Behavioral Health Services
21-Day Inpatient Dual Diagnosis Program
Referral Packet
(Revised September 2013)

Bradford Regional Medical Center
Upper Allegheny Health System
116 Interstate Parkway
Bradford, PA 16701
Admissions: (phone) 814-368-2023 • (fax) 814-368-7784
Thank you for your interest in Behavioral Health Services (BHS) Dual Diagnosis Program. To initiate a referral, please complete the Dual Diagnosis Referral Application and have the patient complete the Dual Diagnosis Patient Questionnaire. In addition, the patient must have a recent (within the past six months) psychiatric evaluation and psychosocial evaluation. When completed, fax all requested information to 814-368-7784, attention case manager. If you have any questions regarding the admission process, please call 814-368-2023 to speak directly with the Dual Diagnosis Case Manager, Angela White.

PROGRAM INFORMATION

The Dual Diagnosis Unit is a distinct, sixteen bed unit for individuals age 18 or older who are dually diagnosed with a psychiatric illness and a substance abuse disorder. Patients receive comprehensive, integrated inpatient therapy from a multi-disciplinary team. This team includes psychiatrists, certified addictions counselors, mental health therapists, a licensed psychologist, psychiatric nurses, case manager, and social worker.

The program provides individual, group, and family therapy through a unique, individualized treatment program in which aftercare planning and referral involvement are key components. We are proud to be Pennsylvania’s first fully licensed Dual Diagnosis program. Our Dual Diagnosis program is renowned for its structure and eclectic therapeutic approach and attracts patients from Pennsylvania and New York.

Patients participate in seven to nine structured groups daily ranging in intensity from psycho-educational/didactic groups to recreational therapy. Also, patients receive daily individual sessions with a psychiatrist and meet with a mental health/addictions counselor at least three (3) times a week.

Many of our patients have used other rehabilitation facilities before coming to Behavioral Health Services for treatment. Behavioral Health Services employs various methods of cognitive restructuring, such as Rational Emotive Behavior Therapy (R.E.B.T.). Treatment at BHS is intensive, individualized, and aimed at assisting our patients with the achievement of life-long recovery, self-sufficiency, and personal success.

INCLUDED IN THIS PACKET

- Dual Diagnosis Referral Application (to be completed by referral source)
- Dual Diagnosis Patient Questionnaire (to be completed by prospective patient)
- Aftercare Letter (to be signed by prospective patient)
- Program information for prospective patients
- Dual Diagnosis Patient Handbook
- Family & Friend Information (Visiting, Patient Phone Numbers, & Mailing Address)
- Program schedule
Behavioral Health Services
21-Day Inpatient Dual Diagnosis Program
Referral Packet Cover Page

<table>
<thead>
<tr>
<th>To: Angela White</th>
<th>From:</th>
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<tr>
<td>Contact #: 814-368-2023</td>
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<tr>
<td>Fax #: 814-368-7784</td>
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Referring Provider:

Please check off the information below verifying that you are sending a complete referral packet.
Sending all the information below will help process the referral quicker.

- [ ] Dual Diagnosis Referral Application (to be completed by the referring provider - pages 4, 5 & 6)
  
  *(Please be sure all insurance information is provided in the referral application, otherwise this will hold up the referral process).*

- [ ] Dual Diagnosis Patient Questionnaire (to be completed by the patient – pages 7& 8)

- [ ] Aftercare Letter (page 9)

- [ ] Psychiatric Evaluation

- [ ] Medication List
DUAL DIAGNOSIS REFERRAL APPLICATION

DEMOGRAPHIC

Date __________________________ Has the patient been admitted to our facility previously? □ YES □ NO

Name ________________________________________________

Address ____________________________________________

D.O.B. __________________________ S.S.# __________________________

Phone ( ) __________________________ Ethnicity __________________________

Will he/she return to the above address when discharged from our program? □ YES □ NO

If not, where will he/she live? (Patient must have a permanent residence prior to admission). If a halfway house referral has been started please be sure to document where and when. Additionally Public Assistance/Cash Assistance needs to be established prior to admission to a halfway house) ____________________________________________________

How will the patient be transported to our facility? ____________________________________________________

Referral Source / Name and Agency ________________________________________________________________

Contact Person ____________________________________________

Address ____________________________________________

Phone ( ) __________________________ Fax ( )

PSYCHIATRIC & SUBSTANCE ABUSE CLINICAL DIAGNOSES

Axis I ____________________________________________

Axis II ____________________________________________

Axis III ____________________________________________

Axis IV ____________________________________________

Axis V ____________________________________________

<table>
<thead>
<tr>
<th>Substance(s) Used</th>
<th>Age of First Use</th>
<th>Date of Last Use</th>
<th>Amount Typically Used</th>
<th>Frequency of Use</th>
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Outpatient Mental Health Counselor and/or Psychiatrist:

Name ____________________________________________ Phone ( )

Address ____________________________________________

Outpatient Chemical Dependency Counselor:

Name ____________________________________________ Phone ( )

Address ____________________________________________
**MEDICAL**

Please list all medications that the patient is taking currently or include a medication list (BHS does not give any potentially addictive medications such as Soma, Klonopin, Xanax, Percocet, Darvocet, Ativan, Valium, Lortab, Ambien, Adderrall, Vyvanse, etc.)

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Frequency</th>
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Pharmacy______________________________________________ Phone_____________________________

*Certain medications must be brought in upon admission, i.e., Interferon, HIV, Cardiac, Inhalers, Birth Control, Topical Creams, etc.

