

## Greater Binghamton Health Center Adolescent Crisis Respite Program

For your information....

**The Crisis Residence is located at:** 16 Garden Avenue  
Binghamton, NY 13904

**Mailing address:** 425 Robinson Street  
Binghamton, NY 13904

**Telephone #:** Program Manager 607-773-4609  
Staff office and Resident phone: 607-773-4625

**If you did not meet with the Program Manager at the time of admission, please call the Program Manager Office at 773-4609 to discuss your adolescent's admission.**

If your adolescent is here on a crisis status:

During the first week family members and professional staff who may be working with your adolescent are allowed to visit. After the first week at the ACR, friends over 18 yrs of age or over, those accompanied by a family member may visit the resident with the permission of the parent or guardian of the adolescent resident.

If your adolescent is on planned respite or crisis status:

Individuals approved by the guardian, to visit and take the adolescent off the grounds of the ACR, need photo identification. Permission cannot be granted over the phone to put someone on the list to take your adolescent out of the ACR.

The resident is allowed a maximum of 3 incoming and 3 outgoing phone calls per day. This excludes calls from immediate family members. Please pay close attention to who is on the approved phone call list. Only individuals on the list may call or be called.

The programming at the ACR occasionally includes outings to fairs, museums, ball games, etc. You may want to leave your child some spending money. If you wish to do so, we suggest no more than \$20.00. They may choose to be responsible for it or they can secure it with the staff.

It is important that you let us know of any medical problems or medication allergies or treatments your adolescent is receiving. You will be responsible for providing any medications that your child needs. **Please be aware that all medications must be in the original pharmacy bottle and that it will be dispensed as it is directed on the bottle.** If your medical doctor has changed how the medication is being given so that it is different than what is on the bottle, you must provide the residence with documentation from your prescribing doctor. OTC meds must come in a bottle or package with instructions.

Before visiting, please call to arrange the visit at a convenient time.

The staff will be working with your adolescent and you in planning for discharge. Your participation and cooperation is very important. Please feel free to ask any questions, discuss your feelings and concerns.

Once your adolescent is discharged from the ACR we suggest you take steps to ensure everyone's safety. Keep all medications in a safe place such as a locked box and secured by an adult.

KS 8/31/2015

**Greater Binghamton Health Center's  
Children and Youth Program  
Wants to hear from you**

We invite feedback concerning our services as we are always looking for ways to improve. Please do not hesitate to call or write with any feedback. Our satisfaction Surveys can be filled out at any time. Just ask a staff member for one if you didn't receive one at the admission.

If you have a complaint we also offer the following avenues of expression. You can talk directly with any of the ACR's Staff Members and attempt to resolve the situation at that level.

If for some reason you cannot do this or if you wish to take the complaint further you can call, write or come in and talk with:

Kathryn Simons LMSW II  
Program Coordinator, ACR  
425 Robinson Street  
Services Binghamton, NY 13904  
Phone: 607-773-4609

Pamela Vredenburg, LCSW-R, ACSW  
Treatment Team Leader  
Children & Adolescent Outpatient  
425 Robinson Street  
Binghamton, NY 13904  
Phone: 607-773-4424

**If you are still seeking solutions you can contact:**

David Peppel  
Executive Director  
425 Robinson St.  
Binghamton, NY 13904  
Phone: (607) 773-4082

Karen Witbeck  
Chief of Service  
Children Mental Health Services  
425 Robinson Street  
Binghamton, NY 13904  
Phone: (607) 773-4530

**You are always welcome to call:**

The NYS Commission on Quality of Care  
401 State St.  
Schenectady, NY 12305  
Phone: 800-624-4143

The Justice Center  
61 Delaware Ave  
Delmar, NY  
1-855-373-2122

NYS OMH Central Field Office  
454 Cedar St.  
Syracuse, NY 13210  
Phone: (315) 426-3930

Families Together in NYS  
(888)326-8644  
[www.ftnys.org](http://www.ftnys.org)

**Other resources you can contact:**

NYS OMH Customer Relations  
800-597-8481

National Association for Mentally Ill  
703-524-7600

Mental Health Legal Services  
607-721-8440

Joint Commission on Accreditation of Healthcare Org.-(800) 994-6610

KS 8/31/2015

### Greater Binghamton Health Center Adolescent Crisis Residence

#### Criteria & Guidelines for Referral for Respite & Crisis Admissions

**All Admissions:**

The adolescent is 13 to 17 years old.  
Youth under 13 will be considered for crisis admission.

**Respite Admission:**

The adolescent is involved in Mental Health Treatment and has a DSM-IV-R Diagnosis.  
The length of stay for Planned Respite is 3 to 5 days once a month.  
The Mental Health Service Providers are the liaison for accessing the ACR services.

