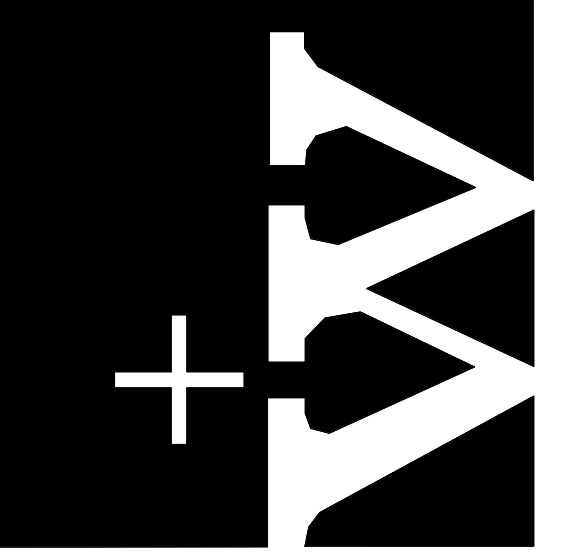


EXHIBIT

1

Building Plan and Project Layout
Winterode Complex Building 43 Floor Plan

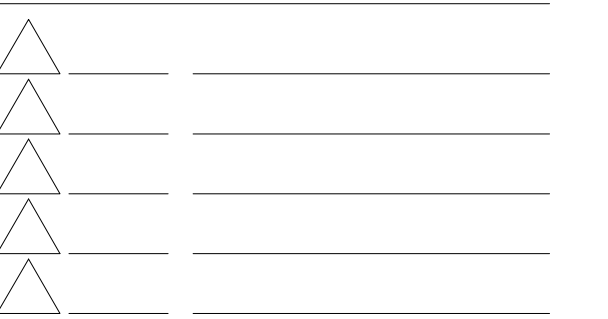


WILLARD ARCHITECTS LLC
 102 OLD SOLOMONS ISLAND
 STE 3A
 ANNAPOLIS, MD 21401
 Phone: (410) 263-2828

**PASCAL - WINTERODE
 BUILDING**

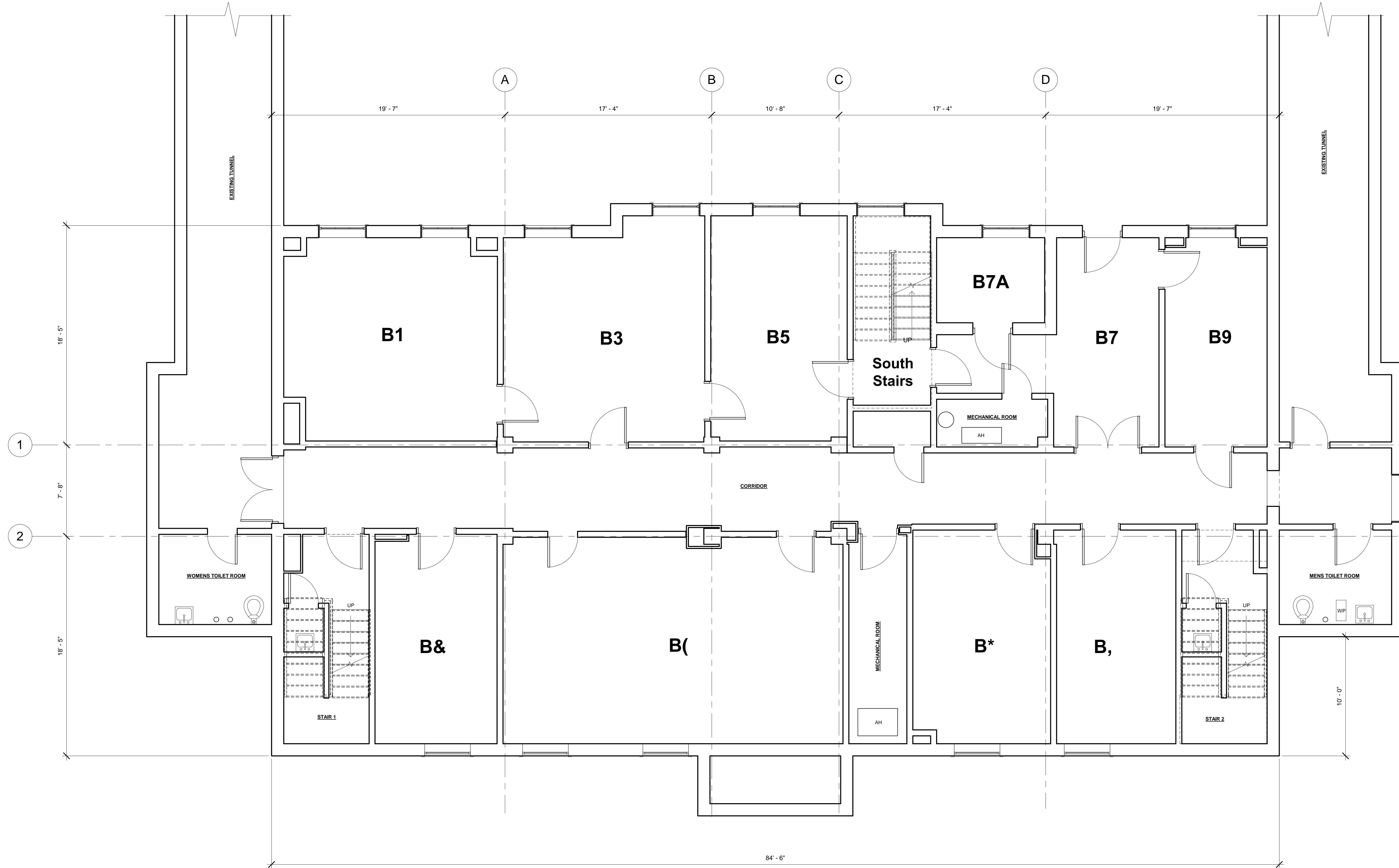
107 CIRCLE DRIVE
 CROWNSVILLE, MD 21032

Project Status
 05/08/19



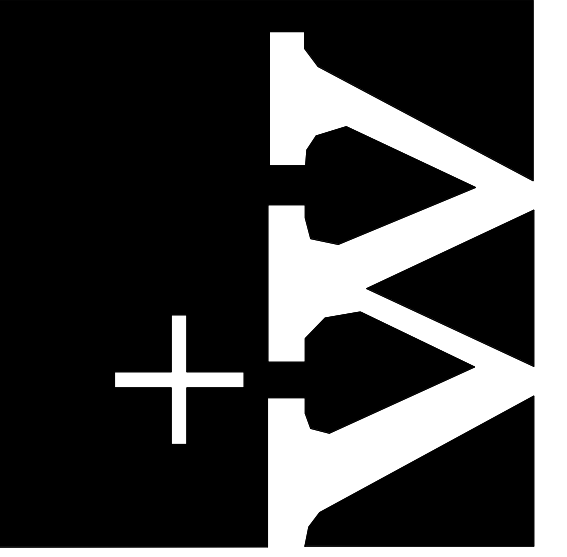
**BASEMENT
 FLOOR**

A - 101



1 BASEMENT FLOOR PLAN
 1/4" = 1'-0"

I certify that these documents were prepared by me and that I am a duly licensed architect under the law of the State of Maryland, license number 14605, expiration date, April 30th 2020



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**PASCAL - WINTERODE
 BUILDING**

107 CIRCLE DRIVE
 CROWNSVILLE, MD 21032

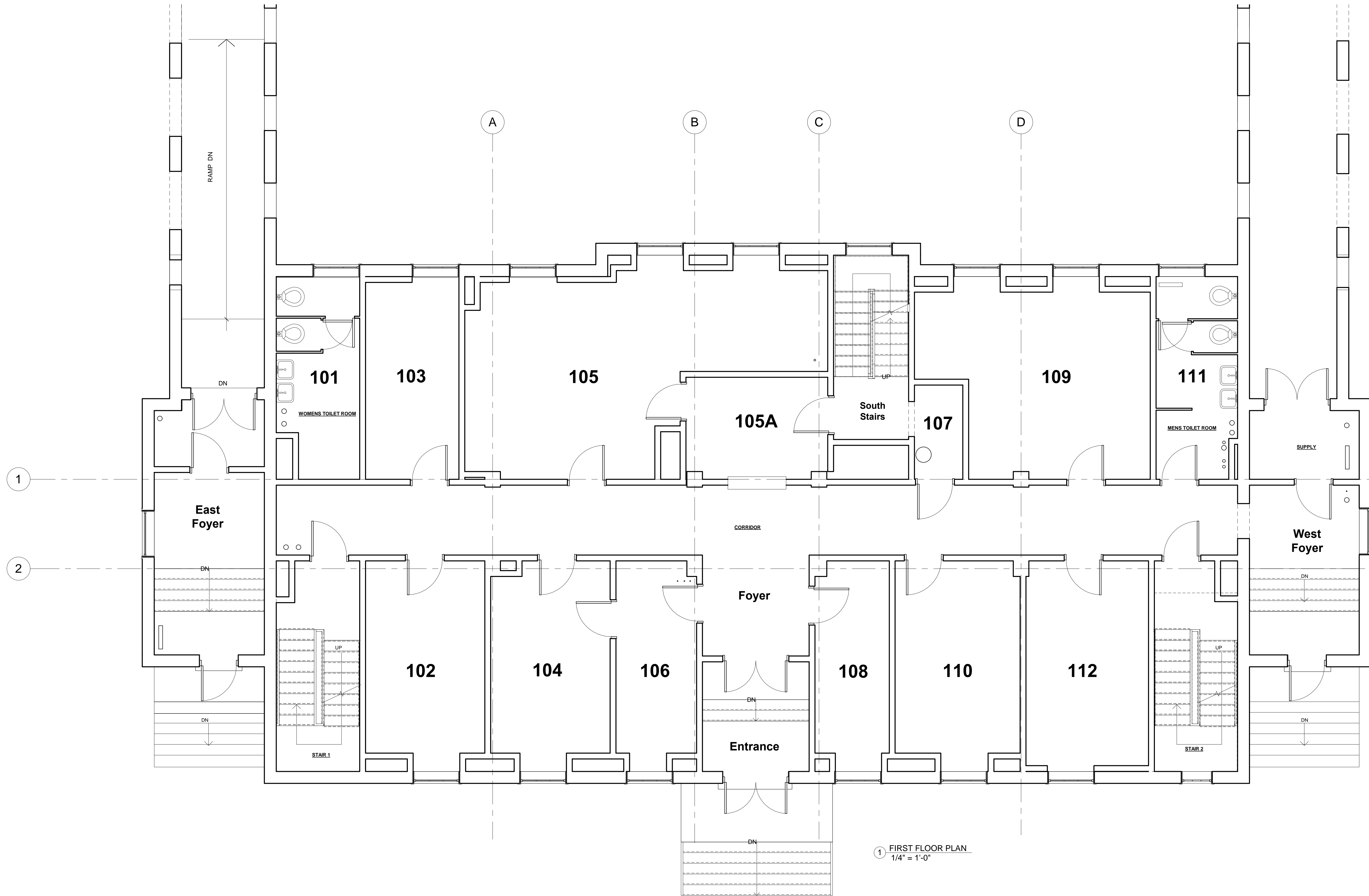
Project Status
 05/08/19

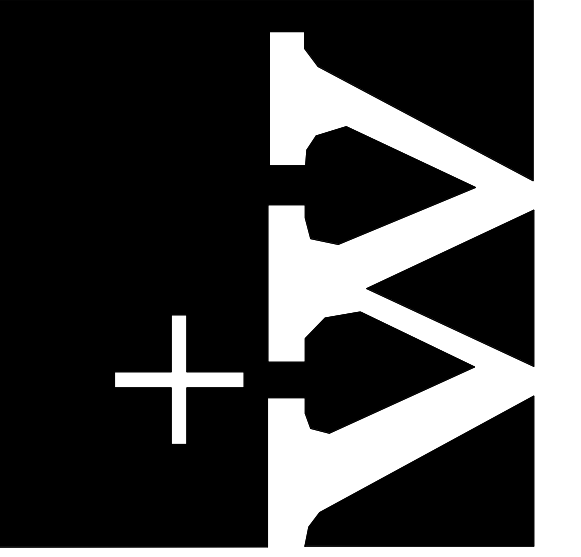
▲	_____
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I certify that these documents were prepared by me and that I am a duly licensed architect under the law of the State of Maryland, license number 14605, expiration date, April 30th 2020

**FIRST
 FLOOR**

A - 102



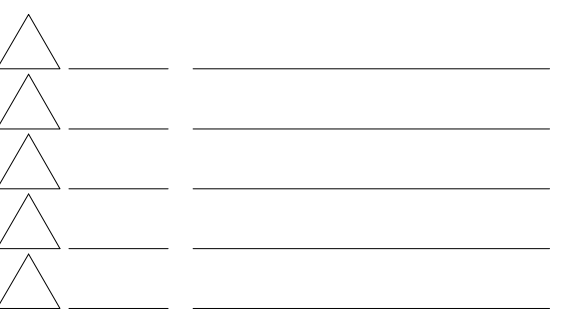


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PASCAL - WINTERODE
 BUILDING

107 CIRCLE DRIVE
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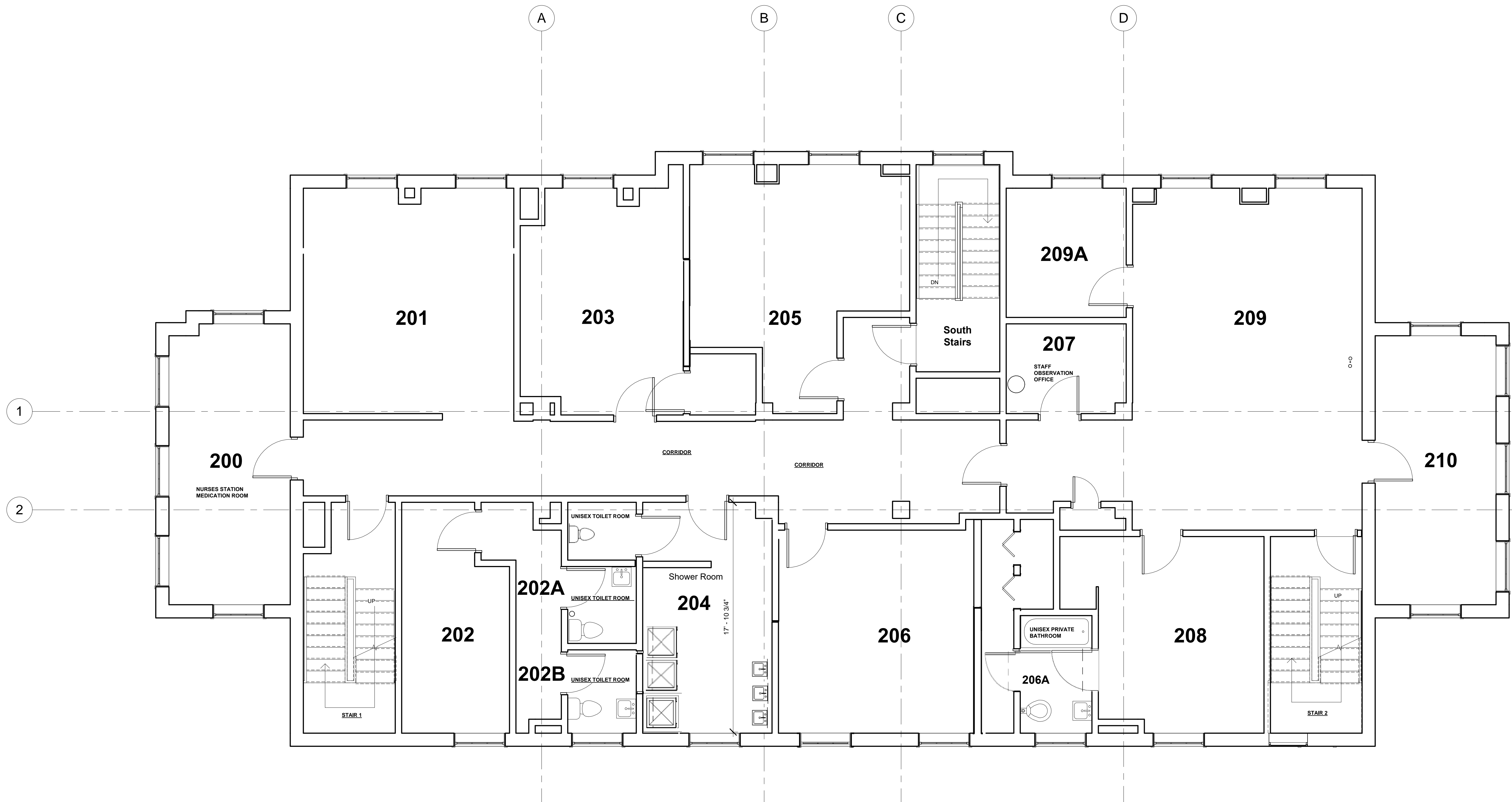
Project Status
 05/08/19



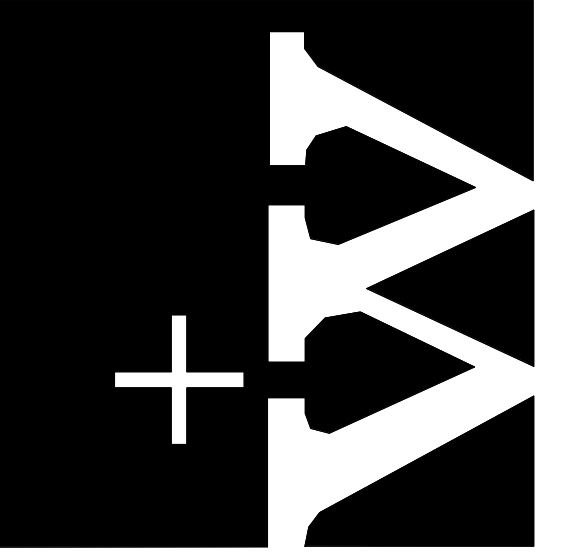
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SECOND
 FLOOR

A - 103



① SECOND FLOOR PLAN
 1/4" = 1'-0"



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PASCAL - WINTERODE
 BUILDING

107 CIRCLE DRIVE
 CROWNSVILLE, MD 21032

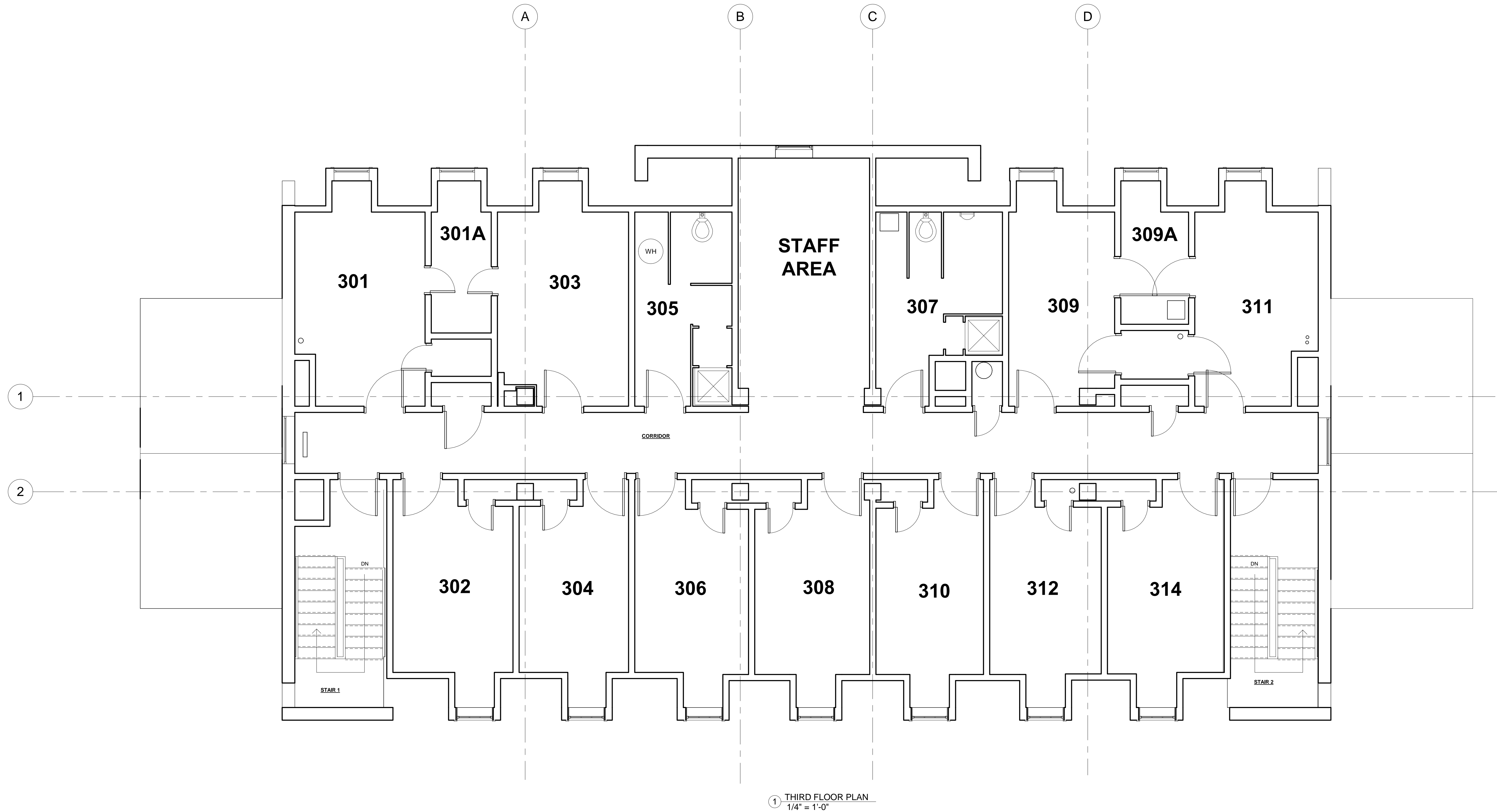
Project Status
 05/08/19



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THIRD
 FLOOR

A - 104



EXHIBIT

2

MHCC Tables and Statement of
Assumptions

Table Number	Table Title	Instructions
Table A	Physical Bed Capacity Before and After Project	All applicants whose project impacts any nursing unit, regardless of project type or scope, must complete Table A.
Table B	Project Budget	All applicants, regardless of project type or scope, must complete Table B.
Table C	Statistical Projections - Entire Facility	Existing facility applicants must complete Table C. All applicants who complete this table must also complete Table D.
Table D	Revenues & Expenses, Uninflated - Entire Facility	Existing facility applicants must complete Table D. The projected revenues and expenses in Table D should be consistent with the volume projections in Table C.
Table E	Statistical Projections - New Facility or Service	Applicants who propose to establish a new facility, existing facility applicants who propose a new service, and applicants who are directed by MHCC staff must complete Table E. All applicants who complete this table must also complete Table F.
Table F	Revenues & Expenses, Uninflated - New Facility or Service	Applicants who propose to establish a new facility and existing facility applicants who propose a new service and any other applicant who complete a Table F must complete Table F. The projected revenues and expenses in Table F should be consistent with the volume projections in Table E.
Table G	Work Force Information	All applicants, regardless of project type or scope, must complete Table G.

TABLE A. PHYSICAL BED CAPACITY BEFORE AND AFTER PROJECT

INSTRUCTIONS: Identify the location of each nursing unit (add or delete rows if necessary) and specify the room and bed count before and after the project in accordance with the definition of physical capacity noted below. Applicants should add columns and recalculate formulas to address rooms with 3 and 4 bed capacity. NOTE: Physical capacity is the total number of beds that could be physically set up in space without significant renovations. This should be the maximum operating capacity under normal, non-emergency circumstances and is a physical count of bed capacity, rather than a measure of staffing capacity. A room with two headwalls and two sets of gasses should be counted as having capacity for two beds, even if it is typically set up and operated with only one bed. A room with one headwall and one set of gasses is counted as a private room, even if it is large enough from a square footage perspective to be used as a semi-private room, since renovation/construction would be required to convert it to semi-private use. If the hospital operates patient rooms that contain no headwalls or a single headwall, but are normally used to accommodate one or more than one patient (e.g., for psychiatric patients), the physical capacity of such rooms should be counted as they are currently used.

