

EXHIBIT

6

Referral and Transfer Agreements
MOUs and MOAs



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

AVACO Health Dept.

1. Each provider maintains the freedom to operate independently.
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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.

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

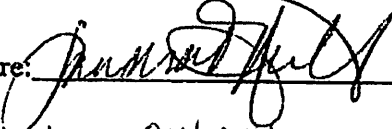
1226 Annapolis Road
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(410) 571-4500

1230 Annapolis Road
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(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
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Project Chesapeake

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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
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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
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Transfer and Referral Agreement

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POWELL RECOVERY

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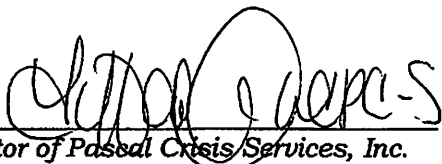
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Program Director's Signature:  Date: 7.13.22
Tiffany M. Sands, Clinical Director of Pascal Crisis Services, Inc.

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.

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Harcum Homes

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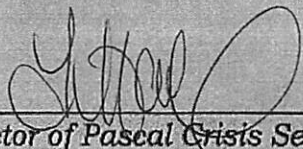
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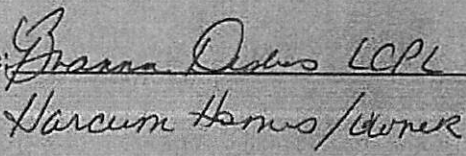
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Program Director's Signature:  Date: 7.15.22
Tiffany M. Sands, Clinical Director of Pascal Crisis Services, Inc.

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



Pascal Crisis Services, Inc.

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Transfer and Referral Agreement

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RCA

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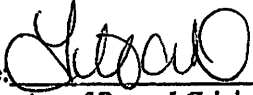
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Program Director's Signature:  Date: 7/24/22
Tiffany M. Sands, Clinical Director of Pascal Crisis Services, Inc.

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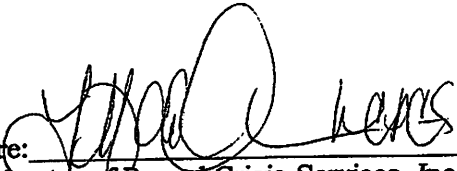
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Program Director's Signature:  Date: 7/20/22
Tiffany M. Sands, Clinical Director of Pascal Crisis Services, Inc.

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
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Atom

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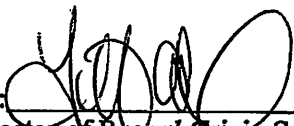
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Program Director's Signature:  Date: 7.15.22
Tiffany M. Sands, Clinical Director of Pascal Crisis Services, Inc.

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

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

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Evolve Life Centers

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



Pascal Crisis Services, Inc.

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Transfer and Referral Agreement

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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



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(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.)

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.
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.

IV. The PROVIDER AND THE AACMHA mutually agree to:

- A. Resolve disputes at the lowest administrative level possible, utilizing established grievance, dispute, and denial protocols.
- B. Meet at quarterly or as needed to examine and identify problems or achievements.
- C. Expand service capacity by amendment to this agreement, as funding allows.
- D. Invoicing no later than 60 days after authorization has been approved and services have been rendered. Payment after 60 days of the authorized service date(s) cannot be guaranteed.
- E. Vendor agrees to bill appropriate insurance, if available. Matrix funding is assumed to be funding of last resort.

V. This agreement shall take effect upon signature and shall remain in effect until revoked in writing, with 30 days' notice to the other party, unless life or health safety considerations occur. In that case the agreement may be cancelled without notice.

FOR THE PROVIDER:

Katherine Boninetti, LPC-S

4/30/2021
DATE

FOR THE AACMHA:

Adrienne Mjckler
Adrienne Mjckler, Executive Director

4/30/2021
DATE

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



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

Optum Maryland: 800-888-1965 | Provider NPI: 1013482983

Memorandum of Understanding

Between

Robert A. Pascal Youth & Family Services, Inc.

And

Hope's Horizon

This Memorandum of Understanding (MOU) hereby made and entered into by and between Robert A. Pascal Youth & Family Services, Inc. and the Hope's Horizon to begin a partnership for referrals for clients to receive outpatient mental health services. This agreement is to set forth the parties' understanding regarding their collaborative treatment planning and care coordination activities.

RECITALS

WHEREAS, Pascal provides outpatient mental health services which include therapy and medication management via telehealth, or in-person to the residents of Hope's Horizon and sober living facilities,

WHEREAS, Hope's Horizon agrees to retain Pascal as their sole referral source for their residents for purpose of providing continuity of care.

WHEREAS, Pascal agrees to admit clients into their crisis stabilization center when Hope's Horizon sends same day referrals for withdrawal management. Pascal agrees to discharge them

back to Hope's Horizon as long as the client remains in agreement after completing their withdrawal.

NOW THEREFORE, in consideration of the mutual covenants contained herein, the parties agree as follows:

Purpose

This MOU has purpose to establish and expand a framework of cooperation between both parties for the purpose of offering enhanced behavioral and emotional health follow-up services and promote care to individuals residing at Hope's Horizon, age 18 and over.

This MOU also seeks to establish a framework of collaboration and consultation in the assessment and treatment planning of individuals referred by Hope's Horizon to Pascal.

The purpose of the collaboration between the parties to this MOU is to improve follow-up and continuity of care for said individuals. The purpose of the enhanced follow-up services is to help and support these individuals during a time in which their substance use disorder and mental health concerns may be heightened. Pascal will provide follow-up services for Hope's Horizon referrals. Each member of the enhanced follow-up team is trained in crisis assessment and suicide intervention.

Pascal offers various programs including OMHC individual counseling, family counseling, couples/marriage counseling, group therapy and medication management. Our medication management services include MAT and Vivitrol maintenance which are provided by our psychiatric nurse practitioner. Other services include residential crisis services, mobile treatment, IOP and PRP. Our IOP program is offered three times per week (Monday, Wednesday, and Friday) for a duration of 2-3 hours per day. IOP is also offered via Zoom to accommodate those that are unable to attend in person. IOP is designed to treat the body, mind, and spirit while offering recovery and relapse prevention skills. Our PRP program provides rehabilitation and support for individuals to develop and enhance their community and independent living skills. It constitutes a day program which includes educational support groups, accessing community resources, and vocational support for those ready to explore employment options. Care coordination and case management is also provided through PRP. The schedule for PRP is On-Site (Monday, Wednesday, and Friday) and Off-Site (Tuesday and Thursday).

Terms of Understanding

The term of this Memorandum of Understanding shall become effective upon signature by the authorized officials from Robert A. Pascal Youth & Family Services, Inc. and Hope's Horizon and will remain in effect until modified or terminated by any one of the partners by mutual consent. The term of this MOU shall be for a period of one year from the effective date of signature and maybe extended upon written mutual agreement of both Parties.

43 Community Place
Crownsville, MD 21032
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Odenton, MD 21113
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1230 Annapolis Road
Odenton, MD 21113
(410) 874-1236

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

Privacy and Confidentiality of Consumer Information

Pascal and Hope's Horizon will coordinate care, as set forth in this agreement, in a manner that complies with privacy and confidentiality requirements, including but not limited to those of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and other federal and state laws, including privacy requirements specific to the care of minors.

Each Party agrees it shall request consumers' consent for disclosure of their health information, in accordance with state and federal law and regulations. Each Party shall follow consumers' preferences for shared protected health information, consistent with the philosophy of person and family-related consent.

General Provisions

The Parties acknowledge and understand that they must be able to fulfill their responsibilities under this Memorandum of Understanding in accordance with the provisions of the law and regulations that govern their activities. Nothing in the Memorandum is intended to negate or otherwise render ineffective any such provisions or operating procedures. The parties assume full responsibility for their performance under the terms of this Memorandum.

If at any time either party is unable to perform their duties or responsibilities under this Memorandum of Understanding consistent with such party's statutory and regulatory mandates, the affected party shall immediately provide written notice to the other party to establish a date for resolution of the matter.

Both parties are expected to meet biweekly for a team meeting to review care coordination.

Referral Process

Upon acceptance to Hope's Horizon, Pascal will receive a referral for OMHC services, and an assessment will be completed within 72 hours and within five days, a Nurse Practitioner visit will be conducted.

Referral Application will need to be filled out by Hope's Horizon and sent via email to the Pascal group created: referrals@pascalcsi.org. Attached to the referral should be a filled new client intake form. Clients should also ensure that they have signed an ROI with Hope's Horizon authorizing disclosure and exchange of information between Hope's Horizon and Pascal. Following that, a counselor from Pascal will contact the client and set up their first intake appointment. The Referral Application is attached to this MOU for reference.

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(410) 874-1236

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

Contact Information

Partner name: Robert A. Pascal Youth & Family Services, Inc.
Partner representative: Tiffany Sands
Position: Clinical Director
Address: 43 Community Pl., Crownsville MD 21032
Telephone: 410-571-4500
Fax: 410-630-7700
E-mail: tiffany.sands@pascalcsi.org

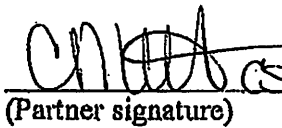
Partner name: Hope's Horizon
Partner representative: Chrissy DuMammia
Position: COO
Address: 4111 E Joppa Rd Suite 101
Telephone: 443-725-4062
Fax: 443-632-0521
E-mail: cdumammia@hopeshorizon.com

 LCPC-S, LPA Date: 3/18/2021

(Partner signature)

(Partner name, organization, position)

Tiffany Sands, LCPC-S, clinical Director

 Date: 3/18/2021

(Partner signature)

(Partner name, organization, position)

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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

Optum Maryland: 800-888-1965 | Provider NPI: 1013482983

Memorandum of Understanding

Between

Robert A. Pascal Youth & Family Services, Inc.

and

Opportunity Ministries, Inc.

This Memorandum of Understanding (MOU) hereby made and entered into by and between Robert A. Pascal Youth & Family Services, Inc., and the Opportunity Ministries, Inc. to begin a partnership for referrals for clients to receive outpatient mental health services and residential crisis stabilization services. This agreement is to set forth the parties' understanding regarding their collaborative treatment planning and care coordination activities.

RECITALS

WHEREAS, Pascal provides outpatient mental health services which include therapy and medication management via telehealth, or in-person to the residents of Opportunity Ministries,

WHEREAS, Opportunity Ministries agrees to retain Pascal as their primary referral source for their residents for purpose of providing continuity of care.

NOW THEREFORE, in consideration of the mutual covenants contained herein, the parties agree as follows:

Purpose

This MOU has purpose to establish and expand a framework of cooperation between both parties for the purpose of offering enhanced behavioral and emotional health follow-up services and promote care to individuals residing at Opportunity Ministries age 18 and over.

This MOU also seeks to establish a framework of collaboration and consultation in the assessment and treatment planning of individuals referred by Opportunity Ministries to Pascal.

The purpose of the collaboration between the parties to this MOU is to improve follow-up and continuity of care for said individuals. The purpose of the enhanced follow-up services is to help and support these individuals during a time in which their substance use disorder and mental

health concerns may be heightened. Pascal will provide residential crisis stabilization services and follow-up services for Opportunity Ministries referrals. Each member of the enhanced follow-up team is trained in crisis assessment and suicide intervention.

Pascal offers various programs including OMHC individual counseling, family counseling, couples/marriage counseling, group therapy and medication management. Our medication management services include MAT and Vivitrol maintenance which are provided by our psychiatric nurse practitioner. Other services include residential crisis services, mobile treatment, IOP and PRP.

Our IOP program is offered three times per week (Monday, Wednesday, and Friday) for a duration of 3 hours per day for a total of 16 weeks. After completion of 16 weeks, client will step down to OP for 2-hour sessions, 3 times a week for a duration of 8 weeks. IOP is also offered via Zoom to accommodate those that are unable to attend in person. Upon achievement, clients will receive a certificate of completion. IOP is designed to treat the body, mind, and spirit while offering recovery and relapse prevention skills.

Our PRP program provides rehabilitation and support for individuals to develop and enhance their community and independent living skills. It constitutes a day program which includes educational support groups, accessing community resources, and vocational support for those ready to explore employment options. Care coordination and case management is also provided through PRP. The schedule for PRP is On-Site (Monday, Wednesday, and Friday) and Off-Site (Tuesday and Thursday).

Our ACT program is a community based, intensive, outpatient service providing mobile, assertive mental health treatment and support. Pascal agrees to provide Opportunity Ministries a list of our monthly on-call. Opportunity Ministries will contact the mobile team at any time needed 24/7. Pascal will then send a team to evaluate and proceed with the recommended treatment.

Terms of Understanding

The term of this Memorandum of Understanding shall become effective upon signature by the authorized officials from Robert A. Pascal Youth & Family Services, Inc. and Opportunity Ministries, Inc. and will remain in effect until modified or terminated by any one of the partners by mutual consent. The term of this MOU shall be for a period of one year from the effective date of signature and maybe extended upon written mutual agreement of both Parties.

Privacy and Confidentiality of Consumer Information

Pascal and Opportunity Ministries will coordinate care, as set forth in this agreement, in a manner that complies with privacy and confidentiality requirements, including but not limited to those of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and other federal and state laws, including privacy requirements specific to the care of minors.

Each Party agrees it shall request consumers' consent for disclosure of their health information, in accordance with state and federal law and regulations. Each Party shall follow consumers' preferences for shared protected health information, consistent with the philosophy of person and family-related consent.

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(410) 874-1236

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

General Provisions

The Parties acknowledge and understand that they must be able to fulfill their responsibilities under this Memorandum of Understanding in accordance with the provisions of the law and regulations that govern their activities. Nothing in the Memorandum is intended to negate or otherwise render ineffective any such provisions or operating procedures. The parties assume full responsibility for their performance under the terms of this Memorandum.