Medical Problems

**PLEASE NOTE * If there are any current/active medical problems they must be treated prior to admission to our program.**

Allergies

Primary Care Physician: ___________________________ Phone (_____)

Any scheduled medical appointments? ☐ YES ☐ NO If YES, when?______________

Any history of self-injurious behaviors? ☐ YES ☐ NO If YES, when?______________

Any history of suicide attempts? ☐ YES ☐ NO If YES, when?______________

Please, incidents, degree, method, frequency, etc.______________________________

Any history of psychosis? (command hallucinations) ☐ YES ☐ NO If YES, when?______________

Any history of mania? ☐ YES ☐ NO If YES, when?______________

Any history of Inpatient Mental Health? ☐ YES ☐ NO If YES, when?______________

Any history of commitment to a State Mental Health facility? ☐ YES ☐ NO If YES, when?______________

**We must be notified of any changes in physical status, mental status, medical problems or self-injurious behaviors prior to admission.**

**LEGAL HISTORY**

Probation/Parole? ☐ YES ☐ NO Scheduled court date(s)______________

Court Mandated? ☐ YES ☐ NO By whom?______________________________

Currently a sex offender under Megan’s Law? ☐ YES ☐ NO What level?______________________________

Any history of violence, arson, or sexual assaults? ☐ YES ☐ NO If YES, Which one? And when?______________________________

Description of arrests/charges and disposition______________________________

Name of Probation/Parole Officer _________________________ Phone______________

County of Probation/Address ____________________________________________

116 Interstate Parkway, Bradford, PA 16701 ● 800-446-2583 ● Admissions (phone) 814-368-2023 (fax) 814-368-7784 ● www.brmc.com
INSURANCE COVERAGE  (PATIENT MUST HAVE ACTIVE INSURANCE PRIOR TO ADMISSION)

☐ Medicaid: ________________________________  (CIN #)  ________________________________  Sequence #

☐ Medicare A & B: ________________________________

Has the patient been hospitalized in the past 60 days?  ☐ YES  ☐ NO  If YES, where? ________________________________

☐ Commercial Insurance: ________________________________  Employer ________________________________

ID# ________________________________  Phone # ________________________________

Coverage under whose name? ________________________________

(If not in the patient’s name, give subscriber’s name, social security number, and place of employment)

PLEASE NOTE *** If the patient has a commercial insurance or a managed Medicaid insurance provider, it is the responsibility of the referral source to obtain the authorization as you are the treating facility recommending this level of care.

ADMISSION CRITERIA  *** PLEASE READ ***

- 18 years of age
- Current and co-existing Axis I mental health and substance abuse diagnoses
- Meets criteria for inpatient substance abuse treatment under the American Society for Addiction Medicine’s Patient Placement Criteria (ASAM PPC-2R)
- Psychiatric symptoms must be stabilized and must not warrant admission at a different level of care (i.e. inpatient psychiatric treatment) or will not potentially interfere with the patient's participation in treatment at our program.
- Medical problems must be stabilized and must not interfere with the patient’s participation in treatment (i.e. active infections, broken bones, pain issues, eating disorders, uncontrolled cardiac issues, etc.)
- Must have a form of payment (we accept most commercial insurances, Medicare, New York Medicaid, or private pay)
- While we will make referrals to residential programs for our patients, the patient must have permanent housing prior to their admission at our program. They cannot be homeless.
- **Patient should be withdrawn from all addictive or potentially addictive substances.** Methadone and buprenorphine are allowed but the patient must already have a prescription and these medications should be prescribed for opiate maintenance therapy only. Additionally, they MUST be able to return to their prescriber otherwise it will be discontinued before discharge.
- Our program is voluntary. The patient must consent to treatment and must agree to follow all program rules and routines.
- The patient must be capable of functioning within our program. They must have at least a minimal ability to read and write, and their cognitive functioning should not impede their ability to progress within our treatment program.

The statements above are true and accurate as reported by me. I have read the admission criteria and understand that if the patient arrives to treatment and they are not appropriate they will be discharged.

___________________________________________________________ _____________________
Name/Signature (referral source)  Print  Date

*Please fax a copy of a recent psychiatric eval and psych social with this application to 814-368-7784*
DUAL DIAGNOSIS PATIENT QUESTIONNAIRE

NAME ____________________________________________

MEDICAL

Do you require dental care?  □ YES □ NO

If you wear glasses, do you have them?  □ YES □ NO □ N/A

Do you have an eating disorder?  □ YES □ NO

(BHS does not treat any active eating disorders and will ask the patient to leave treatment should it be present at BHS. We recommend a facility that specializes in eating disorders and that it is treated prior to your admission to BHS.)

Are you currently pregnant or have any chance of being pregnant?  □ YES □ NO □ N/A

Do you require any treatment from an OB/GYN physician at this time?  □ YES □ NO □ N/A

If you are taking the following medications, you will need to bring them to treatment: Any heart medications, HIV, Birth Control, Inhalers, Interferon, or topical medications (creams or ointments). Are you aware that you need to bring a 21-day supply of these medications for treatment at BHS?  □ YES □ NO

BHS does not give patients any benzodiazepines, barbiturates, or any other potentially addictive medications (Soma, Klonopin, Xanax, Percocet, Darvocet, Ativan, Valium, Lortab, Ambien, etc. Any potentially addictive medications will be discontinued upon admission and will not be given at BHS. Are you aware that you will NOT receive any of these types of medications at BHS?  □ YES □ NO

Are you taking all medications as prescribed by your physician/psychiatrist?  □ YES □ NO

Are you having any suicidal/homicidal thoughts?  □ YES □ NO

When was your last suicidal attempt? (please include date and method) ____________________________________________________

