staff shall be developed within each program as clinically necessary, so that each clinical staff is provided with ample opportunity for feedback. Discussion shall evolve around the client's strengths, needs, abilities and preferences. Feedback and insight into treatment planning shall be the focus.

OUTCOMES MANAGEMENT

The program director or designee shall provide feedback to the Clinical Supervision Team as to the effectiveness of the current supervision procedures.
ASSESSMENT OF COD COMPETENCIES IN STAFF

POLICY
Connecticut Renaissance will ensure that staff who are providing case management and clinical services to clientele diagnosed with co-occurring disorders shall be expected to obtain and maintain a standard level of competencies as outlined below.

PROCEDURE
The following competencies outline the skills that staff working with co-occurring disorders must be able to display:

**Basic Competencies:**
1. Screen for mental health and substance use problems using standardized measures.
2. Form a preliminary impression of the nature of the presenting problems.
3. Use basic engagement skills.
   - Including stabilization, outreach, assistance with practical needs, building the therapeutic alliance, not working on changing substance use behavior in early engagement stages.
   - Able to use some basic motivational interviewing skills: asking open ended questions, making reflective listening statements, summarizing, and making statements of affirmation.
4. Use de-escalation skills when needed.
   - Know the behavior/physiological signs for intoxication and withdrawal from various substances, and the signs of risk to self or others.
   - Follow the crisis management procedures if someone is intoxicated or in withdrawal from substances, and/or reporting suicidal ideation and/or homicidal ideation.
6. Knowledge of referral processes and use them assertively when needed.
7. Coordinate care assertively when multiple providers are concurrently involved in care.
8. Display patience, persistence and optimism. [Required]

**Intermediate: (In addition to the competencies listed above)**
9. Conduct integrated assessments.
   - Knowledgeable of the drug classes and mental health diagnostic categories used in the DSM IV.
   - Determine severity of disorders.
   - Knowledge of current street names of the various drugs.
   - Assess stage of change for both disorders.
   - Complete a functional assessment.
   - Document mental health and substance use disorder diagnoses.
10. Perform integrated and collaborative treatment (recovery) planning with a focus on shared decision making.
11. Conduct engagement, education, and treatment for both mental health and substance use disorders.
   - Use more advanced motivational interviewing strategies: developing discrepancy (e.g., using the importance ruler, decisional balance, and exploring personal goals and values); rolling with resistance (e.g., reflection, shifting focus, personal control, reframing); and how to offer information and suggestions.
   - Know the basic social learning theory concepts that underlie a Cognitive Behavioral Therapy (CBT) approach. Complete a functional analysis (behavior chain) and teach coping skills (e.g., rationale and guidelines, modeling, role plays, providing constructive feedback, and assisting consumers/individuals in recovery to practice exercises in their community).
• Able to modify counseling strategies for consumers/individuals in recovery with a severe mental illness.

12. Use stage-wise treatment methods.
• Use treatment strategies compatible with each stage of change for each disorder.

13. Understand the 12-steps used in AA/NA self-help groups, and assertively link people with co-occurring disorders to ones that are welcoming or specific to co-occurring disorders (e.g., Dual Recovery Anonymous).

**Advanced: (In addition to both the basic and intermediate competencies)**

14. Use integrated models of assessment, intervention and recovery.
• Understand group processes and facilitate groups (e.g., process groups, social skills groups, stage-wise groups, interactive psycho-education groups).

15. Provide interventions for families and other supports.
• Work individually with families; facilitate a multi-family psycho-education/support group.

16. Demonstrate an understanding of psychotropic medication.

17. Support quality improvement efforts, including a focus on incorporating new “best practices”, resources, and tools in the provision of integrated services for people with co-occurring disorders.

**Training**
Connecticut Renaissance shall provide staff with training opportunities that allow for the development and growth of COD competencies. Trainings shall include initial and annual courses relating to the following topics: relevant Evidence Based Treatment models, Motivational Interviewing Skills, Pharmacotherapy, Treatment Planning and Crisis Intervention. This list is not conclusive. Trainings may be facilitated through internal or external sources.

**Clinical Supervision**
All staff providing clinical services shall undergo formal supervision. Please see the Clinical Supervision policy for details. Individual Development Plans are used with staff to create goals based on observed areas of need. Bi-monthly supervisory sessions shall take place to review the staff’s progress towards goals. As well, group or peer supervision shall also take place.

**Chart Audits**
All charts shall be reviewed every 90 days for quality and completeness. Chart audits act as another mechanism to ensure that treatment planning is addressing the individual needs of the client as well as show a flow of treatment and progress. Supervision shall take place around any deficiencies found in the chart audits.

**Primary Sources:** CSAT. “Substance Abuse Treatment for Persons with Co-Occurring Disorders: TIP 42; DMHAS, Integrated Dual Disorders Treatment (IDDT) Workgroup. 2
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Zoning & Location
AGENCY ORGANIZATION

POLICY

Connecticut Renaissance shall remain a legal entity, it's articles of incorporation filed with and approved by appropriate government agencies. It shall be managed by a single administrative officer, hereafter referred to as the Chief Executive Officer, who has overall executive duties and responsibilities for the effective operation of the agency.

There shall be no employees who are not ultimately responsible to the Chief Executive Officer, though the usual chain of command shall extend from the Program Directors through the Chief Operating Officers where applicable, to the Chief Executive Officer.

The agency shall maintain a current organizational chart that accurately reflects the structure of authority, responsibility and accountability within the organization. The chart shall be reviewed annually, and updated as needed.

The Chief Executive Officer in conjunction with the Board of Directors and the Executive Team guides the agency in providing the highest quality of services while upholding ethical standards and ensuring financial solvency.

PROCEDURE

A. RESPONSIBILITIES OF THE CHIEF EXECUTIVE OFFICER

- To carry forward the plans and policies as authorized by the Board of Directors and report to them directly. The Chief Executive Officer acts as ex-officio member of all Committees of the Board.

- Responsible for the administrative supervision of staff and ultimately for the employee practices which are exercised, including hiring of new employees. He/She shall be bound to act in accordance with the Board's approved Personnel Policies on these matters.

- Responsible for integrating the organization's core values and mission into the daily operations of the organization.

- Ensure the agency strategic plan is carried out and shared throughout all levels of the organization including meeting the goals outlined in the plan.

- Serves as the agency's primary contact for monitoring and reporting on matters pertaining to corporate responsibility.

- To act as official spokesperson for the agency with regard to press releases, media interviews, budget presentations and official communications.

- Accessible and available to all customers whether they are clients, personnel or stakeholders and gathering input from them for use in key decision making.

- Ensures a healthy, safe, equipped physical plant and maintains the facility and services.

- Ensures compliance with all applicable local, state and federal legal and regulatory requirements.
• To administer, manage, evaluate and supervise the implementation of all programs. Responsible for promoting value in the programs and services offered. Guides decisions and policies of the Board of Directors through an in depth working knowledge of all programs offered within the agency.

• Maintain an organized system of information management, which ensures appropriate information is kept confidential and ensuring the flow of information to appropriate parties.

• Ensures ongoing performance improvement through a meaningful system to analyze and evaluate the achievement of outcomes in the programs and services offered.

• Maintains documentation of all current agreements with consultants, practitioners, agencies and providers required by the facility in the delivery of services.

• To maintain effective staff communication and community and public relations.

• To manage and supervise the fiscal operations of the agency including budget development, resource utilization and risk management.

• To implement only those programs which are in accordance with the Policy and Procedure manual which assure quality client care, sound financial planning, and which maintain the integrity of Renaissance programs.

• Promotes continual organizational developments and/or improvements maintaining focus on all customers by promoting successful programmatic outcomes. Balances the expectations of the persons served and other stakeholders.

B. ORGANIZATIONAL CHART

• The Chief Executive Officer shall annually develop and submit to the Board a current organizational chart reflecting the lines of authority, supervisory relationships and functional areas of responsibility.

• The Board shall accept, amend and approve this chart as the official organizational structure for the agency.

• Suggested changes in the chart made necessary by expansions, reductions or other changes in the agency's structure shall be submitted to the Board prior to implementation.

Policy Last Updated 8/14
AGENCY COMMUNICATIONS

POLICY

All communications, both written and verbal, to the public, the community, our clients and/or the media shall clearly state the purposes of the organization. The agency, through the Chief Executive Officer, shall seek to maintain open contact and communication in a manner that is consistent with the agency's purposes and ensures client confidentiality. One major goal of effective communications is to reduce the stigma associated to persons with mental illness and substance abuse disorders and advocate for behavioral health services needed within the community. The Chief Executive Officer shall approve all requests for information including staff interviews with the media.

Requests for program specific information shall be processed with the approval of the Program Director. This information may focus on services offered or performance/outcomes of services offered. Information shall be disseminated in formats and languages that are understandable to our populations served. Information shall be available quickly, consistently and accurately.

PROCEDURE

- "The Program Directors, Chief Clinical/Operation Officers, or the Chief Executive Officer shall handle inquiries regarding specific programs received from the public.

- All inquiries from elected officials and the media shall be forwarded to the Chief Executive Officer for consideration and approval prior to giving a response.

- The Chief Executive Officer shall seek to educate the public in the following ways:
  1. Notifying the media with press releases of any agency news of importance or general interest including special events.
  2. Providing information about the programs through interviews with radio, television and the newspaper.
  3. Allowing access to the facility by the media except when access may interfere with the orderly operation of a program.
  4. Directing staff to contact agencies and organizations in the community and provide them with information about the programs.

- Any client agreeing to participate in a media interview shall sign a consent form.

- The public shall be made aware of this policy through our website, brochures and by staff participating in public education speaking engagements.

- The effectiveness of communication used shall be measured through customer satisfaction surveys including both clients and the community.

Policy Last Updated 4/14
AGENCY STAFF MEETINGS

POLICY

The Chief Executive Officer and / or the Chief Operations Officer shall meet quarterly with the supervisory personnel of each program. Supervisors shall also convene a weekly staff meeting with the people they supervise. During these meetings all employees shall have an opportunity to contribute to policy and procedure formulation, raise issues regarding safety, the facility’s functioning, and pertinent programmatic topics.

PROCEDURE

Executive Team Meetings

- The Executive Team acting as the agency’s leadership shall meet at least monthly. The Executive Team consist of the Chief Executive Officer, Chief Financial Officer, Chief Human Resources Officer, CCO/COO’s and IT Director.
- The purpose of this team is to continually explore the direction of the agency and its progress towards goals.
- Information shall be disseminated to Program Supervisors and to direct care employees through meeting discussions and/or emails.
- Documentation of Executive Team Meetings shall be maintained.

Quarterly Management Meeting

- The Chief Executive Officer chairs the quarterly management meeting attended by all agency Directors/Supervisors, Chief Operations Officers and other positions as deemed appropriate.
- All Directors shall give a verbal and/or written report and update of their areas of responsibility.
- This meeting provides ample time and opportunity for briefing by the Chief Executive Officer on census data, the facility’s functioning, progress toward meeting goals and objectives, discussion of any problems that are occurring, safety concerns, and any needed problematic revisions to policy.
- Documentation of quarterly Management meetings shall be maintained.

Staff Meetings

- All Program Director's shall hold a weekly staff meeting attended by as many staff as possible.
- Program Director’s shall also hold individual supervisory sessions with staff. For more details on clinical supervisory sessions, see the “Clinical Supervision Policy.”
- These are forums in which staff shall obtain clinical supervision, be briefed on any administrative matters, have input into policy and procedure formulation, discuss any problems they are having or see occurring, give input regarding goals and objectives, the facility’s functioning and raise any safety concerns.
- When a staff member is unable to attend it shall be their responsibility to review the minutes of the meeting and discuss any questions with the Program Director.
- Documentation of staff meetings shall be maintained.

Policy Last Updated 4/14
AGENCY STAFF MEETING AGENDA FORMAT

I. REVIEW MINUTES OF LAST MEETING

II. ADMINISTRATION

- Policy and Procedure Formulation - discuss new policies the agency is working on.
- Agency Directives - discuss any new directives or discuss existing ones.
- Referral Source Directives - discuss directives from referrals (DOC, Probation, CSSD etc.)
- Goals, Objectives and Projects - discuss new goals, objectives or projects and update on current projects.

III. TQM

- Outcomes Report - discuss report as it pertains to the unit.
- Teams - cover events and progress of various teams, team openings and vacancies.

IV. STAFF ISSUES

- Schedules - discuss changes, revisions, coverage, holidays, vacations and personal days.
- Conflict Resolution - conflicts with scheduling, caseload responsibilities, staff to staff issues, staff to supervisor issues.
- Positive Reinforcements - acknowledgment of good work to individuals and teams.
- Trainings - upcoming trainings both within agency and off site.

V. CASELOADS

- Evaluations – Screen all clients who underwent an evaluation the week prior and screen for appropriate treatment recommendations.
- Caseload Reviews - discuss individual client cases and pertinent issues, discuss clients with dual diagnosis or psychiatric issues for possible referral to staff psychiatrist, monitor ongoing progress of dual diagnosis clients, ongoing issues related to client treatment planning.
• **Client Requests** - cover changes in treatment, discharges, monies, visits, furloughs and passes.

• **Client Management/Intervention** - development of new or more appropriate groups and services, in-service training, and issues related to fee collection.

• **Discharges and Arrivals** - pre-screens, intakes, early discharges, length of stay in treatment, and treatment extensions.

• **Clinical Supervision** - any reports from consulting psychologist or staff psychiatrist, medication management, chart audits and other preparations necessary for outside reviews and crisis management.

VI. FACILITY AND GROUNDS

• **Safety** - discuss upcoming equipment/facility reviews, audits, fire drills, medical equipment/procedures, first aid kits, and facility inspections.

• **Repairs** - program property, equipment, schedule of repairs, reporting of damaged or faulty equipment by staff.

• **Security** - maintaining safe areas inside and out, third shift responsibility and activities, unauthorized visits.

VII. NEW BUSINESS

• Any new item not covered on the agenda.

*Policy Last Updated 4/14*
CIRCULATION OF PRINTED MATERIALS

Employees are prohibited from soliciting other staff members during working time or circulating or distributing any pamphlets or leaflets not pertaining to Connecticut Renaissance business unless such material has been cleared with and approved by the Chief Executive Officer or his/her designee.

Policy Last Updated 4/14
COMPENSATION FOR TRAVEL TIME

POLICY

Non-exempt employees required to travel for work required activities are entitled to compensatory time off in the following situations:

- The travel time is incurred at the beginning or end of a normal business day; and the travel time extends the working day beyond that which would normally be required including the commute from home to work in the morning and/or from work to home at the end of the day; and the travel time is related to an event or activity explicitly approved by the employee’s supervisor; or

- The travel time is required to be incurred during a day during which the individual would not otherwise be scheduled to work (i.e. a weekend), and the travel time is related to an event or activity explicitly approved by the employee’s supervisor.

PROCEDURES

Compensatory time off will be calculated as one hour (or fraction thereof) for each hour (or fraction thereof) of additional required travel time which results in the extension of the employee’s normal 7 hour work day. If the travel time causes the employees total number of hours for the week to exceed 40, the compensatory time will be calculated as one and a half hours (or fraction thereof) for each hour (or fraction thereof) for all hours above 40.

The compensatory time must be approved by the employee’s Supervisor, scheduled with the Supervisor’s approval and taken within two weeks of the date of the travel time.

Exempt employees do not receive compensatory time off for travel time.

Last Updated 4/14
Complaint Procedure

Refer to the CTR Resolution Program Manual and Summary.

Policy Last Updated 4/14
COUNSELING & ACTIVITY SPACE

POLICY

Sufficient space and furnishings shall be allocated for counseling, group meetings and activities to ensure the clients privacy and safety.

PROCEDURE

- Private rooms/office space for individual counseling shall be available in each facility.
- At least one room with adequate space and furnishings shall be maintained in each facility for group meetings, group counseling, and family visits.
- Space shall be available in each facility for client activities, professional visits, and other agency related meetings.
- Space available within each facility shall be utilized cooperatively taking into account the client needs.
- Access to space shall be determined by the Program Director.

Policy Last Updated on 4/14
DEMONSTRATIONS & MEETINGS

Employees are prohibited from planning, conducting or participating in demonstrations or meetings on CT Renaissance time unless the Chief Executive Officer or his/her designee has approved such activities.

Staff shall be free to engage in political activities as individual citizens, but shall refrain from engaging in political activities on behalf of the agency unless expressly authorized to do so by the Chief Executive Officer or the agency governing authority.

Policy Last Updated 4/14
ELIGIBILITY FOR PARKING VALIDATION
HOLIDAY INN GARAGE AND FAIRFIELD AVENUE GARAGE

POLICY

Connecticut Renaissance will provide parking validation for visitors with business at the following Bridgeport locations – 350 Fairfield Ave., 1 Lafayette Circle and the Main St. facilities.

PROCEDURE

Eligible For Parking Validation

- Renaissance Staff from other facilities visiting on company business
- Members of Renaissance’s Board of Directors
- Staff of Renaissance’s funding agencies attending Renaissance-sponsored meetings in the facility
- Staff of other social service agencies attending Renaissance-sponsored meetings in the facility
- Members of the general public attending Renaissance-sponsored meetings in the facility
- Specific exceptions approved by the Chief Executive Officer

Not Eligible For Parking Validation

- Renaissance staff with a parking permit at the Holiday Inn or Fairfield Avenue garages
- Renaissance clients receiving services at the facility
- Renaissance vendors making routine service or sales calls at the facility
- Job applicants visiting the facility

Policy updated 4/14
ILLICIT AND LICIT DRUG AND ALCOHOL USE

POLICY

It is CT Renaissance's desire to provide a drug-free, healthy, and safe workplace. To promote this goal, employees are required to report to work in appropriate mental and physical condition to perform their job in a satisfactory manner. While on CT Renaissance premises and while conducting business related activities off CT Renaissance premises, no employee may use, possess, distribute, sell, or be under the influence of alcohol or engage in the unlawful manufacture, distribution, dispensation, possession, or use of illegal drugs. Violation of this policy may lead to disciplinary action, up to and including immediate termination of employment, and/or required participation and satisfactory completion of a substance abuse rehabilitation or treatment program. Such violations may also have legal consequences.

PROCEDURE

The legal use of prescribed drugs is permitted on the job only if it does not impair an employee’s ability to perform the essential functions of the job effectively and in a safe manner that does not endanger other individuals in the workplace.

A CT Renaissance employee shall not be found in possession of or conducting sale or use of any controlled or psychoactive substance. (CB Code of Ethical Conduct - January 2010)

To inform employees about important provisions of this policy, CT Renaissance has established a drug-free awareness program. The program provides information on the dangers and effects of substance abuse in the workplace, resources available to employees and consequences for violations of this policy.

Employees with questions or concerns about substance dependency or abuse are encouraged to discuss these matters with their supervisor to receive assistance or referrals to appropriate resources in the community.

Employees with drug or alcohol problems that have not resulted in, and are not the immediate subject of, disciplinary action may participate in a rehabilitation or treatment program through CT Renaissance's health insurance benefit coverage.

Under the Drug-Free Workplace Act, an employee who performs work for a government contract or grant must notify CT Renaissance of a criminal conviction for drug-related activity occurring in the workplace. The report must be made within five days of the conviction.

Employees with questions on this policy or issues related to drug or alcohol use in the workplace should raise their concerns with their supervisor or without fear of reprisal.

Policy Last Updated on 4/14
INTERVIEWS, PRINTED, MATERIAL, SPEECHES, ETC.

Staff are prohibited from participating in and/or initiating interviews, providing printed/electronic material, making speeches etc. pertaining to Connecticut Renaissance without prior approval from the Chief Executive Officer or his/her designee.

Policy Last Updated on 4/14
KEY INVENTORY & CONTROL

POLICY

A key inventory and control system shall be in effect in order to maintain the security of the facility and the confidentiality of staff, clients and their property and records.

PROCEDURE

- A key for each lock shall be identified and stored in a locked location. Key hooks in this location shall be numbered for identification purposes. Only duplicate keys shall be issued for use.
- Keys, Fobs or ID Passes shall be recorded and stored for accountability. All keys & fobs permanently assigned to a staff member shall be signed for, and the receipt shall be kept in the HR Department.
- All staff will be issued a set of work keys (fob or ID pass) sufficient to do their jobs.
- A verbal report of any lost or misplaced key (fob or ID pass) or key ring shall be made to the Program Supervisor immediately and a written incident/accident report shall be submitted within 24 hours to the Program Supervisor. The report shall state when the loss was discovered, circumstances surrounding the loss, and the key identification. Lost fobs shall be reported to the Unit Supervisor and then reported to the HR Department. HR will deactivate the lost fob and re-issue another fob to the staff.
- When keys are lost or misplaced, proper security and confidentiality precautions must be taken to preclude use of the key(s) for unauthorized purposes. Locks shall be changed as soon as possible after the reported loss of a key so not to jeopardize the security of the facility and the privacy of staff, clients and their property and records.
- Staff will observe the following key control procedures:
  1. When on duty, staff shall keep facility keys in their possession at all times. Clients are never permitted to handle facility keys.
  2. Staff shall carry and use keys as inconspicuously as possible.
  3. When exchanging keys from one staff member to another or using keys out of the key cabinet, staff members shall insure that the keys are not misplaced and are returned to their proper location.
  4. Staff may be asked to reimburse the agency for failure to properly secure keys.
- Upon termination of employment, all keys (fob or ID pass) shall be turned in to the Unit Supervisor and signed for. Fobs shall be returned to the Unit Supervisor or Human Resources and signed that it was returned. The Unit Supervisor shall insure that all keys have been accounted for. When keys are lost or misplaced, proper security and confidentiality precautions shall be taken to preclude use of the key(s) for unauthorized purposes. Locks shall be changed as soon as possible after the reported loss of a key so not to jeopardize the security of the facility and the privacy of staff, clients, their property and records.
- Completed fob forms are kept in HR and entered into employee personnel file for storage upon termination of employment.
- A key inventory shall be conducted annually.

Policy Last Updated on 4/14
LEGAL CONSULTATION

POLICY

The agency shall obtain legal assistance whenever necessary for the purposes of formulating agency policy, advising on individual cases, representing the agency before courts and other legal bodies, and in any litigation or legislative hearings.

PROCEDURE

- The Chief Executive Officer shall be responsible for obtaining necessary legal services for the agency.

- Any employee, who, in the course of performing their duties, receives a subpoena, hearing notice or other legal notification shall inform their immediate supervisor and proceed as instructed.

- Legal matters, other than noted above, shall not be acted upon by any employee without permission from the Chief Executive Officer, and then only after any necessary legal counsel has been obtained.

- The Chief Executive Officer, in obtaining legal assistance, shall select only a licensed attorney with expertise in the area of law related to the matter of concern.

Policy Last Updated 4/14
OPERATING MOTOR VEHICLES

POLICY

All agency motor vehicles shall be maintained in a safe and operative condition. Vehicles shall receive periodic safety inspections and repairs as needed. Vehicles shall be registered, fully insured and remain in compliance with motor vehicle laws. Only employees with a valid driver's license shall be permitted to drive agency motor vehicles.

PROCEDURES

Vehicle use Authorization

1. Only those personnel with a current valid Connecticut driver's license shall be approved to operate an agency owned / leased vehicle or permitted to transport clientele.
2. All new employees shall be oriented regarding agency motor vehicle use and safety.
3. Approved drivers shall use agency owned / leased vehicles for official business only, which has been approved by the unit supervisor.
4. All staff drivers' licenses shall be kept on file and reviewed at least annually.
5. Employee misuse of an agency motor vehicle can result in disciplinary action including employment termination.

Using the vehicles

1. The unit supervisor shall assign a staff member to drive the facility vehicle in each separate instance, giving the staff member instruction as to what official business is to be performed.
2. Drivers shall ensure that the vehicle to be used is fueled and safe to operate.
3. Drivers and passengers shall comply with motor vehicle regulations during vehicle operation.
4. Drivers must complete the mileage sheet including their name, trip destination, purpose of the trip and current vehicle mileage. Upon returning from the trip, the driver must once again enter the vehicles mileage.
5. In the event of a program related emergency an approved driver may use an agency motor vehicle without first obtaining permission from the unit supervisor.

Vehicle Security

1. Agency motor vehicles shall be locked at all times when not in use.
2. Two sets of keys per motor vehicle shall be kept onsite and locked in separate locations.
3. Only approved employees shall have access to vehicle keys.
4. Clients shall be prohibited from possessing or accessing vehicle keys.
5. Clients shall be prohibited from driving agency motor vehicles.

Insurance Coverage & Registrations for Motor Vehicles

1. The agency shall obtain registration and insurance coverage for all agency motor vehicles which remains active at all times.
2. Registration and insurance documentation shall be kept in each vehicle at all times.
**Vehicle Maintenance**

1. Drivers shall ensure that vehicles are fueled and obtain petty cash for fuel.
2. Drivers shall ensure that vehicles remain clean and report any repair needs.
3. Once per week, a staff member designated by the unit's supervisor shall inspect the program's vehicles, using the weekly inspection checklist.
4. Upon completion of the inspection, the staff member signs and dates the form and submits it to the unit supervisor.
5. If there are any deficiencies found the inspecting staff member notes them on the form, and also relays them verbally to the program supervisor.
6. If a problem has been noted that could compromise safety (air pressure in tires, brake problems, etc.) or contribute to serious repair problems, the program supervisor shall see that the vehicle is not used again until repairs are made.
7. Major repairs must be approved by the Chief Operation Officer.
8. The program supervisor or designated staff member makes vehicle maintenance appointments as stipulated in the vehicle's owner's manual.

**Vehicle Damage**

1. Any damage to an agency motor vehicle shall be reported immediately to the unit supervisor and a written accident/incident report submitted within 24-hours.
2. All agency motor vehicle accidents shall be reported to local police and a police report filed.
3. Agency motor vehicle accidents/damages shall be reported via the CT. Renaissance Inc. chain of command.

Policy Last Updated 4/14
PASSWORDS AND ELECTRONIC SIGNATURES

POLICY

Connecticut Renaissance shall ensure that its System Access and Electronic Health Record (EHR) system meets standard requirements generated by the Connecticut Department of Social Services Medical Assistance Program. The following procedures shall govern the assignment and use of passwords and electronic signatures on access to systems and client medical records. CT Renaissance has implemented the use of electronic signatures based upon the assignment of identification codes in conjunction with employee generated personal passwords. The following procedures and controls shall be followed to ensure the security and integrity of each User’s passwords and electronic signature.

PROCEDURE

- Upon hire, the Human Resources Department verifies the employee’s identity by obtaining copies of a Driver’s License, State ID or Passport. Once identity is verified, the Human Resources Department loads the employee’s data into the EHR system and notifies IT Department to setup access to system resources needed for employee’s job function.

- The Human Resources will establish an Employee record in the Electronic Health Record and the IT Department will associate a user id to the employee record. Once both items are associated, the user will be able to log on with a temporary password. Upon first log on the staff person will be prompted to choose a new login password and signature password. These two passwords cannot be the same.

- In order to authenticate and safeguard confidentiality of electronic signatures, CT Renaissance shall assign each User of an electronic signature at least 2 distinct identification components. The EHR does not allow the log-in and signature password to be the same. The safest way to remember the password is to memorize it. Some precautions to safeguard passwords are to not write down passwords or leave them in areas that are visible or accessible to others.

- CT Renaissance certifies that the User is the only person authorized to use the unique code that has been assigned to the individual staff.

- Each User shall certify, in writing, at the time of hire that he/she will not release his/her User identification code or password to anyone, or allow anyone to access or alter information under his/her identity.

- CT Renaissance and each User shall certify, in writing, that the electronic signature is intended to be the legally binding equivalent of the User's traditional handwritten signature.

- CT Renaissance ensures that passwords are revised no less than every 60 days. The password needs to be at least eight characters in length. The password cannot contain the user’s account name or parts of the user’s full name that exceed two consecutive characters. A user cannot re-use an old password, the system will remember 3 old passwords.

- The password must contain characters from three of the following four categories:

  - English uppercase characters (A through Z)
  - English lowercase characters (a through z)
  - Base 10 digits (0 through 9)
  - Non-alphabetic characters (for example, !, $, #, %)
• Upon the report of lost, stolen, missing or otherwise compromised documents or devices that bear or generate identification code or password information loss management procedures which include the deactivation of the User code, shall be followed. User’s shall be issued temporary or permanent replacement User codes as deemed appropriate.

• The CT Renaissance has internal controls to lock out User’s who have had 6 failed attempts at logging into the system. This control is to act as the safeguard to prevent unauthorized use or attempted use of passwords and/or identification codes.

• CT Renaissance ensures that no two Users have the same combination of identification components. The EHR has internal controls, which will not allow the generation of more then 1 User code.

• CT Renaissance’s EHR incorporates a secure, computer-generated, time-stamped audit trail that records independently the date and time of User entries, including actions that create, modify or delete electronic records. Record changes shall not obscure previously recorded information. Audit trail documentation shall be retained for a period of not less then 7 years and shall be available in printed format for review and copying.

• The Human Resources department will notify the IT Department of terminated employees to disable access to protect sensitive material and client medical records.
INFORMATION SYSTEMS EMERGENCY PLAN

I. Purpose

The purpose of this plan is to provide direction in the event of information systems equipment outage. This plan covers outages of workstations, servers, and interconnecting network equipment.

II. Workstations

1. If an office workstation PC becomes unusable, the following procedures should be taken:
   
   i. Contact Information Technology (IT) department for assistance

2. If it is determined that the workstation requires repair or replacement, use a workstation in another office until the repair or replacement can be completed.

3. At least one new workstation will be stored within the agency to be used for replacement of an unrepairable workstation.
   
   ii. The IT department will be responsible for replacing, or giving instructions to replace and set up a new workstation to replace an unrepairable workstation.
   
   iii. The Director of IT will be responsible for obtaining new workstation(s) to replace the spares within the agency as they are used to replace unrepairable workstations.

4. No critical data or documents shall be stored on local hard disks. All critical data and documents shall be stored on a network server which is regularly backed up. All other places including your local workstation and your desktop does not get backed up.

III. Servers

1. If you believe one of the main servers (CITRIX, Mail server, Finance server, Electronic Health Records server, Camera recorders) is not working properly, check with a co-worker to see if they are experiencing similar problems. If they are, report the problem. Upon verification of the problem, Contact the IT department.

2. If the IT department determines that a server is not responding correctly, they will research and address the issue. They may either do this in person, remotely via remote control software, or ask a person at the server location to do it for them.

3. If the IT department cannot resolve the problem, they may contact our support vendor to have an engineer assist with the problem. This may require our outside support vendor to provide software updates or hardware repairs. Users may not be able to perform their usual computer work during this time.

4. If the server repairs are expected to take more than one (1) hour, the IT department will be responsible for notifying each unit of the problem and an estimated time of repair. If an estimate is not known, or changes, the IT department will be responsible for providing periodic updates.

5. If users cannot perform their computer work due to a server outage, they can either postpone the work until such time as the server(s) become available, or complete their work using paper forms for later entry into the computer.

IV. Networking Equipment
1. The IT department will assess the problem, and determine if it is a local hardware issue, or a network line issue.

2. If it is determined that the problem is a hardware issue, our outside support vendor will be contacted for repair or replacement.

3. If it is determined that the problem is a network line issue, the appropriate communication provider will be contacted and notified of the problem.

4. If the network repairs are expected to take more than one (1) hour, the IT department will be responsible for notifying the affected unit point person(s) of the problem and an estimated time of repair. If an estimate is not known, or changes, the IT department will be responsible for providing updates to each affected unit point person on a periodic basis.

5. If users cannot perform their computer work due to a network outage, they can either postpone the work until such time as the network becomes available, or complete their work using paper forms for later entry into the computer.

V. **Backups**

1. A backup procedure is implemented at the server location that backs up all critical data and documents to backup nightly. These backups are then transferred offsite over a secure internet connection for storage at an offsite, secure, facility.

2. The backup vendor, and/or a person at the server location will be appointed to be responsible for checking the backup jobs.

3. If the appointed person will be unavailable for a scheduled reason (vacation, etc.) they will be responsible for designating their duties to someone else (preferable the secondary person in charge of backups)
VI. INTERNAL CONTACTS:

Director of Information Technology
Peter Eirich
Cell: 203-705-7640
Home: 203-710-6912

Information Technology Staff
Jamie Sarli
Cell: (203) 705-7641

Ikram Bestiane
Work: (203) 336-5225 ext 2135

VIII. EXTERNAL CONTACTS:

Server Support:
The Network Support Company
7 Kenosia Ave
Danbury CT 06810
(203) 744-2274
Account Rep: Jennifer Driscoll X 132
Account Sales: Mike Matta X 101

Cell Phone Support:
Verizon Wireless:
Steven Cannella
Steven.cannella@verizonwireless.com
Phone: 203-598-4988

Telephones, Wiring, Camera Equipment, Security System
Hawkeye
Joe Caldarella
(203) 627-1658
joe@hawkeye1.com

Network Support (MPLS, Router, Phones, Data Lines)
Windstream Communications
Chris Gareau
Senior Account Manager

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- When placing a trouble report to the Network Operations Center (NOC) we require the following information:
  - PAETEC Account number (see chart above)
  - Detailed description of the trouble being reported
  - Call example including the date, time and dialed number
  - Contact information at the site
  - Contact information of person calling in trouble
Electronic Health Care Record Support

Netsmart Technologies
Tech Support: (800) 695-8527
Keith Gershbein
Product Manager
800-421-7503 X 2032

Financial Software

Computer U Inc.
Janice Saulnier
jan@computeru.net
Phone: 203-272-2163
Cell: 203-214-9239

Ricoh
Jessica Quick
Commercial Account Executive
Office: 203-701-4144
Cell: 203-623-8615
Jessica.Quick@Ricoh-USA.com

Approved Equipment Vendors

Connection
Jay Glidden
Phone: (800) 986-2279
jglidden@moredirect.com

Policy Last Updated on 5/2017
TECHNOLOGY AND SYSTEMS PLAN

PURPOSE

To ensure that all computer technology including desktop personal computers, laptops and other technology tools and equipment are used in a safe and secure manner and only as outlined by Connecticut Renaissance.

PROCEDURE

Connecticut Renaissance provides a variety of electronic tools for employees whose job performance requires or would be enhanced by the use of its technology. These electronic tools include, but are not limited to, the following:

- Desk telephones
- Mobile devices (e.g., iPhones, iPads)
- Computers (desktop, laptop)
- Facsimile machines and printers
- Electronic mail (e-mail) systems
- Internet access

Connecticut Renaissance faces the challenge of making maximum use of the benefits of such tools, meeting legal requirements for access to information, and providing adequate protection for proprietary information. Employee access to and use of electronic tools is intended for business-related purposes.

Workstation/Laptop Care:

- Do not place coffee, soda, or any other liquids in the vicinity of computer equipment (including keyboard, monitor, printer, etc).
- Do not change any computer settings without authorization from IT staff.
- At the end of your shift, log off of Citrix, and shut down your computer and monitor. If appropriate, place laptop in a locked cabinet.
- If laptop is removed from Connecticut Renaissance property, it is the employee's responsibility to ensure its security.

Use of Local Hard Drives:

- Do not load any program from a disk, CD, or USB Flash drive onto the computer without authorization. Software is not to be copied or borrowed from your PC or Connecticut Renaissance for installation elsewhere.
- All Agency work is to be done on Citrix, not locally, so that it will be backed up nightly.
- Do not download or install software from the internet without authorization.

Addition of other Hardware:
• Do not attach any computer hardware or devices to your PC workstation without permission from the IT Department. This includes items such as speakers, scanners and printers.

Transfer of Work Elsewhere:

• Do not transfer work via e-mail, disk, CD-ROM, zip drive, or USB flash drive to any other location outside Connecticut Renaissance without permission from the IT Department and your Supervisor.

Saving to the Public Folder

• Electronic personal health information (E PHI) should not be saved to the public folder. All EPHI should be saved to personal folders within Citrix.

Security, Password Management and Confidentiality

• Passwords should not be shared among employees.
• Passwords are assigned by the IT department upon hire and will be changed every 90 days
• Access to software programs is assigned by IT after approval by the Supervisor upon hire.
• In some cases there will be a separate Electronic Signature password assigned for use in attesting to documents created by users for clients in Electronic Medical Records documentation.
• Employees should only access client specific information for the sole purpose of doing their job.

Internet Usage

• The usage of the internet is for business purposes only.
• Connecticut Renaissance reserves the right to monitor all internet access, in order to assure that it is being used for business purposes only.
• Any employee who is found to have misused the Internet using Connecticut Renaissance equipment is subject to discipline, up to and including termination.

E-mail:

• Connecticut Renaissance computer systems, including E-mail, is the property of Connecticut Renaissance and should be used for business purposes only.
• Connecticut Renaissance reserves the right to monitor all e-mail usage, in order to ensure that it is being used for business purposes only. All e-mails sent and received are backed-up nightly.
• E-mail created, received or sent on the company's E-mail system is the property of Connecticut Renaissance.
• Connecticut Renaissance strictly prohibits any E-mail message which includes any intimidating, hostile or offensive material on the basis of sex, race, color, religion, national origin, age, sexual orientation or disability.
• Stationary backgrounds on e-mails sent are not allowed as some outside systems will reject these e-mails.
• Any employee who is found to have misused the E-mail system is subject to discipline, up to and including termination.
• No employee shall use smartphones, tablets, or similar devices to access company data without authorization.
• Encryption will be used when an email contains sensitive confidential information

Assistive Technology

• Any need of assistive technology by staff will be reviewed on an individual basis and procured whenever possible.
• Need for assistive technology is reviewed with the client at the time of scheduling appointments and again during orientation.

Access to Electronic Records

• Authorization for access to electronic records will be determined by the Employee’s Supervisor and communicated to IT.
• Modifications for access including termination of access will be the responsibility of the Supervisor to communicate needs to IT

Back Up of Files

• A backup of data in electronic files is conducted daily to protect the information stored.
• The daily back up is kept off site from the server in a safe for security and protection.

Security Monitoring & Access

• Security cameras are in place at several of the agencies facilities. Tampering with these devices is strictly prohibited.
• Security Photo badges are issued upon hire to the agency. Badges will allow employees access to locations as necessary to perform defined job. These badges are the property of Connecticut Renaissance and should be returned upon termination.

Disaster Recovery Preparedness

• Refer to the Information/Technology Emergency Preparedness Plan for specifics in this area.

Virus Protection

• Virus protection software is installed on all servers to protect the wide area network.
• Virus protection is installed on all local computers to protect from viruses through the internet.
• No employee shall disable, remove or otherwise tamper with virus protection software installed on company workstation.

HIPPA

• Connecticut Renaissance adheres with the requirements of the Health Insurance Portability and Accountability Act of 1996 and the associated regulations (45 C.F.R. parts 160-164, as amended, the “Privacy Rule,” the “Security Rule,” the Breach Notification and Enforcement Rules together, the “Rules”) (“HIPAA”) and the Health Information
Technology for Economic and Clinical Health Act and the associated regulations, as amended ("HITECH"). "HIPAA" and "HITECH" Each Associate shall provide physical and technical security safeguards as necessary to protect PHI, including such safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of all PHI that it creates, receives, uses, obtains, accesses, maintains, or transmits on behalf of Provider, all in accordance with HIPAA/HITECH.

Wireless access

- Wireless access is available at some of the agencies facilities. Use of agency wireless networks is limited to use with company equipment and not available for use on non-approved equipment such as personal cell phones, tablets or client’s devices

**Appropriate Use:** Connecticut Renaissance employees need to use good judgment in the use of all agency-provided electronic tools and technology. They are expected to ensure that messages conveyed are appropriate in both the types of messages created and the tone and content of those messages. Engaging in non-appropriate activities may subject an employee to discipline, up to and including discharge.

The traditional communication rules of reasonableness, respect, courtesy and common sense and legal requirements also apply to electronic communication. Actions that are considered illegal such as gambling and sexual harassment are not up to the discretion of Connecticut Renaissance, such actions may be subject the employee to disciplinary action up to and including discharge. Employees should be aware that they might receive inappropriate, unsolicited e-mail messages. Any such message should be deleted before opening if an employee does not believe the e-mail is coming from a reputable person or organization. If an employee does open an e-mail and discover it to be inappropriate in nature, or a potential security threat such as a virus, they should report it immediately to supervisor. Under no circumstances should an employee either forward or reply to these messages

Policy Last Updated on 5/2017
PROTOCOL FOR PC WORKSTATION CARE

Do not place coffee, soda, or any other liquids in the vicinity of the keyboard; Do not change any of the desktop settings; At the end of your shift shut down your computer and close all of the open programs including your monitor. Do not load any program from a disk or CD onto the computer without authorization; Software is not to be copied or borrowed from your PC or CT Renaissance for installation elsewhere. If there is a problem with your computer hardware or software report it to your program supervisor.

Policy Last Updated 4/14
RESEARCH

POLICY

Connecticut Renaissance may participate in research projects with the prior approval of the Leadership. The use of clients in medical, pharmacological, or cosmetic research will be dependent upon the funding source contract specifications. Clients may however voluntarily participate in approved non-medical research programs, which have the potential to benefit the client, program and agency. All research using clients shall adhere to all applicable professional ethics and governmental regulations.

PROCEDURE

- Any person or agency seeking to conduct a research project at Connecticut Renaissance, Inc. must meet with a member of the Leadership.

- The Chief Executive Officer and Board of Directors will review the request and render a decision regarding participation.

- If approved, a research agreement will be drawn up by the Chief Executive Officer outlining the conditions of implementation. At a minimum, these conditions shall include:
  
  a.) Obtaining signed consents from both clients and staff disclosing any potential risks in participation and written in a manner that promotes informed decisions
  b.) Protecting the confidentiality of clients and staff
  c.) Allowing staff to monitor the research project while in progress
  d.) Submitting a plan prior to research implementation that outlines the use and dissemination of research findings
  e.) Submitting all findings to the Chief Executive Officer for approval before disseminating findings

- The signed informed consent at minimum shall include:
  
  a.) A description of the benefits expected
  b.) A description of the potential discomforts and risks
  c.) A description of alternative, non-experimental services that might also prove advantageous
  d.) A full explanation of the procedures to be followed

- The informed consent signed by the participant shall include a statement that the person may refuse to participate in or terminate participation in the project at any time without any reprisals.

- The informed consent shall include the use, disposition, and release of research findings.

Policy Last Updated 4/14
SMOKING AND TOBACCO SAFETY

POLICY:

The sale and use of tobacco products (including electronic cigarettes) inside all Connecticut Renaissance buildings is prohibited. Tobacco use (including electronic cigarettes) is prohibited in vehicles owned or leased by the agency or operated by its employees while on agency business. Persons served, personnel and visitors shall use tobacco products (including electronic cigarettes) outdoors only. Individuals choosing to use tobacco products (including electronic cigarettes) shall comply with CT State Law age restrictions. Employees working with adolescents are prohibited from using tobacco products (including electronic cigarettes) while in the presence of said clients.

PROCEDURES:

1. Tobacco use (including electronic cigarettes) is prohibited in the following areas:
   a. All indoor locations.
   b. Agency vehicles.
   c. Anywhere in proximity to flammable liquids or gases.
   d. Anywhere that combustible supplies or materials are stored.
2. Tobacco products are to be extinguished thoroughly/disposed of into designated outdoor containers.
3. Smoking or possession of cigars is prohibited on agency premises.
4. Hand-rolled cigarettes are prohibited on agency premises.
5. Chewing tobacco is prohibited on agency premises.
6. Possession of rolling papers on agency premises is prohibited.
7. The use and/or possession of synthetic marijuana substances are prohibited on agency premises.
SOCIAL MEDIA POLICY & GUIDELINES

POLICY

Connecticut Renaissance does not permit the use of social media and/or social networking services/tools by Connecticut Renaissance employees during work time. The use of agency owned or provided equipment or resources for such purposes is not permitted. Exceptions to this policy will only be made to facilitate the viewing of program-appropriate video material from platforms such as “YouTube” within the context of group educational or counseling sessions. All such exceptions must be approved by an employee’s supervisor.

In keeping with Connecticut Renaissance’s ethics and client confidentiality policies, employees must also refrain from any activity on social media and/or social networking services that in any way identifies clients of Connecticut Renaissance or discloses any information about their status or condition.

Connecticut Renaissance employees should not initiate or accept “friend” requests with clients of the agency or their families.

Unless employees are granted written permission for a specific request, the use of Connecticut Renaissance’s logo or name is not permitted in connection with any personal use of social media or social networking services, including user/account names.

Employees are not permitted to link to Connecticut Renaissance’s website through their personal social media and/or social networking account.

Failure to abide by this policy may result in disciplinary action up to and including termination.

GUIDELINES

Social media and social networking tools and services can sometimes blur the line between professional and personal lives and interactions. Connecticut Renaissance employees who utilize them for personal purposes outside of the workplace and work time using equipment or resources not provided by Connecticut Renaissance are encouraged to follow the following set of guidelines.

- Employees who identify themselves as employees of Connecticut Renaissance, or who can be reasonably deduced to work for the agency, should understand that they are in a sense representing the agency as well as themselves in their conduct and postings.

- If your association with Connecticut Renaissance is apparent, make it clear that you are speaking for yourself and not on behalf of Connecticut Renaissance.

- Conduct yourself professionally, honestly and respectfully at all times, especially when discussing issues that are related to Connecticut Renaissance, its mission, clients, other employees or the organizations for which the agency provides services.

- Abide by all HIPPA and other regulatory guidance or privacy laws at all times.

- Connecticut Renaissance discourages staff in supervisory or managerial roles from initiating or accepting “friend” requests from employees over whom they have managerial responsibility.
• Remember that once a posting is initiated, it is out there “forever”; and recognize that you should have no expectation of privacy in any use of social media or networking services.

• Understand and comply with the laws relating to issues surrounding the use of social media and networking, including those governing defamation, discrimination, harassment and copyright/fair use.

• Ensure that your social media activity does not interfere with your work commitments.

Policy Updated 4/14
SPEECHES, PUBLIC APPEARANCES, WRITING ARTICLES, ETC.

Connecticut Renaissance considers these activities valuable for the agency. All arrangements for such activities involving work time and/or the use of the Connecticut Renaissance name or material must be cleared with the Chief Executive Officer. Where the staff member is designated to represent CT Renaissance, the content of the subject matter, oral or written, must also be cleared with the Chief Executive Officer or his/her designee.

Time off without salary loss is granted to a staff member so engaged, assuming approval is given prior to the event.

Staff members are prohibited from charging fees to agencies or persons for consultation on Connecticut Renaissance operating procedures or other matters deemed to be within the realm of agency business or property.

Policy last updated 4/14
SUBPOENAS, SEARCH WARRANTS, INVESTIGATIONS AND OTHER LEGAL ACTION

POLICY

All subpoenas and any other legal documents served to Connecticut Renaissance or to an employee of Connecticut Renaissance should be accepted and immediately brought to the attention of the Program Director or in their absence the Director of Quality Improvement, Chief Operations Officer or the Chief Executive Officer. In the event, a police officer arrives with a search warrant the above Management Personnel shall be notified immediately to determine the course of action. Information shall be released or premises searched only in compliance with the Federal Confidentiality Regulations 42 CFR Part 2 and in consultation with one of the Management Personnel named above.

PROCEDURE

- When a subpoena arrives in the mail or is served, it should be accepted and brought to the attention of the Program Director, or in their absence the Director of Quality Improvement, Chief Clinical/Operations Officer or the Chief Executive Officer.

- If a staff member is subpoenaed then this individual shall be notified of the subpoena and included in the discussion as to what steps shall be taken.

- When a police office arrives with a search/arrest warrant it is brought to the attention of the Program Director, or in their absence the Director of Quality Improvement, Chief Clinical Operations Officer or the Chief Executive Officer.

- All subpoenas, search warrants or any other legal documents shall be handled in compliance with the Federal Drug & Alcohol Confidentiality Law 42 CFR (Code of Federal Regulations) Part 2.

Policy Last Updated on 4/14
UNANTICIPATED SERVICE MODIFICATIONS

POLICY

Connecticut Renaissance will address unanticipated service modifications, reductions, or exits / transitions precipitated by funding or other resources by following the guidelines as established in each program’s associated contract. Connecticut Renaissance will address service changes or alterations in a manner that is fiscally feasible to the agency while ensuring that service disruption or transition has minimal effect on the client population.

PROCEDURE

- Each program has a contract / funder attached. Should the funder request service modifications or reductions, the leadership would engage in collaborative coordination to systemize a smooth operational change.

- Each program’s contract has a 30-60 day exit clause. This clause allows Connecticut Renaissance to formulate a plan that is in the best interest of the agency and the clientele.

- Should the termination of a program become inevitable, Connecticut Renaissance would continue to serve the client’s in that program until each were appropriately referred and connected to alternate services.

Policy Last Updated 4/14
USE OF EQUIPMENT & VEHICLES

Equipment and vehicles essential in accomplishing job duties are expensive and may be difficult to replace. When using property, employees are expected to exercise care, perform required maintenance, and follow all operating instructions, safety standards, licensing requirements, certification requirements and guidelines.

Please notify the supervisor if any equipment, machines, tools, or vehicles appear to be damaged, defective, or in need of repair. Prompt reporting of damages, defects, and the need for repairs could prevent deterioration of equipment and possible injury to employees or others. The supervisor can answer any questions about an employee's responsibility for maintenance and care of equipment or vehicles used on the job.

The improper, careless, negligent, destructive, or unsafe use or operation of equipment or vehicles, as well as excessive or avoidable traffic and parking violations, can result in disciplinary action, up to and including termination of employment. Depending on the circumstances, employees may be required to pay for avoidable traffic and parking violations, damaged, destroyed or lost company equipment and property.

Policy Last Updated 4/14
USE OF PHONE & MAIL SYSTEMS

Personal use of mail systems including e-mail, the internet and telephones for long distance calls is not permitted. Employees should practice discretion in using company telephones when making local personal calls and may be required to reimburse CT Renaissance for any charges resulting from their personal use of the telephone. Phone bills shall be reviewed as appropriate by the finance department in conjunction with program supervisors when employees have been identified as violating the company’s phone system and/or mail system policies. Corrective measures shall be executed including reimbursement and/or disciplinary action up to and including termination of employment.

The use of CT Renaissance’s paid postage for personal correspondence is not permitted.

The use of CT Renaissance’s fax communication for personal correspondence is not permitted.

To assure effective telephone communications, employees should always use the approved greeting and speak in a courteous and professional manner. Please confirm information received from the caller and hang up only after the caller has done so.

The use of cell phones at work is often essential to effectively providing services and performing job tasks. At the same time, cell phones can be distracting and have a negative effect on how an employee performs job responsibilities. The use of cell phones for personal use is not permitted when clients or other stakeholders are in the area. This may be an exception when a staff person is dealing with a client in crisis. Agency cell phones shall be distributed to personnel, who have positions that require such use.

Policy Last Updated on 4/14
VENDOR CONTRACT AUTHORIZATIONS

POLICY
In the course of its routine operations Connecticut Renaissance, Inc. will from time to time need to execute contracts with vendors for the performance of various services, such as facility repairs, equipment leasing, and professional services. All such contracts between Connecticut Renaissance and vendors must be signed by an individual (or individuals) explicitly authorized in writing by Connecticut Renaissance’s Board of Directors to execute contracts. This authorization will typically be provided on an annual basis within a resolution passed at a meeting of the Board and will in most cases be limited to the Chief Executive Officer and Renaissance’s President and Treasurer. Other employees are not authorized to execute contracts on behalf of the organization and must inform vendors with whom they deal of this requirement. The same policy applies to contracts between Connecticut Renaissance and its funding sources related to the provision of services by the agency.

PROCEDURE
When contracts are sent directly to one of Renaissance’s operating facilities, the unit supervisor should forward the document to the Administration Office for review and signature. In no case shall contracts be signed by operating staff and returned directly to the vendor.

Operating staff shall work with vendors to receive estimates of the cost of required services and/or proposals. If a contract will be required, however, the operating staff shall forward the estimate(s)/bid(s) to the Administration Office for approval.

In all cases where the cost of services or purchased items will exceed $1,000, the expenditure must be approved at the Administration Office by the Chief Financial Officer or the Chief Executive Officer before the service or item is ordered, even if no contract is required.

Policy Last Updated on 4/14
VERIFICATION OF CREDENTIALS
AND THE GRANTING OF CLINICAL PRIVILEGES

POLICY

Verification of Credentials

All professional staff hired by Connecticut Renaissance and when appropriate volunteers, interns, independent contractors, consultants, students and trainees shall have their credentials and education verified upon hire or start date and shall meet the standards of qualifications established by their respective professional groups.

Individuals shall provide a copy of their High School diploma and or sealed college transcripts to verify completion of education level. Individuals shall provide copies of current certifications and licenses. The HR Department shall verify upon hire and annually with primary source that the individual's license and/or certification is in good standing and documents the verification process.

Diplomas, transcripts, certification and licensing documents shall be maintained in the personnel file for employees or in files designated for interns, volunteers, consultants, independent contractors, students and trainees. Credentials found to be out dated, lapsed or revoked shall be reported to the individual's supervisor by the HR Department.

Granting of Clinical Privileges:

Members of the Professional Staff: A member of the professional staff includes all staff that are licensed and/or certified by the State Department of Public Health. These individuals include but are not limited to Marriage and Family Therapists, Social Workers, Drug and Alcohol Counselors, Professional Counselors, and Certified Clinical Supervisors. Upon verification of the applicant’s licensure/certification those activities consistent with the State Board regulations and in-line with licensure ethics will be granted.

Primary Source of Verification: Verification by the original source of a specific credential to determine the accuracy of a qualification reported by an individual. Examples of primary source verification include but are not limited to direct correspondence, telephone verification, internet verification, and reports from credentials verification organizations.

Privileging/Competency: The process of authorizing a licensed or certified professional with specific scope and content of client services. This is performed in conjunction with an evaluation of an individual’s qualifications and/or performance appraisal. Services to be included in the privileging process will include but not limited to individual counseling, group counseling, family counseling, in-home counseling, assessment, psychiatric assessment and medication monitoring. The granting of privileges will also take into consideration the ages of the individuals to be served.

Oversight Responsibility: The oversight responsibility of the granting of clinical privileges will reside with the Chief Clinical Officer or Chief Executive Officer.

Credentialing Requirements
Credentialing of Licensed Professionals’ requires primary source verification of the following:

1. Current Licensure and/or Certification;
2. Relevant education, training or experience; and
3. Current competence as evidenced through the interview process
Privileging Requirements

1. The initial granting of privileges to licensed/certified professionals is performed by the Program Supervisor/Director in conjunction with the Chief Clinical Officer under the supervision of the Chief Executive Officer.

2. Privileging will be initiated at pre-employment and continue through orientation and a supervisory evaluation after the 6 month introductory period. Privileges will be renewed every two years taking into consideration the clinician’s annual performance appraisal, review of any complaints, verification of ongoing training requirements, and current licensure/certification.

3. The credentialing and privileging process will be documented in the personnel file and include a statement as to which services the clinician is approved to perform, length of time privileges are in place, and any restrictions to privileges.

Policy Last Updated 4/14
VIDEO-CONFERENCES PROTOCOL AND RECORDING

This protocol has been developed to assist the facilitators of meetings when utilizing the agency’s videoconference equipment. The following steps need to be adhered to when conducting this type of meeting:

1. Prepare a meeting agenda in advance.
2. Stay on topic.
3. Utilize professional conduct at all times.
4. Send out documents needed for the meeting in advance, to the participants.
5. Inform staff to hold calls for all participants to avoid interruptions.
6. Try to have one person speaking at a time, it becomes confusing when many people speak at once.
7. You may disable your microphone if your site needs to discuss an issue, this allows the other sites to carry on with the meeting and not be disturbed.
8. At the conclusion of the meeting, ensure all the equipment is shut off, calls are disconnected and equipment is secured.

POLICY:

RECORDING OF VIDEO CONFERENCES

Video Conferences may be recorded so that staff interested in the content of a particular meeting may view the conference at a time convenient. All persons participating in a video conference shall be informed prior to the start of the conference that the session will be recorded. Staff who may be opposed to participating in a recorded conference may discuss their concerns with their supervisor.

Recorded conferences may be accessed through the video conferencing equipment or by DVD which are maintained in the administrative offices. A list of recorded conferences shall be found on the video conferencing equipment. Meetings shall not be kept on the recorder for longer then 3 months unless there is a specific need. Any recording over 3 months old will be deleted and if it has not been archived the recording will be lost. Any meeting leader who has their meeting recorded and would like it archived onto DVD for permanent storage must fill out a “Video Conference Recording Disposition form” and submit to the MIS Director.

Policy Last Updated 4/14
WEAPONS

POLICY

Staff, clients, and their visitors are strictly forbidden from having firearms and other weapons on the premises. Law enforcement officials shall take special precautions with firearms in their possession.

PROCEDURE

- Staff, clients and their visitors shall be advised that possession of firearms and other weapons on the premises is strictly forbidden.
- Any firearm or weapon found on the premises shall be confiscated and turned over to law enforcement authorities.
- Staff found with firearms or weapons on the premises shall be subject to disciplinary action. Clients and visitors found with firearms or weapons on the premises shall be turned over to law enforcement authorities. Clients found in violation are also subject to disciplinary action.
- Law enforcement authorities shall take special precautions with firearms and weapons in their possession.

Policy last updated 4/14
ZONING & LOCATION

POLICY

Every Connecticut Renaissance facility shall remain in compliance with all applicable zoning ordinances and building codes. In addition, all facilities shall be located within one mile of public transportation or shall make means of transportation available to clients.

PROCEDURE

- The Chief Executive Officer shall be responsible for seeing that all facilities are in compliance with zoning ordinances and building codes, and that verification of compliance is received from local officials. All documentation and related correspondence shall be retained.
- Upon the initiating of a new facility or changes in public transportation routes, the Chief Executive Officer shall determine whether public transportation is within one mile of the facility.
- When a facility is not within one mile of transportation a facility plan for developing another means of transportation will be implemented. The plan should include: mode of transportation, authorized operators of vehicles, and the system management.
- Clients shall be informed regarding the availability of public and agency transportation. Local transportation information shall be available or obtained for all clients.

Policy Last Updated on 4/14
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PERSONNEL POLICIES

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Evaluation of Training Needs
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AFFIRMATIVE ACTION AND ACCESSIBILITY

It is the policy of Connecticut Renaissance, Inc. to provide equal employment opportunities and promote the means for accessibility to all persons without regard to age, race, color, religious creed, sex, marital status, sexual preference, national origin, ancestry, present or past history of mental disorder, mental retardation or physical disability (including but not limited to, blindness), Veteran's status, or any other reason prohibited by any applicable state or federal law or regulation.

It is also the policy of Connecticut Renaissance to provide services to persons without regard to age, race, color, religious creed, sex, marital status, sexual preference, national origin, ancestry, present or past history of mental disorder, mental retardation or physical disability (including but not limited to, blindness), Veteran's status, or any other reason prohibited by any applicable state or federal law or regulation. Connecticut Renaissance actively pursues and evaluates all its programs, services and facilities to eliminate physical, attitudinal, architectural, communication, transportation and employment barriers.

Further, it is also the policy of Connecticut Renaissance to welcome and actively solicit the assistance and participation of volunteers and interns without regard to age, race, color, religious creed, sex, marital status, sexual preference, national origin, ancestry, present or past history of mental disorder, mental retardation or physical disability (including but not limited to, blindness), Veteran's status, or any other reason prohibited by any applicable state or federal law or regulation realizing the many diverse and beneficial experiences they may bring to the people we serve.

The agency will at all times and under all circumstances actively pursue implementation of this goal by following the provisions of this Affirmative Action and Accessibility Policy. Further, Connecticut Renaissance and its representatives will encourage full accessibility compliance within the community and at no time participate in any action which will in any way deny employment, services or create barriers to persons based on age, race, color, religious creed, sex, marital status, sexual preference, national origin, ancestry, present or past history of mental disorder, mental retardation or physical disability (including but not limited to, blindness), Veteran's status, or any other reason prohibited by any applicable state or federal law or regulation.

As part of this policy, Connecticut Renaissance will actively pursue and implement all necessary reasonable accommodations that affect employees, employment practices, consumers, services and facilities.

Dissemination of Policy

The contents of this Affirmative Action and Accessibility Policy will be disseminated both internally and externally. The Chief Executive Officer of the Agency has been charged with overall responsibility for dissemination of the Policy and the task of monitoring compliance.

Internal Dissemination

The Affirmative Action and Accessibility Policy will be an integral part of the Agency's Personnel Policies and Procedures Manual. Copies of the Personnel Policies, including the Affirmative Actions and Accessibility Policy, will be provided to all personnel and the members of the Agency Board of Directors.

The Affirmative Action and Accessibility Policy will be thoroughly discussed in employee orientation, meetings of supervisory personnel and staff meetings. Posters, notices and bulletins published by the Equal Employment Opportunity Commission, the Commission on Human Rights and Opportunities, the
Department of Labor and any other state or city human rights agencies will be prominently displayed in all offices and places accessible to employees and the general public.

Training will be provided for staff, supervisors and volunteers on federal and state laws and policies governing equal employment and accessibility.

**External Dissemination**

All sources of employee recruitment and hiring will be notified in writing of the Agency's Affirmative Action and Accessibility policy and will be directed to exert every effort to make certain applicant are granted equal opportunities. All forms of advertising used by the agency in recruitment of hiring of personnel will advise the public that the agency is an Equal Employment Opportunity employer.

**Responsibility for Implementation**

The Chief Executive Officer shall be responsible to the Board of Directors for the effective implementation of the Agency's Affirmative Action and Accessibility policy. The Chief Executive Officer shall develop additional or revised policy statements, as needed; specific procedures to be followed in the hiring of employees, delivery of services and recruitment of volunteers, develop and implement additional methods that will enable the agency to convey the objectives of this plan to persons inside and outside the agency, identify barriers to the effective implementation of this policy and devise procedures to overcome them; Report to and serve as liaison regarding these policies with all state and federal compliance agencies and funding sources.

**Implementation**

Recruitment programs for staff personnel will be designed to promote equal opportunities through the use of advertisements in newspapers and publications specifically oriented to minorities and persons with disabilities; through listing of jobs with the Connecticut Department of Labor, the internet and through contacts with those offices, programs and universities having special programs for minorities and persons with disabilities.

In service training of staff and volunteers will continue to emphasize the importance of non-discrimination in providing service to any person with disabilities regardless of age, race, color, religious creed, sex, marital status, sexual preference, national origin, ancestry, present or past history of mental disorder, mental retardation or physical disability (including but not limited to, blindness), Veteran's status, or any other reason prohibited by any applicable state or federal law or regulation. These programs will address legal and attitudinal barriers and emphasize diversity.

The Affirmative Action and Accessibility Plan will be reviewed annually. If a need to remove a physical barrier or obstacle is identified, and the barrier(s) or obstacle(s) cannot immediately be rectified, a transition plan will be developed by staff appointed by the Chief Executive Officer.

If it is determined that the costs to make the needed accessibility changes are not within reason; individuals who are not able to participate in organization programs and services will be referred by the intake worker to a more suitable source of service.

The Chief Executive Officer shall conduct a yearly review of policies, job descriptions and wages to assure that they are not discriminatory with regard to age, race, color, religious creed, sex, marital status, sexual preference, national origin, ancestry, present or past history of mental disorder, mental retardation or physical disability (including but not limited to, blindness), Veteran's status, or any other reason prohibited by any applicable state or federal law or regulation except where such qualifications can be proven to be a bonified requirement.
As vacancies occur, or when increased consumer services require additional personnel, the Chief Executive Officer and the HR Department will follow procedures to ensure that qualified minority persons, women and persons with disabilities will be given equal consideration. Connecticut Renaissance shall make every effort to ensure that staff are representative of the persons served.

Separate Affirmative Action and Accessibility Plans will be initiated as required and maintained as a part of the organization policies and procedures.

**Documentation**

The following records will be instituted and maintained for periodic review by the Quality Council Committee to assure compliance with the Agency's Affirmative Action and Accessibility Program: New employees by job classification, race, sex and source of contact. Promotions or transfers by job classification, race and sex. Terminations, dismissals and reasons for same by job classification, race and sex. Copies of advertisements, proposals for service training programs, brochures delineating services provided, lists of vendors and correspondence relating to the Agency's Affirmative Action and Accessibility Program. Records of consumer applicants for service by race, sex and source of referral. This record shall show the service provided, date and length of service or reason for refusal or referral to another agency. Any records of transition plans or service accommodation or inability to meet or deny admissions. The Board of Directors will review and approve as required.

Policy updated 4/14
EQUAL EMPLOYMENT OPPORTUNITY

Connecticut Renaissance is an Equal Opportunity Employer. It does not discriminate against any person in regard to any form or condition of employment on account of age, race, color, religious creed, sex, marital status, sexual preference, national origin, ancestry, present or past history of mental disorder, mental retardation or physical disability (including but not limited to, blindness), Veteran's status, or any other reason prohibited by any applicable state or federal law or regulation. Further, it bases its employment decisions, including recruiting, hiring, training and promoting on this nondiscriminatory principal.

An individual's previous personal experience with drug abuse and or the criminal justice system is not a conclusive factor against employment, nor an exclusive factor insuring employment. It is Connecticut Renaissance’s policy, however, that such an individual must be drug-free for a minimum of two years immediately preceding the date of application.

Furthermore an individual must be free of any criminal proceedings including, but not limited to, current/active involvement in a criminal case or pending criminal charges at the time of the application and cannot have been under probation or parole supervision during the twelve month period prior to the submission of the application. Renaissance may hold contracts with stakeholders/funding sources in specific programs that may prohibit the employment of any individual with a substance abuse or criminal history.

Employees must inform their supervisor and Human Resources in writing if any criminal charges are filed against them, even if the charges relate to incidents occurring prior to their employment. Renaissance will review the charges and discuss them with the funding source’s monitor responsible for the program to which the employee is assigned. Depending on the nature and severity of the charges and the direction received from the funding source, the filing of charges may result in termination. If not terminated, the employee will be placed in a probationary status for the duration of the legal proceedings associated with the charges. He/she will be required to notify Renaissance in writing of any change in status or disposition of the charges. Upon the disposition of the charges, Renaissance will review the outcome with the funding source’s program monitor to determine the impact on the continuing employment of the individual. A guilty verdict/plea or the placement of the employee under probation supervision as a result of the charges may be grounds for termination.

CT Renaissance will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in an undue hardship. This policy governs all aspects of employment, including selection, job assignment, compensation, discipline, termination and access to benefits and training.

In addition to a commitment to provide equal employment opportunities to all qualified individuals, Renaissance has established an affirmative action program to promote opportunities for individuals in certain protected classes throughout the organization.

Any employees with questions or concerns about any type of discrimination in the workplace are encouraged to bring these issues to the attention of their immediate supervisor or the Executive Director. Employees can raise concerns and make reports without fear of reprisal. Anyone found to be engaging in any type of unlawful discrimination will be subject to disciplinary action, up to and including termination of employment.

Policy Last Updated on 11/14
IMMIGRATION LAW COMPLIANCE

Connecticut Renaissance is committed to employing only United States citizens and aliens who are authorized to work in the United States and does not unlawfully discriminate on the basis of citizenship or national origin.

In compliance with the Immigration Reform and Control Act of 1986 or subsequent modifications, each new employee, as a condition of employment, must complete the Employment Eligibility Verification Form I-9 and present documentation establishing identity and employment eligibility. Former employees who are rehired must also complete the form if they have not completed an I-9 with Renaissance within the past three years, or if their previous I-9 is no longer retained or valid. Connecticut Renaissance shall keep each I-9 on file for at least 3 years.

Employees with questions or seeking more information on immigration law issues are encouraged to contact the HR Department. Employees may raise questions or complaints about immigration law compliance without fear of reprisal.

Policy Last Updated on 4/14
STAFFING OF ESSENTIAL POSITIONS

Connecticut Renaissance will maintain the staffing of essential positions during regular days off, annual leave, sick leave, emergency events, short and long term leaves of absence; during job actions and or job freezes. As necessary job responsibilities will be re-distributed, temporary employees may be recruited and employee work hours adjusted.

Programs experiencing unplanned staff absences must make arrangements to cover the absent staff person’s responsibilities. Services will continue despite the absence of any particular staff person. Program Directors will be responsible for covering or finding coverage for the absent staff member.

Policy Last Updated on 4/14
STAFF ORIENTATION

All new employees shall undergo a comprehensive orientation period upon hire. The orientation period will cover special skills needed for successful client interaction, supervision and department management. Orientation will include a review of program policies and procedures, and some information about resources available to them to help them perform their duties. Completion of the orientation shall be documented by a signed checklist placed in the employee personnel file.

The HR Department and the supervisor of the new employee shall oversee his or her orientation to the program. Orientation shall be provided through one-to-one meetings, by having the employee read and discuss sections in the policies and procedures, and by having the employee "sit in" on various aspects of the program. New employees shall at a minimum be oriented to the following: the facility itself, residents and their rights, agency personnel, program goals and objectives, job duties, agency policies and procedures relevant to the job duties and their access to facilities and computer systems, lines of authority and communication, confidentiality, personnel policies and regulations and access to them, emergency plans and evacuation procedures, written fire procedures, fire extinguisher use, grievance procedures, emergency medical procedures and medical backup plans, safety procedures including universal precautions / infection control practices, urine collection policies and procedures, crisis, client interaction and crisis intervention techniques, vehicle use and safety, sexual harassment, search policy & procedures, suspected abuse and neglect policy and procedure and the code of ethics. The Orientation Checklist shall be completed and signed. This checklist also indicates that the new employee has completed initial inservices in Fire Safety and Emergency Procedures, Crisis Intervention, Ethics, Confidentiality & Client Rights, Vehicle Safety (when applicable) and Person Centered Treatment Planning. The Checklist is kept in the Personnel file and acts as the inservice signature sheet.

The supervisor shall review critical procedures from time to time, making certain that they are understood by the new employee. Upon completion of the orientation, the new employee should sign the orientation checklist which is then forwarded to the HR Coordinator to be placed in their personnel file.

Policy Last Updated on 4/14
HIRING

All job vacancies shall be posted internally as well as through external sources including the CT State Department of Labor. Qualifications for all positions shall be established by the Board of Directors.

The agency shall not discriminate or exclude from employment on the basis of equal opportunity guidelines. Equal employment opportunities shall include, but not be limited to, all positions for both men and women. Qualified minority group members and women will be recruited on the staff where deficiencies exist in the representation of those groups. To promote this, the affirmative action plan shall be put into place as needed.

The Chief Executive Officer and Board of Directors shall periodically, and at least annually, review personnel needs. There shall be written job descriptions for each position, including job title, responsibilities and qualifications.

STAFF RECRUITMENT

When necessary, job vacancies are published in at least one local newspaper and/or a relevant job posting website. When necessary and feasible, notices shall be given to other newspapers, placed on the CT Renaissance website and placed in other media. Notice of any job vacancies shall be listed with the CT State Department of Labor. Existing staff members are informed of all job vacancies. Each position vacancy shall be posted internally at each location for a minimum of five days. Board members may be informed of vacancies in order to assist in recruitment. A vacant position may be listed with an employment agency when deemed appropriate by the Chief Executive Officer.

APPLICATIONS FOR EMPLOYMENT

Renaissance relies upon the accuracy of information contained in the employment application, as well as the accuracy of other data presented throughout the hiring process and while employed. Any misrepresentations, falsifications, or material omissions in any of this information or data may result in Renaissance’s exclusion of the individual from further consideration for employment or, if the person has been hired, termination of employment shall be considered.

For applicants outside the agency, a current resume and job application shall be submitted. The resume and/or the application shall identify appropriate qualifications such as meeting the appropriate legal requirements, meeting the appropriate licensing, credentialing, certification requirements and/or registration criteria, competency related to the needs of the persons served and requirements of the job, completion of competency based training related to the services provided and the populations served.

Persons currently employed by the agency and are interested in applying for a different position are not required to submit a new resume, but must inform their supervisor in writing of their interest in the position. Current employees are not encouraged, but are will be eligible to transfer positions, internally, within their first year of employment with Connecticut Renaissance.
For all positions, resumes and job applications shall be reviewed by the Program Supervisor. Candidates shall be notified and interviews scheduled. Candidates shall be informed during the interview process of requirements for hire, i.e., criminal history, background checks, driving policy, agreement to participate in the CTR Resolution Program, urinalysis screening, reference checks, submission of transcripts and / or a copy of earned diploma, health screening, submission/verification of credentials, etc. All candidates being considered for employment after their first interview may also be scheduled for a second level interview.

A potential candidate shall be informed of how any previous personal experience with drug abuse and or the criminal justice system may affect employment possibilities. Such a history is not a conclusive factor against employment, nor an exclusive factor insuring employment. It is Connecticut Renaissance’s policy, however, that such an individual may not have been in an active OP or Residential Treatment setting for a minimum of two years immediately preceding the date of application.

An individual must be free of any criminal proceedings including but not limited to current / active involvement in a criminal case, pending criminal charges or be on probation or parole at the time of application. Applicants with criminal background must be approved by a second level Supervisor prior to the extension of a job offer. Renaissance may hold contracts with stakeholders/funding sources in specific programs that may prohibit the employment of any individual with a substance abuse or criminal history.

CT Renaissance will not knowingly hire, appoint, or promote anyone who may have contact with individuals in the custody of the Judicial Branch or the Department of Correction, and has been convicted of, has engaged in, or has attempted to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion or if the victim did not consent or was unable to consent; or has been civilly or administratively adjudicated to have engaged in the activity describe above. CT Renaissance will consider any prior reported incidents of sexual harassment in determining whether to hire, appoint, or promote an individual who may have contact with a person in the custody of the Judicial Branch or the Department of Correction. Prior to an employment offer being made to a potential internal or external candidate reference checks and a criminal background check. Information obtained through a reference and criminal background check is considered for employment purposes if relevant to the position being applied.

See Criminal Background Check policy for details in CT Renaissance’s procedures in obtaining and reviewing a candidate’s criminal history. Criminal Record Checks shall be completed prior to hire and every 5 years thereafter for all potential employees, volunteers, interns and contractors.

The Reference Check will utilize the signed Reference Check Authorization and Release of Information Form and consist of the following:
1. Assessing the accuracy of information provided on the application/resume;
2. Personal or professional character references;
3. Educational History;
4. Prior Employers;
5. Other Relevant Sources.
6. Will include an inquiry as to whether the candidate engaged in any substantiated allegations of sexual abuse or resigned during the pendency of an investigation of alleged sexual abuse.

Omissions on the part of the employee, volunteer, intern or contractor or the provision of materially false information, shall be grounds for termination.

Post interview candidates shall be rated utilizing the interview rating form and reference checks completed. Candidates shall be notified regarding their employment status upon completing the
job application and or interview process. Once the final candidate to be hired is identified, the HR Department shall forward a letter of hire and meet with the candidate in order to finalize pre-employment requirements. In addition, HR will send the MIS form to the MIS Department to authorize computer access. Pre-employment requirements shall be reviewed and approved by the HR Department in conjunction with the supervisor prior to the individuals start date.

INTRODUCTORY PERIOD

The introductory period is intended to give new employees the opportunity to demonstrate their ability to achieve a satisfactory level of performance and to determine whether the new position meets their expectations. Renaissance uses this period to evaluate employee capabilities, work habits, competencies and overall performance. Either the employee or Renaissance may end the employment relationship at will, during or after the introductory period, with or without cause or advance notice.

All new or rehired employees work on an introductory basis for the first 180 calendar days after their date of hire. Employees who are promoted or transferred within Renaissance must complete a second introductory period of the same length with each new assignment. Any significant absence will automatically extend an introductory period by the length of the absence. If CT Renaissance determines that the designated introductory period does not allow sufficient time to thoroughly evaluate the employee's performance, the introductory period may be extended for a specified period. In no event shall the total introductory period exceed one year for any one position.

In cases of promotions or transfers within CT Renaissance, an employee, who, in the sole judgment of management, is not successful in the new position can be removed from that position at any time during the second introductory period. If this occurs, the employee may be allowed to return to his or her former job or to a comparable job for which the employee is qualified, depending on the availability of such positions and Renaissance's needs.

Employees coming near the end of the Introductory Period undergo an evaluation signed by the supervisor and the Chief Operations Officer (next level supervisor). The evaluation shall note whether the employee has performed position responsibilities at a satisfactory level. Upon satisfactory completion of the initial introductory period, employees enter the "regular" employment classification.

During the initial introductory period, new employees are eligible for those benefits that are required by law, such as Social Security and workers' compensation insurance. Employees may also be eligible for other Renaissance provided benefits, subject to the terms and conditions of each benefits program. Employees should read the information for each specific benefits program for the details on eligibility requirements.

Benefits eligibility and employment status are not changed during a second introductory period resulting from a promotion or transfer within Renaissance.
EMPLOYMENT CATEGORIES

It is the intent of CT Renaissance to clarify the definitions of employment classifications so that employees understand their employment status and benefit eligibility. These classifications do not guarantee employment for any specified period of time. Accordingly, the right to terminate the employment relationship at will is retained by both the employee and CT Renaissance.

Employees are designated as either NONEXEMPT or EXEMPT from federal and state wage and hour laws depending on the nature of their tasks, responsibilities and supervisory status. NONEXEMPT employees are entitled to overtime pay under the specific provisions of federal and state laws. CT Renaissance’s overtime policy is discussed in detail in another section. In addition to the above category, each employee will belong to one other employment category:

REGULAR FULL-TIME employees are those who are not in a temporary or introductory status and who are regularly scheduled to work Renaissance’s full-time, 35-hour schedule. Regular full-time employees are eligible for Renaissance’s benefit package, subject to the terms, conditions and limitations of each benefits program. They are:

- Bereavement Leave
- Dental Insurance
- Professional Certification and Licensing Assistance
- Holidays
- Jury Duty Leave
- Group Term Life Insurance
- Long-Term Care Insurance
- Long-Term Disability Insurance
- Major Medical Insurance
- Military Leave
- Pension Plan
- Short-Term Disability
- Paid Time Off (PTO)
- Voting Time Off
- Witness Duty Leave

REGULAR PART-TIME EMPLOYEES WITH BENEFITS are those who are not assigned to a temporary or introductory status. They are employees with a regular work schedule of 30-34 hrs weekly are eligible for Major Medical Insurance and 50% of Licensing assistance. Permanent Part-Time Clinical staff who have worked less then 29 hrs per week and more then 1,000 hours are eligible for 50% of Licensing assistance. Regular Part-Time Employees are eligible for Paid Time Off. Such employees shall accrue PTO at a defined rate based on hours worked. See Paid Time Off policy for details.

INTRODUCTORY employees are those whose performance is being evaluated to determine whether further permanent employment in a specific position with CT Renaissance is appropriate. Employees who satisfactorily complete the introductory period will be notified of their new employment category. Eligibility for benefits can be found under each benefit description.

TEMPORARY employees are those who are hired as interim replacements, to temporarily supplement the work force, or to assist in the completion of a specific project. Employment assignments in this category are of a limited duration. Employment beyond any initially stated period does not in any way imply a change in employment status. Temporary employees retain
that status unless and until notified of a change. While temporary employees receive all legally mandated benefits (such as Social Security and workers’ compensation insurance), they are ineligible for all of CT Renaissance's other benefit programs.

Policy Last Updated on 4/14
EMPLOYMENT BACKGROUND CHECKS

To ensure that individuals who join CT Renaissance are well qualified and have a strong potential to be productive and successful, it is the policy of CT Renaissance to make inquiries into a candidate’s background in the following areas including, but not limited to, the following examples:

1. Criminal History
2. Employment Reference Checks
3. Verification of Education, Licenses and/or Certifications
4. Driver Record Check
5. Drug Screen – Urine Test
6. Medical Condition, including Tuberculosis Certification
7. Citizenship / Valid Work Permit Status Check
8. Consumer Credit History (if applicable)

Notification of any prior criminal or illegal substance use history is requested and a criminal records check shall be conducted prior to making a job offer. Previous convictions or record of prior criminal history may not disqualify an applicant from employment consideration, nor is it an exclusive factor insuring employment. It is Connecticut Renaissance’s policy, however, that such an individual may not have been in an active OP or Residential Treatment setting for a minimum of two years immediately preceding the date of application. Furthermore an individual must be free of any criminal proceedings including but not limited to current / active involvement in a criminal case, pending criminal charges at the time of application or have been on probation or parole during the twelve month period prior to the submission of the application. CT Renaissance may hold contracts with stakeholders/funding sources in specific programs that may prohibit the employment of any individual with a substance abuse or criminal history.

Criminal records checks shall also be performed on all Renaissance employees every five years following their hiring. If the checks reveal any criminal charges or cases not previously reported in writing by the employee to Renaissance, the employee may be subject to termination.

The Program Director or designee shall verify employment information given by the applicant. At least two references shall be contacted and documentation of the reference check shall be completed.

Official sealed transcripts are requested from each candidate. Connecticut Renaissance will also accept copies of diplomas.

Connecticut Renaissance also performs a Driver Record Check. Please see policy on "Maintaining and Acceptable Driver Record" for more information.

Individuals may be deemed ineligible based on criminal offenses and current legal status due to the risk of unreasonable liability to the agency, staff and/or clients. All obtained background and reference check materials shall be entered into the personnel record at the time the applicant is hired. Resumes and information on individuals not hired, whether interviewed or not, shall be maintained.

Regarding former employees the HR Department will respond in writing only to those reference check inquiries that are submitted in writing. Responses to such inquiries will confirm only dates of employment, wage rates, and position(s) held. Only the HR Department will provide references for former or current employees.

Policy Last Updated on 4/14
VERIFICATION OF CREDENTIALS

All professional staff hired by Connecticut Renaissance, Inc. and when appropriate volunteers, interns, independent contractors, consultants, students and trainees shall have their credentials and education verified prior to hire or start date and shall meet the standards of qualifications established by their respective professional groups.

Individuals shall provide a copy of their High School diploma and or sealed college transcripts to verify completion of education level. Copies of any undergraduate or graduate diplomas will be accepted. Individuals shall provide copies of current certifications and licenses. The HR Department shall verify upon hire and annually with primary source that the individual's license and/or certification is in good standing and documents the verification process. The primary source may be:

Licenses: Department of Public Health – online verification

Certifications: Connecticut Certification Board – Employee credentials are now verified through the CCB website.

Diplomas, transcripts, certification and licensing documents shall be maintained in the personnel file for employees or in files designated for interns, volunteers, consultants, independent contractors, students and trainees. Credentials found to be outdated, lapsed or revoked shall be reported to the individual's supervisor by the HR Department.

Policy Last Updated on 4/14
VOLUNTEERS AND INTERNS

Volunteers and Interns may be utilized in any Connecticut Renaissance, Inc. program to enhance services rendered to our client population. They shall not be utilized in place of regular staff positions.

All persons expressing an interest in volunteering or doing an internship in one of our programs shall undergo a screening process similar to screening applicants for hire which includes but is not limited to a reference check, criminal history check and verification of credentials. Volunteers and Interns will be given a description of responsibilities during orientation outlining duties, scope of responsibility and supervision. Upon meeting with their assigned supervisor, performance goals will be established. Performance will be evaluated at least quarterly for the first year and bi-annually thereafter. Time frames will be dependent upon the Intern’s length of duty with Connecticut Renaissance and/or the school’s requirements. The format for the Intern’s Scope of Duties and performance appraisals will follow the school’s requirements. If the school does not provide a preferred method of evaluation, the scope of duties outline and performance appraisal process can follow the same Balanced Scorecard format as CT Renaissance employees. It is recognized that some quadrants may not be applicable. Intern scope of duties, goals and performance appraisals shall be signed and given to the intern and forwarded to the Human Resources Department.

Volunteers and Interns shall meet the qualifications outlined in the job specifications that also include the functions and responsibilities of the position including signing a statement stating that they will abide by policies and procedures. All applicants accepted as Volunteers or Interns shall have a complete orientation and training period that includes at a minimum client rights, security and confidentiality regulations, emergency procedures, lines of communication and authority, information regarding insurance coverage, information about personal risks and liability, and all agency policies and procedures including the agencies zero-tolerance policy for sexual abuse or unlawful sexual harassment and PREA policies. Volunteers / Interns are provided the opportunity to attend internal workshops and seminars.

A Volunteer or Intern is expected to comply with all of CT Renaissance’s policies and procedures abiding by the Codes of Ethics and Unlawful Sexual Abuse and Sexual Harassment policies. During a Volunteer or Intern’s Orientation he/she shall be trained and informed, signing that he/she understands CT Renaissance’s zero tolerance and PREA (Prison Rape Elimination Act) policies on Unlawful Sexual Abuse and Sexual Harassment. Upon entering into an agreement/contract, CT Renaissance shall perform a Criminal Background Check. CT Renaissance will not accept a Volunteer or Intern who has engaged in or has attempted to engage in, sexual abuse or sexual harassment.

A Personnel chart shall be created for each volunteer or intern, which would include, contracts, understanding of Policies and Procedures, PREA Acknowledgement, Sexual Abuse and Other Unlawful Harassment form, criminal record check, application, reference checks, scope of duties and other information as required.

When appropriate, information regarding agency policies and procedures shall be communicated to the affiliated training program for Interns. Volunteers and Interns shall be assigned to a staff member that directly supervises all activities. Volunteers and Interns and/or Connecticut Renaissance can terminate services at any time with appropriate notification if possible. Program
Supervisors who are charged with overseeing Volunteers or Interns shall follow Connecticut Renaissance applicable policies and procedures in terms of corrective action and/or termination. Upon termination of services, an exit interview shall take place in order to gain feedback on their experiences with the agency.
Supervisors who are charged with overseeing Volunteers or Interns shall follow Connecticut Renaissance applicable policies and procedures in terms of corrective action and/or termination. Upon termination of services, an exit interview shall take place in order to gain feedback on their experiences with the agency.
INDEPENDENT INDIVIDUAL CONTRACTORS

Independent Individual Contractors (IIC’s) may be utilized in any Connecticut Renaissance program for a variety of administrative tasks, to enhance services or to provide a more cost effective means of rendering services to our client population.

IIC’s who can reasonably be expected to have direct contact with, or provide direct services to, clients under the control/supervision of the Judicial Branch or the Department of Correction shall undergo a screening process similar to that required for employees of the agency, including, but is not limited to, reference checks, criminal history checks, drug screens and verification of credentials. All IIC’s must submit W-9 forms prior to providing services. IIC’s who can reasonably be expected to have access to clients’ Personal Health Information (PHI) shall be required to execute Renaissance’s HIPPA/HITECH Business Associate Agreement.

All IIC’s must adhere to CT Renaissance’s zero tolerance policies and procedures included in the Codes of Ethics and Unlawful Sexual Abuse and Sexual Harassment policies. Those IIC’s who can reasonably be expected to have direct contact with, or provide direct services to, clients under the control/supervision of the Judicial Branch or the Department of Correction will be required to read, sign and abide by CT Renaissance’s Prison Rape Elimination (PREA) Policy. CT Renaissance will not enlist the services of IIC’s who are known to have engaged in, or attempted to engage in, sexual abuse or harassment.

The IIC’s signed PREA Policy form and/or HIPAA/HITECH Business Associate Agreement shall be maintained in a file in the CT Renaissance Human Resources Department along with other pre-employment materials.

For extended agreements with IIC’s, performance and Job Descriptions will be reviewed and evaluated annually.

IIC’s shall meet the qualifications outlined in their Job Description that also defines the functions and responsibilities of the position including signing a statement stating that they will abide by policies and procedures and standards as outlined by Connecticut Renaissance’s regulatory bodies as applicable to the services that they would be expected to provide.

IIC’s and/or Connecticut Renaissance can terminate the service agreement at any time with appropriate notification according to the guidelines written in the agreement.
DRUG TESTING

POLICY

CT Renaissance is committed to providing a safe, efficient, and productive work environment for all employees. In keeping with this commitment, employees and job applicants may be asked to provide body substance samples (e.g., urine specimens) to determine the illicit use of drugs and/or alcohol. CT Renaissance will attempt to protect the confidentiality of all drug and alcohol test results. Drug and alcohol tests may be conducted in any of the following situations:

PROCEDURE

As a pre-qualification to assuming any position, prospective employees are required to provide a body substance sample for drug testing.

An individual's previous personal experience with drug abuse and or the criminal justice system is not a conclusive factor against employment, nor an exclusive factor insuring employment. It is Connecticut Renaissance's policy, however, that such an individual may not have been in an active OP or Residential Treatment setting for a minimum of two years immediately preceding the date of application.

Furthermore an individual must be free of any criminal proceedings including but not limited to current / active involvement in a criminal case, pending criminal charges or be on probation or parole at the time of application. CT Renaissance may hold contracts with stakeholders/funding sources in specific programs that may prohibit the employment of any individual with a substance abuse or criminal history.

A CT Renaissance employee shall not be found in possession of or conducting sale or use of any controlled or psychoactive substance. (CB Code of Ethical Conduct - January 2010)

Drug Screening may be required if significant and observable changes in employee performance, appearance, behavior, speech, etc. provide reasonable suspicion of the influence of drugs/alcohol. A test may also be required if Ct Renaissance receives a specific report or complaint alleging drug / alcohol use by an employee that could affect his / her performance or fitness for duty. A fitness-for-duty evaluation may include the testing of a body substance sample. In addition, CT Renaissance reserves the right to conduct random drug testing as part of on-going supervision and management.

Subject to any limitations imposed by law, a refusal to provide a body substance sample under the conditions described above may result in not hiring the prospective employee. For current employees disciplinary action, up to and including termination of employment, may be taken based on observable changes and unsatisfactory work performance.

In cases where a positive drug and / or alcohol test is confirmed, the HR Department or the supervisor in conjunction with the Chief Executive Officer or his / her designee will determine if hiring the prospective employee is appropriate. For current employees, the same chain of command shall apply in determining whether or not to retain the employee. Based on drug test results both prospective and current employees may be required to submit physician
documentation for prescribed medication. Consideration will be given to available rehabilitation where appropriate for current employees.

An employee who tests positive and who successfully completes rehabilitation will be subject to unscheduled testing for a six-month period as a condition of reinstatement. A copy of the test results will be kept in the personnel record.

Questions concerning this policy or its administration should be directed to the Program Supervisor and/or HR Department.

Policy Last Updated on 4/14
ILLICIT AND LICIT DRUG AND ALCOHOL USE

POLICY

It is CT Renaissance's desire to provide a drug-free, healthy, and safe workplace. To promote this goal, employees are required to report to work in appropriate mental and physical condition to perform their job in a satisfactory manner. While on CT Renaissance premises and while conducting business related activities off CT Renaissance premises, no employee may use, possess, distribute, sell, or be under the influence of alcohol or engage in the unlawful manufacture, distribution, dispensation, possession, or use of illegal drugs. Violation of this policy may lead to disciplinary action, up to and including immediate termination of employment, and/or required participation and satisfactory completion of a substance abuse rehabilitation or treatment program. Such violations may also have legal consequences.

PROCEDURE

The legal use of prescribed drugs is permitted on the job only if it does not impair an employee's ability to perform the essential functions of the job effectively and in a safe manner that does not endanger other individuals in the workplace.

A CT Renaissance employee shall not be found in possession of or conducting sale or use of any controlled or psychoactive substance. (CB Code of Ethical Conduct - January 2010)

To inform employees about important provisions of this policy, CT Renaissance has established a drug-free awareness program. The program provides information on the dangers and effects of substance abuse in the workplace, resources available to employees and consequences for violations of this policy.

Employees with questions or concerns about substance dependency or abuse are encouraged to discuss these matters with their supervisor to receive assistance or referrals to appropriate resources in the community.

Employees with drug or alcohol problems that have not resulted in, and are not the immediate subject of, disciplinary action may participate in a rehabilitation or treatment program through CT Renaissance's health insurance benefit coverage.

Under the Drug-Free Workplace Act, an employee who performs work for a government contract or grant must notify CT Renaissance of a criminal conviction for drug-related activity occurring in the workplace. The report must be made within five days of the conviction.

Employees with questions on this policy or issues related to drug or alcohol use in the workplace should raise their concerns with their supervisor or without fear of reprisal.

Policy Last Updated on 4/14
EMPLOYEE MEDICAL EXAMINATIONS

To help assure that employees are able to perform their duties safely, and ensure that they are free from communicable diseases, medical examinations are required. This exam will substantiate that the employee is physically capable of performing the job, with CT Renaissance making reasonable accommodations. The exam will additionally verify that the employee is free from airborne or other communicable diseases, which can be spread through casual contact such as Tuberculosis.

After an offer has been made to an applicant entering a designated job category, a medical examination will be performed at the employee's expense. A previous Medical Examination and Tuberculosis test results will be accepted if dated within the last 6 months. The commencement of employment and assignment to duties is contingent upon the receipt of a doctor's note documenting the satisfactory completion of the exam.

A physical exam, including tuberculosis screening, will be required of all employees every two years to ensure that they are free of infectious communicable diseases that can be transmitted to other staff or clients through casual contact. A doctor's note confirming the health and status of the employee must be submitted to the Human Resources Department.

A sample doctor's note will be provided upon request to applicants entering a designated job category and to current employees.

Documentation of post-offer physical and medical information is maintained in a separate, confidential file. It is not made part of the employee's personnel file.

Policy Last Updated on 4/14
JOB DESCRIPTIONS

Staff members shall have a job description outlining their position within the agency.

Each job description shall contain the following information: title of position, job duties, expectations and responsibilities, the reporting supervisor, the job qualifications and any positions supervised.

Upon hire employees shall be given a copy of their job description, which shall be reflected on the Orientation checklist. Job descriptions shall be reviewed annually and updated as necessary. Employee and Supervisor shall review the job description. It shall be signed once mutually agreed upon. As part of the annual performance appraisal each job description shall be reviewed for appropriateness.

Policy Last Updated on 4/14
Personnel Files

It is CT Renaissance’s policy to maintain personnel files for current and former employees. The contents of the personnel file are property of the agency and must be maintained for government, state, regulatory and agency purposes and record keeping. All files connected with an employee are considered strictly confidential and access will be limited only to those who have authorization to see the file. All HR files are secured in the Administration location, HR offices. In the event of a program inspection held at a site other than Administration, an HR representative or designee will escort the personnel files to the location and remain with the files while in use by the authorized inspector. It is CT Renaissance’s policy to make available to regulatory agencies any requested personnel file in a timely manner. For security purposes, under no circumstance will a personnel file be permitted to be taken from any agency locations without prior knowledge from the Chief Executive Officer.
PERFORMANCE GOALS & EVALUATIONS

Supervisors and employees are strongly encouraged to discuss job performance and goals on an informal, day-to-day basis. Formal performance evaluations are conducted after six months of employment for new hires and at least annually thereafter with the possibility of increased frequency as deemed necessary. The performance evaluation which occurs at the end of an employee's initial six month period in any new position, known as the introductory period, allows the supervisor and the employee to discuss the job responsibilities, standards and performance requirements of the new position and evaluate employee competencies. Formal performance reviews are also conducted after a six month period for an employee who has changed position and at least annually thereafter with the possibility of increased frequency to provide both supervisors and employees the opportunity to discuss job tasks, evaluate employee's competencies, identify action to be taken based on the results of the evaluation, correct weaknesses, encourage and recognize strengths, and discuss positive, purposeful approaches for meeting goals. Annual performance evaluations are scheduled every June.

Employee goals are established within the first 30 days of employment. These goals shall be directly correlated with the performance appraisal. Employees are rated on key competencies/activities utilizing the rating system: 1.0 Exceptional; 0.8 Exceeds Expectations; 0.6 Meets Expectations; 0.4 Improvement Needed and 0.2 Unacceptable. When an employee’s total performance rating equals a 60 or below, the employee’s supervisor should prepare a plan of improvement.

CT Renaissance awards merit-based pay adjustments in an effort to recognize superior employee performance. The decision to award such an adjustment is dependent upon information documented by this formal performance review process, and the availability of funds.

Each employee shall have a performance evaluation conducted at specified intervals during their employment. On an annual basis an in-depth job performance evaluation is conducted which focuses on all job responsibilities and expectations.

The direct supervisor is responsible for conducting an annual performance evaluation on each employee they supervise. The performance evaluation directly relates to the employee's job description and goals. The areas covered in the performance evaluation include: oral/written communication, productivity and time management, technical/clinical knowledge, motivation and initiative, initiative and resourcefulness, documentation, group skills, ability to learn and improve, quality improvement, dependability, customer satisfaction, computer skills, special contributions and summary. The performance appraisal requires that employees rate themselves and then comment on their perceived performance in meeting their goals. The Supervisor also rates the employee and provides comments to justify their rating. The evaluation shall identify action to be taken based on the results of the evaluation and outline performance objectives for the upcoming year. The evaluation shall be reviewed with the next level supervisor for supervision and feedback. Once the Supervisor and next level Supervisor have discussed, then the Supervisor shall review with each employee. The employee shall be allowed to comment on the findings prior to signing. The completed performance evaluation is then signed by the Employee Supervisor and next level Supervisor. At the time of the annual performance evaluation, employees will participate in the review of their job description identifying if the job description has been reviewed and renewed, reviewed and updated as required or if the revised job description has been completed and forwarded to Human Resources. In addition, employees are expected to review the Agency’s Policy and Procedure Manual and initialing on the Performance Appraisal indicates they have read and will follow all Agency policies and procedures. Performance Appraisals shall be maintained in the personnel file.

Policy updated July 2016:gg
SAFETY AND NON-VIOLENCE

POLICY

Connecticut Renaissance will ensure that a safe and secure environment is provided for all employees, clientele, and visitors. The agency will not tolerate any acts or language that could be considered as threatening. Any employee who engages in harassment or violent behavior, is subject to disciplinary action up to and including termination. In addition, this policy prohibits any action by the accused individual that might be construed as retaliatory.

EXAMPLES OF HARASSMENT & VIOLENCE:
While it is not possible to list all those circumstances that constitute harassment and violence, the following are some examples of behavior that are in violation of this policy:

- Use of threatening, intimidating or abusive language and/or misdirected gestures to employees or persons served.
- Use or possession of firearms, explosives, or any other type of weapons on company (company controlled) property or while conducting agency business on/off site.
- Stalking of employees, clientele or visitors.
- Disputes resulting from domestic and/or misdirected affection situations.
- Workplace sabotage or retaliation directed at an employee or person’s served.
- Physical attack of any employee, client or visitor.

Harassment and violence includes any implied threats or acts of retribution or reference to anyone associated with the organization. Anyone who has knowledge of such comments or acts against anyone, must contact their supervisor immediately. If a client believes that they have been subject to harassment or violence, the person served should report immediately to the program supervisor or follow the agency’s “Grievance” policy. All incidents will be investigated upon receiving a report. Reports can be made to program supervisors who will confer with Human Resources and the designated Chief Operations/Clinical Officer.

Policy Last Updated 4/14
EMPLOYEE CONDUCT & WORK RULES

To assure orderly operations and provide the best possible work environment, CT Renaissance expects employees to follow rules of conduct that will protect the interests and safety of all employees and the organization.

It is not possible to list all the forms of behavior that are considered unacceptable in the workplace. The following are examples of infractions of rules of conduct that may result in disciplinary action, up to and including termination of employment:

The removal of Connecticut Renaissance's property, client records, and any other material from Connecticut Renaissance's premises without authorization is prohibited.

Employees shall not knowingly falsify any work reports or employee records including attendance or injury reports.

The use, sale, or possession of any illegal drugs, alcohol, or the abuse of any other drugs is prohibited.

Also prohibited is:

- Fighting or threatening violence in the workplace.
- Boisterous or disruptive activity in the workplace.
- Negligence or improper conduct leading to damage of employer-owned or client-owned property.
- Insubordination or other disrespectful conduct.
- Violation of safety or health rules.
- Smoking in prohibited areas.
- Sexual or other unlawful harassment.
- Possession of, attempted use of and/or threat to use a dangerous instrument, unauthorized materials or weapons. Such as any firearms whether loaded or unloaded, any knives, any police baton or nightstick, any martial arts weapon or any electronic defense weapon, any instrument, any article or any substance under the circumstances is capable of causing death or serious physical injury.
- In possession of or conducting sale or use of any controlled or psychoactive substance.
- Excessive absenteeism, tardiness or any absences without notice.
- Unauthorized absence from workstation during the workday.
- Unauthorized use of telephones, mail systems, or other employer-owned equipment.
- Unauthorized disclosure of business "secrets" or confidential information.
- Violation of personnel policies.
- Unsatisfactory performance or conduct.
- The buying and selling of any goods, materials or products by any staff member, either to or from clients.
- The development of overly involved or sexual relationships between employees and clients.
- The introduction of pornographic materials into a CTR operated facility through any media.
- Employees shall not accept any gifts or gratuities from clients, their family members or significant others.
- Socialization with clients unrelated to their treatment.
- Strictly observe the Federal Law governing confidentiality of client information.
- Client abuse or neglect of any kind.
• Unauthorized tape recording, videotaping and/or photographing of clients.
• Employees and clients shall not enter into any type of business agreement or venture with one another.
• Violating this code of ethics.
• Having knowledge of/or engaging in waste, fraud, abuse and/or other wrong doing.

The above list of terminable offenses is not all-inclusive. Employment and involvement with CT Renaissance is at the mutual consent of CT Renaissance and the employee, and either party may terminate that relationship at any time, with or without cause, and with or without advance notice.

Policy Last Updated on 4/14
CONFLICTS OF INTEREST

POLICY

Neither the agency, its Board of Directors, administrators, staff, consultants or volunteers shall be permitted to use his / her official position to secure privileges or advantages either within the agency or the community.

PROCEDURE

Employees have an obligation to conduct business within guidelines that prohibit actual or potential conflicts of interest. This policy establishes only the framework within which CT Renaissance wishes the business to operate. The purpose of these guidelines is to provide general direction so that employees can seek further clarification on issues related to the subject of acceptable standards of operation.

An actual or potential conflict of interest occurs when an employee is in a position to influence a decision that may result in a personal gain for that employee or for a relative as a result of CT Renaissance's business dealings. For the purposes of this policy, a relative is any person who is related by blood or marriage, or whose relationship with the employee is similar to that of persons who are related by blood or marriage.

No "presumption of guilt" is created by the mere existence of a relationship with outside firms. However, if an employee has any influence on transactions involving purchases, contracts, or leases, it is imperative that he or she disclose to their immediate supervisor as soon as possible the existence of any actual or potential conflict of interest so that safeguards can be established to protect all parties.

Personal gain may result not only in cases where an employee or relative has a significant ownership in a firm with which CT Renaissance does business, but also when an employee or relative receives any kickback, bribe, substantial gift, or special consideration as a result of any transaction or business dealings involving Renaissance.

The materials, products, designs, plans, ideas, and data of CT Renaissance are the property of CT Renaissance and should never be given to an outside firm or individual except through normal channels and with appropriate authorization. Any improper transfer of material or disclosure of information, even though it is not apparent that an employee has personally gained by such action, constitutes unacceptable conduct. Any employee who participates in such a practice will be subject to disciplinary action, up to and including possible termination of employment.

During orientation all staff shall be given information about the conflict of interest clause in the personnel policy manual. Each staff shall sign the New Employee Orientation Checklist which verifies that it the "Conflict of Interest" policy is understood and shall be complied. This verification will be updated annually as evidenced by the employee’s acknowledgement that he/she has completed the annual review of CT Renaissance’s Policies and Procedures.

All new members of the Board of Directors shall be provided with a copy of the Conflict of Interest policy at the time of their election. At that time, and annually thereafter, Board members will review the policy and sign an acknowledgement that they have read, understood and agree to abide by the policy.

The Chief Executive Officer shall ensure that this policy is adhered to and shall take appropriate steps against any infractions.

Policy Last Updated on 4/14
SEXUAL ABUSE & OTHER UNLAWFUL HARASSMENT

CT Renaissance is committed to providing a work environment that is free of Sexual Abuse, discrimination and unlawful harassment. Sexually based actions as well as words, jokes, or comments based on an individual’s sex, race, ethnicity, age, religion, or any other legally protected characteristic will not be tolerated. As an example, sexual harassment (both overt and subtle) is a form of employee misconduct that is demeaning to another person, undermines the integrity of the employment relationship, and is strictly prohibited. The agency maintains a zero tolerance toward all forms of sexual abuse, sexual harassment or other forms of unlawful harassment.

Sexual Abuse:

Sexual Abuse may involve an employee, contractor, volunteer, or intern against another employee, contractor, volunteer, intern or a person served. An incident is considered sexual abuse if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

- Contact between the penis and the vulva or the penis and the anus, including penetration, however slight.
- Contact between the mouth and the penis, vulva or anus.
- Contact between the mouth and any body part where the employee, contractor, intern or volunteer has the intent to abuse, arouse, or gratify sexual desire.
- Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object or other instrument, that is unrelated to official duties or where the employee, contractor, intern or volunteer has the intent to abuse, arouse or gratify sexual desire.
- Any other intentional act, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh or the buttocks, that is unrelated to official duties or where the employee, contractor, intern or volunteer has the intent to abuse arouse or gratify sexual desire.
- Any attempt, threat or request by an employee, contractor intern or volunteer to engage in the activities as listed above.
- Any display by an employee, contractor, intern or volunteer of his or her uncovered genitalia, buttocks or breasts in the presence of another employee, contractor, intern, volunteer, or persons served.
- Any other conduct that is prohibited under Connecticut General Statutes 53a-70, 53a-70a, 53a-70b, 53-70c, 53a-71, 53a-72a, 53a-72b, or 53a-73a; and
- Voyeurism by an employee, contractor, intern or volunteer. Voyeurism means an invasion of privacy of another employee, contractor, intern, volunteer, or persons served. for reasons unrelated to official duties, such as peering at an individual who is performing bodily functions; requiring an individual to expose his/her buttocks, genitals, or breasts; or taking images of all or part of an individual's naked body or of an individual performing bodily functions.

Sexual Harassment includes:

- Repeated and unwelcomed sexual advances, requests for sexual favors or verbal comments, gestures or actions of a derogatory or offensive sexual nature by an
employee, contractor, intern, volunteer, or persons served towards another employee, contractor, intern, volunteer, or persons served.

- Verbal comments or gestures of a sexual nature towards another employee, contractor, intern, volunteer or person served, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.
- The display of sexually suggestive pictures or objects in a confinement facility.
- Any other undesirable conduct of a sexual nature.

Any employee who wants to report an incident of sexual or other unlawful harassment should promptly report the matter to his or her supervisor. If the supervisor is unavailable or the employee believes it would be inappropriate to contact that person, the employee should immediately contact the next supervisor in the chain of command. Employees can raise concerns and make reports without fear of reprisal.

Any supervisor or manager who becomes aware of possible sexual abuse or other unlawful harassment should promptly advise the next supervisor in the chain of command, who will contact the PREA Coordinator or Clinical Director to conduct an internal investigation in a timely and confidential manner. If the report is that of a criminal nature the Connecticut State Police shall be contacted to investigate the report, while an administrative investigation concurs simultaneously.

Anyone engaging in sexual abuse or other unlawful harassment will be subject to disciplinary action, up to and including termination of employment and/or prosecution to the fullest extent of the law. All personnel including volunteers and interns shall participate in a sexual harassment educational training within three months of employment and annually thereafter.

Sexual Abuse or Harassment involving an employee, contractor, volunteer or intern against an individual in the custody of the Judicial Branch and/or the Department of Correction shall be reported, reviewed and investigated in accordance to the agency's PREA policy.
NATURE OF EMPLOYMENT

Employment with CT Renaissance is voluntarily entered into and the employee is free to resign at will, at any time, with or without cause. Similarly, CT Renaissance may terminate the employment relationship at will, at any time, with or without cause.

Policies set forth are not intended to create a contract, nor are they to be construed to constitute contractual obligations of any kind or a contract of employment between CT Renaissance and any of its employees. The provisions of these policies have been developed at the discretion of management and may be amended or cancelled at any time, at CT Renaissance’s sole discretion.

These provisions supersede all existing policies and practices and may not be amended or added to without the express written approval of the Board of Directors of Renaissance.

Policy Last Updated on 4/14
RESIGNATION

Resignation is a voluntary act initiated by the employee to terminate employment with CT Renaissance. Although advance notice is not legally required, CT Renaissance expects at least one month's written notice of resignation from exempt employees, and two weeks written notice of resignation from non-exempt employees. Employees who comply with these expected guidelines will be paid 100% of their accrued vacation time at termination. Employees providing less notice will receive only 50% of their accrued vacation time at termination. During the notice period, an employee may not be permitted to use vacation, personal or paid sick time.

Prior to an employee's departure, an exit interview will be scheduled to discuss the reasons for resignation and the effect of the resignation on benefits.

If an employee does not provide advance notice as requested, the employee will be considered ineligible for rehire.
EMPLOYMENT TERMINATION

Termination of employment is an inevitable part of personnel activity within any organization and many of the reasons for termination are routine. Below are examples of some of the most common circumstances under which employment is terminated:

- **Resignation** - employment termination is initiated by an employee who chooses to leave the organization voluntarily.

- **Discharge** - employment termination is initiated by the organization.

- **Layoff** - involuntary employment termination is initiated by the organization for non-disciplinary reasons.

- **Retirement** - voluntary retirement from active employment status is initiated by the employee.

The HR Department is to be notified immediately of an employee resignation or termination. The employee's supervisor will review the employee's responsibilities prior to leaving such as return of agency keys, paperwork completion, return of program property, etc. The HR Department will contact the employee and arrange an exit interview. The exit interview form shall be faxed to the employee for completion prior to the exit interview. The exit interview may be conducted in person, phone or by video conference.

Since employment with CT Renaissance is based on mutual consent, both the employee and CT Renaissance have the right to terminate employment at will, with or without cause, at any time. Employees will receive their final pay in accordance with applicable state law.

Employee benefits will be affected by employment termination in the following manner. All accrued and vested benefits that are due and payable at termination will be paid. Some benefits may be continued at the employee's expense if the employee so chooses. The employee will be notified by the HR Department in writing of the benefits that may be continued and of the terms, conditions and limitations of such continuance.

Policy Last Updated on 4/14
PROGRESSIVE DISCIPLINE

POLICY

Connecticut Renaissance (CTR) approach to staff coaching and supervision provides opportunities for employees to correct their behavior and to improve their performance. This approach has the following additional goals:

- To address issues and concerns before they become disciplinary problems
- To provide a consistent, fair and impartial treatment of infractions
- To treat all employees fairly and equitably
- To empower supervisors to correct employee behavior and performance and to take disciplinary action when appropriate
- To encourage employees to take responsibility for their own actions
- To improve staff morale

An employee who is dismissed, disciplined or demoted will have the right to utilize the complaint procedure as outlined in the CTR Resolution.

PROCEDURE

If it is necessary to take action in connection with continued unsatisfactory performance or violation of the agency's policies, rules and regulations, disciplinary action shall be administered in a consistent and non-discretionary and non-discriminatory approach.

Under progressive discipline principles, CTR uses the lowest level of discipline necessary to correct behavior and moves to higher levels if the behavior continues. Levels of discipline include verbal warning/counseling and or written warning, final written warning/probation and discharge. Repeated infractions, or continued failure to comply with agency rules, regulations or procedures will result in termination. A most serious infraction may result in discharge even for the first occurrence. Termination shall require the approval of CEO.

Connecticut Renaissance is an “at will” employer and reserves the right to terminate employment with or without cause or notice; at any time and reserves the right to skip any step should the situation warrant. CTR intends to work with employees to correct unsatisfactory behavior, when it is believed that such an effort will be productive. Except for situations justifying immediate dismissal the following disciplinary procedures may follow in order of severity.

1. Verbal Warning/Counseling
The initial form of disciplinary action an employee may receive is a verbal warning/counseling. The verbal warning will be documented and entered into the employee’s personnel file. In the event that a violation or performance issue re-occurs, the supervisor may issue a written warning for new or continued occurrence.

2. Written Warning
A written warning is a more severe form of disciplinary action than a verbal warning and is more formal in nature. In the event that a violation or infraction of a similar magnitude, previously addressed through written warning should recur and/or continue, more severe disciplinary procedure will be considered, including that of termination. The written warning will be documented and entered into the employee’s personnel file.

Policy revised 9/29/15 GG
3. Final Written Warning/Probation
When an employee receives a final written warning they will be placed on probation. In the final written warning there will be a time frame specified in which the employee will be required to demonstrate performance improvement. A plan of improvement will be developed and documented by the supervisor with the employee and will include specific action steps that the employee will need to complete to demonstrate improvement in order to satisfactorily complete the probation period. The supervisor will maintain progress updates and supervision notes to document the employee's progress with the plan of improvement. If the employee does not successfully complete the plan of improvement within the specified time frame, the employee may be terminated. The written warning, the plan of improvement and the supervisor’s progress updates will be documented in the employee's personnel file.

4. Discharge
The termination of employment is a permanent separation initiated by CTR due to an employee’s misconduct, violation of policies/procedures, poor performance, behavior and/or other reasons deemed sufficient by CTR. All terminations are effective immediately. CTR is not obligated to provide advance notice to an employee who is being terminated. Benefits will be forfeited from the date of termination except for health and dental insurance as required by law. The employee’s final paycheck will be forwarded to their last known address within one (1) working day after discharge. If state law supersedes, state law will be applicable.
RETURN OF PROPERTY

Employees are responsible for all CT Renaissance property, materials, or written information issued to them or in their possession or control. Employees must return all CT Renaissance property immediately upon request or upon termination of employment. Where permitted by applicable laws, CT Renaissance may withhold from the employee's final paycheck the cost of any items that are not returned when required. CT Renaissance may also take all action deemed appropriate to recover or protect its property.

Policy Last Updated on 4/14
EMPLOYEE RELATIONS

CT Renaissance believes that the work conditions, wages and benefits it offers to its employees are competitive with those offered by other employers in this area and in this industry. If employees have concerns about work conditions or compensation, they are strongly encouraged to voice these concerns openly and directly to their supervisors.

Our experience has shown that when employees deal openly and directly with supervisors, the work environment can be excellent, communications can be clear and attitudes can be positive. We believe that CT Renaissance amply demonstrates its commitment to employees by responding effectively to employee concerns.

The CTR Resolution program can be referred to which provides employees with options for mediation, binding resolution and arbitration for grievances.

In an effort to protect and maintain direct employer/employee communications, we will resist union organization, within applicable legal limits and protect the right of employees to speak for themselves.

If and when employees examine the option of representation by individuals outside CT Renaissance, we strongly encourage careful consideration of such related issues as regular deductions from paychecks for representation fees, the potential for outside interference with supervisory relationships and the commitment to comply with directions from third parties.

Policy Last Updated on 4/14
HIRING OF RELATIVES

The employment of relatives in the same area of an organization may cause serious conflicts and problems with favoritism and employee morale. In addition to claims of partiality of treatment at work, personal conflicts from outside the work environment can be carried into day-to-day working relationships.

Relatives of persons currently employed by CT Renaissance may be hired only if they will not be working directly for or supervising a relative or will not occupy a position in the same line of authority within the organization. Relatives of employees may not be hired to work in the same department or be hired to work under the same supervisor. This policy applies to any relative, higher or lower in the organization, who has the authority to review employment decisions. CT Renaissance employees cannot be transferred into such a reporting relationship. These restrictions may affect subsequent transfers within the organization.

If the relative relationship is established after employment, management will decide who is to be transferred. In other cases where a conflict or the potential for conflict arises, even if there is no supervisory relationship involved, the parties may be separated by reassignment or terminated from employment.

For the purposes of this policy, relatives are defined to include spouses, parents, children, brothers, sisters, brothers- and sisters-in-law, fathers and mothers-in-law, stepparents, stepbrothers, stepsisters, and stepchildren. This policy also applies to individuals who are not legally related but who reside with another employee.

Policy Last Updated on 4/14
LIFE-THREATENING ILLNESS IN THE WORKPLACE

Employees with life-threatening illnesses, such as cancer, heart disease and AIDS, often wish to continue their normal pursuits, including work, to the extent allowed by their condition. CT Renaissance supports these endeavors as long as employees are able to meet acceptable performance standards and do not have an adverse impact on the workplace. CT Renaissance must be able to maintain an appropriate / efficient work environment. As in the case of other disabilities, CT Renaissance will make reasonable accommodations in accordance with all legal requirements, to allow qualified employees with life-threatening illness to perform the essential functions of their jobs.

Medical information on individual employees is treated confidentially. CT Renaissance will take reasonable precautions to protect such information from inappropriate disclosure. Managers and other employees have a responsibility to respect and maintain the confidentiality of employee medical information. Anyone inappropriately disclosing such information is subject to disciplinary action, up to and including termination of employment.

Employees with questions or concerns about life-threatening illness are encouraged to contact their Supervisor and the Chief Human Resources Officer for information and referral to appropriate services and resources.

Policy Last Updated on 4/14
NON-DISCLOSURE

The protection of confidential business information including client information and trade secrets is vital to the interests and the success of CT Renaissance. Such confidential information includes, but is not limited to, the following examples:

- Compensation Data
- Financial Information
- Labor Relations Strategies
- Marketing Strategies
- Pending Projects and Proposals
- Client Records

Any employee who makes an unauthorized disclosure of trade secrets or confidential business/client information will be subject to disciplinary action, up to and including possible termination of employment, even if he or she does not actually benefit from the disclosed information.

See confidentiality and privacy notices for more information on non-disclosure.

Policy Last Updated on 4/14
OUTSIDE EMPLOYMENT

Employees may hold outside jobs as long as they meet the performance standards of their job with CT Renaissance. Employees should consider the impact that outside employment may have on their health and physical endurance. All employees will be judged by the same performance standards and will be subject to CT Renaissance's scheduling demands, regardless of any existing outside work requirements.

If CT Renaissance determines that an employee’s outside work interferes with performance or the ability to meet the requirements of CT Renaissance as they are modified from time to time, the employee may be asked to terminate the outside employment if he or she wishes to remain employed with CT Renaissance.

Outside employment that constitutes a conflict of interest is prohibited. Employees may not receive any income or material gain from individuals outside CT Renaissance for materials produced or services rendered while performing their jobs at CT Renaissance.

Policy Last Updated on 4/14
PERSONNEL DATA CHANGES

It is the responsibility of each employee to promptly notify CT Renaissance of any changes in personnel data. Personal mailing addresses, telephone numbers, number and names of dependents, individuals to be contacted in the event of an emergency, educational accomplishments and other such status reports should be accurate and current at all times. It is the responsibility of the unit supervisors to provide prompt notification to the HR Department regarding prospective employees, terminated employees, position upgrades, newly created positions, etc.

Policy Last Updated on 4/14
PERSONAL APPEARANCE

Dress, grooming, and personal cleanliness standards contribute to the morale of all employees and affect the business image CT Renaissance presents to the community. Dress attire must be appropriate and safe for your workplace and job tasks.

During business hours, employees are expected to present a clean and neat appearance and to dress according to the requirements of their positions, including appropriate and safe footwear. Employees who appear for work inappropriately dressed will be sent home and directed to return to work in proper attire. Under such circumstances, employees will not be compensated for the time away from work.

Consult your supervisor or department head if you have questions as to what constitutes appropriate attire.

Policy Last Updated on 11/12
ACCEPTABLE DRIVER RECORD & AGENCY “DRIVER LIST”

POLICY

Employees who will operate a company owned/leased vehicle or who will transport clients in a personal vehicle as a normal, regular part of their duties will be designated as “Drivers” and will be listed on the company’s Driver List. These employees shall submit a valid driver’s license, registration certificate and insurance documentation to the HR Department upon hire and shall authorize the company to conduct a Motor Vehicle Record check as a condition of their employment.

PROCEDURE

Drivers shall resubmit their driver’s license, registration certificate and insurance documentation to the HR Department as they are renewed or updated. Drivers shall authorize the company to conduct a Motor Vehicle Record check as requested or at a minimum of every 5 years. Connecticut Renaissance performs the Motor Vehicle Record check upon being recommended for hire and then Connecticut Renaissance’s contracted insurance company performs an annual record check of those employees on the “Drivers List”. Drivers shall immediately notify the company if their driver’s license or insurance coverage is cancelled / suspended or lapses for any reason. Upon such notification to the company, he/she shall be removed from his/her position, or his/her duties shall be modified to eliminate the operation of company owned/leased vehicles or the transportation of clients in a personal vehicle, at the discretion of the company.

Drivers shall maintain an acceptable driving record as a condition of their employment in a position requiring the listing of the employee on the company “Driver List”. If a Driver does not maintain an acceptable driving record, he/she shall be removed from his/her position, or his/her duties shall be modified to eliminate the operation of any company owned/leased vehicles or the transportation of clients in a personal vehicle, at the discretion of the company.

Drivers will be considered not to have an acceptable driving record if any one of the following conditions exists:

- Current suspension of driver’s license for any reason
- DUI conviction (or refusal to submit to a valid request for a BAC, or equivalent, test in conjunction with a traffic incident within the past three years)
- Convictions of two or more of the following traffic offenses within the past three years:
  - Speeding
  - Reckless Driving
  - Improper Lane Change or Passing
  - Following Too Closely

Employment candidates who do not have an acceptable driving record shall be disqualified from consideration for positions requiring the listing of the employee on the company “Driver List”.

Employees included on the company “Driver List” must continue to maintain an acceptable driving record at all times. If the annual review of a Driver’s Motor Vehicle Record indicates new traffic convictions since the prior report (other than items requiring the immediate removal of the employee from the Driver List), the Driver shall be required to attend an Operator Retraining Program approved by the company at his/her own cost. The company shall identify such approved program to the employee, but it shall be the responsibility of the employee to contact the provider and enroll in the program. If documentation of the successful completion of that program is not provided within a six month period, the employee shall be removed from his/her position, or his/her duties shall be modified to eliminate the operation of company owned/leased vehicles or the transportation of clients in a personal vehicle, at the discretion of the company.

Employees not included on the company “Driver List” shall not operate company owned/leased vehicles and shall not transport clients in personal vehicles at any time.
TRAINING
The company shall maintain an ongoing mandatory Vehicle Safety Training for all Drivers. Training will be provided at regularly scheduled intervals to update them on company driving rules and policies and to reinforce defensive driving awareness and techniques.

OTHER EMPLOYEES NOT LISTED ON THE “DRIVERS LIST”
Any employees not designated as Drivers whom the company can reasonably expect might operate a personal vehicle on company approved business at some point during their employment shall submit a valid driver's license, registration certificate and insurance documentation to the HR Department upon hire and periodically thereafter as these documents are renewed.

Policy Last Updated 4/14
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## PERSONNEL - BENEFITS

### BENEFITS
- Employee Benefits
- Benefits Continuation
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- Life Insurance
- Long Term Care
- Pension Plan
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EMPLOYEE BENEFITS

Eligible employees at CT Renaissance are provided a wide range of benefits. A number of the programs (such as Social Security, workers' compensation, state disability, and unemployment insurance) cover all employees in the manner prescribed by law.

Benefits eligibility is dependent upon a variety of factors, including employee classification. Your supervisor and/or the HR Department can identify the programs for which you are eligible. Details of many of these programs can be found elsewhere in the employee personnel policies.

The following benefit programs are available to eligible employees:

- Bereavement Leave
- Dental Insurance
- Family and Medical Leave
- Holidays
- Jury Duty Leave
- Professional Certification and Licensing Assistance
- Group Term Life Insurance
- Long-term Care Insurance
- Long-Term Disability Insurance
- Medical Insurance
- Military Leave
- Pension Plan
- Professional Liability Insurance
- Short-Term Disability
- Paid Time Off (PTO)
- Voting Time Off
- Witness Duty Leave

Policy Last Updated on 4/14
BENEFITS CONTINUATION (COBRA)

The federal Consolidated Omnibus Budget Reconciliation Act (COBRA) gives employees and their qualified beneficiaries the opportunity to continue health insurance coverage under CT Renaissance's health plan when a "qualifying event" would normally result in the loss of eligibility. Some common qualifying events are resignation, termination of employment or death of an employee; a reduction in an employee's hours or a leave of absence; the employer's receipt of short term or long term disability benefits; an employee's divorce or legal separation; and a dependent child no longer meeting eligibility requirements.

Under COBRA, the employee or beneficiary pays the full cost of coverage at CT Renaissance's group rates plus an administration fee, except as provided in cases of qualified medical and / or family leave and some periods during which an employee receives short term or long term disability benefits. Required payments must be received timely (by the first of the month) for applicable coverage. CT Renaissance reserves the right to terminate coverage when payments are not made timely.

CT Renaissance provides each eligible employee with a written notice describing rights granted under COBRA when the employee becomes eligible for coverage under CT Renaissance's health insurance plan. The notice contains important information about the employee's rights and obligations.

Policy Last Updated on 4/14
DISABILITY BENEFITS

The agency provides salary continuation self-funded short term disability insurance for regular full-time employees for the first 180 days of prolonged illness in the event an employee becomes ill or injured and cannot perform his/her job. Eligibility requirements are:

- A disabled employee must have had 6 months of continuous employment.
- The disabled employee must first utilize all accrued, sick, vacation and personal days.
- Salary continuation for a disabled employee who has utilized all his/her accrued sick, vacation or personal days will begin after eight (8) days of consecutive illness, or on the first day of hospitalization.
- The employee must provide, from a physician, a signed certificate including, but not limited to, such specifics as the diagnosis, recommended treatment, anticipated length of absence from work along with reasons why such absence is required, and specialist referral. Such documentation is required both at the inception of the disability and at the end of every two-week period thereafter, for the duration of the disability.

The agency has the right to request the examination of a disabled employee by one or more physicians designated by the agency. The opinion of such physician(s) shall be binding.

Such disability excludes any condition covered by Workers' Compensation.

Disabled employees who qualify will be compensated for up to 180 days of their disability at a rate of 60% of salary to a maximum of $6,000 benefit per month.

Paid Time Off (PTO) benefits will not be accrued during the period of disability coverage.

After 180 days of salary continuation due to disability, employees’ coverage will be transferred to CT Renaissance’s commercial Long-Term Disability Insurance Plan, providing the eligibility requirements of that plan are met.

Should a disabled employee suffer a recurrence of the same disability within 6 months of returning to work, the agency will not be obligated for another 180-day salary continuation period.

Long-Term Disability Insurance is provided by the agency for prolonged illness. This insurance begins after the 180 day period covered by the agency. The basic benefit amount is 60% of monthly compensation to a maximum monthly benefit of $6,000. The benefit period is continued to age 65.

Employees receiving disability benefits can remain as active participants in CT Renaissance’s health care plan for the first 90 days they are receiving those benefits. After 90 days, the employee will no longer be eligible as an active participant, but may enroll under the provisions for COBRA coverage. CT Renaissance will pay the monthly premiums for the COBRA coverage for the lesser of six months or the duration of the time the individual is receiving short term or long term disability benefits. Thereafter the individual must pay the monthly COBRA premiums for the duration of that coverage.

When an employee plans to return to work, a letter is required from a medical doctor stating that the employee is healthy and able to return to work.

Short Term Disability and Long Term Disability are salary replacement benefits and do not constitute a leave of absence or a guarantee of return to employment.
When an individual returns to work following a period of receiving disability benefits, he/she will be able to enroll in the health care plan and will begin to accrue vacation, sick and personal time benefits without delay or a waiting period.

Policy updated 4/14
EMPLOYEE ASSISTANCE PROGRAM

POLICY

CT Renaissance offers an employee assistance program as a benefit to assist employees in achieving a positive state of work / life balance. Connecticut Renaissance strongly encourages employees to take advantage of this benefit to promote overall health and wellness.

PROCEDURE

The Employee Assistance Program (EAP) is available any time of the day via a phone call or website (800-538-3543 or www.cignabehavioral.com. An advocate will assist in linking employee to the most appropriate service.

Three face to face sessions are available to employee and household members.

With access to the “Healthy Rewards Amenities Program” discounts on a range of health and wellness services and products are available from participating providers.

Extra support is available for handling life’s demands such as - Legal Consultation, Parenting, Senior Care, Child Care, Pet Care, Temporary Back up Care for Children.

Self Service Support educational materials are available online such work/life topics as caregiving, daily living and working smarter including savings center and relocation center.

Policy Last Updated on 4/14
LIFE INSURANCE

Connecticut Renaissance provides group term life insurance equal to two times base salary to a maximum of $200,000 beginning 3 months after hire. Eligible employees are:

1. Regular Full-time employees (eligible 90 days after first date of employment)
2. Regular Part-time employees with partial benefits (25 hours per week or more)

The premium cost of “excess” (as defined by current Internal Revenue Service regulations) life insurance coverage in excess of $50,000 will be reported as taxable income to the employee in accordance with Internal Revenue Service rules.

Policy Last Updated on 4/14
LONG TERM CARE

Long-Term Care refers to the day-in, day-out assistance you need when you have a serious or prolonged physical illness, disability or cognitive disorder that lasts for a period of time and you are not able to take care of yourself. Long-Term Care is not one service, but many different services aimed at helping people with chronic conditions compensate for limitations in their ability to function independently. Long-Term Care differs from traditional medical care as it is designed to assist a person to maintain his or her level of functioning, as opposed to care or services that are designed to rehabilitate to correct certain medical problems. Long-Term Care includes a wide range of services delivered in your own home, or in adult day care centers, assisted living facilities, continuing care communities and nursing homes. The level of care may be skilled or intermediate, but most frequently is at a custodial or personal level of care. The need for custodial care may be the result of an injury, illness, chronic condition or the frailty of aging where a person requires assistance with activities of daily living such as bathing, dressing, feeding, mobility, toileting, taking medications or continence.

Employees who have completed five years of service and are forty years of age or older are eligible to apply for Long-Term Care insurance at 50% of the cost of the premium rate. The insurance provided by Connecticut Renaissance, Inc. is portable, which means that you can take it with you and pay the premium on your own if you leave the agency.
PENSION PLAN

Connecticut Renaissance will contribute 5% of an employee's salary to the agency's 403(b) plan regardless of whether or not the employee contributes his/her own money. Employees must be employed one year and have worked 1000 hours to be eligible to receive this employer contribution. Employees become 100% vested in the employer contribution after they have completed five years of service with the agency. Employees can contribute up to 20% of their gross salary to this tax-deferred thrift plan, but not more than the federal maximum, beginning with the first week of employment. Employees are immediately vested in their own 403(b) contributions.

Eligible employees are:

1. Regular full-time employees
2. Full-time introductory employees (eligible to contribute their own salary)
WORKERS COMPENSATION

CT Renaissance provides a comprehensive workers' compensation insurance program at no cost to employees. This program covers any injury or illness sustained in the course of employment that requires medical, surgical or hospital treatment. Subject to applicable legal requirements, workers' compensation insurance provides benefits after a 3 day waiting period or, if the employee is hospitalized, immediately.

Employees who sustain work-related injuries or illnesses should inform their supervisor and the HR Department immediately. No matter how minor an on-the-job injury may appear, it is important that it be reported within the required time frames. This will enable an eligible employee to qualify for coverage as quickly as possible. Employees shall only be eligible once they comply with all elements of reporting an accident / injury.

Neither CT Renaissance nor the insurance carrier will be liable for the payment of workers' compensation benefits for injuries that occur during an employee's voluntary participation in any off-duty recreational, social, or athletic activity sponsored by CT Renaissance.

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- Personal Time Benefit
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WORK SCHEDULES

The normal work schedule for full-time regular and introductory employees is 35 hours a week. Supervisors will advise employees of the times their schedules will normally begin and end. Staffing needs and operational demands may necessitate variations in starting and ending times, as well as variations in the total hours that may be scheduled each day and week.

Policy Last Updated on 4/14
ATTENDANCE AND PUNCTUALITY

POLICY

To maintain a safe and productive work environment, CT Renaissance expects employees to be reliable and to be punctual in reporting for scheduled work. Absenteeism and tardiness place a burden on other employees, clientele and on the agency as a whole.

PROCEDURE

When employees cannot avoid arriving late to work or are unable to work as scheduled, they are required to notify their Supervisor or On-Call Supervisor (before or after hours) at least 2 hours before their shift starts.

Employees shall make every effort to speak to their Supervisor or On-Call Supervisor when reporting tardiness or calling out for a shift. If the Supervisor does not answer the phone, protocol as communicated and agreed upon between staff and supervisor should be followed, so that the process of finding coverage can be expedited.

Poor attendance and excessive tardiness is disruptive and may lead to disciplinary action, up to and including termination of employment.

Policy Last Updated on 4/14
OVERTIME

When operating requirements or other needs cannot be met during regular working hours, employees will be given the opportunity for overtime work assignments. All overtime work must receive the Supervisor's prior authorization. Overtime assignments will be distributed as equitably as practical to all employees qualified to perform the required work.

Overtime compensation is paid to all nonexempt employees in accordance with federal and state wage and hour restrictions (time plus one half after forty hours). As required by law, overtime pay is based on actual hours worked. Paid Time Off or any other type of leave of absence will not be considered hours worked for purposes of performing overtime calculations.