If at any time either party is unable to perform their duties or responsibilities under this Memorandum of Understanding consistent with such party's statutory and regulatory mandates, the affected party shall immediately provide written notice to the other party to establish a date for resolution of the matter.

Both parties are expected to meet biweekly for a team meeting to review care coordination.

Referral Process

Upon acceptance to Opportunity Ministries, Pascal will receive a referral for OMHC services, and an assessment will be completed within 72 hours and within five days, a Nurse Practitioner visit will be conducted. For immediate crisis stabilization services, Opportunity Ministries will send a crisis bed referral to Pascal, and Pascal will provide placement for said client.

Referral Application will need to be filled out by Opportunity Ministries and sent via email to the Pascal group created: referrals@pascalcsi.org. Attached to the referral should be a filled new client intake form. Clients should also ensure that they have signed an ROI with Opportunity Ministries authorizing disclosure and exchange of information between Opportunity Ministries and Pascal. Following that, a counselor from Pascal will contact the client and set up their first intake appointment. If a crisis bed referral is sent, Pascal will reach out to the client in question and schedule a bed placement. The Referral Application is attached to this MOU for reference.

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741 Annapolis Road
Gambrills, MD 21054
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Contact Information

Partner name: Robert A. Pascal Youth & Family Services, Inc.
Partner representative: Tiffany Sands
Position: Clinical Director
Address: 43 Community Pl., Crownsville MD 21032
Telephone: 410-571-4500
Fax: 410-630-7700
E-mail: tiffany.sands@pascalcsi.org

Partner name: Opportunity Ministries, Inc.
Partner representative Michele (Mickey) Kramer
Position Director of Operations
Address 4513 Mountain Road, Suite 2, Pasadena, MD 21122
Telephone Office: 410-255-4342 Cel: 410-615-9276
Fax 410-504-6182
E-mail Mickey@opportunitymd.org

Mickey Kramer Date: 2/17/2021

Mickey Kramer - Director
Opportunity Ministries, Inc.

 Date: 2/17/2021

(Partner signature)
(Partner name, organization,
position)

Tiffany Sands
Robert A. Pascal Youth and Family Services Inc.
Clinical Director

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Crownsville, MD 21032
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Memorandum of Understanding

Between

Robert A. Pascal Youth & Family Services, Inc.

And

Addiction Treatment of Maryland

This Memorandum of Understanding (MOU) hereby made and entered into by and between Robert A. Pascal Youth & Family Services, Inc. and the Addiction Treatment of Maryland to begin a partnership for referrals for clients to receive outpatient mental health services and residential crisis stabilization services. This agreement is to set forth the parties' understanding regarding their collaborative treatment planning and care coordination activities.

RECITALS

WHEREAS, Pascal provides outpatient mental health services which include therapy and medication management via telehealth, or in-person to the residents of ATOM and sober living facilities,

WHEREAS, ATOM agrees to retain Pascal as their sole referral source for their residents for purpose of providing continuity of care,

WHEREAS, Pascal agrees to admit clients into their crisis stabilization center when ATOM sends same day referrals for withdrawal management. Pascal agrees to discharge them back to ATOM as long as the client remains in agreement after completing their withdrawal.

NOW THEREFORE, in consideration of the mutual covenants contained herein, the parties agree as follows:

Purpose

This MOU has purpose to establish and expand a framework of cooperation between both parties for the purpose of offering enhanced behavioral and emotional health follow-up services and promote care to individuals residing at ATOM, age 18 and over.

This MOU also seeks to establish a framework of collaboration and consultation in the assessment and treatment planning of individuals referred by ATOM to Pascal.

The purpose of the collaboration between the parties to this MOU is to improve follow-up and continuity of care for said individuals. The purpose of the enhanced follow-up services is to help and support these individuals during a time in which their substance use disorder and mental health concerns may be heightened. Pascal will provide residential crisis stabilization services and follow-up services for ATOM referrals. Each member of the enhanced follow-up team is trained in crisis assessment and suicide intervention.

Pascal offers various programs including OMHC individual counseling, family counseling, couples/marriage counseling, group therapy and medication management. Our medication management services include MAT and Vivitrol maintenance which are provided by our psychiatric nurse practitioner. Other services include residential crisis services, mobile treatment, IOP and PRP. Our IOP program is offered three times per week (Monday, Wednesday, and Friday) for a duration of 2-3 hours per day. IOP is also offered via Zoom to accommodate those that are unable to attend in person. IOP is designed to treat the body, mind, and spirit while offering recovery and relapse prevention skills. Our PRP program provides rehabilitation and support for individuals to develop and enhance their community and independent living skills. It constitutes a day program which includes educational support groups, accessing community resources, and vocational support for those ready to explore employment options. Care coordination and case management is also provided through PRP. The schedule for PRP is On-Site (Monday, Wednesday, and Friday) and Off-Site (Tuesday and Thursday).

Terms of Understanding

The term of this Memorandum of Understanding shall become effective upon signature by the authorized officials from Robert A. Pascal Youth & Family Services, Inc. and Addiction Treatment of Maryland and will remain in effect until modified or terminated by any one of the partners by mutual consent. The term of this MOU shall be for a period of one year from the effective date of signature and maybe extended upon written mutual agreement of both Parties.

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Privacy and Confidentiality of Consumer Information

Pascal and ATOM will coordinate care, as set forth in this agreement, in a manner that complies with privacy and confidentiality requirements, including but not limited to those of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and other federal and state laws, including privacy requirements specific to the care of minors. Each Party agrees it shall request consumers' consent for disclosure of their health information, in accordance with state and federal law and regulations. Each Party shall follow consumers' preferences for shared protected health information, consistent with the philosophy of person and family-related consent.

General Provisions

The Parties acknowledge and understand that they must be able to fulfill their responsibilities under this Memorandum of Understanding in accordance with the provisions of the law and regulations that govern their activities. Nothing in the Memorandum is intended to negate or otherwise render ineffective any such provisions or operating procedures. The parties assume full responsibility for their performance under the terms of this Memorandum. If at any time either party is unable to perform their duties or responsibilities under this Memorandum of Understanding consistent with such party's statutory and regulatory mandates, the affected party shall immediately provide written notice to the other party to establish a date for resolution of the matter.

Both parties are expected to meet biweekly for a team meeting to review care coordination.

Referral Process

Upon acceptance to ATOM, Pascal will receive a referral for OMHC services, and an assessment will be completed within 72 hours and within five days, a Nurse Practitioner visit will be conducted. For immediate crisis stabilization services, ATOM will send a crisis bed referral to Pascal, and Pascal will provide placement for said client.

Referral Application will need to be filled out by ATOM and sent via email to the Pascal group created: referrals@pascalcsi.org. Attached to the referral should be a filled new client intake form. Clients should also ensure that they have signed an ROI with ATOM authorizing disclosure and exchange of information between ATOM and Pascal. Following that, a counselor from Pascal will contact the client and set up their first intake appointment. The Referral Application is attached to this MOU for reference.

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(410) 571-4500


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

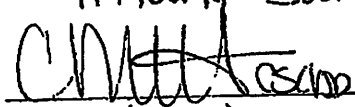
741 Annapolis Road
Gambrills, MD 21054
(410) 975-0067

Contact Information

Partner name: Robert A. Pascal Youth & Family Services, Inc.
Partner representative: Tiffany Sands
Position: Clinical Director
Address: 43 Community Pl., Crownsville MD 21032
Telephone: 410-571-4500
Fax: 410-630-7700
E-mail: tiffany.sands@pascalcsi.org

Partner name: Addiction Treatment of Maryland
Partner representative: Chrissy DiMemmo
Position: COD
Address: 9 Center Place
Telephone: 443-376-6800
Fax: 443-376-6803
E-mail: cdememmo@addictiontreatmentofmd.com

 Date: 3/18/2021
(Partner name, organization, position)

Tiffany Sands, LCPCS, Clinical Director
 Date: 3/18/2021
(Partner name, organization, position)



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

Optum Maryland: 800-888-1965 | Provider NPI: 1013482983

Memorandum of Understanding

Between

Robert A. Pascal Youth & Family Services, Inc.

And

Penn North Recovery

This Memorandum of Understanding (MOU) hereby made and entered into by and between Robert A. Pascal Youth & Family Services, Inc. and the Penn North Recovery to begin a partnership for referrals for clients to receive outpatient mental health services. This agreement is to set forth the parties' understanding regarding their collaborative treatment planning and care coordination activities.

RECITALS

WHEREAS, Pascal provides outpatient mental health services which include therapy and medication management via telehealth, or in-person to the residents of Penn North Recovery.

WHEREAS, Penn North Recovery agrees to retain Pascal as their primary referral source for their residents for purpose of providing continuity of care.

WHEREAS, Pascal agrees to admit clients into their crisis stabilization center when Penn North Recovery sends same day referrals for withdrawal management. Pascal agrees to discharge them back to Penn North Recovery as long as the client remains in agreement after completing their withdrawal.

NOW THEREFORE, in consideration of the mutual covenants contained herein, the parties agree as follows:

Purpose

This MOU has purpose to establish and expand a framework of cooperation between both parties for the purpose of offering enhanced behavioral and emotional health follow-up services and promote care to individuals residing at Penn North Recovery, age 18 and over.

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

This MOU also seeks to establish a framework of collaboration and consultation in the assessment and treatment planning of individuals referred by Penn North Recovery to Pascal.

The purpose of the collaboration between the parties to this MOU is to improve follow-up and continuity of care for said individuals. The purpose of the enhanced follow-up services is to help and support these individuals during a time in which their substance use disorder and mental health concerns may be heightened. Pascal will provide follow-up services for Penn North Recovery referrals. Each member of the enhanced follow-up team is trained in crisis assessment and suicide intervention.

Pascal offers various programs including OMHC individual counseling, family counseling, couples/marriage counseling, group therapy and medication management. Our medication management services include MAT and Vivitrol maintenance which are provided by our psychiatric nurse practitioner. Other services include residential crisis services, mobile treatment, IOP and PRP. Our IOP program is offered three times per week (Monday, Wednesday, and Friday) for a duration of 2-3 hours per day. IOP is also offered via Zoom to accommodate those that are unable to attend in person. IOP is designed to treat the body, mind, and spirit while offering recovery and relapse prevention skills. Our PRP program provides rehabilitation and support for individuals to develop and enhance their community and independent living skills. It constitutes a day program which includes educational support groups, accessing community resources, and vocational support for those ready to explore employment options. Care coordination and case management is also provided through PRP. The schedule for PRP is On- Site (Monday and Wednesday) and Off-Site (Friday).

Terms of Understanding

The term of this Memorandum of Understanding shall become effective upon signature by the authorized officials from Robert A. Pascal Youth & Family Services, Inc. and Penn North Recovery and will remain in effect until modified or terminated by any one of the partners by mutual consent. The term of this MOU shall be for a period of one year from the effective date of signature and maybe extended upon written mutual agreement of both Parties.

Privacy and Confidentiality of Consumer Information

Pascal and Penn North Recovery will coordinate care, as set forth in this agreement, in a manner that complies with privacy and confidentiality requirements, including but not limited to those of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and other federal and state laws, including privacy requirements specific to the care of minors.

Each Party agrees it shall request consumers' consent for disclosure of their health information, in accordance with state and federal law and regulations. Each Party shall follow consumers' preferences for shared protected health information, consistent with the philosophy of person and family-related consent.

General Provisions

The Parties acknowledge and understand that they must be able to fulfill their responsibilities under this Memorandum of Understanding in accordance with the provisions of the law and regulations that govern their activities. Nothing in the Memorandum is intended to negate or otherwise render ineffective any such provisions or operating procedures. The parties assume full responsibility for their performance under the terms of this Memorandum.

If at any time either party is unable to perform their duties or responsibilities under this Memorandum of Understanding consistent with such party's statutory and regulatory mandates, the affected party shall immediately provide written notice to the other party to establish a date for resolution of the matter.

Both parties are expected to meet biweekly for a team meeting to review care coordination.

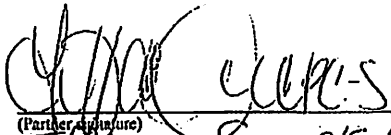
Referral Process

Upon acceptance to Penn North Recovery, Pascal will receive a referral for OMHC services, and an assessment will be completed within 72 hours and within five days, a Nurse Practitioner visit will be conducted. For immediate crisis stabilization services, Penn North Recovery will send a crisis bed referral to Pascal, and Pascal will provide placement for said client.

Referral Application will need to be filled out by Penn North Recovery and sent via email to the Pascal group created: referrals@pascalcsi.org. Attached to the referral should be a filled new client intake form. Clients should also ensure that they have signed an ROI with Penn North Recovery authorizing disclosure and exchange of information between Penn North Recovery and Pascal. Following that, a counselor from Pascal will contact the client and set up their first intake appointment. The Referral Application is attached to this MOU for reference.

Partner name: Robert A. Pascal Youth & Family Services, Inc.
Partner representative: Tiffany Sands
Position: Clinical Director
Address: 43 Community Pl., Crownsville MD 21032 Telephone: 410-571-4500
Fax: 410-923-1329
E-mail: tiffany.sands@pascalcsi.org

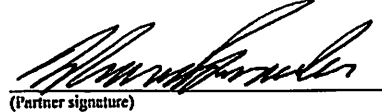
Partner name: Penn North Recovery
Partner representative:
Position:
Address:
Telephone:
Fax:
E-mail:

 Date: 6.23.22

(Partner signature)

Tiffany Sands Clinical Director
(Partner name, organization, position)

RAPIFS
43 COMMUNITY PL
Crownsville MD
21032

 Date: 7-6-2022

(Partner signature)

BILL BROOKS, PRES & CEO, MARYLAND COMMUNITY HEALTH INITIATIVES, INC. "PENN NORTH"



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

Optum Maryland: 800-888-1965 | Provider NPI: 1013482983

Memorandum of Understanding

Between

Robert A. Pascal Youth & Family Services, Inc.