Before the Project						After Project Completion					
Service Location (Floor/Wing)	Current Licensed Beds	Based on Physical Capacity				Service Location (Floor/Wing)	Location (Floor/ Wing)*	Based on Physical Capacity			
		Room Count			Bed Count			Room Count			Bed Count
		Private	Semi-Private	Total Rooms	Physical Capacity			Private/ Semi- Private	5 Bed	Total Rooms	Physical Capacity
III.7 AND III.7D						III.7 AND III.7D					
				0	0			4	3	7	25
				0	0					0	0
				0	0					0	0
				0	0					0	0
				0	0					0	0
Subtotal III.7 AND III.7D	0	0	0	0	0	Subtotal III.7 and III.7 D		4	3	7	25
RESIDENTIAL						RESIDENTIAL					
				0	0					0	0
				0	0					0	0
Subtotal Residential	0	0	0	0	0	Subtotal Residential		0	0	0	0
TOTAL	0	0	0	0	0	TOTAL		4	3	7	25
<i>Other (Specify/add rows as needed)</i>				0	0	<i>Other (Specify/add rows as needed)</i>				0	0
TOTAL OTHER	0	0	0	0	0	TOTAL NON-ACUTE		0	0	0	0
FACILITY TOTAL	0	0	0	0	0	FACILITY TOTAL		4	3	7	25

TABLE B. PROJECT BUDGET

INSTRUCTION: Estimates for Capital Costs (1.a-e), Financing Costs and Other Cash Requirements (2.a-g), and Working Capital Startup Costs (3) must reflect current costs as of the date of application and include all costs for construction and renovation. Explain the basis for construction cost estimates, renovation cost estimates, contingencies, interest during construction period, and inflation in an attachment to the application. If the project involves services other than level III.7 and III.7D explain the allocation of costs between the levels. NOTE: Inflation should only be included in the Inflation allowance line A.1.e. The value of donated land for the project should be included on Line A.1.d as a use of funds and on line B.8 as a source of funds

	III.7 and III.7D	RESIDENTIAL	TOTAL
A. USE OF FUNDS			
1. CAPITAL COSTS			
a. New Construction			
(1) Building	\$0		\$0
(2) Fixed Equipment	\$0		\$0
(3) Site and Infrastructure	\$0		\$0
(4) Architect/Engineering Fees	\$0		\$0
(5) Permits (Building, Utilities, Etc.)	\$0		\$0
SUBTOTAL	\$0	\$0	\$0
b. Renovations			
(1) Building	\$0		\$0
(2) Fixed Equipment (not included in construction)	\$0		\$0
(3) Architect/Engineering Fees	\$0		\$0
(4) Permits (Building, Utilities, Etc.)	\$0		\$0
SUBTOTAL	\$0	\$0	\$0
c. Other Capital Costs			
(1) Movable Equipment	\$5,500		\$5,500
(2) Contingency Allowance	\$15,000		\$15,000
(3) Gross interest during construction period	\$0		\$0
(4) Other (Specify/add rows if needed)	\$0		\$0
SUBTOTAL	\$20,500	\$0	\$20,500
TOTAL CURRENT CAPITAL COSTS	\$20,500	\$0	\$20,500
d. Land Purchase	\$0		\$0
e. Inflation Allowance	\$0		\$0
TOTAL CAPITAL COSTS	\$20,500	\$0	\$20,500
2. Financing Cost and Other Cash Requirements			
a. Loan Placement Fees	\$0		\$0
b. Bond Discount	\$0		\$0
c. CON Application Assistance	\$0		\$0
c1. Legal Fees	\$0		\$0
c2. Other (Specify/add rows if needed)	\$0		\$0
d. Non-CON Consulting Fees	\$0		\$0
d1. Legal Fees	\$0		\$0
d2. Other (Specify/add rows if needed)	\$0		\$0
e. Debt Service Reserve Fund	\$0		\$0
i. Other (Specify/add rows if needed)	\$0		\$0
SUBTOTAL	\$0	\$0	\$0
3. Working Capital Startup Costs			
TOTAL USES OF FUNDS	\$20,500	\$0	\$20,500
B. Sources of Funds			
1. Cash	\$40,000		\$40,000
2. Philanthropy (to date and expected)	\$0		\$0
3. Authorized Bonds	\$0		\$0
4. Interest Income from bond proceeds listed in #3	\$0		\$0
5. Mortgage	\$0		\$0
6. Working Capital Loans	\$0		\$0
7. Grants or Appropriations			
a. Federal	\$0		\$0
b. State	\$0		\$0
c. Local	\$0		\$0
8. Other (Specify/add rows if needed)	\$0		\$0
TOTAL SOURCES OF FUNDS			\$0
	III.7 and III.7D	RESIDENTIAL	TOTAL
Annual Lease Costs (if applicable)			
1. Land	\$0		\$0
2. Building	\$1		\$1
3. Major Movable Equipment	\$0		\$0
4. Minor Movable Equipment	\$0		\$0
5. Other (Specify/add rows if needed)	\$0		\$0

* Describe the terms of the lease(s) below, including information on the fair market value of the item(s), and the number of years, annual cost, and the interest rate for the lease.

TABLE C. STATISTICAL PROJECTIONS - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For sections 4 & 5, the number of beds and occupancy percentage should be reported on the basis of licensed beds. In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable.

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables G and H.						
Indicate CY or FY										
1. DISCHARGES										
a. Residential				0	0	0				
b. III.7 and III.7D				1,200	1,236	1,273				
c. Other (Specify/add rows of needed)					0	0				
TOTAL DISCHARGES	0	0	0	1,200	1,236	1,273	0	0	0	0
2. PATIENT DAYS										
a. Residential				0	0	0				
b. III.7 and III.7D				8,400	8,652	8,912				
c. Other (Specify/add rows of needed)					0	0				
TOTAL PATIENT DAYS	0	0	0	8,400	8,652	8,912	0	0	0	0
3. AVERAGE LENGTH OF STAY (patient days divided by discharges)										
a. Residential				0.0	0.0	0.0				
b. III.7 and III.7D				7.0	7.0	7.0				
c. Other (Specify/add rows of needed)				0.0	0.0	0.0				
TOTAL AVERAGE LENGTH OF STAY				7.0	7.0	7.0				
4. NUMBER OF LICENSED BEDS										
f. Rehabilitation				0	0	0				
g. Comprehensive Care				25	25	25				
h. Other (Specify/add rows of needed)				0	0	0				
TOTAL LICENSED BEDS	0	0	0	25	25	25	0	0	0	0
5. OCCUPANCY PERCENTAGE *IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.										
a. Residential										
b. III.7 and III.7D				92.1%	94.8%	97.7%				
c. Other (Specify/add rows of needed)										
TOTAL OCCUPANCY %				92.1%	94.8%	97.7%				
6. OUTPATIENT VISITS										
a. Residential										
b. III.7 and III.7D										
c. Other (Specify/add rows of needed)										
TOTAL OUTPATIENT VISITS	0	0	0	0	0	0	0	0	0	0

* Include beds dedicated to gynecology and addictions, if separate for acute psychiatric unit.

TABLE E. STATISTICAL PROJECTIONS - NEW FACILITY OR SERVICE

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For sections 4 & 5, the number of beds and occupancy percentage should be reported on the basis of licensed beds. In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable.

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables G and H.						
				CY 2023	CY 2024	CY2025				
<i>Indicate CY or FY</i>										
1. DISCHARGES										
a. Residential										
b. III.7 and III.7D				1,200	1,236	1,273				
c. Other (Specify)										
TOTAL DISCHARGES	0	0	0	1,200	1,236	1,273	0	0	0	0
2. PATIENT DAYS										
a. Residential										
b. III.7 and III.7D				8,400	8,652	8,912				
c. Other (Specify)										
TOTAL PATIENT DAYS	0	0	0	8,400	8,652	8,912	0	0	0	0
3. AVERAGE LENGTH OF STAY (patient days divided by discharges)										
a. Residential										
b. III.7 and III.7D				7.0	7.0	7.0				
c. Other (Specify)										
TOTAL AVERAGE LENGTH OF STAY				7.0	7.0	7.0				
4. NUMBER OF LICENSED BEDS										
f. Rehabilitation										
g. Comprehensive Care				25	25	25				
h. Other (Specify)										
TOTAL LICENSED BEDS	0	0	0	25	25	25	0	0	0	0
5. OCCUPANCY PERCENTAGE <i>*IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.</i>										
a. Residential										
b. III.7 and III.7D				92.1%	94.6%	97.7%				
c. Other (Specify)										
TOTAL OCCUPANCY %	#DIV/0!	#DIV/0!	#DIV/0!	92.1%	94.8%	97.7%				
6. OUTPATIENT VISITS										
a. Residential										
b. III.7 and III.7D										
c. Other (Specify)										
TOTAL OUTPATIENT VISITS	0	0	0	0	0	0	0	0	0	0

* Include beds dedicated to gynecology and addictions, if separate for acute psychiatric unit.

TABLE F. REVENUES & EXPENSES, UNINFLATED - NEW FACILITY OR SERVICE

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Table F should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the projections in Table E and with the costs of Manpower listed in Table G. Manpower. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. Specify the sources of non-operating income.

Projected Years (ending at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.							
Indicate CY or FY	CY 2023	CY 2024	CY 2025				
1. REVENUE							
a. Inpatient Services	\$ 3,553,200	\$ 3,659,796	\$ 3,769,590				
b. Outpatient Services							
Gross Patient Service Revenues	\$ 3,553,200	\$ 3,659,796	\$ 3,769,590	\$ -	\$ -	\$ -	\$ -
c. Allowance For Bad Debt							
d. Contractual Allowance							
e. Charity Care							
Net Patient Services Revenue	\$ 3,553,200	\$ 3,659,796	\$ 3,769,590	\$ -	\$ -	\$ -	\$ -
f. Other Operating Revenues (Specify)							
NET OPERATING REVENUE	\$ 3,553,200	\$ 3,659,796	\$ 3,769,590	\$ -	\$ -	\$ -	\$ -
2. EXPENSES							
a. Salaries & Wages (including benefits)	\$ 2,185,000	\$ 2,250,550	\$ 2,318,067				
b. Contractual Services	\$ 105,000	\$ 108,150	\$ 111,395				
c. Interest on Current Debt							
d. Interest on Project Debt							
e. Current Depreciation							
f. Project Depreciation							
g. Current Amortization							
h. Project Amortization							
i. Supplies	\$ 55,000	\$ 56,650	\$ 58,349				
j. Other Expenses (Specify)	\$ 152,600	\$ 157,178	\$ 161,893				
TOTAL OPERATING EXPENSES	\$ 2,497,600	\$ 2,572,528	\$ 2,649,703	\$ -	\$ -	\$ -	\$ -
3. INCOME							
a. Income From Operation	\$ 1,055,600.00	\$ 1,087,268.00	\$ 1,119,886.54	\$ -	\$ -	\$ -	\$ -
b. Non-Operating Income							
SUBTOTAL	\$ 1,055,600.00	\$ 1,087,268.00	\$ 1,119,886.54	\$ -	\$ -	\$ -	\$ -
c. Income Taxes							
NET INCOME (LOSS)	\$ 1,055,600.00	\$ 1,087,268.00	\$ 1,119,886.54	\$ -	\$ -	\$ -	\$ -
4. PATIENT MIX							
a. Percent of Total Revenue							
1) Medicare							
2) Medicaid							
3) Blue Cross							
4) Commercial Insurance							
5) Self-pay							

TABLE F. REVENUES & EXPENSES, UNINFLATED - NEW FACILITY OR SERVICE

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Table F should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the projections in Table E and with the costs of Manpower listed in Table G. Manpower. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. Specify the sources of non-operating income.

Projected Years (ending at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.							
Indicate CY or FY	CY 2023	CY 2024	CY 2025				
6) Other							
TOTAL	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
b. Percent of Equivalent Inpatient Days							
Total MSGA							
1) Medicare							
2) Medicaid	92.1%	94.6%	97.7%				
3) Blue Cross							
4) Commercial Insurance							
5) Self-pay							
6) Other	7.9%	5.4%	2.3%				
TOTAL	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%

TABLE G. WORKFORCE INFORMATION

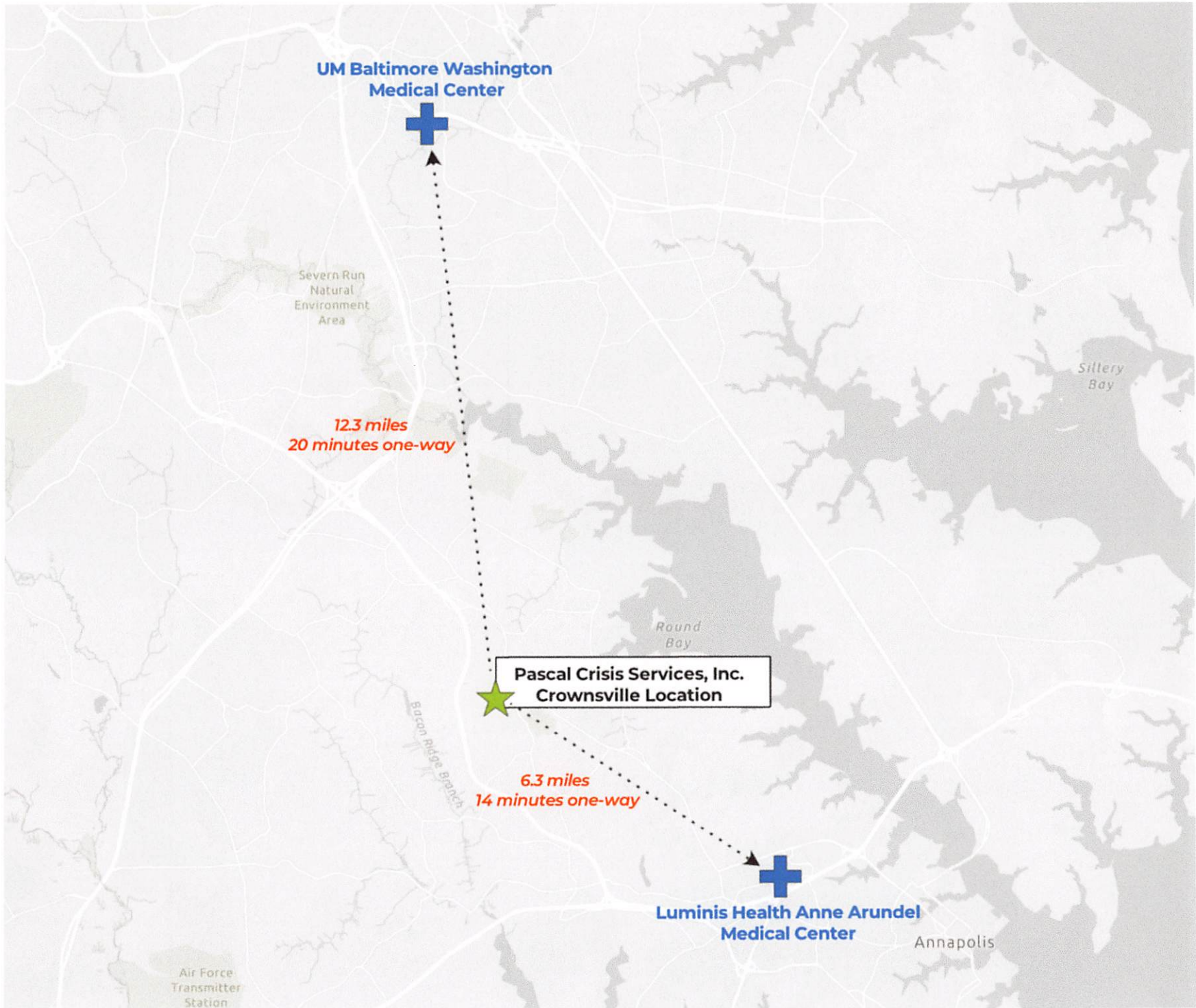
INSTRUCTION: List the facility's existing staffing and changes required by this project. Include all major job categories under each heading provided in the table. The number of Full Time Equivalents (FTEs) should be calculated on the basis of 2,080 paid hours per year equals one FTE. In an attachment to the application, explain any factor used in converting paid hours to worked hours. Please ensure that the projections in this table are consistent with expenses provided in uninflated projections in Tables F and G.

Job Category	CURRENT ENTIRE FACILITY			PROJECTED CHANGES AS A RESULT OF THE PROPOSED PROJECT THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			OTHER EXPECTED CHANGES IN OPERATIONS THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			PROJECTED ENTIRE FACILITY THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)	
	Current Year FTEs	Average Salary per FTE	Current Year Total Cost	FTEs	Average Salary per FTE	Total Cost (should be consistent with projections in Table D, if submitted).	FTEs	Average Salary per FTE	Total Cost	FTEs	Total Cost (should be consistent with projections in Table D)
1. Regular Employees											
Administration (List general categories, add rows if needed)											
Clinical Director			\$0	1.0	\$120,000	\$120,000			\$0	1.0	\$120,000
Intake/Case Management			\$0	4.0	\$51,000	\$204,000			\$0	4.0	\$204,000
Substance Use Counselor(s)			\$0	4.0	\$52,000	\$208,000			\$0	4.0	\$208,000
Administrative Staff			\$0	2.0	\$40,000	\$80,000			\$0	2.0	\$80,000
Total Administration			\$0	11.0	\$263,000	\$612,000			\$0	11.0	\$612,000
Direct Care Staff (List general categories, add rows if needed)											
Psychiatrist / Medical Director			\$0	1.0	\$182,000	\$182,000			\$0	1.0	\$182,000
CRNP			\$0	2.0	\$120,000	\$240,000			\$0	2.0	\$240,000
LCPC, LCSW-C			\$0	4.0	\$70,000	\$280,000			\$0	4.0	\$280,000
RN			\$0	4.0	\$104,000	\$416,000			\$0	4.0	\$416,000
LPN			\$0	1.0	\$60,000	\$60,000			\$0	1.0	\$60,000
Behavioral Health Supervisor			\$0	2.0	\$60,000	\$120,000			\$0	2.0	\$120,000
Total Direct Care			\$0	14.0	\$596,000	\$1,298,000			\$0	14.0	\$1,298,000
Support Staff (List general categories, add rows if needed)											
Peer Recovery Specialist / Driver			\$0	4.0	\$35,000	\$140,000			\$0	4.0	\$140,000
Facilities Maintenance			\$0	0.5	\$60,000	\$30,000			\$0	0.5	\$30,000
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
Total Support			\$0			\$0			\$0	0.0	\$0
REGULAR EMPLOYEES TOTAL			\$0	4.5	\$95,000	\$170,000			\$0	4.5	\$170,000
2. Contractual Employees											
Administration (List general categories, add rows if needed)											
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
Total Direct Care Staff			\$0			\$0			\$0	0.0	\$0
Support Staff (List general categories, add rows if needed)											
Chef			\$0	1.0	\$50,000	\$50,000			\$0	1.0	\$50,000
Food Service Tech			\$0	0.5	\$40,000	\$20,000			\$0	0.5	\$20,000
Billing Services			\$0	1.0	\$35,000	\$35,000			\$0	1.0	\$35,000
			\$0			\$0			\$0	0.0	\$0
Total Administration			\$0	2.5	\$125,000	\$105,000			\$0	2.5	\$105,000
CONTRACTUAL EMPLOYEES TOTAL			\$0	2.5	\$125,000	\$105,000	0.0	\$0	\$0	2.5	\$105,000
Benefits (State method of calculating benefits below) :											
TOTAL COST	0.0		\$0	32.0		\$2,185,000	0.0		\$0		\$2,185,000

EXHIBIT

3

Hospital Geographic Proximity to
Project



**UM Baltimore Washington
Medical Center**



Severn Run
Natural
Environment
Area

*12.3 miles
20 minutes one-way*

Sillery
Bay

Round
Bay

**Pascal Crisis Services, Inc.
Crownsville Location**

*6.3 miles
14 minutes one-way*

Sutton Ridge Branch



**Luminis Health Anne Arundel
Medical Center**

Annapolis

Air Force
Transmitter
Station

EXHIBIT

4

CARF Accreditation

October 8, 2021

Kimberly Lamb
Robert A. Pascal Youth & Family Services, Inc.
1215 Annapolis Road, Suite 204
Odenton, MD 21113

Dear Mrs. Lamb:

It is my pleasure to inform you that Robert A. Pascal Youth & Family Services, Inc. has been issued CARF accreditation based on its recent survey. The Preliminary Accreditation applies to the following program(s)/service(s):

Inpatient Treatment: Substance Use Disorders/Addictions (Adults)
Residential Treatment: Substance Use Disorders/Addictions (Adults)

Your organization will remain accredited until CARF notifies it of the outcome of the full survey that will occur approximately six months after the currently anticipated commencement of service delivery (unless the full survey does not occur at that time for reasons beyond CARF's control).

This achievement is an indication of your organization's dedication and commitment to improving the quality of life of persons to be served. The condition of the physical location, program and staffing plans, and other documentation indicates the willingness and ability to maintain accreditation.

The accreditation report is intended to support a continuation of the quality improvement of your organization's program(s)/service(s). It contains comments on your organization's strengths as well as any consultation and recommendations. A Quality Improvement Plan (QIP) demonstrating your organization's efforts to implement the survey recommendation(s) must be submitted within the next 90 days to retain accreditation. The QIP form is posted on Customer Connect (customerconnect.carf.org), CARF's secure, dedicated website for accredited organizations and organizations seeking accreditation. Please log on to Customer Connect and follow the guidelines contained in the QIP form.

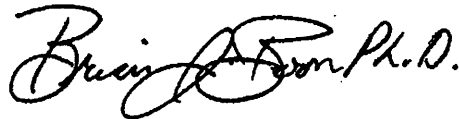
Your organization should take pride in achieving accreditation. CARF will recognize this accomplishment in its listing of organizations with accreditation and encourages your organization to make its accreditation known throughout the community. Enclosed are some materials that will help you publicize this achievement.

Your organization's complimentary accreditation certificate will be sent separately. You may use the enclosed form to order additional certificates.

Please note that a new standards manual is issued July 1 of each year, so please ensure that your organization is utilizing the correct manual when its full survey occurs. If you have any questions regarding your organization's accreditation or the QIP, you are encouraged to seek support from Michelle Nevarez-Sandy by email at mnevarez-sandy@carf.org or telephone at (888) 281-6531, extension 7083.

CARF encourages your organization to continue fully and productively using the CARF standards as part of its ongoing commitment to accreditation. CARF commends your organization's commitment and consistent efforts to improve the quality of its program(s)/service(s) and looks forward to working with your organization in its ongoing pursuit of excellence.

Sincerely,

A handwritten signature in black ink that reads "Brian J. Boon, Ph.D." The signature is written in a cursive, flowing style.

Brian J. Boon, Ph.D.
President/CEO

Enclosures

November 16, 2021

Kimberly Lamb
Robert A. Pascal Youth & Family Services, Inc.
1215 Annapolis Road, Suite 204
Odenton, MD 21113

Dear Mrs. Lamb:

It is my pleasure to inform you that Robert A. Pascal Youth & Family Services, Inc. has been issued CARF accreditation based on its recent survey. The Three-Year Accreditation applies to the following program(s)/service(s):

Call Centers: Mental Health (Adults)
Crisis Stabilization: Mental Health (Adults)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)

This accreditation will extend through November 30, 2024. This achievement is an indication of your organization's dedication and commitment to improving the quality of the lives of the persons served. Services, personnel, and documentation clearly indicate an established pattern of conformance to standards.

The accreditation report is intended to support a continuation of the quality improvement of your organization's program(s)/service(s). It contains comments on your organization's strengths as well as any consultation and recommendations. A Quality Improvement Plan (QIP) demonstrating your organization's efforts to implement the survey recommendation(s) must be submitted within the next 90 days to retain accreditation. The QIP form is posted on Customer Connect (customerconnect.carf.org), CARF's secure, dedicated website for accredited organizations and organizations seeking accreditation. Please log on to Customer Connect and follow the guidelines contained in the QIP form.

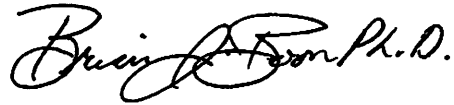
Your organization should take pride in achieving this high level of accreditation. CARF will recognize this accomplishment in its listing of organizations with accreditation and encourages your organization to make its accreditation known throughout the community. Communication of the accreditation to your referral and funding sources, the media, and local and federal government officials can promote and distinguish your organization. Enclosed are some materials that will help you publicize this achievement.

Your organization's complimentary accreditation certificate will be sent separately. You may use the enclosed form to order additional certificates.

If you have any questions regarding your organization's accreditation or the QIP, you are encouraged to seek support from Michelle Nevarez-Sandy by email at mnevarez-sandy@carf.org or telephone at (888) 281-6531, extension 7083.

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Sincerely,

A handwritten signature in black ink that reads "Brian J. Boon Ph.D." in a cursive style.

Brian J. Boon, Ph.D.
President/CEO

Enclosures

October 27, 2020

Elizabeth Roberts
Robert A. Pascal Youth & Family Services, Inc.
1215 Annapolis Road, Suite 204
Odenton, MD 21113

Dear Ms. Roberts:

It is my pleasure to inform you that Robert A. Pascal Youth & Family Services, Inc. has been issued CARF accreditation based on its recent survey. The Three-Year Accreditation applies to the following program(s)/service(s):

Assertive Community Treatment: Mental Health (Adults)
Community Housing: Alcohol and Other Drugs/Addictions (Adults)
Community Integration: Mental Health (Adults)
Detoxification/Withdrawal Management - Residential: Alcohol and Other
Drugs/Addictions (Adults)
Intensive Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)

This accreditation will extend through September 30, 2023. This achievement is an indication of your organization's dedication and commitment to improving the quality of the lives of the persons served. Services, personnel, and documentation clearly indicate an established pattern of conformance to standards.

The accreditation report is intended to support a continuation of the quality improvement of your organization's program(s)/service(s). It contains comments on your organization's strengths as well as any consultation and recommendations. A Quality Improvement Plan (QIP) demonstrating your organization's efforts to implement the survey recommendation(s) must be submitted within the next 90 days to retain accreditation. The QIP form is posted on Customer Connect (customerconnect.carf.org), CARF's secure, dedicated website for accredited organizations and organizations seeking accreditation. Please log on to Customer Connect and follow the guidelines contained in the QIP form.

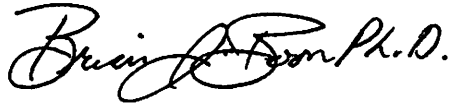
Your organization should take pride in achieving this high level of accreditation. CARF will recognize this accomplishment in its listing of organizations with accreditation and encourages your organization to make its accreditation known throughout the community. Communication of the accreditation to your referral and funding sources, the media, and local and federal government officials can promote and distinguish your organization. Enclosed are some materials that will help you publicize this achievement.