**Crisis Admission:**

Access is through CPEP (at any hour) & County Mental Health Clinics.

**Direct Crisis Admission:**

Occurs 8:00- 4:00 Monday - Friday when the Program Coordinator at ACR is available for screening.

**One or more of the following are evident in the adolescent:**

- A situational crisis has occurred disturbing the adolescent's ability to cope.
- Substantial problems in social functioning due to a serious emotional disturbance within the past year.
- Serious problems in family relationships, peer/social interaction or school performance.
- Serious and persistent symptoms of cognitive, affective and personality disorders

**In addition:**

- There is no evidence that the adolescent is under the influence of drugs or alcohol at the time of admission.
- Substance abuse is not to the point of dependence where abstinence cannot be maintained during ACR stay, and detox does not appear to be necessary.
- The adolescent does not engage in aggressive/destructive behaviors or self destructive behaviors which cannot be managed at this level of care.
- The adolescent is not in need of 24 hour nursing care, is not infectious, and / or if experiencing any physical health issues is under the care of a physician in the community.
- The adolescent is cognitively capable of understanding ACR's policies and procedures.
- The adolescent is agreeable and volunteers to come for respite or crisis admission.

**Checklist of items needed for referral for planned respite:**

- \_\_\_ Clinical ACR face sheet ( can be filled out by parent or provider)
- \_\_\_ Respite Screening Form ( filled out by service provider)
- \_\_\_ Symptom Behavioral List ( filled out by service provider)
- \_\_\_ ROI (release of information)
- \_\_\_ Psychosocial Assessment (by provider)

**Checklist of items needed for referral for Crisis Admission:**

- \_\_\_ Clinical Face Sheet
- \_\_\_ Preliminary Assessment Summary
- \* ROI **Release from CPEP \***
- \_\_\_ Psychosocial assessment ( if one is available)
- \_\_\_ Note relating to the crisis

### Greater Binghamton Health Center Adolescent Crisis Respite Program Adolescent Contract

This contract is an agreement between me and all members of the Adolescent Crisis Residence (ACR). When I sign the agreement it means that I understand what it says and agree to follow all of the rules of the program. Staying at the ACR is a privilege, which is contingent on everyone's ability to maintain a safe environment by following the rules.

I, \_\_\_\_\_ agree to the following:

1. I agree to cooperate with assessment procedures & recommended counseling.
2. I will try to be considerate of others at all times, avoiding use of profanity, name calling and disrespectful remarks, etc.
3. I realize that the use or possession of drugs, alcohol, cigarettes, matches, lighters, etc. are forbidden.
4. I understand that conflicts are resolved with staff assistance not with physical confrontation. Therefore, I will not engage in physical fights with others.
5. I will not be destructive towards any property in the ACR or to the ACR itself.
6. I am solely responsible for any valuables that I insist on having at the ACR and understand that it is recommended valuables be kept at home as the ACR cannot be responsible should anything happen to them.
7. I will not leave the ACR without permission.
8. I understand the following guidelines regarding physical/sexual contact:
  - A.) No hand holding, hugging, kissing, etc.
  - B.) No inappropriate or sexual touching.
  - C.) No lying on the furniture together or sitting on each other's laps.
  - D.) No entering into bedrooms of other residents.
  - E.) Romantic relationships are not permitted.
  - F.) No sexually provocative, tight fitting or revealing clothing, dancing, decorations, language or gestures. This includes shorts/skirts which do not cover buttocks and jeans that do not cover underwear.
9. I agree to abide by all ACR house rules (see attached) throughout my stay & understand that upon leaving the ACR, I am not permitted to contact peers at the ACR.
10. I understand that I am expected to attend all classes at school daily, and if being picked up from school by ACR staff, I will be at the designated pick up area on time.

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Where applicable:

I agree that I will not harm myself in anyway and if I am feeling suicidal or in danger of acting on my feelings I will talk to staff.

Resident's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

KS 6/23/2014

**Greater Binghamton Health Center  
Adolescent Crisis Respite Program Parent Contract**

This contract is an agreement between myself and the Crisis Residence Program. In signing this document it means that I understand the rules of this program and the necessity of my participation.

I, \_\_\_\_\_ agree to the following responsibilities as the parent/guardian of \_\_\_\_\_.