And

Elevate Recovery Centers, LLC

This Memorandum of Understanding (MOU) hereby made and entered into by and between Robert A. Pascal Youth & Family Services, Inc. and the Elevate Recovery Centers, LLC to begin a partnership for referrals for clients to receive outpatient mental health services. This agreement is to set forth the parties' understanding regarding their collaborative treatment planning and care coordination activities.

RECITALS

WHEREAS, Pascal provides outpatient mental health services which include therapy and medication management via telehealth, or in-person to the residents of Elevate and sober living facilities,

WHEREAS, Elevate agrees to retain Pascal as their sole referral source for their residents for purpose of providing continuity of care.

BF

WHEREAS, Pascal agrees to admit clients into their crisis stabilization center when Elevate sends same day referrals for withdrawal management. Pascal agrees to discharge them back to Elevate as long as the client remains in agreement.

NOW THEREFORE, in consideration of the mutual covenants contained herein, the parties agree as follows:

Purpose

This MOU has purpose to establish and expand a framework of cooperation between both parties for the purpose of offering enhanced behavioral and emotional health follow-up services and promote care to individuals residing at Elevate, age 18 and over.

This MOU also seeks to establish a framework of collaboration and consultation in the assessment and treatment planning of individuals referred by Elevate to Pascal.

The purpose of the collaboration between the parties to this MOU is to improve follow-up and continuity of care for said individuals. The purpose of the enhanced follow-up services is to help and support these individuals during a time in which their substance use disorder and mental health concerns may be heightened. Pascal will provide follow-up services for Elevate referrals. Each member of the enhanced follow-up team is trained in crisis assessment and suicide intervention.

Pascal offers various programs including OMHC individual counseling, family counseling, couples/marriage counseling, group therapy and medication management. Our medication management services include MAT and Vivitrol maintenance which are provided by our psychiatric nurse practitioner. Other services include residential crisis services, mobile treatment, IOP and PRP. Our IOP program is offered three times per week (Monday, Wednesday, and Friday) for a duration of 2-3 hours per day. IOP is also offered via Zoom to accommodate those that are unable to attend in person. IOP is designed to treat the body, mind, and spirit while offering recovery and relapse prevention skills. Our PRP program provides rehabilitation and support for individuals to develop and enhance their community and independent living skills. It constitutes a day program which includes educational support groups, accessing community resources, and vocational support for those ready to explore employment options. Care coordination and case management is also provided through PRP. The schedule for PRP is On-Site (Monday, Wednesday, and Friday) and Off-Site (Tuesday and Thursday).

Terms of Understanding

The term of this Memorandum of Understanding shall become effective upon signature by the authorized officials from Robert A. Pascal Youth & Family Services, Inc. and Elevate will remain in effect until modified or terminated by any one of the partners by mutual consent. The term of this MOU shall be for a period of one year from the effective date of signature and maybe extended upon written mutual agreement of both Parties.

Privacy and Confidentiality of Consumer Information

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

BF

Pascal and Elevate will coordinate care, as set forth in this agreement, in a manner that complies with privacy and confidentiality requirements, including but not limited to those of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and other federal and state laws, including privacy requirements specific to the care of minors.

Each Party agrees it shall request consumers' consent for disclosure of their health information, in accordance with state and federal law and regulations. Each Party shall follow consumers' preferences for shared protected health information, consistent with the philosophy of person and family-related consent.

General Provisions

The Parties acknowledge and understand that they must be able to fulfill their responsibilities under this Memorandum of Understanding in accordance with the provisions of the law and regulations that govern their activities. Nothing in the Memorandum is intended to negate or otherwise render ineffective any such provisions or operating procedures. The parties assume full responsibility for their performance under the terms of this Memorandum.

If at any time either party is unable to perform their duties or responsibilities under this Memorandum of Understanding consistent with such party's statutory and regulatory mandates, the affected party shall immediately provide written notice to the other party to establish a date for resolution of the matter.

Both parties are expected to meet biweekly for a team meeting to review care coordination.

Referral Process

Upon acceptance to Elevate, Pascal will receive a referral for OMHC services, and an assessment will be completed within 72 hours and within five days, a Nurse Practitioner visit will be conducted. For immediate crisis stabilization services, Elevate will send a crisis bed referral to Pascal, and Pascal will provide placement for said client.

Referral Application will need to be filled out by Elevate and sent via email to the Pascal group created: referrals@pascalcsi.org. Attached to the referral should be a filled new client intake form. Clients should also ensure that they have signed an ROI with Elevate authorizing disclosure and exchange of information between Elevate and Pascal. Following that, a counselor from Pascal will contact the client and set up their first intake appointment. The Referral Application is attached to this MOU for reference.

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

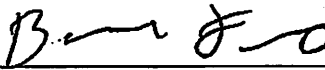
741 Annapolis Road
Gambrills, MD 21054
(410) 975-0067

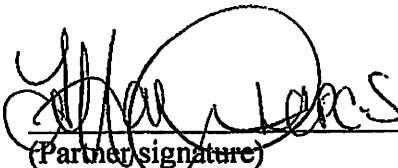
BF

Contact Information

Partner name: Robert A. Pascal Youth & Family Services, Inc.
Partner representative: Tiffany Sands
Position: Clinical Director
Address: 43 Community Pl., Crownsville MD 21032
Telephone: 410-571-4500
Fax: 410-630-7700
E-mail: tiffany.sands@pascalcsi.org

Partner name: Elevate Recovery Centers, LLC
Partner representative: Basile Ferro
Position: Founder
Address: 7476 Baltimore Annapolis blvd, Glen Burnie, MD 21061
Telephone: 443 960 4673
Fax: 443 557 3160
E-mail: bferro@elevaterecoverycentermd.com


Date: 3-29-21
(Partner signature)
(Partner name, organization, position)


Date: 3/29/21
(Partner signature)
(Partner name, organization, position)

Pascal Crisis Services, Inc.

Robert A. Pascal Youth & Family Services | Pascal Crisis Stabilization Center
1215 Annapolis Road, Suite 100, Annapolis, MD 21113



Optum Maryland: 800-888-1965 | Provider NPI: 1013482983

Memorandum of Understanding

Between

Robert A. Pascal Youth & Family Services, Inc.

and

Evolve Life Recovery Centers

This Memorandum of Understanding (MOU) hereby made and entered into by and between Robert A. Pascal Youth & Family Services, Inc. and the Evolve Life Recovery Centers to begin a partnership for referrals for clients to receive outpatient mental health services. This agreement is to set forth the parties' understanding regarding their collaborative treatment planning and care coordination activities.

RECITALS

WHEREAS, Pascal provides outpatient mental health services which include therapy and medication management via telehealth, or in-person to the residents of Evolve 3.1 and sober living facilities,

WHEREAS, Evolve agrees to retain Pascal as their sole referral source for their residents for purpose of providing continuity of care.

NOW THEREFORE, in consideration of the mutual covenants contained herein, the parties agree as follows:

Purpose

This MOU has purpose to establish and expand a framework of cooperation between both parties for the purpose of offering enhanced behavioral and emotional health follow-up services and promote care to individuals residing at Evolve, age 18 and over.

This MOU also seeks to establish a framework of collaboration and consultation in the assessment and treatment planning of individuals referred by Evolve to Pascal.

The purpose of the collaboration between the parties to this MOU is to improve follow-up and continuity of care for said individuals. The purpose of the enhanced follow-up services is to help and support these individuals during a time in which their substance use disorder and mental health concerns may be heightened. Pascal will provide follow-up services for Evolve referrals. Each member of the enhanced follow-up team is trained in crisis assessment and suicide intervention.

Pascal offers various programs including OMHC individual counseling, family counseling, couples/marriage counseling, group therapy and medication management. Our medication management services include MAT and Vivitrol maintenance which are provided by our psychiatric nurse practitioner. Other services include residential crisis services, mobile treatment, IOP and PRP. Our IOP program is offered three times per week (Monday, Wednesday, and Friday) for a duration of 2-3 hours per day. IOP is also offered via Zoom to accommodate those that are unable to attend in person. IOP is designed to treat the body, mind, and spirit while offering recovery and relapse prevention skills. Our PRP program provides rehabilitation and support for individuals to develop and enhance their community and independent living skills. It constitutes a day program which includes educational support groups, accessing community resources, and vocational support for those ready to explore employment options. Care coordination and case management is also provided through PRP. The schedule for PRP is On-Site (Monday, Wednesday, and Friday) and Off-Site (Tuesday and Thursday).

Terms of Understanding

The term of this Memorandum of Understanding shall become effective upon signature by the authorized officials from Robert A. Pascal Youth & Family Services, Inc. and Evolve Life Centers and will remain in effect until modified or terminated by any one of the partners by mutual consent. The term of this MOU shall be for a period of one year from the effective date of signature and maybe extended upon written mutual agreement of both Parties.

Privacy and Confidentiality of Consumer Information

Pascal and Evolve will coordinate care, as set forth in this agreement, in a manner that complies with privacy and confidentiality requirements, including but not limited to those of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and other federal and state laws, including privacy requirements specific to the care of minors.

Each Party agrees it shall request consumers' consent for disclosure of their health information, in accordance with state and federal law and regulations. Each Party shall follow consumers' preferences for shared protected health information, consistent with the philosophy of person and family-related consent.

General Provisions

The Parties acknowledge and understand that they must be able to fulfill their responsibilities under this Memorandum of Understanding in accordance with the provisions of the law and regulations that govern their activities. Nothing in the Memorandum is intended to negate or otherwise render ineffective any such provisions or operating procedures. The parties assume full responsibility for their performance under the terms of this Memorandum.

If at any time either party is unable to perform their duties or responsibilities under this Memorandum of Understanding consistent with such party's statutory and regulatory mandates, the affected party shall immediately provide written notice to the other party to establish a date for resolution of the matter.

Both parties are expected to meet biweekly for a team meeting to review care coordination.

Referral Process

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) 976-0067

Upon acceptance to Evolve, Pascal will receive a referral for OMHC services, and an assessment will be completed within 72 hours and within five days, a Nurse Practitioner visit will be conducted.

Referral Application will need to be filled out by Evolve and sent via email to the Pascal group created: evolve@pascalcsi.org. Attached to the referral should be a filled new client intake form. Clients should also ensure that they have signed an ROI with Evolve authorizing disclosure and exchange of information between Evolve and Pascal. Following that, a counselor from Pascal will contact the client and set up their first intake appointment. The Referral Application is attached to this MOU for reference.

Contact Information

Partner name: Robert A. Pascal Youth & Family Services, Inc.
Partner representative: Tiffany Sands

**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**

Position: Clinical Director
Address: 43 Community Pl., Crownsville MD 21032
Telephone: 410-571-4500
Fax: 410-630-7700
E-mail: tiffany.sands@pascalosi.org

Partner name: Evolve Life Centers
Partner representative Chris Pedersen
Position Senior Vice President
Address 2528 Mountain Road Pasadena, MD
Telephone 443-548-3733
Fax 410-360-1675
E-mail Chris@evolvecenters.com

Date: 1/20/21
(Partner signature)
(Partner name, organization, position) Chris Pedersen
Evolve Life Centers, Senior Vice President
Date:

(Partner signature)
(Partner name, organization, position) Tiffany Sands
Robert A. Pascal Youth & Family Services, Inc.
Clinical Director

EXHIBIT

7

Lease Agreement

SECOND AMENDMENT OF LEASE AGREEMENT

THIS SECOND AMENDMENT OF LEASE AGREEMENT (hereinafter "Amendment") is made this 16th day of April, 2021, by and between **ANNE ARUNDEL COUNTY, MARYLAND**, a body corporate and politic of the State of Maryland (the "County") and **ROBERT A. PASCAL YOUTH AND FAMILY SERVICES, INC.**, a Maryland non-profit organization (the "Lessee").

WITNESSETH:

WHEREAS, the County owns certain property located in Crownsville, Maryland comprised of approximately 5 +/- acres, identified as Parcel 11 on County Tax Map 38, and more particularly described in a deed recorded in the Land Records of Anne Arundel County in Liber 3210, page 189 ("Property"); and

WHEREAS, by Lease Agreement dated April 25, 2019 and amended on May 13, 2020 (collectively the "Lease"), County leased to Lessee part of the Property known as 43 Community Place, Crownsville, Maryland 21032; and

WHEREAS, the Lease term commenced on June 1, 2019 and expires on April 30, 2022; and

WHEREAS, Lessee desires to amend the Lease to extend the Lease term for a period of fifteen (15) years, and County agrees to the extension, subject to the following terms and conditions..

NOW, THEREFORE, in consideration of the mutual covenants herein contained, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto intending to be legally bound, hereby agree that the Lease is hereby amended, effective as of the date hereof, as follows:

1. The term of the Lease shall be extended for fifteen (15) years, and shall thus expire on April 30, 2037.

2. Except as modified by this Amendment, the Lease shall continue in full force and effect in accordance with the terms thereof.

3. The Lessee certifies that this Amendment has been duly authorized and approved by all required organizational action of the Lessee. The person executing this Amendment on behalf of the Lessee certifies that he or she has the legal and organizational authority to do so.

4. Any capitalized terms not defined herein shall have the meaning given them in the Lease.

5. Counterparts and Electronic Signatures. This Amendment may be executed in counterparts, each of which shall be an original, but all of which taken together shall constitute one and the same instrument. Electronic signatures hereon shall be deemed valid to the same extent as originals.