Employees who work overtime without receiving prior authorization from the Supervisor may be subject to disciplinary action, up to and including termination of employment.

Policy Last Updated on 4/14
MEAL PERIODS

All full-time regular and introductory employees are provided with one unpaid meal period of 60 minutes in length each workday. This time period may vary to meet the needs of the program and shall be agreed upon between the Supervisor and the employee. Supervisors will schedule meal periods to accommodate operating requirements.

Policy Last Updated on 4/14
BEREAVEMENT LEAVE

If an employee wishes to take time off due to the death of an immediate family member, the employee should notify his or her supervisor immediately (within 24-hours) in order to qualify for this benefit.

Up to three days of paid bereavement leave will be provided to eligible employees in the following classification(s):

1. Regular full-time employees
2. Full-time introductory employees (who have completed 180 days of employment)

Bereavement pay is calculated based on the base pay rate at the time of absence and will not include any special forms of compensation, such as incentives, bonuses or shift differentials.

Approval of bereavement leave will occur in the absence of unusual operating requirements. Any employee may, with the supervisor's approval, use any available paid leave for additional time off as necessary.

CT Renaissance defines "immediate family" as the employee's spouse, parent, child, sibling; the employee's spouse's parent, child or sibling; the employee's child's spouse; grandparents or grandchildren.

Policy Last Updated on 4/14
EMERGENCY CLOSINGS AND
INCLEMENT WEATHER PLAN FOR RESIDENTIAL PROGRAMS

Emergencies such as severe weather, fires, power failures, or earthquakes, can disrupt company operations. In extreme cases, these circumstances may require the closing of a work facility.

When operations are officially closed due to emergency conditions, the time off from scheduled work will be paid for employees who would have otherwise reported to work.

Full time employees essential to operations in Residential Programs will be expected to work on a day when operations are officially closed. In these circumstances, exempt employees who work will receive regular pay—and non-exempt employees will be paid their base pay plus 7 hours of “office closed” pay at their base pay rate. Part time employees who do not report to work will not be paid.

STAFFING PROTOCOL

If a weather event occurs which closes, or significantly alters the opening or closing times of courts in the Bridgeport or Waterbury regions, the Inclement Weather Plan will be put into effect. The Chief Executive Officer or designee will determine which shifts are affected in each of the residential facilities. Notification of the institution of the Inclement Weather procedures will be provided to employees through the agency’s website, www.ctrenaissance.com on the Storm Closing page. Telephone notifications will not be made to individual employees, unless specific arrangements have been made ahead of time to handle unusual circumstances.

There shall be a minimum of two staff members on duty within each facility on all shifts. It is the responsibility of the Program Directors and the Clinical Director to ensure that this minimum level of staffing is maintained at all times.

RESIDENTIAL ESSENTIAL, CORE, STAFF POSITIONS

- Residential Drug Treatment Programs
  - First Shift
    - Clinicians (1)
    - Case-Aides or Case Managers (2)
    - Kitchen Supervisor or Aide (1)
  - Second Shift
    - Clinician (1)
    - Case-Aides or Case Managers (2)
  - Third Shift
    - Client Monitors (2)

- Residential Co-Occurring Treatment Program
  - First Shift
    - Clinicians (1)
    - Case-Aides or Case Managers (2)
  - Second Shift
    - Clinicians (1)
    - Case-Aides or Case Managers (2)
  - Third Shift
    - Client Monitors (2)

- Residential Work Release Programs
RESIDENTIAL OPERATIONS PROTOCOL

• Supervision:
  o All program directors shall be available by telephone throughout any period when the facility is operating under the Inclement Weather Plan and Procedures, and they shall speak with the staff on duty by telephone at least twice during each affected first or second shift.
  o If one or more of the Program Directors is unavailable due to illness, vacation or other emergency, the Clinical Director shall assume their supervisory responsibilities during any period when the facility is operating under the Inclement Weather Plan and Procedures.

• Program Services:
  o A specialized program services protocol shall be followed on first and second shifts when the facility is operating under the Inclement Weather Plan and Procedures.
    ▪ First Shift
    • At a minimum, two group sessions shall be conducted utilizing programmatic DVD materials and workbooks.
    • Also facility chore lists will be completed as usual with additional assignments for weather related chores.
    ▪ Second Shift
    • At a minimum, one group session shall be conducted utilizing programmatic DVD materials and workbooks.
    • Also facility chore lists will be completed as usual with additional assignments for weather related chores.
    • Free time for television, reading and/or recreation will be available during this shift.

• Food Services:
  o Staff on first shift shall ensure that full preparation is made for the second shift food service requirements of the clients served from that location.

• Family Visits:
  o Scheduled Family Visits shall be cancelled during any periods when the facility is operating under the Inclement Weather Plan and Procedures.

• Client Passes and Appointments:
  o With the exception of emergency medical treatment, court appearances and some employment circumstances, clients shall not be permitted to leave the facility while it is operating under the Inclement Weather Plan and Procedures.
  o Clients on approved Family Reunification Visits will be subject to return times based on the advice of the Department of Correction. Non-DOC clients on family home visits will be advised on return times based on the unit supervisor’s decision which will include location of clients visit, type of visit, and weather conditions.

• Employment
  o Clients who are scheduled to work, and have had confirmed hours for that time period, may be allowed to work based on the location of the site and their ability to travel safely to/from it.
• Program Discharges
  o Any planned program discharges scheduled to occur when the facility is operating under the Inclement Weather Plan and Procedures may be subject to postponement/delay until the weather event is over, to ensure the safety of clients and their family or significant others.

• Court Appointments
  o In most cases, local courts will have been closed if a program is operating under the Inclement Weather Plan and Procedures. In those circumstances, all Court appointments will be cancelled. If a client has an appointment in a Court not affected by the inclement weather, the program staff shall contact that court and request that the appointment be rescheduled.
FAMILY & MEDICAL LEAVE

CT Renaissance provides medical and/or family leaves of absence without pay to eligible employees who are temporarily unable to work due to any of the following reasons:

- To care for the employee's child after birth or placement for adoption or foster care.
- To care for the employee's spouse, son or daughter or parent who has a serious health condition.
- For a serious health condition that makes the employee unable to perform the employee's job.

To be eligible, an employee must have worked for at least one year for CT Renaissance and for 1,000 hours over the previous 12 months.

The employee should provide 30 days advance notice to the HR Department when the leave is foreseeable.

Employees requesting family leave related to the illness of a child, spouse, or parent, may be required to provide a physician's statement verifying the illness, its beginning and expected ending dates, the need for the employee to provide care, and the estimated time required.

As soon as eligible employees become aware of a need for a medical leave of absence, they should request a leave from their supervisor. A physician's statement must be provided verifying the medical disability and its beginning and expected ending dates. Any changes in this information should be promptly reported to the employer. Employees returning from medical leave must provide a physician's verification of their fitness to return to work.

Eligible employees may request a leave for the period of the disability, up to a maximum of 12 work weeks of leave during a twelve month period (State Law may provide an additional four weeks per twenty-four month period). With the supervisor's approval, employees may take any available paid sick leave or vacation leave as part of the approved period of leave.

When an employee begins a qualified medical and/or family leave of absence, he/she will no longer be eligible to participate in the agency's health care plan, except under COBRA coverage. CT Renaissance will pay the individual's COBRA premiums during the duration of the qualified medical and/or family leave of absence. The employee will be eligible to rejoin the plan as an active participant on the first day of the month following his/her return to full time active status.

Benefit accruals, such as vacation, sick leave, or holiday benefits, will be suspended during the leave and will resume upon return to active employment.

When a family and/or medical leave ends, the employee will return to the same position, if it is available, or to an equivalent position for which the employee is qualified.

If an employee fails to report to work promptly at the end of the approved leave period, the employee will be deemed to have resigned.

Policy Last Updated on 4/14
If an eligible employee is required to work an observed holiday, he or she will receive their regular base pay rate and shall request to observe the designated holiday within 30 days of actual holiday date. If an observed holiday falls on an employee’s day off, employee may request to take holiday time off within 30 days after the actual holiday or risk forfeiture. Request for holiday time-off should be made 2 weeks in advance. Holiday time-off cannot be granted prior to the observed holiday date.

This compensation is not required by law, and is a benefit provided by Connecticut Renaissance.

Unused holiday time is not paid out upon last day of employment.

Updated 5/14
HOLIDAYS

Connecticut Renaissance observes the following calendar holidays:

- New Year’s Day: Nationally Recognized Holiday
- Martin Luther King: Third Monday in January
- Presidents Day: Third Monday in February
- Good Friday: Friday before Easter - half a day
- Memorial Day: Last Monday in May
- Independence Day: Nationally Recognized Holiday
- Labor Day: First Monday in September
- Columbus Day: Second Monday in October
- Veterans’ Day: Nationally Recognized Holiday
- Thanksgiving: Fourth Thursday in November
- Day After Thanksgiving: Fourth Friday in November
- Christmas Eve: half a day before the Nationally Recognized Holiday
- Christmas Day: Nationally Recognized Holiday
- New Year’s Eve: half a day before the Nationally Recognized Holiday

Connecticut Renaissance will grant paid holiday time off to all eligible employees immediately upon assignment to an eligible employment classification. Holiday pay will be calculated based on the employee's straight-time pay rate (as of the date of the holiday) times the number of hours the employee is scheduled to work on the actual holiday. Eligible employee classification(s) are:

- Regular full-time employees
- Full-time introductory employees

Employee must work their last scheduled work day before and the first scheduled work day after the holiday, except in the case of personal illness, accident, or other circumstances beyond the employee’s control preventing the employee from working, as evidenced by a physician's certificate or other proof requested by Connecticut Renaissance.

A recognized holiday that falls on a Saturday will be observed on the preceding Friday. A recognized holiday that falls on a Sunday will be observed on the following Monday. Except for direct service employees in the residential programs where an observed holiday is recognized on the actual day. If a recognized holiday falls during an eligible employee's paid absence (e.g., paid time off - vacation or personal time), holiday pay will apply in lieu of using accrued vacation or personal time hours that would otherwise be used. Paid holidays will not be counted as hours worked for the purposes of determining overtime. Employee is not eligible for holiday pay during Family Medical Leave (FMLA) or Workers Compensation absences.

Policy revised 9/29/15 GG
If a non-exempt employee is required to work an observed holiday, he or she will receive their regular base pay rate and will be paid for the 7 hour Holiday at their base pay. Exempt employees who work on an observed Holiday, will be granted time off equal to the number of hours worked. The time must be approved by their supervisor and taken within thirty days of the observed Holiday.

This compensation is not required by law, and is a benefit provided by Connecticut Renaissance.

Unused holiday time is not paid out upon last day of employment.

The Holiday schedule may be modified by the CEO with approval by the Board of Directors and regulatory agencies, as necessary.
JURY DUTY

CT Renaissance encourages employees to fulfill their civic responsibilities by serving jury duty when required. Regular full-time employees and regular full time introductory employees who have completed a minimum of 180 calendar days of employment may request up to two weeks of paid jury duty leave over a one year period.

Jury duty pay will be calculated on the employee’s base pay rate times the number of hours the employee would otherwise have worked on the day of the absence. Upon submission of a voucher, CT Renaissance will reimburse the employee the difference between the amount reimbursed by the state and their hourly pay rate. Employee classifications that qualify for paid jury duty leave are:

1. Regular full-time employees
2. Full-time introductory employees

If employees are required to serve jury duty beyond the period of paid jury duty leave, they may use any available paid time off (for example vacation benefits) or may request an unpaid jury duty leave of absence.

Employees must show the jury duty summons to their supervisor, who will then provide to the Human Resources Department within 2 business days of returning to work, so the supervisor may make arrangements to accommodate their absence. Of course, employees are expected to report for work whenever the court schedule permits.

Either CT Renaissance or the employee may request an excuse from jury duty if, in CT Renaissance’s judgment, the employee’s absence would create serious operational difficulties.

CT Renaissance will continue to provide health insurance benefits for the full term of the jury duty absence.

Benefit accruals, such as vacation, sick leave or holiday benefits will continue during the term of the jury duty absence.

Policy Last Updated on 4/14
MATERNITY RELATED ABSENCES

CT Renaissance will not discriminate against any employee who requests an excused absence for medical disabilities associated with a pregnancy. Such leave requests will be made and evaluated in accordance with provisions of disability and the medical leave policies outlined in this manual and in accordance with all applicable federal and state laws.

Requests for time off associated with pregnancy and/or childbirth (apart from medical disabilities associated with these conditions) will be considered in the same manner as any other request for an unpaid family and medical or personal leave.

Policy Last Updated on 4/14
MILITARY LEAVE

A military leave of absence will be granted to employees, except those occupying temporary positions, to attend scheduled drills or training or if called to active duty with the U.S. armed services.

The leave will be unpaid. However, employees may use any available paid time off for the absence.

During military leaves of 30 days or less, employees will remain active participants in Renaissance’s Healthcare Plan on the same basis as prior to the commencement of the military leave. Employees on military leaves that exceed 30 days will not be active participants, but will be offered COBRA coverage (at the employee’s expense) for the duration of the military leave. The employee will be returned to active status in the plan immediately upon returning to full time employment with the agency.

Benefit accruals, such as vacation, sick leave, or holiday benefits, will be suspended during the leave and will resume upon the employee's return to active employment.

Employees on two-week active duty training assignments or inactive duty training drills are required to return to work for the first regularly scheduled shift after the end of training, allowing reasonable travel time. Employees on longer military leave (re-called to military duty beyond the 2 week training assignment) must apply for reemployment in accordance with all applicable state and federal laws.

Eligible employees will return to their previous position or a comparable one if available. They will be treated as though they were continuously employed for purposes of determining benefits based on length of service, such as the rate of vacation accrual and retirement plan participation.
PERSONAL TIME BENEFIT

All full-time employees are eligible to receive personal time off according to the following schedule:

1 day will be granted January 1st to all employees as of December 31st.

1 day will be granted July 1st to all employees as of June 30th.

Personal time off can be taken at any time after granted within the calendar year but the schedule must be approved by supervisor.

Personal time off cannot be rolled over into the next calendar year.

Personal time off cannot be taken after notice of resignation given.

There is no pay out for unused accrued personal time at termination.
SICK LEAVE BENEFITS

CT Renaissance provides paid sick leave benefits to all eligible employees for periods of temporary absence due to illness or injury. Eligible employee classification(s) are:

1. Regular full-time employees and full-time introductory employees who have completed 90 days of employment
2. Permanent part-time employees who are paid on an hourly basis and have worked an average of 10 or more hours per week in the most recently completed calendar quarter.

Full-time Employees:

Eligible full-time employees shall accrue paid sick time benefits at a rate of 1 hour of benefit for every 30 hours of paid work. During the first year of employment, an eligible full-time employee must complete 90 calendar days before being able to utilize his/her accrued sick time hours. An eligible full-time employee will be compensated for up to a maximum of 70 sick time hours in any one calendar year.

Permanent Part-time Employees: (does not include per-diem or DWI Instructors)

Eligible permanent part-time employees shall accrue paid sick time benefits at a rate of 1 hour of benefit for every 40 hours of paid work. During the first year of employment, an eligible part-time employee must complete 680 hours of work before being able to utilize his/her accrued sick time hours. An eligible-part time employee will be compensated up to a maximum of 40 sick time hours in any one calendar year.

If there is a break in service, the employee forfeits any and all accrued sick time, however, he/she does not lose credit for the hours previously worked for the purpose of calculating the initial, one time 680 hour waiting period.

All Eligible Employees:

Paid sick leave can be used in minimum increments of one-half hour.

An eligible employee may use sick leave benefits for an absence due to (a) his/her own illness, injury or health condition; the medical diagnosis, care or treatment or preventative medical care of that illness, injury or health condition; or preventative medical care for himself/herself; (b) the employee’s child’s or spouse’s illness, injury or health condition; the medical diagnosis, care or treatment or preventative medical care of that illness, injury or health condition; or preventative medical care for the employee’s child or spouse; and (c) where the employee has been the victim of family violence or sexual abuse, for medical care, counseling, services received from victim services organizations, relocation, and participation in any civil or criminal proceedings related to the domestic violence or sexual abuse.

An employee may choose to work additional hours during the same or following pay period as a replacement for time lost which would qualify for sick time benefits under this policy without using any accrued sick time benefits, with the agreement and consent of his/her supervisor.
Employees who are unable to report to work and wish to utilize their accrued sick time benefit should notify their direct supervisor in advance before the scheduled start of their workday. The direct supervisor must also be contacted on each additional day.

If an employee is absent for three or more consecutive days due to illness or injury, a written physician's statement must be provided to the HR Department verifying the illness/injury and its beginning and expected ending dates. If the absence is the result of domestic or sexual abuse, the provision of a court record or documentation signed by a service worker or volunteer working for a victim services organization, an attorney, a police officer or other counselor involved with the employee shall be considered reasonable documentation. Such verification may be requested for other sick leave absences as well and may be required as a condition to receiving sick leave benefits.

Before returning to work from a sick leave absence related to illness or injury of five calendar days or more, an employee must provide the HR Department with a physician's verification that states he/she may safely return to work and lists any restrictions on his/her employment activities.

Sick leave benefits will be calculated based on the employee's base pay rate at the time of absence and will not include any special forms of compensation, such as incentives, commissions, quality plan awards or shift differentials.

A maximum of 40 hours of unused accrued sick time benefits can be carried forward from one year to the next.

As an additional condition of eligibility for sick leave benefits, an employee on an extended absence must apply for any other available compensation and benefits, such as workers' compensation. Sick leave benefits will be used to supplement any payments that an employee is eligible to receive from state disability insurance, workers' compensation or CT Renaissance provided disability insurance programs. The combination of any such disability payments and sick leave benefits cannot exceed the employee's normal weekly earnings.

Sick leave benefits are intended solely to provide income protection for the situations enumerated above and may not be used for any other absence.

Unused sick leave benefits will not be paid to employees while they are employed or upon termination of employment.
VACATION BENEFITS

Vacation time off with pay is available to eligible employees to provide opportunities for rest, relaxation and personal pursuits.

Employees in the following employment classification(s) are eligible to earn and use vacation time as described in this policy: regular full-time employees and full-time introductory employees who have completed 180 calendar days of employment. If an employee is in a new position within the agency, they will become eligible to take vacation time after 90 days in their new role, unless previously scheduled and approved by their supervisor.

The amount of paid vacation time employees receive each year increases with the length of their employment by CT Renaissance in any capacity as shown in the following schedule; unless otherwise specified by the Chief Executive Officer.

VACATION EARNING SCHEDULE

<table>
<thead>
<tr>
<th>INITIAL ELIGIBILITY</th>
<th>INCREASED TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEO, CFO, &amp; Directors</td>
<td>Four Weeks</td>
</tr>
<tr>
<td>Supervisors, Coordinators &amp; Assistant Directors</td>
<td>Three Weeks</td>
</tr>
<tr>
<td>All Other Employees</td>
<td>Two Weeks</td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>None</td>
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<tr>
<td></td>
<td>After Three Years, Four Weeks</td>
</tr>
<tr>
<td></td>
<td>After Three Years, Three Weeks, After Six Years, 4 Weeks</td>
</tr>
</tbody>
</table>

Vacation is accrued on the following basis:

- Ten vacation days (2 weeks) accrued at .84 days per month worked or 2.69 hrs per payroll.
- Fifteen vacation days (3 weeks) accrued at 1.25 days per month worked or 4.04 hrs per payroll.
- Twenty vacation days (4 weeks) accrued at 1.67 days per month worked or 5.38 hrs per payroll.

The length of eligible service is calculated on the basis of a "benefit year." This is the 12-month period that begins when the employee starts to earn vacation time. An employee's benefit year may be extended for any significant leave of absence except military leave of absence. Military leave has no effect on this calculation. (See individual leave of absence policies for more information.)

Once employees enter an eligible employment classification, they begin to accrue vacation time according to the schedule. However, before vacation time can be used, a waiting period of 180 calendar days must be completed. After that time, employees can request use of accrued vacation time.

Paid vacation time can be used in minimum increments of one half hour. To take vacation, employees shall request advanced approval from their supervisors. Requests will be reviewed based on a number of factors, including business needs and staffing requirements. Where there
is a vacation conflict that is not mutually resolved between the individuals, seniority will be the determining factor.

Vacation time off is paid at the employee's base pay rate at the time of vacation. It does not include overtime or any special forms of compensation such as incentives, commissions, bonus or shift differentials.

As stated above, employees are encouraged to use available paid vacation time for rest, relaxation, and personal pursuits. In the event that all accrued available vacation is not used by the end of the benefit year, employees may carry forward accrued vacation up to a maximum of 50% of that year's base vacation accrual (excluding and amounts carried forward from the prior year). Under unusual circumstances the Chief Executive Officer can authorize the carry over of additional accrued vacation time.

Upon termination of employment, employees who have completed 180 days of employment will be paid for unused vacation time that has accrued through the last day of work provided that the requested notice time was provided at the time of resignation (one month for exempt employees and 2 weeks for non-exempt employees). If the requested notice time was not given, the employees will be paid 50% of their accrued vacation time. During the resignation notice period, an employee may not be permitted to use vacation, personal or paid sick time.
TIME OFF TO VOTE

CT Renaissance encourages employees to fulfill their civic responsibilities by participating in elections. Generally, employees are expected to find time to vote either before or after their regular work schedule. If employees are unable to vote in an election prior to or after their working hours, CT Renaissance will grant up to one hour of paid time off to vote subject to the operational needs of the agency.

Employees should request time off to vote from their supervisor at least two working days prior to the Election Day. Advance notice is required so that the necessary time off can be scheduled at the beginning or end of the work shift; whichever provides the least disruption to the normal work schedule.

Policy Last Updated on 4/14
WITNESS DUTY

CT Renaissance encourages employees to appear in court for witness duty when subpoenaed to do so.

If an employee has been subpoenaed in a court action related to CT Renaissance's activities, they will receive paid time off for the entire period of witness duty.

Employees will be granted unpaid time off to appear in court as a witness required by an action not related to CT Renaissance's activities. Employees are free to use any available paid leave benefit (PTO) to receive compensation for the period of this absence.

The subpoena should be shown to the employee's supervisor immediately after it is received so that operating requirements can be adjusted, where necessary, to accommodate the employee's absence. The employee is expected to report for work whenever the court schedule permits.

Policy Last Updated on 4/14
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## PERSONNEL – PAY PRACTICES

**PAY PRACTICES**
- Pay Days
- Timekeeping
- Direct Deposit
- Pay Advances
- Pay Deductions & Setoffs
- Administrative Pay Corrections
- Severance Pay
PAY DAYS

Connecticut Renaissance processes payroll for all employees on a bi-weekly basis, no later than Friday. Under normal circumstances, Direct Deposits will be initiated on Wednesdays so that they are available in employees' bank accounts by Friday. Manual paychecks (and pay stubs, for those employees receiving Direct Deposit) are distributed on Thursdays.

Policy Last Updated on 4/14
TIMEKEEPING

POLICY

Accurately recording time worked is the responsibility of every employee. Federal and state laws require CT Renaissance to keep an accurate record of time worked in order to calculate employee pay and benefits. Time worked is all the time actually spent on the job performing assigned duties. Connecticut Renaissance utilizes an electronic time keeping system.

PROCEDURE

All employees should accurately record the time they begin and end their work, as well as the beginning and ending time of each meal period. They should also record the beginning and ending time of any split shift or departure from work for personal reasons. Overtime work must always be approved before it is performed.

Exempt staff must enter their time worked into the electronic timekeeping system. At a minimum of weekly exempt staff must approve their time worked after accurate entry. The next level supervisor is then required to approve that time.

Non-exempt staff must clock in and clock out for hours worked within the electronic timekeeping system. At a minimum of weekly staff must approve their hours worked within the electronic system. The next level supervisor is then required to approve that time.

Altering, falsifying or tampering with time records or recording time on another employee’s time record may result in disciplinary action, up to and including termination of employment.

It is the employee’s responsibility of the employee to approve his / her electronic time record weekly and prior to the processing of payroll. If a timesheet is not submitted timely or approved by the employee, the agency will make its best estimate of time worked, so as to ensure payment. Any necessary adjustments will be made in the next payroll cycle. The supervisor will review and approve the time records for designated staff each week before submitting it for payroll processing. In addition, if corrections or modifications are made to the time record, both the employee and the supervisor must verify the accuracy of the changes.

Policy Last Updated on 4/14
DIRECT DEPOSIT

CT Renaissance encourages all employees to utilize the Direct Deposit payroll service. Employees can designate one or more bank accounts to which their pay checks can be electronically deposited. Forms needed to set up, or modify, an employee's Direct Deposit are available in the HR Department.

Policy Last Updated on 4/14
PAY ADVANCES

Neither pay advances nor extensions of credit on unearned wages will be provided to employees.

Policy Last Updated on 4/14
PAY DEDUCTIONS AND SETOFFS

The law requires that CT Renaissance make certain deductions from every employee's compensation. Among these are applicable federal, state, and local income taxes and the employee portion of social security as payroll taxes. CT Renaissance offers programs and benefits beyond those required by law. Eligible employees may voluntarily authorize deductions from their paychecks to cover the costs of participation in these programs.

CT Renaissance must also comply with any court ordered deductions for child support, garnishments, or tax liens. These deductions will be fully discussed with the employee prior to implementation.

If you have questions concerning why deductions were made from your paycheck or how they were calculated, your supervisor and/or the HR Department can assist in having your questions answered.

Policy Last Updated on 4/14
ADMINISTRATIVE PAY CORRECTIONS

CT Renaissance takes all reasonable steps to ensure that employees receive the correct amount of pay in each paycheck and that employees are paid promptly on the scheduled payday.

In the unlikely event that there is an error in the amount of pay, the employee should promptly bring the discrepancy to the attention of their supervisor and then in turn the supervisor will contact the Finance Department so that corrections can be made as quickly as possible.

Once underpayments are identified, they will be corrected as soon as possible.

Overpayments will also be corrected in the next regular payroll unless this presents a burden to the employee (where there is a substantial amount owed). In that case, CT Renaissance will work with the employee to arrange a repayment schedule to minimize any hardship.

In the event that an employee does not submit a timesheet timely, pay will be based on estimated hours worked. Manuel adjustments will be made in the next payroll cycle.

Policy Last Updated on 4/14
SEVERANCE PAY

CT Renaissance does not grant severance pay to employees whose employment is terminated. However, CT Renaissance reserves the right to make exceptions to this policy in the event of unusual circumstances in its sole and absolute discretion of the Chief Executive Officer.

Policy Last Updated on 4/14
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## PERSONNEL – TRAINING

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<td>Evaluation of Training Needs</td>
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<tr>
<td>Trainer Incentives</td>
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TRAINING AND DEVELOPMENT

As an integral part of its commitment to excellence in the delivery of client services, Connecticut Renaissance encourages the continuous growth and development of all staff members. In addition to encouraging staff members to pursue outside educational programs, CT Renaissance sponsors on-going training opportunities on and off site. It is expected that staff members will participate in those programs, as determined through annual goal setting and performance evaluations.

CT Renaissance shall reimburse regular full time and regular part time (working at least 30 hours per week) employees for the certification and licensing fees associated with the following licensures/certifications: LADC, LCSW, LMFT, LPC, CAC, CCS and SCPG. Part time employees with a regular work schedule of 29 hours per week or less shall be reimbursed at a rate of 50% of the fees for eligible licensures/certifications. Employees must submit a purchase order signed by their supervisor along with a proof of payment to be eligible for reimbursement. Fees associated with other licensures and certifications are not reimbursable.

The agency is committed to providing 40 hours of training and development opportunities annually for each full time employee and a proportional amount for part time employees. The new employee orientation program as well as the mandatory training for employees is included in these 40 hours. Staff working in co-occurring capable or enhanced programs must also participate annually in an additional 12 hrs of training that focus on the treatment of persons suffering from co-occurring disorders. Other development opportunities to fulfill this training and development commitment are available through competency based training and seminars related to the population served and the services provided, including the treatment of co-occurring disorders. Trainings are offered both internally and externally as well as specific course work at accredited colleges and universities.

The type of training received should be directly related to the staff member’s current job responsibilities/requirements, services provided and the population served. The immediate supervisor and the respective COO shall approve all reimbursable training and education programs. Connecticut Renaissance encourages employees to continue their education and training to every extent possible without compromising clinical care, and shall adjust scheduling whenever possible.

IN-SERVICE TRAINING

Program Supervisors in conjunction with the HR & Quality Departments shall be responsible for oversight of all in-service training. In-service training may be presented by qualified staff or by outside consultants, recognized professional associations, credentialing and licensing bodies and use a variety of different formats such as lecture, films, and/or literature review. Staff shall attend mandatory annual training on prevention of violence and the management of unsafe behaviors, co-occurring disorders, confidentiality, client rights, ethics and cultural sensitivity. Furthermore staff shall attend additional mandatory trainings based on job position requirements.

OUTSIDE TRAINING

Training which occurs outside the agency may include, but is not limited to, attendance at conferences, seminars, institutes, continuing education courses, workshops, trainings conducted by recognized professional associations, credentialing and licensing bodies. Supervisors must approve all outside training in order to adjust schedule and determine reimbursement eligibility.
Supervisors shall encourage outside training and education by adjusting the schedule whenever possible taking into consideration the client and program needs. Reimbursement is at the discretion of CT Renaissance and may include, but is not limited to mileage, parking, registration fees, etc. with prior approval of the Program Supervisor and / or the respective COO. When CT Renaissance requests an employee to attend an outside training, the employee shall be reimbursement eligible. When an employee requests or chooses to attend an outside training for personal development the employee must receive prior reimbursement approval from their supervisor and / or COO.

**EVALUATION OF TRAINING NEEDS**

Staff training needs shall be monitored on an annual basis at the time of the annual performance evaluation. A training needs assessment is incorporated in the performance evaluation.

Staff members shall be assisted in moving toward eligibility for promotion should a vacancy arise or towards greater responsibility in whatever endeavors apart from Connecticut Renaissance he / she is interested.

*Policy Last Updated on 4/14*
TRAINING REQUIREMENTS

POLICY

Connecticut Renaissance is dedicated to ensuring that staff are knowledgeable in all areas that may affect their job performance and the customer. All employees shall undergo initial and ongoing trainings as required.

PROCEDURE

Corporate Compliance education shall be offered during New Employee Orientation. It shall also be incorporated into the Ethics workshop.

All persons responsible for billing and coding shall undergo initial and ongoing training in an effort to maintain regulatory compliance and to reduce errors. Such trainings may be attended through external vendors.

Personnel shall receive competency-based training in the area of Fire Safety and Emergency Procedures upon hire and annually. The training shall incorporate the following areas: Health and safety practices, identification of unsafe environmental factors, emergency procedures, evacuation procedures, identification of critical incidents, reporting of critical incidents, and reducing physical risks. As well, safety issues that arise while providing services in the community shall be addressed.

Vehicle Safety training shall be provided to all persons who are listed on the agency’s “Driver” list.

Supervisors shall undergo a review on Writing Performance Appraisals and Measurable Goals. This training will be offered as needed.

Sexual Harassment shall be offered to all employees during New Employee Orientation and to supervisors every 2 years thereafter.

Initial and Ongoing training updates for all personnel employed shall cover Rights of the Person Served, Confidentiality, Ethics & Professional Conduct; Person-and Family-Centered Services; Cultural Competency; Workplace Violence.

All direct service staff shall participate in competency-based training that addresses Person / Family Centered Treatment Planning and Chart Documentation. The training shall include – areas that reflect the specific needs of the persons served, appropriate clinical skills, individual plan development, interviewing skills, program related research-based treatment approaches.

All direct service staff shall participate in Crisis Intervention training which shall include recognizing and responding to a person who may be in crisis or may be approaching a level of crisis, de-escalation techniques, dealing with the acting out person and handling crisis services while working in the community.

All direct service staff shall participate in appropriate ongoing training and education regarding pharmacotherapy.

Each employee shall sign a signature form to verify attendance and complete an instructor evaluation and post-test if applicable. If a training was attended through an external organization, staff must present the Quality and HR Departments with a copy of a sign-in form and / or a certificate in order for the training to meet the agency’s training requirements. Initial trainings completed through the Supervisor orientation process shall be documented on the orientation form and maintained in Personnel files.

Policy Updated: 4/14
**OUTLINE OF TRAINING REQUIREMENTS**

The required format of which staff must complete trainings will be based on full / part time employment status. It is recognized that part time staff have increased scheduling conflicts in completing their annual required trainings. Training requirements are outlined by:

1. Full Time
2. Part Time – Clinical Program Excluding Doctors
3. Part Time – Non-Clinical or other then Program Staff
4. Part Time – Doctors

Part Time staff including the Doctors will be required to complete self study or the computer training modules for each required training. A post-test will be completed and reviewed by the immediate supervisor and then sent to the QI Department. If a computer training module is available, then Connecticut Renaissance will not pay the staff person to participate in a “live” training outside of their regularly scheduled work hours. However staff will receive their hourly pay for attending First Aid and CPR classes.

<table>
<thead>
<tr>
<th>Training</th>
<th>Staff Eligible for Annual Computer Training Module</th>
<th>Staff That are Required to Attend Live Trainings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethics, Confidentiality &amp; Client Rights</td>
<td>Administration, Administrative Assistants, Billing Specialists, Cooks, Maintenance Staff, Night Watchmen and Part-Time Staff</td>
<td>Full-Time Adolescent &amp; Adult OP Staff, Staff Performing Clinical Duties, Staff Performing Case Management Duties &amp; Program Supervisors</td>
</tr>
<tr>
<td>Crisis Intervention</td>
<td>Administration, Administrative Assistants, Billing Specialists, Cooks, Maintenance Staff, Night Watchmen and Part-Time Staff</td>
<td>Full-Time Adolescent &amp; Adult OP Staff, Staff Performing Clinical Duties, Staff Performing Case Management Duties &amp; Program Supervisors</td>
</tr>
<tr>
<td>Treatment Planning &amp; Chart Documentation</td>
<td>Administration, Administrative Assistants, Billing Specialists, Cooks, Maintenance Staff, Night Watchmen and Part-Time Staff</td>
<td>Full-Time Adolescent &amp; Adult OP Staff, Staff Performing Clinical Duties, Staff Performing Case Management Duties &amp; Program Supervisors</td>
</tr>
<tr>
<td>Sexual Harassment</td>
<td>Supervisors must complete Computer Training Module Every 2 Years. (see the “Staff Training Schedule” in the Public Folder to see when you are due for this training.</td>
<td>All staff should attend this training once during their New Employee Orientation. If for any reason they do not, they may attend the next N.E.O.</td>
</tr>
<tr>
<td>Cultural Competency</td>
<td>N/A – Only Offered Through Scheduled Trainings.</td>
<td>All Program Staff (including administrative staff)</td>
</tr>
<tr>
<td>Pharmacology</td>
<td>Part Time Direct Service Staff</td>
<td>Full-time Adolescent &amp; Adult OP Staff (excluding administrative staff)</td>
</tr>
<tr>
<td>CPR &amp; First Aid</td>
<td>N/A – Only Offered Through Scheduled Trainings.</td>
<td>Any Staff who may be alone in a facility with a client</td>
</tr>
<tr>
<td>Infection Control</td>
<td>All Staff not due for First Aid Training in the same training year.</td>
<td>New Employees and Staff Attending First Aid Training</td>
</tr>
<tr>
<td>Evidenced Based Treatment Models</td>
<td>N/A – Currently Only Offered Through Scheduled Trainings.</td>
<td>All Program Staff using EBT Models must attend an Initial Training &amp; Annual Booster Training</td>
</tr>
<tr>
<td>Fire Safety and Emergency Procedures</td>
<td>All staff, who have completed initial orientation with their Supervisor</td>
<td>Live training not offered after NEO</td>
</tr>
<tr>
<td>Work Place Violence</td>
<td>All staff, who have previously attended a “live” training</td>
<td>Live training not offered after NEO</td>
</tr>
<tr>
<td>Corporate Compliance</td>
<td>All staff, who have previously attended a “live” training</td>
<td>Live training not offered after NEO</td>
</tr>
</tbody>
</table>
In addition to the above mandatory trainings, CT Renaissance offers trainings that promote competency in the area of co-occurring skills. Staff members working in co-occurring capable or enhanced programs are required to participate in a series of trainings that address the care and treatment of individuals who suffer from both mental health and addiction issues. Below are a list of training that CT Renaissance offers for both direct care and clinical staff. Staff may attend the in-house training or external trainings that are approved by the Clinical Director and Program Director. Staff whether direct care or clinical must participate in a minimum of 12 hrs of co-occurring treatment related trainings per year.

Co-Occurring Competency Trainings

<table>
<thead>
<tr>
<th>Direct Care Staff</th>
<th>Clinical Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>hrs</td>
<td>hrs</td>
</tr>
<tr>
<td>Basic Counseling Skills</td>
<td>Stage-Wise Interventions</td>
</tr>
<tr>
<td>Mental Health First Aid</td>
<td>MET 1 &amp; MET 2</td>
</tr>
<tr>
<td>Intro. To Co-Occurring Disorders</td>
<td>DDCAT</td>
</tr>
<tr>
<td>Trauma Informed Care</td>
<td>Trauma Informed Care</td>
</tr>
<tr>
<td>MET 1</td>
<td>DSM-V</td>
</tr>
<tr>
<td>DDCAT</td>
<td>Understanding Anxiety Disorders &amp; Addictions</td>
</tr>
<tr>
<td>Risk Assessment</td>
<td>Understanding Personality Disorders &amp; Addictions</td>
</tr>
<tr>
<td>Group Facilitation Skills</td>
<td>Risk Assessment</td>
</tr>
<tr>
<td></td>
<td>Using Creative Therapies in the Treatment of Co-Occurring Disorders</td>
</tr>
</tbody>
</table>

Oversight of completion of required trainings is the responsibility of each individual staff person and their immediate supervisor.

- Each staff and Supervisor will have a responsibility listed on their job description that states completion or ensure staff completion of all mandatory trainings.
- Any staff person, who does not complete their annual required trainings will be given a “0” on their annual appraisal under the category of “Innovation and Learning.”
- Supervisors in addition to listing oversight of staff participation in trainings on their job descriptions will also be given a goal in the area of “Operations” to ensure that all direct reports attend mandatory training or complete their computer training modules as required.
- Supervisors with 100% of their employees fulfilling their training responsibilities will be granted a half day off.

The training calendar will be designed so as to offer 2-3 trainings each quarter at various locations and times. Staff will be responsible for checking the calendar and attending the trainings as required. Trainings will not be offered again once their designated quarter has ended. Each month the QI Department will send out and email advertising the month’s trainings.

CEU’s: Any staff member, this includes FACILITATORS, wishing to use CTR training hours towards their licensure or certification will need to attend trainings “LIVE” Computer Module Trainings cannot be counted toward CEU’s per the CCB.

Updated 4/14
TRAINING REQUIREMENTS FOR PART-TIME STAFF AND INTERNS

Policy

It is important that part-time staff and interns receive annual and on-going trainings for professional growth and development.

Procedure

- All part-time staff and interns will be required to attend New Employee Orientation and will get initial trainings with their Supervisor as noted on the New Employee Orientation Checklist.
- CPR and First Aid are not required for interns, but are required for part-time employees.
- All part-time staff (and interns if they have been volunteering for longer than a year) will be responsible for timely, annual completion of the computer training modules, which cover each mandated / required CTR training.
- However, the following trainings must be completed in an interactive manner:
  - CPR and First Aid – must attend a live session with Certified Instructor
  - Pharmacology - must attend a live session with an agency deemed qualified trainer
  - Treatment Planning / Chart Documentation – must be completed with Supervisor
  - Ethics, Confidentiality and Client Rights – must be completed with Supervisor
- Part-time staff may attend the “live” trainings if they choose. “Live” trainings typically qualify for CCB approved CEU’s.

Policy Revised 4/14
TRAINING IN CONDUCTING ASSESSMENTS

Policy

Connecticut Renaissance will ensure that assessments are conducted by qualified personnel. Staff conducting assessments will be trained on how to administer the tools prior to conducting an assessment on their own. Connecticut Renaissance shall also ensure that assessments are delivered in a manner of which is understood by the person served.

Procedure

- The person conducting an assessment / initial evaluation shall be considered an allied health professional. The staff person must have obtained an applicable Master’s degree and is license eligible, be a Certified Addictions Counselor or hold an applicable license such as LADC, LPC, LCSW or an LMFT.
- All persons conducting assessment interviews shall be trained prior to conducting the assessments. This includes a supervisor demonstration of how to use TIER and / or ISSP along with peer training.
- Adolescent staff are required to attend training presented by their funders on how to conduct each of their various assessment tools.
- Staff assigned to perform evaluations and assessments are also trained in conducting the tool in a manner which is understood by the client. Language barriers may result in alternate staff being assigned to the case, so as to ensure adequate understanding of the assessment process.
EVALUATION OF TRAINING NEEDS

POLICY

Staff training needs shall be monitored on an annual basis at the time of the annual performance evaluation. A training needs assessment is incorporated in the performance evaluation.

Staff members shall be assisted in moving toward eligibility for promotion should a vacancy arise or towards greater responsibility in whatever endeavors apart from Connecticut Renaissance he/she is interested.

PROCEDURE

- It is the responsibility of both the staff and Supervisor to ensure that all internal required trainings are attended within the required time frames.
- The HR and QI Department shall send out training announcements and invitations. Again, the staff and Supervisor must ensure for attendance at the inservice. Should a staff be unable to attend due to a client emergency, the staff must again make every effort to attend the next available training.
- Staff shall adhere to the training requirements of their individual program contracts. The funding source shall designate such requirements.
- Staff and Supervisors shall also explore other external relevant trainings that will assist in competency and professional growth.
- As well, at any time, a Supervisor feels that training or re-training would benefit the skill levels of staff, discussion shall take place between the supervisor and the staff to determine an appropriate course that shall meet the needs of the staff. The HR & QI Departments can also be contacted for suggestions on training opportunities.

Policy Updated 4/14
TRAINER INCENTIVES

POLICY

Facilitating the various mandatory trainings can be a time consuming effort on the part of employees who have assumed such responsibilities outside of their regular job functions. Because much of the organization, preparation and actual trainings take place in addition to daily responsibilities, trainers shall be eligible for time off as an incentive to facilitate training opportunities to personnel.

PROCEDURE

If a staff member conducts a training, the following scale shall apply as incentive for the time and planning in facilitating staff inservices:

- Training for outside agencies = 1 – 7 hour day off (no min or max time)
- 1 hour inservice = 2 hours off
- 2-3 hour inservice = 4 hours off
- 4 + hour training = 1 – 7 hour day off
- If a staff person conducts 3 or more 4 hour trainings throughout a 1 year period, the staff person would receive a trip to the fishbowl in addition to the above earned compensation. Nomination would follow 1 month after completion of the last training.

All time off requests must be granted through the Human Resources Department in conjunction with the employee’s supervisor before it is taken.

This policy does not apply to Program Supervisors who are providing trainings to their own staff on a programmatic basis (Fire Safety and Emergency Procedures, Vehicle Safety, Workplace Violence and Chart Documentation and Treatment Planning, Crisis Intervention, Ethics… would be such inservices that would not fall within the parameters of this policy)

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SAFETY RULES & PROCEDURES
Safety Policy
Safety Security Health Committee — (also under Quality)
Facility Inspections, Maintenance and Repair
External Inspections
Fire Prevention
Hazardous Materials
Safety and Non-Violence
Weapons (also under Operations)
Pest and Vermin Control (Residential)
Providing Services Off Site
SAFETY POLICY

POLICY

It is the policy of Connecticut Renaissance to provide employees, persons served, volunteers, and visitors with a safe environment free from hazards.

PURPOSE

The purpose of this policy is to define procedures that will ensure a safe environment in compliance with applicable local, state, and federal requirements and to maintain a continuing awareness of all safety issues.

RESPONSIBILITIES

A. Employee

It is the responsibility of every employee to ensure their own safety as well as the safety of those around them. This is accomplished by wearing protective equipment, reporting any hazards that may cause unsafe working conditions, not engaging in potentially unsafe activities, refraining from threatening and violent acts and attending orientation and continuing education programs.

B. Supervisor

It is the responsibility of supervisors to:

1. Orient all employees and provide continuing educational programs.
2. Participate in hazard surveillance programs.
3. Maintain, review, and investigate all accident/incident reports.
4. Report significant findings and recommendations to administrative staff and other involved departments.

C. Administration

It is the responsibility of Administration to provide adequate safety education and protective equipment for use by their employees.

Policy Last Updated on 4/14
SAFETY, SECURITY & HEALTH COMMITTEE

PURPOSE:

The purpose of this policy is to establish a safety, security and health committee to promote health, safety and security in all places of employment. The committee shall bring the persons served, employers and employees together in a non-adversarial, cooperative and effective effort to promote safety, security and health at each work site. The committee is responsible for developing appropriate health, security and safety policy and procedures.

COMPOSITION OF THE COMMITTEE:

1. The Employee and persons served members shall be selected throughout the agency and at least 1 staff from each facility shall participate on the committee.
2. Committee members shall represent the following departments: Direct Service, Maintenance, Food Service, Counseling, and Management.

FACILITY SAFETY AND MAINTENANCE:

Monthly self-inspections shall be conducted of all agency locations. These inspections will be the responsibility of the Safety Committee. The areas covered in these inspections include common spaces and offices, bathrooms, stairways, grounds, general safety, equipment, and fire safety. In addition the Safety Committee shall review all agency incidents for patterns and trends.

RESPONSIBILITIES OF THE COMMITTEE:

1. The committee shall meet quarterly or more often as needed.
2. A roster shall be kept containing the names and departments of all committee members.
3. Names of current committee members shall be posted, to ensure that all employees can readily contact them with their concerns.
4. The chair-person shall keep minutes of the meeting and make them available, upon requests, to the Worker’s Compensation Commissioner.
5. The employer shall retain these records for three years.
6. Safety surveillance rounds shall be reviewed at a minimum quarterly.
7. Accidents/incidents shall be reviewed at a minimum quarterly.
8. Emergency drills shall be reviewed at a minimum quarterly.
9. The chair person shall prepare reports and recommendations which shall be presented to the leadership and insurance broker as appropriate for further risk management analysis.

TRAINING:

All members of the committee shall be trained in their rights and responsibilities as committee members upon becoming safety committee members.

COMPENSATION:

Any employee, who participates in committee activities in their role as a committee member, shall be compensated for all hours worked.

Policy Last Updated 4/14
FACILITY INSPECTIONS, MAINTENANCE & REPAIRS

POLICY
All facilities shall be in compliance with the sanitation and health codes of State and local jurisdictions. Sanitation and safety inspections covering internal and external areas of the facility shall be conducted weekly at the residential facility and monthly at all other facilities. Each shift will conduct a self-inspection at least twice per year. Housekeeping and maintenance plans shall be in effect to insure that all facilities are clean and in good repair. Any deficiencies cited during a facility inspection shall be reported to the unit supervisor. The unit supervisor shall work in-conjunction with internal and external resources as necessary to develop corrective action plans and remedy deficiencies.

PROCEDURES
A. Compliance
The Chief Executive Officer in conjunction with the Chief Clinical/Operations Officers and program supervisors shall ensure that all facilities are in compliance with applicable sanitation and health codes and shall obtain annual documentation of same. Contractual agreements will be reviewed in order to assess how adequate the service has been.

B. Facility Inspections
1. The program supervisor or designee shall thoroughly inspect internal and external areas each week at residential facilities and monthly at all other facilities to ensure that every room is adequately maintained, equipment is functional and in good repair, vehicles are in safe operating condition, the grounds are adequately maintained, and sanitation and safety codes are enforced.

2. Each shift in the outpatient facilities shall conduct a self-inspection at least twice per year.

3. A facility inspection checklist, which identifies areas to be inspected shall be completed each time, noting any deficiencies, and promptly provided to the program supervisor. Upon receiving the inspection the program supervisor in conjunction with internal and external resources will respond immediately to ensure safety and sanitation deficiencies are corrected.

4. Completed facility inspection checklist forms are to be retained by the Safety and Health Committee, along with documentation of correction plans and outcomes.

5. Members of the Safety and Health Committee shall, also, conduct safety audits bi-annually to ensure appropriate facility upkeep, review of emergency action drill, accident/incident reports and inspections of fire prevention equipment and vehicles. Checklists are utilized, completed and submitted for review by the Safety Team and Quality Council.

C. Facility Housekeeping
1. General housekeeping, cleanliness and maintenance is a function accomplished by persons served as well as employees.

2. Daily, employees shall maintain the integrity of general work areas, offices, and equipment.

3. Daily persons served shall maintain the integrity of living areas and/or space where agency services are rendered.

4. Deficiencies regarding housekeeping, cleanliness and maintenance shall be reported to the program supervisor and remedied in a timely fashion.
D. Maintenance and Repairs
1. All reports of facility deficiencies shall be investigated by the program supervisor or designee to determine corrective measure action steps. As necessary, internal and external resources shall be contacted and utilized following the organization's chain of command.

2. As necessary or by regulation, the organization shall contract for facility cleaning, housekeeping, and maintenance and repair services. Maintenance of facility equipment shall follow general industry standards, warranty information, and/or use specifications.

3. Non-emergency repairs generally shall be completed within seven days.

4. Emergency repairs such as those if not corrected immediately may endanger the health and safety of employees, persons served, volunteers, and visitors, disrupt program functioning or cause excessive property damage shall be completed within 24-hours.

E. Pest and Vermin Control
1. Each residential facility will maintain a contractual agreement for pest and vermin control.

2. Each residential facility will be exterminated once-monthly as a preventative measure.

3. The program supervisor may also authorize additional exterminations as necessary.

F. Trash and Garbage Removal
1. Each facility will maintain a contractual agreement for trash and garbage removal.

2. Each facility will have trash and garbage removed weekly.

3. The program supervisor may also authorize additional trash and garbage removal as necessary.
EXTERNAL INSPECTION

POLICY

There shall be annual external inspections conducted at all facilities where services are delivered and administration provided.

PROCEDURE

- On an annual basis the Fire Marshal shall conduct an inspection of all sites for licensure purposes.

- A written report of findings will be forwarded to the Chief Clinical/Operations Officers. The report will include areas inspected, areas needing improvement and recommended corrective action.

- A copy of the results of these inspections will be reviewed with the Chief Executive Officer with timelines identified for correction of all deficiencies found.

- This information will also be reviewed in the Safety and Health Committee.

- The Chief Clinical/Operations Officers shall be responsible to ensure all deficiencies are corrected.

- Completed inspection reports shall be retained by the Director of Quality Improvement along with documentation of corrective action plans and outcomes.
FIRE PREVENTION

POLICY

All agency facilities shall have an adequate fire protection service plan and remain in compliance with local and state fire safety regulations and codes. At all times agency facilities shall ensure the safety for staff, clients, volunteers, and visitors.

Adequate fire protection equipment at facility locations shall be provided. Fire inspections and testing of equipment shall be conducted at least quarterly. Fire and smoke detection alarm systems shall be tested monthly during emergency drills, and all facilities shall be inspected annually by the local fire officials.

Personal electrical equipment (hairdryers, shavers, etc.) are to be used only on circuits directly attached to outlets. Extension cords are prohibited. All wiring with exposed, frayed or taped cords are strictly forbidden.

All storage areas, basements, attics, stairwells, and exits shall be clear and uncluttered. All storage arrangements shall not obstruct exits or access to fire extinguishers.

PROCEDURES

The Program Director shall be responsible for seeing that the facility remains in compliance at all times with all applicable local and state fire safety regulations and codes.

1. As part of the facility inspection (weekly for residential and monthly for outpatient), a designated staff member shall check for fire hazards or other safety problems, including:
   - Loose or frayed wires or cords.
   - Accumulations of paper products.
   - Flammable liquids or other combustible materials.
   - Blocked, inaccessible or outdated fire extinguishers.
   - Obstructed exits or exit signs.
   - Smoke detectors
   - Emergency lighting

2. Any fire hazards noted are to be reported immediately to the Program Director, or in their absence, to the Chief Clinical/Operations Officer.

3. The Program Director and Chief Clinical/Operations Officer shall determine an immediate course of action to correct the safety hazard. If this involves making a facility repair, they shall follow that procedure, confer with the Chief Executive Officer and once approved proceed immediately with the plan.

4. All identified safety, fire hazards and or violations of fire codes shall be remedied in a timely fashion.
HAZARDOUS MATERIALS

PURPOSE:

Hazardous materials which include but are not limited to bio-hazardous substances, industrial strength cleaning supplies, oil based paints, fluorescent light bulbs, copier toner and computer monitors shall be handled, stored and/or disposed of in a manner that ensures the safety of both staff and persons served.

PROCEDURE:

- Hazardous Materials such as paints or cleaning supplies shall be stored in a locked area when not in use.
- Cleaning products being brought into the facility must remain in the original bottle with the original labeling intact and clearly readable.
- For persons served all such materials shall be used under the supervision of staff or the maintenance staff. Residential facilities maintain a “check out” system for cleaning supplies.
- In the event, a client or staff ingests a hazardous material, poison control and 911 should be called. Emergency First Aid Procedures should be followed.
- Staff are responsible for ensuring that cleaning products or paints are locked in the designated area immediately after use.
- The IT staff shall assume responsibility for the appropriate disposal of computer monitors, batteries or other similar equipment.
- Copier or printer toner shall be recycled by the supplier. Call the designated numbers for pick up of used toner cartridges. Until pick up occurs, cartridges shall be kept in a secure area, so as to reduce risk to persons served.
- The maintenance or cleaning staff shall assume responsibility for the proper disposal / recycling of fluorescent light bulbs.
- Bio-Hazard kits are available in each program for use in the event of a bio-hazard spill. Materials used to clean such spills would be found in the kit and disposed in the bag provided.
- Residential facilities maintain sharps containers for used diabetics and hold a contract for pick up and disposal of sharps.

Policy Update 4/14
SAFETY AND NON-VIOLENCE

POLICY

Connecticut Renaissance will ensure that a safe and secure environment is provided for all employees, clientele, and visitors. The agency will not tolerate any acts or language that could be considered as threatening. Any employee who engages in harassment or violent behavior, is subject to disciplinary action up to and including termination. In addition, this policy prohibits any action by the accused individual that might be construed as retaliatory.

EXAMPLES OF HARASSMENT & VIOLENCE:
While it is not possible to list all those circumstances that constitute harassment and violence, the following are some examples of behavior that are in violation of this policy:

- Use of threatening, intimidating or abusive language and / or misdirected gestures to employees or persons served.
- Use or possession of firearms, explosives, or any other type of weapons on company (company controlled) property.
- Stalking of employees, clientele or visitors.
- Disputes resulting from domestic and / or misdirected affection situations.
- Workplace sabotage or retaliation directed at an employee or person’s served.
- Physical attack of any employee, client or visitor.

Harassment and violence includes any implied threats or acts of retribution or reference to anyone associated with the organization. Anyone who has knowledge of such comments or acts against anyone, must contact their supervisor immediately. If a client believes that they have been subject to harassment or violence, the person served should report immediately to the program supervisor or follow the agency’s “Grievance” policy. All incidents will be investigated upon receiving a report. Reports can be made to program supervisors who will confer with the Chief Human Resources Officer and the designated Chief Clinical/Operations Officer and/or the Chief Executive Officer.

Policy Last Updated 4/14
WEAPONS

POLICY

Staff, clients, and their visitors are strictly forbidden from having firearms and any other weapon or object that may be perceived as a weapon on the premises.

PROCEDURE

- Staff, clients and their visitors shall be advised that possession of firearms and other weapons on the premises is strictly forbidden.
- Any firearm or weapon found on the premises shall be confiscated and turned over to law enforcement authorities.
- Staff found with firearms or weapons on the premises shall be subject to disciplinary action. Clients and visitors found with firearms or weapons on the premises shall be turned over to law enforcement authorities. Clients found in violation are also subject to disciplinary action.
- Law enforcement authorities shall take special precautions with firearms and weapons in their possession.

Policy Last Updated 4/14
PEST AND VERMIN CONTROL

RESIDENTIAL

POLICY

All facilities shall be in compliance with the sanitation and health codes of State and Local jurisdictions. Sanitation and safety inspections covering internal and external areas of the facility shall be conducted weekly at the residential facility and monthly at all other facilities. Housekeeping and maintenance plans shall be in effect to ensure that all facilities are clean and in good repair. Any deficiencies cited during a facility inspection shall be reported to the Program Director. The Program Director shall work in conjunction with Internal and external resources as necessary to develop corrective action plans and remedy deficiencies.

PROCEDURE

- Upon entry to the facility new clients belongings will be screened by the staff in the lobby area.
- All clothing items will be bagged, taken to the onsite laundry facilities washed/dried using water with a temperature of at least 120 degrees Fahrenheit.
- Property entering the building stored in cardboard boxes will be transferred to a plastic bin. All cardboard will be directly disposed of in the outdoor trash receptacle.
- Once clothing is cleaned, it will be brought to the client’s living space for storage.
- Personal Property will be limited to a set amount per client to reduce clutter and ensure that the potential for re-infestation is minimized.
- All property that is authorized by staff to enter the facility must go through this procedure, the exception being new clothing in sealed packages such as under garments or socks.
- A pest elimination firm will treat the units weekly, monthly and/or annually as appropriate based on pest activity over the prior year.

Policy Last Updated 4/14
PROVIDING SERVICES OFF SITE

POLICY

When services are provided outside of the organization, Connecticut Renaissance shall ensure the safety of the persons served and personnel. All personnel providing services off site shall attend training related to the identification of potential risks annually to ensure the safety of clients and personnel. This training shall be attended prior to any staff member rendering services in an off site setting. Furthermore personnel shall be provided information regarding liability during their orientation to Connecticut Renaissance.

PROCEDURE

- During a new employee's orientation to Connecticut Renaissance, all agency policies and procedures are reviewed.
- Employees providing off site services shall receive training regarding potential risks which is incorporated into the mandatory crisis intervention training held on an annual basis.
- The Crisis Intervention training curriculum shall include the identification of potential risks and ways to prevent them including steps to follow in case of emergency.
- Connecticut Renaissance's supervisory staff shall monitor off site services to ensure the safety of staff and clients.
- Adolescent staff are often required to enter neighborhoods or a family's home that may prove to be a risky situation. Staff shall be aware of their surroundings and potential risks. If a staff member is uncomfortable with the environment of which they are entering, they should not enter, but rather contact their supervisor. Depending upon the situation, the supervisor may decide that two staff travel together. If the situation is deemed unsafe, the CCO/COO and supervisor shall discuss the case with the referral source and local authorities to develop an appropriate safety plan.
- Staff who are entering a client’s home, shall be wary of any pets in the home. Staff should report any allergies to animals to their supervisor. If possible, the supervisor shall assign the case to another staff. Staff shall request that any pet be closed off from the meeting area.
- If a staff is attacked by an animal, while providing services in the community, the following procedures should be followed:
  - Request information from the owner regarding the animal’s record of shots.
  - Seek immediate medical attention.
  - Contact the local authorities.
  - Report incident to program supervisor, who will document on incident report as well as report incident to the Chief Human Resources Officer.
- In the event that a client need emergency care, while in the community with staff, the following procedure should be followed:
  - If time permits, notify the program supervisor to explain the situation and confer regarding the plan for the emergency evaluation. The supervisor shall notify administrative staff of the emergency.
  - The emergency contact shall be notified. If they cannot be reached, a message shall be left.
  - IF CLIENT IS IN IMMEDIATE DANGER CALL 911.
  - Stay with the client upon offering reassurance and support utilizing non-violence intervention skills. Provide information as appropriate to emergency medical treatment providers as permitted by Connecticut Statutes regarding release of information.
  - Remain in phone contact with program supervisor.
  - Document all activities in the client record.
Refer to the “Emergency First Aid Procedures” policies for additional procedures in responding to various emergency situations.

- Refer to “Vehicle Accident” policy for procedures in responding to a vehicular accident.
- If a client is acting out, while a staff is transporting them in a vehicle. The following procedures should be followed.
  - The staff shall pull over and follow crisis intervention procedures as well as contact the program supervisor for further instruction.
  - Should the situation become resolved and the driver feels that it is safe to proceed, the driver shall transport the client either home or to the nearest agency facility.
  - If the driver and/or the supervisor feels that the situation remains unsafe, then the client’s emergency contact shall be called to pick up the client or the 911 should be called.
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AGENCY INCIDENT OR ACCIDENT REPORTING

POLICY

Every on-site and off-site incident or accident involving clients, staff, visitors or volunteers shall be immediately reported to the Program Director and recorded on the Incident/Accident form. Incidents or accidents shall be managed in an effective, efficient and timely manner. By definition incidents or accidents shall be reported to internal administrative authorities and external regulatory authorities. Furthermore incidents or accidents shall be reported to law enforcement officials, family members, spouses, next of kin, etc. as required by contractual agreements. Incidents or accidents may involve but are not limited to adverse events, sentinel events, any injury whether or not medical attention was required, damage to property, serious illness, death, use of physical force or any alleged cases of abuse/neglect, breach of security, medication errors, communicable disease/exposure, possession of weapons, bio-hazardous accidents, escape/absconder, vehicular accidents, use or possession of illicit substances, exploitation, suicide threats or attempts and homicide attempts.

PROCEDURE

- As appropriate individuals involved in an accident or incident shall receive prompt emergency medical care.
- The Program Director shall be notified immediately of the incident or accident.
- A written incident or accident report shall be completed by the Program Director or designee within 24-hours following the incident. If the report was written by someone other than the Program Director, the Program Director will review and sign the incident report and forward to the Director of Quality.
- The report shall include the name of the person completing the form, name of the individual or individuals involved in the incident or accident, date and time of the incident or accident, a detailed description of the incident or accident, witnesses to the incident or accident, and any immediate action taken as a result of the incident or accident.
- The Program Director or designee shall be responsible for investigating and managing the incident or accident, notifying appropriate internal administrative authorities and as required external authorities.
- The program director or designee shall forward the incident or accident report to appropriate internal administrative authorities, Safety Committee and as required external authorities.
- The program director or designee shall organize, conduct and document timely debriefings following emergency situations.
- The safety committee shall review quarterly all reported incidents or accidents, formulate and evaluate action plans in an effort to reduce risks, to prevent a recurrence and to ensure a safe, secure environment. The committee shall conduct a thorough analysis to identify potential causes and trends, actions for improvements, results of improvement plans, training and educational needs and means for preventive action.

REGULATORY AUTHORITY REPORTING REQUIREMENTS

1. Public Health

The Chief Executive Officer or designee shall report any incident or accident within Class A or B to the Department of Public Health immediately by telephone, to be confirmed by a
written report within seventy-two hours of said events. Class A accidents or incidents are those that have resulted in a serious condition or death. Class B accidents or incidents are those that have or may interrupt the services provided by the facility. (For the written report guide lines, refer to the Public Health regulations, Section L, Titled Accident or Incident Reports).

2. **Department of Mental Health and Addiction Services**

The Chief Executive Officer or designee shall report critical incidents to the Dept. within three hours by telephone, to be confirmed by a written report uploaded to DMHAS through the DDaP portal system.

Critical incidents are defined as incidents which may have a serious or potential serious impact on DMHAS clients, staff, facilities, or the public or that may bring about adverse publicity. Critical incidents include:

a. The death of a client, on-duty staff member, or visitor to the facility/agency, which is related to a critical incident, suicide, accident, unexplained circumstance or appearance of negligence, including such client deaths that occur up to 30 days after discharge (from any program level), if known;

b. The escape of any client under the jurisdiction of the Psychiatric Security Review Board, patients confined pursuant to Section 54-56d C.G.S., or during a correctional transfer.

c. Any incident involving a client or the agency where it appears reasonable to expect that media coverage will or is likely to occur;

d. Threats by a client who has been assessed by the agency staff to represent a serious risk to the staff, other clients, or others;

e. Any serious suicide attempt including suicide attempts that occur up to 30 days after discharge (from any program level), if known;

f. Serious behaviors, that are committed or allegedly committed on or by clients, on-duty staff, or visitors to a facility or program, that have resulted or may result in a felony arrest, e.g., arson, assault, armed robbery, bomb threat, hostage taking, sexual assault, sale of illegal substances on program premises, etc;

g. Emergency evacuation of program premises, other than for the purpose to conduct a drill;

h. Allegations of client abuse, injury, or violation of confidentiality that have serious consequences or potentially serious consequences;

i. Significant loss or allegations of theft of property or property damages which have or could compromise staff or patient safety;

j. Emergency situations resulting in the notification of federal offices (e.g., FBI, U.S. Secret Service, etc) in conformance with the incident reporting requirements of the respective agency; and
k. Any unexpected death of a DMHAS client beyond 30 days of being actively enrolled in a program. These deaths will be entered into the database as "Not Active Client (NAC)."

Reporting of critical incidents shall take place through the use of an online application available through the DDaP portal. The Chief Executive Director or designee shall enter critical incident reports directly into the DDaP portal.

3. Court Support Services Division

The Chief Executive Officer or designee shall report any incident or accident within Class I or II to the Department immediately by telephone to be confirmed by written report within 24 hours of said events.

Class I Incidents are defined as follows:

a. Death of an on-duty employee, client or visitor in a CSSD office or facility.
b. Any assault on an employee that requires medical treatment.
c. A riot, hostage situation, or group disturbance.
d. An incident which seriously impacts normal operation of the office such as a health emergency or any major destruction.
e. An incident which has the potential to generate significant media, public official or community attention.
f. A significant injury to an employee, client or visitor to a CSSD office or facility, requiring emergency medical treatment.
g. A fire of any type in a CSSD office or facility, resulting in personal injury or property damage.
h. Any alleged sexual assault of a client while in a juvenile detention center.
i. Any alleged sexual or physical assault of a client by a CSSD employee.
j. Use of force by a CSSD employee resulting in client or staff injury.
k. Use of Capstun by a CSSD employee against a client.
l. Any suicide attempt within a facility or office of CSSD.
m. Any escape from a juvenile detention center or secure residential program.

Class II incidents are defined as follows:

n. A client on client fight within a CSSD workplace, or an assault with minor or no injury.
o. Use of force by a CSSD employee upon a CSSD client.
p. A breach of security resulting from damage or defective security equipment and/or security systems.
q. Discovery of any unauthorized drugs or drug paraphernalia, weapons or alcohol at a CSSD work site.
r. Discovery of any item not authorized to be in the possession of a detainee within a CSSD Detention Center.
s. An injury to an on-duty employee, client or visitor, which does not require emergency medical attention.
t. Any assault on an employee not requiring medical treatment.
u. Any assault by a CSSD client on another person that is witnessed by a CSSD employee.
v. Any work-related violent incident or threatening behavior by a CSSD employee.
w. Theft or destruction of state property.
x. Any incident resulting in notification of any law enforcement agency or outside fire department.

y. Any incident, not otherwise described herein, which merits reporting in the judgment of a supervisor.

(For written report guidelines, refer to the Court Support Services Division "Incident Reporting Policy").

4. **Department of Correction**

   The Chief Executive Officer or designee shall report any incident or accident to the Department immediately by telephone, to be confirmed by written report within 24 hours.

   Incidents or accidents are defined as follows:

   Refer to the Court Support Services Division, Class I and II Incidents. Incidents denoting CSSD shall be replaced with DOC.

5. **Department of Children and Families**

   Connecticut Renaissance shall report to DCF (860-550-6529) within a reasonable amount of time, but not to exceed 24 hours, on an incident report form, atypical events or occurrences that jeopardize the health, safety, treatment of care of children and youth, including but not limited to the following: death, injury, illness, attempted suicide, hospitalization, restraint, seclusion, assault, arrest, or any unauthorized absence. The report shall include, but not limited to: date and time of incident, date of report, child or youth’s name, staff involved, summary of incident, actions to prevent the incident, actions taken as a result of the incident, notification of facility administration and / or guardian, and signatures of report writer and supervisor reviewer.
FIRE PROCEDURES

POLICY

Effective plans for responding to fire or other emergencies requiring evacuation shall be maintained. Procedures shall be reviewed annually and updated as needed by changes to physical plant, codes or equipment.

PROCEDURES

- The program supervisor and the Safety and Health Committee chairperson shall be responsible for maintaining up to date effective fire and evacuation plans.
- Staff and clients shall follow RACE procedures in the event of a fire or suspected fire.
  
  R - Rescue persons in immediate danger.
  A - Pull alarm.
  C - Contain fire by closing windows and/or doors.
  E - Evacuate building.

- When notified of fire, smoke, and/or alarm sounding everyone shall leave the building by the closest exit. The staff member in attendance shall be responsible for assisting anyone with special needs in exiting the building.
- If faced with heat and smoke stay close to the floor but keep moving. If trapped, close any door between you and the fire and wait by a window for rescue.
- Upon exiting the building go directly to the designated "safe area" for a head count.
- Do not re-enter the building until informed to do so by the appropriate person.
- Warning Equipment (such as pull stations, alarms/sirens, smoke detectors are located at each site). They are inspected annually.
- Employees are trained on emergency procedures during their on site new employee orientation and annually thereafter.

Policy Last Updated on 4/14
FIRE DRILLS/ EMERGENCY ACTION PLANS & FALSE ALARMS

POLICY

A fire/evacuation drill shall be conducted monthly in all residential, outpatient and administrative facilities on each shift, under varied conditions and during hours when the majority of clients are present in the facility. Drills shall be documented and evaluated as to their effectiveness. Facilities shall be monitored twenty-four hours a day for fire and emergencies requiring the police department. In the event the fire alarm or panic buttons are triggered either the fire department or the local police department will respond immediately.

Emergency Action Plans shall be conducted testing each emergency procedure at least annually on each shift. Testing shall include actual or simulated physical evacuations, evaluation for performance improvement, result in improvement or affirm satisfactory current practice. It shall be the responsibility of the program supervisor to ensure at least quarterly drills during program hours. All drills shall be documented and evaluated as to their effectiveness.

PROCEDURES FOR DRILLS

The program supervisor shall ensure participation in a drill that practices evacuation in the event of a fire; how to handle a workplace threat or violent situation or a bomb threat; what to do in the event of a utility failure, natural disaster or a medical emergency. Drills shall be equally distributed between all three (3) employment shifts per quarter. The program supervisor shall designate a staff member to carry out and document the drill. All clients, staff, visitors, and volunteers occupying the facility at the time of the drill shall be required to participate and evacuate the building.

1. Emergency Action Drills shall be conducted, so as to ensure that each component is tested at least annually on each shift.

2. All clients and staff inside the agency facility at the time of the drill shall be required to participate and evacuate the building.

3. Notify the monitoring company and the local fire department that a drill shall be conducted. Staff shall call the alarm monitoring systems company:

   - Residential facilities - 1-800-221-8922
   - Adolescents & Adults (Admin. and Stamford do not have CTR monitored alarms) - United Alarm Company - 203-775-8788

4. Sound the alarm, noting the date and the exact time the drill begins. Identify the method used to activate the alarm. When utilizing a hard-wired smoke detector or pull station also identify the location.

5. Oversee the drill evacuation and note any problems that occur, including slowness, obstructions, confusion, etc.

6. Once all occupants are out of the building and in the designated "safe area," complete a head count ensuring that all occupants are accounted and present.
7. Note the time, the evacuation was completed (when all occupants had vacated the building) and the total time required to evacuate.

8. Walk the facility and note if all lights were turned off, all doors were closed, all occupants were out of the building.

9. Inform occupants when the evacuation drill is completed so they may re-enter the building.

10. The staff member conducting the drill shall document it on the Fire Drill/Emergency Action Plan form. The staff member conducting the drill shall complete the Emergency Action Record which includes the type of the drill, the scenario and how the staff / clients responded to the incident. If the drill was a fire drill it would also include the length of drill, emergency back up lights checked, exit lights, fire extinguishers, and posted fire plans. Note any improvements needed or actions taken.


12. The form shall be signed, dated and submitted to the program supervisor and Safety & Health Committee chairperson for review.

13. Notify the monitoring company and re-set the alarm system. Notify the local fire department that the drill has been completed.

14. In the event that the fire alarm system or panic button is triggered it will automatically re-set itself.

15. In the residential facilities, the counselor on duty shall be in charge of the remote panic button. The unit shall be passed from shift to shift.

PROCEDURES FOR FALSE ALARMS
1. Staff shall contact the alarm monitoring system company when conducting drills, for false fire or panic button alarms, reporting equipment failure, and or for questions pertaining to the alarm and panic button security systems.
   a. Residential Programs - 1-800-221-8922
   b. Adolescent & Adults – United Alarm Company 203-775-8788
   c. Administration and Stamford would contact the guards at the front desk
   d. Staff shall identify the pass code which is the word STAFF for Residential facilities and the last 4 digits of SS# for the Adult and Adolescent facilities.
   e. For Residential - Identify the systems registration number: Waterbury programs #1410156, Bridgeport programs #0531802.

2. The Stamford and Administration locations do not have an agency monitored alarm company. The facility is operated by its landlord. Both buildings have guards at the front desk 24 hours a day. All malfunctions or false alarms should be reported to the guard.

3. The 1 Lafayette Circle location would report false alarms and / or malfunctions to the guard at 350 Fairfield Ave.

4. The Bridgeport Main Street, 1 Lafayette Circle and Norwalk locations should immediately go to the nearest phone in the event of a false alarm. The alarm company will call upon receipt of the signal. Provide the alarm company with your pass code, which is the last 4 digits of your social security number.
5. Program Supervisors and the Chief Operations Officer should be notified of all false alarms and alarm malfunctions.

**TRIGGERED ALARMS AFTER HOURS**

1. When the alarm is triggered after hours (non-residential facilities), the alarm company calls the site. When the phone is not answered, they call MetroGuard.
2. MetroGuard has been employed to be the first responder.
3. MetroGuard will contact the police if necessary and the identified Connecticut Renaissance emergency contact as follows:

   **1120 & 1126 Main St., Bridgeport, CT**
   Chief Clinical Officer: 203-984-8658 (cell)
   Director of CYFSC: 203-993-0542
   Director of DWI: 203-615-2894

   **1 Lafayette Circle, Bridgeport, CT**
   Chief Clinical Officer: 203-984-8658 (cell)

   **4 Byington Place, Norwalk, CT**
   Outpatient Clinical Director: 203-247-2548
   Chief Clinical Officer: 203-984-8658 (cell)

Policy Last Updated on 4/14
CRISIS INTERVENTION SERVICES (Adult and Adolescent OP services)

POLICY

Connecticut Renaissance shall arrange for crisis intervention services 24 hours a day, seven days a week through hospitals in the community.

ADULT OUTPATIENT PROCEDURES

- If a client is in crisis during off-hours or weekends the voice messaging system will direct the client to call the outpatient answering service.
- The counselor shall determine if the client can wait until the next business day or should be referred to the hospital for an emergency evaluation. As well, the counselor should find out which program the client attends.
- If the client is safe and agrees to wait until the next business day, the on-call clinician will contact the appropriate Program Director to explain the circumstances with the client.
- If the client refuses to go to the hospital and is in immediate danger the on-call clinician shall call the police in the city the client is located to notify them of the situation and ask for assistance.
- Clients prescribed medication and experiencing an adverse reaction shall be referred to the nearest emergency room.

ADOLESCENT ON-CALL PROCEDURES for MDFT and MST

- The MDFT and MST Adolescent programs shall have a staff person on-call 24 hours a day / 7 days a week.
- The Program Director of each program establishes a rotating schedule amongst its staff.
- Staff would be responsible for finding on-call coverage should they not be available during their scheduled time frame.
- The Program Director is always on-call and must secure coverage by another staff member when on vacation or knowing that they would be unavailable to respond to a client emergency.
- When on-call staff is contacted by a client or a client family, they must return the call within 30 minutes.

MST Supervisor Bridgeport
Office: 203-367-7570 x2306
Cell: 203-644-2366

MDFT Supervisor
Office: 203-367-7570 x2320
Cell: 203-455-4976

ADOLESCENT ON-CALL PROCEDURES FOR CYFSC

- CYFSC does not maintain on call coverage outside of operational hours. Families in crisis are directed to call 211/911 during after hours. Families are notified of this procedure during orientation and reminded as necessary.
**SITE EMERGENCY INFORMATION**

<table>
<thead>
<tr>
<th>Administration – CTR Head Quarters: 350 Fairfield Avenue, Suite 701, Bridgeport, CT 06604</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Location of all exits. Can windows be used as escape routes?</strong></td>
</tr>
<tr>
<td><strong>List location of all Fire Extinguishers.</strong></td>
</tr>
<tr>
<td><strong>List Locations of all emergency pull stations.</strong></td>
</tr>
<tr>
<td><strong>Alarm Information (type of alarm, contact phone #, location of codes.) List for both fire and security alarms.</strong></td>
</tr>
<tr>
<td><strong>List locations and types of other emergency/safety equipment – lights, sprinkler system, smoke detectors (hard wired or battery operated).</strong></td>
</tr>
</tbody>
</table>
| **If evacuation is necessary where is your designated meeting place?** | **Fire:** Meet at our space at 1 Lafayette Circle  
**Natural Disaster (tornado, hurricane, and flood):** Follow instructions from the CCO/COO, CFO, CEO as directed by the authorities.  
**Bomb Threat:** Meet at 1 Lafayette Circle. Follow instructions of the authorities.  
**Power Outages (technological emergencies):** Follow instructions from the CEO, CCO/COO or CFO |
| **What is the plan to communicate an emergency to other staff, clients, and family members (if necessary)?** | If fire, or the need to immediately evacuate, go to the nearest fire box and sound the alarm.  
For other emergencies, if possible use the “Page All” button on the phone. If this is not possible, yell to get the attention of all in the immediate area.  
Emergency Contacts would be made according to protocol depending upon the situation. Direction would be provided by the COO.  
If evacuation is necessary, staff emergency contact information should be picked up from the HR Office and taken to meeting place. |
| **Reporting Protocol (Chain of Command) within CTR.** | Safety Committee member, CFO, CCO/COO, CEO. Complete incident report and forward to Safety Committee Chairperson. |
| **Reporting Protocol to funding sources and other stakeholders.** | Completed by CFO, CCO/COO, CEO |
| **Location of emergency contact information.** | Human Resources Coordinator’s Office. |
| **List of First Aid & Biohazard Kits.** | Copy Room / Supply Room. |
| **Facility / Program Closure** | An emergency situation may result in the need to close the facility. Such determination shall be made by the CEO, CCO/COO, CFO. If necessary, administrative staff would be relocated to Main St. or 1 Lafayette. |
### SITE EMERGENCY INFORMATION

**Central Avenue House:** 70 Central Avenue, Waterbury, CT 06702

| Location of all exits. Can windows be used as escape routes? | First Floor: main entrance Central Ave, side doors near recreation area, side door handicap accessible ramp, rear of building through laundry room, outpatient area double glass doors, garage doors into recreation area  
First floor apartment s-Both left and right side apartments: Front door leading to all first floor exits, back stairs leading to rear laundry room exit.  
Second floor apartment: Front door leading down front stairs to all first floor exits, rear exit door in kitchen leading to recreation area.  
Third floor apartment: Front exit leading down front stairs to all first floor exits, rear door in kitchen leading to recreation area. First floor windows can be used as escape routes |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>List location of all Fire Extinguishers.</td>
<td>Front door main entrance, printer room side of door, common area first floor, rear first floor apartments have one in each living room area. Second floor foyer and kitchen area, Third floor kitchen, basement group room, and basement mechanical room.</td>
</tr>
<tr>
<td>List Locations of all emergency pull stations.</td>
<td>Front main entrance, side door near recreation area, rear ramp near side door exit, garage/weight room near exit door, rear exit door first floor. Rear left apartment outside entrance door, Rear right apartment outside living room exit door, Second floor foyer near window, Third Floor top of stairs.</td>
</tr>
</tbody>
</table>
| Alarm Information (type of alarm, contact phone #, location of codes.) List for both fire and security alarms. | Alarm Masters  
Bill Daly-723-2929 Code: (STAFF) code is located in alarm panel in supply closet first floor near main entrance |
| List locations and types of other emergency/safety equipment - lights, sprinkler system, smoke detectors (hard wired or battery operated). | Sprinkler system throughout the entire building including all client rooms.  
Smoke detectors are hard wired on every level including the basement (mechanical room) an in each client apartment and individual room.  
Emergency lights and exit lights are at every exit. |
| If evacuation is necessary where is your designated meeting place? | Fire: Parking lot across the street  
Natural Disaster (tornado, hurricane, and flood): Follow instructions from the COO, CFO, and CEO as directed by the authorities.  
Bomb Threat: Parking lot across the street: Follow instructions of authorities.  
Power Outages (technological emergencies): Follow instructions from the CEO, COO or CFO |
<p>| What is the plan to communicate an emergency to other staff, clients, and family members (if necessary)? | If fire, or the need to immediately evacuate, goes to the nearest fire box and sound the alarm. For other emergencies, if possible use the “Page All” button on the phone. If this is not possible, yell to get the attention of all in the immediate area. Emergency Contacts would be made according to protocol depending upon the situation. Direction would be provided by the Program Supervisor and / or CCO/COO. If evacuation is necessary, staff emergency contact information should be picked up from the Supervisor’s office and taken to the meeting place. Depending on the emergency, staff, client’s emergency contacts and / or family members shall be contacted and provided an update on the situation. Client contact information is maintained in ISSP, other facilities shall be contacted for access to this information. Staff emergency contact information is maintained in each supervisor’s office. If the supervisor is not present in the event of an emergency, the person acting as the lead in the facility shall be responsible for picking up the emergency contact folder from the supervisor’s office. |
| Reporting Protocol (Chain of Command) within CTR. | Report to immediate Super visor (Steven Lockley), Safety Committee Member (Kristen Cappelletti), COO or CFO. Complete incident report and forward to Safety Committee Chairperson. |
| Reporting Protocol to funding sources and other stakeholders. | Necessary contacts are made or assigned by the COO. |
| Location of emergency contact information. | Client information is maintained in CITRIX and in the C.O.D. office. Staff Information is maintained in Supervisor’s office. |
| List of First Aid &amp; Biohazard Kits. | In medication room first aid kit on wall biohazard kit above the first aid kit |
| Generator | 70 Central has a generator that is tested weekly and provides adequate power in the event of a power outage. |
| Facility / Program Closure | An emergency situation may result in the need to close the facility. Such determination shall be made by the CEO, CCO/COO, CFO. If necessary, clients would be relocated to 24 Central. Referral / Funding source would be notified and relocation would be a collaboration. |</p>
<table>
<thead>
<tr>
<th><strong>SITE EMERGENCY INFORMATION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BRIDGEPORT BEHAVIORAL HEALTH OUTPATIENT:</strong> 1 Lafayette Circle, Bridgeport, CT 06604</td>
</tr>
</tbody>
</table>

| **Location of all exits, can windows be used as escape routes?** | The front door & back door in copy room that leads into probation offices. |
| **List location of all Fire Extinguishers.** | There are 3 Fire Extinguishers: 1 near the front door, 1 in the hallway and 1 in the break room. |
| **List Locations of all emergency pull stations.** | There are Emergency Pulls in each bathroom. There are 2 Fire Alarm Pull Stations: 1 near the front door and 1 near the exit in the copy room. |
| **Alarm Information (type of alarm, contact phone #, location of codes.) List for both fire and security alarms.** | United Alarm Services, Inc. Central Station: (203) 775-0706 Code: Last 4 digits of SSN of each staff member |
| **List locations and types of other emergency/safety equipment – lights, sprinkler system, smoke detectors (hard wired or battery operated).** | There are sprinklers located in all rooms. There are smoke detectors located in the group room, hallway and conference room. There is a flash light and radio located in the copy room closet for use during an emergency. |
| **If evacuation is necessary where is your designated meeting place?** | Fire: The Firestone Parking lot across the street. Natural Disaster (tornado, hurricane, and flood): Follow instructions from the CCO/COO, CFO, CEO as directed by the authorities. Bomb Threat: The Firestone Parking Lot across the street. Follow instructions of the authorities. Power Outages (technological emergencies): Follow instructions from the CEO, CCO/COO or CFO |
| **What is the plan to communicate an emergency to other staff, clients, and family members (if necessary)?** | If fire, or the need to immediately evacuate, go to the nearest fire box and sound the alarm. For other emergencies, if possible use the “Page All” button on the phone. If this is not possible, yell to get the attention of all in the immediate area. Emergency Contacts would be made according to protocol depending upon the situation. Direction would be provided by the Program Supervisor and / or CCO/COO. If evacuation is necessary, staff emergency contact information should be picked up from the Supervisor’s office and taken to the meeting place. Depending on the emergency, staff, client’s emergency contacts and /or family members shall be contacted and provided an update on the situation. Client contact information is maintained in TIER, other facilities shall be contacted for access to this information. Staff emergency contact information is maintained in the supervisor’s office. If the supervisor is not present in the event of an emergency, the person acting as the lead in the facility shall be responsible for picking up the emergency contact folder from the supervisor’s office. |
| **Reporting Protocol (Chain of Command) within CTR.** | Report to immediate supervisor, Safety Committee member, CCO/COO or CFO. Complete incident report and forward to Safety Committee Chairperson. |
| **Reporting Protocol to funding sources and other stakeholders.** | Necessary contacts are made or assigned by the CCO/COO. |
| **Location of emergency contact information.** | Client information is maintained in CITRIX. Staff information is maintained in the Program Directors office. In either case, staff can gain prompt information by contacting another site and having the person answer the phone retrieve information from the data base. |
| **List of First Aid & Biohazard Kits.** | Both kits are located in the Copy Room on book shelf and/or the conference room. |
| **Facility / Program Closure** | An emergency situation may result in the need to close the facility. Such determination shall be made by the CEO, CCO/COO, CFO. If necessary, services would be relocated to the 1st floor of 1126 Main St. Referral / funding sources would be notified of interruption or change of services by the CCO/COO. Clients would be notified by their Primary Clinician. |
**SITE EMERGENCY INFORMATION**

**ADOLESCENT PROGRAMS: 1120 Main Street, Bridgeport, Connecticut 06604**

<table>
<thead>
<tr>
<th>Location of all exits. Can windows be used as escape routes?</th>
<th>Windows cannot be used as escape route. The following is a list of all exits in this facility: Basement-stairs exit leading to entrance on first floor, First Floor has two exits front entrance and back, 2nd floor 2 exits back door exit and middle area stairs exit, 2 exits one in the middle of the hallway-leads through the front (main street) and one exit that leads towards exit stairs (main entrance). 3rd floor - East Wing 2 exits one back door and one stairs exit. 4th floor west wing exits one leads to main Street and one exit leads to stairs exit main entrance or through the West wing down the stairs to Middle St.</th>
</tr>
</thead>
<tbody>
<tr>
<td>List location of all Fire Extinguishers.</td>
<td>Basement: 2 fire extinguishers 1 end of hallways toward last room and one towards back door exit. 1st floor one fire extinguisher in the middle of hallway-main street entrance. 2nd floor 2 fire extinguishers one fire extinguisher in the middle of hallway and 1 back door exit, 3rd floor 3 fire extinguishers one in east wing are towards back door exit one in front of elevator and one in copy room 3rd floor.</td>
</tr>
<tr>
<td>List Locations of all emergency pull stations.</td>
<td>Basement: 2 emergency pull stations – 1 off to the right when exiting the elevator on the wall on the left side, the other is on the same side of the wall down the hallway across from utility closet. 1st floor: 2 pull stations – 1 at the Main St. entrance on brick wall, 1 on wall across from elevator. 2nd floor: 3 emergency pull stations – 1 at the West wing entrance and, 1 in middle of hallway across from elevator, 1 in the East wing near the back door exit. There is also 1 pull station on East Wing at the exit above the fire extinguisher. 3rd floor - 2 emergency pull stations 1 across from the elevator above the fire extinguisher and 1 in the east wing near the back door exit above the fire extinguisher.</td>
</tr>
</tbody>
</table>
| Alarm Information (type of alarm, contact phone #, location of codes.) List for both fire and security alarms. | ADT monitors the fire alarm systems: 1-888-238-2727  
United Alarm Services monitors the security system: Central station 203-775-0706  
Code last 4 digits of SSN of each staff member  
Fire 911  
Eagle Elevator 617-238-0613 – Elevator key is kept with the Admin on the 1st floor  
Fred Property Manager 218-7447 cell 372-1200 ext 304 office  
Wing at the exit above the fire extinguisher. 3rd floor: 2 emergencies pull stations 1 across from the elevator above the fire extinguisher and 1 in the east wing near the back door exit above the fire extinguisher. |
| List locations and types of other emergency/safety equipment – lights, sprinkler system, smoke detectors (hard wired or battery operated). | Sprinklers are located in the whole building every room has sprinklers  
Smoke detectors are located in front of elevator on each floor  
If evacuation is necessary, the person acting as the lead in the facility shall be responsible for picking up the emergency contact folder from the supervisor’s office. |
| If evacuation is necessary where is your designated meeting place? | Fire out to corner of Golden Hill & Main St.  
Natural Disaster (tornado, hurricane, and flood): Follow instructions from the CCO/COO, CFO, CEO as directed by the authorities.  
Bomb Threat: the corner of Golden Hill & Main St. Follow instructions of the authorities.  
Power Outages (technological emergencies): Follow instructions from the CEO, CCO/COO or CFO  
If evacuation is necessary, staff emergency contact information should be picked up from each Supervisor’s office and taken to the meeting place. Depending on the emergency, staff, client’s emergency contacts and /or family members shall be contacted and provided an update on the situation. |
| What is the plan to communicate an emergency to other staff, clients, and family members (if necessary)? | If fire, or the need to immediately evacuate, go to the nearest fire box and sound the alarm.  
For other emergencies, if possible use the “Page All” button on the phone. If this is not possible, yell to get the attention of all in the immediate area.  
Emergency Contacts would be made according to protocol depending upon the situation. Direction would be provided by the Program Supervisor and / or CCO/COO.  
If evacuation is necessary, staff emergency contact information should be picked up from each Supervisor’s office and taken to the meeting place. Depending on the emergency, staff, client’s emergency contacts and /or family members shall be contacted and provided an update on the situation.  
Client contact information is maintained in ISSP, other facilities shall be contacted for access to this information. Staff emergency contact information is maintained in each supervisor’s office. If the supervisor is not present in the event of an emergency, the person acting as the lead in the facility shall be responsible for picking up the emergency contact folder from the supervisor’s office. |
| Reporting Protocol (Chain of Command) within CTR. | Report to immediate Supervisor, Safety Committee Member, CCO/COO or CFO. Complete incident report and forward to Safety Committee Chairperson.  
Reporting Protocol to funding sources and other stakeholders. | Necessary contacts are made or assigned by the CCO/COO.  
Location of emergency contact information. | Client information is maintained in CITRIX. Staff information is maintained in each Supervisor’s Office. In either case, staff can gain prompt information by contacting another site and having the person answer the phone retrieve information from the data base.  
List of First Aid & Biohazard Kits. | 2nd floor lunch room, 3rd floor copy room  
Facility / Program Closure | An emergency situation may result in the need to close the facility. Such determination shall be made by the CEO, CCO/COO, CFO. If necessary, services would continue as home visits. Staff would be relocated to Administration. Referral / funding sources would be notified of interruption or change of services by the CCO/COO. Clients would be notified by their Primary Clinician. |
## SITE EMERGENCY INFORMATION

<table>
<thead>
<tr>
<th>Location of all exits. Can windows be used as escape routes?</th>
<th>Windows cannot be used as escape route. The following is a list of all exits in this facility: On the Main St. side, there is an exit that leads to the stairs and down to the 1st floor. There is also an exit that leads to the patio area, which will take you to the Middle St. side and likewise for the Middle St. side. The Middle St. side also has an exit that leads to the stairwell, which takes you to ground level on Middle St.</th>
</tr>
</thead>
<tbody>
<tr>
<td>List location of all Fire Extinguishers.</td>
<td>1 Fire Extinguisher is found in the hallways of both the Middle St. and Main St. sides.</td>
</tr>
<tr>
<td>List Locations of all emergency pull stations.</td>
<td>Main Street Entrance on wall near door</td>
</tr>
<tr>
<td>Middle Street Entrance on wall near door</td>
<td></td>
</tr>
<tr>
<td>Alarm Information (type of alarm, contact phone #, location of codes.) List for both fire and security alarms.</td>
<td>ADT monitors the fire alarm systems: 1-888-238-2727</td>
</tr>
<tr>
<td>United Alarm Services monitors the security system: Central station 203-775-0706</td>
<td></td>
</tr>
<tr>
<td>Code last 4 digits of SSN of each staff member</td>
<td></td>
</tr>
<tr>
<td>Fire 911</td>
<td></td>
</tr>
<tr>
<td>Eagle Elevator – 617-238-0613</td>
<td></td>
</tr>
<tr>
<td>Fred Property manager 218-7447 cell 372-1200 ext 304 office</td>
<td></td>
</tr>
<tr>
<td>List locations and types of other emergency/safety equipment – lights, sprinkler system, smoke detectors (hard wired or battery operated).</td>
<td>The facility has smoke detectors and sprinklers. Emergency lights are found in the hallways. There is also lighting available in the patio area.</td>
</tr>
<tr>
<td>If evacuation is necessary where is your designated meeting place?</td>
<td>Fire out to corner of Golden Hill &amp; Main St.</td>
</tr>
<tr>
<td>Natural Disaster (tornado, hurricane, and flood): Follow instructions from the CCO/COO, CFO, CEO as directed by the authorities.</td>
<td></td>
</tr>
<tr>
<td>Bomb Threat: the corner of Golden Hill &amp; Main St. Follow instructions of the authorities.</td>
<td></td>
</tr>
<tr>
<td>Power Outages (technological emergencies): Follow instructions from the CEO, CCO/COO or CFO</td>
<td></td>
</tr>
<tr>
<td>What is the plan to communicate an emergency to other staff, clients, and family members (if necessary)?</td>
<td>If fire, or the need to immediately evacuate, go to the nearest fire box and sound the alarm.</td>
</tr>
<tr>
<td>For other emergencies, if possible use the “Page All” button on the phone. If this is not possible, yell to get the attention of all in the immediate area.</td>
<td></td>
</tr>
<tr>
<td>Emergency Contacts would be made according to protocol depending upon the situation. Direction would be provided by the Program Supervisor and / or CCO/COO.</td>
<td></td>
</tr>
<tr>
<td>If evacuation is necessary, staff emergency contact information should be picked up from each Supervisor’s office and taken to the meeting place. Depending on the emergency, staff, client’s emergency contacts and /or family members shall be contacted and provided an update on the situation.</td>
<td></td>
</tr>
<tr>
<td>Client contact information is maintained in ISSP, other facilities shall be contacted for access to this information. Staff emergency contact information is maintained in each supervisor’s office. If the supervisor is not present in the event of an emergency, the person acting as the lead in the facility shall be responsible for picking up the emergency contact folder from the supervisor’s office.</td>
<td></td>
</tr>
<tr>
<td>Reporting Protocol (Chain of Command) within CTR.</td>
<td>Report to immediate Supervisor, Safety Committee Member, CCO/COO or CFO. Complete incident report and forward to Safety Committee Chairperson.</td>
</tr>
<tr>
<td>Reporting Protocol to funding sources and other stakeholders.</td>
<td>Necessary contacts are made or assigned by the COO.</td>
</tr>
<tr>
<td>Location of emergency contact information.</td>
<td>Client information is maintained in CITRIX . Staff information is maintained in the Supervisor’s Office. In either case, staff can gain prompt information by contacting another site and having the person answer the phone retrieve information from the data base.</td>
</tr>
<tr>
<td>List of First Aid &amp; Biohazard Kits.</td>
<td>Main St. side – conference room. Middle St. side - Conference Rm</td>
</tr>
<tr>
<td>Facility / Program Closure</td>
<td>An emergency situation may result in the need to close the facility. Such determination shall be made by the CEO, CCO/COO, CFO. Programs at this site provide services in the homes, so it is not likely that there would be an interruption of services. Staff would be relocated to Administration.</td>
</tr>
</tbody>
</table>
# SITE EMERGENCY INFORMATION

<table>
<thead>
<tr>
<th>CYFSC 17 HIGH St., NORWALK  006851</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location of all exits. Can windows be used as escape routes?</td>
</tr>
<tr>
<td>List location of all Fire Extinguishers.</td>
</tr>
<tr>
<td>List Locations of all emergency pull stations.</td>
</tr>
<tr>
<td>Alarm Information (type of alarm, contact phone #, location of codes.) List for both fire and security alarms.</td>
</tr>
<tr>
<td>List locations and types of other emergency/safety equipment – lights, sprinkler system, smoke detectors (hard wired or battery operated).</td>
</tr>
<tr>
<td>If evacuation is necessary where is your designated meeting place?</td>
</tr>
<tr>
<td>What is the plan to communicate an emergency to other staff, clients, and family members (if necessary)?</td>
</tr>
<tr>
<td>Reporting Protocol (Chain of Command) within CTR.</td>
</tr>
<tr>
<td>Reporting Protocol to funding sources and other stakeholders.</td>
</tr>
<tr>
<td>Location of emergency contact information.</td>
</tr>
<tr>
<td>List of First Aid &amp; Biohazard Kits.</td>
</tr>
<tr>
<td>Facility / Program Closure</td>
</tr>
<tr>
<td><strong>SITE EMERGENCY INFORMATION</strong></td>
</tr>
<tr>
<td>--------------------------------</td>
</tr>
<tr>
<td><strong>RESIDENTIAL DRUG TX: 466 West Main St., WATERBURY, CT 06702</strong></td>
</tr>
</tbody>
</table>

| **Location of all exits. Can windows be used as escape routes?** | Exit doors on 1st, 2nd and 3rd floor, at the rear of the hallways. Front door on main floor dayroom door on main floor. Kitchen door and basement door. |
| **List location of all Fire Extinguishers.** | In the basement, on 1st, 2nd and 3rd floor near payphone |
| **List Locations of all emergency pull stations.** | Three in stair well on the 1st, 2nd and 3rd floor. Also one pull station is in the hallway on the 1st, 2nd and 3rd floor. And pull station in the lobby on the main floor. |
| **Alarm Information (type of alarm, contact phone #, location of codes.) List for both fire and security alarms.** | The type of alarm is Alarm Masters # 723-2929 code is located in fire drill Log book in meditation room. |
| **List locations and types of other emergency/safety equipment – lights, sprinkler system, smoke detectors (hard wired or battery operated).** | 5 smoke detectors on each floor 1, 2 and 3 4 back up lights on each floor 1, 2, and 3 1 sprinkler system on each floor 1, 2, and 3 and basement food storage room 1 backup emergency light in front lobby |
| **If evacuation is necessary where is your designated meeting place?** | Fire: The corner of West Main and French Street Natural Disaster (tornado, hurricane, and flood): Follow instructions from the COO, CFO, CEO as directed by the authorities. Bomb Threat: The corner of West Main & French St. Follow instructions of the authorities. Power Outages (technological emergencies): Follow instructions from the CEO, COO or CFO |
| **What is the plan to communicate an emergency to other staff, clients, and family members (if necessary)?** | If fire, or the need to immediately evacuate, go to the nearest fire box and sound the alarm. For other emergencies, If possible use the “Page All” button on the phone. If this is not possible, yell to get the attention of all in the immediate area. Emergency Contacts would be made according to protocol depending upon the situation. Direction would be provided by the Program Supervisor and / or COO. If evacuation is necessary, staff emergency contact information should be picked up from the Supervisor’s office and taken to the meeting place. Depending on the emergency, staff, client’s emergency contacts and / or family members shall be contacted and provided an update on the situation. Client contact information is maintained in ISSP, other facilities shall be contacted for access to this information. Staff emergency contact information is maintained in each supervisor’s office. If the supervisor is not present in the event of an emergency, the person acting as the lead in the facility shall be responsible for picking up the emergency contact folder from the supervisor’s office. |
| **Reporting Protocol (Chain of Command) within CTR.** | Staff reports to the Director of the Program and / or uses the facilities “on-call” protocol, the COO is also notified by the Director or the person handling the emergency. |
| **Reporting Protocol to funding sources and other stakeholders.** | Necessary contacts are made or assigned by the COO. |
| **Location of emergency contact information.** | In front office in Ct Renaissance Book. Staff information is maintained in the Program Director’s Office. In either case, staff can gain prompt information by contacting another site and having the person answer the phone retrieve information from the data base. |
| **List of First Aid & Biohazard Kits.** | In medication room first aid kit on wall biohazard kit above the first aid kit |
| **Generator** | West has a generator that is tested weekly and provides adequate power in the event of a power outage. |
| **Facility / Program Closure** | An emergency situation may result in the need to close the facility. Such determination shall be made by the CEO, CCO/COO, CFO. If necessary, clients would be relocated to 24 Central and 31 Wolcott. Referral / Funding source would be notified and relocation would be a collaborative effort. |
### SITE EMERGENCY INFORMATION

**OUTPATIENT BEHAVIORAL HEALTH PROGRAMS:** 141 FRANKLIN ST., STAMFORD, CT 06901

<table>
<thead>
<tr>
<th>Location of all exits, can windows be used as escape routes?</th>
<th>Hallway next to our office and end of the hallway</th>
</tr>
</thead>
<tbody>
<tr>
<td>List location of all Fire Extinguishers.</td>
<td>Waiting room area in both sets of offices</td>
</tr>
<tr>
<td>List Locations of all emergency pull stations.</td>
<td>On the wall immediately on the wall outside the suite</td>
</tr>
<tr>
<td>Alarm Information (type of alarm, contact phone #, location of codes.) List for both fire and security alarms.</td>
<td>Building Fire Alarm 388-0140 front desk security alarm</td>
</tr>
<tr>
<td>List locations and types of other emergency/safety equipment – lights, sprinkler system, smoke detectors (hard wired or battery operated).</td>
<td>Flashlights kept in each suite, sprinkler system, emergency lights and battery operated smoke detectors also located in each suite</td>
</tr>
</tbody>
</table>
| If evacuation is necessary where is your designated meeting place? | Fire Across the street (Franklin) front of apt bldg.  
Natural Disaster (tornado, hurricane, and flood): Follow instructions from the CCO/COO, CFO, CEO as directed by Inspirica and the authorities.  
Bomb Threat: Across the street in front of the apt building. Follow instructions of the authorities.  
Power Outages (technological emergencies): Follow instructions from Inspirica the CEO, CCO/COO or CFO. |
| What is the plan to communicate an emergency to other staff, clients, and family members (if necessary)? | If fire, or the need to immediately evacuate, go to the nearest fire box and sound the alarm.  
For other emergencies, If possible use the “Page All” button on the phone. If this is not possible, yell to get the attention of all in the immediate area.  
Emergency Contacts would be made according to protocol depending upon the situation. Direction would be provided by the Program Supervisor and/or the COO.  
If evacuation is necessary, staff emergency contact information should be picked up from the file cabinet behind the Administrative Assistant’s desk and taken to the meeting place. Depending on the emergency, staff, client’s emergency contacts and/or family members shall be contacted and provided an update on the situation.  
Client contact information is maintained in TIER, other facilities shall be contacted for access to this information. Staff emergency contact information is maintained in the file cabinet behind the Administrative Assistant’s desk. The person acting as the lead in the facility shall be responsible for picking up the emergency contact folder from the file cabinet. |
<p>| Reporting Protocol (Chain of Command) within CTR. | Adult OP Director, Adolescent OP Director, CCO/COO, CFO. Complete incident report and forward to Safety Committee Chairperson. |
| Reporting Protocol to funding sources and other stakeholders. | Necessary contacts are made or assigned by the CCO/COO. |
| Location of emergency contact information. | Client information is maintained in CITRIX. Staff information is maintained in the file cabinet behind the Administrative Assistant’s desk. In either case, staff can gain prompt information by contacting another site and having the person answer the phone retrieve information from the data base. |
| List of First Aid &amp; Biohazard Kits. | On the wall here in the waiting room areas of both suites |
| Facility / Program Closure | An emergency situation may result in the need to close the facility. Such determination shall be made by the CEO, CCO/COO, CFO. If necessary, services would be relocated to 4 Byington Place or 17 High St. Referral / funding sources would be notified of interruption or change of services by the CCO/COO. Clients would be notified by their Primary Clinician. |</p>
<table>
<thead>
<tr>
<th>Location of all exits. Can windows be used as escape routes?</th>
<th>First Floor C.O.D. office, dining room, TV, and telephone room, dorm, laundry room, and staff office. Also fire exit door on second floor recreation room and third floor fire exit door.</th>
</tr>
</thead>
<tbody>
<tr>
<td>List location of all Fire Extinguishers.</td>
<td>Kitchen, basement, bathroom and 1st hallway. Second floor one on each side and second floor landing. Third floor one on each side.</td>
</tr>
<tr>
<td>List Locations of all emergency pull stations.</td>
<td>Total 10 pull stations one on each side third floor hallway second floor also one on each side and second floor landings first floor one in dorm, bathroom and three on first floor.</td>
</tr>
<tr>
<td>Alarm Information (type of alarm, contact phone #, location of codes.) List for both fire and security alarms.</td>
<td>Pull station 1-800-221-8922 panic alarm Monitoring company information is located in fire drill log in C.O.D. office</td>
</tr>
<tr>
<td>List locations and types of other emergency/safety equipment – lights, sprinkler system, smoke detectors (hard wired or battery operated).</td>
<td>Smoke detectors total 33 client rooms, second and third floor hallways, laundry room staff bathroom, first second &amp; third floor landings, TV room first and second floor, and basement.</td>
</tr>
<tr>
<td>If evacuation is necessary where is your designated meeting place?</td>
<td>Fire: Flag Pole Natural Disaster (tornado, hurricane, and flood): Follow instructions from the COO, CFO, CEO as directed by the authorities. Bomb Threat: Meet at the flag pole. Follow instructions of the authorities. Power Outages (technological emergencies): Follow instructions from the CEO, COO or CFO.</td>
</tr>
<tr>
<td>What is the plan to communicate an emergency to other staff, clients, and family members (if necessary)?</td>
<td>If fire, or the need to immediately evacuate, go to the nearest fire box and sound the alarm. For other emergencies, If possible use the “Page All” button on the phone. If this is not possible, yell to get the attention of all in the immediate area. Emergency Contacts would be made according to protocol depending upon the situation. Direction would be provided by the Program Supervisor and / or CCO/ COO. If evacuation is necessary, staff emergency contact information should be picked up from the Supervisor’s office and taken to the meeting place. Depending on the emergency, staff, client’s emergency contacts and /or family members shall be contacted and provided an update on the situation. Client contact information is maintained in ISSP, other facilities shall be contacted for access to this information. Staff emergency contact information is maintained in each supervisor’s office. If the supervisor is not present in the event of an emergency, the person acting as the lead in the facility shall be responsible for picking up the emergency contact folder from the supervisor’s office.</td>
</tr>
<tr>
<td>Reporting Protocol to funding sources and other stakeholders.</td>
<td>Protocol is located in the C.O.D. office in the emergency Protocol log book</td>
</tr>
<tr>
<td>Location of emergency contact information.</td>
<td>Client information is maintained in CITRIX and in the C.O.D. office. Staff Information is maintained in each Supervisor’s office.</td>
</tr>
<tr>
<td>List of First Aid &amp; Biohazard Kits.</td>
<td>Medication Closet</td>
</tr>
<tr>
<td>Facility / Program Closure</td>
<td>An emergency situation may result in the need to close the facility. Such determination shall be made by the CEO, CCO/COO, CFO. If necessary, DOC clients would be relocated to 24 Central and Maple St. Drug Tx clients would be relocated to 70 Central and West. Referral / Funding source would be notified and relocation would be a collaborative effort.</td>
</tr>
<tr>
<td><strong>SITE EMERGENCY INFORMATION</strong></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td></td>
</tr>
<tr>
<td><strong>OUTPATIENT BEHAVIORAL HEALTH PROGRAMS: 4 BYINGTON PL., NORWALK, CT 06850</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Location of all exits, can windows be used as escape routes?</strong></td>
<td>Front door, side door, back door and basement door</td>
</tr>
<tr>
<td><strong>List location of all Fire Extinguishers.</strong></td>
<td>Outpatient lobby hallway, Back lobby area, kitchen wall by the window, basement wall by door bottom of the stairs, downstairs group room near back door.</td>
</tr>
<tr>
<td><strong>List Locations of all emergency pull stations.</strong></td>
<td>Outpatient lobby, reception window, back door, side door on the left side looking out and the basement by the big doors</td>
</tr>
<tr>
<td><strong>Alarm Information (type of alarm, contact phone #, location of codes.) List for both fire and security alarms.</strong></td>
<td>Alarm panels are located in the Outpatient waiting area door by the side door and the back door. United Alarm is the monitoring company: Central station 203-775-0706</td>
</tr>
<tr>
<td><strong>List locations and types of other emergency/safety equipment – lights, sprinkler system, smoke detectors (hard wired or battery operated).</strong></td>
<td>Smoke detectors are located in the Back lobby, hallway, bathroom, kitchen and counselors offices.</td>
</tr>
</tbody>
</table>
| **If evacuation is necessary where is your designated meeting place?** | Fire: Court House Parking Lot  
Natural Disaster (tornado, hurricane, and flood): Follow instructions from the CCO/COO, CFO, CEO as directed by the authorities.  
Bomb Threat: Meet at the Court House parking lot. Follow instructions of the authorities.  
Power Outages (technological emergencies): Follow instructions from the CEO, CCO/COO or CFO. |
| **What is the plan to communicate an emergency to other staff, clients, and family members (if necessary)?** | If fire, or the need to immediately evacuate, go to the nearest fire box and sound the alarm. For other emergencies, If possible use the “Page All” button on the phone. If this is not possible, yell to get the attention of all in the immediate area. Emergency Contacts would be made according to protocol depending upon the situation. Direction would be provided by the Program Supervisor and / or CCO/COO. If evacuation is necessary, staff emergency contact information should be picked up from the Supervisor’s office and taken to the meeting place. Depending on the emergency, staff, client’s emergency contacts and /or family members shall be contacted and provided an update on the situation. Client contact information is maintained in TIER, other facilities shall be contacted for access to this information. Staff emergency contact information is maintained in each supervisor’s office. If the supervisor is not present in the event of an emergency, the person acting as the lead in the facility shall be responsible for picking up the emergency contact folder from the supervisor’s office. |
| **Reporting Protocol (Chain of Command) within CTR.** | Program Director to CCO/COO, CEO. Complete incident report and forward to Safety Committee Chairperson. |
| **Reporting Protocol to funding sources and other stakeholders.** | Necessary contacts are made or assigned by the CCO/COO. |
| **Location of emergency contact information.** | Client information is maintained in CITRIX. Staff Information is maintained in each Supervisor’s office. In either case, staff can gain prompt information by contacting another site and having the person answer the phone retrieve information from the data base. |
| **List of First Aid & Biohazard Kits.** | Adolescent area by the fuse box and kitchen wall by water bottles |
| **Facility / Program Closure** | An emergency situation may result in the need to close the facility. Such determination shall be made by the CEO, CCO/COO, CFO. If necessary, services would be relocated to 141 Franklin St. or 17 High St. Referral / funding sources would be notified of interruption or change of services by the CCO/COO. Clients would be notified by their Primary Clinician. |
## SITE EMERGENCY INFORMATION

**WORK RELEASE, 24 Central Ave., Waterbury, CT 06702**

<table>
<thead>
<tr>
<th>Location of all exits. Can windows be used as escape routes?</th>
<th>First floor front and rear hallway doors, all windows on the first floor. Basement front and rear stairwell doors, center stairway leads to first floor.</th>
</tr>
</thead>
<tbody>
<tr>
<td>List location of all Fire Extinguishers.</td>
<td>First floor next to COD office, beginning of first floor hallway, between rooms one, two and three, basement by stairway, rear basement storage room, and front door exit.</td>
</tr>
<tr>
<td>List Locations of all emergency pull stations.</td>
<td>One by first floor entrance, one by stairway coming up from the basement</td>
</tr>
<tr>
<td>Alarm Information (type of alarm, contact phone #, location of codes.) List for both fire and security alarms.</td>
<td>Alarm masters (Bill Daly) Alarms listed on panel box and fire drill binder</td>
</tr>
<tr>
<td>List locations and types of other emergency/safety equipment – lights, sprinkler system, smoke detectors (hard wired or battery operated).</td>
<td>Battery operated smoke detectors in client rooms, three sprinklers located between the first floor and basement</td>
</tr>
</tbody>
</table>
| If evacuation is necessary where is your designated meeting place? | Fire: Across the street (for all building evacuation)  
Natural Disaster (tornado, hurricane, and flood): Follow instructions from the CCO/COO, CFO, CEO as directed by the authorities.  
Bomb Threat: Meet across the street. Follow instructions of the authorities.  
Power Outages (technological emergencies): Follow instructions from the CEO, CCO/COO or CFO. |
| What is the plan to communicate an emergency to other staff, clients, and family members (if necessary)? | If fire, or the need to immediately evacuate, go to the nearest fire box and sound the alarm.  
For other emergencies, If possible use the “Page All” button on the phone. If this is not possible, yell to get the attention of all in the immediate area.  
Emergency Contacts would be made according to protocol depending upon the situation. Direction would be provided by the Program Supervisor and / or CCO/COO.  
If evacuation is necessary, staff emergency contact information should be picked up from the Supervisor’s office and taken to the meeting place. Depending on the emergency, staff, client’s emergency contacts and /or family members shall be contacted and provided an update on the situation.  
Client contact information is maintained in ISSP, other facilities shall be contacted for access to this information. Staff emergency contact information is maintained in the supervisor’s office. If the supervisor is not present in the event of an emergency, the person acting as the lead in the facility shall be responsible for picking up the emergency contact folder from the supervisor’s office. |
| Reporting Protocol (Chain of Command) within CTR. | Program Director or follow program’s “on-call” protocol. The CCO/COO should also be notified. Complete incident report and forward to Safety Committee Chairperson. |
| Reporting Protocol to funding sources and other stakeholders. | Necessary contacts are made or assigned by the CCO/COO. |
| Location of emergency contact information. | Client information is maintained in CITRIX and in the C.O.D. office. Staff information is maintained in each Supervisor’s office. In either case, staff can gain prompt information by contacting another site and having the person answer the phone retrieve information from the data base. |
| List of First Aid & Biohazard Kits. | Front COD office |
| Facility / Program Closure | An emergency situation may result in the need to close the facility. Such determination shall be made by the CEO, CCO/COO, CFO. If necessary, clients would be relocated to 31 Wolcott or Maple St.  
Referral / Funding source would be notified and relocation would be a collaborative effort. |
<table>
<thead>
<tr>
<th><strong>SITE EMERGENCY INFORMATION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WORK RELEASE:</strong>  575 Maple St., Bridgeport, CT 06608</td>
</tr>
<tr>
<td><strong>Location of all exits. Can windows is used as escape routes?</strong></td>
</tr>
<tr>
<td><strong>List location of all Fire Extinguishers.</strong></td>
</tr>
<tr>
<td><strong>List Locations of all emergency pull stations.</strong></td>
</tr>
<tr>
<td><strong>Alarm Information (type of alarm, contact phone #, location of codes.)</strong></td>
</tr>
<tr>
<td><strong>List locations and types of other emergency/safety equipment – lights, sprinkler system, smoke detectors (hard wired or battery operated).</strong></td>
</tr>
<tr>
<td><strong>If evacuation is necessary where is your designated meeting place?</strong></td>
</tr>
<tr>
<td><strong>What is the plan to communicate an emergency to other staff, clients, and family members (if necessary)?</strong></td>
</tr>
<tr>
<td><strong>Reporting Protocol (Chain of Command) within CTR.</strong></td>
</tr>
<tr>
<td><strong>Reporting Protocol to funding sources and other stakeholders.</strong></td>
</tr>
<tr>
<td><strong>Location of emergency contact information.</strong></td>
</tr>
<tr>
<td><strong>List of First Aid &amp; Biohazard Kits.</strong></td>
</tr>
<tr>
<td><strong>Facility / Program Closure</strong></td>
</tr>
</tbody>
</table>
PSYCHIATRIC EMERGENCIES

POLICY

All staff shall obtain emergency psychiatric care for a client without hesitation whenever there is any reason to believe that:

- The client is suicidal or otherwise immediately self-destructive.
- The client is homicidal or otherwise a threat to the safety of others due to violent urges, extreme mood swings, etc.
- The client is hallucinating, delusional, or otherwise out of contact with reality to the point that the client is unable to function outside a hospital setting.
- Any other reason to believe that an emergency consultation is necessary for the client's safety.

PROCEDURE

The procedure for obtaining emergency care is as follows:

- If time permits, notify the program supervisor to explain the situation and confer regarding the plan for the emergency evaluation. The supervisor shall notify administrative staff of the emergency.

- If client is willing to go for help, facilitate transportation of the client to the hospital. If the means of transportation is that an employee is driving the clients, ensure that at least one other staff person is in attendance. An ambulance shall be called if two staff are not available or if having the staff leave the facility results in inadequate staff coverage.

- The emergency contact shall also be notified of the emergency. If they can not be reached a message is left whenever possible.

- If client is unwilling to go to the hospital, call the local Emergency Room for an ambulance.

- **IF CLIENT IS IN IMMEDIATE DANGER CALL 911.**

- Stay with the client upon arrival to the hospital offering reassurance and support. Make certain the client is seen by hospital staff and provide information as appropriate and permitted by Connecticut Statutes regarding release of information.

- Remain in phone contact with the program supervisor.

- Document all activities in the client record.

Policy Last Updated 4/14
RESPONDING TO LIFE THREATENING SELF-INJURIOUS / SUICIDE IDEATION

POLICY

Anytime staff feels that the client is a threat to him/herself and/or that the verbal threat to injure themselves is imminent, staff should dial 911 for immediate assistance or transport that person directly to the hospital. Documentation of suicidal ideation in the case record as well as reporting to pertinent persons involved considering confidentiality is required.

PROCEDURE

If a client threatens to hurt him/herself, staff shall engage in the following protocol:

1. Ask the client why he/she would want to hurt him/herself.
2. Ask the client how he/she would hurt him/herself.
3. Ask the client when he/she would hurt him/herself.
4. Ask the consumer where he/she would hurt him/herself.

The Suicide Risk assessment can also be administered to establish a more definitive level of risk.

A. If the client can answer all 4 questions, it should be assumed that the he/she has a plan to hurt him/herself.
   1. Notify the program supervisor in order to maintain additional supports.
   2. Ask the client, if he/she would like to go to the hospital.
   3. If yes, remove potential weapons and call 911.
   4. Keep the client within eye site until help or emergency units arrive.
   5. Notify the appropriate Chief Operating Officer.

B. If the client has answered all 4 questions, appears distressed, but refuses to go to the hospital
   1. Confer with program supervisor as to level of immediate danger.
   2. If it is felt, the client is in immediate danger follow the steps as noted above.
   3. If it is felt, the client is at risk, arrange for an urgent psychiatric evaluation and transportation.

C. Document all interactions in the case record and notify appropriate administration and other pertinent persons involved in the client’s case.

D. Continue to coordinate care between psychiatrist and programming.
COMPONENTS OF AN EMERGENCY PREPAREDNESS PLAN

PURPOSE:

The following components shall be in place to provide a level of protection, dictated by regulatory agencies, to create a hazard-free environment for employees, persons served, volunteers and visitors and to utilize them to attain maximum protection.

COMPONENTS:

I. Fire Safety/Disaster Plan
   A. Fire Drills
      How often are they held?
      Where is the plan posted?
      What fire department do you use?
      Record keeping of drills.
      Employee orientation.
      On-going in-services.
   B. Fire Extinguishers
      Type of extinguishers.
      How are they used?
      What types of fire they are used for?
      Where are they located - diagram and maps are good.
      Instructions on how to use them.
   C. Evacuation
      What routes to take.
      Where the safe zones for each employee are located.
      What to take with you if possible.
      Who will take charge?
      Steps to take for evacuation of building.
      Steps to take for re-entering.
   D. Power Outage
      Who to call (ie. Chain of command)
      Emergency lighting
      Portable radio
      Flashlights
   E. Emergency Water Source
      When there is no water or when it becomes contaminated, who will furnish the water other than the city:
      Name, Address, and Telephone number.
   F. Natural Disaster
      Identify (bomb, snow, tornado, flood, etc.)
   G. Disaster Meal Plan
      Must be 3 meals a day for 3 days.
   H. Medical Emergencies
      Medical back up plans
      Emergencies phone numbers
      First aid kit
      Biohazard spill kit
I. **Work Place Threats and Violence**  
   Crisis intervention training  
   Weapons in the work place policy and procedure  
   Who to call

II. **Accident/Incident Reports**  
   A. Investigation and review of all safety incidents, accidents, illness and deaths.  
   B. Evaluation of all reports.  
   C. Safety inspections  
   D. OSHA log update  
   E. Recommendations to prevent future occurrences.

III. **Bloodborne Pathogens Standard**  
   A. Universal Precautions  
   B. Appropriate Personal Protective Equipment  
   C. Training  
   D. Exposure Control Program

IV. **Tuberculosis**  
   A. Exposure Control Program.  
   B. Appropriate Personal Protective Equipment  
   C. Training

V. **First Aid**  
   A. First Aid and CPR training

*Policy Last Updated 4/14*
EMERGENCY PREPAREDNESS PLAN

PURPOSE
The purpose of the Emergency Preparedness Plan is to outline a plan of action that provides employees and persons served with the pertinent information necessary to ensure the health, safety and security of employees, clientele, visitors and the agency facilities. This plan is an operational framework to ensure that the agency can respond to crisis systematically and efficiently. The Emergency Preparedness Plan addresses unusual occurrences outside and within the facility which could adversely affect client care and disrupt operational routines.

PERSONS DESIGNATED AS DIRECTING AN EMERGENCY SITUATION
- The Chief Executive Officer ultimately shall assume responsibility for decisions made regarding agency actions and response to emergency situations.
- The first responder may be a program employee or supervisor. If employee, the program supervisor shall be made aware of the situation.
- The supervisor, or the employee, if the supervisor is not available shall also contact the designated Chief Clinical/Operating Officer.
- The Chief Clinical/Operating Officer shall confer with the Chief Executive Officer to establish the most effective, safe plan of action.
- See “Staff Responsibilities” and “Agency Chain of Command” for more information.

POTENTIAL EMERGENCY / CRISIS SITUATIONS
A. Natural Disaster
B. Fire, Explosion
C. Power Outage / Utility Failure
D. Workplace Violence
E. Bomb Threat
F. Medical Emergency

CONTACT NUMBERS
EMERGENCY – 911
POISION CONTROL – 1-800-343-2722 or 203-576-5178
NON - EMERGENCY FIRE POLICE
Waterbury 203-597-3420 203-346-3922
Bridgeport 203-368-3733 203-576-7671
Norwalk 203-853-9411 203-854-3001
Stamford 203-977-4651 203-977-4401

PROCEDURAL GUIDELINES
A. NATURAL DISASTER - For example, air contamination, natural or other technological emergencies, one caused by flood, hurricane, tornado, windstorm, blizzard, ice storm, earthquake or natural phenomenon.

1. Will receive notification of the emergency by one or more of the following:
   a. Continuous siren tone for three or more minutes.
   b. Tone signals on the radio for three or more minutes.
   c. The news media via radio/television.
   d. Local civil preparedness.
   e. Police.
2. Turn to the Emergency Broadcast System for information and instructions; rely on system throughout the emergency as well as maintaining communication with Chief Clinical/Operating Officer and/or other involved administration.

### Waterbury Programs:

<table>
<thead>
<tr>
<th>Local Radio</th>
<th>T.V. Stations</th>
</tr>
</thead>
<tbody>
<tr>
<td>WATR - 1340 - AM / Waterbury</td>
<td>WFSB - Channel 3</td>
</tr>
<tr>
<td>WWCO - 1240 - AM / Waterbury</td>
<td>WTNH - Channel 8</td>
</tr>
<tr>
<td>WQOW - 1610 - AM / Waterbury</td>
<td>WVIT - Channel 30</td>
</tr>
<tr>
<td>WWYZ - 92 - FM / Waterbury</td>
<td></td>
</tr>
<tr>
<td>W1O4 - FM / Waterbury</td>
<td></td>
</tr>
<tr>
<td>WTIC - 1080 -FM / 96.5 - FM/Hartford</td>
<td></td>
</tr>
<tr>
<td>WDRC - 1360 - AM /102.9 - FM/Hartford</td>
<td></td>
</tr>
</tbody>
</table>

### Bridgeport Programs:

<table>
<thead>
<tr>
<th>Local Radio</th>
<th>T.V. Stations</th>
</tr>
</thead>
<tbody>
<tr>
<td>WEBE - FM 108 - Bridgeport</td>
<td>WFSB - CHANNEL 3</td>
</tr>
<tr>
<td>WEFX - FM 95.9 - Bridgeport</td>
<td>WTNH - Channel 8</td>
</tr>
<tr>
<td>WEZN - FM 100 - Bridgeport</td>
<td>WVIT - Channel 30</td>
</tr>
<tr>
<td>WFIF - FM 1500- Bridgeport</td>
<td></td>
</tr>
<tr>
<td>WICC - AM 60- Bridgeport</td>
<td></td>
</tr>
<tr>
<td>WMMMM - AM 1260- Bridgeport</td>
<td></td>
</tr>
<tr>
<td>WRKI - FM 95- Bridgeport</td>
<td></td>
</tr>
<tr>
<td>WSHU - FM 91.1- Bridgeport</td>
<td></td>
</tr>
<tr>
<td>WTIC - Hartford</td>
<td></td>
</tr>
<tr>
<td>WDRC - Hartford</td>
<td></td>
</tr>
</tbody>
</table>

### Norwalk Programs:

<table>
<thead>
<tr>
<th>Local Radio</th>
<th>T.V. Stations</th>
</tr>
</thead>
<tbody>
<tr>
<td>WNLK - AM Norwalk</td>
<td>CableVision of CT. News Channel 12</td>
</tr>
<tr>
<td>95. 5 - FM Norwalk</td>
<td>WABC - CHANNEL 7</td>
</tr>
<tr>
<td>Q96 - FM Norwalk</td>
<td>WCBS - CHANNEL 2</td>
</tr>
<tr>
<td>WTIC - Hartford</td>
<td>WFSB - CHANNEL 3</td>
</tr>
<tr>
<td>WDRC - Hartford</td>
<td></td>
</tr>
</tbody>
</table>

### Stamford Programs:

<table>
<thead>
<tr>
<th>Local Radio</th>
<th>T.V. Stations</th>
</tr>
</thead>
<tbody>
<tr>
<td>WEFX - FM 95.9 Stamford</td>
<td>WABC - CHANNEL 7</td>
</tr>
<tr>
<td>WSTC - AM 1400 Stamford</td>
<td>WCBS - CHANNEL 2</td>
</tr>
<tr>
<td>WTIC - Hartford</td>
<td>WFSB - CHANNEL 3</td>
</tr>
<tr>
<td>WDRC - Hartford</td>
<td>CableVision of CT. News Channel 12</td>
</tr>
</tbody>
</table>

3. Facility occupants shall immediately move indoors and gather as a group in a central location. Basement to be used for fallout shelter purposes if required.
4. Severity of occurrence shall be assessed as soon as possible and necessary arrangements executed in order to insure client, staff and visitor safety and care.
   a. Windows and outside doors closed.
   b. Fans and air conditioning turned off.
   c. Outside vents and fresh air intakes blocked.
   d. Other air movement openings sealed.
   e. Masking tape, wet towels under doors; a combination of plastic bags and masking tape to be used.
5. Telephone limited to special facility assistance requirements / emergency communications only.
6. Food and drink are not to be consumed if thought to be contaminated; must first be checked by Radiological Survey Team.
7. Contact Civil Preparedness / Emergency Management Office:
   - 203-574-6727 Waterbury 203-977-5900 Stamford
   - 203-576-8109 Bridgeport 203-853-9016 Norwalk
8. Contact Police Headquarters Communication Center :
   - 203-574-6911 Waterbury 203-977-4444 Stamford
   - 203-576-7601 Bridgeport 203-854-3000 Norwalk

B. FIRE, EXPLOSION, BUILDING COLLAPSE, OTHER TECHNOLOGICAL EMERGENCIES THAT WOULD REQUIRE EVACUATION.
1. Individual responding shall immediately proceed to the nearest fire box, activate the alarm.
2. Individual responding shall immediately notify the staff on duty providing a brief description and the location of the occurrence.
3. The staff on duty shall immediately report the occurrence to the local authorities giving the facility name, address, and location of the occurrence (call 911 or follow the local authorities emergency phone list). If the facility phones are out of order the staff member in charge shall immediately designate an individual to proceed to notify the local authorities.
4. All facility occupants shall immediately evacuate the building via the nearest exit and form as a group in designated safe area.
5. Chief Operating Officer shall be notified as soon as the situation allows for further guidance and instruction in handling the situation.

C. POWER OUTAGE OR UTILITY FAILURE - water, gas, electrical or heating disruption.
1. Individual responding shall immediately notify the staff on duty providing a brief description and the exact location of the occurrence.
2. The staff on duty shall immediately report the occurrence and consult with the staff member in charge and proceed to call the local authorities giving facility name, address and location of the occurrence (call 911 or follow local authorities’ emergency phone list). If the facility phones are out of order, the staff member in charge shall immediately designate an individual to proceed to notify the local authorities.
3. Severity of occurrence shall immediately be assessed and necessary arrangements executed in order to insure client, staff and visitor safety and care. Facility occupants may not be required to evacuate.
4. Chief Clinical/Operating Officer shall be notified as soon as the situation allows for further guidance and instruction in handling the situation.

D. WORKPLACE THREATS AND VIOLENCE
1. Any agitated person shall be separated from the other clients, staff and visitors and a staff member shall stay with this person.
2. The staff member shall utilize verbal de-escalation techniques to calm the person and help them maintain control.
3. If person has a weapon and is unwilling to relinquish it, the police shall be notified immediately. Call 911.
4. If a person is about to inflict physical harm upon anyone, the police shall be notified. Call 911.
5. Staff should assist other staff, clients and visitors in keeping them out of harm's way.
6. Chief Clinical/Operating Officer shall be notified as soon as the situation allows.
7. If the program is to be evacuated, follow the floor plan to the nearest exit. Proceed outside to the determined “safe area” and wait for further instruction from the program supervisor or Chief Clinical/Operations Officer.

E. BOMB THREAT
1. If you receive a bomb threat, get as much information from the caller as possible. Keep the caller on the line and record everything if your phone system allows. Notify the police and follow their instructions.
2. Inform the program supervisor, who will also inform the Chief Clinical/Operating Officer while following instructions as outlined by the local authorities.
3. After you have been notified of a bomb threat, do not touch any suspicious packages. Should a suspicious package be found, clear the area around the package and contact the local authorities for further instruction.
4. Evacuate the building, staying clear of sidewalk and emergency personnel.

E. MEDICAL EMERGENCIES
1. Staff shall be familiar with conditions that may affect the health & safety of others.
2. The utmost care and judgment shall be used in handling the individual.
3. If an employee or client is injured, first aid shall be administered by the staff in accordance with written guidelines.
4. Staff should contact program supervisor and other pertinent persons involved in the client's case or the employee's supervisor (considering confidentiality policies.)
5. An accident / incident report should be completed.
6. In the event that a client or another staff has been more severely injured or is suffering from a health related emergency, which may cause immediate risk or harm to their well-being, the responding employee shall call 911 for emergency service and transportation.
7. Appropriate persons (i.e. program supervisor, COO, parent / guardian) shall be notified and the medical emergency should be documented in the client’s case notes and an accident / incident report should be completed. For employees, the supervisor and human resources should be notified.

F. POISON CONTROL
1. Should a client or staff ingest or be exposed to a poison or other potentially dangerous substance, the Poison Control Center should be contacted.
2. The Poison Control Center is available 24 hours a day at 1-800-343-2722 or 203-576-5178.
3. The bottle containing the ingested substance should be located and information provided to the Poison Control Center. From the label, Poison Control will be able to instruct you on the hazards involved and appropriate treatment. Cleaning fluids and other potentially
poisonous substances (if ingested) should never be transferred from its original container.

4. Directions from the Poison Control Center for treatment should be followed and the employee or client should seek professional medical attention.

5. An Accident / Incident report should be completed by the program supervisor.

**EMERGENCY CONTACT INFORMATION**

- Emergency contact information for staff and clients shall be maintained through the agency’s data base.
- In the event of an evacuation, the point person shall contact the administrative offices to gather emergency contact information for both staff and clients that may require such a contact to be made on their behalf. Any Connecticut Renaissance site can be contacted in the event that personnel at headquarters are not available as the information is available through any CTR operated computer.
- Staff emergency contact information is also available in each supervisor’s office. A red emergency contact folder is updated periodically by the HR Department and maintained in each program director’s office. In the event of an evacuation, the supervisor or the lead staff is to pick up the staff emergency folder out of the supervisor’s office.