Are you having any psychosis (i.e. hearing voices, visual disturbances)? □ YES □ NO

Do you have any current medical problems?  □ YES □ NO

(If YES, please comment below)

Allergies/Medication Sensitivity □ YES □ NO Incontinency □ YES □ NO

Arteriosclerosis □ YES □ NO Lung Disease □ YES □ NO

Communicable Diseases □ YES □ NO Mobility Limitations □ YES □ NO

Diabetes □ YES □ NO Podiatry □ YES □ NO

Hearing Impairment □ YES □ NO Seizure Disorder □ YES □ NO

Seizure Disorder (additional questions): Treating Physician ___________________ Last One _________ How Often __________

Heart Disease □ YES □ NO Skin Conditions □ YES □ NO

Hepatitis □ YES □ NO Special Diet □ YES □ NO

History of Cancer □ YES □ NO Speech Impairment □ YES □ NO

HIV/AIDS □ YES □ NO Tuberculosis □ YES □ NO

Hypertension □ YES □ NO Visual Impairment □ YES □ NO

Will any of these illnesses or conditions interfere with your treatment at BHS? □ YES □ NO

Are you experiencing any pain that will interfere with your treatment at BHS?  □ YES □ NO

Do you feel that you are medically stable to complete treatment at this time?  □ YES □ NO

PLEASE NOTE * If there are any current/active medical problems they must be treated prior to admission to our program. If a medical problem occurs during the program you will potentially be discharged from the program to return to your area for treatment.

Comments ____________________________________________

116 Interstate Parkway, Bradford, PA 16701 • 800-446-2583 • Admissions (phone) 814-368-2023 (fax) 814-368-7784 • www.brmc.com
**LEGAL / MANDATE**

Are you mandated to treatment?  
☐ YES ☐ NO

If YES, by whom?_______________________________________________________________________________________

Are you aware that we recommend a halfway house as part of our discharge planning for ALL patients (both mandated and non-mandated patients)? If you are mandated to treatment please discuss aftercare recommendations with them prior to your admission.  
☐ YES ☐ NO

Do you have a history of violence, arson, or sexually acting out?  
☐ YES ☐ NO

If YES, Please explain_______________________________________________________________________________________

_________________________________________________________________________________________________________

**PROGRAM**

The DUAL DIAGNOSIS program at BHS is very intensive. Groups begin early in the morning and end late in the evening. There are groups all day long and all of them are mandatory. Are you aware that you must attend and participate in all groups?  
☐ YES ☐ NO

Are you aware that you must remain in the program for the entire 21-day stay in order to be considered for a completion for the program?  
☐ YES ☐ NO

Are you aware that the Dual Diagnosis unit is a small, locked, co-ed unit located in a hospital, and that you will have a roommate?  
☐ YES ☐ NO

All items will be searched upon admission. There will also be a strip search at the time of the check in. Are you aware of the search upon admission?  
☐ YES ☐ NO

Are you aware that we are a non-smoking program?  
☐ YES ☐ NO

Did you read and understand the Patient Handbook addressing the rules and general information of the program prior to admission?  
☐ YES ☐ NO

**POST DISCHARGE**

Do you have a place to return to live?  
☐ YES ☐ NO

(Please note: **WE DO NOT ACCEPT INDIVIDUALS WHO ARE HOMELESS.** If come to the program with no place to return, you will be sent to a homeless shelter.)

Are you aware of our aftercare recommendations?  
(Appointment with a psychiatrist, appointment for outpatient drug & alcohol and mental health counseling, attending AA/NA meetings and getting a sponsor, and a referral to a halfway house.)  
☐ YES ☐ NO

**MOTIVATION**

On the following scale, please rate your motivation for treatment at this time:

1  2  3  4  5  6  7  8  9  10

Poor  Excellent

Please describe why you feel that you need or want treatment at this time:

________________________________________________________________________________________________________

________________________________________________________________________________________________________

**TREATMENT AGREEMENT**

By signing below, you agree to the following:

I have read and understand the information provided in the Patient Handbook: Dual Diagnosis Rules and General Information and agree to abide by these rules. I have also been given the opportunity to ask questions regarding the program rules and I am fully aware of what is expected while I am in treatment.

Patient Signature          Date    Witness Signature         Date

116 Interstate Parkway, Bradford, PA 16701 ● 800-446-2583 ● Admissions (phone) 814-368-2023 (fax) 814-368-7784 ● [www.brmc.com](http://www.brmc.com)
Here at BRMC we believe that aftercare is of the utmost importance. Comprehensive aftercare is the key to successful recovery after completing inpatient treatment. When facing a dual diagnosis, 21 days is only the beginning phase in creating the changes necessary to sustain sobriety. That is why we recommend a residential program for all of our patients upon successful completion of the program here at BRMC. Residential treatment could include halfway house, supportive living.

While this is our standard recommendation, it is ultimately your choice to comply with this recommendation to attend residential treatment or choose an alternative residence. For example, there are times when a patient may choose to return to independent living due to obligations such as employment, childcare, etc.

We would like you to be aware of a few issues before entering our program:

1. Some of our patients are mandated to attend inpatient treatment due to involvement in various agencies such as drug courts, mental health courts, Child Protective Services or Department of Social Services, etc. If this is the case for you, you may be required to comply with our aftercare recommendation. If you are involved with one of these agencies and believe you are mandated to inpatient treatment, we encourage you to discuss this recommendation with your agency contact person (example: probation officer, drug court coordinator, case worker) to find out what your requirements are and what the possible consequences are if you fail to comply.