6. This Amendment is contingent upon approval by the Anne Arundel County Council, as required by Anne Arundel County Code, Article 8, § 3-301. If this Amendment is not approved, then it shall be null and void ab initio and of no further effect.

[Signature page to follow]


IN WITNESS WHEREOF, the parties hereto have caused this Amendment to be executed by their duly authorized representatives, all as of the day and year first above written.

ATTEST:

ANNE ARUNDEL COUNTY, MARYLAND

BY:  04/16/2021
Matthew J. Power Date
Chief Administrative Officer for
Steuart Pittman, County Executive

ROBERT A. PASCAL YOUTH AND FAMILY SERVICES, INC.

BY:  02/17/2021
Printed Name: Katherine Bonincontri Date
Title: President and Executive Director

APPROVED FOR FORM AND LEGAL SUFFICIENCY
GREGORY J. SWAIN, COUNTY ATTORNEY

By:  04/08/2021
Christine B. Neiderer, Assistant County Attorney Date

APPROVED:

 04/08/2021

Christine A. Romans Date
Central Services Officer

EXHIBIT A





ANNE
ARUNDEL
COUNTY

M A R Y L A N D

Office of Central Services

Real Estate Division
Heritage Office Complex
2660 Riva Road, 3rd Floor
Annapolis, MD 21401
Phone (410) 222-7913

Samantha M. Harris
Real Estate Manager

May 16, 2019

Ms. Katherine Bonincontri, President
Robert A. Pascal Youth and Family Services, Inc.
1215 Annapolis Road, Suite 204
Odenton, MD 21113

RE: Lease Agreement

Dear Ms. Bonincontri,

Please find enclosed a fully signed copy of the of Lease Agreement for your files. If you have any questions, feel free to contact our office.

Sincerely,

A handwritten signature in black ink that reads "S. M. Harris" followed by a stylized flourish.

Samantha M. Harris
Real Estate Manager

Enclosure

Lease Agreement

Between **ANNE ARUNDEL COUNTY, MARYLAND** and
ROBERT A. PASCAL YOUTH AND FAMILY SERVICES, INC.

Dated 4-25-19

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LEASE AGREEMENT

THIS LEASE AGREEMENT (“Lease”) is made this 25 day of April 2019, by and between **ANNE ARUNDEL COUNTY, MARYLAND**, a body corporate and politic of the State of Maryland (the “County”), and **ROBERT A. PASCAL YOUTH AND FAMILY SERVICES, INC.**, a Maryland non-profit organization (the “Lessee”).

WHEREAS, the County owns certain property in Anne Arundel County; and

WHEREAS, the Lessee has requested that the County lease such property to the Lessee; and

WHEREAS, the intent of this lease is to increase the number of beds available to Anne Arundel County residents by Pascal Stabilization Center where at all possible and not to exceed capacity of any State licensed beds; and

WHEREAS, the County agrees to such lease upon the following terms and conditions.

NOW, THEREFORE, WITNESSETH THAT, for and in consideration of the rents set forth herein and other good and valuable consideration, the sufficiency of which is hereby acknowledged, the parties hereto do hereby covenant and agree as follows:

1. PREMISES:

(A) The County does hereby lease to the Lessee and the Lessee does hereby lease from the County the property known and designated as 43 Community Place, Crownsville, Maryland, 21032, consisting of approximately 13,489 square feet (the “Leased Property”). Lessee shall have the use in common with others of the parking areas, services road and sidewalks, subject to the terms of this Lease and to reasonable rules and regulations for the use thereof as prescribed from time to time by the County.

(B) By taking possession of the Leased Property, the Lessee accepts the Leased Property “as is”, and waives any right or claim against the County arising out of the Leased Property,

including the improvements thereon, the appurtenances thereto, and the equipment thereof.

2. TERM:

(A) The term of this Lease shall be for a period of 35 months (the "Term"), which shall commence on June 1st, 2019 and terminate on April 30, 2022.

(B) Either party may terminate this Lease at any time by giving the other party Ninety (90) days' notice of such termination.

3. RENT:

(A) The Lessee shall pay Rent to the County as follows:

1. Annual rent for this Lease shall be One Dollar (\$1.00);

2. For any Renewal Terms of this Agreement, a rate and amount negotiated between the County and the Lessee.

(B) All sums due and payable by the Lessee to the County under this paragraph 3 of this Lease Agreement shall be referred to herein as "Rent. The rent shall be due and payable when the Lease Agreement is executed by all parties. The initial payment of Rent shall be made payable to the Anne Arundel County Office of Finance and delivered to the County's Office of Central Services, Real Estate Division, 2660 Riva Road, Annapolis, Maryland 21401. Any subsequent Rent payments shall be payable in advance to Office of Finance, 44 Calvert Street, Annapolis, Maryland 21401, Attention: Kathy Redlin, or to such other person, in such other form, or to such other place as the County may, from time to time, designate in writing at least thirty (30) days in advance of any Rent due date.

4. ASSIGNMENT: The Lessee may not assign or transfer all or any part of its interest in this Lease or in the Leased Property, nor sublet all or part of the Leased Property without the express written consent of the County, which consent may be granted or withheld by the County in its sole

and absolute subjective discretion. Notwithstanding the foregoing, the Lessee may sublet, upon sixty (60) days prior written notice to the County, part, but not all, of the Leased Property to one or more persons or entities that provide services that are complementary or supplementary to the services provided by the Lessee, so long as the Lessee remains liable for the performance of all Lessee obligations under this Lease.

5. USE OF LEASED PROPERTY: The Leased Property shall be used by the Lessee only for the operation of business activities related to Pascal Stabilization Center and not for any other use. The Lessee shall at all times during this Lease maintain the Leased Property in a clean and orderly manner. The Lessee shall not strip, overload, damage, or deface the Leased Property. The Lessee shall not permit any activity on the Leased Property that is unlawful, noisy, offensive, or injurious to any person or property or as would increase the danger of fire or make void or voidable any insurance.

(A) Beds - The County requires that any patient that is reasonably expected to remain on the premises overnight (defined as between the hours of 10 pm and 6 am) shall be provided a bed. The number of beds shall not exceed the number of beds licensed by the State.

(B) Staff – The Lessee shall ensure staffing ratios are in accordance with State regulations.

6. SECURITY: The Lessee shall provide for on-site security presence at the facility 24/7 which will assist with responding to incidents prior to Police arrival. The Lessee shall also be required to submit no less than 30 days prior to occupancy and accepting patients a security plan outlining their intent to provide security for the building as well as surrounding property including parking areas. If the Lessee requires changes to the security plan after its submittal and acceptance by the County, the Lessee shall provide 15 days' notice to the County and shall submit an updated

security plan within 30 days.

7. **PERMITS:** The Lessee shall, at its sole cost and expense, obtain all Federal, State, County and other permits and governmental authorizations required in order to implement its use of the Leased Property including but not limited to County building permits, licenses, and certifications necessary to provide the services authorized under Section 5. The Lessee shall provide the County with copies of all permits, licenses, certifications, and governmental authorizations, and no installations or other work will be performed by the Lessee until all required permits are obtained and submitted to the County. The Lessee is required to obtain a Use & Occupancy Permit from Anne Arundel County. The Lessee shall hire a fire protection engineer to assist with the plans as - sprinklers may be required and the lessee shall ensure adequate fire flow from onsite water plant. The Lessee shall be required to maintain in good standing all professional licenses, certifications, or other accrediting body approvals/authorizations and shall provide evidence of such to the County.

8. **TENANT IMPROVEMENTS:** Tenant shall be responsible for any improvements to Leased area such that may be required prior to occupancy to ensure compliance with all Federal, State, and County codes related to the intended use of the property including sewer and water services. Any modifications to Leased space shall be subject to the reasonable approval of Lessee.

9. **TAXES:** The Lessee shall not be responsible for real estate taxes assessed against the Leased Property which are directly attributable to the Lessee's facilities and use. If assessed to the County, such taxes shall be the responsibility of the County, to the extent of available County funds.

10. **UTILITIES:** As additional Rent, the Lessee shall pay the cost of electricity supplied to and consumed on the Leased Property, as invoiced monthly by the County, as well as the costs of all other utilities for the Leased Property, including telephone and cable. Each invoice for utility usage shall be accompanied by a copy of the invoice or other documentation that demonstrates the amount

and cost of all electricity consumed on the Leased Property during the billing period. Alternatively, the Lessee, at its sole expense, may arrange for the installation of an electric meter to serve the Leased Property for direct billing by the electricity provider to the Lessee. Lessee is responsible for their proportionate share of water and sewer as billed by the State according to the total square feet of space leased. Water and sewer services are provided by onsite facilities maintained by the State of Maryland and all use and quality are accepted by the tenant as is. Failure to pay the additional rent may result in termination of the Lease pursuant to Paragraph 2.

11. INSURANCE AND INDEMNIFICATION: At all times during the term of this lease Agreement the Lessee shall obtain, pay all premiums for, file current certificates of insurance with the County Office of Central Services, Real Estate Division, and notify within 15 days any claims relating to representing:

(A) Commercial General Liability Insurance: Commercial general liability insurance which insures against bodily injury, property damage, personal injury and advertising injury claims arising from the Lessee's occupancy of the Premises or operations incidental thereto, with a combined single limit of \$1,000,000 per occurrence, and a general aggregate limit of \$2,000,000. Such insurance shall be endorsed to include Anne Arundel County, Maryland and its elected and appointed officials, employees, and authorized volunteers as additional insureds.

(B) Business Auto Liability Insurance: Lessee shall secure and maintain business auto liability insurance, which insures against bodily injury and property damage claims arising out of the ownership, maintenance or use of any owned, non-owned, or hired vehicles. A combined single limit of liability for bodily injury and property damage of \$1,000,000 per accident shall apply.

(C) Workers Compensation and Employers Liability Insurance: Workers compensation and employers liability insurance. The workers compensation insurance must satisfy

Lessee's obligations under the workers compensation law of the State of Maryland and, is applicable, the U.S. Longshoremen's and Harbor Workers' Compensation Act. Employers liability insurance must be secured with minimum limits of \$1,000,000 for bodily injury by accident, \$1,000,000 each employee for bodily injury by disease, and a \$1,000,000 policy limit for bodily injury by disease.

(D) Professional Liability: Professional liability insurance at a limit of at least \$1,000,000 each occurrence/accident and \$3,000,000 aggregate.

(E) Umbrella or Excess Liability: Umbrella or excess liability insurance at a limit of at least \$1,000,000 each occurrence/accident and \$5,000,000 aggregate. This policy shall apply in excess of the required underlying commercial general, business auto, and employer's liability coverages.

(F) Evidence of Insurance/Insurers: Lessee shall furnish acceptable certificates of insurance evidencing compliance with the insurance requirements of this Lease Agreement upon execution of this Agreement, and at the time of each insurance policy renewal thereafter. Initial certificates of insurance shall be delivered to: Office of Central Services, Real Estate Division, 2660 Riva Rd., Annapolis, Md. 21401. Subsequent certificates shall be delivered to: Office of Risk Management, 2660 Riva Rd., Annapolis, MD 21401. Required insurance shall be written with insurers allowed to do business in the State of Maryland, with a rating of "A-" "V II" or better in the Best's Insurance Reports, unless otherwise approved by County. Such policies shall be endorsed to provide that no cancellation or non-renewal can take effect unless 30 days prior written notice by registered mail is furnished to the Lessee and the County. In the event of any such cancellation or non-renewal, the Lessee shall file with the County evidence of replacement coverage, which shall become effective no later than the date of cancellation or non-renewal.

(G) Claims Made Policies: Liability policies required herein are to be written on an

occurrence basis, and may not be written on a "claims made" basis without the written permission of the County.

(H) Property Insurance: The Lessee shall secure and maintain risk of loss property insurance, or its equivalent, which insures against direct physical loss of or damage to Lessee's personal property, fixtures and equipment located in or at the Premises, on a replacement cost valuation basis, with limits not less than 100% of the insurable replacement cost of all personal property, fixtures and equipment located therein. Lessee shall be responsible for any deductible under the coverage. The County shall secure and maintain risk of loss property insurance or its equivalent (special form) property, which insures against direct physical loss of or damage to the Building and improvements, on a replacement cost valuation basis. The County shall be responsible for any deductible under the coverage.

(I) Waivers of Subrogation: The County and Lessee specifically waive any right of recovery from the other for any loss or damage to property (or any resulting loss of income or extra expense incurred to continue operations) of the other, to the extent that such loss or damage is covered by any property insurance purchased by either party. This waiver shall apply regardless of the cause of origin, including the negligence of either party. No property insurer shall hold any right of subrogation against the other as respects loss or damage occurring on or at the Leased Premises, and each party's property insurance policy shall contain an appropriate waiver of subrogation provision.

12. INDEMNIFICATION:

(A) The Lessee agrees and shall indemnify, defend, and hold harmless the County and all of its agents, servants, invitees, and employees from and against any liability and all claims of whatever nature arising from any act or omission of the Lessee, or its contractors, licensees, agents,

servants, or employees, or arising from any accident, injury or damage whatsoever caused to any person or to the property of any person or property occurring in, on, or about the Leased Property or any part thereof or outside the Leased Property, where such accident, damage, or injury results or is claimed to have resulted from an act or omission on the part of the Lessee or Lessee's contractors, licensees, agents, servants, invitees, or employees.

