A. F. WHITSITT CENTER REFERRAL CONTACT FORM

Fax 410-778-7002

DATE R	ECEIVED	: (WHITSITT	USE O	NLY)								
IDENTIF	FICATION	SECTIO	N:									
PATIENT	NAME: L	FIRST	FIRST MIDDLE									
RACE:	AGE:	SEX:	PAT	IENT'S	HOME PHO	ONE:	DATE:					
ADDRESS	<u> </u> 					CITY, S	STATE	E, ZIP:				
SOCIAL S	ECURITY N	NUMBER:		DATE	OF BIRTH:		COU	NTY OF R	ESIDENC	Œ:		
Emergency	Contact		Main N	Number		Alt. N	Numbers					
REFERRI	NG AGENC		CONTACT PERSON: AG				NCY PHON	NE NUMI	BER:			
□ DETOX REFERRAL □ ICF REFERRAL □ CRISIS BEDS (Hospitals/Mobile Crisis)												
4 ***	1 01 011				ubstance A		story					
1. Whic	h of the follow	ving substanc	es have	e you use	ed in the past 3	30 days?						
Subst	ance	AMT/	PER I	DAY/HO	W LONG	Substa	ance		AMT/PE	ER DAY/HOW L	ONG	
$\Box A$	lcohol					□ Не	☐ Heroin					
	arbiturates					\square M	☐ Methadone					
	annabis/Po	ot				□ O1	☐ Other Opiates/					
	ocaine					□ Be	enzod	iazepines	S			
□ Н	Iallucinog	ens				□ Ot	ther					
LEGA	L STAT	US:										
PROBAT	ION/PARO	LE	Y	ES	NO	WA	RRAN	T	YES	NO		
COURT I	DATE PENI	DING	YES	3	NO	COL	JRT D	OATE				
REASON	:											
Will the P	atient be ge	tting the co	ourt da	ate postj	poned							

PSYCHIATRIC	STATU	S:									
				('iirrently			ithin the ast month		Lifetime		
1. SUICIDAL	THOUGHT	S/ATTEMP	ΓS		YES	NO	YES	S NO	Y	ES	NO
2. THOUGHT:	YES	NO	YES	S NO	Y	ES	NO				
3 HOMICIDA	YES	NO	YES	S NO	Y	ES	NO				
4. HALLUCIN	YES	NO	YES	S NO	Y	ES	NO				
1. If the answer is	yes to any	of the above,	Please	explain v	with deta	iled infor	matio	n.			
Is patient psych rules and regula	_	-	-	treatmer	nt and fo	llow all t	he	Υe	es		No
PREVIOUS PSYC	HIATRIO	C TREATN	MENT		WHEN:						
PSYCH MEDS TAKEN					WHERE						
1.					DIAGNOSIS:						
2.					DIAGNOSIS						
3.					PSYCHL	ATRIST:					
MEDICAL STA	TUS:										
Current Medications	Dose Frequency	How long on med	doctor	Curren Medica			Do: Fre	se quency	How on med	_	doctor
1.				4.							
2.				5.							
3.	AC DECE		CEC OF	6.	TEC						
MEDICAL PROBLEM	MS, RECE	NTILLNES	SES OR	INJUK	ALS:						
1.			2.								
3.			4.								
ALLERGIES:admission.	Hi	story of +PP	D Yes_	No_	If ye	es, Patien	t mus	st have	Xray	prio	r to