2. The admission process for residential treatment is complex and time consuming, due to patient volumes we are unable to complete anymore than 2 or 3 referrals for each individual. There are many people seeking residential care. Therefore, we are unable to assure patients they will go directly from our program and enter a residential program on the same day. An average waiting period could be as much as 3-4 weeks. We also can not assure that acceptance is guaranteed. We encourage patients to start applying before admission. The longer someone waits to begin this process, the longer the wait time can be. With this in mind, you will need a temporary residence during this potential wait time. Please plan on this before entering the program here at BRMC.

3. Most residential programs require public assistance for payment. You must apply for public assistance in your own county. This has to be started in order to be accepted at most residential programs. Therefore, it is recommended you start this process prior to your admission at BRMC. If you do not, door to door placement will not be an option.

4. Some of our patients face challenging housing situations prior to their admission here, but still desire to live independently after completing treatment. You should be aware; our program does not assist you in finding independent living options. Relocation to other counties in New York or other states is not feasible during your stay here, because your county is likely to require you to return to your home county. We can provide information on a crisis center or shelter in your area if necessary.

While these are important issues and they must be addressed, they should not be the focus of your stay here. Our main focus is treating your mental health and addiction. We will gladly assist you as much as we can, in arranging residential care, however it is only one part of your treatment here at BRMC. We look forward to working with you and want your treatment at BRMC to be a success.

By signing this letter you are confirming you have reviewed and understand this information.

Patient Signature  Date
The staff of Bradford Regional Medical Center’s Dual Diagnosis Unit would like to thank you for the opportunity to help your loved one recover from his/her addiction and mental illness. It is a pleasure to serve them and you. Our goal is to make their experience both comfortable and rewarding, and help reassure you that they are in the best facility, with the very best care in the region; if not the country. However, to do this, we need your assistance. In order for your loved ones (and our other patients) to recover, we must maintain a healthy and structured environment which includes some guidelines that must be followed. We thank you in advance for your cooperation.

**VISITING HOURS** – To ensure confidentiality, all visitors must sign a confidentiality agreement and visits must take place in designated areas. Visitors are not permitted to "tour the unit" and/or "see the patient’s room. Visiting hours are from 11:30am to 2:00pm Monday – Friday. There are no visiting hours for patients in their first week of treatment. Visitation is scheduled through the Social Worker (814) 362-8403. Visitations will be educational for family members and will consist of education on diagnosis provided by staff. Patients will not be allowed to visit with family/friends alone, a staff member will be present at all times. We ask that only two visitors be present on the unit at one time. We care about the safety of our patients and visitors, therefore we must insist that NO persons under the age of 12 are permitted on the unit for ANY reason. NO purses, tote bags, or backpacks may be brought on the unit. Staff are not responsible for lost or stolen items, so these items should be left in or returned to your vehicle. All items brought to the unit for patients MUST be checked by staff prior to being given to the patient. Patients are only permitted to have gum and hard candy. Therefore, no snacks, food items, drinks, chocolate, or other contraband may be given to the patients. Patients are not permitted to leave the unit.

**PATIENT PHONES** – We have three phones for out patient’s convenience. Please be sure to purchase a phone card before admission. No calls may be made or accepted by patients during a group or a structured activity. The best times to make or receive calls are: 9:00am – 9:30am, 10:15am – 10:45am, 11:30am – 1:00pm, 3:00pm – 3:30pm, 4:15pm – 5:45pm, 6:30pm – 7:00pm. All patients are asked to keep calls to 10 minutes to respect fellow patients who are also expecting calls or wish to call their loved ones. Staff does not answer these phones, nor do they take messages. The patient phone numbers are (814) 368-1891, (814) 368-1892, and (814) 368-1893.

**STAFF PHONE** – To speak with staff regarding any questions you may have, please feel free to call our staff via our toll-free telephone number 1-800-446-2583 or local number at 362-8420. [Federal HIPAA confidentiality laws prohibit staff from releasing information or acknowledge the presence of any patient without their signed consent.]

**OUR ADDRESS** – We welcome you to send your loved ones letters and cards. Packages may be sent, but you should avoid sending food, drinks or candies. Please call us with questions of other items that may be considered contraband. Packages may take up to one week to be received on our unit (even if mailed by overnight service).

**BRMC – C/O (the patient’s first and last name)**

4th Floor, 116 Interstate Parkway
Bradford, Pennsylvania 16701
INFORMATION FOR PATIENTS

THE DUAL DIAGNOSIS PROGRAM AT BEHAVIORAL HEALTH SERVICES

The Dual Diagnosis Unit at Behavioral Health Services is a distinct, sixteen bed unit for individuals age 18 or older who are dually diagnosed with a psychiatric and substance abuse disorder. Patients receive comprehensive, integrated inpatient therapy from a multi-disciplinary team. This team includes psychiatrists, certified addictions counselors, mental health therapists, a licensed psychologist, psychiatric nurses, case manager, social worker, and recreational therapist.

The program provides individual, group, and family therapy through a unique, individualized treatment program in which aftercare planning and referral involvement are key components. We are proud to be Pennsylvania’s first fully licensed Dual Diagnosis program. We are renowned for our structure and eclectic therapeutic approach and attract patients from Pennsylvania and New York. Each day, you will have 7 to 9 structured groups ranging in intensity from psycho-educational/didactic groups to recreational therapy. You will also have daily individual sessions with a psychiatrist and mental health therapist. The program is based on a 21-day schedule. The program is voluntary and we are located within a secured section of Bradford Regional Medical Center. We use various methods of cognitive restructuring, including Rational-Emotive Behavior Therapy (R.E.B.T.) to help people change the way they think and therefore change the way they feel.