(B) To the extent permitted by law and subject to all defenses and immunities provided by law, the County agrees and shall indemnify, defend, and hold harmless the Lessee and all of its agents, servants, invitees, and employees from and against any liability and all claims of whatever nature arising from any act or omission of the County, or its contractors, licensees, agents, servants, or employees, or arising from any accident, injury or damage whatsoever caused to any person or to the property of any person or property occurring in, on, or about the Leased Property or any part thereof or outside the Leased Property, where such accident, damage, or injury results or is claimed to have resulted from an act or omission on the part of the County or County's contractors, licensees, agents, servants, invitees, or employees.

(C) These indemnification obligations shall include all costs, expenses, and liabilities incurred in connection with any claim or proceeding, including any expense of investigation and defense.

13. QUIET AND ENJOYMENT: So long as the Lessee shall not be in default under this Lease Agreement, the Lessee shall be entitled to peaceful and quiet enjoyment of the Leased Property, including the access to the Leased Property, without any interruption or interference from the County or other tenants.

14. MAINTENANCE OF PROPERTY: At all times during the term of this Lease, or any agreed upon renewal, the Lessee shall be responsible for the maintenance, repair, or replacement of

the interior of the Leased Property and for general janitorial maintenance of the Leased Property. The Lessee shall keep the Leased Property in a clean, sanitary, and safe condition. The Lessee shall be responsible for maintenance, repair, or replacement of the exterior and structural integrity of the building envelope to include roof, siding, exterior walls of the Leased Property, and for maintenance, repair, or replacement of the major mechanical systems servicing the Leased Property, including HVAC, plumbing, and electrical. The Lessee shall be responsible for all other maintenance, repair, or replacement needs not specifically enumerated here. The Lessee shall provide the County with prompt notice of defects in or damages to the exterior or structure of the Leased Premises or the major mechanical systems servicing the Leased Property. Lessee shall neither bring upon nor store upon the Leased Property any hazardous or toxic waste.

15. OWNERSHIP OF IMPROVEMENTS: Except as may be approved by the County (which approval shall not be withheld arbitrarily), the Lessee shall not make any alterations, additions, or improvements of any kind to the Leased Property. All alterations, additions and improvements made by the Lessee or the County upon the Leased Property shall become the property of the County and shall remain upon and be surrendered with the Leased Property upon termination of this Lease. Except in the case of emergency, the Lessee will not make or suffer to be made any alteration, additions, or improvements to or of the Leased Property or any part of the Leased Property, or attach any new fixtures or equipment to the Leased Property (except, however, fixtures or equipment which replace or substitute for existing equipment) without first obtaining the County's written consent, which consent shall not be withheld arbitrarily.

16. DESTRUCTION OR CONDEMNATION OF LEASED PROPERTY:

(A) In case of damage by casualty to the Leased Property or any part thereof, the Lessee's rental and expenses shall abate, in whole or in part, as set forth below, for the period of

time, if any, in which the Leased Property is untenantable. Specifically, for full abatement of Rent and expenses, untenantability shall be construed to mean such condition of the Leased Property, but not of any improvements on the Leased Property constructed or placed by the Lessee, as will cause the Lessee to be unable to use at least sixty percent (60%) of the Leased Property as authorized by this Lease. For a partial abatement of Rent and expenses proportionate to the percentage of the unusable portion of the Leased Property, untenantability shall be construed to mean such condition of the Leased Property, but not of any improvements on the Leased Property constructed or placed by the Lessee, as will cause the Lessee to be unable to use at least thirty percent (30%) but less than sixty percent (60%) of the Leased Property as authorized by this Lease. Within the first forty-five (45) days after destruction or damage to at least sixty percent (60%) of the Leased Property, the County shall have the right to terminate this Lease upon fifteen (15) days notice to the Lessee of its intention to not repair or reconstruct the Leased Property. Within this same forty-five (45) day period, Lessee may terminate this Lease upon fifteen (15) days notice to the County. In all situations in which the County does not terminate this Lease, the County shall repair promptly all damage and destruction to the Leased Property except for improvements on the Leased Property constructed or placed by the Lessee.

(B) In the event that the Leased Property, or any part thereof, are taken or condemned for public use or purpose by any competent authority, Lessee shall have no claim against the County and shall not have any claim or right to any portion of the amount that may be awarded as damages or paid as a result of any such condemnation; and all rights of the Lessee to damages therefore, if any, are hereby assigned by the Lessee to the County. Upon such condemnation or taking, the term of the Lease shall cease and terminate from the date of such governmental taking or condemnation

and the Lessee shall have no claim against the County for the value of any unexpired term of this Lease.

17. **GOVERNING LAW, JURISDICTION, and AND VENUE:** This Lease Agreement shall be governed by Maryland law and any action brought by or between the parties shall vest jurisdiction and venue exclusively in the Courts located in Anne Arundel County.

18. **GOVERNMENTAL IMMUNITY:** Notwithstanding any provision of this Lease to the contrary, nothing contained herein shall preclude the County from pleading governmental immunity in actions brought against it.

19. **NOTICE:** Any notice required pursuant to the terms of this Lease, or otherwise, shall be mailed by United States mail, certified, postage prepaid, or by recognized commercial courier or delivery service to the parties at the addresses listed below or to such other address as either party may designate in writing to the other.

County: Central Services
Real Estate Division
2660 Riva Road, 3rd Floor
Annapolis, Maryland 21401
Attn: Real Estate Manager

With a copy to: Anne Arundel County Office of Law
2660 Riva Road, 4th Floor
Annapolis, Maryland 21401

Lessee: Robert A. Pascal Youth and Family Services, Inc.
1215 Annapolis Road, Suite 204
Odenton, Maryland 21113

20. **ACCESS:** The County shall have access to the Leased Property at all reasonable times for the purpose of inspection or for the purpose of performing any maintenance and repairs as the

County may consider necessary or desirable. Except when an emergency exists that requires immediate attention, the County shall give the Lessee not less than twenty-four (24) hours prior notice that it desires to enter the Leased Property.

(A) Data Sharing - The Lessee shall be required to provide data from time to time at the County and/or Department of Health's sole request regarding their operations including caseload and other data that may reasonably be required to assess the operations of the facility and to permit the County to monitor the benefits of the facility to County citizens.

(B) Inspection and Monitoring - The Lessee shall be required to provide access to inspect and monitor compliance from time to time at the County and/or Department of Health's sole request regarding their operations to assess the operations of the facility and to permit the County to monitor the benefits of the facility to County citizens.

(C) Accrediting Body, State, County Audit and Monitoring Reports - The Lessee shall be required to provide to the County upon receipt copies of any and all monitoring reports received from any entity that accredits or licenses the Lessee's activities.

21. DELIVERY OF THE LEASED PROPERTY: At the expiration or other termination of this Lease Agreement, the Lessee shall remove all goods and effects from the Leased Property that are not the property of the County, and yield to the County the Leased Property and all keys, locks, and other fixtures connected therewith, in good repair, order, and condition in all respects, reasonable wear and use thereof excepted.

22. NON-DISCRIMINATION: At all times during the term of this Lease, or any renewal, the Lessee shall not discriminate in its use of the Leased Property against any person or group of persons because of the race, creed, color, sex, age, handicap, national origin, or ancestry of such person or group of persons.

23. DEFAULT, EFFECT OF DEFAULT, AND TERMINATION:

(A) Each of the following events shall constitute a default of this Lease ("Default"):

1. The Lessee's failure to pay Rent or other sums herein specified within twenty (20) calendar days after receipt of written notice of said default of the date of such Rent or sums are due; or

2. Either party's failure to perform or comply with any of the conditions or covenants of this Lease and such failure continues for a period of thirty (30) calendar days after written notice to that party.

(B) In the event of a material default by Lessee, the County may terminate this Lease and remove or require the Lessee to remove the Lessee's property from the Leased Property, without prejudice to any other remedy which the County might be entitled to pursue.

(C) In the event of a material default by County, the Lessee may terminate this Lease and remove Lessee's property from the Leased Property, without prejudice to any other remedy which the Lessee might be entitled to pursue.

24. WAIVERS: No waiver by either party of any provision of this Lease shall be deemed to be a waiver of any other provision hereof, of any subsequent breach by the other party of the same provision of this Lease. Any consent or approval by a party shall not be deemed to render unnecessary the obtaining of that party's consent to or approval of any subsequent act by the other party whether or not similar to the act so consented to or approved.

25. SEVERABILITY: In the event any provision of this Lease or application of any provision is held invalid for any reason or reasons, such invalidity shall not affect the other provisions or the applications hereto which can be given effect without the invalid provisions or application. To this end, all the provisions of this Lease are deemed to be severable, each from the

other.

26. **INTEGRATION CLAUSE:** This Lease contains the full and final agreement between the parties and no matter, whether written or oral, not herein contained, shall be understood to be part of the Lease unless properly executed, in writing, by both parties.

27. **CAPTIONS:** Captions in this Lease are for convenience only and shall not limit, enlarge or interpret the provisions of the Lease. Any personal pronoun used whether masculine, feminine or neuter shall include all the genders and the single shall include the plural. The plural shall include the singular unless the context shall indicate or specifically provide to the contrary.

28. **BENEFIT AND BURDEN:** The provisions of this Lease shall be binding upon, and shall inure to the benefit of the parties hereto and each of their respective heirs, personal representatives, legal representatives, successors and assigns, as appropriate.

29. **CONTINGENCY:** If the term of this Lease Agreement exceeds three years, this Lease Agreement is contingent upon approval by the Anne Arundel County Council, as required by Anne Arundel County Code, Article 8, §3-301. If this Lease Agreement is not approved, then it shall be null and void ab initio and of no further effect.

- Signature page to follow -

IN WITNESS THEREOF, the parties hereto have caused this Lease to be duly executed as of the day and year first above written.

ATTEST:

Bonnie Bancroft

ANNE ARUNDEL COUNTY, MARYLAND

By: Benjamin J. Birge 5/7/19
Benjamin J. Birge Date
Chief Administrative Officer for
Steuart Pittman, County Executive

ATTEST:

ROBERT A. PASCAL YOUTH
AND FAMILY SERVICES, INC.

By: Katherine Bonincanti 4-25-19
Name: Katherine Bonincanti, Date
Title: President and Executive Director

APPROVED FOR FORM AND LEGAL SUFFICIENCY
GREGORY J. SWAIN, COUNTY ATTORNEY

Christine B. Neiderer 4/29/19
Christine B. Neiderer, Assistant County Attorney Date

APPROVED

Christine A. Romans 5/2/19
Christine A. Romans, Central Services Officer Date

EXHIBIT

8

Government and Community
Letters of Support



Peter Franchot
Comptroller

August 3, 2022

Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Re: Certification of Need Application for Pascal Crisis Services, Inc.

Dear Chairman Sergent and Members:

I am writing to express my strong support for Pascal Crisis Services, Inc.'s Certificate of Need (CON) application to establish an Intermediate Care Facility providing treatment of alcohol and substance abuse disorders at 43 Community Place, Crownsville, MD 21032. The proposed program will improve access to and availability of these much-needed services for Marylanders.

I understand that Pascal Crisis Services, Inc.'s proposed program will offer all services permitted to be provided by a Track Two Intermediate Care Facility, including services classified by The American Society of Addiction Medicine ("ASAM") as Level III.7 - Medically Monitored Intensive Inpatient Services Withdrawal Management, and Level III.7D- Medically Monitored Inpatient Detoxification. If this program is approved, I am pleased that patients will have increased access to these services in Anne Arundel County and throughout the State of Maryland.

Maryland is suffering from a substance use disorder crisis that is devastating local communities. Marylanders deserve to have access to quality programs for the treatment of substance use disorders and the availability of care in one's own community is an important factor to successful, long-term recovery.

I believe Pascal Crisis Services, Inc. has demonstrated, in the five years they have operated the Pascal Crisis Stabilization Center, the ability to serve thousands of Marylanders in need and have developed excellence in behavioral health treatment through their innovative, non-traditional access point to provide excellent care to Marylanders suffering from substance use disorders and mental health crises. I respectfully request that the Maryland Health Care Commission approve Pascal Crisis Services, Inc.'s Certificate of Need application.

Sincerely,

PETER FRANCHOT
Comptroller

EDWARD R. REILLY
Legislative District 33
Anne Arundel County

Education, Health, and
Environmental Affairs Committee



THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

James Senate Office Building
11 Bladen Street, Room 316
Annapolis, Maryland 21401
410-841-3568 • 301-858-3568
800-492-7122 Ext. 3568
Fax 410-841-3067 • 301-858-3067
Edward.Reilly@senate.state.md.us

August 2, 2022

Ref: Certificate of Need Application for Pascal Crisis Services, Inc.

On behalf of the citizens of Anne Arundel County, I am writing to express my strong support for Pascal Crisis Services, Inc.'s Certificate of Need (CON) application to establish an Intermediate Care Facility providing treatment of alcohol and substance abuse disorders at 43 Community Place, Crownsville MD 21032. The proposed program will improve access to and availability of these much needed services for Marylanders.

I understand that Pascal Crisis Services, Inc.'s proposed program will offer all services permitted to be provided by a Track Two Intermediate Care Facility, including services classified by The American Society of Addiction Medicine ("ASAM") as Level III.7 - Medically Monitored Intensive Inpatient Services Withdrawal Management, and Level III.7D- Medically Monitored Inpatient Detoxification. If this program is approved, I am pleased that patients will have increased access to these services in Anne Arundel County and throughout the State of Maryland.