A.F WHITSITT CENTER											
INSURANCI	Ξ:										
DOES THIS PAT	ENT HAVE HEAI	LTH INSURANCE	?	YES N	0						
IF YES, COMPAN	NY:										
POLICY #:											
PRECERTIFICAT	TION DATE:										
NAME OF REPR	ESENTATIVE CO	NTACTED:									
LENGTH/TYPE (OF TREATMENT A	AUTHORIZED:									
			<u> </u>								
ASSESSOR'S SIC	NATURE	Tľ	TLE: DATE:								
TIBBLISSOR S SIC	J. W. I. O. K.L.	11	TEE. BITTE.								
	DCM VD:		- C C L-4	II D:	¥						
	DSMI-V Dia	agnostic Code	s for Substan	ce –Use Disoi	rders*						
Please circle all a	opropriate diagnosi	s or indicate the abs	sence of any substai	nce dependence or	substance abuse						
-	n addition, please re		-	•							
in the chart below	_			•	C						
	Dependence	Abuse		Dependence	Abuse						
Alcohol	F10.20	F10.10	Nicotine	F17.20	F17.10						
Amphetamines	F15.20	F15.10	Opioids	F11.20	F11.10						
Cannabis	F12.20	F12.10	Phencyclidine	F19.20	F19.10						
Cocaine	F14.20	F14.10	Sedatives, etc.	F13.20	F13.10						

	Dependence	Abuse		Dependence	Abuse
Alcohol	F10.20	F10.10	Nicotine	F17.20	F17.10
Amphetamines	F15.20	F15.10	Opioids	F11.20	F11.10
Cannabis	F12.20	F12.10	Phencyclidine	F19.20	F19.10
Cocaine	F14.20	F14.10	Sedatives, etc.	F13.20	F13.10
Hallucinogens	F16.20	F16.10	Other/Unknown		
Inhalants	F18.20	F18.10			
AXIS I:					
AXIS II:					
AXIS III:					
AXIS IV:					
AXIS V:					
AXIS V:					

I agree that the above information is accurate and complete. I agree to bring a 30 day supply of all
prescribed medications including over the counter medications that I am currently using.
Misrepresentation of the information provided on this form may result in denial of admission.
PATIENT SIGNATURE/DATE:

ASAM ADMISSION CRITERIA

	LEVEL 1 (1-8 HRS/WK)	LEVEL 2 (9-56+HRS/WK)	LEVEL 3&4 (24HRS/DAYS)
WITHDRAWAL POTENTIAL	Minimal risk of severe withdrawal	Minimal risk of severe withdrawal	Severe withdrawal risk
BIOMEDICAL CONDITIONS	None or very stable	Will not interfere with treatment; or Can be provided in outpatient treatment	Continued use jeopardizes physical health for concomitant biomedical conditions; orRequires medical monitoring or management
EMOTIONAL	None or very stable(Not manifesting stress behavior or instability); and/or Anxiety, guilt, depression is related to use problems; if not Psych services are provided; and No risk harming self or others	Mild severity, with potential to distract from recovery (unstable over 72 hr period, e.g., distractibility, negative emotions, generalized anxiety);needs monitoring; orAddiction related abuse/negative of family; orMild risk of endangering self or others, (thoughts of but no active plans); orStable disorder that requires monitoring or management (Can spontaneously describe methods to cope with mental disorder and demonstrates resolve to focus on addictions treatment)PHP: needs stabilization	Emotional/behavioral symptoms necessitate 24-hr structured environment to allow focus on recovery or to shape behavior; or Current suicidal/homicidal thought s with no active plan and a history of gestures or threats; or Manifesting stress behaviors related to losses to extent activities of daily living are impaired; or History or presence of violent or disruptive behavior during intoxication with imminent danger to self or others; or Personality disorder requiring continuous boundary setting interventions.
TREATMENT ACCEPTANCE RESISTANCE	Expresses willingness to cooperate with the treatment plan and the attend all scheduled activities; andNeeds motivating and monitoring strategies but does not need structured milieu.	Resistance high enough to require structured program, but not so high as to render out-patient treatment ineffective (willing to participate in most respects but may have reservations; e.g. does not offer any benefit from treatment, strong objections to frequency of groups, motivation is to avoid jail);orFailure of motivating interventions at different levels of care; orAttributes drug problems to externals (unable to elaborate on the relationship of life problems to alcohol/drug abuse in a specific and detailed manner).	Despite serious consequences or effects of the addictions, client does not accept or relate to the severity of theses problems; or Marked difficulty with or opposition to treatment, does not appear to be committed to seeking treatment, and requires intensive motivating strategies available only in a 24-hr structured environment.
RELAPSE POTENTIAL	Able to maintain abstinence and pursue recovery goals with minimal support; needs assistance in dealing with mental preoccupation with using, craving, peer pressure, lifestyle and attitude changes; and Is not experiencing difficulty postponing immediate gratification or related drug-seeking behavior, andHas some awareness of triggers.	High likelihood of use with close monitoring and support, as indicated by lack of awareness of triggers, difficulty postponing immediate gratification or ambivalence/ resistance to treatment; orDespite active participation at a less intensive level, client is experiencing an intensification of addiction symptoms(e.g. difficulty postponing immediate gratification or related drug-seeking behavior) and is deteriorating in functioning despite revisions in the treatment plan.	Despite active participation at a less intensive level or self-help fellowship client is experiencing an acute crisis with a concomitant intensification of addiction symptoms; or Recognizes that alcohol and/or other drug use is excessive and has been unable to do so as long as alcohol/other drugs are present in his environment.
SUPPORT/ RECOVERY ENVIRONMENT	Supportive recovery environment (s/o's are in agreement with recovery efforts, supportive work or legal conviction adequate transportation, support meetings are accessible); orLacks ideal support system but is sufficiently stable and has demonstrated motivation and willingness to obtain support system; orS/o's are supportive but require 'professional interventions to improve chances of treatment success (e.g. assistance in limit-setting, communication skills, decrease rescuing behaviors, etc).	Those living with the client are un supportive of recovery goals and/or passively opposed to his treatment, no active opposition, and client requires relief from home environment far part of the day to stay focused on recovery; or Continued exposure to the current job environment will make recovery unlikely; or Lack of social contacts which jeopardizes recovery	Lives in an environment (social and interpersonal network) in which treatment is unlikely to succeed (e.g. chaotic family or interpersonal conflicts which undermine clients efforts to change, s/o's manifest current substance use, s/o's undermine the client's recovery); orLogistic impediments; orDanger of physical, sexual, or severe attack or victimization; orEngaged in an occupation where continued use constitutes imminent risk to public or personal safety