FAMILY AND SOCIAL SERVICES

We recognize the importance families have in treatment and the need for staff to be available to answer questions. The social worker is available during the week to initiate and provide ongoing individual family education. The goal of our social worker is to help families cope with their loved one’s illness, address concerns related to marital problems or parent/child problems, and help families with changing family roles during and after treatment. The social worker is responsible for family histories as the attending psychiatrist requests and is the family member’s primary contact with the attending psychiatrist.

CASE MANAGEMENT

The plans for discharge should be started before the patient is admitted, by the referring agency. The case manager assists the patient with coordination of services for aftercare treatment so as to assure a smooth transition back into the community. Our aftercare planning is unique to the patient and his or her needs. However, there are standard recommendations that we make for every patient, these include: halfway house/supportive living, outpatient mental health counseling, outpatient drug and alcohol counseling, psychiatrist appointment, support groups AA/NA, and AA/NA sponsorship. These appointments and services are arranged prior to discharge. If the patient is already involved in outpatient treatment, he or she is referred back to those providers. The case manager cannot assist you in finding independent housing. If you are interested in a halfway house referral please be sure to contact your local Department of Social Services to apply for Public Assistance/Cash Benefits. Halfway houses require public assistance/cash benefits be active before your admission to their program.

TELEPHONE HOURS

Phone calls in and phone calls out are welcomed from 8 a.m. to 9:30 p.m. Calls are limited to 10 minutes. No calls may be made or received during group sessions or other program activities. Patients can be reached at the following telephone exchanges: 814-368-1891, 814-368-1892 and 814-368-1893. Please be sure to bring a phone card with you, patients are not allowed to use hospital phones for personal calls.
PLEASE REVIEW BEFORE PACKING

Personal Items:

- Bring ONLY enough clothes for one week. There is a washer and dryer on the unit for patient use along with detergent and dryer sheets.
- Patients may bring sweat pans, sweatshirts and closed shoes/sneakers for the exercise or recreational groups.
- For sanitary purposes, please bring shower shoes/flip flops.
- There are courtesy phones on the unit to use. Patients are encouraged to bring a phone card, they are not allowed to make personal calls from our phones.
- Journals and notebooks are acceptable without metal binding.
- Treatment related reading material is acceptable.
- Paper, envelopes and stamps are not necessary to bring, the hospital will provide these for you.

Acceptable Personal Items: (alcohol free products)

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<tr>
<th>Soap/Body Wash</th>
<th>Dental Adhesive</th>
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<tr>
<td>Deodorant (no Aerosol)</td>
<td>Contact Solution</td>
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<tr>
<td>Shampoo/Conditioner</td>
<td>Gum</td>
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<td>Toothbrush/Toothpaste</td>
<td>Make-up without mirrors and not contained in glass</td>
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<tr>
<td>Hairbrush/comb</td>
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<tr>
<td>Feminine Hygiene Products</td>
<td>Face Creams/Lotions</td>
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</tbody>
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Acceptable Personal Items that will be placed in sharps:

- Dental Floss/Picks
- Tweezers
- Nail Clippers
- Disposable Razors
- Lip liner/pencil sharpener
- Any items with a cord (including curling irons and flat irons)
- Eye Lash Curler

Unacceptable Personal Items: (Please do not bring these items in, BRMC is not responsible for any lost or stolen items.

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<thead>
<tr>
<th>Metal/Glass/Mirrors</th>
<th>Necklaces longer than 18 inches</th>
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<tbody>
<tr>
<td>All perfumes/colognes/body sprays</td>
<td>Leather Necklaces</td>
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<tr>
<td>All Aerosols/Pumps</td>
<td>Towel/Linen/Pillows/Stuffed Animals</td>
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<tr>
<td>Body Scrubbie/Loofah</td>
<td>Picture Frames</td>
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<tr>
<td>Nail Polish/Nail Polish Remover</td>
<td>Cell Phones/Smart Phones</td>
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<tr>
<td>Heating Pads</td>
<td>Guitars</td>
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<tr>
<td>Neckties</td>
<td>MP3 Players or IPods/I Pads</td>
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<tr>
<td>Head Bandanas/Head coverings</td>
<td>Laptops</td>
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<tr>
<td>Hair Clips with Metal Springs</td>
<td>Tobacco Products</td>
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Any questions about what to bring or questions on the program in general can be answered by calling 814-362-8420 or 814-368-2023 opt. #2.
DIRECTIONS

From Buffalo, Ontario, and Points North
Take I-90 (New York State Thruway) or I-290 around Buffalo West to Route 219 South to Bradford, PA. Take the Forman Street exit and follow the blue hospital signs from the exit.

From Rochester, Syracuse, and Points South
From Dubois, take Route 219 North to Bradford, PA. From Pittsburgh, take I-79 North to I-80 East to Exit 66 to Shippenville. Take Route 66 North, to Kane to Route 6 East, to Route 219 North to Bradford, PA. Take the Elm Street Exit off Route 219 North and follow the blue hospital signs from the exit.

From Rochester, Syracuse, and Points East
From Rochester, take I-390 South to Exit 4 (Second Dansville Exit). Take Route 36 South through Arkport to Interstate 86 West. Take Interstate 86 West to Route 219 South to Bradford, PA. Take the Forman Street exit and follow the blue hospital signs from the exit.

From Jamestown, Erie, and Points West
Take New York Interstate 86 East to Route 219 South to Bradford, PA. Take the Forman Street exit and follow the blue hospital signs from the exit.