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Sincerely,

Edward R. Reilly

Edward R. Reilly
State Senator
District 33, Anne Arundel County

NICHOLAUS R. KIPKE
Legislative District 31B
Anne Arundel County

Health and Government
Operations Committee

Subcommittees

Government Operations and
Health Facilities

Insurance and Pharmaceuticals

Rules and Executive
Nominations Committee

Joint Committee on Legislative
Ethics

Legislative Policy Committee

Spending Affordability Committee



The Maryland House of Delegates
6 Bladen Street
Annapolis, Maryland 21401
410-841-3421 · 301-858-3421
800-492-7122 Ext. 3421
Fax 410-841-3553 · 301-858-3553
Nicholaus.Kipke@house.state.md.us

The Maryland House of Delegates

ANNAPOLIS, MARYLAND 21401

Wednesday, August 3, 2022

Ref: Certificate of Need Application for Pascal Crisis Services, Inc.

I am writing to express my strong support for Pascal Crisis Services, Inc.'s Certificate of Need application to establish an Intermediate Care Facility providing treatment of alcohol and substance abuse disorders at 43 Community Place, Crownsville MD 21032. The proposed program will improve access to and availability of these much needed services for Marylanders.

I understand that Pascal Crisis Services, Inc.'s proposed program will offer all services permitted to be provided by a Track Two Intermediate Care Facility, including services classified by The American Society of Addiction Medicine as Level III.7 - Medically Monitored Intensive Inpatient Services Withdrawal Management, and Level III.7D- Medically Monitored Inpatient Detoxification. If this program is approved, I am pleased that patients will have increased access to these services in Anne Arundel County and throughout the State of Maryland.

I believe Pascal Crisis Services, Inc. has demonstrated, in the five years they have operated the Pascal Crisis Stabilization Center, the ability to serve thousands of Marylanders in need and have developed excellence in behavioral health treatment through their innovative, non-traditional access point to provide excellent care to Marylanders suffering from substance use disorders and mental health crises. I respectfully request that the Maryland Health Care Commission approve Pascal Crisis Services, Inc.'s Certificate of Need application.

Sincerely,

A handwritten signature in blue ink that reads "Nic Kipke".

Nicholaus Ryan Kipke



STATE OF MARYLAND
FIFTH JUDICIAL CIRCUIT
CIRCUIT COURT FOR ANNE ARUNDEL COUNTY
8 CHURCH CIRCLE
ANNAPOLIS, MARYLAND
21401

STACY W. McCORMACK
JUDGE

TELEPHONE (410) 222-1382
FAX (410) 263-5750
STACY.McCORMACK@MDCOURTS.GOV

May 19, 2022

Center for Health Care Facilities Planning and Development
Maryland Health Care Commission
4160 Patterson Ave
Baltimore, Maryland 21215

Dear Maryland Health Care Commission,

On behalf of Anne Arundel County Circuit Court Adult Drug Court, please accept this letter of support to Pascal Crisis Services, Inc. in their application for a Certificate of Need (CON) to better serve the needs of those living with substance use disorder (SUD). Our region continues to experience a shortage of services that offer this level of detoxification treatment. Granting Pascal Crisis Services, Inc. a CON and the ability to offer 3.7 and 3.7WM will open more doors and provide increased access for those in need.

Pascal Crisis Services, Inc., provides a variety of invaluable services to the participants in the Adult Drug Court Program. Participants can be stabilized upon entrance to our program and readied for placement in long term treatment programs. Placements in community-based treatment can be salvaged when crisis beds are used for stabilization during difficult treatment episodes. Many of our participants have been stabilized at Pascal while awaiting treatment after being unable to discontinue substance use prior to placement in our program. Access to 3.7 and 3.7 WM will provide participants with needed services to help them choose to remain in care through the difficult withdrawal phase when many people choose to leave treatment and return to substance use.

Pascal Crisis Services, Inc. is committed to the services they offer and especially to the individuals in the public behavioral health system.



STATE OF MARYLAND
FIFTH JUDICIAL CIRCUIT
CIRCUIT COURT FOR ANNE ARUNDEL COUNTY
8 CHURCH CIRCLE
ANNAPOLIS, MARYLAND
21401

STACY W. McCORMACK
JUDGE

TELEPHONE (410) 222-1382
FAX (410) 263-5750
STACY.McCORMACK@MDCOURTS.GOV

I trust that by granting Pascal a CON and the ability to offer 3.7 and 3.7WM to their patients, they will continue to provide exemplary service to all those in need.

Anne Arundel County Circuit Court Adult Drug Court looks forward to working with Pascal in meeting future needs to better serve those with substance abuse.

Sincerely,

A handwritten signature in black ink, appearing to be "Stacy W. McCormack".

Honorable Stacy W. McCormack



Center for Health Care Facilities Planning and Development

Maryland Health Care Commission
4160 Patterson Ave

Baltimore, Maryland 21215

Dear Maryland Health Care Commission:

On behalf of Project Chesapeake, please accept this letter of support to Pascal Crisis Services, Inc. in their application for a Certificate of Need (CON) to better serve the needs of those living with substance use disorder (SUD). Our region continues to experience a shortage of services that offer this level of detoxification treatment. Granting Pascal Crisis Services, Inc. a CON and the ability to offer 3.7 and 3.7WM will open more doors and provide increased access for those in need.

We have found Pascal committed to the services they offer and especially to our shared, at-risk, and marginalized patient populations.

I trust that by granting Pascal a CON and the ability to offer 3.7 and 3.7WM to their patients, they will continue to provide exemplary service to all those in need. Project Chesapeake looks forward to working with Pascal in meeting future needs to better serve those with substance abuse.

Sincerely,

Rebekha Rogers, LCSW-C
Project Chesapeake
Clinical Director



Director, Center of Health Care Facilities
Planning and Development
Maryland Health Care Commission
4160 Patterson Ave.
Baltimore, Maryland 21215

Dear Maryland Health Care Commission/Director,

On behalf of Elevate Recovery Centers please accept this letter of support to Pascal Crisis Services, Inc. in their application for a Certificate of Need (CON) to better serve the needs of those living with substance use disorder (SUD). Our region continues to experience a shortage of services that offer this level of detoxification treatment. Granting Pascal Crisis Services, Inc. a CON and the ability to offer 3.7 and 3.7WM will open more doors and provide increased access for those in need.

I trust that by granting Pascal a CON and the ability to offer 3.7 and 3.7WM to their patients they will continue to provide exemplary service to all those in need. Our experience with Pascal has been that without them in the county and state that many suffering from Substance Abuse Disorders would not get the help that they need. Pascal has been on the front lines of the substance abuse issues that plague our county and state. Pascal being able to offer these services would help countless individuals. We offer our full support.

Sincerely,

Basile Ferro(Founder)
Elevate Recovery Centers

A handwritten signature in black ink, appearing to read "B. Ferro", is written below the typed name.



Grace House Recovery Services, LLC
883 Brighton Place
Glen Burnie, MD 21061
(443) 741-7044
Gracehouserecoveryservices@gmail.com

5-11-22

To Whom It May Concern:

We have worked very closely with this organization for several years. They are always available when we call and they help Grace House tremendously. A Pascal 3.7 ICF license would be able to provide necessary detox measurements for those in need. This license would be able to provide actual detox services rather than just withdrawal management services.

In this day and age clients and residents need all the help they can get the more that is offered the better the chances for success and that's what we strive for in this business. Grace House Recovery Services would like to see clients benefit from Pascal receiving 3.7 ICF license.

Dawn Klekotka, our Director can be reached at 443 741 7044 if needed.

Sincerely,


Patricia Crowley



06-08-2022

Josh Goldstein
Regional Director
Avenues Recovery Centers of Maryland

To whom it may concern,

I am privileged to be able to write this letter of recommendation on behalf of Avenues Recovery Centers of Maryland regarding Pascal Crisis Stabilization Center. Pascal has been a true pillar of stabilization for the Mental Health community. I have personally been working closely with Pascal and their Director Tiffany Sands, for over 4 years now and cannot recommend a better program to work with, within our field.

Wishing Pascal Crisis Stabilization Center, the best of luck with all their continuous services.

Respectfully,

Josh Goldstein
Regional Director
Avenues Recovery Centers of Maryland
Josh.goldstein@avenuesrecovery.com
443-571-5093



CHRYSALIS HOUSE INC.

Supporting Women and Their Children Through Recovery Since 1986

May 11, 2022

Randolph S. Sergent, Esq., Chairman
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Md. 21215

Attention: Ben Steffen, Executive Director

Re: Pascal Crisis Stabilization Center

Dear Mr. Chairman,

Chrysalis House, Inc. is proud of its longtime collaboration with our neighbor in Crownsville – The Pascal Crisis Stabilization Center. Pascal is a critical local Anne Arundel County provider of immediate, short-term behavioral health crisis services in a safe, structured setting, supporting the rapid de-escalation of mental health crises. Chrysalis House is pleased to support the Pascal's pending application for 3.7 ICF license in order to better be able to provide necessary detox measurements for those in need.

Since its opening on the site of the Crownsville State Hospital Center property, Chrysalis House has received countless local patient referrals from the PCSC for women in desperate need of inpatient treatment services which we offer. In addition to these referrals and on a less frequent basis, Chrysalis House has to refer some residential clients with acute mental health needs back to Pascal because we were not able to provide the care needed at the time.

The Pascal Crisis Stabilization Center is a key partner in the robust Crownsville, Anne Arundel County behavioral health community. Katherine Bonincontri, MHR, MS, LCPC-S is its inspirational and visionary leader and her career of service to this community is demonstrable of her commitment to the well-being of those struggling and suffering with acute addictions and trauma.

By way of information, Chrysalis House was founded in 1986 and provides substance use and mental health treatment services for women 18 years of age and older, while allowing their children to live onsite during their mother's program of recovery. In addition to our inpatient program, we also offer onsite transitional living and ongoing outpatient group and individual counseling. Further, we lease four homes for moms and their children in Anne Arundel County so each can continue their recovery in a safe and supportive environment. We serve women from across the state and all are funded on state Medicaid and public insurance.

Thank each of the members of the Maryland Health Care Commissions from Chrysalis House for his or her service to the citizens of Maryland. Please contact me if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Chris McCabe". The signature is written in a cursive, slightly slanted style.

Christopher J. McCabe
Executive Director
(Former Maryland State Senator and secretary, Md. Department of Human Resources)



Powell Recovery Center, Inc.

14 South Broadway

Baltimore, Maryland 21231

(410) 276 – 1773

(410) 276 – 2056 (fax)

Ms. Tiffany Sands, MA, LCPC-S, LPN, NCC

Clinical Director

Pascal Crisis Stabilization Center

Robert A. Pascal Youth and Family Services, Inc.

43 Community Place

Crownsville, MD 21032

Dear Ms. Sands:

I am writing to express the support of Powell Recovery Center, Inc. for ASAM 3.7 program at Pascal Crisis Stabilization Center. Powell refers and receives clients from Pascal Crisis Stabilization Center. Pascal Crisis Stabilization offering ASAM 3.7 level of care is much needed and will provide as an essential resource to fight the fentanyl epidemic.

Clients in need of ASAM 3.7 are at high risk and need immediate stabilization.

Powell is aware of how difficult it can be to find an open ASAM 3.7 bed for these at-risk clients who need immediate care. Pascal is a vital resource for these at-risk clients.

Powell Recovery Center, Inc. strongly supports the expansion for Pascal's quality treatment and immediate stabilization for these at-risk clients. We need to put recovery within reach for clients in need now more than ever.

Sincerely,

Kim Wireman

Kim Wireman, LCSW-C, LCADC
President/CEO



Center for Health Care Facilities Planning and Development
Maryland Health Care Commission
4160 Patterson Ave
Baltimore, Maryland 21215

Dear Maryland Health Care Commission,

On behalf of Harcum Homes, please accept this letter of support to Pascal Crisis Services, Inc. in their application for a Certificate of Need (CON) to better serve the needs of those living with substance use disorder (SUD). Our region continues to experience a shortage of services that offer this level of detoxification treatment. Granting Pascal Crisis Services, Inc. a CON and the ability to offer 3.7 and 3.7WM will open more doors and provide increased access for those in need.

Harcum Homes has been working with Pascal Crisis Stabilization since October of 2019. They have been an incredible resource for our high-risk, high-need population during Covid and during the Opioid Epidemic. Pascal has provided and still provides Mental Health stabilization, medication management, outpatient therapy, and Vivitrol injections to our residents. Pascal has had the best retention outcomes for MH services with our population than any other agency we have attempted to use since we opened in 2013. The ease of which to access outpatient has been above-and-beyond. Pascal communicates in an effective manner to coordinate aftercare before and after levels of care are completed at other facilities. As a result, our residents are living a better quality of life and staying in recovery longer than in past years. Prior to our work with Pascal, we were unable to access even outpatient services within Anne Arundel County for an average of three (3) to five (5) weeks. The barriers with other agencies included transportation, lack of available appointments for therapy and psychiatrists, lack of evening and weekend appointments, missed appointments resulting in immediate discharge, overmedicating, and poor communication. Pascal has allowed our populations to access outpatient services within 24 hours on average since 2019.

Currently, and due to the lack of self-referral beds, Pascal is having to turn people away for even Stabilization. Anne Arundel County is in desperate need for self-referral Crisis beds and inpatient Substance Use Disorder beds. Most of our residents have Medicaid and are placed on month long waitlists for inpatient levels of care after a relapse. We also get several calls a week from previous residents who need support after a length of sobriety. With the rate of overdoses in our county, and the willingness of the individual seeking help, we must make more beds available for Maryland residents. Harcum Homes is hopeful that Pascal will be given the opportunity to provide beds at 3.7 and 3.7WM. I am confident in their abilities to provide a quality level of care as they have been in all other capacities.

I trust that by granting Pascal a CON and the ability to offer 3.7 and 3.7WM to their patients, they will continue to provide exemplary service to all those in need.

Sincerely,

A handwritten signature in black ink, appearing to read 'Brianna Deshaies'.