**STAFF RESPONSIBILITIES**

The following members shall be in charge of the facility for emergency purposes in order of presence:
- Chief Executive Officer
- Chief Financial/Clinical/Operations Officers
- Program Director
- Unit Supervisor / Coordinator
- Counseling Staff along with support staff.

The facility member in charge has the following responsibilities:

- Assess severity of the occurrence.
- Insure for facility occupants safety and care.
- Provide local authorities with all necessary information.
- Meet local authorities with all necessary information.
- Communicate the exact location of the occurrence to the local authorities.
- Remain available for any further information that may be required by the local authorities.
- Oversee orderly evacuation of all facility occupants and maintain accountability for same.
- Go over all instructions so that all will understand what to do.
- Notify agency administration and enact recall of additional support staff.
- All staff shall operate in conjunction with the staff member in charge to insure an orderly evacuation and effective management of the emergency.
AGENCY CHAIN OF COMMAND:

**Chief Executive Officer:** (In discussion with the Chief Financial/Clinical/Operations Officers)

- The CHIEF EXECUTIVE OFFICER or designee shall be in charge of the emergency operations and shall act as liaison with the local/state authorities for further instructions and possible evacuation.

- The CHIEF EXECUTIVE OFFICER or designee shall be responsible for the safety and welfare of all occupants, staff and visitors.

- The CHIEF EXECUTIVE OFFICER or designee shall report to the Main Office and will take charge of assigning personnel where most needed.

- The CHIEF EXECUTIVE OFFICER or designee shall maintain current information on availability of personnel, supplies and condition of clients, staff, visitors, and physical plant.

**Program Director:** (In discussion with the Chief Clinical/Operations Officers) shall implement the following procedures by using staff and available ancillary personnel.

- Depending on the emergency move all occupants indoors or outdoors immediately.

- Account for all occupants and their condition.

- Inventory all personal and medical supplies.

- Institute conservation measures of all linens and supplies.

- Reassign and call in all staff as necessary.

- Report information via the Chain of Command.

**Unit supervisors / Coordinators:**

- Shall assume responsibility for closing all outside doors, turning off all fans, air conditioners, all outside vents and fresh air intakes.

- Shall check & secure all openings where there is a chance of air movement.

- Shall account for all counseling staff, support staff and ancillary personnel.

- Report information via the Chain of Command.

**Counseling and Support Staff:**

- Shall take stock of non-contaminated food and emergency supplies.

- Do not eat or drink anything that may be contaminated until it has been checked for contamination by a Radiological Survey Team.

- Food and drink that are sealed in unopened packages and containers may be used. After the packages are rinsed to remove possible contamination, they can be safely eaten.
Use of paper supplies shall be implement.

Report information via the Chain of Command.

**Support Staff and Ancillary Personnel:**

- Shall secure their work areas by sealing all openings where there is a chance of air movement. This can be done with plastic bags & masking tape, wet towels under doors.
- Complete additional tasks as assigned.
- Report information via the Chain of Command.

**All Staff:**

- Be orderly, reassuring, maintaining routine as much as possible.
- All staff shall report to their assigned unit/area.
- Telephones shall not be utilized in order to maintain open lines for emergency purposes.
- Move all occupants where appropriate either indoors or outdoors and remain at the designated location until it becomes appropriate to move.
- Secure work areas by closing doors and windows. Seal all openings where there is a chance of air movement. This can be done with masking tape, wet towels under doors, plastic bags and masking tape.
- Do not eat or drink anything that may be contaminated.
- Conserve linens, supplies, food and drink.

**EVACUATION INFORMATION**

Instructions to evacuate may come by telephone, radio or television over the Emergency Broadcast System or by emergency vehicle like Police or Fire Departments. If instructions are received to evacuate out of the immediate area due to local conditions, the evacuation procedure will be as follows:

**Waterbury Programs**

- Refer the “State of Connecticut Natural Disaster Plan” & the following FEMA Link: http://www.fema.gov/pdf/areyouready/areyouready_full.pdf
- Coordinate with Department of Correction Authorities for clients under the jurisdiction of the State of Connecticut Department of Correction to be temporarily furloughed, returned to the Correctional Facilities or released.
- Coordinate with CSSD authorities for clients under the jurisdiction of The State of Connecticut Judicial Department to be temporarily furloughed, incarcerated or released.
Bridgeport Programs

- Refer to the “State of Connecticut Natural Disaster Plan” & the following FEMA Link: http://www.fema.gov/pdf/areyouready/areyouready_full.pdf

- Coordinate with Department of Correction Authorities for clients under the jurisdiction of the State of Connecticut Department of Correction to be temporarily furloughed, returned to the Correctional Facilities or released.

Norwalk Programs

Refer to the “State of Connecticut Natural Disaster Plan” & the following FEMA Link: http://www.fema.gov/pdf/areyouready/areyouready_full.pdf

Stamford Programs

Refer to the “State of Connecticut Natural Disaster Plan” & the following FEMA Link: http://www.fema.gov/pdf/areyouready/areyouready_full.pdf

- Refer to St. Lukes Lifeworks Lease Agreement #16 Temporary Space.

- St. Lukes site on Woodlawn Ave. in Stamford shall be used if Stamford Programs require relocation.

All Programs

- The main objective of implementation of the evacuation plan is to assure that the clients, staff, and visitors are provided safety.

- Evacuation routes are posted within the facility.

- The building staff and CHIEF EXECUTIVE OFFICER or designee shall be responsible for coordinating the evacuation with Local City Civil Preparedness/Emergency Operations Personnel if required.

- The State Department of Health, funding agencies and regulatory bodies shall be notified by the CHIEF EXECUTIVE OFFICER or designee of the evacuation.

- Off duty personnel shall be called in to assist with the evacuation as needed.

- As soon as possible client emergency contact individuals shall be notified of transfers and locations of program clients.

- Any injured staff or clients requiring emergency care shall be transferred to the local hospital per our letters of agreement.

- Timely debriefings shall be held following each emergency to provide support to personnel and persons served.
An emergency situation may result in the need to close a facility. Such determination shall be made by the CEO, CCO/COO, CFO. The CCO/COO would contact the referral / funding source and relocation would be a collaborative effort.

If clients would be unable to remain at the residential facility to which they are assigned, accommodations would be made to relocate clients in the following manner:

- Maple Street House to Central Ave House
- Central Avenue House to East or Maple Street
- East Work Release to Central Ave House or Maple Street
- East Drug Treatment to Central Ave House and West.
- West Drug Treatment to East and Central Ave House
- McAuliffe Center to Central Ave House

For Outpatient and Adolescent Programs:

- 1 Lafayette would relocate to 1st floor of 1126 Main
- 1120 and 2nd floor of 1126 Main would provide home based services, staff can utilize office facilities at 350 Fairfield or 1 Lafayette.
- 17 High St. would provide home based services and utilize office space at 4 Byington
- 4 Byington would provide services at 141 Franklin
- 141 Franklin would provide services at 4 Byington or 17 High St.

TRANSPORTATION

- Facility Vehicles to be used (insure for adequate fuel).
- Vehicles to be obtained, directed and assigned by local and legal authorities in the event facility vehicles are inoperable or inadequate.
- Use pre-established route planned by local authorities.
- Proceed in an orderly fashion along planned route to designated shelter or relocation area.
- Wherever possible, authorities will be on duty to advise and direct. Obey all instructions by authorities.
- If the vehicle breaks down en route move to the side of the road and remain inside until help arrives. (leave the hood up as a sign that you are stalled).
- Staff and extra help will accompany the clients to assist with their care en route and at the area of refuge.
- Keep radios on for emergency updates.
- Each client's file and medications shall be evacuated in the same vehicle with the client.
EMERGENCY EQUIPMENT

- Fire extinguishers are located in all facilities and use instructions are located on the equipment.
- Emergency pull stations are located in most facilities
- Emergency First Aid Kits are located in all facilities.

ORIENTATION

- Upon hire all employees are trained in the Emergency Preparedness Plan and evacuation policies.
- On an annual basis staff attend an in-service training on all emergency plans.

TESTING OF PLAN

- All sections of the Emergency Preparedness Plan shall be tested annually with at least one section tested each quarter.
- Testing will take place in all sites where services are provided. An annual schedule is created each July.
- The staff member or designee conducting the drill will record and summarize the events and analyze findings with designated staff for performance improvement and determine the effectiveness of the drill.
- Results of the drill will be reported to the Safety Committee and be included in the Quarterly Safety Status report.

EMERGENCY INFORMATION

- Emergency contact information on clients and staff are readily accessible in emergency situations.
- Client information is readily accessible in the computerized database, in case records, or located on a back up tape in the safe located in the Bridgeport clinic.
- Staff information on hardcopy is located in a centralized area easily accessible by all staff in the event of an emergency. A master file is located on disc also housed in the safety deposit box and in the Human Resources Department in the 350 Fairfield Ave., administration site.
- Staff emergency information is updated as needed but no less than annually. Client information is updated on an ongoing basis.
MATERIALS AND SUPPLIES FOR CLIENT CARE:

1. Food and utensils - undamaged, sealed in unopened packages and containers, ready to eat.
   - Take all the food you can carry (particularly canned or dried food requiring little preparation).
   - Thermos jug or plastic bottles.
   - Bottle and can opener.
   - Eating utensils.
   - Plastic or paper plates, cups, and napkins.
   - Plastic and paper bags.
   - X candles and matches.
   - Plastic drop cloth.

2. Water and Potable liquids (fill container having seals):
   - Powdered milk.
   - Evaporated milk.
   - Packaged vegetable juices.

3. Clothing and bedding:
   - work gloves
   - work clothes
   - extra underclothing
   - outerwear (depending on season)
   - rain garments
   - extra pair of shoes
   - extra socks or stockings
   - sleeping bags and or blankets and sheets

4. Personal, safety, sanitation, and medical supplies:
   - battery operated (transistor) radios, extra batteries.
   - flashlight, extra batteries
   - soap
   - sanitary napkins
   - detergent
   - towels and washcloths
   - toilet paper
   - emergency toilet
   - garbage can
   - newspapers/magazines
   - first Aid kit
   - special medications (insulin, heart tables, or other)
   - toothbrush and toothpaste
   - writing material
   - fire extinguishers

5. Tools and construction equipment:
   - Facility tool box
   - Pick Ax
   - Shovel
   - Saw
   - Hammer
   - Broom
   - Ax
   - Crowbar
   - Nails and screws
   - Screw driver
   - Wrench
6. Extenuating client needs / important papers:
   - Client files
   - Schedule II drugs, other client medications
   - Social security cards
   - Insurance policies
   - Saving accounts books
   - Credit cards and currency
   - Identification documents

SHELTER LIVING INFORMATION

A. Facility basement area or existing public shelter to be utilized.

B. Fourteen (14) days worth of equipment and supplies to be stocked.

C. Go over all information so all will understand what to do.

D. Water - each person will need at least 1 quart per day.
   1. Fill containers, bottles, buckets and cans.
   2. Fill bathtubs.
   3. Consider water located in hot water tanks, toilet flush tanks, water pipes.
   4. Water purifying - tablets (4 per gallon) or liquid chlorine household bleach (8 drops per gallon)

E. Potable liquids:
   1. Powdered milk, evaporated milk.
   2. Fruit or vegetable juice.

F. Food - 14 day supply, enough to feed all occupants.
   1. Undamaged, canned, sealed - packaged, ready to eat.
   2. Those not requiring refrigeration or cooking.

G. Sanitation Supplies:
   1. Metal container with lid (toilet purposes).
   2. 1 or 2 large garbage cans with covers (human waste and garbage).
   3. Plastic bags (line toilet)
   4. Disinfectant
   5. Toilet paper
   6. Soap
   7. Wash cloths
   8. Pail or basin
   9. Sanitary napkins

H. Medicines and First Aid Supplies:
   1. Schedule II drugs and other client medications
   2. First aid kit and first aid handbook
   3. Biohazard Spill Kit

I. Cooking and Eating Utensils:
   1. Pots, pans, knives, forks, spoons, plates, cups, napkins, paper towels, measuring cup, bottle opener, can opener, pocketknife.
   2. Electric hot plate.
   3. Camp stove
   4. Canned heat stove
   5. Adequate ventilation necessary when cooking indoors.
   6. Fuel for cooking

J. Clothing - several changes of clean clothing needed.
   1. Undergarments, socks, stockings.
   2. Outerwear for warmth
3. Shoes  
4. Work clothes

K. Bedding:  
1. Blankets  
2. Pillows, sheets, sleeping bags.

L. Fire fighting equipment:  
1. Fire extinguishers - water type preferred.  
2. Use bathtub emergency water.  
4. Ladder.

M. General equipment and tools:  
1. Battery-powered radio (extra batteries).  
2. Flashlight or lantern (extra batteries).  
4. Shovel, broom, axe, crowbar, rubber hose, rope 25' long, wire, hammer, pliers, screwdriver, wrench, nails, screws.

N. Miscellaneous Items:  
1. Matches  
2. Candles  
3. Civil Defense / Emergency Management Instructions  
4. Books, magazines, clock, calendar, sewing kit, toiletries.

O. Proper Management of Food, water and sanitation supplies.  
P. Depend on local authorities to notify when it is safe to re-enter the evacuated area.

SERVICE PROVIDERS

Landlords  
1. Waterbury East, 31 Wolcott St., Waterbury, CT 06702:  
   Sacred Heart Church 13 Wolcott St, Waterbury, CT. 06702  
   Rev. Kevin Donovan, Pastor Tel: 203-757-8737
2. Bridgeport Work Release, 575 Maple St., Bridgeport, CT:  
   Owned by Renaissance Fund, Inc. — no landlord
3. Norwalk Outpatient Clinic, 4 Byington Place, Norwalk, CT 06852:  
   Owned by CT. Renaissance Fund, Inc. — no landlord
4. Stamford Outpatient Clinic, 141 Franklin St., Stamford, CT 06901:  
   Inspirica 141 Franklin St., Stamford, CT. 06901  
   Property Mgmt Tel: 203-388-0100
5. Waterbury West, 466 West Main St., CT 06702:  
   466 West Main LLC, 140 Manhan Street, Waterbury, CT 06702  
   Tel:203-754-7884
6. Bridgeport Outpatient and Administration  
   350 Fairfield Ave. Ste 701 and 1 Lafayette Square, Bridgeport, CT 06604:  
   Lafayette Square Associates, LP, 4 Executive Suite Blvd Suite 200, Suffren, NY 10901  
   Tel:203-720-1200
7. Bridgeport Adolescent Programs, 1120 Main St. / 1126 Main St. / 115 Middle St., Bridgeport, CT 06604:  
   1126 Main, LLC, 30 Oak St. Suite 106, Stamford, CT 06905, Tel: 203-969-1300  
   1120 Main, LLC, 30 Oak St. Suite 106, Stamford, CT 06905, Tel: 203-969-1300
8. Bridgeport Central Avenue Work Release, 24 Central Ave., Waterbury, CT:  
   Post Development Associates, LLC, 99 Brookside Road Waterbury, CT 06708  
   Tel: 203-754-7884
**FOOD:**

- City line Distributors (Primary) Statewide 203-931-3707.
- Connecticut Food Bank (Primary) Statewide 203-469-5000.
- Guida Milk (Primary) Statewide 860-224-2404.
- Wades Dairy Inc. (Secondary) Statewide 1-800-247-9233.
- Dileo Brothers Inc. (Secondary) Statewide 203-759-3600.

**DRINKING WATER:**

- Crystal Rock Water Co. (Primary) Statewide 203-325-1357.
- Howie’s Water Co. (Secondary) Statewide 1-800-582-1719.

**LOCAL WATER AUTHORITIES:**

- City of Waterbury 203-574-8251
- City of Bridgeport 203-332-5550
- Bridgeport Hydraulic Co. 203-367-6621, 203-853-4650
- City of Norwalk 203-847-7387
- Stamford Water Co. 203-324-3163

**POWER COMPANIES**

- City of Waterbury: 203-574-6890 (secondary)
- City of Bridgeport: 203-576-7751 (secondary)
City of Stamford: 203-977-4140 (secondary)

City of Norwalk: 203-854-7800 (secondary)

**HEATING AND COOKING**

- Lehigh Fuel (primary) - Waterbury East- 203-756-7896 - (Heating) Yankee Gas (primary) - Waterbury - 1-800-989-0900 - (Cooking) East & West (Heating) West City of Waterbury (secondary) - 203-574-6890

Southern Connecticut Gas Co.(primary) Bridgeport - 203-786-6111- (Heating & Cooking) City of Bridgeport (secondary) - 203-576-7751

- Landlord in Norwalk (primary) - See Key Contact list.- (Heating) (Cooking not applicable) City of Norwalk (secondary) - 203-854-7800

- Landlord in Stamford (primary) - See Key Contact list.- (Heating) (Cooking not applicable) City of Stamford (secondary) - 203-977-5919

**PEST AND VERMIN CONTROL**

- Centurion Extermination (primary) - Waterbury - 203-756-6028 City of Waterbury (secondary) - 203-574-6781

- Guaranty Pest Elimination (primary) - Bridgeport - 1-800-923-1898 City of Bridgeport (secondary) - 203-576-7680

- ABC Exterminating (primary) - Norwalk - 203-866-1233 City of Norwalk (secondary) - 203-854-7821.

- Landlord Stamford (primary) - refer to Key Contact List. City of Stamford (secondary) - 203-977-4384

**TELEPHONE COMMUNICATIONS**

- ATT. (primary) - Statewide - 1-800-424-9020

- Hawkeye Inc. (secondary) - Statewide - 203-248-9489

**PHARMACIES / MEDICATIONS**

- Stadtlanders Pharmacy (primary) - Waterbury Department of Correction Program - 1-800-238-1548.

- W.H. Picketts Drug Co. (primary) - Waterbury Drug Treatment Program - 203-753-5158 Refer to Hospital Listings for (secondary) - Waterbury.

- Stadtlanders Pharmacy (primary) - Bridgeport - 1-800-238-1548 Refer to Hospital Listings for (secondary) - Bridgeport.
HOSPITALS

- St. Mary's Hospital (primary) - Waterbury - 203-574-6002
  Waterbury Hospital (secondary) - Waterbury - 203-573-6290

- Bridgeport Hospital (primary) - Bridgeport - 203-384-3566
  St. Vincent's Hospital (secondary) - Bridgeport - 203-576-5171

- Norwalk Hospital (primary) - Norwalk - 203-852-2160
  St. Joseph's Medical Center (secondary) - Norwalk - 203-353-2222

- Stamford Hospital (primary) - Stamford - 203-325-7777
  Greenwich Hospital (secondary) - Stamford - 203-863-3637

FUEL

Gas
- Liquified Petroleum Bottled and Bulk
- Hocon Industrial Gas Inc. (primary) - Statewide - 1-800-801-3835
- Rural Gas Co. (secondary) - Statewide - 203-261-3641

Gasoline
- Petro Plus (primary) - Statewide - 1-800-922-2236
- Berkshire Petroleum (secondary) - Statewide - 1-800-521-2596

Emergency Generators
- HPE Inc. (primary) - Statewide - 1-800-343-9948
- Generating Services Inc. (secondary) - Statewide - 203-348-2775

Policy Last Updated 4/14
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OPERATING MOTOR VEHICLES

POLICY

All agency motor vehicles shall be maintained in a safe and operative condition. Vehicles shall receive regularly scheduled safety inspections and repairs as needed. Vehicles shall be registered, fully insured and remain in compliance with motor vehicle laws. Only employees with a valid driver's license shall be permitted to drive agency motor vehicles.

PROCEDURES

Vehicle use Authorization

1. Only those personnel with a current valid Connecticut driver's license shall be approved to operate an agency owned/leased vehicle or permitted to transport clientele.
2. All new employees shall be oriented regarding agency motor vehicle use and safety.
3. Approved drivers shall use agency owned/leased vehicles for official business only, which has been approved by the Program Director.
4. All staff drivers' licenses shall be kept on file. Driver Record checks shall be conducted every 5 years.
5. Employee misuse of an agency motor vehicle can result in disciplinary action including employment termination.

Using the vehicles

1. The Program Director shall assign a staff member to drive the facility vehicle in each separate instance, giving the staff member instruction as to what official business is to be performed.
2. Drivers shall ensure that the vehicle to be used is fueled and safe to operate.
3. Drivers and passengers shall comply with motor vehicle regulations during vehicle operation.
4. Drivers must complete the mileage sheet including their name, trip destination, purpose of the trip and current vehicle mileage. Upon returning from the trip, the driver must once again enter the vehicles mileage.
5. In the event of a program related emergency an approved driver may use an agency motor vehicle without first obtaining permission from the Program Director.

Vehicle Security

1. Agency motor vehicles shall be locked at all times when not in use.
2. Two sets of keys per motor vehicle shall be kept onsite and locked in separate locations.
3. Only approved employees shall have access to vehicle keys.
4. Clients shall be prohibited from possessing or accessing vehicle keys.
5. Clients shall be prohibited from driving agency motor vehicles.

Insurance Coverage & Registrations for Motor Vehicles

1. The agency shall obtain registration and insurance coverage for all agency motor vehicles which remains active at all times.
2. Registration and insurance documentation shall be kept in each vehicle at all times.
Vehicle Maintenance

1. Drivers shall ensure that vehicles are fueled and obtain petty cash for fuel.
2. Drivers shall ensure that vehicles remain clean and report any repair needs.
3. Once per month, a staff member designated by the Program Director shall inspect the program's vehicles, using the monthly inspection checklist.
4. Upon completion of the inspection, the staff member signs and dates the form and submits it to the Program Director and Safety Committee.
5. If there are any deficiencies found the inspecting staff member notes them on the form, and also relays them verbally to the Program Director. The Director and/or driver are responsible for ensuring any deficiencies are addressed immediately.
6. If a problem has been noted that could compromise safety (air pressure in tires, brake problems, etc.) or contribute to serious repair problems, the Program Director shall see that the vehicle is not used again until repairs are made.
7. Major repairs must be approved by the Chief Clinical/Chief Operation Officer or CFO.
8. The Program Director or designated staff member makes vehicle maintenance appointments as stipulated in the vehicle’s owner's manual.

Vehicle Damage

1. Any damage to an agency motor vehicle shall be reported immediately to the program supervisor and a written accident/incident report submitted within 24-hours.
2. All agency motor vehicle accidents shall be reported to local police and a police report filed.
3. Agency motor vehicle accidents/damages shall be reported via the CT. Renaissance chain of command.

Policy Last Updated 4/14
USE OF PERSONAL VEHICLES

POLICY:

The use of private vehicles for work purposes shall be limited to official agency business. Private vehicles shall be considered the primary insured and CT Renaissance the secondary insured. Employees shall be reimbursed for the use of their private motor vehicles for official agency business at the current mileage reimbursement rate set by Connecticut Renaissance. The mileage reimbursement is intended to cover only those miles above and beyond an employee’s normal daily commuting miles between his/her home and assigned work location. Daily commuting miles are not reimbursable, whether or not the daily commute took place on the day for which reimbursement for business mileage is requested. If an employee begins the day with business travel to a destination other than the assigned work location, the calculation of reimbursable mileage for that day shall include a deduction of the employee’s one way commuting mileage. Similarly, if the employee returns home at the end of the day from a location other than the assigned work location, the calculation of the reimbursable mileage for that day shall include a deduction of the employee’s one way commuting mileage. If an employee both starts and ends the day with travel that is not to/from the primary work station, the calculation of the reimbursable mileage shall include a deduction for the employee’s round trip commuting miles.

The use of private owned vehicles for client transportation shall be limited to instances of urgent necessity after all other options have been exhausted. Clients shall only be transported in privately owned vehicles for official agency business only in situations where agency vehicles, public or other private transportation is unavailable or is inappropriate. All private vehicles used for client transportation shall be fully and adequately insured, operated only by licensed drivers, have an up to date registration and have received periodic inspections and repairs as needed. Vehicle operation shall be in compliance with all applicable federal, state, provincial county and city laws. Volunteers shall not provide transportation services.

PROCEDURES:

INSURANCE

1. Private vehicles shall possess insurance coverage which meets the State of Connecticut insurance liability minimum standards.
2. Private vehicles are considered the primary insured.
3. Connecticut Renaissance is considered the secondary insured and shall maintain a minimum $10 million umbrella liability policy.

VEHICLE USE

1. Program supervisors shall approve the use of private vehicles for work purposes and client transportation.
2. Private vehicle use for client transportation shall be considered urgent for outpatient and residential programs, only for official agency business and where all other transportation options have been exhausted. However, adolescent program staff are required to provide transportation as deemed necessary.
3. The staff driver shall possess a valid driver's license.
4. The private vehicle to be used shall possess a valid registration, and meet the State of Connecticut insurance liability minimum standards.
5. The private vehicle to be used shall be in safe operating condition.
6. The private vehicle used to transport clients shall possess a first aid kit, communication devices, road warning / hazard equipment and written emergency instructions.
7. Drivers are expected to obey all state laws and to report any traffic violations or accidents promptly to their supervisor. Drivers and their passengers are expected to utilize safety restraining devices at all times.

8. Private vehicle use shall be allowed to a specific client destination with a direct return to the agency site location. Deviation is prohibited without prior supervisory approval.

9. Under no circumstances are clients permitted to drive staff-owned vehicles.

10. Vehicles shall be maintained according to manufacture’s recommendations.

11. Education and training of employees required to transport persons served will be trained during their orientation period and annually thereafter.

Policy Last Updated 04/14
ACCEPTABLE DRIVER RECORD & AGENCY “DRIVER LIST”

POLICY

Employees who will operate a company owned/leased vehicle or who will transport clients in a personal vehicle as a normal, regular part of their duties will be designated as “Drivers” and will be listed on the company’s Driver List. These employees shall submit a valid driver’s license, registration certificate and insurance documentation to the HR Department upon hire and shall authorize the company to conduct a Motor Vehicle Record check as a condition of their employment.

PROCEDURE

Drivers shall resubmit their driver’s license, registration certificate and insurance documentation to the HR Department as they are renewed or updated. Drivers shall authorize the company to conduct a Motor Vehicle Record check as requested or at a minimum of every 5 years. Connecticut Renaissance performs the Motor Vehicle Record check upon being recommended for hire and then Connecticut Renaissance’s contracted insurance company performs an annual record check of those employees on the “Drivers List”. Drivers shall immediately notify the company if their driver’s license or insurance coverage is cancelled / suspended or lapses for any reason. Upon such notification to the company, he/she shall be removed from his/her position, or his/her duties shall be modified to eliminate the operation of company owned/leased vehicles or the transportation of clients in a personal vehicle, at the discretion of the company.

Drivers shall maintain an acceptable driving record as a condition of their employment in a position requiring the listing of the employee on the company “Driver List”. If a Driver does not maintain an acceptable driving record, he/she shall be removed from his/her position, or his/her duties shall be modified to eliminate the operation of any company owned/leased vehicles or the transportation of clients in a personal vehicle, at the discretion of the company.

Drivers will be considered not to have an acceptable driving record if any one of the following conditions exists:

- Current suspension of driver’s license for any reason
- DUI conviction (or refusal to submit to a valid request for a BAC, or equivalent, test in conjunction with a traffic incident within the past three years)
- Convictions of two or more of the following traffic offenses within the past three years:
  - Speeding
  - Reckless Driving
  - Improper Lane Change or Passing
  - Following Too Closely

Employment candidates who do not have an acceptable driving record shall be disqualified from consideration for positions requiring the listing of the employee on the company “Driver List”.

Employees included on the company “Driver List” must continue to maintain an acceptable driving record at all times. If the annual review of a Driver’s Motor Vehicle Record indicates new traffic convictions since the prior report (other than items requiring the immediate removal of the employee from the Driver List), the Driver shall be required to attend an Operator Retraining Program approved by the company at his/her own cost. The company shall identify such approved program to the employee, but it shall be the responsibility of the employee to contact the provider and enroll in the program. If documentation of the successful completion of that program is not provided within a six month period, the employee shall be removed from his/her position, or his/her duties shall be modified to eliminate the operation of company owned/leased vehicles or the transportation of clients in a personal vehicle, at the discretion of the company.

Employees not included on the company “Driver List” shall not operate company owned/leased vehicles and shall not transport clients in personal vehicles at any time.
TRAINING
The company shall maintain an ongoing mandatory Vehicle Safety Training for all Drivers. Training will be provided at regularly scheduled intervals to update them on company driving rules and policies and to reinforce defensive driving awareness and techniques.

OTHER EMPLOYEES NOT LISTED ON THE “DRIVERS LIST”
Any employees not designated as Drivers whom the company can reasonably expect might operate a personal vehicle on company approved business at some point during their employment shall submit a valid driver's license, registration certificate and insurance documentation to the HR Department upon hire and periodically thereafter as these documents are renewed.

Policy Last Updated 4/14
MOTOR VEHICLE ACCIDENTS & REPAIR SERVICE

REPAIR AND MAINTENANCE SERVICES
All vehicles owned / leased by the agency will receive inspections and periodic maintenance service according to manufacturer guidelines. The program supervisor shall ensure that any vehicle assigned to their department receives required maintenance, oil changes and any needed repairs timely. All such service shall be communicated to the Chief Clinical / Operations Officer. Repairs and routine maintenance will be completed by one of the following auto service companies unless the vehicle’s warranty indicates otherwise.

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waterbury Total Auto</td>
<td>628 Watertown Ave.</td>
<td>203-754-6434</td>
</tr>
<tr>
<td>Bridgeport Firestone Complete Auto Care</td>
<td>300 John St. Bridgeport, CT 06604</td>
<td>203-333-6188</td>
</tr>
<tr>
<td>Norwalk H &amp; L Chevrolet</td>
<td>1416 Post Rd Darien, CT 06820</td>
<td>203-655-8264</td>
</tr>
<tr>
<td>ROADSIDE ASSISTANCE</td>
<td>Mid-Town Towing 177 Pulaski St. Bridgeport, CT 06608</td>
<td>203-384-1537</td>
</tr>
</tbody>
</table>

ACCIDENTS/INCIDENTS

1. All Vehicle accidents/incidents shall be reported to the local police and a police report filed. No matter how insignificant the nature of the accident, the driver in charge is not to leave the scene until a police officer arrives. The emergency number for all municipalities is 911.
2. If a cell phone is not available to call 911, ask a witness to contact the authorities. The vehicle and passengers should not be left unattended by staff unless no one else is available to call for assistance.
3. Under no circumstances are staff to negotiate repairs with the other party.
4. If the other driver involved insists upon leaving the scene request that he/she provide you with their name, insurance company, license number and registration information.
5. In the event of a fire, call for help immediately and escort any passenger a safe distance away from the vehicle. Keep passengers safe and calm.
6. The program supervisor shall be notified immediately upon occurrence of a motor vehicle accident.
7. All private vehicle work purpose accident/incidents shall be reported verbally and in writing to the program supervisor within 24-hours of their occurrence.
8. If the vehicle is deemed unsafe to drive, if possible utilize the roadside assistance company as listed above. The police may have already called for towing. Be sure to get all information from the towing company as to where the vehicle is being taken.
9. Supervisors shall take appropriate action to investigate and report occurrences via the organizations chain of command.
10. An agency incident/accident report must be completed within 24 hours.
11. The police will have a report available within 24 hours. The report shall be picked up by the driver or a designated person.
12. The police report must be submitted to the CCO/COO whether in personal or agency vehicle for insurance purposes.
13. The primary insurance carrier shall be notified as well as the secondary insurance carrier as deemed necessary.

Policy Last Updated 4/14
VEHICLE SAFETY EQUIPMENT

POLICY
All company owned / leased vehicles shall be equipped with safety equipment including fire extinguishers and first aid kits. Vehicle related policies and procedures as well as an emergency contact list shall be kept in the vehicle at all times. Program supervisor shall be responsible for ensuring that all equipment and procedures are maintained in the vehicle.

Equipment Inventory
Policy and Procedure Folder containing:
- Emergency Contact List
- Vehicle Safety Equipment Policy
- Vehicle Accidents & Repair Service Procedures
- Recognizing Medical Emergencies
- Emergency First Aid Procedures
- Guidelines for Care of Non-Life Threatening Medical Emergencies
- Operating Motor Vehicles
- Use of Personal Vehicle Policy
- Acceptable Driving Record Policy

Fire Extinguisher

First Aid Kit Includes an Assortment of:
Bandages, Antiseptic Wipes, Instant Cold Pack, Scissors, Tweezers, Gloves, and First Aid Guide

Roadside Safety Equipment Kits include such items as:
(Kit contents vary according to the brand)
- SOS banner
- 2 Light Sticks (glow sticks, not flares)
- Jumper Cables
- Screw Drivers
- Lantern / Flashlight
- Fix-a-Flat
- Electrical Tape
- Tire Gauge
- Ice Scraper
- Cleaning Towels
- Gloves
- Jumper Cables
- Guide to Roadside Safety

Policy Last Updated 4/14
EMERGENCY CONTACTS

Administration:

Chief Executive Officer
Office: 203-336-5225 x2220

Finance Director
Office: 203-336-5225 x2106

Director of Quality Improvement
Office: 203-336-5225 x2108
Cell: 203-705-7644

Outpatient Services:

Clinical Director of OP Adult/Adol
Office: 203-336-5225 x2117
Cell: 203-258-6423

CYFSC Program Director Nor / Stam
Office: 203-854-2915 x3021
Cell: 203-919-3608

MST Program Director Bridgeport
Office: 203-367-7570 x2310
Cell: 203-275-7043

MDFT Program Director
Office: 203-367-7570 x2320
Cell: 203-258-3304

CYFSC Program Director Bridgeport
Office: 203-368-9755 x2325
Cell: 203-993-0592

Residential Services:

Waterbury East Program Director
Office: 203-753-2341 x2710
Cell: 203-233-5341

Waterbury West Program Director
Office: 203-591-8010 x2403
Cell: 203-705-7643

Maple St. Program Director
Office: 203-335-8867 x2502
Cell: 203-225-9040

Central Work Release Program Director
Office: 203-596-7303 x2610
Cell: 203-767-7002

Co-Occurring Center Program Director
Office: 203-346-1931 x3120
Cell: 203-767-7994
Your Accident Fact Kit

We hope you find our Accident Fact Kit helpful in the event of an accident. Don't forget to keep a pen with your kit. Keep the kit in your glove box, just in case you need it. It includes:

Information Exchange (2 copies)
- Complete one of the forms and provide it to the other driver
- Have the other driver complete the other form and return it to you. You will need this information when you report your loss.

Witness Information
- Separate the form and ask any witnesses to the accident to complete the form and return it to you. You will need this information when you report your loss.

Accident Details
- This form is to help you record accident details while the incident is still fresh in your memory. You may find it helpful to think about road and weather conditions, who was in your car, and other facts. You may need this information to report your loss and refresh your recollection later.

If you have an accident, remember these tips:

- Try to keep calm. Do whatever is necessary to protect your family members or passengers and your property.
- Check for injuries, and get help if needed.
- Do not leave the scene of an accident.
- Do not admit responsibility at the accident scene or blame anyone else.
- Do not discuss the scope of your insurance coverage.
- Always notify law enforcement if there are injuries, death, or significant property damage related to the accident. Cooperate with law enforcement officials.
- Record name, address, and phone numbers of any witnesses; a witness is someone that saw the accident but was not involved in it.
- Note the date, time and location of the accident. Record details like cross streets, lane configurations, and weather conditions.
- Always report theft and vandalism losses to the police.
- Report all losses to us immediately.

Call TimeSaver at 1-800-588-7400 to report losses.

Drive Safely!
Information Exchange

Complete one copy of this form and give it to the other party. Give the other copy to the other party to complete and return to you. Seek information from police regarding injured parties.

Accident Location __________________________________________ Date & Time ______________________

About you...

Driver's Name ____________________________________________
Street Address ______________________________ City & State ________________________________
Home Phone ______________ Work Phone ______________ DOB ______________ Sex ☐ M ☐ F
Injured? ☐ Yes ☐ No Nature of Injury ________________________________________________________
Driver's License Number & State ______________________________ E-mail ___________________________

Owner's Name (if other than driver) _________________________________________________________
Street Address ______________________________ City & State ________________________________
Home Phone ______________ Work Phone ______________ DOB ______________ Sex ☐ M ☐ F
Owner's License Number & State ______________________________ E-mail ___________________________

About your vehicle...

Year __________ Make __________________________ Model __________________________
Vehicle ID Number __________________________ License & State ___________________________
Insurance Company Name __________________________ Policy # __________________ Telephone # ______
Is Vehicle Drivable? ☐ Yes ☐ No Describe Damage to Your Vehicle ____________________________

About the passengers or pedestrians...

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Sex: M/F</th>
<th>If injured, indicate nature of injury</th>
<th>Home Phone</th>
<th>Work Phone</th>
<th>Address</th>
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Information Exchange

Complete one copy of this form and give it to the other party. Give the other copy to the other party to complete and return to you. Seek information from police regarding injured parties.

Accident Location __________________________ Date & Time __________________

About you...

Driver's Name __________________________
Street Address __________________________ City & State ________________________
Home Phone __________ Work Phone __________ DOB __________ Sex □ M □ F
Injured? □ Yes □ No Nature of Injury ________________________________
Driver's License Number & State ________________________________ E-mail ________________________
Owner's Name (if other than driver) ________________________________
Street Address __________________________ City & State ________________________
Home Phone __________ Work Phone __________ DOB __________ Sex □ M □ F
Owner's License Number & State ________________________________ E-mail ________________________

About your vehicle...

Year ________ Make __________________________ Model ________________________
Vehicle ID Number __________________________ License & State ________________________
Insurance Company Name __________________________ Policy # __________ Telephone # __________
Is Vehicle Drivable? □ Yes □ No Describe Damage to Your Vehicle ________________________________

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</table>
Witness Information
You should give these cards to witnesses to fill out and return to you.
Remember...a witness is someone that saw the accident, but was not involved in it.

Witness Information Card
Your cooperation in giving this information will help us to be fair to everyone involved.
Thank you.

Accident Location

Date _______________  Time _______________  A.M./P.M.

Did you see the accident happen?  __Yes  __No
Did you see anyone hurt?  __Yes  __No
Were you riding in one of the vehicles?  __Yes  __No
Were you a pedestrian involved in the accident?  __Yes  __No

Your Name

Street Address

City & State ___________________________  zip code ______

Telephone: Home__________Work__________  E-mail ______

Witness Information Card
Your cooperation in giving this information will help us to be fair to everyone involved.
Thank you.

Accident Location

Date _______________  Time _______________  A.M./P.M.

Did you see the accident happen?  __Yes  __No
Did you see anyone hurt?  __Yes  __No
Were you riding in one of the vehicles?  __Yes  __No
Were you a pedestrian involved in the accident?  __Yes  __No

Your Name

Street Address

City & State ___________________________  zip code ______

Telephone: Home__________Work__________  E-mail ______
Accident Details

Keeping accurate records regarding the incident is important. You may want to take a few minutes to complete this form while the details are still fresh. This information can be used when reporting your loss or recalling the facts later.

Who was in my car at the time of the accident?

Make sure you have this information for all passengers:

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Sex</th>
<th>If injured, indicate nature of injury</th>
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</tbody>
</table>

Report to authorities

Was a police report made? ☐ Yes ☐ No If yes, how? ☐ At scene ☐ At Station ☐ Mailed

Report number ______________ Name of police department ______________

Was a ticket issued? ________ If yes, to whom? ______________

Conditions at the time of the accident

Road conditions __________________ Weather conditions __________________

Damage to my car

License plate # and state of the car I was driving __________________

Vehicle Mileage __________ Is the vehicle drivable? ☐ Yes ☐ No

Area and extent of damage to my vehicle:

Use the space below to diagram what happened

Use arrow to indicate North
Your Accident Fact Kit

We hope you find our Accident Fact Kit helpful in the event of an accident. Don't forget to keep a pen with your kit. Keep the kit in your glove box, just in case you need it. It includes:

Information Exchange (2 copies)
- Complete one of the forms and provide it to the other driver.
- Have the other driver complete the other form and return it to you. You will need this information when you report your loss.

Witness Information
- Separate the form and ask any witnesses to the accident to complete the form and return it to you. You will need this information when you report your loss.

Accident Details
- This form is to help you record accident details while the incident is still fresh in your memory. You may find it helpful to think about road and weather conditions, who was in your car, and other facts. You may need this information to report your loss and refresh your recollection later.

If you have an accident, remember these tips:

- Try to keep calm. Do whatever is necessary to protect your family members or passengers and your property.
- Check for injuries, and get help if needed.
- Do not leave the scene of an accident.
- Do not admit responsibility at the accident scene or blame anyone else.
- Do not discuss the scope of your insurance coverage.
- Always notify law enforcement if there are injuries, death, or significant property damage related to the accident. Cooperate with law enforcement officials.
- Record names, address, and phone numbers of any witnesses; a witness is someone that saw the accident but was not involved in it.
- Note the date, time and location of the accident. Record details like cross streets, lane configurations, and weather conditions.
- Always report theft and vandalism losses to the police.
- Report all losses to us immediately.

Drive Safely!
### Information Exchange

Complete one copy of this form and give it to the other party. Give the other copy to the other party to complete and return to you. Seek information from police regarding injured parties.

**About you...**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident Location</td>
<td></td>
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<tr>
<td>Date &amp; Time</td>
<td></td>
</tr>
<tr>
<td>Driver’s Name</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
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<tr>
<td>City &amp; State</td>
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<tr>
<td>Home Phone</td>
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<td>Work Phone</td>
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<td>DOB</td>
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<tr>
<td>Sex</td>
<td>M</td>
</tr>
<tr>
<td>Injured?</td>
<td>Yes</td>
</tr>
<tr>
<td>Nature of injury</td>
<td></td>
</tr>
<tr>
<td>Driver’s License Number &amp; State</td>
<td></td>
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<tr>
<td>E-mail</td>
<td></td>
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<tr>
<td>Owner’s Name (if other than driver)</td>
<td></td>
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<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City &amp; State</td>
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<td>Home Phone</td>
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<td>Owner’s License Number &amp; State</td>
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<td>E-mail</td>
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**About your vehicle...**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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<tbody>
<tr>
<td>Year</td>
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<tr>
<td>Make</td>
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<tr>
<td>Model</td>
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<tr>
<td>Vehicle ID Number</td>
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<tr>
<td>License &amp; State</td>
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<tr>
<td>Insurance Company Name</td>
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<td>Policy #</td>
<td></td>
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<tr>
<td>Telephone #</td>
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</tr>
<tr>
<td>Is Vehicle Drivable?</td>
<td>Yes</td>
</tr>
<tr>
<td>Describe Damage to Your Vehicle</td>
<td></td>
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</tbody>
</table>

**About the passengers or pedestrians...**

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Sex</th>
<th>If Injured, Indicate nature of Injury</th>
<th>Home Phone</th>
<th>Work Phone</th>
<th>Address</th>
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</tbody>
</table>
Accident Details

Keeping accurate records regarding the incident is important. You may want to take a few minutes to complete this form while the details are still fresh. This information can be used when reporting your loss or recalling the facts later.

Who was in my car at the time of the accident?

Make sure you have this information for all passengers:

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Sex</th>
<th>If injured, indicate nature of injury</th>
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Report to authorities

Was a police report made? □ Yes □ No  If yes, how? □ At scene □ At Station □ Mailed

Report number __________________ Name of police department __________________

Was a ticket issued? ________ If yes, to whom? __________________

Conditions at the time of the accident

Road conditions __________________ Weather conditions __________________

Damage to my car

License plate # and state of the car I was driving __________________

Vehicle Mileage __________ Is the vehicle drivable? □ Yes □ No

Area and extent of damage to my vehicle:


Use the space below to diagram what happened

Use arrow to indicate North
Witness Information

You should give these cards to witnesses to fill out and return to you. Remember...a witness is someone that saw the accident, but was not involved in it.

Witness Information Card

Your cooperation in giving this information will help us to be fair to everyone involved. Thank you.

Accident Location ________________________________

Date ________________ Time ________________ A.M./P.M.

Did you see the accident happen? __ Yes __ No
Did you see anyone hurt? __ Yes __ No
Were you riding in one of the vehicles? __ Yes __ No
Were you a pedestrian involved in the accident? __ Yes __ No

Your Name ________________________________

Street Address ________________________________

City & State ________________________________ zip code __________

Telephone: Home __________ Work __________ E-mail __________

Witness Information Card

Your cooperation in giving this information will help us to be fair to everyone involved. Thank you.

Accident Location ________________________________

Date ________________ Time ________________ A.M./P.M.

Did you see the accident happen? __ Yes __ No
Did you see anyone hurt? __ Yes __ No
Were you riding in one of the vehicles? __ Yes __ No
Were you a pedestrian involved in the accident? __ Yes __ No

Your Name ________________________________

Street Address ________________________________

City & State ________________________________ zip code __________

Telephone: Home __________ Work __________ E-mail __________
Information Exchange

Complete one copy of this form and give it to the other party. Give the other copy to the other party to complete and return to you. Seek information from police regarding injured parties.

Accident Location ___________________________ Date & Time ___________________________

About you...

Driver's Name ___________________________ City & State ___________________________

Street Address ___________________________ Work Phone __________________________

Home Phone ___________________________ DOB __________________________ Sex □ M □ F

Injured? □ Yes □ No Nature of Injury __________________________

Driver's License Number & State __________________________ E-mail __________________________

Owner's Name (if other than driver) __________________________ City & State __________________________

Street Address ___________________________ Work Phone __________________________

Home Phone ___________________________ DOB __________________________ Sex □ M □ F

Owner's License Number & State __________________________ E-mail __________________________

About your vehicle...

Year __________________________ Make __________________________ Model __________________________

Vehicle ID Number __________________________ License & State __________________________

Insurance Company Name __________________________ Policy # __________________________ Telephone # __________________________

Is Vehicle Drivable? □ Yes □ No Describe Damage to Your Vehicle __________________________

About the passengers or pedestrians...

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Sex: M/F</th>
<th>If Injured, indicate nature of Injury</th>
<th>Home Phone</th>
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AUTO ACCIDENT REPORT GUIDE

WHEN YOU'RE INVOLVED IN AN ACCIDENT:

**DO**
- Set emergency signals to prevent further damage or injury.
- Secure Police assistance and request that an accident report be completed.
- Use this form to record the names, addresses, and phone numbers of the occupants of the other vehicles involved in the accident.
- Record the names, addresses, and telephone numbers of all witnesses to the accident.
- Report all the facts of the accident.

**DON'T**
- Admit fault, and do not give a signed statement to the claims adjuster representing the other driver's insurance company.
- Make any preliminary agreements with the other party without getting police involvement.
- Leave the scene of the accident.
- Drive the vehicle if you feel it is unsafe.

Draw accident showing the direction of all cars and the points of impact. Show street names and location of street signs, stop signs, traffic lights, etc.

**AN EMERGENCY KIT FOR YOUR VEHICLE**

Carrying these items in your vehicle can help you through a roadside emergency.

- Emergency Flares
- Clean Rags
- Local Maps and Road Atlas
- Tire Gauge
- Candles & Matches
- Flashlight and Fresh Batteries
- WD-40 Oil to Loosen Lug Nuts
- Bottled Water
- Screwdriver Set
- Pens/Pencil/Marker & Paper
- Jumper Cables
- Windshield Sun Screen
- Nonperishable Food Items
- First Aid Kit
- Disposable Camera
- Inflated Spare Tire, Jack and Lug Nut Wrench
- Small Amount of Cash or Change
- Wool Blanket
- Bungee Cord or Strong Rope
In Case of an Accident, please get these facts and fill in all the blanks as completely as possible.

### Your Vehicle
- Driver's Name: 
- Address: 
- Telephone: 
- Vehicle Identification No. (VIN): 
- Driver's License Number & State: 
- Vehicle - Year/Make/Model: 
- License Plate Number & State: 
- Damaged Area: 

### Other Driver's Information
- Name: 
- Address: 
- Driver's License Number & State: 
- Insurance Co.: 
- Policy No.: 
- Telephone No.: 
- Vehicle - Year/Make/Model: 
- License Plate Number & State: 
- Owner's Name: 
- Address: 
- Insurance Co.: 
- Policy No.: 
- Damage Description: 

### Accident
- Date/Time: 
- Speed Limit: 
- Exact Location: 
- Describe what occurred and include direction and the lane in which you were traveling: 
- Weather & Road Condition: 

### Witnesses
- Name: 
- Address: 
- Telephone No.: 
- If more than one witness, secure his/her information: 

### Insured Persons
- Name: 
- Address: 
- Telephone No.: 
- Nature and Extent of Injuries: 

### Police
- Name of responding Police Department: 
- Name of Person receiving ticket: 
- Accident Report/Case No.: 
- Ambulance Called? □ Yes □ No 
- Was anyone transported to the Hospital? □ Yes □ No 

Make as many copies of this form as needed.
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OP Administration & Dispensing of Medications
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RESIDENTIAL
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EXPOSURE CONTROL PLAN

POLICY

Connecticut Renaissance is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, “Occupational Exposure to Bloodborne Pathogens.”

The ECP is a key document in assisting CT Renaissance staff in implementing and ensuring compliance with the OSHA standards, thereby protecting employees.

Each program shall maintain current information on the Centers for Disease Control and the local Health Department recommended practices to protect against communicable diseases and exposure to infectious diseases such as tuberculosis, hepatitis A, B & C and AIDS. The Exposure Control Plan include: Determination of Employee Exposure, Implementation of various methods of control such as Universal Precautions, Work Practice Controls, Personal Protective Equipment and Housekeeping. The ECP also includes information on Hepatitis B vaccination, post exposure evaluation and follow up, communication of hazards to employees and training, record keeping and procedures for evaluating circumstances surrounding an exposure incident. Recommended practices shall be reviewed and updated as new information becomes available. All new employees and clients shall be informed/trained of the practices to guard against communicable diseases and exposure to infectious diseases.

PROCEDURE

A. Program Administration

The Chief Human Resources Officer (CHRO) in collaboration with the Chief Executive Officer (CEO) are responsible for the implementation of the Exposure Control Plan. The CHRO will maintain, review and update the ECP at least annually and whenever necessary to include new or modified tasks and procedures. Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices as outlined in this ECP. Each Program Director will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g. sharps containers), labels and red bags as required by the standard. The Program Director will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. The CHRO and/or designee will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained. As well, the CHRO and/or designee will be responsible for training, documentation of training and making the written ECP available to employees, OSHA and NIOSH representatives.

B. Employee Exposure Determination

CT Renaissance has performed an exposure determination to determine which employees may incur occupational exposure to blood or other potentially infectious materials.

The exposure determination process has demonstrated that each job classification has minimal exposure to bloodborne pathogens. There is always potential, but typical duties do not involve at risk activities. All staff are trained in the use of personal protective equipment and utilizing universal precautions. As well kits are available in visible and accessible locations when the need arises.
C. Methods of Implementation and Control

1. The program supervisor shall be responsible for maintaining up to date information regarding the appropriate handling of blood and other body fluids. Information shall be reviewed with the staff and updated at any time made necessary by new information becoming available.
2. Current information shall be readily available to both staff and clients within the facility.

Recommended precautions and practices for clients and staff:

1. **Utilization of Universal Precautions**
2. **Personal Protective Equipment**
   a. Training in the use of the appropriate PPE for specific tasks or procedures is provided to all staff.
   b. Disposable gloves shall be used when an exposure to blood or other body fluids may occur.
   c. Gowns, masks, and eye protection shall be used for situations that involve more extensive splashing of blood or body fluids. Masks shall be necessary when the patient has a lung infection such as tuberculosis and is actively coughing.
   d. Packet masks, resuscitations bags, or other ventilation devices shall be used to re-suscitate a patient and to minimize any exposure that may occur during emergency mouth to mouth resuscitation.
   e. PPE is located in accessible visible areas of each program. The locations are noted on signs and the evacuation routes posted throughout the facilities.
   f. An inventory of the kits and equipment is completed at a minimum monthly and documented on the facility inspection checklist.
3. **Work Place Practices and Housekeeping**
   a. Wash hands thoroughly for 15 to 20 seconds after removing gloves and immediately after contact with blood and or body fluids.
   b. Remove PPE after it becomes contaminated and before leaving the work area.
   c. Never wash or decontaminate disposable gloves for reuse.
   d. Wear appropriate face and eye protection when splashes, sprays, spatters or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
   e. Clean up blood spills immediately with detergent and water. Use household bleach diluted between 1:10 and 1:100 parts of water for disinfections.
   f. Linen precautions are necessary when there are draining wounds. The linen shall be placed in specifically marked bags and disposed of appropriately in accordance with regulations. PPE should be worn by staff or clients when handling contaminated materials.
   g. General disinfections, housekeeping and waste disposal guidelines shall be followed. Potentially infective waste shall be placed in impervious bags and disposed of appropriately in accordance with regulations.
   h. Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling.
   i. Sharps containers are available in each residential unit. Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture resistant, leak proof on sides and bottoms and labeled or color-coded appropriately. Clients self administer and are monitored in properly disposing of any sharps. The containers are monitored and emptied by a contracted company at regular intervals to prevent overflowing.
   j. Broken glassware which may be contaminated is picked up using mechanical means, such as a brush and dust pan.
k. All PPE used by CT Renaissance is disposable and shall be disposed of according to previously mentioned steps. Laundering is not an applicable practice.

l. Bags or containers carrying contaminated items shall be labeled or color-coded. Employees must notify the program director when noting contaminated items being disposed of in bags or containers that are not properly labeled or color coded.

4. **Education**
   a. Staff shall receive an explanation of this Exposure Control Plan during their initial orientation. Both Staff and clients shall receive ongoing training/education regarding the prevention and control of infections and communicable disease in order to know the modes of transmission prevention, control, treatment, and the confidentiality issues regarding infectious diseases. Such training shall be required annually.
   b. Training/Education shall include appropriate use of standard or universal precautions, screening, testing, special supervision, housing arrangements, individual confidentiality, and media relations.
   c. The Exposure Control Plan is available and accessible to all staff. Each program has at least one hard copy. As well the plan can be found on the Intranet under Policies and Procedures.

5. **Other Prevention Recommendations**
   a. All blood and body fluids are to be treated as potentially infectious.
   b. HBV vaccination information will be available for those who feel at risk of acquiring HBV infection.
   c. Staff are encouraged to report any concerns about potential risks to their Supervisor, the Director of QI or the CHRO, so that methods can be implemented to proactively address areas of risk.

C. **HIV and Hepatitis A, B & C**

Each facility shall maintain current information on the Center of Disease Control recommended practices to protect against exposure to HIV and Hepatitis A, B & C. Clients who have tested positive for the HIV virus and/or hepatitis A, B & C shall be allowed equal access to agency services. The CHRO and/or designee will provide training to employees on Hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration and availability.

**HIV and Hepatitis A, B & C Testing for employees:**

The Hepatitis B vaccination series is available at no cost to staff after training and within 10 days of initial assignment to employees. Vaccination is encourage unless:

- Documentation exists that the employee has previously received the series,
- Antibody testing reveals that the employee is immune
- Medical evaluation shows that vaccination is contra-indicated

If an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept in the employee’s personnel file. As well, should the employee choose to be vaccinated at a later date, proof of vaccination shall be obtained and entered into the personnel file.
**HIV and Hepatitis A, B & C Testing for clients:**

Clients requesting HIV and/or hepatitis A, B & C testing shall be referred to the Norwalk Community Health Center, Stamford Community Health Center, Staywell Health Center in Waterbury, State of CT Department of Correction, or local hospitals to have testing conducted. Upon a client's request, a staff escort and transportation shall be provided. Clients shall not be required to submit to HIV and/or hepatitis A, B & C testing. Testing shall be conducted only with consent of the client.

**Safeguard procedures for protection against exposure to HIV & Hepatitis A, B & C.**

Staff shall maintain precautions and practices listed under exposure to infectious diseases.

**Supervision of HIV/HBV/HCV positive clients.**

- Staff shall not discriminate in the delivery of services to HIV/HBV/HCV positive clients.
- Clients who are HIV/HBV/HCV positive shall not be separated from the general population unless indicated by a physician.
- HIV/HBV/HCV positive clients may receive a medical discharge when they are no longer able to maintain the program criteria.
- The Department of Correction, Norwalk Community Health Center and Stamford Community Health Center shall accept medical referrals for treatment. The local hospitals will provide referrals to physicians that will provide treatment when testing is positive. Escort and transportation services shall be provided to and from the client's treatment locations.

**D. Staff and Client Education.**

a. Staff shall receive educational training regarding serious and infectious diseases upon hire and on an annual basis. Staff training shall include recommended practices to protect against communicable diseases and exposure to infectious diseases such as: tuberculosis, Hepatitis A, B & C, STD's, HIV and AIDS.

b. Clients shall receive training on an ongoing basis. Training shall include recommended practices to protect against communicable diseases and exposure to infectious diseases such as: tuberculosis, Hepatitis A, B & C, STD's, HIV and AIDS.

c. Counselors shall be responsible for the dissemination of literature about TB, Hepatitis A, B & C, STD's, HIV and AIDS. Staff shall also be responsible for assuring that clients receive the necessary counseling when desired.

d. Clients shall be provided with information regarding STD's, HIV, Hepatitis A, B & C and AIDS upon admission.

e. The local health departments will provide education described above and vaccinations for hepatitis A and B to anyone requesting these services. The health department shall also provide on-site education and vaccinations.

f. Each Connecticut Renaissance facility will receive Public Health Bulletins via fax from the local health departments. The fax shall be disseminated and posted throughout the building.
E. Confidentiality

a. Staff shall abide with state and federal laws governing confidentiality. Medical information regarding a client's HIV/HBV/HCV status can only be released with a written consent from the client.

F. Employee Medical Conditions

An employee who is out of work because of illness for a minimum of (3) days must return to work with a doctor's note.

G. Identification and Prevention of Tuberculosis (TB)

In the residential substance abuse treatment program early identification and prevention of the spread of tuberculosis shall be made possible by prescreening all admissions or by the completion of a physical examination that shall be scheduled within five days of a client's admission. In all programs, during a client's screening process the staff member shall identify any possible symptoms or priority for tuberculosis prior to admission, such as a productive cough, night sweats, fever, weight loss, loss of appetite, hemoptysis, lethargy, or weakness. If symptoms are present, the client shall not be considered for admission until they medically cleared by a chest x-ray with negative results.

In the residential substance abuse treatment program, prior to admission or within the week of admission the client shall be instructed to go to the local health service provider, i.e., Health Department, clinic, private physician, or institutional medical department to have a Tuberculosis skin test, with follow up if results are positive. Clients with a tuberculosis diagnosis considered non-infectious shall be screened and cleared for admission if they have started treatment and are free of a non-productive cough; have complied with the administration of tuberculosis medication for at least one week and have had three negative AFB'S. This information shall be verified with the medical provider.

In all programs, when a client following admission is suspected of having tuberculosis, the client shall immediately receive medical attention, utilizing any of the aforementioned providers or a local hospital. When the client is confirmed as having an active case of tuberculosis, CT Renaissance Inc. shall not accept the patient back to the facility until the client has received appropriate treatment. Confirmation of the diagnosis needs to be reported to the local health department by the medical provider.

A contact investigation shall be initiated by supervisory staff with all staff that were exposed to the active case of tuberculosis. The local health department shall support this process.

All reporting for suspicious or confirmed cases shall be done by the medical provider as required by federal/state mandates.

CT Renaissance shall respect all drug and alcohol confidentiality laws. It shall be necessary for the client to sign a DTC-80 form, which allows the release of confidential information prior to the reporting of suspicious or confirmed cases with the medical provider.

Surveillance for TB Transmission

Surveillance and screening for tuberculosis is done for one of four purposes:

a. Exposure to a known case of tuberculosis is documented (contact investigation)
b. Exposure to an unknown case.
c. The population you screen is a higher than average incidence of tuberculosis.
d. The population, if identified as latently infected, has a high risk of progressing to active disease. Any of the above might benefit from preventive therapy. Screening, therefore, should include testing and evaluation for preventive therapy. Clients in the can be started and monitored on preventative therapy, where appropriate.

1. All employees shall pass through a pre-employment physical examination which includes a tuberculosis test. On a bi-annual basis all employees shall be tuberculin skin-tested. Any employee with a positive PPD will need to prove non-infection by a chest x-ray by the next working day. All positive PPD's will be recorded on OSHA 200 log maintained by the agency.

2. In the residential substance abuse program, clients shall be screened for tuberculosis upon admission and annually thereafter (unless medical conditions require more frequent testing), clients shall be screened for tuberculosis. Any client with a positive PPD or a history of reacting to tuberculin skin testing shall be examined by a physician for symptoms of tuberculosis such as: a productive cough, night sweats, fever, weight loss, loss of appetite, hemoptysis, lethargy or weakness. If symptoms are present, the client shall be medically cleared by a negative chest x-ray. Clients have the right to refuse skin testing; however, clients who are thought to have active tuberculosis may be discharged until an appropriate medical determination is made as to the client's tuberculosis status.

3. Designated agency staff shall be in charge of monitoring the data on employee and client skin testing results. Skin testing results shall be made available on an ongoing basis. When significant or questionable findings are made, Unit supervisors shall alert the direct care staff and ensure that the health department has been alerted by the medical provider.

**Reporting**

All PPD's administered shall be read in seventy-two hours by a medical provider. According to current medical recommendations, a positive PPD shall require the employee or the client to be medically cleared by a negative chest x-ray.

In the residential programs, a physician shall order a chest x-ray for any client with a positive PPD or for a client who refuses a PPD skin test.

The Unit supervisor shall inform an employee with positive PPD that they shall be medically cleared by a chest x-ray by the next working day. When the employee's chest x-ray is positive, the employee shall seek medical treatment and follow up with his or her own physician.

The medical provider shall report any suspected or confirmed cases of tuberculosis or tuberculosis/HIV co-infection of an employee or client to that individual's local health department. CT. Renaissance Inc shall respect all drug and alcohol confidentiality laws.

The medical provider shall have a client sign a DTC-80 form which allows the release of confidential information prior to the reporting of suspicious or confirmed cases of tuberculosis or tuberculosis/HIV co-infection.

When a case of tuberculosis is confirmed, a case contact investigation shall take place.
**Discharge Planning**

Any client being discharged to the community with a suspected or confirmed case of tuberculosis or tuberculosis/HIV co-infection shall be reported to the local health department in the town where they shall be residing after discharge. The supervisor or the staff person discharging the client shall notify the local health department by telephone regarding the client's tuberculosis status, their address, and telephone number, if available. When possible, prior to discharge, the client's local health department shall be utilized to solicit resources in that community and assist in setting up any necessary appointments for the client. Telephone follow-up shall take place once a Tuberculosis 86 form has been completed by the medical provider or local health department. CT. Renaissance Inc. shall respect all drug and alcohol confidentiality laws and ensure the client has signed a DTC-80 form, which allows the release of confidential information prior to the reporting of suspicious or confirmed cases of tuberculosis with the medical provider.

**H. Post-Exposure Evaluation and Follow-Up**

Should an exposure incident occur, contact the CHRO. An immediately available confidential medical evaluation and follow up will be conducted by a licensed health care professional at the agency’s contracted medical facility.

Following initial first aid (clean wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law.
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee’s health care provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual.
- After obtaining consent, collect exposed employee’s blood as soon as feasible after exposure incident and test blood for HBV and HIV serological status.
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

**I. Administration of Post-Exposure Evaluation and Follow-Up**

The CHRO ensures that health care professional(s) responsible for employee’s Hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA’s Bloodborne Pathogens standard.

The CHRO and/or designee ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- A description of the employee’s job duties relevant to the exposure incident
• Route(s) of exposure
• Circumstances of exposure
• If possible, results of the source individual’s blood test
• Relevant employee medical records, including vaccination status

The CHRO and/or designee shall provide the employee with a copy of the evaluating health care professional’s written opinion within 15 days after completion of the evaluation.

J. Procedures for Evaluating the Circumstances Surrounding an Exposure Incident

The agency’s Safety Committee will review the circumstances of all exposure incidents to determine:

• Engineering controls in use at the time
• Work practices followed
• A description of the device being used (including type and brand)
• Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc…)
• Location of the incident
• Task being performed when the incident occurred
• Employee’s training

If revisions to this ECP are necessary after evaluating/investigating the incident, the Safety Committee Chairperson shall provide recommendations to the CHRO to ensure appropriate changes are embedded into the plan and implemented.

K. Employee Training

All employees receive initial and annual training conducted by designated trainers (staff who have been formally trained / educated on training others in the area of exposure control - the details of the agency’s Exposure Control Plan, the various elements of infectious disease and minimizing /eliminating exposure risks).

All employees shall receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases.

In addition, the training program covers at a minimum the following elements:

• A copy and explanation of the OSHA bloodborne pathogens standard
• An explanation of the agency’s ECP and how to obtain it
• An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
• An explanation of the use and limitations of engineering controls, work practices, and PPE
• An explanation of the basis for PPE selection
• Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated and that the vaccine will be offered free of charge
• Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
• An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident

An explanation of the signs and labels and/or color coding required by the standard and used throughout the agency

An opportunity for interactive questions and answers with the person conducting the training session

L. Recordkeeping

Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least 3 years within the HR / Training Department.

The training records include:

- Dates of training sessions
- Summary/outline of curriculum
- Name and qualifications of person conducting the training
- Names, signatures and job titles of persons who have attended

Employee shall maintain documentation of his/her own training records. However records can be requested form the HR/Training Department by the employee or an authorized representative.

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records. The HR department is responsible for maintenance and retention of the required medical records. The confidential records are kept at the agency’s administrative offices through the duration of employment and 7 years thereafter. Employee’s medical records are provided upon request of the employee or to anyone having written consent of the employee. Such requests would be submitted to the HR department.

OSHA Record keeping

An exposure incident is evaluated to determine if the case meets OSHA’s record keeping requirements (29CFR 1904). This determination and the record keeping activities are done by the CHRO or designee.

Sharps Injury Log

In addition to the 1904 requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidences must include at least: Date of injury, Type and brand of the device involved, Department or work area where the incident occurred and Explanation of how the incident occurred

This log shall be reviewed as part of the annual program evaluation and maintained for at least 5 years following the end of the calendar year covered. If a copy, is requested from anyone, it must have persona identifiers removed from the report.

Policy Last Updated on 4/14
EMERGENCY FIRST AID

POLICY

The program shall maintain written emergency procedures and backup plans, which shall be posted and communicated to all staff and volunteers. At least one staff member on each shift shall have a current certification in emergency first aid procedures, including cardio-pulmonary resuscitation (CPR). Facility first aid equipment shall be approved by a recognized health authority and shall be kept complete and accessible. There shall be a procedure for frequent inventoring of the kit and for replenishing supplies. Any accidents or injuries occurring on the premises shall be documented on the Incident/Accident Report form.

PROCEDURES

A. EMERGENCY TRANSPORTATION AND BACK UP PLAN
   1. In the event of a serious injury or illness, the program supervisor or counselor in charge shall immediately call an ambulance and have the client, staff member, volunteer or visitor transported to the primary hospital emergency room. The secondary hospital shall be used in the event the primary hospital cannot be utilized.
   2. In the event an ambulance cannot be reached, the facility vehicle or staff car shall be used to transport the individual to the emergency room except when moving the individual could cause further injury.
   3. In a case, where an ambulance cannot respond and or the individual cannot be moved the program supervisor or counselor in charge shall describe the situation to the attending physician at the emergency room. With the physician's approval, the individual may be transported by facility or staff vehicle.

B. STAFF COVERAGE
   1. The program supervisor shall be responsible for seeing that at least one (1) staff member on each shift is certified in emergency first aid procedures, including CPR, and has demonstrated skills in:
      - Identifying emergency situations.
      - Following emergency procedures, including obtaining an ambulance and notifying the authorities.
      - Administering First Aid and CPR.

C. FIRST AID SUPPLIES AND BIOHAZARDOUS SPILL KITS
   1. An emergency first aid kit and bio-hazard spill kits shall be kept in an accessible location within each facility. First aid kits shall also be kept in agency vehicles.
   2. First Aid kits shall be checked monthly to ensure all contents are present. Documentation of such inspections shall be kept by the Health and Safety Committee.
   3. An inventory list shall be kept in the first aid and bio-hazard kits.
   4. Phone numbers of the nearest emergency room and Poison Control Center shall be posted next to the first aid and bio-hazard kits.
   5. Monthly, a staff member shall check all first aid kit supplies, and replenish items needed. Supplies shall be ordered to replenish or make additions to the kits.
D. FIRST AID PROCEDURES

1. A list of common first aid emergencies shall be posted in a central location, along with brief instructions as to the handling of each emergency.

2. Any injury or accident occurring on the premises shall be documented by a staff member on the incident/accident report form and submitted to the program supervisor for review. Documentation shall be placed in the client's case record, the staff personnel record and or in the incidents/accidents report file.

3. Authorities shall be notified of an incident/accident by following the agency incidents/accidents reporting policy and procedure. In the event a staff member is involved in an incident/accident the Unit supervisor or staff member in charge shall notify the staff members emergency contact person.

4. Staff shall notify a client's next of kin regarding serious illness and or injury.
RECOGNIZING MEDICAL EMERGENCIES

Only a doctor can diagnose medical problems, but you can protect the health of others by learning to recognize and care for certain symptoms.

**Symptoms** – According to the American College of Emergency Physicians, the following are warning signs of medical emergencies:

- Difficulty breathing, shortness of breath
- Chest or upper abdominal pain or pressure
- Fainting
- Sudden dizziness, weakness or change in vision
- Change in mental status (such as unusual behavior, confusion, difficulty walking)
- Sudden, severe pain anywhere in the body
- Bleeding that won’t stop after 10 minutes of direct pressure
- Severe or persistent vomiting
- Coughing up or vomiting blood
- Suicidal or homicidal feelings
- Poisoning – Call Poison Control immediately. 800-343-2722

Be prepared to tell the emergency care provider the following:

- Describe the incident and what has happened
- What are any noticeable injuries, symptoms, or signs
- Time of accident or when signs and symptoms began
- If known, any medications the injured / ill person is taking
- If poisoning has occurred, what has been swallowed and when
- Location of you and / or injured / ill person
- Phone number of your location
- Ask what more you can do to help

The person providing care should remain calm and follow the doctor’s or medical professional’s instructions. Trust your instincts and training, if you are alarmed by unusual or severe symptoms that you believe could be an emergency, its best to seek professional medical attention.

Policy Last Updated 4/14
GUIDELINES FOR CARE OF NON-LIFE THREATENING MEDICAL EMERGENCIES

POLICY

The utmost care and judgment should be used in handling a person who is experiencing a non-life threatening medical emergency. If a person is ill or injured, the first aid should be administered in accordance to written guidelines. The designated emergency contact shall be notified in all cases. Whenever an emergency exists, staff should immediately call 911. Staff shall utilize personal protective equipment before assisting a client. These procedures are general guidelines and judgment shall be used prior to implementing.

ABDOMINAL PAIN

- If severe and persistent, seek medical attention immediately.

ANIMAL BITES

- Flush the wound with copious amounts of soap and water. Control any bleeding and bandage with a clean, dry dressing. Notify the authorities regarding the dog. If the animal is a family pet, be sure to obtain a record of its vaccinations. Follow up with physician for further medical treatment.

HUMAN BITES

- If little or no bleeding is present, wash well with soap and water, then cover with a dry sterile dressing. Seek professional medical attention.

BRUISES

- Apply cold compresses for 20 minutes repeating every four hours as necessary.
- If bruises are severe, transport to the emergency room.
- If the bruise enlarges and becomes painful, the professional medical advice should be sought. Persons on medications such as Coumadin, aspirin, Celebrex, Vioxx, have an increased risk of internal bleeding.
- Report any patterns of bruising or any bruising that may be believed to be a result of abuse.

BURNS

- Flush with large amounts of cool water for 15-20 minutes and cover with dry sterile dressing. If burns are near head, neck, chest, hands, feet or genitals or involve breathing difficulty, contact 911. Contact the physician if burn covers large area or blistering over a large area occurs or if the skin is charred or swollen.
- If necessary, transportation should be arranged to get client to the local emergency room.
CHEST PAIN OR DIFFICULTY BREATHING

- If a person has chest pain or difficulty breathing, call an ambulance at 911.
- If pain is mild and there is a question about whether an ambulance is needed, call the nearest emergency room and follow their instructions.

Norwalk Hospital E/R – 203-852-2160
Stamford Hospital E/R – 203-325-7777
Bridgeport Hospital E/R – 203-384-3566
Waterbury Hospital E/R - 203-573-6290

CUTS

- Cleanse with soap and water.
- Apply bandage if wound is superficial.
- If suturing is required, apply sterile pressure pad and ensure transportation to the emergency room.

INFLAMMATION AND INFECTIONS

- Have client and/or parent/guardian arrange physician visit.
- In the meantime apply warm soaks, if appropriate.

INSECT STINGS / BITES

- Remove stinger by lightly scraping the skin with a credit card-like object, wash area and then apply a cold compress.
- If the person, has an allergic reaction or reports an allergy call 911.

MUSCLE SPRAINS AND STRAINS/BROKEN BONES

- Apply cold compresses.
- Immobilize the affected area.
- Transport to emergency room if indicated.

POISONING

**Poison Control Center** - 1-800-343-2722

- If a staff or client has swallowed a poisonous substance, call the Poisons Control Center immediately or nearest emergency room to find out what emergency treatment is needed. Be prepared to say what was taken, how much and when.
- If the client is unconscious, that may indicate that the poison was in the client's system long enough for all or part of it to be absorbed. In that case: immediately call an ambulance, keep warm and do not attempt to give fluids.
• Cleaning fluids or any other potentially poisonous substances should never be removed from their original containers. The labels provide the necessary information needed for medical professionals when treating a person who has ingested a poisonous substance.

SHOCK

• Any client who appears to be in shock from any physical trauma should be taken to the emergency room by ambulance or other emergency vehicle.
• In the meantime, the following steps should be followed: maintain airway, keep warm, keep quiet and reassure.

SEVERE BLEEDING

• Objective is to stop the bleeding at once.
• Apply pressure bandage directly over the wound.
• If wound is serious, reduce major blood loss by applying a hand over the wound until effective bandages are applied.
• After bleeding has been controlled, apply additional layers of bandage to form a good-size covering, bandage snugly and firmly.
• Do not remove the dressing.
• If blood saturates the dressing, apply more layers of bandage directly over the wound.
• Arrange for emergency transportation to the hospital.

SEIZURES

• Remove any nearby objects that may cause injury.
• Place cushion under person’s head.
• If fluid in the mouth, roll person on one side to let fluid drain.
• Do not try to stop seizure by holding or restraining person.
• Call 911 if seizure lasts more than a few minutes, repeated seizures, injury occurs, uncertain of cause, pregnancy, diabetes, first episode or consciousness is not regained.

IN ALL INSTANCES OF EMERGENCY FIRST AID, PROTECT YOURSELF AGAINST INFECTIOUS DISEASE DUE TO BIOHAZARDOUS SPILL, UTILIZE THE BIOHAZARDOUS SPILL KIT FOR PROTECTION AND CLEANUP

American Medical Association Handbook of First Aid and Emergency Care
RESPONDING TO LIFE THREATENING SELF-INJURIOUS / SUICIDE IDEATION

POLICY

If a client threatens to hurt him/herself, staff shall engage in the following protocol:
1. Ask the client why he/she would want to hurt him/herself.
2. Ask the client how he/she would hurt him/herself.
3. Ask the client when he/she would hurt him/herself.
4. Ask the consumer where he/she would hurt him/herself.

The Suicide Risk assessment can also be administered to establish a more definitive level of risk.

Anytime staff feels that the client is a threat to him/herself and/or that the verbal threat to injure themselves is imminent, staff should dial 911 for immediate assistance or transport that person directly to the hospital. Documentation of suicidal ideation in the case record as well as reporting to pertinent persons involved considering confidentiality is required.

A. If the client can answer all 4 questions, it should be assumed that he/she has a plan to hurt him/herself.
   1. Notify the program supervisor in order to maintain additional supports.
   2. Ask the client, if he/she would like to go to the hospital.
   3. If yes, remove potential weapons and call 911.
   4. Keep the client within eye site until help or emergency units arrive.
   5. Notify the appropriate Chief Operating Officer.

B. If the client has answered all 4 questions, appears distressed, but refuses to go to the hospital
   1. Confer with program supervisor as to level of immediate danger.
   2. If it is felt, the client is in immediate danger follow the steps as noted above.
   3. If it is felt, the client is at risk, arrange for an urgent psychiatric evaluation and transportation.

C. Document all interactions in the case record and notify appropriate administration and other pertinent persons involved in the client’s case.

D. Continue to coordinate care between psychiatrist and programming.

Policy Last Updated 4/14
PHARMACOTHERAPY
IN-HOME, CLINIC BASED & CO-OCCURRING RESIDENTIAL SERVICES

POLICY

Medications are prescribed by the psychiatrist in order to maximize the client's functioning and reduce the symptoms of psychiatric illness. The psychiatrist may provide this service on an as needed basis. The psychiatrist may also evaluate clients taking psychiatric medication upon admission if the treatment team deems it necessary. The client may already be receiving psychiatric services from another provider. The psychiatrist shall utilize treatment guidelines and protocols when prescribing medications. Review of pharmacotherapy activities including errors and drug reactions shall be included in the ongoing drug utilization evaluation studies and incorporated in the continuous quality improvement program when appropriate.

PROCEDURE

When a client is taking psychiatric medication on admission or the client is found to be in need of medication, the client shall be referred for a psychiatric evaluation if an evaluation has not already been completed by another psychiatrist. If the client has undergone a recent psychiatric evaluation, then the clinician should attempt to obtain the evaluation from the provider with consent.

As part of the initial and ongoing evaluation, the physician shall review for:

- The efficacy of each medication and appropriateness of continuing use based on the needs and preferences of the client.
- The presence of side effects, unusual effects, or contraindications of medications.
- The use of multiple medications and drug interactions including over the counter medications.
- The education of the client as to medication effects, unusual effects and contraindications.
- The presence and assessment for abnormal involuntary movements for persons receiving anti-psychotic medications at least every 3 months.
- Coordination as appropriate with other physicians providing treatment.

The psychiatrist may prescribe medication after a complete evaluation and discussion with the client and when appropriate, their families shall be actively involved in all decisions regarding medication.

- Prior to prescribing medications, the psychiatrist shall execute an evaluation of existing medical conditions and coordinate services with the existing primary care physician.
- Appropriate laboratory studies shall be obtained and monitored by the psychiatrist.
- Medications prescribed by the physician shall be monitored and evaluated for effectiveness on a regular basis as deemed appropriate by the physician.
• If any questions arise pertaining to medication the client shall follow the Medication Notification System and after hours policy for assistance.

• The utilization of medications shall be incorporated into the client's overall treatment plan.

• Clients shall be educated about the medications prescribed by the psychiatrist.

• For in-home and clinic based services, clients shall be responsible for obtaining their prescription at their own local pharmacy.

• For co-occurring residential services, program staff are responsible for coordinating with the pharmacy to ensure clients receive continued medication as prescribed.

• Co-occurring residential clients will continue to have access to MH services, such as medication management as needed, post discharge. The prescriber is responsible for tracking and documenting these services.
OUTPATIENT ADMINISTRATION & DISPENSING MEDICATION
Adolescent In-Home & Clinic Based Services

POLICY

Connecticut Renaissance does not administer or dispense prescription or non-prescription medication in its Adult and Adolescent Outpatient Programs.

Policy Last Updated 4/14
MEDICATION EDUCATION

POLICY

All clients and when appropriate the persons with whom they live, or legal representatives shall be educated and trained in the management of medication prescribed by the psychiatrist employed with Connecticut Renaissance. Clients shall agree or give informed consent for each medication prescribed. Clients shall be educated as to notification procedures for any drug reactions or medication errors. The physician shall complete the Medication Education Form when the client has been informed of medication management procedures. The psychiatrist shall also provide staff education regarding medication on an as needed basis but not less than semi-annually. The number of the Poison Control Center is posted for easy access by all staff and clients, and all are informed regarding the location of this information.

PROCEDURE

Prior to prescribing medication, the physician shall educate the client and family when appropriate, to the following items:

- The biological principles associated with medications.
- The intended benefits, risks, side effects, unusual effects, contraindications and rationale for each medication including use of medication during pregnancy or by women of childbearing age.
- The rationale for each medication. Alternatives to the use of medications and the use of alternative medications as well as the expectations associated with taking no medication.
- Early warning signs of relapse related to medication efficacy and signs of noncompliance with medication prescriptions.
- Dangers of combining prescription and nonprescription medications including alcohol and drugs and any special dietary needs or restrictions.
- Wellness management and recovery planning
- The adverse interactions between prescribed medications and food when appropriate.
- The instructions on self-administration, storage of medications and the importance of taking medications as prescribed.
- The need for specific laboratory monitoring determined by the medication prescribed.
- The procedure for immediate notification of drug reactions or medication errors.
- The availability of financial resources to assist the client with costs associated with medications.

Policy Last Updated on 4/14
MEDICATION LOG

POLICY

All medications taken by the client shall be documented in the medication log in order to monitor and track medications. The medication log will only be used if our psychiatrist is managing the medications.

PROCEDURE

- Upon acceptance into the program all medications shall be documented on the medication log form/section of the EHR.
- Each medication shall be listed with the dosage, frequency, instructions for use, prescribing physician and the dispensing pharmacy.
- Once a medication is discontinued the date of discontinuance shall be entered on the log.
- The client will be informed to dispose of any unused discontinued medication.
- Any changes to medications shall also be documented on the medication log including the date of change.

Policy Last Updated 4/14
MEDICATION REACTION NOTIFICATION SYSTEM

POLICY

Clients prescribed medication shall notify Connecticut Renaissance immediately if they have a drug reaction or make a medication error. If an emergency exists, the client should immediately call 911 or go to the nearest hospital for evaluation.

PROCEDURE

- Clients shall call their primary counselor when they have a drug reaction or make a medication error that does not require emergency treatment.
- If their primary counselor is unavailable, the client shall briefly explain the situation and speak with any counselor that is available.
- The counselor shall contact the psychiatrist and explain the course of events.
- The psychiatrist shall call the client and determine a course of action.
- The counselor who spoke with the client and the psychiatrist shall document the notification process and outcome in the client record.

Policy Last Updated 4-14
Supervision of Self Administration of Medications (Residential)

I. POLICY

A client's medication needs and services shall be supervised by the prescribing physician. All prescribed medications are to be stored in a locked area. Staff shall supervise self-administration of medication and audit the client's medication log records weekly. Weekly audits will be conducted and/or reviewed by the Program Director and/or Program Supervisor. Medication errors, refusals and miscounts will be documented on Medication Incident Reports and submitted to the Quality Dept.

Each prescription is to be only used by the client for whom it is prescribed. Administration of one client's medication for another is prohibited. Any medication remaining after its use has been ordered discontinued by the prescribing physician and/or the client is discharged is to be disposed of according to policy and documented.

All prescriptions shall be documented in the client's case record, on the client's medication form and placed in the medication log.

An adverse reaction to a medication is to be reported immediately to the Program Director, designee or counselor in charge. If necessary a client experiencing an adverse reaction to a medication shall receive medical treatment. All adverse reactions are to be documented on an incident accident form, in the staff communication book, and in the client's case record. Any adverse reactions will be reported to the prescriber. Procedures shall be maintained for the supervision of self-administration, storage, documentation, and disposal of medications.

II. PROCEDURES

A. In-coming Medications

1. Upon admission to the program the client shall give any prescription or over the counter medications to the counselor in charge.
2. Clients will obtain a Doctor's Order for OTC (over the counter medications)
3. Upon return from a medical or dental appointment, the client shall give any prescription and/or Doctor's order for Over the Counter (OTC) medications to the counselor in charge.
4. The counselor in charge will log medications onto a client medication form, in the client's record and the staff communication book.
5. A separate medication log will be maintained for OTC medications.
6. The counselor in charge will then store the medication in the locked storage room.
B. Supervising the Self-Administration of Medication (both prescribed and over the counter)

Clients will be notified upon admission the standard medication times, as well as when they are prescribed a medication and receive medication education for their prescription.

Staff shall supervise the self-administration of medications according to the following procedures:

1. Staff shall verify the correct client with the correlating medication box by having client state name and DOB. Staff shall confirm correct client by checking photo on file.
2. Staff shall check the client medication form to make certain this is the correct medication for this client.
3. Staff shall hand the box containing the client’s medication(s) to the client and observe the removal of the prescribed amount and the return of the medication to the container and box. Staff shall return box to the locked cabinet.
4. The client shall take the medication with a cup of water or spoon in the presence of the staff member.
5. To insure that the client has swallowed the medication, staff shall engage the client in conversation.
6. Medications are not to be taken out of the storage room or left with the client to self-administer, except when the client is going out to work or on a pass. In those instances, the counselor shall provide the client with the exact amount of medication required to cover that period of time. Ointments for the face, hands, feet; foot powders and vaginal or rectal suppositories are exceptions to these rules, as well as inhalers which may be kept in the client's room.
7. Following self-administration, the medication is logged on the client medication form with a date, time, name of medication, dose dispensed, how administered, and signature of the staff member distributing the medication. Over the counter medication is to be logged in the over the counter medication book. All medications shall be maintained appropriately and audited weekly.
8. Any “no-shows” or refusals will be tracked and documented in the medication log and on a Medication Incident Report with a reason for the “no-show” or refusal.
9. If a client is a “no-show” for medication time, all efforts will be made to find the client and educate the client on the importance of taking the prescribed medication. The first attempt will be made through paging the client to the med room. If the client does not show, staff will find the client and encourage the client to take his medication. If the client continues to refuse the medication, the client will be encouraged to discuss this with the prescriber. A medication incident report will be completed for a refusal and/or no-show.
10. Adverse reactions to any medication are to be reported immediately to the Program Director or shift supervisor. If the reaction appears in the least bit serious or persists, the reaction is to be discussed with medical personnel and or the client taken for medical attention. All cases of an adverse medication reaction shall be documented on an incident/accident report, in the staff communication book and in the client's case record. The prescriber of the medication will also be notified.
C. Storing Medications
   1. All medications are to be stored in a locked storage room.
   2. Medications are to be kept separated from all other potentially contaminating substances.
   3. Internal (ingested) medications are to be stored separately from external (topical) medications.
   4. Medications requiring refrigeration are to be stored in a locked refrigerator.
   5. All medications are to be properly labeled at all times.
   6. Controlled medications shall be stored under double lock.
   7. Controlled Medications: Methadone
      a. Clients will be assigned a lock box and given a key to keep with them for transport of their Methadone to and from the Methadone clinic. The Program Director will also keep a key for audit purposes.
      b. All lock boxes containing Methadone will be secured in a locked refrigerator in the Medication Room.
      c. Clients will go to the Medication Room, given their lock box to open and take their medication as prescribed. Staff will supervise the client taking their Methadone.
      d. Staff will watch the clients secure the lock box after taking the medication and staff will return the lock box to be secured in a locked refrigerator.
      e. Methadone audits will be conducted weekly by the Program Director and documented.
   8. All other controlled medications will be stored in separate lock boxes labeled for each client. A key for each lock box will be secured in the medication room for use of Staff when supervising the self-administration of controlled medication. The staff will open the lock box for the client, who will take his medication as prescribed. Staff will supervise the client taking the medication and secure the medication in the lock box after the client has taken the medication. Staff will return the lock box to a locked cabinet.
   9. If a client is on Methadone in addition to other controlled medications, he will receive a separate lock box for Methadone.

D. Client Medication Distribution Records
   1. Client medication records will be maintained on a regular basis and an audit of these records will be conducted weekly.
   2. Auditors are to insure that all client records, medication, storage, medication log, and disposal documentation is being maintained.
   3. Audit results will be documented on the client medication form and will include the date of the audit, name of the staff completing the audit and the audit outcome.
   4. Audit outcome results shall be communicated to the Program Director or designee and corrective measures taken and documented.
   5. Staff shall insure that prescription medication is refilled as indicated by the prescribing physician or dentist.
   6. Medication records will be placed in the client's case record upon completion and or discontinuance of the medication.
E. Medication Audits and Shift Change Counts
1. All medication logs will be audited at a minimum of weekly by the Program Director or designee.
2. Staff will conduct and document shift change counts of controlled medications EXCEPT for Methadone which will be audited by the Program Director. The documentation will be completed on the Controlled Substance Signature Sheet and maintained in a binder in the Medication Room for review by the Program Director or designee.
3. Methadone audits will be conducted weekly by the Program Director as to ensure security of the Medication.
4. All medication errors discovered during a medication audit will be documented on a Medication Incident Report form and forwarded to the Quality Dept.
5. The frequency of Medication Audits may be increased in response to an increase in medication errors.

F. Medication Disposal
1. Medication will be disposed of once ordered discontinued by the prescribing physician, when the medication is not secured by the client upon discharge, or when the medication is undesired, in excess, unauthorized, obsolete or deteriorated.
2. The program director or designee will oversee the procedures for disposal of all medication within 72 hours of the medication's discontinuance, as follows:
   a. Controlled Substance
      1. Staff shall record all controlled substances that need to be picked up by the medical waste disposal company for disposal.
      2. Staff shall call the medical waste disposal company to arrange for pick up as directed in the contractual agreement.
      3. Disposal of medication shall also be documented on the client's medication distribution record and shall indicate the disposal date, discontinuance date/reason, quantity and the staff who coordinated such disposal.
      4. The program director will be responsible for training staff at hire and randomly monitoring staff in the procedure for disposal of medications.
   b. Non-Controlled Substances
      1. Staff shall record all non-controlled substances that need to be picked up by the medical waste disposal company for disposal.
      2. Staff shall call the medical waste disposal company to arrange pick up as directed in the contractual agreement.
      3. Disposal of medication shall also be documented on the client's medication distribution record and shall indicate the disposal date, discontinuance date/reason, quantity and the staff who coordinated such disposal.
4. The program director will be responsible for training staff at hire and randomly monitoring staff in the procedure for disposal of medications.

G. Staff Roster and Education/Training
   1. A roster identifying the name of each staff member authorized and trained to supervise self-administration of medications shall be posted in the Medication Room. Staff not on the roster should not be in the Medication Room at any time.
   2. Staff will be trained in the supervision of self-administration of medication during the orientation phase and observed by the Program Director or designee for competency PRIOR to being placed on the roster.
   3. All staff on the roster will receive re-training and education regarding the supervision of self-administration of medication procedures by the Program Director or designee semi-annually and attendance will be documented and kept on file at program location.
HEALTH SCREENING

POLICY

Upon admission to the program clients shall have a physical examination scheduled within 5-days unless there is documentation that the client has had an examination within the past 30 days. Physical examinations shall include tuberculosis screenings. In addition, in order to be considered for admission documentation must be obtained stating that the client is free of communicable/infectious diseases, debilitating or fatal conditions.

Other pertinent medical and dental information that shall be documented concerning a client includes; current medical and or dental problems that may require health care, conditions they are currently being treated for, prescribed medications, allergies, special dietary needs and history of psychiatric problems.

PROCEDURE

1. Client applicants shall pass through a health screening process prior to being accepted into the program. Staff conducting the screening process shall obtain and document the necessary health information.
2. Staff shall utilize an applicant screening form when collecting client health information.
3. Staff shall document all pertinent health information in order to determine a client's admission status.
4. As required staff shall obtain an inmate medical termination/transfer summary form and a medical release of information form.
5. The program director or designee shall review the client's health information prior to their admission.
6. Upon receipt and review of all health information a client shall be considered for admission.
7. Upon arrival to the program the client shall receive an intake. During the intake procedure, health information shall be documented on the intake instrument.
8. Staff shall utilize the intake instrument to gather additional health information which includes but is not limited to: whether the client is being treated for a medical or dental problem, whether the client is presently on medication, whether the client has a current medical or dental complaint, the client's general appearance and behavior, physical deformities, evidence of abuse, and or trauma.
9. Staff shall make a prompt referral to appropriate health care services based on the information collected.
10. Staff shall schedule clients for a physical examination within 5 days of admission.
11. Clients who have not seen a dentist within the previous 6 months shall be referred for dental care.
12. Female clients shall be referred for a health examination that includes a pelvic examination with a cervical culture, a breast examination and a pregnancy test if capable of child bearing.
13. Clients who remain in the program for one year shall receive an annual physical examination.

Policy revised August 5, 2015
MEDICATIONS (Residential)

I. POLICY

A client's medication needs and services shall be supervised by the prescribing physician. All prescribed medications are to be stored in a locked area. Staff shall supervise self-administration of medication and audit the client's medication distribution records monthly.

Each prescription is to be only used by the client for whom it is prescribed. Administration of one client's medication for another is prohibited. Any medication remaining after its use has been ordered discontinued by the prescribing physician and/or the client is discharged is to be destroyed and documented.

All prescriptions shall be documented in the client's case record, on the client's medication distribution form and in the staff communication log.

An adverse reaction to a medication is to be reported immediately to the Unit supervisor or counselor in charge. If necessary a client experiencing an adverse reaction to a medication shall receive medical treatment. All adverse reactions are to be documented on an incident accident form, in the staff communication log, and in the client's case record. Procedures shall be maintained for the self-administration, storage, documentation, and disposal of medications.

II. PROCEDURES

A. In-coming Medications
   1. Upon admission to the program the client shall give any prescription or over the counter medications to the counselor in charge.
   2. Upon return from a medical or dental appointment, the client shall give any prescription or over the counter medications to the counselor in charge.
   3. The counselor in charge will log medications onto a medication distribution form, in the client's record and the staff communication book.
   4. The counselor in charge will then store the medication in the locked storage room.

B. Supervising the Administration of Medication (both prescribed and over the counter)

Staff shall supervise the administration of medications according to the following procedures:

1. Staff shall check the medication distribution form to make certain this is the correct medication for this client.
2. Staff shall hand the medication container to the client and observe the removal of the prescribed amount and the return of the container.
3. The client shall take the medication with a cup of water or spoon in the presence of the staff member.
4. To insure that the client has swallowed the medication, staff shall engage the client in conversation.
5. Medications are not to be taken out of the storage room or left with the client to self-administer, except when the client is going out to work or on a pass. In those instances, the counselor shall provide the client with the exact amount of
medication required to cover that period of time. Ointments for the face, hands, feet; foot powders and vaginal or rectal suppositories are exceptions to these rules and may be kept in the client's room.

6. Following administration, the medication is logged on the client medication distribution form with a date, time, name of medication, dose dispensed, how administered, and signature of the staff member distributing the medication. Over the counter medication is to be logged in the over the counter medication distribution book. All medications shall be maintained appropriately and audited monthly.

7. Adverse reactions to any medication is to be reported immediately to the Unit supervisor or counselor in charge. If the reaction appears in the least bit serious or persists, the reaction is to be discussed with medical personnel and or the client taken for medical attention. All cases of an adverse medication reaction shall be documented on an incident/accident report, in the staff communication log and in the client's case record.

C. Storing Medications
   1. All medications are to be stored in a locked storage room.
   2. Medications are to be kept separated from all other potentially contaminating substances.
   3. Internal medications are to be stored separately from external medications.
   4. Medications requiring refrigeration are to be stored in a locked refrigerator.
   5. All medications are to be properly labeled at all times.

D. Client Medication Distribution Records
   1. Client medication distribution records will be maintained on a regular basis and an audit of these records will be conducted monthly.
   2. Auditors are to insure that all client records, medication, storage, medication distribution, and disposal documentation is being maintained.
   3. Audit results will be documented on the client medication distribution form and will include the date of the audit, name of the staff completing the audit and the audit outcome.
   4. Audit outcome results shall be communicated to the Unit supervisor, corrective measures taken and documented.
   5. Staff shall insure that prescription medication is refilled as indicated by the prescribing physician or dentist.
   6. Medication records will be placed in the client's case record upon completion and or discontinuance of the medication.

E. Medication Disposal
   1. Medication will be disposed of once ordered discontinued by the prescribing physician, when the medication is not secured by the client upon discharge, or when the medication is undesired, in excess, unauthorized, obsolete or deteriorated.
   2. The Unit supervisor or designee will oversee the destruction of all medication within 72 hours of the medication's discontinuance, as follows:
      a. Controlled Substance
         1. Staff shall record all drugs to be destroyed, noting the name of the staff member overseeing the destruction, and, as applicable, the individuals physician's federal registration number, issuing pharmacy, date, type, strength, form and quantity of the controlled substance(s) to be destroyed.
         2. Staff shall transfer the controlled substance(s) along with the record to a Connecticut-licensed pharmacy for destruction, making a copy of the record for back up.
         3. After the destruction has taken place, the record of each such destruction is to be maintained and must include the signature of the pharmacist and or the pharmacy designee destroying the controlled substance(s).
4. In instances where a Connecticut-licensed pharmacy is unavailable to handle the destruction, controlled substance(s) are to be surrendered to the State of Connecticut Commissioner of Consumer Protection by calling 566-4490, 566-4491 or 566-2173.

5. Disposal of medication shall also be documented on the client’s medication distribution record and shall indicate the disposal date, disposal method, discontinuance date/reason, quantity and the staff who coordinated such destruction.

b. Non-Controlled Substances

1. Non-controlled substances shall be destroyed on the premises by the Unit supervisor or designee in the presence of another staff member via the sewer system. Liquids are to be poured, creams squeezed and tablets dumped, then flushed, into the sewer system. Non-controlled substance devices are to be crushed and or cut, then disposed of in the trash so as to render them non-recoverable.

2. Destruction of medication shall be documented on the client’s medication distribution record including the discontinuance date, reason, disposal date, disposal method and quantity disposed of. Staff members involved in such destruction shall sign and date the distribution record.
ON GOING HEALTH SERVICES

Residential

POLICY

As per written provider agreements, routine and emergency medical and dental services shall be provided to clients. Medical and dental care shall be obtained either through a correction facility or by referral to community health resources. In addition, a resident is free to use the services of his/her own private physician or dentist and accept financial responsibility for such service. Each CT. Renaissance facility shall maintain written agreements with licensed general hospitals for emergency medical and dental services on a 24-hour a day basis.

A client suspected of having contracted an infectious disease or debilitating condition shall be required to submit to a medical examination arranged according to program procedures. If a client becomes sick with a minor infectious disease and after examination and or treatment is permitted to return to the facility, precautions shall be taken to protect others located at the facility.

PROCEDURE

Routine Medical and Dental Appointments

1. Clients may request the services of a physician or dentist at any time. Medical and dental services shall be provided as per written provider agreements with correctional facilities and local hospitals. In addition clients are able to use their own personal physician/dentist or by referral access other community health resources. Appointments and transportation shall be coordinated by the program staff.

2. If a client is going to use the services of their own physician or dentist, they are free to make an appointment at any time. Transportation shall be arranged either on their own or by the facility with the provision that the appointment is within normal business hours and has been approved by the primary counselor. Any cost incurred shall be the responsibility of the client.

3. Medical and dental services for clients under the jurisdiction of the State of CT. Dept. of Correction are provided by physicians and dentists who are under contract with the State of CT. Appointments and transportation shall be coordinated by program staff in-conjunction with the State of CT. Dept. of Correction personnel. A client's access to community based health services shall be approved by the State of CT. Dept. of Correction personnel.

4. If the client chooses to see a physician or dentist they shall first inform their primary counselor of the request.

5. The primary counselor shall obtain approval for the medical or dental visit from the Unit supervisor.

6. The primary counselor shall contact the physician or dentist and make an appointment and arrange for transportation.

7. The primary counselor shall document the visit in the client's case record.

Emergency Medical Visits

1. In the event of a medical or dental emergency, the Unit supervisor or counselor in charge shall call an ambulance using the 911 EMS number.
2. In the event of a medical or dental emergency which does not require an ambulance, prompt transportation shall be provided by the facility to the local hospital emergency room under the direction of the Unit supervisor or the counselor in charge.

3. In the event of an emergency requiring transportation to a local hospital staff is to accompany the client if available to do so. In all cases, medical information shall be provided to the hospital with adherence to confidentiality laws. Furthermore the client's status shall be monitored via the telephone.

4. Appropriate authorities, program administration, and next of kin shall be notified as necessary concerning the status of the client.

5. In all cases, staff shall monitor the status while they are undergoing treatment and provide status reports to family members, appropriated authorities and program administration as necessary.

Payment for Medical Services

1. Clients shall be required to pay for private medical and dental services. Furthermore it is the client's responsibility to enroll in health insurance plans available at their place of employment.

2. All medical and dental services provided or approved by the State of CT. Dept. of Correction, are provided free of charge to the client.

3. Medical and dental bills received by the agency for services provided to the clients are to be verified, logged, and forwarded to the appropriate sources for payment.

Medical Agreements

1. Provider agreements shall be reviewed annually. If there have been any ongoing or unresolved issues with the services provided, the agreement shall be renegotiated or terminated and another plan developed for providing health services.

2. The criteria when arranging health care services should include:
   a. Proximity of the facility.
   b. Quality of services.
   c. Payment policies.

Pharmacy Services

1. When a client receives a written prescription from a physician or dentist the prescription shall be secured by the counselor in charge.

2. The counselor in charge shall fax or deliver the prescription to the appropriate pharmacy. Once filled the counselor in charge shall secure the prescription, inform the client, store, document, administer and dispose of the medication according to the medication policy and procedures.

3. Prescription medication shall be refilled as indicated by the prescribing physician or dentist.

Infectious Disease / Debilitating Condition

1. When a client becomes sick with an infectious disease or a debilitating condition they shall be referred for diagnosis and treatment.

2. If the client is permitted to return to the facility the physician's instructions shall be followed. If indicated they may have to be isolated in a separate sleeping area away from others located at the facility.
3. Per the physicians instructions a client shall be served all food and beverages in paper cups, plates, and plastic utensils, which are to be destroyed after each use.

4. Staff shall follow the physician's instructions until the physician indicates otherwise.

5. The facility staff shall make reasonable accommodations for those clients diagnosed with an infectious or debilitating condition. All efforts shall be made to assist the client towards program completion. Program services including medical care shall continue to be provided.

6. Clients who refuse medical care for such conditions are subject to program termination, i.e., refusal to take prescribed medication or follow the physician's medical care instructions.

7. The staff shall assist clients in arranging alternative programming if reasonable accommodations cannot be met for such conditions. Staff shall seek the aid of the attending physician.

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COMMUNICATION WITH SERVICE COMPONENTS

POLICY

All services both internal and external received by clients shall be incorporated into their treatment plan. It is the responsibility of the assigned counselor to maintain contact with all internal and external service components.

PROCEDURES

- Communication with internal service components shall be conducted through 1:1 meeting, weekly team meetings or other forms of multi-disciplinary action which includes the discussion and review of treatment plans, progress towards goals and utilization or reaction to service models/components.

- Communication with external service components shall be maintained through the assigned counselor at a minimum of monthly or as clinically appropriate.

- This may be completed through telephone contact or written progress reports.

- The agency electronic mail system is another vehicle to enhance communication with both internal and external service components. The agency has implemented a secure, encrypted means of sending email, so as to ensure confidentiality of client names and information.

- External service components may be case management services, community housing programs, educational/vocational programs, crisis intervention services, inpatient treatment, partial hospitalization program, psychosocial rehabilitation, residential treatment, respite programs, community supports, employers, hospice, foster care services and the child welfare system.
COMMUNITY RELATIONS

POLICY

Connecticut Renaissance shall seek to maintain positive working relationships with funding agencies, regulatory bodies, community agencies, organizations, and groups. The program shall seek to collaborate with institutions of higher learning in areas of mutual concern.

PROCEDURES

- The program supervisor of each facility shall oversee the maintenance of positive working relationships with funding agencies, regulatory bodies, community agencies, organizations, and groups. The program supervisor shall seek to initiate and maintain a liaison with educational institutions. The program supervisor shall have frequent contact with external officials and provide information regarding client issues, programming requirements and daily operations.

- Areas of collaboration with institutions of higher learning may be the development of an academic curriculum for clients, research, placement of college interns, special seminars, or training for staff and clients, and or consultations.

- Problems that develop in communications or coordination between funding agencies, regulatory bodies, community agencies, organizations, groups, and institution of higher learning shall be immediately reported to the Chief Clinical/Operations Officer and resolved.

Policy Last Updated on 4/14
EDUCATIONAL MATERIALS

POLICY

Education is an integral part of each client's treatment process. Education is provided through individual, group, and family sessions. Educational services focus on but are not limited to mental health, alcohol, and drug abuse issues. Clients and family members shall be given educational materials when appropriate to enhance their treatment program. All efforts shall be made to provide information in a manner which is understandable to the person served.

Policy Last Updated on 4/14
COORDINATION OF EDUCATIONAL SERVICES
ADOLESCENTS

POLICY

The Adolescent Treatment Program does not directly provide educational services but works closely with the client's school to ensure coordination of services.

PROCEDURES

- Upon admission to the program, the parent and client sign a release of information for the client's school allowing the counseling staff to share information.

- Should the child's presenting problems deem necessary, the counseling staff shall contact the school to ensure coordination of services.

- The counseling staff shall assist in arranging for special services, if needed.

- All information is discussed with the client and parent when appropriate and integrated into the client's treatment plan.

Policy Last Updated on 4/14
STAFF COMMUNICATION
RESIDENTIAL

POLICY

All staff shall communicate to one another by utilizing the staff communication book, internal email and by speaking directly to one another during shifts and shift changes. The staff communication book shall be used to document essential information across shifts and days. All staff shall review the communication book and their internal email upon beginning their shift.

PROCEDURES

1. A staff communication book shall be maintained, and passed from shift to shift. All staff shall enter information into this book such as notices of meetings, general notes about programming matters and activities, schedules of activities planned, staff assignments, and information relating to client issues, behaviors and interventions.

2. All staff shall read the staff communication book prior to beginning their shift. Staff shall meet with the supervisor or staff member from the previous shift and verbally communicate information concerning the facility and clients.

3. The communication book shall be kept in a secure location. Completed communication books shall be stored and maintained in a secure location.

Policy Last Updated on 4/14
SHIFT COMMUNICATION

RESIDENTIAL

POLICY

All staff shall communicate to one another by utilizing the staff communication book, internal email and by speaking directly to one another during shifts and shift changes. The staff communication book shall be used to document essential information across shifts and days. All staff shall review the communication book and their internal email upon beginning their shift.

PROCEDURES

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2. All staff shall read and initial the staff communication book at the beginning of their shift. Staff shall meet with the supervisor or staff member from the previous shift and verbally communicate information concerning the facility and clients. Specific information shall be communicated around high risk behaviors and any concerns that need to be monitored more closely.

3. Staff is responsible for documenting in the communication book any critical information regarding high risk behaviors and/or concerns that occur at any point during their shift. All entries shall be signed and dated with the time of the entry.

4. The Program Director will monitor the use and effectiveness of the communication book and ensure it is maintained and procedures are followed.

5. The communication book shall be kept in a secure location. Completed communication books shall be stored and maintained in a secure location.
SHIFT COMMUNICATION

RESIDENTIAL

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4. The Program Director will monitor the use and effectiveness of the communication book and ensure it is maintained and procedures are followed.

5. The communication book shall be kept in a secure location. Completed communication books shall be stored and maintained in a secure location.
COUNSELOR ROLES & RESPONSIBILITIES

POLICY

Each client shall be assigned a counselor who shall be responsible for the organization and coordination of services. This counselor in the Outpatient Programs may be a Licensed Alcohol and Drug Counselor, a Certified Addictions Counselor, a Licensed Social Worker, a Licensed Marriage and Family Therapist, a Licensed Professional Counselor a Master's Level Clinician. In the Adolescent, Residential and Work Release Programs the Counselor may be a Bachelor's level.

PROCEDURES

The responsibilities of the counselor include:

- Promoting the program's responsiveness to the strengths, abilities, needs, and preferences of the client.
- Ensuring that the client is oriented to the agency services which includes after hours contact.
- Assuming responsibility for implementing the treatment plan and ensuring the plan proceeds in an orderly, purposeful, goal-directed manner.
- Encouraging the client to actively participate in all aspects of treatment.
- Involving all appropriate persons in the client's treatment when legally permitted or required.
- Identifying and addressing gaps in service provision.
- Advocating for client served when applicable.
- Participating in team conferences concerning the client.
- Communicating information regarding the client's progress and treatment plan to the appropriate people and/or agencies.
- Coordinating all services rendered to the client including services provided outside the agency.
- Coordinating the discharge process and arrangements for follow-up including referral to appropriate supportive services.
- Responsible for pre-crisis treatment planning.

Policy Last Updated on 4/14
PRIMARY COUNSELOR

POLICY

Each client shall be assigned a primary counselor. This person shall be responsible for the organization and coordination of services.

PROCEDURE

The responsibilities of the primary counselor include:

- Promoting the program's responsiveness to the strengths, abilities, needs, and preferences of the client.
- Ensuring that the client is oriented to the agency services which includes after hours contact.
- Assuming responsibility for implementing the treatment plan and ensuring the plan proceeds in an orderly, purposeful, goal-directed manner.
- Encouraging the client to actively participate in all aspects of their treatment.
- Involving all appropriate persons in the client's treatment when legally permitted or required.
- Identifying and addressing gaps in service provision.
- Advocating for the client served when applicable.
- Participating in team conferences concerning the client.
- Communicating information regarding the client's progress and treatment plan to the appropriate people and/or agencies.
- Coordinating all services rendered to the client including services provided outside the agency.
- Coordinating the discharge process and arrangements for follow-up including referral to appropriate supportive services.
- Responsible for pre-crisis treatment planning.

Policy Last Updated on 4/14
MULTI-DISCIPLINARY TREATMENT TEAM

POLICY

The multi-disciplinary team that directly and indirectly provides services to clients may include a physician, licensed marriage and family therapist(s), licensed social worker(s), and licensed/certified alcohol and drug counselor(s). The team shall be the major decision making body regarding the care rendered to clients, and the members of the team will be culturally and linguistically competent so that the unique aspects of the person served can be respected to the fullest degree possible. When cultural or linguistic competency is not possible, every effort will be made to recruit personnel who reflect the composition of the person being served. The team shall include the client and other individuals chosen by the client when appropriate. The team meets on a weekly basis to carry out its responsibilities regarding care decisions. The meetings are documented to include the participants, discussions, actions, and results.

PROCEDURE

The functions of the multi-disciplinary treatment team include:

- Assignment of a Primary Counselor.
- Evaluation and assessment of all intake information collected.
- Developing, implementing, and modifying the treatment plans of the clients served.
- Providing services to the client based on the treatment needs determined through the intake and treatment planning process.
- Providing implementation of the individualized plan of the person being served.
- Helping to empower the client to actively participate with the team to promote recovery/stabilization.
- Providing services that are consistent with the needs of each person served through direct interaction with that person and/or with individuals identified by that person.
- Providing services to the client which are culturally and linguistically appropriate and sensitive.
- Attending and actively participating in conferences regarding the client as often as necessary.
- Promoting functions and mutual support among all members of the team.
- Promoting the program’s evaluation and service philosophy.

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## RECORDS

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- Passwords and Electronic Signatures
- Opening & Maintaining Case Records
- Closing Case Records (Residential)
- Safeguarding Confidential Records
- Case Record Reviews & Audits
- Confidentiality of Records
- Release of Information and Authorization
- Client Access to Records
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CLIENT RECORDS

POLICY

A written record shall be maintained for each client treated by Connecticut Renaissance. The client record shall communicate information in a clear, complete, and concise fashion. All information in the record shall be current, up to date and maintained in its original form. Records shall be organized in a systematic way to ensure that information is readily accessible. All handwritten portions of the record shall be legible. All forms shall be current and complete including all required original signatures (See also Electronic Signature policy). Entries to the record shall document the timeliness of care and maintain the continuity of care. Paper and electronic records shall be stored in a secure manner which ensures confidentiality and reasonably protects them against fire, water damage and other hazards. A daily back up is made of all electronic records. It is stored off site in a safe, secure location.

PROCEDURE

Each client record shall contain the following information:

- Evaluation - background and general information, emergency contact information, presenting problem, referral source and reasons for referral, medical history, including prescribed medications current and recent medical issues, allergies, etc., mental health symptomology and mental health treatment history, substance use/abuse history, substance treatment history and information about possible gambling related issues, legal information and history, family information educational/vocational history and financial/income data.
- Intake Assessment & Narrative Assessment - which includes identification data, emergency information, general information, substance abuse treatment and history, psychiatric history, family information, living arrangements, social relationships, legal status, medical information and history including medications, education, employment, financial/support status, and insurance information
- Date of Admission
- Documentation of thorough Orientation evidenced by the completed checklist including client rights and program rules and regulations.
- Treatment Plan and Treatment Plan Reviews including the results of team meetings and daily program activities when applicable.
- On-going Assessments and Progress Notes - group notes, individual sessions, family sessions, couple sessions, referrals, etc.
- Reports from referring sources, outside consultants, and services outside the agency for which referrals have been made.
- Evidence of direct involvement of the client in all aspects of their care.
- Designation of the client's primary counselor.
- All entries shall be signed and dated including reports for all services.
- All release forms and correspondence including reimbursement information.
- Discharge Summary, Continuing Care Plan, and any follow-up reports.
- The client record shall be comprised of all original documentation and no duplicate information will be kept.
- In accordance with Connecticut State law, client records will be retained according to the following protocol:
  - All Residential Treatment Programs: 10 years from the date of discharge
  - All Outpatient Programs (including adult and youth): 10 years from the date of discharge
- Pretrial Alcohol and drug education programs: 10 years from the date of discharge
- Residential programs under the DOC contract: 3 years from the date of discharge
PASSWORDS AND ELECTRONIC SIGNATURES

POLICY

Connecticut Renaissance shall ensure that its System Access and Electronic Health Record (EHR) system meets standard requirements generated by the Connecticut Department of Social Services Medical Assistance Program. The following procedures shall govern the assignment and use of passwords and electronic signatures on access to systems and client medical records. CT Renaissance has implemented the use of electronic signatures based upon the assignment of identification codes in conjunction with employee generated personal passwords. The following procedures and controls shall be followed to ensure the security and integrity of each User’s passwords and electronic signature.

PROCEDURE

- Upon hire, the Human Resources Department verifies the employee’s identity by obtaining copies of a Driver’s License, State ID or Passport. Once identity is verified, the Human Resources Department loads the employee’s data into the EHR system and notifies IT Department to setup access to system resources needed for employee’s job function.

- The Human Resources will establish an Employee record in the Electronic Health Record and the IT Department will associate a user id to the employee record. Once both items are associated, the user will be able to log on with a temporary password. Upon first log on the staff person will be prompted to choose a new login password and signature password. These two passwords cannot be the same.

- In order to authenticate and safeguard confidentiality of electronic signatures, CT Renaissance shall assign each User of an electronic signature at least 2 distinct identification components. The EHR does not allow the log-in and signature password to be the same. The safest way to remember the password is to memorize it. Some precautions to safeguard passwords are to not write down passwords or leave them in areas that are visible or accessible to others.

- CT Renaissance certifies that the User is the only person authorized to use the unique code that has been assigned to the individual staff.

- Each User shall certify, in writing, at the time of hire that he/she will not release his/her User identification code or password to anyone, or allow anyone to access or alter information under his/her identity.

- CT Renaissance and each User shall certify, in writing, that the electronic signature is intended to be the legally binding equivalent of the User’s traditional handwritten signature.

- CT Renaissance ensures that passwords are revised no less then every 60 days. The password needs to be at least eight characters in length. The password cannot contain the user’s account name or parts of the user’s full name that exceed two consecutive characters. A user cannot re-use an old password, the system will remember 3 old passwords.

- The password must contain characters from three of the following four categories:

  - English uppercase characters (A through Z)
  - English lowercase characters (a through z)
  - Base 10 digits (0 through 9)
  - Non-alphabetic characters (for example, !, $, #, %)
• Upon the report of lost, stolen, missing or otherwise compromised documents or devices that bear or generate identification code or password information loss management procedures which include the deactivation of the User code, shall be followed. User’s shall be issued temporary or permanent replacement User codes as deemed appropriate.

• The CT Renaissance has internal controls to lock out User’s who have had 6 failed attempts at logging into the system. This control is to act as the safeguard to prevent unauthorized use or attempted use of passwords and/or identification codes.

• CT Renaissance ensures that no two Users have the same combination of identification components. The EHR has internal controls, which will not allow the generation of more then 1 User code.

• CT Renaissance’s EHR incorporates a secure, computer-generated, time-stamped audit trail that records independently the date and time of User entries, including actions that create, modify or delete electronic records. Record changes shall not obscure previously recorded information. Audit trail documentation shall be retained for a period of not less then 7 years and shall be available in printed format for review and copying.

• The Human Resources department will notify the IT Department of terminated employees to disable access to protect sensitive material and client medical records.
OPENING AND MAINTAINING CASE RECORDS

POLICY

A case record shall be opened for each client. The record shall include all information about the client generated both from within the program and received from other agencies. All entries into the case record shall be dated and signed by the staff member making the entry. Staff shall maintain case records on those clients assigned to them upon admission. Each case record shall remain current and accurate.

PROCEDURES

A. Opening the Case Record

1. Staff shall establish a confidential record on each applicant at the time of screening.

2. The record shall include all information received or generated on the applicant. The record shall be and kept in the case record storage area or electronically utilizing the electronic health record software.

B. Organizing the Case Record

Case records shall be organized so that client information can be readily accessed. Categories of the case record shall include at a minimum: Initial intake information, information from the referral source, case history information, medical information, mental health information, individual or service plans, signed release of information forms, evaluation and progress reports, current employment data, program rules and disciplinary policies signed by the client, documented legal authority to accept the client, grievance and disciplinary records, referrals to other agencies, pertinent educational information and educational plans, final discharge or transfer report.

C. Maintaining the Case Record

1. The primary counselor shall be responsible for seeing that all case records commence upon a client’s admission. The counselor shall properly maintain the case record keeping the clients information current and accurate.

2. Weekly progress assessments: the counselor shall record on the weekly contact and progress note sheet. They shall note any new developments in a client's work or educational plans, any program interventions (counseling sessions, disciplinary actions, etc.), accidents or incidents, furloughs, visits, etc. Each note shall be signed and dated.

3. Treatment plans: after drawing up an initial plan, the counselor shall develop other plans as problems and issues become apparent and can be appropriately addressed. Each plan shall identify the problem, plan of intervention, criteria for achievement, and a target date. All plans shall be signed by both the counselor and the client.

4. All other pertinent information: the counselor shall enter all other pertinent information generated within the program and received from outside agencies into the client record.

Policy Last Updated 4/14
CLOSING CASE RECORDS
RESIDENTIAL

POLICY

When a client is discharged from the program for completion or for any other reason, procedures shall be followed for closing the case record, including notification of appropriate officials, notification of family/significant others, completion of a removal report/discharge report, and closure of the case record within 72 hours for the McAuliffe Center and 7 calendar days for the drug treatment programs. The Closed case records shall be maintained for seven years for those clients who participated in the Substance Abuse Treatment Program and five years for those clients who participated in the Department of Correction Community Release Program before being destroyed.

PROCEDURES

1. Staff shall notify the appropriate agencies and individuals of a client's pending discharge.
   a. Regional coordinator (telephones and forward the removal report and discharge summary).
   b. Probation officer (telephone and forward a discharge summary)
   c. Parole officer (telephone and forward a discharge summary)
   d. Any other agency (telephone and forward the appropriate documents)
   e. Call family/significant others and notify them of the client's pending discharge. When required staff shall conduct a home inspection visit.

2. Staff shall complete a client removal report and or a discharge report within 72 hours. The report shall summarize the client's program activities, unusual occurrences, community resources utilized, the staff's assessment of the client's progress and the aftercare plan. The removal report and or discharge report shall be forwarded to the authorized agency or individual in charge of the discharging client. Staff shall also place a copy of the report into the clients case record.

3. Staff shall close out the client's savings account by completing a savings withdrawal form and any other required paperwork. Staff shall submit savings account close out paperwork to the unit supervisor for approval.

4. Staff shall collect all program property from the client before they shall be allowed to leave the facility.

5. Staff shall complete closure of the client's case record within 72 hours and submit the entire case record to the unit supervisor.

6. The client case record shall be kept for 30-days in an active status. During this period of time, all remaining client information shall be placed in the client's case record and reviewed by the unit supervisor. At the end of 30 days the client case record shall be transferred to a secure storage area for no more than seven years for those clients who participated in the substance abuse treatment program and five years for those clients who participated in the Department of Correction Community Release Program. At the end of seven years or five years depending on which program the client participated in, the case record shall be destroyed.

7. Yearly under the unit supervisors direction client case records shall be destroyed by shredding or incineration.
SAFEGUARDING CONFIDENTIAL RECORDS

POLICY

All administrative and clinical records shall be maintained in a safe and secure manner to ensure confidentiality. By following the agency safety policies, records shall be reasonably protected against fire, water and other damage.

PROCEDURE

CLIENT RECORDS (Paper)

- Each active and inactive client paper record shall be maintained in a locked file cabinet for access by clinical staff rendering services.

- These file cabinets shall be locked at all times and only unlocked to retrieve a record and then immediately locked again.

- After completing work on a case record, the record shall be returned immediately to the storage area. Case records shall not be left on desk tops or in drawers. They shall not be removed from counseling offices or left unsecured.

- Should the need arise for a case record to be reviewed outside of its designated facility it must be transported in a locked, secure carrying case. Case records must be returned immediately to the designated facility after the being utilized by the external source. Case records should not be left unattended, left in a vehicle or taken to an employee’s home.

- Only the clinical staff directly involved in the client's treatment shall access the client record.

- Client records are filed in alphabetical order for ease of access by authorized personnel.

- Program Directors are ultimately responsible for the maintenance and control of medical records and the implementation of procedures within their programs.

- In accordance with Connecticut State law, client records are retained for seven years in their original form and then shredded to protect the confidentiality of our clients.

- Destruction of records will be stopped in the event that a legal process is initiated against the organization.

- The record of a client involved in any legal action against the organization will be kept in its original form until the legal matter is settled.

- Any record identified for destruction will be saved by the Program Director in the event of any initiated legal proceedings.

- There shall be one centralized record with no duplicate copies.

- The Executive Director may authorize access to other individuals for the purpose of quality improvement activities, research, strategic planning and/or risk management activities.
ADMINISTRATIVE RECORDS

- Administrative records are maintained by date for easy access and retrieval.
- These records are maintained for at least three years.
- The designated leader of each meeting, committee or team is responsible for maintaining these records and ensuring the dissemination to appropriate staff.
- Records deemed confidential shall be kept locked and only accessed by authorized personnel.

ELECTRONIC RECORDS

- Electronic records and e-mail are safeguarded through the use of passwords that are case sensitive and unique to each user.
- Staff are required to change their passwords every 90 days to both CITRIX and the electronic health record.
- In the event of employee termination, blocking access to electronic records shall coincide with the termination.
- The employee supervisor determines what information each user may access. Authorization for access will be determined by the employee’s supervisor and communicated to the MIS Department. Modifications for access will be the responsibility of the supervisor to communicate such changes to the MIS Department. Each user shall be given only the access necessary to perform their job functions.
- Fax machines are located in offices that are accessed by staff only to ensure confidentiality.
- A back up of data in electronic files is conducted daily to protect the information stored. The daily back up is kept off site in a safe deposit box for security and protection.

Policy Last Updated on 4/14
CASE RECORD REVIEW AND AUDITS

POLICY

Case records shall be reviewed at least every sixty days by supervisory staff in the CYFSC, MST and DOC programs to ensure that they are being kept current and accurate. Case record reviews shall be documented. Case record audits shall be conducted by individuals not working directly in the program to assess the extent to which current and accurate material is being entered appropriately into the record. CYFSC Supervisors may audit their program’s charts per contractual agreements.

PROCEDURES

1. Every sixty days the Program Director in DOC and CYFSC shall thoroughly review each case record, making certain that they are current and accurate with the following information:

   a. Treatment plans (appropriate and current);
   b. Release of Information forms (current and signed);
   c. Progress notes (current, signed);
   d. Employment data (current and detailed);
   e. Furlough data (current, verified and appropriate);
   f. Disciplinary records (appropriately handled and documented);
   g. Referrals to other agencies (documented);
   h. Treatment plan review (plan appropriateness for the client issue, intervention stated, progress towards meeting objectives accomplished, recommendations and or comments documented).

2. Case-record reviews shall be documented on the case record review sheet. The staff member overseeing the client’s case record shall make the necessary corrections immediately or prior to the next review.

3. Upon a client’s discharge, a complete case record review shall be conducted by the program supervisor, making certain the client’s records are current, accurate, and complete.

4. Case record audits shall be conducted and documented quarterly for Residential Drug Treatment, Work Release programs, Adolescent and Outpatient. DWI programs conduct bi-annual audits. Audits will be completed by individuals not working directly in the program except for CYFSC.

Policy Last Updated 4/14
CONFIDENTIALITY OF RECORDS

POLICY

Staff shall follow state and federal confidentiality laws. Client information shall not be released to outside sources except under special conditions or when there is a signed release of confidential information.

A separate release form shall be completed for each outside source, and shall include the name of the person or agency requesting the information, the purpose for the release, the period of time the release shall remain in effect, the signature and date of the client, and the signature and date of the staff person. Signed release forms shall be kept in the client's case record. Access to confidential client case records shall be released only to approved agency staff members on a need to know basis as determined by the Program Director.

PROCEDURES

- Staff members shall have access to records as necessary to perform their job duties. Staff are oriented to policies and procedures pertaining to records and confidentiality at New Employee Orientation and reviewed annually under the policy and procedure manual review.

- Paper records are protected against loss and unauthorized use and disclosure by being kept in attended areas during business hours and in a locked room after business hours. Electronic records are protected through passwords and daily back ups.

- Protected health information in use on desks within the Provider's facility is protected against loss and unauthorized use and disclosure by being kept in attended areas during business hours and in a locked cabinet after business hours.

- Permanent records are not removed from the Provider facility except by court order, for storage, or in the event of a potential defacement/damage from weather or civil emergency.

- Records which must be transported shall be protected against loss or unauthorized use and disclosure by transporting information in a locked, secured box or container in which patient identifying information is not visible.

- Electronic records are double password protected to ensure confidentiality in the event of a lost or stolen laptop

- Documents containing information deemed confidential shall be shredded when it is not necessary to maintain said documents for permanent record.

- Records will be maintained for at least 7 years after discharge or for any longer period required by applicable law or regulation. A yearly purge shall take place and resulting documents shall be shredded.
SAFEGUARDING CONFIDENTIAL RECORDS

POLICY

All administrative and clinical records shall be maintained in a safe and secure manner to ensure confidentiality. By following the agency safety policies, records shall be reasonably protected against fire, water and other damage.

PROCEDURE

CLIENT RECORDS (Paper)

- Each active and inactive client paper record shall be maintained in a locked file cabinet for access by clinical staff rendering services.

- These file cabinets shall be locked at all times and only unlocked to retrieve a record and then immediately locked again.

- After completing work on a case record, the record shall be returned immediately to the storage area. Case records shall not be left on desk tops or in drawers. They shall not be removed from counseling offices or left unsecured.

- Should the need arise for a case record to be reviewed outside of its designated facility it must be transported in a locked, secure carrying case. Case records must be returned immediately to the designated facility after the being utilized by the external source. Case records should not be left unattended, left in a vehicle or taken to an employee’s home.

- Only the clinical staff directly involved in the client's treatment shall access the client record.

- Client records are filed in alphabetical order for ease of access by authorized personnel.

- Program Directors are ultimately responsible for the maintenance and control of medical records and the implementation of procedures within their programs.

- In accordance with Connecticut State law, client records will be retained according to the following protocol:
  
  o All Residential Treatment Programs: 10 years from the date of discharge
  
  o All Outpatient Programs (including adult and youth): 10 years from the date of discharge
  
  o Pretrial Alcohol and drug education programs: 10 years from the date of discharge
  
  o Residential programs under the DOC contract: 3 years from the date of discharge

- Paper records will be shredded to protect the confidentiality of clients.
• Destruction of records will be stopped in the event that a legal process is initiated against the organization.

• The record of a client involved in any legal action against the organization will be kept in its original form until the legal matter is settled.

• Any record identified for destruction will be saved by the Program Director in the event of any initiated legal proceedings.

• There shall be one centralized record with no duplicate copies.

• The Executive Director may authorize access to other individuals for the purpose of quality improvement activities, research, strategic planning and/or risk management activities.

ADMINISTRATIVE RECORDS

• Administrative records are maintained by date for easy access and retrieval.

• These records are maintained for at least three years.

• The designated leader of each meeting, committee or team is responsible for maintaining these records and ensuring the dissemination to appropriate staff.

• Records deemed confidential shall be kept locked and only accessed by authorized personnel.

ELECTRONIC RECORDS

• Electronic records and e-mail are safeguarded through the use of passwords that are case sensitive and unique to each user.

• Staff are required to change their passwords every 90 days to both CITRIX and the electronic health record.

• In the event of employee termination, blocking access to electronic records shall coincide with the termination.

• The employee supervisor determines what information each user may access. Authorization for access will be determined by the employee's supervisor and communicated to the MIS Department. Modifications for access will be the responsibility of the supervisor to communicate such changes to the MIS Department. Each user shall be given only the access necessary to perform their job functions.

• Fax machines are located in offices that are accessed by staff only to ensure confidentiality.

• A back up of data in electronic files is conducted daily to protect the information stored. The daily back up is kept off site in a safe deposit box for security and protection.
Release of Client Confidential Information

1. Upon a request for client information from an outside source, staff shall follow state and federal confidentiality laws.
2. When the client agrees to release the information, staff and the client shall complete a Release of Confidential Information consent form. Both the client and staff shall sign and date the form.
3. Staff shall enter the release form into the client's case record and proceed with the release of the specified information.

Special Conditions

- **Medical Emergency:** In the case of a medical emergency, appropriate and relevant information shall be released to medical personnel.
- **Court Order:** Court orders authorizing access to specific information from the client case record shall be released.
- **Parole and Probation Officers:** When a parole or probation officer under court order requires information to complete a pre-sentence or pre-parole investigation, information shall be released.
- **Violent or Threatening Behavior:** When a client's behavior is likely to endanger other clients, staff, or visitors, requiring the police or any other authorities to be called, staff shall release any relevant information that shall aid the police or authorities when responding to this danger.
- **Funding Authorities:** Appropriate and relevant information shall be released for oversight and auditing purposes.

Policy Last Updated 4/14
RELEASE OF INFORMATION & AUTHORIZATION

POLICY

The client record is the property of Connecticut Renaissance and shall be maintained to serve the client, health care providers and the agency in accordance with legal, accrediting and regulatory requirements. It is the agency's responsibility to safeguard information contained within the record against defacement, loss, tampering and unauthorized disclosure. All information contained in the record is confidential and the release of information shall be closely controlled. Information shall be released from Connecticut Renaissance only with a properly completed and signed authorization by the client. Within the agency, access to client records shall be on a need-to-know basis only as determined by the Program Supervisor or Chief Clinical Officer. Signed releases of information are required when information is requested by another agency or when it is necessary to make a treatment referral.

PROCEDURE

A properly completed and signed authorization to release client information shall include:

- Client's full name and date of birth.
- Name of agency that is to release the information.
- The name of person or agency that is to receive the information.
- Nature and extent of information to be released and the form in which the information is to be release such as written, audio, video, etc.
- The purpose for which the information is to be released.
- The date on which the authorization expires.
- The date on which the release was signed.
- The signature of the person(s) who is legally authorized to sign the release.
- The signature of the person who witnessed the signature.

Information released to authorized persons/agencies shall be strictly limited to that information required to fulfill the purpose stated on the authorization. Release of information that is not essential to the stated purpose of the request is prohibited.

Following the authorized release of information the signed authorization shall be retained in the record with notation on what specific information was released and the date of release.

Policy Last Updated 4/14
CLIENT ACCESS TO RECORDS

POLICY

Clients shall have access to their own case record and according to the following written procedures.

PROCEDURES

Clients shall have the right to see information in their case record. Clients can request access or a copy of information in their health record in writing to the Program Director. Access shall be granted in the presence of a staff member and with the approval of the program supervisor. Information can be printed/copied in accordance with the client’s request. Client case record access shall be limited for the following conditions:

1. Information received from other agencies where CT. Renaissance is not allowed to disclose it. (P.S.I., police reports, etc.)
2. Psychological reports and information (unless disclosed in person by a mental health consultant for a specific purpose).
3. Information from third parties when the disclosure could create a danger to the third party or someone else.
4. If it is deemed by a mental health consultant that access to the requested information could negatively affect a client's mental or social adjustment.
5. Information regarding a client's case if a co-defendant is involved, if a confidential juvenile record is included, or if an informant is named in the record.

Policy Last Updated 4/14
CHART ORDER

POLICY

To establish a standard order for filing and locating items in the client record, all open and closed records shall be kept in the same format according to program requirements. The electronic health record is designed to ensure that a standard format is maintained. Each program may exhibit some unique aspects, but again the overall order and content remain in a standard format.