1. I will make myself available for assessment, crisis stabilization and discharge planning meetings regarding my adolescent as necessary. I understand that I need to be available at any time to respond to the ACR if my child's needs cannot be adequately addressed by ACR staff.
2. I will supply the ACR with any information needed for purposes of evaluation and planning including information regarding my youth's treatment, hospitalization, education and physical health.
3. I will supply my adolescent with at least 3- 4 changes of clothing and educational materials needed (books, notebooks) for their stay at the ACR.
4. I will inform the ACR staff of any items that I bring to my adolescent during the stay at ACR, including any personal belongings, money, food, etc. I understand that the ACR/ GBHC is not responsible for valuable items which I may allow my adolescent to keep at the Residence.
5. I understand that visits are limited to the immediate family for the first 7 days, that no more than 3 visitors be present at a time, and that visits should be limited to 1 hour at a time. I also understand that after the first week any visitors under the age of 18 need to be accompanied by an adult, preferably the parent. I agree to notify staff when I plan to visit and sign my adolescent out to take them off the ACR grounds.
6. I understand that there is no smoking permitted by residents or visitors in the house, on the grounds or on ACR related activities. Residents will not be permitted to keep cigarettes, lighters, or matches in their possession.
7. I understand that if my child becomes ill or injured, while at the ACR, I will make arrangements to have him/her seen by a physician upon the staff's request and understand that I will be required to take my child to that appointment. I will supply my child with any over the counter medicine that he or she may need in an emergency.
8. I understand that a discharge plan to meet the ongoing needs of my child, begins on admission to the ACR and is formulated on the best interest of the adolescent.

If I elect to take my child home, or if he/she has a desire to leave the Residence before the tentative discharge date, I agree to immediately make myself available to formulate a discharge plan that reflects my decision and/or the desires of my child.

I further understand that if my child attempts to leave the Residence before my arrival, the ACR staff will make a concerted effort to persuade him/her to remain until I arrive and take physical custody of my child. If verbal intervention is unsuccessful and if my child's departure from the residence is considered in the clinician's judgement not to be in his/her best interest, due to danger to self or others, the ACR staff may elect to utilize hands-on techniques and physically intervene until I arrive. I also understand there is a possibility that my child may end up leaving the residence on their own if the physical intervention is not successful or the clinician feels that physical intervention should not be applied. My child's safety will be a paramount concern in this intervention.

Parent/Guardian Signature \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

Bb 12/20/12

## ADOLESCENT CRISIS RESIDENCE HOUSE RULES

These rules are not all inclusive. Other rules may come into effect depending on changing situations and/or need.

1. No smoking is permitted in the house, on grounds or during ACR activities. Cigarettes, lighters, matches are considered contraband and will be returned to parent if found.
2. 3 phone calls in & out per day, duration of 10 minutes each. Phone calls only to those on Phone Call list in the record. Staff dials all outgoing calls. Parent/guardian and service providers not included in above rule. Phone calls to parent/guardian/service provider can be withheld if authorized by same. Appropriate language & respect to be used while on the phone or lose privilege to phone.
3. You cannot be in other resident's rooms at any time, under any circumstances.
4. Staff need to be asked prior to going to 2<sup>nd</sup> floor bedrooms. Consent is given at staff discretion depending on circumstances & house situation at the time.
5. Absolutely **NO** physical or sexual contact is allowed. Including touching, poking, hugging, tapping.
6. No lending, borrowing or giving away of one resident's belongings to another.
7. TV shows and movies are at staff discretion. Movies are to be PG or PG-13. Final decision is that of staff.
8. Bedtimes are: Under 13 y/o- 8:30      All Ages:  
                          13-17-9:30           Weekends - 10:00
9. Up, showered, dressed, and breakfast by 10:00 a.m. on days off from school. Those not attending school d/t distance and transportation issues or suspension, will be up at 8:00 a.m. and engage in 2 hours of school work.
10. After leaving the ACR you are not permitted to call or visit other ACR residents here, no exchange of personal information is allowed, including last names, phone numbers; email address, facebook info etc.
11. No personal music devices, cell phones, cameras or game systems are to be brought to the residence unless given special permission by Program Manager.
12. All residents must not walk barefoot in the residence; feet must be protected at all times by socks or foot apparel. Coats must be worn in cold weather, no shorts/flip flops in the winter.
13. No shoes on the furniture.
14. All adolescents are responsible for doing their laundry before discharge and during their admission as needed. At least one chore an evening will be given.
15. All other rules of the contract you signed apply, and if unable to comply with rules you may be discharged. Ultimately staff has the final say with what occurs at the ACR.

S 6/13/14



Greater Binghamton Health Center

ANDREW M. CUOMO  
Governor

ANN MARIE T. SULLIVAN, M.D.  
Commissioner

DAVID PEPPEL  
Executive Director

**Fax: From Adolescent  
Crisis Respite Program  
Return Phone(607)773-4625  
Return Fax (607)773-4634  
ATTN: Fax Transmitted**

to: Alex - SPOA

From: Kelly - ACR

Pages: 5

A FACILITY OF THE OFFICE OF MENTAL HEALTH

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