Your organization's complimentary accreditation certificate will be sent separately. You may use the enclosed form to order additional certificates.

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CARF encourages your organization to continue fully and productively using the CARF standards as part of its ongoing commitment to accreditation. CARF commends your organization's commitment and consistent efforts to improve the quality of its program(s)/service(s) and looks forward to working with your organization in its ongoing pursuit of excellence.

Sincerely,

A handwritten signature in black ink that reads "Brian J. Boon, Ph.D." in a cursive style.

Brian J. Boon, Ph.D.
President/CEO

Enclosures

Survey Accreditation Detail

As of 3/8/2022

Survey Number: 148662
Company Number: 294001
Accreditation Decision: Three-Year Accreditation
Accreditation Expiration Date: 11/30/2024
Company Submitting Application: Robert A. Pascal Youth & Family Services, Inc.
1215 Annapolis Road, Suite 204
Odenton, MD 21113

Program Summary:

Assertive Community Treatment: Mental Health (Adults)
Call Centers: Mental Health (Adults)
Community Housing: Substance Use Disorders/Addictions (Adults)
Community Integration: Mental Health (Adults)
Crisis Stabilization: Mental Health (Adults)
Detoxification/Withdrawal Management - Residential: Substance Use Disorders/Addictions (Adults)
Intensive Outpatient Treatment: Substance Use Disorders/Addictions (Adults)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)

Companies with Programs:

Robert A. Pascal Youth & Family Services, Inc. (294001)

1215 Annapolis Road, Suite 204
Odenton, MD 21113
Assertive Community Treatment: Mental Health (Adults)
Intensive Outpatient Treatment: Substance Use Disorders/Addictions (Adults)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)

Robert A. Pascal Youth & Family Services, Inc. (317571)

1226 Annapolis Road
Odenton, MD 21113
Crisis Stabilization: Mental Health (Adults)

Robert A. Pascal Youth & Family Services, Inc. (317572)

1230 Annapolis Road
Odenton, MD 21113
Community Integration: Mental Health (Adults)
Intensive Outpatient Treatment: Substance Use Disorders/Addictions (Adults)

*Pending Carf
Accred 9/16
2.5
3.3
3.5*

Survey Accreditation Detail

As of 3/8/2022

Robert A. Pascal Youth & Family Services, Inc. (317573)

43 Community Place

Crownsville, MD 21032

Call Centers: Mental Health (Adults)

Community Housing: Substance Use Disorders/Addictions (Adults)

Crisis Stabilization: Mental Health (Adults)

Detoxification/Withdrawal Management - Residential: Substance Use Disorders/Addictions (Adults)

Intensive Outpatient Treatment: Substance Use Disorders/Addictions (Adults)

Outpatient Treatment: Mental Health (Adults)

Outpatient Treatment: Mental Health (Children and Adolescents)

Company Count: 4



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- Review our [provider search tips](#) for more information about filtering basic searches, advanced searching, and more.
- Read our special note about [using advanced search for brain injury, stroke, and spinal cord rehabilitation programs](#).
- Read more about [accreditation decisions](#).

City

State/Province

Zip/Postal Code

Country

Program

Program Focus

Age Group/Special Population

[Use Basic Search](#)

Total Results: 3

Showing 1 - 3 of 3

Provider Name	City	State/Province	Country	Affiliated/Parent Company
Recovery Centers of America at Bracebridge Hall	Earleville	MD	US	
Recovery Centers of America Capital Region	Waldorf	MD	US	
Robert A. Pascal Youth & Family Services, Inc.	Crownsville	MD	US	Robert A. Pascal Youth & Family Services, Inc.

▶▶ Level of Care 3.7

Medically Monitored High-Intensity and Intensive Inpatient Services

Level 3.7 programs provide a planned and structured regimen of 24-hour professionally directed evaluation, observation, medical monitoring, and addiction treatment in a residential or inpatient setting. These programs are designed to meet the needs of patients who have functional limitations in Dimensions 1 (acute intoxication or withdrawal potential), 2 (biomedical conditions or complications), and/or 3 (emotional, behavioral, or cognitive conditions and complications) – for example: patients with moderate to severe withdrawal risk; patients with comorbid medical problems such as poorly controlled asthma, hypertension, or diabetes, or a co-occurring chronic pain disorder that interferes with the patient's ability to engage in treatment; or patients with comorbid mental disorder or symptoms that interfere with or distract from treatment efforts.

Patients admitted to Level 3.7 programs meet the diagnostic criteria for a substance use disorder of moderate to high severity and meet specifications for risk in at least two of the six dimensions, at least one of which is in Dimension 1, 2, or 3. Level 3.7 treatment is delivered by an interdisciplinary staff of treatment professionals, including physicians with expertise in withdrawal management, intensive inpatient treatment of addiction, and integrated treatment of co-occurring subacute biomedical and/or emotional, behavioral, or cognitive conditions (see *The ASAM Criteria*, p. 265-266).

It is important to understand the difference between Level 3.7 treatment services and Level 3.7 Withdrawal Management (WM). *The ASAM Criteria* defines separate standards for Level 3.7 (*The ASAM Criteria*, p. 265-279) and Level 3.7-WM (*The ASAM Criteria*, p. 139-141). The current certification program is only certifying programs at Level 3.7, not Level 3.7-WM. As mentioned in the introduction, ASAM and CARF intend to expand the certification program over the next few years to include the withdrawal management levels.

Notes:

Setting Standards

Rating Elements - Level 3.7

3.A.1. There is documented evidence of appropriate and current facility license.

3.A.2. The program's physical facilities provide:

- a. Personal privacy.
- b. Security of personal belongings.
- c. Space for:
 - (1) Quiet activities.
 - (2) Family or other guests.
 - (3) Group meetings.
 - (4) Therapeutic activities.
 - (5) Meals.
 - (6) Based on gender, age, and needs, separate areas for:
 - (a) Sleeping.
 - (b) Hygiene.

3.A.3. The program has written procedures that address the handling of items brought into the program, including:

- a. Addictive substances.
- b. Tobacco products.
- c. Prescription medications.
- d. Over-the-counter products.
- e. Weapons.
- f. Paraphernalia related to addiction.
- g. Pornography.

3.A.4. The program has written procedures that address the safety of patients and personnel:

- a. Including searches:
 - (1) Of patients.
 - (2) Of belongings.
 - (3) That:
 - (a) Preserve privacy.
 - (b) Preserve dignity.
 - (c) Are sensitive to potential trauma of patients.
 - (4) Of the physical facility.
- b. During visitation.

3.A.5. The program has written procedures that address patient:

- a. Mail.
- b. Telephone use.
- c. Use of personal electronics.

3.A.6. The program has a written menu or meal plan.

3.A.7. The program's physical facilities:

- a. Provide housing space that is within reasonable proximity of a treatment space.
- b. Allow staff to maintain adequate supervision of patients so that they may address instability in a safe and timely manner.
- c. Provide space for medical and nursing services.

3.A.8. The program has written procedures that address:

- a. The conditions under which patients may leave the facility.
- b. Direct staff observation when patients are off premises to:
 - (1) Ensure safety.
 - (2) Provide timely response to any instability.

Staff Standards

Rating Elements – Level 3.7

3.C.1. The program has a written contract or position description for the medical director, who is a physician, that includes, at a minimum:

- a. The credentials required of the position.
- b. Responsibility for:
 - (1) Development of admission criteria.
 - (2) Development of treatment protocols.
 - (3) Ensuring the adequacy of individual treatment plans (including medication plans) developed with the participation of professional personnel, including notations of contraindications and precautions.
 - (4) Providing or arranging for daily medical coverage to meet patient needs.
 - (5) Determination of the credentials required of other physicians working under the medical director.
 - (6) Determination of the credentials required of clinicians who may prescribe pharmacotherapies.

3.C.2. The program has documented evidence of a staffing schedule that includes:

- a. Nursing coverage 24 hours a day, 7 days a week.
- b. The credentials of nursing personnel providing coverage.

3.C.3. The program has a program director with documented evidence of:

- a. A master's degree.
- b. At least five years of addiction services/treatment experience.

3.C.4. The program has a written position description for the program director.

3.C.5. The program has written procedures that address verification of the:

- a. Backgrounds of personnel.
- b. Credentials of personnel.

3.C.6. The program has a policy on staffing that addresses:

- a. Availability 24 hours a day, 7 days a week, of clinicians who are trained on the biopsychosocial dimensions of substance use and mental health disorders and their treatment.
- b. The required credentials of clinicians with competence in substance use and mental health disorders.

3.C.7. The program has a policy on staffing that addresses:

- a. Availability of supervisory personnel 24 hours a day, 7 days a week, to respond to urgent situations.
- b. Maintaining sufficient staff critical to the integrity of this level of care.
- c. The credentials required of clinical personnel.

3.C.8. The program's documented evidence of a staffing schedule includes availability 24 hours a day, 7 days a week, of clinicians who are knowledgeable about substance use and mental health disorders.

3.C.9. The program has written procedures that facilitate integrated service delivery, including communication among team members:

- a. At staff meetings.
- b. At shift changes.
- c. With affiliated or contracted providers, if applicable.

3.C.10. For the medical director and clinicians with substance use disorder expertise, the program has documented evidence of:

- a. Credentials.
- b. Experience.
- c. Training.

3.C.11. The program has a policy on staffing that addresses the composition of the multidisciplinary team to address the biopsychosocial needs of patients, including, at a minimum:

- a. Program director.
- b. Physician.
- c. Registered nurse.
- d. Addictions counselor.
- e. Other licensed or certified clinician(s).

3.C.12. The program has written procedures that address competency-based training for all direct service personnel as appropriate to their discipline and scope of practice:

- a. At orientation.
- b. Annually.
- c. That includes the following topics:
 - (1) *The ASAM Criteria*.
 - (2) Addiction pharmacotherapies.
 - (3) Biological and psychosocial dimensions of substance use.
 - (4) Mental health disorders and their treatment.
 - (5) Motivational enhancement or similar evidence-based practices.
 - (6) Cognitive therapies.
 - (7) Behavioral therapies.
 - (8) Substance use disorder treatment options.
 - (9) Behavior management techniques.
 - (10) The program's procedures for psychiatric services.

(11) Response to urgent medical or psychiatric situations.

(12) Ethics, including:

- (a) Professional behavior and boundaries.
- (b) Marketing.

d. That is documented, including:

- (1) Type of training.
- (2) Length of training.
- (3) Dates of training.

Support Systems

Rating Elements - Level 3.7

3.B.1. The program has written procedures to respond to urgent medical or psychiatric situations 24 hours a day, 7 days a week, that address:

- a. Access to on-call medical personnel.
- b. When to call 911.

3.B.2. The program has a documented continuity of care network to meet the needs of local patients who require:

- a. Services at a higher or lower level of intensity.
- b. Addiction pharmacotherapies.
- c. Psychiatric pharmacotherapies.

3.B.3. The program has a written procedure for identifying a continuity of care network to meet the needs of non-local patients who require:

- a. Services at a more or less intense level of care.
- b. Addiction pharmacotherapies.
- c. Psychiatric pharmacotherapies.

3.B.4. The program has written procedures that address:

- a. Patient consent for treatment.
- b. Referral to other services.
- c. Coordination when a patient is receiving concurrent services in another level of care.
- d. Transfer, discharge, and transitions to a different level of care within the same program, including:
 - (1) When transition planning will occur.
 - (2) Documentation of a transition planning summary.
 - (3) Referral process for ensuring that patients have continued access to medications, including all medications for

the treatment of substance use disorder(s).

- (4) Documented review of the ASAM criteria as they relate to transfer and consistent with chronic disease management.
- e. Unplanned discharge, including:
 - (1) Timely follow-up.
 - (2) Necessary notifications.
- f. Follow-up with the patient or referral provider post-transfer to ensure engagement in the next level of care, including patient consent when necessary to engage with follow-up providers.

Assessment and Treatment Planning Standards

Rating Elements - Level 3.7

3.E.1. The program has written procedures for review of admission decisions:

- a. Within 24 hours.
- b. By:
 - (1) An addiction specialist physician, or
 - (2) Other physician, or
 - (3) Nurse practitioner or physician assistant.
- c. By a clinician with expertise in the population served.
- d. For whom the review is within his/her scope of practice.
- e. To confirm clinical necessity for the level of care recommendation.

3.E.2. The program has documented criteria:

- a. For entry/admission that include:
 - (1) ASAM dimensional criteria.
 - (2) DSM/ICD diagnosis.
 - (3) Medical and psychiatric needs/conditions that would exclude admission into level of care 3.7.
- b. For transition.
- c. For exit/discharge.
- d. That support patient-centered length of stay.

3.E.3. The program has a written procedure regarding physical examination of each patient that addresses:

- a. Completion by a provider(s) employed or contracted by the program.
- b. In accordance with the program's procedures.
- c. Admissions on weekends or holidays.
- d. What should be included in the physical examination.
- e. Documentation of the examination in the patient record.
- f. As needed, integration into the treatment plan of services to address identified medical needs.
- g. Completion of the physical

examination within 24 hours of admission.

- h. If/when a physical examination may be accepted from an external physician.

3.E.4. The program has a written procedure for biopsychosocial assessment of each patient that specifies the:

- a. Qualifications of providers who can conduct the assessments.
- b. Timeframe for completion of the assessment.

3.E.5. The documented assessment process, in accordance with the six dimensions of *The ASAM Criteria*, includes:

- a. History of the present episode, including:
 - (1) Precipitating factors.
 - (2) What the patient wants from treatment.
 - (3) Current symptoms.
 - (4) Pertinent present risks.
 - (5) Presenting issues from the patient's perspective.
- b. Developmental history, including:
 - (1) Pregnancy and delivery.
 - (2) Developmental milestones.
 - (3) Temperament.
- c. Medical history, including:
 - (1) Pertinent medical problems.
 - (2) Treatment.
- d. Physical examination, including:
 - (1) Physical health issues, including:
 - (a) Health history.
 - (b) Current health needs.
 - (c) Current pregnancy and prenatal care, if applicable.
 - (d) Medical outcomes.
 - (2) Review of systems.
- e. Medication, including:
 - (1) Medication history.
 - (2) Current use profile.
 - (3) Efficacy of current or previously used medication.

- (4) Medication allergies.
- (5) Adverse reactions to medications.
- f. Personal/social history, including:
 - (1) Pertinent current and historical life information, including:
 - (a) Age.
 - (b) Gender.
 - (c) Gender expression.
 - (d) Sexual orientation.
 - (e) Choice of sexual partners.
 - (f) Sexual risk behaviors.
 - (g) The relationship of sexual activity to substance use and addictive behavior.
 - (2) Culture.
 - (3) Educational history.
 - (4) Employment history.
 - (5) Military history.
 - (6) Living situation.
 - (7) Peer relationships and friendships.
 - (8) Leisure and recreational activities.
- g. History of trauma experienced or witnessed, including:
 - (1) Abuse.
 - (2) Neglect.
 - (3) Violence.
 - (4) Sexual assault.
- h. Risk factors for suicide or other self-harm.
- i. Risk-taking behaviors.
- j. Violence toward others.
- k. Need for social supports.
- l. Availability of social supports.
- m. Advance directives, when applicable.
- n. Psychological and social adjustment to disabilities and/or disorders.
- o. Legal history.
- p. Past behaviors and their relationship to substance use and addictive behavior, arrests, adjudications, and details of status.
- q. Psychiatric history.
- r. Previous behavioral health services, including diagnostic and treatment histories.
- s. Documentation of the patient's sense of meaning, purpose, and values that guide attitudes, thinking, and behavior.
- t. Mental status examination, including assessment of:
 - (1) Memory.
 - (2) Cognitive ability.
 - (3) Appearance.
 - (4) Emotional mood.
 - (5) Speech and thought patterns.
 - (6) Current level of functioning.
- u. Survey of assets, vulnerabilities, and supports, including:
 - (1) Personal strengths.
 - (2) Individual needs.
 - (3) Abilities and/or interests.
 - (4) Literacy level.
 - (5) Need for assistive technology in the provision of services.
 - (6) Preferences.
 - (7) Readiness to change.
- v. Alcohol, tobacco, and other drug use and addictive behavior history, including:
 - (1) Onset and pattern of progression.
 - (2) Past sequelae.
 - (3) Past treatment episodes, including:
 - (a) Successes.
 - (b) Barriers to success.
- w. Family history, including:
 - (1) Alcohol, tobacco, and other drug use.
 - (2) Gambling.
 - (3) Other addictive behavior.
 - (4) Past treatment episodes.
 - (5) Medical history.
 - (6) Psychiatric history.
- x. Family social history, including profiles, as appropriate, of:
 - (1) Parents/guardians/caregivers.
 - (2) Siblings.
 - (3) Home atmosphere.
 - (4) Economic status.
 - (5) Religious affiliation.
 - (6) Cultural influences.
 - (7) Leisure activities.
 - (8) Monitoring and supervision.
 - (9) Relocations.

- y. Religious/spiritual/faith:
 - (1) Background/history.
 - (2) Practice.

3.E.6. The written procedure for biopsychosocial assessment includes development of a written interpretive summary for each patient that includes:

- a. Treatment recommendations.
- b. Level of care recommendations.
- c. Needs and strengths that are identified in each of the six dimensions.

3.E.7. The program has written procedures for nursing that address:

- a. Alcohol or other drug-focused nursing assessment of each patient that is conducted at admission.
- b. Provision of nursing services 24 hours a day, 7 days a week.

3.E.8. The program has written procedures that address treatment planning for each patient, including:

- a. Patient participation.
- b. Timeframes for:
 - (1) Initial development of the treatment plan.
 - (2) Review and modification of the treatment plan:
 - (a) At least once a week.
 - (b) That ensure the plan for each patient:
 - (i) Reflects current issues.
 - (ii) Maintains relevance.
- c. Integration and coordination of the treatment team.
- d. Regular meetings between patients and program personnel.

3.E.9. The treatment plan is based on the interpretive summary of the assessment and includes the following components:

- a. Identification of the needs/desires of the patient through:
 - (1) Goals that are expressed in the words of the patient.
 - (2) Clinical goals that are

- understandable to the patient.
- (3) Goals that are reflective of the informed choice of the patient.
- (4) Goals that are individualized to the patient.

- b. Specific service or treatment objectives that are:
 - (1) Reflective of the expectations of:
 - (a) The patient.
 - (b) The service/treatment team.
 - (2) Reflective of the patient's:
 - (a) Age.
 - (b) Development.
 - (c) Culture and ethnicity.
 - (3) Responsive to the patient's disabilities/disorders or concerns.
 - (4) Understandable to the patient.
 - (5) Measurable.
 - (6) Achievable.
 - (7) Time specific.
 - (8) Appropriate to the service/treatment setting.
- c. Identification of specific interventions, modalities, and/or services to be used.
- d. Frequency of specific interventions, modalities, or services.
- e. When applicable, information on or conditions for:
 - (1) Any needs beyond the scope of the program.
 - (2) Referrals for additional services.
 - (3) Transition to other community services.
 - (4) Community-based service options available to patients in long-term residential support programs.
 - (5) Available continuing care options, when needed.
- f. When applicable, identification of legal requirements.

3.E.10. The program's written procedures for facilitating integrated service delivery include clinical personnel responsibility for treatment plan coordination.

Therapy Standards

Rating Elements – Level 3.7

3.D.1. The program:

- a. Directly provides each of the following:
 - (1) Physical health services.
 - (2) Mental health services.
 - (3) Drug testing services.
 - (4) Pharmacy services.
- b. Provides either directly or through referral:
 - (1) Dental services.
 - (2) Laboratory services.
- c. Has written procedures for referral to those services that it does not directly provide.

3.D.2. The program has written procedures regarding medications that address:

- a. How patients obtain medications when needed.
- b. Safe storage.
- c. Dispensing medication.
- d. Monitoring of patient adherence to:
 - (1) Prescribed medications.
 - (2) Permitted over-the-counter products.
- e. Compliance with regulatory requirements pertaining to medication administration and storage.

3.D.3. The program has written procedures that address the selection and provision of services in accordance with the identified needs of patients, including:

- a. Individual and group psychoeducation services.
- b. Clinical services, including:
 - (1) Nursing services.
 - (2) Physician services.
 - (3) Other clinical services.

D.4. The program has written procedures regarding substance use disorder medications that address:

- a. How to determine when medications for substance use disorder are needed.
- b. How patients obtain medications:
 - (1) When needed.
 - (2) For maintenance after discharge or transfer.
- c. Access to at least two medications approved by the FDA for the treatment of opioid use disorder.

3.D.5. The program has written procedures that address the provision of individualized treatment services to address identified patient needs in the following areas:

- a. Biomedical.
- b. Substance use.
- c. Mental health.

3.D.6. The program has a written description of:

- a. The activities and services provided.
- b. The objectives of the services/activities.

3.D.7. The program has documented evidence of a written weekly schedule that includes:

- a. Active treatment 7 days a week, including meaningful and intentional services on Saturday and Sunday.
- b. The following activities:
 - (1) Skills for activities of daily living.
 - (2) Health education.
 - (3) Services for families/significant others.
 - (4) Individual and group programs that cover the full range of therapies and educational activities matched to the population served.
 - (5) Counseling to improve patients' ability to reintegrate

into family, work, and/or school, including:

- (a) Family education and treatment.
- (b) Couples education and treatment.
- (6) Clinical activities to enhance patients' understanding of their addiction and mental health diagnosis.
- c. Education on addiction pharmacotherapy.

3.D.8. The program has documented evidence of educational materials for families/significant others.

3.D.9. The program has written procedures for accessing psychiatric consultative services when needed that address:

- a. Response by phone within 8 hours.
- b. Response in person or via telemedicine within 24 hours, or sooner if clinically indicated.

3.D.10. The program has written procedures that address when to contact on-call medical personnel, including:

- a. General medical personnel.
- b. Addiction specialist physician.
- c. Psychiatrist.

3.E.11. The program has written procedures that address drug testing practices, including:

- a. How samples will be collected.
- b. Provider determination of what will be tested for.
- c. Determining frequency.
- d. Randomization, or methodology for selection.
- e. Provisions for individualization of tests.
- f. Provider interpretation of the results.

- g. Actions to improve the treatment plan based on the results.
- h. Collection methods.
- i. Confidentiality.
- j. Informed consent for sharing test results.
- k. Documented education for:
 - (1) Patients.
 - (2) Families/support systems.
 - (3) Personnel.
- l. Who is qualified to order drug tests.
- m. Responding to positive drug test results, including the need for:
 - (1) Reassessment.
 - (2) Modification to the treatment plan.

Documentation Standards Rating Elements - Level 3.7

3.F.1. The program has written procedures on progress note documentation that address:

- a. Documentation of:
 - (1) Progress toward achievement of identified goals and objectives.
 - (2) Significant events or changes in the life of the patient.
 - (3) Changes in frequency of services.
 - (4) Changes in levels of care.
 - (5) The delivery and outcomes of specific interventions, modalities, and/or services that support the patient-centered plan.
- b. Required signatures.

3.F.2. Documentation in the patient record includes, at a minimum:

- a. Current level of care provided.
- b. Physical examination completed within the timeframe specified in the program's procedures.
- c. Results of the biopsychosocial assessment, including:
 - (1) Interpretive summary.
 - (2) Level of care recommendation.
 - (3) Items in each of the six ASAM dimensions.
- d. Alcohol or other drug-focused nursing admission assessment.
- e. Evidence of clinician review of admission decision.
- f. In instances of positive drug test results, evidence of modification to the treatment plan based on provider review of the results.
- g. Evidence of patient participation in treatment planning.
- h. Treatment plan that includes:
 - (1) Interventions directed toward skills needed for productive daily activity.
 - (2) Services for care transition and successful reintegration into

family life, school, and/or work.
(3) If applicable, services to address:

- (a) Co-occurring disorders/ disabilities.
- (b) Medical needs.
- i. Review of treatment plan in accordance with the timeframes specified in the program's procedures.
- j. Evidence of medical director oversight of:
 - (1) The treatment plan.
 - (2) Implementation of treatment protocols.
- k. Medications administered, including, as allowed, self-administered.
- l. Progress notes that address:
 - (1) Patient participation in and response to daily clinical activities that align with goals in the patient's treatment plan.
 - (2) Patient response to medication and care supervision by prescribing clinician or dispensing program.
 - (3) Family participation in and response to services offered.
- m. Evidence of integration and coordination of the treatment team.

3.F.3. There is documentation of communication among team members, including information exchanged:

- a. During shift changes.
- b. At staff meetings.
- c. With affiliated or contracted providers, if applicable.

Rating elements are jointly copyrighted by ASAM and CARF

EXHIBIT

5

Policies, Procedures and Protocols



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Performance Measurement and Improvement

Quality Improvement Program Plan

The Robert A. Pascal Youth & Family Services, Inc. Continuous Quality Improvement (CQI) Program shall devote itself to achieving, improving and maintaining an-optimal quality of client care. The CQI Program, therefore, shall recognize that high standards of care and of practice exist, and that these standards must be met to assure that a single, uniform level of excellence is rendered throughout the facilities to all clients, regardless of demography or ability to pay. This written plan is designed to reflect this mission and to declare formally the Board of Director's intent to create a CQI Program destined for immediate implementation and continued operation.

Authority

The Board of Directors of Robert A. Pascal Youth & Family Services, Inc. has charged the Executive Director, Management and the staff with the responsibility for initiating a mechanism to ensure that optimal standards of client care are achieved. The mechanism shall be a standing committee known as the Executive Committee for Quality Improvement (ECQI).

Purpose

The CQI Program shall have as its purpose the development of a well-defined quality improvement plan. The plan is to serve as a blueprint for a programmatic effort to monitor, improve, and evaluate the quality and appropriateness of the clinical care rendered, and identify opportunities and/or areas in which client care can be improved.