Updated 4/14
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CLIENT RIGHTS

CLIENT RIGHTS
- Client Rights Policy
- DMHAS Client Rights English (pdf)
- DMHAS Client Rights Spanish (pdf)
CLIENT RIGHTS

POLICY

It is a fundamental responsibility of Connecticut Renaissance, Inc. to protect and promote the rights of clients and to encourage and assist clients in exercising these rights.

PROCEDURE

- Client Rights shall be communicated to every person served in a manner that is understandable to the person served.
- Client Rights shall be communicated during the orientation process and annually thereafter.
- Client Rights shall be signed by the client, maintained in the chart and a copy shall be given to the client.
- Client Rights shall be found in each facility’s common area.

CONNECTICUT RENAISSANCE INC.

CLIENT RIGHTS

1. Connecticut Renaissance, Inc. will support and protect your fundamental human, civil, constitutional and statutory rights while you are in treatment.

2. You will be treated in a manner that is sensitive to your age, gender, social supports, cultural orientation, psychological characteristics, sexual orientation, physical situation and spiritual beliefs.

3. You will be treated with respect and dignity at all times including the right to privacy.

4. You will be free from verbal, sexual, psychological, physical, and fiduciary abuse and neglect including corporal punishment, humiliating, threatening, and exploiting actions.

5. You will have the right to an individualized treatment plan with periodic reviews and an adequate number of competent, qualified, and experienced staff supervising and implementing the plan.

6. Services rendered will be provided in a manner that is responsive to each person’s unique characteristics, needs and abilities.

7. You have the right to request the opinion of a consultant at your own expense or request an in-house review of your treatment.

8. You have the right to be provided with enough information to facilitate decision-making and give informed consent for treatment in a manner that is understandable to the persons served.

9. You have the right to access information pertinent to ensuring informed consent or refusal in regards to service delivery, release of information, concurrent services, composition of your service team or involvement in research projects (when applicable) in a sufficient time frame to facilitate your decision making.

10. You have the right to notification and explanation of any changes in staff responsible for your treatment.

11. You have the right to notification and explanation of any changes in staff responsible for your treatment.

12. You have the right to request the opinion of a consultant at your own expense or request an in-house review of your treatment.

13. You have the right to be provided with enough information to facilitate decision-making and give informed consent for treatment in a manner that is understandable to the persons served.

14. You have the right to access information pertinent to ensuring informed consent or refusal in regards to service delivery, release of information, concurrent services, composition of your service team or involvement in research projects (when applicable) in a sufficient time frame to facilitate your decision making.

15. You have the right to notification and explanation of any changes in staff responsible for your treatment.

16. Client rights as stated above shall not be restricted in any way for any reason.

Policy Last Updated 4/14
You are entitled to be treated in a humane and dignified way at all times, and with full respect to:

- **Personal Dignity**
- **Right to Privacy**
- **Right to Personal Property**
- **Civil Rights**

You have the right to freedom from physical or mental abuse or harm; You have the right to a written treatment plan that is developed with your input and referred to your own personal needs, goals and aspirations; You should be informed of your rights by the institution, agency or program. In addition, a list of your rights must be posted on each ward of a hospital.

**Other rights you have include:**

- **Restraint & Seclusion:** If conditions are such that you are restrained or placed in seclusion, you must be treated in a humane and dignified manner. The use of involuntary seclusion or mechanical restraints is allowed only when there is an imminent danger to yourself or others. Documentation of reasons for these interventions must be placed in your clinical records within 24 hours. Medications cannot be used as a substitute for a more appropriate treatment.

- **Remedies of Aggrieved Persons:** If you have been aggrieved by a violation of sections 17a-540 to 17a-549 you may petition the Superior Court within whose jurisdiction you reside for appropriate relief.

- **Filing of Grievances:** Recipients of DMHAS facilities or programs have the right to file a grievance if any staff or facility has: 1) violated a right guaranteed by state or federal statute, regulation or policy; 2) if you have been treated in an arbitrary or unreasonable manner; 3) if your rights have been jeopardized when a treatment plan due to negligence, discrimination or other improper reasons; 4) engaged in coercion to improperly limit your treatment choices; 5) unreasonably failed to intervene when your rights have been jeopardized in a setting controlled by the facility or DMHAS; or 6) failed to treat you in a humane or dignified manner.

- **Other rights may be guaranteed by state or federal statute, regulation or policy which have not been identified in this list.** You are encouraged to seek counsel to learn of or to better understand these laws and policies.
Usted tiene el derecho de recibir un trato humano y digno en todo momento, y con pleno respeto por:

- **SUS DERECHOS CIVILES**
- **SUS DERECHOS PERSONALES**
- **SUS DERECHOS AL TRATAMIENTO**
- **SUS DERECHOS AL PRIVACIDAD**

**Dignidad personal**

Dignidad personal: Durante su estancia en un centro de hospitalizado, usted tiene el derecho de usar su propia ropa, conservar sus pertenencias personales (con limitaciones de espacio razonables) y tener acceso a, y gastar su propio dinero para sus compras personales. Usted también tiene el derecho de estar presente durante cualquier consulta entre los clínicos, representantes legales o el personal legal. Usted tiene el derecho de recibir un tratamiento en el centro en un entorno controlado por el centro o por DMHAS; o 6) no le hubiera declarado incapacitado conforme a las secciones 45a-644 a 45a-662. Cualquier determinación de incapacidad deberá indicar específicamente los derechos civiles que usted ha perdido. Entre los otros derechos que usted tiene, se incluyen:

- **Dignidad personal**
- **Derecho a visitas y comunicaciones**
- **Trato humano y digno**
- **Dignidad personal**
- **SUS DERECHOS CIVILES**

**Dignidad personal**

Usted tiene el derecho de estar libre de abuso o daños físicos o mentales; usted tiene el derecho de recibir un plan de tratamiento por escrito, desarrollado conjuntamente con sus propias necesidades, metas y aspiraciones personales. Usted debe ser informado de sus derechos por la institución, agencia o programa. Adicionalmente, debe fijarse una lista de sus derechos en cada sala del hospital.

**Trato humano y digno**

Usted tiene el derecho de recibir un trato humano y digno en todo momento, con pleno respeto por su dignidad y privacidad personales. Se desarrollará un plan de tratamiento, incluyendo la identificación del trastorno mental o la condición del individuo. Cualquier plan de tratamiento incluirá un aviso razonable de cualquier tratamiento contraindicado. Cualquier plan de tratamiento incluirá, pero no se limitará a, un aviso razonable de cualquier tratamiento que se considere dentro de los 3 días después de su ingreso y por lo menos una vez cada año posteriormente. Los informes de dichos exámenes deberán incluirse en su expediente clínico. (véase CGS 17a-545). No podrá administrarse ningún procedimiento médico o quirúrgico, ninguna psicocirugía ni terapia de electroshock a ningún paciente sin el consentimiento informado por escrito de dicho paciente, excepto según se estipula por estatuto.* Un centro podrá establecer un procedimiento que rige los tratamientos involuntarios, pero cualquier tal decisión será tomada por una persona no empleada del centro de tratamiento y sólo después de que el representante legal del paciente haya tenido la oportunidad razonable de analizar dicho tratamiento con el centro.* Si un centro hubiera decidido administrar un medicamento involuntario conforme a los estatutos, el paciente podrá presentar al tribunal de asuntos terapéuticos que se celebre una audiencia para decidir si debe o no permitirse dicha intervención. Sin perjuicio de las estipulaciones de la presente sección (17a-545-550), si la obtención del consentimiento ocasionaría una demora médicalemente contraproducente, podrá proporcionarse tratamiento de emergencia sin el consentimiento. (véase CGS 17a-543-a-f)

**Derecho a visitas y comunicaciones**

Derecho a visitas y comunicaciones: Usted podrá recibir visitantes durante las horas de visita programadas. Usted tiene el derecho de recibir visitas de, y sostener conversaciones privadas con los clérigos, representantes legales o el personal legal de su elección a cualquier hora razonable. Los centros podrán mantener reglas razonables para regular las visitas. (véase CGS 17a-546, 17a-688). La correspondencia u otras comunicaciones dirigidas a, o enviadas por un paciente, no podrá ser interceptada, leída ni censurada. Cualquier excepción a los derechos con respecto a las comunicaciones deberá explicarse por escrito, y llevar la firma del jefe del departamento de comunicación (o designado de éste), e incluirse en su expediente clínico. (véase CGS 17a-546-g)

**Derecho a una mejor atención médica**

Derecho a una mejor atención médica: Previo consentimiento escrito, el centro o su representante legal podrá realizar cualquier prueba o procedimiento médico que considere razonable, con licencia, un centro podrá negarse a divulgar cualquier información personal del paciente, excepto según se estipula por estatuto. Un centro podrá establecer un procedimiento que rige los tratamientos involuntarios, pero cualquier tal decisión será tomada por una persona no empleada del centro de tratamiento y sólo después de que el representante legal del paciente haya tenido la oportunidad razonable de analizar dicho tratamiento con el centro.* Si un centro hubiera decidido administrar un medicamento involuntario conforme a los estatutos, el paciente podrá presentar al tribunal de asuntos terapéuticos que se celebre una audiencia para decidir si debe o no permitirse dicha intervención. Sin perjuicio de las estipulaciones de la presente sección (17a-545-550), si la obtención del consentimiento ocasionaría una demora médicalemente contraproducente, podrá proporcionarse tratamiento de emergencia sin el consentimiento. (véase CGS 17a-543-a-f)

**Establecimiento de quejas**

Establecimiento de quejas: Los pacientes que reciben servicios de los centros o programas DMHAS tienen el derecho de entablar una queja en caso de que cualquier miembro del personal o centro: 1) hubiera violado un derecho estipulado por estatuto, regulación o política; 2) si usted hubiera sido tratado de manera arbitraria o selectiva; 3) hubiera recibido un tratamiento de emergencia sin el consentimiento, debido a negligencia ... o otros motivos inapropiados; 4) hubiera incurrido en coacción para limitar indebidamente sus opciones terapéuticas; 5) se hubiera negado a otorgar un medicamento en un entorno controlado por el centro o por DMHAS; 6) no se hubiera tratado de manera humana y digna. (véase CGS 17a-549)

**Otr otros derechos**

Otras cosas que no se pueden hacer: Es posible que hayan otros derechos garantizados por estatutos, regulaciones o políticas estatales o federales que no están incluidos en la lista que antecede. Se le recomienda obtener asesoría profesional para conocer o entender mejor estas leyes y políticas.
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CONFIDENTIALITY

POLICY

Staff shall follow state and federal confidentiality laws. Client information shall not be released to outside sources except under special conditions or when there is a signed release of confidential information.

A separate release form shall be completed for each outside source, and shall include the name of the person or agency requesting the information, the purpose for the release, the period of time the release shall remain in effect, the signature and date of the client, and the signature and date of the staff person. A copy of the signed release form shall be kept in the client's case record. Access to confidential client case records shall be released only to approved agency staff members on a need to know basis as determined by the program supervisor.

- Staff members shall have access to records as necessary to perform their job duties. Staff are oriented to policies and procedures pertaining to records and confidentiality at New Employee Orientation and reviewed annually under the policy and procedure manual review.

- Records are protected against loss and unauthorized use and disclosure by being kept in attended areas during business hours and in a locked room after business hours. Electronic records are secured through case and time sensitive passwords.

- Protected health information in use on desks within the Provider's facility is protected against loss and unauthorized use and disclosure by being kept in attended areas during business hours and in a locked cabinet after business hours.

- Permanent records are not removed from the Provider office except by court order, for storage, or in the event of a potential defacement/damage from weather or civil emergency.

- Records which must be transported shall be protected against loss or unauthorized use and disclosure by transporting information in a locked box or container in which patient identifying information is not visible.

- Documents containing information deemed confidential shall be shredded when it is not necessary to maintain said documents for permanent record.

- Records will be maintained for at least 7 years after discharge or for any longer period required by applicable law or regulation. A yearly purge shall take place and resulting documents shall be shredded.

PROCEDURES

Release of Client Confidential Information

1. Upon a request for client information from an outside source, staff shall follow state and federal confidentiality laws.

2. When the client agrees to release the information, staff and the client shall complete a Release of Confidential Information consent form. Both the client and staff shall sign and date the form.
3. Staff shall enter the release form into the client's case record and proceed with the release of the specified information.

Special Conditions

1. **Medical Emergency:** In the case of a medical emergency, appropriate and relevant information shall be released to medical personnel.
2. **Court Order:** Court orders authorizing access to specific information from the client case record shall be released.
3. **Parole and Probation Officers:** When a parole or probation officer under court order requires information to complete a pre-sentence or pre-parole investigation, information shall be released.
4. **Violent or Threatening Behavior:** When a client's behavior is likely to endanger other clients, staff, or visitors, requiring the police or any other authorities to be called, staff shall release any relevant information that shall aid the police or authorities when responding to this danger.
5. **Funding Authorities:** Appropriate and relevant information shall be released for oversight and auditing purposes.

Policy Last Updated on 4/14
TRANSMITTING SECURE EMAIL

POLICY

In an effort to increase efficiency in communication with both clients and external stakeholders, CT Renaissance has developed a secure method of being able to send/receive secure emails. Staff are able to send/receive encrypted emails using Zixcorp Email Encryption services.

PROCEDURE

- The Zixcorp secure/encrypted email ensures that client confidentiality of Protected Health Information is maintained.
- The secure email process uses a comprehensive set of rules to check for sensitive information, such as personal health information or personal financial information in electronic messages.
- Identifiers are items such as SSN’s Subscriber ID, dates of birth, diagnoses, insurance information, pharmaceutical information or credit card numbers.
- If you are sending information with any of this confidential information the email will be automatically encrypted. A message will be sent to the user to go to the portal to log in with their user id (which will be their email address) and a password which will be setup on the first login.
- If you type the word SECURE in subject line, then message will also encrypt.

Policy Last Updated on 4/14
CLIENT RIGHTS REGARDING PROTECTED HEALTH INFORMATION

POLICY

CT Renaissance privacy practices will incorporate individual rights to clients in relation to their protected health information to include the following:

- Right to a Notice of Privacy Practices
- Right to Request Restrictions on Uses and Disclosures of Protected Health Information
- Right to Request Confidential Communications
- Right to Access Protected Health Information for Inspection and Copy
- Right to Request Amendment of Protected Health Information
- Right to an Accounting of Disclosures

PROCEDURE

1. Right to Notice of Privacy

CT Renaissance will provide each new client, at the time of admission, a copy of the Notice of Privacy Practices for protected health information. The client and/or responsible person will be asked to sign an Acknowledgement of the receipt of the Notice. The signed acknowledgement will be kept in the orientation section of the client record. The Notice of Privacy Practices identifies the rights of the client regarding his/her protected health information and includes information on how the protected health information may be used and disclosed and how the client can file a complaint. Additionally the Notice of Privacy Practices states that the client will be provided with a revised Notice, upon request, if there is a legally required change or if CT Renaissance changes the Notice.

2. Right To Request Restrictions

Clients have the right to request restrictions on the use and disclosure of their protected health information for treatment, payment and health care operations. However, CT Renaissance does not have to agree to any requested restrictions. Clients will be informed of this in the Notice of Privacy Practices.

- Clients do not have the right to request restrictions on the use and disclosure of protected health information that are otherwise permitted or required by law, or pursuant to an agreement with a business associate, for research, audit or evaluation activities, to law enforcement for the purpose of reporting a crime on CT Renaissance premises or against personnel, to medical personnel in an emergency, for public health activities, mandatory abuse reporting, health oversight activities, judicial and administrative proceedings, or disclosures to avert a serious threat to the safety or health of an individual.

- Clients must submit requests for restrictions in writing on the appropriate CT Renaissance form. All requests for restriction will be reviewed by CT Renaissance's Privacy Officer or designee to determine if CT Renaissance can comply with the client's specific restriction request.

- If CT Renaissance cannot comply, the client will be notified in writing of the decision and rationale for not agreeing to the client's request.
o If CT Renaissance agrees to comply with the client's request, the agreement will be stated in writing and CT Renaissance will be bound to this agreement, except in cases of emergency where the use or disclosure of the personal health information is necessary for treatment.

o CT Renaissance may terminate the agreement if the client agrees to, or requests the termination in writing or orally.

o CT Renaissance may terminate the agreement by so notifying the client for information created or received after the client has been informed.

o A copy of all written documentation relating to requests for restrictions will be maintained in the client's record and also in a separate file under the auspices of the Privacy Officer for a minimum of six years from the date of the agreement.

3. Right to Request Confidential Information by Alternate Means or in Alternate Locations
   o Clients have the right to request to receive confidential information by alternative means or in alternative locations.
   o CT Renaissance will accommodate reasonable requests and the client must communicate this request in writing, but will not require that the client reveal the reason for the request.
   o All written requests to receive confidential information by alternate means or in alternate locations will be reviewed by the Privacy Officer or designee, who will make a determination if the request can be granted.
   o All documents related to requests for confidential information will be maintained in the client's record and under separate file for a minimum of six years under the auspices of the Privacy Officer.

4. Right to Access, Inspect, and Obtain a Copy of Protected Health Information
   o Clients have the right to obtain access to, inspect, and obtain a copy of their protected health information maintained in the client's record and/or billing record. All requests from a client for access to inspect and/or copy his/her protected health information must be submitted in writing to the Privacy Officer as stated in the Notice of Privacy.
   o If CT Renaissance grants the request, in whole or in part, the privacy Officer will inform the client of the acceptance of the request; will respond to the request and arrange access within 30 days of the date the request was received and provide access in a location agreeable to both parties.
   o If the client requests a copy of his/her record that includes protected health information, CT Renaissance will provide a copy. CT Renaissance may charge the client a reasonable, fee-based cost per page of copy as per Connecticut law, but can not deny access due to the inability to pay.
   o CT Renaissance may deny client's request for access in extremely limited and unusual situations. If CT Renaissance has concerns about providing a client with the requested access, CT Renaissance will consult with Legal Counsel for guidance.
   o If Legal Counsel determines that the client's request for access may be denied, CT Renaissance will work with Legal Counsel to address communications with the patient. The client will be provided with a written notice of the denial. The written notice of request denial will also include a description of the client's right to request that the denial be reviewed by a licensed health care professional that did not participate in the original decision to deny the client's request for access.
o Copies of all documentation relating to requests for access will be maintained in the client record and for a minimum of six years under the auspices of the Privacy Officer.

5. **Right to Request Amendment**
   o Clients have the right to request amendment of their protected health information during the time that CT Renaissance maintains the medical record and/or billing record. CT Renaissance will accept written requests that identify the protected health information that is requested to be amended and include a reason to support the request. CT Renaissance will respond to the request by making the amendment or denying the request within 60 days of receipt of the request.
   o The Privacy Officer will review all requests for amendment and make the determination to accept or deny the request.
   o CT Renaissance may have a one-time extension of 30 days to comply with the request for amendment. CT Renaissance will, within 60 days of the request, notify the client in writing of the delay, the reason for the delay and when a response can be expected.
   o If the request for amendment is accepted, the Privacy Officer will amend the protected health information within 60 days of the date of receipt of the request; and inform the client and any other individuals or entities that the client has identified to receive the amended information; notify any person, including business associates, which CT Renaissance knows has the protected health information that is the subject of amendment, if CT Renaissance knows that the person may have relied on, or could foreseeably rely on the information to the detriment of the individual.
   o CT Renaissance will make the amendment by identifying the records in the designated record set that are affected by the amendment and appending or otherwise providing a link to the location of the amendment.
   o CT Renaissance may deny the request for amendment if Provider determined that the protected health information or record that is the subject of the request was not created by CT Renaissance, unless the patient can provide a reasonable basis to believe that the originator of the protected health information is no longer available to act on the requested amendment; or the protected health information is accurate and complete as determined by the Provider.
   o For any request that CT Renaissance denies, CT Renaissance will provide a written denial, which will include the reasons for the denial and explain the right to submit a written statement disagreeing with the denial. The letter of disagreement and request for amendment will be attached to the medical record if requested by the client.
   o All documentation relating to requests for amendment will be maintained in the client record and for a minimum of six years under the auspices of the Privacy Officer.

6. **Right to an Accounting of Disclosures**
   o Clients have a right to an accounting of disclosures of the client's medical/billing information, made by CT Renaissance for purposes other than treatment, payment, or health care operations made within six years prior to the request. Exempted from the disclosures are the disclosures made prior to the compliance date of April 14, 2003 and disclosures: disclosures made to you or with your authorization, facility management, national security/intelligence, prison issues or for records prior to compliance date.
The client must submit the request in writing and must state the time period for which they would like the accounting. The accounting will include the disclosure date; the name of the person or entity that received the information and address, if known; a brief description of the information disclosed; and a brief statement of the purpose of the disclosure.

The Privacy Officer is responsible for receiving and processing patient accounting requests within 60 days of receipt. CT Renaissance may extend for one time the time period for the accounting by no more than 30 days, but will provide the client a written statement of the reasons for the delay including the date by which the accounting will be provided.

All documentation related to accounting of disclosures will be maintained in the client record and for a minimum of six years under the auspices of the Privacy Officer.

Policy Last Updated on 4/14
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL/HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

Connecticut Renaissance, Inc. is required by law to maintain the privacy of your health information and to provide you this detailed Notice of our legal duties and privacy practices relating to your health information. Connecticut Renaissance, Inc. shall abide by the terms of the Notice that are currently in effect. However, Connecticut Renaissance, Inc. reserves the right to change the terms of this Notice and to make the new provisions effective for all personal health information received and maintained by Connecticut Renaissance, Inc. now and in the future. We will provide you with a copy of the revised Notice upon request. In addition, a copy of the effective Notice will be posted at all times in the office with a date notifying you of the most recent update.

I. USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

As a client of Connecticut Renaissance, Inc., information about you must be used and disclosed to other parties for purposes of treatment, payment, and health care operations. These uses and disclosures do not require your consent:

For Treatment. We will use and disclose your health information in providing you with treatment and services and coordinating your care and may disclose information to other providers involved in your care. Your health information may be used by our doctors and nurses as well as to any other health care provider involved in your care, either within our facility or an outside healthcare provider facility. For example, we disclose information about your health condition to a referring physician, a pharmacist who needs the information to dispense a prescription, or a laboratory that requires it to perform.

For Payment. We may use and disclose your health information for billing and payment purposes. We may disclose your health information to your representative, or to an insurance or managed care company, Medicare, Medicaid or another third-party payor. For example, we may contact Medicare or your health plan to confirm your coverage or to request approval for services that will be provided to you.

For Health Care Operations. We may use or disclose your health information as necessary for health care operations, such as management, personnel evaluation, education and training and to monitor our quality of care. We may disclose your health information to past, present or future medical providers for the same purpose, for health care fraud and abuse detection or compliance activities. For example, health information of many clients may be combined and analyzed for purposes such as evaluating and improving quality of care and planning for services.

II. SPECIFIC USES AND DISCLOSURES OF YOUR HEALTH INFORMATION
The following lists various ways in which we may use or disclose your health information for which you are consenting or as required by law or as allowed by HIPAA.

**Individuals Involved in Your Care or Payment of Your Care.** With your consent, we may disclose health information about you to a family member, close personal friend or other person you identify, including clergy, who is involved in your care.

**Emergencies.** We may use or disclose your health information as necessary in emergency treatment situations.

**As Required By Law.** We may use or disclose your health information when required by law to do so.

**Business Associate.** We may disclose your personal health information to a contractor or business associate who needs the information to perform services for Connecticut Renaissance, Inc. To protect your health information, we have our business associates sign written contracts that require them to keep your information confidential. For example, our computer consultant may have access to certain personal health information, but is required by law and our contract with them to keep the information confidential and not use it.

**Public Health Activities.** We may disclose your health information for public health activities. These activities may include, for example, reporting to a public health authority for preventing or controlling disease, injury or disability; reporting to the Federal Food and Drug Administration issues concerning problems with products or product recalls, or reporting births and deaths.

**Reporting Victims of Abuse, Neglect or Domestic Violence.** If we believe that you have been a victim of abuse, neglect or domestic violence, we may use or disclose your health information to notify a government authority, if authorized by law, or if you agree to the report.

**Health Oversight Activities.** We may disclose your health information to a health oversight committee for activities authorized by law, such as audits, investigations, inspections and licensure actions or for activities involving government oversight of the health care system.

**To Avert a Serious Threat to Health or Safety.** We may use or disclose health information to prevent a serious threat to your health or safety or the health or safety of others limiting disclosures to someone able to help lessen or prevent the threatened harm.

**Judicial and Administrative Proceedings.** We may disclose your health information in response to a court or administrative order. We also may disclose information in response to a subpoena, discovery request, or other lawful process if we are authorized to do so under the law. [When we receive a court order, subpoena, discovery request or other lawful process, we will attempt to contact you about the request and to protect your treatment information to the extent provided by law until such time as we receive your consent to disclose the treatment information or a court order.]
Law Enforcement. We may disclose your health information for certain law enforcement purposes, including, for example, to comply with reporting requirements; to comply with a court order, warrant, or similar legal process; or to answer certain requests for information concerning crimes.

Research. We may use or disclose your health information for research purposes if the privacy aspects of the research have been reviewed and approved, if the researcher is collecting information in preparing a research proposal, if the research occurs after your death, or if you authorize the use or disclosure.

Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations. We may release your health information to a coroner, medical examiner, funeral director or, if you are an organ donor, to an organization involved in the donation of organs and tissue.

Disaster Relief. We may disclose health information about you to a disaster relief organization.

Military, Veterans and other Specific Government Functions. If you are a member of the armed forces, we may use and disclose your health information as required by military command authorities or for the purpose of determining your eligibility for benefits by the Department of Veterans Affairs. We may disclose health information for national security purposes or as needed to protect the President of the United States or certain other officials or to conduct certain special investigations.

Benefit Programs. We may use or disclose your health information to comply with laws and obligations relating to workers’ compensation or other similar State or Federal benefit programs.

Inmates/Law Enforcement Custody. If you are under the custody of a law enforcement official or a correctional institution, we may, if authorized by law, disclose your health information to the institution or official for certain purposes including the health and safety of you and others.

Fundraising Activities. If authorized by law, we may use certain limited information to contact you in an effort to raise funds for the Connecticut Renaissance, Inc. and its operations. However, you may opt-out from receiving such communications.

Treatment Alternatives and Health-Related Benefits and Services. With your consent, we may use or disclose your health information to inform you about treatment alternatives and health-related benefits and services that may be of interest to you and that are offered by Connecticut Renaissance, Inc or its affiliates and its contracted partners.

Appointment Reminders. We may use or disclose health information to remind you about appointments within our agency and appointments we have scheduled for your with their providers.
III. USES AND DISCLOSURES WITH YOUR AUTHORIZATION

The law requires us to state that most uses and disclosures of psychotherapy notes and of personal health information for marketing purposes and the sale of personal health information require an individual’s authorization. HOWEVER, CONNECTICUT RENAISSANCE, Inc. WILL NOT BE SELLING YOUR PERSONAL HEALTH INFORMATION AT ANY TIME. Uses and disclosures not described in this Notice will be made ONLY with your Authorization. You may revoke an Authorization in writing at any time. If you revoke an Authorization, we will no longer use or disclose your health information for the purposes covered by that Authorization, except where we have already relied on the Authorization.

IV. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Listed below are your rights regarding your health information. Each of these rights is subject to certain requirements, limitations and exceptions. Exercise of these rights may require submitting a written request to Connecticut Renaissance, Inc. by you. At your request, Connecticut Renaissance, Inc. will supply you with the appropriate form to complete, if you wish.

Request Restrictions. You have the right to request restrictions on our use or disclosure of your health information for treatment, payment or health care operations. You also have the right to request restrictions on the health information we disclose about you to a family member, friend or other person who is involved in your care or the payment for your care.

We are not required to agree to your requested restriction (except if you restrict disclosures to family members or friends other than a conservator or listed health care agent). If we do agree to accept your requested restriction, we will comply with your request except as needed to provide you emergency treatment or in accordance with applicable law. However, you have the right to restrict certain disclosures of personal health information to a health insurance payor where the disclosure is for payment or health care operations and pertains to a health care item or service for which you (or any person other than the health insurance payor) have paid for the treatment in full.

Access to Personal Health Information. You have the right to request copies of your personal health information in any form you choose, provided that the personal health information is readily producible in that format. You have the right to request your personal health information electronically or have it directly transmitted to a third party specified by you per our capabilities. Your request must be made in writing. In most cases we may charge a reasonable, cost-based fee for preparing the copy, which will not exceed our labor costs in responding to your request and postage, if applicable.

We may deny your request to inspect or receive copies in certain circumstances. If you are denied access to health information, in some cases you have a right to request review of the denial. This review would be performed by a licensed health care professional designated by Connecticut Renaissance, Inc. who did not participate in the decision to deny.
**Request Amendment.** You have the right to request amendment of your health information maintained by Connecticut Renaissance, Inc. for as long as the information is kept by or for Connecticut Renaissance, Inc. Your request must be made in writing and must state the reason for the requested amendment.

We may deny your request for amendment if the information (a) was not created by Connecticut Renaissance, Inc., unless the originator of the information is no longer available to act on your request; (b) is not part of the health information maintained by or for Connecticut Renaissance, Inc.; (c) is not part of the information to which you have a right of access; or (d) is already accurate and complete, as determined by Connecticut Renaissance, Inc.

If we deny your request for amendment, we will give you a written denial including the reasons for the denial and the right to submit a written statement disagreeing with the denial.

**Request an Accounting of Disclosures.** You have the right to request an “accounting” of certain disclosures of your health information. This is a listing of disclosures made by Connecticut Renaissance, Inc. or by others on our behalf. This includes disclosures made for treatment, payment and health care operations if the disclosures are made through an electronic health record.

To request an accounting of disclosures, you must submit a request in writing, stating a time period that is within six years from the date of your request. The first accounting provided within a 12-month period will be free; for further requests, we may charge you our costs.

**Request a Paper Copy of this Notice.** You have the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time. In addition, you may obtain a copy of this Notice on our website, www.ctrenaissance.com.

**Request Confidential Communications.** You have the right to request that we communicate with you concerning your health matters in a certain manner. We will accommodate your reasonable requests.

**Notification of Breach of Security.** You have the right to be notified of an unauthorized disclosure of your unsecured personal health information and we will notify you of such a breach in accordance with our obligations under the law.

### Connecticut Only Requirement

**V. SPECIAL RULES REGARDING DISCLOSURE OF PSYCHIATRIC, SUBSTANCE ABUSE AND HIV-RELATED INFORMATION**

For disclosures concerning health information relating to care for psychiatric conditions, substance abuse or HIV-related testing and treatment, special restrictions may apply. Except as provided below and as specifically permitted or required under state or federal law, health
information relating to care for psychiatric conditions, substance abuse or HIV-related testing and treatment may not be disclosed without your special authorization or a court order, or both.

- **Psychiatric information.** If needed for your diagnosis or treatment in a mental health program, psychiatric information may be disclosed between your treatment team members. Certain limited information may be disclosed for payment purposes.

- **HIV related information.** Under limited circumstances, HIV-related information may be disclosed for purposes of treatment or payment.

- **Substance abuse treatment.** If you are treated in a specialized substance abuse program, your special authorization will be needed for most disclosures, not including emergencies.

### VI. FOR FURTHER INFORMATION OR TO FILE A COMPLAINT

If you have any questions about this Notice or would like further information concerning your privacy rights or wish to make any requests, opt-out of receiving certain communications or object to a disclosure, please contact Privacy Officer, Clinical Director of Programs at 203-336-5225.

If you believe that your privacy rights have been violated, you may file a complaint in writing with Connecticut Renaissance, Inc. or with the Office for Civil Rights in the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20201. Complaint may also be made by phone to 1-877-696-6775. We will not retaliate against you if you file a complaint.

I acknowledge that I have read or had this Notice explained to me. I understand this Notice and have had the opportunity to ask questions regarding any matters of concern and signing it voluntarily.

**Effective Date: 6/30/2014**
NOTICE OF PRIVACY PRACTICES

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Connecticut Renaissance, Inc. is required by law to maintain the privacy of your health information and to provide you this detailed Notice of our legal duties and privacy practices relating to your health information. Connecticut Renaissance, Inc. shall abide by the terms of the Notice that are currently in effect. However, Connecticut Renaissance, Inc. reserves the right to change the terms of this Notice and to make the new provisions effective for all personal health information received and maintained by Connecticut Renaissance, Inc. now and in the future. We will provide you with a copy of the revised Notice upon request. In addition, a copy of the effective Notice will be posted at all times in the office with a date notifying you of the most recent update.

I. USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

As a client of Connecticut Renaissance, Inc., information about you must be used and disclosed to other parties for purposes of treatment, payment, and health care operations. These uses and disclosures do not require your consent:

For Treatment. We will use and disclose your health information in providing you with treatment and services and coordinating your care and may disclose information to other providers involved in your care. Your health information may be used by our doctors and nurses as well as to any other health care provider involved in your care, either within our facility or an outside healthcare provider facility. For example, we disclose information about your health condition to a referring physician, a pharmacist who needs the information to dispense a prescription, or a laboratory that requires it to perform.

For Payment. We may use and disclose your health information for billing and payment purposes. We may disclose your health information to your representative, or to an insurance or managed care company, Medicare, Medicaid or another third-party payor. For example, we may contact Medicare or your health plan to confirm your coverage or to request approval for services that will be provided to you.

For Health Care Operations. We may use or disclose your health information as necessary for health care operations, such as management, personnel evaluation, education and training and to monitor our quality of care. We may disclose your health information to past, present or future medical providers for the same purpose, for health care fraud and abuse detection or compliance activities. For example, health information of many clients may be combined and analyzed for purposes such as evaluating and improving quality of care and planning for services.
II. SPECIFIC USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

The following lists various ways in which we may use or disclose your health information for which you are consenting or as required by law or as allowed by HIPAA.

**Individuals Involved in Your Care or Payment of Your Care.** With your consent, we may disclose health information about you to a family member, close personal friend or other person you identify, including clergy, who is involved in your care.

**Emergencies.** We may use or disclose your health information as necessary in emergency treatment situations.

**As Required By Law.** We may use or disclose your health information when required by law to do so.

**Business Associate.** We may disclose your personal health information to a contractor or business associate who needs the information to perform services for Connecticut Renaissance, Inc. To protect your health information, we have our business associates sign written contracts that require them to keep your information confidential. For example, our computer consultant may have access to certain personal health information, but is required by law and our contract with them to keep the information confidential and not use it.

**Public Health Activities.** We may disclose your health information for public health activities. These activities may include, for example, reporting to a public health authority for preventing or controlling disease, injury or disability; reporting to the Federal Food and Drug Administration issues concerning problems with products or product recalls, or reporting births and deaths.

**Reporting Victims of Abuse, Neglect or Domestic Violence.** If we believe that you have been a victim of abuse, neglect or domestic violence, we may use or disclose your health information to notify a government authority, if authorized by law, or if you agree to the report.

**Health Oversight Activities.** We may disclose your health information to a health oversight committee for activities authorized by law, such as audits, investigations, inspections and licensure actions or for activities involving government oversight of the health care system.

**To Avert a Serious Threat to Health or Safety.** We may use or disclose health information to prevent a serious threat to your health or safety or the health or safety of others limiting disclosures to someone able to help lessen or prevent the threatened harm.

**Judicial and Administrative Proceedings.** We may disclose your health information in response to a court or administrative order. We also may disclose information in response to a subpoena, discovery request, or other lawful process if we are authorized to do so under the law. [When we receive a court order, subpoena, discovery request or other lawful process, we will attempt to contact you about the request and to protect your treatment information to the extent provided by law until such time as we receive your consent to disclose the treatment information or a court order.]
**Law Enforcement.** We may disclose your health information for certain law enforcement purposes, including, for example, to comply with reporting requirements; to comply with a court order, warrant, or similar legal process; or to answer certain requests for information concerning crimes.

**Research.** We may use or disclose your health information for research purposes if the privacy aspects of the research have been reviewed and approved, if the researcher is collecting information in preparing a research proposal, if the research occurs after your death, or if you authorize the use or disclosure.

**Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations.** We may release your health information to a coroner, medical examiner, funeral director or, if you are an organ donor, to an organization involved in the donation of organs and tissue.

**Disaster Relief.** We may disclose health information about you to a disaster relief organization.

**Military, Veterans and other Specific Government Functions.** If you are a member of the armed forces, we may use and disclose your health information as required by military command authorities or for the purpose of determining your eligibility for benefits by the Department of Veterans Affairs. We may disclose health information for national security purposes or as needed to protect the President of the United States or certain other officials or to conduct certain special investigations.

**Benefit Programs.** We may use or disclose your health information to comply with laws and obligations relating to workers’ compensation or other similar State or Federal benefit programs.

**Inmates/Law Enforcement Custody.** If you are under the custody of a law enforcement official or a correctional institution, we may, if authorized by law, disclose your health information to the institution or official for certain purposes including the health and safety of you and others.

**Fundraising Activities.** If authorized by law, we may use certain limited information to contact you in an effort to raise funds for the Connecticut Renaissance, Inc. and its operations. However, you may opt-out from receiving such communications.

**Treatment Alternatives and Health-Related Benefits and Services.** With your consent, we may use or disclose your health information to inform you about treatment alternatives and health-related benefits and services that may be of interest to you and that are offered by Connecticut Renaissance, Inc or its affiliates and its contracted partners.

**Appointment Reminders.** We may use or disclose health information to remind you about appointments within our agency and appointments we have scheduled for your with their providers.
III. USES AND DISCLOSURES WITH YOUR AUTHORIZATION

The law requires us to state that most uses and disclosures of psychotherapy notes and of personal health information for marketing purposes and the sale of personal health information require an individual’s authorization. HOWEVER, CONNECTICUT RENAISSANCE, Inc. WILL NOT BE SELLING YOUR PERSONAL HEALTH INFORMATION AT ANY TIME. Uses and disclosures not described in this Notice will be made ONLY with your Authorization. You may revoke an Authorization in writing at any time. If you revoke an Authorization, we will no longer use or disclose your health information for the purposes covered by that Authorization, except where we have already relied on the Authorization.

IV. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Listed below are your rights regarding your health information. Each of these rights is subject to certain requirements, limitations and exceptions. Exercise of these rights may require submitting a written request to Connecticut Renaissance, Inc. by you. At your request, Connecticut Renaissance, Inc. will supply you with the appropriate form to complete, if you wish.

Request Restrictions. You have the right to request restrictions on our use or disclosure of your health information for treatment, payment or health care operations. You also have the right to request restrictions on the health information we disclose about you to a family member, friend or other person who is involved in your care or the payment for your care.

We are not required to agree to your requested restriction (except if you restrict disclosures to family members or friends other than a conservator or listed health care agent). If we do agree to accept your requested restriction, we will comply with your request except as needed to provide you emergency treatment or in accordance with applicable law. However, you have the right to restrict certain disclosures of personal health information to a health insurance payor where the disclosure is for payment or health care operations and pertains to a health care item or service for which you (or any person other than the health insurance payor) have paid for the treatment in full.

Access to Personal Health Information. You have the right to request copies of your personal health information in any form you choose, provided that the personal health information is readily producible in that format. You have the right to request your personal health information electronically or have it directly transmitted to a third party specified by you per our capabilities. Your request must be made in writing. In most cases we may charge a reasonable, cost-based fee for preparing the copy, which will not exceed our labor costs in responding to your request and postage, if applicable.

We may deny your request to inspect or receive copies in certain circumstances. If you are denied access to health information, in some cases you have a right to request review of the denial. This review would be performed by a licensed health care professional designated by Connecticut Renaissance, Inc. who did not participate in the decision to deny.
**Request Amendment.** You have the right to request amendment of your health information maintained by Connecticut Renaissance, Inc. for as long as the information is kept by or for Connecticut Renaissance, Inc. Your request must be made in writing and must state the reason for the requested amendment.

We may deny your request for amendment if the information (a) was not created by Connecticut Renaissance, Inc., unless the originator of the information is no longer available to act on your request; (b) is not part of the health information maintained by or for Connecticut Renaissance, Inc.; (c) is not part of the information to which you have a right of access; or (d) is already accurate and complete, as determined by Connecticut Renaissance, Inc.

If we deny your request for amendment, we will give you a written denial including the reasons for the denial and the right to submit a written statement disagreeing with the denial.

**Request an Accounting of Disclosures.** You have the right to request an “accounting” of certain disclosures of your health information. This is a listing of disclosures made by Connecticut Renaissance, Inc. or by others on our behalf. This includes disclosures made for treatment, payment and health care operations if the disclosures are made through an electronic health record.

To request an accounting of disclosures, you must submit a request in writing, stating a time period that is within six years from the date of your request. The first accounting provided within a 12-month period will be free; for further requests, we may charge you our costs.

**Request a Paper Copy of this Notice.** You have the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time. In addition, you may obtain a copy of this Notice on our website, www.ctrenaissance.com.

**Request Confidential Communications.** You have the right to request that we communicate with you concerning your health matters in a certain manner. We will accommodate your reasonable requests.

**Notification of Breach of Security.** You have the right to be notified of an unauthorized disclosure of your unsecured personal health information and we will notify you of such a breach in accordance with our obligations under the law.

**Connecticut Only Requirement**

**V. SPECIAL RULES REGARDING DISCLOSURE OF PSYCHIATRIC, SUBSTANCE ABUSE AND HIV-RELATED INFORMATION**

For disclosures concerning health information relating to care for psychiatric conditions, substance abuse or HIV-related testing and treatment, special restrictions may apply. Except as provided below and as specifically permitted or required under state or federal law, health
information relating to care for psychiatric conditions, substance abuse or HIV-related testing and treatment may not be disclosed without your special authorization or a court order, or both.

- **Psychiatric information.** If needed for your diagnosis or treatment in a mental health program, psychiatric information may be disclosed between your treatment team members. Certain limited information may be disclosed for payment purposes.

- **HIV related information.** Under limited circumstances, HIV-related information may be disclosed for purposes of treatment or payment.

- **Substance abuse treatment.** If you are treated in a specialized substance abuse program, your special authorization will be needed for most disclosures, not including emergencies.

VI. **FOR FURTHER INFORMATION OR TO FILE A COMPLAINT**

If you have any questions about this Notice or would like further information concerning your privacy rights or wish to make any requests, opt-out of receiving certain communications or object to a disclosure, please contact the Privacy Officer at 203-336-5225.

If you believe that your privacy rights have been violated, you may file a complaint in writing with Connecticut Renaissance, Inc. or with the Office for Civil Rights in the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20201. Complaint may also be made by phone to 1-877-696-6775. We will not retaliate against you if you file a complaint.

I acknowledge that I have read or had this Notice explained to me. I understand this Notice and have had the opportunity to ask questions regarding any matters of concern and signing it voluntarily.

Effective Date: 6/30/2014

____________________________  __________
Print Name:  Date

____________________________  __________
Print Name:  Date
If applicable, Conservator or Health Care Agent
CONNECTICUT RENAISSANCE, INC.
Written Acknowledgement of Receipt of Notice of Privacy Practices

Client Name:

Date of Birth:

I,_________________ hereby acknowledge that I have received a copy of the Notice of Privacy Practices. I understand that if I have further questions or complaints I may contact:

Richard Dable, Privacy Officer
(203) 596-7303 x2615

I also understand that I am entitled to receive updates upon request if Connecticut Renaissance, Inc.’s Notice of Privacy Practices is amended or changed in a material way.

__________________________________  __________________________
Client Signature         Date

__________________________________  __________________________
Parent/Guardian Signature      Date

__________________________________  _______________________________
Staff Signature         Date

TO BE COMPLETED BY CONNECTICUT RENAISSANCE, INC. IF UNABLE TO OBTAIN WRITTEN ACKNOWLEDGEMENT FROM PATIENT.

On______________I attempted to obtain a written acknowledgement of receipt of the Notice of Privacy Practices from the above-named client, but was unable to because:

_____   Client declined to sign this Written Acknowledgement.

_____   Client did not understand the request to sign the Written Acknowledgement.

_____   Other (Specify):______________________________________________

_________________________________
Name and title of employee

_________________________________
Date

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HIPAA/HITECH/PREA BUSINESS ASSOCIATE AGREEMENT

THIS BUSINESS ASSOCIATE AGREEMENT (this “Agreement”) is made by and between Connecticut Renaissance, Inc. (“Provider”) and Vendor Y ("Business Associate") and is effective upon signing.

BACKGROUND STATEMENTS

A. **Purpose.** The purpose of this Agreement is to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 and the associated regulations (45 C.F.R. parts 160-164, as may be amended, including the “Privacy Rule,” the “Security Rule,” the Breach Notification and Enforcement Rules together, the “Rules”) (“HIPAA”) and the Health Information Technology for Economic and Clinical Health Act and the associated regulations, as may be amended (“HITECH”) and the Prison Rape Elimination Act (PREA). “HIPAA” and “HITECH” are collectively referred to in this Agreement as “HIPAA/HITECH.” Unless otherwise defined in this Agreement, capitalized terms have the meaning given in above-referenced HIPAA, HITECH and PREA statutes and regulations, as applicable. HIPAA/HITECH requires Provider to obtain certain written assurances from Business Associate that Business Associate will appropriately safeguard Personal Health Information as well as Electronic Protected Health Information (Personal Health Information and Electronic Protected Health Information are collectively referred to as “PHI”). PREA requires any contractors who may have contact with residents under the Judicial Branch or the Department of Correction be notified of the of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and understand there is a process for reporting any incidents via the agency’s PREA Coordinator.

B. **Relationship.** Provider and Business Associate have entered into this Agreement pursuant to which Business Associate may receive, maintain, transmit, use, obtain, access and/or create PHI from or on behalf of Provider in the course of providing services (the “Services”) for Provider.

C. **Definitions:**

1. “Personal Health Information” means any information used by Provider in the course of its business relating to any employee, patient, client or other individual associated with Provider, including but not limited to any information relating to an employee’s personnel file, a patient’s or client’s medical file and the physical or mental health condition, medical history or medical treatment of an individual or a member of the individual’s family that is obtained from a medical professional, medical care institution or other related institution. It also includes any information from the individual, or the individual’s immediate family, or from the provision of or payment for health care to or on behalf of an individual or a member of the individual’s family.

2. “Security Incident” means any threatened unauthorized acquisition, access, use or disclosure of PHI under this Agreement that would be a violation of HIPAA/HITECH
or a violation of this Agreement if the PHI had in fact been acquired, accessed, used or disclosed.

3. “Breach” means any unauthorized acquisition, access, use or disclosure of PHI under this Agreement that is (a) a violation of HIPAA/HITECH or (b) not permitted under this Agreement.

4. “Limited Data Set” means a limited set of identifiable patient information as defined by the Privacy Regulations issued under HIPAA.

**AGREEMENT**

The Provider and Business Associate hereby agree as follows:

1. **Permitted Uses and Disclosures.**

   Business Associate may use and/or disclose PHI only as permitted or required by this Agreement or as otherwise required or allowed by Federal and Connecticut law. Business Associate may disclose PHI to, and permit the use of PHI by, its employees, contractors, agents or other representatives only to the extent directly related to and necessary for the performance of the Services. (Disclosure and use of PHI by subcontractors, agents and other representatives is also subject to Section 4 below). Business Associates will to the extent practical, limit the use of PHI to a Limited Data Set or if necessary to the minimum necessary to accomplish the intended purpose. Business Associate will request from Provider no more than the minimum PHI necessary to perform the Services. Business Associate will not use or disclose PHI in any manner (i) inconsistent with Provider’s obligations under HIPAA/HITECH, or (ii) that would violate HIPAA/HITECH if disclosed or used in such a manner by Provider.

   Business Associate will also comply with its own direct obligations under HIPAA/HITECH. In addition, to the extent that Business Associate is required pursuant to this Agreement to carry out one or more of Provider’s obligations under HIPAA, Business Associate agrees to comply with the HIPAA Rules applicable to the Provider in the performance of such obligation(s). Except as permitted by HIPAA/HITECH, Business Associate will not engage in marketing or fundraising that involves the use of disclosure of PHI and will not otherwise receive direct or indirect remuneration for PHI.

2. **Safeguards for Protection of PHI**

   Business Associate will implement, maintain and use commercially appropriate security safeguards and comply with Subpart C of 45 C.F.R. Part 164 with respect to electronic PHI, to ensure that PHI obtained by or on behalf of Provider is not used or disclosed by Business Associate in violation of the Agreement. Such safeguards shall
be designed to protect the confidentiality and integrity of such PHI obtained, accessed or created from or on behalf of Provider. Security measures maintained by Business Associate shall include administrative, physical and technical security safeguards as necessary to protect such PHI, including such safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of all PHI that it creates, receives, uses, obtains, accesses, maintains, or transmits on behalf of Provider, all in accordance with HIPAA/HITECH. Upon request by Provider, Business Associate shall provide a written description of such safeguards.

3. Reporting and Mitigating the Effect of Unauthorized Disclosure of Unsecured PHI/EPHI

Business Associate will immediately report, upon discovery, in writing by facsimile and telephone call directed to Privacy Officer, Director of Clinical Programs at 203-336-5225 any Security Incident (as defined above) or Breach (as defined above) by Business Associate or any or of its employees, directors, officers, agents, subcontractors or representatives concerning the use or disclosure of unsecured PHI. Unsecured PHI is defined under HITECH as PHI that is not rendered unusable or indecipherable to an unauthorized individual through the use of a technology or methodology specified under HITECH. Currently under HITECH PHI is not secured unless electronic health records are encrypted in accordance with NIST standards, or if hard copy media it is destroyed (shredding, redaction or destruction).

Business Associate will be deemed to have discovered a Breach as of the first day on which the Breach is, or should reasonably have been known to (a) Business Associate or (b) any employee, officer, contractor or other agent of Business Associate including the individual committing the Breach. Business Associate further will investigate the Breach and provide to Provider, no later than twenty (20) days after discovery, all information Provider may require to make notifications of the Breach to individuals and/or other persons or entities of the Breach (“Notifications”). Provider may elect, in its sole discretion, for Business Associate to make the Notifications and implement other mitigation steps, in a form and manner and within timeframes directed by Provider, consistent with Provider’s legal obligations. Without limitation as to any other remedies available to Provider under this Agreement or the law, Business Associate will pay, or reimburse Provider for all costs incurred in connection with provision of the Notifications, including all costs incurred to mitigate the harmful effects, or potentially harmful effects, of the Breach (the “Costs”).

Business Associate will establish and implement procedures and other reasonable efforts for mitigating, to the greatest extent possible, any harmful effects arising from improper use and/or disclosure of PHI. Upon request by Provider, Business Associate shall provide a written description of such procedures.
4. **Use and Disclosure of PHI by Subcontractors, Agents and Representatives**

Business Associate will require any subcontractor, agent or other representative that is authorized to create, receive, maintain, transmit, use, or have access to PHI obtained or created under this Agreement, to agree, in writing, to adhere to the same restrictions, conditions and requirements regarding the use and/or disclosure of PHI/EPHI and safeguarding of the same, that apply to Business Associates under this Agreement, including the implementation of necessary administrative, physical and technical security safeguards and procedures for mitigating any harmful effects arising from improper use and/or disclosure of PHI. However, Business Associate acknowledges and agrees that Business Associate will be responsible for reporting to Provider any Security Incident or Breach of PHI by a subcontractor, agent or other representative in the manner set forth in Paragraph 3, and that Business Associate will be liable to Provider for all Costs described in Paragraph 3 resulting from the unauthorized disclosure of unsecured PHI by a subcontractor, agent or representative.

At the request of Provider, Business Associate agrees to make available to Provider copies of all agreements with subcontractor, agents and representatives that create, receive, maintain, transmit, use or have access to PHI obtained or created under this Agreement.

5. **Individual Rights.**

Business Associate will comply with the following Individual Rights requirements of the patient (the “Individual”) as applicable to PHI used or maintained by Business Associate:

**5.1 Right of Access.** Business Associate agrees to provide access to PHI, at the request of Provider and in a time and manner designated by the Provider, to Provider, or as directed by Provider, to an Individual, in order to meet the individual access requirements under HIPAA/HITECH. It is the Individual’s right to obtain a copy of their PHI in an electronic format from Business Associate if the Business Associate maintains or uses electronic health records. Individuals may also designate another recipient of this transmittal without having to sign an authorization. Business Associate will comply with all other obligations regarding PHI and Individuals Rights of Access under HIPAA/HITECH.

**5.2 Right of Amendment.** Business Associate agrees to make any amendment(s) to PHI that Provider directs in order to meet the amendment requirements under the Privacy Rule.

**5.3 Right to Accounting of Disclosures.** Business Associate agrees to document such disclosures of PHI as would be required for Provider to respond to a request by an Individual for an accounting of PHI in accordance with the Privacy Rule, and to provide all such documentation to Provider or, as directed by Provider, to an Individual, in the time and manner designated by Provider. Business Associate
will otherwise comply with its obligations regarding an Individual’s right to an accounting of disclosures under HIPAA/HITECH.

6. **Use and Disclosure for Business Associate’s Purposes**

6.1 **Use.** Except as otherwise limited in this Agreement, Business Associate may use PHI for the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate.

6.2 **Disclosure.** Except as otherwise limited in this Agreement, Business Associate may disclose PHI for the proper management and administration of Business Associate, provided that disclosures are required by law, or Business Associate obtains reasonable assurances from the person to whom the PHI is disclosed that the PHI will remain confidential and be used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person notifies Business Associate immediately upon discovery of any instances in which the confidentiality of the PHI has been Breached, as defined above and described in Section 3 of this Agreement.

7. **Connecticut’s Confidentiality Laws**

The obligations in this Agreement do not relieve you from any confidentiality obligations you have under Connecticut law or any other Federal law. Therefore, in addition to the terms, conditions, and obligations set forth in this Agreement you are also representing and agreeing to by signing this Agreement that you will continue to fulfill any other Federal and Connecticut confidentiality obligations including Connecticut’s more restrictive confidentiality laws as set forth in C.G.S. §52-146o, which are hereby incorporated into this Agreement.

8. **Audit and Inspection**

Business Associate will make its internal practices, books, records, policies and procedures relating to the use and disclosure of PHI received from, or created or received by Business Associate on behalf of Provider, available to the federal Department of Health and Human Services (“HHS”), the Office of Civil Rights (“OCR”), or their agents and to Provider for purposes of monitoring with HIPAA/HITECH.

9. **Term and Termination**

9.1 **Term.** This Agreement will become effective on the Effective Date. Unless terminated sooner pursuant to Section 9.2, this Agreement will remain in effect for
the duration of all Services provided by Business Associate and for so long as Business Associate will remain in possession of any PHI received from, or created or received by Business Associate on behalf of Provider, unless Provider has agreed in accordance with Section 9.3 that it is infeasible to return or destroy all PHI.

9.2 Termination. Upon discovery of a material breach of this Agreement, the non-breaching Party must take reasonable steps to cure the breach. The non-breaching Party must provide the breaching Party with written notice of the existence of the material breach and afford the breaching Party thirty (30) days to cure the material breach. If such steps are unsuccessful, HITECH requires the non-breaching Party to terminate the Agreement, if feasible, or notify HHS. If termination of the Agreement is not feasible, the non-breaching Party will provide the breaching Party with advance written notice of its intent to notify HHS and provide a copy of that notification. HHS must be notified of all breaches, whether by the non-breaching or the breaching Party.

9.3 Effect of Termination. Upon termination of the Services Agreement and this Agreement, Business Associate will recover any PHI relating to this Agreement in the possession of its subcontractors, agents or representatives. Business Associate will return to Provider or destroy all such PHI plus all other PHI relating to this Agreement in its possession, and will retain no copies. If Business Associate believes that it is not feasible to return or destroy the PHI as described above, Business Associate will notify Provider in writing. The notification will include (i) a statement that Business Associate has determined that is infeasible to return or destroy the PHI in its possession and (ii) the specific reasons for such determination. If Provider agrees in its sole discretion that Business Associate cannot feasibly return or destroy the PHI, Business Associate will ensure that any and all protection, requirements, and restrictions contained in this Agreement, including Subpart C of 45 C.F.R. Part 164, will be extended to any PHI retained after the termination of this Agreement, and that further use and/or disclosures will be limited to the purposes that make the return or destruction of the PHI infeasible.

10. Provider and Business Associate

Provider and Business Associate are independent contractors, and neither Party, nor any agent, employee or representative of such Party, shall be deemed to be an employee or agent of the other Party for any purpose. Although Business Associate has agreed to perform the Services described in the accompanying Agreement at the request of Provider, the Parties agree that Provider will not control how Business Associate performs the specific Services set forth in the accompanying Agreement. At no time will Business Associate represent in any way to any third-Party/patient or the general public that it is an agent of Provider.
11. **Indemnification**

The breaching Party agrees to indemnify, defend and hold harmless the non-breaching Party and its employees, directors, officers, subcontractors, agents and affiliates from and against all claims, actions, damages, losses, liabilities, fines, penalties, costs or expenses (including, reasonable attorneys’ fees) suffered by the non-breaching Party arising from or in connection with any breach of this Agreement, or any negligent or wrongful acts or omissions in connection with this Agreement, suffered by the non-breaching Party, its employees, directors, officers, subcontractors, agents or representatives.

12. **Insurance**

Business Associate agrees that it will maintain general liability insurance in a sufficient amount to protect against any and all losses of PHI, or any Security Incident or Breach, as defined above and described in Paragraph 3 of this Agreement. Upon request, Business Associate agrees to make available to Provider evidence of such insurance, and agrees to notify Provider within 10 days of any lapse or change in the terms, conditions or limits of said insurance coverage.

13. **Acknowledgement of The Prison Rape Elimination Act (PREA)**

Connecticut Renaissance has zero tolerance toward all forms of sexual abuse and sexual harassment. All Connecticut Renaissance employees, volunteers, or contractors who may have contact with individuals in the custody of the Judicial Branch or Department of Correction are responsible for helping to keep CT Renaissance facilities free of sexual abuse or sexual harassment. All incidents of sexual abuse and sexual harassment will be reported and investigated thoroughly. The PREA Coordinator will accept all forms of reports regarding sexual abuse and sexual harassment. Any contractor engaging in sexual abuse or sexual harassment of a CT Renaissance client/resident may be subject contract cancellation.

14. **Miscellaneous**

**14.1 Survival.** The respective rights and obligations of the Parties under Section 8 (Audit & Inspection), Section 9.3 (Effect of Termination), 10 (Provider and Business Associate), 11 (Indemnification) and 13 (Miscellaneous) will survive termination of this Agreement indefinitely.

**14.2 Amendments.** This Agreement constitutes the entire Agreement between the Parties with respect to its subject matter. It may not be duly modified, nor will any provision be waived or amended, except in a writing duly signed by authorized representatives of the Parties. Notwithstanding the foregoing, Provider may amend this Agreement upon written notice to Business Associate if the amendment is necessary to comply with a statutory or regulatory requirement.
14.3 Waiver. A waiver with respect to one event will not be construed as continuing, or as a bar to or waiver of any right or remedy as to subsequent events.

14.4 Compliance with HIPAA/HITECH. Any ambiguity in this Agreement will be resolved in favor of a meaning that permits Parties to comply with HIPAA/HITECH, as amended by the Final Omnibus HIPAA/HITECH Rules promulgated by the U.S. Department of Health and Human Services on January 25, 2013.

14.5 No Third-Party Beneficiaries. Nothing expressed or implied in this Agreement is intended to confer, nor will anything herein confer, upon any person other than the Parties and their respective successors and permitted assigns, any rights, remedies, obligations or liabilities whatsoever.

14.6 Notices. Except as otherwise stated in Paragraph 3 above, any notice to be given under this Agreement to a Party will be made via certified mail or commercial courier, or hand delivery to such Party as its address given below, and/or via facsimile to the facsimile telephone number listed below, or to such other address or facsimile number as will hereafter be specified by notice from the Party. Any such notice will be deemed given so delivered to or received at the proper address.

If to the Business Associate, to: ________________________________:

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

Attention: ________________________________

Fax Number: ________________________________

14.7 Breach of Covenants. Business Associate acknowledges that breach of the terms of this Agreement will cause irreparable harm to Provider and that damages arising from any breach may be difficult to ascertain and no adequate legal remedies exists. Accordingly, Provider shall be entitled to receive injunctive relief and/or specific performance and damages, as well as any and all legal and equitable remedies to which it may be entitled.

14.8 Inconsistencies. If any terms of this Agreement conflict with or are inconsistent with the terms of the agreement covering the Services provided by the Business Associate, the terms of this Agreement will prevail.
IN WITNESS WHEREOF, each of the Parties has caused this Agreement to be executed in its names and on its behalf as of the Effective Date.

[Provider]
By: 
Print Name: 
Title: 
Date: 

[Business Associate]
By: 
Print Name: 
Title: 
Date: 

Revised 9/28/15 GG
A separate release form shall be completed for each outside source, and shall include the name of the person or agency requesting the information, the purpose for the release, the period of time the release shall remain in effect, the signature and date of the client, and the signature and date of the staff person. A copy of the signed release form shall be kept in the client's case record. Access to confidential client case records shall be released only to approved agency staff members on a need to know basis as determined by the program supervisor.

- Staff members shall have access to records as necessary to perform their job duties. Staff are oriented to policies and procedures pertaining to records and confidentiality at New Employee Orientation and reviewed annually under the policy and procedure manual review.

- Records are protected against loss and unauthorized use and disclosure by being kept in attended areas during business hours and in a locked room after business hours. Electronic records are secured through case and time sensitive passwords.

- Protected health information in use on desks within the Provider's facility is protected against loss and unauthorized use and disclosure by being kept in attended areas during business hours and in a locked cabinet after business hours.

- Permanent records are not removed from the Provider office except by court order, for storage, or in the event of a potential defacement/damage from weather or civil emergency.

- Records which must be transported shall be protected against loss or unauthorized use and disclosure by transporting information in a locked box or container in which patient identifying information is not visible.

- Documents containing information deemed confidential shall be shredded when it is not necessary to maintain said documents for permanent record.

- Records will be maintained for at least 7 years after discharge or for any longer period required by applicable law or regulation. A yearly purge shall take place and resulting documents shall be shredded.

PROCEDURES

Release of Client Confidential Information

1. Upon a request for client information from an outside source, staff shall follow state and federal confidentiality laws.
2. When the client agrees to release the information, staff and the client shall complete a Release of Confidential Information consent form. Both the client and staff shall sign and date the form.
3. Staff shall enter the release form into the client's case record and proceed with the release of the specified information.

Special Conditions

1. **Medical Emergency**: In the case of a medical emergency, appropriate and relevant information shall be released to medical personnel.
2. **Court Order**: Court orders authorizing access to specific information from the client case record shall be released.
3. **Parole and Probation Officers:** When a parole or probation officer under court order requires information to complete a pre-sentence or pre-parole investigation, information shall be released.

4. **Violent or Threatening Behavior:** When a client's behavior is likely to endanger other clients, staff, or visitors, requiring the police or any other authorities to be called, staff shall release any relevant information that shall aid the police or authorities when responding to this danger.

5. **Funding Authorities:** Appropriate and relevant information shall be released for oversight and auditing purposes.

Policy Last Updated on 4/14
CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION FORM

I, ___________________________, Date of Birth ____________ authorize __________________
(Name of agency or individual making the disclosure)

to disclose to _____________________________
Name of agency or individual, with city/state indicated to whom disclosure is to be made of the
following information:

___ Psychological Evaluation and Assessment ___ Medical information, including Physical exam/urine results
___ Social History ___ Discharge Summary, including progress on treatment plans, course in treatment and
treatment recommendations.
___ School Records ___ __ Employment History
___ Criminal Records ___ Other

The purpose or need for such disclosure is:
_____________________________________________________________________________________
_____________________________________________________________________________________

I understand that the information disclosed is from records whose confidentiality is protected under the federal
regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health
without my written consent unless otherwise provided for in the regulations. The medical record to be released
may contain information pertaining to medical, psychiatric, HIV/AIDS, drug and/or alcohol diagnosis and
treatment. I also understand that I may revoke this consent in writing at any time except to the extent that action

I understand that generally Connecticut Renaissance may not condition my treatment on whether I sign a consent
form, but that in certain limited circumstances I may be denied treatment if I do not sign a consent form.

_________________________________________________ _____________________________
Signature of Client       Date

_________________________________________________ ______________________________
Signature of Witness      Date

_________________________________________________ ______________________________
Signature of Parent/Guardian     Date

AGENCY WIDE – 4/03
CONSENT FOR THE RELEASE OF CONFIDENTIAL
INFORMATION FORM
CRIMINAL JUSTICE SYSTEM REFERRAL

I, ___________________________ Date of Birth ___________, hereby consent to communication between

_____________________________ and ________________________

(Alcohol/drug treatment program) (Court, probation, parole and/or other referring agency)

The purpose of and need for the disclosure is to inform the criminal justice agency (ies) listed above of my attendance and progress in treatment. The extent of information to be disclosed is my diagnosis, information about my attendance or lack of attendance at treatment sessions, my cooperation with the treatment program, prognosis, and

____________________________________________________________________________________________

I understand that this consent will remain in effect and cannot be revoked by me until:

_____ there has been a formal and effective termination or revocation of my release from confinement, probation, or parole, or other proceeding under which I was mandated into treatment, or

_____ ________________

(Specify other time when consent can be revoked and/or expires)

I understand that my alcohol and/or treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 45 C.F.R. Pts. 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. The medical record to be released may contain information pertaining to medical, psychiatric, HIV/AIDS, drug and/or alcohol diagnosis and treatment. I also understand that recipients of this information may redisclose it only in connection with their official duties.

I understand that generally Connecticut Renaissance may not condition my treatment on whether I sign a consent form, but that in certain limited circumstances I may be denied treatment if I do not sign a consent form.

_________________________________________________ _____________________________
Signature of Client Date

_________________________________________________ ______________________________
Signature of Witness Date

_________________________________________________ ______________________________
Signature of Parent/Guardian Date

AGENCY WIDE – 03/05
Consentimiento Para Revelar Información Confidencial

Yo, __________________Fecha de Nacimiento_____________________, autorizó _____________________________
(Nombre de la Agencia ó persona que esta revelando información)
para revelar información a _____________________________
(Nombre de la Agencia ó persona, indicando ciudad/estado a quien se le revelará información de lo siguiente:)

___Evaluación Sicológica
___Historia Social
___Registros Escolares
___Registros Criminales
___Historia de Empleo
___Informe Médica
____Información Médica
incluyendo Examén Físico/resultados de orina
Resumen de Alta, incluyendo progreso sobre plan,
curso y recomendaciones de tratamiento.
___Otros. __________________

El propósito ó necesidad para tal revelación de información es: __________________________

Yo entiendo que la información para la revelación de los registros los cuales están protegidos confidencialmente bajo las regulaciones federales gobernadas por La ley de Confidencialidad de Registros de Pacientes de Abuso de Alcohol y Drogas, 42 C.F.R. Parte 2, y Acta de 1996 ("HIPAA"), 45 C.F.R. Pts. 160 & 164 y no puede ser revelados sin mi consentimiento por escrito a menos que sea propuesta de otra manera en las regulaciones. Los registros médicos por ser entregados pueden contener información relacionada con el diagnóstico y tratamiento médico, siquiatrífico, VIH/SIDA, drogas y/o alcohol. También entiendo que yo podría anular este consentimiento por escrito en cualquier momento excepto al momento que una acción ha sido ya tomada dependiendo de dicho consentimiento, y en cualquier evento este vence automáticamente como sigue: __________________________

Yo entiendo que generalmente Connecticut Renaissance no podría imponer condiciones sobre mi tratamiento si decidio firmar ó no este consentimiento pero en ciertas circunstancias limitadas me podrían negar tratamiento si no lo firme.

____________________________________________  ____________________________
Firma del Cliente                                Fecha

____________________________________________  ____________________________
Firma del Padre/Tutor                             Fecha

____________________________________________  ____________________________
Firma del Terapeuta                              Fecha
Client Request for Access to PHI

Client Name__________________________________ Client ID #_______________

________________________________________________________________________

Address (Street No.)   City   State   Zip

Phone No.______________________________

I, __________________________ request that Connecticut Renaissance, Inc. permit
access to my health information documented during the period _________________
Date(s) of service

I understand that Connecticut Renaissance may deny my request for access and that I
may be entitled to a review of the denial in certain situations.

  o I would like to access the following medical/billing information (Please describe)

  o I would like access to my health information in the following manner:
    o Review of medical/billing record at Connecticut Renaissance, Inc. location
    o Photocopy of medical/billing record sent to me at address provided
    o Summary report of medical/billing record information prepared by Connecticut
      Renaissance, Inc.
    o Other, please explain

    o I have been notified that there is a fee of _______ per page for photocopying the
      record.
    o I have been notified that there is a fee of _______ for preparation of a summary
      report.

__________________________________  __________________________
Client Signature         Date

__________________________________  __________________________
Parent/Guardian Signature      Date

___________________________________  _______________________________
Staff Signature         Date

Date Received by Provider: ____________________  HIPAA FORM
Agency-wide
4/14/0

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Client Request for Amendment

Client Name__________________________________ Client ID #____________________

Address (Street No.) City State Zip

Phone No.________________________________________

I, __________________________ request Connecticut Renaissance, Inc. to amend my health information. I understand that Connecticut Renaissance, Inc. requires that I put my request in writing and that I include a reason for my request. I understand that Connecticut Renaissance, Inc. may deny my request for amendment and will notify me in writing of its decision to deny or accept my request.

I. I request that the following health information be amended:
(Identify the health information or give specific examples of health information that you wish to have amended and how the information is to be amended. Identify the dates or time period. If necessary, use separate page and attach to this form.)

II. My reason for requesting the amendment to my health information include:

III. State person(s) or organization(s) you wish to receive notification of the amended health information:

__________________________________  __________________________
Client Signature         Date

__________________________________  __________________________
Parent/Guardian Signature      Date

_________________________________  __________________________
Staff Signature        Date

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CONNECTICUT RENAISSANCE, INC.
Request for Restriction on Uses and Disclosures

Client Name__________________________________ Client ID #___________________

Address (Street No.)   City   State   Zip

Phone No._____________________________

I, __________________________request Connecticut Renaissance, Inc. to restrict access to some/all of my health information. I understand that Connecticut Renaissance may deny my request for restriction. I further understand that even if Connecticut Renaissance agrees to the restriction, they may release the restricted information for emergency treatment purposes without my consent.

I request that the following health information be restricted from use or disclosure:
(Identify the type of health information or give specific examples of health information that you do not want used or disclosed by the Provider or by another person or organization)


I request that the above health information be restricted for use or disclosure to or by the following: (List the party or parties that you do not want to have access to your health information)


Client Signature __________________________________ Date ________________

Parent/Guardian Signature _________________________ Date ________________

Staff Signature _________________________________ Date ________________

Date Received by Provider: _________________ 1 __________________

HIPAA FORM
Agency-wide
4/14/03

© 2002 Simione Consultants, LLC and Wiggin & Dana LLP
## CONNECTICUT RENAISSANCE, INC.
### Request for Accounting of Disclosures

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I, __________________________request Connecticut Renaissance, Inc. to provide me with an accounting of disclosures of my medical/billing information made by or on behalf of, Connecticut Renaissance, Inc. for the period ____________________ (specify date(s) or date range)

I understand that Connecticut Renaissance, Inc. is not required to provide an accounting of disclosures that were made for the purpose of treatment, payment or health care operations or subject to other exceptions.

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**Date Received by Provider:** ______________________

**HIPAA FORM**

**Agency-wide**

4/14/03
CONNECTICUT RENAISSANCE, INC.  
Request for Confidential or Alternate Communications

Client Name__________________________________ Client ID #_______________  ________________________________________________________________________

Address (Street No.)   City   State   Zip

Phone No.________________________________

I, __________________________request Connecticut Renaissance, Inc. to provide confidential or alternate communications in the following manner:

(Please explain your request for confidential or alternate communications)

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DATE RECEIVED BY PROVIDER: _________

- The Provider agrees to grant the request for confidential or alternate communications as stated above.
- The Provider is unable to grant the request for confidential or alternate communications as stated above for the following reasons:_________________________________________________________
- The client/legal guardian has been notified on _________________ (date).

HIPAA FORM  
Agency-wide  
4/14/03

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Connecticut Renaissance, Inc.
SESSION/GROUP CANCELLATION PROTOCOL

The CT Renaissance Outpatient Programs will go to every length possible to maintain all sessions and groups as scheduled. There are times however when situations do arise, that are not within our control that force us to cancel a session or group such as: Inclement weather, staff illness, or other emergencies.

In the event of a cancellation due to severe weather conditions, clients should call the program's main number, to check on session/group cancellations. Staff will either be available to answer your questions, or there will be a message left on the machine stating whether or not there are any cancellations due to poor weather conditions.

While CT Renaissance would like to do everything possible to contact all scheduled clients in such situations, we are also very concerned about client privacy issues and confidentiality. Please answer the following questions to assist us in case a session or group of yours is cancelled due to any situation other than weather.

1. Home Phone Number: _______________________
   Work Phone Number: _______________________
   Cell Phone Number: _______________________

2. Can we mention “CT Renaissance” when leaving a message? YES NO

3. Can we leave a message on your home answering machine? YES NO

4. If you are not home, can we leave a message with the person who answers at your home? YES NO

5. Can we leave a message on your work voice mail? YES NO

6. Can we leave a message with the person who answers a call at your job? YES NO

7. Can we leave a message on your cell phone? YES NO

NOTE: If you wish to exercise your rights under HIPAA, in regards to Confidential/Alternate Communications, you must use the “Request for Confidential or Alternate Communications” form.

COMMENTS:

_________________________________  _____________________________
Client Signature      Date

_________________________________  ______________________________
Counselor Signature     Date

HIPAA Form
AO
4/14/03
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**GRIEVANCE**

- **GRIEVANCE**
- Grievance Procedure
- DMHAS Client Grievance Procedure & Fair Hearing Summary *
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STATEWIDE ADVOCACY PROGRAMS

Connecticut Office of Protection and Advocacy For Persons with Disabilities: 1-800-842-7303
“OPA” is a state agency that protects the rights of people with disabilities.

Connecticut Legal Rights Project: 1-877-402-2299
CLRP attorneys and paralegals primarily advocate for people with psychiatric disabilities who receive services from DMHAS operated and contracted programs and facilities. CLRP initiatives include: the Helping Others Maintain Equity in Housing (HOME) Project which assists people with mental illness resolve housing problems and as well as an Advance Directive initiative which can help people have voice in their care.

Advocacy Unlimited: 1-800-573-6929
AU is a peer run non-profit organization which trains people be self-advocates.

For more information on the DMHAS Grievance Procedure call:
THE DMHAS Client Rights & Grievance Specialist
1-800-446-7348 (#6933) or 860-418-6933

A list of Client Rights Officers can be found on the DMHAS website:
http://www.ct.gov/dmhas/publications/cro
**What Is A Grievance?**

A Grievance is a written complaint that a DMHAS operated facility or program or a Mental Health and/or Substance Use Disorder treatment provider contracted by DMHAS: denied, involuntarily reduced or terminated services.

Or

The client believes a provider or its staff:

- i. Violated rights provided by law or DMHAS directive
- ii. Treated the client in an arbitrary or unreasonable manner
- iii. Failed to provide services authorized by a treatment plan
- iv. Used coercion to improperly limit choice
- v. Failed to reasonably intervene when the client’s rights are put at risk by another client in a setting controlled by the provider
- vi. Failed to treat the client in a humane and dignified manner

**Who Can File A Grievance?**

Any client (even someone who has a Conservator) has the right to file a grievance and:

- Ask staff to help write and submit the grievance
- Authorize a representative or advocate of his or her choice* to help pursue a grievance

A person or entity authorized by law to act on behalf of a client may file a Grievance (*A provider may disallow a client’s choice of an advocate on the grounds it is “clinically detrimental” if the client and other person receive services from the same provider)

**Who Responds To A Grievance?**

All DMHAS operated facilities or programs and contracted service providers have a Client Rights Officer (CRO) who will respond to grievances and make every effort to work with the client to reach a resolution.

**The DMHAS Grievance Procedure Does Not Cover:**

- Client to Client complaints
- Non-DMHAS funded entities
- Matters within the jurisdiction of the Psychiatric Security Review Board
- Allegations of a DMHAS Work Rule Violation and/or criminal statute violation

**Retaliation Against Clients By Providers and Staff Is Prohibited**

The DMHAS grievance procedure complies with Connecticut Regulations of DMHAS Concerning Fair Hearings: §17a-451(t)-1 through §17a-451(t)-15.

**How Does The Grievance Procedure Work?**

A client has no later than **45-calendar** days after an action being complained of to submit a grievance to the provider’s Client Rights Officer (CRO) or designee unless the complaint is an **Accelerated Grievance**.

Grievances submitted after 45-calendar days may be accepted if the CRO determines there is good cause for the delay.

Grievances should include:

- Description of the complaint; what happened; when and where; who was involved and names of witnesses if any
- Whether there was written notice that services were denied or involuntarily reduced or terminated
- Whether modified services were offered after an involuntary termination
- Suggestion/s on how the grievance may be resolved

The client believes a provider or its staff:

- i. Violated rights provided by law or DMHAS directive
- ii. Treated the client in an arbitrary or unreasonable manner
- iii. Failed to provide services authorized by a treatment plan
- iv. Used coercion to improperly limit choice
- v. Failed to reasonably intervene when the client’s rights are put at risk by another client in a setting controlled by the provider
- vi. Failed to treat the client in a humane and dignified manner

The CRO has **7-calendar** days to acknowledge the grievance and provide a list of state-wide advocacy programs.

The provider has no later than **21-calendar** days to respond to a grievance unless:

- The grievance is an **Accelerated Grievance**
- The client agrees to an **Informal Resolution** proposed by the CRO
- The provider authorizes an additional **15-calendar** days for good cause

The CRO will work to resolve the matter and propose a written **Informal Resolution** or if the CRO does not believe one is possible, the client can present additional information to the provider’s Executive Official or designee who will issue a **Formal Decision**.

Accepting the informal resolution resolves the grievance.

If the client does not agree with the provider’s **Informal Resolution** or if the CRO does not believe one is possible, the client can present additional information to the provider’s Executive Official or designee who will issue a **Formal Decision**.

**Request for Continuation of Services:**

If a provider terminates services without a notice that includes an offer of modified services; the client can submit a written request for continuation to the DMHAS Commissioner no later than **5-business** days after receiving notice of the termination. Clients requesting a continuation of services need to file a grievance with the provider.
Are you asking for help from an advocate?

☐ No  ☐ Yes

Description of my complaint:

Please include: What Happened, When and Where Did It Happen, Who Was Involved and names of any witnesses.

If this Grievance concerns a denial, involuntary suspension or termination of services, did you receive a written notice of the action and if the action was a termination of services, were you offered modified services? If you weren't offered modified services did you submit a request for Continuation of Services to the DMHAS Commissioner?

DMHAS Facility/Program or Contracted Service Provider:

Grievance filed by:

Contact information:

Phone Number:

________________________    ____________________
(City, State and Zip Code)

(Street address)

Client or person legally authorized to act on the client’s behalf:

Grievance filed by:

________________________

DMHAS Facility/Program or Contracted Service Provider:

Submitted To Client Rights Officer or designee

CLIENT GRIVANCE FORM

A Healthcare Service Agency

DEPARTMENT OF MENTAL HEALTH AND ADDICTION

STATE OF CONNECTICUT
I authorize the Client Rights Officer (CRO) or designee of the above-named provider responsible for handling grievances to take any action likely to assist in resolving this grievance including: interviewing me (with my advocate present) and all other parties; reviewing pertinent documents and proposing an informal resolution that may include offering options such as mediation between all parties.

I am seeking the following resolution:

(PLEASE ATTACH ADDITIONAL PAGES IF NEEDED)

I authorize the Client Rights Officer (CRO) or designee of the above-named provider responsible for handling grievances to take any action likely to assist in resolving this grievance including: interviewing me (with my advocate present) and all other parties; reviewing pertinent documents and proposing an informal resolution that may include offering options such as mediation between all parties.

(Signature of client or person legally authorized to act on the client’s behalf)  (Date)

(Signature of Client Rights Officer or designee)  (Date received)

FOR MORE INFORMATION ON THE DMHAS GRIEVANCE PROCESS CONTACT:

Client Rights and Grievance Specialist, Department of Mental Health and Addiction Services, 410 Capitol Avenue 4th PO Box. 34134 Hartford, CT 06134  860-418-6933 or 1 800-445-7348 (#6933)

Confidentiality: This form is intended only for the use of the individual(s) to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law.
If you have a complaint, you can ask for help from the designated Client Rights Officer of a DMHAS operated or funded mental health or substance use treatment service provider.

You have the right to file a GRIEVANCE if a DMHAS operated or funded service provider denies, involuntarily reduces or terminates services, or if you believe the provider or provider’s staff*

i. Violated rights provided to you by law or DMHAS directive

ii. Treated you in an arbitrary or unreasonable manner

iii. Failed to provide services authorized by a treatment plan

iv. Used coercion to improperly limit your choice

v. Failed to reasonably intervene when your rights were put at risk by another client in a setting controlled by that provider

vi. Failed to treat you in a humane and dignified manner

* This procedure does not apply to matters within the jurisdiction of the Psychiatric Security Review Board or entities which are not covered service providers.

If you are filing a grievance due to denial, involuntary reduction or termination of services the following summary of procedures apply. (See Regulations of Connecticut State Agencies § 17a-451(t)(1) et seq for detailed procedures)**:

1. You should submit a written grievance to the provider’s Client Rights Officer (CRO) or designee no later than 45-calendar days after the receipt of notice of action complained of unless the CRO decides there is good cause for late filing.

2. The provider’s grievance review, disposition and decision of the head of the covered service provider, if necessary, will be completed no later than 21 calendar days from when your grievance was received by the CRO, unless the head of the covered service provider authorizes an additional 15 calendar days, with written notice to you, or the grievance is an “Accelerated Grievance”, or the CRO reasonably suspects a violation of a DMHAS work rule, personnel policy or criminal statute.

3. The CRO will acknowledge your grievance and take any action necessary to review the grievance and reach an informal resolution with you. You will have 10-business days to consider a proposed informal resolution. This time is not counted as part of the 21-calendar days for the provider to resolve your grievance.

4. If you do not agree with the informal resolution, the CRO will prepare a written report for review by the head of the covered service provider and you may present additional material prior to a decision being issued. If you do not agree with the provider’s decision, you will have 15-business days from when you receive that decision to file a written request for review by the DMHAS Commissioner. The Commissioner or designee will make the Department’s final determination of your grievance.

** You have not later than 30-calendar days after receiving the Department’s final determination to request a “Fair Hearing”.

You have 5-business days to file an Accelerated Grievance with your provider once you are notified that Opioid Substitution therapy is involuntarily reduced or terminated or if substance use disorder inpatient treatment of 30-days or less is terminated. The provider must issue a decision no later than 5-business days after receiving your Accelerated Grievance.

If your provider involuntarily terminates services without offering you modified services, you can apply for continuation of those services by filing a written request with the DMHAS Commissioner no later than 5-business days after receiving notice of the change and after you file a grievance. While your grievance is being reviewed, the Commissioner or designee may uphold the provider’s decision to terminate or order services continued or modified.

You can find an updated Client Rights Officer list on the DMHAS Website:   http://www.ct.gov/dmhas

CLIENT RIGHTS OFFICER:

FOR MORE INFORMATION ABOUT THE GRIEVANCE PROCEDURE CALL:

DMHAS Client Rights and Grievance Specialist, 1-800-446-7348 (#6933) -- 860-418-6933   TTY: 888-621-3551

Department of Mental Health and Addiction Services, Office of the Commissioner,

410 Capitol Avenue, 4th Floor PO Box 341431 Hartford, CT 06134

You can find an updated Client Rights Officer list on the DMHAS Website: http://www.ct.gov/dmhas

ALL DMHAS OPERATED AND FUNDED PROVIDERS SHALL POST A COPY OF THIS SUMMARY IN:

EVERY UNIT, SERVICE LOCATION AND CLIENT LOUNGE

DMHAS Client Grievance Fair Hearing Summary 08/2013
Commissioner's Current Policy on Grievances

(Click to go to Spanish version)

Commissioner's Current Policy on Grievances

Contact: William Pierce, Clients Rights and Grievance Specialist
(860) 418-6933, william.pierce@ct.gov

- Grievance Procedure & Fair Hearing Summary - Spanish Version
- Download Client Grievance Form
- Office of Recovery Community Affairs

COMMISSIONER'S POLICY STATEMENT

This policy, adopted with the input of consumers, families, providers and DMHAS line staff, is designed to encourage the resolution of grievances at the lowest possible level. It focuses on the mediation and settlement of issues as soon as possible after they arise.

All consumer grievances concerning mental health services shall be heard under the procedures set forth below. A final administrative decision under these procedures is a prerequisite for a request for a Commissioner's Fair Hearing under Chapter 54 of the General Statutes. This policy does not apply to matters assigned to the exclusive jurisdiction of the Psychiatric Security Review Board. All agency contracts will require compliance with this policy.

Information about these procedures shall be fully available to anyone applying for or receiving mental health services provided by DMHAS or its contract agencies. No DMHAS or contract agency staff member shall retaliate against a consumer for filing a grievance.

A. COVERED SERVICE PROVIDERS

All DMHAS facilities that provide direct mental health services shall make available the grievance procedures herein. Direct service DMHAS mental health contract agencies will also be covered. Only services supported partially or in full with DMHAS funds are subject to this policy. The Commissioner of DMHAS may determine that a program of a mental health contract agency shall be exempt from this grievance procedure and the DMHAS Fair Hearing procedure if he or she makes a written finding that (a) DMHAS funding for such program does not exceed 20% of its budget and (b) such program has an adequate procedure for the redress of grievances.

B. POSTING

A summary version of this policy together with the name and telephone number of the relevant consumer rights Officer shall be posted prominently in a form provided by the commissioner in every ward, program location and consumer lounge operated by any mental health agency covered by this policy.

C. GRIEVANCES

Formal grievance proceedings are available for any mental health consumer complaint which states that a staff member or an agency has (1) Violated a right of the consumer provided by statute, regulation, or directive of DMHAS; (2) Treated a consumer in an arbitrary or unreasonable manner; (3) Denied, involuntarily reduced or terminated services or failed to provide services authorized by a treatment plan due to negligence, discrimination or other improper reason; (4) Engaged in coercion to Improperly limit a consumer’s choices; (5) Unreasonably failed to intervene to protect one consumer whose rights are jeopardized by the actions of another consumer in a setting controlled by the Agency or Department; or (6) Failed to treat a consumer in a humane and dignified manner as required by Connecticut General Statutes, Section 17a-542.

D. FILING OF GRIEVANCES

1. A grievance may be filed by a consumer, or if he or she is unable to do so, by a person designated by the consumer or a person authorized by law or by the Commissioner of DMHAS to act on the consumer’s behalf. A grievance must be filed within forty-five (45) days of the action complained of, unless good cause is shown for a late filing. A grievance may be withdrawn at any time by the affected consumer, unless it was filed by a guardian or conservator. Withdrawal of a grievance will not affect any agency disciplinary action begun under Section E-2.
2. Every DMHAS mental health facility and every mental health contract agency covered by this policy must designate a person to serve as a Consumer Rights Officer to receive and investigate grievances. An agency may designate another agency’s Consumer Rights Officer to serve as its Officer. An agency may also designate another person to act, if the Officer is not available.

3. A grievance should be filed in writing with the Consumer Rights Officer. Upon request, agency staff shall assist consumers in preparing written grievances and transmitting them to the Consumer Rights Officer.

4. Any person filing a grievance may appoint, in writing, a representative of his or her choice to assist in pursuing the grievance. The Officer shall furnish all grievants with printed information that has been made available by advocacy programs. Any chosen advocate may appear and advocate for the grievant at any proceeding under this policy. The grievant and advocate, with the appropriate written permission, will have access to all relevant records necessary to resolve the grievance. All records relating to a grievance shall be confidential unless disclosure is authorized, in writing, by the grievant or the Office of the Commissioner of DMHAS in accordance with applicable law and policy. A copy of all records concerning a grievance shall be kept by the Consumer Rights Officer.

E. PROCEDURE AFTER GRIEVANCE FILING

1. As soon as possible after the filing of a grievance, the Consumer Rights Officer will interview the grievant, interview appropriate other parties, examine relevant records and take any other action which will enable a full understanding of the issue. The inquiry, disposition and all necessary, Director’s decision will be completed within twenty-one (21) days of receipt of a grievance, unless the Agency Director i.e., the head of the DMHAS Facility or contract agency, authorizes an additional fifteen (15) days for reasonable cause with written notice to the grievant. A Consumer Rights Officer may authorize another staff member to conduct an inquiry and attempt to resolve a grievance, but ultimate responsibility for the written reports required by E.3 and E.4 shall be the Officer’s.

2. If at any time during the inquiry, the Officer has reason to believe that a violation of a DMHAS work rule (for DMHAS facilities), an agency personnel policy or a criminal statute has occurred, he or she will immediately initiate a referral to the appropriate authority. The Officer will assist in any other investigation, as requested, and will report to the grievant on its status. Pending a resolution of such referred grievance, the Office will defer further action. However, if a portion of the grievance is resolvable without interfering with any other investigation, the Officer will proceed on that portion.

3. Unless a referral under E.2 has been made, the Officer will mediate, provide information and counseling or take other actions likely to assist the parties in resolving the issue. The Officer will encourage all parties to accept an informal resolution. If the Officer believes such a resolution is possible, he or she will make a written proposal summarizing the nature of the dispute and its recommended resolution. The Officer will inform the grievant that he or she has ten (10) business days to consider signing an acceptance of the proposal that will terminate the grievance, or, in the alternative, that he or she has right to a formal decision on the grievance. Failure of a grievant to respond to an offered resolution within ten (10) business days shall be treated as a withdrawal of the grievance. The time during which a grievant is considering an offered resolution shall not be counted towards the time periods in E.1. A written resolution shall not contain information violative of the right to confidentiality of other persons.

4. If the grievant requests a formal decision or rejects a proposed resolution, the Officer will prepare a written report of the information found, and present it to the facility or agency Director or designee, and the grievant. The grievant and his or her representative, shall be given the opportunity to present additional material and, upon request, to appear in person before the Director. The Director will provide a written decision to the grievant, including a statement of any actions to be taken and the grievant’s appeal rights.

F. APPEALS

1. A decision of a facility or agency denying a grievance may be appealed within fifteen (15) days of the grievant’s receipt of it to an official designated by the Commissioner of DMHAS, unless the time is extended by the official for good cause shown. Additionally, if a decision of a facility or agency is more than seven (7) days overdue, the grievant may treat it as a denial and appeal it. An appeal must be in writing and should state what decision is being appealed from and the grounds of appeal.

2. Upon receipt of the appeal, the official shall conduct such additional investigation that he or she deems necessary, receive additional information from the parties and may convene an informal conference of all parties. If the grievance cannot be informally resolved, the Officer will issue a written decision no later than fifteen (15) days from the date of the conference, or from the date of the appeal, if no conference is held.

3. The determination of that official shall serve as the Department’s final administrative decision. If it results in the denial, involuntary reduction or termination of services, the grievant may request a Fair Hearing in accordance with regulations promulgated by the Commissioner. Such a request, which shall be mailed to the Office of the Commissioner of the Department of Mental Health and Addiction Services within thirty (30) days from the date of mailing of the Official’s decision, shall identify the services that have been denied, involuntarily reduced, or terminated, and shall specify the date of the Official’s decision.

4. An agency that determines that the immediate suspension or termination of a service is necessary
shall provide the consumer with a written notice setting forth the action taken by the agency and right of appeal. Additionally, the notice shall inform the consumer that a request for continuation of services pending an appeal may be made to official designated by the Commissioner. Such official may order the service continued until a decision is reached under E.4, or order the provision of modified services, or order an expedited hearing under E.4.

G. DATA COLLECTION

1. All covered mental health agencies shall provide information to the Commissioner's office about the nature of grievances filed, their numbers and resolutions as the Commissioner shall direct.

2. The Department of Mental Health and Addiction Services will provide training, technical support, and oversight, to ensure compliance with this policy.
GRIEVANCE PROCEDURE

POLICY

All clients have the right to file a grievance at any time during the course of their treatment. Grievances may be filed verbally or in writing. There shall be absolutely no retaliation or barriers to treatment for a client who has exercised this right. If the client is not satisfied with the outcome of the grievance investigation, they are entitled to initiate an appeal for further review. This process will be explained to the client during orientation in a manner understandable to them.

PROCEDURE

- Any staff member with the exception of the person who is the subject of the grievance, who first receives a client grievance has the responsibility to attempt to rectify the situation with the client, if appropriate, within three days of receiving the grievance.
- If the staff member is unable to rectify the situation, the client shall be informed of their right to file a formal grievance by completing the grievance form or verbally requesting to initiate the grievance process. This should be done by the next business day following the initial three day period.
- Clients have the right to be informed of the availability of advocates and other assistance as appropriate to their grievance. This information is given to the client during the orientation process and at the time of filing a formal grievance.
- Once the form is complete either by the client or staff on behalf of the client, the form should be forwarded to the Director of Quality Improvement, also maintaining the role of Client Rights Officer (CRO) by the next business day.
- The Director of Quality Improvement (CRO) has the responsibility to send a letter, or to utilize the Grievance Acknowledgement form, to the client within 7 days of receipt explaining the process for investigation and thanking the client for their input.
- The Director of Quality Improvement (CRO) is responsible for coordinating the grievance investigation.
- Upon completion of the investigation, the Director of Quality Improvement (CRO) is responsible for sending a letter to the client with the outcome of the investigation and if appropriate the course of action to rectify the situation.
- All staff involved in any way with the grievance shall have the right and responsibility to provide input into the investigation to ensure a thorough investigation.
- The investigation shall take no longer than 21 days from the initial receipt of the grievance by the Director of Quality Improvement (CRO).
- The CRO will propose an informal resolution within 21 days of receipt of the grievance. The client has 10 days to consider the resolution. If at this point, there is not an agreement on a resolution. If the client is dissatisfied with the outcome of the investigation the client has the right to request an appeal within 10 days.
- It is the responsibility of the CEO to view all available information and render a decision within 15 days of the request for the appeal.
- The outcome of this review will be final.
- The Director of Quality Improvement (CRO) is responsible for sending a letter to the client explaining the outcome of this final review within 2 business days of the final decision.
• At this time the client is informed of their right to contact external agencies or the DMHAS Commissioner to initiate a formal complaint if they continue to be dissatisfied with the grievance outcome determined by the Chief Executive Officer.
• It is the responsibility of the Director of Quality Improvement (CRO) to ensure a thorough and impartial investigation of each grievance and abide by all timelines as outlined in this procedure.
• All grievances shall be reviewed at the end of each year for trends, patterns and opportunities for improvement and as applicable incorporated into the Annual Management Report.

Policy Last Updated 9/14
DMHAS Facility/Program or
Covered Service Provider: ________________________________

Grievance submitted by: ________________________________
(Client or person legally authorized to act on the client’s behalf)

Contact information: ________________________________
(Street Address) Phone Number: ______________________
(City, State and Zip Code)

Are you asking for help from an advocate? ☐ Yes ☐ No

Describe your complaint:
- Include: What Happened, When and Where Did It Happen; Who Was Involved and Names of Any Witnesses.
Remedy/remedies you are seeking:

I authorize the Client Rights Officer (CRO) or designee to take any action likely to assist in resolving this grievance including: interviewing me (with my advocate present) and other involved parties; reviewing pertinent documents and proposing an informal resolution that may include offering options such as mediation between all parties.

(Signature of the client or person legally authorized to act on the client’s behalf) (Date)

(Signature of Client Rights Officer or designee who received this grievance) (Date received)

FOR MORE INFORMATION ON THE DMHAS GRIEVANCE PROCEDURE CONTACT:
Client Rights and Grievance Specialist, Department of Mental Health and Addiction Services,
410 Capitol Avenue 4th Floor PO Box 341431 Hartford, CT 06134 1-800-446-7348 (#6933) or 860-418-6933

Confidentiality: This form is intended only for the individual(s) to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law.
CLIENT GRIEVANCE PROCESS
GRIEVANCE ACKNOWLEDGEMENT*

TO ____________________________________________________________

Agency _________________________________________________________

Fax ___________________________________________________________

Telephone ______________________________________________________

FROM __________________________________________________________

[Responding Agency/Facility/Program]

☐ I acknowledge receipt your grievance dated ____________________________ (Grievance Date)

OR

☐ I acknowledge receipt of the grievance filed on behalf of ____________________________

(Client's name)

The grievance was received on ____________________________________________

(Date grievance received)

In accordance with the DMHAS Grievance Policy and Fair Hearing Procedures, we (the Agency/Facility/ Program) have twenty-one (21) days after receipt of a grievance to investigate and respond with an Executive Official's decision (if necessary). The Executive Official may authorize fifteen (15) additional (good cause) days with advance notice to the client and if applicable to the client's advocate.

The most important aspect and the first step of the process is the interview with you/your client, the aggrieved person. This grievance cannot move forward until such interview. Therefore it is important that I meet with you and your advocate, if applicable, as soon as possible. I request your presence with your advocate, if applicable, at a meeting to be scheduled during the day on ____________________________ (Date). If this is not a good date for you please let me know.

You may respond by telephone or fax. _________________________________ (Telephone) _________________________________ (Fax)

__________________________ (CPO or Enclose signature) _________________________________ (Date)

C: ________________________________________________________________

Confidentiality: This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the receipt of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone, and return the original message to us at the above address via the United States Postal Service. Thank you.

*When possible, this communication will be faxed to the client advocate, followed by a telephone call.
CLIENT GRIEVANCE PROCESS
NOTICE OF PROPOSED RESOLUTION

AGENCY/FACILITY: ______________________________

Attached is the proposed resolution to the grievance you filed on _____________________________.

(Date grievance filed)

In accordance with the DMHAS Grievance Policy and Fair Hearing Procedures, we (the Agency/facility/program) have twenty-one (21) days after receipt of a grievance to investigate and respond with an Executive Official's (or designee) decision (if necessary). The Executive Official (or designee) may authorize fifteen (15) additional (good cause) days with advance written notice to you. This proposal is submitted to you ______ days after we received your grievance.

You have ten (10) business days to
1. accept and sign the proposal which will terminate the grievance or
2. reject all or part of the proposal and request a formal decision (a decision from the Executive Official or designee) on the grievance or
3. withdraw the grievance.

If you choose option #2 and request a formal decision from the Executive Official (or designee) please indicate what you are rejecting and your desired outcome(s) on the back of this form. We (Agency/facility/program) have ____ days remaining to respond to you in writing. When circumstances require an extension of this time you will receive both oral and written notice with an expected decision date prior to the extension.

________________________________________________________________________

(CHO OR DESIGNEE SIGNATURE) __________________________

(DATE) ________________

CLIENT ACKNOWLEDGEMENT AND DECISION

☐ I accept the proposed resolution as presented.

☐ I DO NOT accept all or part of the proposed resolution; therefore I am requesting an Executive Official's (or designee) decision. I understand the Executive Official (or designee) will respond within ______ days of receipt of this form. I also understand that if additional days are required I will be notified both verbally and in writing.

☐ I withdraw the grievance.

________________________________________________________________________

(CLIENT'S SIGNATURE) __________________________

(DATE) ________________

NOTE: This notice requires a response within 15 business days. If we do not receive your response by ____________________________ your grievance will be considered withdrawn.
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OUTPATIENT BEHAVIORAL HEALTH PROGRAM DESCRIPTION

Connecticut Renaissance is a not for profit mental health and substance abuse treatment agency that provides outpatient, residential, and half-way house services to individuals, groups, and families throughout Connecticut. Our Outpatient Behavioral Healthcare Program provides integrated services to adults and adolescents with substance abuse / gambling addiction problems and/or co-existing substance abuse and psychiatric disorders. Our program also encourages the participation of family and/or significant others in treatment when appropriate.

The outpatient program serves adults and adolescents referred through adult probation, juvenile probation, parole, other treatment facilities, local hospitals, Detox programs, therapists in private practice, employers, family, and friends. The clinics are supported by Court Support Services Division, Department of Children & Families (Project SAFE), the Department of Mental Health and Addiction Services (Norwalk only) and Federal Probation. The clinics accept a variety of health plans, including Husky/ Medicaid and Medicare. A sliding fee scale for self pay clients is also available. The length of the program is dependent on the client's needs and progress. Connecticut Renaissance treats people 13 years and older. The hours of operation are Monday through Friday 8:30am - 8:00pm, with IOP ending at 9:00 p.m. on Monday, Tuesday, and Thursdays. For after-hours crisis intervention, clients can contact our answering service for assistance.

The services offered in our outpatient program include, but are not limited to, individual counseling, group therapy, intensive treatment, stress management, psycho-educational groups, couples enrichment, family therapy, anger management, and relapse prevention. All treatment follows evidence based or research based treatment models, including Motivational Enhancement Therapy and Cognitive Behavioral Therapies. In addition to prescribed therapies, the staff recognizes the importance of self-help groups available in the community. This may include referrals to social organizations, AA, Over Eaters Anonymous, etc. The treatment process is greatly enhanced through such referrals as it helps to maintain the durability of change. These programs are integrated into the client's treatment plan when appropriate.

There is also an intensive outpatient treatment program (utilizing the MATRIX and USF treatment models) that focuses on the addiction and recovery process, as well as other personal issues that may be precluding the client's ability to achieve or maintain a status of remission from chemical dependency. This is accomplished through utilizing the “Stages of Change” and a motivational interviewing approach. An individualized treatment plan made up of individual and group therapy, psycho-educational groups, family/couples counseling, and/or support groups.

Our philosophy is to treat all conditions simultaneously through a variety of treatment modalities in order to maximize our clients' recovery effort and improve their overall functioning. The primary goals and expected outcomes of this program are designed to enhance the psychological and social functioning of our clients, enhance self-esteem, increase coping abilities, and improve vocational, educational, and social opportunities. In cases where problems with alcohol and drugs exist, the primary goal is abstinence or at least an interruption of a potentially harmful pattern of use. All services are designed and implemented to support the recovery and/or stabilization of the client, enhance the client's quality of life, reduce symptoms, build resilience, restore and/or improve functioning, and prevent additional functional impairment and support the integration of the clients into the community.

Needs of special populations are taken into consideration and met whenever possible. Upon initial referral and during the intake interview, needs are identified and discussed. Any adaptive
devices or assistive technology identified as a need is made available to the client whenever possible. If the agency is unable to obtain or provide the identified need then resources in the community are contacted for assistance. The program also provides services that are sensitive and relevant to the diversity of the client population.

The treatment team is made up of a Board Eligible, Board Certified Psychiatrist, Marriage and Family Therapists, Clinical Social Workers, and Certified and/or licensed Alcohol and Drug Counselors and a Certified Gambling Treatment Specialist. Each has specialized knowledge of substance abuse and psychiatric issues. They maintain current knowledge by attending specialized trainings and engaging in professional development opportunities. The Medical Director of outpatient services is a Board-Eligible psychiatrist who coordinates and advises staff on medical matters. The Medical Director has training and experience in providing services to clients with psychiatric and substance abuse disorders as well as clients with a co-occurring diagnosis. The Medical Director also provides direction and consultation to the program staff on a regular basis regarding policies and procedures as well as treatment services. A unique characteristic of our staff is that many have "walked a mile" in their client's shoes. This combination of professionalism and life experience often creates a role model relationship expanding the treatment process and creating favorable outcomes.

Services are provided in our outpatient clinics located in Norwalk, Bridgeport, Stamford, and Waterbury. Office space includes a reception area, counseling offices, and a large group room. All locations are convenient to downtown and bus lines.
ADMISSION CRITERIA

The following criteria are used in determining the appropriateness of an applicant for admission to outpatient services:

- The individual is assessed as meeting diagnostic criteria as defined by the current edition of the DSM for a substance-related or psychiatric disorder.
- The client is not experiencing any withdrawal symptoms or medication instability requiring intensive monitoring.
- The client's mental status does not preclude the ability to understand the material presented or participate in the treatment process.
- The individual is assessed as not posing a risk of harm to self or others, a significant history of violence or other endangering behavior may result in a denial of admission.
- There are indications that the individual has sufficient strengths and supports to make outpatient treatment feasible.
- The applicant is willing to cooperate with the treatment plan and to attend all activities, even if the individual does not admit to a substance-related or psychiatric problem but is mandated to treatment. The applicant agrees to sign the Consent for Treatment form.
- There are relational problems including dysfunctional or destructive patterns of interaction between or among members of a family unit that are associated with clinically significant impairment in functioning.
- Individuals shall be excluded from outpatient treatment when their condition is assessed as requiring a more intensive or less intensive level of care.

When an individual is found ineligible for services, the individual is informed as to the reasons. The referral source, with the consent of the individual requesting services, is informed as to the reasons why the person has been deemed ineligible. Recommendations and/or referrals are made to service providers which may better be able to meet the individual's needs.
RE-ADMISSION TO THE PROGRAM

Any client seeking re-admission to the program following discharge whether a successful discharge or for non-compliance with treatment recommendations or not following program rules shall undergo the same admission process as new clients. The Screening Committee / Treatment Team shall determine the appropriateness of readmission within the Screening meeting.

Policy Last Updated 4/14
SCREENING OF POTENTIAL CLIENTS

ADULT OUTPATIENT CLINICS

POLICY

All persons referred to Connecticut Renaissance will undergo a screening process to determine their eligibility for services. Eligibility will be based on criteria developed by the clinical staff and in line with the agency mission and vision and ECC status criteria on an emergent, urgent or routine basis. Services are provided to all people without regard to race, religion, politics, sexual orientation, economic, disability or other identifying characteristics.

PROCEDURE

- Upon inquiry the following information is collected from the referral source or potential client: name, phone number and a description of the presenting problem.

- If the presenting problem appears to be that of an emergent nature, the referral source or the potential client are offered an appointment within 2 hours of contact. If the presenting problem presents as urgent the potential client will be offered an appointment in 2 days. Weekend appointments will be available as necessary to comply with the required time frames. In either case, the Administrative Assistant would seek the assistance of a clinician to ensure that the potential person served is being connected to the most appropriate level of service. If the presenting problem appears critical in nature, a clinician will determine the need to have the client referred to the emergency room. All other routine referrals will be offered an assessment appointment within 14 days.

- For non-critical situations, the referral source is asked to have the client call to schedule an appointment. The client may also make the initial inquiry or has the option to walk-in for an Outpatient Evaluation.

- During this initial inquiry the need for assistive technology in the assessment process is discussed.

- The client contacts the facility. The open access times are provided. If the client chooses, an appointment will be made based on emergent, urgent and routine need guidelines at the Stamford, Norwalk and Bridgeport locations. At this time, insurance information is collected or if the client does not have insurance the assessment fee is explained.

- The assessment is conducted using the Connecticut Renaissance evaluation instrument, which is a tool to gather individualized information on the client. The assessment includes such tools as the CAGE-AID and the MHSF-III. Each assists in providing a basis for a diagnosis and treatment recommendations.

- Once the information is gathered, the clinician completes the evaluation process including an individualized / person centered Narrative Assessment and Biopsychosocial. A recommendation is made for treatment or the clinician may decide that treatment is not necessary.

- All information is brought to the Treatment Team also considered the Treatment Team/Screening Committee for screening. The team reviews all applicants to determine their
appropriateness for admission to outpatient services, based on the established admission criteria, DSM results and the strengths, abilities, needs, and preferences of the client.

- The Treatment Team / Screening Committee is made up of the Director of Outpatient Services and the counseling staff. As well, the Medical Director reviews evaluations for a determination on medical necessity.

- If approved, the client is assigned a primary counselor. As a means to ensure prompt, timely access to services, the client is offered an appointment within 14 days at the time of evaluation. He/she shall be informed of initial treatment recommendations. The client will be made aware that the clinic’s screening team will review his/her case and if any changes are made to the evaluator’s treatment recommendations, he/she will be informed prior to the 1st scheduled appointment.

- If denied, the client and referring source are notified of the denial and the reasons for ineligibility within five business days.

- Clients found to be ineligible for admission and in need of a higher level of care shall be referred to services in the community that meet their needs. Other clients may not need further treatment or community resources.

- Information regarding ineligibility is maintained in client files and used in outcome studies as well as in organizational planning.

- In addition a separate log will be kept to monitor client information on ineligibility for use in the quality improvement process.

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EVALUATION AND THE INTAKE INTERVIEW

POLICY

All individuals referred to Connecticut Renaissance will undergo an evaluation interview to assess eligibility for admission to outpatient treatment. A qualified staff member who is considered an allied health professional (Master's Level – Licensed Eligible, Licensed Marriage and Family Therapist, Licensed Social Worker, Licensed Professional Counselor, and/or a Licensed/Certified Alcohol and Drug Counselor performs the evaluation. The evaluator gathers pertinent information regarding the individual's needs and presenting problems including the individual's abilities, aptitudes, skills and interests. The purpose of the evaluation is to assess for the appropriateness of available services. Within the evaluation process, the DSM IV, CAGE-AID, the MHSF-III and other crisis assessment tools are conducted (as appropriate), collateral information from the referral source is gathered and the client's own reports of strengths, needs, abilities and preferences are used to provide a thorough assessment of the client’s needs. When appropriate and with the permission of the client, information may be obtained from family members, friends and peers and/or other sources. The client is admitted during the intake interview, if deemed appropriate.

PROCEDURE

There shall be initial and ongoing assessment of the client. Every effort shall be made to provide assistive technology if needed for the client to participate in the assessment process.

The individual shall be asked to complete the Session/Group Cancellation Protocol form so that confidentiality is protected if there is a need to call the person in the event a session must be cancelled.

Payment for services is discussed with the individual prior to the evaluation appointment and following the intake.

The evaluation shall identify and document the immediate and urgent needs of the person being interviewed. If immediate or urgent / crisis needs are identified, then appropriate referrals are promptly made. A crisis assessment and / or a suicide assessment may be conducted to address suicide risk, danger to self or others, urgent or critical medical conditions and immediate threats.

These interviews and assessment tools shall:

- Be respectful to age, gender, social preferences, sexual orientation, cultural orientation, psychological characteristics, physical conditions and spiritual beliefs.

- Identify and clarify the expectations of the client and the role of the agency staff.

- Be responsive to the changing needs of the clients.

- Contain information which is adequate to result in individualized and strength based / goal oriented, person centered planning.

- Allow for urgent and critical needs to be assessed and addressed.
• Contain a section which identifies what the client wants from the services or why the person is coming for services.

• Communicate the results of assessments to the client, referral source and other persons as appropriate.

• Prior to conducting the intake assessment the client signs the Consent for Treatment form after verbalizing an understanding of its contents. Should the client be under the age of 18, the parent or guardian must also sign the Consent for Treatment form. The following information is gathered during the evaluation / intake interview:

  • Identification Data - name, address, date of birth, social security number, referral source, gender, race, religion, citizenship, birth place, primary language, and military status.

  • Emergency Information - name, address, phone number of person to contact in case of emergency including name, address and phone number of next of kin.

  • Drug History and Drug Treatment History (including tobacco)- date of last use, amount, frequency, route and age of onset for all drugs; physical complications due to drug use, previous treatment, both inpatient and outpatient, including outcome of treatment, and utilization of community resources. If the screening identifies unsafe substance use, a brief intervention is conducted and the client is referred to the appropriate level of treatment, which may mean that the client is referred to a higher level of care than that which Connecticut Renaissance offers.

  • Psychiatric History - previous treatment both inpatient and outpatient including outcome of treatment, utilization of community programs, symptoms experienced in the client's life time and within the last thirty days including risk taking behaviors. Also a history of medications taken past or present, and mental status shall be gathered. Should urgent or critical psychiatric needs be identified, immediate action shall be taken to ensure the client's well-being. Additional crisis assessments may be conducted to address suicide risk, danger to self or others or immediate threats. The evaluation clinician will ensure that the client is connected to appropriate services and receives treatment/care in a timely manner.

  • Family Information - family relationships, history of psychiatric or emotional problems in family. History of abuse whether emotional, physical or sexual.

  • Living Arrangements - relationships within the household, satisfaction with living arrangements and sexual orientation.

  • Social Relationships - leisure activities, social supports, serious problems affecting relationships with others, and history of abuse.

  • Legal Status - history of arrests, convictions and incarcerations, name, address and phone number of probation/parole officer, name and address of attorney.

  • Medical History - name, address and phone number of physician, previous hospitalizations, any chronic, urgent or critical health conditions, pregnancy, medications, efficacy of current and previously used medications, medication allergies, adverse reactions to medications, and any history of communicable infectious diseases including HIV.
• Education - highest level of education completed, school performance, learning disabilities, and language/literacy difficulties.

• Employment - employment status, present or last employer, occupation, income over past year, highest yearly income, impairment in the workplace, if applicable, and attitude towards employment.

• Financial/Support Status - current household income, sources of income, resources received within last thirty days.

• Insurance Information

• Clinician’s Assessment - The Clinicians assessment is a written narrative which includes information regarding the client’s mental status, cognitive, emotional and behavioral functioning, and diagnosis. The assessment may also include information about psychiatric assessments, previous treatment and diagnosis, psychological assessments, medication status and it's efficacy, allergies or adverse reactions to medications, pertinent medical care, community programs, and adjustments to disorders and disabilities. The Clinicians assessment also includes recommendations for treatment.

• Following the evaluation the clinician makes a preliminary diagnosis and level of care recommendation. Once information is gathered, a Behavioral Health Evaluation Narrative Assessment is written, which includes the clinician's observations, a brief risk assessment, an initial treatment plan and preliminary discharge plan. The narrative is written based on the client's expectations including their strengths, needs, abilities, attitudes, skills and interests. This assessment is conducted within specific time frames and is used in the development of the individual treatment plan. This assessment will identify any co-occurring disabilities/disorders that should be addressed when developing the individual plan including preliminary discharge plans.

• The Psychiatrist reviews and signs within 2 weeks of the evaluation stating that he/she approves of the diagnosis, treatment recommendations and the initial treatment plan. The Psychiatrist’s signature also verifies medical necessity and the need for Connecticut Renaissance to provide treatment as recommended. Through this process, the Psychiatrist may also provide feedback regarding the diagnosis chosen or treatment recommendations. The Psychiatrist’s recommendations will be discussed and course of treatment will be modified accordingly during the program’s weekly screening meeting.

• The narrative assessment shall be reviewed and approved by the Supervisor if the assessment is completed by a non-licensed master's level clinician.

• In the event that no treatment is recommended the evaluation will be reviewed and approved by the psychiatrist. If treatment is recommended and the client does not come back for a formalized treatment plan the evaluation will be reviewed and approved by the psychiatrist.
INTAKE ASSESSMENT FOR COUPLES & FAMILIES

POLICY

All couples and families referred to Connecticut Renaissance shall receive a thorough assessment and evaluation by a qualified staff member. When appropriate and with the permission of the client, information may be obtained from family members friends and peers and/or other sources. The intake process shall acquire, maintain, and update sufficient information to identify the needs of the couple/family by collecting data in all areas identified on the assessment tool including goals, abilities, aptitudes, skills, and interests. This process shall determine the appropriateness for admission to our services or the need for referral to another agency. The intake assessment shall be completed during the intake interview.

There shall be initial and ongoing assessment of the client. Every effort shall be made to provide assistive technology for use in the assessment process if needed or requested by the client.

These assessments shall:

- Be respectful to age, gender, social preferences, sexual orientation, cultural orientation, psychological characteristics, physical conditions and spiritual beliefs.
- Identify the expectations of the client and agency staff.
- Be responsive to the changing needs of the clients whether it be related to medication allergies or adverse reactions to medications or adjustment to a disorder or disability; including cognitive emotional and behavioral functioning.
- Communicate the results of assessments to the clients and others as appropriate.

PROCEDURE

Prior to conducting the intake assessment the couple or family shall sign the Consent for Treatment form after verbalizing an understanding of its contents. The following information is gathered during the assessment process:

- Identification Data - name, address, phone number, gender, date of birth, race, ethnicity, religion, and occupation.
- Emergency Information - name, address, phone number of person to contact in case of emergency, including relationship.
- Family Information - family relationships of persons in the household.
- Presenting Problem - reason for seeking treatment and duration of problem.
- Drug and Alcohol History - date of last use, amount, frequency, route and age of onset for all drugs, all inpatient and outpatient treatment histories.
- Medical History - name, address and phone number of physician, previous hospitalizations, any chronic health conditions, pregnancy, medications, efficacy of current and previously used medications, medication allergies, adverse reactions to medications, and any history of communicable infectious diseases including HIV.
- Legal History - history of arrests and convictions, name, address and phone number of probation/parole officer.
- Mental Status - including emotional and behavioral functioning.
- Education - highest level of education completed, school performance, learning disabilities, and language/literacy difficulties.
• Social History - leisure activities, serious problems affecting relationships with others, and history of abuse.

The Clinical Summary is an interpretive assessment that integrates and interprets all the history and assessment data collected. This summary includes treatment recommendations. A diagnosis if applicable and anticipated treatment plan is also developed at this time.

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NARRATIVE ASSESSMENT

POLICY

Following the evaluation and intake interview the intake counselor shall complete a narrative interpretive assessment, which integrates and interprets all the history and assessment data collected. The assessment is completed within 48 hours of the intake appointment and prior to the presentation of the case to the Screening Committee.

PROCEDURE

The narrative assessment includes the most salient aspects of the client's:

- Presenting Problem - the primary reason for seeking treatment including the client's perception of their goals and needs
- Immediate or urgent needs
- Substance Abuse and Psychiatric History
- Previous Treatment History both substance abuse and psychiatric
- Family Issues
- Social Issues
- Legal Involvement
- Medical History and Physical Limitations
- Educational/Vocational Status
- Financial/Support History
- Clinical Observations
- Strengths and Limitations including client's own perception
- Diagnoses - DSM IV
- Treatment Recommendations and clinical judgment
- Anticipated Treatment Plan if applicable
- The narrative assessment shall be reviewed and approved by the Supervisor if the assessment is completed by a non-licensed master's level clinician.
- In the event that no treatment is recommended the evaluation will be reviewed and approved by the psychiatrist. If treatment is recommended and the client does not come back for a formalized treatment plan the evaluation will be reviewed and approved by the psychiatrist.

This assessment is conducted within specific time frames and is used in the development of the individual treatment plan. This assessment will identify any co-occurring disabilities/disorders that should be addressed when developing the individual plan including preliminary discharge plans.

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CLIENT ORIENTATION

POLICY

Orientation shall begin during the Evaluation and Intake Interview and be completed within the first session with the assigned primary counselor following the decision by the Screening Committee to accept the client for treatment. All orientation information shall be presented to the client in a manner that is understandable. Written information shall be given in the primary language of the client. There shall be an orientation checklist in the client record signed by the primary counselor and the client, providing evidence of a thorough orientation to the organization. The orientation to the program begins during the Intake Interview and is completed in the 1st session with the client’s primary counselor, which shall be scheduled within one week following the Evaluation and Intake Interview, while the formalized treatment plan will be collaboratively developed no later then the second session.

PROCEDURE

A thorough orientation shall include the following information:

- A description of Connecticut Renaissance's mission, vision, organizational structure, code of ethics, programs, services, hours of operation and access to after hour services.
- Client Rights, one of which is signed by the client and maintained in the record, and a copy is given to the client.
- Outpatient rules and regulations is signed by the client and maintained in the record, and the copy is given to the client.
- Review of the agency policy on seclusion and restraint, smoking and illicit and licit substances and weapons brought into the program.
- A description of the grievance policy and a copy of the form utilized to initiate a grievance.
- Identification of the staff member serving as the primary counselor and a description of their role in the client's treatment.
- A statement of the expectation that the client participate in setting goals and treatment planning, including an explanation of how the treatment plan is developed.
- The client shall be empowered to actively participate with the team to promote their recovery/stabilization and attend treatment team meetings.
- The client has been familiarized with the premises and the immediate neighborhood, including the availability of public transportation.
- Review of fire evacuation plans, emergency, and disaster procedures and their role in the safety program.
- When appropriate, review the relationship between Connecticut Renaissance and the criminal justice system in regard to sharing information.
• Identification of the purpose and process of the evaluation/intake.

• Information regarding transition criteria and procedures.

• Review the discharge criteria and discharge procedures.

• Obtain signed releases for previous records that may affect the development of the treatment plan, and when disclosing any information to outside agencies or insurance companies.

• Review with the client the policy on confidentiality and explain thoroughly the need for and use of any information from other sources and allow client to determine freely whether to consent to release.

• The policy on Input of the Persons served shall be discussed highlighting ways in which input is given regarding the quality of care.

• Explain the post-treatment questionnaire to see how the person is doing as a way to improve quality of services.

• Review cost of services and arrangements for payment when applicable.

• Provide a copy of the program Search policy and procedure.

• Review "30 day no contact" policy

Policy Last Updated 4/14
TREATMENT PLANNING

POLICY

Each client admitted to outpatient services shall have a written, individualized treatment plan. The treatment plan shall be prepared using the information collected during the evaluation and intake interview. Based on the assessment of clinical needs, the plan shall address the client's strengths, needs, abilities and preferences; goals and objectives; and criteria for achievement of plan. Treatment shall be planned, reviewed, and evaluated at regular intervals by the Multi-disciplinary treatment team including the client and when appropriate the client's family/significant other. This team shall consist of a physician; primary counselor and other disciplines as appropriate. The treatment plan shall serve as an organizational tool whereby the care rendered to each client is designed, implemented, assessed and updated in an orderly fashion.

The individual plan shall be based on the initial and ongoing assessment of the client. These assessments shall:

- Be responsive to age, gender, social and sexual preferences, cultural orientation, psychological characteristics, physical situation and spiritual beliefs.
- Provide identification of the strengths, abilities, needs, and preferences of the client.
- Identify the expectations of the client and agency staff.

PROCEDURE

- Upon acceptance into outpatient services a treatment plan will be developed in collaboration with the client and family/significant other as appropriate no later then the second meeting following acceptance into the program within the first 30 days or if referred to IOP by the third IOP session.
- In the event a client is only seeing the psychiatrist for ongoing medication management a complete treatment plan will be developed by an assigned clinician.
- For clients with co-occurring disorders, the treatment plan shall reflect the impact of substance abuse on the psychiatric disorder.
- The treatment plan & reviews shall be reviewed and approved by the Supervisor if the clinician writing the treatment plan is a non-licensed master's level clinician within 15 calendar days.
- The treatment plan & reviews shall be reviewed and approved by an LADC if the client has a substance abuse problem and the writing clinician is not an LADC within 15 calendar days.
- The treatment plan shall be focused on the integration and inclusion of the client into the community, family and/or natural support system, and other services as needed.
- The treatment plan shall include all previous diagnostic and medical treatment information that is appropriate to the formulation of this plan.
- The treatment plan will specify the services which will be provided by the program.
• The treatment plan will identify any referrals that will be made for additional services needed beyond the scope of the program.

• The treatment plan will specifically address the needs of clients with co-occurring disorders in a manner which is both appropriate and integrated. These services will be provided by qualified personnel.

• The treatment plan shall be signed by the client and the counselor who is responsible for implementing the plan and a copy provided to the client upon request.

• The treatment plan shall be reviewed at thirty days, sixty days, ninety days and every ninety days thereafter for Outpatient programs. The treatment plan shall be reviewed every thirty days for the Intensive Outpatient programs. The treatment plan shall be modified as needed due to changes in the client's treatment. Any changes to the treatment plan shall be made with full knowledge, active participation and full agreement by the client.

• The treatment plan review shall be signed by the client to ensure their participation in the review process.

• The treatment plan shall be communicated in an understandable manner to the client, the staff members involved in the client's treatment and when appropriate, to the referral source and purchasers of service.

• A progress note shall be written in conjunction with the development of the treatment plan and each treatment plan review to document attendance at the meeting as well as the outcome.

• Connecticut Renaissance does not in practice restrict the rights of clients in any way. Should circumstances arise that may cause a restriction of rights. The restriction of rights placed on clients would be reviewed frequently for purpose and effect.

• The treatment plan shall be coordinated and integrated with all services received by the client including medication. The plan shall also identify needs beyond the scope of the program and make appropriate referrals.

• For Clients under the age of 18 the parent or guardian will be asked to sign the treatment plan and / or treatment plan reviews. If signature of the parent / guardian is unobtainable, then staff will document attempts / failure to have parent or guardian participate in the treatment planning process.

• Clinicians should document on treatment plans and reviews, the date of the next scheduled tx plan review, who participated in the current review and who is to be invited to the next review.

**TREATMENT PLAN COMPONENTS**

• **Problems**: The problem(s) identified during the assessment process, which shall be addressed in treatment.

• **Goals**: Goals shall reflect the informed choice of the client and be expressed in the client's own words. Goals shall be appropriate to the client's age and culture and based on the client's abilities, strengths, preferences and needs. Time frames shall be established for all goals and be based on the projected length of stay.

• **Objectives**: Objectives are the stepping stones to goal achievement. Objectives shall be measurable, achievable, time-limited, understandable to the client, reflective of the client and the team's expectations, appropriate to the treatment setting, reflective of the client's
age and development, culture and ethnicity and responsive to the client's disability/disorder.

- **Treatment Interventions:** Treatment interventions shall include frequency and be specific to the services rendered. When the person served has a co-occurring disability/disorder, services are provided by personnel, either within the organization or by referral.

- **Discharge Plan and Discharge Criteria:** The treatment plan shall include information on conditions for transition to other services.

*Policy Last Updated on 4/14*
PROGRESS NOTES

POLICY

Initial and ongoing assessments are documented throughout the client record. Ongoing assessments are documented as progress notes. Documentation of patient care shall be performed to communicate the treatment rendered and its results. The documentation shall be concise, legible, and accurate. Progress notes shall be completed within 24 hours of service and no less than once a week.

PROCEDURE

- Progress notes shall be in chronological order.
- Each entry shall be dated and signed noting the discipline of the author.
- All documentation shall be accurate, concise and legible.
- The client record is a legal document; thus it includes facts and impressions written in specific, observable terms. Entries shall describe patient behavior, interventions utilized, and responses to interventions and plan.
- Entries shall include reports of any critical incidents or interactions including the use of medications/substances on the client's psychiatric disorder when appropriate.
- The progress note shall include salient aspects of the client's involvement in treatment, progress towards or obtainment of goals and objectives, any changes in status or significant life changes for the client, urine test results, results of any staff meetings discussing the client, and any input from the client regarding the treatment.
- Progress notes shall be completed in conjunction with the treatment plan development and all treatment plan reviews including the delivery of services that support the treatment plan.
- Progress notes shall also reflect conversations with other treatment providers as to progress, test results and any medication changes.
- No other client names shall be identified in the client record.
- Empty spaces shall not be left in documentation. Any blank lines are to be crossed out or a line drawn through it.
- Errors in documentation shall be corrected by drawing a line through the error, dating and initialing it.
- If documenting a late entry, the following procedure shall be followed: put current date and label "late entry", specify for what date the late entry is for and sign name.

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PSYCHIATRIC EVALUATION

POLICY

Clients in the Outpatient program with a psychiatric history or vulnerable to a psychiatric disorder shall have a psychiatric evaluation by the agency psychiatrist or a psychiatrist of his / her choosing provided he / she agrees. The psychiatrist may provide this service in the Outpatient program on an as needed basis. The psychiatrist is board-eligible with training and experience in providing services to clients with psychiatric and substance abuse disorders as well as clients with co-occurring disorders.

PROCEDURE

The following information is gathered during the evaluation process:

- Identifying Information
- Chief Complaint
- History of Present Illness including the identification of alcohol and other drug abuse
- Previous Treatment History including response to treatment
- Medical and Medication History including effectiveness, side effects, allergies and adverse drug reactions
- Developmental History
- Family History
- Mental Status Exam
- Assets and Strengths
- Formulation
- Diagnoses
- Treatment Recommendations and Planning

The client shall complete the required Intake Assessment. If it is found that a Psychiatric Evaluation is deemed necessary for further evaluation and the delivery of appropriate mental health services and the client is not already receiving mental health services, the staff shall discuss with the client, family and other appropriate persons the need for a Psychiatric Evaluation. Should the determination be that further evaluation is necessary, staff shall refer the client to the Psychiatrist of his/her choice within 10 business days.

Policy Last Updated on 4/14
DISCHARGE / TRANSITION & CONTINUING CARE PLAN

POLICY

Discharge and continuing care plans shall be provided for all clients who knowingly complete or leave treatment in order to ensure continuity of care. Discharge planning begins upon admission and continues throughout treatment until plans are finalized.

PROCEDURE

- A written continuing care plan shall be developed with the client prior to discharge. Family, significant others, staff, referral sources and any others shall participate in this process as appropriate. If the client is transferred to another level of care within the agency, the discharge continuing care plan is not completed until discharged from the agency. However, a program discharge and a transfer assessment are completed admitting the client into the new mode of treatment and/or level of care.

- The discharge and continuing care plan shall include the admission and discharge dates.

- The client, family, other personnel, and referring source, as appropriate, shall receive sufficient notice regarding discharge. Discharge planning is discussed throughout treatment and updated as needed with the client.

- The discharge and continuing care plan shall include the agency/individual responsible for follow-up care, provision of ongoing services, community resources, and relapse prevention skills.

- Discharge and continuing care plans include the ongoing medical, medication and behavioral health needs of the client.

- Referrals made will be specific to the individuals age, gender, disability/disorder or other special circumstances and may be made for any services determined appropriate.

- For clients, who had an unplanned discharge, documentation of actions taken to prevent the discharge will be documented in the narrative.

- All clients are contacted post-discharge to discuss participation in other service programs and continued well being.

- When a client has been discharged or removed for aggressive/assaultive behavior, the counselor shall attempt to contact the client within 72 hours post-discharge to ensure linkage to appropriate care.

- All individuals who participate in the discharge process shall receive a copy of the Discharge and Continuing Care Plan upon discharge. A copy is maintained in the client record.

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DISCHARGE / TRANSITION SUMMARY

POLICY

Clients shall be discharged from Connecticut Renaissance when treatment is complete, when a client fails to maintain contact for over 30 days, when a client fails to comply with rules and regulations or when a client is transferred into the care of another agency. A discharge summary shall be completed within 5 business days or within 35 days if no contact for each client discharged from Connecticut Renaissance, Inc. This summary shall be a report of all client interactions, services rendered, course of treatment, and treatment recommendations.

PROCEDURE

The Discharge Summary shall include the following information:

- Date of admission and discharge
- Treatment course, services provided and presenting problems including the client's strengths, abilities, needs, desires, and preferences regarding treatment
- Treatment goals and objectives established and the progress toward achieving those goals and objectives
- Type, frequency and duration of all treatment services rendered
- Reason for discharge/transition including all steps taken to engage the client and/or family and the recommendations for services or supports.
- Condition on discharge including status of employment, education, housing, legal, and substance use
- Referrals and recommendations including aftercare
- Discharge assessment that identifies the client's need for another level of care.
- Diagnoses on discharge
- If the discharge summary is completed by a non-licensed master's level clinician, it will be reviewed, approved and co-signed by a licensed supervisor.

The discharge summary shall be placed in the client record within 5 business days of discharge or within 5 days following the thirty-day waiting period for clients who fail to maintain contact.

Policy Last Updated on 4/14
WAITING LIST

POLICY

When counselors have a full caseload and groups are filled to capacity a waiting list shall be maintained. The waiting list shall determine the order of selection for admission of clients awaiting services. This policy does not pertain to our ECC sites at Bridgeport, Norwalk or Stamford Adult Clinics where wait lists will not be kept and all referrals that meet criteria for assessment will be offered an appointment based on emergent, urgent and routine need.

PROCEDURES

- The Program Director shall be responsible for maintaining the waiting list.
- When openings become available, clients will begin treatment on a first come first serve basis.
- It may be found that some clients are of greater risk and need and thus require more immediate attention. Should this need be identified through the initial request for services by the client or requested by the referral source. The case shall be discussed with the program supervisor, who will then determine position on the waiting list.
- If client requires services in another language, the client will be granted the next available slot with a bilingual therapist.
- The waiting list shall contain the client’s name, phone number and services being sought.
- A client will be placed on the waiting list after the evaluation process has been completed and the client has been accepted into treatment.
- The Program Director shall be responsible for ongoing review of the waiting list. The frequency and type of contact shall be determined by the client’s needs.
- All contacts and/or actions taken shall be documented on the waiting list such as referral to another program, disinterest in treatment, etc.
- The waiting list shall be reviewed in a weekly staff meeting and documented in the meeting minutes.
- Any client in need of immediate treatment shall be referred to another program in the community that best meets his/her needs.
- All information regarding the waiting list shall be retained by the program director and used in the development of new programs or the expansion of existing ones.