Alliances
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Professional
Albert Ellis Institute
Behavioral Health Services
PATIENT HANDBOOK
General Guidelines, Rules and Information for the 21-Day
Inpatient Dual Diagnosis Program
(Revised September 2013)

We are a tobacco-free facility

Bradford Regional Medical Center
Upper Allegheny Health System
116 Interstate Parkway
Bradford, PA 16701
Phone: 1-800-446-2583
INTRODUCTION
The Dual Diagnosis unit at Behavioral Health Services is a secured, co-ed, inpatient unit located within Bradford Regional Medical Center. We pride ourselves in helping those who struggle with a dual diagnosis overcome their addiction and learn to cope with their mental illness. Our staff is made up of a variety of professionals including psychiatrists, certified addictions counselors, mental health therapists, a licensed psychologist, certified psychiatric nurses, social workers, case managers and other support staff. Our facilities include eight patient rooms with two beds in each room, a group room, meeting room, a kitchen, exercise area, conference areas and a few miscellaneous areas. The Dual Diagnosis unit is designed to allow our patients to focus on their recovery program for the length of their stay.

Along with providing general information about our program, the following pages will describe what a patient may expect from the Dual Diagnosis program and as well as describing what Behavioral Health Services expects of its patients. Prior to or upon admission, it is expected that the patient take the time to read this booklet thoroughly and carefully in order to become familiar with the program's structure and rules. Please feel free to discuss any questions or concerns with a staff member.

PATIENT AGREEMENT
Prior to and/or upon admission, patients have completed a Patient Questionnaire and fully read and understand the Dual Diagnosis Unit Admission Contract. By signing this, a patient agrees and understands that he/she must adhere to the rules of the Dual Diagnosis program and to the general behavior expected of our patients. These rules are designed to enable our patients to maintain their level of dignity while attending and participating in every phase of this program. If any of these elements are not followed, the patient may be discharged from the program immediately. Behavioral Health Services reserves the right to adjust program rules at its discretion.

EXPECTED BEHAVIOR
Any possession of non-prescribed drugs, alcohol, drug paraphernalia, tobacco products or any contraband will not be tolerated and will be grounds for immediate discharge from the program. Any acts of violence or threat of violence directed to anyone (staff of Bradford Regional Medical Center, other patients, or visitors) is not acceptable behavior. Sexual acts of any kind (including physical contact, inappropriate language) will not be tolerated either. Any of these actions are considered a serious infraction of the rules and regulations. Staff members will meet as a team to discuss the infraction and decide on an appropriate action to be taken, which may include a behavior contract or discharge from the program. All privileges are subject to the discretion of Behavioral Health Services.

If a patient psychiatrically decompensates or engages in any self-injurious behaviors during treatment, the patient may be transferred to our General Psychiatric Unit. The treatment team will determine whether or not the patient can return to and complete the program. Although medical problems may occur in treatment, should there be any problems that may interfere with treatment a discharge from the program may be required.

ADMISSION PROCESS
Each patient will be fully searched upon arrival. This is mandatory. The search will consist of a staff member completely searching each item brought onto the unit by the patient. The patient will be asked to completely disrobe with a staff member present in order for the clothing that the patient is wearing, including undergarments, to be searched. For modesty, the patient is provided with a hospital gown until the search is complete. If a patient refuses the search, the patient may be discharged for noncompliance. The patient may not be with other patients under any circumstances until the search process is completed. Any additional items brought in during a patient’s stay must be searched.

It is the right of the patient to receive treatment in a safe environment. Accordingly, Behavioral Health Services reserves the right to limit certain items from entering or being used in the facility to ensure the safety of the environment. Contraband or “sharps” is any item that a patient could use to inflict bodily harm to himself or herself, another patient, visitor, or a staff member. Contraband/sharps also include any item that may contain alcohol, interfere with treatment, or that is valuable and may be taken by another patient, including prescription medications. All prescription medications must be surrendered upon admission. Valuables will be stored in the safe.

Only enough clothing for seven days and five personal items (makeup, shampoo, etc.) are allowed. Any other items considered contraband will be confiscated at the staff’s discretion. See “Definition of Contraband” for more information.

The patient will be asked to sign a consent form to have his or her picture taken. These pictures have therapeutic value in that they will help the patient actually see physical improvement after treatment. They will also be placed in the patient’s medical record to assist with identification of the patient. They will not become part of the permanent medical record and will be destroyed upon discharge of the patient.
All patients on a benzodiazepine at the time of admission will be withdrawn from these and any other addictive medications (i.e. pain medications) under the supervision of the attending psychiatrist.

Upon admission, a patient must submit a urine and/or blood screen. This test is mandatory for admission. Patients may also be tested again during their treatment at any time that is deemed necessary. Refusal to comply with this testing may result in immediate discharge from the program.

All patients are on a blackout for the first 24 hours after admission. This means that patients cannot make or receive phone calls. Patients also cannot receive or send mail and they are not eligible for group walks. This blackout period is necessary for medical observation as well as to give the patient time to adjust to the new environment. After the initial 24 hours, patients can use the phone and receive and send mail. After a physical by their doctor has completed, the patient may participate in group walks.

**DEFINITION OF CONTRABAND**

Contraband is any item that could cause harm to oneself or others. This includes, but is not limited to, personal items with sharp points/edges; or any item that may cause interference with treatment, such as cell phones, radios, CD players, mp3 players, televisions, magazines, books, food, and drinks. These items will be confiscated and kept in storage until discharge. Patients may use their own razors however; they will be disposed of after each use. Other items can be defined as contraband at staffs’ discretion.