With this form, structure, and purpose, the CQI program shall meet the following objectives:

1. To ensure that optimal client care is provided in a safe, clean and wholesome environment and that services are provided along cost-effective lines.
2. To coordinate all client monitoring and evaluation functions to assure that all services and practitioners providing services within the facilities or by contract services fulfill their obligations in accordance with local, state, federal, accrediting, and professional staff guidelines.

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3. To integrate CQI activities with the following QI related mechanisms:

- a. client care monitoring
- b. utilization review
- c. in-service and continuing education
- d. facility and program evaluation
- e. privileging and credentialing
- f. staff growth and development
- g. support services (Safety, Security, Sanitation, etc.)

4. To evaluate client care problems in terms of thresholds that reflect clinically sound, achievable and measurable client care practices. To ensure that improvements can be and are identified through ongoing data-monitoring activities, and to allot priority to those issues which bear directly on improving the quality of services.

5. To identify and pursue opportunities and/or areas in which client care can be improved.

CQI Program Organization and Responsibilities

The CQI program is organized to permit participation in quality-improvement activities by individuals who are affiliated with the facilities. Mechanisms shall exist to ensure diverse input arising from the client population, department, administration and the Board of Directors. The organizational components are as follows:

1. - The Management Team committee (CQI) has responsibility for ensuring that the key components of the QI program meet stated objectives. This committee has quasi-authoritative and consultative functions, respectively, from and to the Executive Director and/or Management Team

2. - The Clinical Director acts to provide consultative services to the appropriate management staff/CQI with regard to quality-improvement activities.

3. The Clinical Director of CQI monitors all quality-improvement activities, serves as custodian of all quality improvement records, and reports to the Executive Director

4. The data-retrieval function is assigned to the Clinical Supervisor, Treatment Coordinator and unit / department supervisors. These individuals are responsible for conducting systematic searches of the records and other data sources. Mandates issued by these persons can arise from action of the CQI Director, the ECQI or other entities as designated the Executive Director

5. Every staff member contributes to the facilities' quality improvement activities by providing problem identification input to the quality-improvement system via formal channels, formal channels consist primarily of documented reports to quality improvement personnel or of information secured from personnel during staff surveys or meetings

Program Components:

Each month CQI is held to review the following:

1. Share insight
2. Troubleshoot problems
3. Suggest solutions
4. Discuss outcomes
5. Hold each other accountable for meeting the standards set forth by the agency

Uniform Data Collection System for Project Performance Assessment

Robert A. Pascal Youth & Family Services, Inc. participates in a data collection and record keeping system as established by the parent organization. Collaboration with other programs allows the project to measure its performance in comparison to similar projects in addition to its independent analysis. Based on this data the project seeks to develop programs and implement changes which will enhance the quality and comprehensiveness of its services.

A client satisfaction survey is given to a representative sample of clients from each program. The client is asked to rate his/her satisfaction with the project's staff, facility, and services received. The aggregates are compared to other 'like' programs and the results forwarded to the specific programs.

For all of the programs, the results are reviewed by the Clinical Supervisor/ Clinical Director and discussed at Continuous Quality Improvement (CQI) committee meetings. All of the Robert A. Pascal Youth & Family Services, Inc. programs, present the results of client satisfaction surveys in the monthly CQI meetings.

The client is asked to rate the project's performance and to identify his/her level of satisfaction or dissatisfaction with the following aspects of care:

1. Admission/Intake process
2. Orientation to the facility, program activities, and handbook
3. Clinician attitude of concern and respect
4. Clinician availability and scheduling flexibility
5. Treatment Plan individualized and explained
6. Individual counseling focus and frequency appropriate to client needs
7. Group counseling - focus and frequency appropriate to client needs
8. Family education and counseling focus and frequency appropriate to client needs
9. Addiction education including videos, materials, discussions
10. Requested correspondence sent promptly with consent
11. Aftercare Plan /Referrals explained and individualized
12. Physician's attitude of concern and respect
13. Physician care appropriate to client needs

In the event that an individual uses the survey form to report a circumstance that may jeopardize the safety or recovery of a client or violates program policy, the clinical staff is responsible for completing an incident report form detailing the situation and the intervention measures implemented. The form shall be completed within 24 hours of the incident and submitted to the Clinical Director for review and signature.

Internal Audits:

Robert A. Pascal Youth & Family Services, Inc. conducts regular internal audits of all programs' clinical records as detailed in our CQI Program and Plan policy.

Exclusions and Screening:

No Federal health care program payment may be made for any items or services:

- Furnished by an excluded individual or entity
- Directed or prescribed by an excluded provider

Payment prohibition extends to:

- Payment for administrative and management services not directly related to patient care
- Coverage of an excluded individual's salary, expense or fringe benefits

Who Should Be Screened?

- All employees, vendors, contractors, service providers, and referral sources

The Federal False Claims Act (FCA) is a federal statute that covers fraud involving any federally funded contract or program, including the Medicare (as well as Medicare Advantage (MA) and Medicaid programs. The Federal False Claims Act (FCA) applies to all federal funded programs.

Under the FCA, any individual or organization that knowingly submits a claim he or she knows (or should know) is false and knowingly makes or uses, or causes to be made or used, a false record or statement to have a false claim paid or approved under any federally funded health care program is subject to civil penalties. It also includes those cases in which any individual or organization obtains money to which they may not be entitled, and then uses false records or statements to retain the money, and instances where a provider retains overpayments.

Under the Federal False Claims Act, a person, provider, or entity is liable for up to triple damages and penalties between \$5,500 and \$11,000 for each false claim it knowingly submits or causes to be submitted to a Federal program.

In addition to civil penalties, Individuals and entities can also be excluded from participating in any federal health care program for non-compliance.

Progress notes that consist of mere observations do not meet regulatory requirements, therefore, those sessions would not be considered reimbursable sessions.

When a provider properly identifies an inappropriate payment and reports it to the MCO, and the acts are not fraudulent, the agency will accept repayment without penalty.

Responsibilities:

Compliance issues are monitored through the Management Team which meets monthly.

Training:

One of the most critical methods of preventing Fraud, Waste, and Abuse is through proper training of staff members. Robert A. Pascal Youth & Family Services, Inc. has several established trainings which are designed to ensure that all staff members abide by all required regulations.

- Fraud, Waste, and Abuse information sign-off at Employee Orientation
- Clinical Record Keeping (attended annually by all clinical staff)
- Ethics (this is a Core training which all employees receive within 90 days of hire, and additionally as needed)
- Psych Tech Documentation (for non-clinical staff members or other Support Staff who are also responsible for some degree of chart documentation).

Assessment Guidelines:

Robert A. Pascal Youth & Family Services, Inc. has a current Internal Self-Audit system in place. The Clinical Documentation portion of which is monitored on a monthly basis as part of the CQI program. If any findings of these audits show, or appear to show any violation of the Fraud, Waste, and Abuse requirements as described above, Robert A. Pascal Youth & Family Services, Inc. will take immediate action to determine the accuracy of the findings with a second targeted audit. If the findings of the targeted audit confirm the initial findings, Robert A. Pascal Youth & Family Services, Inc. will take all appropriate steps to repay any funds obtained improperly.

1. Billing – Regular & Random ‘spot’ audits should be conducted to determine the following:
 - Do records exist at the time that bill is generated/transmitted to support the fact that service was rendered as described in the invoice?
 - Are bills generated using accurate dates of service, service location, and service provider?
 - Are all individual service providers referenced in invoices entitled to provide the type of service invoiced?
2. All chart entries are to be made contemporaneously within 24 hours of the service that was rendered (preferably the same day).
3. All chart entries should be individualized to the person served & the actual service rendered – “boilerplate” or generic responses are strongly discouraged.
4. All chart entries are signed by the person making the entry. In the event that a supervisor or other professional is also signing a particular chart entry, the counter-signature should be entered so that a reviewer will clearly be able to distinguish who provided the service.

Any and all identified issues regarding Fraud, Waste, or Abuse will be brought immediately to the attention of the Director of Administration who will ensure that a thorough investigation is immediately conducted, the findings of which will be presented to the Management Team to determine appropriate actions to be taken to correct the issues and prevent their reoccurrence in the future.

A Quality Performance Improvement Plan was established to evaluate outcomes of care, in accordance with the protocol of Robert A. Pascal Youth & Family Services, Inc. The FOCUS/PDCA Model:

- Find a Process to Improve
 - Organize a Team that Knows the Process
 - Clarify Current Knowledge of the Process
 - Understand Causes of Process Variation
 - Select the Process Improvement
-
- **Plan**
 - **Do**
 - **Check**
 - **Act**

These are used to identify and improve various aspects of the project. The process is monitored by the Clinical/Program Supervisor/Director and the results are reported as needed.

Monthly chart audits are completed by the Clinical Supervisor and/or Director for regulatory compliance. Staff are promptly notified of any instances of non-compliance and are expected to correct those which can be corrected within three days of receipt of the notice. A system number code is used to identify the specific counselor responsible for the non-compliance. A chart review serves as documentation of chart compliance status.

The project seeks to identify patterns and trends to be considered in program planning and development. An attempt to identify any patterns of deficiency will be made and discussed in clinical staff meetings. An EHR is maintained on all clients for easy retrieval of basic data relative to client demographics, funding streams, referral sources, length of treatment episodes, diagnosis, specific services, discharge status, and aftercare plans.

Facility and Program Evaluation:

The Executive Director and the Management Team have overall responsibility for program evaluation. Evaluation will help discover component problems and set realistic goals about how much we can and do and/or accomplish for the chemically dependent individual. It is vital in policy setting, planning, and administration. Program evaluation is offered as an administrative philosophy of optimism for exploration of what we are doing to help us discover better ways of doing the job.

The evaluation of the program has the following objectives:

1. Plan: The development, implementation, and review of program goals and objectives
2. Effort: The amount of action taken
3. Effect: Result(s) of action taken
4. Process: How an effect was achieved
5. Efficiency: Effects in relation to the cost of actions taken

The first objective relates to the Program's Annual Plan completion; how it is implemented; its relationship to staff, services and activities; and the regular review of the established goals and objectives.

The second objective relates to who receives treatment and utilizes program monitoring data. The third objective relates to client outcome and will involve a follow-up procedure.

The fourth objective relates to process and involves client-flow analysis.

The fifth objective relates to the cost of services and will utilize an objective step-down cost accounting procedure.

Before proceeding with the discussion of evaluating the objectives, the agency's goal is stated as follows:

This goal is clear, objective and, more importantly - measurable. The elements of this goal are:

1. Behavioral health challenged males and females of any station in life: any age, sex, race, religion, national origin, and sexual orientation are the target population. Just as the disadvantaged are not to be excluded, the person with job and family is not to be excluded, nor persons with co-occurring disorders (mental illness, AOD). Pragmatic design will implement this philosophy and the evaluation procedure will attempt to measure the success.
2. Stabilize and/or improve mental health symptoms by decreasing inpatient hospitalization episodes.

General Policy

Robert A. Pascal Youth & Family Services, Inc. values the opinions, feedback and views of the clients (as consumers) who receive services and treatment throughout the agency. In order to collect, review and analyze information from clients each facility/program shall administer a Client Satisfaction Survey to a representative sample of clients.

The Client Satisfaction Survey Instrument consists of questions, and comments regarding:

1. Services Rendered: groups, meetings, recreational activities, therapy sessions, etc.
2. Clinician and staff ratings
3. Physical plant and building/environment

4. Medical Services
5. Suggested program improvements
6. Educational services, group activities, recreation, etc.
7. Care coordination

Procedure

The Clinical Director, Program Supervisor, or a designated staff member shall distribute the Client Satisfaction Survey to a representative sample of clients. The Clinical Director shall review all completed Satisfaction Surveys. In cases where serious accusations, problems and/or consistent deficiencies are identified, the Clinical Director shall conduct an inquiry and take appropriate corrective action in concert with the Clinical Director, Executive Director, and Management Team.

In cases where ethical issues or agency concerns are raised, the Clinical Director shall immediately notify the Division or Regional Director to conduct inquiry and take appropriate corrective action.

In addition to tabulating and trending clients' responses to the standard questions on the survey forms, any written comments submitted by clients on the survey form

Program Description/Service Structure

Robert A. Pascal Youth and Family Services, Inc. fundamental responsibility is to provide a comprehensive program structure. Each program has a program description which documents the following parameters regarding its scope of services:

- Populations served
- Settings
- Hours of services
- Days of services
- Frequency of services
- Payers sources
- Fees
- Referral sources
- Specific services offered

RAPYFS shares information about the scope of services with persons served, family/support systems, referral sources, funding sources, relevant stakeholders and the general public when appropriate. Review of the scope of services is completed on an annual basis and updated as necessary. Program descriptions for both the OMHC and the RCS document admission criteria, transition or referral criteria if applicable, and discharge criteria. It is the policy of RAPYFS that when a person served is found ineligible for services, he or she is informed as to the reasons and recommendations for alternative services are made.

Each core program at RAPYFS has a written program description that guides the delivery of services and includes the following:

- A description of the program
- The philosophy of the program
- Program goals
- Service/treatment modalities
- Description of special populations and the mechanisms used to address their needs



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Addendum to Section XVIII Quality Records Management: Quarterly Review of Medical Services Provided in Detoxification/Withdrawal Management Programs

The following is a policy of Robert A. Pascal Youth and Family Services, inc.

Each quarter, medical providers in any Pascal detoxification/withdrawal management programs reviews all medical services provided based on a representative sample of clients who were in the program for that quarter. "Medical providers" includes physicians, nurse practitioners, RNs, and LPNs. The primary focuses of this review are ^{to ensure the} consistency of detox/withdrawal management protocol implementation and negative outcomes. Within this, providers should look critically at medication errors, timeliness of lab testing, vital signs at appropriate intervals, and timeliness of physician response.

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3.H.1. Admission Criteria

The following is a policy of Robert A. Pascal Youth and Family Services, inc.

In accordance with COMAR 10.47.02.10.F.(2), individuals must be the following criteria for admission:

- Meet ASAM Placement Criteria, or its equivalent as approved by the BHA for this level of treatment, and,
- Are intoxicated, show physical signs of withdrawal, or both.
- All mental health diagnoses will be accepted at this level of care.
- Individuals who are unable to ambulate up and down the stairs or complete basic ADLs without assistance will not be eligible for admission.

Pre-Screening

Prior to being admitted into the withdrawal management program, patients will typically receive a referral from mobile crisis or their local hospital. The information below is then obtained by Pascal staff prior to patient admitting to the unit. Pascal clinical staff reserves the right to deem a patient ineligible for services or requiring medical clearance from a hospital prior to admission based off the prescreening information.

Referral Source

Name

DOB

SSN

Insurance

Photo ID

Allergies

Medical

Psych

Current meds

Substance used, length of use, route of use, last use time/date

Prior treatment

Plan

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Each client who makes a phone call will first be screened through phone intake. Pascal will also accept referrals via Fax and email. Pascal accepts referrals from hospitals, local agencies, other facilities and individuals. Potential clients will answer a series of questions as an initial screening. The screening will then be evaluated by the clinical team, composed of clinicians and the clinical director. They will then determine whether the individual meets admission criteria to Pascal 3.7.

The clinician in charge of reviewing the screening will have a valid license and background in mental health counseling and addictions counseling.

The individual requesting placement within this agency will have to meet criteria for ASAM 3.7 in order to be accepted into the program.

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INTENSIVE OUTPATIENT PROGRAM SERVICES (ASAM 2.1) PROGRAM DESCRIPTION

Intensive outpatient program (IOP) services may only be provided and reimbursed by programs approved under COMAR 10.21.20. It is a short-term, intensive treatment intervention provided by a multidisciplinary team involving multiple treatment services throughout the week.

The IOP provides:

- Initial Assessment
- Treatment Plan
- Weekly Urinalysis
- A minimum of three hours of psychiatric therapeutic activities per day, which includes at least two group therapies and needed psychiatric services (COMAR 10.21.25).
 - Three (3 hour) classes per week for the first 8 weeks
 - Two (3 hour) classes per week after 8 weeks

The treatment constellation can include individual, group, family therapy, and medication management. The mental health service provider is expected to exchange information and coordinate care with the participant's PCP, other treatment providers as well as drug court and probation offices on a regular basis.

Participants can be expected to graduate in 26 weeks, given they comply with program requirement. If a participant accumulates three missed classes, it will be assessed if that individual will be discharged from the program.

Participant Eligibility

Participants who are stepping down from a Residential or Partial Hospitalization Program may be referred to IOP in order to help maintain the progress with regards to sobriety. Participants may also self admit to IOP and work with licensed professionals to determine treatment goals.

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Programming

Pascal assists clients in developing the treatment model that will best serve them. Pascal has implemented the following disciplines into various treatment programming in the past engagements and continue to utilize this menu of evidence-based practice options with our current programming:

- 12-step facilitation model
- Group therapy
- Cognitive Behavioral therapy (CBT)
- Rational Emotive Therapy (RET)
- Dialectical Behavioral Therapy (DBT)
- Systemic family counseling
- Mindfulness therapy
- Mindfulness Based Stress Reduction (MBSR)
- Yoga and meditation
- Humanistic and existential psychology
- Motivational Interviewing (MI)
- Multi-cultural counseling and awareness
- Social integration
- Contingency Management
- Adaptive Information Processing (AIP)
- Trauma informed care
- Medication Assisted Treatment (MAT)

Service Rules

IOP is an acute short-term intervention for participants experiencing an exacerbation of psychiatric symptoms. The mental health service provider is expected to coordinate care with other treatment providers when clinically

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Intensive Outpatient Program Services (ASAM 2.1) Pre-Screening Tool:

Referral Source

Name

DOB

Ssn

Insurance (Type of Insurance/ID number)

Photo ID (Y/N)

Allergies (Medication Name/Reaction)

Medical (Diagnoses/Medications and Doses/Primary Care Doctor)

Psych (Diagnoses/Medications and Doses/Prescriber)

Current meds (Medication Name, dose, route, frequency, and prescriber)

Substance used, length of use, route of use, last use time/date

Prior overdoses or seizures (dates)

Prior treatment (Inpatient and Outpatient)

Plan (ASAM Level)

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ASSESSMENT TOOL- ADULTS (PAPER VERSION)

Based on the ASAM Criteria [3rd Edition] Multidimensional Assessment

Demographic information					
Name:	Date:	Phone Number:	Okay to leave voicemail? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address:					
Date of Birth:	Age:	Gender:			
Race/Ethnicity:	Preferred Language:	MD MA ID #: Other ID# (Plan):			
Insurance Type: <input type="checkbox"/> None <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare (Plan): <input type="checkbox"/> VA (Plan): <input type="checkbox"/> Private (Plan): <input type="checkbox"/> Other (Plan):					
Living Arrangement: <input type="checkbox"/> Homeless <input type="checkbox"/> Independent living <input type="checkbox"/> Other (specify):					
Referred by (specify):					

Explanation of why patient is currently seeking treatment: Current symptoms, functional impairment, severity, duration of symptoms (e.g., unable to work/school, relationship/housing problems):

Dimension 1: Substance Use, Acute Intoxication and/or Withdrawal Potential

1. Substance use history:

Alcohol and/or Drug Types	Recently Used? (Past 6 Months)	Prior Use? (Lifetime)	Route (Inject, Smoke, Snort)	Frequency (Daily, Weekly, Monthly)	Duration (Length of Use)	Date of Last Use
Amphetamines (Meth, Ice, Crank)	<input type="checkbox"/>	<input type="checkbox"/>				
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>				
Cocaine/Crack	<input type="checkbox"/>	<input type="checkbox"/>				
Heroin	<input type="checkbox"/>	<input type="checkbox"/>				
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>				
Opioid Pain Medications Misuse or without prescription	<input type="checkbox"/>	<input type="checkbox"/>				
Sedatives (Benzos, Sleeping Pills) Misuse or without prescription	<input type="checkbox"/>	<input type="checkbox"/>				
Hallucinogens	<input type="checkbox"/>	<input type="checkbox"/>				
Inhalants	<input type="checkbox"/>	<input type="checkbox"/>				
Over-the-Counter Medications (Cough Syrup, Diet Aids)	<input type="checkbox"/>	<input type="checkbox"/>				
Nicotine	<input type="checkbox"/>	<input type="checkbox"/>				
Other:	<input type="checkbox"/>	<input type="checkbox"/>				

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Additional Information:

2. **Do you find yourself using more alcohol and/or drugs than you intend to?** Yes No
Please describe:

3. **Do you get physically ill when you stop using alcohol and/or drugs?** Yes No
Please describe:

4. **Are you currently experiencing withdrawal symptoms, such as tremors, excessive sweating, rapid heart rate, blackouts, anxiety, vomiting, etc.?** Yes No
Please describe specific symptoms and consider immediate referral for medical evaluation:

5. **Do you have a history of serious withdrawal, seizures, or life-threatening symptoms during withdrawal?** Yes No
Please describe and specify withdrawal substance(s):

6. **Do you find yourself using more alcohol and/or drugs in order to get the same high?** Yes No
Please describe:

7. **Has your alcohol and/or drug use changed recently (increase/ decreased, changed route of use)?** Yes No
Please describe:

8. **Please describe family history of alcohol and/or drug use:**

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Please circle one of the following levels of severity

Severity Rating- Dimension 1 (Substance Use, Acute Intoxication and/or Withdrawal Potential)				
0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
None	Mild	Moderate	Severe	Very Severe
No signs of withdrawal/intoxication present	Mild/moderate intoxication, interferes with daily functioning. Minimal risk of severe withdrawal. No danger to self/others.	May have severe intoxication but responds to support. Moderate risk of severe withdrawal. No danger to self/others.	Severe intoxication with imminent risk of danger to self/others. Risk of severe manageable withdrawal.	Incapacitated. Severe signs and symptoms. Presents danger, i.e. seizures. Continued substance use poses an imminent threat to life.

Additional Comments:

Dimension 2: Biomedical Conditions and Complications

9. Please list known medical provider(s)

Physician Name	Specialty	Contact Information

10. Do you have any of the following medical conditions:

- Heart Problems
- Seizure/Neurological
- Muscle/Joint Problems
- Diabetes
- High Blood Pressure
- Thyroid Problems
- Vision Problems
- Sleep Problems
- High Cholesterol
- Kidney Problems
- Hearing Problems
- Chronic Pain
- Blood Disorder
- Liver Problems
- Dental Problems
- Pregnant
- Stomach/Intestinal Problems
- Asthma/Lung Problems
- Sexually Transmitted Disease(s): _____
- Cancer (specify type[s]): _____
- Infection(s): _____
- Allergies: _____
- Other: _____

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11. Do any of these conditions significantly interfere with your life?

Yes No

Please describe:

12. Provide additional comments on medical conditions, prior hospitalizations (include dates and reasons):

13. **Question to be answered by interviewer:** Does the patient report medical symptoms that would be considered life-threatening or require immediate medical attention? Yes No

** If yes, consider immediate referral to emergency room or call 911*

14. List all current medication(s) for medical condition(s):

Medication	Dose/Frequency	Reason	Effectiveness/Side Effects

Please circle one of the following levels of severity

Severity Rating- Dimension 2. (Biomedical Conditions and Complications)				
0 ○ None	1 ○ Mild	2 ○ Moderate	3 ○ Severe	4 ○ Very Severe
Fully functional/ able to cope with discomfort or pain.	Mild to moderate symptoms interfering with daily functioning. Adequate ability to cope with physical discomfort.	Some difficulty tolerating physical problems. Acute, nonlife threatening problems present, or serious biomedical problems are neglected.	Serious medical problems neglected during outpatient or intensive outpatient treatment. Severe medical problems present but stable. Poor ability to cope with physical problems.	Incapacitated with severe medical problems.

Additional Comments:

Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications

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15. Do you consider any of the following behaviors or symptoms to be problematic?

Mood			
<input type="checkbox"/> Depression/sadness	<input type="checkbox"/> Loss of Pleasure/Interest	<input type="checkbox"/> Hopelessness	<input type="checkbox"/> Irritability/Anger
<input type="checkbox"/> Impulsivity	<input type="checkbox"/> Pressured Speech	<input type="checkbox"/> Grandiosity	<input type="checkbox"/> Racing Thoughts
Anxiety			
<input type="checkbox"/> Anxiety/Excessive Worry	<input type="checkbox"/> Obsessive Thoughts	<input type="checkbox"/> Compulsive Behaviors	<input type="checkbox"/> Flashbacks
Psychosis			
<input type="checkbox"/> Paranoia	<input type="checkbox"/> Delusions: _____	<input type="checkbox"/> Hallucinations: _____	
Other			
<input type="checkbox"/> Sleep Problems	<input type="checkbox"/> Memory/Concentration	<input type="checkbox"/> Gambling	<input type="checkbox"/> Risky Sex Behaviors

Suicidal Thoughts: please describe

Thoughts of Harming Others: please describe

Abuse (physical, emotional, sexual): please describe

Traumatic Event(s): please describe

Other:

16. Have you ever been diagnosed with a mental illness?

Yes No Not Sure

Please describe (e.g., diagnosis, medications?)

17. Are you currently or have you previously received treatment for psychiatric or emotional problems?

Yes No

Please describe (e.g., treatment setting, hospitalizations, duration of treatment):

18. Do you ever see or hear things that other people say they do not see or hear?

Yes No

Please describe:

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19. **Question to be answered by interviewer:** Based on previous questions, is further assessment of mental health needed?