Brianna Deshaies, M.S., L.C.A.D.C., L.C.P.C.
www.harcumhomesllc.com
harcumhomesllc@gmail.com



Recovery Centers *of* America

To Whom it May Concern,

My name is Emily Eskridge, and I am a Treatment Advocate for Recovery Centers of America. We are a detox and residential primary SUD and cooccurring treatment facility in MD. There are many reasons as to why Pascal having an ICF would be extremely beneficial and would be an asset to the community; especially how many more people they will be able to help struggling with SUD. Even though we provide detox at our facility, there are many times when we do not have a bed available right away or will need to utilize Pascal's services for more stabilization prior. Or there are many situations where we are unable to treat certain clients due to needing a different level of care than we provide, and it is my job to find them other placement, which finding them those resources can be extremely difficult especially when they need significant detox to get into a treatment program. There are also many circumstances where I work with patients who have no insurance at all and need detox services right away. The fact that Pascal is 24/7 it is always the first place that comes to mind when trying to get someone help RIGHT AWAY. They are always amazing at their response and trying to get someone in as soon as possible. I cannot express enough how needed this service is and will benefit the community 1000% including other counties as well; I have several coworkers in other counties that also utilize Pascal for their services. This would be so helpful for me as a provider and so many others, I cannot support this enough.

- Emily Eskridge
- Treatment Advocate at
Recovery Centers of America
- 301.655.0696
- eeskridge@recoverycoa.com

1-800-RECOVERY | recoverycentersofamerica.com/capital-region

Recovery Centers of America Capital Region
11100 Billingsley Road | Waldorf, MD 20602



Center for Health Care Facilities Planning and Development
Maryland Health Care Commission
4160 Patterson Ave
Baltimore, Maryland 21215

Dear Maryland Health Care Commission,

On behalf of Evolve Life Centers, please accept this letter of support to Pascal Crisis Services, Inc. in their application for a Certificate of Need (CON) to better serve the needs of those living with substance use disorder (SUD). Our region continues to experience a shortage of services that offer this level of detoxification treatment. Granting Pascal Crisis Services, Inc. a CON and the ability to offer 3.7 and 3.7WM will open more doors and provide increased access for those in need.

As operators in Anne Arundel County, we recognize the significant need for services at the 3.7 level. Pascal Crisis Services has already been a great support for our referrals, and we would love to see them be able to offer more.

Pascal Crisis Services, Inc. is committed to the services they offer and especially to the individuals in the public behavioral health system.

I trust that by granting Pascal a CON and the ability to offer 3.7 and 3.7WM to their patients, they will continue to provide exemplary service to all those in need.

Evolve Life Centers looks forward to working with Pascal in meeting future needs to better serve those with substance abuse.

Sincerely,

A handwritten signature in blue ink, appearing to read "Chris Pedersen", is written over a light blue circular stamp.

Chris Pedersen

Chief Operating Officer

Evolve Life Centers



Center for Health Care Facilities Planning and Development
Maryland Health Care Commission
4160 Patterson Ave
Baltimore, Maryland 21215

Dear Maryland Health Care Commission,

On behalf of Evolve Life Centers, please accept this letter of support to Pascal Crisis Services, Inc. in their application for a Certificate of Need (CON) to better serve the needs of those living with substance use disorder (SUD). Our region continues to experience a shortage of services that offer this level of detoxification treatment. Granting Pascal Crisis Services, Inc. a CON and the ability to offer 3.7 and 3.7WM will open more doors and provide increased access for those in need.

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Evolve Life Centers looks forward to working with Pascal in meeting future needs to better serve those with substance abuse.

Sincerely,

A handwritten signature in blue ink, appearing to be "SB", with a long horizontal flourish extending to the right.

Sara Burden

Chief Executive Officer

Evolve Life Centers

EXHIBIT

9

Clinical Licensure and
Organizational Charts

**MARYLAND DEPARTMENT OF HEALTH
BEHAVIORAL HEALTH ADMINISTRATION
SGHC – VOCATIONAL REHABILITATION BUILDING
55 WADE AVENUE
CATONSVILLE, MARYLAND 21228**

POST IN A CONSPICUOUS PLACE

Issued to:

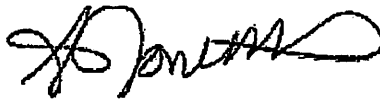
Robert A. Pascal Youth & Family Services, Inc.

DBA: Pascal Crisis Stabilization Center

**43 Community Place
Crownsville, MD, 21032**

PROGRAM TYPE/SERVICE LEVEL	Effective Date	Expiration Date	License #
Residential Crisis Services Program (RCS)	December 23, 2021	February 28, 2025	190909094
Outpatient Mental Health Center (OMHC)	December 23, 2021	February 28, 2025	190909095
Level 2.1 - Intensive Outpatient Treatment Program - Adults	October 29, 2021	December 30, 2022	191109247
Level 3.1 - Residential - Low intensity Program - Adults	October 29, 2021	December 30, 2022	191109249
Withdrawal Management Service	October 29, 2021	December 30, 2022	191109250

BED TYPE	COUNT
3.1;Withdrawal Mgt	16
Crisis	16



Aliya Jones, M.D., MBA
Deputy Secretary/Executive Director

(Not Transferable)

Authority to operate in the State is granted to the above entity pursuant to the Health-General Article, 7.5-204,7.5-205,7.5-401 and 10-922, Annotated Code of Maryland, and is subject to any and all statutory provisions, including all applicable rules and regulations promulgated thereunder. This document is not transferable and may be revoked by the Department. Falsification of a license shall subject the perpetrator to criminal prosecution and the imposition of civil fines.

Printed Date: December 23, 2021

MARYLAND DEPARTMENT OF HEALTH
BEHAVIORAL HEALTH ADMINISTRATION
SGHC – VOCATIONAL REHABILITATION BUILDING
55 WADE AVENUE
CATONSVILLE, MARYLAND 21228

POST IN A CONSPICUOUS PLACE

Issued to:
Robert A. Pascal Youth & Family Services, Inc.

1215 Annapolis Road, Suite 204
Odenton, MD, 21113

PROGRAM TYPE/SERVICE LEVEL	Effective Date	Expiration Date	License #
Outpatient Mental Health Center (OMHC)	December 23, 2021	February 28, 2025	190104091
Mobile Treatment Services Program (MTS)	June 24, 2021	December 30, 2023	191109242
Level 2.1 - Intensive Outpatient Treatment Program - Adults	June 24, 2021	December 30, 2023	210611201

BED TYPE	COUNT



Aliya Jones, M.D., MBA
Deputy Secretary/Executive Director

(Not Transferable)

Authority to operate in the State is granted to the above entity pursuant to the Health-General Article, 7.5-204, 7.5-205, 7.5-401 and 10-922, Annotated Code of Maryland, and is subject to any and all statutory provisions, including all applicable rules and regulations promulgated thereunder. This document is not transferable and may be revoked by the Department. Falsification of a license shall subject the perpetrator to criminal prosecution and the imposition of civil fines.

Printed Date: December 27, 2021

MARYLAND DEPARTMENT OF HEALTH
BEHAVIORAL HEALTH ADMINISTRATION
SGHC – VOCATIONAL REHABILITATION BUILDING
55 WADE AVENUE
CATONSVILLE, MARYLAND 21228

POST IN A CONSPICUOUS PLACE

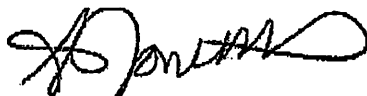
Issued to:

Robert A. Pascal Youth & Family Services, Inc.

1226 Annapolis Road
Odenton, MD, 21113

PROGRAM TYPE/SERVICE LEVEL	Effective Date	Expiration Date	License #
Level 3.3 - Residential - Medium Intensity Program	December 23, 2021	December 31, 2022	211011746
Level 3.5 - Residential - High Intensity Program - Adults	December 23, 2021	December 31, 2022	211011747
Residential Crisis Services Program (RCS)	May 5, 2020	August 31, 2022	200409778

BED TYPE	COUNT
3.3;3.5	
Crisis	6



Aliya Jones, M.D., MBA
Deputy Secretary/Executive Director

(Not Transferable)

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Printed Date: March 30, 2022



MARYLAND DEPARTMENT OF HEALTH
 BEHAVIORAL HEALTH ADMINISTRATION
 SGHC – VOCATIONAL REHABILITATION BUILDING
 55 WADE AVENUE
 CATONSVILLE, MARYLAND 21228

POST IN A CONSPICUOUS PLACE

Issued to:
 Robert A. Pascal Youth & Family Services, Inc.

1230 Annapolis Road
 Odenton, MD, 21113

PROGRAM TYPE/SERVICE LEVEL	Effective Date	Expiration Date	License #
Psychiatric Rehabilitation Program for Adults (PRP-A)	June 24, 2021	December 30, 2023	200109416
Level 2.1 Intensive Outpatient Treatment Program - Adults	June 24, 2021	December 30, 2023	210611202

BED TYPE	COUNT

Aliya Jones, M.D., MBA
 Deputy Secretary/Executive Director

(Not Transferable)

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Printed Date: June 24, 2021



959/99
5:1
WARD, MELISSA
43 COMMUNITY PL
CROWNSVILLE, MD 21032-2034



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
MW3624764	05-31-2024	\$888
XW3624764		
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	MLP-NURSE PRACTITIONER-DW	04-12-2021
WARD, MELISSA ROBERT A PASCAL YOUTH AND FAMILY SERVICES 43 COMMUNITY PL CROWNSVILLE, MD 21032-2034		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Registered activity within schedule is restricted by your state.

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
MW3624764	05-31-2024	\$888
XW3624764		
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	MLP-NURSE PRACTITIONER-DW	04-12-2021
WARD, MELISSA ROBERT A PASCAL YOUTH AND FAMILY SERVICES 43 COMMUNITY PL CROWNSVILLE, MD 21032-2034		

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Buprenorphine Pharmacy Lookup



- Melissa Ward is a certified Buprenorphine Provider.
- DEA Registration Number: MW3624764
- Licensed State: MD
- Date Certified: 2020-05-26
- Certified for 275 patients.



DEPARTMENT OF HEALTH

Larry Hogan, Governor • Boyd K. Rutherford, Lt. Governor • Dennis R. Schrader, Secretary

Office of Provider Engagement and Regulation
Office of Controlled Substances Administration
Susannah Beckerman, MA, Acting Director
Vocational Rehabilitation Building
4201 Patterson Ave, 5th Floor
Baltimore, MD 21215

CDS Registration Number	N86959
Registrant Name	MELISSA A WARD
Registrant Status	LICENSED
Classification	PRACTITIONER
Profession	CRNP
Issue Date	08/01/2020
Expiration Date	07/31/2023
Initial Registration Date	08/07/2015
Application Received Date	08/26/2020
Check Deposit Date (If "Blank". Payment is being processed.)	08/26/2020
License Status	MAILED
County	
Address	
43 COMMUNITY PL	
CROWNSVILLE	
MD 21032	

*After the payment has cleared, it will take approximately 6 weeks to complete a CDS Certification/Registration. In accordance with Maryland State Government Code Ann. § 10-226, If payment has cleared at least 2 calendar weeks before license expires, it does not expire until the final action is taken on the application.

*Permit Mailing Status "Mailed" applies to last "Registrant Issue Date" and does not represent a recent mailing Status.

Per COMAR 10.19.03.03, registration expires on date shown above. This page can serve as verification for active CDS registration until certificate arrives in mail.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
MN3704877 XN3704877	10-31-2024	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	MLP-NURSE PRACTITIONER- DW/275	10-10-2021
NEVERDON, HARRIETT 1041 CAMPBELL MEADOW RD OWINGS MILLS, MD 21117		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537
 REGISTERED ACTIVITY WITHIN SCHEDULE IS
 RESTRICTED BY YOUR STATE.

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
MN3704877 XN3704877	10-31-2024	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	MLP-NURSE PRACTITIONER-DW/275	10-10-2021
NEVERDON, HARRIETT 1041 CAMPBELL MEADOW RD OWINGS MILLS, MD 21117		

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Buprenorphine Pharmacy Lookup

- ✓
 - Harriett Neverdon is a certified Buprenorphine Provider.
 - DEA Registration Number: MN3704877
 - Licensed State: MD
 - Date Certified: 2020-06-01
 - Certified for 275 patients.



DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

Office of Provider Engagement and Regulation
Office of Controlled Substances Administration
Susannah Beckerman, MA, Acting Director
Vocational Rehabilitation Building
4201 Patterson Ave, 5th Floor
Baltimore, MD 21215

CDS Registration Number	N88105
Registrant Name	HARRIETT NEVERDON
Registrant Status	LICENSED
Classification	PRACTITIONER
Profession	CRNP
Issue Date	10/29/2020
Expiration Date	09/30/2023
Initial Registration Date	10/06/2015
Application Received Date	10/29/2020
Check Deposit Date (If "Blank", Payment is being processed.)	10/29/2020
License Status	MAILED
County	
Address 1041 CAMPBELL MEADOW RD OWING MILLS MD 21117	

*After the payment has cleared, it will take approximately 6 weeks to complete a CDS Certification/Registration. In accordance with Maryland State Government Code Ann. § 10-226, if payment has cleared at least 2 calendar weeks before license expires, it does not expire until the final action is taken on the application.

*Permit Mailing Status "Mailed" applies to last "Registrant Issue Date" and does not represent a recent mailing Status.

Per COMAR 10.19.03.03, registration expires on date shown above. This page can serve as verification for active CDS registration until certificate arrives in mail.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
MM6802272	01-31-2025	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	MLP-NURSE PRACTITIONER	10-18-2021
MORGAN, BAILEY PASCAL CRISIS STABILIZATION CENTER 43 COMMUNITY PL CROWNSVILLE, MD 210322034		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

REGISTERED ACTIVITY WITHIN SCHEDULE IS RESTRICTED BY YOUR STATE.