Policy revised July 2016
REFERRALS

POLICY

Referrals are made when clients are found to be inappropriate for admission to outpatient services, upon completion of treatment or at any time during the treatment process when needed services are not available through Connecticut Renaissance. Services which may require a referral include but are not limited to: case management, community housing, domestic violence, inpatient services, medical services, obstetric and gynecological needs, health maintenance, dental services, partial hospitalization, recreation/leisure services, residential treatment, social/protective services, vocational rehabilitation, income maintenance, and the availability of advocates.

PROCEDURE

- Staff attain a knowledge of available community resources through networking collaborative meetings, InfoLine 211 and by conducting an internet search.
- Clients that agree with the referral recommendation shall be asked to sign a Release of Information allowing the counseling staff to share information with the other agency. The information released shall be limited to that which is necessary for the referral process.
- Outside services shall be scheduled and coordinated with the services provided by Connecticut Renaissance. All services rendered will be incorporated into the client's individual treatment plan.
- Clients shall be referred to community self-help groups such as AA, NA, CA, etc. as appropriate to their treatment needs.
- Clients shall be provided information on the range of benefits available, the impact of employment on securing benefits and access to future benefits as appropriate including contacting advocacy and consumer groups.
- Whenever possible, information and pamphlets on the referral shall be given to the client.
- The client's record shall contain the place, date, reason for referral, contact person, and report of the outcome.

Policy Last Updated on 4/14
Coordination of Care with Primary Care Providers

Policy

CT Renaissance clinical staff in Adult Outpatient Services will communicate with the Primary Care provider the client’s treatment goals and progress in addition to coordinating ongoing care for the client’s overall health needs.

Procedures

- Referrals between CT Renaissance Adult Outpatient Services and Primary Care Providers will be handled by procedures outlined specifically in each MOU agreement and Referral Policy and Procedure of CT Renaissance.
  - Protocols for referral of community health center (primary care provider) to CTR Adult OP clinic:
    - Referral
      - To refer clients to CTR AOC the referring community health center (primary care provider) completes the referral form. The completed referral form is faxed to the CTR AOC Administrative Assistant. The referring community health center (primary care provider) asks the client to call CTR AOC to complete the phone registration.
      - If the client does not follow up on the referral in a reasonable time period (e.g., three weeks for routine referrals) or attend the scheduled Comprehensive Intake Assessment, the CTR AOC Administrative Assistant will contact the referring provider at the community health center who will then follow up with the client.
      - Following the Comprehensive Intake Assessment and a signed written release from the client, CTR AOC will call the community health center (primary care provider) a request for additional information related to the client (i.e., any pertinent medical diagnosis/issues, current medications prescribed or important psychosocial stressors/issues in the family, if known).

- Timely access
  - Clinically emergent and urgent intakes are always given priority access to CTR AOC services. Emergent cases are offered an appointment within two (2) hours of arrival to the clinic of the
patient and urgent cases are offered an appointment within two (2) days of the first contact with the patient.

- Routine cases are typically registered and scheduled for their first appointment within fourteen (14) days.
- All referrals are made by calling CTR and indicating to the Administrative Assistant the status of the referral.

- Adult Outpatient Psychopharmacology Services
  - All clients enrolled in CTR AOC may be internally referred for psychopharmacological services if appropriate.
  - An internal referral for psychiatric evaluation can be made at any point following the initial Comprehensive Intake Assessment.

○ Protocols for referral of CTR clients to a community health center (primary care provider)
  - Referral
    - To refer clients to the community health center (primary care provider), CTR AOC will complete the referral form and fax it to the Community health center (primary care provider). CTR AOC will call their contact person to notify of the referral. The referring CTR AOC provider asks the client to schedule an appointment.
    - If the client does not follow up on the referral in a reasonable time period of three (3) weeks, the community health center (primary care provider) will contact the referring provider at CTR AOC who will then follow up with the client.
    - Following the initial evaluation by the community health center (primary care provider) and client signing a written release of information, community health center (primary care provider) will fax CTR AOC a request for additional information related to the client.

○ Communication Guidelines
  - CTR AOC and community health center (primary care provider) co-management of clients with behavioral health and physical health disorders
  - CTR AOC to community health center (primary care provider)
    - When the Initial Evaluation and Treatment Plan are completed and a written release is signed by the client, CTR AOC will fax an abbreviated version to community health center (primary care provider). Likewise, when a psychiatric Evaluation is completed (if applicable), CTR AOC provider will
fax an abbreviated version to community health center (primary care provider).

- In the event of a significant change in the patient’s life circumstances or a change in medication status, CTR AOC will fax an abbreviated version of the Treatment Plan to community health center (primary care provider). When the patient is discharged from services, CTR AOC will fax and abbreviated version of the Discharge Summary and the Medication Discharge Summary when applicable to the community health center (primary care provider).

- Community Health Center (primary care provider) to CTR AOC
  - Community Health Center with a signed written release by client will provide CTR AOC with requested information as indicated above following CTR AOC’s intake.
  - Community Health Center (primary care provider) will also provide CTR AOC with similar information when any notable changes occur.

- Care of clients for whom a community health center (primary care provider) has assumed responsibility for psychiatric medication management after stabilization by CTR AOC
  - For clients who have been seen by CTR AOC, the psychiatrist is available for ad hoc telephone consultation with the community health center (primary care provider). Telephone consultations may relate to changes in medication dosage, concerning the client’s behaviors, etc.
  - To best respond to questions, the psychiatrist may need time to review the client’s medical record and will do so within three (3 business) days.

- Protocols for referral of stable CTR AOC clients to the client’s primary care provider for ongoing medication and general medical management
  - When the client is referred back to community health center (primary care provider) upon discharge from CTR AOC, there will be a discussion prior to the discharge between the community health center (primary care provider) and the psychiatrist from CTR AOC.
  - The prescribing psychiatrist in CTR AOC will complete the Medication Discharge Form and this along with the Discharge will be faxed to the community health center (primary care provider).
SCREENING FOR DRUGS & ALCOHOL

POLICY

Connecticut Renaissance is committed to a drug free lifestyle and environment for its client population. One aspect of our programs is to provide services to persons with substance abuse and addiction problems in order to obtain abstinence and improve overall functioning to successfully reintegrate clients into the community. To ensure this goal is met, drug and alcohol testing is conducted on all clients admitted to our programs. The purpose and goal of drug and alcohol testing is to monitor compliance with program rules that do not allow the use of alcohol and drugs. Staff will work closely with referral sources when substance use is suspected or confirmed.

Clients are prohibited from using any illicit drugs or alcohol within the Connecticut Renaissance facilities. Furthermore, clients are prohibited from using medication unless authorized by the program supervisor or a medical authority. Urine's shall be collected from all clients on a random basis and tested for drugs and or alcohol at least once monthly or as designated by program models; additionally as deemed necessary by the program supervisor or counselor at a given time and or by the funding authority.

Urine collections, which must be supervised shall be chaperoned by a staff member of the same sex when possible. For in-home models such as MST, clinicians will train caregivers on supervising and collecting the urine samples of the clients. Urine samples are marked with the client's code number, date, initials of the staff member collecting and type of substance/substances being screened. They are then stored in a locked refrigerator until the laboratory picks-up. Written results of all urines are returned by fax and confidentially stored in the client’s record.

Other agency-approved drug/alcohol test screening equipment may be administered to any client when there is reason to suspect drug and/or alcohol use. Any positive result may require additional urine analysis testing through the normal laboratory submission process.

PROCEDURE

Client Identification for Testing
1. Clients admitted to our programs shall submit a urine sample for testing.
2. Clients shall continue to submit samples for testing on a random basis throughout their treatment regimen when appropriate.

Methodology and Handling of Urine Testing
1. Staff shall obtain a urine container and form from the locked storage area.
2. Clients shall be given one hour to produce a urine specimen. The client shall be encouraged to drink fluids to induce voiding. If they are unable to produce a specimen during this time, the counselor determines when the client must return to produce the specimen.
3. Staff shall wear disposable gloves throughout the entire procedure of handling urine specimens and shall wash their hands afterwards.
4. Once obtained, label the filled urine bottle with the client's code number and date collected. The client's name is never sent out on a bottle in order to protect confidentiality.
5. Urine samples shall be stored in a locked refrigerator for pick up by the lab.
6. The urinalysis standard panel screens are for five items: opiates, cocaine, THC, benzodiazepines, and methadone. The following drugs may be requested as needed: amphetamines, barbiturates, ethanol, PCP and propoxyphene.
7. The laboratory shall be notified of any prescription or over the counter medications currently being 
taken by the client producing the specimen for testing. The information is communicated to the lab 
at the time of the specimen submission.
8. Lab results are faxed securely to the designated location.
9. Specimens may be rejected for the following reasons: suspected tampering, insufficient volume or 
comprised chain of custody procedures. Suspected tampering shall be considered a positive result. 
Insufficient volume will result in an additional specimen being collected.
10. Compromised chain of custody procedures shall result in an additional specimen being collected 
and an internal investigation as to the cause. A plan of action shall be developed to avoid a 
recurrence.
11. All collected specimens shall be forwarded to the laboratory for testing and/or disposal.

Screening for Alcohol Use
1. Any counselor who has reason to believe a client has been drinking, must require the 
   client to submit a urine sample.
2. Positive results shall be handled in the same way as a positive drug screening result.

Drug and Alcohol Screening Supplies
1. CT Renaissance maintains an agreement with a licensed laboratory who will replenish 
   screening supplies as needed.
2. The unit supervisor or designee will contact the appropriate laboratory personnel as 
   screening supplies are needed in order to make sure that proper supplies are maintained.

Handling of Positive Test Results
1. All results are returned by secure fax to designated location
2. Results are filed in the client record.
3. Positive results shall be reviewed with the client, reflected in progress notes and the 
   treatment plan if appropriate.
4. Admittance to drug use based on test results shall be documented.
5. Residential - Record any positive results in the client's case record, and in the staff 
   communication log.
6. Any positive results shall be discussed with the staff, including the program supervisor; in 
   order to determine what effect the results shall have on the client's involvement in the 
   program.
7. Residential - All positive test cases resulting in disciplinary action being taken are to be 
   documented on an infraction document, which is to be placed in the client's case record, 
   with a copy to be sent to the appropriate authorities in charge.
8. Residential - In collaboration with the referral source, the first positive urine may result in 
   discharge/removal from the program or the following sanctions may occur: restriction of 
   visitors, restriction of community access; restriction of phone and television use, extra 
   house chores, and/or required written essays.
9. Residential - A second positive urine shall result in discharge/removal from the program. 
   The staff shall work in collaboration with the referral source.
10. Outpatient - Drug treatment/interventions shall be utilized when positive results are 
    received. Clients may also voluntarily request drug treatment/interventions.
11. The multi-disciplinary treatment team shall determine the most appropriate treatment plan 
    for the client with positive urine results. The assigned counselor shall also work closely 
    with the referral source for their input into this process.
12. Treatment plan interventions shall include but not be limited to the following: an increased 
    treatment modality such as detox, IOP, relapse prevention groups, substance abuse 
    education groups, risk reduction groups, individual substance abuse counseling, 
    increased urinalysis monitoring, additional community substance abuse treatment and/or 
    increased attendance at AA/NA meetings.

Use of On-site Alcohol Testing Equipment
1. When a client is suspected of being under the influence of alcohol staff may request that they submit to a Breathalyzer test for immediate results followed as necessary by a urinalysis.
2. Obtain alcohol testing equipment and follow instructions to obtain an alcohol rating.
3. Chaperone and monitor the alcohol test.
4. If results are positive, the client shall be questioned in order to confirm test results.
5. Admittance to alcohol use based on test results shall be documented.
6. Record any positive results in the client's case record, and in the staff communication log.
7. Any positive urine results shall be discussed with the staff, including the program supervisor; in order to determine what affect this shall have on the client's involvement in the program.
8. Residential - All positive test cases resulting in disciplinary action being taken are to be documented on an infraction document, which is to be placed in the client's case record, with a copy to be sent to the appropriate authorities in charge.

Use of On-site Urine Testing Equipment (Clinic or Home Based)

- Staff who provide home-based treatment administer instant drug screen tests utilizing specimen cups and dip sticks to read the results of the screens at the time of the urine collection.
- Some funding sources may also require on-site urine screen testing.
- If the dip stick shows positive, then the sample is submitted to the lab for levels.
- The instant drug screen kits continue to be used as the form of drug screening for In-Home programs or for funding sources that require such testing.
- Drug testing protocols are determined by funding source contractual agreements.

Staff Training
All staff required to conduct urine collection shall be trained to do so during their employment orientation period.

Policy Last Updated on 4/14
ABUSE & NEGLECT – ALLEGATIONS AND REPORTING
IN-HOME & CLINIC BASED SERVICES

POLICY

The use or knowledge of personal abuse, mental abuse, punitive, unusual or corporal punishment by clients or staff or in the supervision of clients is expressly prohibited. If having reasonable cause, suspicion, reports, or beliefs of said abuse, it shall mandate that immediate action is taken to ensure the safety of the client and that an investigation of allegations is undertaken and reported to the funding sources, federal, state, and local authorities as required. This also includes but is not limited to sexual assault/abuse, child abuse/neglect, mental abuse/neglect, spousal abuse/neglect, mental retardation abuse/neglect, and special needs persons abuse/neglect. The CCO/COO & Chief Executive Officer shall be notified of all reported instances.

PROCEDURE

Personal or Mental Abuse and Corporal Punishment

1. There are no instances in which personal or mental abuse, or in which punitive, unusual or corporal punishment may be applied in supervising clients. This policy will be strictly enforced by the Program Supervisor.

2. Violations of this policy will result in termination of the employee.

3. Any reasonable cause to suspect or believe a staff member or clients are involved in any form of abuse/neglect or in danger of abuse/neglect shall be reported to supervisory staff, the CCO/COO & Chief Executive Officer, Funding Sources and any or all federal, state, or local authorities including but not limited to, sexual assault/abuse, child abuse/neglect, mental abuse/neglect, spousal abuse/neglect, mental retardation abuse/neglect, and special needs persons abuse/neglect.

4. When there is suspected abuse/neglect, the Agency will support or act on behalf of the victim in pursuing means of self-protection. This includes but is not limited to informing the victim of means available for self-protection, additional community resources, and notification to a law enforcement agency.

5. In all cases of suspected abuse the agency shall ensure for the safety of the victim, investigate allegations and document the incident and findings.

6. The funding agency will be notified if the suspected abuser is a staff member.

Policy Last Updated 4/14
PROGRAM SUPERVISION OF CLIENTS
Clinic Based

POLICY

Clients shall be supervised at all times during program hours, field trips, recreational activities and/or community service.

PROCEDURE

In order to ensure the appropriate conduct of clients at all times, the following procedure shall be followed:

- At no point during program activities will clients be unsupervised. There will always be a staff member present in the immediate vicinity.

- Adolescent clients shall never be permitted to wander outside during program hours unattended or wander from the group in any outdoor activities.

- Program staff will monitor vicinity outside the building when the program day is over to ensure clients are picked up or obtain public transportation.

- No client shall be required to assume any staff responsibilities under any conditions.

- No clients shall be allowed special privileges or favors by staff for providing information pertaining to the activities of other clients.

- Where client councils/committees are formed, with the permission of the unit supervisor, their authority shall be limited to making suggestions and shall in no way constitute supervision, control, or authority over other clients.

Policy Last Updated on 4/14
HANDLING OF ILLICIT AND/OR LICIT DRUGS INCLUDING MEDICAL MARIJUANA (OUTPATIENT PROGRAMS)

POLICY

The use of illicit or licit drugs on the premises of Connecticut Renaissance is not permitted. Persons served should plan their prescribed medication use outside of scheduled service times. If prescribed medication use is essential for medical purposes, the person served should discuss their medication needs with their counselor to make necessary arrangements for taking their medications.

The psychiatrist prescribes medication for clients when appropriate, but neither the staff nor the psychiatrist administers medications. Please see the “Pharmacotherapy” policy for more information on prescribing medications.

CLINIC BASED PROCEDURES

- Agency staff is prohibited to administer medications or provide clients with any sort of licit or illicit drugs.

- Clients shall schedule their medication times outside of their time spent at Connecticut Renaissance.

- If any drugs, licit or illicit are found to be on client, they will be asked to leave for the day.

- The counseling staff in conjunction with the Program Director shall determine appropriate action toward the client up to and including program termination.

- A client’s medication needs and services shall be supervised by their prescribing physician.

- All prescription medications shall be documented in the client's case record.

- An adverse reaction to a medication is to be reported immediately to the program supervisor or counselor in charge. If necessary, a client experiencing an adverse reaction to a medication shall receive medical treatment. All adverse reactions are to be documented on an incident/accident form and in the client’s case record. Coordination of care shall also be considered when adverse reactions to medications are being observed.

Procedures for Medical Marijuana:

- Marijuana is not permitted in the clinic or on clinic property regardless of the client having a medical marijuana card issued to them.

- Should marijuana be found on a client, the client will be asked to leave for the treatment day or session.

- The counseling staff in conjunction with the Program Director shall determine appropriate action toward the client up to and including program termination.
• If marijuana is found in the clinic, the staff will notify the Program Director and/or the Clinical Director of Adult and Adolescent Services who will contact the Director of Quality for appropriate disposal via the hazardous medical waste disposal protocol. The substance will be bagged and labeled with a date and staff signature and turned over to the Director of Quality who will contact the contracted medical waste disposal company for appropriate disposal.

IN-HOME PROCEDURE

• When agency staff are providing service in the client's home, and illicit drugs are discovered in the home, if the illicit substance is found to be the adolescent's the counselor will work with the parent to encourage them to destroy the illicit drug. If the substance is found to be the parent's, then the clinician would contact the Program Director who will also notify the Clinical Director of Adult and Adolescent Outpatient Services, for next steps.

• Should the parent not cooperate, the clinician shall contact his/her Program Director who will also notify the Clinical Director of Adult and Adolescent Outpatient Services. The parent will be notified that it is the agency’s responsibility to file a report of neglect with DCF.

• The authorities and referral source shall be contacted as deemed necessary by the Program Director and/or the Clinical Director of Adult and Adolescent Outpatient Services.
SEARCHES

POLICY

Searches of the facility shall be conducted whenever there is just cause, i.e., to control contraband or locate lost or stolen property. Searches of a specific client's belongings shall be conducted whenever staff suspect the presence of contraband/lost/stolen property. Searches shall be conducted in a manner that avoids force, embarrassment or indignity to the client being searched. Searches shall never be used to harass or demean a client. Visitors to the facility shall not be subject to searches. Specific procedures for each kind of search shall stipulate who may authorize and conduct the search as well as the manner in which the search is to be conducted. This policy shall be made available to the public upon request.

PROCEDURE

Search of Premises

- Conduct and log other searches whenever there is a reason to suspect contraband is present on the premises or to locate lost and/or stolen property.
- The Program Director must authorize all searches. In the absence of the Program Director, the staff member next in the chain of command must authorize.
- Search may be conducted by staff members designated by the Director who approved the search.
- The following guidelines must be adhered to in searching the premises:
  a. Respect client property rights.
  b. Do not disrupt any more than necessary.
  c. Be as unobtrusive as possible.
  d. Do not use any force against clients in order to conduct the search. If a client blocks entry to a particular area or otherwise disrupts the search, use interpersonal skills to gain cooperation. In the event the client continues to inhibit the search, contact the Director immediately to find out how to proceed.
- If contraband or stolen property is found in the search, seize it, lock it up in a staff office immediately, and inform the Director in charge at once.
- After conferring with the Director, proceed with an agreed-upon plan, including notification of authorities, OAS Monitor, CCO/COO, Chief Executive Officer and/or other appropriate personnel.
- If the Director's directions include contacting the police, do this next. Cooperate with the police in completing their procedures.
- Make out an Incident/Accident report and forward a copy to the Program Director as soon as possible within 24 hours.
- Proceed with any disciplinary action as outlined in the Program Rules and Regulations.

Searches of a Client's Belongings

- Staff may conduct a search of a particular client's belongings when there is reason to suspect contraband is present and to locate lost and/or stolen property.
- The Program Director must authorize all searches. In the absence of the Program Director, the staff member next in the chain of command must authorize after discussing with the CCO/COO.
- The following guidelines must be adhered to in searching a particular client's belongings:
  a. Respect the client's property rights, taking care not to break or otherwise harm their property.
b. Do not disrupt any more than necessary.
c. Be as unobtrusive as possible.
d. Do not use any force against clients in order to conduct the search. If a client blocks an entry to a particular area or otherwise disrupts the search, use interpersonal skills to gain cooperation. In the event the client continues to inhibit the search, contact the Director immediately to find out how to proceed.

- If contraband is found, proceed as previously explained in Search of Premises section.

**Searches of Visitors**

- Visitors to the program shall not be subject to searches.
- Visitors suspected to be under the influence of drugs and/or alcohol shall be asked to leave the building.
- Visitors suspected of possessing contraband should immediately be reported to the Program Director or staff member in charge.
- After conferring with the Director, proceed with an agreed upon plan, including notification of authorities, OAS Monitor, CCO/COO, Chief Executive Officer and other appropriate personnel.
- If the Director's directions include contacting the police, do this next. Cooperate with police in completing their procedures.
- Make out an Incident/Accident Report and forward a copy to the Program Director as soon as possible within 24 hours.

*Policy Last Updated on 4/14*
UTILIZATION OF THE ALCO-SENSOR IV

POLICY

Whenever a client is suspected to be under the influence of alcohol, a Breathalyzer test will be conducted to assist in the assessment/evaluation of the situation. All counselors will be trained in the effective utilization of the Alco-Sensor IV. The instrument will only be used by a trained counselor. Anyone under the age of 21 with an alcohol level of .03 or higher or any adult 21 or over with and alcohol level of .08 will not be allowed to leave the premises without further evaluation, i.e. transportation, detox, medical care, etc. At all times clinical judgment shall be used in making decisions regarding the ability to drive no matter what the alcohol level.

PROCEDURE

- Whenever a client is suspected to be under the influence of alcohol, they shall be asked to submit to an alcohol level test.
- The test shall only be conducted if the client voluntarily agrees.
- If the client refuses, it will be considered a positive test result and an assessment will be made as to the next step.
- Steps taken to perform a alcohol level test:
  1. Insert a clean mouthpiece into the instrument.
  2. The instrument will turn on and automatically show the temperature followed by the < > symbols on the display panel.
  3. The instrument will automatically perform a blank test to ensure there are no remnants of alcohol in the instrument.
  4. A symbol will be displayed on the instrument followed by the .000 reading.
  5. When the word Test shows in the display panel the instrument is ready to conduct a test.
  6. The client shall be instructed to "Take a deep breath, hold for a second, and blow steadily through the mouthpiece as long as possible."
  7. The symbol + will appear in the display when an adequate breath flow has begun and the symbol ++ will appear when the sample is adequate and breath can be stopped.
  8. The result will be displayed on the panel.
  9. Once complete the display will read Set which means the set button should be pressed.
  10. A beeping will be heard until the mouthpiece is disengaged. Prior to disengaging the mouthpiece, the recall button may be pressed to reveal the last test result.
  11. ALWAYS PRESS THE RED BUTTON TO RELEASE THE MOUTHPIECE OR THE INSTRUMENT MAY BE DAMAGED.
- Results of the test must be documented in the client record in a progress note, which also includes a description of activities and outcome.
- Any positive result will result in an evaluation by a counselor to determine whether client is in need of hospitalization. The client shall be requested to stay in the clinic until alcohol level is at an acceptable level or he / she has been picked up.
- Under no circumstances will the client be allowed to drive with an alcohol level of .03 for clients under 21 or .08 for clients 21 and over.
- If the client leaves the premises without staff permission, the police will be notified.
- The Alco-Sensor IV shall be calibrated monthly.

Policy Last Updated 4/14
INSURANCE AUTHORIZATION AND PRE-CERTIFICATION

POLICY

Connecticut Renaissance requests payment from third party payors whenever permitted. In order to secure reimbursement, the following procedure needs to be followed.

PROCEDURE

- When a prospective client contacts the program for an evaluation, the first step is to ascertain what type of insurance the client has, if any.

- If the client has insurance, determine if our agency is a participating provider with the plan by checking TIER payors. If so, instruct the client to come to the office with their insurance card. If not, explain the sliding scale fees based on income. Adolescent contracted programs do not collect any client fees. Insurance / 3rd party payors are billed if the client is eligible.

- Call insurance company to check benefits and/or to determine if the client must contact their carrier directly.

- Clients with Medicaid should give you their identification number, social security number and date of birth. Electronic verification can be completed.

- Clients with a private insurance, the counselor must go through the pre-certification process. The benefits number on the card should be called to gather specific information related to the client's plan.

- Pre-certification for all services is the responsibility of the counselor.

- If we do not participate with the client's insurance plan, the counselor must try and obtain an out of network referral following the evaluation. Again the client should be instructed to bring their insurance card.

- Clients with insurance that we do not participate with or they are found to be ineligible with their payor should be informed of the sliding fee scale based on income. Adolescent contracted programs do not collect any client fees.

- All Outpatient Clinic clients should be instructed that they would be responsible for payment if their insurance company refuses pre-certification or they become ineligible.

- The counselor must complete authorization reports or telephonic reviews as necessary to ensure continued payment of services.

Policy Last Updated on 4/14
CRISIS INTERVENTION SERVICES

POLICY

Connecticut Renaissance shall arrange for crisis intervention services 24 hours a day, seven days a week through hospitals in the community.

OUTPATIENT PROCEDURES

- If a client is in crisis during off-hours or weekends the voice messaging system will direct the client to call the Waterbury Residential Services to speak with a counselor.
- The counselor shall determine if the client can wait until the next business day or should be referred to the hospital for an emergency evaluation. As well, the counselor should find out which program the client attends.
- If the client is safe and agrees to wait until the next business day, the counselor in Waterbury shall leave the Clinical Director a message as to what took place.
  - Clinical Director Norwalk/Stamford Outpatient: 203-866-2541 x 3005
  - Clinical Director Bridgeport Outpatient: 203-331-1503
- The counselor in Waterbury may decide to contact the Director for assistance if needed.
- If the client agrees to go to the hospital a referral shall be made.
- If the client refuses to go to the hospital and is in immediate danger the Waterbury counselor shall call the police in the city the client is located to notify them of the situation and ask for assistance.
- Clients prescribed medication and experiencing an adverse reaction shall be referred to the nearest emergency room.
- The Medical Director shall be available to the program staff for consultation twenty-four hours a day and seven days a week. The program staff shall contact the Medical Director as necessary.

ADOLESCENT ON-CALL PROCEDURES

- The MDFT, MST and CYFSC Adolescent programs shall have a staff person on-call 24 hours a day / 7 days a week.
- The supervisor of each program establishes a rotating schedule amongst its staff.
- Staff would be responsible for finding on-call coverage should they not be available during their scheduled time frame.
- The supervisor is always on-call and must secure coverage by another supervisor when on vacation or knowing that they would be unavailable to respond to a client emergency.
- When on-call staff are contacted by a client or a client family, they must return the call within 30 minutes.

MST Supervisor Bridgeport
Office: 203-367-7570 x2306
Cell: 203-644-2366

MDFT Supervisor
Office: 203-367-7570 x2320
Cell: 203-455-4976

CYFSC Bpt Supervisor
Office: 203-368-9755 x 2362
Cell: 203-993-0592

CYFSC Nor/Stam Supervisor
Office: 203-854-2915 x3021
Cell: 203-919-3608

Policy Last Updated on 4/14
USE OF SECLUSION & RESTRAINT

POLICY

The use of seclusion and restraint including the use of physical holds is not permitted in the Connecticut Renaissance Outpatient Clinics.

Crisis intervention procedures may require the implementation of a therapeutic restraint, should the client become engaged in an eminently harmful situation. Should the restraint of a person served be necessary, it would be documented as a critical incident. The Executive Director or designated supervisory staff would review the incident and sign off within 5 business days on any use of restraint on a person served. Any use of restraints, would be logged and reviewed for patterns of use, history by personnel, environmental contributing factors, assessment of program design for contributing factors and used for performance improvement.

Connecticut Renaissance does not practice the use of seclusion or restraint. The agency recognizes that a client may be present in a situation that may cause imminent harm. In the event that a staff person feels a client is in imminent danger (i.e. – client runs out into traffic, the staff must act in a nonviolent, but effective manner to ensure his/her safety), the staff after finding that verbal communication has not worked may need to hold the person back from entering into the harmful situation. All direct service staff are trained in following safe appropriate procedures during their annual 2 hour Crisis Intervention Training.

Refer to the policy titled Handling of Psychiatric Emergencies for further information.

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ADOLESCENT BEHAVIORAL HEALTH PROGRAM DESCRIPTION

Connecticut Renaissance is a not for profit mental health and substance abuse treatment agency that provides outpatient, residential, and half-way house services to individuals, groups, and families throughout Connecticut. Our Adolescent Behavioral Healthcare Programs provide integrated services to adolescents and their families with substance abuse and addiction problems, psychiatric disorders, and/or co-existing substance abuse and psychiatric disorders.

The adolescent program serves adolescents and their families referred through the Juvenile Court System from the catchment areas of Norwalk, Stamford and Bridgeport, as well as a variety of other referral sources including schools, The Department of Children & Families, parents, other area professionals and insurance companies. The programs are supported by DCF & Probation. Each Adolescent perspective client is referred through the various sources listed above. Should a referred client have insurance and the program allows CT Renaissance would bill the 3rd party payor. Clients in the specific adolescent programs are not expected to be responsible for any fees. Self-referred clients would be referred to the Outpatient Clinics. The length varies according to the program expectations and standards as well as the client's needs. MST averages 3-5 mos, MDFT - 4-6 mos and CYFSC: 6-8 mos. In addition, adolescents may be accepted for traditional outpatient services which require once or twice a week individual and/or group counseling. The age group treated is between 10 - 18 years old both male and female. The hours of operation are Monday through Friday 9:00am - 7:00pm, which may vary according to program and client need.

The content of the program includes: psychot herapy, group counseling, family therapy, peer counseling, case management, educational services recreational activities and community service. Treatments include Motivational Enhancement Therapy (MET), Cognitive Behavioral Therapy (CBT), Multi-Systemic Therapy (MST), Aggression Replacement Therapy (ART), Multi-Dimension Family Therapy (MDFT), TARGET, vocational services, educational advocacy, life skills, family mediation and VOICES a gender based treatment for females. Studies have shown that the adolescents in this population needing services present with the following problems: drug and alcohol use/abuse, defiant disorders, conduct disorders, depression, aggression, general emotional problems, ADHD, suicidal, dysfunctional family relations, issues related to sexual victimization, issues related to abuse, sexual acting out and medication related issues. Programming occurs after school and includes individual counseling, family therapy and groups focused on psycho-education, social issues, self-esteem, anger management, and positive goal setting. Program services include the development of community living skills, social skills and social supports. This combination of counseling services and supportive activities is essential in ensuring an improved prognosis and successful recovery.

Our philosophy is to treat all conditions simultaneously through a variety of treatment modalities in order to maximize our clients’ recovery effort and improve their overall functioning. The primary goal and expected outcome of these programs is to improve the overall functioning of the client by building feelings of hope, self-confidence and personal competency. In cases where problems with alcohol and drugs exist, the primary goal is abstinence or at least an interruption of a potentially harmful pattern of use. All services are designed and implemented to support the recovery and/or stabilization of the client and the family, enhancing their quality of life, reducing symptoms, restoring and/or improving functioning, and preventing additional functional impairment, while supporting their integration into the community. In addition, services are designed to enhance the psychological and social functioning of our clients, increase self-esteem, improve coping abilities, and enhance vocational, educational and social opportunities.
Needs of special populations shall be taken into consideration and met whenever possible. Upon initial referral and during the intake interview, needs are identified and discussed. Any adaptive devices or assistive technology identified as a need shall be made available to the client whenever possible. If the agency is unable to obtain or provide the identified need, then resources in the community shall be contacted for assistance. The program also provides services that are sensitive, relevant to the diversity of the client population and meet the needs of those who have limited English proficiency.

The treatment team is made up of a board-eligible psychiatrist, master's level therapists, master's level social workers, and staff that have specialized knowledge of substance abuse and psychiatric issues. The Medical Director of outpatient services is a board-eligible psychiatrist who coordinates and advises staff on medical matters. The Medical Director has training and experience in providing services to clients with psychiatric and substance abuse disorders as well as clients with a dual diagnosis. The Medical Director also provides direction and consultation to the program staff on a regular basis regarding policies and procedures as well as treatment services.

Adolescent programs are located in outpatient clinics in Norwalk, Bridgeport and Stamford. Each clinic has a pleasant reception area, counseling offices and group room(s). Each site is convenient to downtown and is on the bus line. The physical plant, furniture, and equipment in each site is sufficient to meet the needs of the adolescent population.

Policy Last Updated on 4/14
## ADOLESCENT PROGRAMS & ADMISSION CRITERIA

<table>
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<tr>
<th>PROGRAM</th>
<th>SERVICES</th>
<th>REFERRAL SOURCES</th>
<th>LENTGH OF STAY</th>
<th>ADMISSION CRITERIA</th>
<th>Re-Admission Criteria</th>
</tr>
</thead>
</table>
| **Outpatient**| Individual & group counseling, family counseling, psychiatric evaluation and medication mgmt | Self-Referrals, DSS, DCF, Probation, other treatment programs, community programs, family, schools | Varies according to client need | - Individual is assessed as meeting diagnostic criteria as defined by the DSM IV for a substance-related or psychiatric disorder, or if client presents with an inadequate history to substantiate such a diagnosis and there is sufficient material to indicate a high probability of such a diagnosis based on further evaluation.  
- The client is not experiencing any withdrawal symptoms or medication instability requiring intensive monitoring.  
- The client's mental status does not preclude the ability to understand the material presented or participate in the treatment process.  
- The individual is assessed as not posing a risk of harm to self or others.  
- There are indications that the individual has sufficient strengths and supports to make outpatient treatment feasible.  
- May present with family problems, including patterns of interaction between or among members of a family that are associated with clinically significant impairment in functioning. | A client may be re-admitted to the Outpatient Program if they continue to meet the admission criteria.  
Any client seeking readmission to the program following discharge for non-compliance with treatment recommendations or for not following program rules shall undergo the same admission process as new clients. |
| **MST**       | Multi-Systemic Therapy – family oriented, home based program that targets adolescents who are engaging in high risk behaviors such as substance abuse, gang involvement, or oppositional behaviors at home, school or in the community. The age range is from 12-16 yrs of age. It uses methods to promote positive social behavior and to decrease anti-social behavior. | Bridgeport, Norwalk and Stamford Juvenile and Youthful Offender Probation Officers, Child and Youth Family Support Centers in Bridgeport and Norwalk/Stamford, and the CARE Program | 3-5 months | **Inclusionary criteria**  
Delinquent or juvenile who are 12 to 17 years old and also meet the following criteria:  
* A high or very high score on the JAG  
* Youth at imminent risk of out-of-home placement  
1. Length of time on waiting list  
2. Sub-scales on JAG: with priority given to the identification of higher extrinsic needs on the JAG  
3. Assigned a minimum of 5 months of juvenile probation  

**Exclusionary criteria:** (inappropriate referral)  
- Youth living independently, or youth for whom a primary caregiver cannot be identified despite extensive efforts to locate all extended family, adult friends and other potential surrogate caregivers.  
- Youth referred primarily due concerns related to suicidal, homicidal, or psychotic behaviors.  
- Juvenile sex offenders (sex offending in the absence of other delinquent or anti-social behavior). See page 12 for additional information regarding this referral criterion.  
- Autistic youth | When a youth is re-referred to MST after discharge from a previous course of MST, the team should institute their usual process for assessing whether the referral is appropriate for MST.  
The case can be re-opened for a standard, complete course of treatment with MST given that:  
1) inclusionary criteria for that particular MST program have been met, and 2) specific conditions have been identified that have changed in the youth’s ecology compared to the first course of MST, which would suggest that more favorable or generalizable outcomes could be obtained with a second course of MST. Teams are encouraged to confer with their system supervisor or consultant about whether the re-referral meets these criteria. |
**MDFT**
**Multi-Dimensional Family Therapy**

Multidimensional Family Therapy is offered in the Bridgeport, Norwalk and Stamford location. The MDFT model utilizes an in-home family based approach to the treatment of adolescent substance abuse and associated mental health and behavioral problems.

<table>
<thead>
<tr>
<th>DCF Probation</th>
<th>Up to 1 year</th>
</tr>
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</table>

**Inclusionary criteria:** Adolescent must meet criteria A & B & not meet any of the exclusionary criteria.

1. (A) Between ages 11 - 18
2. (B) At least one of the following must be the Primary Presenting Problem ("driving force" of the case):
   - Cannabis abuse
   - Cannabis dependence
   - Alcohol abuse
   - Alcohol dependence
   - Other SA (sometimes dependence depending on severity)
   - ODD
   - CD
   - Does not meet criteria for any of the 7 disorders listed above, but is sub-threshold for at least one of them (e.g., school problems (poor attendance, poor grades, discipline problems, fighting, suspensions, problems at home (disobedient, violating curfew, withdrawn from family, extremely disrespectful toward parents, out of control); peers (hangs out with kids who get in trouble, use drugs, commits delinquent acts); drugs & alcohol (uses but not enough to meet diagnostic criteria).

**Exclusion:** If any of the following they are not appropriate for MDFT:

1. No parent or parental figure able to participate in treatment program.
2. Fire setting
3. Active Suicidal (ideation and plan)
4. Eating disorders
5. Psychotic disorders or features
6. IQ below 65
7. Significant violence in the home (i.e., unsafe for youth or other family members for youth to reside in home)

* Each case of possible re-admission will be determined on an individual basis. Let me know if you want clarification on any of this

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**CYFSC**
**Child Youth Family Support Center**

A “One Stop Center” for providing: screening & assessment to make appropriate referrals, crisis intervention, family mediation, educational assessment & advocacy, substance abuse treatment, psycho-educational groups: TARGET, VOICES, ART, MET/CBT, vocational services and life skills.

The CYFSC also has access to programs such as MST and ICAPPS.

<table>
<thead>
<tr>
<th>Probation - Referred to the Court as FWSN or Delinquent Community Referrals for former FWSN clients Probation Officers, Bail Commissioners</th>
<th>6-8mos</th>
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</thead>
<tbody>
<tr>
<td>ART: 10 week program 30 sessions (3x/week) VOICES: 9 week program 18 sessions (2x/week) TARGET: 5 wks/10sessions/1-2wkly MET: 2 ind. sessions Vocational: 8 sessions followed by job placement and support Individual sessions take place wkly under each model.</td>
<td>The Child and Youth Family Support Center provides services for families with males or females aged 12-16, who are status offenders or delinquent in the catchment areas of Bridgeport, Norwalk and Stamford. Clinical services are gender specific. SVPP and RESTORE clients served.</td>
</tr>
</tbody>
</table>

- Client did not successfully completed the intensive phase one of treatment
- Client was discharged from the program for a reason other than lack of engagement and effort on the part of either the parent or adolescent (for example, discharge due to extended out of home placement or discharge due to moving out of the catchment area are acceptable)
- Client must meet standard admission criteria at the time of re-admission (guidelines of standard admission criteria attached)

Re-admission is based on referral from Juvenile Probation as FWSN
Community Referrals for former FWSN clients

Policy Last Updated on 4/14
ADOLESCENT PROGRAMS SCREENING OF POTENTIAL CLIENTS
IN-HOME AND CLINIC BASED

POLICY

All persons referred to Connecticut Renaissance will undergo a screening process to determine their eligibility for services. Eligibility will be based on criteria developed by the funding source, evidence based treatment model, clinical staff and in line with the agency mission and vision. Services are provided to all people without regard to race, religion, politics, sexual orientation, economic status, disability, limited English proficiency or other identifying characteristics. See “Adolescent Admission and Exclusionary Criteria” policy for eligibility under each adolescent program. The screening process begins upon referral.

PROCEDURE

- The referral, relevant information, JAG and court supporting documents if applicable are received via fax from the contracted referral source and reviewed by the program supervisor. At this time, client information is collected such as name, phone, brief description of presenting problem, and psychiatric history. The program supervisor reviews the referral within contract required timeframes to ensure that the potential client meets all admission criteria.

- Using the program specific referral forms, the program supervisor screens the client to determine their appropriateness for admission to the program based on the established program admission criteria.

- The supervisor assigns screened referral to a staff member who then contacts the client & referral source within 24 hours of receiving the referral to schedule an appointment.

- The Adolescent programs provide crisis assessments within the initial evaluation process. Crisis assessments are documented and address such areas as suicide risk, danger to self or others, urgent or critical medical conditions and immediate threats. If any urgent or critical needs are identified, appropriate action is taken to ensure that the client / family receive the care necessary to address their immediate situation. Such action is in collaboration with the referral source as appropriate.

- The family is contacted by the assigned clinician/case manager to arrange for an intake & evaluation

- The client and guardian (if applicable) will meet with the program staff to sign consents & other necessary paperwork then an appointment will be given to complete the clinical assessment.

- The client and guardian (if applicable) meets with the clinician to complete the clinical evaluation. A treatment recommendation for treatment is made or it is determined that the client does not need treatment.

- After the intake evaluation is completed, the case is presented to the service team so as to solidify treatment recommendations. The team reviews all referred persons with an intake evaluation to determine appropriateness for admission and track of treatment
based on the program’s established admission criteria, strengths, needs, abilities and preferences.

- If approved the client is given a group or session schedule and integrated into the program.

- If referral appears to not meet admission criteria or if deemed inappropriate for participation in the referred evidence based treatment program, the client and referring source are notified of the denial and the reasons for ineligibility within three business days. For outpatient programs, the client will be contacted and referral source if appropriate. Referrals considered ineligible are provided with alternative service solutions within Connecticut Renaissance or shall be referred to services in the community that best met their needs.

- Information regarding ineligibility is maintained at perspective site and used in outcome studies, organizational planning and to monitor client information on ineligibility for use in the quality improvement process. For the most part, clients are accepted unless they do not meet the initial program criteria.

- The service team consists of the Program Director and the counseling staff.

Policy Last Updated on 4/14
ADOLESCENT PROGRAM ORIENTATION
IN-HOME AND CLINIC BASED SERVICES

POLICY

The Primary Clinician / Case Manager or designee shall provide the orientation to all clients and their parents/guardians. All orientation information shall be presented to the client in a manner that is understandable to them. Written information shall be given in the primary language of the client. There shall be an orientation checklist in the client record signed by the Primary Clinician / Case Manager or designee of the respective program and the client providing evidence of a thorough orientation to the organization. The orientation to the program shall be completed after the client is accepted into treatment. For home based services orientation shall be conducted on the date of the first face to face contact with the clinician of acceptance into treatment.

PROCEDURE

A thorough orientation shall include the following information:

- A description of Connecticut Renaissance's mission, vision, organizational structure, code of ethics, programs, services, hours of operation and access to after hours services.
- Two copies of Client Rights, one of which is signed by the client and placed in the record and the other given to the client.
- Review of the agency policy on seclusion and restraint, smoking and illicit and licit substances brought into the program.
- A description of the grievance policy and a copy of form utilized to initiate a grievance.
- Identification of the staff members involved in the program and a description of their role in the client's treatment.
- A description of the expectation of the client to participate in setting goals and treatment planning. Included is an explanation of how the treatment plan is developed.
- The client shall be empowered to actively participate with the team to promote their recovery/stabilization and encouraged to attend treatment team meetings.
- For clinic based programs, familiarization of client with the premises and the immediate neighborhood including the availability of public transportation.
- For clinic based programs, review of fire evacuation plans, emergency and disaster procedures and their role in the safety program.
- When appropriate, review the relationship between Connecticut Renaissance, Inc. and the criminal justice system in regard to sharing information.
- For clinic based programs, familiarize client with the Information Center where they can obtain information on self-help groups, advocacy groups, guardians, conservators as well as access to crisis services.
- Review the discharge criteria and discharge procedures.
- Obtain signed releases for previous records that may affect the development of the treatment plan.
- Review with the client the policy on confidentiality and explain thoroughly the need for and use of any information from other sources and allow client to determine freely whether to consent to release.
- Discuss the policy on Input of the Persons served highlighting ways in which input is given regarding the quality of care.
- Explain the post-treatment questionnaire to see how the person is doing as a way to improve quality of services.
- Review cost of services and arrangements for payment when applicable.
- A copy of the program Search policy and procedure.
- For MST, a temporary Safety and Monitoring Plan is developed.

Policy Last Updated on 4/14
ADOLESCENT EVALUATION AND INTAKE ASSESSMENT
IN-HOME AND CLINIC BASED

POLICY

All persons referred to Connecticut Renaissance, Inc. shall receive a thorough assessment and evaluation by an allied health professional. The staff member conducting the interview shall explain the purpose and process of the assessment. The interview shall take place on the premises or in the home if the model requires with the potential client and their parent/guardian. Information may also be obtained from other sources with a proper release of information signed by the client and the parent/guardian. Examples of such sources might be friends, teachers, probation officers, physicians, or other professionals. The clinician gathers pertinent information regarding the individual's needs and presenting problems including the individual's abilities, aptitudes, skills and interests. This process will determine the appropriateness for admission to our services or the need for referral to another level of care. As well, if the program requires, the program Psychiatrist will review and sign each Connecticut Renaissance evaluation stating that he/she approves of the diagnosis, treatment recommendations, initial treatment plan. The Doctor's signature also verifies medical necessity and the need for Connecticut Renaissance to provide treatment as recommended. Through this process, the Doctor may also provide feedback regarding the diagnosis chosen or treatment recommendations. The Doctor's recommendations will be discussed and course of treatment will be modified accordingly during the program's weekly service team meeting.

There shall be initial and ongoing assessments of the client. A variety of screening tools are used throughout the various adolescent programs. The Adolescent programs also typically use multiple sessions to complete the required assessments/screening tools. Every effort shall be made to provide appropriate accommodations to assist the client in their understanding and participation of the assessment. These assessments shall:

- Be respectful to age, gender, development, social preferences, sexual orientation, cultural orientation, education, psychological characteristics, physical conditions and spiritual beliefs.
- Identify the expectations of the client and agency staff.
- Be Responsive to the changing needs of the clients.
- Allow for urgent and critical needs to be addressed and assessed.
- Contain information which is adequate to result in individualized and goal oriented, person centered planning.
- Contain a section which identifies the client preferences from the services or why the person is coming for services.
- Communicates the results of assessments to the clients, personnel and others as appropriate.
- Evaluations shall gather information as listed below. Several of the adolescent programs have specific formats and components as outlined by the model of which the program is defined. In such cases, the evaluation format follows the model guidelines.
PROCEDURE

Prior to conducting the intake assessment(s) the client and parent shall sign the Consent for Treatment form after verbalizing an understanding of its contents or in a way meaningful to the client. The following information is gathered during the assessment interview with the client:

- Identification Data - name, address, date of birth, social security number, referral source, gender, race, religion, citizenship, birth place, primary language, and military status.

- Emergency Information - name, address, phone number of person to contact in case of emergency including name, address and phone number for next of kin.

- Drug History and Drug Treatment History (including tobacco)- date of last use, amount, frequency, route and age of onset for all drugs; physical complications due to drug use, previous treatment both inpatient and outpatient, including outcome of treatment, and use of community programs. If the screening identifies unsafe substance use, a brief intervention is conducted and the client is referred to the appropriate level of treatment, which may mean that the client is referred to a higher level of care than that which Connecticut Renaissance offers.

- Psychiatric History - previous treatment both inpatient and outpatient including outcome of treatment, use of community programs, symptoms experienced within the last thirty days including risk taking behaviors and throughout one's life, medications taken past or present and mental status. Should urgent or critical psychiatric needs be identified, immediate action shall be taken to ensure the client's well-being. Additional crisis assessments may be conducted to address suicide risk, danger to self or others or immediate threats. The evaluation clinician will ensure that the client is connected to appropriate services and receives treatment/care in a timely manner.

- Family Information - family relationships, history of psychiatric or emotional problems in family.

- Living Arrangements - relationships within the household, satisfaction with living arrangements and sexual orientation.

- Social Relationships - leisure activities, social supports, serious problems affecting relationships with others, gang involvement and history of abuse.

- Legal Status - history of arrests and convictions, name, address and phone number of probation/parole officer, time spent incarcerated, name and address of attorney.

- Medical History - name, address and phone number of physician, previous hospitalizations, any chronic health conditions, pregnancy, current medication, communicable and infectious diseases including HIV.

- Education - highest level of education completed, school performance, learning disabilities, and language/literacy difficulties.

- Employment - employment status, present or last employer, occupation, income over past year, highest yearly income, impairment in the workplace and attitude towards employment.
- Financial/Support Status - current household income, sources of income, resources received within last thirty days.

- Insurance Information

- Clinician’s Assessment - The Clinicians assessment is a written narrative which includes information regarding the client's mental status, cognitive, emotional and behavioral functioning, and diagnosis. The assessment may also include information about psychiatric assessments, previous treatment and diagnosis, psychological assessments, medication status and it's efficacy, allergies or adverse reactions to medications, pertinent medical care, community programs, environmental surroundings and adjustments to disorders and disabilities. The Clinicians assessment also includes recommendations for treatment, client strengths, needs, abilities and preferences.

- In the event that no treatment is recommended the evaluation will be reviewed and approved by the psychiatrist. If treatment is recommended and the client does not come back for a formalized treatment plan the evaluation will be reviewed and approved by the psychiatrist.

The following information is collected during the intake assessment interview with the parent/guardian:

- Identification Data - name, address, age, sex, date of birth, marital status, race, religion, emergency information, and source of income.

- Insurance Information

- Needs Assessment - parent perspective of the adolescent's treatment needs.

- Developmental History - motor development, speech, hearing and language functioning, visual functioning, developmental landmarks, learning ability and intellectual functioning.

- General Health - family health history including client immunization status.

- Education - highest grade completed, educational difficulties, and name of school contact.

- Siblings - Names and ages of all siblings.

- Emotional Status - relationships with family members, previous treatment, history of violent behavior, behavior impact on the family and legal status.

- Substance History - History of substance use in the client or parent including prenatal exposure to alcohol or other drugs.

Once information is gathered from the client and parent, a narrative assessment is completed based on the data collected and the recommendations of the intake counselor. This assessment is conducted within specific time frames and is used in the development of the individual treatment plan. This assessment will identify any co-occurring disabilities/disorders that should be addressed when developing the individual plan including preliminary discharge plans.

Policy Last Updated 4/14
ADOLESCENT NARRATIVE ASSESSMENT
IN-HOME AND CLINIC BASED

POLICY

Following the intake interview the intake counselor shall complete a narrative interpretive assessment, which integrates and interprets all the history and assessment data collected. The assessment shall be completed within 5 business days and are presented to the program supervisor. The MST Program allows for the Narrative to be completed and submitted within 30 days of the client intake.

PROCEDURE

The narrative assessment includes and integrates the most salient aspects of the client's history including:

- Presenting Problem - the primary reason for seeking treatment including the client's perception of his/her goals and needs and central themes which they present.
- Substance Abuse and Psychiatric History.
- Previous Treatment History both substance abuse and psychiatric.
- Family Issues.
- Social Issues.
- Legal Involvement.
- Medical History and Physical Limitations.
- Educational/Vocational Status.
- Financial/Support History.
- Clinical Observations.
- Strengths and Limitations including client's own perception.
- Diagnoses - DSM IV
- Treatment Recommendations including special assessments and tests and clinical judgments.
- Anticipated Treatment Plan if applicable including level of care.
- The narrative assessment shall be reviewed and approved by the Supervisor if the assessment is completed by a non-licensed master’s level clinician.
- In the event that no treatment is recommended the evaluation will be reviewed and approved by the psychiatrist. If treatment is recommended and the client does not come back for a formalized treatment plan the evaluation will be reviewed and approved by the psychiatrist.

This assessment is conducted within specific time frames and is used in the development of the individual treatment plan. This assessment will identify any co-occurring disabilities/disorders that should be addressed when developing the individual plan including preliminary discharge plans.

Policy Last Updated on 4/14
ADOLESCENT TREATMENT PLANNING
IN-HOME AND CLINIC BASED

POLICY

Each client admitted to an adolescent program shall have a written, individualized treatment plan prepared collaboratively between the client, parent / guardian (when applicable) and the therapist. The treatment plan shall be prepared using the information collected during the evaluation / intake assessment and feedback from the referral source. Based on the assessment of clinical needs, the plan shall address the client's strengths, needs, abilities and preferences; goals and objectives; anticipated discharge plan; and provisions for aftercare. Treatment shall be planned, reviewed, and evaluated at regular intervals by the Multi-disciplinary treatment team including the client and when appropriate the client's family and referral source. This team shall consist of a physician; primary counselor / case manager and other disciplines as appropriate. The treatment plan shall serve as an organizational tool whereby the care rendered to each client is designed, implemented, assessed and updated in an orderly fashion.

For programs where it is required, the Treatment Plan and Treatment Plan Reviews are reviewed and signed by the program's assigned Psychiatrist for approval and to verify that the course of treatment is deemed medically necessary. The Psychiatrist may provide feedback to the program staff before approving the treatment plan in which case the Multi-disciplinary treatment team would be expected to incorporate the feedback into the Treatment Plan. Any changes would then be discussed with the client and the family (when appropriate). In addition to the Medical Doctor's signature of approval, the supervisor is expected to review and approve Treatment Plans and Treatment Plan Reviews for clinicians who are considered Para-Professionals. For client's who are in treatment for Substance Abuse issues, an LADC is required to review, approve and sign-off on their treatment plans.

The individual plan shall be based on the initial and ongoing assessment of the client. These assessments shall:

- Be responsive to age, gender, social and sexual preferences, cultural orientation, psychological characteristics, physical situation and spiritual beliefs.
- Provide identification of the strengths, abilities, needs, and preferences of the client.
- Identify the expectations of the client and agency staff.

Treatment plans shall gather information as listed below. Several of the adolescent programs have specific formats and components as outlined by the model of which the program is defined. In such cases, the treatment plan format follows the model guidelines.

PROCEDURE

- Upon acceptance into a program an initial treatment plan will be developed in collaboration with the client and family as appropriate.

- Within 7 days an in-depth, individualized treatment plan shall be developed.

- For clients with a co-occurring disorder the treatment plan shall reflect the impact of substance abuse on the psychiatric disorder.
• The treatment plan shall focused on the integration and inclusion of the client into the community, family and/or natural support system and other services as needed.

• The treatment plan shall include all previous diagnostic and medical treatment information that is appropriate to the formulation of this plan.

• The treatment plan will specify the services which will be provided by the program.

• The treatment plan will identify any referrals made for additional services needed beyond the scope of the program.

• The treatment plan will specifically address the needs of clients with co-occurring disorders in a manner which is both appropriate and integrated. These services will be provided by qualified personnel.

• The treatment plan shall be signed by the client and the counselor who is responsible for implementing the plan and provided to the client upon request. As stated above the treatment plan is also signed by the supervisor, LADC (if applicable) and the Psychiatrist as applicable.

• The treatment plan shall be reviewed every thirty days or more or more often as deemed appropriate by the model. The treatment plan shall be modified as needed due to major changes in the client's treatment. Any major changes to the treatment plan shall be made with full knowledge active participation, and full agreement by the client.

• The treatment plan review shall be signed by the client to ensure their participation in the review process.

• The treatment plan shall be communicated in an understandable manner to the client, the staff members involved in the client's treatment and when appropriate, to the referral source and purchasers of service.

• A progress note shall be written in conjunction with the development of the treatment plan and each treatment plan review to document attendance at the meeting as well as the outcome.

• Any restriction of rights placed on clients shall be reviewed frequently for purpose and effect. This would most likely apply in the residential environment only and not the outpatient environment.

• The treatment plan shall be coordinated and integrated with all services received by the client including medication. The plan shall also identify needs beyond the scope of the program and make appropriate referrals.

• For Clients under the age of 18 the parent or guardian will be asked to sign the treatment plan and / or treatment plan reviews. If signature of the parent / guardian is unobtainable, then staff will document attempts / failure to have parent or guardian participate in the treatment planning process.

• Clinicians should document on treatment plans and reviews, the date of the next scheduled tx plan review, who participated in the current review and who is to be invited to the next review.
TREATMENT PLAN COMPONENTS

- **Problems:** The problem(s) identified during the assessment process, which shall be addressed in treatment.

- **Goals:** Goals shall reflect the informed choice of the client and be expressed in the client's own words. Goals shall be appropriate to the client's age and culture and based on the client's abilities, strengths, preferences and needs. Time frames shall be established for all goals and be based on the projected length of stay.

- **Objectives:** Objectives are the stepping stones to goal achievement. Objectives shall be measurable, achievable, time-limited, understandable to the client, reflect the client and the team's expectations, appropriate to the treatment setting, reflective of the client's age and development, culture and ethnicity, and responsive to the client's disability/disorder.

- **Treatment Interventions:** Treatment interventions shall include frequency and be specific to the services rendered.

- **Strengths, Needs, Abilities and preferences.**

- **Discharge Plan and Discharge Criteria:** The treatment plan shall include the specific criteria needed for discharge and the aftercare plans.
ADOLESCENT PROGRESS NOTES

POLICY

Initial and ongoing assessments are documented throughout the client record. Ongoing assessments are documented as progress notes or Case Reviews. Documentation of client care shall be performed to communicate the treatment rendered and its results. The documentation shall be concise, legible, and accurate. Progress notes shall be completed within 24 hours of service and no less than once a week. If a program utilizes the case review format, then completion must be done weekly for each client.

PROCEDURE

- Progress notes or Case Reviews shall be in chronological order.
- Each entry shall be dated and signed noting the discipline of the author.
- If the clinician is a Para-Professional, then the progress note must be signed by a Licensed Clinician.
- Group progress notes must state the exact time the group started and ended.
- All documentation shall be accurate, concise and legible.
- The client record is a legal document; thus it includes facts and impressions written in specific, observable terms. Entries shall describe patient behavior, interventions utilized, and responses to interventions and plan.
- Entries shall include reports of any critical incidents or interactions including the use of medications/substances on the client's psychiatric disorder when appropriate.
- The progress note shall include salient aspects of the client's involvement in treatment, obtainment of goals and objectives, any changes in status or significant life changes for the client, urine test results, results of any staff meetings discussing the client, and any input from the client regarding the treatment.
- Progress notes shall be completed in conjunction with the treatment plan development and all treatment plan reviews including the delivery of services that support the treatment plan.
- Progress notes shall directly relate to progress made toward goals as outlined in the treatment plan and treatment plan reviews.
- Progress notes shall also reflect conversations with other treatment providers as to progress, test results and any medication changes.
- No other client names shall be identified in the client record.
- Empty spaces shall not be left in documentation. Any blank lines are to be crossed out or a line drawn through it.
- Errors in documentation shall be corrected by drawing a line through the error and initialing it.
- If documenting a late entry, the following procedure shall be followed: put current date and label "late entry", specify for what date the late entry is for and sign name.

Policy Last Updated 4/14
PSYCHIATRIC EVALUATION

POLICY

Clients in the Outpatient program with a psychiatric history or vulnerable to a psychiatric disorder shall have a psychiatric evaluation by the agency psychiatrist or a psychiatrist of his / her choosing provided he / she agrees. The psychiatrist may provide this service in the Outpatient program on an as needed basis. The psychiatrist is board-eligible with training and experience in providing services to clients with psychiatric and substance abuse disorders as well as clients with co-occurring disorders.

PROCEDURE

The following information is gathered during the evaluation process:

- Identifying Information
- Chief Complaint
- History of Present Illness including the identification of alcohol and other drug abuse
- Previous Treatment History including response to treatment
- Medical and Medication History including effectiveness, side effects, allergies and adverse drug reactions
- Developmental History
- Family History
- Mental Status Exam
- Assets and Strengths
- Formulation
- Diagnoses
- Treatment Recommendations and Planning

The client shall complete the required Intake Assessment. If it is found that a Psychiatric Evaluation is deemed necessary for further evaluation and the delivery of appropriate mental health services and the client is not already receiving mental health services, the staff shall discuss with the client, family and other appropriate persons the need for a Psychiatric Evaluation. Should the determination be that further evaluation is necessary, staff shall refer the client to the Psychiatrist of his/her choice within 10 business days.
DISCHARGE / TRANSITION & CONTINUING CARE PLAN

POLICY

Discharge and continuing care plans shall be provided for all clients who knowingly complete or leave treatment in order to ensure continuity of care. Discharge planning begins upon admission and continues throughout treatment until plans are finalized.

PROCEDURE

- A written continuing care plan shall be developed with the client prior to discharge. Family, significant others, staff, referral sources and any others shall participate in this process as appropriate. If the client is transferred to another level of care within the agency, the discharge continuing care plan is not completed until discharged from the agency. However, a program discharge and a transfer assessment are completed admitting the client into the new mode of treatment and/or level of care.

- The discharge and continuing care plan shall include the admission and discharge dates.

- The client, family, other personnel, and referring source, as appropriate, shall receive sufficient notice regarding discharge. Discharge planning is discussed throughout treatment and updated as needed with the client.

- The discharge and continuing care plan shall include the agency/individual responsible for follow-up care, provision of ongoing services, community resources, and relapse prevention skills.

- Discharge and continuing care plans include the ongoing medical, medication and behavioral health needs of the client.

- Referrals made will be specific to the individuals age, gender, disability/disorder or other special circumstances and may be made for any services determined appropriate.

- For clients, who had an unplanned discharge, documentation of actions taken to prevent the discharge will be documented in the narrative.

- All clients are contacted post-discharge to discuss participation in other service programs and continued well being.

- When a client has been discharged or removed for aggressive/assaultive behavior, the counselor shall attempt to contact the client within 72 hours post-discharge to ensure linkage to appropriate care.

- All individuals who participate in the discharge process shall receive a copy of the Discharge and Continuing Care Plan upon discharge. A copy is maintained in the client record.

Policy Last Updated on 4/14
DISCHARGE / Transition SUMMARY

POLICY

Clients shall be discharged from Connecticut Renaissance when treatment is complete, when a client fails to maintain contact for over 30 days, when a client fails to comply with rules and regulations or when a client is transferred into the care of another agency. A discharge summary shall be completed within 5 business days or within 35 days if no contact for each client discharged from Connecticut Renaissance, Inc. This summary shall be a report of all client interactions, services rendered, course of treatment, and treatment recommendations.

PROCEDURE

The Discharge Summary shall include the following information:

- Date of admission and discharge
- Treatment course, services provided and presenting problems including the client's strengths, abilities, needs, desires, and preferences regarding treatment
- Treatment goals and objectives established and the progress toward achieving those goals and objectives
- Type, frequency and duration of all treatment services rendered
- Reason for discharge/transition including all steps taken to engage the client and/or family and the recommendations for services or supports.
- Condition on discharge including status of employment, education, housing, legal, and substance use
- Referrals and recommendations including aftercare
- Discharge assessment that identifies the client's need for another level of care.
- Diagnoses on discharge
- If the discharge summary is completed by a non-licensed master’s level clinician, it will be reviewed, approved and co-signed by a licensed supervisor.

The discharge summary shall be placed in the client record within 5 business days of discharge or within 5 days following the thirty-day waiting period for clients who fail to maintain contact.

Policy Last Updated on 4/14
ADOLESCENT PROGRAM WAITING LIST
IN-HOME AND CLINIC BASED SERVICES

POLICY

When counselors have a full caseload and groups are filled to capacity a waiting list shall be maintained. The waiting list shall determine the order of selection for admission of clients awaiting services. The CYFSC does not have a slot capacity so a wait list is not anticipated.

PROCEDURES

- The Program Supervisor shall be responsible for maintaining the waiting list.
- When openings become available, clients will begin treatment on a first come first served basis.
- It may be found that some clients are of greater risk and need and thus require more immediate attention. Should this need be identified through the initial request for services by the client or requested by the referral source. The case shall be discussed with the program supervisor, who will then determine position on the waiting list.
- The waiting list shall contain the client's name, phone number and services being sought.
- A client will be placed on the waiting list after the referral has been reviewed. If the referral is found to be appropriate according to the treatment model and inclusionary criteria, then the potential client is accepted into the program and put on the waiting list if a slot is not immediately available.
- If client requires services in another language, the client will be granted the next available slot with a bilingual therapist.
- The Program Supervisor will be responsible for ongoing review of the waiting list. The frequency and type of contact shall be determined by the client's needs and the program structure. The CYFSC funder will be involved in the development of a protocol for contacting families during the waitlist period.
- All contacts and/or actions taken shall be documented on the waiting list such as referral to another program, disinterest in treatment, etc.
- The waiting list shall be reviewed with staff weekly and documented in supervision to discuss openings in case loads and new client referrals. Discharges are also reviewed weekly so as to determine open slots for wait list clients.
- Any client in need of immediate treatment shall be referred to another program in the community that best meets his/her needs.
- The client and the referral will be notified of the client's status on the waiting list.
- All information regarding the waiting list shall be retained by the Program Supervisor and used in the development of new programs or the expansion of existing ones.

Policy Last Updated on 4/14
REFERRALS

POLICY

Referrals are made when clients are found to be inappropriate for admission to outpatient services, upon completion of treatment or at any time during the treatment process when needed services are not available through Connecticut Renaissance. Services which may require a referral include but are not limited to: case management, community housing, domestic violence, inpatient services, medical services, obstetric and gynecological needs, health maintenance, dental services, partial hospitalization, recreation/leisure services, residential treatment, social/protective services, vocational rehabilitation, income maintenance, and the availability of advocates.

PROCEDURE

- Staff attain a knowledge of available community resources through networking collaborative meetings, InfoLine 211 and by conducting an internet search.
- Clients that agree with the referral recommendation shall be asked to sign a Release of Information allowing the counseling staff to share information with the other agency. The information released shall be limited to that which is necessary for the referral process.
- Outside services shall be scheduled and coordinated with the services provided by Connecticut Renaissance All services rendered will be incorporated into the client's individual treatment plan.
- Clients shall be referred to community self-help groups such as AA, NA, CA, etc. as appropriate to their treatment needs.
- Clients shall be provided information on the range of benefits available, the impact of employment on securing benefits and access to future benefits as appropriate including contacting advocacy and consumer groups.
- Whenever possible, information and pamphlets on the referral shall be given to the client.
- The client's record shall contain the place, date, reason for referral, contact person, and report of the outcome.

Policy Last Updated on 4/14
SCREENING FOR DRUGS & ALCOHOL

POLICY

Connecticut Renaissance is committed to a drug free lifestyle and environment for its client population. One aspect of our programs is to provide services to persons with substance abuse and addiction problems in order to obtain abstinence and improve overall functioning to successfully reintegrate clients into the community. To ensure this goal is met, drug and alcohol testing is conducted on all clients admitted to our programs. The purpose and goal of drug and alcohol testing is to monitor compliance with program rules that do not allow the use of alcohol and drugs. Staff will work closely with referral sources when substance use is suspected or confirmed.

Clients are prohibited from using any illicit drugs or alcohol within the Connecticut Renaissance facilities. Furthermore, clients are prohibited from using medication unless authorized by the program supervisor or a medical authority. Urine's shall be collected from all clients on a random basis and tested for drugs and or alcohol at least once monthly or as designated by program models; additionally as deemed necessary by the program supervisor or counselor at a given time and or by the funding authority.

Urine collections, which must be supervised shall be chaperoned by a staff member of the same sex when possible. For in-home models such as MST, clinicians will train caregivers on supervising and collecting the urine samples of the clients. Urine samples are marked with the client's code number, date, initials of the staff member collecting and type of substance/substances being screened. They are then stored in a locked refrigerator until the laboratory picks-up. Written results of all urines are returned by fax and confidentially stored in the client's record.

Other agency-approved drug/alcohol test screening equipment may be administered to any client when there is reason to suspect drug and/or alcohol use. Any positive result may require additional urine analysis testing through the normal laboratory submission process.

PROCEDURE

Client Identification for Testing

1. Clients admitted to our programs shall submit a urine sample for testing.
2. Clients shall continue to submit samples for testing on a random basis throughout their treatment regimen when appropriate.

Methodology and Handling of Urine Testing

1. Staff shall obtain a urine container and form from the locked storage area.
2. Clients shall be given one hour to produce a urine specimen. The client shall be encouraged to drink fluids to induce voiding. If they are unable to produce a specimen during this time, the counselor determines when the client must return to produce the specimen.
3. Staff shall wear disposable gloves throughout the entire procedure of handling urine specimens and shall wash their hands afterwards.
4. Once obtained, label the filled urine bottle with the client's code number and date collected. The client's name is never sent out on a bottle in order to protect confidentiality.
5. Urine samples shall be stored in a locked refrigerator for pick up by the lab.
6. The urinalysis standard panel screens are for five items: opiates, cocaine, THC, benzodiazepines, and methadone. The following drugs may be requested as needed: amphetamines, barbiturates, ethanol, PCP and propoxyphene.
7. The laboratory shall be notified of any prescription or over the counter medications currently being taken by the client producing the specimen for testing. The information is communicated to the lab at the time of the specimen submission.

8. Lab results are faxed securely to the designated location.

9. Specimens may be rejected for the following reasons: suspected tampering, insufficient volume or comprised chain of custody procedures. Suspected tampering shall be considered a positive result. Insufficient volume will result in an additional specimen being collected.

10. Compromised chain of custody procedures shall result in an additional specimen being collected and an internal investigation as to the cause. A plan of action shall be developed to avoid a recurrence.

11. All collected specimens shall be forwarded to the laboratory for testing and/or disposal.

**Screening for Alcohol Use**

1. Any counselor who has reason to believe a client has been drinking, must require the client to submit a urine sample.

2. Positive results shall be handled in the same way as a positive drug screening result.

**Drug and Alcohol Screening Supplies**

1. CT Renaissance maintains an agreement with a licensed laboratory who will replenish screening supplies as needed.

2. The unit supervisor or designee will contact the appropriate laboratory personnel as screening supplies are needed in order to make sure that proper supplies are maintained.

**Handling of Positive Test Results**

1. All results are returned by secure fax to designated location

2. Results are filed in the client record.

3. Positive results shall be reviewed with the client, reflected in progress notes and the treatment plan if appropriate.

4. Admittance to drug use based on test results shall be documented.

5. Residential - Record any positive results in the client's case record, and in the staff communication log.

6. Any positive results shall be discussed with the staff, including the program supervisor; in order to determine what effect the results shall have on the client's involvement in the program.

7. Residential - All positive test cases resulting in disciplinary action being taken are to be documented on an infraction document, which is to be placed in the client's case record, with a copy to be sent to the appropriate authorities in charge.

8. Residential - In collaboration with the referral source, the first positive urine may result in discharge/removal from the program or the following sanctions may occur: restriction of visitors, restriction of community access; restriction of phone and television use, extra house chores, and/or required written essays.

9. Residential - A second positive urine shall result in discharge/removal from the program. The staff shall work in collaboration with the referral source.

10. Outpatient - Drug treatment/interventions shall be utilized when positive results are received. Clients may also voluntarily request drug treatment/interventions.

11. The multi-disciplinary treatment team shall determine the most appropriate treatment plan for the client with positive urine results. The assigned counselor shall also work closely with the referral source for their input into this process.

12. Treatment plan interventions shall include but not be limited to the following: an increased treatment modality such as detox, IOP, relapse prevention groups, substance abuse education groups, risk reduction groups, individual substance abuse counseling, increased urinalysis monitoring, additional community substance abuse treatment and/or increased attendance at AA/NA meetings.

**Use of On-site Alcohol Testing Equipment**
1. When a client is suspected of being under the influence of alcohol staff may request that they submit to a Breathalyzer test for immediate results followed as necessary by a urinalysis.
2. Obtain alcohol testing equipment and follow instructions to obtain an alcohol rating.
3. Chaperone and monitor the alcohol test.
4. If results are positive, the client shall be questioned in order to confirm test results.
5. Admittance to alcohol use based on test results shall be documented.
6. Record any positive results in the client's case record, and in the staff communication log.
7. Any positive urine results shall be discussed with the staff, including the program supervisor; in order to determine what affect this shall have on the client's involvement in the program.
8. Residential - All positive test cases resulting in disciplinary action being taken are to be documented on an infraction document, which is to be placed in the client's case record, with a copy to be sent to the appropriate authorities in charge.

Use of On-site Urine Testing Equipment (Clinic or Home Based)

- Staff who provide home-based treatment administer instant drug screen tests utilizing specimen cups and dip sticks to read the results of the screens at the time of the urine collection.
- Some funding sources may also require on-site urine screen testing.
- If the dip stick shows positive, then the sample is submitted to the lab for levels.
- The instant drug screen kits continue to be used as the form of drug screening for In-Home programs or for funding sources that require such testing.
- Drug testing protocols are determined by funding source contractual agreements.

Staff Training
All staff required to conduct urine collection shall be trained to do so during their employment orientation period.

Policy Last Updated on 4/14
ABUSE & NEGLECT – ALLEGATIONS AND REPORTING
IN-HOME & CLINIC BASED SERVICES

POLICY

The use or knowledge of personal abuse, mental abuse, punitive, unusual or corporal punishment by clients or staff or in the supervision of clients is expressly prohibited. If having reasonable cause, suspicion, reports, or beliefs of said abuse, it shall mandate that immediate action is taken to ensure the safety of the client and that an investigation of allegations is undertaken and reported to the funding sources, federal, state, and local authorities as required. This also includes but is not limited to sexual assault/abuse, child abuse/neglect, mental abuse/neglect, spousal abuse/neglect, mental retardation abuse/neglect, and special needs persons abuse/neglect. The CCO/COO & Chief Executive Officer shall be notified of all reported instances.

PROCEDURE

Personal or Mental Abuse and Corporal Punishment

1. There are no instances in which personal or mental abuse, or in which punitive, unusual or corporal punishment may be applied in supervising clients. This policy will be strictly enforced by the Program Supervisor.

2. Violations of this policy will result in termination of the employee.

3. Any reasonable cause to suspect or believe a staff member or clients are involved in any form of abuse/neglect or in danger of abuse/neglect shall be reported to supervisory staff, the CCO/COO & Chief Executive Officer, Funding Sources and any or all federal, state, or local authorities including but not limited to, sexual assault/abuse, child abuse/neglect, mental abuse/neglect, spousal abuse/neglect, mental retardation abuse/neglect, and special needs persons abuse/neglect.

4. When there is suspected abuse/neglect, the Agency will support or act on behalf of the victim in pursuing means of self-protection. This includes but is not limited to informing the victim of means available for self-protection, additional community resources, and notification to a law enforcement agency.

5. In all cases of suspected abuse the agency shall ensure for the safety of the victim, investigate allegations and document the incident and findings.

6. The funding agency will be notified if the suspected abuser is a staff member.

Policy Last Updated 4/14
PROGRAM SUPERVISION OF CLIENTS
Clinic Based

POLICY

Clients shall be supervised at all times during program hours, field trips, recreational activities and/or community service.

PROCEDURE

In order to ensure the appropriate conduct of clients at all times, the following procedure shall be followed:

- At no point during program activities will clients be unsupervised. There will always be a staff member present in the immediate vicinity.
- Clients shall never be permitted to wander outside during program hours unattended or wander from the group in any outdoor activities.
- Program staff will monitor vicinity outside the building when the program day is over to ensure clients are picked up or obtain public transportation.
- No client shall be required to assume any staff responsibilities under any conditions.
- No clients shall be allowed special privileges or favors by staff for providing information pertaining to the activities of other clients.
- Where client councils/committees are formed, with the permission of the unit supervisor, their authority shall be limited to making suggestions and shall in no way constitute supervision, control, or authority over other clients.

Policy Last Updated on 4/14
PROVIDING SERVICES OFF SITE

POLICY

When services are provided out of the organization, Connecticut Renaissance, Inc. shall ensure the safety of the persons served and personnel. All personnel providing services off site shall attend training related to the identification of potential risks annually to ensure the safety of clients and personnel. This training shall be attended prior to any staff member rendering services in an off site setting. Furthermore personnel shall be provided information regarding liability during their orientation to Connecticut Renaissance.

PROCEDURE

- During a new employee's orientation to Connecticut Renaissance, all agency policies and procedures are reviewed.
- Employees providing off site services shall receive training regarding potential risks which is incorporated into the mandatory crisis intervention training held on an annual basis.
- The Crisis Intervention training curriculum shall include the identification of potential risks and ways to prevent them including steps to follow in case of emergency.
- Connecticut Renaissance's supervisory staff shall monitor off site services to ensure the safety of staff and clients. Monitoring shall be done through supervision, file audits, field visits and tapes of sessions.
- Adolescent staff are often required to enter neighborhoods or a family’s home that may prove to be a risky situation. Staff shall be aware of their surroundings and potential risks. If a staff member is uncomfortable with the environment of which they are entering, they should not enter, but rather contact their supervisor. Depending upon the situation, the supervisor may decide that two staff travel together. If the situation is deemed unsafe, the CCO/COO and supervisor shall discuss the case with the referral source and local authorities to develop an appropriate safety plan.
- Staff who are entering a client’s home, shall be weary of any pets in the home. Staff should report any allergies to animals to their supervisor. If possible, the supervisor shall assign the case to another staff. Staff shall request that any pet be closed off from the meeting area.
- If a staff is attacked by an animal, while providing services in the community, the following procedures should be followed:
  - Request information from the owner regarding the animal's record of shots.
  - Seek immediate medical attention.
  - Contact the local authorities.
  - Report incident to program supervisor, who will document on incident report as well as report incident to the Human Resources Coordinator.
- In the event that a client need emergency care, while in the community with staff, the following procedure should be followed:
  - If time permits, notify the program supervisor to explain the situation and confer regarding the plan for the emergency evaluation. The supervisor shall notify administrative staff of the emergency.
  - The emergency contact shall be notified. If they cannot be reached, a message shall be left.
  - **IF CLIENT IS IN IMMEDIATE DANGER CALL 911.**
  - Stay with the client upon offering reassurance and support utilizing non-violence intervention skills. Provide information as appropriate to emergency medical treatment providers as permitted by Connecticut Statutes regarding release of information.
  - Remain in phone contact with program supervisor.
- Document all activities in the client record.
- Refer to the “Emergency First Aid Procedures” policies for additional procedures in responding to various emergency situations.

- Refer to “Vehicle Accident” policy for procedures in responding to a vehicular accident.
- If a client is acting out, while a staff is transporting them in a vehicle. The following procedures should be followed.
  - The staff shall pull over and follow crisis intervention procedures as well as contact the program supervisor for further instruction.
  - Should the situation become resolved and the driver feels that it is safe to proceed, the driver shall transport the client either home or to the nearest agency facility.
  - If the driver and/or the supervisor feels that the situation remains unsafe, then the client’s emergency contact shall be called to pick up the client or the 911 should be called.

Policy Last Updated on 4/14
CLIENT MISCONDUCT
IN-HOME AND CLINIC BASED

POLICY

Any behavior that presents a major disruption to the treatment process shall be addressed in a fair and consistent fashion.

PROCEDURE

- The staff member witnessing the incident shall report it to the Program Supervisor who will then report to the CCO/COO.

- Program Supervisor shall complete documentation and incident report within 24 hours.

- A meeting with the client, staff member and the Program Supervisor shall be held within two program days to address the incident. For in-home programs, the meeting would take place in the home.

- The client shall have the opportunity to present their view of events.

- A consequence to the incident shall be decided and agreed to by all participants at this meeting.

- At this time a behavior contract may be initiated. This shall be at the discretion of the staff.

- The incident and actions taken shall be documented in the client record and discussed with family and referral source as appropriate.

- Continued failure to follow rules or maintain behavioral control may result in involuntary discharge from the program.

Policy Last Updated on 4/14
HANDLING OF ILLICIT AND/OR LICIT DRUGS

POLICY

The use of illicit or licit drugs on the premises of Connecticut Renaissance is not permitted. Persons served should plan their prescribed medication use outside of scheduled service times. If prescribed medication use is essential for medical purposes, the person served should discuss their medication needs with their counselor to make necessary arrangements for taking their medications.

The psychiatrist prescribes medication for clients when appropriate, but neither the staff nor the psychiatrist administers medications. Please see the “Pharmacotherapy” policy for more information on prescribing medications.

CLINIC BASED
PROCEDURE

- Agency staff are prohibited to administer medications or provide clients with any sort of licit drugs.

- Clients shall schedule their medication times outside of their time spent at Connecticut Renaissance.

- Should illicit or licit drugs be found on a client, agency staff shall confiscate, and lock up any drugs brought into the agency. Licit drugs may be returned to the client at the end of their session.

- The Program Supervisor and CCO/COO shall determine appropriate disposal of any contraband found.

- Contraband will only be destroyed in the presence of at least two staff members with the approval of the Program Supervisor and the CCO/COO.

- Should the CCO/COO and/or the Program Supervisor feel the situation warrants contacting the authorities, the Contraband shall be turned over to the authorities upon request.

- The counseling staff in conjunction with the Program Supervisor shall determine appropriate action toward the client up to and including program termination.

- A client’s medication needs and services shall be supervised by their prescribing physician.

- All prescription medications shall be documented in the client's case record.

- An adverse reaction to a medication is to be reported immediately to the program supervisor or counselor in charge. If necessary, a client experiencing an adverse reaction to a medication shall receive medical treatment. All adverse reactions are to be documented on an incident/accident form and in the client’s case record. Coordination of care shall also be considered when adverse reactions to medications are being observed.
IN-HOME
PROCEDURE

- When agency staff are providing service in the client's home, and illicit drugs are discovered in the home, if the illicit substance is found to be the adolescent's the counselor will work with the parent to encourage them to destroy the illicit drug. If the substance is found to be the parent's, then the clinician would contact the supervisor, who would contact CCO/COO, for next steps.

- Should the parent not cooperate, the clinician shall contact his/her Supervisor, who will then contact the CCO/COO. The parent will be notified that it is the agency's responsibility to file a report of neglect with DCF.

- The authorities and referral source shall be contacted as deemed necessary by the Program Supervisor and the CCO/COO.

Policy Last Updated on 4/14
SEARCHES

POLICY

Searches of the facility shall be conducted whenever there is just cause, i.e., to control contraband or locate lost or stolen property. Searches of a specific client's belongings shall be conducted whenever staff suspect the presence of contraband/lost/stolen property. Searches shall be conducted in a manner that avoids force, embarrassment or indignity to the client being searched. Searches shall never be used to harass or demean a client. Visitors to the facility shall not be subject to searches. Specific procedures for each kind of search shall stipulate who may authorize and conduct the search as well as the manner in which the search is to be conducted. This policy shall be made available to the public upon request.

PROCEDURE

Search of Premises

- Conduct and log other searches whenever there is a reason to suspect contraband is present on the premises or to locate lost and/or stolen property.
- The Program Director must authorize all searches. In the absence of the Program Director, the staff member next in the chain of command must authorize.
- Search may be conducted by staff members designated by the Director who approved the search.
- The following guidelines must be adhered to in searching the premises:
  a. Respect client property rights.
  b. Do not disrupt any more than necessary.
  c. Be as unobtrusive as possible.
  d. Do not use any force against clients in order to conduct the search. If a client blocks entry to a particular area or otherwise disrupts the search, use interpersonal skills to gain cooperation. In the event the client continues to inhibit the search, contact the Director immediately to find out how to proceed.
- If contraband or stolen property is found in the search, seize it, lock it up in a staff office immediately, and inform the Director in charge at once.
- After conferring with the Director, proceed with an agreed-upon plan, including notification of authorities, OAS Monitor, CCO/COO, Chief Executive Officer and/or other appropriate personnel.
- If the Director's directions include contacting the police, do this next. Cooperate with the police in completing their procedures.
- Make out an Incident/Accident report and forward a copy to the Program Director as soon as possible within 24 hours.
- Proceed with any disciplinary action as outlined in the Program Rules and Regulations.

Searches of a Client's Belongings

- Staff may conduct a search of a particular client's belongings when there is reason to suspect contraband is present and to locate lost and/or stolen property.
- The Program Director must authorize all searches. In the absence of the Program Director, the staff member next in the chain of command must authorize after discussing with the CCO/COO.
- The following guidelines must be adhered to in searching a particular client's belongings:
  a. Respect the client's property rights, taking care not to break or otherwise harm their property.
b. Do not disrupt any more than necessary.
c. Be as unobtrusive as possible.
d. Do not use any force against clients in order to conduct the search. If a client blocks an entry to a particular area or otherwise disrupts the search, use interpersonal skills to gain cooperation. In the event the client continues to inhibit the search, contact the Director immediately to find out how to proceed.

- If contraband is found, proceed as previously explained in Search of Premises section.

Searches of Visitors

- Visitors to the program shall not be subject to searches.
- Visitors suspected to be under the influence of drugs and/or alcohol shall be asked to leave the building.
- Visitors suspected of possessing contraband should immediately be reported to the Program Director or staff member in charge.
- After conferring with the Director, proceed with an agreed upon plan, including notification of authorities, OAS Monitor, CCO/COO, Chief Executive Officer and other appropriate personnel.
- If the Director's directions include contacting the police, do this next. Cooperate with police in completing their procedures.
- Make out an Incident/Accident Report and forward a copy to the Program Director as soon as possible within 24 hours.

Policy Last Updated on 4/14
INSURANCE AUTHORIZATION AND PRE-CERTIFICATION

POLICY

Connecticut Renaissance requests payment from third party payors whenever permitted. In order to secure reimbursement, the following procedure needs to be followed.

PROCEDURE

- When a prospective client contacts the program for an evaluation, the first step is to ascertain what type of insurance the client has, if any.

- If the client has insurance, determine if our agency is a participating provider with the plan by checking TIER payors. If so, instruct the client to come to the office with their insurance card. If not, explain the sliding scale fees based on income. Adolescent contracted programs do not collect any client fees. Insurance / 3rd party payors are billed if the client is eligible.

- Call insurance company to check benefits and/or to determine if the client must contact their carrier directly.

- Clients with Medicaid should give you their identification number, social security number and date of birth. Electronic verification can be completed.

- Clients with a private insurance, the counselor must go through the pre-certification process. The benefits number on the card should be called to gather specific information related to the client’s plan.

- Pre-certification for all services is the responsibility of the counselor.

- If we do not participate with the client's insurance plan, the counselor must try and obtain an out of network referral following the evaluation. Again the client should be instructed to bring their insurance card.

- Clients with insurance that we do not participate with or they are found to be ineligible with their payor should be informed of the sliding fee scale based on income. Adolescent contracted programs do not collect any client fees.

- All Outpatient Clinic clients should be instructed that they would be responsible for payment if their insurance company refuses pre-certification or they become ineligible.

- The counselor must complete authorization reports or telephonic reviews as necessary to ensure continued payment of services.

Policy Last Updated on 4/14
CRISIS INTERVENTION SERVICES

POLICY

Connecticut Renaissance shall arrange for crisis intervention services 24 hours a day, seven days a week through hospitals in the community.

OUTPATIENT PROCEDURES

- If a client is in crisis during off-hours or weekends the voice messaging system will direct the client to call the Waterbury Residential Services to speak with a counselor.
- The counselor shall determine if the client can wait until the next business day or should be referred to the hospital for an emergency evaluation. As well, the counselor should find out which program the client attends.
- If the client is safe and agrees to wait until the next business day, the counselor in Waterbury shall leave the Clinical Director a message as to what took place.
  - Clinical Director Norwalk/Stamford Outpatient: 203-866-2541 x 3005
  - Clinical Director Bridgeport Outpatient: 203-331-1503
- The counselor in Waterbury may decide to contact the Director for assistance if needed.
- If the client agrees to go to the hospital a referral shall be made.
- If the client refuses to go to the hospital and is in immediate danger the Waterbury counselor shall call the police in the city the client is located to notify them of the situation and ask for assistance.
- Clients prescribed medication and experiencing an adverse reaction shall be referred to the nearest emergency room.
- The Medical Director shall be available to the program staff for consultation twenty-four hours a day and seven days a week. The program staff shall contact the Medical Director as necessary.

ADOLESCENT ON-CALL PROCEDURES

- The MDFT, MST and CYFSC Adolescent programs shall have a staff person on-call 24 hours a day / 7 days a week.
- The supervisor of each program establishes a rotating schedule amongst its staff.
- Staff would be responsible for finding on-call coverage should they not be available during their scheduled time frame.
- The supervisor is always on-call and must secure coverage by another supervisor when on vacation or knowing that they would be unavailable to respond to a client emergency.
- When on-call staff are contacted by a client or a client family, they must return the call within 30 minutes.

MST Supervisor Bridgeport
Office: 203-367-7570 x2306
Cell: 203-644-2366

MDFT Supervisor
Office: 203-367-7570 x2320
Cell: 203-455-4976

CYFSC Bpt Supervisor
Office: 203-368-9755 x 2362
Cell: 203-993-0592

CYFSC Nor/Stam Supervisor
Office: 203-854-2915 x3021
Cell: 203-919-3608

Policy Last Updated on 4/14
USE OF SECLUSION & RESTRAINT

POLICY

The use of seclusion and restraint including the use of physical holds is not permitted in the Connecticut Renaissance Outpatient Clinics.

Crisis intervention procedures may require the implementation of a therapeutic restraint, should the client become engaged in an eminently harmful situation. Should the restraint of a person served be necessary, it would be documented as a critical incident. The Executive Director or designated supervisory staff would review the incident and sign off within 5 business days on any use of restraint on a person served. Any use of restraints, would be logged and reviewed for patterns of use, history by personnel, environmental contributing factors, assessment of program design for contributing factors and used for performance improvement.

Connecticut Renaissance does not practice the use of seclusion or restraint. The agency recognizes that a client may be present in a situation that may cause imminent harm. In the event that a staff person feels a client is in imminent danger (i.e. – client runs out into traffic, the staff must act in a nonviolent, but effective manner to ensure his/her safety), the staff after finding that verbal communication has not worked may need to hold the person back from entering into the harmful situation. All direct service staff are trained in following safe appropriate procedures during their annual 2 hour Crisis Intervention Training.

Refer to the policy titled Handling of Psychiatric Emergencies for further information.

Policy Last Updated on 4/14
RESIDENTIAL PROGRAMS

Residential Program Description
Screening
Waiting List
Client Program Classification
Admission & Orientation
Evaluation & the Intake Interview
Treatment Planning
Progress Assessment
Staff Coverage
Counseling Services Policy
Vocational/Educational Services
Client Finances
Referrals & Community Resources
Notifying Family & Authorities of Resident Illness, Injury or Death
Client Rules & Discipline
Screening for Drugs & Alcohol
Client Relapse
Resident Property
Searches
Telephone and Cell Phone
Visitors
Sleeping Quarters
Personal Hygiene Supplies
Bathroom & Laundry Facilities
Food Preparation & Services
Food Purchasing, Delivery & Storage
Maintenance of Food Storage Areas
Meal Planning
Supervising Clients
Monitoring the Location of Clients
Client Supervision During Maintenance Activities
Supervision of Clients while in the community
Family Re-Unification Passes
Leisure Time Activities
Religious Services
Client Return to Community
Client Program Termination
Escape
Discharge & Continuing Care Plan
Discharge Summary
Transportation of Residential Clients
Supervision of Self-administration of Medication (Also in Medical & Health)
CONNECTICUT RENAISSANCE, INC.

RESIDENTIAL DRUG TREATMENT

PROGRAM DESCRIPTION

Connecticut Renaissance, Inc. is a not for profit mental health and substance abuse treatment agency that provides outpatient, residential, and half-way house services to individuals, groups, and families throughout Connecticut. Our Residential Drug Treatment facilities provide integrated services to adult males with substance abuse and/or co-existing substance abuse and psychiatric disorders. Our program also encourages the participation of family and/or significant others in treatment when appropriate.

The Residential Inpatient programs serve people referred through the welfare system, adult probation, parole, other treatment facilities, local hospitals, Detox programs, therapists in private practice, employers, family, and friends. The length of the program is dependent on the client's needs and progress.

The services offered in our drug treatment programs include, but are not limited to, individual counseling, group therapy, intensive treatment, stress management, psycho-educational groups, couples enrichment, family therapy, anger management, and relapse prevention. All treatment follows evidence based or research based treatment models, including Motivational Enhancement Therapy and Cognitive Behavioral Therapies. In addition to prescribed therapies, the staff recognizes the importance of self-help groups available in the community. This may include referrals to social organizations, AA, Over Eaters Anonymous, etc. The treatment process is greatly enhanced through such referrals as it helps to maintain the durability of change. These programs are integrated into the client's treatment plan when appropriate.

Our philosophy is to treat all conditions simultaneously through a variety of treatment modalities in order to maximize our clients' recovery effort and improve their overall functioning. The primary goals and expected outcomes of this program are designed to enhance the psychological and social functioning of our clients, enhance self-esteem, increase coping abilities, and improve vocational, educational, and social opportunities. In cases where problems with alcohol and drugs exist, the primary goal is abstinence or at least an interruption of a potentially harmful pattern of use. All services are designed and implemented to support the recovery and/or stabilization of the client, enhance the client's quality of life, reduce symptoms, build resilience, restore and/or improve functioning, and prevent additional functional impairment and support the integration of the clients into the community.

Needs of special populations are taken into consideration and met whenever possible. Upon initial referral and during the intake interview, needs are identified and discussed. Any adaptive devices or assistive technology identified as a need is made available to the client whenever possible. If the agency is unable to obtain or provide the identified need then resources in the community are contacted for assistance. The program also provides services that are sensitive and relevant to the diversity of the client population.

Policy Last Updated on 4/09
SCREENING

POLICY

All clients shall complete a screening process prior to admission. Designated staff shall oversee the screening process. Criteria for admission shall be maintained by the program in conjunction with the referring or funding sources. Program criteria for admission shall be based on the agency's ability to deliver effective services. Admission criteria shall be disseminated to referring agencies, funding sources and other interested parties. No client shall be denied acceptance in accordance with state and federal statutes, which include, but may not be limited to, race, color, creed, national origin, economic status, political belief, gender, or disability.

A screening folder shall be maintained for each client when requested or required by referral source. The referral source shall be notified in writing of the results of the screening within 2 business days of the evaluation. If they client were to be accepted a tentative admission date would be established and communicated. When a client is not accepted, specific reasons shall be provided. Upon request, a client shall be provided specific reasons for their acceptance or denial. See section B, eligibility criteria.

PROCEDURES

A. Screening Process

1. When a client is referred for admission, the referral source shall provide the necessary information for the screening process to take place.
2. Staff shall review the referral source information prior to completing the client's screening process.
3. The first step of the screening process may be, but not limited to, a phone interview. Designated staff conducts the initial phone screening. The program director may assign a specific staff as necessary.
4. A person may be denied at the time of the phone screening based on the program's / facility's criteria. See exclusionary criteria below. It may also be decided that the client is more appropriate for a different level of care or program.
5. The screening process shall be conducted on the phone or in person. The staff member screening the client shall provide information to the client regarding CT. Renaissance Inc. programming, gather client information and discuss the client's motivation and goals.
6. Staff who conduct the screening shall confer with the client's referral source and request further information as needed, i.e., institutional conduct records, criminal history, medical history, sexually aggressive behavior and other treatment history.
7. If applicable, staff shall arrange to review the case with the Program Director, and/or the treatment team giving their recommendation for acceptance or denial.
8. The program's eligibility criteria shall be used in determining whether a client is appropriate for admission.
9. In determining the client's program location, coordination between the program director and designee shall take place prior to the referral source being notified of acceptance or denial. The program completing the screening process shall communicate acceptances and denials to the referral source. The designated staff shall coordinate client waiting lists and referrals.
10. The designated staff shall notify the appropriate referral sources of the screening outcome, using the appropriate form(s). If the client is denied entry, the reasons for their denial are to be provided.
11. When a written request from a client is received, reasons for their acceptance or denial shall be forwarded.

B. Eligibility Criteria

The following eligibility criteria are to be used as a guide in determining the appropriateness of a client for admission into a CT. Renaissance program:

i. Be approved for possible placement by the referral source.
ii. Be cleared medically.
iii. Meet funding sources criteria.

Rejection or exclusion of individuals will be seriously considered for the following:

v. A history of aggressive or deviant sexual behavior.
vi. Any psychiatric disorder beyond Quadrant III or outside the scope of the program’s ability to effectively meet the client’s needs or severe mental retardation.
vii. A medical problem that the program is not equipped to handle.
viii. An active communicable disease that, after evaluation, is determined to be inappropriate due to the high risk to the other clients and staff.
ix. Depending upon the circumstances, a client may also be denied for endangering behavior.
WAITING LIST

POLICY

When the facility has reached capacity a waiting list shall be maintained. The waiting list shall determine the order of selection for admission of clients awaiting services.

PROCEDURES

- The Program Supervisor shall be responsible for maintaining the waiting list.

- When openings become available, clients will begin treatment on a first come first served basis.

- It may be found that some clients are of greater risk and need and thus require more immediate attention. Should this need be identified through the initial request for services by the client or requested by the referral source. The case shall be discussed with the program supervisor, who will then determine position on the waiting list.

- The waiting list shall contain the client's name, phone number and services being sought.

- A client will be placed on the waiting list after the referral has been reviewed. If the referral is found to be appropriate according to the treatment model and inclusionary criteria, then the potential client is accepted into the program and put on the waiting list if a slot is not immediately available.

- If client requires services in another language, the client will be granted the next available slot with a bilingual therapist.

- The Program Supervisor will be responsible for ongoing review of the waiting list. The frequency and type of contact shall be determined by the client's needs and the program structure. The FSC funder has requested that the program not contact the client while on the wait list.

- All contacts and/or actions taken shall be documented on the waiting list such as referral to another program, disinterest in treatment, etc.

- Any client in need of immediate treatment shall be referred to another program in the community that best meets his/her needs.

- The client and the referral will be notified of the client's status on the waiting list.

Policy Last Updated on 4/12
CLIENT PROGRAM CLASSIFICATION

POLICY

Client supervision is an important aspect of our residential programs. Upon admission, clients shall be assigned to Orientation Status. Orientation Status offers the most intensive supervision, which is designed to assist and motivate the client to attend groups, learn the program rules and work towards their treatment goals. Supervision levels are based on the client's overall program participation, program violations, treatment plan progress, legal status, and length of time in the program. Community activities shall be directly correlated to the client's supervision levels and legal status. In collaboration with the referral source, the program staff shall allow the clients community activities only after the following have been taken into consideration: public safety, criminal history, treatment needs, public concern, victim concern, and location of activity.

PROCEDURE

Orientation Status

- The clients shall participate consistently in all program offerings.
- The client's shall have access to the community for the purpose of scheduled appointments such as medical, psychological, religious and/or financial/entitlements.
- The clients un-supervised off grounds activities shall be approved by the supervising legal authority.
- Any access to the community for clients residing at the Intensive Residential Co-Occurring Center will be under staff supervision

Community Access

- The clients shall participate consistently in a minimum of 20 hours per week (30 hrs for the Co-Occurring Center) of programming, maintain negative urines, and show progress towards goals.
- The clients shall enter the community with appropriate mandated paperwork such as a furlough book or a pass authorization paper.
- The clients shall attend educational/vocational training and or employment. Staff shall verify the client's educational/vocational training and or employment initially and on a weekly basis. Staff shall review the client's pay stubs to confirm weekly hours worked.
- The clients are strongly encouraged to attend one weekly 12-step support group or other positive support group. Staff shall verify the client's group attendance.
- The clients shall be granted passes for appropriate social activities. When required, staff shall obtain approval from the supervising legal authority. Passes/furloughs shall be no more than 8-12 hours in duration depending upon the client's circumstances.
- Clients shall be able to attend appointments

Residential TIERS

All clients are eligible for Tier advancement based upon progress in treatment.

1st Tier (Orientation)

- 24 minimum hours of groups are required per week.
- Client will attend 24 hours of group based on the core groups and individuals needs.
- Clients are exempt from the Vocational Skills groups.
• Clients must attend 1 Orientation Group
• After two weeks of being admitted to the program referrals for BRS, DDS, and DSS (for social security card) and NOW building (for birth certificates) will be made with clinicians. Clients will be able to access religious services.
• To become eligible for transition to Tier 2, clients must be compliant with all program rules and requirements. An infraction will inhibit clients from transitioning to the next tier. Clients are required to have one family session completed before becoming eligible for the next tier.
• Request to be transitioned to Tier 2 shall be completed after treatment plan review with clinician.
• INCENTIVE – IF 26 HOURS ARE ACHIEVED CLIENT WILL VISIT THE REWARD CABINET – (everyone)

2nd Tier (Community Access/No Look for Work)
• 22 minimum hours of groups are required per week.
• Client will attend 22 hours of group based on core groups and the individual’s needs.
• Vocational Skills groups need to be included in the 22 group hours.
• To become eligible for transition to Tier 3 clients must be compliant with all program rules and requirements; otherwise an infraction may be received. An infraction will inhibit clients from transitioning to the next tier. Along with following program rules and requirements, clients are required to have one family session completed before becoming eligible for the next tier.
• Request to be transitioned to Tier 3 must be completed after an informal treatment plan review with clinician.
• First pass is always 4 hours
• Eligible for 4 hour pass additional 2 hours can be earned if client attends 24 hours of group total of 6 hours can be earned
• Client must create plan with the Vocational Facilitator for transition to Tier III
• INCENTIVE – IF 24 HOURS ARE ACHIEVED CLIENT WILL VISIT THE REWARD CABINET – (DOC only)

3rd Tier (Community Access/ Look for Work) 20 minimum hours of groups are required per week.
• Client will attend 20 hours of group based on the individuals needs.
• Vocational Skills groups need to be included in the 20 group hours.
• Client will be eligible for Vocational Lab based on Vocational Skills facilitator recommendation.
• To be transitioned to Tier 4 clients must attain employment after successful completion of Tiers 1, 2, and 3.
• Eligible for 6 hour pass 2 additional hours can be earned if client attends 22 hours of group
• LFW criteria – submit work plan during vocational networking group. Vocational Facilitator will approve and forward to your counselor for approval.

4th Tier (Employed, School, Community Service))
• 20 minimum hours of groups are required per week.
• Client will attend 20 hours of group together based on the individuals needs.
• To successfully complete the program client must continue be compliant with all program rules and requirements; otherwise an infraction may be received or depending on the severity, administrative action may be taken. Along with following program rules and requirements, clients are required to have one monthly family session to remain in good standing.
• INCENTIVE – IF 22 HOURS ARE ACHIEVED CLIENT WILL VISIT THE REWARD CABINET – (DOC only)
Note: Clients are required to have their personalized group schedule with them at all times. For schedules to be approved, they must be initialed by clinicians and signed off by a supervisor.

Program Violation (Infraction) – As a result of receiving an infraction, client will lose home pass for the week of violation, client must participate in orientation group. If client does not participate in orientation group the infraction will not be resolved, which will result in non advancement to the next tier

Core groups (*) should be attended by all clients

Policy Last Updated on 4/12
ADMISSION AND ORIENTATION

POLICY

All clients who are approved for admission shall complete an intake process upon arrival at the facility. Under staff supervision, the clients shall complete case record paperwork and a drug screening. Furthermore, they shall be orientated to the facility, assigned a primary counselor, have an opportunity to review and discuss program rules and regulations, services available, program goals, rules governing conduct, possible disciplinary actions, and any limitations of available services. Clients shall agree to abide by the rules, regulations, and general programming standards, and acknowledge such understanding by signing the Client Handbook Acknowledgement Form.

PROCEDURES

Admission

- Upon arrival, the new client shall be greeted by staff, informed of the intake and orientation process.
- Staff shall collect prescriptions and or over the counter medications from the new client. Staff shall register and secure medications according to procedures. Medications will not be accepted if the seal has been broken or has been tampered. Any open medications shall be re-ordered.
- Staff shall collect a supervised urine sample which shall be screened for drugs and alcohol.
- Staff shall assign a client to show the new client around the facility and grounds.
- Staff shall assign the client a sleeping area; issue bed linens if available, personal storage space, and personal hygiene articles as needed.
- Staff shall discuss personal property boundaries.
- Staff shall screen the clients personal belongings for contraband.
- Staff shall meet with the client and complete the intake package.
- Staff shall discuss the rules and regulations with the client, and answer any questions.
- Staff shall provide the client with a Client Handbook. Upon review of the handbook the client shall sign and date a form agreeing to abide by the rules, regulations, and general programming standards. The client shall complete and sign any additional paperwork mandated by the legal authorities overseeing their program placement.
- When information shall be needed from other sources or when the program shall need to release information regarding the client, staff shall complete the release of confidential information forms. According to HIPPA regulations.
- Staff shall provide the client with information to be completed during their orientation. Staff shall instruct the client regarding the information including any restrictions that apply.
- Staff shall inform the client when group and individual counseling sessions shall take place and the program responsibilities that shall pertain to them.
- When required staff shall take a photo of the client that shall be attached to the appropriate form.
- At the end of the intake staff shall have the client contact their family or significant others to arrange for clothes and money to be delivered. Staff shall explain program rules and regulation to the client's family and or significant others.
- Staff shall conduct a client assessment and make the necessary referrals for drug education/counseling assistance, employment assistance, mental health assistance,
educational/literacy assistance, identification assistance, and or medical/dental assistance.

- Staff shall document client referrals to community based services.
- Staff shall review the case record making sure it has been completed correctly.
- Staff shall obtain client visiting information.
- Staff shall complete any paperwork required to grant the client access to the community.

**Orientation**

The goals of orientation are to assist the clients to become oriented to the facility, other clients, staff, and the program structure. The clients and counselor shall complete orientation paperwork. Staff shall have frequent meetings with the clients, develop treatment goals, schedule appointments with community resources, develop a discharge plan, and complete the planning for leisure time in the community.

- Staff shall review criteria for supervised / unsupervised time in the community. The basis for supervised versus unsupervised time is dependent upon the level of care and the client’s circumstances as determined by the treatment team.
- When the client needs personal articles, they shall have a family member or significant other bring the articles to the facility with approval and under the supervision of a staff member.

- The clients shall complete the orientation package, that includes the following:
  a. a review of the client handbook
  b. signing of the client orientation acknowledgement form
  c. completion of the program property form
  d. completion of the treatment plans within 7 calendar days of admission
  e. completion of the visitors sheet
  f. completion of consents & HIPPA Acknowledgement

- Staff shall review and approve the orientation documents. Staff shall provide support to the clients with language / literacy difficulties.
- Staff shall facilitate individual and group sessions with the clients.
- The clients shall with staff collaboratively develop treatment goals and a discharge plan.
- Staff shall schedule appointments with community resources.
- The clients shall participate with staff to develop pass/furlough or community based leisure time activities.
- The clients shall be allowed visits after their admission into the program.
- Fire Safety & Emergency Procedures shall be reviewed at the time of admission.
EVALUATION AND THE INTAKE INTERVIEW

POLICY

All individuals referred to Connecticut Renaissance will undergo an evaluation interview on the premises to assess eligibility for admission to residential treatment. A qualified staff or supervisor as determined by agency standards performs the evaluation. The evaluator gathers pertinent information regarding the individual's needs and presenting problems including the individual's abilities, aptitudes, skills and interests. The purpose of the evaluation is to assess for the appropriateness of available services. Within the evaluation process the ASAM (American Society of Addiction Medicine Patient Placement) criteria is utilized to assist the clinician in determining the individual's appropriateness for Residential or Intensive Residential treatment including the appropriateness for admission to Connecticut Renaissance. In addition to the ASAM, the DSM IV, CAGE-AID, the MHSF-III, URICA, collateral information from the referral source and the client's own reports of strengths, needs, abilities and preferences are used to provide a thorough assessment of the client's needs. When appropriate and with the permission of the client, information may be obtained from family members, friends and peers and/or other sources. The client is admitted during the intake interview.

PROCEDURE

There shall be initial and ongoing assessment of the client. Every effort shall be made to provide assistive technology if needed for the client to participate in the assessment process.

The evaluation shall identify and document the immediate and urgent needs of the person being interviewed by collecting the following information:

These interviews and assessment tools shall:

- Be respectful to age, gender, social preferences, sexual orientation, cultural orientation, psychological characteristics, physical conditions and spiritual beliefs.
- Identify and clarify the expectations of the client and the role of the agency staff.
- Be responsive to the changing needs of the clients.
- Contain information which is adequate to result in individualized and goal oriented, person centered planning.
- Contain a section which identifies what the client wants from the services or why the person is coming for services.
- Communicate the results of assessments to the client, personnel and other persons as appropriate.

PROCEDURE

Prior to conducting the intake assessment the client signs the Consent for Treatment form after verbalizing an understanding of its contents. The following information is gathered during the evaluation / intake interview:
• Identification Data - name, address, date of birth, social security number, referral source, gender, race, religion, citizenship, birth place, primary language, and military status.

• Emergency Information - name, address, phone number of person to contact in case of emergency including name, address and phone number of next of kin.

• Drug History and Drug Treatment History (including tobacco)- date of last use, amount, frequency, route and age of onset for all drugs; physical complications due to drug use, previous treatment, both inpatient and outpatient, including outcome of treatment, and utilization of community resources.

• Psychiatric History - previous treatment both inpatient and outpatient including outcome of treatment, utilization of community programs, symptoms experienced in the client's lifetime and within the last thirty days including risk taking behaviors. Also a history of medications taken past or present, and mental status shall be gathered.

• Family Information - family relationships, history of psychiatric or emotional problems in family. History of abuse whether emotional, physical or sexual.

• Living Arrangements - relationships within the household, satisfaction with living arrangements and sexual orientation.

• Social Relationships - leisure activities, social supports, serious problems affecting relationships with others, and history of abuse.

• Legal Status - history of arrests, convictions and incarcerations, name, address and phone number of probation/parole officer, name and address of attorney.

• Medical History - name, address and phone number of physician, previous hospitalizations, any chronic health conditions, pregnancy, medications, efficacy of current and previously used medications, medication allergies, adverse reactions to medications, and any history of communicable infectious diseases including HIV.

• Education - highest level of education completed, school performance, learning disabilities, and language/literacy difficulties.

• Employment - employment status, present or last employer, occupation, income over past year, highest yearly income, impairment in the workplace, if applicable, and attitude towards employment.

• Financial/Support Status - current household income, sources of income, resources received within last thirty days.

• Insurance Information

• Clinician's Assessment - The Clinicians assessment is a written narrative which includes information regarding the client's mental status, cognitive, emotional and behavioral functioning, and diagnosis. The assessment may also include information about psychiatric assessments, previous treatment and diagnosis, psychological assessments, medication status and it's efficacy, allergies or adverse reactions to medications, pertinent medical care, community programs, and adjustments to disorders and disabilities. The Clinicians assessment also includes recommendations for treatment.
- The Bio-Psycho-social shall include history and chronology of co-occurring disorders and the interaction between them is examined.

Following the evaluation the clinician makes a preliminary diagnosis and level of care recommendation utilizing the ASAM criteria. Once information is gathered, a Behavioral Health Evaluation Narrative Assessment is written, which includes the clinician’s observations, a brief risk assessment, an initial treatment plan and preliminary discharge plan. The narrative is written based on the client's expectations including their strengths, needs, abilities, attitudes, skills and interests. This assessment is conducted within specific time frames and is used in the development of the individual treatment plan. This assessment will identify any co-occurring disabilities/disorders that should be addressed when developing the individual plan including preliminary discharge plans.

Policy Last Updated on 4/12
TREATMENT PLANNING

Residential

POLICY

Treatment plans shall identify a separate problem, the plan of intervention, and the criteria for achieving the stated goal. When the client understands and agrees with the treatment plan both the client and the primary counselor shall sign and date the treatment plan.

Each client admitted to residential services shall have a written, individualized treatment plan. The treatment plan shall be prepared using the information collected during the evaluation and intake interview. Based on the assessment of clinical needs, the plan shall address the client's strengths and abilities; goals and objectives; and criteria for achievement of plan. Treatment shall be planned, reviewed, and evaluated at regular intervals. The treatment plan shall serve as an organizational tool whereby the care rendered to each client is designed, implemented, assessed and updated in an orderly fashion.

Initial treatment plans for clients shall be completed by the primary counselor and the client within the first week of the client's admission. Treatment plans shall identify goals to assist the client acclimate to the program. Additional treatment plans shall be completed by the primary counselor and the client throughout the course of the client’s program participation.

Treatment plans shall be reviewed within the first thirty days of the client's admission into the program and every sixty days thereafter. Changes and approaches to the client's problems and behaviors shall be documented on the clients treatment plan review. Changes and approaches to the client's treatment plan shall be reviewed and discussed with the client. Treatment plans and treatment plan reviews shall be signed and dated by the primary counselor and the client.

The individual plan shall be based on the initial and ongoing assessment of the client. These assessments shall:

- Be responsive to age, gender, social and sexual preferences, cultural orientation, psychological characteristics, physical situation and spiritual beliefs.
- Provide identification of the strengths, abilities, needs, and preferences of the client.
- Identify the expectations of the client and agency staff.

PROCEDURES

- The primary counselor shall meet with the client to discuss their view of problem areas and objectives. The primary counselor shall take into consideration the client's input and motivation. When there are areas which the counselor views as problematic, but the client does not, these areas may still be included in the treatment plan provided the client agrees to at least explore these areas.

- Initial treatment plans shall be completed within 7 calendar days of a client's admission into the program.

- For clients with a co-occurring disorder, the treatment plan shall reflect the impact of substance abuse on the psychiatric disorder. Plans shall routinely address both disorders equivalently and in specific detail. Interventions in addition to medication are used to address mental health disorders.
• The treatment plan and reviews shall be focused on the integration and inclusion of the client into the community, family and/or natural support system, and other services as needed.

• The treatment plan shall include all previous diagnostic and medical treatment information that is appropriate to the formulation of this plan.

• The treatment plan shall discuss the Stages of Change in relation to each goal. Stage of change or motivation is routinely incorporated into the individualized plan; formally prescribed and delivered stage-wise treatments for both substance use and mental health disorders.

• The treatment plan will specify the services which will be provided by the program.

• The treatment plan will identify any referrals that will be made for additional services needed beyond the scope of the program.

• The treatment plan will specifically address the needs of clients with co-occurring disorders in a manner which is both appropriate and integrated. These services will be provided by qualified personnel.

• The primary counselor shall describe in writing the issue or behavior defined as problematic, the plan of intervention and the criteria for identifying achievement of the treatment plan. The primary counselor shall identify whether this is a "short-term" or "long-term" goal and a target date for achievement.

• The treatment plan shall be reviewed at thirty days, sixty days and every sixty days thereafter. The Co-Occurring Center shall complete weekly case summaries which shall act as treatment plan reviews. The treatment plan shall be modified as needed due to major changes in the client's treatment. Any major changes to the treatment plan shall be made with full knowledge, active participation and full agreement by the client. The primary counselor shall document those goals that have been achieved and identify any changes or additions to the treatment plans.

• The treatment plan shall be communicated in an understandable manner to the client, the staff members involved in the client's treatment and when appropriate, to the referral source and purchasers of service.

• A progress note shall be written in conjunction with the development of the treatment plan and each treatment plan review to document attendance at the meeting as well as the outcome.

• Any restriction of rights placed on clients shall be reviewed frequently for purpose and effect.

• The treatment plan / review shall be coordinated and integrated with all services received by the client including medication. The plan shall also identify needs beyond the scope of the program and make appropriate referrals.

• The treatment plan / reviews shall be signed by the client and the counselor who is responsible for implementing the plan, a copy provided to the client upon request and it shall be entered into the case record.
• The primary counselor shall involve agents of the client’s committing and or referring authority in the development of ongoing monitoring of the client's treatment recovery Plans / Reviews.

TREATMENT PLAN COMPONENTS

• **Problems:** The problem(s) identified during the assessment process, which shall be addressed in treatment.
• **Goals:** Goals shall reflect the informed choice of the client and be expressed in the client's own words. Goals shall be appropriate to the client's age and culture and based on the client's abilities, strengths, preferences and needs. Time frames shall be established for all goals and be based on the projected length of stay.
• **Objectives:** Objectives are the stepping stones to goal achievement. Objectives shall be measurable, achievable, time-limited, understandable to the client, reflective of the client and the team's expectations, appropriate to the treatment setting, reflective of the client's age and development, culture and ethnicity and responsive to the client's disability/disorder.
• **Treatment Interventions:** Treatment interventions shall include frequency and be specific to the services rendered. When the person served has a co-occurring disability/disorder, services are provided by personnel, either within the organization or by referral.
• **Discharge Plan and Discharge Criteria:** The treatment plan shall include information on conditions for transition to other services.

Policy Last Updated on 4/12
PROGRESS NOTES

POLICY

The clients progress within the program shall be reviewed weekly by the primary counselor. Case presentations are conducted at clinical staff meetings. All group sessions and individual sessions are documented in the agency progress note format. A weekly case summary/progress note is generated summarizing the clients progress towards goals and participation in treatment activities. Staff shall also note any new developments in the clients work or educational plans, any program interventions, counseling sessions, disciplinary actions, accidents or incidents, furloughs, passes, and visits. All progress notes are to be entered into the client record within 24 hours. Entries into the clients case record shall be signed and dated by the staff member entering it. Client progress reports shall be made available to committing and or referring authorities.

PROCEDURES

- The primary counselor shall complete a weekly case summary. They shall report how many individual, group and family counseling sessions were held, referral results and additional pertinent client information.
- The counselor shall summarize the clients progress in the program, document any problems occurring that week including positive urines, disciplinary decisions, incidents, behavioral contracts if applicable and grievances. The client will be included in this process. The counselor shall advise the client of the documented review. The counselor shall sign and date their documentation.
- The counselor shall enter detailed notes into the appropriate sections of the clients case record including medical appointments, legal obligations and other pertinent client information.
- In addition to weekly documentation the primary counselor shall place documentation into the client case record on a going basis whenever anything noteworthy occurs, so that other staff reading the client case record shall be aware of the clients current issues.
- The primary counselor shall review and discuss the clients progress within the program during the clinical staff meeting. The results of the clients progress review shall be documented in the clients case record.
- The counselor shall make client progress reports available to committing and or referring authorities monthly.
- The progress notes shall be directly related to the treatment plan.

Policy Last Updated on 4/12
STAFF COVERAGE, REQUESTING VACATION TIME AND CALLING OUT

POLICY

There shall be a sufficient number of staff on duty at all times. Shifts shall be assigned to assure that there is adequate coverage during the times when most clients are in the facility and in need of services. During all shifts (24 hours a day) staff will be awake, available and responsive to client needs.

In the event of a concerted employee work stoppage or other job action, supervisory personnel shall be responsible to maintain program operations on a 24-hour a day basis.

Every effort shall be made to maintain a B-Lingual speaking staff member in order to adequately meet client needs. When a literacy problem exists and a client is unable to read facility rules, regulations, etc. special assistance shall be provided, including utilization of a literacy volunteer.

PROCEDURES

1. The Program Director shall be responsible for assigning and scheduling staff. A staff schedule shall be prepared in advance and posted. The schedule shall be adjusted in order to maintain a sufficient number of staff on duty.

2. Staff coverage shall be reviewed periodically to determine if:
   a. Enough staff are available 24-hours a day to provide counseling and other assistance during the hours when most clients are in the facility.
   b. At least one staff member is available and responsive to clients’ needs at all times. Staff are not permitted to sleep at any time.
   c. Clients are receiving assistance for their language or literacy problems.
   d. The schedule is adjusted for staff days off, holidays, vacations, and sick leave and a sufficient number of staff remain on duty.
   e. Staff are allowed and are taking time off as earned and requested.
   f. At least one person on each shift shall be CPR certified.

Policy Last Updated on 4/12
COUNSELING SERVICES POLICY

POLICY

All clients shall be provided with and be required to participate in group and individual counseling. To insure for continuity of services a primary counselor shall be assigned to each client by the unit supervisor. Counseling services shall include, but not be limited to, assistance in the areas of drug and alcohol abuse, mental health tx, housing, employment, finances, family/relationship matters, vocational/educational needs and after care planning. In addition to group and individual counseling sessions each week, clients with a history of drugs and/or alcohol abuse shall be strongly encouraged to attend at least one self help group meeting each week. Referrals to community resources shall remain an important aspect of the counseling services offered. The Clinical Director shall oversee counseling services.

PROCEDURE

A. Individual Counseling
   1. During the clients first week of arrival to the program, the unit supervisor shall assign a primary counselor. The counselor, as well as the client, shall be informed of the assignment. Individual counseling sessions shall take place several times during this week. Activities shall include:
      a. the counselor becoming familiar with the client's background, problems and needs
      b. the counselor and client developing a rapport with one another
      c. the counselor making referrals to community resources
      d. the counselor and the client developing initial treatment plans

   2. Staff shall provide, at least one 60 minute individual counseling session per client each week. Staff shall schedule additional individual counseling sessions whenever indicated, but at least under the following circumstances:
      a. by client request
      b. when the client is involved in a negative conduct incident or has violated the rules
      c. when the client has used drugs or alcohol, see Relapse Protocol
      d. when the client is under unusual stress or is having personal problems
      e. when the client has lost his job and or can not secure employment

   3. Staff shall address drug and alcohol abuse, mental health concerns, vocational/educational needs, finances, housing, family/relationship matters, employment issues and after care planning during individual counseling sessions.

A. Group Counseling
   1. Clients shall be assigned to and attend group counseling sessions each week.
   2. Group counseling sessions shall be convened and facilitated by a staff member, who remains present at all times.
   3. Clients shall be informed of the group ground rules. See group rules
   4. During group sessions staff shall combine both support and encouragement with the appropriate MI techniques given the therapeutic needs of the clients.
B. **Counseling Supervision**
   1. Direct daily supervision of counseling services shall be conducted by the unit supervisor in conjunction with the Clinical Director provided in the staff meeting that is held weekly and in individual sessions.
   2. Staff clinical supervision shall take place during staff meetings a comprehensive review of clients treatment plans and clients behavior is conducted. Supervision shall also take place with the Clinical Director.
   3. At the main staff meeting the Clinical Director shall provide the counseling staff with supervision including a review of the services and actions utilized when working with the clients, client difficulties that have arisen in the therapeutic relationship, difficulties that arise when helping the client achieve their treatment plan goals, and alternative program services and actions that might be utilized to assist the client.

C. **Clinical Supervision**

   In the licensed drug treatment program a clinical supervision forum shall be attended by staff and facilitated by the Clinical Director weekly. The forum shall provide staff training pertinent to their counseling responsibilities, as well as an opportunity to discuss and problem solve client issues. The Clinical Director shall provide additional individual and group counseling to clients as needed.

D. **Medical Director**

   In the licensed drug treatment program staff have access to supervision and consultation from the Medical Director for supervision if necessary.

*Policy Last Updated on 4/12*
VOCATIONAL/EDUCATIONAL SERVICES

POLICY

Clients shall be provided vocational/educational services, including counseling and assistance to find suitable employment, educational and or job training programs.

PROCEDURES

A. Assessment of the Client’s Voc./Ed. Needs
   1. During the client’s intake, staff shall document the client’s educational and vocational history.
   2. During orientation, the client’s English language verbal and written comprehension shall be assessed.
   3. Staff shall review the client’s interests, experiences, and motivations. Staff and the client shall develop an educational/vocational treatment plan. Additionally, staff shall consider the following client services and actions:
      a. counseling regarding job readiness and other issues that interfere with the client securing employment.
      b. assisting the client when they are reading and completing job applications;
      c. assisting the client when they are preparing for job interviews;
      d. assisting the client when they are utilizing classified job ads;
      e. assisting the client when they are locating an appropriate job training program;
      f. referring the client to community vocational/educational resources;

B. Employment/Educational/Vocational Search
   1. Clients shall be required to seek and secure employment at a designated time period while in the program. In addition to employment, clients can participate in educational and vocational programs. Hours when the clients shall be expected to be actively engaged in seeking employment, educational and or vocational opportunities shall be designated by the primary counselor.
   2. Each morning prior to leaving the facility the client shall inform the staff of the places they intend to visit when seeking employment, educational and or vocational opportunities. The client shall contact staff to sign in and out.
   3. Staff shall monitor and verify the clients whereabouts.
   4. While in the community seeking opportunities the client shall maintain a contact log listing the places they visited, the person they spoke with, the outcome of their visit and the time they were there. Upon returning to the facility the client shall submit the contact log to the staff and shall have staff complete the sign in and out book. Staff shall review the clients contact log on daily basis.
   5. Staff shall closely monitor the client during their employment, educational and or vocational opportunities search and provide support and counseling related to any morale or other problems that arise.
C. **Employment/Vocational/Educational Opportunities**
   1. When the client obtains employment, educational/vocational opportunities, the primary counselor shall document the information in the clients’ case record.
   2. The client shall sign a release of confidential information form permitting staff to verify that employment, educational/vocational opportunities have been secured, the rate of pay, days and hours of the week. Staff shall notify the employer regarding the client’s affiliation and that weekly employer communication shall take place.
   3. Staff shall document in the clients’ case record verification of the client’s community activities.
   4. The primary counselor and the client shall meet to discuss and initiate a weekly budget.
   5. Staff shall provide ongoing assistance to the clients regarding employment, educational and or vocational issues. When a client loses a job the staff and the client shall review and discuss the reasons why.

D. **Loss of Employment**

When a client loses their employment, the process shall be initiated again.

Policy Last Updated on 4/12
CLIENT FINANCES

POLICY

Clients shall be encouraged and empowered to prepare for financial responsibility by developing a written personal budget; by receiving counseling regarding financial matters and by adhering to the program's requirement that clients contribute a percent of their gross earnings towards their stay in the program. Additional client financial assistance shall be developed by referring clients to community resources.

PROCEDURES

A. **Budget Assistance**
   1. Once employed clients shall be responsible for completing a weekly written budget. The primary counselor shall assist the clients when they are completing their budgets.
   2. During individual counseling sessions, the primary counselor and the client shall review the client's progress in maintaining their budget and reaching their budgetary goals.
   3. Categories to be considered when the client is completing their budget shall include but shall not be limited to:
      a. fees contributed to the program
      b. employment related expenses (transportation, lunches out if desired, uniforms, etc.)
      c. family support
      d. clothing
      e. savings (for housing, security deposit, etc.)
      f. outstanding debts
      g. restitution
      h. criminal injuries account payments
      i. dept. of income maintenance payments

B. **Program Fees**
   1. Clients shall be required to contribute towards their program stay upon securing employment.
   2. Staff shall complete the client Employment and Rent Status form once the client is employed. The primary counselor shall place a copy of the form into the client's case record. The primary counselor shall be responsible for ensuring that the client's financial obligations are maintained.
   3. Current program fees shall be due immediately upon the client's receipt of their first paycheck and thereafter on each pay period of each week. Clients shall submit all payments in a money order made out to CT Renaissance Inc.
   4. Client program fees shall be 25% of the client's net pay up to $100.00 per week.
   5. Client's income shall be documented by pay stubs submitted by the client to their primary counselor with each fee payment and accompanied by a completed budget sheet. The primary counselor shall maintain the client's budgetary information within the client's case record.
   6. A ledger shall be maintained by staff documenting all client fees. The ledger shall document the client's name, CJIS number for DOC clients, the amount paid and the week paid for. Staff shall provide written receipts to the clients when receiving fee payments. Staff shall double
check the clients work hours vs. pay vs. time out of the facility prior to signing off on the client's budget sheet.

7. Clients who are terminated or quit employment are not subject to the weekly rent process however it will begin again once employment is secured again.

8. On the day of the client's release from the program, the primary counselor shall collect the final week's fees.

C. **Client Savings**

When clients become employed, a portion of their net pay shall be placed in a savings account. CT. Renaissance Inc. and or a financial institution shall maintain the accounts. The savings amount should be no less than 75% of the client's remaining funds after all fees are paid.

In cases of fines, restitution, transportation costs or other emergencies the client's savings requirement may be waived or modified with the unit supervisor's approval.

1. The client and the primary counselor shall individually determine the amount the client shall save. The amount the clients shall save shall be realistic anticipating what the client shall need to successfully return to the community. When saving the client and the primary counselor shall consider:
   a. security deposit payments for an apartment
   b. rental payments for an apartment
   c. furniture costs
   d. automobile payments
   e. positive incentives (things that would increase the client's gratification, such as a musical instrument, hobbies, a stereo, books, clothing, etc.)

2. Savings shall be due immediately upon the clients receipt of their first paycheck and thereafter on each pay period of each week unless waived with the unit supervisors approval. Clients shall submit payments in a money order made out to CT. Renaissance Inc. unless they have been approved by the unit supervisor to utilize another financial institution. Clients savings controlled by a financial institution other than CT. Renaissance Inc. shall be deposited into a pass book account that is supervised by the client's primary counselor.

3. Client's savings shall be documented on the completed budget sheet and submitted to their primary counselor. The primary counselor shall maintain the client's budgetary information within the client's case record.

4. A ledger shall be maintained by staff documenting the client's savings. The ledger shall document the client's name; CJIS number for DOC clients, the amount paid and the week paid for. Staff shall provide written receipts to the clients when receiving savings.

5. Approximately one week prior to the clients completion of the program the primary counselor shall complete the clients saving close out form and submit the form to the administrative staff. Client's shall receive their savings money in the form of a check or issued their passbook prior to their discharge from the program. The primary counselor shall document in the clients case record the fact that the clients have received their savings.

6. Client savings shall be claimed by the client. Client savings shall not be given to family members of significant others.
. Client's savings shall be claimed in person or in the case of a client's re-incarceration or failure to complete the program forwarded to the client by certified mail.

a. Client savings that remain in the CT. Renaissance Inc. client's savings account due to a client's escape from custody shall be held unclaimed within the savings account for a period not to exceed 90 days. Funds left unclaimed after the 90-day period shall be forwarded to the Department of Correction Inmate Accounts Fund.

7. Client requests for emergency withdrawals shall be submitted in writing to the client's primary counselor. The primary counselor and the unit supervisor shall approve the client's request.

8. Clients shall receive emergency withdrawals in the form of a check or shall be issued their passbook. The primary counselor shall document in the clients case record the fact that the client has received their emergency withdrawals.

D. Department of Social Services

1. Upon becoming work-eligible, clients shall be required to complete a CN455 Community Agreement and Notification Form. The clients primary counselor shall forward the completed document to the Dept. of Social Services in Hartford, CT. Clients determined by the Department of Social Services to have significant others receiving public assistance shall be required to contribute 50% of their savings back to the Dept. of Social Services.

2. Clients shall contribute 50% of their pay period savings amount. Payments shall be submitted by money order payable to BCSE. Dept. Of Social Services contributions shall be documented on the completed budget sheet and submitted to their primary counselor. The primary counselor shall maintain the client's budgetary information within the client's case record.

3. A ledger shall be maintained by staff documenting the client's contributions. The ledger shall document the client's name; CJIS number for DOC clients, the amount paid and the week paid for. Staff shall provide written receipts to the clients when receiving Dept. of Social Services payments. Client's receipts shall be completed in triplicate, providing one to the client, attaching one to the money order and leaving one in the receipt book.

4. On the day of the clients release from the program the primary counselor shall collect the final week's contribution.

E. Criminal Justice Injuries Account (D.O.C. Only)

1. In accordance with Public Act 88-300 all employed Department of Correction inmates on community release status shall disburse certain amounts to the Commission on Victims Services' Criminal Injuries Account.

2. Clients shall contribute 3% of their earnings after deductions (net pay). Contributions shall be due immediately upon the clients receipt of their first paycheck and thereafter on each pay period of each week. Clients shall submit payments in a money order made out to CT. Renaissance Inc.

3. Client contributions shall be documented on the completed budget sheet and submitted to their primary counselor. The primary counselor shall maintain the client's budgetary information within the client's case record.

4. A ledger shall be maintained by staff documenting the client's contributions. The ledger shall document the client's name; CJIS number for DOC clients, the amount paid and the week paid for. Staff shall provide written receipts to the clients when receiving contributions.
5. On the day of the client's release from the program the primary counselor shall collect the final week's contribution.

F. **Client's Personal Money**
   1. Clients participating in the community release program shall be allowed to hold personal money.
   2. The amount of personal money a client shall possess or has access to shall be $50.00 per week.
   3. Upon becoming employed clients shall be allowed to keep $50.00 per week from their paycheck the remaining funds will go to savings.
   4. Client's personal money that is being maintained by the program shall be returned to the client upon their discharge.

G. **Community Resources**

   The residential programs shall utilize community resources that offer the clients financial assistance. The client's financial assistance may include vouchers for clothing, vouchers for hair cuts, security deposits for housing, funding for transportation, emergency loans, counseling and assistance securing identification documents. Community based financial assistance shall be governed by the clients need, the clients being referred for financial assistance and the availability of funds for financial assistance.

*Policy Last Updated on 4/12*
Referrals & Community Resources

POLICY

Each facility shall maintain a listing of active community resources where staff shall refer clients who require assistance in various areas. An information board for clients shall be available in a visible area where job offerings, self help group meetings, and other resources shall be posted. Referrals shall be made to community resources that offer substantial services and those that the program is familiar with. Staff shall maintain working relationships with local agencies and foster the development and client access to additional community resources.