Yes No

Please describe:

20. List all current medication(s) for psychiatric condition(s):

Medication	Dose	Reason	Effectiveness/Side Effects

21. Please list mental health provider(s):

Provider Name	Contact Information

Please circle one of the following levels of severity

Severity Rating- Dimension 3 (Emotional, Behavioral, or Cognitive Conditions and Complications)				
0 <input type="radio"/> None	1 <input type="radio"/> Mild	2 <input type="radio"/> Moderate	3 <input type="radio"/> Severe	4 <input type="radio"/> Very Severe
Good impulse control and coping skills. No dangerousness, good social functioning and self-care, no interference with recovery.	Suspect diagnosis of EBC, requires intervention, but does not interfere with recovery. Some relationship impairment.	Persistent EBC. Symptoms distract from recovery, but no immediate threat to self/others. Does not prevent independent functioning.	Severe EBC, but does not require acute level of care. Impulse to harm self or others, but not dangerous in a 24-hr setting.	Severe EBC. Requires acute level of care. Exhibits severe and acute life-threatening symptoms (posing imminent danger to self/others).

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Additional Comments:

Dimension 4: Readiness to Change

22. Is your alcohol and/or drug use affecting any of the following?

- Work
- School
- Handling Everyday Tasks
- Other:
- Mental Health
- Relationships
- Self-esteem
- Physical Health
- Sexual Activity
- Hygiene
- Finances
- Legal Matters
- Recreational Activities

23. Do you continue to use alcohol or drugs despite having it affect the areas listed above? Yes No
Please describe:

24. Have you received help for alcohol and/or drug problems in the past? Yes No
Please list treatment provider(s)

Provider Name	Contact Information

25. What would help to support your recovery?

26. What are potential barriers to your recovery (e.g., financial, transportation, relationships, etc.)?

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27. How important is it for you to receive treatment for:

- Alcohol Problems:** Not at all Slightly Moderately Considerably Extremely
Drug Problems: Not at all Slightly Moderately Considerably Extremely

Please describe:

Please circle one of the following levels of severity

Severity Rating- Dimension 4 (Readiness to Change)				
0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
None	Mild	Moderate	Severe	Very Severe
Willing to engage in treatment.	Willing to enter treatment, but ambivalent to the need to change.	Reluctant to agree to treatment. Low commitment to change substance use. Passive engagement in treatment.	Unaware of need to change. Unwilling or partially able to follow through with recommendations for treatment.	Not willing to change. Unwilling/unable to follow through with treatment recommendations.

Additional Comments:

Dimension 5: Relapse, Continued Use, or Continued Problem Potential

28. In the last 30 days, how often have you experienced cravings, withdrawal symptoms, disturbing effects of use?

- Alcohol:** None Occasionally Frequently Constantly
Drug: None Occasionally Frequently Constantly

Please Describe:

29. Do you find yourself spending time searching for alcohol and/or drugs, or trying to recover from its effects?

Yes No

Please describe:

30. Do you feel that you will either relapse or continue to use without treatment or additional support? Yes No

Please describe:

31. Are you aware of your triggers to use alcohol and/or drugs?

Yes No

Please check off any triggers that may apply:

- Strong Cravings Work Pressure Mental Health Relationship Problems
 Difficulty Dealing with Feelings Financial Stressors Physical Health School Pressure
 Environment Unemployment Chronic Pain Peer Pressure
 Other: _____

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32. What do you do if you are triggered?

33. Can you please describe any attempts you have made to either control or cut down on your alcohol and/or drug use?

34. What is the longest period of time that you have gone without using alcohol and/or drugs?

35. What helped and didn't help?

Please circle one of the following levels of severity

Severity Rating- Dimension 5 (Relapse, continued Use, or Continued Problem Potential)				
0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
None	Mild	Moderate	Severe	Very Severe
Low/no potential for relapse. Good ability to cope.	Minimal relapse potential. Some risk, but fair coping and relapse prevention skills.	Impaired recognition of risk for relapse. Able to self-manage with prompting.	Little recognition of risk for relapse, poor skills to cope with relapse.	No coping skills for relapse/ addiction problems. Substance use/behavior, places self/other in imminent danger.

Additional Comments:

Dimension 6: Recovery/Living Environment

36. Do you have any relationships that are supportive of your recovery? (e.g., family, friends)

37. What is your current living situation (e.g., homeless, living with family/alone)?

38. Do you currently live in an environment where others are using drugs?

Yes No

Please describe:

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39. Are you currently involved in relationships or situations that pose a threat to your safety? Yes No
 Please describe:

40. Are you currently involved in relationships or situations that would negatively impact your recovery? Yes No
 Please describe:

41. Are you currently employed or enrolled in school? Yes No
 Please describe (e.g., where employed, duration of employment, name and type of school):

42. Are you currently involved with social services or the legal system (e.g., DCFS, court mandated, probation, parole)? Yes No
 Please describe:

If on parole/probation:

Name of Probation/Parole Officer	Contact Information

Please circle one of the following levels of severity

Severity Rating- Dimension 6: Recovery/Living Environment				
0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
None	Mild	Moderate	Severe	Very Severe
Able to cope in environment/ supportive.	Passive/disinterested social support, but still able to cope.	Unsupportive environment, but able to cope with clinical structure most of the time.	Unsupportive environment, difficulty coping even with clinical structure.	Environment toxic/hostile to recovery. Unable to cope and the environment may pose a threat to safety.

Additional Comments:

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Summary of Multidimensional Assessment

Dimension	Severity Rating (Based on Ratings Above)				Rationale
Dimension 1 Substance Use, Acute Intoxication and/or Withdrawal Potential	<input type="checkbox"/> 0 None	<input type="checkbox"/> 1 Mild	<input type="checkbox"/> 2 Moderate	<input type="checkbox"/> 3-4 Severe	
Dimension 2 Biomedical Condition and Complications	<input type="checkbox"/> 0 None	<input type="checkbox"/> 1 Mild	<input type="checkbox"/> 2 Moderate	<input type="checkbox"/> 3-4 Severe	
Dimension 3 Emotional, Behavioral, or Cognitive Condition and Complications	<input type="checkbox"/> 0 None	<input type="checkbox"/> 1 Mild	<input type="checkbox"/> 2 Moderate	<input type="checkbox"/> 3-4 Severe	
Dimension 4 Readiness to Change	<input type="checkbox"/> 0 None	<input type="checkbox"/> 1 Mild	<input type="checkbox"/> 2 Moderate	<input type="checkbox"/> 3-4 Severe	
Dimension 5 Relapse, Continued Use, or Continued Problem Potential	<input type="checkbox"/> 0 None	<input type="checkbox"/> 1 Mild	<input type="checkbox"/> 2 Moderate	<input type="checkbox"/> 3-4 Severe	
Dimension 6 Recovery/Living Environment	<input type="checkbox"/> 0 None	<input type="checkbox"/> 1 Mild	<input type="checkbox"/> 2 Moderate	<input type="checkbox"/> 3-4 Severe	

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Program: _____

**Diagnosis: Diagnostic Statistical Manual, 5th Edition (DSM-5)
Criteria For Substance Use Disorder**

Please check off any symptoms that have occurred in the past 12 months.

	Substance Use Disorder Criteria (DSM-5)	Name of Substance(s)		
		#1:	#2:	#3:
1	Substance often taken in larger amounts or over a longer period than was intended.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	There is a persistent desire or unsuccessful efforts to cut down or control substance use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Craving, or a strong desire or urge to use the substance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Important social, occupational, or recreational activities are given up or reduced because of substance use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Recurrent substance use in situations in which it is physically hazardous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Continued substance use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Tolerance, as defined by either of the following: - A need for markedly increased amounts of the substance to achieve intoxication or desired effect. - A markedly diminished effect with continued use of the same amount of the substance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Withdrawal, as manifested by either of the following: - The characteristic withdrawal syndrome for the substance. - Substance (or a closely related substance) is taken to relieve or avoid withdrawal symptoms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Number of Criteria				

List of Substance Use Disorder(s) that Meet DSM-5 Criteria and Date of DSM-5 Diagnosis (specify severity level):

* The presence of **at least 2** of these criteria indicates a **substance use disorder**.

** The severity of the substance use disorder is defined as:

- **Mild:** Presence of **2-3 criteria**
- **Moderate:** Presence of **4-5 criteria**
- **Severe:** Presence of **6 or more criteria**

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2.B.13 Assessment Process

The following is a policy of Robert A. Pascal Youth and Family Services, inc.

Procedures:

The client shall read the following documents (all consent forms) or have them read and explained to him/her. The said documents shall be completed and signed by the client and the staff member (Intake Personnel) within 24 hours of admission. The client shall be offered a copy of the signed consent forms.

1. Administrative (All consent forms):

- a. Consent for Voluntary Inpatient Treatment
- b. Informed Consent to Treatment
- c. Consent to Release Confidential Information (consent can be completed to release drug test results)
- d. Follow-Up Consent
- e. Program Distribution Consent
- f. Client Signature Documents
- g. Orientation Manual Sign Off
- h. Client Rights
- i. Injury Waiver
- j. Client Bill of Rights
- k. Advanced Directives or the Living Will
- l. Determination of Maximum Liability
- m. Client Liability Form
- n. Personal Property
- o. Personal Property Inventory Envelope

Procedure for Intake Documentation of Histories:

Data relevant to the client's personal history will be collected and documented in the client's record on specific history forms. Requests for physical examinations will be scheduled within 24 hours of admission unless there is verification of a current physical (within the last 6 months) (residential programs).

The interview includes the following elements:

- Identifying data and presenting problem

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- Medical History - includes personal and family medical data and review of symptoms/illness, an assessment of the client's history and current level of pain
- Bio-Psycho-Social which includes a drug/alcohol history and a personal history; i.e. work, family history, financial history, legal history, education history, sexual history. (which includes trauma/abuse), recreational history/use of leisure time, military history, social history, cultural history and spiritual history
- Collaboration information gathered from significant others
- Consent to treatment
- Injury waiver form
- Client liability form
- Resident donation & personal property form
- Consent for voluntary treatment

Other evaluations that have been performed on the client shall be included in her/his record and, if appropriate, the evaluation should be taken into account during the formation of her/his master treatment plan.

Documentation of histories should be thorough, and the client should be encouraged to expound in as much detail as they are able to at this time. Clients should be facilitated to NOT avoid answering questions.

Identifying Data and Presenting Problem:

The Clinician shall document the client's age, gender, race, marital status, parenthood, referral source, employment status, job skills, and education. The Presenting problem should be described in behavioral terms including amounts and circumstance of last use. Additional details should include symptoms of substance abuse and progression if relevant. For individuals with substance use, an ASAM Criteria rating scale is to be fully completed, along with a level of care recommendation. If individual is admitting to their recommended level of care, the ASAM rating scale should still be completed in order to provide a baseline to measure progress moving forward. A clinical level of care recommendation should be in each assessment justifying why this client is appropriate for that level of care to which they are admitting.

Drug & Alcohol History:

The Clinician performing the intake interview shall document the substances used, the patterns of use, and prior treatment episodes. The client's perception of the physical, mental, and social effects of his addiction, as well as any family addiction history shall be noted.

Medical History:

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An appropriately trained Clinician shall use this form to record the client's personal medical history and family history including major medical conditions and pregnancies. Current prescriptions, allergies, and physical symptoms experienced recently are also noted. Nutritional status and dietary intake should be reviewed. Food allergies are to be noted and forwarded to the dietary department and medical.
(Residential)

Psychiatric History:

The Clinician shall document any evidence and patterns of client or family psychiatric issues, treatment, and current status. Suicide and trauma issues are also explored and recorded.

Family History:

The Clinician shall document the client's childhood family structure, relationships, and any dysfunction. Notation shall also be made on the client's current family structure, relationships, and any dysfunction. Any family deaths and the impact of client's addiction on his/her family shall be included.

Employment/Vocational History:

The Clinician shall document the client's employment status and current employer information as well as the number of months worked in the last two years. The client's past employment patterns including skills, attendance, relationships, salary, and reasons for termination shall be recorded -note any behavioral symptoms that may have contributed to employment issues/loss.

Financial History:

The Clinician shall record information related to the client's household size, monthly expenses, outstanding debts, monthly income, and the impact the client's addiction has had on his finances.

Legal History:

The Clinician shall record data related to any pending charges, the stage of the legal process in which the client finds himself, and current probation/parole status. The client's past adult and juvenile legal involvement as well as the impact of the client's addiction on his legal history shall be documented.

Educational History:

The Clinician shall record information related to the client's elementary, high school, and college experiences including grades, attendance, relationships, disciplinary

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problems, and learning disabilities. Any current academic pursuits and future educational goals shall also be reflected.

Sexual History:

The Clinician shall note the client's comments regarding the source of learning about sex, first sexual experience, any abuse, orientation, current activity, satisfaction, and the influence his addiction has had on his sexual history.

Abuse History:

The Clinician shall document any mental/emotional, physical, and/or sexual abuse that the client has perpetrated or experienced as a victim. The awareness of others, outside agency involvement, and any therapy received shall also be indicated on the form.

Recreational/ Leisure Time History:

The Clinician shall note client activities, interests, frequency of activity, and social involvement. The impact that the client's addiction has had on these activities shall also be reported.

Military History:

The Clinician shall record client military service, combat experience, disciplinary action, and any medals/honors earned. The effect of the client's addiction on military experience shall also be noted.

Social History:

The Clinician shall describe the status of the client's current relationships, peer influences, and impact of addiction on said relationships.

Cultural History:

The Clinician shall document the client's ethnic background, family of origin view of the client's addiction, childhood community setting, and relocations.

Spiritual History:

The Clinician shall note the client's view of self, belief in a higher power, religious practices, and value compromise. The client's self-report, with SNAP, informs of his/her strengths, needs, abilities and preferences and identified problem areas.

Additional Information:

The Clinician shall record the client's self-assessment of personal weaknesses and strengths, short- and long-term goals, and treatment supports.

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Robert A. Pascal Youth & Family Services, Inc. utilizes a team approach in the provision of comprehensive treatment services. Numerous different persons in various roles participate in the development, approval, deliverance, monitoring and evaluation of client services. Specific details related to the documentation of services and the use of chart forms are provided in the Client Records section of this manual. The procedures and steps applicable to these services are as follows:

Initial Contact:

Initial contact occurs when a call or walk-in visit is received from a potential client or a referral source. The Intake Worker shall offer a brief project overview including program philosophy, methodology, services, expectations, and qualifications to determine if the program will meet the client's needs. The referral/transfer will be reviewed by the Clinical/ Program Supervisor on the same day when possible.

Intake – Histories:

The staff performing the intake shall give the client an orientation packet and review the program policies, program hours, fee schedule, services provided, notice of confidentiality, client rights and admission and discharge criteria. The intake person shall then obtain the client's written consent to treatment and releases of information to be sent to professional parties who may assist the therapist with the client's treatment. A release should also be obtained for the referral source. Releases for probation or parole officers will be required. The interviewer will assure the client of the confidentiality of his treatment. Staff shall record data obtained from the client including the Drug and Alcohol History, Medical History, Psychiatric History and Financial History.

Record of Services:

All services rendered to a client shall be documented in the client record. A staff person scheduled to provide a service shall record the date a service is scheduled to be provided, the specific service and the initials of the staff responsible for the service. Documentation of this should be made promptly after the appointment is scheduled. The client's attendance status and the duration of the service shall be noted as soon as the disposition is known.

43 Community Place
Crownsville, MD 21032
(410) 571-4500

1226 Annapolis Road
Odenton, MD 21113
(410) 571-4500

1230 Annapolis Road
Odenton, MD 21113
(410) 874-1236

741 Annapolis Road
Gambrills, MD 21054
(410) 975-0067

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

Lifetime Recent - Clinical

Version 1/14/09m

*Posner, K.; Brent, D.; Lucas, C.; Gould, M.; Stanley, B.; Brown, G.; Fisher, P.; Zelazny, J.;
Burke, A.; Oquendo, M.; Mann, J.*

Disclaimer:

This scale is intended to be used by individuals who have received training in its administration. The questions contained in the Columbia-Suicide Severity Rating Scale are suggested probes. Ultimately, the determination of the presence of suicidal ideation or behavior depends on the judgment of the individual administering the scale.

*Definitions of behavioral suicidal events in this scale are based on those used in **The Columbia Suicide History Form**, developed by John Mann, MD and Maria Oquendo, MD, Conte Center for the Neuroscience of Mental Disorders (CCNMD), New York State Psychiatric Institute, 1051 Riverside Drive, New York, NY, 10032. (Oquendo M. A., Halberstam B. & Mann J. J., Risk factors for suicidal behavior: utility and limitations of research instruments. In M.B. First [Ed.] Standardized Evaluation in Clinical Practice, pp. 103 -130, 2003.)*

For reprints of the C-SSRS contact Kelly Posner, Ph.D., New York State Psychiatric Institute, 1051 Riverside Drive, New York, New York, 10032; inquiries and training requirements contact posnerk@nyspi.columbia.edu

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SUICIDAL IDEATION			Lifetime: Time He/She Felt Most Suicidal	Past 1 month
<p><i>Ask questions 1 and 2. If both are negative, proceed to "Suicidal Behavior" section. If the answer to question 2 is "yes", ask questions 3, 4 and 5. If the answer to question 1 and/or 2 is "yes", complete "Intensity of Ideation" section below.</i></p>				
<p>1. Wish to be Dead Subject endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. <i>Have you wished you were dead or wished you could go to sleep and not wake up?</i></p> <p>If yes, describe:</p>			Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
<p>2. Non-Specific Active Suicidal Thoughts General non-specific thoughts of wanting to end one's life/commit suicide (e.g., "I've thought about killing myself") without thoughts of ways to kill oneself/associated methods, intent, or plan during the assessment period. <i>Have you actually had any thoughts of killing yourself?</i></p> <p>If yes, describe:</p>			Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
<p>3. Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act Subject endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out (e.g., thought of method to kill self but not a specific plan). Includes person who would say, "I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it...and I would never go through with it." <i>Have you been thinking about how you might do this?</i></p> <p>If yes, describe:</p>			Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
<p>4. Active Suicidal Ideation with Some Intent to Act, without Specific Plan Active suicidal thoughts of killing oneself and subject reports having <u>some intent to act on such thoughts</u>, as opposed to "I have the thoughts but I definitely will not do anything about them." <i>Have you had these thoughts and had some intention of acting on them?</i></p> <p>If yes, describe:</p>			Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
<p>5. Active Suicidal Ideation with Specific Plan and Intent Thoughts of killing oneself with details of plan fully or partially worked out and subject has some intent to carry it out. <i>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</i></p> <p>If yes, describe:</p>			Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
<p>INTENSITY OF IDEATION <i>The following features should be rated with respect to the most severe type of ideation (i.e., 1-5 from above, with 1 being the least severe and 5 being the most severe). Ask about time he/she was feeling the most suicidal.</i></p> <p><u>Lifetime - Most Severe Ideation:</u> _____ Type # (1-5) Description of Ideation</p> <p><u>Recent - Most Severe Ideation:</u> _____ Type # (1-5) Description of Ideation</p>			Most Severe	Most Severe
<p>Frequency <i>How many times have you had these thoughts?</i> (1) Less than once a week (2) Once a week (3) 2-5 times in week (4) Daily or almost daily (5) Many times each day</p>			_____	_____
<p>Duration <i>When you have the thoughts how long do they last?</i> (1) Fleeting - few seconds or minutes (4) 4-8 hours/most of day (2) Less than 1 hour/some of the time (5) More than 8 hours/persistent or continuous (3) 1-4 hours/a lot of time</p>			_____	_____
<p>Controllability <i>Could/can you stop thinking about killing yourself for wanting to die if you want to?</i> (1) Easily able to control thoughts (4) Can control thoughts with a lot of difficulty (2) Can control thoughts with little difficulty (5) Unable to control thoughts (3) Can control thoughts with some difficulty (0) Does not attempt to control thoughts</p>			_____	_____
<p>Deterrents <i>Are there things - anyone or anything (e.g., family, religion, pain of death) - that stopped you from wanting to die or acting on thoughts of suicide?</i> (1) Deterrents definitely stopped you from attempting suicide (4) Deterrents most likely did not stop you (2) Deterrents probably stopped you (5) Deterrents definitely did not stop you (3) Uncertain that deterrents stopped you (0) Does not apply</p>			_____	_____
<p>Reasons for Ideation <i>What sort of reasons did you have for thinking about wanting to die or killing yourself? Was it to end the pain or stop the way you were feeling (in other words you couldn't go on living with this pain or how you were feeling) or was it to get attention, revenge or a reaction from others? Or both?</i> (1) Completely to get attention, revenge or a reaction from others (4) Mostly to end or stop the pain (you couldn't go on living with the pain or how you were feeling) (2) Mostly to get attention, revenge or a reaction from others (5) Completely to end or stop the pain (you couldn't go on living with the pain or how you were feeling) (3) Equally to get attention, revenge or a reaction from others and to end/stop the pain (0) Does not apply</p>			_____	_____

SUICIDAL BEHAVIOR (Check all that apply, so long as these are separate events; must ask about all types)	Lifetime		Past 3 months	
<p>Actual Attempt: A potentially self-injurious act committed with at least some wish to die, <i>as a result of act</i>. Behavior was in part thought of as method to kill oneself. Intent does not have to be 100%. If there is <i>any</i> intent/desire to die associated with the act, then it can be considered an actual suicide attempt. There does not have to be any injury or harm, just the potential for injury or harm. If person pulls trigger while gun is in mouth but gun is broken so no injury results, this is considered an attempt. Inferring Intent: Even if an individual denies intent/wish to die, it may be inferred clinically from the behavior or circumstances. For example, a highly lethal act that is clearly not an accident so no other intent but suicide can be inferred (e.g., gunshot to head, jumping from window of a high floor/story). Also, if someone denies intent to die, but they thought that what they did could be lethal, intent may be inferred.</p> <p>Have you made a suicide attempt? Have you done anything to harm yourself? Have you done anything dangerous where you could have died? What did you do? Did you _____ as a way to end your life? Did you want to die (even a little) when you _____? Were you trying to end your life when you _____? Or Did you think it was possible you could have died from _____? Or did you do it purely for other reasons / without ANY intention of killing yourself (like to relieve stress, feel better, get sympathy, or get something else to happen)? (Self-Injurious Behavior without suicidal intent) If yes, describe:</p> <p>Has subject engaged in Non-Suicidal Self-Injurious Behavior?</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>Interrupted Attempt: When the person is interrupted (by an outside circumstance) from starting the potentially self-injurious act (<i>if not for that, actual attempt would have occurred</i>). Overdose: Person has pills in hand but is stopped from ingesting. Once they ingest any pills, this becomes an attempt rather than an interrupted attempt. Shooting: Person has gun pointed toward self, gun is taken away by someone else, or is somehow prevented from pulling trigger. Once they pull the trigger, even if the gun fails to fire, it is an attempt. Jumping: Person is poised to jump, is grabbed and taken down from ledge. Hanging: Person has noose around neck but has not yet started to hang - is stopped from doing so.</p> <p>Has there been a time when you started to do something to end your life but someone or something stopped you before you actually did anything? If yes, describe:</p>	Total # of Attempts _____		Total # of Attempts _____	
<p>Aborted or Self-Interrupted Attempt: When person begins to take steps toward making a suicide attempt, but stops themselves before they actually have engaged in any self-destructive behavior. Examples are similar to interrupted attempts, except that the individual stops him/herself, instead of being stopped by something else.</p> <p>Has there been a time when you started to do something to try to end your life but you stopped yourself before you actually did anything? If yes, describe:</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>Preparatory Acts or Behavior: Acts or preparation towards imminently making a suicide attempt. This can include anything beyond a verbalization or thought, such as assembling a specific method (e.g., buying pills, purchasing a gun) or preparing for one's death by suicide (e.g., giving things away, writing a suicide note).</p> <p>Have you taken any steps towards making a suicide attempt or preparing to kill yourself (such as collecting pills, getting a gun, giving valuables away or writing a suicide note)? If yes, describe:</p>	Total # of interrupted _____		Total # of interrupted _____	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Total # of aborted or self-interrupted _____		Total # of aborted or self-interrupted _____	
<p>Preparatory Acts or Behavior: Acts or preparation towards imminently making a suicide attempt. This can include anything beyond a verbalization or thought, such as assembling a specific method (e.g., buying pills, purchasing a gun) or preparing for one's death by suicide (e.g., giving things away, writing a suicide note).</p> <p>Have you taken any steps towards making a suicide attempt or preparing to kill yourself (such as collecting pills, getting a gun, giving valuables away or writing a suicide note)? If yes, describe:</p>	Total # of preparatory acts _____		Total # of preparatory acts _____	
<p>Actual Lethality/Medical Damage: 0. No physical damage or very minor physical damage (e.g., surface scratches). 1. Minor physical damage (e.g., lethargic speech; first-degree burns; mild bleeding; sprains). 2. Moderate physical damage; medical attention needed (e.g., conscious but sleepy, somewhat responsive; second-degree burns; bleeding of major vessel). 3. Moderately severe physical damage; <i>medical</i> hospitalization and likely intensive care required (e.g., comatose with reflexes intact; third-degree burns less than 20% of body; extensive blood loss but can recover; major fractures). 4. Severe physical damage; <i>medical</i> hospitalization with intensive care required (e.g., comatose without reflexes; third-degree burns over 20% of body; extensive blood loss with unstable vital signs; major damage to a vital area). 5. Death</p> <p>Potential Lethality: Only Answer if Actual Lethality=0 Likely lethality of actual attempt if no medical damage (the following examples, while having no actual medical damage, had potential for very serious lethality: put gun in mouth and pulled the trigger but gun fails to fire so no medical damage; laying on train tracks with oncoming train but pulled away before run over).</p> <p>0 = Behavior not likely to result in injury 1 = Behavior likely to result in injury but not likely to cause death 2 = Behavior likely to result in death despite available medical care</p>	Most Recent Attempt Date: _____	Most Lethal Attempt Date: _____	Initial/First Attempt Date: _____	Enter Code _____
	Enter Code _____	Enter Code _____	Enter Code _____	Enter Code _____

ASAM LEVEL OF CARE DETERMINATION TOOL

Instructions: For each dimension, indicate the least intensive level of care that is appropriate based on the patient's severity/functioning and service needs.