COMPLETED BY_	
DATE	

TO WHOM IT MAY CONCERN:

The A. F. Whitsitt Center became a LIMITED SMOKING FACILITY. Smoking is permitted at set times throughout the day. All patients are to surrender all smoking materials (cigarettes, cigars, lighters, matches, etc.) to staff. Possession of tobacco products or paraphernalia is prohibited. Family members and other visitors are to turn over all tobacco products to staff at intake and / or visitation. Family members and visitors are prohibited from giving smoking products to any patient.

Smoking –cessation products are available at drug stores as well as from County Health Departments. Patients may also obtain nicotine patches from the A. F. Whitsitt Center. These products will be treated as prescription medication and must be surrendered to the Admissions Counselor or a staff member upon admission. The A. F. Whitsitt Center medical staff will then administer the nicotine patches as prescribed.

By signing below, each referral acknowledges that the A. F. Whitsitt Center is a LIMITED SMOKING FACILITY and agrees to comply with all program regulations, policy and procedures regarding the use of tobacco while in treatment.

Patient Name Printed	
Patient Signature	Date

A.F.WHITSITT CENTER

To: All Referral Sources and Admissions

300 Scheeler Road, P.O. Box 229, Chestertown. Maryland 21620 Phone: 410-778-6404 Fax; 410-778-7002

From:	Admissions Coordinator		
Date:	Effective Immediately		
Ref:	Proof of Income and Ability	to Pay	
Whitsitt v admission accompan		f income. When proce. Program, the proof o s include: previous ¿	ssing a referral request for f Income is required and must be Jear's tax returns, w-2 forms,
	bedite your admission this let t, signed by the witness and o		ewed, acknowledged/signed by referral application.
Patíent's 1		d name)	
scale fee ii income is	of Maryland's fees for service n accordance of their income. not provided at the time of ref illy charges (100%) for their s	The patíent acknowle ferral or admíssíon, tl	dges that if the legal proof of nen the patient will be responsible
Síq	ynature of Patient	Date	_
Wí		 Date	_

Information for A. F. Whitsitt Center/Kent County Crisis Beds Patients, Families, Referral Source

<u>IMPORTANT:</u> If you have any pending appointments such as; court dates, doctor's appointments, etc. please make other arrangements prior to your stay at A.F. Whitsitt Center. You will not be permitted to leave for these appointments unless prior approval by the Program Director, Clinical Supervisor and Nursing Supervisor. If warranted talk with the Courts/Probation Officers/Attorneys to make them aware that you are here.