A. Listing Resources

1. A listing of active community resources shall be maintained. In addition Info line 211 is available on line and by phone, which is the most comprehensive list available. The compiled list of community resources shall include;

   - Criminal justice agencies
   - Employment services
   - Educational institutions
   - Vocational training organizations
   - Mental Health agencies
   - Hospitals and physicians
   - Self help groups
   - Recreational facilities
   - Social welfare agencies

2. The listing of community resources shall include information about each agency, such as:
   - Services offered
   - Hours
   - Fees
   - The contact person
   - Address and telephone number

3. The active community resources listing shall be updated annually by the CTR quality improvement team who shall add new resources and delete those no longer available or recommended. The Unit Supervisor shall assess the quality of the resources at this time.

B. Making Referrals

When referring clients for assistance by community resources staff shall:

1. Research the referral source to ensure it is suitable if they are not already familiar with it.
2. Discuss the proposed referral with the Program, Clinical Director and the client describing what is known about the agency services, the way it operates, and the reason for the referral.
3. When the client has agreed with the referral, the Program or clinical Director provides the information needed to make an appointment or make the appointment while the client is in the office.

4. Complete the release of confidential information paperwork.

5. Provide the referral source with the client's information.

6. Follow up with the referral source by making contact with the community resource and or by discussing the outcome with the client. Ensure that the client has followed through and whether or not the referral was helpful.

7. Document both the referral and any follow up information in the client's case record.

C. Developing Community Resources

1. Staff shall be proactive when developing community resources for clients. Staff shall accomplish this by; visiting community resources, maintaining contact with community resources, educating community resources regarding client issues, serving on agency advisory committees and boards of directors, helping agencies and self help groups more effectively serve the clients, and working to get agencies to extend eligibility to the clients.
NOTIFYING FAMILY & AUTHORITIES OF RESIDENT ILLNESS, INJURY OR DEATH

POLICY

Any serious client illness, injury, emergency surgery, or death shall be reported immediately to program administrators, next of kin, and proper authorities.

PROCEDURE

A. Notifying Program Administrators
   1. When a serious client illness, injury, emergency surgery, or death occurs, the Unit supervisor, or in their absence, the counselor in charge shall immediately notify the following people at work or at home:
      a. Unit Supervisor
      b. Chief Operations Officer (COO)
      c. Executive Director (ED)

B. Notifying Next of Kin
   1. The Unit supervisor shall confer with the COO and the ED to determine the most appropriate means to make such notification.
   2. The Unit supervisor or designee shall be responsible for the notification of "next of kin" within the workday.

C. Notifying Authorities
   1. The ED, or designee, shall be responsible for notifying the proper authorities of a client's death, serious illness or injury.
   2. If circumstances warrant, the COO, the Unit supervisor or the counselor in charge shall contact the appropriate authorities directly.
   3. Authorities to be contacted will vary according to the situation, but could include:
      a. Coroner (in case of death)
      b. State of CT. Facility Licensing Authorities
      c. Funding Authorities.
      d. Other regulatory bodies.
      e. Police officials’

Policy Last Updated on 4/12
CLIENT RULES & DISCIPLINE

POLICY

Clients shall be informed, sign, and receive a copy of the program rules and regulations. When a language or literacy problem exists, assistance shall be provided to the client either by a staff member or another qualified individual in order to ensure that the client understands and agrees to abide by the rules and regulations. A copy of the rules and regulations shall be conspicuously posted in the facility. Violation of the rules and regulations shall result in disciplinary action, including but not limited to the client’s removal from the program. The unit supervisor shall approve all disciplinary actions and coordinate such actions with the supervising legal authority. Clients shall not be subjected to unusual punishment, mental abuse, or punitive interference that shall interrupt their daily functions of living, such as eating or sleeping.

PROCEDURES

A. Distribution of Rules
   1. A copy of the program rules and regulations shall be provided and explained to the clients. The clients shall sign and date an acknowledgement indicating they have received and understand the program rules and regulations. Staff shall witness the client signature.
   2. Program rules and regulations shall be posted on the facility bulletin board.

B. Discipline

The clients shall be given a client handbook upon admission to the program. The clients shall be expected to comply with all program rules and regulations. When clients fail to follow program rules and regulations, their privileges or movement in the community may be restricted. Staff may deliver verbal warnings to the clients on first violations based upon the severity of the violation and the clients attitude. Staff may complete an infraction letter when the clients violate program rules and regulations. When infraction letters are written, staff shall meet with the client and discuss the nature of the violation and any mitigating circumstances. Staff shall impose appropriate disciplinary actions at this time. Infraction letters shall be signed by both the staff member and the client. Staff shall enter the original infraction letter into the client’s case record, provide a copy to the client and forward a copy to the supervising legal authority. It should be noted that receiving an infraction letter is not necessarily a major incident, and should not be considered a serious flaw on the clients program performance. A pattern of an increasing number of infraction letters is indicative of client adjustment problems, and shall be handled accordingly. When the client feels the infraction letter was unjust, they may request a meeting with their primary counselor. When the client continues to feel the infraction letter is unjust, they may file a grievance. Constant violation of the rules and regulations may result in the client’s termination from the program.

C. Disciplinary Actions
   1. When a client is thought to be in violation of program rules and regulations, the staff member who observed the violation shall meet with the client. The exception shall be in the case of a volatile, violent, or armed client where the staff shall refer to emergency 911 procedures.
   2. The unit supervisor shall be informed of any client rule or regulation violations.
   3. The staff member and the unit supervisor shall meet to determine the appropriate client disciplinary action. In the case of serious violations, a full staff meeting shall be convened to discuss the incident and the COO of Residential may be consulted. The unit supervisor shall approve all client disciplinary actions and shall coordinate all client discharges.
   4. The staff and or the unit supervisor shall meet with the client to inform them of the disciplinary action. Sanctions shall not be employed that deny a client regular meals, sufficient sleep, exercise, medical care, attendance at religious services, or communication with their legal counsel.
   5. The unit supervisor and or the staff shall complete the infraction report; both the staff and the client shall sign and date the infraction report. One copy shall be
sent to the authorities in charge, one shall be placed in the client's record and one shall be given to the client.

6. When the client maintains they did not violate the rules or when they disagree with the disciplinary action, they may initiate the grievance procedure. Staff shall readily provide the client with the grievance form, shall neither encourage or discourage such action and recognize that the client is exercising their rights.

D. General Regulations

See, Client Handbook, “Rules & Regulations”

E. Prohibited Acts, including, but not limited to:
   1. Taking another's life;
   2. Assaulting any person including sexual assault;
   3. Possession or introduction of a gun, firearm, weapon, sharpened instrument, knife, dangerous chemical, explosive, or any ammunition;
   4. Rioting;
   5. Encouraging others to riot;
   6. Taking hostage(s)
   7. Conduct which disrupts or interferes with the security or orderly running of the facility;
   8. Escape;
   9. Fighting with another person;
   10. Threatening another with bodily harm or any other offense;
   11. Extortion, blackmail, protection: demanding, receiving money or anything of value in return for protection against others, to avoid bodily harm, or under the threat of informing;
   12. Making sexual threats to another or engaging in prohibited sexual conduct;
   13. Tampering with or blocking any lock device;
   14. Adulteration of any food or drink;
   15. Possession, introduction, or use of any narcotics, narcotic paraphernalia or drugs not prescribed for the individual by a physician;
   16. Refusing to provide a urine sample or take part in other drug/alcohol use testing;
   17. Introduction of alcohol into the facility;
   18. Giving or offering an official or staff member a bribe or anything of value;
   19. Giving money to or receiving money from any person for any illegal or prohibited purpose;
   20. Destroying, altering, or damaging facility property or the property of another person;
   21. Indecent exposure;
   22. Stealing (theft);
   23. Misuse of authorized medication;
   24. Violating a re-unification pass / general pass
   25. Violating a condition of a community program;
   26. Counterfeiting, forging, or unauthorized reproduction of any document, article of identification, money, security, or official paper;
   27. Tattooing on site

Sanctions

The CT. Renaissance Inc. rules and regulations describe minimum restrictions. The sanctions actually imposed may be more extensive, depending on the circumstances of the incident, the degree of seriousness, and whether the infraction has been or is a habitual pattern. Sanctions may include:
1. Verbal Warning
2. Written Infraction Letter;
3. Modification and or Loss of Privileges;
4. Transfer to Intensified Programming;
5. Referral for Additional Services;
6. Return to the Custody of the Department of Correction or to other legal authorities in charge.

F. Other forms of Disciplinary Action

Other forms of disciplinary action to be considered by staff include, but are not limited to:

1. Loss of any privileges that were abused;
2. Additional counseling in the area related to the violation;
3. Financial restitution;
4. Visiting restrictions;
5. Pass/furlough restrictions;
6. Referral for specialized treatment or consultation;
7. Extra unit cleaning assignments;

G. Program Termination

Serious violation of program rules can result in immediate termination. CT. Renaissance Inc. classifies the following rule violations as serious:

1. escape;
2. possession of contraband;
3. illicit drug use;
4. alcohol use;
5. sexual interaction with other clients;
6. physical violence or threat of violence;
7. unauthorized absence from work or school or other community related activities;
8. see prohibited acts.

Policy Last Updated on 1/08
SCREENING FOR DRUGS & ALCOHOL

POLICY

Connecticut Renaissance Inc. is committed to a drug free lifestyle and environment for its client population. One aspect of our programs is to provide services to persons with substance abuse and addiction problems in order to obtain abstinence and improve overall functioning to successfully re integrate clients into the community. To ensure this goal is met, drug and alcohol testing is conducted on all clients admitted to our programs. The purpose and goal of drug and alcohol testing is to monitor compliance with program rules that do not allow the use of alcohol and drugs. Staff will work closely with referral sources when substance use is suspected or confirmed.

Clients are prohibited from using any illicit drugs or alcohol either within the facility or off grounds while a participant in the program. Furthermore, clients are prohibited from using medication unless authorized by the program supervisor or a medical authority. Urine’s shall be collected from all clients on a random basis and tested for drugs and or alcohol at least once monthly; additionally as deemed necessary by the program supervisor or counselor at a given time and or by the funding authority.

Urine collections shall be chaperoned by a staff member of the same sex when possible. Urine samples are marked with the client's code number, date, initials of the staff member chaperoning and type of substance/substances being screened for. They are then stored in a locked refrigerator until the laboratory picks-up. Written results of all urines are returned by mail and confidentially stored in the client's chart.

Other agency-approved drug/alcohol test screening equipment may be administered to any client when there is reason to suspect drug and/or alcohol use. Any positive result may require additional urine analysis testing through the normal laboratory submission process.

PROCEDURE

Client Identification for Testing

1. All clients admitted to the our programs shall submit a supervised urine sample for testing.
2. Clients shall continue to submit samples for testing on a random basis throughout their treatment regimen.

Methodology and Handling of Urine Testing

1. Staff shall obtain a urine container and form from the locked storage area.
2. Urine collection shall be chaperoned and monitored by a trained staff member of the same sex when possible. If not possible the staff member will accompany the client to the urine collection site but remain outside the door to insure that no outside intrusions happen during the process. If unobserved all soap products shall be removed from the urine collection site to reduce the risk of tampering with the specimen.
3. Clients shall be given 3 hours to produce a urine specimen.
4. If the client is unable to produce a specimen within the 3 hour time limit or refuses to do so it shall be considered a positive result.
5. Staff shall wear disposable gloves throughout the entire procedure of handling urine specimens and shall wash their hands afterwards.
6. Once obtained, label the filled urine bottle with the client's code number and date collected. The client's name is never sent out on a bottle in order to protect confidentiality.
7. Urine samples shall be stored in a locked refrigerator for pick up by the lab.
8. The urinalysis will be screened using a standard panel. Additional testing can be requested as necessary with approval from the Program Director.
9. The laboratory shall be notified of any prescription or over the counter medications currently being taken by the client producing the specimen for testing. The information is communicated to the lab at the time of the specimen submission.

10. Specimens may be rejected for the following reasons: suspected tampering, insufficient volume or comprised chain of custody procedures. Suspected tampering shall be considered a positive result. Insufficient volume will result in an additional specimen being collected.

11. Compromised chain of custody procedures shall result in an additional specimen being collected and an internal investigation as to the cause. A plan of action shall be developed to avoid a recurrence.

12. All collected specimens shall be forwarded to the laboratory for testing and/or disposal.

Screening for Alcohol Use
1. Any counselor who has reason to believe a client has been drinking, must require the client to submit a urine sample.
2. Positive results shall be handled in the same way as a positive drug screening result.

Drug and Alcohol Screening Supplies
1. CT. Renaissance Inc. maintains an agreement with a licensed laboratory who will replenish screening supplies as needed.
2. The unit supervisor or designee will contact the appropriate laboratory personnel as screening supplies are needed in order to make sure that proper supplies are maintained.

Handling of Positive Test Results
1. All results are returned by mail or fax and recorded in the client's case record. Results can also be located online.
2. Positive results shall be discussed with the client.
3. Admittance to drug use based on test results shall be documented.
4. Residential - Record any positive results in the client's case record, and in the staff communication log.
5. Any positive results shall be discussed with the staff, including the program supervisor; in order to determine what effect the results shall have on the client's involvement in the program.
6. Residential - All positive tests are to be documented on an intervention form, which is to be placed in the client's case record, with a copy to be sent to the appropriate authorities in charge.
7. Residential - In collaboration with the referral source, a positive urine screen may result in discharge/removal from the program or the following sanctions may occur: restriction of visitors, restriction of community access; restriction of phone and television use, extra house chores, and/or required written essays.
8. Residential - A second positive urine shall result in discharge/removal from the program. The staff shall work in collaboration with the referral source.
9. Drug treatment/interventions shall be utilized when positive results are received. Clients may also voluntarily request drug treatment/interventions.
10. The multi-disciplinary treatment team shall determine the most appropriate treatment plan for the client with positive urine results. The assigned counselor shall also work closely with the referral source for their input into this process.
11. Treatment plan interventions shall include but not be limited to the following: an increased treatment modality such as detox, IOP, relapse prevention groups, substance abuse education groups, risk reduction groups, individual substance abuse counseling, increased urinalysis monitoring, additional community substance abuse treatment and/or increased attendance at AA/NA meetings.

Staff Procedure for Client Relapse
1. Primary to meet with client and discuss thoughts, feelings and behaviors relating to relapse. Encourage client to identify triggers and consequences of relapse. Inform client of treatment expectations. Utilize MI techniques and work collaboratively with client and explore ambivalence, and negotiate a plan for change.
2. Develop a behavioral contract with client outlining behavioral expectations and consequences if contract is violated.
3. Communicate plan for treatment with staff and Clinical Director via log, email, verbal communication.
4. Impose a 30 day loss of privileges, except religious services.
5. Increase monitoring of client (eyes on) at least on time per hour.
6. Administer toxicology test and/or breathalyzer and follow up with subsequent random urine toxicology tests.
7. Client is to attend individual sessions with primary counselor (2 15-30 minute sessions) in addition to regular individual session.
8. Client is to attend all groups when in the house. The expectation is that the client will discuss thoughts, feelings and behavior relating to the relapse. Client needs to be accountable for his relapse. Client will be encouraged to attend the in-house fellow-ship meetings conducted by N.A. or A.A. but will not be mandated to attend.
9. Discourage client from isolating and promote social interaction and verbalization of relapse episode and the development of peer support.
10. Client continues to be allowed to work approved hours. Over-time is not allowed as this will defocus from treatment. Explore decreasing work hours if possible and client agrees.
11. Document and discuss with the Clinical Director all interactions with client pertaining to relapse and progress made toward stabilization from relapse.
12. Client to participate in a staff relapse intervention.

Use of On-site Alcohol Testing Equipment
1. When a client is suspected of being under the influence of alcohol staff may request that they submit to a Breathalyzer test for immediate results followed as necessary by a urinalysis.
2. Obtain alcohol testing equipment and follow instructions to obtain an alcohol rating.
3. Chaperone and monitor the alcohol test.
4. If results are positive, the client shall be questioned in order to confirm test results.
5. Admittance to alcohol use based on test results shall be documented.
6. Record any positive results in the client's case record, and in the staff communication log.
7. Any positive urine results shall be discussed with the staff, including the program supervisor; in order to determine what affect this shall have on the client's involvement in the program.
8. Residential - All positive tests are to be documented on an intervention form, which is to be placed in the client's case record, with a copy to be sent to the appropriate authorities in charge.

Staff Training
All staff required to conduct urine collection shall be trained to do so during their employment orientation period.

Policy Last Updated on 4/12
CLIENT RELAPSE

POLICY
Connecticut Renaissance provides treatment for substance abuse issues. It is expected that clients may relapse while working towards recovery. The following are procedures in how to approach a client who has relapsed.

PROCEDURE

1. Primary to meet with client and discuss thoughts, feelings and behaviors relating to relapse. Encourage client to identify triggers and consequences of relapse. Inform client of treatment expectations. Utilize MI techniques and work collaboratively with client and explore ambivalence, and negotiate a plan for change.
2. Develop a behavioral contract with client outlining behavioral expectations and consequences if contract is violated.
3. Communicate plan for treatment with staff and Clinical Director via log, email, verbal communication.
4. Impose a 30 day loss of privileges, except religious services.
5. Increase monitoring of client (eyes on) at least on time per hour.
6. Administer toxicology test and/or breathalyzer and follow up with subsequent random urine toxicology tests.
7. Client is to attend individual sessions with primary counselor (2 15-30 minute sessions) in addition to regular individual session.
8. Client is to attend all groups when in the house. The expectation is that the client will discuss thoughts, feelings and behavior relating to the relapse. Client needs to be accountable for his relapse. Client will be encouraged to attend the in-house fellow-ship meetings conducted by N.A. or A.A. but will not be mandated to attend.
9. Discourage client from isolating and promote social interaction and verbalization of relapse episode and the development of peer support.
10. Client continues to be allowed to work approved hours. Over-time is not allowed as this will defocus from treatment. Explore decreasing work hours if possible and client agrees.
11. Document and discuss with the Clinical Director all interactions with client pertaining to relapse and progress made toward stabilization from relapse.
12. Client to participate in a staff relapse intervention.

Policy updated 4/12
RESIDENT PROPERTY

POLICY

A client shall possess personal property that is authorized upon admission to the program or authorized throughout the client's stay in the program. A client's property shall be monitored in a manner which ensures a safe environment. Clients are permitted to keep their personal property in their rooms unless it has been determined that their belongings do not fit in their allowed space. Should this be the case, client's excess belongings will be labeled and placed in a bag and locked in storage. Client's are strongly discouraged from bringing anything of value into the facility.

PROCEDURES

A. Personal property possessed by a client shall be considered the client's responsibility. The program shall not take responsibility for a client's lost or stolen property. Clients shall be discouraged from bringing valuables into the program.

B. Client's personal property, placed into storage and/or confiscated from clients. When compiling the clients property inventory list, each item shall be described in writing. The inventory list shall be placed in the client's case record. Clients shall not be given articles from storage without an alternate proof of ownership. Clients or the individual authorized to pick up the property shall be required to sign upon receiving the property.

C. The staff on duty shall be responsible for collecting and inventorying the property of clients who have escaped/absconded or have been removed from the program. Staff shall transfer the property to the secured storage area, and notify the clients emergency contact that the property is to be picked up.

D. Stored/Inventoried client property shall be returned to the client upon discharge. Property not claimed at discharge shall be stored for a period of 30 days and shall be subject for donation to a non-profit charitable organization after the 30 day period.

Policy Last Updated on 4/12
SEARCHES FACILITY AND PERSON

POLICY

Searches of the facility shall be conducted and documented according to contractual agreements, when there is just cause such as to control contraband, and to locate lost or stolen property. Searches of a specific client's room and belongings shall be conducted according to contractual agreements, when staff suspects the presence of contraband or lost or stolen property and upon client's return to the facility after a community trip. Searches of a specific client shall be conducted according to contractual agreements and when the client is suspected of possessing contraband. All Agency staff is prohibited from viewing residents while dressing, showering or performing bodily functions. Searches of a client's belongings shall be conducted upon admission, discharge, upon return to facility after a community activity and when additional personal belongings enter the facility. Visitors to the facility shall not be subject to searches. However, the property of visitors and any belongings being given to the client may be subject to searches. Specific procedures for each kind of search shall stipulate who may authorize and conduct the search as well as the manner in which the search is to be conducted. This policy shall be made available to the public upon request.

PROCEDURES

A. Searches of the Building

1. Staff shall conduct and document a search of the building once weekly in order to control contraband. Searches of client rooms may be included in the routine search as according to contractual agreements.
2. Staff shall conduct and document other searches whenever there is reason to suspect contraband is present in the facility or to locate lost and or stolen property.
3. The program director or designee shall authorize all searches.
4. A search shall be conducted by staff member(s) designated by program director or designee.
5. The following guidelines shall be adhered to when searching the building:
   a. Respect the client's property rights.
   b. Do not disturb the area to be searched any more than necessary.
   c. Be as unobtrusive as possible.
   d. Do not use force against clients in order to conduct the search. If a client blocks entry to a particular area or otherwise disrupts the search use interpersonal skills to gain cooperation. In the event the client continues to inhibit the search, contact the program director or designee immediately to find out how to proceed.
6. When contraband or stolen property is found during the search it shall be seized, locked up in a secure area, and the program director or designee immediately informed.
7. After conferring with the program director or designee, staff shall proceed with an agreed upon plan, which may include notification of authorities such as the local police, facility licensing officials, funding agencies, senior leadership, and the Chief Executive Officer.
8. When the program director's or designee's directions include contacting the police, staff shall cooperate with the police while they are completing their procedures.
9. To comply with contractual agreements and internal policies, staff shall complete an Incident/Accident Report and forward to the program director or designee for review and signature within 24-hours.

10. The program director or designee shall forward a copy of the written Incident/Accident report to the Director of Quality Improvement who will notify licensing/funding agencies in order to comply with regulations.

11. Staff shall proceed with any disciplinary actions for clients according to the licensing, funding agency standards and program practice.

B. Searches of a Particular Client's Room

1. Staff shall conduct and document a search of a particular client's room and belongings according to contractual agreements and when there is reason to believe that there is contraband and or stolen property. The search shall not be used as a form of punishment.

2. All such searches shall be authorized by the program director or designee.

3. Only staff designated by the authorizing program director or designee shall conduct the search.

4. The following guidelines shall be adhered to when searching a particular client's room:
   a. Respect the client's property rights, taking care not to break or otherwise harm their property.
   b. Do not disrupt the room any more than necessary. Avoid unnecessarily embarrassing the client or ridiculing them in the process of the search.
   c. Do not use any force.
   d. Opposite gender staff will announce themselves prior to entering a resident's room or bathroom.

5. When contraband is found during the search it shall be seized, locked up in a secure area and the program director or designee immediately informed.

6. After conferring with the program director or designee, staff shall proceed with an agreed upon plan, including notification of authorities such as the local police, facility licensing officials, funding agencies, senior leadership, and Chief Executive Officer. The plan shall be developed according to the licensing, funding agency standards and program practice.

7. When the program director’s or designee’s directions include contacting the police, staff shall cooperate with the police while they are completing their procedures.

8. To comply with contractual agreements and internal policies, staff shall complete an Incident/Accident Report and forward to the program director or designee for review and signature within 24-hours.

9. The program director or designee shall forward a copy of the written Incident/Accident report to the Director of Quality Improvement who will notify licensing/funding agencies to comply with regulations.

10. Staff shall proceed with any disciplinary actions for clients according to the licensing, funding agency standards and program practice.
C. Searches of a Client's Person (Co-Occurring Center)

1. Staff shall conduct and document a search of a client's person only when there is reason to believe the client is in possession of contraband and or stolen property.
2. All such searches shall be authorized and approved by the Program Director or designee.
3. Only staff designated by the program director or designee shall conduct the search.
4. The following guidelines shall be adhered to when searching the client:
   a. No personal contact such as patting down a client
   b. Avoid unnecessary embarrassment or indignity.
   c. Conduct the search in private, out of sight of other clients.
   d. Always have at least one other staff member present during the search
   e. Do not use any force in conducting the search.
5. When contraband or stolen property is found, it shall be seized and locked up in a secure area immediately.
6. If a client does not cooperate and are suspected of carrying a weapon, police shall be notified.
7. Staff shall not restrain the client after the search is completed, even if contraband has been found. When contraband is found the staff members shall stay with the client until the rest of the procedure is completed.
8. Staff shall notify the program director or designee immediately when contraband is found. Staff shall confer with the program director or designee regarding the situation and next steps to take.
9. The program director or designee shall notify facility licensing officials and or funding agencies when contraband is found.
10. When necessary the local police shall be contacted. Staff shall cooperate with the police while they are completing their procedures.
11. To comply with contractual agreements and internal policies, staff shall complete an Incident/Accident report and forward to the program director or designee for review and signature within 24 hours.
12. The program director or designee shall send a copy of the written report to the Director of Quality Improvement who will notify licensing/funding agencies to comply with regulations.
13. Staff shall proceed with any disciplinary actions for the client, according to the "Resident Rules & Discipline" procedures.

D. Searches of a Client's Person (DOC and CSSD)

As per the Department of Correction and CSSD contractual agreements, all clients returning to the building from Community passes are to be Pat-Down Searched. This does not include a client returning from a supervised smoke break or recreation unless a client was unobserved or had contact with the public. Cross –gender pat-down searches will be conducted only in exigent circumstances. Exigent circumstances means any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility. Pat down searches will be conducted as follows:

Policy revised on 10/21/15 GG
1. All Clients will enter the building through a central door.
2. Designated staff will process and search one client at a time.
3. Clients will be signed in by staff.
4. Client will remove hat, coat, shoes and any items on person (including bags, backpacks, etc) Staff will search those items.
5. Client will be asked to move to a designated pat down area (this will be conducted in an area visible by video camera)
6. Pat down search will be conducted by same gender staff
7. When, in exigent circumstances, a cross gender pat down search occurs, documentation shall be completed and submitted to DOC and the Quality Dept.
8. All applicable staff will be trained in Pat down search procedures upon hire and will be observed by Program Director or designee for competency in the pat-down procedure. This observation will be documented in the staff supervision file.
9. All applicable staff will participate in, at a minimum, an annual retraining in Pat down search procedures or as contractual agreement dictates.
10. All staff is prohibited from searching a transgender or intersex client for the purpose of determining genital status.

E. Searches of a Client's Belongings

1. Staff shall conduct a search of a particular client's belongings upon admission, discharge, upon return to the facility after a community activity and when additional personal belongings enter the facility, i.e., food items purchased while on pass/furlough, items left and or brought in by visitors.
2. All searches shall be conducted routinely by the staff on duty and do not have to be authorized by the program director or designee.
3. The following guidelines shall be adhered to when searching a particular client's belongings:
   a. Respect the client's property rights, taking care not to break or otherwise harm their property.
   b. Do not disrupt more than necessary.
   c. Be as unobtrusive as possible.
   d. Do not use any force against clients in order to conduct the search. If a client blocks the ability to conduct search or otherwise disrupts the search, use interpersonal skills to gain cooperation. In the event the client continues to inhibit the search, contact the program director or designee immediately to find out how to proceed.
4. When contraband is found, it shall be seized and locked up in a secure area immediately.
5. Staff shall notify the program director or designee immediately when contraband is found.
6. After conferring with the program director or designee, staff shall proceed with an agreed upon plan, including notification of authorities such as the local police, facility licensing officials, funding agencies, senior leadership and the CEO.
7. When the program director’s or designee’s directions include contacting the police, staff shall cooperate with the police while they are completing their procedures.

Policy revised on 10/21/15 GG
8. To comply with contractual agreements and internal policies, staff shall complete an Incident/Accident Report and forward to the program director or designee for review and signature within 24-hours.

9. The unit supervisor shall forward a copy of the written Incident/Accident report to the Director of Quality Improvement who will notify licensing/funding agencies to comply with regulations.

10. Staff shall proceed with any disciplinary actions for clients according to the "Resident Rules and Discipline" procedures.

F. Searches of Visitors

1. Visitors to the facility shall not be subject to searches. However, the property of visitors and any belongings being given to the client may be subject to searches.

2. Visitors suspected to be under the influence of drugs and or alcohol shall be asked to leave the building.

3. If the visitor drove to the facility, staff should request car keys of the visitor if the visitor refuses to give up the car keys the police should be called.

4. Visitors suspected of possessing contraband shall immediately be reported to the program director or designee.

5. After conferring with the program director or designee, staff shall proceed with an agreed upon plan, including notification of authorities such as the local police, facility licensing officials, funding agencies, senior leadership and the CEO.

6. When the supervisor’s directions include contacting police, staff shall cooperate with police while they are completing their procedures.

7. To comply with contractual agreements and internal policies, staff shall complete an Incident/Accident report and forward the report to the program director or designee for review and signature within 24-hours.

8. The unit supervisor shall forward a copy of the written report to Director of Quality Improvement who will notify licensing/funding agencies to comply with regulations.
TELEPHONE & CELL PHONE

POLICY

The agency shall have adequate telephone service available on the premises in order to conduct normal business and respond to emergencies. Telephone facilities shall be accessible to clients ensuring as much privacy as possible. Clients shall be permitted reasonable access to telephones for both personal and program related calls.

TELEPHONE PROCEDURES

1. Residents are permitted to use the designated telephones provided within the facility during all waking hours.
2. There shall be a 20-minute limit on calls, in order to allow everyone access.
3. It shall be the responsibility of the counselor on duty to enforce the time limit in instances where it is not being followed.
4. Agency business phones provided within the facility shall be accessible to clients under staff supervision for personal and program related calls.
5. Telephone services shall be maintained in operational condition at all times.

CELL PHONE PROCEDURES

The use of cell phones is allowed under the following guidelines:

1. Clients may use cell phones that do not have the picture/photo capabilities.
2. Clients are limited to one cell phone only.
3. Clients must provide staff with your cell phone number. Any changes to your number or provider must be given to staff immediately upon changing the number.
4. Clients will store phone in their sleeping quarters. Staff will not be responsible for securing and storing cell phones. Note: Staff will store cell phones that are confiscated (see confiscated phones)
5. Cell phones cannot be used off the floor, groups, meals, chores and sessions. Clients may not walk about the facility using their cell phones. Phones can be used in rooms and in common areas. Violations will result in infractions and loss of phone privileges. The amount of time lost will be determined by staff.
6. Staff are allowed to view client’s phone to ensure there isn’t any inappropriate or unsafe content. Note: Client’s may be asked to end your phone conversation if staff deems it inappropriate.
7. If a phone is confiscated for an agreement violation (see phone agreement) or program violation it will be turned into staff and stored. Clients will be issued an infraction as well as a dated receipt stating that the phone was received. All phones and SIM cards will be returned to the owner. Phones can be confiscated from 1 day to your date of discharge dependent on the violation.
8. Anyone possessing a phone must sign a phone agreement. Clients will receive a copy of the agreement and it will be placed in the case record. Violations of this agreement will lead to loss of phone privileges.

Policy last updated 4/12
VISITORS

POLICY

Clients shall be permitted to have visitors during a specified time each week, and at other times when deemed appropriate by the Unit Supervisor. No unarranged visits shall be permitted. All visitors shall be approved in advance by the facility staff and/or referral source shall be monitored.

PROCEDURES

A. Visitors Approval
   1. Clients shall complete a visitors list and provide the required visitors information. The amount of visitors per client shall be limited. Visitors shall be drug free, to the best determination of the staff. The visitor shall not be approved when deemed by staff to be programmatically counter-indicated.

B. Visitors Arrival
   1. Visitors shall be permitted during scheduled visiting times or at other arranged times, with the approval of the Unit Supervisor.
   2. Staff shall greet the visitors and verify the following:
      - The client is present
      - The client is not on restriction;
      - The visitor is approved;
      - The visitor has proper identification.
   3. Visitors shall sign into the visitor's logbook entering their name, identification information, time of arrival and signature.
   4. Staff shall search any package or bags brought in for the clients.
   5. Staff shall escort the visitors directly into the designated visitors' area.

C. Visitors Exit
   1. Visitors shall be out of the facility at the designated time on visiting day.
   2. Staff shall ensure that visitors have signed the visitors log book when departing the facility.
   3. Visitors cannot be escorted to and from their vehicles by the clients.
   4. Visitors will be asked to leave the premises if they display inappropriate behavior.
   5. Visitors may not bring food onto the facility grounds.
   6. All drop offs by visitors must be approved by the staff.

Policy Last Updated on 4/12
SLEEPING QUARTERS

POLICY

All sleeping quarters shall contain an adequate amount of floor and storage space per resident to provide for a good living environment. Sleeping quarters shall have adequate lighting and ventilation to provide a good living environment. Each resident shall be provided a bed, mattress, a pillow and storage space for personal items. Residents shall be required to clean and maintain their own living quarters. The maximum number of residents that may be assigned to each room / dormitory shall be appropriate given the space available and conform to state / local licensure requirements.

PROCEDURES

Maintenance of Sleeping Quarters
1. Sleeping quarters shall be well maintained and clean at all times.
2. Sleeping quarters shall be checked for cleanliness and maintenance by a designated staff member at least weekly during the facility inspection and any inadequacies reported to the Unit Supervisor.
3. The Unit Supervisor or a designated staff member shall determine the appropriate actions to take to correct any inadequacies in the upkeep of the sleeping quarters.
4. Appropriate supplies and services shall be obtained and repairs made as necessary.

Supplies
1. Prior to admitting a new resident a designated staff member shall see that the sleeping area and supplies to be assigned have been cleaned.
2. Upon admission each new resident shall be provided with a bed, mattress, a pillow and storage space for personal items.

Resident Responsibilities
1. Residents shall be required to clean and maintain their own living quarters.
2. Upon program completion residents shall remove all personal property and return agency property.

Policy Last Updated 4/12
PERSONAL HYGIENE SUPPLIES

POLICY

Basic personal hygiene articles shall be made available to clients who are unable to purchase them.

PROCEDURE

1. Toilet paper and soap shall be made available to clients at all times.
2. Upon admission and until a client obtains the ability to purchase personal hygiene items. The following articles shall be issued to clients upon their request:
   a. Toothbrush and Toothpaste
   b. Comb
   c. Deodorant
   d. Shaving Supplies
   e. Hand and Bath Soap
   f. Laundry Detergent
   g. Laundry Bleach
   h. Shampoo
   i. Other articles as approved by the Unit Supervisor
BATHROOM & LAUNDRY FACILITIES

POLICY

The facility shall possess a sufficient number of operable washers, dryers, toilets, wash basins, showers or bathing facilities to accommodate the client population needs. Hot and cold water, which is thermostatically controlled shall be available. Upon admission clients shall be issued clean usable bedding, linen and towels, with provisions for laundering on at least a weekly basis.

PROCEDURES

Maintenance of Bathroom and Laundry Facilities

1. Wash basins, showers, bathing facilities and washers shall have hot and cold running water and sufficient water pressure.
2. Bathroom and laundry facilities shall be checked for cleanliness and maintenance by a designated staff member at least weekly during the facility inspection and any inadequacies reported to the Unit Supervisor.
3. The Unit Supervisor and / or designated staff member shall determine the appropriate actions to take to correct any inadequacies in the upkeep and operation of the bathroom and laundry facilities.
4. Appropriate supplies and services shall be obtained and repairs made as necessary.

Supplies

1. Upon admission each new client shall be provided with a pillowcase, blanket, two sheets, two towels and a wash cloth.

Client Responsibilities

1. Clients shall have daily access to bathroom and laundry facilities and shall be required to launder at least weekly.
2. Upon program completion clients shall remove all personal property and return agency property.

Policy Last Updated 4/12
FOOD PREPARATION & SERVICES

POLICY

Food preparation & service shall comply with all applicable local and state health sanitation regulations.

PROCEDURE

Food Preparation

1. The food service manager/cook shall oversee all kitchen operations and ensure that the agency is in compliance with all applicable local and state health sanitation regulations.
2. Those involved in preparing food must wash their hands with soap and warm water before handling food and upon returning to the kitchen from any other area of the facility. Fingernails must be kept clean.
3. The outer clothing of all those working preparing food are to be kept clean. Aprons, hats and/or hair nets are to be worn. When serving food, disposable gloves must be worn.
4. All kitchen workers including staff, volunteers, and clients must pass a medical exam; be screened for TB and other communicable diseases prior to assuming food service functions. Persons with colds, a communicable disease or who have open skin sores shall not be allowed to prepare food.
5. Raw fruits and vegetables shall be thoroughly washed before cooking or serving.
6. All foods shall be cooked to proper temperatures appropriate for that product.
7. Public Health Code regulations shall be posted in the kitchen and will be followed.

Food Service

1. Meals shall be provided at standard times for breakfast, lunch, and dinner. Snacks, bag lunches, and late plates shall be provided.
2. The dining room shall be maintained cleanly, attractively and at a proper temperature.
3. Clients shall have access to the kitchen area to assist in food preparation and clean ups.
4. Special diets for medical, dental and religious purposes shall be provided.

Policy Last Updated 4/12
FOOD PURCHASING DELIVERY & STORAGE

POLICY

All purchase orders for food must be approved by the Program Director. A staff member must be present and account for all food pick-ups and or deliveries. All foods must be properly stored according to procedures.

PROCEDURE

Food Purchasing
1. Once menus are returned from the dietician/consultant, the food service manager/cook compiles a list of food products needed to prepare the menus.
2. The food service manager/cook completes purchase order forms, showing per item costs and the number of items to be purchased. Items are to be purchased from authorized vendors.
3. The food service manager/cook submits completed purchase orders and invoices to the Program Director for review and final submission for payment.

Food Delivery
1. The food service manager/cook makes arrangements to have certain foods picked up once each month from the vendors in the community. At least one staff member shall be present on any such trip and account for food items that were purchased. Foods delivered are accounted for by staff upon their arrival.
2. When foods are purchased and either picked up or delivered, the staff in charge must check each item arriving against the purchase orders/invoices to ensure the deliver and charges are correct.

Storing Food
1. Foods are not currently needed in the kitchen are to be stored in the commissary on shelves at least 6 inches off the floor.
2. All food is to be stored in clearly labeled and closed containers.
3. Non-food is to be stored in clearly labeled and closed containers.
4. Perishable food shall be stored at proper temperatures to protect them from spoilage.
5. Cardboard packaged food is not to be stored in contact with water or undrained ice.
6. Canned foods are to be stored in a dry place at moderately cool temperatures and away from steam pipes, radiators, furnaces or the kitchen stove.
7. Canned foods are to be used within one year of receipt. Bulging dented or rusted cans are never to be used and discarded.

Policy Last Updated 4/12
MAINTENANCE OF FOOD SERVICE AREAS

POLICY

All food service areas within the facility, including the dining and kitchen areas, shall be maintained in accordance with local and state sanitation and health codes. Measures shall be taken to ensure this compliance.

PROCEDURE

Responsibility

1. The food service manager/cook in conjunction with the Chief Operations Officer and the Program Director shall be responsible for seeing that food service policies and procedures remain in compliance with health and sanitation codes. To do so, they shall be familiar with those requirements.
2. The food service manager/cook, or in their absence, the Program Director shall be responsible for making sure the policies and procedures are adhered to in the day to day operation of food services, and that the kitchen area, including equipment and surfaces are properly maintained.

Clean-Up

1. Tables, kitchenware and surfaces shall be cleaned after each use.
2. Pots and pans shall be cleaned immediately after use, using a detergent, warm water and brush.
3. Grills, griddles and other cooking surfaces should be kept free of grease deposits and other accumulated dirt.
4. Cloths used for wiping surfaces that come in contact with food shall be used for nothing else. Only clean cloths shall be used for this purpose.
5. Cracked or chipped glasses, dishes or plastic ware shall be discarded immediately.
6. Dishes and glasses shall be washed at high temperatures in a dishwasher and left to air dry before storing.
7. Regular schedules are to be followed for proper cleaning of all kitchen equipment.
8. Freezers and refrigerators shall be kept at proper temperatures and ventilated so as to prevent frost and mold. They shall be defrosted and cleaned promptly as needed.

Inspections

1. Each week, as part of the facility inspection, the food service manager/cook or designated staff member shall perform a thorough inspection of the food service areas. The check off list used shall include the following.
   a. Cleanliness of floors, counters, tables and other surfaces.
   b. Cleanliness of pots, pans and other equipment.
   c. Cleanliness of stoves, ovens, refrigerators and freezers.
   d. Cleanliness of food storage cabinets.
   e. Operation of all equipment.
   f. Proper temperature in refrigerator and water taps.
   g. Proper ventilation in kitchen and dining areas.
   h. Food handlers are wearing clean attire, are healthy, trained and practicing good hygiene in connection with food handling.
2. Any deficiencies noted in the weekly inspection shall be related immediately to the Program Director along with the completed written checklist.
3. After assessing the problem, the food service manager/cook in conjunction with the Program Director, shall determine appropriate actions to remedy the deficiency, consulting with the Chief Operations Officer as necessary.
4. As with other remedial action, if it involves a repair if the facility or major change of any sort the COO consults with the Executive Director. With approval, the proposed plan is implemented.

Policy Last Updated 4/12
MEAL PLANNING

POLICY

Three meals per day shall be provided to all clients. Menus shall be prepared in advance by the food service manager and reviewed in advance by a registered dietician to ensure that they are well balanced and nutritious. Menus shall be posted and followed. Special diets made necessary by certified medical/dental needs or adherence to certain religious laws shall be met. The food service manager shall oversee all meal planning activities and ensure that food flavor, appearance and palatability are taken into consideration.

PROCEDURE

Menu Development
1. The food service manager shall plan all menus in advance. This person shall possess knowledge in basic food groups, nutritional values and balancing meals. The food service manager shall keep these principles in mind when developing menus. The food service manager will also take care to make menus sufficiently varied and to include various ethnic foods periodically. Quantities should be estimated to allow for “seconds”, snacks and bag lunches for working clients.
2. Chief Operations Officer (COO) shall review the menus using the same dietary considerations to evaluate them.
3. The COO shall then mail the menus to the dietician/consultant for review.
4. The dietician/consultant shall review, note any deficiencies or needed changes and return them to the COO. The food service manager will be informed of the dietician’s recommendations and make any necessary changes to the menus.
5. Once approved, menus shall be posted and followed. If items on the advanced-planned menu are not available, the substitutes shall be equivalent in nutritional value and from the same food group. All substitutions shall be documented.

Special Diets
1. If a client is on a special diet, this shall be provided to the food service manager by the primary counselor. Written specifications shall be given to the food service manager by the primary counselor. After review, the food service manager returns the written instructions to the primary counselor, who then places the document into the client’s case record. All such instructions must be reviewed and updated monthly.
2. If a client is a practicing member of a religious faith, and as such, is required to follow certain religious dietary laws, the diet restrictions shall be passed onto the food services manager. A religious leader of that faith shall be asked to meet with the client and Program Director to review such a request and to determine appropriate menus. The food service manager shall then implement the diet. The meals provided shall not exceed the cost or quality of meals provided to other clients. Religious diets shall be placed in the client’s case record and must be reviewed/updated monthly.

Policy Last Updated 4/12
SUPERVISING CLIENTS

POLICY

When supervising the clients, the use of physical force shall be prohibited, except in instances of justifiable self-defense or the defense of others. In those instances, the force used shall be only that which is needed to control the situation. The use of force shall be documented in writing, signed and dated by the staff person reporting the incident within 24-hours of the occurrence. Written documentation shall be placed in the client's case record and or the staff's personnel file. Incidents of physical forces shall be investigated by assigned supervisory staff. Investigation results shall be reviewed by the Residential COO and or the Executive Director.

The use or knowledge of personal abuse, mental abuse, or punitive, unusual or corporal punishment by clients or staff or in the supervision of clients is expressly and at all time prohibited. When having reasonable cause, suspicion, reports, or beliefs of said abuse, it shall mandate that immediate action is taken to ensure the safety of the clients and that an investigation of allegations is undertaken and reported to the funding sources, federal, state, and local authorities as required. This also includes but is not limited to sexual assault/abuse, child abuse/neglect, mental abuse/neglect, spousal abuse/neglect, mental retardation abuse/neglect, and special needs person abuse/neglect. The ED shall be notified of all reported instances. No client shall be given authority or control over other clients in the facility.

PROCEDURES

Use of Physical Force

1. Staff shall use their crisis intervention & de-escalation skills to calm an irate client. When staff believes a client is about to inflict serious physical harm, other staff shall be summoned immediately to assist in control of the situation. Staff shall call the local police.
2. Staff shall use physical force in the following instances, and only when no other option is available:
   a. Self-defense from injury or harm
   b. Defense of other staff, clients, volunteers, or visitors from injury or harm.
3. When absolutely required physical force shall be used only to the extent needed to bring the situation under control. Unnecessary or the excessive use of physical force shall be grounds for staff disciplinary action.
4. Any staff member using physical force or having knowledge of a client using physical force shall report the incident to the unit supervisor immediately and within 24-hours prepare a full written report.
5. Staff members who witnessed the use of force shall also submit a written report within 24-hours to the unit supervisor. In a case where the unit supervisor personally uses force, the written report shall be given to their immediate supervisor.
6. A copy of the reports shall be filed in the client's case record and or in the staff member's personnel file.
7. Reports of physical force shall be fully investigated and reviewed by the ED. The appropriate funding/regulatory authorities shall be notified.

Personal or Mental Abuse and Corporal Punishment

1. Instances in which personal or mental abuse, or in which punitive, unusual or corporal punishment shall be applied in supervising the clients is prohibited and shall be strictly enforced by the unit supervisor.
2. Staff shall be terminated for failure to abide by personal or mental abuse and corporal punishment policies.
3. Any reasonable cause to suspect or believe a staff member or client is involved in any form of abuse/neglect or in danger of abuse/neglect shall be reported to the Unit Supervisor, the ED, Funding Sources and any or all federal, state, or local authorities. These forms of abuse/neglect are: sexual assault/abuse, child abuse/neglect, mental abuse/neglect spousal abuse/neglect, mental retardation abuse/neglect, and special needs person abuse/neglect.
4. When there is suspected abuse/neglect, the facility shall support or act on behalf of the victim in pursuing means of self protection. This includes but is not limited to informing the victim of the means available for self protection, additional community resources, and notification of a law enforcement agency.
5. In cases of suspected abuse the facility shall ensure the safety of the victim, investigate allegations, and document the incident and findings.
6. The funding source shall be notified when the suspected abuser is a staff member.

Client Supervision of Other Clients

1. Clients shall not be required to assume any staff responsibilities under any conditions. Refer to the peer escort policy for exceptions.
2. Clients shall not be allowed special privileges or favors by staff for providing information pertaining to the activities of other clients.
3. When client councils/committees are formed with the permission of the unit supervisor, their authority shall be limited to making suggestions and shall in no way constitute supervision, control, or authority over other clients.
MONITORING THE LOCATION OF CLIENTS

RESIDENTIAL

POLICY

The movement of clients in and out of the facility shall be monitored by staff. There shall be a system maintained which accounts for the location of clients at all times. This policy addresses passes and allowable leaves of absence.

PROCEDURES

Sign In and Out Log

1. All clients shall sign out when they leave the facility. The date, time of departure, destination and estimated time of arrival back into the facility shall be documented. The staff member on duty shall approve all client departures.
2. When client head counts are conducted, the sign in and out log book shall be referenced by staff to make certain that all clients who are not in the building are signed out for an approved reason.
   a. Staff shall check the sign in and out log book when they begin their shifts to ascertain: The clients that are at the facility and the clients that are out of the facility.
   b. The clients that are out of the facility have properly signed out and are approved to be out.
3. The staff shall check the sign in and out log book upon arrival and several times during the day to remain aware of who is out of the facility and any problems or patterns that require attention.
4. When there is reason to believe a client is not at their approved destination, staff shall check the client destination by telephone or visit the destination in person.
5. Clients shall sign back into the sign in and out log book and notify the staff member on duty upon their return to the facility. The staff member on duty shall approve all client returns to the facility.

Client Schedule Monitoring

1. Each week clients are required to complete a schedule of activities. The schedule shall indicate work hours, outside appointments, meetings, activities and Family Re-unification passes.
2. Staff shall review and approve the client schedules.
3. Staff shall post client schedules for easy reference.
4. Staff and the unit supervisor shall check the client's schedule against the sign in and out log book to make certain that the clients are keeping to their schedules.
5. Changes to the client's schedule shall be approved by the Unit supervisor, documented in the staff communication log and posted.
Head Counts

1. Client head counts shall be conducted every two hours during the morning, afternoon and evening period. Client head counts shall be conducted hourly from 11:00pm to 7:00am in Bridgeport; Waterbury 12 midnight to 8:00am. Each head count shall be documented on the headcount sheet including the client's name; hour of the day counted and the staff member completing the count.

2. Client head counts shall be conducted by one designated staff member. Staff shall confirm the client's identity during each head count. Client head counts shall be conducted as unobtrusively and non-disruptively as possible.

3. During client head counts staff shall reference the sign in and out logbook to account for the whereabouts of any client not in the facility.

4. Staff shall immediately report any clients unaccounted for to the unit supervisor. Staff shall be prepared to expedite escape procedures.

Accounting for Clients on Community Passes, and Family Reunification Passes and other allowable passes

1. Working clients shall have their employers contacted each week by the staff in order to ascertain whether or not they are going to their designated job. Staff shall document employer contacts in the client's case record, noting the date the employer was contacted, the contact individual and the staff making the contact.

2. Staff shall contact the client's sponsor while the client is on pass to ascertain whether or not they are adhering to their pass conditions. Clients may be required to contact the facility and speak to staff while on pass.

3. Staff shall have the right to visit a client's sponsor to check the address, condition of the residence or to ascertain that passes are being managed correctly.

4. Clients may present a request for a leave of absence to be approved by the Program Director, designee and/or treatment team while abiding by contractual agreements and referral sources guidelines.
CLIENT SUPERVISION DURING MAINTENANCE ACTIVITIES

POLICY

In all cases, when service contractors, delivery, or maintenance personnel are at the facility, staff supervision shall be conducted in a manner intended to ensure the safety of the service contractor, clients, staff, and visitors. Staff supervision shall ensure responsible and productive program operation throughout the duration of the services, delivery, or maintenance. Staff supervision shall restrict the interaction and or exchange of contraband between service contractors and clients.

PROCEDURE

1. All service contractors and or maintenance personnel shall be required to register with the Program Director or staff on duty upon their entry into the facility. The Program Director or staff on duty shall be informed of the work to be performed and their anticipated time of exit.
2. The Unit supervisor or staff on duty shall inform the service contractor and or maintenance personnel about the facility rules regarding security, client interaction restrictions, and the level of staff supervision that shall be expected.
3. The service contractor and or maintenance personnel shall be informed regarding the staff on duty needed to be contacted in an emergency and prior to exiting the facility.
4. The staff person(s) identified shall periodically check with the service contractor and or maintenance personnel during their time spent at the facility and monitor the work site to ensure that inappropriate client/service contractor or maintenance personnel interaction does not occur. Whenever possible, clients shall not be allowed at the work site.
5. The staff person(s) identified shall ensure that the service contractor and or maintenance personnel are out of the facility when the work is completed. Any problems that occurred during the project shall be reported in writing to the Program Director.

Policy Last Updated on 4/12
SUPERVISION OF CLIENTS WHILE IN THE COMMUNITY
Residential

POLICY

Supervision of clients will be provided while in the community to ensure a person's safety when away from the facility.

PROCEDURE

In order to ensure the appropriate conduct and safety of clients at all times, the following procedure shall be followed:

- At no point during community trips will clients be unsupervised. There will always be a staff member present in the immediate vicinity at a maximum ratio of 8:1 (8 clients to one staff member).

- No client shall be required to assume any staff responsibilities under any conditions.

- No clients shall be allowed special privileges or favors by staff for providing information pertaining to the activities of other clients.

- A sign in/out log will be maintained and utilized for each community trip.

- The Program Director or designee will monitor sign in/out log for residents coming in and out of the building to ensure staff to client ration is being followed.

- Upon returning to the facility staff will abide by the policy and procedures titled “Searches”
FAMILY RE-UNIFICATION PASSES

POLICY

In order to help the clients re-assimilate into the community and establish normal family affairs, Family Re-Unification Passes, leisure time in the community, shall be granted as a privilege to the clients. Clients shall be ineligible for passes during their orientation period and when on disciplinary restrictions. Clients shall be eligible for passes based on their status in the program. All passes shall be to an approved sponsor or an approved destination, and clients shall obey all rules pertaining to their passes. Documentation and verification shall be completed by the primary counselor in conjunction with the authorities in charge of the client’s program participation. Generally, passes shall be a period of time less than 24 hours, and the clients shall return to the facility on the same day. Passes shall be a period of time 4 to 24 hours in length.

PROCEDURES

Preliminary Work

During the clients orientation period, the primary counselor shall complete the preliminary work to arrange for the client’s passes. The primary counselor should:

1. Verify that the client has completed at least 1 family session. Client is not eligible for a pass until 1 family session has taken place.
2. Discuss and review the rules and regulations governing passes with the client.
3. Completing and signing documents governing passes with the client.
4. Verifying the validity and the appropriateness of the sponsor or destination. Verifying the sponsors address and having the sponsor review and sign the sponsor authorization form.
5. Forwarding the pass information to the authorities in charge of the client’s program participation.
6. Document the client’s pass information in the client’s case record.

On Going Family Re-Unification Passes

1. Each week the clients shall complete a weekly schedule, including work hours, outside appointments, meetings, activities and proposed passes.
2. The primary counselor shall review the client’s schedule for the week and determine the client’s eligibility for the proposed pass.
3. The Residential Team shall approve the client’s pass activities and review the client’s pass information with the Program Director.
4. The Program Director shall give the final approval regarding the client’s pass activities. The Program Director shall make the determination based on the following:
   a. primary counselor and other staff recommendations;
   b. how well the client has handled previous passes;
   c. acceptability of the client’s sponsor;
   d. length of participation in the program;
   e. conduct and adjustment in the program;
   f. urinalysis results;
   g. employment, educational and or vocational enrollment hours
5. When indicated by the authorities in charge, staff shall complete and forward a pass roster.
6. When the roster is approved by the authorities, the client’s pass paper work shall be completed by staff and the appropriate information entered. When indicated by the
authorities, the client shall have their pass paper work in their possession while out on a pass...

7. When there is a change in the town where a client is going on passes or when a client requests an out of state pass, the primary counselor shall repeat the preliminary process for the clients pass approval.

Rules and Regulations Governing Furloughs/Passes

All clients shall be made aware of the rules and regulations governing passes.

1. Participate in at least 1 family session.
2. Remain in the town to which released;
3. Abide by any special conditions;
4. Provide a urine sample or breathalyzer upon return to the facility, if so requested;
5. Return to their assigned facility at the time specified;
6. Refrain from the use of alcohol and narcotics and avoid persons using the same;
7. Refrain from introducing contraband upon return;
8. Return to the assigned facility. Failure to return will be considered an escape.
9. Obey all laws and avoid persons with prior felony convictions or those who are engaged in breaking the law.

Medical Emergency Passes

When a client becomes ill to a point where they have to be institutionalized either in the hospital or returned to the authorities, staff shall follow these procedures:

1. In the case of an emergency, the first priority shall be to see that the client receives medical care as soon as possible. Staff shall use their best judgment in emergency situations and follow the emergency medical policy and procedures.
2. Staff shall follow the emergency on call procedure for department of correction clients. When it is determined not to be an emergency staff shall consult with the authorities prior to taking action.
3. When the client is hospitalized staff shall consult with the doctors to get an estimated time of how long the hospitalization will last.
4. When a client is hospitalized staff shall ensure that the client’s personal belongings are kept in a secure storage area.
5. When a client’s condition does not allow them to return to the program they shall be discharged.
6. The client’s medical emergency pass/furlough information shall be documented by staff in the client’s case record.

Furlough/Pass Frequency

The frequency, times and days of the client’s passes shall be determined by the authorities in charge of the client’s program participation, the client’s primary counselor and the Program Director.

Policy Last Updated 4-12
LEISURE TIME ACTIVITIES

POLICY

Leisure time and recreational activities shall be made available for the clients in each residential facility. Clients shall have equal access to leisure time and recreational activities. Clients shall maintain leisure time and recreational equipment.

PROCEDURES

- Residential facilities shall have common room areas where the following activities can take place:
  a. Physical exercise
  b. Television
  c. Games
  d. Hobbies

- Indoor and outdoor recreation shall be made available to clients on the facility grounds or elsewhere.
- Clients who fail to properly maintain leisure time and recreational equipment shall be restricted from its use.

Policy Last Updated on 4/12
RELIGIOUS SERVICES

POLICY

Clients shall be permitted to attend the religious service of their choice, on a voluntary basis. In cases where the client is restricted from leaving the facility, their clergy person shall be permitted to visit with them.

PROCEDURES

1. A client who desires to attend a religious service shall request attendance through a staff member at least three days in advance. The client shall not be in the orientation period of the program or restricted from leaving the facility for any reason.
2. The staff shall confirm the time and place of the service and, if the client is eligible to enter the community. Staff shall complete the necessary paperwork.
3. Staff shall verify the clients attendance.
4. When a client is restricted from leaving the facility and desires to see their clergy person, the staff shall assist the client in arranging for a visit from their preferred clergy person at a time that is convenient.

Policy Last Updated on 4/12
CLIENT RETURN TO COMMUNITY

POLICY

Clients shall be discharged from the program and allowed to return to the community when their judicial sentence is completed, the client completes the program or by order of the authorities in charge of the client’s program participation. In all cases procedures set forth by the authorities in charge of the client’s participation shall be followed in effecting the discharge of the client. All discharges from the program shall be reviewed and approved by the unit supervisor. All referral sources will be notified of the planned discharges by phone as well as by written notification. When applicable the client may be escorted to court, parole hearings or any other type of legal body to have his case reviewed prior to program discharge.

PROCEDURES

1. The primary counselor shall establish a discharge plan with the client. The plan shall include housing needs, employment, medical needs, treatment needs, child-care and other support services if they have not already been addressed and completed by the client prior to the client’s discharge. The primary counselor shall verify all information pertaining to the client’s discharge plan in order to ensure the client’s successful transition to community living.

2. Clients shall be approved for community living by the legal authorities in charge of their program participation.

3. The primary counselor shall discuss the client’s pending discharge and verify the actual discharge date with the legal authorities in charge of the client’s program participation. The staff shall complete and forward all required documentation to the legal authorities in charge of the client’s participation.

4. On the actual discharge date, staff shall collect all program property from the client prior to their release to the community.

5. On the actual discharge date staff shall make contact with the legal authorities in charge of the client’s program participation and inform them of the client’s release to the community.

6. Post-client discharge to the community, the primary counselor shall close out the client’s case record.

7. Primary Counselor shall send all necessary discharge documentation to the referral source including after care plans.
CLIENT PROGRAM TERMINATION

Residential

POLICY

Clients shall be terminated from the program and returned to the legal authorities overseeing their program placement by client request, when a client is in violation of a significant program rule and regulation or by order of the legal authorities overseeing their program placement. The reasons for the client's program termination shall be documented. Client terminations shall be authorized by the unit supervisor. In all cases, procedures set forth by the legal authorities overseeing the client's program placement shall be followed when handling the client's termination and transfer.

PROCEDURE

Termination by client request, by order of Legal Authorities or by cause (CSSD, Probation, Self Referral)

1. Staff shall obtain the Program Director approval, and call the authorities in charge to discuss the case. Staff shall make arrangements for the client's termination and transfer.
2. Staff shall prepare a discharge report, outlining the specifics of the case and have it approved by the unit supervisor.
3. When appropriate staff shall inform the client of the decision to terminate and transfer them. Staff shall provide the client the reasons for their program termination and transfer. Staff shall refer the client to the legal authorities overseeing their program placement for follow up.
4. Staff shall supervise the client while they pack their belongings. Staff shall provide the client the reasons for their program termination and transfer. Staff shall refer the client to the legal authorities overseeing their program placement for follow up.
5. Staff shall have the client remain in a designated area while awaiting the termination and transfer.
6. When the authorities are handling the client's termination and transfer, upon their arrival staff shall have the client secured immediately. Staff shall provide the authorities with a copy of the discharge report.
7. Staff shall escort the client off the property.
8. Staff shall secure the client's personal belongings left at the facility. Staff shall inventory the client's belongings and place them in the locked storage area.
9. Staff shall call the authorities and the client's emergency contact person and inform them of the discharge.
10. When there is an escape staff shall immediately refer to and follow the escape procedures. Staff shall close out the client's case record according to procedures.

Termination by client request, by order of Legal Authorities or by cause (D.O.C. only)

When a client is being returned to a correctional facility because of failure to comply or other reason for ineligibility.

1. Staff shall not in any way inform the client of the decision to terminate and transfer.
2. Staff shall obtain the Program Director's approval, and call the authorities in charge to discuss the case. Staff shall make arrangements for the client's termination and transfer.
3. Staff shall prepare a discharge report, outlining the specifics of the case and have it approved by the Program Director.
4. Staff shall contain the client to the best of their abilities without letting the client know they are being terminated and transferred.
5. When the correctional officials arrive, staff shall immediately take the officials into the appropriate client removal area. Staff shall escort or already have the client in the removal area. Staff shall have the client secured immediately.

6. Staff shall provide a copy of the discharge report to the correctional officials.

7. Once the client is secured, facility staff communication shall take place and the client shall be allowed to point out all of their personal belongings.

8. Staff shall escort the correctional officials and the client off the property.

9. Staff shall secure the client's personal belongings left at the facility. Staff shall inventory the client's belongings and place them in the locked storage area.

10. Staff shall call the authorities and the client's emergency contact person and inform them of the discharge.

11. When there is an escape staff shall immediately refer to and follow the escape procedures.

12. Staff shall close out the client's case record according to procedures.

**Termination by client request, by order of Legal Authorities or by cause (CSSD, Pre-Trial Only)**

1. Staff shall request an accelerated court date.

2. Staff shall prepare a court letter, updating the client’s program performance.

3. Program will then comply with the court’s requests.

Policy Last Updated 4/12
ESCAPE

Residential

POLICY

Preventive measures shall be taken to minimize the possibility of a client’s escape from the program. A client shall be considered to have escaped if they leave the facility grounds unauthorized; leave without being scheduled and approved by staff for work, pass, family reunification pass, a day long, overnight, weekend or if they fail to return to the facility from the same. In all cases procedures set forth by the legal authorities and or law enforcement agencies shall be followed in responding to, reporting and documenting an escape and effecting the removal of the escapee from the program. Staff shall not use physical force in order to prevent an escape. All appropriate referral sources will be contacted within their designated timeframes using whatever written documentation that is required.

PROCEDURES

Prevention / Security

1. Staff shall remain alert to the whereabouts of clients at all times by:
   a. Authorizing all clients who are arriving and departing the facility.
   b. Verifying all client destinations i.e., community based appointments, meetings, work, passes, family reunification passes, overnights, and weekends.
   c. Reviewing the sign in and out log.
   d. Reviewing the sign in and out log against client weekly schedules.
2. Staff shall take measures to prevent an escape during the night, by:
   a. Keeping floodlights on.
   b. Keeping doors and windows locked.
   c. Completing hourly head counts.
3. Designated night staff shall conduct a security check every night and complete the Daily Watchman Security Report, noting any issues with security measures, any safety or fire hazards, and any violations of client rules and regulations.
4. When a client informs the staff on duty that they no longer possess the desire to continue to participate in the program, staff shall attempt to discourage the client from leaving through individual counseling techniques. Additionally, staff shall suggest alternatives to leaving such as transferring the client to another program, returning the client to a Department of Correction facility, allowing the client to speak with their family members, attorney, probation officer, and or appropriate authorities in charge.
5. Clients who leave the facility grounds unauthorized, regardless of staff efforts, shall be considered an escape.

When an Escape Occurs

1. When a client is thought to have escaped including failure to return from work, a meeting, an appointment, pass, family reunification, overnight or weekend the staff on duty shall immediately attempt to locate and gather information concerning the location of the client by utilizing the following guidelines:
   a. Review the client sign in and out log.
   b. Review the client weekly schedule.
   c. Conduct a search of the building and grounds.
   d. Review the client escape form.
1. In all cases when community based inquiries are being accomplished, individuals spoken with shall be instructed to immediately re-contact the facility staff if and when they have contact with the client escapee and shall be encouraged to have the client also contact the facility concerning their situation.

2. Staff shall gather additional information regarding the client's current issues or circumstances that may have contributed to the escape. Staff shall review the client case record notes, the staff communication book, speak with other staff members, family members, and employers.

3. Once staff feels confident that everything possible to locate and gather information concerning the client escapee has been completed the unit supervisor shall be informed either in person or by following the emergency procedures. Staff shall provide details of the escape proceedings to the unit supervisor.

4. Staff shall gather additional information regarding the client's current issues or circumstances that may have contributed to the escape. Staff shall review the client case record notes, the staff communication book, speak with other staff members, family members, and employers.

5. Once staff has consulted with the unit supervisor they shall contact the appropriate authorities in charge by using normal or emergency contact phone/pager numbers.

6. Staff shall inform the authorities in charge of the escape, provide detailed information concerning the escape proceedings and any other information gathered through inquiries. The client case record and or escape form shall be utilized when providing escapee information. Any instructions given by the authorities in charge shall be followed by the staff on duty and communicated to other staff as necessary.

7. Staff shall call the client's emergency contact person and inform them of the escape. Staff shall instruct them to remain alert and to re-contact the facility staff immediately if and when they have contact with the client escapee.

8. Staff shall prepare a written removal report; provide an escape form and or discharge report as deemed appropriate. Staff shall assist law enforcement personnel when necessary. When at any point staff is unsure of proper procedures, they shall confer with the unit supervisor.

9. When law enforcement personnel are dealt with, staff on duty shall re-notify the unit supervisor and the appropriate authorities in charge updating them on the escape proceedings.

10. When the escapee returns to the facility, calls concerning their status, and or staff receives information concerning their whereabouts the staff on duty shall:
    a. Re-contact the unit supervisor for instructions
    b. Re-contact the appropriate authorities in charge of the escapee.
    c. Re-contact law enforcement personnel.

11. Once all escape proceedings are completed, staff on duty shall secure all the client's personal belongings. Client belongings shall be appropriately packed, inventoried, marked with the client's name, and placed in storage.

12. Staff on duty shall close out the client's case record according to established procedures.

Policy Last Updated on 4/12
DISCHARGE & CONTINUING CARE PLAN

POLICY

Discharge and continuing care plans shall be provided for all clients who complete or leave treatment in order to ensure continuity of care. Discharge planning begins on admission and continues throughout treatment until plans are finalized.

PROCEDURE

- A written continuing care plan shall be developed with the client present prior to discharge or transfer to another level of care. Family, significant others, staff, referral sources and any others shall participate in this process as appropriate. If the client is transferred to another level of care within the agency, the discharge continuing care plan is not completed until discharged from the agency.

- The discharge and continuing care plan shall include the admission and discharge dates.

- The client, family, other personnel, and referring source, as appropriate, shall receive sufficient notice regarding discharge. Discharge planning is discussed throughout treatment and updated as needed with the client and family.

- The discharge and continuing care plan shall include the agency/individual responsible for follow-up care, provision of ongoing services, community resources, and relapse prevention skills.

- Discharge and continuing care plans include provisions for the ongoing medical, medication and behavioral health needs of the client.
  
  o Co-Occurring Disorders shall be addressed in the discharge planning process. Staff shall ensure that follow-up care is provided and addresses both mental health and addiction disorders.

  o Clients shall be referred to peer support groups specific to their disorder(s).

- Referrals made will be specific to the individuals age, gender, disability/disorder or other special circumstances and may be made for any services determined appropriate.

- All clients are contacted post-discharge to discuss participation in other service programs and continued well being.

- All individuals who participate in the discharge process shall receive a copy of the Discharge and Continuing Care Plan upon discharge. A copy is maintained in the client record.

Policy Last Updated 4/12
DISCHARGE SUMMARY

POLICY

Clients shall be discharged from Connecticut Renaissance when treatment is complete, when a client fails to comply with rules and regulations, when another Level of Care is required, or when a client is transferred into the care of another agency. The discharge summary should be completed with the client present prior to discharge. This summary shall be a report of all client interactions, services rendered, course of treatment, and treatment recommendations.

PROCEDURE

The Discharge Summary shall include the following information:

- Date of admission and discharge
- Treatment course, services provided and presenting problems including the client's strengths, abilities, needs, desires, and preferences regarding treatment
- Treatment goals and objectives established and the progress toward achieving those goals and objectives
- Reason for discharge/transition and the recommendations for services or supports.
- Condition on discharge including status of employment, education, housing, legal, and substance use
- Referrals and recommendations including aftercare
- Discharge assessment that identifies the client's need for another level of care.
- Diagnoses on discharge

The discharge summary shall be placed in the client record within 7 calendar days.

Policy Last Updated 4/12
TRANSPORTATION OF CLIENTS IN RESIDENTIAL FACILITIES

POLICY

Connecticut Renaissance provides transportation for all clients participating in residential programs as described below.

PROCEDURE

- Clients residing at the East and West Residential Programs are provided court transportation as part of the contractual agreement.
- Client residing at the McAuliffe Co-occurring Program are provided transportation as part of a contractual obligation.
- Clients that reside at Waterbury/Bridgeport Work Release Programs are provided with transportation for medical purposes only as part of a contractual agreement.
- Clients that reside at the East and West Residential open referral program are provided transportation when available.
- Transportation shall not be provided by staff in personal vehicles.

Policy revision 7/6/2015
Discharge Transition and Transportation (McAuliffe Center)

POLICY

Discharge planning begins at admission and is reevaluated based on need throughout the client’s treatment stay at the McAuliffe Center. Clients work collaboratively with their primary clinician to develop discharge plans that reduce the risk of relapse and improve the prospect for ongoing success in their recovery process.

When a client from McAuliffe Center is transported by CTR staff upon discharge, the following procedures will be followed in order to ensure a safe transition to their destination:

- Clients will meet with their primary clinician prior to their discharge date to review and confirm discharge plans and appointments. This session will be documented in the client’s clinical record.
- As appropriate, clients will sign the consent to release confidential information for the purpose of collaboration and follow up between McAuliffe staff and the program/clinician/facility to which the client is being referred upon discharge.
- Transportation to the client’s discharge location will be scheduled in advance by the primary clinician and/or program staff.
- When a client is transported by CTR staff, the driver will log the following information in the transportation log maintained in each vehicle: the date and time of transport, the location (street address and city/town) and client initials.
- The client will acknowledge the transport by signing a form stating that CTR has transported him/her to the stated location as per their discharge plans. (see attached) This form shall be placed in the client’s clinical record.
DISCHARGE TRANSITION AND TRANSPORTATION FORM (McAuliffe Center)

Date: __________________________

Driver: ___________________________ (print name)

On the above stated date, I, ________________________________ (print name) was transported to my discharge destination at the following address:

_________________________________
_________________________________
_________________________________
_________________________________

__________________________________
(client signature and date)

__________________________________
(Driver signature and date)

CC: Program Director
    Client record
Supervision of Self Administration of Medications (Residential)

I. POLICY

A client's medication needs and services shall be supervised by the prescribing physician. All prescribed medications are to be stored in a locked area. Staff shall supervise self-administration of medication and audit the client's medication log records weekly. Weekly audits will be conducted and/or reviewed by the Program Director and/or Program Supervisor. Medication errors, refusals and miscounts will be documented on Medication Incident Reports and submitted to the Quality Dept.

Each prescription is to be only used by the client for whom it is prescribed. Administration of one client's medication for another is prohibited. Any medication remaining after its use has been ordered discontinued by the prescribing physician and/or the client is discharged is to be disposed of according to policy and documented.

All prescriptions shall be documented in the client's case record, on the client's medication form and placed in the medication log.

An adverse reaction to a medication is to be reported immediately to the Program Director, designee or counselor in charge. If necessary a client experiencing an adverse reaction to a medication shall receive medical treatment. All adverse reactions are to be documented on an incident accident form, in the staff communication book, and in the client's case record. Any adverse reactions will be reported to the prescriber. Procedures shall be maintained for the supervision of self-administration, storage, documentation, and disposal of medications.

II. PROCEDURES

A. In-coming Medications

1. Upon admission to the program the client shall give any prescription or over the counter medications to the counselor in charge.
2. Clients will obtain a Doctor's Order for OTC (over the counter medications)
3. Upon return from a medical or dental appointment, the client shall give any prescription and/or Doctor's order for Over the Counter (OTC) medications to the counselor in charge.
4. The counselor in charge will log medications onto a client medication form, in the client's record and the staff communication book.
5. A separate medication log will be maintained for OTC medications.
6. The counselor in charge will then store the medication in the locked storage room.
B. **Supervising the Self- Administration of Medication (both prescribed and over the counter)**

Clients will be notified upon admission the standard medication times, as well as when they are prescribed a medication and receive medication education for their prescription.

Staff shall supervise the self-administration of medications according to the following procedures:

1. Staff shall verify the correct client with the correlating medication box by having client state name and DOB. Staff shall confirm correct client by checking photo on file.
2. Staff shall check the client medication form to make certain this is the correct medication for this client.
3. Staff shall hand the box containing the client’s medication(s) to the client and observe the removal of the prescribed amount and the return of the medication to the container and box. Staff shall return box to the locked cabinet.
4. The client shall take the medication with a cup of water or spoon in the presence of the staff member.
5. To insure that the client has swallowed the medication, staff shall engage the client in conversation.
6. Medications are not to be taken out of the storage room or left with the client to self-administer, except when the client is going out to work or on a pass. In those instances, the counselor shall provide the client with the exact amount of medication required to cover that period of time. Ointments for the face, hands, feet; foot powders and vaginal or rectal suppositories are exceptions to these rules, as well as inhalers which may be kept in the client’s room.
7. Following self-administration, the medication is logged on the client medication form with a date, time, name of medication, dose dispensed, how administered, and signature of the staff member distributing the medication. Over the counter medication is to be logged in the over the counter medication book. All medications shall be maintained appropriately and audited weekly.
8. Any “no-shows” or refusals will be tracked and documented in the medication log and on a Medication Incident Report with a reason for the “no-show” or refusal.
9. If a client is a “no-show” for medication time, all efforts will be made to find the client and educate the client on the importance of taking the prescribed medication. The first attempt will be made through paging the client to the med room. If the client does not show, staff will find the client and encourage the client to take his medication. If the client continues to refuse the medication, the client will be encouraged to discuss this with the prescriber. A medication incident report will be completed for a refusal and/or no-show.
10. Adverse reactions to any medication are to be reported immediately to the Program Director or shift supervisor. If the reaction appears in the least bit serious or persists, the reaction is to be discussed with medical personnel and or the client taken for medical attention. All cases of an adverse medication reaction shall be documented on an incident/accident report, in the staff communication book and in the client’s case record. The prescriber of the medication will also be notified.
C. Storing Medications
   1. All medications are to be stored in a locked storage room.
   2. Medications are to be kept separated from all other potentially contaminating substances.
   3. Internal (ingested) medications are to be stored separately from external (topical) medications.
   4. Medications requiring refrigeration are to be stored in a locked refrigerator.
   5. All medications are to be properly labeled at all times.
   6. Controlled medications shall be stored under double lock.
   7. Controlled Medications: Methadone
      a. Clients will be assigned a lock box and given a key to keep with them for transport of their Methadone to and from the Methadone clinic. The Program Director will also keep a key for audit purposes.
      b. All lock boxes containing Methadone will be secured in a locked refrigerator in the Medication Room.
      c. Clients will go to the Medication Room, given their lock box to open and take their medication as prescribed. Staff will supervise the client taking their Methadone.
      d. Staff will watch the clients secure the lock box after taking the medication and staff will return the lock box to be secured in a locked refrigerator.
      e. Methadone audits will be conducted weekly by the Program Director and documented.
   8. All other controlled medications will be stored in separate lock boxes labeled for each client. A key for each lock box will be secured in the medication room for use of Staff when supervising the self-administration of controlled medication. The staff will open the lock box for the client, who will take his medication as prescribed. Staff will supervise the client taking the medication and secure the medication in the lock box after the client has taken the medication. Staff will return the lock box to a locked cabinet.
   9. If a client is on Methadone in addition to other controlled medications, he will receive a separate lock box for Methadone.

D. Client Medication Distribution Records
   1. Client medication records will be maintained on a regular basis and an audit of these records will be conducted weekly.
   2. Auditors are to insure that all client records, medication, storage, medication log, and disposal documentation is being maintained.
   3. Audit results will be documented on the client medication form and will include the date of the audit, name of the staff completing the audit and the audit outcome.
   4. Audit outcome results shall be communicated to the Program Director or designee and corrective measures taken and documented.
   5. Staff shall insure that prescription medication is refilled as indicated by the prescribing physician or dentist.
   6. Medication records will be placed in the client's case record upon completion and or discontinuance of the medication.
E. Medication Audits and Shift Change Counts
1. All medication logs will be audited at a minimum of weekly by the Program Director or designee.
2. Staff will conduct and document shift change counts of controlled medications EXCEPT for Methadone which will be audited by the Program Director. The documentation will be completed on the Controlled Substance Signature Sheet and maintained in a binder in the Medication Room for review by the Program Director or designee.
3. Methadone audits will be conducted weekly by the Program Director as to ensure security of the Medication.
4. All medication errors discovered during a medication audit will be documented on a Medication Incident Report form and forwarded to the Quality Dept.
5. The frequency of Medication Audits may be increased in response to an increase in medication errors.

F. Medication Disposal
1. Medication will be disposed of once ordered discontinued by the prescribing physician, when the medication is not secured by the client upon discharge, or when the medication is undesired, in excess, unauthorized, obsolete or deteriorated.
2. The program director or designee will oversee the procedures for disposal of all medication within 72 hours of the medication's discontinuance, as follows:
   a. Controlled Substance
      1. Staff shall record all controlled substances that need to be picked up by the medical waste disposal company for disposal.
      2. Staff shall call the medical waste disposal company to arrange for pick up as directed in the contractual agreement.
      3. Disposal of medication shall also be documented on the client's medication distribution record and shall indicate the disposal date, discontinuance date/reason, quantity and the staff who coordinated such disposal.
      4. The program director will be responsible for training staff at hire and randomly monitoring staff in the procedure for disposal of medications.
   b. Non-Controlled Substances
      1. Staff shall record all non-controlled substances that need to be picked up by the medical waste disposal company for disposal.
      2. Staff shall call the medical waste disposal company to arrange pick up as directed in the contractual agreement.
      3. Disposal of medication shall also be documented on the client's medication distribution record and shall indicate the disposal date, discontinuance date/reason, quantity and the staff who coordinated such disposal.
4. The program director will be responsible for training staff at hire and randomly monitoring staff in the procedure for disposal of medications.

G. Staff Roster and Education/Training

1. A roster identifying the name of each staff member authorized and trained to supervise self-administration of medications shall be posted in the Medication Room. Staff not on the roster should not be in the Medication Room at any time.

2. Staff will be trained in the supervision of self-administration of medication during the orientation phase and observed by the Program Director or designee for competency PRIOR to being placed on the roster.

3. All staff on the roster will receive re-training and education regarding the supervision of self-administration of medication procedures by the Program Director or designee semi-annually and attendance will be documented and kept on file at program location.
WORK RELEASE PROGRAMS

Program Descriptions
   Waterbury East
   Central Avenue House
   Maple Street House
Screening
Waiting List
Client Program Classification
Admission & Orientation
Evaluation & the Intake Interview
Treatment Planning
Progress Assessment
Staff Coverage
Counseling Services Policy
Vocational/Educational Services
Client Finances
Referrals & Community Resources
Notifying Family & Authorities of Resident Illness, Injury or Death
Client Rules & Discipline
Screening for Drugs & Alcohol
Client Relapse
Resident Property
Searches
Telephone and Cell Phone
Visitors
Sleeping Quarters
Personal Hygiene Supplies
Bathroom & Laundry Facilities
Food Preparation & Services
Food Purchasing, Delivery & Storage
Maintenance of Food Storage Areas
Meal Planning
Supervising Clients
Monitoring the Location of Clients
Client Supervision During Maintenance Activities
Supervision of clients while in the Community
Family Re-Unification Passes
Leisure Time Activities
Religious Services
Client Return to Community
Client Program Termination
Escape
Discharge & Continuing Care Plan
Discharge Summary
Transportation of Residential Clients
Supervision of Self-administration of Medication (Also in Medical & Health)
Waterbury EAST

Program Type: Work Release
Program Capacity: 51 Beds

Program Address: 31 Wolcott Street
Waterbury, CT 06702

Main Phone: (203) 753-2341
Main Fax: (203) 755-6902

Director: Carol Pace, Director of Community release Programs
Phone: (203) 753-2341
Email: carolp@ctrenaissance.com

Assistant Director: Erick Morton
Phone: (203) 753-2341
Email: erickm@ctrenaissance.com

Parent Agency: CT Renaissance, Inc.

Executive Director: Joseph Riker
Phone: (203) 336-5225
E-mail: jriker@ctrenaissance.com

Area Served: State of CT Parole District

Eligibility: Services are available to male offenders, ages 18 and over, who have been referred by the Connecticut Department of Correction.

Exclusions: The following exclusions apply: a recent history of arson; a serious psychiatric disorder or severe mental retardation condition.

Length of Program: Average length of stay is 90 days. Maximum length does not exceed 120 days.

Description of Services Offered

Waterbury EAST is a residential work release program designed to aid clients in their efforts to live substance-free and criminal activity free lifestyles, enhance self-esteem, acquire and maintain employment/vocational related skills, gain Adult Basic Education and/or GED preparation and enhance the clients’ life skills prior to their transition to the community. Services provided include, but are not limited to, room and board, assessment, individual and group sessions, educational/vocational skills development, employment readiness, and aftercare/discharge planning.

Web-site
www.ctrenaissance.com
Central Avenue House

**Program Type:** Work Release  
**Program Capacity:** 45 Beds  
**Program Address:** 24 Central Avenue  
Waterbury, CT 06702  
**Main Phone:** (203) 596-7303  
**Main Fax:** (203) 596-7408  
**Program Director:** Sabrina Morton  
**Phone:** (203) 596-7303  
**Email:** sabrinam@ctrenaissance.com  
**Director:** Carol Pace, Director of Community release Programs  
**Phone:** (203) 753-2341  
**Email:** carolp@ctrenaissance.com  

**Parent Agency:**  
CT Renaissance, Inc.  
**Executive Director:** Joseph Riker  
**Phone:** (203) 336-5225  
**E-mail:** jriker@ctrenaissance.com  

**Area Served:** State of CT Parole District  
**Eligibility:** Services are available to male offenders, ages 18 and over, who have been referred by the Connecticut Department of Correction.  
**Exclusions:** The following exclusions apply: a recent history of arson; a serious psychiatric disorder or severe mental retardation condition.  
**Length of Program:** Average length of stay is 90 days. Maximum length does not exceed 120 days.  
**Description of Services Offered**  
Central Avenue is a residential work release program designed to aid clients in their efforts to live substance-free and criminal activity free lifestyles, enhance self-esteem, acquire and maintain employment/vocational related skills, gain Adult Basic Education and/or GED preparation and enhance the clients’ life skills prior to their transition to the community. Services provided include, but are not limited to, room and board, assessment, individual and group sessions, educational/vocational skills development, employment readiness, and aftercare/discharge planning.  

**Web-site**  
www.ctrenaissance.com
# Maple Street House

<table>
<thead>
<tr>
<th>Program Type:</th>
<th>Work Release</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Capacity:</td>
<td>36 Beds</td>
</tr>
<tr>
<td>Program Address:</td>
<td>575 Maple Street</td>
</tr>
<tr>
<td></td>
<td>Bridgeport, CT 06608</td>
</tr>
<tr>
<td>Main Phone:</td>
<td>(203) 335-8667</td>
</tr>
<tr>
<td>Main Fax:</td>
<td>(203) 330-2859</td>
</tr>
<tr>
<td>Program Director:</td>
<td>Albert Arnold</td>
</tr>
<tr>
<td>Phone:</td>
<td>(203) 335-8667</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:alberta@ctrenaissance.com">alberta@ctrenaissance.com</a></td>
</tr>
<tr>
<td>Director:</td>
<td>Carol Pace, Director of Community release Programs</td>
</tr>
<tr>
<td>Phone:</td>
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<td>Email:</td>
<td><a href="mailto:carolp@ctrenaissance.com">carolp@ctrenaissance.com</a></td>
</tr>
</tbody>
</table>

**Parent Agency:**
CT Renaissance, Inc.

**Executive Director:**
Joseph Riker

**Phone:** (203) 336-5225  
**E-mail:** jriker@ctrenaissance.com

**Area Served:** State of CT Parole District

**Eligibility:** Services are available to male offenders, ages 18 and over, who have been referred by the Connecticut Department of Correction.

**Exclusions:** The following exclusions apply: a recent history of arson; a serious psychiatric disorder or severe mental retardation condition.

**Length of Program:** Average length of stay is 90 days. Maximum length does not exceed 120 days.

**Description of Services Offered**

Maple Street is a residential work release program designed to aid clients in their efforts to live substance-free and criminal activity free lifestyles, enhance self-esteem, acquire and maintain employment/vocational related skills, gain Adult Basic Education and/or GED preparation and enhance the clients’ life skills prior to their transition to the community. Services provided include, but are not limited to, room and board, assessment, individual and group sessions, educational/vocational skills development, employment readiness, and aftercare/discharge planning.

**Web-site**
www.ctrenaissance.com
Work Release Programs

SCREENING

POLICY

All clients shall complete a screening process prior to admission. Designated staff shall oversee the screening process. Criteria for admission shall be maintained by the program in conjunction with the referring or funding sources. Program criteria for admission shall be based on the agency's ability to deliver effective services. Admission criteria shall be disseminated to referring agencies, funding sources and other interested parties. No client shall be denied acceptance in accordance with state and federal statutes, which include, but may not be limited to, race, color, creed, national origin, economic status, political belief, gender, or disability.

A screening folder shall be maintained for each client when requested or required by referral source. The referral source shall be notified in writing of the results of the screening within 2 business days of the evaluation. If they client were to be accepted a tentative admission date would be established and communicated. When a client is not accepted, specific reasons shall be provided. Upon request, a client shall be provided specific reasons for their acceptance or denial. See section B, eligibility criteria.

PROCEDURES

A. Screening Process
   1. When a client is referred for admission, the referral source shall provide the necessary information for the screening process to take place.
   2. Staff shall review the referral source information prior to completing the client's screening process.
   3. The first step of the screening process may be, but not limited to, a phone interview. Designated staff conducts the initial phone screening. The program director may assign a specific staff as necessary.
   4. A person may be denied at the time of the phone screening based on the program's / facility's criteria. See exclusionary criteria below. It may also be decided that the client is more appropriate for a different level of care or program.
   5. The screening process shall be conducted on the phone or in person. The staff member screening the client shall provide information to the client regarding CT. Renaissance Inc. programming, gather client information and discuss the client's motivation and goals.
   6. Staff who conduct the screening shall confer with the client's referral source and request further information as needed, i.e., institutional conduct records, criminal history, medical history, sexually aggressive behavior and other treatment history.
   7. If applicable, staff shall arrange to review the case with the Program Director, and/or the treatment team giving their recommendation for acceptance or denial.
   8. The program's eligibility criteria shall be used in determining whether a client is appropriate for admission.
   9. In determining the client's program location, coordination between the program director and designee shall take place prior to the referral source being notified of acceptance or denial. The program completing the screening process shall communicate acceptances and denials to the referral source. The designated staff shall coordinate client waiting lists and referrals.
10. The designated staff shall notify the appropriate referral sources of the screening outcome, using the appropriate form(s). If the client is denied entry, the reasons for their denial are to be provided.

11. When a written request from a client is received, reasons for their acceptance or denial shall be forwarded.

B. Eligibility Criteria

The following eligibility criteria are to be used as a guide in determining the appropriateness of a client for admission into a CT. Renaissance program:

i. Be approved for possible placement by the referral source.
ii. Be cleared medically.
iii. Meet funding sources criteria.

Rejection or exclusion of individuals will be seriously considered for the following:

v. A history of aggressive or deviant sexual behavior.
vi. Any psychiatric disorder beyond Quadrant III or outside the scope of the program’s ability to effectively meet the client’s needs or severe mental retardation.
vii. A medical problem that the program is not equipped to handle.
viii. An active communicable disease that, after evaluation, is determined to be inappropriate due to the high risk to the other clients and staff.
ix. Depending upon the circumstances, a client may also be denied for endangering behavior.
WORK RELEASE PROGRAMS

WAITING LIST

POLICY

When the facility has reached capacity a waiting list shall be maintained. The Department of Corrections determines who is to be placed and when.

PROCEDURES

- The Program Supervisor shall be responsible for maintaining the waiting list.
- The Waiting List is determined by time left under sentence.
- When openings become available, clients will begin placement according to the request of DOC.
- The waiting list shall contain the client's name, phone number and services being sought.
- A client will be placed on the waiting list after the referral has been reviewed. If the referral is found to be appropriate according to the treatment model and inclusionary criteria, then the potential client is accepted into the program and put on the waiting list if a slot is not immediately available.
- The Program Supervisor will be responsible for ongoing review of the waiting list. The frequency and type of contact shall be determined by the client's needs and the program structure.
- All contacts and/or actions taken shall be documented on the waiting list such as referral to another program, disinterest in treatment, etc.
- The client and the referral will be notified of the client's status on the waiting list.

Policy Last Updated on 7/12
WORK RELEASE PROGRAMS

CLIENT PROGRAM CLASSIFICATION

POLICY

Client supervision is an important aspect of our Work Release programs. Upon admission, clients shall be assigned to Orientation Status. Orientation Status offers the most intensive supervision, which is designed to assist and motivate the client to attend groups, learn the program rules and work towards their treatment goals. Supervision levels are based on the client's overall program participation, program violations, treatment plan progress, legal status, and length of time in the program. Community activities shall be directly correlated to the client's supervision levels and legal status. In collaboration with the referral source, the program staff shall allow the clients community activities only after the following have been taken into consideration: public safety, criminal history, treatment needs, public concern, victim concern, and location of activity.

PROCEDURE

Orientation Status

- The clients shall participate consistently in all program offerings.
- The client's shall have access to the community for the purpose of scheduled appointments such as medical, psychological, religious and/or financial/entitlements.
- The clients un-supervised off grounds activities shall be approved by the supervising legal authority.
- Client’s must attend Orientation group and pass a test in order to move to the next level.

Community Access

- The clients shall participate consistently in program groups a minimum of 2 groups per week.
- The clients shall enter the community with appropriate mandated paperwork such as a furlough book or a pass authorization paper.
- The clients shall attend educational/vocational training and or employment. Staff shall verify the client's educational/vocational training and or employment initially and on a weekly basis. Staff shall review the client's pay stubs to confirm weekly hours worked.
- Clients with high substance abuse scores are strongly encouraged to attend one weekly 12-step support group or other positive support group. Staff shall verify the client's group attendance.
- The clients shall be granted passes for appropriate social activities. When required, staff shall obtain approval from the supervising legal authority. Family Re-unification passes shall be no more than 48 hours in duration depending upon the client’s circumstances (working clients only).
- Clients shall be able to attend appointments.
- Upon successful completion of the Orientation period, which is a minimum of 2 weeks after admission, the client can begin to look for work.
- Up to a 3 hour community pass can be granted when the client goes to look for work. Any additional hours exceeding 3 must be approved by the referral source.
- Spiritual passes can be granted once the client has successfully completed the Orientation phase.
Employment

- Clients whom have secured employment must submit a weekly schedule to his Primary Counselor, Program Director, or designated staff.
- The staff then verifies the employment schedule and completes the necessary paperwork for a pass.
- The Program staff must verify the client’s attendance and conduct with the employer.
- In cases with clients who have a Victim Notification Protocol, staff shall contact the employer daily.

Policy Last Updated on 7/12
WORK RELEASE PROGRAMS

ADMISSION AND ORIENTATION

POLICY

All clients who are approved for admission shall complete an intake process upon arrival at the facility. Under staff supervision, the clients shall complete case record paperwork and a drug screening. Furthermore, they shall be orientated to the facility, assigned a primary counselor, have an opportunity to review and discuss program rules and regulations, services available, program goals, rules governing conduct, possible disciplinary actions, and any limitations of available services. Clients shall agree to abide by the rules, regulations, and general programming standards, and acknowledge such understanding by signing the Client Handbook Acknowledgement Form.

PROCEDURES

Admission

- Upon arrival, the new client shall be greeted by staff, informed of the intake and orientation process.
- Staff shall collect prescriptions and or over the counter medications from the new client. Staff shall register and secure medications according to procedures. Medications will not be accepted if the seal has been broken or has been tampered. Any open medications shall be re-ordered.
- Staff shall collect a supervised urine sample which shall be screened for drugs and alcohol.
- Staff shall assign a client to show the new client around the facility and grounds.
- Staff shall assign the client a sleeping area; issue bed linens if available, personal storage space, and personal hygiene articles as needed.
- Staff shall discuss personal property boundaries.
- Staff shall screen the clients personal belongings for contraband.
- Staff shall meet with the client and complete the intake package.
- Staff shall discuss the rules and regulations with the client, and answer any questions.
- Staff shall provide the client with a Client Handbook. Upon review of the handbook the client shall sign and date a form agreeing to abide by the rules, regulations, and general programming standards. The client shall complete and sign any additional paperwork mandated by the legal authorities overseeing their program placement.
- When information shall be needed from other sources or when the program shall need to release information regarding the client, staff shall complete the release of confidential information forms. According to HIPPA regulations.
- Staff shall provide the client with information to be completed during their orientation. Staff shall instruct the client regarding the information including any restrictions that apply.
- Staff shall inform the client when group and individual counseling sessions shall take place and the program responsibilities that shall pertain to them.
- When required staff shall take a photo of the client that shall be attached to the appropriate form.
- At the end of the intake staff shall have the client contact their family or significant others to arrange for clothes and money to be delivered. Staff shall explain program rules and regulation to the client's family and or significant others.
- Staff shall conduct a client assessment and make the necessary referrals for drug education/counseling assistance, employment assistance, mental health assistance, educational/literacy assistance, identification assistance, and or medical/dental assistance.
- Staff shall document client referrals to community based services.
- Staff shall review the case record making sure it has been completed correctly.
- Staff shall obtain client visiting information.
- Staff shall complete any paperwork required to grant the client access to the community.

### Orientation

The goals of orientation are to assist the clients to become oriented to the facility, other clients, staff, and the program structure. The clients and counselor shall complete orientation paperwork. Staff shall have frequent meetings with the clients, develop treatment goals, schedule appointments with community resources, develop a discharge plan, and complete the planning for leisure time in the community.

- Staff shall review criteria for supervised / unsupervised time in the community. The basis for supervised versus unsupervised time is dependent upon the level of care and the client's circumstances as determined by the treatment team.
- When the client needs personal articles, they shall have a family member or significant other bring the articles to the facility with approval and under the supervision of a staff member.
- The clients shall complete the orientation package, that includes the following:
  a. a review of the client handbook
  b. signing of the client orientation acknowledgement form
  c. completion of the program property form
  d. completion of the treatment plans within 7 calendar days of admission
  e. completion of the visitors sheet
  f. completion of consents & HIPPA Acknowledgement
- Staff shall review and approve the orientation documents. Staff shall provide support to the clients with language / literacy difficulties.
- Staff shall facilitate individual and group sessions with the clients.
- The clients shall with staff collaboratively develop treatment goals and a discharge plan.
- Staff shall schedule appointments with community resources.
- The clients shall participate with staff to develop pass/furlough or community based leisure time activities.
- The clients shall be allowed visits after their admission into the program.
- Fire Safety & Emergency Procedures shall be reviewed at the time of admission.

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EVALUATION AND THE INTAKE INTERVIEW

POLICY

All individuals referred to Connecticut Renaissance will undergo an evaluation interview on the premises to assess eligibility for admission. A qualified staff or supervisor as determined by agency standards performs the evaluation. The evaluator gathers pertinent information regarding the individual's needs and presenting problems including the individual's abilities, aptitudes, skills and interests. The purpose of the evaluation is to assess for the appropriateness of available services. Within the evaluation process, the LSI-R is used to assess the risk level of each client upon entering the program. Collateral information from the referral source and the client's own reports of strengths, needs, abilities and preferences are used to provide a thorough assessment of the client's needs. When appropriate and with the permission of the client, information may be obtained from family members, friends and peers and/or other sources. The client is admitted during the intake interview.

PROCEDURE

There shall be initial and ongoing assessment of the client. Every effort shall be made to provide assistive technology if needed for the client to participate in the assessment process.

The evaluation shall identify and document the immediate and urgent needs of the person being interviewed by collecting the following information:

These interviews and assessment tools shall:

- Be respectful to age, gender, social preferences, sexual orientation, cultural orientation, psychological characteristics, physical conditions and spiritual beliefs.
- Identify and clarify the expectations of the client and the role of the agency staff.
- Be responsive to the changing needs of the clients.
- Contain information which is adequate to result in individualized and goal oriented, person centered planning.
- Contain a section which identifies what the client wants from the services or why the person is coming for services.
- Communicate the results of assessments to the client, personnel and other persons as appropriate.

PROCEDURE

Prior to conducting the intake assessment the client signs the Consent for Treatment form after verbalizing an understanding of its contents. The following information is gathered during the evaluation / intake interview:
- Identification Data - name, address, date of birth, social security number, referral source, gender, race, religion, citizenship, birth place, primary language, and military status.

- Emergency Information - name, address, phone number of person to contact in case of emergency including name, address and phone number of next of kin.

- Drug History and Drug Treatment History (including tobacco)- date of last use, amount, frequency, route and age of onset for all drugs; physical complications due to drug use, previous treatment, both inpatient and outpatient, including outcome of treatment, and utilization of community resources.

- Psychiatric History - previous treatment both inpatient and outpatient including outcome of treatment, utilization of community programs, symptoms experienced in the client's life time and within the last thirty days including risk taking behaviors. Also a history of medications taken past or present, and mental status shall be gathered.

- Family Information - family relationships, history of psychiatric or emotional problems in family. History of abuse whether emotional, physical or sexual.

- Living Arrangements - relationships within the household, satisfaction with living arrangements and sexual orientation.

- Social Relationships - leisure activities, social supports, serious problems affecting relationships with others, and history of abuse.

- Legal Status - history of arrests, convictions and incarcerations, name, address and phone number of probation/parole officer, name and address of attorney.

- Medical History - name, address and phone number of physician, previous hospitalizations, any chronic health conditions, pregnancy, medications, efficacy of current and previously used medications, medication allergies, adverse reactions to medications, and any history of communicable infectious diseases including HIV.

- Education - highest level of education completed, school performance, learning disabilities, and language/literacy difficulties.

- Employment - employment status, present or last employer, occupation, income over past year, highest yearly income, impairment in the workplace, if applicable, and attitude towards employment.

- Financial/Support Status - current household income, sources of income, resources received within last thirty days.

- Insurance Information

- Clinician’s Assessment - The Clinicians assessment is a written narrative which includes information regarding the client’s mental status, cognitive, emotional and behavioral functioning, and diagnosis. The assessment may also include information about psychiatric assessments, previous treatment and diagnosis, psychological assessments, medication status and it's efficacy, allergies or adverse reactions to medications, pertinent medical care, community programs, and adjustments to disorders and disabilities. The Clinicians assessment also includes recommendations for treatment.
- The Bio-Psycho-social shall include history and chronology of co-occurring disorders and the interaction between them is examined.

Once information is gathered, a Behavioral Health Evaluation Narrative Assessment is written, which includes the clinician's observations, a brief risk assessment, an initial treatment plan and preliminary discharge plan. The narrative is written based on the client's expectations including their strengths, needs, abilities, attitudes, skills and interests. This assessment is conducted within specific time frames and is used in the development of the individual treatment plan. This assessment will identify any co-occurring disabilities/disorders that should be addressed when developing the individual plan including preliminary discharge plans.

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WORK RELEASE PROGRAMS

TREATMENT PLANNING

POLICY

Treatment plans shall identify a separate problem, the plan of intervention, and the criteria for achieving the stated goal. When the client understands and agrees with the treatment plan both the client and the primary counselor shall sign and date the treatment plan.

Each client admitted to residential services shall have a written, individualized treatment plan. The treatment plan shall be prepared using the information collected during the evaluation and intake interview. Based on the assessment of clinical needs, the plan shall address the client's strengths and abilities; goals and objectives; and criteria for achievement of plan. Treatment shall be planned, reviewed, and evaluated at regular intervals. The treatment plan shall serve as an organizational tool whereby the care rendered to each client is designed, implemented, assessed and updated in an orderly fashion.

Initial treatment plans for clients shall be completed by the primary counselor and the client within the first week of the client's admission. Treatment plans shall identify goals to assist the client acclimate to the program. Additional treatment plans shall be completed by the primary counselor and the client throughout the course of the client's program participation.

Treatment plans shall be reviewed within the first thirty days of the client's admission into the program and every sixty days thereafter. Changes and approaches to the client's problems and behaviors shall be documented on the client's treatment plan review. Changes and approaches to the client's treatment plan shall be reviewed and discussed with the client. Treatment plans and treatment plan reviews shall be signed and dated by the primary counselor and the client.

The individual plan shall be based on the initial and ongoing assessment of the client. These assessments shall:

- Be responsive to age, gender, social and sexual preferences, cultural orientation, psychological characteristics, physical situation and spiritual beliefs.
- Provide identification of the strengths, abilities, needs, and preferences of the client.
- Identify the expectations of the client and agency staff.

PROCEDURES

- The primary counselor shall meet with the client to discuss their view of problem areas and objectives. The primary counselor shall take into consideration the client's input and motivation. When there are areas which the counselor views as problematic, but the client does not, these areas may still be included in the treatment plan provided the client agrees to at least explore these areas.

- Initial treatment plans shall be completed within 7 calendar days of a client's admission into the program.

- For clients with a co-occurring disorder, the treatment plan shall reflect the impact of substance abuse on the psychiatric disorder. Plans shall routinely address both disorders equivalently and in specific detail. Interventions in addition to medication are used to address mental health disorders.
• The treatment plan and reviews shall be focused on the integration and inclusion of the client into the community, family and/or natural support system, and other services as needed.

• The treatment plan shall include all previous diagnostic and medical treatment information that is appropriate to the formulation of this plan.

• The treatment plan shall discuss the Stages of Change in relation to each goal. Stage of change or motivation is routinely incorporated into the individualized plan; formally prescribed and delivered stage-wise treatments for both substance use and mental health disorders.

• The treatment plan will specify the services which will be provided by the program.

• The treatment plan will identify any referrals that will be made for additional services needed beyond the scope of the program.

• The treatment plan will specifically address the needs of clients with co-occurring disorders in a manner which is both appropriate and integrated. These services will be provided by qualified personnel.

• The primary counselor shall describe in writing the issue or behavior defined as problematic, the plan of intervention and the criteria for identifying achievement of the treatment plan. The primary counselor shall identify whether this is a "short-term" or "long-term" goal and a target date for achievement.

• The treatment plan shall be reviewed at thirty days, sixty days and every sixty days thereafter. The treatment plan shall be modified as needed due to major changes in the client's treatment. Any major changes to the treatment plan shall be made with full knowledge, active participation and full agreement by the client. The primary counselor shall document those goals that have been achieved and identify any changes or additions to the treatment plans.

• The treatment plan shall be communicated in an understandable manner to the client, the staff members involved in the client's treatment and when appropriate, to the referral source and purchasers of service.

• A progress note shall be written in conjunction with the development of the treatment plan and each treatment plan review to document attendance at the meeting as well as the outcome.

• Any restriction of rights placed on clients shall be reviewed frequently for purpose and effect.

• The treatment plan / review shall be coordinated and integrated with all services received by the client including medication. The plan shall also identify needs beyond the scope of the program and make appropriate referrals.

• The treatment plan / reviews shall be signed by the client and the counselor who is responsible for implementing the plan, a copy provided to the client upon request and it shall be entered into the case record.
The primary counselor shall involve agents of the client’s committing and or referring authority in the development of ongoing monitoring of the client's treatment recovery Plans / Reviews.

TREATMENT PLAN COMPONENTS

- **Problems**: The problem(s) identified during the assessment process, which shall be addressed in treatment.
- **Goals**: Goals shall reflect the informed choice of the client and be expressed in the client's own words. Goals shall be appropriate to the client's age and culture and based on the client's abilities, strengths, preferences and needs. Time frames shall be established for all goals and be based on the projected length of stay.
- **Objectives**: Objectives are the stepping stones to goal achievement. Objectives shall be measurable, achievable, time-limited, understandable to the client, reflective of the client and the team's expectations, appropriate to the treatment setting, reflective of the client's age and development, culture and ethnicity and responsive to the client's disability/disorder.
- **Treatment Interventions**: Treatment interventions shall include frequency and be specific to the services rendered. When the person served has a co-occurring disability/disorder, services are provided by personnel, either within the organization or by referral.
- **Discharge Plan and Discharge Criteria**: The treatment plan shall include information on conditions for transition to other services.
WORK RELEASE PROGRAMS

PROGRESS NOTES

POLICY

The clients progress within the program shall be reviewed weekly by the primary counselor. Case presentations are conducted at clinical staff meetings. All group sessions and individual sessions are documented in the agency progress not format. A weekly case summary/progress note is generated summarizing the clients progress towards goals and participation in treatment activities. Staff shall also note any new developments in the clients work or educational plans, any program interventions, counseling sessions, disciplinary actions, accidents or incidents, furloughs, passes, and visits. All progress notes are to be entered into the client record within 24 hours. Entries into the clients case record shall be signed and dated by the staff member entering it. Client progress reports shall be made available to committing and or referring authorities.

PROCEDURES

- The primary counselor shall complete a weekly case summary. They shall report how many individual, group and family counseling sessions were held, referral results and additional pertinent client information.
- The counselor shall summarize the clients progress in the program, document any problems occurring that week including positive urines, disciplinary decisions, incidents, behavioral contracts if applicable and grievances. The client will be included in this process. The counselor shall advise the client of the documented review. The counselor shall sign and date their documentation.
- The counselor shall enter detailed notes into the appropriate sections of the clients case record including medical appointments, legal obligations and other pertinent client information.
- In addition to weekly documentation the primary counselor shall place documentation into the client case record on an on going basis whenever anything noteworthy occurs, so that other staff reading the client case record shall be aware of the clients current issues.
- The primary counselor shall review and discuss the clients progress within the program during the clinical staff meeting. The results of the clients progress review shall be documented in the clients case record.
- The counselor shall make client progress reports available to committing and or referring authorities monthly.
- The progress notes shall be directly related to the treatment plan.

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WORK RELEASE PROGRAMS

STAFF COVERAGE

POLICY

There shall be a sufficient number of staff on duty at all times. Shifts shall be assigned to assure that there is adequate coverage during the times when most clients are in the facility and in need of services. During all shifts (24 hours a day) staff will be awake, available and responsive to client needs.

In the event of a concerted employee work stoppage or other job action, supervisory personnel shall be responsible to maintain program operations on a 24-hour a day basis.

Every effort shall be made to maintain a B-Lingual speaking staff member in order to adequately meet client needs. When a literacy problem exists and a client is unable to read facility rules, regulations, etc. special assistance shall be provided, including utilization of a literacy volunteer.

PROCEDURES

1. The Program Director shall be responsible for assigning and scheduling staff. A staff schedule shall be prepared in advance and posted. The schedule shall be adjusted in order to maintain a sufficient number of staff on duty.
2. Staff coverage shall be reviewed periodically to determine if:
   a. Enough staff are available 24-hours a day to provide counseling and other assistance during the hours when most clients are in the facility.
   b. At least one staff member is available and responsive to clients' needs at all times. Staff are not permitted to sleep at any time.
   c. Clients are receiving assistance for their language or literacy problems.
   d. The schedule is adjusted for staff days off, holidays, vacations, and sick leave and a sufficient number of staff remain on duty.
   e. Staff are allowed and are taking time off as earned and requested.
   f. At least one person on each shift shall be CPR certified.

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COUNSELING SERVICES POLICY

POLICY

All clients shall be provided with and be required to participate in group and individual counseling. To insure for continuity of services a primary counselor shall be assigned to each client by the unit supervisor. Counseling services shall include, but not be limited to, assistance in the areas of drug and alcohol abuse, mental health tx, housing, employment, finances, family/relationship matters, vocational/educational needs and after care planning. In addition to group and individual counseling sessions each week, clients with a history of drugs and/or alcohol abuse shall be strongly encouraged to attend at least one self help group meeting each week. Referrals to community resources shall remain an important aspect of the counseling services offered.

PROCEDURE

Individual Counseling

1. During the clients first week of arrival to the program, the unit supervisor shall assign a primary counselor. The counselor, as well as the client, shall be informed of the assignment. Individual counseling sessions shall take place several times during this week. Activities shall include:
   a. the counselor becoming familiar with the client's background, problems and needs.
   b. the counselor and client developing a rapport with one another
   c. the counselor making referrals to community resources
   d. the counselor and the client developing initial treatment plans
2. Staff shall provide, at least one 60 minute individual counseling session per client each week. Staff shall schedule additional individual counseling sessions whenever indicated, but at least under the following circumstances:
   a. by client request
   b. when the client is involved in a negative conduct incident or has violated the rules
   c. when the client has used drugs or alcohol, see Relapse Protocol
   d. when the client is under unusual stress or is having personal problems
   e. when the client has lost his job and or can not secure employment
3. Staff shall address drug and alcohol abuse, mental health concerns, vocational/educational needs, finances, housing, family/relationship matters, employment issues and after care planning during individual counseling sessions.

Group Counseling

1. Clients shall be assigned to and attend group counseling sessions each week.
2. Group counseling sessions shall be convened and facilitated by a staff member, who remains present at all times.
3. Clients shall be informed of the group ground rules.
4. During group sessions staff shall combine both support and encouragement with the appropriate MI techniques given the therapeutic needs of the clients.
5. The Work Release Programs utilize the “Life After Incarceration” Treatment Model.
Supervision

Supervision is completed by the Program Director, within staff meetings and in individual sessions as necessary.

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VOCATIONAL/EDUCATIONAL SERVICES

POLICY

Clients shall be provided vocational/educational services, including counseling and assistance to find suitable employment, educational and or job training programs.

PROCEDURES

A. Assessment of the Client’s Voc./Ed. Needs
   1. During the client’s intake, staff shall document the client’s educational and vocational history.
   2. During orientation, the client’s English language verbal and written comprehension shall be assessed.
   3. Staff shall review the client’s interests, experiences, and motivations. Staff and the client shall develop an educational/vocational treatment plan. Additionally staff shall consider the following client services and actions:
      a. counseling regarding job readiness and other issues that interfere with the client securing employment.
      b. assisting the client when they are reading and completing job applications;
      c. assisting the client when they are preparing for job interviews;
      d. assisting the client when they are utilizing classified job ads;
      e. assisting the client when they are locating an appropriate job training program;
      f. referring the client to community vocational/educational resources;

B. Employment/Educational/Vocational Search
   1. Clients shall be required to seek and secure employment at a designated time period while in the program. In addition to employment, clients can participate in educational and vocational programs. Hours when the clients shall be expected to be actively engaged in seeking employment, educational and or vocational opportunities shall be designated by the primary counselor.
   2. Each morning prior to leaving the facility the client shall inform the staff of the places they intend to visit when seeking employment, educational and or vocational opportunities. The client shall contact staff to sign in and out.
   3. Staff shall monitor and verify the clients whereabouts.
   4. While in the community seeking opportunities the client shall maintain a contact log listing the places they visited, the person they spoke with, the outcome of their visit and the time they were there. Upon returning to the facility the client shall submit the contact log to the staff and shall have staff complete the sign in and out book. Staff shall review the clients contact log on daily basis.
5. Staff shall closely monitor the client during their employment, educational and or vocational opportunities search and provide support and counseling related to any morale or other problems that arise.

C. Employment/Vocational/Educational Opportunities
   1. When the client obtains employment, educational/vocational opportunities, the primary counselor shall document the information in the clients' case record.
   2. The client shall sign a release of confidential information form permitting staff to verify that employment, educational/vocational opportunities have been secured, the rate of pay, days and hours of the week. Staff shall notify the employer regarding the client's affiliation and that weekly employer communication shall take place.
   3. Staff shall document in the clients' case record verification of the client's community activities.
   4. The primary counselor and the client shall meet to discuss and initiate a weekly budget.
   5. Staff shall provide ongoing assistance to the clients regarding employment, educational and or vocational issues. When a client loses a job the staff and the client shall review and discuss the reasons why.

D. Loss of Employment

When a client loses their employment, the process shall be initiated again.

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CLIENT FINANCES

POLICY

Clients shall be encouraged and empowered to prepare for financial responsibility by developing a written personal budget; by receiving counseling regarding financial matters and by adhering to the programs requirement that clients contribute a percent of their gross earnings towards their stay in the program. Additional client financial assistance shall be developed by referring clients to community resources.

PROCEDURES

A. Budget Assistance
   1. Once employed clients shall be responsible for completing a weekly written budget. The primary counselor shall assist the clients when they are completing their budgets.
   2. During individual counseling sessions, the primary counselor and the client shall review the client's progress in maintaining their budget and reaching their budgetary goals.
   3. Categories to be considered when the client is completing their budget shall include but shall not be limited to:
      a. fees contributed to the program
      b. employment related expenses (transportation, lunches out if desired, uniforms, etc.)
      c. family support
      d. clothing
      e. savings (for housing, security deposit, etc.)
      f. outstanding debts
      g. restitution
      h. criminal injuries account payments
      i. dept. of income maintenance payments

B. Program Fees
   1. Clients shall be required to contribute towards their program stay upon securing employment.
   2. Staff shall complete the client Employment and Rent Status form once the client is employed. The primary counselor shall place a copy of the form into the client's case record. The primary counselor shall be responsible for ensuring that the client's financial obligations are maintained.
   3. Current program fees shall be due immediately upon the client's receipt of their first paycheck and thereafter on each pay period of each week. Clients shall submit all payments in a money order made out to CT. Renaissance Inc.
   4. Client program fees shall be 25% of the client's net pay up to $100.00 per week.
   5. Client's income shall be documented by pay stubs submitted by the client to their primary counselor with each fee payment and accompanied by a completed budget sheet. The primary counselor shall maintain the client's budgetary information within the client's case record.
   6. A ledger shall be maintained by staff documenting all client fees. The ledger shall document the client's name, CJIS number for DOC clients,
the amount paid and the week paid for. Staff shall provide written receipts to the clients when receiving fee payments. Staff shall double check the clients work hours vs. pay vs. time out of the facility prior to signing off on the client's budget sheet.

7. Clients who are terminated or quit employment are not subject to the weekly rent process however it will begin again once employment is secured again.

8. On the day of the client's release from the program, the primary counselor shall collect the final week's fees.

C. Client Savings

When clients become employed, a portion of their net pay shall be placed in a savings account. CT. Renaissance Inc. and or a financial institution shall maintain the accounts. The savings amount should be no less than 75% of the client’s remaining funds after all fees are paid.

In cases of fines, restitution, transportation costs or other emergencies the client's savings requirement may be waived or modified with the unit supervisor's approval.

1. The client and the primary counselor shall individually determine the amount the client shall save. The amount the clients shall save shall be realistic anticipating what the client shall need to successfully return to the community. When saving the client and the primary counselor shall consider:
   a. security deposit payments for an apartment
   b. rental payments for an apartment
   c. furniture costs
   d. automobile payments
   e. positive incentives (things that would increase the client's gratification, such as a musical instrument, hobbies, a stereo, books, clothing, etc.)

2. Savings shall be due immediately upon the clients receipt of their first paycheck and thereafter on each pay period of each week unless waived with the unit supervisors approval. Clients shall submit payments in a money order made out to CT. Renaissance Inc. unless they have been approved by the unit supervisor to utilize another financial institution. Clients savings controlled by a financial institution other than CT. Renaissance Inc. shall be deposited into a pass book account that is supervised by the client's primary counselor.

3. Client's savings shall be documented on the completed budget sheet and submitted to their primary counselor. The primary counselor shall maintain the client's budgetary information within the client's case record.

4. A ledger shall be maintained by staff documenting the client's savings. The ledger shall document the client's name; CJIS number for DOC clients, the amount paid and the week paid for. Staff shall provide written receipts to the clients when receiving savings.

5. Approximately one week prior to the clients completion of the program the primary counselor shall complete the clients saving close out form and submit the form to the administrative staff. Client's shall receive their savings money in the form of a check or issued their passbook prior to their discharge from the program. The primary counselor shall document in the clients case record the fact that the clients have received their savings.
6. Client savings shall be claimed by the client. Client savings shall not be given to family members of significant others.
   . Client's savings shall be claimed in person or in the case of a client's re-incarceration or failure to complete the program forwarded to the client by certified mail.
   a. Client savings that remain in the CT. Renaissance Inc. client's savings account due to a clients escape from custody shall be held unclaimed within the savings account for a period not to exceed 90 days. Funds left unclaimed after the 90-day period shall be forwarded to the Department of Correction Inmate Accounts Fund.

7. Client requests for emergency withdrawals shall be submitted in writing to the client's primary counselor. The primary counselor and the unit supervisor shall approve the client's request.

8. Clients shall receive emergency withdrawals in the form of a check or shall be issued their passbook. The primary counselor shall document in the clients case record the fact that the client has received their emergency withdrawals.

D. Department of Social Services

1. Upon becoming work-eligible, clients shall be required to complete a CN455 Community Agreement and Notification Form. The clients primary counselor shall forward the completed document to the Dept. of Social Services in Hartford, CT. Clients determined by the Department of Social Services to have significant others receiving public assistance shall be required to contribute 50% of their savings back to the Dept. of Social Services.

2. Clients shall contribute 50% of their pay period savings amount. Payments shall be submitted by money order payable to BCSE. Dept. Of Social Services contributions shall be documented on the completed budget sheet and submitted to their primary counselor. The primary counselor shall maintain the client's budgetary information within the client's case record.

3. A ledger shall be maintained by staff documenting the client's contributions. The ledger shall document the client's name; CJIS number for DOC clients, the amount paid and the week paid for. Staff shall provide written receipts to the clients when receiving Dept. of Social Services payments. Client's receipts shall be completed in triplicate, providing one to the client, attaching one to the money order and leaving one in the receipt book.

4. On the day of the clients release from the program the primary counselor shall collect the final week's contribution.

E. Criminal Justice Injuries Account (D.O.C. Only)

1. In accordance with Public Act 88-300 all employed Department of Correction inmates on community release status shall disburse certain amounts to the Commission on Victims Services' Criminal Injuries Account.

2. Clients shall contribute 3% of their earnings after deductions (net pay). Contributions shall be due immediately upon the clients receipt of their first paycheck and thereafter on each pay period of each week. Clients shall submit payments in a money order made out to CT. Renaissance Inc.

3. Client contributions shall be documented on the completed budget sheet and submitted to their primary counselor. The primary counselor shall maintain the client's budgetary information within the client's case record.

4. A ledger shall be maintained by staff documenting the client's contributions. The ledger shall document the client's name; CJIS number
for DOC clients, the amount paid and the week paid for. Staff shall provide written receipts to the clients when receiving contributions.

5. On the day of the client's release from the program the primary counselor shall collect the final week's contribution.

F. **Client's Personal Money**
   1. Clients participating in the community release program shall be allowed to hold personal money.
   2. The amount of personal money a client shall possess or has access to shall be $50.00 per week.
   3. Upon becoming employed clients shall be allowed to keep $50.00 per week from their paycheck the remaining funds will go to savings.
   4. Client's personal money that is being maintained by the program shall be returned to the client upon their discharge.

G. **Community Resources**

   The residential programs shall utilize community resources that offer the clients financial assistance. The client’s financial assistance may include vouchers for clothing, vouchers for hair cuts, security deposits for housing, funding for transportation, emergency loans, counseling and assistance securing identification documents. Community based financial assistance shall be governed by the clients need, the clients being referred for financial assistance and the availability of funds for financial assistance.

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REFERRALS & COMMUNITY RESOURCES

POLICY

Each facility shall maintain a listing of active community resources where staff shall refer clients who require assistance in various areas. An information board for clients shall be available in a visible area where job offerings, self help group meetings, and other resources shall be posted. Referrals shall be made to community resources that offer substantial services and those that the program is familiar with. Staff shall maintain working relationships with local agencies and foster the development and client access to additional community resources.

A. Listing Resources

1. A listing of active community resources shall be maintained. In addition Info line 211 is available on line and by phone, which is the most comprehensive list available. The compiled list of community resources shall include:

   - Criminal justice agencies
   - Employment services
   - Educational institutions
   - Vocational training organizations
   - Mental Health agencies
   - Hospitals and physicians
   - Self help groups
   - Recreational facilities
   - Social welfare agencies

2. The listing of community resources shall include information about each agency, such as:
   - Services offered
   - Hours
   - Fees
   - The contact person
   - Address and telephone number

B. Making Referrals

When referring clients for assistance by community resources staff shall:

1. Research the referral source to ensure it is suitable if they are not already familiar with it.
2. Discuss the proposed referral with the Program, Clinical Director and the client describing what is known about the agency services, the way it operates, and the reason for the referral.
3. When the client has agreed with the referral, the Program or clinical Director provides the information needed to make an appointment or make the appointment while the client is in the office.
4. Complete the release of confidential information paperwork.
5. Provide the referral source with the client's information.
6. Follow up with the referral source by making contact with the community resource and or by discussing the outcome with the client. Ensure that the client has followed through and whether or not the referral was helpful.
7. Document both the referral and any follow up information in the client's case record.

C. Developing Community Resources

1. Staff shall be proactive when developing community resources for clients. Staff shall accomplish this by; visiting community resources, maintaining contact with community resources, educating community resources regarding client issues, serving on agency advisory committees and boards of directors, helping agencies and self help groups more effectively serve the clients, and working to get agencies to extend eligibility to the clients.
NOTIFYING FAMILY & AUTHORITIES OF RESIDENT ILLNESS, INJURY OR DEATH

POLICY

Any serious client illness, injury, emergency surgery, or death shall be reported immediately to program administrators, next of kin, and proper authorities.

PROCEDURE

A. Notifying Program Administrators
   1. When a serious client illness, injury, emergency surgery, or death occurs, the Unit supervisor, or in their absence, the counselor in charge shall immediately notify the following people at work or at home:
      a. Unit Supervisor
      b. Chief Operations Officer (COO)
      c. Executive Director (ED)

B. Notifying Next of Kin
   1. The Unit supervisor shall confer with the COO and the ED to determine the most appropriate means to make such notification.
   2. The Unit supervisor or designee shall be responsible for the notification of "next of kin" within the workday.

C. Notifying Authorities
   1. The ED, or designee, shall be responsible for notifying the proper authorities of a client's death, serious illness or injury.
   2. If circumstances warrant, the COO, the Unit supervisor or the counselor in charge shall contact the appropriate authorities directly.
   3. Authorities to be contacted will vary according to the situation, but could include:
      a. Coroner (in case of death)
      b. State of CT. Facility Licensing Authorities
      c. Funding Authorities.
      d. Other regulatory bodies.
      e. Police officials

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CLIENT RULES & DISCIPLINE

POLICY

Clients shall be informed, sign, and receive a copy of the program rules and regulations. When a language or literacy problem exists, assistance shall be provided to the client either by a staff member or another qualified individual in order to ensure that the client understands and agrees to abide by the rules and regulations. A copy of the rules and regulations shall be conspicuously posted in the facility. Violation of the rules and regulations shall result in disciplinary action, including but not limited to the client's removal from the program. The unit supervisor shall approve all disciplinary actions and coordinate such actions with the supervising legal authority. Clients shall not be subjected to unusual punishment, mental abuse, or punitive interference that shall interrupt their daily functions of living, such as eating or sleeping.

PROCEDURES

A. Distribution of Rules
   1. A copy of the program rules and regulations shall be provided and explained to the clients. The clients shall sign and date an acknowledgement indicating they have received and understand the program rules and regulations. Staff shall witness the client signature.
   2. Program rules and regulations shall be posted on the facility bulletin board.

B. Discipline

The clients shall be given a client handbook upon admission to the program. The clients shall be expected to comply with all program rules and regulations. When clients fail to follow program rules and regulations, their privileges or movement in the community may be restricted. Staff may deliver verbal warnings to the clients on first violations based upon the severity of the violation and the clients attitude. Staff may complete an infraction letter when the clients violate program rules and regulations. When infraction letters are written, staff shall meet with the client and discuss the nature of the violation and any mitigating circumstances. Staff shall impose appropriate disciplinary actions at this time. Infraction letters shall be signed by both the staff member and the client. Staff shall enter the original infraction letter into the client's case record, provide a copy to the client and forward a copy to the supervising legal authority. It should be noted that receiving an infraction letter is not necessarily a major incident, and should not be considered a serious flaw on the clients program performance. A pattern of an increasing number of infraction letters is indicative of client adjustment problems, and shall be handled accordingly. When the client feels the infraction letter was unjust, they may request a meeting with their primary counselor. When the client continues to feel the infraction letter is unjust, they may file a grievance. Constant violation of the rules and regulations may result in the client's termination from the program.

C. Disciplinary Actions

   1. When a client is thought to be in violation of program rules and regulations, the staff member who observed the violation shall meet with the client. The exception shall be in the case of a volatile, violent, or armed client where the staff shall refer to emergency 911 procedures.
   2. The unit supervisor shall be informed of any client rule or regulation violations.
   3. The staff member and the unit supervisor shall meet to determine the appropriate client disciplinary action. In the case of serious violations, a full staff meeting shall by convened to discuss the incident and the COO of Residential may be consulted. The unit supervisor shall approve all client disciplinary actions and shall coordinate all client discharges.
   4. The staff and or the unit supervisor shall meet with the client to inform them of the disciplinary action. Sanctions shall not be employed that deny a client regular meals, sufficient sleep, exercise, medical care, attendance at religious services, or communication with their legal counsel.
5. The unit supervisor and or the staff shall complete the infraction report; both the staff and the client shall sign and date the infraction report. One copy shall be sent to the authorities in charge, one shall be placed in the client's record and one shall be given to the client.

6. When the client maintains they did not violate the rules or when they disagree with the disciplinary action, they may initiate the grievance procedure. Staff shall readily provide the client with the grievance form, shall neither encourage or discourage such action and recognize that the client is exercising their rights.

D. General Regulations

See, Client Handbook, “Rules & Regulations”

E. Prohibited Acts, including, but not limited to:

1. Taking another's life;
2. Assaulting any person including sexual assault;
3. Possession or introduction of a gun, firearm, weapon, sharpened instrument, knife, dangerous chemical, explosive, or any ammunition;
4. Rioting;
5. Encouraging others to riot;
6. Taking hostage(s)
7. Conduct which disrupts or interferes with the security or orderly running of the facility;
8. Escape;
9. Fighting with another person;
10. Threatening another with bodily harm or any other offense;
11. Extortion, blackmail, protection: demanding, receiving money or anything of value in return for protection against others, to avoid bodily harm, or under the threat of informing;
12. Making sexual threats to another or engaging in prohibited sexual conduct;
13. Tampering with or blocking any lock device;
14. Adulteration of any food or drink;
15. Possession, introduction, or use of any narcotics, narcotic paraphernalia or drugs not prescribed for the individual by a physician;
16. Refusing to provide a urine sample or take part in other drug/alcohol use testing;
17. Introduction of alcohol into the facility;
18. Giving or offering an official or staff member a bribe or anything of value;
19. Giving money to or receiving money from any person for any illegal or prohibited purpose;
20. Destroying, altering, or damaging facility property or the property of another person;
21. Indecent exposure;
22. Stealing (theft);
23. Misuse of authorized medication;
24. Violating a re-unification pass / general pass
25. Violating a condition of a community program;
26. Counterfeiting, forging, or unauthorized reproduction of any document, article of identification, money, security, or official paper;
27. Tattooing on site
Sanctions

The CT. Renaissance Inc. rules and regulations describe minimum restrictions. The sanctions actually imposed may be more extensive, depending on the circumstances of the incident, the degree of seriousness, and whether the infraction has been or is a habitual pattern. Sanctions may include:

1. Verbal Warning
2. Written Infraction Letter;
3. Modification and or Loss of Privileges;
4. Transfer to Intensified Programming;
5. Referral for Additional Services;
6. Return to the Custody of the Department of Correction or to other legal authorities in charge.

F. Other forms of Disciplinary Action

Other forms of disciplinary action to be considered by staff include, but are not limited to:

1. Loss of any privileges that were abused;
2. Additional counseling in the area related to the violation;
3. Financial restitution;
4. Visiting restrictions;
5. Pass/furlough restrictions;
6. Referral for specialized treatment or consultation;
7. Extra unit cleaning assignments;

G. Program Termination

Serious violation of program rules can result in immediate termination. CT. Renaissance Inc. classifies the following rule violations as serious:

1. escape;
2. possession of contraband;
3. illicit drug use;
4. alcohol use;
5. sexual interaction with other clients;
6. physical violence or threat of violence;
7. unauthorized absence from work or school or other community related activities;
8. see prohibited acts.

Policy Last Updated on 7/12
WORKRELEASE PROGRAMS

SCREENING FOR DRUGS & ALCOHOL

POLICY

Connecticut Renaissance Inc. is committed to a drug free lifestyle and environment for its client population. One aspect of our programs is to provide services to persons with substance abuse and addiction problems in order to obtain abstinence and improve overall functioning to successfully reintegrate clients into the community. To ensure this goal is met, drug and alcohol testing is conducted on all clients admitted to our programs. The purpose and goal of drug and alcohol testing is to monitor compliance with program rules that do not allow the use of alcohol and drugs. Staff will work closely with referral sources when substance use is suspected or confirmed.

Clients are prohibited from using any illicit drugs or alcohol either within the facility or off grounds while a participant in the program. Furthermore, clients are prohibited from using medication unless authorized by the program supervisor or a medical authority. Urine’s shall be collected from all clients on a random basis and tested for drugs and or alcohol at least once monthly; additionally as deemed necessary by the program supervisor or counselor at a given time and or by the funding authority.

Urine collections shall be chaperoned by a staff member of the same sex when possible. Urine samples are marked with the client’s code number, date, initials of the staff member chaperoning and type of substance/substances being screened for. They are then stored in a locked refrigerator until the laboratory picks-up. Written results of all urines are returned by mail and confidentially stored in the client’s chart.

Other agency-approved drug/alcohol test screening equipment may be administered to any client when there is reason to suspect drug and/or alcohol use. Any positive result may require additional urine analysis testing through the normal laboratory submission process.

PROCEDURE

Client Identification for Testing
1. All clients admitted to the our programs shall submit a supervised urine sample for testing.
2. Clients shall continue to submit samples for testing on a random basis throughout their treatment regimen.
3. The McAuliffe Center shall require a minimum of three urine samples collected within a 30-45 day treatment stay. The first sample will be collected at admission, the second sample is to be collected midway through treatment, and the third sample should be collected before a scheduled discharge. The urine collection schedule will be monitored by the primary clinician and collected by line staff.

Methodology and Handling of Urine Testing
1. Staff shall obtain a urine container and form from the locked storage area.
2. Urine collection shall be chaperoned and monitored by a trained staff member of the same sex when possible. If not possible the staff member will accompany the client to the urine collection site but remain outside the door to insure that no outside intrusions happen during the process. If unobserved all soap products shall be removed from the urine collection site to reduce the risk of tampering with the specimen.
3. Clients shall be given 3 hours to produce a urine specimen.
4. If the client is unable to produce a specimen within the 3 hour time limit or refuses to do so it shall be considered a positive result.
5. Staff shall wear disposable gloves throughout the entire procedure of handling urine specimens and shall wash their hands afterwards.
6. Once obtained, label the filled urine bottle with the client's code number and date collected. The client's name is never sent out on a bottle in order to protect confidentiality.
7. Urine samples shall be stored in a locked refrigerator for pick up by the lab.
8. The urinalysis will be screened using a standard panel. Additional testing can be requested as necessary with approval from the Program Director.
9. The laboratory shall be notified of any prescription or over the counter medications currently being taken by the client producing the specimen for testing. The information is communicated to the lab at the time of the specimen submission.
10. Specimens may be rejected for the following reasons: suspected tampering, insufficient volume or comprised chain of custody procedures. Suspected tampering shall be considered a positive result. Insufficient volume will result in an additional specimen being collected.
11. Compromised chain of custody procedures shall result in an additional specimen being collected and an internal investigation as to the cause. A plan of action shall be developed to avoid a recurrence.
12. All collected specimens shall be forwarded to the laboratory for testing and/or disposal.

**Screening for Alcohol Use**
1. Any counselor who has reason to believe a client has been drinking, must require the client to submit a urine sample.
2. Positive results shall be handled in the same way as a positive drug screening result.

**Drug and Alcohol Screening Supplies**
1. CT. Renaissance Inc. maintains an agreement with a licensed laboratory who will replenish screening supplies as needed.
2. The unit supervisor or designee will contact the appropriate laboratory personnel as screening supplies are needed in order to make sure that proper supplies are maintained.