ASAM Criteria Level of Care- Withdrawal Management	ASAM Level	Dimension 1 Substance Use, Acute Intoxication and/or Withdrawal Potential				Dimension 2 Biomedical Condition and Complications				Dimension 3 Emotional, Behavioral, or Cognitive Condition and Complications				Dimension 4 Readiness to Change				Dimension 5 Relapse, Continued Use, or Continued Problem Potential				Dimension 6 Recovery/Living Environment			
		None	Mild	Mod	Sev	None	Mild	Mod	Sev	None	Mild	Mod	Sev	None	Mild	Mod	Sev	None	Mild	Mod	Sev	None	Mild	Mod	Sev
Ambulatory Withdrawal Management without Extended On-Site Monitoring	1-WM																								
Ambulatory Withdrawal Management with Extended On-Site Monitoring	2-WM																								
Clinically Managed Residential Withdrawal Management	3.2-WM																								
Medically Monitored Inpatient Withdrawal Management	3.7-WM																								
Medically Managed Intensive Inpatient Withdrawal Management	4-WM																								

ASAM Criteria Level of Care- Other Treatment and Recovery Services																										
Severity / Impairment Rating	ASAM Level	Dimension 1				Dimension 2				Dimension 3				Dimension 4				Dimension 5				Dimension 6				
		None	Mild	Mod	Sev	None	Mild	Mod	Sev	None	Mild	Mod	Sev	None	Mild	Mod	Sev	None	Mild	Mod	Sev	None	Mild	Mod	Sev	
Early Intervention	0.5																									Consider referral to mental health facility
Outpatient Services	1																									
Intensive Outpatient Services	2.1																									
Partial Hospitalization Services	2.5																									
Clinically Managed Low-Intensity Residential Services	3.1																									
Clinically Managed Population-Specific High-Intensity Residential Services	3.3																									
Clinically Managed High-Intensity Residential Services	3.5																									
Medically Monitored Intensive Inpatient Services	3.7																									
Medically Managed Intensive Inpatient Services	4																									

ASAM Criteria Level of Care- Other Treatment and Recovery Services																									
Severity / Impairment Rating	ASAM Level	Dimension 1				Dimension 2				Dimension 3				Dimension 4				Dimension 5				Dimension 6			
		None	Mild	Mod	Sev	None	Mild	Mod	Sev	None	Mild	Mod	Sev	None	Mild	Mod	Sev	None	Mild	Mod	Sev	None	Mild	Mod	Sev
Opioid Treatment Program	OTP																								

Would the patient with alcohol or opioid use disorders benefit from and be interested in Medication-Assisted Treatment (MAT)? Yes No

Please describe:

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Maryland Confidentiality of Medical Records Act and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without the prior written authorization of the patient/ authorized representative to who it pertains unless otherwise permitted by law.

Client Name: _____ ID: _____

Program: _____

Placement Summary

Level of Care: Enter the ASAM Level of Care (e.g., 3.1, 2.1, 3.2, W.M) number that offers the most appropriate treatment setting given the patient's current severity and functioning:

Level of Care Provided: If the most appropriate Level of Care is not utilized, then enter the next appropriate Level of Care and check off the reason for this discrepancy (below):

Reason for Discrepancy:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Service Not Available | <input type="checkbox"/> Provider Judgment | <input type="checkbox"/> Patient Preference |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Accessibility | <input type="checkbox"/> Financial | <input type="checkbox"/> Preferred to Wait |
| <input type="checkbox"/> Language/ Cultural Considerations | <input type="checkbox"/> Environment | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Physical Health |
| <input type="checkbox"/> Other: _____ | | | |

Briefly Explain Discrepancy:

Designated Treatment Location and Provider Name:

Counselor Name (if applicable)	Signature	Date
---------------------------------------	------------------	-------------

Supervisor Name (if applicable)	Signature	Date
--	------------------	-------------

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Maryland Confidentiality of Medical Records Act and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without the prior written authorization of the patient/ authorized representative to whom it pertains unless otherwise permitted by law.	Client Name: _____ ID: _____ Program: _____
---	--

Brief Addiction Monitor (BAM)

Participant ID: _____

Date: _____

Interviewer ID (Clinician Initials): _____

Instructions:

This is a standard set of questions about several areas of your life such as your health, alcohol and drug use, etc. The questions generally ask about the past 30 days. Please consider each question and answer as accurately as possible.

Method of Administration:

Clinician Interview

Self Report

Phone

1. In the past 30 days, how would you say your physical health has been?
 - Excellent (0)
 - Very Good (8)
 - Good (15)
 - Fair (22)
 - Poor (30)

2. In the past 30 days, how many nights did you have trouble falling asleep or staying asleep?

3. In the past 30 days, how many days have you felt depressed, anxious, angry or very upset throughout most of the day?

4. In the past 30 days, how many days did you drink ANY alcohol?
____ (If 00, Skip to #6)

5. In the past 30 days, how many days did you have at least 5 drinks (if you are a man) or at least 4 drinks (if you are a woman)? [One drink is considered one shot of hard liquor (1.5 oz.) or 12-ounce can/bottle of beer or 5-ounce glass of wine.]

6. In the past 30 days, how many days did you use any illegal or street drugs or abuse any prescription medications?
____ (If 00, Skip to #8)

7. In the past 30 days, how many days did you use any of the following drugs:
 - 7A. Marijuana (cannabis, pot, weed)?
 - 7B. Sedatives and/or Tranquilizers (benzos, Valium, Xanax, Ativan, Ambien, barbs, Phenobarbital, downers, etc.)?
 - 7C. Cocaine and/or Crack?
 - 7D. Other Stimulants (amphetamine, methamphetamine, Dexedrine, Ritalin, Adderall, speed, crystal meth, ice, etc.)?
 - 7E. Opiates (Heroin, Morphine, Dilaudid, Demerol, Oxycontin, oxy, codeine (Tylenol 2,3,4), Percocet, Vicodin, Fentanyl, etc.)?
 - 7F. Inhalants (glues, adhesives, nail polish remover, paint thinner, etc.)?
 - 7G. Other drugs (steroids, non-prescription sleep and diet pills, Benadryl, Ephedra, other over-the-counter or unknown medications)?

8. In the past 30 days, how much were you bothered by cravings or urges to drink alcohol or use drugs?

- Not at all (0)
- Slightly (8)
- Moderately (15)
- Considerably (22)
- Extremely (30)

9. How confident are you that you will NOT use alcohol and drugs in the next 30 days?

- Not at all (0)
- Slightly (8)
- Moderately (15)
- Considerably (22)
- Extremely (30)

10. In the past 30 days, how many days did you attend self-help meetings like AA or NA to support your recovery?

— —

11. In the past 30 days, how many days were you in any situations or with any people that might put you at an increased risk for using alcohol or drugs (i.e., around risky “people, places or things”)?

— —

12. Does your religion or spirituality help support your recovery?

- Not at all (0)
- Slightly (8)
- Moderately (15)
- Considerably (22)
- Extremely (30)

13. In the past 30 days, how many days did you spend much of the time at work, school, or doing volunteer work?

— —

14. Do you have enough income (from legal sources) to pay for necessities such as housing, transportation, food and clothing for yourself and your dependents?

- No (0)
- Yes (30)

15. In the past 30 days, how much have you been bothered by arguments or problems getting along with any family members or friends?

- Not at all (0)
- Slightly (8)
- Moderately (15)
- Considerably (22)
- Extremely (30)

16. In the past 30 days, how many days did you contact or spend time with any family members or friends who are supportive of your recovery?

— —

17. How satisfied are you with your progress toward achieving your recovery goals?

- Not at all (0)
- Slightly (8)
- Moderately (15)
- Considerably (22)
- Extremely (30)

Brief Addiction Monitor (BAM) With Scoring & Clinical Guidelines
DRAFT 11/02/2009

Participant ID: _____
Interviewer ID (Clinician Initials): _____

Date: _____

Method of Administration:

- Clinician Interview Self Report Phone

Time Started: _____ : _____

Instructions

This is a standard set of questions about several areas of your life such as your health, alcohol and drug use, etc. The questions generally ask about the past 30 days. Please consider each question and answer as accurately as possible.

1. In the past 30 days, would you say your physical health has been?

- Excellent (0)
- Very Good (1)
- Good (2)
- Fair (3)
- Poor (4)

2. In the past 30 days, how many nights did you have trouble falling asleep or staying asleep?

- 0 (0)
- 1-3 (1)
- 4-8 (2)
- 9-15 (3)
- 16-30 (4)

3. In the past 30 days, how many days have you felt depressed, anxious, angry or very upset throughout most of the day?

- 0 (0)
- 1-3 (1)
- 4-8 (2)
- 9-15 (3)
- 16-30 (4)

4. In the past 30 days, how many days did you drink ANY alcohol?

- 0 (Skip to #6) (0)
- 1-3 (1)
- 4-8 (2)
- 9-15 (3)
- 16-30 (4)

5. In the past 30 days, how many days did you have at least 5 drinks (if you are a man) or at least 4 drinks (if you are a woman)? [One drink is considered one shot of hard liquor (1.5 oz.) or 12-ounce can/bottle of beer or 5 ounce glass of wine.]

- 0 (0)
- 1-3 (1)
- 4-8 (2)
- 9-15 (3)
- 16-30 (4)

6. In the past 30 days, how many days did you use any illegal/street drugs or abuse any prescription medications?

- 0 (Skip to #8) (0)
- 1-3 (1)
- 4-8 (2)
- 9-15 (3)
- 16-30 (4)

7. In the past 30 days, how many days did you use any of the following drugs:

7A. Marijuana (cannabis, pot, weed)?

- 0
- 1-3
- 4-8
- 9-15
- 16-30

7B. Sedatives/Tranquilizers (e.g., "benzos", Valium, Xanax, Ativan, Ambien, "barbs", Phenobarbital, downers, etc.)?

- 0
- 1-3
- 4-8
- 9-15
- 16-30

7C. Cocaine/Crack?

- 0
- 1-3
- 4-8
- 9-15
- 16-30

7D. Other Stimulants (e.g., amphetamine, methamphetamine, Dexedrine, Ritalin, Adderall, "speed", "crystal meth", "ice", etc.)?

- 0
- 1-3
- 4-8
- 9-15
- 16-30

7E. Opiates (e.g., Heroin, Morphine, Dilaudid, Demerol, Oxycontin, oxy, codeine (Tylenol 2,3,4), Percocet, Vicodin, Fentanyl, etc.)?

- 0
- 1-3
- 4-8
- 9-15
- 16-30

7F. Inhalants (glues/adhesives, nail polish remover, paint thinner, etc.)?

- 0
- 1-3
- 4-8
- 9-15
- 16-30

7G. Other drugs (steroids, non-prescription sleep/diet pills, Benadryl, Ephedra, other over-the-counter/unknown medications)?

- 0
- 1-3
- 4-8
- 9-15
- 16-30

8. In the past 30 days, how much were you bothered by cravings or urges to drink alcohol or use drugs?

- Not at all (0)
- Slightly (1)
- Moderately (2)
- Considerably (3)
- Extremely (4)

9. How confident are you in your ability to be completely abstinent (clean) from alcohol and drugs in the next 30 days?

- Not at all (0)
- Slightly (1)
- Moderately (2)
- Considerably (3)
- Extremely (4)

10. In the past 30 days, how many days did you attend self-help meetings like AA or NA to support your recovery?

- 0 (0)
- 1-3 (1)
- 4-8 (2)
- 9-15 (3)
- 16-30 (4)

11. In the past 30 days, how many days were you in any situations or with any people that might put you at an increased risk for using alcohol or drugs (i.e., around risky “people, places or things”)?

- 0 (0)
- 1-3 (1)
- 4-8 (2)
- 9-15 (3)
- 16-30 (4)

12. Does your religion or spirituality help support your recovery?

- Not at all (0)
- Slightly (1)
- Moderately (2)
- Considerably (3)
- Extremely (4)

13. In the past 30 days, how many days did you spend much of the time at work, school, or doing volunteer work?

- 0 (0)
- 1-3 (1)
- 4-8 (2)
- 9-15 (3)
- 16-30 (4)

14. Do you have enough income (from legal sources) to pay for necessities such as housing, transportation, food and clothing for yourself and your dependents?

- No (0)
- Yes (4)

15. In the past 30 days, how much have you been bothered by arguments or problems getting along with any family members or friends?

- Not at all (0)
- Slightly (1)
- Moderately (2)
- Considerably (3)
- Extremely (4)

16. In the past 30 days, how many days were you in contact or spent time with any family members or friends who are supportive of your recovery?

- 0 (0)
- 1-3 (1)
- 4-8 (2)
- 9-15 (3)
- 16-30 (4)

17. How satisfied are you with your progress toward achieving your recovery goals?

- Not at all (4)
- Slightly (3)
- Moderately (2)
- Considerably (1)
- Extremely (0)

Time Finished: _____ : _____

Specific items to attend to, and suggested referrals, include:

- #1 (health), if scored 3 or 4, refer to primary care
- #3 (mood), if scored 2, 3, or 4, proceed to further assessment and address within SUD specialty care or refer to mental health clinic if indicated
- #5,6,7 (heavy alcohol use, any drug use, specific drug use), if any scored 1 or higher, discuss with patient and consider adjusting treatment (e.g., higher level of care or changing modality)
- #8 (craving), if scored 3 or 4, consider medication such as Naltrexone
- #14 (adequate income), if scored 0, refer to case management
- #16 (social support), if scored 0, 1, or 2 consider adding network support
- #17 (satisfaction with progress), if scored 3 or 4, discuss modifying or supplementing treatment

Note: Examining scores from individual items as described above is the most clinically relevant use of this measure. Summary scores are more useful for aggregating across patients. Aggregate scoring, or subscale scoring, is supplementary and very preliminary, based on clinical judgment rather than empirical data.

Preliminary Subscale Scoring information

Sum of Items 4, 5, & 6 = Use (Scores range from 0 to 12 with higher scores meaning more Use)

Sum of Items 1, 2, 3, 8, 11, & 15 = Risk factors (Scores range from 0 to 24 with higher scores meaning more Risk)

Sum of Items 9, 10, 12, 13, 14, & 16 = Protective factors (Scores range from 0 to 24 with higher scores meaning more Protection)

Number in () is points for each response

*Item 7 (7A-7G) are not scored as part of the subscales but provide elaboration for item 6.

*Item 17 can be used as an overall assessment of treatment progress, but is not scored on any of the specific subscales.

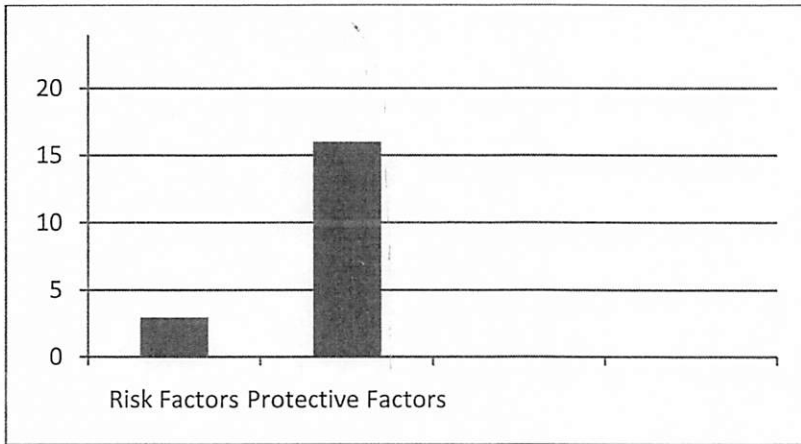
Clinical guidelines:

The three subscales include:

- **Use:** If a patient scores a 1 or greater, it calls for further examination and clinical attention, e.g. consider addition of pharmacotherapy or higher level of care, add motivational interviewing.
 - Any alcohol use (item #4)
 - Heavy alcohol use (item #5)
 - Any drug use (item #6)
- **Risk Factors:** If a patient scores a 12 or greater, it calls for further examination and clinical attention, e.g. refer for medical or mental health consultation, add CBT or relapse prevention skills training.
 - Cravings (item #8)
 - Physical Health (item #1)
 - Sleep (item #2)
 - Mood (item #3)
 - Risky situations (item #11)
 - Family/social problems (item #15)
- **Protective Factors:** If a patient scores a 12 or below, it calls for further examination and clinical attention, e.g. treatment plan might include building sober support networks, 12 step facilitation, or work with a case manager for work or income assistance.
 - Self-efficacy (item #9)
 - Self-help behaviors (item #10)
 - Religion/spirituality (item #12)
 - Work/school participation (item #13)
 - Adequate Income (item #14)
 - Sober support (item #16)

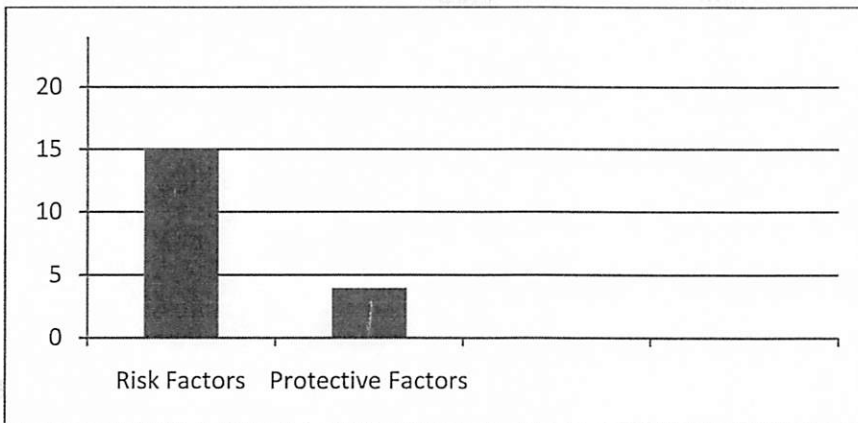
Notes:

- It is important to compare most recent BAM scores with prior BAM scores to assess changes in functioning and risk status.
 - The goal is to see sizeable changes on each scale with each administration of the BAM.
- It is important to take into consideration the relative scores on risk and protective factors:
 - *If protective factor score is greater than risk factor score, the patient is less at risk for use.*



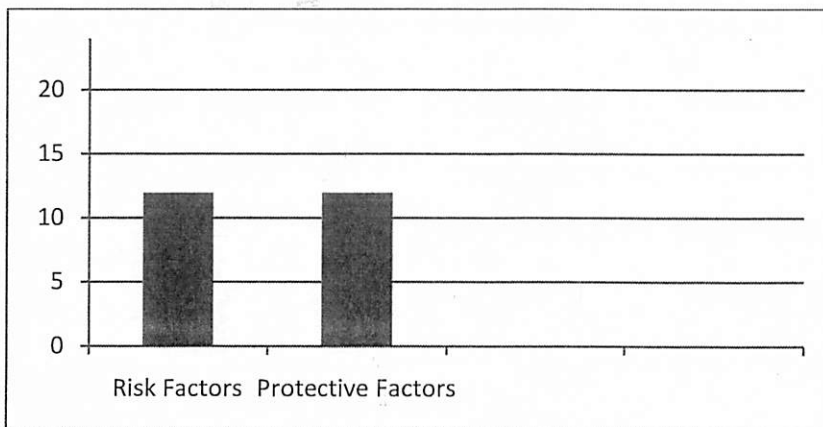
Beneficial Risk/Protective Ratio 1

- *If risk factor score is greater than protective factor score, the patient is more at risk for use.*



Harmful Risk/Protective Factor Ratio 1

- *If risk factor score is equal to protective factor score, the patient is at risk for use and a focus of treatment should be to shift the balance to building protective factors and coping with risk factors.*



Balanced scores=work on shifting 1



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Discharge and Transition Planning

Termination is an extremely serious measure and, as such, shall be utilized as a therapeutic tool with the utmost care. Treatment will be terminated if an individual demonstrates destructive behavior toward other individuals and/or property or has broken one of the agency rules. While the agency is governed by a strict set of regulations, we do not superimpose a single corrective mode for infractions. Due to our belief in individualized treatment, most cases of agency rule breaking will be judged on its individual merit. Decisions for termination will always be determined from the context of whether the client can benefit from treatment.

Discharge Summary

Within one week after discharge, a discharge summary should be entered into the client's chart describing the reasons for treatment, services offered, response to treatment, and the client's status or condition upon discharge. The client's strengths, needs, abilities, and preferences shall be reviewed at this time. A discharge summary shall be completed on all clients who have been officially admitted to the program, regardless of the length of the treatment episode or the status of the discharge.

The Clinician or designee shall be responsible for completing the discharge summary within one week of discharge. The discharge summary shall be reviewed and signed by the Program/Clinical Supervisor and Physician (when applicable). A discharge summary progress note shall be written detailing the type of discharge, the living location or treatment program the client is entering, the client's emotional state and mental status, how the client feels about leaving the program, and, when applicable, the person transporting the client.

The discharge summary shall be maintained in the client record. Each discharge summary shall contain the following elements:

- Client identification data
- Dates of treatment
- Discharge status
- Services provided
- Diagnosis (DSM 5)
- Client history
- Presenting problems
- Treatment goals
- Progress in treatment
- Physical & psychological condition at discharge
- Prognosis

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- Aftercare plans
- Continuing treatment needs
- Notification of referral source and family members
- Signatures of Nurse/Counselor, Supervisor, and Physician (when applicable)

Aftercare

In an effort to promote continued growth of the progress made while in treatment, Pascal Crisis Services, Inc. programs complete an individualized aftercare plan with each and every client.

Upon discharge clients will be presented with a list of community resources they can contact for further resources and continuity of care. These community resources include emergency services, housing services, local agencies, case management resources and other inpatient facilities.

Designated staff will follow-up with clients who discharge within 24 hours and then monthly thereafter for a year. During the follow-up, staff will ensure clients no longer need continued services and provide resources and referrals to appropriate services if needed.

If a client is referred to another provider, staff will follow-up within the first two weeks to ensure client is actively engaged in the other program. Client will be asked to sign a consent form to discuss treatment among both providers prior to transfer.

Follow Up

All agency programs will make reasonable follow up attempts regarding all clients after discharge from any Pascal Crisis Services, Inc. program (unless the client has made a specific request to not receive a follow up). This is done to ensure that a client who has been referred to another program or service is successfully connected with that program or service. It is also done in order to document the discharged client's progress, and if necessary and appropriate, provide an opportunity for re-admission to the program or referral to another appropriate service.

If the client is referred to another program or service, Pascal Crisis Services, Inc. will, having obtained the written consent of the client, attempt via telephone to contact the program to which the client was referred in order to determine the disposition of the referral. This will be completed no later than 7 days after the date of the client's referral appointment.

In instances when the client either refuses a referral to another program or service, or circumstances otherwise prevent such a referral (i.e.: the client leaves against staff advice, declines referral to services after discharge, etc.) an attempt will still be made to follow up with the client within 30 days after the date of discharge.

The Care Coordination is responsible for follow up and may also occur with the client's clinician unless otherwise designated by the Clinical Director or Clinical Supervisor.

Information obtained during follow up shall include the following:

- The client's current status with the program or service to which they were referred

- The client's overall progress with aftercare goals

In instances where the client refuses follow up, such refusal shall be documented in the EHR documenting the client's stated reason for refusal.

Termination/Discharge Criteria

Termination/Discharge is an extremely serious measure to be utilized only as a last resort, when all other reasonable measures to retain the client in treatment have been exhausted. Decisions regarding termination will always be made after careful consideration as to whether or not the client would continue to benefit from further treatment. These considerations must also be balanced against concerns of safety – of the individual client, other clients, and staff.

The following circumstances may be grounds for termination from treatment:

Non-Compliant Discharge:

- The client has committed or threatened to commit acts of physical violence in or around the program premises
- The client has engaged in unauthorized substance use.
- The client has failed to follow treatment plan objectives.
- The client has engaged in flagrant violation of program rules.

Therapeutic Discharge:

- The client has manifested behavior that is deemed by the clinical team to be psychologically or physically dangerous to themselves or others.
- The client has manifested behavior which the clinical team believes to warrant a different (typically higher) level of care.

If it is determined that all reasonable clinical interventions have been exhausted and an individual is no longer able to benefit from further treatment at the facility, the client's treatment will be terminated.

The Clinical Director or Supervisor will notify the individual in writing detailing the reason(s) for termination. Documentation of termination shall be maintained in the client's EMR.

In all cases, every effort to discharge the client with appropriate aftercare will be made.

Note - During intake process, all clients are informed of their right to appeal termination as outlined in the Client Rights and the Grievance and Appeal Procedure sections of the Client Orientation Manual.

Transition Planning

Procedures for Referrals

- Referral forms will be filled out by primarily by care coordinators. Therapists and Nurse Practitioners may include additional information if applicable.