Patient Information can also be found at www.kenthd.org, A.F. Whitsitt Center Inpatient Residential.

ADMISSION DAY:

- Please call and speak to the Admissions Coordinator on duty if there is a problem meeting your appointment time (410-778-5047). Late arrivals may be refused admission or required to reschedule for a later date.
- Please have a member of your family bring you to the Center. They will be asked to remain with you during the first hour or so of the admission process. **Items found to be inappropriate or not on our list will be sent home.**

WHAT TO BRING:

- One bag of clothes (appropriate, proper length and coverage, advertisement/logos displayed must be substance free) you will be asked to change if attire is inappropriate. Items to pack: 2 pairs sweat pants, 5 shirts, 5 pants, 5 pairs of socks, 5 sets of undergarments, hat and gloves (weather appropriate), sweater, jacket or hooded sweat shirt. You will be going outside during the day and evening, so outerwear will be necessary. Please pack all items in <u>one</u> medium sized suitcase. Excess clothing and prohibited items will be sent home.
- Bring a comfortable pair of walking shoes, slippers, reading glasses, and other necessary items such as robe, sleepwear and shower shoes.
- One bag of groceries (items must be in original containers)
- Some spending money for extra food at cafeteria and vending machines (Checks cannot be cashed).
- Cigarettes you may smoke outside the building at **designated times only**. You must bring enough cigarettes to last the entirety of your treatment stay or have **additional tobacco products brought to you on visiting day** as the Whitsitt Center does not provide access to these items nor will the agency purchase them for you. Cigarettes/tobacco (8 per day) that will be locked in Nurses' Station
- Envelopes and stamps/pen and notebook
- Some money for co-pay on medications
- Only current prescription medications (only medicine necessary for your health will be given to you during your treatment). Bring a 30- day supply of all medications. Failure to bring these medications could result in denial of your admission as the A. F. Whitsitt Center will not be held responsible for the cost of said medications. Any narcotic or other mood- altering prescription drug found in your belongings during admission and is not prescribed to you will be disposed of.
- Extra towels and wash cloths are suggested. The unit linens (towels, twin bed sheets, blankets, pillow case) are provided and will be exchanged weekly. For your personal comfort you may bring one (1) new pillow still in store bought plastic. Please no stuffed animals or blankets.
- Please bring your own toiletry articles such as a toothbrush, toothpaste, shampoo, soap, deodorant, etc.
 Do not bring any items containing alcohol. Do not bring more than one of each. Excess will be sent home.
- Novels, magazines, puzzle books, crossword, motivation books or spiritual books are allowed and will be viewed by staff to see if appropriate for use.

- Some food items (perishable or non-perishable) will be allowed as long as it is in original **unopened container.** We would prefer unopened plastic containers.
- Alarm clocks only, no clock radios. **No personal electronics devices.** (See Contraband Listing)
- The washer dispenses laundry detergent and bleach as needed. Each patient is expected to do his/her own laundry. A washer and dryer are available on the Wing (no charge). **Please do not bring laundry supplies.**
- The A.F. Whitsitt Center will not be responsible for patient's personal belongings. Valuables may be turned in to staff for safe keeping. Any discharged patient leaving belongings at the Whitsitt Center need to claim them within five (5) days. If they are not claimed, the belongings will be given to charity, no exceptions!