Due to hospital policy and health code regulations, blankets, pillows, towels, wash cloths, other linens, or stuffed toys will not be allowed. Items of this nature will be placed in storage for the duration of treatment. Bedding and linens are provided for each patient.

Drugs (illicit or prescription), alcohol, drug paraphernalia, tobacco products, or food items brought from outside the Medical Center will be confiscated and disposed of.

**SHARPS, VALUABLES, AND PATIENT BELONGINGS**

Each patient will have an individual basket kept in storage. A patient will be permitted to use items from the basket during sharps times (5:30 a.m. to 7:00 a.m., 11:30 a.m. to 12:30 p.m., and 4:30 p.m. to 5:30 p.m.). All items that the patient is permitted to use must be signed out/in individually on the sign-out sheet. Failure to sign sharps in by the set time will result in losing sharps privileges for 24 hours for the first offense. After the first offense, passes and other unit privileges may be affected. The maximum amount of time sharps may be signed out is for three hours, with the exception of the iron, razors, must be returned within 15 minutes. All items brought in for the patient will be searched in the patient’s presence prior to the receiving it.

Patients will not need to keep cash on them. We advise patients to keep all valuable at home and not to bring them to treatment. Any valuables the patient has with them should be locked in the safe. Bradford Regional Medical Center cannot accept responsibility for lost or missing valuables. Lending personal items, i.e., hygiene products, or phone cards is strongly discouraged and is done at the patient’s own risk. Stealing and/or unauthorized use of other’s belongings may result in immediate discharge from the program and/or legal prosecution. BHS does not supply clothing or free access to our phones. Please make sure you bring clothes and a phone card for your stay.

**SAFETY**

It is the right of patient and staff in the Medical Center to have a safe environment, free from unnecessary and preventable hazards or injuries. Doors to patient rooms may not be completely closed at any time. Patients are never at any time permitted to enter the room of a patient of the opposite gender. Patients should not enter the room of a patient of the same gender without their consent and presence. Inappropriate touching, sexually inappropriate comments, and harassment of any nature are prohibited.

To ensure safety, random room searches may be conducted. If the patient obstructs the search at any time, they may expect immediate dismissal from the program.

Patient areas are monitored by video for the safety of patients, staff and visitors.
CONFIDENTIALITY
Authorization for Release of Information forms must be signed by the patient to allow Behavioral Health Services to send and/or receive any information related to their treatment. No information can be released or accepted without the written consent. This includes family members. There are six conditions where a patient's right to confidentiality may be limited. In these cases the patient will be made aware of the fact that this information has been shared. These cases are:
1. In the instance of child abuse or elder abuse.
2. In the event of a medical emergency which places a patient's life in danger.
3. In the event that it is believed that the patient may harm him or herself or others.
4. To those responsible for payment of the patient's stay, i.e., insurance company, B.S.U.
5. To those reviewers and inspectors, including Joint Commission on Accreditation of Hospitals, Commonwealth licensure or certification, when necessary to obtain certification as a provider of services eligible.
6. In an event to respond to a court order.

Patients are not to mention names of other patients over the phone, discuss their presence on the unit to anyone, or talk about other patients to visitors in order to protect patient confidentiality and privacy. Additionally, patients are not to mention what is said in a group environment or talk about what other patients disclose at any time.

Since patients are treated by a team of professionals, it is common for a staff member to share information with other members of the Behavioral Health Services treatment team. This is done to ensure continuity of care of each individual. Information shared with a staff member is not generally shared with other patients unless it meets one of the above stated exceptions.

DRESS CODE
The following list gives guidelines of what dress is proper and what is improper:

Proper - dresses (to the knee), skirts (to the knee), pants, shirts covering the stomach, walking shorts (mid-thigh length), jeans (not tight or torn), shoes/slippers (must be worn at all times).

Improper - tank tops, revealing dresses, see-through blouses, halter/midriff tops, bare feet, sunglasses (indoors), sweatshirt hoods/hats/bandanas (indoors), clothing with advertisements for alcohol or drugs, or racially derogative themes, ripped/torn jeans.

Patients are asked to follow the dress code. If a patient's dress is inappropriate they will be warned and asked to change to more appropriate attire. If a patient refuses to change to more appropriate dress, they will incur consequences for this infraction.

COMMUNICATION/TELEPHONE HOURS
Patients cannot make or receive phone calls for the first 24 hours after admission. After this period, patients may make or receive calls from 8:00 a.m. to 9:30 p.m. No phone calls may be made or received during group sessions or other program activities. Phone calls are to be no longer than 10 minutes per call and patients should wait 15 minutes before making or receiving a phone call so that all other patients have an opportunity to make or receive a phone call. Patients should make their family aware of these times. The patient phones are both pay phones. It is recommended that patients bring either a phone card or change if they intend on making phone calls during their stay. The numbers for the two phones are 814-368-1891, 814-368-1892 or 814-368-1893. Telephone privileges may be revoked if it is felt that the patient is not following his or her treatment program or if an abuse of privileges has occurred. Staff is not responsible for answering the pay phone.

Patients are permitted to send and receive mail. Postage will be provided on outgoing letters. Patients are not to change their address to the Medical Center's address. All incoming mail must be opened and inspected for contraband by a staff member.