**Handling of Positive Test Results**
1. All results are returned by mail or fax and recorded in the client's case record. Results can also be located online.
2. Positive results shall be discussed with the client.
3. Admittance to drug use based on test results shall be documented.
4. Residential - Record any positive results in the client's case record, and in the staff communication log.
5. Any positive results shall be discussed with the staff, including the program supervisor; in order to determine what effect the results shall have on the client's involvement in the program.
6. Residential - All positive tests are to be documented on an intervention form, which is to be placed in the client's case record, with a copy to be sent to the appropriate authorities in charge.
7. Residential - In collaboration with the referral source, a positive urine screen may result in discharge/removal from the program or the following sanctions may occur: restriction of visitors, restriction of community access; restriction of phone and television use, extra house chores, and/or required written essays.
8. Residential - A second positive urine shall result in discharge/removal from the program. The staff shall work in collaboration with the referral source.
9. Drug treatment/interventions shall be utilized when positive results are received. Clients may also voluntarily request drug treatment/interventions.
10. The multi-disciplinary treatment team shall determine the most appropriate treatment plan for the client with positive urine results. The assigned counselor shall also work closely with the referral source for their input into this process.
11. Treatment plan interventions shall include but not be limited to the following: an increased treatment modality such as detox, IOP, relapse prevention groups, substance abuse education groups, risk reduction groups, individual substance abuse counseling,
increased urinalysis monitoring, additional community substance abuse treatment and/or increased attendance at AA/NA meetings.

**Staff Procedure for Client Relapse**

1. Primary to meet with client and discuss thoughts, feelings and behaviors relating to relapse. Encourage client to identify triggers and consequences of relapse. Inform client of treatment expectations. Utilize MI techniques and work collaboratively with client and explore ambivalence, and negotiate a plan for change.
2. Develop a behavioral contract with client outlining behavioral expectations and consequences if contract is violated.
3. Communicate plan for treatment with staff and Clinical Director via log, email, verbal communication.
4. Impose a 30 day loss of privileges, except religious services.
5. Increase monitoring of client (eyes on) at least on time per hour.
6. Administer toxicology test and/or breathalyzer and follow up with subsequent random urine toxicology tests.
7. Client is to attend individual sessions with primary counselor (2 15-30 minute sessions) in addition to regular individual session.
8. Client is to attend all groups when in the house. The expectation is that the client will discuss thoughts, feelings and behavior relating to the relapse. Client needs to be accountable for his relapse. Client will be encouraged to attend the in-house fellow-ship meetings conducted by N.A. or A.A. but will not be mandated to attend.
9. Discourage client from isolating and promote social interaction and verbalization of relapse episode and the development of peer support.
10. Client continues to be allowed to work approved hours. Over-time is not allowed as this will defocus from treatment. Explore decreasing work hours if possible and client agrees.
11. Document and discuss with the Clinical Director all interactions with client pertaining to relapse and progress made toward stabilization from relapse.
12. Client to participate in a staff relapse intervention.

**Use of On-site Alcohol Testing Equipment**

1. When a client is suspected of being under the influence of alcohol staff may request that they submit to a Breathalyzer test for immediate results followed as necessary by a urinalysis.
2. Obtain alcohol testing equipment and follow instructions to obtain an alcohol rating.
3. Chaperone and monitor the alcohol test.
4. If results are positive, the client shall be questioned in order to confirm test results.
5. Admittance to alcohol use based on test results shall be documented.
6. Record any positive results in the client's case record, and in the staff communication log.
7. Any positive urine results shall be discussed with the staff, including the program supervisor; in order to determine what affect this shall have on the client's involvement in the program.
8. Residential - All positive tests are to be documented on an intervention form, which is to be placed in the client's case record, with a copy to be sent to the appropriate authorities in charge.

**Staff Training**

All staff required to conduct urine collection shall be trained to do so during their employment orientation period.

*Policy Last Updated on 7/12*
WORK RELEASE PROGRAMS

CLIENT RELAPSE

POLICY
Connecticut Renaissance provides treatment for substance abuse issues. It is expected that clients may relapse while working towards recovery. The following are procedures in how to approach a client who has relapsed.

PROCEDURE

1. Primary to meet with client and discuss thoughts, feelings and behaviors relating to relapse. Encourage client to identify triggers and consequences of relapse. Inform client of treatment expectations. Utilize MI techniques and work collaboratively with client and explore ambivalence, and negotiate a plan for change.
2. Develop a behavioral contract with client outlining behavioral expectations and consequences if contract is violated. The contract shall be a minimum of 30 days.
3. Communicate plan for treatment with staff via log, email, verbal communication.
4. Impose a 30 day loss of privileges, & employment (when directed by Parole Officer. Religious services shall not be restricted.
5. Increase monitoring of client (eyes on) at least on time per hour.
6. Administer toxicology test and/or breathalyzer and follow up with subsequent random urine toxicology tests.
7. Client is to attend individual sessions with primary counselor, which should have a focus of addressing relapse issues.
8. Client is to attend all groups when in the house. The expectation is that the client will discuss thoughts, feelings and behavior relating to the relapse. Client needs to be accountable for his relapse. Client will be encouraged to attend the in-house fellow-ship meetings but will not be mandated to attend.
9. Discourage client from isolating and promote social interaction and verbalization of relapse episode and the development of peer support.
10. Client continues to be allowed to work approved hours with approval of Parole Officer. Over-time is not allowed as this will defocus from treatment. Explore decreasing work hours if possible and client agrees.

Policy updated 7/12
WORK RELEASE PROGRAMS

RESIDENT PROPERTY

POLICY

A client shall possess personal property that is authorized upon admission to the program or authorized throughout the client's stay in the program. A client's property shall be monitored in a manner which ensures a safe environment. Clients are permitted to keep their personal property in their rooms unless it has been determined that their belongings do not fit in their allowed space. Should this be the case, client’s excess belongings will be labeled and placed in a bag and locked in storage. Client's are strongly discouraged from bringing anything of value into the facility.

PROCEDURES

A. Personal property possessed by a client shall be considered the client's responsibility. The program shall not take responsibility for a client's lost or stolen property. Clients shall be discouraged from bringing valuables into the program.

B. Client's personal property, placed into storage and/or confiscated from clients. When compiling the clients property inventory list, each item shall be described in writing. The inventory list shall be placed in the client's case record. Clients shall not be given articles from storage without an alternate proof of ownership. Clients or the individual authorized to pick up the property shall be required to sign upon receiving the property.

C. The staff on duty shall be responsible for collecting and inventorying the property of clients who have escaped/absconded or have been removed from the program. Staff shall transfer the property to the secured storage area, and notify the clients emergency contact that the property is to be picked up.

D. Stored/inventoried client property shall be returned to the client upon discharge. Property not claimed at discharge shall be stored for a period of 30 days and shall be subject for donation to a non-profit charitable organization after the 30 day period.

Policy Last Updated on 7/12
WORK RELEASE PROGRAMS

SEARCHES FACILITY AND PERSON

POLICY

Searches of the facility shall be conducted and documented according to contractual agreements, when there is just cause such as to control contraband, and to locate lost or stolen property. Searches of a specific client's room and belongings shall be conducted according to contractual agreements, when staff suspects the presence of contraband or lost or stolen property and upon client's return to the facility after a community trip. Searches of a specific client shall be conducted according to contractual agreements and when the client is suspected of possessing contraband. All Agency staff is prohibited from viewing residents while dressing, showering or performing bodily functions. Searches of a client's belongings shall be conducted upon admission, discharge, upon return to facility after a community activity and when additional personal belongings enter the facility. Visitors to the facility shall not be subject to searches. However, the property of visitors and any belongings being given to the client may be subject to searches. Specific procedures for each kind of search shall stipulate who may authorize and conduct the search as well as the manner in which the search is to be conducted. This policy shall be made available to the public upon request.

PROCEDURES

A. Searches of the Building

1. Staff shall conduct and document a search of the building once weekly in order to control contraband. Searches of client rooms may be included in the routine search as according to contractual agreements.
2. Staff shall conduct and document other searches whenever there is reason to suspect contraband is present in the facility or to locate lost and or stolen property.
3. The program director or designee shall authorize all searches.
4. A search shall be conducted by staff member(s) designated by program director or designee.
5. The following guidelines shall be adhered to when searching the building:
   a. Respect the client's property rights.
   b. Do not disturb the area to be searched any more than necessary.
   c. Be as unobtrusive as possible.
   d. Do not use force against clients in order to conduct the search. If a client blocks entry to a particular area or otherwise disrupts the search use interpersonal skills to gain cooperation. In the event the client continues to inhibit the search, contact the program director or designee immediately to find out how to proceed.
6. When contraband or stolen property is found during the search it shall be seized, locked up in a secure area, and the program director or designee immediately informed.
7. After conferring with the program director or designee, staff shall proceed with an agreed upon plan, which may include notification of authorities such as the local police, facility licensing officials, funding agencies, senior leadership, and the Chief Executive Officer.
8. When the program director’s or designee’s directions include contacting the police, staff shall cooperate with the police while they are completing their procedures.

9. To comply with contractual agreements and internal policies, staff shall complete an Incident/Accident Report and forward to the program director or designee for review and signature within 24-hours.

10. The program director or designee shall forward a copy of the written Incident/Accident report to the Director of Quality Improvement who will notify licensing/funding agencies in order to comply with regulations.

11. Staff shall proceed with any disciplinary actions for clients according to the licensing, funding agency standards and program practice.

B. Searches of a Particular Client's Room

1. Staff shall conduct and document a search of a particular client's room and belongings according to contractual agreements and when there is reason to believe that there is contraband and or stolen property. The search shall not be used as a form of punishment.

2. All such searches shall be authorized by the program director or designee.

3. Only staff designated by the authorizing program director or designee shall conduct the search.

4. The following guidelines shall be adhered to when searching a particular client's room:
   a. Respect the client's property rights, taking care not to break or otherwise harm their property.
   b. Do not disrupt the room any more than necessary. Avoid unnecessarily embarrassing the client or ridiculing them in the process of the search.
   c. Do not use any force.
   d. Opposite gender staff will announce themselves prior to entering a resident's room or bathroom.

5. When contraband is found during the search it shall be seized, locked up in a secure area and the program director or designee immediately informed.

6. After conferring with the program director or designee, staff shall proceed with an agreed upon plan, including notification of authorities such as the local police, facility licensing officials, funding agencies, senior leadership, and Chief Executive Officer. The plan shall be developed according to the licensing, funding agency standards and program practice.

7. When the program director’s or designee’s directions include contacting the police, staff shall cooperate with the police while they are completing their procedures.

8. To comply with contractual agreements and internal policies, staff shall complete an Incident/Accident Report and forward to the program director or designee for review and signature within 24-hours.

9. The program director or designee shall forward a copy of the written Incident/Accident report to the Director of Quality Improvement who will notify licensing/funding agencies to comply with regulations.

10. Staff shall proceed with any disciplinary actions for clients according to the licensing, funding agency standards and program practice.
C. Searches of a Client's Person (Co-Occurring Center)
   1. Staff shall conduct and document a search of a client's person only when there is reason to believe the client is in possession of contraband and or stolen property.
   2. All such searches shall be authorized and approved by the Program Director or designee.
   3. Only staff designated by the program director or designee shall conduct the search.
   4. The following guidelines shall be adhered to when searching the client:
      a. No personal contact such as patting down a client
      b. Avoid unnecessary embarrassment or indignity.
      c. Conduct the search in private, out of sight of other clients.
      d. Always have at least one other staff member present during the search
      e. Do not use any force in conducting the search.
   5. When contraband or stolen property is found, it shall be seized and locked up in a secure area immediately.
   6. If a client does not cooperate and are suspected of carrying a weapon, police shall be notified.
   7. Staff shall not restrain the client after the search is completed, even if contraband has been found. When contraband is found the staff members shall stay with the client until the rest of the procedure is completed.
   8. Staff shall notify the program director or designee immediately when contraband is found. Staff shall confer with the program director or designee regarding the situation and next steps to take.
   9. The program director or designee shall notify facility licensing officials and or funding agencies when contraband is found.
   10. When necessary the local police shall be contacted. Staff shall cooperate with the police while they are completing their procedures.
   11. To comply with contractual agreements and internal policies, staff shall complete an Incident/Accident report and forward to the program director or designee for review and signature within 24 hours.
   12. The program director or designee shall send a copy of the written report to the Director of Quality Improvement who will notify licensing/funding agencies to comply with regulations.
   13. Staff shall proceed with any disciplinary actions for the client, according to the "Resident Rules & Discipline" procedures.

D. Searches of a Client's Person (DOC and CSSD)

As per the Department of Correction and CSSD contractual agreements, all clients returning to the building from Community passes are to be Pat-Down Searched. This does not include a client returning from a supervised smoke break or recreation unless a client was unobserved or had contact with the public. Cross –gender pat-down searches will be conducted only in exigent circumstances. Exigent circumstances means any set of temporary and unforeseen circumstances that require immediate action in order to combat a
threat to the security or institutional order of a facility. Pat down searches will be conducted as follows:

1. All Clients will enter the building through a central door.
2. Designated staff will process and search one client at a time.
3. Clients will be signed in by staff.
4. Client will remove hat, coat, shoes and any items on person (including bags, backpacks, etc) Staff will search those items.
5. Client will be asked to move to a designated pat down area (this will be conducted in an area visible by video camera)
6. Pat down search will be conducted by same gender staff
7. When, in exigent circumstances, a cross gender pat down search occurs, documentation shall be completed and submitted to DOC and the Quality Dept.
8. All applicable staff will be trained in Pat down search procedures upon hire and will be observed by Program Director or designee for competency in the pat-down procedure. This observation will be documented in the staff supervision file.
9. All applicable staff will participate in, at a minimum, an annual retraining in Pat down search procedures or as contractual agreement dictates.
10. All staff is prohibited from searching a transgender or intersex client for the purpose of determining genital status.

E. Searches of a Client's Belongings

1. Staff shall conduct a search of a particular client's belongings upon admission, discharge, upon return to the facility after a community activity and when additional personal belongings enter the facility, i.e., food items purchased while on pass/furlough, items left and or brought in by visitors.
2. All searches shall be conducted routinely by the staff on duty and do not have to be authorized by the program director or designee.
3. The following guidelines shall be adhered to when searching a particular client's belongings:
   a. Respect the client's property rights, taking care not to break or otherwise harm their property.
   b. Do not disrupt more than necessary.
   c. Be as unobtrusive as possible.
   d. Do not use any force against clients in order to conduct the search. If a client blocks the ability to conduct search or otherwise disrupts the search, use interpersonal skills to gain cooperation. In the event the client continues to inhibit the search, contact the program director or designee immediately to find out how to proceed.
4. When contraband is found, it shall be seized and locked up in a secure area immediately.
5. Staff shall notify the program director or designee immediately when contraband is found.
6. After conferring with the program director or designee, staff shall proceed with an agreed upon plan, including notification of authorities such as the local police, facility licensing officials, funding agencies, senior leadership and the CEO.

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7. When the program director’s or designee’s directions include contacting the police, staff shall cooperate with the police while they are completing their procedures.
8. To comply with contractual agreements and internal policies, staff shall complete an Incident/Accident Report and forward to the program director or designee for review and signature within 24-hours.
9. The unit supervisor shall forward a copy of the written Incident/Accident report to the Director of Quality Improvement who will notify licensing/funding agencies to comply with regulations.
10. Staff shall proceed with any disciplinary actions for clients according to the "Resident Rules and Discipline" procedures.

F. Searches of Visitors
   1. Visitors to the facility shall not be subject to searches. However, the property of visitors and any belongings being given to the client may be subject to searches.
   2. Visitors suspected to be under the influence of drugs and or alcohol shall be asked to leave the building.
   3. If the visitor drove to the facility, staff should request car keys of the visitor if the visitor refuses to give up the car keys the police should be called.
   4. Visitors suspected of possessing contraband shall immediately be reported to the program director or designee.
   5. After conferring with the program director or designee, staff shall proceed with an agreed upon plan, including notification of authorities such as the local police, facility licensing officials, funding agencies, senior leadership and the CEO.
   6. When the supervisor’s directions include contacting police, staff shall cooperate with police while they are completing their procedures.
   7. To comply with contractual agreements and internal policies, staff shall complete an Incident/Accident report and forward the report to the program director or designee for review and signature within 24-hours.
   8. The unit supervisor shall forward a copy of the written report to Director of Quality Improvement who will notify licensing/funding agencies to comply with regulations.
WORK RELEASE PROGRAMS

TELEPHONE & CELL PHONE

POLICY

The agency shall have adequate telephone service available on the premises in order to conduct normal business and respond to emergencies. Telephone facilities shall be accessible to clients ensuring as much privacy as possible. Clients shall be permitted reasonable access to telephones for both personal and program related calls.

TELEPHONE PROCEDURES

1. Residents are permitted to use the designated telephones provided within the facility during all waking hours.
2. There shall be a 20-minute limit on calls, in order to allow everyone access.
3. It shall be the responsibility of the counselor on duty to enforce the time limit in instances where it is not being followed.
4. Agency business phones provided within the facility shall be accessible to clients under staff supervision for personal and program related calls.
5. Telephone services shall be maintained in operational condition at all times.

CELL PHONE PROCEDURES

The use of cell phones is allowed under the following guidelines:

1. Clients may use cell phones that do not have the picture/photo capabilities.
2. Clients are limited to one cell phone only.
3. Clients must provide staff with your cell phone number. Any changes to your number or provider must be given to staff immediately upon changing the number.
4. Clients will store phone in their sleeping quarters. Staff will not be responsible for securing and storing cell phones. Note: Staff will store cell phones that are confiscated (see confiscated phones)
5. Cell phones cannot be used off the floor, groups, meals, chores and sessions. Clients may not walk about the facility using their cell phones. Phones can be used in rooms and in common areas. Violations will result in infractions and loss of phone privileges. The amount of time lost will be determined by staff.
6. Staff are allowed to view client’s phone to ensure there isn’t any inappropriate or unsafe content. Note: Client’s may be asked to end your phone conversation if staff deems it inappropriate.
7. If a phone is confiscated for an agreement violation (see phone agreement) or program violation it will be turned into staff and stored. Clients will be issued an infraction as well as a dated receipt stating that the phone was received. All phones and SIM cards will be returned to the owner. Phones can be confiscated from 1 day to your date of discharge dependent on the violation.
8. Anyone possessing a phone must sign a phone agreement. Clients will receive a copy of the agreement and it will be placed in the case record. Violations of this agreement will lead to loss of phone privileges.

Policy last updated 7/12
WORK RELEASE PROGRAMS

VISITORS

POLICY

Clients shall be permitted to have visitors during a specified time each week, and at other times when deemed appropriate by the Unit Supervisor. No unarranged visits shall be permitted. All visitors shall be approved in advance by the Department of Corrections.

PROCEDURES

Visitors Approval
Visitors shall not enter the facility without DOC’s approval. DOC will provide an active, approved, written visitors list upon admission. The amount of visitors per client shall be limited. Visitors shall be drug free, to the best determination of the staff. The visitor shall not be approved when deemed by staff to be programmatically counter-indicated. Client’s may request additional visitors which will then be sent to DOC for approval. Immediate family shall be approved at the discretion of DOC. Any other visitor requests are subject to the 120 day waiting/approval period.

Visitors Arrival
Visitors shall be permitted during scheduled visiting times or at other arranged times, with the approval of the Program Director. Staff shall greet the visitors and verify the following:

- the client is present
- The client is not on restriction;
- The visitor is approved;
- The visitor has proper identification.

Visitors may be barred from entering the facility if they display inappropriate behavior upon arrival. As well, visitors may be asked to leave the facility if displaying inappropriate behavior.

Visitors shall sign into the visitor's logbook entering their name, identification information, time of arrival and signature. Staff shall search any package or bags brought in for the clients. Staff shall escort the visitors directly into the designated visitors' area.

Visitors Exit
Visitors shall be out of the facility at the designated time on visiting day. Staff shall ensure that visitors have signed the visitors log book when departing the facility. Visitors cannot be escorted to and from their vehicles by the clients. Visitors will be asked to leave the premises if they display inappropriate behavior. Visitors may not bring food onto the facility grounds. All drop offs by visitors must be approved by the staff.

Policy Last Updated on 7/12
WORK RELEASE PROGRAMS

SLEEPING QUARTERS

POLICY

All sleeping quarters shall contain an adequate amount of floor and storage space per resident to provide for a good living environment. Sleeping quarters shall have adequate lighting and ventilation to provide a good living environment. Each resident shall be provided a bed, mattress, a pillow and storage space for personal items. Residents shall be required to clean and maintain their own living quarters. The maximum number of residents that may be assigned to each room / dormitory shall be appropriate given the space available and conform to state / local licensure requirements.

PROCEDURES

Maintenance of Sleeping Quarters
  1. Sleeping quarters shall be well maintained and clean at all times.
  2. Sleeping quarters shall be checked for cleanliness and maintenance by a designated staff member at least weekly during the facility inspection and any inadequacies reported to the Unit Supervisor.
  3. The Unit Supervisor or a designated staff member shall determine the appropriate actions to take to correct any inadequacies in the upkeep of the sleeping quarters.
  4. Appropriate supplies and services shall be obtained and repairs made as necessary.

Supplies
  1. Prior to admitting a new resident a designated staff member shall see that the sleeping area and supplies to be assigned have been cleaned.
  2. Upon admission each new resident shall be provided with a bed, mattress, a pillow and storage space for personal items.

Resident Responsibilities
  1. Residents shall be required to clean and maintain their own living quarters.
  2. Upon program completion residents shall remove all personal property and return agency property.

Policy Last Updated 7/12
WORK RELEASE PROGRAMS

PERSONAL HYGIENE SUPPLIES

POLICY

Basic personal hygiene articles shall be made available to clients who are unable to purchase them.

PROCEDURE

1. Toilet paper and soap shall be made available to clients at all times.
2. Upon admission and until a client obtains the ability to purchase personal hygiene items. The following articles shall be issued to clients upon their request:
   a. Toothbrush and Toothpaste
   b. Comb
   c. Deodorant
   d. Shaving Supplies
   e. Hand and Bath Soap
   f. Laundry Detergent
   g. Laundry Bleach
   h. Shampoo
   i. Other articles as approved by the Unit Supervisor

Policy Last Updated 7/12
WORK RELEASE PROGRAMS

BATHROOM & LAUNDRY FACILITIES

POLICY

The facility shall possess a sufficient number of operable washers, dryers, toilets, wash basins, showers or bathing facilities to accommodate the client population needs. Hot and cold water, which is thermostatically controlled shall be available. Upon admission clients shall be issued clean usable bedding, linen and towels, with provisions for laundering on at least a weekly basis.

PROCEDURES

Maintenance of Bathroom and Laundry Facilities
1. Wash basins, showers, bathing facilities and washers shall have hot and cold running water and sufficient water pressure.
2. Bathroom and laundry facilities shall be checked for cleanliness and maintenance by a designated staff member at least weekly during the facility inspection and any inadequacies reported to the Unit Supervisor.
3. The Unit Supervisor and / or designated staff member shall determine the appropriate actions to take to correct any inadequacies in the upkeep and operation of the bathroom and laundry facilities.
4. Appropriate supplies and services shall be obtained and repairs made as necessary.

Supplies
1. Upon admission each new client shall be provided with a pillowcase, blanket, two sheets, two towels and a wash cloth.

Client Responsibilities
1. Clients shall have daily access to bathroom and laundry facilities and shall be required to launder at least weekly.
2. Upon program completion clients shall remove all personal property and return agency property.

Policy Last Updated 7/12
WORK RELEASE PROGRAMS

FOOD PREPARATION & SERVICES

POLICY

Food preparation & service shall comply with all applicable local and state health sanitation regulations.

PROCEDURE

Food Preparation

1. The food service manager/cook shall oversee all kitchen operations and ensure that the agency is in compliance with all applicable local and state health sanitation regulations.
2. Those involved in preparing food must wash their hands with soap and warm water before handling food and upon returning to the kitchen from any other area of the facility. Fingernails must be kept clean.
3. The outer clothing of all those working preparing food are to be kept clean. Aprons, hats and/or hair nets are to be worn. When serving food, disposable gloves must be worn.
4. All kitchen workers including staff, volunteers, and clients must pass a medical exam; be screened for TB and other communicable diseases prior to assuming food service functions. Persons with colds, a communicable disease or who have open skin sores shall not be allowed to prepare food.
5. Raw fruits and vegetables shall be thoroughly washed before cooking or serving.
6. All foods shall be cooked to proper temperatures appropriate for that product.
7. Public Health Code regulations shall be posted in the kitchen and will be followed.

Food Service

1. Meals shall be provided at standard times for breakfast, lunch, and dinner. Snacks, bag lunches, and late plates shall be provided.
2. The dining room shall be maintained cleanly, attractively and at a proper temperature.
3. Clients shall have access to the kitchen area to assist in food preparation and clean ups.
4. Special diets for medical, dental and religious purposes shall be provided.

Policy Last Updated 7/12
WORK RELEASE PROGRAMS

FOOD PURCHASING DELIVERY & STORAGE

POLICY

All purchase orders for food must be approved by the Program Director. A staff member must be present and account for all food pick-ups and deliveries. All foods must be properly stored according to procedures.

PROCEDURE

Food Purchasing
1. Once menus are returned from the dietician/consultant, the food service manager/cook compiles a list of food products needed to prepare the menus.
2. The food service manager/cook completes purchase order forms, showing per item costs and the number of items to be purchased. Items are to be purchased from authorized vendors.
3. The food service manager/cook submits completed purchase orders and invoices to the Program Director. For review and final submission for payment.

Food Delivery
1. The food service manager/cook makes arrangements to have certain foods picked up once each month from the vendors in the community. At least one staff member shall be present on any such trip and account for food items that were purchased. Foods delivered are accounted for by staff upon their arrival.
2. When foods are purchased and either picked up or delivered, the staff in charge must check each item arriving against the purchase orders/invoices to ensure the deliver and charges are correct.

Storing Food
1. Foods are not currently needed in the kitchen are to be stored in the commissary on shelves at least 6 inches off the floor.
2. All food is to be stored in clearly labeled and closed containers.
3. Non-food is to be stored in clearly labeled and closed containers.
4. Perishable food shall be stored at proper temperatures to protect them from spoilage.
5. Cardboard packaged food is not to be stored in contact with water or un-drained ice.
6. Canned foods are to be stored in a dry place at moderately cool temperatures and away from steam pipes, radiators, furnaces or the kitchen stove.
7. Canned foods are to be used within one year of receipt. Bulging dented or rusted cans are never to be used and discarded.

Policy Last Updated 7/12
MAINTENANCE OF FOOD SERVICE AREAS

POLICY

All food service areas within the facility, including the dining and kitchen areas, shall be maintained in accordance with local and state sanitation and health codes. Measures shall be taken to ensure this compliance.

PROCEDURE

Responsibility

1. The food service manager/cook in conjunction with the Chief Operations Officer and the Program Director shall be responsible for seeing that food service policies and procedures remain in compliance with health and sanitation codes. To do so, they shall be familiar with those requirements.

2. The food service manager/cook, or in their absence, the Program Director shall be responsible for making sure the policies and procedures are adhered to in the day to day operation of food services, and that the kitchen area, including equipment and surfaces are properly maintained.

Clean-Up

1. Tables, kitchenware and surfaces shall be cleaned after each use.
2. Pots and pans shall be cleaned immediately after use, using a detergent, warm water and brush.
3. Grills, griddles and other cooking surfaces should be kept free of grease deposits and other accumulated dirt.
4. Cloths used for wiping surfaces that come in contact with food shall be used for nothing else. Only clean cloths shall be used for this purpose.
5. Cracked or chipped glasses, dishes or plastic ware shall be discarded immediately.
6. Dishes and glasses shall be washed at high temperatures in a dishwasher and left to air dry before storing.
7. Regular schedules are to be followed for proper cleaning of all kitchen equipment.
8. Freezers and refrigerators shall be kept at proper temperatures and ventilated so as to prevent frost and mold. They shall be defrosted and cleaned promptly as needed.

Inspections

1. Each week, as part of the facility inspection, the food service manager/cook or designated staff member shall perform a thorough inspection of the food service areas. The check off list used shall include the following.
   a. Cleanliness of floors, counters, tables and other surfaces.
   b. Cleanliness of pots, pans and other equipment.
   c. Cleanliness of stoves, ovens, refrigerators and freezers.
   d. Cleanliness of food storage cabinets.
   e. Operation of all equipment.
   f. Proper temperature in refrigerator and water taps.
   g. Proper ventilation in kitchen and dining areas.
   h. Food handlers are wearing clean attire, are healthy, trained and practicing good hygiene in connection with food handling.

2. Any deficiencies noted in the weekly inspection shall be related immediately to the Program Director along with the completed written checklist.
3. After assessing the problem, the food service manager/cook in conjunction with the Program Director, shall determine appropriate actions to remedy the deficiency, consulting with the Chief Operations Officer as necessary.
4. As with other remedial action, if it involves a repair if the facility or major change of any sort the COO consults with the Executive Director. With approval, the proposed plan is implemented.

Policy Last Updated 7/12
WORK RELEASE PROGRAMS

MEAL PLANNING

POLICY

Three meals per day shall be provided to all clients. Menus shall be prepared in advance by the food service manager and reviewed in advance by a registered dietician to ensure that they are well balanced and nutritious. Menus shall be posted and followed. Special diets made necessary by certified medical/dental needs or adherence to certain religious laws shall be met. The food service manager shall oversee all meal planning activities and ensure that food flavor, appearance and palatability are taken into consideration.

PROCEDURE

Menu Development

1. The food service manager shall plan all menus in advance. This person shall possess knowledge in basic food groups, nutritional values and balancing meals. The food service manager shall keep these principles in mind when developing menus. The food service manager will also take care to make menus sufficiently varied and to include various ethnic foods periodically. Quantities should be estimated to allow for “seconds”, snacks and bag lunches for working clients.
2. Chief Operations Officer (COO) shall review the menus using the same dietary considerations to evaluate them.
3. The COO shall then mail the menus to the dietician/consultant for review.
4. The dietician/consultant shall review, note any deficiencies or needed changes and return them to the COO. The food service manager will be informed of the dietician’s recommendations and make any necessary changes to the menus.
5. Once approved, menus shall be posted and followed. If items on the advanced-planned menu are not available, the substitutes shall be equivalent in nutritional value and from the same food group. All substitutions shall be documented.

Special Diets

1. If a client is on a special diet, this shall be provided to the food service manager by the primary counselor. Written specifications shall be given to the food service manager by the primary counselor. After review, the food service manager returns the written instructions to the primary counselor, who then places the document into the client’s case record. All such instructions must be reviewed and updated monthly.
2. If a client is a practicing member of a religious faith, and as such, is required to follow certain religious dietary laws, the diet restrictions shall be passed onto the food services manager. A religious leader of that faith shall be asked to meet with the client and Program Director to review such a request and to determine appropriate menus. The food service manager shall then implement the diet. The meals provided shall not exceed the cost or quality of meals provided to other clients. Religious diets shall be placed in the client’s case record and must be reviewed/updated monthly.

Policy Last Updated 7/12
WORK RELEASE PROGRAMS

SUPERVISING CLIENTS

POLICY

When supervising the clients, the use of physical force shall be prohibited, except in instances of justifiable self-defense or the defense of others. In those instances, the force used shall be only that which is needed to control the situation. The use of force shall be documented in writing, signed and dated by the staff person reporting the incident within 24-hours of the occurrence. Written documentation shall be placed in the client's case record and or the staff's personnel file. Incidents of physical forces shall be investigated by assigned supervisory staff. Investigation results shall be reviewed by the Residential COO and or the Executive Director.

The use or knowledge of personal abuse, mental abuse, or punitive, unusual or corporal punishment by clients or staff or in the supervision of clients is expressly and at all time prohibited. When having reasonable cause, suspicion, reports, or beliefs of said abuse, it shall mandate that immediate action is taken to ensure the safety of the clients and that an investigation of allegations is undertaken and reported to the funding sources, federal, state, and local authorities as required. This also includes but is not limited to sexual assault/abuse, child abuse/neglect, mental abuse/neglect, spousal abuse/neglect, mental retardation abuse/neglect, and special needs person abuse/neglect. The ED shall be notified of all reported instances. No client shall be given authority or control over other clients in the facility.

PROCEDURES

Use of Physical Force

1. Staff shall use their crisis intervention & de-escalation skills to calm an irate client. When staff believes a client is about to inflict serious physical harm, other staff shall be summoned immediately to assist in control of the situation. Staff shall call the local police.
2. Staff shall use physical force in the following instances, and only when no other option is available:
   a. Self-defense from injury or harm
   b. Defense of other staff, clients, volunteers, or visitors from injury or harm.
3. When absolutely required physical force shall be used only to the extent needed to bring the situation under control. Unnecessary or the excessive use of physical force shall be grounds for staff disciplinary action.
4. Any staff member using physical force or having knowledge of a client using physical force shall report the incident to the unit supervisor immediately and within 24-hours prepare a full written report.
5. Staff members who witnessed the use of force shall also submit a written report within 24-hours to the unit supervisor. In a case where the unit supervisor personally uses force, the written report shall be given to their immediate supervisor.
6. A copy of the reports shall be filed in the client's case record and or in the staff member's personnel file.
7. Reports of physical force shall be fully investigated and reviewed by the ED. The appropriate funding/regulatory authorities shall be notified.
### Personal or Mental Abuse and Corporal Punishment

1. Instances in which personal or mental abuse, or in which punitive, unusual or corporal punishment shall be applied in supervising the clients is prohibited and shall be strictly enforced by the unit supervisor.

2. Staff shall be terminated for failure to abide by personal or mental abuse and corporal punishment policies.

3. Any reasonable cause to suspect or believe a staff member or client is involved in any form of abuse/neglect or in danger of abuse/neglect shall be reported to the Unit Supervisor, the ED, Funding Sources and any or all federal, state, or local authorities. These forms of abuse/neglect are: sexual assault/abuse, child abuse/neglect, mental abuse/neglect, spousal abuse/neglect, mental retardation abuse/neglect, and special needs person abuse/neglect.

4. When there is suspected abuse/neglect, the facility shall support or act on behalf of the victim in pursuing means of self protection. This includes but is not limited to informing the victim of the means available for self protection, additional community resources, and notification of a law enforcement agency.

5. In cases of suspected abuse the facility shall ensure the safety of the victim, investigate allegations, and document the incident and findings.

6. The funding source shall be notified when the suspected abuser is a staff member.

### Client Supervision of Other Clients

1. Clients shall not be required to assume any staff responsibilities under any conditions. Refer to the peer escort policy for exceptions.

2. Clients shall not be allowed special privileges or favors by staff for providing information pertaining to the activities of other clients.

3. When client councils/committees are formed with the permission of the unit supervisor, their authority shall be limited to making suggestions and shall in no way constitute supervision, control, or authority over other clients.

Policy Last Updated 7/12
Work Release Programs

MONITORING THE LOCATION OF CLIENTS

POLICY

The movement of clients in and out of the facility shall be monitored by staff. There shall be a system maintained which accounts for the location of clients at all times. This policy addresses passes and allowable leaves of absence.

PROCEDURES

Sign In and Out Log

1. All clients shall sign out when they leave the facility. The date, time of departure, destination and estimated time of arrival back into the facility shall be documented. The staff member on duty shall approve all client departures.
2. When client head counts are conducted, the sign in and out log book shall be referenced by staff to make certain that all clients who are not in the building are signed out for an approved reason.
   a. Staff shall check the sign in and out log book when they begin their shifts to ascertain: The clients that are at the facility and the clients that are out of the facility.
   b. The clients that are out of the facility have properly signed out and are approved to be out.
3. The staff shall check the sign in and out log book upon arrival and several times during the day to remain aware of who is out of the facility and any problems or patterns that require attention.
4. When there is reason to believe a client is not at their approved destination, staff shall check the client destination by telephone or visit the destination in person.
5. Clients shall sign back into the sign in and out log book and notify the staff member on duty upon their return to the facility. The staff member on duty shall approve all client returns to the facility.

Client Schedule Monitoring

1. Each week clients are required to complete a schedule of activities. The schedule shall indicate work hours, outside appointments, meetings, activities and Family Re-unification passes.
2. Staff shall review and approve the client schedules.
3. Staff shall post client schedules for easy reference.
4. Staff and the unit supervisor shall check the client's schedule against the sign in and out log book to make certain that the clients are keeping to their schedules.
5. Changes to the client's schedule shall be approved by the Unit supervisor, documented in the staff communication log and posted.

Policy Revised on July 8, 2015
Head Counts

1. Client head counts shall be conducted every two hours during the morning, afternoon and evening period. Client head counts shall be conducted hourly from 11:00pm to 7:00am in Bridgeport; Waterbury 12 midnight to 8:00am. Each head count shall be documented on the headcount sheet including the client's name; hour of the day counted and the staff member completing the count.

2. Client head counts shall be conducted by one designated staff member. Staff shall confirm the client's identity during each head count. Client head counts shall be conducted as unobtrusively and non-disruptively as possible.

3. During client head counts staff shall reference the sign in and out logbook to account for the whereabouts of any client not in the facility.

4. Staff shall immediately report any clients unaccounted for to the unit supervisor. Staff shall be prepared to expedite escape procedures.

Accounting for Clients on Community Passes, and Family Reunification Passes and other allowable passes

1. Working clients shall have their employers contacted each week by the staff in order to ascertain whether or not they are going to their designated job. Staff shall document employer contacts in the client's case record, noting the date the employer was contacted, the contact individual and the staff making the contact.

2. Staff shall contact the client's sponsor while the client is on pass to ascertain whether or not they are adhering to their pass conditions. Clients may be required to contact the facility and speak to staff while on pass.

3. Staff shall have the right to visit a client's sponsor to check the address, condition of the residence or to ascertain that passes are being managed correctly.

4. Clients may present a request for a leave of absence to be approved by the Program Director, designee and/or treatment team while abiding by contractual agreements and referral sources guidelines.
WORK RELEASE PROGRAMS

CLIENT SUPERVISION DURING MAINTENANCE ACTIVITIES

POLICY

In all cases, when service contractors, delivery, or maintenance personnel are at the facility, staff supervision shall be conducted in a manner intended to ensure the safety of the service contractor, clients, staff, and visitors. Staff supervision shall ensure responsible and productive program operation throughout the duration of the services, delivery, or maintenance. Staff supervision shall restrict the interaction and or exchange of contraband between service contractors and clients.

PROCEDURE

1. All service contractors and or maintenance personnel shall be required to register with the Program Director or staff on duty upon their entry into the facility. The Program Director or staff on duty shall be informed of the work to be performed and their anticipated time of exit.
2. The Unit supervisor or staff on duty shall inform the service contractor and or maintenance personnel about the facility rules regarding security, client interaction restrictions, and the level of staff supervision that shall be expected.
3. The service contractor and or maintenance personnel shall be informed regarding the staff on duty needed to be contacted in an emergency and prior to exiting the facility.
4. The staff person(s) identified shall periodically check with the service contractor and or maintenance personnel during their time spent at the facility and monitor the work site to ensure that inappropriate client/service contractor or maintenance personnel interaction does not occur. Whenever possible, clients shall not be allowed at the work site.
5. The staff person(s) identified shall ensure that the service contractor and or maintenance personnel are out of the facility when the work is completed. Any problems that occurred during the project shall be reported in writing to the Program Director.

Policy Last Updated on 7/12
WORK RELEASE PROGRAMS

SUPERVISION OF CLIENTS WHILE IN THE COMMUNITY

POLICY

Supervision of clients will be provided while in the community to ensure a person’s safety when away from the facility.

PROCEDURE

In order to ensure the appropriate conduct and safety of clients at all times, the following procedure shall be followed:

- At no point during community trips will clients be unsupervised. There will always be a staff member present in the immediate vicinity at a maximum ratio of 8:1 (8 clients to one staff member).

- No client shall be required to assume any staff responsibilities under any conditions.

- No clients shall be allowed special privileges or favors by staff for providing information pertaining to the activities of other clients.

- A sign in/out log will be maintained and utilized for each community trip.

- The Program Director or designee will monitor sign in/out log for residents coming in and out of the building to ensure staff to client ratio is being followed.

- Upon returning to the facility staff will abide by the policy and procedures titled “Searches”

Policy Last Updated on 6/18/2015
WORK RELEASE PROGRAMS

FAMILY RE-UNIFICATION PASSES

POLICY

In order to help the clients re-assimilate into the community and establish normal family affairs, Family Re-Unification Passes, leisure time in the community, shall be granted as a privilege to the clients. Clients shall be ineligible for passes during their orientation period and when on disciplinary restrictions. Clients shall be eligible for passes based on their status in the program. All passes shall be to an approved sponsor or an approved destination, and clients shall obey all rules pertaining to their passes. Documentation and verification shall be completed by the primary counselor in conjunction with the authorities in charge of the client’s program participation. Generally, passes shall be a period of time less than 24 hours, and the clients shall return to the facility on the same day. Passes shall be a period of time 4 to 24 hours in length.

PROCEDURES

Preliminary Work

During the clients orientation period, the primary counselor shall complete the preliminary work to arrange for the client’s passes. The primary counselor should:

1. Discuss and review the rules and regulations governing passes with the client.
2. Completing and signing documents governing passes with the client.
3. Verifying the validity and the appropriateness of the sponsor or destination. Verifying the sponsors address and having the sponsor review and sign the sponsor authorization form.
4. Forwarding the pass information to the authorities in charge of the client’s program participation.
5. Document the client’s pass information in the client’s case record.

On Going Family Re-Unification Passes

1. Each week the clients shall complete a weekly schedule, including work hours, outside appointments, meetings, activities and proposed passes.
2. The primary counselor shall review the client’s schedule for the week and determine the client’s eligibility for the proposed pass.
3. The Residential Team shall approve the client’s pass activities and review the client’s pass information with the Program Director.
4. The Program Director shall give the final approval regarding the client’s pass activities. The Program Director shall make the determination based on the following:
   a. primary counselor and other staff recommendations;
   b. how well the client has handled previous passes;
   c. acceptability of the client’s sponsor;
   d. length of participation in the program;
   e. conduct and adjustment in the program;
   f. urinalysis results;
   g. employment, educational and or vocational enrollment hours
5. When indicated by the authorities in charge, staff shall complete and forward a pass roster.
6. When the roster is approved by the authorities, the client's pass paper work shall be completed by staff and the appropriate information entered. When indicated by the authorities, the client shall have their pass paper work in their possession while out on a pass...

7. When there is a change in the town where a client is going on passes or when a client requests an out of state pass, the primary counselor shall repeat the preliminary process for the clients pass approval.

**Rules and Regulations Governing Family Re-Unification Passes**

All clients shall be made aware of the rules and regulations governing passes.

1. Remain in the town to which released;
2. Abide by any special conditions;
3. Provide a urine sample or breathalyzer upon return to the facility, if so requested;
4. Return to their assigned facility at the time specified;
5. Refrain from the use of alcohol and narcotics and avoid persons using the same;
6. Refrain from introducing contraband upon return;
7. Return to the assigned facility. Failure to return will be considered an escape.
8. Obey all laws and avoid persons with prior felony convictions or those who are engaged in breaking the law.
9. Spiritual passes may be granted if client has successfully completed the Orientation phase and is free from community access restriction.

**Medical Emergency Passes**

When a client becomes ill to a point where they have to be institutionalized either in the hospital or returned to the authorities, staff shall follow these procedures:

1. In the case of an emergency, the first priority shall be to see that the client receives medical care as soon as possible. Staff shall use their best judgment in emergency situations and follow the emergency medical policy and procedures.
2. Staff shall follow the emergency on call procedure for department of correction clients. When it is determined not to be an emergency staff shall consult with the authorities prior to taking action.
3. When the client is hospitalized staff shall consult with the doctors to get an estimated time of how long the hospitalization will last.
4. When a client is hospitalized staff shall ensure that the client's personal belongings are kept in a secure storage area.
5. When a client's condition does not allow them to return to the program they shall be discharged.
6. The client's medical emergency pass/furlough information shall be documented by staff in the client's case record.

**Pass Frequency**

The frequency, times and days of the client's passes shall be determined by the authorities in charge of the client's program participation, the client's primary counselor and the Program Director.

*Policy Last Updated 7-12*
LEISURE TIME ACTIVITIES

POLICY

Leisure time and recreational activities shall be made available for the clients in each residential facility. Clients shall have equal access to leisure time and recreational activities. Clients shall maintain leisure time and recreational equipment.

PROCEDURES

- Residential facilities shall have common room areas where the following activities can take place:
  - a. Physical exercise
  - b. Television
  - c. Games
  - d. Hobbies

- Indoor and outdoor recreation shall be made available to clients on the facility grounds or elsewhere.
- Clients who fail to properly maintain leisure time and recreational equipment shall be restricted from its use.

Policy Last Updated on 7/12
WORK RELEASE PROGRAMS

RELIGIOUS SERVICES

POLICY

Clients shall be permitted to attend the religious service of their choice, on a voluntary basis. In cases where the client is restricted from leaving the facility, their clergy person shall be permitted to visit with them.

PROCEDURES

1. A client who desires to attend a religious service shall request attendance through a staff member at least three days in advance. The client shall not be in the orientation period of the program or restricted from leaving the facility for any reason.
2. The staff shall confirm the time and place of the service and, if the client is eligible to enter the community. Staff shall complete the necessary paperwork.
3. Staff shall verify the client’s attendance.
4. When a client is restricted from leaving the facility and desires to see their clergy person, the staff shall assist the client in arranging for a visit from their preferred clergy person at a time that is convenient.
5. Spiritual passes shall be granted once the client has successfully completed the Orientation phase and as long as the client is free from community access restriction.

Policy Last Updated on 7/12
WORK RELEASE PROGRAMS

CLIENT RETURN TO COMMUNITY

POLICY

Clients shall be discharged from the program and allowed to return to the community when their judicial sentence is completed, the client completes the program or by order of the authorities in charge of the client’s program participation. In all cases procedures set forth by the authorities in charge of the client’s participation shall be followed in effecting the discharge of the client. All discharges from the program shall be reviewed and approved by the unit supervisor. All referral sources will be notified of the planned discharges by phone as well as by written notification. When applicable the client may be escorted to court, parole hearings or any other type of legal body to have his case reviewed prior to program discharge.

PROCEDURES

1. The primary counselor shall establish a discharge plan with the client. The plan shall include housing needs, employment, medical needs, treatment needs, child- care and other support services if they have not already been addressed and completed by the client prior to the client's discharge. The primary counselor shall verify all information pertaining to the client's discharge plan in order to ensure the clients successful transition to community living.

2. Clients shall be approved for community living by the legal authorities in charge of their program participation.

3. The primary counselor shall discuss the clients pending discharge and verify the actual discharge date with the legal authorities in charge of the client’s program participation. The staff shall complete and forward all required documentation to the legal authorities in charge of the client's participation.

4. On the actual discharge date, staff shall collect all program property from the client prior to their release to the community.

5. On the actual discharge date staff shall make contact with the legal authorities in charge of the client’s program participation and inform them of the clients release to the community.

6. Post-client discharge to the community, the primary counselor shall close out the client's case record.

7. Primary Counselor shall send all necessary discharge documentation to the referral source including after care plans.
WORK RELEASE PROGRAMS

CLIENT PROGRAM TERMINATION

POLICY

Clients shall be terminated from the program and returned to the legal authorities overseeing their program placement by client request, when a client is in violation of a significant program rule and regulation or by order of the legal authorities overseeing their program placement. The reasons for the client's program termination shall be documented. Client terminations shall be authorized by the unit supervisor. In all cases, procedures set forth by the legal authorities overseeing the client's program placement shall be followed when handling the client's termination and transfer.

PROCEDURE

Termination by client request, by order of Legal Authorities or by cause (CSSD, Probation, Self Referral)

1. Staff shall obtain the Program Director approval, and call the authorities in charge to discuss the case. Staff shall make arrangements for the client's termination and transfer.
2. Staff shall prepare a discharge report, outlining the specifics of the case and have it approved by the unit supervisor.
3. When appropriate staff shall inform the client of the decision to terminate and transfer them. Staff shall provide the client the reasons for their program termination and transfer. Staff shall refer the client to the legal authorities overseeing their program placement for follow up.
4. Staff shall supervise the client while they pack their belongings. Staff shall secure those items belonging to the facility.
5. Staff shall have the client remain in a designated area while awaiting the termination and transfer.
6. When the authorities are handling the client's termination and transfer, upon their arrival staff shall have the client secured immediately. Staff shall provide the authorities with a copy of the discharge report.
7. Staff shall escort the client off the property.
8. Staff shall secure the client's personal belongings left at the facility. Staff shall inventory the client's belongings and place them in the locked storage area.
9. Staff shall call the authorities and the client's emergency contact person and inform them of the discharge.
10. When there is an escape staff shall immediately refer to and follow the escape procedures. Staff shall close out the client's case record according to procedures.

Termination by client request, by order of Legal Authorities or by cause (D.O.C. only)

When a client is being returned to a correctional facility because of failure to comply or other reason for ineligibility.

1. Staff shall not in any way inform the client of the decision to terminate and transfer.
2. Staff shall obtain the Program Director’s approval, and call the authorities in charge to discuss the case. Staff shall make arrangements for the client's termination and transfer.
3. Staff shall prepare a discharge report, outlining the specifics of the case and have it approved by the Program Director.
4. Staff shall contain the client to the best of their abilities without letting the client know they are being terminated and transferred.
5. When the correctional officials arrive, staff shall immediately take the officials into the appropriate client removal area. Staff shall escort or already have the client in the removal area. Staff shall have the client secured immediately.
6. Staff shall provide a copy of the discharge report to the correctional officials.
7. Once the client is secured, facility staff communication shall take place and the client shall be allowed to point out all of their personal belongings.
8. Staff shall escort the correctional officials and the client off the property.
9. Staff shall secure the client's personal belongings left at the facility. Staff shall inventory the client's belongings and place them in the locked storage area.
10. Staff shall call the authorities and the client's emergency contact person and inform them of the discharge.
11. When there is an escape staff shall immediately refer to and follow the escape procedures.
12. Staff shall close out the client's case record according to procedures.

**Termination by client request, by order of Legal Authorities or by cause (CSSD, Pre-Trial Only)**

1. Staff shall request an accelerated court date.
2. Staff shall prepare a court letter, updating the client’s program performance.
3. Program will then comply with the court’s requests.

Policy Last Updated 7/12
WORK RELEASE PROGRAMS

ESCAPE

POLICY

Preventive measures shall be taken to minimize the possibility of a client’s escape from the program. A client shall be considered to have escaped if they leave the facility grounds unauthorized; leave without being scheduled and approved by staff for work, pass, family reunification pass, a day long, overnight, weekend or if they fail to return to the facility from the same. In all cases procedures set forth by the legal authorities and or law enforcement agencies shall be followed in responding to, reporting and documenting an escape and effecting the removal of the escapee from the program. Staff shall not use physical force in order to prevent an escape. All appropriate referral sources will be contacted within their designated timeframes using whatever written documentation that is required.

PROCEDURES

Prevention / Security

1. Staff shall remain alert to the whereabouts of clients at all times by:
   a. Authorizing all clients who are arriving and departing the facility.
   b. Verifying all client destinations i.e., community based appointments, meetings, work, passes, family reunification passes, overnights, and weekends.
   c. Reviewing the sign in and out log.
   d. Reviewing the sign in and out log against client weekly schedules.
2. Staff shall take measures to prevent an escape during the night, by:
   a. Keeping floodlights on.
   b. Keeping doors and windows locked.
   c. Completing hourly head counts.
3. Designated night staff shall conduct a security check every night and complete the Daily Watchman Security Report, noting any issues with security measures, any safety or fire hazards, and any violations of client rules and regulations.
4. When a client informs the staff on duty that they no longer possess the desire to continue to participate in the program, staff shall attempt to discourage the client from leaving through individual counseling techniques. Additionally, staff shall suggest alternatives to leaving such as transferring the client to another program, returning the client to a Department of Correction facility, allowing the client to speak with their family members, attorney, probation officer, and or appropriate authorities in charge.
5. Clients who leave the facility grounds unauthorized, regardless of staff efforts, shall be considered an escape.

When an Escape Occurs

1. Client’s whom have a “Victim Notification Protocol” must be accounted for at all times. If the client with the “Victim Notification Protocol” is 15 minutes late entering the program from a pass – DOC must be notified and the escape protocol as listed below must be followed.
2. When a client is thought to have escaped including failure to return from work, a meeting, an appointment, pass, family reunification, overnight or weekend the staff on duty shall immediately attempt to locate and gather information concerning the location of the client by utilizing the following guidelines:
a. Review the client sign in and out log.
b. Review the client weekly schedule.
c. Conduct a search of the building and grounds.
d. Review the client escape form.
e. Contact the employer and inquire concerning the client's whereabouts.
f. Contact the community pass, family reunification, overnight, weekend sponsor and inquire concerning the clients whereabouts.
g. Contact the outside appointment or meeting site and inquire concerning the clients whereabouts.
h. Question other clients about the particular client's absence to see if you can get an exact time of the escape, a description of what the client was wearing and or the possible whereabouts of the client.
i. Contact local hospitals and the local police department concerning the client's whereabouts.
3. In all cases when community based inquiries are being accomplished, individuals spoken with shall be instructed to immediately re-contact the facility staff if and when they have contact with the client escapee and shall be encouraged to have the client also contact the facility concerning their situation.
4. Staff shall gather additional information regarding the client's current issues or circumstances that may have contributed to the escape. Staff shall review the client case record notes, the staff communication book, speak with other staff members, family members, and employers.
5. Once staff feels confident that everything possible to locate and gather information concerning the client escapee has been completed the unit supervisor shall be informed either in person or by following the emergency procedures. Staff shall provide details of the escape proceedings to the unit supervisor.
6. Once staff has consulted with the unit supervisor they shall contact the appropriate authorities in charge by using normal or emergency contact phone/pager numbers.
7. Staff shall inform the authorities in charge of the escape, provide detailed information concerning the escape proceedings and any other information gathered through inquiries. The client case record and or escape form shall be utilized when providing escapee information. Any instructions given by the authorities in charge shall be followed by the staff on duty and communicated to other staff as necessary.
8. Staff shall call the client's emergency contact person and inform them of the escape. Staff shall instruct them to remain alert and to re-contact the facility staff immediately if and when they have contact with the client escapee.
9. Staff shall prepare a written removal report; provide an escape form and or discharge report as deemed appropriate. Staff shall assist law enforcement personnel when necessary. When at any point staff is unsure of proper procedures, they shall confer with the unit supervisor.
10. When law enforcement personnel are dealt with, staff on duty shall re-notify the unit supervisor and the appropriate authorities in charge updating them on the escape proceedings.
11. When the escapee returns to the facility, calls concerning their status, and or staff receives information concerning their whereabouts the staff on duty shall:
   a. Re-contact the unit supervisor for instructions
   b. Re-contact the appropriate authorities in charge of the escapee.
   c. Re-contact law enforcement personnel.
12. Once all escape proceedings are completed, staff on duty shall secure all the client's personal belongings. Client belongings shall be appropriately packed, inventoried, marked with the client's name, and placed in storage.
13. Staff on duty shall close out the client's case record according to established procedures.
WORK RELEASE PROGRAMS

COMMUNITY TRANSITION / DISCHARGE PLAN

POLICY

Discharge and continuing care plans shall be provided for all clients who complete or leave treatment in order to ensure continuity of care. Discharge planning begins on admission and continues throughout treatment until plans are finalized.

PROCEDURE

- A written continuing care plan shall be developed with the client present prior to discharge or transfer to another level of care. Family, significant others, staff, referral sources and any others shall participate in this process as appropriate. If the client is transferred to another level of care within the agency, the Community Transition Discharge Plan is not completed until discharged from the agency.

- The discharge and continuing care plan shall include the admission and discharge dates.

- The client, family, other personnel, and referring source, as appropriate, shall receive sufficient notice regarding discharge. Discharge planning is discussed throughout treatment and updated as needed with the client and family.

- The Community Transition / Discharge Plan shall include the agency/individual responsible for follow-up care, provision of ongoing services, community resources, and relapse prevention skills.

- Discharge and Community Transition Plans include provisions for the ongoing medical, medication and behavioral health needs of the client.
  - Co-Occurring Disorders shall be addressed in the discharge planning process. Staff shall ensure that follow-up care is provided and addresses both mental health and addiction disorders.
  - Clients shall be referred to peer support groups specific to their disorder(s).

- Referrals made will be specific to the individuals age, gender, disability/disorder or other special circumstances and may be made for any services determined appropriate.

- All individuals who participate in the discharge process shall receive a copy of the Discharge and Community Transition Plan upon discharge. A copy is maintained in the client record.

- The Community Transition / Discharge Plan is forwarded to the DOC referral source. The plan is to be submitted to DOC 30 days prior to the planned discharge.

Policy Last Updated 7/12
WORK RELEASE PROGRAMS

DISCHARGE SUMMARY

POLICY

Clients shall be discharged from Connecticut Renaissance when treatment is complete, when a client fails to comply with rules and regulations, when another Level of Care is required, or when a client is transferred into the care of another agency. The discharge summary should be completed with the client present prior to discharge. This summary shall be a report of all client interactions, services rendered, course of treatment, and treatment recommendations.

PROCEDURE

The Discharge Summary shall include the following information:

- Date of admission and discharge
- Treatment course, services provided and presenting problems including the client’s strengths, abilities, needs, desires, and preferences regarding treatment
- Treatment goals and objectives established and the progress toward achieving those goals and objectives
- Reason for discharge/transition and the recommendations for services or supports.
- Condition on discharge including status of employment, education, housing, legal, and substance use
- Referrals and recommendations including aftercare
- Discharge assessment that identifies the client’s need for another level of care.
- Diagnoses on discharge

The discharge summary shall be placed in the client record within 7 calendar days.

Policy Last Updated 7/12
WORK RELEASE PROGRAMS

TRANSPORTATION OF CLIENTS IN RESIDENTIAL FACILITIES

POLICY

Connecticut Renaissance provides transportation for all clients participating in residential programs as described below.

PROCEDURE

- Clients residing at the East and West Residential Programs are provided court transportation as part of the contractual agreement.
- Client residing at the McAuliffe Co-occurring Program are provided transportation as part of a contractual obligation.
- Clients that reside at Waterbury/Bridgeport Work Release Programs are provided with transportation for medical purposes only as part of a contractual agreement.
- Clients that reside at the East and West Residential open referral program are provided transportation when available.
- Transportation shall not be provided by staff in personal vehicles.

Policy revision 7/6/2015
Supervision of Self Administration of Medications (Residential)

I. POLICY

A client's medication needs and services shall be supervised by the prescribing physician. All prescribed medications are to be stored in a locked area. Staff shall supervise self-administration of medication and audit the client's medication log records weekly. Weekly audits will be conducted and/or reviewed by the Program Director and/or Program Supervisor. Medication errors, refusals and miscounts will be documented on Medication Incident Reports and submitted to the Quality Dept.

Each prescription is to be only used by the client for whom it is prescribed. Administration of one client's medication for another is prohibited. Any medication remaining after its use has been ordered discontinued by the prescribing physician and/or the client is discharged is to be disposed of according to policy and documented.

All prescriptions shall be documented in the client's case record, on the client's medication form and placed in the medication log.

An adverse reaction to a medication is to be reported immediately to the Program Director, designee or counselor in charge. If necessary a client experiencing an adverse reaction to a medication shall receive medical treatment. All adverse reactions are to be documented on an incident accident form, in the staff communication book, and in the client's case record. Any adverse reactions will be reported to the prescriber. Procedures shall be maintained for the supervision of self-administration, storage, documentation, and disposal of medications.

II. PROCEDURES

A. In-coming Medications

1. Upon admission to the program the client shall give any prescription or over the counter medications to the counselor in charge.
2. Clients will obtain a Doctor’s Order for OTC (over the counter medications)
3. Upon return from a medical or dental appointment, the client shall give any prescription and/or Doctor's order for Over the Counter (OTC) medications to the counselor in charge.
4. The counselor in charge will log medications onto a client medication form, in the client's record and the staff communication book.
5. A separate medication log will be maintained for OTC medications.
6. The counselor in charge will then store the medication in the locked storage room.
B. **Supervising the Self- Administration of Medication (both prescribed and over the counter)**

Clients will be notified upon admission the standard medication times, as well as when they are prescribed a medication and receive medication education for their prescription.

Staff shall supervise the self-administration of medications according to the following procedures:

1. Staff shall verify the correct client with the correlating medication box by having client state name and DOB. Staff shall confirm correct client by checking photo on file.
2. Staff shall check the client medication form to make certain this is the correct medication for this client.
3. Staff shall hand the box containing the client’s medication(s) to the client and observe the removal of the prescribed amount and the return of the medication to the container and box. Staff shall return box to the locked cabinet.
4. The client shall take the medication with a cup of water or spoon in the presence of the staff member.
5. To insure that the client has swallowed the medication, staff shall engage the client in conversation.
6. Medications are not to be taken out of the storage room or left with the client to self-administer, except when the client is going out to work or on a pass. In those instances, the counselor shall provide the client with the exact amount of medication required to cover that period of time. Ointments for the face, hands, feet; foot powders and vaginal or rectal suppositories are exceptions to these rules, as well as inhalers which may be kept in the client's room.
7. Following self-administration, the medication is logged on the client medication form with a date, time, name of medication, dose dispensed, how administered, and signature of the staff member distributing the medication. Over the counter medication is to be logged in the over the counter medication book. All medications shall be maintained appropriately and audited weekly.
8. Any “no-shows” or refusals will be tracked and documented in the medication log and on a Medication Incident Report with a reason for the “no-show” or refusal.
9. If a client is a “no-show” for medication time, all efforts will be made to find the client and educate the client on the importance of taking the prescribed medication. The first attempt will be made through paging the client to the med room. If the client does not show, staff will find the client and encourage the client to take his medication. If the client continues to refuse the medication, the client will be encouraged to discuss this with the prescriber. A medication incident report will be completed for a refusal and/or no-show.
10. Adverse reactions to any medication are to be reported immediately to the Program Director or shift supervisor. If the reaction appears in the least bit serious or persists, the reaction is to be discussed with medical personnel and or the client taken for medical attention. All cases of an adverse medication reaction shall be documented on an incident/accident report, in the staff communication book and in the client's case record. The prescriber of the medication will also be notified.
C. Storing Medications
   1. All medications are to be stored in a locked storage room.
   2. Medications are to be kept separated from all other potentially contaminating substances.
   3. Internal (ingested) medications are to be stored separately from external (topical) medications.
   4. Medications requiring refrigeration are to be stored in a locked refrigerator.
   5. All medications are to be properly labeled at all times.
   6. Controlled medications shall be stored under double lock.
   7. Controlled Medications: Methadone
      a. Clients will be assigned a lock box and given a key to keep with them for transport of their Methadone to and from the Methadone clinic. The Program Director will also keep a key for audit purposes.
      b. All lock boxes containing Methadone will be secured in a locked refrigerator in the Medication Room.
      c. Clients will go to the Medication Room, given their lock box to open and take their medication as prescribed. Staff will supervise the client taking their Methadone.
      d. Staff will watch the clients secure the lock box after taking the medication and staff will return the lock box to be secured in a locked refrigerator.
      e. Methadone audits will be conducted weekly by the Program Director and documented.
   8. All other controlled medications will be stored in separate lock boxes labeled for each client. A key for each lock box will be secured in the medication room for use of Staff when supervising the self-administration of controlled medication. The staff will open the lock box for the client, who will take his medication as prescribed. Staff will supervise the client taking the medication and secure the medication in the lock box after the client has taken the medication. Staff will return the lock box to a locked cabinet.
   9. If a client is on Methadone in addition to other controlled medications, he will receive a separate lock box for Methadone.

D. Client Medication Distribution Records
   1. Client medication records will be maintained on a regular basis and an audit of these records will be conducted weekly.
   2. Auditors are to insure that all client records, medication, storage, medication log, and disposal documentation is being maintained.
   3. Audit results will be documented on the client medication form and will include the date of the audit, name of the staff completing the audit and the audit outcome.
   4. Audit outcome results shall be communicated to the Program Director or designee and corrective measures taken and documented.
   5. Staff shall insure that prescription medication is refilled as indicated by the prescribing physician or dentist.
   6. Medication records will be placed in the client's case record upon completion and or discontinuance of the medication.
E. Medication Audits and Shift Change Counts
1. All medication logs will be audited at a minimum of weekly by the Program Director or designee.
2. Staff will conduct and document shift change counts of controlled medications EXCEPT for Methadone which will be audited by the Program Director. The documentation will be completed on the Controlled Substance Signature Sheet and maintained in a binder in the Medication Room for review by the Program Director or designee.
3. Methadone audits will be conducted weekly by the Program Director as to ensure security of the Medication.
4. All medication errors discovered during a medication audit will be documented on a Medication Incident Report form and forwarded to the Quality Dept.
5. The frequency of Medication Audits may be increased in response to an increase in medication errors.

F. Medication Disposal
1. Medication will be disposed of once ordered discontinued by the prescribing physician, when the medication is not secured by the client upon discharge, or when the medication is undesired, in excess, unauthorized, obsolete or deteriorated.
2. The program director or designee will oversee the procedures for disposal of all medication within 72 hours of the medication's discontinuance, as follows:
   a. Controlled Substance
      1. Staff shall record all controlled substances that need to be picked up by the medical waste disposal company for disposal.
      2. Staff shall call the medical waste disposal company to arrange for pick up as directed in the contractual agreement.
      3. Disposal of medication shall also be documented on the client's medication distribution record and shall indicate the disposal date, discontinuance date/reason, quantity and the staff who coordinated such disposal.
      4. The program director will be responsible for training staff at hire and randomly monitoring staff in the procedure for disposal of medications.
   b. Non-Controlled Substances
      1. Staff shall record all non-controlled substances that need to be picked up by the medical waste disposal company for disposal.
      2. Staff shall call the medical waste disposal company to arrange pick up as directed in the contractual agreement.
      3. Disposal of medication shall also be documented on the client's medication distribution record and shall indicate the disposal date, discontinuance date/reason, quantity and the staff who coordinated such disposal.
4. The program director will be responsible for training staff at hire and randomly monitoring staff in the procedure for disposal of medications.

G. Staff Roster and Education/Training
   1. A roster identifying the name of each staff member authorized and trained to supervise self-administration of medications shall be posted in the Medication Room. Staff not on the roster should not be in the Medication Room at any time.
   2. Staff will be trained in the supervision of self-administration of medication during the orientation phase and observed by the Program Director or designee for competency PRIOR to being placed on the roster.
   3. All staff on the roster will receive re-training and education regarding the supervision of self-administration of medication procedures by the Program Director or designee semi-annually and attendance will be documented and kept on file at program location.
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CTR RESOLUTION AGREEMENT
(Including agreement to Mutual Binding Arbitration)

You recognize that differences may arise between Connecticut Renaissance, Inc. ("Renaissance" or "the Company") and You during or following your employment, and that those differences may or may not be related to your employment. You understand and agree that by entering into this CTR Resolution Agreement ("Agreement"), You agree to participate in Renaissance's CTR Resolution Program, a three-step alternate dispute resolution process, to resolve disputes that may arise between You and Renaissance. You further recognize and agree that the final step of the CTR Resolution process will be final and binding arbitration.

Consideration: The promises by You and the Company to submit differences to the CTR Resolution Program, including arbitration, rather than litigate them before courts or other bodies, provide consideration for each other. Consideration received by You includes the offer of employment and/or eligibility for advancement within the organization, salary increases, participation in the agency's bonus program and the partial reimbursement of legal expenses incurred in conjunction with a Step III Arbitration.

CTR Resolution Program: The CTR Resolution Program is a three-step alternative dispute resolution process. Details of the CTR Resolution Program are set forth in the CTR Resolution Program Manual, which is available to You prior to executing this Agreement, or at any time after You execute this Agreement through the Company's Human Resources staff. By signing this Agreement You are specifically acknowledging that You have had an opportunity to review the CTR Resolution Program Manual and agree to abide by its terms.

Claims Covered by the Agreement: The Company and You mutually consent to resolve through the CTR Resolution Program including final and binding arbitration all claims or controversies ("claims"), past, present or future, whether or not arising out of your employment (or its termination), that the Company may have against You or that You may have against any of the following (1) the Company, (2) its officers, directors, employees or agents in their capacity as such, (3) the Company's subsidiary and affiliated entities, and/or (4) all successors and assigns of any of them.

The only claims that are arbitrable are those that, in the absence of this Agreement, would have been able to be heard in court under applicable state or federal law. The claims covered by this Agreement include, but are not limited to: claims related to termination, resignations, layoffs, claims of constructive discharge, claims for wages (including Fair Labor Standards Act and state equivalent claims) or other compensation due; claims relating to leaves of absence, (including Family Medical Leave Act or state equivalent claims), claims for breach of any contract or covenant (express or implied); tort claims; claims for discrimination (including, but not limited to, race, sex, sexual orientation, religion, national origin, age, marital status, physical or mental disability or handicap, or medical condition); claims of violation of public policy or retaliation, claims related to this Agreement, claims for benefits (except claims under an employee benefit or pension plans or claims covered by Employee Retirement Income Security Act) and claims for violation of any federal, state, or other governmental law, statute, regulation, or ordinance, except claims excluded in the section of this Agreement entitled "Claims Not Covered By The Agreement."

Except as otherwise provided in this Agreement, both You and the Company agree that neither shall initiate nor prosecute any lawsuit, in any way related to any claim covered by this. However, nothing contained herein shall preclude You or the Company from filing an administrative claim or charge with a government agency, including, but not limited to the Equal Employment Opportunity Commission or any state equivalent.

Claims Not Covered by the Agreement: Claims for workers' compensation or unemployment compensation benefits, claims for benefits under a company benefit plan covered by ERISA or any other claims covered by ERISA, claims involving patents, trademarks, or intellectual property, and claims under the National Labor Relations Act are not covered by this Agreement.

Also not covered are claims by You or the Company for temporary restraining orders or preliminary injunctions ("temporary equitable relief") in cases in which such temporary equitable relief would be otherwise authorized by law. Such resort to temporary equitable relief shall be pending arbitration only, and in such cases the merits of the
action will be tried in front of, and will be decided by, the Arbitrator, who will have the same ability to order legal or equitable remedies as could a court of general jurisdiction.

Time Limits for Commencing Arbitration: The Company and You agree that either party must file a written demand for mediation or arbitration to Human Resources using the designated form, or equivalent, no later than the expiration of the statute of limitations (deadline for filing) that applicable law prescribes for the claim. Otherwise, the claim shall be void and deemed waived.

Arbitration Procedures: Except as provided in this Agreement, the Federal Arbitration Act, 9 U.S.C. Section 1 et. seq. (FAA) shall govern the interpretation, enforcement and all arbitration proceedings pursuant to this Agreement. To the extent that the FAA is inapplicable, or held not to require arbitration of a particular claim or claims, state law pertaining to agreements to arbitrate shall apply.

The arbitration will be held before a sponsoring organization, either the American Arbitration Association ("AAA") or Judicial Arbitration & Mediation Services ("JAMS"), with the designation of the organization to be made by the party who initiated the claim. Except as provided in this Agreement, the arbitration shall be in accordance with the sponsoring organization's then-current employment arbitration rules/procedures. The Arbitrator shall be either a retired judge, or an attorney who is experienced in employment law and licensed to practice law in Connecticut. The arbitration shall take place in or near the city in which You are or were last employed by the Company. The Arbitrator shall be selected pursuant to the sponsoring organization's rules and procedures.

Governing Law: The Arbitrator shall apply the substantive law (and the law of remedies, if applicable) of the state of Connecticut, or federal law, or both, as applicable to the claim(s) asserted. The Arbitrator is without jurisdiction to apply any different substantive law or law of remedies. The Arbitrator shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability or formation of this Agreement, including but not limited to any claim that all or any part of this Agreement is void or voidable. The arbitration shall be final and binding upon the parties, except as provided in this Agreement.

The Arbitrator shall have jurisdiction to hear and rule on pre-hearing disputes and is authorized to hold pre-hearing conferences by telephone or in person, as the Arbitrator deems advisable. The Arbitrator shall have the authority to entertain a motion to dismiss and/or a motion for summary judgment by any party and shall apply the standards governing such motions under the Federal Rules of Civil Procedure.

Arbitration Process: Any party may be represented by an attorney during arbitration. Either party, at its expense, may arrange for and pay the cost of a court reporter to provide a stenographic record of proceedings. Should any party refuse or neglect to appear for, or participate in, the arbitration hearing, the Arbitrator shall have the authority to decide the dispute based upon whatever evidence is presented. Either party, upon request at the close of hearing, shall be given leave to file a post-hearing brief. The time for filing such a brief shall be set by the Arbitrator. The Arbitrator shall render an award and written opinion no later than thirty (30) days from the date the arbitration hearing concludes or the post-hearing briefs (if requested) are received, whichever is later. The opinion shall include the factual and legal basis for the award.

Discovery at Arbitration: Each party shall have the right to take the deposition of no more than two (2) individuals and any expert witness designated by another party. Each party also shall have the right to make requests for production of documents to any party and to subpoena documents from third parties. Requests for additional discovery may be made to the Arbitrator. The Arbitrator shall grant an order for such requested additional discovery that the Arbitrator finds the party requires to adequately arbitrate a claim, taking into account the parties' mutual desire to have a fast, cost-effective dispute resolution mechanism.

Designation of Witnesses at Arbitration: At least thirty (30) days before the arbitration, the parties must exchange lists of witnesses, including any experts, and provide copies of all exhibits intended to be used at the arbitration.

Subpoenas for Arbitration: Each party shall have the right to subpoena witnesses and documents for the arbitration as well as documents relevant to the case from third parties.
Arbitration Fees and Costs: The Company will be responsible for paying any filing fee and the fees and costs of the Arbitrator. Each party shall pay for its own costs and attorneys' fees, if any. However, the Company will reimburse You up to 75% of your attorneys' fees, up to a maximum of $1,500.00, pursuant to the terms set forth in the CTR Resolution Program Manual. If any party prevails on a statutory claim that affords the prevailing party attorneys' fees and costs, or if there is a written agreement providing for attorneys' fees and/or costs, the Arbitrator may award reasonable attorneys' fees and/or costs to the prevailing party, applying the same standards a court would apply under the law applicable to the claim(s).

Judicial Review: Either party may bring an action in any court of competent jurisdiction to compel arbitration under this Agreement and to enforce an arbitration award.

Miscellaneous Provisions: This Agreement to resolve all disputes through the CTR Resolution process, including arbitration, if necessary shall survive the termination of your employment and the expiration of any benefit plan. It can be revoked or modified only by a writing signed by both the Company's Chief Executive Officer and You, which specifically states intent to revoke or modify this Agreement. This is the complete agreement of the parties on the subject of arbitration of disputes. This Agreement supersedes any prior or contemporaneous oral or written understandings on the subject. No party is relying on any representations, oral or written, on the subject of the effect, enforceability or meaning of this Agreement, except as specifically set forth in this Agreement. If any provision of this Agreement is adjudged to be void or otherwise unenforceable, in whole or in part, such adjudication shall not affect the validity of the remainder of the Agreement. All other provisions shall remain in full force and effect.

Not an Employment Agreement: This Agreement is not, and shall not be construed to create any contract of employment, express or implied. Nor does this Agreement in any way alter the "at-will" status of your employment.

Voluntary Agreement: I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS AGREEMENT, THAT I UNDERSTAND ITS TERMS, THAT ALL UNDERSTANDINGS AND AGREEMENTS BETWEEN THE COMPANY AND ME RELATING TO THE SUBJECTS COVERED IN THE AGREEMENT ARE CONTAINED IN IT, AND THAT I HAVE ENTERED INTO THE AGREEMENT VOLUNTARILY AND NOT IN RELIANCE ON ANY PROMISES OR REPRESENTATIONS BY THE COMPANY OTHER THAN THOSE CONTAINED IN THIS AGREEMENT ITSELF. I UNDERSTAND THAT BY SIGNING THIS AGREEMENT I AM GIVING UP MY RIGHT TO A JURY TRIAL.

Employee initials:
I FURTHER ACKNOWLEDGE THAT I HAVE BEEN GIVEN THE OPPORTUNITY TO DISCUSS THIS AGREEMENT WITH MY PRIVATE LEGAL COUNSEL AND HAVE AVAILED MYSELF OF THAT OPPORTUNITY TO THE EXTENT I WISH TO DO SO.

Employee:

Signature of Employee

Print Name of Employee

Date

Connecticut Renaissance, Inc. :

Signature of Authorized Company Representative

Title of Representative

Date
EMPLOYEE NOTICE OF REFUSAL TO SIGN
THE CTR RESOLUTION AGREEMENT

I acknowledge that I have had an opportunity to review the CTR Resolution Program Manual and the CTR Resolution Agreement. After reviewing these materials, I am declining to sign the CTR Resolution Agreement.

I understand that I may sign the CTR Resolution Agreement at any time, so long as I have not initiated a legal action against Connecticut Renaissance, Inc. for claims that would otherwise be covered by the CTR Resolution Program.

I also understand that by declining to sign the CTR Resolution Agreement, I will not be eligible for considerations available to employees who have signed a CTR Resolution Agreement, including advancement within the organization, salary increases, participation in the agency’s bonus program and the partial reimbursement of legal expenses incurred in conjunction with a Step III Arbitration under the CTR Resolution Program.

I further acknowledge that I have been given the opportunity to discuss this agreement with my private legal counsel and have availed myself of that opportunity to the extent I wish to do so.

Employee: ________________________________

Signature of Employee

Print Name of Employee

Date

Connecticut Renaissance, Inc.:

Signature of Authorized Company Representative

Title of Representative

Date

- 1 -
Printed copies will not always be kept up to date. Check on the Intranet or with Human Resources for the most recent version.

The provisions of the CTR Resolution Program Manual (the "Manual") govern the CTR Resolution Program and process and no statement or written presentations by any employee, manager or executive concerning CTR Resolution should be relied on to override, reverse, amend or modify any provision of the Manual. If there are any conflicts between the provisions of the Manual and other Company publications or statements by Company representatives describing the CTR Resolution Program, the provisions of the Manual will govern.

The Manual does not change or modify the employment at-will relationship with Connecticut Renaissance and each of its employees.

Any questions regarding this Manual should be directed to Human Resources.
PURPOSE

The CTR Resolution Program provides a process to resolve disputes that may exist between Connecticut Renaissance and an employee.

GENERAL OVERVIEW

CTR Resolution involves a three-step alternate dispute resolution process. Steps must be followed sequentially, unless the employee and Connecticut Renaissance mutually agree to skip a step.

Step I - Open Door
Consistent with current policy, the first place a concern/complaint should be raised for discussion and resolution is to the employee's immediate manager. If resolution is not possible there, the next step should be the employee's second level manager, and from there to the next level in the chain of command. If an employee's concern/complaint involves the immediate manager or if the employee is uncomfortable raising a concern/complaint to his/her immediate manager, the employee may start the Open Door step with the next level of management.

Step II - Mediation
After Step I, the parties may use Mediation to seek a resolution of any Covered Claims. Human Resources will assist the parties to set up and conduct this step. During Mediation, the employee and management will together select a Mediator, pursuant to the provisions of this Manual, to assist the parties reach a mutually acceptable resolution. The Mediation is not binding on the parties and may be skipped by mutual agreement of the parties.

Step III - Arbitration
Human Resources will facilitate the Arbitration Step. During binding arbitration, a neutral external Arbitrator is chosen, pursuant to the provisions of this Manual, to provide a final and binding resolution to the dispute.
ELIGIBLE EMPLOYEES

The CTR Resolution Program will be used to handle all eligible disputes/claims involving any current or former Connecticut Renaissance employee effective January 1, 2005.

Employees hired to work for Connecticut Renaissance on or after January 1, 2005 will be required, as a condition of employment, to sign an agreement committing them to utilize the CTR Resolution process as the sole and exclusive means of resolving covered disputes with Connecticut Renaissance both during and subsequent to their employment with Connecticut Renaissance (the "CTR Resolution Agreement") (See Attachment B).

Employees hired to work for Connecticut Renaissance prior to January 1, 2005 will be strongly encouraged to sign the CTR Resolution Agreement. After January 1, 2005 only employees who have signed a CTR Resolution Agreement will be eligible to advance within the organization, participate in the agency's bonus program and receive reimbursement for legal expenses incurred in conjunction with a Step III Arbitration.

IMPACT OF THE CTR RESOLUTION PROGRAM ON FILING CHARGES WITH GOVERNMENT AGENCIES

Nothing in this Manual is intended to discourage, interfere, or preclude a current or former employee from filing an administrative claim or charge with a government agency. Such agencies include, but are not limited to, the Equal Employment Opportunity Commission (EEOC); the Department of Labor (DOL), the Office of Federal Contract Compliance (OFCCP) and state equivalents.

However, if a current or former employee who has committed to resolving a dispute through the CTR Resolution Program files a claim or charge with any government agency, Connecticut Renaissance may request the agency to defer its processing of the charge until the employee and Connecticut Renaissance have completed the CTR Resolution Process.

SUPPORT PERSON

During Step II or Step II of the CT Resolution Program, an employee may choose to bring an internal "Support Person" who is not a lawyer to meetings for support and counsel to help them better communicate their issues. Use of a Support Person is voluntary. The Support Person can be any Connecticut Renaissance managerial or non-managerial employee not in the employee's chain of command, who wishes to participate in the process. However, the Support Person cannot be anyone who is likely to be a material witness or participant in the proceedings or who is substantially involved in the issues being addressed. Connecticut Renaissance reserves the right to disqualify an individual from being a Support Person if he or she does not meet the above criteria or if the Support Person acts inappropriately during one or more CTR Resolution sessions.

Employees should directly contact a person to determine if he/she wishes to be a Support Person. Once a person has agreed to become a Support Person, Human Resources should be notified prior to any meeting in which the Support Person will attend. Prior to such meeting, Human Resources will provide the designated Support Person with an overview of the CTR Resolution program and instructions on the Support Person's role. Support Persons must agree in writing to keep confidential any non-public information received during the CTR Resolution process.

The Support Person may attend any Step II or Step III CTR Resolution meeting with the employee, but the Support Person is not a participant in the program. The Support Person may not speak on behalf of the employee or act as an advocate during the proceedings. The Support Person may, however, provide input and suggestions to the employee during the proceedings about ways to improve the presentation, issues that need to be addressed, questions that the employee should ask of witnesses, and any other matters that would assist the employee's use of the CTR Resolution process.
Connecticut Renaissance encourages all employees to act as a Support Person if asked, without fear of retaliation. Additionally, the Support Person is legally protected from retaliation for participation in the CTR Resolution process by federal and state laws.

During Step III, either party may be represented by an attorney, instead of utilizing a Support Person.

**COST AND FEES ASSOCIATED WITH STEPS II AND III**

Connecticut Renaissance will continue to pay an active employee’s or approved Support Person’s salary while the employee or Support Person is participating in the CTR Resolution process during business hours. In addition, any reasonable travel expenses incurred by an active employee or approved Support Person during normal business hours while participating in the CTR Resolution process will be reimbursed consistent with Connecticut Renaissance’s policy for reimbursement of travel while conducting Company business. Former employees will not be paid or receive expense reimbursements.

Should the parties use the services of attorneys or other experts during a Step III Arbitration, the employee and Connecticut Renaissance will pay their own attorney’s and expert’s fees and costs. However, if litigation has not been commenced and the employee has signed a CTR Resolution Agreement, Connecticut Renaissance will reimburse the employee 75% (up to a maximum of $1,500) of the employee’s attorney fees incurred during Step III. This benefit shall never exceed $1,500 in a twelve month period for any employee, running from the date the request for arbitration is received by Connecticut Renaissance.

Connecticut Renaissance will pay for the cost of mediation proceedings and the cost of the Mediator. Connecticut Renaissance will also pay for the cost of arbitration proceedings as well as the fee for the Arbitrator.

**COVERED CLAIMS**

While Step I can be used to address any claim the employee has against the Company. Only Covered Claims will be accepted and processed at Steps II and III.

"Covered Claims" are all claims or controversies, past, present or future, whether or not arising out of an employee’s employment (or termination), that Connecticut Renaissance may have against an employee or that an employee may have against Connecticut Renaissance, its officers, directors, employees or agents in their capacity as such, that a local state or federal court would have the authority to decide under municipal, state or federal statute, regulation, or application of common law. Covered Claims do not include the "Excluded Claims" described below.

Covered Claims include, but are not limited to:

1. Claims relating to employee terminations, resignations or layoffs (including constructive discharges);
2. Claims relating to wages, compensation and leaves of absence (including Family Medical Leave of Absence violations or state equivalent);
3. Employment discrimination and harassment claims, including claims based on age, race, sex, religion, national origin, veteran status, sexual orientation, citizenship, handicap/disability, or other categories protected by law;
4. Retaliation claims for protesting discrimination or for legally protected activity, and/or for whistle blowing;
5. Claims of breach of contract or covenant (express or implied) and/or promissory estoppels;
6. Tort claims including intentional torts, negligence, defamation, invasion of privacy, infliction of emotional distress, etc.;
7. Claims of violation of public policy;
8. Claims of breach of the duty of good faith and fair dealing;
9. Claims for benefits (except claims under an employee benefit or pension plans or claims covered by Employee Retirement Income Security Act);
10. Claims of violation of the Fair Labor Standards Act or state equivalent; or,
11. Claims of violation of the CTR Resolution Agreement.

The following "Excluded Claims" will not be processed at Steps II and III of the ADR process:

1. Claims that do not allege violation of legally protected or enforceable rights in the jurisdiction in question;
2. Claims for benefits under a company benefit plan covered by the Employment Retirement Income Security Act of 1974 (ERISA), or any other claims covered by ERISA;
3. Claims for workers' compensation (other than for wrongful discharge), violations of specific, safety requirements, or unemployment compensation benefits;
4. Claims for temporary restraining orders or preliminary injunctions ("temporary equitable relief") in cases in which such temporary equitable relief would be otherwise authorized by law;
5. Claims involving patents, trademarks, or intellectual property;
6. Claims under the National Labor Relations Act, and,
7. Claims against individual managers, officers, executives that do not involve conduct within the course and scope of their employment.

EXHAUSTION OF RESOLUTION LEVELS

To resolve a dispute each party must exhaust, unless impossible, each step before proceeding to the next step. However for Covered Claims, if the employee and Connecticut Renaissance mutually agree, they may skip Step II (Mediation) and proceed directly to a Step III Arbitration.
STATUTES OF LIMITATIONS

A statute of limitations is the time period within which a person must file a claim in court. The length of the applicable statute of limitations is determined by the specific claim. Different statutes of limitations apply to different claims. Courts do not have authority to decide claims or grant relief with respect to claims filed after the expiration of applicable statutes of limitations. Each party shall be solely responsible for determining the statutes of limitations applicable to their Covered Claims, and adhering to any such applicable limitations.

A party must file a written demand for mediation or arbitration to Human Resources using the designated form, or equivalent, no later than the expiration of the statute of limitations that the law prescribes for the claim(s). Otherwise, the claim(s) shall be void and deemed waived.

Failure to reject a Covered Claim submitted to Steps I, II or III after the expiration of the applicable statutes of limitations shall not be considered a waiver of a party's right to assert as a defense at a later time the untimeliness of a Covered Claim.

CONSOLIDATION OF ADDITIONAL COVERED CLAIMS BY THE SAME PARTY AT STEPS II AND III

Each party is solely responsible for including in the request forms for Steps II and III all Covered Claims, which arise from the same set of facts. Consequently, if a party wants to raise or raises in any manner at any time during the CTR Resolution process, new Covered Claims or new facts which give rise to new Covered Claims, the aggrieved party must exhaust each resolution Step to resolve such new Covered claims, unless the employee and Connecticut Renaissance mutually agree to consolidate the additional claims.

The addition of a new Covered Claim does not alter the requirement that a request for arbitration must be submitted within the applicable statute of limitations for such Covered Claim.

RETAIATION IS PROHIBITED

Connecticut Renaissance employees are prohibited from retaliating against anyone who submits a concern/claim to or otherwise participates in the CTR Resolution Process.

EFFECT OF COURT DECISION -- SEVERABILITY

If any provision of the CTR Resolution Program Manual is determined by a court to be invalid or unenforceable, the validity, legality, and enforceability of the remaining provisions will not be affected by the determination, and each provision of the CTR Resolution Program Manual will be valid, legal and enforceable to the fullest extent permitted by law.
PROCEDURE AND RESPONSIBILITY

A. Step I - Open Door

The employee should continue to submit concerns/claims to his/her immediate manager at any time. Upon receipt of the employee's concern/claim, the manager should take appropriate steps to resolve the concern/claim. If an employee does not reach satisfactory resolution of the concern/claim he/she may raise the concern/claim to another manager in his/her chain of command.

1. There are no time limits for an employee's submission of concerns/claims at Step I.

2. The manager should schedule a meeting with the employee as soon as possible after receiving the concern/claim. Of course, some employee concerns/claims require a more immediate response. An employee may not bring a Support Person or an attorney to attend a meeting during Step I.

3. Neither the employee nor the manager may make or use any electronic, audio or video recording device at the Step I meeting. However, both the employee and the manager may take handwritten notes during this meeting.

B. Step II - Mediation

1. Mediation involves an attempt by the parties to resolve their dispute with the aid of an independent Mediator. The Mediator's role is impartial and advisory. The Mediator may offer suggestions, but resolution of the dispute rests with the parties themselves. Mediation proceedings are confidential and private.

   The Mediator may meet with the parties jointly or separately in order to facilitate a resolution. While there is some variation depending on the nature of the dispute, most mediation begins with a joint meeting of both parties and the Mediator. The Mediator normally gives each party an opportunity to explain the dispute, including the reasons that support each party's position. The joint session may be followed by private confidential meetings between the Mediator and each party.

   The Mediator may or may not suggest ways of resolving the dispute after listening to both sides, but he/she may not impose a resolution on the parties. The Mediator may also end the mediation whenever, in his/her judgment, further efforts at mediation would not contribute to a resolution of the dispute.

2. Either party shall use the form in Attachment A to submit his/her Covered Claims for external mediation. In the request the party should identify all Covered Claims that arise out of the same facts and to include all facts that support the party's claims. In addition, the party should include the dates of each alleged incident, the names of individuals who have knowledge about each alleged incident and the nature of their involvement.

   Within five (5) business days of the receiving the party's request for mediation, the Company shall either reject the claim as not being a Covered Claim eligible for Step II, or inform the parties that the claim is Covered Claim and Connecticut Renaissance will proceed with mediation.

3. Human Resources shall contact the Judicial Arbitration and Mediation Services (JAMS) or the American Arbitration Association (the party who initiated the claim will choose the sponsoring organization) and request a list of potential Mediators. The list will be made available for both parties to review. A Mediator will be selected from the list provided pursuant to the rules and procedures of the sponsoring agency.

4. The parties will agree on a date and time for the mediation, which will be held at a mutually selected location in or near the city in which the employee is or was last employed by Connecticut Renaissance.
5. At least four (4) business days prior to the scheduled mediation, each party shall provide the Mediator with a confidential brief written summary of the dispute setting forth the party's position concerning all claims. The summaries will be exchanged only if the parties agree to such.

6. The employee may be assisted or represented by a Support Person. The mediation shall be a private meeting of the parties and the Mediator. Without the written agreement of both parties, no one may attend the mediation except the Mediator, the employee, his/her Support Person, if desired, and management personnel.

7. Neither the employee, Connecticut Renaissance, nor anyone else may make a formal record or transcript, or use any electronic, audio, or video recording device at the mediation. However, both parties may take handwritten notes during the mediation; although such notes must be destroyed after the conclusion of the mediation.

8. The Mediator shall not divulge to anyone outside the mediation any information disclosed by the parties in the course of the mediation. The Mediator shall not be compelled to divulge such records or to testify in regard to the mediation in any other proceeding or judicial forum. The parties shall maintain the confidentiality of the mediation. On or before the date of the mediation, the Mediator, the parties and any other person attending the mediation shall sign a Mediation Confidentiality Agreement.

9. Either the parties or the Mediator may end the mediation at any point.

10. If the parties reach an agreement to resolve the Covered Claims before the termination of the mediation, they will enter into a signed agreement and release of all claims.
C. Step III - Arbitration

1. Arbitration is a dispute resolution process in which the parties present their respective positions to an impartial third-party Arbitrator who makes a final and binding decision regarding the claims. Arbitration is different from mediation in that the Arbitrator decides the claims, and renders a final and binding resolution.

2. The employee shall use the form in Attachment A to submit his/her Covered Claims to Human Resources. The employee or Connecticut Renaissance should include all Covered Claims that arise out of the same facts and to include all facts that support the employee's Covered Claims. In addition, the employee or Connecticut Renaissance should include the dates of each alleged incident, the names of individuals who have knowledge about each alleged incident, and the names, addresses and telephone numbers of all parties to dispute.

3. The employee may be assisted or represented by either a Support Person or an attorney.

4. The employee and Company will select an Arbitrator pursuant to the rules and procedures of the sponsoring organization, either AAA or JAMS. The party who initiated the claim will choose the sponsoring organization.

5. Except as provided herein, the Federal Arbitration Act shall govern the interpretation, enforcement and all arbitration proceedings. To the extent that the Federal Arbitration Act is inapplicable, or held not to require arbitration of a particular claim or claims, state law pertaining to agreements to arbitrate shall apply. The arbitration shall be conducted in accordance with the sponsoring organization's then current employment arbitration rules/procedures, with the following exceptions. The Arbitrator shall apply the substantive law (and the law of remedies, if applicable) of the state in which the claim arose, or federal law, or both as applicable to the claims asserted. The Arbitrator is without jurisdiction to apply any different substantive law or law of remedies. The Arbitrator shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, and enforceability of formation of the CTR Resolution Agreement, including but not limited to any claim that all or any part of the CTR Resolution Agreement is void or voidable. The arbitration shall be final and binding upon the parties. The Arbitrator shall have jurisdiction to hear and rule on pre-hearing disputes and is authorized to hold pre-hearing conferences by phone or in person, as the Arbitrator deems advisable. The Arbitrator shall have the authority to entertain a motion to dismiss and/or a motion for summary judgment by any party and shall apply the standards governing such motions under the Federal Rules of Civil Procedure.

6. Either party, upon request at the close of hearing, shall be given leave to file a post-hearing brief. The time for filing such a brief shall be set by the Arbitrator.

7. Either party, at its expense, may arrange for and pay the cost of a court reporter to provide a stenographic record or video record of the proceedings.

8. Each party shall have the right to take the deposition of no more than two individuals and any expert witnesses designated by another party. Each party also shall have the right to make requests for production of documents to any party and to subpoena documents from third parties. Requests for additional discovery may be made to the Arbitrator, who will make the determination whether to grant additional discovery, taking into account the parties' mutual desire to have a fast, cost-effective dispute resolution mechanism.

9. At least 30 days before the scheduled arbitration, the parties must exchange lists of witnesses, including any experts, and copies of all exhibits intended to be used at the arbitration.

10. Each party shall have the right to subpoena witnesses and documents for the arbitration as well as documentation relevant to the case from third parties.

11. If any party refuses or neglects to appear for, or participate in the arbitration hearing, the Arbitrator shall have the authority to decide the dispute based upon whatever evidence is presented.
12. The Arbitrator shall render an award and written opinion no later than thirty (30) days from the date the arbitration hearing concludes or the post hearing briefs (if requested) are received, whichever is later. The written opinion shall include the factual and legal basis for the award.

13. Either party may bring an action in any court of competent jurisdiction to compel arbitration under the CTR Resolution Agreement and to enforce an arbitration award.

14. Connecticut Renaissance will be responsible for paying any filing fee and the fees and costs of the Arbitrator. Subject to the provisions of this Manual, the parties shall each pay their own experts' and/or attorney's fee, the costs to produce their respective expert witnesses and the cost of any third party subpoenas.
Attachment A

CTR Resolution - Request For Mediation or Arbitration

Please review the CTR Resolution Program Manual before completing this form.
Submit the completed form to Human Resources by fax or by mail.

I am requesting MEDIATION or ARBITRATION (circle one)

Name: ________________________________ Date: ________________________________
Job Title: ________________________________ Department: ________________________________
Immediate Supervisor: ________________________________

Name of Support Person (If Any): ________________________________
Job Title: ________________________________ Department: ________________________________

Step III Arbitration Only:
Name of Attorney (If Any): ________________________________
Do you wish to receive assistance with legal fees (75% up to a maximum of $1,500)? ________________
Have you executed a CTR Resolution Agreement? ________________________________

Have earlier Steps of the CTR Resolution Program been exhausted?
Yes or No (circle one) If yes, when?

__________________________________________________________
__________________________________________________________
__________________________________________________________
Covered Claims To Be Submitted To Mediation/Arbitration (Please include all claims, the facts upon which such claims are based, including relevant dates, and the name of any witnesses or others with knowledge of the underlying issues) Please submit attachments if additional space is necessary.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Remedy Sought:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Employee's Signature: __________________________________________

Received by Human Resources:

Signature: __________________________________________

Date: __________________________________________
Attachment B

CTR RESOLUTION AGREEMENT
(Including agreement to Mutual Binding Arbitration)

You recognize that differences may arise between Connecticut Renaissance, Inc. ("Renaissance" or "the Company") and You during or following your employment, and that those differences may or may not be related to your employment. You understand and agree that by entering into this CTR Resolution Agreement ("Agreement"), You agree to participate in Renaissance's CTR Resolution Program, a three-step alternate dispute resolution process, to resolve disputes that may arise between You and Renaissance. You further recognize and agree that the final step of the CTR Resolution process will be final and binding arbitration.

Consideration: The promises by You and the Company to submit differences to the CTR Resolution Program, including arbitration, rather than litigate them before courts or other bodies, provide consideration for each other. Consideration received by You includes the offer of employment and/or eligibility for advancement within the organization, salary increases, participation in the agency's bonus program and the partial reimbursement of legal expenses incurred in conjunction with a Step III Arbitration.

CTR Resolution Program: The CTR Resolution Program is a three-step alternative dispute resolution process. Details of the CTR Resolution Program are set forth in the CTR Resolution Program Manual, which is available to You prior to executing this Agreement, or through the Company's Human Resources staff. By signing this Agreement You are specifically acknowledging that You have had an opportunity to review the CTR Resolution Program Manual and agree to abide by its terms.

Claims Covered by the Agreement: The Company and You mutually consent to resolve through the CTR Resolution Program including final and binding arbitration all claims or controversies ("claims"), past, present or future, whether or not arising out of your employment (or its termination), that the Company may have against You or that You may have against any of the following (1) the Company, (2) its officers, directors, employees or agents in their capacity as such, (3) the Company's subsidiary and affiliated entities, and/or (4) all successors and assigns of any of them.

The only claims that are arbitrable are those that, in the absence of this Agreement, would have been able to be heard in court under applicable state or federal law. The claims covered by this Agreement include, but are not limited to: claims related to termination, resignations, layoffs, claims of constructive discharge, claims for wages (including Fair Labor Standards Act and state equivalent claims) or other compensation due; claims relating to leaves of absence, (including Family Medical Leave Act or state equivalent claims), claims for breach of any contract or covenant (express or implied); tort claims; claims for discrimination (including, but not limited to, race, sex, sexual orientation, religion, national origin, age, marital status, physical or mental disability or handicap, or medical condition); claims of violation of public policy or retaliation, claims related to this Agreement, claims for benefits (except claims under an employee benefit or pension plans or claims covered by Employee Retirement Income Security Act) and claims for violation of any federal, state, or other governmental law, statute, regulation, or ordinance, except claims excluded in the section of this Agreement entitled "Claims Not Covered By The Agreement."

Except as otherwise provided in this Agreement, both You and the Company agree that neither shall initiate nor prosecute any lawsuit, in any way related to any claim covered by this. However, nothing contained herein shall preclude You or the Company from filing an administrative claim or charge with a government agency, including, but not limited to the Equal Employment Opportunity Commission or any state equivalent.

Claims Not Covered by the Agreement: Claims for workers’ compensation or unemployment compensation benefits, claims for benefits under a company benefit plan covered by ERISA or any other claims covered by ERISA, claims involving patents, trademarks, or intellectual property, and claims under the National Labor Relations Act are not covered by this Agreement.

Also not covered are claims by You or the Company for temporary restraining orders or preliminary injunctions ("temporary equitable relief") in cases in which such temporary equitable relief would be otherwise authorized by law. Such resort to temporary equitable relief shall be pending arbitration only, and in such cases the merits of the
action will be tried in front of, and will be decided by, the Arbitrator, who will have the same ability to order legal or equitable remedies as could a court of general jurisdiction.

Time Limits for Commencing Arbitration: The Company and You agree that either party must file a written demand for mediation or arbitration to Human Resources using the designated form, or equivalent, no later than the expiration of the statute of limitations (deadline for filing) that applicable law prescribes for the claim. Otherwise, the claim shall be void and deemed waived.

Arbitration Procedures: Except as provided in this Agreement, the Federal Arbitration Act, 9 U.S.C. Section 1 et. seq. (FAA) shall govern the interpretation, enforcement and all arbitration proceedings pursuant to this Agreement. To the extent that the FAA is inapplicable, or held not to require arbitration of a particular claim or claims, state law pertaining to agreements to arbitrate shall apply.

The arbitration will be held before a sponsoring organization, either the American Arbitration Association ("AAA") or Judicial Arbitration & Mediation Services ("JAMS"), with the designation of the organization to be made by the party who initiated the claim. Except as provided in this Agreement, the arbitration shall be in accordance with the sponsoring organization's then-current employment arbitration rules/procedures. The Arbitrator shall be either a retired judge, or an attorney who is experienced in employment law and licensed to practice law in Connecticut. The arbitration shall take place in or near the city in which You are or were was last employed by the Company. The Arbitrator shall be selected pursuant to the sponsoring organization's rules and procedures.

Governing Law: The Arbitrator shall apply the substantive law (and the law of remedies, if applicable) of the state of Connecticut, or federal law, or both, as applicable to the claim(s) asserted. The Arbitrator is without jurisdiction to apply any different substantive law or law of remedies. The Arbitrator shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability or formation of this Agreement, including but not limited to any claim that all or any part of this Agreement is void or voidable. The arbitration shall be final and binding upon the parties, except as provided in this Agreement.

The Arbitrator shall have jurisdiction to hear and rule on pre-hearing disputes and is authorized to hold prehearing conferences by telephone or in person, as the Arbitrator deems advisable. The Arbitrator shall have the authority to entertain a motion to dismiss and/or a motion for summary judgment by any party and shall apply the standards governing such motions under the Federal Rules of Civil Procedure.

Arbitration Process: Any party may be represented by an attorney during arbitration. Either party, at its expense, may arrange for and pay the cost of a court reporter to provide a stenographic record of proceedings. Should any party refuse or neglect to appear for, or participate in, the arbitration hearing, the Arbitrator shall have the authority to decide the dispute based upon whatever evidence is presented. Either party, upon request at the close of hearing, shall be given leave to file a post-hearing brief. The time for filing such a brief shall be set by the Arbitrator. The Arbitrator shall render an award and written opinion no later than thirty (30) days from the date the arbitration hearing concludes or the post-hearing briefs (if requested) are received, whichever is later. The opinion shall include the factual and legal basis for the award.

Discovery at Arbitration: Each party shall have the right to take the deposition of no more than two (2) individuals and any expert witness designated by another party. Each party also shall have the right to make requests for production of documents to any party and to subpoena documents from third parties. Requests for additional discovery may be made to the Arbitrator. The Arbitrator shall grant an order for such requested additional discovery that the Arbitrator finds the party requires to adequately arbitrate a claim, taking into account the parties' mutual desire to have a fast, cost-effective dispute resolution mechanism.

Designation of Witnesses at Arbitration: At least thirty (30) days before the arbitration, the parties must exchange lists of witnesses, including any experts, and provide copies of all exhibits intended to be used at the arbitration.

Subpoenas for Arbitration: Each party shall have the right to subpoena witnesses and documents for the arbitration as well as documents relevant to the case from third parties.
Arbitration Fees and Costs: The Company will be responsible for paying any filing fee and the fees and costs of the Arbitrator. Each party shall pay for its own costs and attorneys' fees, if any. However, the Company will reimburse You up to 75% of your attorneys' fees, up to a maximum of $1,500.00, pursuant to the terms set forth in the CTR Resolution Program Manual. If any party prevails on a statutory claim that affords the prevailing party attorneys' fees and costs, or if there is a written agreement providing for attorneys' fees and/or costs, the Arbitrator may award reasonable attorneys' fees and/or costs to the prevailing party, applying the same standards a court would apply under the law applicable to the claim(s).

Judicial Review: Either party may bring an action in any court of competent jurisdiction to compel arbitration under this Agreement and to enforce an arbitration award.

Miscellaneous Provisions: This Agreement to resolve all disputes through the CTR Resolution process, including arbitration, if necessary shall survive the termination of your employment and the expiration of any benefit plan. It can be revoked or modified only by a writing signed by both the Company's Chief Executive Officer and You, which specifically states intent to revoke or modify this Agreement. This is the complete agreement of the parties on the subject of arbitration of disputes. This Agreement supersedes any prior or contemporaneous oral or written understandings on the subject. No party is relying on any representations, oral or written, on the subject of the effect, enforceability or meaning of this Agreement, except as specifically set forth in this Agreement. If any provision of this Agreement is adjudged to be void or otherwise unenforceable, in whole or in part, such adjudication shall not affect the validity of the remainder of the Agreement. All other provisions shall remain in full force and effect.

Not an Employment Agreement: This Agreement is not, and shall not be construed to create any contract of employment, express or implied. Nor does this Agreement in any way alter the "at-will" status of your employment.

Voluntary Agreement: I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS AGREEMENT, THAT I UNDERSTAND ITS TERMS, THAT ALL UNDERSTANDINGS AND AGREEMENTS BETWEEN THE COMPANY AND ME RELATING TO THE SUBJECTS COVERED IN THE AGREEMENT ARE CONTAINED IN IT, AND THAT I HAVE ENTERED INTO THE AGREEMENT VOLUNTARILY AND NOT IN RELIANCE ON ANY PROMISES OR REPRESENTATIONS BY THE COMPANY OTHER THAN THOSE CONTAINED IN THIS AGREEMENT ITSELF. I UNDERSTAND THAT BY SIGNING THIS AGREEMENT I AM GIVING UP MY RIGHT TO A JURY TRIAL.

Employee initials:
I FURTHER ACKNOWLEDGE THAT I HAVE BEEN GIVEN THE OPPORTUNITY TO DISCUSS THIS AGREEMENT WITH MY PRIVATE LEGAL COUNSEL AND HAVE AVAILED MYSELF OF THAT OPPORTUNITY TO THE EXTENT I WISH TO DO SO.

Employee:

Signature of Employee

Print Name of Employee

Date

Connecticut Renaissance, Inc.:

Signature of Authorized Company Representative

Title of Representative

Date
CONNECTICUT RENAISSANCE

CTR RESOLUTION PROGRAM SUMMARY

About this Document

While every effort has been made to ensure the integrity of the information presented within this document, CTR Resolution is governed by an official CTR Resolution Program Manual, which is available from Human Resources or on the intranet. The provisions of the CTR Resolution Program Manual govern, and no statement contained herein or statements made by an employee, manager, executive or officer concerning CTR Resolution should be relied on to override, reverse, amend or modify any provision of the CTR Resolution Program Manual. Nothing contained herein changes the employment-at-will relationship between Connecticut Renaissance and its employees. Any questions about this document or the CTR Resolution Program should be directed to Human Resources.
CTR Resolution: An Overview

At Connecticut Renaissance, we recognize our employees as one of our greatest assets. They drive productivity, client relationships and ultimately success. So when a conflict arises that can impede employee relations, productivity, morale and more, Connecticut Renaissance believes it must take swift, thorough and fair action to bring about resolution and restore a positive, productive work environment. How? One of the most important ways is with CTR Resolution, Connecticut Renaissance’s alternative dispute resolution (ADR) program.

CTR Resolution gives all employees - managers and non-managers - a standard, yet flexible procedure to follow to obtain resolution to conflicts in a simple, fair and timely manner. Ideally, the conflict will be resolved using internal resources, but the program also accounts for the need to obtain the assistance of external dispute resolution experts. This is accomplished through a three-step process: (1) Open Door; (2) Mediation; and (3) Binding Arbitration.

Benefits of CTR Resolution

When work related problems and conflicts go unresolved, they are distracting and adversely impact teamwork, productivity and all relationships involved. CTR Resolution provides an improved process and flexible options for airing and resolving most kinds of workplace conflict, from minor, everyday misunderstandings to violations of legally protected rights. Such a program offers many advantages. It allows the employee and Connecticut Renaissance to resolve differences, in ways that are:

- Simple - resolving problems at the lowest possible level of involvement,
- Swift - taking days, weeks or months, instead of years;
- Private - respecting your privacy and the privacy of others;
- Inexpensive - avoiding or minimizing large attorney's fees or legal expenses associated with litigation;
- Constructive - protecting careers, relationships and reputations;
- Realistic - recognizing that different people and different problems require different solutions; and
- Equitable - providing many options for resolving problems objectively, using independent neutral third parties and a trained Arbitrator - if one is needed

Questions?
Detailed information about CTR Resolution is contained in the pages that follow. For more information, refer to the CTR Resolution Program Manual on the intranet or call Human Resources.
The CTR Resolution Three Step Process

- **Step I - The Open Door Step** is consistent with Connecticut Renaissance’s existing dispute resolution process, and involves an employee raising an issue to his/her immediate supervisor/manager. If the conflict is not resolved at this level, it should be raised to the next level of management. This is the step Connecticut Renaissance encourages employees to use most often, because it’s fast and close to the problem. By first addressing the issue with a manager, it provides immediate access to the chain of command - beginning with the employee's supervisor and going up through the organization.

- **Step II - The Mediation Step** gives an employee the opportunity to resolve a covered claim through a formal mediation process with assistance from an external Mediator. The Mediator makes suggestions for resolution, but doesn't decide how to resolve the dispute ... that's up to the employee and Connecticut Renaissance.

- **Step III - The Arbitration Step** involves the employee and Connecticut Renaissance presenting their sides of a dispute to a neutral third party, an Arbitrator, for a final and binding decision. The Arbitrator can award any remedy available in a court of law. Connecticut Renaissance uses the same external organizations to provide mediation and arbitration services and personnel. However, it's important to note that very few cases require arbitration for resolution.

Conflicts are typically resolved by utilizing the Steps sequentially, but in some situations Steps may be accessed out of order.

**Who Is Eligible?**

The CTR Resolution Program will be used to handle all eligible disputes/claims involving any current or former Connecticut Renaissance employee effective January 1, 2005.

As a condition of employment, anyone who accepts employment with Connecticut Renaissance on or after January 1, 2005 must sign a CTR Resolution Agreement, which states that the employee and Connecticut Renaissance will use CTR Resolution, rather than the court system, to address conflicts. If an employee who has signed a CTR Resolution Agreement files a lawsuit against Connecticut Renaissance or one of its executives, managers or employees, Connecticut Renaissance will ask the court to dismiss the lawsuit and refer it to CTR Resolution. The CTR Resolution process applies to any covered dispute, between the employee and Connecticut Renaissance regardless of when it arises, including disputes that arise after an employee leaves Connecticut Renaissance.

Employees hired prior to January 1, 2005 will be encouraged to sign a CTR Resolution Agreement. After January 1, 2005 only employees who have signed a CTR Resolution Agreement will be eligible to advance within the organization, receive salary increases, participate in the agency’s bonus program and receive reimbursement for legal expenses incurred in conjunction with a Step III Arbitration.

**Costs and Fees**

If a current or former employee is participating in the CTR Resolution process Connecticut Renaissance will:

- **Continue to pay the current active employee's salary** Reimburse current active employees for any travel expenses incurred, consistent with Connecticut Renaissance’s travel expense guidelines
- **Reimburse 75% (up to a maximum of $1,500)** of attorney fees associated with arbitration, as long as no litigation has commenced and the employee has signed a CTR Resolution Agreement
- **Pay 100% of the cost of mediation proceedings**, as well as the fee for a Mediator
- **Pay 100% of the cost of arbitration proceedings**, as well as the fee for an Arbitrator
- **Pay for the cost of the company's expert witness and/or attorney fees**
What Can Be Referred to CTR Resolution?

Any type of claim a current or former employee has against Connecticut Renaissance can be referred to his/her manager and will be addressed through Step I of the CTR Resolution process. Only Covered Claims, as defined below, however, are eligible to be addressed through Steps II and III of CTR Resolution.

The claims which can be referred to the CTR Resolution process, however, should be distinguished from disagreements with, or questions about, Company business decisions, policies, or policy changes. These disagreements or questions will continue to be addressed, when possible, by the Company and management, and should not be referred to CTR Resolution.

What Are Covered Claims?

Only Covered Claims will be addressed through Steps II and III of the CTR Resolution process. Covered Claims are claims (past, present or future) an employee may have against Connecticut Renaissance, its officers, directors, employees or agents in their capacity as such, or vice-versa, that a local, state or federal court would have the authority to decide under applicable law. Covered Claims include, but are not limited to:

1. Claims relating to employee terminations, resignations or layoffs (including constructive discharges);
2. Claims relating to wages, compensation and leaves of absence (including Family Medical Leave Act violations or state equivalents);
3. Employment discrimination and harassment claims, including claims based on age, race, sex, religion, national origin, veteran status, sexual orientation, citizenship, handicap/disability, or other categories protected by law;
4. Retaliation claims for protesting discrimination or for legally protected activity, and/or for whistle blowing;
5. Claims of breach of contract or covenant (express or implied) and/or promissory estoppels;
6. Tort claims including intentional torts, negligence, defamation, invasion of privacy, infliction of emotional distress, etc.;
7. Claims of violation of public policy;
8. Claims of breach of the duty of good faith and fair dealing;
9. Claims for benefits (except claims under an employee benefit or pension plans or claims covered by Employee Retirement Income Security Act);
10. Claims of violation of the Fair Labor Standards Act and state equivalents, and,
11. Claims of violation of the CTR Resolution Agreement.

What Is Not Covered?

The following claims are excluded from Steps II and III of the CTR Resolution process:

1. Claims which do not allege legally protected or enforceable rights in the jurisdiction in question;
2. Claims for benefits under a Company benefit plan covered by the Employment Retirement Income Security Act of 1974 (ERISA), or any other claims covered by ERISA;

3. Claims for workers' compensation (other than for wrongful discharge), violations of specific safety requirements, or unemployment compensation benefits;

4. Claims for temporary restraining orders or preliminary injunctions ("temporary equitable relief") in cases in which such temporary equitable relief would be otherwise authorized by law;

5. Claims involving patents, trademarks, or intellectual property;

6. Claims under the National Labor Relations Act, and,

7. Claims against individual managers that do not involve conduct within the course and scope of the manager's employment.

Support Person

During Step II or Step III, an employee may choose to bring an independent Support Person who is not a lawyer to meetings for support and counsel. The independent Support Person may be a manager not in the chain of command or another employee who is not a witness to, or otherwise involved in, the issues the employee is raising. Employees may choose to utilize the services of an attorney during Step III, instead of an independent Support Person.

The Role of Support Person Is To:
- Help ensure the employee fully understands the CTR Resolution process
- Assist those employees in thinking through the issue
- Help keep the employee focused
- Provide support
- Listen

The Role of Support Person Is Not To:
- Speak on behalf of, or "represent", the employee
- Facilitate the discussion
- Act as a witness to the underlying dispute
- Act as an advocate
- Document or otherwise record the process
A Detailed Look at CTR Resolution: How the Program Works

Step I: Open Door

Conflicts usually begin when people stop talking to each other. To avoid this and all of the other negative repercussions that stem from conflicts in the workplace, Connecticut Renaissance has an open door policy. That means all employees can and should raise issues or concerns to their immediate manager or the next person in the chain of command. Most disputes are resolved during the Open Door step because it’s easy, promotes faster resolution than most formal options and reduces the risk of damaged relationships.

What Is It?

The Open Door Step guarantees that all doors are open to Connecticut Renaissance employees. It is a voluntary process that allows an employee to talk to his/her management team without fear of retaliation. Although all employees and their immediate managers are encouraged to solve problems at the local level, an employee may raise issues or concerns as far up the chain of command as needed.

How It Works

An employee raises an issue, conflict or dispute to his/her manager. In turn, the manager should meet with the employee to discuss the issue as soon as possible. Of course, if the manager feels that the issue is serious enough, an immediate meeting may be required. Together the employee and the manager work towards a resolution of the conflict or dispute.

<table>
<thead>
<tr>
<th>Step I – Open Door : Roles &amp; Responsibilities</th>
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</thead>
<tbody>
<tr>
<td><strong>Employee</strong></td>
<td><strong>Manager</strong></td>
</tr>
<tr>
<td>Initiates discussion with manager about the dispute, conflict or issue.</td>
<td>Listens, discusses the issue and tries to reach an amicable resolution.</td>
</tr>
<tr>
<td>Explains his/her perspective and works with manager to find an acceptable resolution.</td>
<td>The manager is accountable for trying to resolve the conflict at this level</td>
</tr>
</tbody>
</table>

What if an employee’s issue or concern is with his/her immediate manager or someone else involved in the Open Door step? All employees have options. They should go to their:

- **Immediate manager** whenever possible. Because this person is close to the situation, he or she may already be aware of the problem, or may be in a position to offer a new perspective or some new facts that may be helpful.

- **Next manager in the chain of command** If the employee’s manager is part of the problem or isn't able to resolve the issue the employee may take his/her issues to the next higher level of supervision, or any level of supervision as needed to solve the issue

Advantages of Using the Open Door Step
• It is in keeping with Connecticut Renaissance's core philosophies.
• Management is committed to it and expected to honor it.
• It makes early on-site problem solving more likely.
• It helps employees and managers help themselves.
• It encourages employees to give feedback to management.
• Employees and managers get their questions answered, learn their options and have support through CTR Resolution.
Step II: Mediation

If a dispute involves Covered Claims, and could not be resolved at Step I, a Mediation process may be necessary to bring about resolution. While mediation is typically used far less frequently than Step I, it is highly successful. Research shows that over 90% of the cases that go to some form of mediation are resolved.

What Is It?

For many people, just presenting their case to people who aren’t involved in the problem is all that’s needed to break a stalemate. Mediation is often the most straightforward and effective formal method of examining and resolving disputes. It’s a meeting at which a neutral third party, called a Mediator, helps the employee and Connecticut Renaissance come to a resolution of their own, based on the needs and interests of all concerned. Mediation helps primarily by opening up communication and by coming up with options. In mediation, there is no resolution unless all of the parties agree upon a solution. Mediators will be provided through the Judicial Arbitration and Mediation Services (JAMS) or the American Arbitration Association (AAA).

How It Works

To request mediation, an employee must submit a written request to have the dispute mediated to Human Resources. Following the receipt of a written request for mediation, Human Resources will notify the manager involved and meet with the employee and the manager. A Mediator will be selected from the lists provided pursuant to the rules and procedures of the sponsoring organization. Then a mediation date at a convenient location is arranged. Prior to the meeting, relevant information will be exchanged, under the supervision of the Mediator.

At the meeting, the employee and the Company representative will meet with the Mediator, who will listen to both parties and help the employee and Company representative work out a mutually satisfactory solution to their differences. At his/her discretion, the Mediator may meet separately and confidentially with the employee and/or the Company representative to develop a better understanding of the problem and help to resolve it.

The Mediator can make suggestions, but the involved parties are responsible for actually resolving the dispute. In some cases, however, both parties may agree to bypass this step and move directly to the Arbitration Step for a final and binding decision.
### Step II - Mediation: Roles & Responsibilities

<table>
<thead>
<tr>
<th>Employee</th>
<th>Management</th>
<th>Human Resources</th>
<th>Mediator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submits written request for a formal mediation to help resolve the dispute.</td>
<td>Reviews list of possible Mediators and selects one, along with the employee</td>
<td>Assists the employee and management to set up the mediation and select the Mediator, and facilitates the meetings among the Mediator, the employee and management.</td>
<td>Listens to both parties and attempts to assist them in identifying a mutually acceptable solution to the dispute.</td>
</tr>
<tr>
<td>Reviews list of possible Mediators and selects one, along with the company representative</td>
<td>Explains the company's perspective of the dispute.</td>
<td></td>
<td>Does not make any formal findings or recommendations on the merits of the dispute itself.</td>
</tr>
<tr>
<td>Explains his or her perspective of the dispute with the assistance of a Support Person if desired.</td>
<td>Responds to the questions and suggestions provided by the Mediator</td>
<td></td>
<td>Offers suggestions for possible solutions to the parties.</td>
</tr>
<tr>
<td>Responds to the questions and suggestions provided by the Mediator</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### Advantages of Mediation

Because mediation has proven highly successful in the majority of cases, it's generally the “formal” resolution process of choice. It offers the following advantages:

- Provides employees and managers the opportunity to share their views.
- Helps people work things out. Lets employees and managers hear a third-party perspective.
- Helps separate emotions from facts.
- Promotes discussion of creative solutions.
- Offers an opportunity for win-win solutions - a solution that is good for both the employee and the Company.
Advantages of Arbitration

- Quick Resolution - Much faster than litigation.
- Independent Third Party - Both parties benefit from the objectivity and experience of external, neutral Arbitrators, many of whom are retired judges and/or lawyers.
- Restore What Has Been Lost - Under the terms of the CTR Resolution Program, an Arbitrator can award anything that might be sought through a court of law.
- Less Expensive - Because arbitration is usually much faster than litigation and more flexible, the costs associated with it for both the employee and the Company are reduced.
- Preserve Work Relationships - A quick and impartial resolution through arbitration, rather than years of costly, frustrating court battles, may make it easier for the employee to focus on work.
Step III: Arbitration

If the dispute involves a Covered Claim - such as age, race or sex discrimination, or sexual harassment - and has not been resolved in Steps I or II, an employee or Connecticut Renaissance may request binding arbitration.

What is it?

Arbitration is a process in which a dispute is presented to a neutral third party, the Arbitrator, for a final and binding decision. The Arbitrator makes this decision after both sides present their evidence and arguments at the arbitration hearing. There is no jury. Any award or remedy available through a court of law might be ordered. The neutral party runs the proceedings, which are held privately. Though arbitration is less formal than a court trial, it is an orderly proceeding, governed by rules of procedure and legal standards of conduct. Arbitrators will be provided through the Judicial Arbitration and Mediation Services (JAMS) or American Arbitration Association (AAA).

How it Works

An employee and Connecticut Renaissance may agree to move directly to the Arbitration Step from Step I, as long as the dispute involves a legally Covered Claim. To request arbitration, an employee or Connecticut Renaissance must submit a written request for arbitration to Human Resources using the designated form, or equivalent, prior to the expiration of the applicable statute(s) of limitation.

The arbitration request will be forwarded to either the AAA or JAMS. Once it has been received, the sponsoring organization will provide notice to both parties and a list of professional Arbitrators will be made available for both parties to review. An Arbitrator will be selected from the list pursuant to the rules and procedures of the sponsoring organization. Then a hearing date at a convenient location is arranged. Prior to the hearing, relevant information will be exchanged, under the supervision of the Arbitrator.

At the hearing, witness testimony is given and documents are exchanged. Based on the evidence presented at the arbitration, the Arbitrator issues a final and binding decision. Copies of this decision are sent to both the employee and Connecticut Renaissance.

Can an Employee Use An Attorney?

Connecticut Renaissance has access to legal advice through outside lawyers. Employees may also consult with a lawyer or any other advisor. If an employee decides to use an attorney during arbitration, as long as no litigation has commenced and a CTR Resolution Agreement has been signed, Connecticut Renaissance will pay 75% of the employee's covered legal fees up to a maximum of $1,500. Check in the CTR Resolution Program Manual for details of this reimbursement program. An employee is not required, however, to hire a lawyer to participate in arbitration.
Glossary of Terms

**Alternative Dispute Resolution (ADR):** A term referring to procedures for resolving disputes by means other than litigation.

**American Arbitration Association (AAA):** A non-profit national organization that offers a wide range of dispute resolution services to private individuals, businesses, associations and all levels of government. In 2001 it handled approximately 218,000 cases and has access to more than 5,000 neutral experts.

**Arbitration:** A dispute resolution process in which the parties present their respective positions concerning the employee's claim to an impartial third-party Arbitrator who makes a decision regarding the claims. Arbitration is different from mediation in that the Arbitrator decides the merits of the claim, and renders a final binding resolution.

**Arbitration Hearing:** A hearing that resembles a court proceeding. Both have the opportunity (but not required) to be represented by an attorney, to make opening statements, to present testimony, introduce exhibits through witnesses, to cross-examine the other party's witness and to make closing statements.

**Arbitrator:** A neutral third party provided by a mutually agreed upon professional ADR organization to preside over the arbitration. The Arbitrator interprets and applies relevant laws and may grant any monetary remedy or relief that would have been available in a court of law.

**FLSA:** The Fair Labor Standards Act: A federal statute governing hours, wages overtime and working conditions.

**Judicial Arbitration and Mediation Services (JAMS):** A non-profit national organization that offers a wide range of dispute resolution services to private individuals, businesses, associations and all levels of government.

**Mediation:** A problem-solving and dispute resolution process in which the parties discuss the dispute with an impartial third party who assists them in reaching a settlement. Mediation is a process that seeks to find common ground for the voluntary settlement of disputes.

**NLRA:** The National Labor Relations Act: A federal statute designed to encourage collective bargaining to protect the rights of employers, employees and unions.

**Tort:** A wrong or injury that results from a breach of a general legal duty, not as a result of a contract.

**Statute of Limitations:** A time limit determination by law for submitting a claim to a court of law or administrative agency. The statute of limitations varies by the nature of the claim and is determined by the applicable state and/or federal law.
Frequently Asked Questions/Answers

1. **What Is Connecticut Renaissance’s CTR Resolution?**

   CTR Resolution is an alternate dispute resolution program designed to resolve workplace disputes in a simple, fair and timely way. It consists of three steps that are available to all Connecticut Renaissance current and former employees and Connecticut Renaissance.

2. **Can I use CTR Resolution to resolve any problem that happens at work?**

   This process is available for addressing most employment related concerns, questions or issues.

3. **Are there problems that cannot be raised through CTR Resolution?**

   While CTR Resolution is meant to assist employees with almost any work-related concern or problem, there are certain claims that are not covered at Steps II and III.

4. **Who pays for the cost of Connecticut Renaissance's CTR Resolution?**

   If the Step II (Mediation) is used, Connecticut Renaissance will pay for the cost of the mediation proceedings and the Mediator.

   If the Step III (Arbitration) is used and if the employee elects to use an attorney, Connecticut Renaissance will reimburse the employee with 75% of the legal fees up to a maximum of $1,500, as long as no litigation has commenced and the employee has signed a CTR Resolution Agreement. Connecticut Renaissance will pay the fee for the Arbitrator and cost of proceedings for arbitration.

5. **How does the "Open Door" step under CTR Resolution differ from the way things have been done in the past?**

   The highly effective existing Open Door dispute resolution process available through the involvement of management and Human Resources has simply become Step I under the CTR Resolution process. The "Open Door" step is really a reiteration of Connecticut Renaissance's informal dispute resolution mechanism. This approach is usually where the majority of issues are resolved.

6. **If I have my manager to help me resolve issues, why do I need the CTR Resolution process?**

   Most employees will never need to use the CTR Resolution process beyond Step I (if at all) because Managers are usually successful in working with you to resolve your issues in a speedy and mutually acceptable manner. However, there are some instances where, regardless of how diligent managers might try to resolve issues, they are still unable to do so.

7. **What is the difference between Mediation and Arbitration?**

   Mediation utilizes a neutral third party Mediator who helps the parties reach a mutually acceptable solution, but does not make or dictate the final decision. In Arbitration, the Arbitrator, after hearing both sides of the issue, renders a decision that is final and binding on all parties.
8. How do I know the mediation process will be fair?

Mediation is a problem-solving process that will actively involve you as a participant in the solution to the problem. The Mediator facilitates the communication and the problem-solving process, but the solution has to be agreed to by both parties. In addition, you will have the right to participate in the selection of the Mediator.

9. How does Arbitration differ from a court trial?

Many aspects of the two are similar. The main differences are: An Arbitration is less formal, less costly, and less time consuming. The decision of the Arbitrator is final and may not be appealed, except in rare circumstances; an arbitration is held in a private hearing room rather than a public courtroom; instead of a civil court judge or a jury hearing both sides of the case, an expert in employment disputes who has been mutually appointed by both parties hears both sides of the case and reaches a decision. Like a court trial, however, both sides may be represented by attorneys, although not required, they may call witnesses to testify under oath, and they may cross examine those witnesses.

10. Does this mean I can't sue Connecticut Renaissance?

If you have signed a CTR Resolution Agreement and you file a lawsuit, Connecticut Renaissance’s attorneys will go before the judge, and inform the judge of CTR Resolution. They will ask that the case be dismissed and sent back to the Program for resolution.

11. Can an Arbitrator give the same damages that a court judge or jury could?

Yes. Damages that can be awarded in arbitration are exactly the same as those that are available through the court. Likewise, the Arbitrator cannot grant remedies that would not have been available if the dispute had been heard in court.

12. Will I still be able to go to the Equal Employment Opportunity (EEOC) or other Civil Rights agencies after the Program goes into effect?

Yes, CTR Resolution Program applies to relief you may seek personally through the courts for a workplace dispute. You are free to consult the appropriate State Human Rights agency, the EEOC, The National Labor Relations Board or any other Federal or State agency. However, it is the goal of CTR Resolution to resolve employee disputes in a satisfactory manager, eliminating the need for an employee to go anywhere else.

13. Does the program require me to go through each step completely before going to the next?

We believe that most issues are best resolved using the process in the sequence it is designed. However, the employee and Connecticut Renaissance may agree to skip Step II and proceed directly to Step III for Covered Claims.

14. Would I go to CTR Resolution if there were a policy that needs changing?

No. The CTR Resolution process does not address Company policies. It is to provide more options for resolving disputes. All policies, as well as terms and conditions of employment remain the same.

15. What if I am terminated from Connecticut Renaissance, am I still eligible to utilize CTR Resolution Program?

Yes, if you are terminated, many issues involving Connecticut Renaissance arising from your employment or the termination of employment remain subject to Connecticut Renaissance CTR Resolution. Depending on when you contact the Company, all three steps of the program may remain available to you.
16. Who is expected to use CTR Resolution and for what kinds of problems?

Connecticut Renaissance and current/former Connecticut Renaissance employees who are/were covered by the program are eligible to use the CTR Resolution process. Assistance is available to resolve concerns about termination, conflicts with a co-worker, retaliation for raising a concern or complaint, disciplinary or supervisory issues, discrimination, harassment, and unfair treatment on the job. The Program is designed for use by all employees at every level of Connecticut Renaissance, for almost any workplace-related conflict.

17. What if my dispute concerns my Health Benefits, or I'm injured on the job?

The CTR Resolution process may be used to address concerns about benefits, however, there might be other avenues more appropriate to address benefit-related issues. Connecticut Renaissance will make appropriate referrals for a speedy and fair resolution to any issue. The company's Workers Compensation insurance carrier handles individual claims for Workers Compensation. However, if you feel you have been unfairly treated because you filed a Workers Compensation claim, you can use CTR Resolution to address that dispute.

18. What role does an attorney play in CTR Resolution?

An employee can consult with an attorney at any point in the CTR Resolution process. However, an attorney may formally participate in CTR Resolution only during Step III (Arbitration). Connecticut Renaissance will only reimburse attorney fees incurred for the Arbitration. Connecticut Renaissance will reimburse the employee for 75% of the attorney's fees up to a maximum of $1,500 so long as no litigation has started and an employee has signed a CTR Resolution Agreement.

19. What legal protection does the Support Person have?

The Support Person is legally protected from retaliation by federal and state law.

20. Where do I go to get more information about CTR Resolution?

You can get more information regarding CTR Resolution by reviewing the CTR Resolution Program Manual, contacting your Manager or Human Resources.

21. What is a Tort Claim?

A tort claim is a claim in which an individual seeks damages for a wrong or injury that results from breaching a legal duty or a general law and not as a result of a breach of a contract. For example, claims of emotional distress and invasion of privacy are tort claims.

22. What happens if I do not sign the CTR Resolution Agreement?

All prospective new employees must sign a CTR Resolution Agreement as a condition of employment. Any individual not agreeing to sign the agreement will not be offered a position with Connecticut Renaissance. Existing employees who do not sign the Agreement will not be eligible for advancement, salary increases, participation in the agency's bonus program, or partial reimbursement for legal expenses in a Step III arbitration.

22. Does the use of the Step II Mediation or Step III Arbitration procedures change my employment status with Connecticut Renaissance?