FINANCIAL RESPONSIBILITIES:

- Proof of income (pay stub, W-2, Income Tax Forms), Failure to do so will result in being charged 100% rate until proof of income is obtained.
- A copy of insurance card if you have one (If pre-certification is required, please let us know immediately).
- Copy of driver's license or photo ID.
- Patients under 21 must complete EPSDT Form. <u>Admission may be denied if all information is not received.</u>

SMOKING:

- There are several smoke breaks given in a day
- If a patient is caught smoking outside of the designated times and location their privilege will be suspended. There will be graduated sanctions for violations that could lead to a therapeutic discharge
- If a patient has an excuse from staff to not attend class then they will be allowed to smoke, if the patient does not have an excuse and does not attend class, the patient's smoke break may be revoked for one time break

PHONE CALLS:

- All patients are permitted to make two five-minute personal phone calls per week during regularly scheduled times.
- Other calls made need to have prior approval by your counselor

MAIL

- Patients are free to receive and send uncensored mail. Packages and/or large envelopes must be opened in the presence of staff. Please tell your loved ones to put your name on all mailed items.
- Mail can be sent to the patient at:

Patient's name
A. F. W. C.
300 Scheeler Rd.
P.O. Box 229
Chestertown, MD 21620

Patients are required to bring their own stamps and envelopes as the A. F. Whitsitt Center does not
provide them.

CENTER RULES

- In order to maintain a safe, clean, and pleasant atmosphere, each patient is assigned various household tasks which are to be completed as described.
- To help maintain the usefulness of the furniture on the unit, patients are to keep their feet off of the chairs, couches, and/or tables. PLEASE DO NOT SIT ON TABLES.
- The Center reserves the right to alter or suspend an individual's attendance at meetings either inside or outside the facility for clinically appropriate reasons.
- When setting the rooms up for the Stages of Change process group, chairs are to be in a circle to facilitate group interaction.
- Television use: Times are posted in the areas of use.

MEDICATIONS:

- Patients who are taking prescribed medication(s) please have the family member bring it with the patient
 and give to the Nurse during the admission process. DO NOT give the medication to the patient. This
 includes all over the counter medications. This is extremely important for proper medication
 management.
- Patient must have a 30-day supply with him/her upon admission. Admission will be denied if patient fails to bring their prescribed medication(s) with them as the Whitsitt Center will be held responsible for the said costs of medications.
- Vitamins are given daily at 6:00 P.M. Other medications are administered as ordered. Patients are to be on time to receive vitamins/medications.
- Nicotine patches are considered medication and should be given to the Nurse. This is important for proper medication management. Ask staff for details.

FOOD:

- In an effort to prevent disease and infestation of bugs, open food and beverage items must be kept in the activity wing. Sealed food items must be in original containers and may be kept in the patient rooms.
- No punch is to be prepared unless from a store-bought mix.
- Fast food may be brought in by visitors for consumption during weekend visitation hours <u>only</u>. Fast food is not to be brought in at any other time.
- No fountain sodas or open containers will be permitted.
- Food stored in refrigerators must be labeled and dated.
- Food more than 7 days old or unlabeled will be thrown away.

FEDERAL CONFIDENTIALITY LAWS:

- Please be aware that <u>Federal Confidentiality Laws</u> prohibit the A. F. Whitsitt Center from releasing information about a patient without written permission to do so.
- It is expected that each person's right to confidential treatment will be respected by other patients. Violations of others confidentiality could lead to discharge.

VISITING HOURS/FAMILY GROUP SESSIONS:

Visitations allowed on the 2nd Saturday after admission from 12:45 until 4:00. A family program is held from 1:00 pm. – 2:00 p.m. on visiting days. *Please be at the A. F. Whitsitt Center no later than 12:45 P.M. Once Family Group has left the front of the building, you will not be able to attend.* Participation in this program is mandatory for anyone who wishes to visit a patient in our program.