Transfer to Another Level of Care or Services

- The appearance of new problems may require services that can be provided effectively only at a more or less intensive level of care.
- A discharge summary must be completed when a client is transferring to another level of care, another service or from one provide to another. Discharge summary must include a reasoning for the transfer and start date. It should also include a SNAP (Strengths, Needs, Abilities and Preferences)

Discharge

- Termination of treatment may result from achievement of individual planning outcomes.
- All written discharge plans must include date of admit, description of treatment received, discharge location, date of discharge and information on how the client was transportation. It should also include details on client's progress of their treatment goals. Discharge Plan to include SNAP (Strengths, Needs, Abilities and Preferences). A list of health and safety concerns should also be included.
- If a client opposes termination of treatment services, the client in question has the right to send a written appeals form requesting a review of the decision. This should be sent within less than 10 days of discharge date.

Follow-up

- After-care planning must be integrated into the treatment plan. This should be addressed in the discharge plan as well. Clients will need to be informed about the possibility of them following-up with outpatient services for individual therapy, IOP groups and medication management. If client expresses interest in beginning after care plan with another agency, care coordinator and therapist will need to work on a written plan and referral with clients.
- Every client must be given an appointment card with all information needed to follow-up. Such required information includes date, time, address, telehealth link.

Timing of Transition Planning

- Transition Planning should be first introduced during the initial meeting between the client and care coordinator. During admission process, client should be aware of a potential discharge date and understand it is subject to change depending on progress or lack of. This should also be addressed between the client and their assigned therapist. Once a discharge plan is set and scheduled, transition planning should begin no later than 10 days prior to discharge (given there is that amount of time left).

Person Responsible for Coordinating Transfer or Discharge

- Each client will be assigned to a care coordinator staff member. The client and designated staff member will work collaboratively to ensure client's goals and expectations are met to best of ability.
- Client also have the possibility to discuss transfer and discharge plans with their primary clinician. This clinician will then relay information to the client's designated care coordinator.

Actions to be Taken to ensure Coordination with External Organizations

- Care coordinator and discharge coordinator will be in immediate contact with the appropriate staff member at the next facility/service client is being discharged or transferred to.

Where to Locate Documentation

- All discharge summaries and transitional plans must be in client's paper and electronic chart.
- All documentation must have a listed of medication attached.



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Staff Guidelines for Withdrawal Management

Pascal Crisis Services, Inc. follows standards developed by the National Institute on Drug Abuse (NIDA) which is one of the leading establishments on addiction treatment.

Our team of physicians, nurses, and other clinicians deliver a customized alcohol and drug withdrawal management program to meet the unique requirements of an individual's physical and psychological needs.

Withdrawal Management

The clinical team will place the individual under 24-hour supervision in order to ensure their safety. The full withdrawal management process typically takes between 4 to 7 days, and at times longer, to complete.

Monitoring of Vital Signs

A critical element of patient care is to obtain vitals and temperature daily. All results will be documented on the individual's vital and temperature logs. These forms will be attached to the individual's MAR's. Documentation must be dated and initialed by the nurse on duty who performs these tasks. The documents are to be kept in the MED Room during the individual's admission period. Once the individual discharges from the facility, all recorded documentation will be scanned and uploaded to the individual's designated chart within the EMR.

Patient Privacy

Privacy is a key element in the continuum of care. Individuals must be seen face-to-face by the nurse on duty in the designated medication room. Only the one individual patient is allowed in the room during medication dispensing. The patient must be seated at all times unless required to be standing for a physical evaluation.

Alcohol Withdrawal

As the most dangerous physical withdrawal, alcohol detox must occur in a closely monitored environment. Although most drug withdrawals are very uncomfortable, abruptly stopping alcohol consumption can cause heart attacks, strokes, and seizures in patients considered high risk. In order to keep a patient safe and comfortable, it is essential to monitor the patient at all times.

During alcohol withdrawal, the patient may experience other more serious complications which may include:

Grand mal seizures	Hallucinations
Heart Attacks	Delirium Tremens
Strokes	

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Alcohol Withdrawal Timeline

Timelines for detoxification depend on the person. For example, people who smoke, suffer from liver or kidney disease, and various other health factors can alter the timeline. But generally, most alcohol detoxification timelines are as follows:

- 6-12 hours: Mild symptoms begin about 6-12 hours after the last drink. This could include anxiety, nausea, insomnia or abdominal pain.
- 12-24 hours: About 12-24 hours after the last drink, hallucinations, increased body temperature, confusion and unusual heart rate can occur during this time.
- 24-48 hours: While alcohol withdrawal seizures aren't common, they can happen in as little as 2 hours after the last drink but can occur as long as 24-48 hours after.
- 48-72 hours: DTs (delirium tremens) may possibly occur 48-72 hours after stopping alcohol intake.

Benzodiazepine Withdrawal

Benzodiazepines, usually prescribed for anxiety, act on the central nervous system. Withdrawal from benzodiazepines can be extremely dangerous and requires medical detoxification.

Similar to alcohol and other drugs, the timeline and symptoms can change depending on the person, especially because benzodiazepines have different half-lives. Generally, symptoms include:

Irritability	Heart Palpitations	Anxiety
Upset Stomach	Tremors	
Weight Loss	Insomnia	

Benzodiazepine Withdrawal Timeline

Detox from benzodiazepines will be individualized based amount of use and other factors. For example, alprazolam (like Xanax) has an average of an 11-hour half-life. In contrast, the half-life of clonazepam (Klonopin) can be 30-40 hours.

Opioids And Heroin Withdrawal

Opioid and Heroin withdrawal may include the following symptoms:

Agitation and Anxiety	Nausea and Vomiting
Muscle Aches	Goosebumps
Sweating	Insomnia
Restless Legs	
Yawning	

Opioids And Heroin Withdrawal Timeline

Symptoms of opiate or heroin withdrawal usually start around 12-30 hours after the last use. The earliest symptoms will usually include aches and pain, fatigue, extreme nausea, sweating, anxiety and insomnia. These symptoms may worsen to include, but not limited to, stomach pain, chills and digestive issues.

Clinical Opiate Withdrawal Scale

Introduction

The Clinical Opiate Withdrawal Scale (COWS) is an 11-item scale designed to be administered by a clinician. This tool can be used in both inpatient and outpatient settings to reproducibly rate common signs and symptoms of opiate withdrawal and monitor these symptoms over time. The summed score for the complete scale can be used to help clinicians determine the stage or severity of opiate withdrawal and assess the level of physical dependence on opioids. Practitioners sometimes express concern about the objectivity of the items in the COWS; however, the symptoms of opioid withdrawal have been likened to a severe influenza infection (e.g., nausea, vomiting, sweating, joint aches, agitation, tremor), and patients should not exceed the lowest score in most categories without exhibiting some observable sign or symptom of withdrawal.

APPENDIX 1 Clinical Opiate Withdrawal Scale

For each item, circle the number that best describes the patient's signs or symptom. Rate on just the apparent relationship to opiate withdrawal. For example, if heart rate is increased because the patient was jogging just prior to assessment, the increase pulse rate would not add to the score.

Patient's Name: _____ Date and Time ____/____/____ : ____	
Reason for this assessment: _____	
Resting Pulse Rate: _____ beats/minute <i>Measured after patient is sitting or lying for one minute</i> 0 pulse rate 80 or below 1 pulse rate 81-100 2 pulse rate 101-120 4 pulse rate greater than 120	GI Upset: over last 1/2 hour 0 no GI symptoms 1 stomach cramps 2 nausea or loose stool 3 vomiting or diarrhea 5 multiple episodes of diarrhea or vomiting
Sweating: over past 1/2 hour not accounted for by room temperature or patient activity. 0 no report of chills or flushing 1 subjective report of chills or flushing 2 flushed or observable moistness on face 3 beads of sweat on brow or face 4 sweat streaming off face	Tremor observation of outstretched hands 0 no tremor 1 tremor can be felt, but not observed 2 slight tremor observable 4 gross tremor or muscle twitching
Restlessness Observation during assessment 0 able to sit still 1 reports difficulty sitting still, but is able to do so 3 frequent shifting or extraneous movements of legs/arms 5 unable to sit still for more than a few seconds	Yawning Observation during assessment 0 no yawning 1 yawning once or twice during assessment 2 yawning three or more times during assessment 4 yawning several times/minute
Pupil size 0 pupils pinned or normal size for room light 1 pupils possibly larger than normal for room light 2 pupils moderately dilated 5 pupils so dilated that only the rim of the iris is visible	Anxiety or Irritability 0 none 1 patient reports increasing irritability or anxiousness 2 patient obviously irritable or anxious 4 patient so irritable or anxious that participation in the assessment is difficult
Bone or Joint aches <i>If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored</i> 0 not present 1 mild diffuse discomfort 2 patient reports severe diffuse aching of joints/muscles 4 patient is rubbing joints or muscles and is unable to sit still because of discomfort	Gooseflesh skin 0 skin is smooth 3 piloerection of skin can be felt or hairs standing up on arms 5 prominent piloerection
Runny nose or tearing <i>Not accounted for by cold symptoms or allergies</i> 0 not present 1 nasal stuffiness or unusually moist eyes 2 nose running or tearing 4 nose constantly running or tears streaming down cheeks	<p style="text-align: right;">Total Score _____</p> <p style="text-align: center;">The total score is the sum of all 11 items</p> Initials of person completing assessment: _____

Score: 5-12 = mild; 13-24 = moderate; 25-36 = moderately severe; more than 36 = severe withdrawal

This version may be copied and used clinically.

Clinical Institute Withdrawal Assessment of Alcohol Scale, Revised (CIWA-Ar)

Patient: _____ Date: _____ Time: _____ (24 hour clock, midnight = 00:00)

Pulse or heart rate, taken for one minute: _____ Blood pressure: _____

NAUSEA AND VOMITING -- Ask "Do you feel sick to your stomach? Have you vomited?" Observation.

- 0 no nausea and no vomiting
- 1 mild nausea with no vomiting
- 2
- 3
- 4 intermittent nausea with dry heaves
- 5
- 6
- 7 constant nausea, frequent dry heaves and vomiting

TACTILE DISTURBANCES -- Ask "Have you any itching, pins and needles sensations, any burning, any numbness, or do you feel bugs crawling on or under your skin?" Observation.

- 0 none
- 1 very mild itching, pins and needles, burning or numbness
- 2 mild itching, pins and needles, burning or numbness
- 3 moderate itching, pins and needles, burning or numbness
- 4 moderately severe hallucinations
- 5 severe hallucinations
- 6 extremely severe hallucinations
- 7 continuous hallucinations

TREMOR -- Arms extended and fingers spread apart. Observation.

- 0 no tremor
- 1 not visible, but can be felt fingertip to fingertip
- 2
- 3
- 4 moderate, with patient's arms extended
- 5
- 6
- 7 severe, even with arms not extended

AUDITORY DISTURBANCES -- Ask "Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing to you? Are you hearing things you know are not there?" Observation.

- 0 not present
- 1 very mild harshness or ability to frighten
- 2 mild harshness or ability to frighten
- 3 moderate harshness or ability to frighten
- 4 moderately severe hallucinations
- 5 severe hallucinations
- 6 extremely severe hallucinations
- 7 continuous hallucinations

PAROXYSMAL SWEATS -- Observation.

- 0 no sweat visible
- 1 barely perceptible sweating, palms moist
- 2
- 3
- 4 beads of sweat obvious on forehead
- 5
- 6
- 7 drenching sweats

VISUAL DISTURBANCES -- Ask "Does the light appear to be too bright? Is its color different? Does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are not there?" Observation.

- 0 not present
- 1 very mild sensitivity
- 2 mild sensitivity
- 3 moderate sensitivity
- 4 moderately severe hallucinations
- 5 severe hallucinations
- 6 extremely severe hallucinations
- 7 continuous hallucinations

ANXIETY -- Ask "Do you feel nervous?" Observation.

- 0 no anxiety, at ease
- 1 mild anxious
- 2
- 3
- 4 moderately anxious, or guarded, so anxiety is inferred
- 5
- 6
- 7 equivalent to acute panic states as seen in severe delirium or acute schizophrenic reactions

HEADACHE, FULLNESS IN HEAD -- Ask "Does your head feel different? Does it feel like there is a band around your head?" Do not rate for dizziness or lightheadedness. Otherwise, rate severity.

- 0 not present
- 1 very mild
- 2 mild
- 3 moderate
- 4 moderately severe
- 5 severe
- 6 very severe
- 7 extremely severe

AGITATION -- Observation.

0 normal activity

1 somewhat more than normal activity

2

3

4 moderately fidgety and restless

5

6

7 paces back and forth during most of the interview, or constantly thrashes about

ORIENTATION AND CLOUDING OF SENSORIUM -- Ask

"What day is this? Where are you? Who am I?"

0 oriented and can do serial additions

1 cannot do serial additions or is uncertain about date

2 disoriented for date by no more than 2 calendar days

3 disoriented for date by more than 2 calendar days

4 disoriented for place/or person

Total CIWA-Ar Score _____

Rater's Initials _____

Maximum Possible Score 67

The CIWA-Ar is not copyrighted and may be reproduced freely. This assessment for monitoring withdrawal symptoms requires approximately 5 minutes to administer. The maximum score is 67 (see instrument). Patients scoring less than 10 do not usually need additional medication for withdrawal.

Sullivan, J.T.; Sykora, K.; Schneiderman, J.; Naranjo, C.A.; and Sellers, E.M. Assessment of alcohol withdrawal: The revised Clinical Institute Withdrawal Assessment for Alcohol scale (CIWA-Ar). *British Journal of Addiction* 84:1353-1357, 1989.



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POLICIES AND PROCEDURES: Robert A. Pascal Youth & Family Services, Inc.	REFERENCE COMAR 10	POLICY: H.R. 1.I.7
POLICY DATE: January 1, 2021	SUBJECT: Staff training & Development Plan	
REVISED DATE:	APPROVED BY: Tiffany Sands, Clinical Director	

POLICY:

It is the policy of Robert A. Pascal Youth & Family Services, Inc. to annually review and implement a Staff Development Plan. The Staff Development Plan shall include training for all staff members. Robert A. Pascal Youth & Family Services, Inc. will develop and implement a Staff Development Plan. At least one staff member with all skill in developing staff training plans will be assigned the responsibility of ensuring that staff development activities are implemented, this person shall be designed as the Clinical Supervisor, who shall also be named the Staff Training Coordinator. In those instances where an individual has received the requisite training as required in paragraphs (a) and (b) during the year prior to employment by a provider, that individual will have met the training requirements. This provision applies only if the individual is able to produce documentation that the training was completed and that such training was provided by persons who or organizations that are qualified to provide such training.

PURPOSE:

The purpose of the Staff Development Plan is to provide a formalized mechanism, for the ongoing training and education of its personnel and to ensure that the Staff Development Program of Robert A. Pascal Youth & Family Services, Inc. shall have multiple aims guiding the program including:

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1. Assistance in meeting the requirements of the employee's position and in completing ongoing tasks and duties.
2. Enhancing employee ability to fulfill professional aspirations for vertical or lateral mobility.
3. Enhancing job satisfaction and promoting motivation for continues tenure at the agency, as well as improvement job performance.
4. Assisting in meeting agency goals to provide the highest caliber of clinical care and community service while maintaining optimal organizational functioning.

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The development and implement of the Staff Training and Development Plan shall be the responsibility of the Quality Assurance Coordinator.

PROCEDURE:

Training Requirements for New Staff:

Each new employee must have two hours of HIV/AIDS training within the six months of employment. This training must also be provided for no less than two hours of every two years. Each new employee will have Affirmative Action Training, Incident Report Training, and Client Rights & Confidentiality Training, and Abuse & Neglect Training at the time of hire.

Training Requirements for New Direct Care Staff:

All new clinical staff who work at least 20 hours per week or more shall receive 20 hours of educational and competency-based training within the first year. Training may include HIV/AIDS and control or aggression techniques. For those staff working in component services identified in COMAR 10.47 / 10.63, two hours of training in control of aggression techniques must occur within the six months of employment and two hours annually thereafter. In addition, all new direct care staff will have CPR training within the first month of employment.

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Training Requirements for Clinical Staff:

All staff and volunteers who provide clinical services and who work at least 20 hours per week or more

shall participate in a minimum of 16 hours of documented training per year related to their duties and responsibilities. Persons who are licensed or certified or where an individual has received the requested training as required are exempt from the training requirements in this paragraph providing, they have proof of documentation that training was completed and that such training is required by their discipline.

The following will occur:

1. One person, qualified by virtue of training or experience, will be identified as Training Coordinator, and will have the responsibility of ensuring that staff development activities are implemented, this person shall be the Clinical Director.

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2. Every employee or volunteer who provides direct care services and who works 20 hours or more each week and all Primary Counselors will receive a minimum of 16 hours of service-related training annually that will receive a minimum of 16 hours of service-related training annually that will be documented in the personnel files, including the following:

Subject	Initial Training	Updates
Aggression Control Techniques	2 hours within 6 months	2 hours every year
Bloodborne Pathogens/ Universal Infection Control	2 hours within first month	2 hours every year
CPR	4 hours within 6 months	4 hours every 2 years
First Aid	2 hours within 6 months	1 hour every 2 years
HIV/AIDS	2 hours within 6 months	2 hours every 2 years
OSHA	Within the first month	Update every year
Incident Reporting	Within the first month	Update every year

Every staff member will be responsible to obtain and maintain those requirements listed above. Each staff member will also be responsible for rendering any training certificated to the HR Department for placement in the employee personnel file for annual review of total training hours. These training certificates will be turned in after each training occurs.

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 Gambrills, MD 21054
 (410) 975-0067



Pascal Crisis Services, Inc.

Robert A. Pascal Youth & Family Services, Inc. • Pascal Crisis Stabilization Center
1215 Annapolis Road, Suite 204, Odenton, MD 21113
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Robert A. Pascal Youth & Family Services, Inc. will assist employees with attaining training goals by sponsoring and providing in-services as deemed appropriate by the COO.

In addition, employees may attend conferences, workshops, institutes, and other such meetings that are educational in nature with prior approval from the COO. Robert A. Pascal Youth & Family Services, Inc. encourages all employees to become credentialed through certification and/or licensure.

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POLICIES AND PROCEDURES: Robert A. Pascal Youth and Family Services, Inc.	REFERENCE: 29 CFR S1910.9 (b)	POLICY: Health & Safety 1.H.4
POLICY DATE: January 1, 2021	SUBJECT: Personnel Receive Documented Competency - Based Training	
REVISED DATE:	APPROVED BY: Katherine Bonincontri, LCPC-S, CEO	

Policy:

Robert A. Pascal Youth and Family Services, Inc. will provide competency-based training to staff on a monthly basis.

Procedure:

Robert A. Pascal Youth and Family Services, Inc will provide orientation training as well as annual training for staff in the following areas:

1. Health and safety practices
2. Identification of unsafe environmental factors
3. Emergency procedures
4. Evacuation procedures
5. Identification of critical incidents
6. Reducing physical risks
7. Workplace violence
8. Reporting of critical incidences
9. Medication management when appropriate



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Addendum to Policy HR 1.I.7. For SUD Programs

The following is a policy of Robert A. Pascal Youth and Family Services, inc.

In addition to the training requirements outlined in policy HR 1.I.7., all clinical and direct care staff of Pascal Substance Use Disorder (SUD) programs must participate in the following trainings:

Subject	Initial Training	Updates
De-escalation Techniques <i>*this may be combined with aggression control techniques</i>	2 hours within 6 months	2 hours every year
Risk Assessment	2 hours within first month	2 hours every year
Trauma-Informed Approaches	2 hours within 6 months	2 hours every 2 years

All clinical and direct care staff of Pascal Detoxification/Withdrawal Management programs must additionally participate in the following trainings:

Subject	Initial Training	Updates
Detox/Withdrawal Management Protocols	2 hours within first month	2 hours every year
Withdrawal Syndromes	2 hours within 3 months	Update every year

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POLICIES AND PROCEDURES: Pascal Crisis Services, Inc.	REFERENCE: 29 CFR S1910.1030	POLICY # SAFETY 1.H.12
POLICY DATE: January 1, 2021	SUBJECT: Universal Infection Control	
REVISED DATE:	APPROVED BY: Tiffany Sands, LCPC-S, Clinical Director	

POLICY:

It is the policy of Pascal Crisis Services, Inc. that each employee will be informed and trained on Universal Infection Control Procedures for the facility.

PROCEDURE:

1. At time of hire each new employee will be informed and trained on Universal Infection Control Procedure for the facility.
2. Universal Infection Control Precautions include:
 - A. Mandatory of all staff to have a TB test
 - B. Completion of TB Screen at the time of hire and annually thereafter.
 - C. CDC Handwashing Techniques
 - D. A complete Universal Infection Control Kit that meets OSHA bloodborne pathogens standards shall always be at the facility. This convenient kit includes all the listed supplies for quick and cost-effective clean-up of a biohazardous spill or situation.

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Features:

(1) Absorbent Powder Pack	(1) Exposure Incident Form
(1) Scoop & Scraper	(1) Antimicrobial Hand Wipe
(1) Disinfectant Surface Wipe	(1) Red Biohazard
(1) Pair of Latex Free Exam Gloves	Waste Bag

*Completion of Infection Control Training within one (1) month of hire.
Standard Blood-borne Pathogens Guidelines include the following:

- A. All employees shall follow the Standard Precautions (Universal Precautions) in which there is potential exposure to blood, body fluids, or any potentially infectious tissues.
- B. All employees shall handle the materials noted above "as if they were infectious regardless of the materials or any prior information about their source or relative seriousness of the potential infection.
- C. All potentially exposed material shall be treated as if it has been exposed to infections.
- D. Education of staff regarding infection control practices shall be provided annually and during the orientation of new staff.
- E. Infection control techniques associated with Standard Precautions shall be routinely and continuously implemented without exception by ALL PERSONNEL IN ALL CATEGORIES AND CLASSIFICATION.
- F. Staff shall be prepared to spontaneously state why and how Standard Precautions are utilized if questioned by a client, family member, supervisor, or others.
- G. Hands should always be washed before and after contact with clients, even when gloves have been used. When hands come into contact with blood, body fluids, or human tissue, they must be immediately washed. Soap and warm water is enough for this purpose provided the hands are washed using friction for at least 20 seconds (see hand washing policy and procedure.)

- H. Gloves should be worn when contact with blood, body fluids, or contaminated surfaces are anticipated, including venipuncture, obtaining culture specimens, and handling of urine specimens. Gloves can be obtained at the Universal Infection Control Kit posted in the lobby.
- I. All mucosal splashes or contamination of open wounds with blood or other body fluids should be immediately reported to the Infection Control Designee.
- J. An Incident Report should be completed by the Infection Control Designee at the time of the incident and submitted to the COO within 24 hours of the occurrence.
- K. Blood spills should be cleaned with a solution of sodium hypochlorite (household bleach) diluted 1:10 with water.
- L. Articles contaminated with body fluids/substances should be discarded or double bagged in a red bag and sent for cleaning and decontamination.
- M. Standard Precautions eliminate the need for other categories of isolation procedures unless an airborne disease is suspected or diagnosed (e.g. TB or Chicken Pox:). If that occurs the involved person will be segregated to the Infection Control. Designed office where they will remain under observation until sent home or to another health care agency for indicated treatment.
- N. Orientation/Education: All new employees shall receive detailed instructions regarding Standard Precautions as part of orientation prior to being assigned to a workstation. Continuing education regarding Infection Control practices, including Universal Precautions, shall be conducted no less than annually for all staff. Documentation of the completion of these educational experiences shall be retained in each employee's personnel folder.
- O. Reporting Requirements
 - a. In accordance with COMAR 10.47, all clients will be assessed within the first 30 days of admission for infectious disease by medical professional under the supervision of the Medical Director.

- b. Clients will be provided with education related to infectious disease and all communicable diseases will be reported to the Behavioral Health Administration by Clinical Supervisor following the Critical incident procedure.
- c. All communicable diseases will be reported to the Behavioral Health Administration by the Clinical Director following the Critical incident procedure.



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POLICIES AND PROCEDURES: Pascal Crisis Services, Inc.	REFERENCE:	POLICY # Safety 1.H.12
POLICY DATE: January 1, 2021	SUBJECT: Infection Control Plan	
REVISED DATE:	APPROVED BY: Tiffany Sands, LCPC-S, Clinical Director	

POLICY:

It is the policy of Pascal Crisis Services, Inc. to clarify policy for exposure control regarding infectious diseases and to have a written plan for exposure control regarding infectious diseases will be developed and will apply to all staff, volunteers, and clients. The plan will be initially approved and reviewed annually by the Medical Director. The plan will be in compliance with COMAR 10.47.

The plan will be consistent with the protocols and facility standards published in the Federal Center for Disease Control Guidelines and Recommendations for Infectious Diseases, Long Term Care Facilities.

PROCEDURE:

All human blood and other bodily fluids are to be treated as if known to be infectious for HIV, Hepatitis B, and other blood-borne pathogens.

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1. Never, under any circumstances, touch any bodily fluids (blood, saliva, genital fluids, urine, etc). If an accident occurs with an employee, volunteer, client, or visitor to the agency who requires your assistance, you must wear gloves while assisting.

- a. Gloves are to be worn when direct contact with bodily fluids is anticipated (blood, urine, feces, saliva, drainage, etc).
- b. Gloves are to be worn when contact with non-intact skin is anticipated.
- c. Gloves are to be worn when handling soiled linen.
- d. Sterile gloves are to be worn for sterile procedures.
- e. Gloves are to be changed between client contacts.
- f. Gloves should not be washed or disinfected for reuse.

2. Following glove removal, wash hands thoroughly with an antibacterial solution

- a. Hands and other skin surfaces should be washed with soap and warm water immediately and thoroughly before and after medical procedures on clients. Gloves should be worn if exposure is anticipated.
- b. Use soap, warm water, and friction for hand washing. Lather and scrub for at least 20 seconds. Rinse well, beginning at fingertips, so dirty water runs off at wrists. Dry hands on paper towels. Use dirty paper towels to turn off faucets.