VISITATION
Visits are permitted in designated areas only. Only two visitors per patient are permitted on the unit at a time. If more than two visitors arrive, they will be asked to wait in the cafeteria or lobby. No persons under the age of 12 are permitted on the unit, no exceptions. Visitors may be asked to leave if their behavior is disruptive. Clergy may visit at any time. Visiting hours are from 11:30am to 2:00pm Monday – Friday. There are no visiting hours for patients in their first week of treatment. Visitation is scheduled through the Social Worker (814) 362-8403. Visitations will be educational for family members and will consist of education on diagnosis provided by staff. Patients will not be allowed to visit with family/friends alone, a staff member will be present at all times. Visitors will not be allowed to enter the unit with any personal belongings (i.e. purses, backpacks, food and drink). Please be sure to leave them in your vehicle.

FREE TIME
During spare time, the patient is encouraged not to isolate in his or her room. The group room contains a television, which may be viewed according to the posted schedule and at the discretion of Behavioral Health Services. Television shows are limited to the news and family shows. The television will be removed if any patient is found watching inappropriate shows or making adjustments to the viewable stations. Patients will not be permitted to use CD players, mp3 players or radios. Patients are encouraged to review treatment materials during free time or spend time getting to know their peers.
MEDICATIONS
Medications are generally distributed at 9:00 a.m., 1:00 p.m., 3:00 p.m., 5:00 p.m., and 9:00 p.m. It is the patient’s responsibility to report timely to the medication window for medication pass. Please bring your medications with you to treatment for verification of all medications prescribed.

FOOD AND NUTRITION
Meals are served at 8:15 a.m., 12:15 p.m., and 5:15 p.m. Any food left over from a meal must be labeled with patient’s name, time, and date, covered and placed in the refrigerator in the kitchen. This food may be kept for 24 hours only. No food or drink may be kept in patient rooms or in the group room. All meals are to be eaten in the dinning area. No food or drink is permitted to be brought in from outside the unit.

PROGRAM STRUCTURE
The program is set up on a rotating cycle. A group schedule is available for patients. Staff reserves the right to make changes to the schedule as necessary. The patient is expected to attend each and every group on the schedule. This includes recreation activities and group walks. A refusal to participate in any group on the schedule will result in loss of privileges for the day and possible dismissal from the program. Patients must be excused from groups by the nurse or attending psychiatrist. Patients are not permitted in the smoke room or on the phone during group times. No food or beverages are permitted during groups. The patient will be seen by the attending psychiatrist daily, as well as offered an individual therapy session daily. However, the patient can approach a staff member at any time they need to talk.

Morning Activities
All patients must be up and dressed appropriately by 6:25 a.m. Beds are to be made daily. Linen changes are every Tuesday and Friday by 8:30 a.m. Patients are responsible for keeping their room and bathroom neat.

Exercise
Daily attendance at exercise group is mandatory, Monday through Friday. Patient participation in exercise on Saturday and Sunday is optional. Patients may only be excused from the group by the attending psychiatrist or nurse.

Goal Setting
There is a goal setting group each morning. At this time the patient will set a goal for him or herself to be completed by the end of the day. Goals will be reviewed each evening during the evening wrap-up. Goals should be specific, reasonable, and obtainable. Patients are encouraged to challenge themselves each day with their goal.

Group Therapy
Group therapy is an integral part of our program. On the average, there are seven hours of group a day, seven days per week. To make the most of this time in group, we ask that each patient read the following group guidelines carefully and follow them during their stay.

Chores
Patients are given unit chores, such as straightening up the group room and smoke room, putting away nourishments in the kitchen, and answering the patient phone. These chores are designed to encourage patients to take responsibility for their living environment. While chores do ensure that the unit is cared for, it is ultimately the responsibility of each individual to keep their environment clean. Patients are asked to clean up after themselves, and keep their space neat and organized.

Rest/Bed Times
Patients may not lie down on their beds during the day, except after lunch between the hours of 11:30 a.m. and 12:30 p.m. This time may be used for individual therapy sessions the discretion of a patient’s individual therapist. Patients will be permitted to go to bed after the 9:00 p.m. medication pass if they desire. All patients must be in bed by 10:00 p.m. or within one half hour of taking a sleeping pill. Doors to patient rooms may not be completely closed at any time. Patients are encouraged to at least attempt to sleep by remaining in their beds for the majority of the night.

By following these guidelines, the patient can make the most of his or her group experience. Group therapy is not the same as a support group meeting such as AA, NA, SMART Recovery, etc., so do not treat them the same. Group therapy requires active participation on the part of the patient.
INFRACTIONS
An infraction is an abuse of a privilege and/or disregard for the rules and regulations outlined in the booklet.

Any act of violence
Refusal to take blood/urine tests
Breaking group confidentiality
Refusal to take part in any part of the treatment program, including check-in procedures
Sexual relationships/inappropriate touching/suggestive language
Possession of drugs or alcohol
Stealing
Destruction of any property (including your own)
Having a member of the opposite gender in your bedroom (excluding a staff member)
Possession of contraband (other than drugs or alcohol)
Leaving group meetings without permission or being late to groups
Abuse of staff or peers in a verbal manner

All infractions will be considered by the treatment team. It is our goal to help patients change their old behaviors. Treatment goals will be established with patient input. Further infractions may result in discharge from the program.

PATIENT BELONGINGS LEFT ON THE UNIT AT THE TIME OF DISCHARGE
All belongings left behind by patients at the time of discharge will be held for five working days. If no arrangements have been made for these items to be picked up or sent to the patient, the items will be sent to the Bradford Hospital Auxiliary Resale Shop or the Salvation Army. When a patient is discharged, all belongings left behind by the patient will be labeled, dated, and stored on the unit where the items were left. If the patient contacts BHS regarding their belongings, a hold sticker will be placed on their belongings.