No, the use of any of the steps within CTR Resolution does not change the employment-at-will relationship between you and Connecticut Renaissance.
PREA Policy
PREA Policy with Client Signature
PREA Policy with Employee Signature
Hiring
  Independent Contractors
  Volunteers and Interns
  Employment Background Checks
  Employment Application
  Internal Career Opportunity
  Employment Reference Check
  New Hire Orientation Checklist
  Sexual Abuse & Other Unlawful Harassment Policy with Employee Signature
Sexual Abuse & Other Unlawful Harassment Policy
Training Requirements
Outline of Training Requirements
Reporting of Sexual Abuse and Harassment
Reviewing and Responding to Allegations of Sexual Abuse or Sexual Harassment
Data Collection and Review of Sexual Abuse and/or Sexual Harassment Incidents
Supervision and Monitoring – Staffing
Admission and Orientation
Evaluation and the Intake Interview
Screening for Risk of Victimization & Abusiveness
  Screening Assessment for Vulnerability to Victimization and Sexually Aggressive Behavior VSAB
  Client Orientation Acknowledgement Form
Searches of Facility and Person
  Cross Gender Pat Down Search Documentation Form
Medical and Mental Health Care for Victims of Sexual Abuse
PRISON RAPE ELIMINATION ACT (PREA)

POLICY

Connecticut Renaissance has zero tolerance toward all forms of sexual abuse and sexual harassment. All Connecticut Renaissance employees, volunteers, or contractors who may have contact with individuals in the custody of the Judicial Branch or Department of Correction are responsible for helping to keep CT Renaissance facilities free of sexual abuse or sexual harassment. All incidents of sexual abuse and sexual harassment will be reported and investigated thoroughly. Any CT Renaissance employee, volunteer or intern who engages in acts of sexual abuse or harassment of an individual serviced by CT Renaissance programs, or who is found to be negligent in pursuing these responsibilities, will be subject to disciplinary and/or corrective action. Arrest and prosecution may also be pursued when conduct requires such a response. Any contractor engaging in sexual abuse or sexual harassment of a CT Renaissance client/resident may be subject contract cancellation.

CT Renaissance shall employ or designate an upper-level, agency-wide PREA Coordinator. The PREA Coordinator will be responsible for implementing and overseeing the agency’s efforts to comply with policies and procedures related to PREA standards. The PREA Coordinator is also responsible for initiating internal administrative investigations for allegations of sexual harassment, administrative reviews of all reported incidents, maintaining documentation, writing reports, presenting findings and ensuring appropriate referrals are made.

Sexual Abuse or Harassment covered by this policy may involve an individual in the custody of the Judicial Branch or the Department of Correction by another individual in the custody of the Judicial Branch or Department of Correction. It may also involve an individual in the custody of the Judicial Branch or Department of Correction by an employee, contractor, intern or volunteer.

The agency prohibits the use of residents as interpreters in matters regarding allegation of sexual abuse/harassment during an internal investigation, unless the delay could compromise the resident’s safety. The agency has identified a staff member for Spanish speaking individuals who would be able to provide interpreter assistance as needed. The Agency will provide materials related to the zero-tolerance policy in the language of current limited English proficient residents. The agency will create a system for staff to access alternative language lines for additional interpretive services. Information regarding access to the Language Line is available in the PREA Binder available through the program Director or in the COD office. In the case of a LEP client (limited English proficiency) or disabled person unable to read and/or understand the written PREA policy, a staff member will read the PREA policy and elicit responses to confirm that the person understands the policy. Someone who is severely disabled may meet our exclusionary criteria for admission.

Sexual Abuse:

Sexual Abuse involving an individual in the custody of the Judicial Branch or Department of Correction by another individual in the custody of the Judicial Branch or Department of Correction may include any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

- Contact between the penis and the vulva or the penis and the anus, including penetration, however slight.
- Contact between the mouth and the penis, vulva or anus.
• Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object or other instrument.
• Any other intentional touching, either directly or through clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of any individual, excluding contact incidental to a physical altercation.

Sexual Abuse involving an individual in the custody of the Judicial Branch or Department of Correction by an employee, contractor, intern or volunteer includes the following regardless of the consent of the individual in the custody of the Judicial Branch or Department of Correction:

• Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
• Contact between the mouth and the penis, vulva or anus;
• Contact between the mouth and any body part where the employee, contractor, intern or volunteer has the intent to abuse, arouse, or gratify sexual desire;
• Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object or other instrument, that is unrelated to official duties or where the employee, contractor, intern or volunteer has the intent to abuse, arouse or gratify sexual desire;
• Any other intentional act, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh or the buttocks, that is unrelated to official duties or where the employee, contractor, intern or volunteer has the intent to abuse arouse or gratify sexual desire;
• Any attempt, threat or request by an employee, contractor intern or volunteer to engage in the activities as listed above;
• Any display by an employee, contractor, intern or volunteer of his or her uncovered genitalia, buttocks or breasts in the presence of an individual in the custody of the Judicial Branch or Department of Correction;
• Any other conduct that is prohibited under Connecticut General Statutes 53a-70, 53a-70a, 53a-70b, 53-70c, 53a-71, 53a-72a, 53a-72b, or 53a-73a; and
• Voyeurism by an employee, contractor, intern or volunteer. Voyeurism means an invasion of privacy of an individual in the custody of the Judicial Branch or Department of Correction by an employee, contractor, intern or volunteer for reasons unrelated to official duties, such as peering at an individual who is performing bodily functions; requiring an individual to expose his/her buttocks, genitals, or breasts; or taking images of all or part of an individual's naked body or of an individual performing bodily functions.

Sexual Harassment includes:

• Repeated and unwelcomed sexual advances, requests for sexual favors or verbal comments, gestures or actions of a derogatory or offensive sexual nature by one individual in the custody of the Judicial Branch or Department of Correction toward another individual in the custody of the Judicial Branch or Department of Correction;
• Verbal comments or gestures of a sexual nature to an individual in the custody of the Judicial Branch or Department of Correction by an employee, contractor, intern or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures;
• The display of sexually suggestive pictures or objects in a confinement facility;
• Any other undesirable conduct of a sexual nature.
PROCEDURE

Notice

- All employees, contractors, interns and volunteers who may have contact with individuals in the custody of the Judicial Branch or Department of Correction must be notified of CT Renaissance’s zero-tolerance policy regarding sexual abuse and sexual harassment.
- During the admission process, all individuals in the custody of the Judicial Branch or Department of Correction are provided information about CT Renaissance’s zero-tolerance policy along with instructions for reporting a complaint.

Contracts & Contractors

- Any contract entered into or renewed between CT Renaissance and a 3rd party must include language with CT Renaissance’s obligation to adopt and comply with the PREA standards and permit the Judicial Branch or Department of Correction to monitor the Contractors compliance.

Hiring and Promotion

- CT Renaissance will not knowingly hire, appoint, or promote anyone who in the course of his/her employment could be expected to have contact with clients under the supervision of, or in the custody of, the Judicial Branch or the Department of Correction, if that individual (1) has been convicted of, or is known to have engaged in (or attempted to engaged in) sexual activity in the community facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent; or (2) has been civilly or administratively adjudicated to have engaged in, or attempted to engage in, the activity described above.
- CT Renaissance will consider any prior reported incidents of sexual harassment in determining whether to hire, appoint, or promote an individual who may have contact with a person in the custody of the Judicial Branch or Department of Correction.
- Prior to an employment offer being made to a potential internal or external candidate reference checks and a criminal background check will be conducted. Information obtained through a reference and criminal background check is considered for employment purposes if relevant to the position being applied. See Criminal Background Check policy for details in CT Renaissance’s procedures in obtaining and reviewing a candidate’s criminal history. Criminal Record Checks shall be completed prior to hire and every 5 years thereafter for all potential employees, volunteers, and interns.
- The Reference Check will utilize the signed Reference Check Authorization and Release of Information Form and consist of the following:
  1. Assessing the accuracy of information provided on the application/resume;
  2. Personal or professional character references;
  3. Educational History;
  4. Prior Employers;
  5. Other Relevant Sources.
  6. Will include an inquiry as to whether the candidate engaged in any substantiated allegations of sexual abuse or resigned during the pendency of an investigation of alleged sexual abuse.
- Omissions on the part of the employee, volunteer, intern or contractor or the provision of materially false information, shall be grounds for termination.
Employee

- Employees engaging in sexual acts of misconduct abuse or harassment with an individual in the custody of the Judicial Branch or the Department of Correction shall be the subject of an internal administrative investigation for allegations of sexual harassment, and/or an external criminal investigation for allegations of sexual abuse.
- CT Renaissance shall annually train all employees who have contact with individual in the custody of the Judicial Branch or the Department of Correction on how to comply and fulfill their responsibilities under the PREA policies. Upon completion of the training, employees must acknowledge that they understood the training.
- Mental Health Professionals must undergo specialized training in working with those individuals who have suffered from documented sexual abuse or harassment.
- CT Renaissance shall provide information on convictions or civil/administrative adjudications related to sexual abuse or sexual harassment involving clients or staff members by a former employee to prospective employers upon receiving a request for employment references authorized by that former employee.

Reporting Incidents and Complaints

- CT Renaissance will take all reports of sexual abuse and sexual harassment seriously, regardless of who made the report or the manner in which the report was made.
- Incidents of sexual abuse, sexual harassment, or retaliation may come from a variety of sources including, but not limited to employees, individuals in the custody of the Judicial Branch or Department of Correction, family members of individuals in the custody of the Judicial Branch or Department of Correction and members of the public. These incidents can be reported verbally and/or in writing.
- All CT Renaissance employees are under a duty to report any incidents and complaints of sexual abuse, sexual harassment or any acts of retaliation against any individual for reporting an incident of sexual abuse or sexual harassment or for participating in an investigation of an allegation of sexual abuse or sexual harassment. Reports shall be made or submitted to the agency's designated PREA Coordinator.
- The PREA Incident Report form shall initiate the proper reporting and internal investigation of all allegations of sexual harassment regarding individuals in the custody of the Judicial Branch or Department of Correction. The incident report form may be completed by the PREA Coordinator if a verbal report has been accepted.
- All incidents or complaints of alleged sexual abuse, sexual harassment or retaliation between individuals in the custody of the Judicial Branch or Department of Correction will be immediately reported to the units Program Director. The Program Director will contact the PREA Coordinator. Incidents or complaints may also be reported directly to the agency’s PREA Coordinator. The PREA Coordinator or designee will then contact the referral source and/or probation or parole officer informing them that a PREA review is being initiated. State law enforcement will be called upon for criminal investigations of sexual abuse.
- If an employee learns that an individual in the custody of the Judicial Branch was sexually abused, while confined at another facility, the employee must contact CT Renaissance’s PREA Coordinator, who will then be responsible for contacting the PREA Coordinator of the prior confinement facility. The agency’s PREA Coordinator must make this notification as soon as practical, but no later than 72 hours after being notified of the incident(s).
All incidents or complaints of alleged sexual abuse, sexual harassment, or retaliation by a CT Renaissance employee will be reported to the agency’s PREA Coordinator. Employees who report incidents will not suffer adverse job consequences as a result of their reporting or assistance in an investigation.

Individuals in the custody of the Judicial Branch or Department of Correction who wish to file a complaint or report an incident of sexual abuse, sexual harassment, or retaliation may do so to any CT Renaissance employee.

The reporting of incidents and complaints of sexual abuse and sexual harassment do not have to be reported pursuant to an established chain of command. Any employee who believes that an incident involving sexual abuse, sexual harassment, or retaliation has occurred, or who received a complaint about such activity shall immediately contact any Program Director, Director of Quality Improvement, PREA Coordinator, Clinical Director or the Chief Executive Officer.

Criminal Investigations – Sexual Abuse Allegations

The Connecticut State Police shall serve as the investigating authority for all allegations of sexual abuse that occur within a CT Renaissance facility. All allegations of sexual abuse that occur within a CT Renaissance facility and/or program must be reported as soon as practical to the Connecticut State Police, the agency’s PREA Coordinator and the Chief Executive Officer. If involving another employee, HR personnel would be involved as well. CT Renaissance will assist the CT State Police as needed.

The PREA Coordinator will work with CSSD and/or the Department of Correction and the CT State Police when an allegation of sexual abuse has been made.

Internal Administrative Investigations – Sexual Harassment Allegations Only

All internal administrative investigations of allegations of sexual harassment will be conducted promptly, thoroughly and objectively. The PREA Coordinator shall initiate and coordinate the investigation process. The Human Resources Department shall serve as the reviewing authority for all allegations of, sexual harassment, or retaliation involving a CT Renaissance employee and an individual in the custody of the Judicial Branch or Department of Correction.

The internal administrative investigation will include whether the alleged incident of sexual harassment, or retaliation was the result of employee misconduct or negligence.

The PREA Coordinator must compile a full review / incident report and submit to the affected program’s contracted funder.

Review Process and Data Collection

Following every internal review in which there is a finding that sexual harassment or sexual abuse occurred in a CT Renaissance owned/operated facility or program, the PREA Coordinator will initiate a review of the incident amongst the Review Team which will consist of the CEO, Clinical Director, Director of QI, designated representatives from the Residential, Adolescent and Outpatient Programs and a Board Representative within 30 days of the conclusion of the investigation.

CT Renaissance will prepare annually a report of the incidents involving sexual abuse and harassment in its facilities. Upon request, the agency shall provide all data from the previous calendar year to the Dept. of Justice no later than June 30.

All allegations of sexual abuse will be referred to the CT State Police for criminal investigation. The PREA Coordinator will follow up by requesting the outcome reports to conduct an internal administrative review of the incident.
Retaliation

- Any employee, contractor, intern, volunteer, or individual in the custody of the Judicial Branch or Department of Correction whom reports an incident of sexual abuse or sexual harassment or cooperates in a sexual abuse or sexual harassment investigation must not be retaliated against. Any complaint of retaliation by an employee, contractor, intern, volunteer, or individual in the custody of the Judicial Branch or Department of Correction will be reported and investigated in accordance with the procedures and instruction provided in this policy. Any individual who is found to have been in violation of this policy will be subject to appropriate disciplinary action and/or referred to the State Police for criminal investigation.

- CT Renaissance will take necessary measures to ensure protection of those reporting or assisting in the investigation of sexual abuse or sexual harassment. Such measures may include changing of residential assignment or staff assignment or offering emotional support services.

- The agency’s PREA Coordinator and Human Resources Department will monitor the conduct and treatment of those employees and individuals in the custody of the Judicial Branch or Department of Correction and will remedy any discovered retaliation.

- The agency’s PREA Coordinator in cooperation with the appropriate Program Director or designee will develop and document a plan to prevent and/or monitor any acts of retaliation against someone who reports an incident or cooperates in an investigation of an allegation of sexual harassment or sexual abuse.

- For at least 90 days following a report of sexual abuse, CT Renaissance shall monitor the conduct and treatment of clients / residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Monitoring shall continue beyond 90 days if initial monitoring indicates a continued need. Efforts to fulfill monitoring obligations will be documented and controlled by the PREA Coordinator.

- CT Renaissance’s obligation to monitor will terminate if the investigation determines that the allegations are unfounded.
PRISON RAPE ELIMINATION ACT (PREA)

POLICY

Connecticut Renaissance has zero tolerance toward all forms of sexual abuse and sexual harassment. All Connecticut Renaissance employees, volunteers, or contractors who may have contact with individuals in the custody of the Judicial Branch or Department of Correction are responsible for helping to keep CT Renaissance facilities free of sexual abuse or sexual harassment. All incidents of sexual abuse and sexual harassment will be reported and investigated thoroughly. Any CT Renaissance employee, volunteer or intern who engages in acts of sexual abuse or harassment of an individual serviced by CT Renaissance programs, or who is found to be negligent in pursuing these responsibilities, will be subject to disciplinary and/or corrective action. Arrest and prosecution may also be pursued when conduct requires such a response. Any contractor engaging in sexual abuse or sexual harassment of a CT Renaissance client/resident may be subject contract cancellation.

CT Renaissance shall employ or designate an upper-level, agency-wide PREA Coordinator. The PREA Coordinator will be responsible for implementing and overseeing the agency’s efforts to comply with policies and procedures related to PREA standards. The PREA Coordinator is also responsible for initiating internal administrative investigations for allegations of sexual harassment, administrative reviews of all reported incidents, maintaining documentation, writing reports, presenting findings and ensuring appropriate referrals are made.

Sexual Abuse or Harassment covered by this policy may involve an individual in the custody of the Judicial Branch or the Department of Correction by another individual in the custody of the Judicial Branch or Department of Correction. It may also involve an individual in the custody of the Judicial Branch or Department of Correction by an employee, contractor, intern or volunteer.

The agency prohibits the use of residents as interpreters in matters regarding allegation of sexual abuse/harassment during an internal investigation, unless the delay could compromise the resident’s safety. The agency has identified a staff member for Spanish speaking individuals who would be able to provide interpreter assistance as needed. The Agency will provide materials related to the zero-tolerance policy in the language of current limited English proficient residents. The agency will create a system for staff to access alternative language lines for additional interpretive services. Information regarding access to the Language Line is available in the PREA Binder available through the program Director or in the COD office. In the case of a LEP client (limited English proficiency) or disabled person unable to read and/or understand the written PREA policy, a staff member will read the PREA policy and elicit responses to confirm that the person understands the policy. Someone who is severely disabled may meet our exclusionary criteria for admission.

Sexual Abuse:

Sexual Abuse involving an individual in the custody of the Judicial Branch or Department of Correction by another individual in the custody of the Judicial Branch or Department of Correction may include any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

- Contact between the penis and the vulva or the penis and the anus, including penetration, however slight.
- Contact between the mouth and the penis, vulva or anus.

Policy created 9/10/15 GG
Revised 11/16/15
• Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object or other instrument.
• Any other intentional touching, either directly or through clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of any individual, excluding contact incidental to a physical altercation.

Sexual Abuse involving an individual in the custody of the Judicial Branch or Department of Correction by an employee, contractor, intern or volunteer includes the following regardless of the consent of the individual in the custody of the Judicial Branch or Department of Correction:

• Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
• Contact between the mouth and the penis, vulva or anus;
• Contact between the mouth and any body part where the employee, contractor, intern or volunteer has the intent to abuse, arouse, or gratify sexual desire;
• Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object or other instrument, that is unrelated to official duties or where the employee, contractor, intern or volunteer has the intent to abuse, arouse or gratify sexual desire;
• Any other intentional act, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh or the buttocks, that is unrelated to official duties or where the employee, contractor, intern or volunteer has the intent to abuse arouse or gratify sexual desire;
• Any attempt, threat or request by an employee, contractor intern or volunteer to engage in the activities as listed above;
• Any display by an employee, contractor, intern or volunteer of his or her uncovered genitalia, buttocks or breasts in the presence of an individual in the custody of the Judicial Branch or Department of Correction;
• Any other conduct that is prohibited under Connecticut General Statutes 53a-70, 53a-70a, 53a-70b, 53-70c, 53a-71, 53a-72a, 53a-72b, or 53a-73a; and
• Voyeurism by an employee, contractor, intern or volunteer. Voyeurism means an invasion of privacy of an individual in the custody of the Judicial Branch or Department of Correction by an employee, contractor, intern or volunteer for reasons unrelated to official duties, such as peering at an individual who is performing bodily functions; requiring an individual to expose his/her buttocks, genitals, or breasts; or taking images of all or part of an individual's naked body or of an individual performing bodily functions.

Sexual Harassment includes:

• Repeated and unwelcomed sexual advances, requests for sexual favors or verbal comments, gestures or actions of a derogatory or offensive sexual nature by one individual in the custody of the Judicial Branch or Department of Correction toward another individual in the custody of the Judicial Branch or Department of Correction;
• Verbal comments or gestures of a sexual nature to an individual in the custody of the Judicial Branch or Department of Correction by an employee, contractor, intern or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures;
• The display of sexually suggestive pictures or objects in a confinement facility;
• Any other undesirable conduct of a sexual nature.
PROCEDURE

Notice

- All employees, contractors, interns and volunteers who may have contact with individuals in the custody of the Judicial Branch or Department of Correction must be notified of CT Renaissance’s zero-tolerance policy regarding sexual abuse and sexual harassment.
- During the admission process, all individuals in the custody of the Judicial Branch or Department of Correction are provided information about CT Renaissance’s zero-tolerance policy along with instructions for reporting a complaint.

Contracts & Contractors

- Any contract entered into or renewed between CT Renaissance and a 3rd party must include language with CT Renaissance’s obligation to adopt and comply with the PREA standards and permit the Judicial Branch or Department of Correction to monitor the Contractors compliance.

Hiring and Promotion

- CT Renaissance will not knowingly hire, appoint, or promote anyone who in the course of his/her employment could be expected to have contact with clients under the supervision of, or in the custody of, the Judicial Branch or the Department of Correction, if that individual (1) has been convicted of, or is known to have engaged in (or attempted to engaged in) sexual activity in the community facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent; or (2) has been civilly or administratively adjudicated to have engaged in, or attempted to engage in, the activity described above.
- CT Renaissance will consider any prior reported incidents of sexual harassment in determining whether to hire, appoint, or promote an individual who may have contact with a person in the custody of the Judicial Branch or Department of Correction.
- Prior to an employment offer being made to a potential internal or external candidate reference checks and a criminal background check will be conducted. Information obtained through a reference and criminal background check is considered for employment purposes if relevant to the position being applied. See Criminal Background Check policy for details in CT Renaissance’s procedures in obtaining and reviewing a candidate’s criminal history. Criminal Record Checks shall be completed prior to hire and every 5 years thereafter for all potential employees, volunteers, and interns.
- The Reference Check will utilize the signed Reference Check Authorization and Release of Information Form and consist of the following:
  1. Assessing the accuracy of information provided on the application/resume;
  2. Personal or professional character references;
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  4. Prior Employers;
  5. Other Relevant Sources.
  6. Will include an inquiry as to whether the candidate engaged in any substantiated allegations of sexual abuse or resigned during the pendency of an investigation of alleged sexual abuse.
- Omissions on the part of the employee, volunteer, intern or contractor or the provision of materially false information, shall be grounds for termination.
Employee

- Employees engaging in sexual acts of misconduct abuse or harassment with an individual in the custody of the Judicial Branch or the Department of Correction shall be the subject of an internal administrative investigation for allegations of sexual harassment, and/or an external criminal investigation for allegations of sexual abuse.
- CT Renaissance shall annually train all employees who have contact with individuals in the custody of the Judicial Branch or the Department of Correction on how to comply and fulfill their responsibilities under the PREA policies. Upon completion of the training, employees must acknowledge that they understood the training.
- Mental Health Professionals must undergo specialized training in working with those individuals who have suffered from documented sexual abuse or harassment.
- CT Renaissance shall provide information on convictions or civil/administrative adjudications related to sexual abuse or sexual harassment involving clients or staff members of a former employee to prospective employers upon receiving a request for employment references authorized by that former employee.

Reporting Incidents and Complaints

- CT Renaissance will take all reports of sexual abuse and sexual harassment seriously, regardless of who made the report or the manner in which the report was made.
- Incidents of sexual abuse, sexual harassment, or retaliation may come from a variety of sources including, but not limited to, employees, individuals in the custody of the Judicial Branch or Department of Correction, family members of individuals in the custody of the Judicial Branch or Department of Correction and members of the public. These incidents can be reported verbally and/or in writing.
- All CT Renaissance employees are under a duty to report any incidents and complaints of sexual abuse, sexual harassment or any acts of retaliation against any individual for reporting an incident of sexual abuse or sexual harassment or for participating in an investigation of an allegation of sexual abuse or sexual harassment. Reports shall be made or submitted to the agency’s designated PREA Coordinator.
- The PREA Incident Report form shall initiate the proper reporting and internal investigation of all allegations of sexual harassment regarding individuals in the custody of the Judicial Branch or Department of Correction. The incident report form may be completed by the PREA Coordinator if a verbal report has been accepted.
- All incidents or complaints of alleged sexual abuse, sexual harassment or retaliation between individuals in the custody of the Judicial Branch or Department of Correction will be immediately reported to the units Program Director. The Program Director will contact the PREA Coordinator. Incidents or complaints may also be reported directly to the agency’s PREA Coordinator. The PREA Coordinator or designee will then contact the referral source and/or probation or parole officer informing them that a PREA review is being initiated. State law enforcement will be called upon for criminal investigations of sexual abuse.
- If an employee learns that an individual in the custody of the Judicial Branch was sexually abused, while confined at another facility, the employee must contact CT Renaissance’s PREA Coordinator, who will then be responsible for contacting the PREA Coordinator of the prior confinement facility. The agency’s PREA Coordinator must make this notification as soon as practical, but no later than 72 hours after being notified of the incident(s).
• All incidents or complaints of alleged sexual abuse, sexual harassment, or retaliation by a CT Renaissance employee will be reported to the agency’s PREA Coordinator. Employees who report incidents will not suffer adverse job consequences as a result of their reporting or assistance in an investigation.

• Individuals in the custody of the Judicial Branch or Department of Correction who wish to file a complaint or report an incident of sexual abuse, sexual harassment, or retaliation may do so to any CT Renaissance employee.

• The reporting of incidents and complaints of sexual abuse and sexual harassment do not have to be reported pursuant to an established chain of command. Any employee who believes that an incident involving sexual abuse, sexual harassment, or retaliation has occurred, or who received a complaint about such activity shall immediately contact any Program Director, Director of Quality Improvement, PREA Coordinator, Clinical Director or the Chief Executive Officer.

Criminal Investigations – Sexual Abuse Allegations

• The Connecticut State Police shall serve as the investigating authority for all allegations of sexual abuse that occur within a CT Renaissance facility. All allegations of sexual abuse that occur within a CT Renaissance facility and/or program must be reported as soon as practical to the Connecticut State Police, the agency’s PREA Coordinator and the Chief Executive Officer. If involving another employee, HR personnel would be involved as well. CT Renaissance will assist the CT State Police as needed.

• The PREA Coordinator will work with CSSD and/or the Department of Correction and the CT State Police when an allegation of sexual abuse has been made.

Internal Administrative Investigations – Sexual Harassment Allegations Only

• All internal administrative investigations of allegations of sexual harassment will be conducted promptly, thoroughly and objectively. The PREA Coordinator shall initiate and coordinate the investigation process. The Human Resources Department shall serve as the reviewing authority for all allegations of sexual harassment, or retaliation involving a CT Renaissance employee and an individual in the custody of the Judicial Branch or Department of Correction.

• The internal administrative investigation will include whether the alleged incident of sexual harassment, or retaliation was the result of employee misconduct or negligence.

• The PREA Coordinator must compile a full review / incident report and submit to the affected program’s contracted funder.

Review Process and Data Collection

• Following every internal review in which there is a finding that sexual harassment or sexual abuse occurred in a CT Renaissance owned/operated facility or program, the PREA Coordinator will initiate a review of the incident amongst the Review Team which will consist of the CEO, Clinical Director, Director of QI, designated representatives from the Residential, Adolescent and Outpatient Programs and a Board Representative within 30 days of the conclusion of the investigation.

• CT Renaissance will prepare annually a report of the incidents involving sexual abuse and harassment in its facilities. Upon request, the agency shall provide all data from the previous calendar year to the Dept. of Justice no later than June 30.

• All allegations of sexual abuse will be referred to the CT State Police for criminal investigation. The PREA Coordinator will follow up by requesting the outcome reports to conduct an internal administrative review of the incident.
Retaliation

- Any employee, contractor, intern, volunteer, or individual in the custody of the Judicial Branch or Department of Correction whom reports an incident of sexual abuse or sexual harassment or cooperates in a sexual abuse or sexual harassment investigation must not be retaliated against. Any complaint of retaliation by an employee, contractor, intern, volunteer, or individual in the custody of the Judicial Branch or Department of Correction will be reported and investigated in accordance with the procedures and instruction provided in this policy. Any individual who is found to have been in violation of this policy will be subject to appropriate disciplinary action and/or referred to the State Police for criminal investigation.

- CT Renaissance will take necessary measures to ensure protection of those reporting or assisting in the investigation of sexual abuse or sexual harassment. Such measures may include changing of residential assignment or staff assignment or offering emotional support services.

- The agency’s PREA Coordinator and Human Resources Department will monitor the conduct and treatment of those employees and individuals in the custody of the Judicial Branch or Department of Correction and will remedy any discovered retaliation.

- The agency’s PREA Coordinator in cooperation with the appropriate Program Director or designee will develop and document a plan to prevent and/or monitor any acts of retaliation against someone who reports an incident or cooperates in an investigation of an allegation of sexual harassment or sexual abuse.

- For at least 90 days following a report of sexual abuse, CT Renaissance shall monitor the conduct and treatment of clients / residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Monitoring shall continue beyond 90 days if initial monitoring indicates a continued need. Efforts to fulfill monitoring obligations will be documented and controlled by the PREA Coordinator.

- CT Renaissance’s obligation to monitor will terminate if the investigation determines that the allegations are unfounded.

______________________________  _____________________
Signature of Client / Resident      Date

Policy created 9/10/15 GG
Revised 11/16/15
PRISON RAPE ELIMINATION ACT (PREA)

POLICY

Connecticut Renaissance has zero tolerance toward all forms of sexual abuse and sexual harassment. All Connecticut Renaissance employees, volunteers, or contractors who may have contact with individuals in the custody of the Judicial Branch or Department of Correction are responsible for helping to keep CT Renaissance facilities free of sexual abuse or sexual harassment. All incidents of sexual abuse and sexual harassment will be reported and investigated thoroughly. Any CT Renaissance employee, volunteer or intern who engages in acts of sexual abuse or harassment of an individual serviced by CT Renaissance programs, or who is found to be negligent in pursuing these responsibilities, will be subject to disciplinary and/or corrective action. Arrest and prosecution may also be pursued when conduct requires such a response. Any contractor engaging in sexual abuse or sexual harassment of a CT Renaissance client/resident may be subject contract cancellation.

CT Renaissance shall employ or designate an upper-level, agency-wide PREA Coordinator. The PREA Coordinator will be responsible for implementing and overseeing the agency’s efforts to comply with policies and procedures related to PREA standards. The PREA Coordinator is also responsible for initiating internal administrative investigations for allegations of sexual harassment, administrative reviews of all reported incidents, maintaining documentation, writing reports, presenting findings and ensuring appropriate referrals are made.

Sexual Abuse or Harassment covered by this policy may involve an individual in the custody of the Judicial Branch or the Department of Correction by another individual in the custody of the Judicial Branch or Department of Correction. It may also involve an individual in the custody of the Judicial Branch or Department of Correction by an employee, contractor, intern or volunteer.

The agency prohibits the use of residents as interpreters in matters regarding allegation of sexual abuse/harassment during an internal investigation, unless the delay could compromise the resident’s safety. The agency has identified a staff member for Spanish speaking individuals who would be able to provide interpreter assistance as needed. The Agency will provide materials related to the zero-tolerance policy in the language of current limited English proficient residents. The agency will create a system for staff to access alternative language lines for additional interpretive services. Information regarding access to the Language Line is available in the PREA Binder available through the program Director or in the COD office. In the case of a LEP client (limited English proficiency) or disabled person unable to read and/or understand the written PREA policy, a staff member will read the PREA policy and elicit responses to confirm that the person understands the policy. Someone who is severely disabled may meet our exclusionary criteria for admission.

Sexual Abuse:

Sexual Abuse involving an individual in the custody of the Judicial Branch or Department of Correction by another individual in the custody of the Judicial Branch or Department of Correction may include any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

- Contact between the penis and the vulva or the penis and the anus, including penetration, however slight.
- Contact between the mouth and the penis, vulva or anus.
• Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object or other instrument.
• Any other intentional touching, either directly or through clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of any individual, excluding contact incidental to a physical altercation.

Sexual Abuse involving an individual in the custody of the Judicial Branch or Department of Correction by an employee, contractor, intern or volunteer includes the following regardless of the consent of the individual in the custody of the Judicial Branch or Department of Correction:

• Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
• Contact between the mouth and the penis, vulva or anus;
• Contact between the mouth and any body part where the employee, contractor, intern or volunteer has the intent to abuse, arouse, or gratify sexual desire;
• Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object or other instrument, that is unrelated to official duties or where the employee, contractor, intern or volunteer has the intent to abuse, arouse or gratify sexual desire;
• Any other intentional act, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh or the buttocks, that is unrelated to official duties or where the employee, contractor, intern or volunteer has the intent to abuse arouse or gratify sexual desire;
• Any attempt, threat or request by an employee, contractor intern or volunteer to engage in the activities as listed above;
• Any display by an employee, contractor, intern or volunteer of his or her uncovered genitalia, buttocks or breasts in the presence of an individual in the custody of the Judicial Branch or Department of Correction;
• Any other conduct that is prohibited under Connecticut General Statutes 53a-70, 53a-70a, 53a-70b, 53-70c, 53a-71, 53a-72a, 53a-72b, or 53a-73a; and
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**Sexual Harassment includes:**

• Repeated and unwelcomed sexual advances, requests for sexual favors or verbal comments, gestures or actions of a derogatory or offensive sexual nature by one individual in the custody of the Judicial Branch or Department of Correction toward another individual in the custody of the Judicial Branch or Department of Correction;
• Verbal comments or gestures of a sexual nature to an individual in the custody of the Judicial Branch or Department of Correction by an employee, contractor, intern or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures;
• The display of sexually suggestive pictures or objects in a confinement facility;
• Any other undesirable conduct of a sexual nature.
PROCEDURE

Notice
- All employees, contractors, interns and volunteers who may have contact with individuals in the custody of the Judicial Branch or Department of Correction must be notified of CT Renaissance’s zero-tolerance policy regarding sexual abuse and sexual harassment.
- During the admission process, all individuals in the custody of the Judicial Branch or Department of Correction are provided information about CT Renaissance’s zero-tolerance policy along with instructions for reporting a complaint.

Contracts & Contractors
- Any contract entered into or renewed between CT Renaissance and a 3rd party must include language with CT Renaissance’s obligation to adopt and comply with the PREA standards and permit the Judicial Branch or Department of Correction to monitor the Contractors compliance.

Hiring and Promotion
- CT Renaissance will not knowingly hire, appoint, or promote anyone who in the course of his/her employment could be expected to have contact with clients under the supervision of, or in the custody of, the Judicial Branch or the Department of Correction, if that individual (1) has been convicted of, or is known to have engaged in (or attempted to engaged in) sexual activity in the community facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent; or (2) has been civilly or administratively adjudicated to have engaged in, or attempted to engage in, the activity described above.
- CT Renaissance will consider any prior reported incidents of sexual harassment in determining whether to hire, appoint, or promote an individual who may have contact with a person in the custody of the Judicial Branch or Department of Correction.
- Prior to an employment offer being made to a potential internal or external candidate reference checks and a criminal background check will be conducted. Information obtained through a reference and criminal background check is considered for employment purposes if relevant to the position being applied. See Criminal Background Check policy for details in CT Renaissance’s procedures in obtaining and reviewing a candidate’s criminal history. Criminal Record Checks shall be completed prior to hire and every 5 years thereafter for all potential employees, volunteers, and interns.
- The Reference Check will utilize the signed Reference Check Authorization and Release of Information Form and consist of the following:
  1. Assessing the accuracy of information provided on the application/resume;
  2. Personal or professional character references;
  3. Educational History;
  4. Prior Employers;
  5. Other Relevant Sources.
  6. Will include an inquiry as to whether the candidate engaged in any substantiated allegations of sexual abuse or resigned during the pendency of an investigation of alleged sexual abuse.
- Omissions on the part of the employee, volunteer, intern or contractor or the provision of materially false information, shall be grounds for termination.
Employee

- Employees engaging in sexual acts of misconduct abuse or harassment with an individual in the custody of the Judicial Branch or the Department of Correction shall be the subject of an internal administrative investigation for allegations of sexual harassment, and/or an external criminal investigation for allegations of sexual abuse.
- CT Renaissance shall annually train all employees who have contact with individuals in the custody of the Judicial Branch or the Department of Correction on how to comply and fulfill their responsibilities under the PREA policies. Upon completion of the training, employees must acknowledge that they understood the training.
- Mental Health Professionals must undergo specialized training in working with those individuals who have suffered from documented sexual abuse or harassment.
- CT Renaissance shall provide information on convictions or civil/administrative adjudications related to sexual abuse or sexual harassment involving clients or staff members by a former employee to prospective employers upon receiving a request for employment references authorized by that former employee.

Reporting Incidents and Complaints

- CT Renaissance will take all reports of sexual abuse and sexual harassment seriously, regardless of who made the report or the manner in which the report was made.
- Incidents of sexual abuse, sexual harassment, or retaliation may come from a variety of sources including, but not limited to employees, individuals in the custody of the Judicial Branch or Department of Correction, family members of individuals in the custody of the Judicial Branch or Department of Correction and members of the public. These incidents can be reported verbally and/or in writing.
- All CT Renaissance employees are under a duty to report any incidents and complaints of sexual abuse, sexual harassment or any acts of retaliation against any individual for reporting an incident of sexual abuse or sexual harassment or for participating in an investigation of an allegation of sexual abuse or sexual harassment. Reports shall be made or submitted to the agency’s designated PREA Coordinator.
- The PREA Incident Report form shall initiate the proper reporting and internal investigation of all allegations of sexual harassment regarding individuals in the custody of the Judicial Branch or Department of Correction. The incident report form may be completed by the PREA Coordinator if a verbal report has been accepted.
- All incidents or complaints of alleged sexual abuse, sexual harassment or retaliation between individuals in the custody of the Judicial Branch or Department of Correction will be immediately reported to the unit’s Program Director. The Program Director will contact the PREA Coordinator. Incidents or complaints may also be reported directly to the agency’s PREA Coordinator. The PREA Coordinator or designee will then contact the referral source and/or probation or parole officer informing them that a PREA review is being initiated. State law enforcement will be called upon for criminal investigations of sexual abuse.
- If an employee learns that an individual in the custody of the Judicial Branch was sexually abused, while confined at another facility, the employee must contact CT Renaissance’s PREA Coordinator, who will then be responsible for contacting the PREA Coordinator of the prior confinement facility. The agency’s PREA Coordinator must make this notification as soon as practical, but no later than 72 hours after being notified of the incident(s).

All incidents or complaints of alleged sexual abuse, sexual harassment, or retaliation by a CT Renaissance employee will be reported to the agency’s PREA Coordinator. Employees who
report incidents will not suffer adverse job consequences as a result of their reporting or assistance in an investigation.

- Individuals in the custody of the Judicial Branch or Department of Correction who wish to file a complaint or report an incident of sexual abuse, sexual harassment, or retaliation may do so to any CT Renaissance employee.
- The reporting of incidents and complaints of sexual abuse and sexual harassment do not have to be reported pursuant to an established chain of command. Any employee who believes that an incident involving sexual abuse, sexual harassment, or retaliation has occurred, or who received a complaint about such activity shall immediately contact any Program Director, Director of Quality Improvement, PREA Coordinator, Clinical Director or the Chief Executive Officer.

Criminal Investigations – Sexual Abuse Allegations

- The Connecticut State Police shall serve as the investigating authority for all allegations of sexual abuse that occur within a CT Renaissance facility. All allegations of sexual abuse that occur within a CT Renaissance facility and/or program must be reported as soon as practical to the Connecticut State Police, the agency’s PREA Coordinator and the Chief Executive Officer. If involving another employee, HR personnel would be involved as well. CT Renaissance will assist the CT State Police as needed.
- The PREA Coordinator will work with CSSD and/or the Department of Correction and the CT State Police when an allegation of sexual abuse has been made.

Internal Administrative Investigations – Sexual Harassment Allegations Only

- All internal administrative investigations of allegations of sexual harassment will be conducted promptly, thoroughly and objectively. The PREA Coordinator shall initiate and coordinate the investigation process. The Human Resources Department shall serve as the reviewing authority for all allegations of, sexual harassment, or retaliation involving a CT Renaissance employee and an individual in the custody of the Judicial Branch or Department of Correction.
- The internal administrative investigation will include whether the alleged incident of sexual harassment, or retaliation was the result of employee misconduct or negligence.
- The PREA Coordinator must compile a full review / incident report and submit to the affected program’s contracted funder.

Review Process and Data Collection

- Following every internal review in which there is a finding that sexual harassment or sexual abuse occurred in a CT Renaissance owned/operated facility or program, the PREA Coordinator will initiate a review of the incident amongst the Review Team which will consist of the CEO, Clinical Director, Director of QI, designated representatives from the Residential, Adolescent and Outpatient Programs and a Board Representative within 30 days of the conclusion of the investigation.
- CT Renaissance will prepare annually a report of the incidents involving sexual abuse and harassment in its facilities. Upon request, the agency shall provide all data from the previous calendar year to the Dept. of Justice no later than June 30.
- All allegations of sexual abuse will be referred to the CT State Police for criminal investigation. The PREA Coordinator will follow up by requesting the outcome reports to conduct an internal administrative review of the inciden
Retaliation

- Any employee, contractor, intern, volunteer, or individual in the custody of the Judicial Branch or Department of Correction whom reports an incident of sexual abuse or sexual harassment or cooperates in a sexual abuse or sexual harassment investigation must not be retaliated against. Any complaint of retaliation by an employee, contractor, intern, volunteer, or individual in the custody of the Judicial Branch or Department of Correction will be reported and investigated in accordance with the procedures and instruction provided in this policy. Any individual who is found to have been in violation of this policy will be subject to appropriate disciplinary action and/or referred to the State Police for criminal investigation.
- CT Renaissance will take necessary measures to ensure protection of those reporting or assisting in the investigation of sexual abuse or sexual harassment. Such measures may include changing of residential assignment or staff assignment or offering emotional support services.
- The agency's PREA Coordinator and Human Resources Department will monitor the conduct and treatment of those employees and individuals in the custody of the Judicial Branch or Department of Correction and will remedy any discovered retaliation.
- The agency's PREA Coordinator in cooperation with the appropriate Program Director or designee will develop and document a plan to prevent and/or monitor any acts of retaliation against someone who reports an incident or cooperates in an investigation of an allegation of sexual harassment or sexual abuse.
- For at least 90 days following a report of sexual abuse, CT Renaissance shall monitor the conduct and treatment of clients / residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Monitoring shall continue beyond 90 days if initial monitoring indicates a continued need. Efforts to fulfill monitoring obligations will be documented and controlled by the PREA Coordinator.
- CT Renaissance’s obligation to monitor will terminate if the investigation determines that the allegations are unfounded.

I __________________________________ have read and understand the CT Renaissance PREA Policy as explained above. I understand that Connecticut Renaissance has a zero tolerance policy for sexual abuse, sexual harassment or any other form of unlawful harassment. I understand that should such allegations be that of a criminal nature the CT State Police will be contacted to conduct a criminal nature and that CT Renaissance will conduct it’s own administrative investigation. I understand that by engaging in acts of sexual abuse, sexual harassment or other unlawful harassment I will be subject to disciplinary action as well as prosecution. I understand, my obligation to immediately report any knowledge of sexual abuse or sexual harassment affecting a resident in the custody of the Judicial Branch to the agency’s PREA Coordinator.

____________________________       _________________________
Signature of Employee, Intern, or Volunteer   Date
HIRING

All job vacancies shall be posted internally as well as through external sources including the CT State Department of Labor. Qualifications for all positions shall be established by the Board of Directors.

The agency shall not discriminate or exclude from employment on the basis of equal employment opportunity guidelines. Equal employment opportunities shall include, but not be limited to, all positions for both men and women. Qualified minority group members and women will be recruited on the staff where deficiencies exist in the representation of those groups. To promote this, the affirmative action plan shall be put into place as needed.

The Chief Executive Officer and Board of Directors shall periodically, and at least annually, review personnel needs. There shall be written job descriptions for each position, including job title, responsibilities and qualifications.

STAFF RECRUITMENT

When necessary, job vacancies are published in at least one local newspaper and at least on relevant job posting website. When necessary and feasible, notices shall be given to other newspapers, placed on the CT Renaissance website and placed in other media. Notice of any job vacancies shall be listed with the CT State Department of Labor. Existing staff members are informed of all job vacancies. Each position vacancy shall be posted internally at each location for a minimum of five days. Board members may be informed of vacancies in order to assist in recruitment. A vacant position may be listed with an employment agency when deemed appropriate by the Chief Executive Officer.

APPLICATIONS FOR EMPLOYMENT

Renaissance relies upon the accuracy of information contained in the employment application, as well as the accuracy of other data presented throughout the hiring process and while employed. Any misrepresentations, falsifications, or material omissions in any of this information or data may result in Renaissance's exclusion of the individual from further consideration for employment or, if the person has been hired, termination of employment shall be considered.

For applicants outside the agency, a current resume and job application shall be submitted. The resume and/or the application shall identify appropriate qualifications such as meeting the appropriate legal requirements, meeting the appropriate licensing, credentialing, certification requirements and/or registration criteria, competency related to the needs of the persons served and requirements of the job, completion of competency based training related to the services provided and the populations served.

Persons currently employed by the agency and are interested in applying for a different position are not required to submit a new resume, but must inform their supervisor in writing of their interest in the position. Current employees are not encouraged, but are will be eligible to transfer positions, internally, within their first year of employment with Connecticut Renaissance.
For all positions, resumes and job applications shall be reviewed by the Program Supervisor. Candidates shall be notified and interviews scheduled. Candidates shall be informed during the interview process of requirements for hire, i.e., criminal history, background checks, driving policy, agreement to participate in the CTR Resolution Program, urinalysis screening, reference checks, submission of transcripts and / or a copy of earned diploma, health screening, submission/verification of credentials, etc. All candidates being considered for employment after their first interview will also be scheduled for a second level interview with a COO or CCO.

A potential candidate shall be informed of how any previous personal experience with drug abuse and or the criminal justice system may affect employment possibilities. Such a history is not a conclusive factor against employment, nor an exclusive factor insuring employment. It is Connecticut Renaissance’s policy, however, that such an individual may not have been in an active OP or Residential Treatment setting for a minimum of two years immediately preceding the date of application.

An individual must be free of any criminal proceedings including but not limited to current / active involvement in a criminal case, pending criminal charges or be on probation or parole at the time of application. Applicants with criminal background must be approved by a second level Supervisor prior to the extension of a job offer. Renaissance may hold contracts with stakeholders/funding sources in specific programs that may prohibit the employment of any individual with a substance abuse or criminal history.

CT Renaissance will not knowingly hire, appoint, or promote anyone who may have contact with individuals in the custody of the Judicial Branch or the Department of Correction, who has been convicted of, has engaged in, or has attempted to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion or if the victim did not consent or was unable to consent; or has been civilly or administratively adjudicated to have engaged in the activity describe above. CT Renaissance will consider any prior reported incidents of sexual harassment in determining whether to hire, appoint, or promote an individual who may have contact with a person in the custody of the Judicial Branch or the Department of Correction. Prior to an employment offer being made to a potential internal or external candidate reference checks and a criminal background check. Information obtained through a reference and criminal background check is considered for employment purposes if relevant to the position being applied.

See Criminal Background Check policy for details in CT Renaissance’s procedures in obtaining and reviewing a candidate’s criminal history. Criminal Record Checks shall be completed prior to hire and every 5 years thereafter for all potential employees, volunteers, interns and contractors.

The Reference Check will utilize the signed Reference Check Authorization and Release of Information Form and consist of the following:

1. Assessing the accuracy of information provided on the application/resume;
2. Personal or professional character references;
3. Educational History;
4. Prior Employers;
5. Other Relevant Sources.
6. Will include an inquiry as to whether the candidate engaged in any substantiated allegations of sexual abuse or resigned during the pendency of an investigation of alleged sexual abuse.

Omissions on the part of the employee, volunteer, intern or contractor or the provision of materially false information, shall be grounds for termination.

Post interview candidates shall be rated utilizing the interview rating form and reference checks completed. Candidates shall be notified regarding their employment status upon completing the
The introductory period is intended to give new employees the opportunity to demonstrate their ability to achieve a satisfactory level of performance and to determine whether the new position meets their expectations. Renaissance uses this period to evaluate employee capabilities, work habits, competencies and overall performance. Either the employee or Renaissance may end the employment relationship at will, during or after the introductory period, with or without cause or advance notice.

All new or rehired employees work on an introductory basis for the first 180 calendar days after their date of hire. Employees who are promoted or transferred within Renaissance must complete a second introductory period of the same length with each new assignment. Any significant absence will automatically extend an introductory period by the length of the absence. If CT Renaissance determines that the designated introductory period does not allow sufficient time to thoroughly evaluate the employee's performance, the introductory period may be extended for a specified period. In no event shall the total introductory period exceed one year for any one position.

In cases of promotions or transfers within CT Renaissance, an employee, who, in the sole judgment of management, is not successful in their new position can be removed from that position at any time during the second introductory period. If this occurs, the employee may be allowed to return to his or her former job or to a comparable job for which the employee is qualified, depending on the availability of such positions and Renaissance's needs.

Employees coming near the end of the Introductory Period undergo an evaluation signed by the supervisor and the Chief Operations Officer (next level supervisor). The evaluation shall note whether the employee has performed position responsibilities at a satisfactory level. Upon satisfactory completion of the initial introductory period, employees enter the "regular" employment classification.

During the initial introductory period, new employees are eligible for those benefits that are required by law, such as Social Security and workers' compensation insurance. Employees may also be eligible for other Renaissance provided benefits, subject to the terms and conditions of each benefits program. Employees should read the information for each specific benefits program for the details on eligibility requirements.

Benefits eligibility and employment status are not changed during a second introductory period resulting from a promotion or transfer within Renaissance.
INDEPENDENT INDIVIDUAL CONTRACTORS

Independent Individual Contractors (IIC’s) may be utilized in any Connecticut Renaissance program for a variety of administrative tasks, to enhance services or to provide a more cost effective means of rendering services to our client population.

IIC’s who can reasonably be expected to have direct contact with, or provide direct services to, clients under the control/supervision of the Judicial Branch or the Department of Correction shall undergo a screening process similar to that required for employees of the agency, including, but is not limited to, reference checks, criminal history checks, drug screens and verification of credentials. All IIC’s must submit W-9 forms prior to providing services. IIC’s who can reasonably be expected to have access to clients’ Personal Health Information (PHI) shall be required to execute Renaissance’s HIPPA/HITECH Business Associate Agreement.

All IIC’s must adhere to CT Renaissance’s zero tolerance policies and procedures included in the Codes of Ethics and Unlawful Sexual Abuse and Sexual Harassment policies. Those IIC’s who can reasonably be expected to have direct contact with, or provide direct services to, clients under the control/supervision of the Judicial Branch or the Department of Correction will be required to read, sign and abide by CT Renaissance’s Prison Rape Elimination (PREA) Policy. CT Renaissance will not enlist the services of IIC’s who are known to have engaged in, or attempted to engage in, sexual abuse or harassment.

The IIC’s signed PREA Policy form and/or HIPAA/HITECH Business Associate Agreement shall be maintained in a file in the CT Renaissance Human Resources Department along with other pre-employment materials.

For extended agreements with IIC’s, performance and Job Descriptions will be reviewed and evaluated annually.

IIC’s shall meet the qualifications outlined in their Job Description that also defines the functions and responsibilities of the position including signing a statement stating that they will abide by policies and procedures and standards as outlined by Connecticut Renaissance’s regulatory bodies as applicable to the services that they would be expected to provide.

IIC’s and/or Connecticut Renaissance can terminate the service agreement at any time with appropriate notification according to the guidelines written in the agreement.
VOLUNTEERS AND INTERNS

Volunteers and Interns may be utilized in any Connecticut Renaissance, Inc. program to enhance services rendered to our client population. They shall not be utilized in place of regular staff positions.

All persons expressing an interest in volunteering or doing an internship in one of our programs shall undergo a screening process similar to screening applicants for hire which includes but is not limited to a reference check, criminal history check and verification of credentials. Volunteers and Interns will be given a description of responsibilities during orientation outlining duties, scope of responsibility and supervision. Upon meeting with their assigned supervisor, performance goals will be established. Performance will be evaluated at least quarterly for the first year and bi-annually thereafter. Time frames will be dependent upon the Intern's length of duty with Connecticut Renaissance and/or the school's requirements. The format for the Intern's Scope of Duties and performance appraisals will follow the school's requirements. If the school does not provide a preferred method of evaluation, the scope of duties outline and performance appraisal process can follow the same Balanced Scorecard format as CT Renaissance employees. It is recognized that some quadrants may not be applicable. Intern scope of duties, goals and performance appraisals shall be signed and given to the intern and forwarded to the Human Resources Department.

Volunteers and Interns shall meet the qualifications outlined in the job specifications that also include the functions and responsibilities of the position including signing a statement stating that they will abide by policies and procedures. All applicants accepted as Volunteers or Interns shall have a complete orientation and training period that includes at a minimum client rights, security and confidentiality regulations, emergency procedures, lines of communication and authority, information regarding insurance coverage, information about personal risks and liability, and all agency policies and procedures including the agencies zero-tolerance policy for sexual abuse or unlawful sexual harassment and PREA policies. Volunteers / Interns are provided the opportunity to attend internal workshops and seminars.

A Volunteer or Intern is expected to comply with all of CT Renaissance’s policies and procedures abiding by the Codes of Ethics and Unlawful Sexual Abuse and Sexual Harassment policies. During a Volunteer or Intern’s Orientation he/she shall be trained and informed, signing that he/she understands CT Renaissance’s zero tolerance and PREA (Prison Rape Elimination Act) policies on Unlawful Sexual Abuse and Sexual Harassment. Upon entering into an agreement/contract, CT Renaissance shall perform a Criminal Background Check. CT Renaissance will not accept a Volunteer or Intern who has engaged in or has attempted to engage in, sexual abuse or sexual harassment.

A Personnel chart shall be created for each volunteer or intern, which would include, contracts, understanding of Policies and Procedures, PREA Acknowledgement, Sexual Abuse and Other Unlawful Harassment form, criminal record check, application, reference checks, scope of duties and other information as required.

When appropriate, information regarding agency policies and procedures shall be communicated to the affiliated training program for Interns. Volunteers and Interns shall be assigned to a staff member that directly supervises all activities. Volunteers and Interns and/or Connecticut Renaissance can terminate services at any time with appropriate notification if possible. Program
Supervisors who are charged with overseeing Volunteers or Interns shall follow Connecticut Renaissance applicable policies and procedures in terms of corrective action and / or termination. Upon termination of services, an exit interview shall take place in order to gain feedback on their experiences with the agency.
EMPLOYMENT BACKGROUND CHECKS

To ensure that individuals who join CT Renaissance are well qualified and have a strong potential to be productive and successful, it is the policy of CT Renaissance to make inquiries into a candidate’s background in the following areas including, but not limited to, the following examples:

1. Criminal History
2. Employment Reference Checks
3. Verification of Education, Licenses and/or Certifications
4. Driver Record Check
5. Drug Screen – Urine Test
6. Medical Condition, including Tuberculosis Certification
7. Citizenship / Valid Work Permit Status Check
8. Consumer Credit History (if applicable)

Notification of any prior criminal acts (including sexual abuse or sexual harassment) or illegal substance use history is requested and a criminal records check shall be conducted prior to making a job offer. The results of the criminal background check will be reviewed by the Chief Executive Officer or designee. At a minimum, any conviction of Connecticut General Statutes 53a-70, 53-70a, 53a-70b, 53-70c, 53a-71, 53a-72a, 53a-72b, or 53a-73a or any other state law prohibiting this same conduct will be considered prior to the appointment or promotion of any candidate. Disqualification of employment or promotion based on the candidate’s criminal history shall be determined by the Chief Executive Officer or designee, who will then report to the hiring Director that the candidate has been disqualified.

Previous convictions or record of prior criminal history may not disqualify an applicant from employment consideration, nor is it an exclusive factor insuring employment. It is Connecticut Renaissance’s policy, however, that such an individual may not have been in an active OP or Residential Treatment setting for a minimum of two years immediately preceding the date of application. CT Renaissance shall not knowingly hire, appoint or promote anyone who has engaged in, or has attempted to engage in sexual abuse or sexual harassment. Furthermore an individual must be free of any criminal proceedings including but not limited to current / active involvement in a criminal case, pending criminal charges at the time of application or have been on probation or parole during the twelve month period prior to the submission of the application. CT Renaissance may hold contracts with stakeholders/funding sources in specific programs that may prohibit the employment of any individual with a substance abuse or criminal history.

Criminal records checks shall also be performed on all Renaissance employees every five years following their hiring. If the checks reveal any criminal charges or cases not previously reported in writing by the employee to Renaissance, the employee may be subject to termination. Any employee who is applying for an internal transfer or promotion shall also undergo a criminal background check prior to the agency offering the employee the requested transfer or promotion.

The Human Resources Department or designee shall verify employment information given by the applicant. At least two references shall be contacted and documentation of the reference check shall be completed. The Reference Check will utilize the signed Reference Check Authorization and Release of Information Form and consist of the following:

1. Assessing the accuracy of information provided on the application/resume;
2. Personal or professional character references;
3. Educational History;
4. Prior Employers;
5. Other Relevant Sources.
6. Will include an inquiry as to whether the candidate engaged in any substantiated allegations of sexual abuse or resigned during the pendency of an investigation of alleged sexual abuse.

Official sealed transcripts are requested from each candidate. Connecticut Renaissance will also accept copies of diplomas.

Connecticut Renaissance also performs a Driver Record Check. Please see policy on "Maintaining and Acceptable Driver Record" for more information.

Individuals may be deemed ineligible based on criminal offenses and current legal status due to the risk of unreasonable liability to the agency, staff and/or clients. All obtained background and reference check materials shall be entered into the personnel record at the time the applicant is hired. Resumes and information on individuals not hired, whether interviewed or not, shall be maintained.

Regarding former employees the HR Department will respond in writing only to those reference check inquiries that are submitted in writing. Responses to such inquiries will confirm only dates of employment, wage rates, and position(s) held. CT Renaissance shall provide information on convictions or civil/administrative adjudications related to sexual abuse or sexual harassment involving clients or staff members by a former employee to prospective employers upon receiving a request for employment references authorized by that former employee.
Connecticut Renaissance, Inc. is an equal opportunity employer. Qualified applicants are considered for all positions and are treated during employment without regard to race, color, religious creed, sex, marital status, sexual orientation, national origin, ancestry, age, veteran’s status, present or past history of mental disorder, mental retardation, disability or any other characteristic prohibited by any applicable law or regulation, unless related to a bona fide occupational qualification. This application shall remain active for 45 days from the date of application.

Applied For | Payrate Desired | Date
---|---|---

How Did You Learn About Us? (Check One)
☐ Advertisement   ☐ Friend   ☐ Walk-In   ☐ Internet   ☐ Employment Agency   ☐ Relative   ☐ Other

Last Name | First Name | Middle Name
---|---|---

Present Address | Number | Street | City | State | Zip Code
---|---|---|---|---|---

Permanent Address (If same as above, enter “same”)

Best Telephone Number to be reached at

Do you have the legal right to work in the United States? ................................................................. ☐ Yes  ☐ No

(Proof of citizenship or immigration status will be required upon employment.)

If you are under 18 years of age, can you provide required proof of your eligibility to work? ……… ☐ Yes  ☐ No

Available to work: ☐ Full Time   ☐ Part Time   ☐ 2nd Shift   ☐ 3rd Shift   ☐ Per Diem   ☐ Volunteer   ☐ Internship

Have you ever filed an application with us before? If Yes, when? ................................................................. ☐ Yes  ☐ No

If yes, in what position? :

If yes, please give dates: From ____________________ To ____________________

Are any relatives employed with us? ................................................................. ☐ Yes  ☐ No

If yes, list:

Have you been convicted of a misdemeanor or felony within the last seven years? ................................................................. ☐ Yes  ☐ No

If yes, please explain. ______________________________________________________________________________

(Convictions do not necessarily disqualify an applicant for employment. Each one is considered relative to the position applied for.)

Have you ever been a perpetrator of sexual abuse or harassment? ................................................................. ☐ Yes  ☐ No

If yes, please explain. ______________________________________________________________________________

(Convictions do not necessarily disqualify an applicant for employment. Each one is considered relative to the position applied for.)

Have you been on probation or parole at any point within the past year? ................................................................. ☐ Yes  ☐ No

If yes, please explain. ______________________________________________________________________________

Do you have any criminal charges pending at this time? ................................................................. ☐ Yes  ☐ No

If yes, please explain. ______________________________________________________________________________

Are you a registered sexual offender? ................................................................. ☐ Yes  ☐ No

Are you currently employed? ................................................................. ☐ Yes  ☐ No

If yes, may we contact your present employer? ................................................................. ☐ Yes  ☐ No

Can you travel if job required it? ................................................................. ☐ Yes  ☐ No

Have you served in the U.S. Military? ................................................................. ☐ Yes  ☐ No

If yes, did you receive an honorable discharge? ................................................................. ☐ Yes  ☐ No

Indicate which foreign languages, if any, you speak, read and/or write:

If an accommodation is needed, explain the condition for which assistance is needed and the nature of the assistance:

Yes  ☐ No

Are you capable of performing the essential activities and functions of the job for which you have applied without requiring reasonable accommodation assistance?

5/2014
**Employment Experience**
Please list detailed information for your current and/or previous employers, starting with your present or most recent position, including internship and or volunteer experiences, if applicable. Please do not list “See Resume”

<table>
<thead>
<tr>
<th>Employer (Current or Most Recent)</th>
<th>Dates Employed</th>
<th>Description of Duties</th>
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<td>From</td>
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<tr>
<td>Address</td>
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<tr>
<td>Telephone Number(s)</td>
<td>Hourly Rates/Salary</td>
<td>Starting Final</td>
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<td>Job Title or Position</td>
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<td>Supervisor</td>
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<tr>
<td>Reason for Leaving</td>
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**Education**

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<thead>
<tr>
<th>Name and Address of School</th>
<th>Years Completed</th>
<th>Graduate (Yes/No)</th>
<th>Course of Study</th>
<th>Degree</th>
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<tr>
<td>High School</td>
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<tr>
<td>Undergraduate College/University</td>
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<tr>
<td>Graduate, Professional or Other</td>
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Special Training or Certifications Courses or Related Experiences: ________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
Medication Certificate: Yes/No Exp. Date: ___________________ CPR: Yes/No Exp. Date: ____________
First Aid: Yes/No Exp. Date: ___________________ Other: ____________________________

**References**
Please list 3 professional references, who are **not related** to you and have knowledge of your work performance and/or experience.

<table>
<thead>
<tr>
<th>Reference Name</th>
<th>Relationship</th>
<th>Company</th>
<th>Years Known</th>
<th>Address</th>
<th>Area Code &amp; Telephone Number</th>
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5/2014
Applicant’s Statement

1. I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application or in any interview is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by Connecticut Renaissance, Inc.

2. I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be “at-will” and without fixed term, and may be terminated at any time, with or without prior notice, at the option of either myself or Connecticut Renaissance, Inc. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing by the Chief Executive Officer.

3. I understand that as a condition of employment, Connecticut Renaissance, Inc. requires all applicants to undergo a series of background checks. I understand that all these checks must be successfully completed before reporting for work or being placed on the payroll. I hereby authorize Connecticut Renaissance, Inc. to initiate the following background investigations, if I accept a conditional offer of employment.

   • Background Check (Motor Vehicle and Criminal)
   • Drug Screen – Urine Test
   • Medical Condition, including Tuberculosis Certification
   • Verification of Education, Licenses and/or Certifications
   • Citizenship/Valid Work Permit Status Check
   • Consumer Credit History (if applicable)

4. I also understand that Connecticut Renaissance has adopted an alternative dispute resolution program, “CTR Resolution” which provides all employees with a three step process, including mutually binding arbitration, to resolve disputes between employees and the company. I understand that participation in this program is a condition of employment for all new employees to the agency. I also understand that I cannot start work or be placed on Connecticut Renaissance’s payroll until I have submitted a signed “CTR Resolution Agreement”, agreeing to participate in the program. (The agreement form will be provided, along with a copy of the “CTR Resolution Manual” prior to the initial Human Resources orientation session.)

5. If I am offered employment I understand that I may have to submit the results of a medical examination, drug test and tuberculosis test at any time deemed appropriately by the Company and as permitted by applicable law. I consent to such examinations and/or tests, and I request that the examining doctor disclose to the Company the results of the examination, which the Company shall keep confidential. I understand that my employment or continued employment, to the extent permitted by applicable law, is contingent upon satisfactory medical examinations and/or drug test, and that I must pay for the cost of the medical examination and tuberculosis test.

6. I understand that employment is contingent upon my complying with the employment verification requirements of the Immigration Reform and Control Act.

7. I certify that I have read, or have had read to me, items 1, 2, 3, 4, 5 and 6 above. I understand the contents and hereby acknowledge receipt of this information.

   Signature of Applicant ___________________________ Date ___________________________
   (Signature required in order to be considered for employment.)

Do not write below this line

Notes

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Date ___________________________ Staff ___________________________

5/2014
Affirmative Action Survey

(Submission of this information is VOLUNTARY)

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. All data collected for analysis and affirmative action only. The information will be kept in a confidential Human Resources file, separate from the employment application and the employee’s Personnel File (if hired). This information is not used in the hiring decision.

**Gender:**
[ ] Male       [ ] Female

**Racial/Ethnic Heritage Groups (Check One):**
[ ] Black, not of Hispanic origin: Persons having origins in any of the black racial groups of Africa
[ ] Hispanic: Persons of Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.
[ ] White, not of Hispanic origin: Persons having origins in Europe, North Africa or the Middle East.
[ ] Native American or Alaskan Native: Persons having origins in any of the original peoples of North America who maintain a cultural identification through tribal affiliations or community recognition.
[ ] Asian or Pacific Islander: Persons having origins in the Far East, Southeast Asia, the Indian subcontinent or the Pacific islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, Vietnam and Samoa.
[ ] Other or Unknown

**Veteran Status (Check One):**
[ ] Vietnam Era Veteran       [ ] Disabled Veteran       [ ] Other Veteran       [ ] Non-Veteran

**Disability Status (Check One):**
[ ] Person with a disability (The Americans with Disabilities Act of 1190 [ADA] defines a person with a disability as a person who has a physical or mental impairment that substantially limits one or more major life activities.)
[ ] Not a person with a disability.
Internal Career Opportunity

Date: _________________________________

Employee Name: _______________________________________________________________

Present Job Title: _______________________________________________________________

Location: ______________________________  length of time in current position? __________

Position Applying For: ___________________________________________________________

Relevant Qualifications (Education/Experience/Credentials):
_____________________________________________________________________________
_____________________________________________________________________________

Based on this career opportunity/posting, what qualifies you for this position, please be specific:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Is your current Supervisor aware that you are applying for this internal opportunity/posting?
□Yes  □ No
Are you up to date with all your required trainings and certifications/licenses? □Yes  □ No
Are you a registered sexual offender? ................................................................. □Yes  □ No
Have you ever been a perpetrator of sexual abuse or harassment? ......................□Yes  □ No
If yes, please explain

Have you been convicted of a misdemeanor or felony within the last seven years? □Yes  □ No
If yes, please explain.

What is your availability for an interview? Please provide optional dates and times: _______
_____________________________________________________________________________

Best number where you can be reached: _____________________________________________

Employee Signature:

Please attached your current resume to this completed form and submit to the Human Resources Department. Fax – 203-336-5104

This internal application will be filed in your personnel file.

Human Resources Use

Interviewed Date: _______________________ By: _____________________________

Results: ________________________________________________
Connecticut Renaissance, Inc.  
Employment Reference Check Form

Name: ___________________________ Position Applying For: ________________________

The following is the person spoken to in regards to the above applicant:

Contact: ___________________________ Title ___________________________
Company Name: ________________________ Phone# ______________________

Answer questions below using the following codes: 5-Excellent, 4-Very Good, 3-Good, 2-Fair, 1-Poor

<table>
<thead>
<tr>
<th>Code</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance: _____</td>
<td>__________________________________________</td>
</tr>
<tr>
<td>Work Attitude: _____</td>
<td>__________________________________________</td>
</tr>
<tr>
<td>Productivity: _____</td>
<td>__________________________________________</td>
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<tr>
<td>Quality of Work: _____</td>
<td>__________________________________________</td>
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<tr>
<td>Initiative: _____</td>
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<tr>
<td>Interpersonal Skills: _____</td>
<td>__________________________________________</td>
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<tr>
<td>Writing Skills: _____</td>
<td>__________________________________________</td>
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<tr>
<td>Overall Job Performance: _____</td>
<td>__________________________________________</td>
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<tr>
<td>Effective Team Player: _____</td>
<td>__________________________________________</td>
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<tr>
<td>Timeliness of Documentation: _____</td>
<td>__________________________________________</td>
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<tr>
<td>Openness to Feedback: _____</td>
<td>__________________________________________</td>
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<tr>
<td>Areas of Greatest Need: _____</td>
<td>__________________________________________</td>
</tr>
<tr>
<td>Reason for Leaving: _____</td>
<td>__________________________________________</td>
</tr>
<tr>
<td>Would you rehire this person: _____</td>
<td>__________________________________________</td>
</tr>
</tbody>
</table>

Is Reference Source aware of any incident(s) in which candidate was known to engage in any substantiated allegations of sexual abuse or harassment or has resigned during the pendency of an investigation of alleged sexual abuse:
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Other Comments: ____________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Reference Check done by: ___________________________ Date: ______________________

Applicants Authorization
I understand that in connection with the application process, Connecticut Renaissance may contact my former employers, references and other relevant third parties to obtain additional information related to the information given by me. I hereby request, release, and consent to the release and disclosure of such information. I further release and hold harmless Connecticut Renaissance, their officers, employees and any other parties inquiring about, investigating, communicating, reviewing, or evaluating such information from any and all potential claims, demands, damages, liabilities, and/or actions of any kind arising from such activities, whether known or unknown to me presently, that I may have, now or in the future.

I authorize my previous employer or the addressee above to release information as requested by Conn. Renaissance for employment evaluation purposes. A photocopy of this signed form is acceptable authorization.

Applicant’s Name (please print clearly): _________________________________________________

Signature: ___________________________ Date: ______________________
New Hire Orientation Check List

Employee________________________________________Full____Part___Per Diem___ Intern____
DOH_____________________Dept___________________Location_____________________________
____ Resume ____Application/AAP ____2 References ____Rating Sheet ____Payroll Authorization Form
________________________________________________________________________________________________________________________________________________________________________________________
_________________________________________
Conditional Offer Letter: __________
____Drug Testing     Sent: __________ Received: __________
____Physical Exam
____TB Results
____Criminal Background check   Sent: __________ Received: __________
____Residential Sent: __________ Received: __________ Driving Record Approved _____Denied
____Adolescent Sent: __________ Received: __________ DCF & State Police (a/p$50 check only) & Driving Record
____Outpatient Sent: __________ Received: __________ DCF & State Police (a/p$50 check only)
____Credentials (LADC, LCSW, LPC, CAC, CADC,) Verified: __________
____National Provider Identifier
____CTR Resolution
____Onboarding Letter: Hire Date________________

Orientation Date: _______________
_______________________________

Benefits Information: (FT EE Only wkly 30hrs+)
Eligible Yes___ No___
PTO HOURS:
• 4.31 hours____
• 5.65 hours____
• 7.00 hours____

Employee Signature ____________________________________________ Date ________________

HR Signature _________________________________________________ Date__________________

Revised 9/18/15
SEXUAL ABUSE & OTHER UNLAWFUL HARASSMENT

CT Renaissance is committed to providing a work environment that is free of Sexual Abuse, discrimination and unlawful harassment. Sexually based actions as well as words, jokes, or comments based on an individual’s sex, race, ethnicity, age, religion, or any other legally protected characteristic will not be tolerated. As an example, sexual harassment (both overt and subtle) is a form of employee misconduct that is demeaning to another person, undermines the integrity of the employment relationship, and is strictly prohibited. The agency maintains a zero tolerance toward all forms of sexual abuse, sexual harassment or other forms of unlawful harassment.

Sexual Abuse:

Sexual Abuse may involve an employee, contractor, volunteer, or intern against another employee, contractor, volunteer, intern or a person served. An incident is considered sexual abuse if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

- Contact between the penis and the vulva or the penis and the anus, including penetration, however slight.
- Contact between the mouth and the penis, vulva or anus.
- Contact between the mouth and any body part where the employee, contractor, intern or volunteer has the intent to abuse, arouse, or gratify sexual desire.
- Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object or other instrument, that is unrelated to official duties or where the employee, contractor, intern or volunteer has the intent to abuse, arouse or gratify sexual desire.
- Any other intentional act, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh or the buttocks, that is unrelated to official duties or where the employee, contractor, intern or volunteer has the intent to abuse arouse or gratify sexual desire.
- Any attempt, threat or request by an employee, contractor intern or volunteer to engage in the activities as listed above.
- Any display by an employee, contractor, intern or volunteer of his or her uncovered genitalia, buttocks or breasts in the presence of another employee, contractor, intern, volunteer, or persons served.
- Any other conduct that is prohibited under Connecticut General Statutes 53a-70, 53a-70a, 53a-70b, 53-70c, 53a-71, 53a-72a, 53a-72b, or 53a-73a; and
- Voyeurism by an employee, contractor, intern or volunteer. Voyeurism means an invasion of privacy of another employee, contractor, intern, volunteer, or persons served. For reasons unrelated to official duties, such as peering at an individual who is performing bodily functions; requiring an individual to expose his/her buttocks, genitals, or breasts; or taking images of all or part of an individual’s naked body or of an individual performing bodily functions.

Sexual Harassment includes:

- Repeated and unwelcomed sexual advances, requests for sexual favors or verbal comments, gestures or actions of a derogatory or offensive sexual nature by an
employee, contractor, intern, volunteer, or persons served towards another employee, contractor, intern, volunteer, or persons served.

- Verbal comments or gestures of a sexual nature towards another employee, contractor, intern, volunteer or person served, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.
- The display of sexually suggestive pictures or objects in a confinement facility.
- Any other undesirable conduct of a sexual nature.

Any employee who wants to report an incident of sexual or other unlawful harassment should promptly report the matter to his or her supervisor. If the supervisor is unavailable or the employee believes it would be inappropriate to contact that person, the employee should immediately contact the next supervisor in the chain of command. Employees can raise concerns and make reports without fear of reprisal.

Any supervisor or manager who becomes aware of possible sexual abuse or other unlawful harassment should promptly advise the next supervisor in the chain of command, who will who will contact the PREA Coordinator or Clinical Director to conduct an internal investigation in a timely and confidential manner. If the report is that of a criminal nature the Connecticut State Police shall be contacted to investigate the report, while an administrative review concurs simultaneously.

Anyone engaging in sexual abuse or other unlawful harassment will be subject to disciplinary action, up to and including termination of employment and/or prosecution to the fullest extent of the law. All personnel including volunteers and interns shall participate in a sexual harassment educational training within three months of employment and annually thereafter.

Sexual Abuse or Harassment involving an employee, contractor, volunteer or intern against an individual in the custody of the Judicial Branch and/or the Department of Correction shall be reported, reviewed and investigated in accordance to the agency’s PREA policy.

I __________________________________ have read and understand that Connecticut Renaissance has a zero tolerance policy for sexual abuse, sexual harassment or any other form of unlawful harassment. I understand that should such allegations be that of a criminal nature the CT State Police will be contacted to conduct a criminal nature and that CT Renaissance will conduct it’s own administrative review. I understand that by engaging in acts of sexual abuse, sexual harassment or other unlawful harassment I will be subject to disciplinary action as well as prosecution.

________________________________________     _________________________
Signature of Employee, Intern, Volunteer, or Contractor    Date

Entity if Contractor

Policy revised 11/3/15 GG
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TRAINING REQUIREMENTS

POLICY

Connecticut Renaissance is dedicated to ensuring that staff are knowledgeable in all areas that may affect their job performance and the customer. All employees shall undergo initial and ongoing trainings as required.

PROCEDURE

Corporate Compliance education shall be offered during New Employee Orientation. It shall also be incorporated into the Ethics workshop.

All persons responsible for billing and coding shall undergo initial and on-going training in an effort to maintain regulatory compliance and to reduce errors. Such trainings may be attended through external vendors.

Personnel shall receive competency-based training in the area of Fire Safety and Emergency Procedures upon hire and annually. The training shall incorporate the following areas: Health and safety practices, identification of unsafe environmental factors, emergency procedures, evacuation procedures, identification of critical incidents, reporting of critical incidents, and reducing physical risks. As well, safety issues that arise while providing services in the community shall be addressed.

Vehicle Safety training shall be provided to all persons who are listed on the agency’s “Driver” list.

Supervisors shall undergo a review on Writing Performance Appraisals and Measurable Goals. This training will be offered as needed.

Sexual Abuse and Unlawful Harassment - Agency policies and procedures in conjunction with PREA must be attended annually by all staff and administration. The training shall include CT Renaissance’s stance on zero tolerance for sexual abuse and sexual harassment; How to fulfill responsibilities for prevention, detection, reporting and response to sexual abuse and harassment policies & procedures; Employee and client rights to be free of sexual abuse and harassment; the dynamics of sexual abuse and harassment within the criminal population and confinement facilities; Common reactions from victims; How to detect and respond to signs of threatened and actual sexual abuse; How to avoid inappropriate relationships with clients; How to communicate effectively and professionally with clients, including lesbian, gay, bisexual, transgender, intersex or gender non conforming residents; How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Initial and Ongoing training updates for all personnel employed shall cover Rights of the Person Served, Confidentiality, Ethics & Professional Conduct; Person-and Family-Centered Services; Cultural Competency; Workplace Violence.

All direct service staff shall participate in competency-based training that addresses Person / Family Centered Treatment Planning and Chart Documentation. The training shall include – areas that reflect the specific needs of the persons served, appropriate clinical skills, individual plan development, interviewing skills, program related research-based treatment approaches.

All direct service staff shall participate in Crisis Intervention training which shall include recognizing and responding to a person who may be in crisis or may be approaching a level of crisis, de-escalation techniques, dealing with the acting out person and handling crisis services while working in the community.
All direct service staff shall participate in appropriate ongoing training and education regarding pharmacotherapy.

Each employee shall sign a signature form to verify attendance and complete an instructor evaluation and post-test if applicable. If a training was attended through an external organization, staff must present the Quality and HR Departments with a copy of a sign-in form and / or a certificate in order for the training to meet the agency’s training requirements. Initial trainings completed through the Supervisor orientation process shall be documented on the orientation form and maintained in Personnel files.
OUTLINE OF TRAINING REQUIREMENTS

The required format of which staff must complete trainings will be based on full / part time employment status. It is recognized that part time staff have increased scheduling conflicts in completing their annual required trainings. Training requirements are outlined by:

1. Full Time
2. Part Time – Clinical Program Excluding Doctors
3. Part Time – Non-Clinical or other then Program Staff
4. Part Time – Doctors

Part Time staff including the Doctors will be required to complete self study or the computer training modules for each required training. A post-test will be completed and reviewed by the immediate supervisor and then sent to the QI Department. If a computer training module is available, then Connecticut Renaissance will not pay the staff person to participate in a “live” training outside of their regularly scheduled work hours. However staff will receive their hourly pay for attending First Aid and CPR classes.

<table>
<thead>
<tr>
<th>Training</th>
<th>Staff Eligible for Annual Computer Training Module</th>
<th>Staff That are Required to Attend Live Trainings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethics, Confidentiality &amp; Client Rights</td>
<td>Administration, Administrative Assistants, Billing Specialists, Cooks, Maintenance Staff, Night Watchmen and Part-Time Staff</td>
<td>Full-Time Adolescent &amp; Adult OP Staff, Staff Performing Clinical Duties, Staff Performing Case Management Duties &amp; Program Supervisors</td>
</tr>
<tr>
<td>Crisis Intervention</td>
<td>Administration, Administrative Assistants, Billing Specialists, Cooks, Maintenance Staff, Night Watchmen and Part-Time Staff</td>
<td>Full-Time Adolescent &amp; Adult OP Staff, Staff Performing Clinical Duties, Staff Performing Case Management Duties &amp; Program Supervisors</td>
</tr>
<tr>
<td>Treatment Planning &amp; Chart Documentation</td>
<td>Administration, Administrative Assistants, Billing Specialists, Cooks, Maintenance Staff, Night Watchmen and Part-Time Staff</td>
<td>Full-Time Adolescent &amp; Adult OP Staff, Staff Performing Clinical Duties, Staff Performing Case Management Duties &amp; Program Supervisors</td>
</tr>
<tr>
<td>Sexual Abuse and Harassment Agency &amp; PREA Policies</td>
<td>All staff may attend an electronic training annually on sexual abuse, harassment policies and procedures incorporating agency and PREA regulations</td>
<td>All staff should attend this training once during their New Employee Orientation. If for any reason they do not, they may attend the next N.E.O.</td>
</tr>
<tr>
<td>Cultural Competency</td>
<td>N/A – Only Offered Through Scheduled Trainings.</td>
<td>All Program Staff (including administrative staff)</td>
</tr>
<tr>
<td>Pharmacology</td>
<td>Part Time Direct Service Staff</td>
<td>Full-time Adolescent &amp; Adult OP Staff (excluding administrative staff)</td>
</tr>
<tr>
<td>CPR &amp; First Aid</td>
<td>N/A – Only Offered Through Scheduled Trainings.</td>
<td>Any Staff who may be alone in a facility with a client</td>
</tr>
<tr>
<td>Infection Control</td>
<td>All Staff not due for First Aid Training in the same training year.</td>
<td>New Employees and Staff Attending First Aid Training</td>
</tr>
<tr>
<td>Evidenced Based Treatment Models</td>
<td>N/A – Currently Only Offered Through Scheduled Trainings.</td>
<td>All Program Staff using EBT Models must attend an Initial Training &amp; Annual Booster Training</td>
</tr>
<tr>
<td>Fire Safety and Emergency Procedures</td>
<td>All staff, who have completed initial orientation with their Supervisor</td>
<td>Live training not offered after NEO</td>
</tr>
<tr>
<td>Work Place Violence</td>
<td>All staff, who have previously attended a &quot;live&quot; training</td>
<td>Live training not offered after NEO</td>
</tr>
<tr>
<td>Corporate Compliance</td>
<td>All staff, who have previously attended a &quot;live&quot; training</td>
<td>Live training not offered after NEO</td>
</tr>
</tbody>
</table>
In addition to the above mandatory trainings, CT Renaissance offers trainings that promote competency in the area of co-occurring skills. Staff members working in co-occurring capable or enhanced programs are required to participate in a series of trainings that address the care and treatment of individuals who suffer from both mental health and addiction issues. Below are a list of training that CT Renaissance offers for both direct care and clinical staff. Staff may attend the in-house training or external trainings that are approved by the Clinical Director and Program Director. Staff whether direct care or clinical must participate in a minimum of 12 hrs of co-occurring treatment related trainings per year.

Co-Occurring Competency Trainings

<table>
<thead>
<tr>
<th>Direct Care Staff</th>
<th>Clinical Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Counseling Skills</td>
<td>Stage-Wise Interventions</td>
</tr>
<tr>
<td>Mental Health First Aid</td>
<td>MET 1 &amp; MET 2</td>
</tr>
<tr>
<td>Intro. To Co-Occurring Disorders</td>
<td>DDCAT</td>
</tr>
<tr>
<td>Trauma Informed Care</td>
<td>Trauma Informed Care</td>
</tr>
<tr>
<td>MET 1</td>
<td>DSM-V</td>
</tr>
<tr>
<td>DDCAT</td>
<td>Understanding Anxiety Disorders &amp; Addictions</td>
</tr>
<tr>
<td>Risk Assessment</td>
<td>Understanding Personality Disorders &amp; Addictions</td>
</tr>
<tr>
<td>Group Facilitation Skills</td>
<td>Risk Assessment</td>
</tr>
<tr>
<td></td>
<td>Using Creative Therapies in the Treatment of Co-Occurring Disorders</td>
</tr>
</tbody>
</table>

Oversight of completion of required trainings is the responsibility of each individual staff person and their immediate supervisor.

- Each staff and Supervisor will have a responsibility listed on their job description that states completion or ensure staff completion of all mandatory trainings.
- Any staff person, who does not complete their annual required trainings will be given a “0” on their annual appraisal under the category of “Innovation and Learning.”
- Supervisors in addition to listing oversight of staff participation in trainings on their job descriptions will also be given a goal in the area of “Operations” to ensure that all direct reports attend mandatory training or complete their computer training modules as required.
- Supervisors with 100% of their employees fulfilling their training responsibilities will be granted a half day off.

The training calendar will be designed so as to offer 2-3 trainings each quarter at various locations and times. Staff will be responsible for checking the calendar and attending the trainings as required. Trainings will not be offered again once their designated quarter has ended. Each month the QI Department will send out and email advertising the month’s trainings.

CEU’s: Any staff member, this includes FACILITATORS, wishing to use CTR training hours towards their licensure or certification will need to attend trainings “LIVE” Computer Module Trainings cannot be counted toward CEU’s per the CCB.

Revised 9/10/15
REPORTING OF SEXUAL ABUSE AND/OR HARASSMENT

POLICY

CT Renaissance requires all staff to report immediately and initiate a coordinated response to any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment that may have taken place against a client by another client, employee, volunteer, intern or contractor. Residents / Clients shall be encouraged and provided a safe means of reporting such abuse. Anyone who reports an allegation of sexual abuse or harassment may do so without fear of reprisal.

STAFF REPORTING PROCEDURES

- Staff shall report to their next level Supervisor and the agency's PREA Coordinator any knowledge or suspicion of sexual abuse and/or harassment against a client / resident by another client/resident, employee, volunteer, intern or contractor. Retaliation by other residents or staff for reporting sexual abuse or sexual harassment; and, staff neglect or violation of responsibilities that may have contributed to such incidents should also be reported.
- Staff shall utilize the PREA Incident report form on behalf of the client / resident to initiate a response by the PREA Coordinator.
- Staff may make such reports in a private manner of which they are comfortable. Such reports of sexual abuse, harassment, known retaliation or concerns of neglect on the part of another staff, volunteer, intern or contractor may be submitted in writing or verbally to the PREA Coordinator and may be done so anonymously.
- Apart from reporting to designated supervisors or the PREA Coordinator staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, review and other security and management decisions.
- Unless otherwise precluded by Federal, State or local law, agency staff shall be required to report sexual abuse and must inform client / residents of their duty to report, and the limitations of confidentiality at the initiation of services.
- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, CT Renaissance shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.
- Upon hire, new employees will receive training on the agency’s policies and procedures regarding sexual abuse and sexual harassment. A signed understanding of CT Renaissance’s PREA policies shall be maintained in the employee’s personnel file.
- Staff shall attend an annual re-training on PREA policies and procedures. The annual training will be competency based.

CLIENT / RESIDENT REPORTING PROCEDURES

- Clients / Residents may make verbal or written reports of sexual abuse or harassment to their Clinician, Program Director, PREA Coordinator, Director of Quality Improvement or any other employee they feel comfortable in reporting sexual abuse or sexual harassment; Retaliation by other residents or staff for reporting sexual abuse or sexual harassment; and, staff neglect or violation of responsibilities that may have contributed to such incidents.
• Staff must allow the client / resident a private area to report their concerns and make their report. Staff must accept both verbal and/or written incident reports. If the client / resident is willing to make a written report, the PREA incident report form should be utilized. If not, the staff person taking the report can write the report.
• The PREA incident report form shall be forwarded to the agency's PREA Coordinator & designated Program Director who will then contact the client's Parole Officer or other referral source.
• Clients / Residents may report concerns of sexual abuse or harassment to their Parole Officers or referral sources, who will then contact the agency's PREA Coordinator to corroborate and investigation.
• Clients / Residents may contact Safe Haven, 29 Central Ave in Waterbury, CT at (203) 753-3613 (for sexual assault services) or The Center for Family Justice located at 753 Fairfield Ave., Bridgeport, 203-334-6154. The crisis centers shall forward reports of sexual abuse and sexual harassment to agency officials. Clients may remain anonymous if they desire. Client/residents also may call 911 for an immediate report to local and CT State Police.
• CT Renaissance will provide victims with access to external victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and phone numbers of such community resources. The programs shall enable communication between residents and such community resources in as confidential manner as possible.
• Clients will be informed that when third party services are used for reporting purposes, the agency will be made aware of reports of sexual abuse and harassment. The agency will pursue a coordinated response accordingly and as necessary.
• Employees shall accept reports made verbally, in writing, anonymously and from third parties. Any report received shall be promptly documented.
• Reports of sexual abuse and sexual harassment shall be thoroughly reviewed by the PREA Coordinator, who will do so in conjunction with the Clinical Director, Chief Executive Officer and other parties as appropriate.
• Residents upon admission will be oriented to CT Renaissance's PREA policies and procedures.
• In the orientation process, residents will obtain a clear understanding of reporting and review procedures including being provided the PREA incident reporting form and other options for privately and anonymously making reports of sexual abuse or sexual harassment.

AGENCY GUIDELINES

• CT Renaissance does not impose a time limit on when a client / resident may submit a report regarding an allegation of sexual abuse or sexual harassment.
• CT Renaissance does not require a client / resident to use any informal process or attempt to resolve with staff and alleged incident of sexual abuse. Incident reports that make allegations of sexual abuse or harassment shall be handled by the PREA Coordinator or designee.
• A client / resident may submit a report verbally or in writing and may submit it to a staff member, administrator or third party that is not the subject of the complaint.
• Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates shall be permitted to assist clients / residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents.
• If a third party files such a request on behalf of a resident, the facility may request, as a condition of processing the request that the alleged victim agree to have the request filed.
on his / her behalf. If the resident declines to have the request processed on his / her behalf, CT Renaissance shall document such decision.

- The agency shall enter into memoranda of understanding or other agreements with community service providers that are able to provide clients/ residents with confidential, emotional support services related to sexual abuse. CT Renaissance will maintain copies of such agreements or documentation showing attempts to enter into such agreements.
- The Program Director may corroborate with the referral source to take appropriate action when it has been determined that a client / resident has filed a grievance alleging sexual abuse in bad faith.

REPORTING TO OTHER CONFINEMENT FACILITIES

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Program Director that received the allegation shall notify the head of the facility or the appropriate office of the agency where the alleged abuse occurred.
- Such notification must be done so as soon as possible, but no later than 72 hours after receiving the allegation.
- The Program Director will apprise the CT Renaissance PREA Coordinator of such allegations and collaborate with the PREA Coordinator in terms of ensuring appropriate notifications.
- The PREA Coordinator will maintain documentation of such reports and communication with other organizations.
- If CT Renaissance receives a report from another organization of an allegation of sexual abuse that supposedly occurred at a CT Renaissance facility. CT Renaissance shall follow up and initiate a review of the report.
REVIEWING AND RESPONDING TO ALLEGATIONS OF SEXUAL ABUSE AND/OR SEXUAL HARASSMENT

POLICY

CT Renaissance requires all staff to report immediately and initiate a coordinated response to any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment that may have taken place against a client by another client, employee, volunteer, intern or contractor. Residents / Clients shall be encouraged to and provided with a safe means of reporting such abuse. Anyone who reports an allegation of sexual abuse or harassment may do so without fear of reprisal. All reports/allegations of sexual abuse or sexual harassment shall be addressed and reviewed according to the following procedures.

PROCEDURES – STAFF FIRST RESPONDER DUTIES

- Upon learning of an allegation that a resident was sexually abused, the first staff person to receive the report must notify the Program Director.
- Arrangements will immediately be made to separate the alleged victim and abuser.
- Law enforcement will immediately be called in the case of alleged sexual abuse.
- The crime scene will be closed off until the arrival of law enforcement.
- The alleged victim will be asked not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.
- The alleged abuser will be asked to not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.
- The Program Director or first responder if Director is not available shall make immediate notification to the PREA Coordinator and the referral source.
- The PREA Coordinator will take the lead, provide direction and coordinate the activities necessary to ensure care to the victim. Law enforcement will be called immediately to investigate the allegations.

INVESTIGATIONS and INTERNAL ADMINISTRATIVE REVIEWS

- Investigations into allegations of sexual abuse and sexual harassment shall be done so promptly, thoroughly, and objectively for all allegations including third-party and anonymous reports. Investigations shall be conducted by law enforcement for sexual abuse reports, internal reviews and investigations of reports of sexual harassment incidents will be reviewed and coordinated by the PREA Coordinator.
- PREA Coordinator, Program Director or designee shall contact the State Police Department to initiate a criminal investigation when appropriate.
- Law enforcement will take the lead role in investigations for sexual abuse and CTR staff will cooperate with such investigations and shall endeavor to remain informed about the progress of the investigation.
- CT Renaissance Administrative Review shall include:
  - An effort to determine whether staff actions or failures to act contributed to the abuse.
  - Shall be documented in written reports of the review and the findings.
REPORTING TO ALLEGED VICTIMS

- Following a review into a client / resident’s allegation of sexual abuse suffered while receiving services in a CT Renaissance facility, the PREA Coordinator shall inform the client / resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The client shall be informed (unless the alleged sexual abuse was determined to be unfounded) whenever:
  - The staff member is no longer assigned within the resident’s unit;  
  - The staff member is no longer employed at the facility;  
  - CT Renaissance learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or  
  - The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

- Following a client’s allegation that he/she has been sexually abused by another resident, CT Renaissance shall subsequently inform the alleged victim whenever:
  - CT Renaissance learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or  
  - The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

- All notifications or attempted notification shall be documented and maintained in a file by the PREA Coordinator.

- CT Renaissance’s obligation to report back to victims shall be terminated if the client / resident is released from the agency’s custody.

DISCIPLINARY SANCTIONS FOR STAFF

- Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

- Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.

- Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories.

- All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

CORRECTIVE ACTION FOR CONTRACTORS AND VOLUNTEERS

- Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

- The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.
DISCIPLINARY SANCTIONS FOR CLIENTS / RESIDENTS

- Clients / Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.
- Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed from comparable offenses by other residents with similar histories.
- The disciplinary process shall consider whether a resident’s mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed.
- CT Renaissance may impose upon the abuser therapy, counseling and other interventions as appropriate designed to address and correct underlying reasons or motivations for the abuse. When recommended interventions shall be required as a condition in receiving continued services with the agency.
- CT Renaissance may impose disciplinary sanctions on a client / resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.
- For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if a review does not establish evidence sufficient to substantiate the allegation.
- CT Renaissance prohibits all sexual activity between residents and will follow up with disciplinary action for such activity. CT Renaissance will not deem such activity to constitute sexual abuse if it is determined that the activity is not coerced.
- Determination of appropriate disciplinary actions shall be a collaborative effort between CT Renaissance and the referral source.
DATA COLLECTION & REVIEW OF SEXUAL ABUSE &/OR SEXUAL HARASSMENT INCIDENTS

POLICY

CT Renaissance shall maintain data and records of all sexual abuse and/or sexual harassment allegations. CT Renaissance will engage in an internal quality review of incidents, data and corrective action to ensure proceedings followed policy, were documented appropriately, and every attempt was made to ensure the health and safety of the victim and to prevent further incidents of sexual abuse or harassment.

PROCEDURES – INCIDENT REVIEW

- CT Renaissance shall conduct a sexual abuse incident review at the conclusion of every sexual abuse report and administrative investigation of sexual harassment allegations, including where the allegation has not been substantiated, unless the allegation has been unfounded.
- The review shall occur within 30 days of the conclusion of the investigation.
- The review team shall include the Clinical Director, PREA Coordinator, Program Director, Direct Care staff and medical or mental health practitioners.
- The review team shall:
  - Consider whether the allegation or administrative review indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
  - Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
  - Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
  - Assess the adequacy of staffing levels in that area during different shifts;
  - Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff;
  - Prepare a report of its findings, including but not necessarily limited to determinations made by the review team along with any recommendations for improvement. The report shall be submitted to the Chief Executive Officer, Board of Directors and PREA Coordinator.
  - CT Renaissance shall implement recommendations for improvement or document reasons for not doing so.

DATA COLLECTION

- CT Renaissance shall collect accurate, uniform data for every allegation of sexual abuse at facilities. A set of standards shall be established to track occurrences and their circumstances.
- Data will be aggregated quarterly and reviewed by the agency’s Safety Committee. Annually, the data will be submitted to the Board of Directors for review.
- The incident based data collected shall include at a minimum the data necessary to answer all questions from the most recent version of the survey of Sexual Violence conducted by the Department of Justice.
• CT Renaissance shall maintain, review and collect data as needed from all available incident based documents including reports, investigation files sexual abuse incident reviews.
• Upon request, CT Renaissance will provide all aggregated data from the previous calendar year to the Department of Justice.

DATA REVIEW FOR CORRECTIVE ACTION

CT Renaissance shall review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training. Including;

• Identifying problem areas;
• Taking corrective action on an ongoing basis;
• Preparing an annual report of its findings and corrective actions for each facility as well as the agency as a whole. Such report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse.

Data and associated annual reports shall be reviewed by CT Renaissance Leadership and made available through the agency’s website. CT Renaissance may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility. The nature of the material redacted would need to be indicated.

DATA STORAGE, PUBLICATION AND DESTRUCTION

Data and associated reports on sexual abuse and sexual harassment shall be securely retained. CT Renaissance shall post annually all aggregated sexual abuse data from its programs readily available to the public through its website. Prior to making data available, all personal identifiers shall be removed. CT Renaissance shall maintain sexual abuse data collected for at least 10 years after the date of the initial collection unless Federal, State or local law requires otherwise.
SUPervision and Monitoring - Staffing

Policy

Each Connecticut Renaissance Residential Drug Treatment and Community Work Release facility contracted with CSSD or Dept. of Correction, shall maintain adequate staffing and supervision to ensure the safety and well being of the residents. Each Program Director will develop a staffing plan. The staffing plan will be reviewed and assessed for resident sexual safety at least annually by the PREA Coordinator (or designee) and the Program Director. The staffing plan will be kept in the PREA binder at each site in the COD office and a copy will be submitted to the PREA Coordinator.

Procedure

Staffing shall take into consideration the following:

- The physical layout of the facility.
- The composition of the resident population
- The use of the pop-sheet to identify and monitor any residents identified as vulnerable victims (VV) or sexually aggressive (SA)
- Prevalence of substantiated and unsubstantiated incidents of sexual abuse and/or harassment.

Each facility shall maintain a staffing plan based upon the determined staffing needs required to ensure a safe environment that is properly monitored and supervised. The plan will be maintained by the Program Director. Any deviations from the staff schedule or staffing plan shall be documented. This includes documentation of changes in personnel coverage, changes in assigned time frames and changes in the required staffing pattern. Communication of staff changes will be made via email, in the staff communication log as well as posting in the “counselor-on-duty” office.

Whenever necessary, but no less frequently than once each year, Connecticut Renaissance shall assess for each Residential Drug Treatment and Community Work Release facility staffing patterns and determine if any adjustments need to be made. The assessment of the staffing plan will be documented. The assessment will be used to identify adjustments that need to be made to ensure sexual safety of residents and protection from retaliation if reports are received or an investigation conducted.

The use of Video Monitoring Systems may be utilized to enhance supervision and monitoring of the residents and the facilities. Assessment of video monitoring needs shall also take place at least annually or more frequently as needs arise. Assessment shall include, analyzing the number of cameras, the placement of cameras, monitoring and dependability of monitoring systems.
ADMISSION AND ORIENTATION

POLICY

All clients who are approved for admission shall complete an intake process upon arrival at the facility and no later than 72 hours after arrival. Under staff supervision, the clients shall complete case record paperwork, PREA Screening and a drug screening. Furthermore they shall be orientated to the facility, assigned a primary counselor, have an opportunity to review and discuss program rules and regulations, services available, program goals, rules governing conduct, possible disciplinary actions, and any limitations of available services. Client in residential programs under the PREA standards will receive a brochure which will explain PREA and provide emergency and reporting procedures. Clients shall agree to abide by the rules, regulations, and general programming standards, and acknowledge such understanding by signing the Client Handbook Acknowledgement Form.

PROCEDURES

Admission

- Upon arrival, the new client shall be greeted by staff, informed of the intake and orientation process.
- Clients shall receive copies of the handbook, HIPPA Acknowledgement and *PREA Acknowledgement (*For DOC and CSSD Residential programs)
- Staff shall collect prescriptions and or over the counter medications from the new client. Staff shall register and secure medications according to procedures. Medications will not be accepted if the seal has been broken or has been tampered. Any open medications shall be re-ordered.
- Staff shall collect a supervised urine sample which shall be screened for drugs and alcohol.
- Staff shall assign a client to show the new client around the facility and grounds.
- Staff shall assign the client a sleeping area; issue bed linens if available, personal storage space, and personal hygiene articles as needed.
- Staff shall discuss personal property boundaries.
- Staff shall screen the client's personal belongings for contraband.
- Staff shall meet with the client and complete the intake package.
- Staff shall discuss the rules and regulations with the client, and answer any questions.
- Staff shall provide the client with a Client Handbook. Upon review of the handbook the client shall sign and date a form agreeing to abide by the rules, regulations, and general programming standards. The client shall complete and sign any additional paperwork mandated by the legal authorities overseeing their program placement.
- When information shall be needed from other sources or when the program shall need to release information regarding the client, staff shall complete the release of confidential information forms. According to HIPPA regulations.
- Staff shall provide the client with information to be completed during their orientation. Staff shall instruct the client regarding the information including any restrictions that apply.
- Staff shall inform the client when group and individual counseling sessions shall take place and the program responsibilities that shall pertain to them.
- When required staff shall take a photo of the client that shall be attached to the appropriate form.
- At the end of the intake staff shall have the client contact their family or significant others to arrange for clothes and money to be delivered. Staff shall explain program rules and regulation to the client's family and or significant others.
- Staff shall review the case record making sure it has been completed correctly.
- Staff shall obtain client visiting information.
- Staff shall complete any paperwork required to grant the client access to the community.

**Orientation**

The goals of orientation are to assist the clients to become oriented to the facility, other clients, staff, and the program structure. The clients and counselor shall complete orientation paperwork. Staff shall have scheduled meetings with the clients to develop treatment goals, schedule appointments with community resources, develop a discharge plan, and complete the planning for leisure time in the community. Staff shall conduct a client assessment and make the necessary referrals for drug education/counseling assistance, employment assistance, mental health assistance, educational/literacy assistance, identification assistance, and or medical/dental assistance. Staff shall document client referrals to community based services.

- Staff shall review criteria for supervised / unsupervised time in the community. The basis for supervised versus unsupervised time is dependent upon the level of care and the client’s circumstances as determined by the treatment team.
- When the client needs personal articles, they shall have a family member or significant other bring the articles to the facility with approval and under the supervision of a staff member.

- The clients shall complete the orientation package, that includes the following:
  - A review of the client handbook
  - Signing of the client orientation acknowledgement form
  - Completion of the program property form
  - Completion of the treatment plans within 7 calendar days of admission
  - Completion of the visitors sheet
  - Completion of consents & HIPPA Acknowledgement
  - PREA Acknowledgement - Residents shall receive information explaining CT Renaissance’s zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents and the review process. Such information shall be provided as a refresher whenever a resident is transferred to another facility. Client will receive a brochure upon entrance to the facility and will sign receipt of brochure.
  - Clients shall receive copies of the handbook, HIPPA Acknowledgement and PREA Acknowledgement.

- Staff shall review and approve the orientation documents. Documents along with the Orientation Checklist noting that items have been reviewed shall be maintained in the client’s record.
- The program shall provide orientation and information in a manner of which can be understood by the person served. Information shall be in formats that are accessible to those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as those who have limited reading skills.
- Staff shall facilitate individual and group sessions with the clients.
- The clients shall develop treatment goals and a discharge plan.
- Staff shall schedule appointments with community resources.
- The clients shall participate with staff to develop pass/furlough or community based leisure time activities.
- The clients shall be allowed visits after their admission into the program.
- Fire Safety & Emergency Procedures shall be reviewed at the time of admission.
EVALUATION AND THE INTAKE INTERVIEW

POLICY

All individuals referred to Connecticut Renaissance will undergo an evaluation interview on the premises to assess eligibility for admission to residential treatment or work release placement. A qualified staff or supervisor as determined by agency standards performs the evaluation. The evaluator gathers pertinent information regarding the individual's needs and presenting problems including the individual's abilities, aptitudes, skills and interests. The purpose of the evaluation is to assess for the appropriateness of available services. Within the evaluation process the ASAM (American Society of Addiction Medicine Patient Placement) criteria is utilized to assist the clinician in determining the individual's appropriateness for Residential or Intensive Residential treatment including the appropriateness for admission to Connecticut Renaissance. In addition to the ASAM, the DSM IV, CAGE-AID, the MHSF-III, URICA and the PREA Screening Assessment collateral information from the referral source and the client's own reports of strengths, needs, abilities and preferences are used to provide a thorough assessment of the client's needs. When appropriate and with the permission of the client, information may be obtained from family members, friends and peers and/or other sources. The client is admitted during the intake interview.

PROCEDURE

There shall be initial and ongoing assessment of the client. Every effort shall be made to provide assistive technology if needed for the client to participate in the assessment process.

The evaluation shall identify and document the immediate and urgent needs of the person being interviewed by collecting the following information:

These interviews and assessment tools shall:

- Be respectful to age, gender, social preferences, sexual orientation, cultural orientation, psychological characteristics, physical conditions and spiritual beliefs.

- Identify and clarify the expectations of the client and the role of the agency staff.

- Be responsive to the changing needs of the clients.

- Contain information which is adequate to result in individualized and goal oriented, person centered planning.

- Contain a section which identifies what the client wants from the services or why the person is coming for services.

- Communicate the results of assessments to the client, personnel and other persons as appropriate.

Prior to conducting the intake assessment the client signs the Consent for Treatment form after verbalizing an understanding of its contents. The following information is gathered during the evaluation / intake interview:
• Identification Data - name, address, date of birth, social security number, referral source, gender, race, religion, citizenship, birth place, primary language, and military status.

• Emergency Information - name, address, phone number of person to contact in case of emergency including name, address and phone number of next of kin.

• Drug History and Drug Treatment History (including tobacco)- date of last use, amount, frequency, route and age of onset for all drugs; physical complications due to drug use, previous treatment, both inpatient and outpatient, including outcome of treatment, and utilization of community resources.

• Psychiatric History - previous treatment both inpatient and outpatient including outcome of treatment, utilization of community programs, symptoms experienced in the client's life time and within the last thirty days including risk taking behaviors. Also a history of medications taken past or present, and mental status shall be gathered.

• Family Information - family relationships, history of psychiatric or emotional problems in family. History of abuse whether emotional, physical or sexual.

• Living Arrangements - relationships within the household, satisfaction with living arrangements and sexual orientation.

• Social Relationships - leisure activities, social supports, serious problems affecting relationships with others, and history of abuse.

• Legal Status - history of arrests, convictions and incarcerations, name, address and phone number of probation/parole officer, name and address of attorney.

• Medical History - name, address and phone number of physician, previous hospitalizations, any chronic health conditions, pregnancy, medications, efficacy of current and previously used medications, medication allergies, adverse reactions to medications, and any history of communicable infectious diseases including HIV.

• Education - highest level of education completed, school performance, learning disabilities, and language/literacy difficulties.

• Employment - employment status, present or last employer, occupation, income over past year, highest yearly income, impairment in the workplace, if applicable, and attitude towards employment.

• Financial/Support Status - current household income, sources of income, resources received within last thirty days.

• Insurance Information as required

• Clinician's Assessment - The Clinician's assessment is a written narrative which includes information regarding the client's mental status, cognitive, emotional and behavioral functioning, and diagnosis. The assessment may also include information about psychiatric assessments, previous treatment and diagnosis, psychological assessments, medication status and it's efficacy, allergies or adverse reactions to medications, pertinent medical care, community programs, and adjustments to disorders and disabilities. The Clinicians assessment also includes recommendations for treatment.
- The Bio-Psycho-social shall include history and chronology of co-occurring disorders and the interaction between them is examined.

- All residents will be assessed during and the intake and evaluation process for their risk of being sexually abused by other residents or sexually abusive toward other residents.
  - The PREA Screening Assessment shall be conducted with the client within 72 hours of admission.
  - The PREA Assessment tool considers the following criteria in determining risk of victimization:
    - Whether the resident has a mental, physical, or developmental disability
    - Age of the resident
    - Physical build of the resident
    - Whether the resident has previously been incarcerated
    - Whether the resident’s criminal history is exclusively non-violent
    - Whether the resident has prior convictions for sex offenses against an adult or child
    - Whether the resident is or perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.
    - Whether the resident has previously experienced sexual victimization
    - The resident’s own perception of vulnerability
  - The PREA Screening Assessment tool shall be scored and utilized to make housing, monitoring and treatment or service decisions / recommendations.

Following the evaluation the clinician makes a preliminary diagnosis and level of care recommendation utilizing the ASAM criteria. Once information is gathered, a Behavioral Health Evaluation Narrative Assessment is written, which includes the clinician’s observations, a brief risk assessment, an initial treatment plan and preliminary discharge plan. The narrative is written based on the client’s expectations including their strengths, needs, abilities, attitudes, skills and interests. This assessment is conducted within specific time frames and is used in the development of the individual treatment plan. This assessment will identify any co-occurring disabilities/disorders that should be addressed when developing the individual plan including preliminary discharge plans.
SCREENING FOR RISK OF VICTIMIZATION & ABUSIVENESS

POLICY

All residents will be assessed during the intake and evaluation process for their risk of being sexually abused by other residents or sexually abusive toward other residents. CT Renaissance programs will utilize a screening tool to determine a level of risk for abusiveness and/or victimization.

PROCEDURE

- The PREA Screening Assessment shall be conducted with the client within 72 hours of admission.

- The PREA Screening assessment shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents for risk of being sexually abusive.

- The PREA Assessment tool considers the following criteria in determining risk of victimization:
  - Whether the resident has a mental, physical, or developmental disability
  - Age of the resident
  - Physical build of the resident
  - Whether the resident has previously been incarcerated
  - Whether the resident's criminal history is exclusively non-violent
  - Whether the resident has prior convictions for sex offenses against an adult or child
  - Whether the resident is or perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.
  - Whether the resident has previously experienced sexual victimization
  - The resident’s own perception of vulnerability

- If the resident is identified from the screening as a vulnerable victim (VV) or as sexually aggressive (SA) these designations will be noted on the POP sheet to assist the staff in monitoring them.

- Within 30 days of admission, the program will reassess the resident’s risk of victimization for abusiveness based upon any additional relevant information received by the facility since the intake screening.
• A resident’s risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness.

• Residents may not be disciplined for refusing to answer, or for not disclosing complete information.

• Information received during the screening / evaluation process shall uphold all of CT Renaissance’s standards of confidentiality. Information received shall be used from a programmatic and treatment perspective in determining service needs and ensuring the safety of the resident. Employees, volunteers, interns or contractors found to be using sensitive information to the detriment of the resident shall be the subject of corrective action up to and including termination.

• The PREA Screening Assessment tool shall be scored and utilized to make informed housing, bed, work, education, monitoring and program treatment or service decisions, recommendations or assignments.

• Each program shall develop a plan for making bed decisions when a determination has been made that a resident may be at risk for victimization or that a potential abuser is being housed.

• Bed placements for transgender or intersex residents shall be based on concerns for the resident’s health and safety. The transgender or intersex resident’s own view of safety needs shall be a serious consideration in making bed placements. However, the program shall not place lesbian, gay, bisexual, transgender or intersex residents in dedicated areas solely on the basis of such identification or status, unless such placement is in a dedicated area established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents. Documentation of placement considerations shall be maintained in the client’s record.

• Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

• From a service perspective at risk residents will be engaged in non-intrusive monitoring and offered support or treatment services as deemed appropriate.
# Screening Assessment for Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB)

Client / Resident's Name __________

Sex _______ Race _______ DOB _______

Facility/Program _______

Current Charge(s) __________

Results:

- Yes
- No

- Vulnerable to Victimization  
- Sexually Aggressive

## 1. Vulnerability to Victimization:

### Client / Resident Interview:

1. Experience in Institutions - Is this your first time in a confinement facility? 

   - NO
   - YES

   Score __________

   Score 0

   Score 2

   If no, is the client/resident's criminal history exclusively non-violent?

### 2. Social Skills

- Do you feel you get along well with other people? Yes/No  

- Do you find it easy to make friends? Yes/No  

- Do you feel OK about being in groups of people you don't know well? Yes/No

Award a score of 1 for each No answer.

Score (0–3) __________

### 3. Perception of Risk

Do you feel at risk from attack, abuse or sexual perpetration from other persons?

For example, have you received threats, insults or harassment from others? Prompt with options if necessary

- NOT AT ALL
- SOMETIMES
- OFTEN

Score __________

Score 0

Score 1

Score 2

If sometimes or often, ask for more details and note client's statements below:

### 4. Gender and Sexual Orientation

Do you identify yourself as lesbian, gay, bisexual, transgender or questioning?

- NO
- YES

Score __________

Score 0

Score 1 if female, 2 if male

Are you perceived by others as being lesbian, gay, bisexual, transgender or questioning?

- NO
- YES

Score __________

Score 0

Score 1 if female, 2 if male

### 5. History of Victimization

Have you ever been attacked, bullied, abused or sexually victimized by anyone? Prompt with options if necessary

- NEVER
- A FEW TIMES
- OFTEN

Score __________

Score 0

Score 2

Score 4

Ask: Have you ever been sexually victimized or abused?

- NO  
- YES

Score __________

Score 0

Score 4

If yes, ask if this information was reported to the Abuse Registry. If the client reports abuse that has never been reported, a report must be made to the Abuse Registry.

The following items should be answered on the basis of judgment, observation and file review or other collateral information (e.g., discussion with parent/guardian or foster care worker)

### 6. Age of Client / Resident

- 16, 17, 18 years
- 19 – 25 years
- 26 – 35 years
- 36 – 55 years
- 60 + years

Score __________

Score 3

Score 2

Score 1

Score 0

Score 1
7. **Intellectual Impairment**
From the file review and face sheet note any evidence that this person has been previously reported to have an intellectual impairment (Low IQ). This may include reference to contacts with organizations for those with developmental disabilities, having been in “special classes” at school, assessments included as part of psychiatric or psychological reports or community probation reports (PACT). Include any physical disabilities.

<table>
<thead>
<tr>
<th>Evidence</th>
<th>Score 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>No evidence</td>
<td>Score 0</td>
</tr>
</tbody>
</table>

8. **Mental Health Issues**
Does case file (including PACT, Face sheet) indicate that client has had a prior mental health or mental disability diagnosis?

<table>
<thead>
<tr>
<th>Evidence</th>
<th>Score 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>No evidence</td>
<td>Score 0</td>
</tr>
</tbody>
</table>

9. **“Lack of fit” with community work release culture**
This item requires a judgment by the screener that the client / resident is unlikely to “fit in” within the mainstream population.
(Place a check ✓ in applicable box)

- Look for features of the client’s physical appearance such as:
  - Small build
  - Impaired vision (requires glasses)
  - Pronounced disfigurement
  - Physical disability
  - Deaf
  - Appears frail, weak

- Look for features of the client’s presentation and behaviors such as:
  - Inappropriate verbal behavior (e.g., giggling, odd remarks)
  - Inappropriate physical behavior (boys wearing makeup, sexual behavior)
  - Hunched fearful posture (e.g., very fearful, very shy)
  - Obvious effeminate behavior
  - Speech impediment
  - Appears slow or “dull”
  - Behaviors that are likely to irritate and annoy other youths (e.g., immature, silly)
  - Behaviors that appear related to mental illness (jittery, crying, bizarre)
  - Any gender nonconforming appearance or manner as lesbian, gay, bisexual, transgender, or intersex

- Look for features of the client which make him or her stand out such as:
  - Having a lack of exposure to criminal lifestyle
  - Being from a minority not well represented in the offender population
  - Membership in a gang that is likely to be a target of attack from others

Note other features not listed above:

| None or only one feature | Score 0 |
| Two or three features | Score 2 |
| Multiple features (Four or more features) | Score 4 |

**ITEMS 1-9 TOTAL SCORE**

** Does the client / resident show any warning signs such as; build, age, current mental or physical disabilities, or sexual orientation that could place them at risk of being sexually assaulted? If yes, the client / resident’s placement should be evaluated and controlled.

** Has the client / resident provided any information concerning prior victimization or that through the client’s own perception he/she is in fear of being sexually assaulted or abused while residing at the facility? If yes, the client / resident’s placement should be evaluated and controlled.

**Vulnerability to Victimization Scoring:** If the total score is twelve (12) or higher, denote the youth as “Vulnerable to Victimization” in appropriate box at top of page one.

- ** OVERRIDE DUE TO SEVERE DISABILITY** (Regardless of the total score above, any client that exhibits behaviors which suggest that he/she is incapable of caring for himself or herself in a confinement setting due to severe developmental disability (mental retardation), severe mental illness or severe physical handicap must be denoted as Vulnerable to Victimization.) Place a check in the “Override Due to Severe Disability” box and denote the client as Vulnerable to Victimization in the appropriate box at the top of page one.

- ** OVERRIDE DUE TO SAFETY CONCERN** – Screening observations indicate client is at risk for victimization.
  Explain in detail:

- ** OVERRIDE DUE TO SAFETY CONCERN** – Screening observations indicate client is at risk for victimization.
  Explain in detail:
II. Sexually Aggressive Behavior:

Client / Resident Interview:

1. Have you ever sexually assaulted or attempted to sexually assault another adult or child? Convictions?
   - No
   - Yes

2. Have you ever forced another adult or child into sexual acts against their will?
   - No
   - Yes

Collateral Information:

File Review / Face Sheet Review:

Does file indicate the client / resident has been previously charged with a sex offense?
   - No
   - Yes

Any information suggests prior sexual aggression or sexual victimization of others?
   - No
   - Yes

** Does the client / resident have any past record that would lead you to believe that they would instigate a sexual assault against another inmate?
** Does the client / resident have a history of convictions for sex offenses against an adult or child?
** Does the client / resident have any prior acts of sexual abuse and/or prior convictions for violent offenses?

If yes to any of the above, the client / resident's placement should be evaluated and controlled.

Sexually Aggressive Behavior:

If the client / resident provides a "Yes" response to item 1, 2, or File / Face Sheet Review answers "Yes" or collateral information [file review] indicates "Yes" to sexual aggression, sexual assault or sexual victimization of others, denote the client / resident as sexually aggressive in appropriate box on page one.

Recognizing the potential risks of relying solely on an initial assessment, standard §115.341 requires facilities to "Reassess the client / resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening" within "a set time period, not to exceed 30 days from the client / resident's arrival at the facility." While the Standards require that clients / residents be re-evaluated within 30 days, it may be more appropriate to re-evaluate more frequently.

Signature of Screener: ___________________________ Date: ____________ Time: ________
CONNECTICUT RENAISSANCE INC

CLIENT ORIENTATION ACKNOWLEDGEMENT FORM

Client Name ___________________________ Identification # __________

Program Entrance Date _____________

All clients shall complete the following orientation within 72 hours of their admission. Clients shall initial each area as it is completed.

A. COMMUNICATION

CLIENT INITIALS

_____ Introduce the client to fellow clients and staff.

_____ Conduct a tour of the facility, show the client the common areas, the grounds, his/her sleeping area, staff offices, restrooms, the laundry area, etc.

_____ Show the location of the bulletin boards, grievance boxes and satisfaction survey box.

_____ Access to the client handbook, grievance forms and satisfaction survey forms was explained.

_____ The laundry schedule was explained.

_____ Housekeeping responsibilities were explained.

_____ The staff chain of command was explained.

_____ Case record access was explained.

_____ Client rights were explained.

B. POLICY AND PROCEDURES

CLIENT INITIALS

_____ Emergency plans, evacuation procedures and fire procedures were explained.

_____ The grievance policy and procedure was explained.

_____ The PREA policies, zero-tolerance for sexual abuse or harassment, reporting and investigation procedures were explained. Resident signed the PREA Acknowledgement form.

_____ The routine and emergency medical and dental services policy and procedure were explained.

_____ The prescribed and over the counter medication policy and procedure was explained.

_____ The urine policy and procedure was explained.

_____ The serious and infectious diseases policy and procedure was explained.

_____ The motor vehicle use policy and procedure was explained.

_____ The counseling, treatment planning and progress assessment policies and procedures were explained.

_____ The smoking policy and procedure was explained.

_____ The weapons policy and procedure was explained.

_____ The visiting policy and procedure was explained.

_____ The use of the telephone policy and procedure was explained.
The personal hygiene policy and procedure was explained.
The rules and discipline policy and procedure was explained.
The furloughs and passes policy and procedure was explained.
The leisure time policy and procedure was explained.
The vocational and educational policy and procedure was explained including employment responsibilities.
The religious services policy and procedure was explained.
The searches policy and procedure was explained.
The escape policy and procedure was explained.
The personal property and program property policies and procedures were explained.
The finance policy and procedure was explained including fees, personal monies, savings, commission on victim services criminal injuries account, bureau of child support enforcement, funds left unclaimed later than 90 days.
The confidentiality policy and procedure was explained.
The Department of Correction Code of Penal Discipline was explained.

C. PERFORMANCE DEVELOPMENT
CLIENT
INITIALS
Program goals were explained.
Available services were explained.
Rules governing conduct were explained.
English language verbal and written comprehension was assessed.

D. DOCUMENTS RECEIVED
CLIENT
INITIALS
Client has read handbook
PREA policy Acknowledgement form
Grievance form
Treatment plans
Visitors list
Program property form

All information was conveyed in a manner of which was clearly understood.

Client Name (printed) _______________________________ Date: ________________

Client Signature ___________________________________ Date: ________________

Staff Signature ____________________________________ Date: ________________
SEARCHES FACILITY AND PERSON

POLICY

Searches of the facility shall be conducted and documented according to contractual agreements, when there is just cause such as to control contraband, and to locate lost or stolen property. Searches of a specific client's room and belongings shall be conducted according to contractual agreements, when staff suspects the presence of contraband or lost or stolen property and upon client's return to the facility after a community trip. Searches of a specific client shall be conducted according to contractual agreements and when the client is suspected of possessing contraband. All Agency staff is prohibited from viewing residents while dressing, showering or performing bodily functions. Searches of a client's belongings shall be conducted upon admission, discharge, upon return to facility after a community activity and when additional personal belongings enter the facility. Visitors to the facility shall not be subject to searches. However, the property of visitors and any belongings being given to the client may be subject to searches. Specific procedures for each kind of search shall stipulate who may authorize and conduct the search as well as the manner in which the search is to be conducted. This policy shall be made available to the public upon request.

PROCEDURES

A. Searches of the Building

1. Staff shall conduct and document a search of the building once weekly in order to control contraband. Searches of client rooms may be included in the routine search as according to contractual agreements.
2. Staff shall conduct and document other searches whenever there is reason to suspect contraband is present in the facility or to locate lost and or stolen property.
3. The program director or designee shall authorize all searches.
4. A search shall be conducted by staff member(s) designated by program director or designee.
5. The following guidelines shall be adhered to when searching the building:
   a. Respect the client's property rights.
   b. Do not disturb the area to be searched any more than necessary.
   c. Be as unobtrusive as possible.
   d. Do not use force against clients in order to conduct the search. If a client blocks entry to a particular area or otherwise disrupts the search use interpersonal skills to gain cooperation. In the event the client continues to inhibit the search, contact the program director or designee immediately to find out how to proceed.
6. When contraband or stolen property is found during the search it shall be seized, locked up in a secure area, and the program director or designee immediately informed.
7. After conferring with the program director or designee, staff shall proceed with an agreed upon plan, which may include notification of authorities such as the local police, facility licensing officials, funding agencies, senior leadership, and the Chief Executive Officer.
8. When the program director's or designee's directions include contacting the police, staff shall cooperate with the police while they are completing their procedures.
9. To comply with contractual agreements and internal policies, staff shall complete an Incident/Accident Report and forward to the program director or designee for review and signature within 24-hours.

10. The program director or designee shall forward a copy of the written Incident/Accident report to the Director of Quality Improvement who will notify licensing/funding agencies in order to comply with regulations.

11. Staff shall proceed with any disciplinary actions for clients according to the licensing, funding agency standards and program practice.

B. Searches of a Particular Client's Room
   1. Staff shall conduct and document a search of a particular client's room and belongings according to contractual agreements and when there is reason to believe that there is contraband and or stolen property. The search shall not be used as a form of punishment.
   2. All such searches shall be authorized by the program director or designee.
   3. Only staff designated by the authorizing program director or designee shall conduct the search.
   4. The following guidelines shall be adhered to when searching a particular client's room:
      a. Respect the client's property rights, taking care not to break or otherwise harm their property.
      b. Do not disrupt the room any more than necessary. Avoid unnecessarily embarrassing the client or ridiculing them in the process of the search.
      c. Do not use any force.
      d. Opposite gender staff will announce themselves prior to entering a resident's room or bathroom.
   5. When contraband is found during the search it shall be seized, locked up in a secure area and the program director or designee immediately informed.
   6. After conferring with the program director or designee, staff shall proceed with an agreed upon plan, including notification of authorities such as the local police, facility licensing officials, funding agencies, senior leadership, and Chief Executive Officer. The plan shall be developed according to the licensing, funding agency standards and program practice.
   7. When the program director’s or designee’s directions include contacting the police, staff shall cooperate with the police while they are completing their procedures.
   8. To comply with contractual agreements and internal policies, staff shall complete an Incident/Accident Report and forward to the program director or designee for review and signature within 24-hours.
   9. The program director or designee shall forward a copy of the written Incident/Accident report to the Director of Quality Improvement who will notify licensing/funding agencies to comply with regulations.
   10. Staff shall proceed with any disciplinary actions for clients according to the licensing, funding agency standards and program practice.
C. Searches of a Client's Person (Co-Occurring Center)
   1. Staff shall conduct and document a search of a client's person only when there is reason to believe the client is in possession of contraband and or stolen property.
   2. All such searches shall be authorized and approved by the Program Director or designee.
   3. Only staff designated by the program director or designee shall conduct the search.
   4. The following guidelines shall be adhered to when searching the client:
      a. No personal contact such as patting down a client
      b. Avoid unnecessary embarrassment or indignity.
      c. Conduct the search in private, out of sight of other clients.
      d. Always have at least one other staff member present during the search
      e. Do not use any force in conducting the search.
   5. When contraband or stolen property is found, it shall be seized and locked up in a secure area immediately.
   6. If a client does not cooperate and are suspected of carrying a weapon, police shall be notified.
   7. Staff shall not restrain the client after the search is completed, even if contraband has been found. When contraband is found the staff members shall stay with the client until the rest of the procedure is completed.
   8. Staff shall notify the program director or designee immediately when contraband is found. Staff shall confer with the program director or designee regarding the situation and next steps to take.
   9. The program director or designee shall notify facility licensing officials and or funding agencies when contraband is found.
   10. When necessary the local police shall be contacted. Staff shall cooperate with the police while they are completing their procedures.
   11. To comply with contractual agreements and internal policies, staff shall complete an Incident/Accident report and forward to the program director or designee for review and signature within 24 hours.
   12. The program director or designee shall send a copy of the written report to the Director of Quality Improvement who will notify licensing/funding agencies to comply with regulations.
   13. Staff shall proceed with any disciplinary actions for the client, according to the "Resident Rules & Discipline" procedures.

D. Searches of a Client's Person (DOC and CSSD)

As per the Department of Correction and CSSD contractual agreements, all clients returning to the building from Community passes are to be Pat-Down Searched. This does not include a client returning from a supervised smoke break or recreation unless a client was unobserved or had contact with the public. Cross –gender pat-down searches will be conducted only in exigent circumstances. Exigent circumstances means any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility. Pat down searches will be conducted as follows:
1. All Clients will enter the building through a central door.
2. Designated staff will process and search one client at a time.
3. Clients will be signed in by staff.
4. Client will remove hat, coat, shoes and any items on person (including bags, backpacks, etc) Staff will search those items.
5. Client will be asked to move to a designated pat down area (this will be conducted in an area visible by video camera)
6. Pat down search will be conducted by same gender staff
7. When, in exigent circumstances, a cross gender pat down search occurs, documentation shall be completed and submitted to DOC and the Quality Dept.
8. All applicable staff will be trained in Pat down search procedures upon hire and will be observed by Program Director or designee for competency in the pat-down procedure. This observation will be documented in the staff supervision file.
9. All applicable staff will participate in, at a minimum, an annual retraining in Pat down search procedures or as contractual agreement dictates.
10. All staff is prohibited from searching a transgender or intersex client for the purpose of determining genital status.

E. Searches of a Client's Belongings
1. Staff shall conduct a search of a particular client's belongings upon admission, discharge, upon return to the facility after a community activity and when additional personal belongings enter the facility, i.e., food items purchased while on pass/furlough, items left and or brought in by visitors.
2. All searches shall be conducted routinely by the staff on duty and do not have to be authorized by the program director or designee.
3. The following guidelines shall be adhered to when searching a particular client's belongings:
   a. Respect the client's property rights, taking care not to break or otherwise harm their property.
   b. Do not disrupt more than necessary.
   c. Be as unobtrusive as possible.
   d. Do not use any force against clients in order to conduct the search. If a client blocks the ability to conduct search or otherwise disrupts the search, use interpersonal skills to gain cooperation. In the event the client continues to inhibit the search, contact the program director or designee immediately to find out how to proceed.
4. When contraband is found, it shall be seized and locked up in a secure area immediately.
5. Staff shall notify the program director or designee immediately when contraband is found.
6. After conferring with the program director or designee, staff shall proceed with an agreed upon plan, including notification of authorities such as the local police, facility licensing officials, funding agencies, senior leadership and the CEO.
7. When the program director’s or designee’s directions include contacting the police, staff shall cooperate with the police while they are completing their procedures.
8. To comply with contractual agreements and internal policies, staff shall complete an Incident/Accident Report and forward to the program director or designee for review and signature within 24-hours.

9. The unit supervisor shall forward a copy of the written Incident/Accident report to the Director of Quality Improvement who will notify licensing/funding agencies to comply with regulations.

10. Staff shall proceed with any disciplinary actions for clients according to the "Resident Rules and Discipline" procedures.

F. Searches of Visitors

1. Visitors to the facility shall not be subject to searches. However, the property of visitors and any belongings being given to the client may be subject to searches.

2. Visitors suspected to be under the influence of drugs and or alcohol shall be asked to leave the building.

3. If the visitor drove to the facility, staff should request car keys of the visitor if the visitor refuses to give up the car keys the police should be called.

4. Visitors suspected of possessing contraband shall immediately be reported to the program director or designee.

5. After conferring with the program director or designee, staff shall proceed with an agreed upon plan, including notification of authorities such as the local police, facility licensing officials, funding agencies, senior leadership and the CEO.

6. When the supervisor's directions include contacting police, staff shall cooperate with police while they are completing their procedures.

7. To comply with contractual agreements and internal policies, staff shall complete an Incident/Accident report and forward the report to the program director or designee for review and signature within 24-hours.

8. The unit supervisor shall forward a copy of the written report to Director of Quality Improvement who will notify licensing/funding agencies to comply with regulations.
# CROSS-GENDER PAT-DOWN SEARCH DOCUMENTATION REPORT

<table>
<thead>
<tr>
<th>Program:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Resident(s):</td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Date of search:</td>
</tr>
<tr>
<td>Time of search:</td>
</tr>
<tr>
<td>Reason for Search: (indicate if search is routine, upon resident’s return to facility, if there is suspicion of contraband, to recover stolen items, etc.)</td>
</tr>
</tbody>
</table>

Please indicate the **exigent circumstance** for necessity of the cross-gender pat-down search:

**Points to remember:**
1. The facility staff shall not conduct strip searches or body cavity searches.
2. All opposite gender staff shall announce themselves when entering client rooms and bathrooms.
3. The facility staff shall not search or physically examine a transgender or intersex resident for the sole purpose of determining genital status.

Date search completed: ____________

Staff conducting search signature: _____________________ (print name) _____________________

Supervisor Signature: ____________________________  Date: _____________
MEDICAL AND MENTAL HEALTH CARE FOR VICTIMS OF SEXUAL ABUSE

POLICY

Victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

PROCEDURE

• Upon receiving a report of alleged sexual abuse or sexual harassment, CT Renaissance shall promptly connect the victim with emotional support services including a mental health evaluation and, as appropriate treatment planning, recommended treatment services and referrals for continued care following discharge.
• CT Renaissance shall offer all victims of sexual abuse access to forensic medical examinations without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If the area hospitals do not have available SAFE or SANEs then the examination can be performed by other qualified medical practitioners.
• Victims shall be referred to a victim advocate at a rape crisis center.
• The agency shall obtain and maintain Memorandum of Understanding with local crisis centers and the hospitals to ensure a portal for services. Documentation of the MOU will be maintained by the PREA Coordinator.
• As requested by the victim, the victim advocate, CT Renaissance staff and/or other requested support may accompany the victim through the forensic medical examination process and investigatory interviews and shall provide crisis intervention, information and referrals.
• A referral for treatment services shall be provided to the victim.
• The Agency does not provide specialized treatment services for victims of sexual assault, victims will be referred to outside source for medical and mental health services.