- Each patient is permitted to have two adult visitors and children of patient. Adults are considered anyone 13 and older.
- Visitors *must* leave cigarettes, purses, tote bags, pagers, cell phones, cameras, etc. locked in their
 vehicles before coming to visit. Strollers and diaper bags will be searched. This is for the protection of
 all visitors and our patients and to adhere to Federal Confidentiality Laws.
- *If someone is suspected of being under the influence of alcohol/drugs* they will be asked to leave the premises and future visitation rights will be suspended.
- Only one grocery sized bag of items may be brought in at the time of visitation. If additional bags or items are brought in they will not be permitted. You must take these things back to your car.
- If you are caught smuggling items in your future visiting privileges will be revoked.
- There is no smoking during visiting hours. Visitors violating this policy will be asked to leave.
- Please comply with the program's rules

DAY OF DISCHARGE:

- Patients are responsible for returning any property of the unit, after use and/or prior to discharge (i.e. linens, books). Any lost books will be charged directly to <u>you</u> and payment will be collected on the day of your discharge.
- For optimum recovery, unless you go to a half-way house, it is our policy to refer our patients back to their referring county for aftercare. This is not an option. It is a requirement and part of our treatment recommendations. In the event you do not go back to the referring county, you must call your referring agency to notify such before your discharge.
- On the scheduled date of discharge, patients may leave the Center **NO EARLIER** than 9:30 A.M.

WHAT CAN FAMILIES DO?

- Patients are not the only ones who are suffering from the influences of substance abuse, families also are affected.
- Attend Al or Nar Anon meetings, work the program, get a sponsor, ask your local health department where these meetings are located
- Attend family visitation on Saturdays
- Request a family meeting with a counselor and the patient
- Take it one day at a time, talk about your anger/resentments/feelings, take suggestions
- If there is a true emergency please call the nurses' station at 410-778-6404 ex 3259

ATTEMPTS TO LEAVE:

- Recovery is hard, so it is understood when change becomes overwhelming and patients want to leave before the expected discharge date
- Staff is available to assist the patient in overcoming this challenge
- If the patient still wants to leave they can make one phone and will be given 15 minutes to pack their belongings and be escorted off the premises.
- Families, please encourage your loved one to stay and talk with staff.
- If the patient should leave against medical advice/therapeutic discharge they will not be allowed to be re-admitted for approximately six months

Reviewed										
Revised	5/10	2/12	6/12	10/13	10/15					

NOTE: Please do not ask your family to drop items off to you during the week, as they will <u>NOT BE ACCEPTED</u> unless prior approval from counselor. You may only receive items during Saturday visitation after staff has gone through them.

Contraband Listing

Things **NOT** allowed in our center:

- 1. Anything containing *Alcohol*: Mouthwash with alcohol, cologne, perfumes, hair spray, nail polish removers and nail polish.
- 2. No over the counter medications unless approved by admissions.
- 3. Hair colorings, perms or other harmful chemicals. No Bath Salts.
- 4. No sharp objects, including metal nail files, nail clippers, manicure sets, box cutters, knives of any kind, scissors, and tweezers (anything not approved will be locked up or sent home with family member).
- 6. No electronics: **cell phones**, blue tooth, iPods, Kindle, laptops, notebooks, CD players, CDs, DVDs, hand held video games, cameras of any kind, clock radios, radios, calculators.
- 7. Blankets, pillows or stuffed animals from home. (Must be a new store bought pillow still in plastic.) No feather down mattress covering.
- 8. Valuables (such as jewelry or a *large* amount of money) are your responsibility. Whitsitt Center is not liable for the loss of said items.
- 9. No glass items, No unsealed food.
- 10. No large amounts of money (A.F.W.C. will not be responsible for lost or stolen).
- 11. No dryer sheets or bleach are permitted. The washer dispenses laundry detergent and bleach as needed. Each patient is expected to do his/her own laundry. A washer and dryer are available on the Wing (no charge). Please do not bring laundry supplies.
- 12. **Do not bring your car**. You may not have your car on the property while you are a patient at the Center.

STAFF RESERVES THE RIGHT TO LOCK UP ANY ITEM THAT IS DEEMED DANGEROUS TO THE PATIENT WHETHER OR NOT IT IS ON THE CONTRABAND LIST.

Reviewed										
Revised	9/09	6/10	6/12	10/13	10/15					