3. Regarding contact with an infectious cough, all persons must keep distance between themselves and the potentially infectious person who is coughing. If a person has a potentially infectious cough, that individual must cover their mouth and cough into a disposable napkin and always use antibacterial solution to wash their hands after. The potentially infectious napkin must be disposed of properly and an antibacterial air spray must be used afterwards in the environment in which the potentially infectious person coughed.

1. Hand washing will be performed to prevent cross-contamination between clients and staff and required of all staff members.
1. Laboratory specimens should be carried and stored in a zip lock bag or other leak-proof container. If required, they should be placed in the lab pick-up box immediately.
2. Biohazard labels will be used to prevent accidental injury or illness to staff exposed to hazardous or potentially hazardous conditions which are out of the ordinary, unexpected, or not readily apparent.
 - a. Labels will contain a signed work and major message — BIOHAZARD — or the hazard symbol, readable at the minimum distance of five feet.

- b. Staff will be informed as to the meaning of any labels used to identify biohazardous waste.

Housekeeping:

1. Good common-sense practices provide an environment that is safe for everyone.
2. Staff will be instructed to use a disinfectant (e.g., Lysol Bath, Tub & Tile Cleaner) to clean toilet bowls, sinks, counter tops, soiled furniture, and all surfaces.
3. All floors are to be mopped on a routine basis.

Blood/Body Fluid Spills:

1. Blood/body fluid spills should be mopped or wiped up with hot soapy water and then disinfected with bleach. If the clean-up is done by hand, disposable gloves are to be worn.
2. Soiled sponges and mops are to be disinfected by soaking in a 1:10 dilution of bleach for 5 minutes.

Hygiene:

1. Towels and washcloths should not be shared by clients.
2. Maintaining a state of personal cleanliness is the key to reducing infection transmission from person to person. This includes bathing regularly and washing hands after use of the bathroom facilities or contact with one's own body fluids and before preparing food.

Waste Disposal:

1. Flushable Waste. Body wastes that are flushed down the toilet.
2. Non-Flushable Disposables. Non-flushable items should be placed in a medical waste container. When 50% full, the disposal container is to be picked up by the disposal contractor, if necessary. The contractor will be notified by staff as soon as appropriate waste is available for pick-up.

REVIEW AND UPDATE OF THE EXPOSURE CONTROL PLAN:

The Medical Director coordinates a review and update, and approval of this generic exposure plans at the beginning of the academic year, and whenever OSHA makes changes to the Bloodborne Pathogen Standard 29 CFR 1910.1030.

HAZARD COMMUNICATION: Labels and signs bearing a red Biohazard warning symbol shall be affixed to locations and containers used to store, transport, and ship blood or other potentially infectious materials.



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POLICY DATE: January 1, 2021	SUBJECT: Universal Infection Control	
REVISED DATE:	APPROVED BY: Tiffany Sands, LCPC-S, Clinical Director	

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Section IX: Accessibility

Robert A. Pascal Youth and Family Services, Inc. employs leadership that assesses the accessibility needs of persons served, personnel, and other stakeholders. On an annual basis, the organization's accessibility plan is reviewed on an on-going basis for identification of barriers in the following areas:

- Architecture
- Environment
- Attitudes
- Finances
- Employment
- Communication
- Technology
- Transportation
- Community Integration when appropriate

*The ongoing development and review of the accessibility plan ensures the quality of life for those served in all RPYFS programs and services.

*RPYFS implements an accessibility plan that includes for all identified barriers: actions to be taken and timelines.



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Request for Reasonable Accommodation

In accordance with the Titles I and II of the Americans with Disabilities Act Amendments Act (ADAAA), Section 504 of the Rehabilitation Act of 1973, and Title 20 of the State Government Article, Annotated Code of Maryland, Robert A. Pascal Youth & Family Services, Inc. does not discriminate against persons with a disability in the provision of services, programs, benefits, or activities. The information provided in this request are kept confidential.

Requesting Party's Name:	Job Title/Position Applied to or Program Name:	
Address:	Phone Number:	Request Date:
Please check one: <input type="checkbox"/> Employee <input type="checkbox"/> Applicant <input type="checkbox"/> Program Participant		
If employee, Supervisor's Name:		
State the functional limitations that you experience as a result of your disability or health condition: (Note: specific disability need not be disclosed)		
My limitation(s) prevents me from performing the following program or work-related activities:		
I am requesting accommodation because: <ul style="list-style-type: none"> <input type="checkbox"/> I am applying for employment and the accommodation will allow me to participate in the application/selection process. <input type="checkbox"/> I am currently employed by Pascal and require an accommodation in my current position. <input type="checkbox"/> I am a person seeking an accommodation so that I may participate in a Pascal program, service, or activity for which I am otherwise qualified. 		

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The accommodation I am requesting is:

(Describe the type of accommodation, suggestions for work site, exam or program site modifications or specific job duties that may be restructured to facilitate your employment or participation, and the details of how or where the accommodation (if purchasable) may be obtained, including the cost, if known).

This accommodation will allow me to perform the functions of my job or participate in the application/selection process or program as follows:

(Describe how the accommodation will assist you)

I UNDERSTAND THAT I MAY BE REQUIRED TO PROVIDE MEDICAL INFORMATION FROM MY HEALTH CARE PROVIDER AS PART OF THIS PROCESS.

I UNDERSTAND THAT THIS REQUEST DOES NOT AUTOMATICALLY RESULT IN ACCOMMODATIONS BEING MADE.

SIGNATURE

DATE

PRINT NAME

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Authorization for Release of Medical Information for Reasonable Accommodations

Patient Information

Name: _____ Date of Birth: _____

Mailing Address: _____

City, State, Zip: _____

Office Phone: _____ Mobile Phone: _____

Medical Provider Information

Name: _____

Specialty: _____

Mailing Address: _____

City, State, Zip: _____

Office Phone: _____ Office Fax: _____

By my signature, I authorize my medical provider listed above to discuss directly and/or in writing my mental and physical health condition with my employer, Robert A. Pascal Youth & Family Services, Inc., as it relates to my request for a reasonable accommodation. I understand that the requested information is solely for the purpose of determining whether I have a disability and the need for a reasonable accommodation to perform the essential functions of my position.

Signature of Patient

Date

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EXHIBIT

6

Referral and Transfer Agreements
MOUs and MOAs



Pascal Crisis Services, Inc.

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Transfer and Referral Agreement

This agreement is to facilitate continuity of care, treatment resources, timely transfer of medical records and information between Pascal Crisis Services, Inc. and

AVACO Health Dept.

1. Each provider maintains the freedom to operate independently.
2. When a need for transfer or referral from one institution to the other is determined, the receiving institution agrees to admit the patient as promptly as possible, provided admission criteria is met.
3. The referring institution will provide appropriate completed forms, mutually agreed upon to provide the patient continuity of care, and information necessary to facilitate transfer and assist in assessment. Consent forms will be signed by the patient prior to the transfer of records. Both parties to this agreement will abide with all standards dealing with confidentiality of patient and treatment information.
4. Each Institution shall have the right to enter into referral and transfer agreements with other Institutions.
5. The client shall agree to the referral. If indicated, the client's relatives or persons or agencies responsible for the client shall be given adequate notice by the institution referring the client prior to the transfer.
6. The client or third-party payer, not the referring institution, shall be responsible for the client charge incurred in each institution.
7. Charges for services rendered to the client shall be collected by the facility rendering such services directly from the client, third party payer, or other sources normally responsible; neither facility shall have any liability to the other for such charges. Neither institution shall assume any liability to the other or to the client by virtue of this agreement for debts, responsibilities, or other obligations Incurred by the other party of this agreement.
8. All records of each institution remain the property of the Institution.
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43 Community Place
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(410) 571-4500

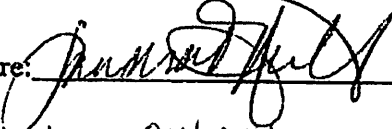
1226 Annapolis Road
Odenton, MD 21113
(410) 571-4500

1230 Annapolis Road
Odenton, MD 21113
(410) 874-1236

741 Annapolis Road
Gambrills, MD 21054
(410) 975-0067

Pascal will not refer to or contract with agencies or individuals who have been disbarred or suspended by regulatory bodies that license their professional activities. Further, Pascal will not refer to or contract with individuals or entities that are excluded from Federally funded health care programs.

Program Director's Signature:  Date: 7/18/22
Tiffany M. Sands, Clinical Director of Pascal Crisis Services, Inc.

Program Director's Signature:  Date: 7/18/22
Sandra O'Neill, LPC
Director, Behavioral Health



Pascal Crisis Services, Inc.

Robert A. Pascal Youth & Family Services, Inc. • Pascal Crisis Stabilization Center
1215 Annapolis Road, Suite 204, Odenton, MD 21113
(410) 975-0067

Transfer and Referral Agreement

This agreement is to facilitate continuity of care, treatment resources, timely transfer of medical records and information between Pascal Crisis Services, Inc. and

Project Chesapeake

1. Each provider maintains the freedom to operate independently.
2. When a need for transfer or referral from one institution to the other is determined, the receiving institution agrees to admit the patient as promptly as possible, provided admission criteria is met.
3. The referring institution will provide appropriate completed forms, mutually agreed upon to provide the patient continuity of care, and information necessary to facilitate transfer and assist in assessment. Consent forms will be signed by the patient prior to the transfer of records. Both parties to this agreement will abide with all standards dealing with confidentiality of patient and treatment information.
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Program Director's Signature:  Date: 8/3/22
Tiffany M. Sands, Clinical Director of Pascal Crisis Services, Inc.

Program Director's Signature: Regina ISWE Date: 8/3/22



Pascal Crisis Services, Inc.

Robert A. Pascal Youth & Family Services, Inc. • Pascal Crisis Stabilization Center
1215 Annapolis Road, Suite 204, Odenton, MD 21113
(410) 975-0067

Transfer and Referral Agreement

This agreement is to facilitate continuity of care, treatment resources, timely transfer of medical records and information between Pascal Crisis Services, Inc. and

Chrysalis House

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Program Director's Signature:  Date: 7.13.22
Tiffany M. Sands, Clinical Director of Pascal Crisis Services, Inc.

Program Director's Signature:  Date: 7/13/2022



Pascal Crisis Services, Inc.

Robert A. Pascal Youth & Family Services, Inc. • Pascal Crisis Stabilization Center
1215 Annapolis Road, Suite 204, Odenton, MD 21113
(410) 975-0067

Transfer and Referral Agreement

This agreement is to facilitate continuity of care, treatment resources, timely transfer of medical records and information between Pascal Crisis Services, Inc. and

POWELL RECOVERY

1. Each provider maintains the freedom to operate independently.
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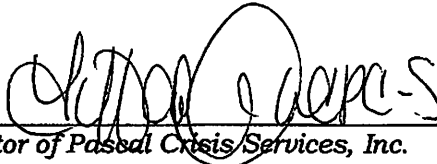
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Program Director's Signature:  Date: 7.13.22
Tiffany M. Sands, Clinical Director of Pascal Crisis Services, Inc.

Program Director's Signature: Kim Wireman Date: 7-13-22
Kim Wireman, LCSW-C, LCADC
President / CEO
Powell Recovery Center, Inc.



Pascal Crisis Services, Inc.

Robert A. Pascal Youth & Family Services, Inc. • Pascal Crisis Stabilization Center
1215 Annapolis Road, Suite 204, Odenton, MD 21113
(410) 975-0067

Transfer and Referral Agreement

This agreement is to facilitate continuity of care, treatment resources, timely transfer of medical records and information between Pascal Crisis Services, Inc. and

Harcum Homes

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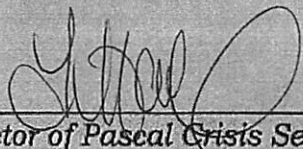
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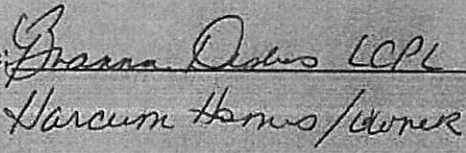
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Program Director's Signature:  Date: 7.15.22
Tiffany M. Sands, Clinical Director of Pascal Crisis Services, Inc.

Program Director's Signature:  Date: 7-15-2022
Marcum Harris/owner
443-370-7712



Pascal Crisis Services, Inc.

Robert A. Pascal Youth & Family Services, Inc. • Pascal Crisis Stabilization Center
1215 Annapolis Road, Suite 204, Odenton, MD 21113
(410) 975-0067

Transfer and Referral Agreement

This agreement is to facilitate continuity of care, treatment resources, timely transfer of medical records and information between Pascal Crisis Services, Inc. and

RCA

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2. When a need for transfer or referral from one institution to the other is determined, the receiving institution agrees to admit the patient as promptly as possible, provided admission criteria is met.
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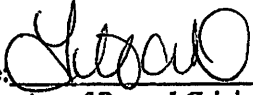
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Program Director's Signature:  Date: 7/24/22
Tiffany M. Sands, Clinical Director of Pascal Crisis Services, Inc.

Program Director's Signature:  Date: 7/24/22
CEO - Recovery Centers of America at Beechbridge Hall

Pascal ()
Robert A. Pascal Youth & Fam
1215 Annapolis



Services, Inc.
Pascal Crisis Stabilization Center
Odenton, MD 21113

Transfer and Referral Agreement

This agreement is to facilitate continuity of care, treatment resources, timely transfer of medical records and information between Pascal Crisis Services, Inc. and

Harvest Of Hope Behavioral Health

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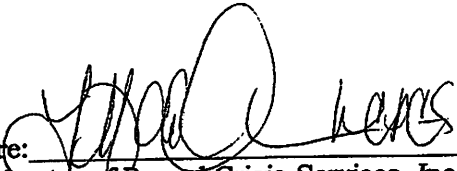
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(410) 975-0067

Program Director's Signature:  Date: 7/20/22
Tiffany M. Sands, Clinical Director of Pascal Crisis Services, Inc.

Program Director's Signature: Robin Rawson CEO Date: 7/20/2022
HARVEST of Hope Behavioral Health



Pascal Crisis Services, Inc.

Robert A. Pascal Youth & Family Services, Inc. • Pascal Crisis Stabilization Center
1215 Annapolis Road, Suite 204, Odenton, MD 21113
(410) 975-0067

Transfer and Referral Agreement

This agreement is to facilitate continuity of care, treatment resources, timely transfer of medical records and information between Pascal Crisis Services, Inc. and

Atom

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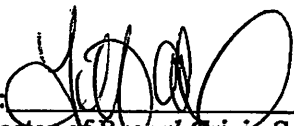
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Program Director's Signature:  Date: 7.15.22
Tiffany M. Sands, Clinical Director of Pascal Crisis Services, Inc.

Program Director's Signature:  *CHC-AD, ACS* Date: 7-15-22

Pascal
Robert A. Pascal Youth & Family Services, Inc.
1215 Annapolis Road



Crisis Services, Inc.
Pascal Crisis Stabilization Center
1215 Annapolis Road, MD 21113

Transfer and Referral Agreement

This agreement is to facilitate continuity of care, treatment resources, timely transfer of medical records and information between Pascal Crisis Services, Inc. and

Evolve Life Centers

1. Each provider maintains the freedom to operate independently.
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Program Director's Signature:  Date: 8/3/22
Tiffany M. Sands, Clinical Director of Pascal Crisis Services, Inc.

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Program Director's Signature:  Date: 8/3/22
CHRIS PETERSEN, COO



Pascal Crisis Services, Inc.

Robert A. Pascal Youth & Family Services, Inc. • Pascal Crisis Stabilization Center
1215 Annapolis Road, Suite 204, Odenton, MD 21113
(410) 975-0067

Transfer and Referral Agreement

This agreement is to facilitate continuity of care, treatment resources, timely transfer of medical records and information between Pascal Crisis Services, Inc. and Recovery 180.

1. Each provider maintains the freedom to operate independently.
2. When a need for transfer or referral from one institution to the other is determined, the receiving institution agrees to admit the patient as promptly as possible, provided admission criteria is met.
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not refer to or contract with individuals or entities that are excluded from Federally funded health care programs.

Program Director's Signature:  Date: 8/1/22
Tiffany M. Sands, Clinical Director of Pascal Crisis Services, Inc.

Program Director or Representative's Signature: Tyler Stewart Date: 8/1/2022



Pascal Crisis Services, Inc.

Robert A. Pascal Youth & Family Services, Inc. • Pascal Crisis Stabilization Center
1215 Annapolis Road, Suite 204, Odenton, MD 21113
(410) 975-0067

Transfer and Referral Agreement

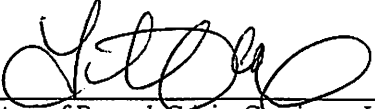
This agreement is to facilitate continuity of care, treatment resources, timely transfer of medical records and information between Pascal Crisis Services, Inc. and Believe Evolve and Recover Behavioral Health Services (B.E.A.R.)

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4. Each Institution shall have the right to enter into referral and transfer agreements with other Institutions.
5. The client shall agree to the referral. If indicated, the client's relatives or persons or agencies responsible for the client shall be given adequate notice by the institution referring the client prior to the transfer.
6. The client or third-party payer, not the referring institution, shall be responsible for the client charge incurred in each institution.
7. Charges for services rendered to the client shall be collected by the facility rendering such services directly from the client, third party payer, or other sources normally responsible; neither facility shall have any liability to the other for such charges. Neither institution shall assume any liability to the other or to the client by virtue of this agreement for debts, responsibilities, or other obligations Incurred by the other party of this agreement.
8. All records of each institution remain the property of the Institution.
9. This agreement shall be in effect for two years from the date of signature, and it may be terminated by either facility upon 30 days written notice and shall be automatically terminated should either fall to maintain its present authority or standards. This agreement may be modified or amended periodically by mutual agreement of the institutions. Any amendment shall be attached to and become part of this agreement.
10. Facilities will comply with all County, State, Federal, HIPAA, and CARF Laws, Rules, Regulations, and Standards.

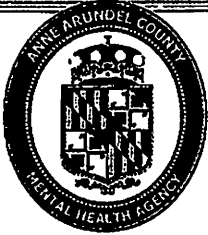
Pascal will not refer to or contract with agencies or individuals who have been disbarred or suspended by regulatory bodies that license their professional activities. Further, Pascal will

43 Community Place Crownsville, MD 21032 (410) 571-4500	1226 Annapolis Road Odenton, MD 21113 (410) 571-4500	1230 Annapolis Road Odenton, MD 21113 (410) 874-1236	741 Annapolis Road Gambrills, MD 21054 (410) 975-0067
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not refer to or contract with individuals or entities that are excluded from Federally funded health care programs.

Program Director's Signature:  Date: 8/10/22
Tiffany M. Sands, Clinical Director of Pascal Crisis Services, Inc.

Program Director's Signature: Darrell Hillery Date: 08/2/2022
DARRELL HILLERY
PROGRAM DIRECTOR



Anne Arundel County Mental Health Agency, Inc

PO Box 6675, MS 3230
1 Truman Parkway, Suite 101
Annapolis, MD 21401
Adrienne Mickler, CPA, MS
Executive Director

Web Site: www.aarmentalhealth.org
Email: MHAAAC@aol.com
Email: aac-lbha-connect@aacounty.org
Phone: 410-222-7858
Fax: 410-222-7881

March 2, 2021

MEMORANDUM OF AGREEMENT (MOA) BETWEEN

Robert A. Pascoal Youth and Family Services

AND

ANNE ARUNDEL COUNTY MENTAL HEALTH AGENCY, INC.

- I. **PURPOSE:** In response to an identified need for urgent care and stabilization for persons with co-occurring disorders (mental illness and substance use) ANNE ARUNDEL COUNTY MENTAL HEALTH AGENCY, INC., hereafter referred to as the AACMHA, has made funds available to purchase specific services to assess, stabilize, and treat certain persons in crisis directly or indirectly due to behavioral health disorders who need immediate services to assist them in stabilization and engagement as a first step to recovery from mental illness and/or substance use. These services target persons with Serious & Persistent Mental Illness and/or substance use disorders who have recently been, or are at risk of, or a repeated user of, hospital emergency departments, psychiatric hospitals, or institutional placement such as detention centers. These services include clinical interventions such as comprehensive diagnostic assessment for disorders, medication evaluation, individual therapy, and medication monitoring. Several different services are covered by the broad term "Stabilization Services". Persons will be identified and authorized for specific services by AACMHA staff.

This agreement identifies Providers that are willing, but not bound to, provide identified services as agreed to via this MOA and outlined in the attached matrix. **Provider acknowledges our authorization is secondary to other insurances, we are the payer of last resort. Furthermore, the Provider acknowledges that they are licensed and/or accredited to perform the services they have circled below.** The two parties agree to the following:

- II. The Provider agrees to:
A. Receive referrals from the AACMHA.

Board of Directors

Lynn Krause; Chairman; Janet Owens, Board Emeritus;
Amal Awad; George Arlotto; Pam Brown; Sara Burden; Maria Casasco; Michele Green; Michael Irwin; Michael Maher;
Kathy Miller; Oscar Morgan; Livia Pazourek; Nilesh Kalyanaraman; Sheryl Sparer; Michele Staisloff; Ryan Voegtlin; Louis Zagarino
Frank Sullivan, LCSW-C, Executive Director, Emeritus

B. Provide the following Mental Health Services: (only circle items for which you are licensed and/or accredited and are willing to provide)

1. Urgent Crisis Stabilization Plan Access Fee @ \$150
2. Urgent Psychiatric Evaluation with a psychiatrist @ \$164
3. Short term Clinical follow up for uninsured persons with a 50-minute visit @ \$89 by a licensed therapist or for \$65 for a pharmacological visit with a psychiatrist
4. Long term Clinical follow up for uninsured persons with a 50-minute visit @ \$50 by a licensed therapist or for \$65 for a pharmacological visit with a psychiatrist
5. Supervised overnight monitoring by one awake staff per three consumers @\$110 per night
6. Transportation by cab or staff transport based upon miles one way
7. PRP orientation visit @ \$52 per day
8. Meals & Snacks:
 - a. Breakfast=\$10
 - b. Snack=\$5
 - c. Lunch=\$15
 - d. Dinner=\$20
9. Physical Exam @ \$196
10. Medications @ negotiated rate
11. Medical equipment/supplies, per item, three quotes
12. Partial Hospitalization (Mental Health) @ \$199 per day
13. Psychiatric Crisis Bed @ \$243 per day
14. Room rental @ \$90 per day maximum
15. Lab testing @ \$25-49 per test, depending on complexity
16. Medical Screening @ \$75
17. Supervised Overnight/Resolution Bed including meals/snacks during COVID-19 (effective date April 1, 2021):
 - a. Week 1 - \$150 per night
 - b. Week 2, 3 and 4 - \$125 per night
 - c. Week 5 and 6 - \$100 per night

C. Provide the following Substance Use Disorder Services: (only circle items for which you are licensed and/or accredited and are willing to provide)

1. Substance Use Assessment @ \$145
2. Supervised overnight monitoring by one awake staff per three consumers @ \$110 per night
3. Transportation by cab or staff transport based upon miles one way
4. Meals & Snacks:
 - a. Breakfast=\$10
 - b. Snack=\$5.
 - c. Lunch=\$15
 - d. Dinner=\$20

Board of Directors

Lynn Krause; Chairman; Janet Owens, Board Emeritus;
Amal Awad; George Arlotto; Pam Brown; Sara Burden; Maria Casasco; Michele Green; Michael Irwin; Michael Maher;
Kathy Miller; Oscar Morgan; Livia Pazourek; Nilesh Kalyanaraman; Sheryl Sparer; Michele Staisloff; Ryan Voegtlin; Louis Zagarino
Frank Sullivan, LCSW-C, Executive Director, Emeritus

5. Medications @ negotiated rate
6. Detoxification @ \$300 per episode
7. Medical equipment/supplies, per item, three quotes
8. Partial Hospitalization (Substance Use) @ \$132 per day
9. Room rental @ \$90 per day maximum
10. Toxicology testing @ \$12-49 per test, depending on complexity
11. Medical Screening @ \$75
12. Supervised Overnight/Resolution Bed including meals/snacks during COVID-19 (effective date April 1, 2021):
 - a. Week 1 - \$150 per night
 - b. Week 2, 3 and 4 - \$125 per night
 - c. Week 5 and 6 - \$100 per night
13. Intensive Outpatient Treatment @ \$150
14. Outpatient Treatment – Group @ \$45
15. Outpatient Treatment – Individual @ \$20 per 15 minutes

- D. Monitor and verify the provision and documentation of services described herein.
- E. Provide documentation of services, costs, and other documentation on the format approved by the AACMHA, and statistically track all persons and services provided under this MOA.
- F. Complete a monthly invoice on a format mutually agreed to.
- G. Report services via a weekly spreadsheet showing services provided, number and type of services used, appointments kept and not kept, totals year to date and per the week, and totals billed to date.
- H. Provider will not bill AACMHA for services provided that were not preauthorized by AACMHA.

PROVIDER CONTACT INFORMATION:

Katherine Bonincontri Executive Director
 Contact Name Title

43 Community Place Katherine.bonincontri@pascalcsi.org
 Address Email Address

Crownsville MD 21032 410.571.4500
 City State Zip Code Phone Number

III. The AACMHA agrees to:

- A. Authorize and fund services provided as listed in II. B and/or C. All services must be individually requested and authorized prior to delivery. AACMHA will provide an authorization number for each service requested.
- B. Process requests for payments in 30 days of receipt of a complete and accepted invoice.