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

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CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
MM6802272	01-31-2025	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	MLP-NURSE PRACTITIONER	10-18-2021
MORGAN, BAILEY PASCAL CRISIS STABILIZATION CENTER 43 COMMUNITY PL CROWNSVILLE, MD 210322034		

REGISTERED ACTIVITY WITHIN SCHEDULE IS RESTRICTED BY YOUR STATE.

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Form DEA-223 (9/2016)

Buprenorphine Pharmacy Lookup



- Bailey Morgan is a certified Buprenorphine Provider.
- DEA Registration Number: MM6802272
- Licensed State: MD
- Date Certified: 2022-04-25
- Certified for 100 patients.



DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

Office of Provider Engagement and Regulation
Office of Controlled Substances Administration
Susannah Beckerman, MA, Acting Director
Vocational Rehabilitation Building
4201 Patterson Ave, 5th Floor
Baltimore, MD 21215

CDS Registration Number	N110785
Registrant Name	Bailey Morgan
Registrant Status	LICENSED
Classification	PRACTITIONER
Profession	CRNP
Issue Date	09/30/2021
Expiration Date	08/30/2024
Initial Registration Date	09/30/2021
Application Received Date	09/30/2021
Check Deposit Date (If "Blank", Payment is being processed.)	10/12/2021
License Status	MAILED
County	
Address	
43 Community Place	
Crownsville	
MD 21032	

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DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
MM3740796 XM3740796	01-31-2025	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	MLP-NURSE PRACTITIONER- DW/100	01-23-2022
MOHAMUD, IKRAN 1215 ANNAPOLIS RD ODENTON, MD 21113		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

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UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
MM3740796 XM3740796	01-31-2025	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	MLP-NURSE PRACTITIONER-DW/100	01-23-2022
MOHAMUD, IKRAN 1215 ANNAPOLIS RD ODENTON, MD 21113		

REGISTERED ACTIVITY WITHIN SCHEDULE IS
RESTRICTED BY YOUR STATE.

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Buprenorphine Pharmacy Lookup

- ✓
 - Ikran Mohamud is a certified Buprenorphine Provider.
 - DEA Registration Number: MM3740796
 - Licensed State: MD
 - Date Certified: 2022-05-03
 - Certified for 275 patients.



DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

Office of Provider Engagement and Regulation
Office of Controlled Substances Administration
Susannah Beckerman, MA, Acting Director
Vocational Rehabilitation Building
4201 Patterson Ave, 5th Floor
Baltimore, MD 21215

CDS Registration Number	N89081
Registrant Name	IKRAN AHMED A MOHAMUD
Registrant Status	LICENSED
Classification	PRACTITIONER
Profession	CRNP
Issue Date	11/01/2020
Expiration Date	10/31/2023
Initial Registration Date	11/25/2015
Application Received Date	10/12/2020
Check Deposit Date (If "Blank", Payment is being processed.)	10/12/2020
License Status	MAILED
County	
Address	9901 YORK ROAD COCKEYSVILLE MD 21030

*After the payment has cleared, it will take approximately 6 weeks to complete a CDS Certification/Registration. In accordance with Maryland State Government Code Ann. § 10-226, if payment has cleared at least 2 calendar weeks before license expires, it does not expire until the final action is taken on the application.

*Permit Mailing Status "Mailed" applies to last "Registrant Issue Date" and does not represent a recent mailing Status.

Per COMAR 10.19.03.03, registration expires on date shown above. This page can serve as verification for active CDS registration until certificate arrives in mail.

Online Waiver Verification

Electronic Prescribing Waivers (View Only) :



[Report Abuse](#) [Help](#)

| Grid View ▾ Unnamed Filter ▾ |

me	Address	Profession	License No.	CDS No.	Effective Date	Expiration Date		
1278	Ikran Mohamud	43 Community Place, Crownsville, Maryland 21032	Nurse Practit	R183296	N89081	2022-01-19	2023-01-19	
1297								
1298								
1299								
1300								
1301								

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BS3033165	02-28-2025	\$888
XS3033165		
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	PRACTITIONER-DW/275	01-20-2022
SCOTTO, NICHOLAS G MD EVOULUTION UNLIMITED 1215 ANNAPOLIS RD ODENTON, MD 211131344		

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D C 20537**

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537**

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BS3033165	02-28-2025	\$888
XS3033165		
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	PRACTITIONER-DW/275	01-20-2022
SCOTTO, NICHOLAS G MD EVOULUTION UNLIMITED 1215 ANNAPOLIS RD ODENTON, MD 211131344		

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Buprenorphine Pharmacy Lookup

- ✓
 - Nicholas Scotto is a certified Buprenorphine Provider.
 - DEA Registration Number: BS3033165
 - Licensed State: MD
 - Date Certified: 2007-01-26
 - Certified for 100 patients.



DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

Office of Provider Engagement and Regulation
Office of Controlled Substances Administration
Susannah Beckerman, MA, Acting Director
Vocational Rehabilitation Building
4201 Patterson Ave, 5th Floor
Baltimore, MD 21215

CDS Registration Number	M34746
Registrant Name	NICHOLAS G SCOTTO
Registrant Status	LICENSED
Classification	PRACTITIONER
Profession	MD
Issue Date	08/20/2021
Expiration Date	06/30/2024
Initial Registration Date	06/01/2004
Application Received Date	08/20/2021
Check Deposit Date (If "Blank", Payment is being processed.)	08/20/2021
License Status	MAILED
County	
Address 10632 LITTLE PATUXENT PKWY COLUMBIA MD 21044	

*After the payment has cleared, it will take approximately 6 weeks to complete a CDS Certification/Registration. In accordance with Maryland State Government Code Ann. § 10-226, if payment has cleared at least 2 calendar weeks before license expires, it does not expire until the final action is taken on the application.

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Per COMAR 10.19.03.03, registration expires on date shown above. This page can serve as verification for active CDS registration until certificate arrives in mail.



Maryland Board of Physicians

[Print Profile](#)

Physician Profile Portal

License Number: D43246 Dr. Nicholas Gerardo Scotto

License Type: Physician-Medical Doctor

License Status: Active

Licensed Issued: 05/28/1992 **License Expiration:** 09/30/2023

Special License Category: N/A

Primary Practice Setting Evolution Unlimited 1215 Annapolis Rd Annapolis, MD 21401	Public Address 1215 Annapolis Rd Odenton, MD 21113
--	---

Education

ROSS UNIV, SCH OF MED & VET MED, ROSEAU, DOMINICA
Graduated: 1988

Medical Assistance and Malpractice Insurance

Accept Medicaid? No

Maintains Malpractice Insurance? Yes

Postgraduate Training Program

School	Concentration
▶ Norwich Hospital, Norwich, CT	Psychiatry and Neurology, Psychiatry

Specialty Board Certification

by ABMS (<https://www.abms.org/>), AOA (<https://osteopathic.org/>), Royal College of Physicians and Surgeons of Canada, or the College of Family Physicians of Canada - as reported by licensee

- ▶ Medicine, Addiction
- ▶ Psychiatry and Neurology, Psychiatry

Self-Designated Practice Area

- ▶ Psychiatry and Neurology, Psychiatry
- ▶ Psychiatry and Neurology, Addiction Psychiatry

Maryland Hospital Privilege Information (as reported by licensee)

Licensee has not reported Maryland Hospital Privilege information for the profile site.

Medical Licenses Held in Other States (as reported by licensee)

Licensee has not reported Medical Licenses Held in Other States information for the profile site.

📌 Collaboration and Consultation Agreements

Collaboration and Consultation Agreements have not been reported for the profile site.

📌 Active Supervisee-Evaluation and Treatment Protocol

Evaluation and Treatment protocols have not been reported for the profile site.

📌 Active Supervisee - Delegation Agreement For Core Duties

Delegation Agreements have not been reported for the profile site.

📌 Known Disciplinary Actions by any state medical board (within the past 10 years)

In Maryland:

No Known Disciplinary Actions by the Maryland Board of Physicians have been reported.

Other States:

No Known Disciplinary Actions by any state medical board have been reported.

📌 Download all Maryland Disciplinary Actions

All Orders are downloaded in .pdf format.

📄 Order#: 11052003 (<https://www.mbp.state.md.us/bpqapp/Orders/D4324611.053.PDF>) dated 11/05/2003

📄 Order#: 08251999 (<https://www.mbp.state.md.us/bpqapp/Orders/D4324608.259.PDF>) dated 08/25/1999

📌 Pending Charges

📌 Please Read Description

All Charges are downloaded in .pdf format.

📄 Charge#: 08312021 (<https://www.mbp.state.md.us/bpqapp/Charges/D4324608.271.PDF>)
dated 08/31/2021

📌 Other Public Actions in the Practice of the Profession or Administrative Fines (including Maryland)

📌 Please Read Description

No reported Other Public Actions in the Practice of the Profession or Administrative Fines for this licensee.

📌 MALPRACTICE

Malpractice (Information to be taken into consideration when reviewing a Licensee's profile)

📌 Please Read Malpractice Disclosure

▶ **Malpractice Judgments and Arbitration Awards (within the past 10 years)**

None Reported

▶ **Malpractice Settlements**

(If there are 3 or more settlements of \$150,000 or greater within the past 5 years)

None Reported

📌 Convictions for any crime involving moral turpitude

None reported by the courts.



MARYLAND DEPARTMENT OF HEALTH

Licensee Details

Effective March 12, 2020 Governor Hogan's Executive Order has suspended the expiration of professional licenses until further notice.

Full Name: MICHELLE ERIN LASTNER Home State: Compact State

License

Lic #: LP52768 Status: Active
Profession: Nursing Issue Date: 3/22/2016
Type: LICENSED PRACTICAL NURSE Date Renewed: 7/9/2020
Obtained by: Exam US Expiration Date: 9/28/2022
State:

Education

School: GLOBAL HEALTH NURSE TRAINING SERVICES
Profession: Nursing DIPLOMA
Specialty:
Type: LPN
School:
Profession: Nursing Bachelor of Science
Specialty:
Type: LPN

Employment

No Employment Information

License CSR Information

No License CSR Information

CheckList Information

No CheckList Information

Public Orders

No Related Documents

DISCLAIMER

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MARYLAND DEPARTMENT OF HEALTH

Licensee Details

Effective March 12, 2020 Governor Hogan's Executive Order has suspended the expiration of professional licenses until further notice.

Full Name: TIFFANY SANDS Home State: Compact State

License

Lic #:	LP46988	Status:	Active
Profession:	Nursing	Issue Date:	10/22/2009
Type:	LICENSED PRACTICAL NURSE	Date Renewed:	10/13/2020
Obtained by:	Exam	Expiration Date:	10/28/2022
State:			

Education

School:	COLLEGE OF SOUTHERN MARYLAND		
Profession:	Nursing		DIPLOMA
Specialty:			
Type:	LPN		
School:			
Profession:	Nursing		DIPLOMA
Specialty:			
Type:	LPN		
School:			
Profession:	Nursing		Graduate Equivalancy
Specialty:			
Type:	LPN		

Employment

No Employment Information

License CSR Information

No License CSR Information

CheckList Information

No CheckList Information

Public Orders

No Related Documents



MARYLAND DEPARTMENT OF HEALTH

Licensee Details

Effective March 12, 2020 Governor Hogan's Executive Order has suspended the expiration of professional licenses until August 15, 2021.

Full Name: HARRIETT NEVERDON Home State: Compact State

License

Lic #:	RI90033	Status:	Active
Profession:	Nursing	Issue Date:	8/26/2015
Type:	CRNP-FAMILY	Date Renewed:	6/7/2021
Obtained by:	Application - Active (I)	Expiration Date:	5/28/2023
State:			

Education

School:	TOWSON STATE UNIVERSITY	
Profession:	Nursing	BACCALAUREATE IN NURSING
Specialty:		
Type:	RN	
School:	TOWSON STATE UNIVERSITY	
Profession:	Nursing	BACCALAUREATE IN NURSING
Specialty:		
Type:	RN	
School:	TOWSON STATE UNIVERSITY	
Profession:	Nursing	BACCALAUREATE IN NURSING
Specialty:		
Type:	RN	

Employment

No Employment Information

License CSR Information

No License CSR Information

CheckList Information

No CheckList Information

Public Orders

No Related Documents



MARYLAND DEPARTMENT OF HEALTH

Licensee Details

Effective March 12, 2020 Governor Hogan's Executive Order has suspended the expiration of professional licenses until August 15, 2021.

Full Name: BAILEY ANN MORGAN Home State: Maryland Only

License

Lic #: AC003853 Status: Active
Profession: Nursing Issue Date: 8/2/2021
Type: AC-CRNP-FAMILY Date Renewed:
Obtained by: Compact State Additional Cert. Expiration Date: 7/28/2023
State:

Education

School: Walden University
Profession: Nursing Master of Science
Specialty:
Type: College/University

Employment

No Employment Information

License CSR Information

No License CSR Information

CheckList Information

No CheckList Information

Public Orders

No Related Documents

NIMER

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MARYLAND DEPARTMENT OF HEALTH

Licensee Details

Full Name: WILLIAM NISEWANER **Home State:** Compact State

License

Lic #:	LP31176	Status:	Active
Profession:	Nursing	Issue Date:	8/25/1998
Type:	LICENSED PRACTICAL NURSE	Date Renewed:	8/18/2021
Obtained by:	Application - Active (5004)	Expiration Date:	8/28/2023
State:	NC		

Education

School:	ARMY PRACTICAL NURSE COURSE	
Profession:	Nursing	LPN - CERT
Specialty:		
Type:	LPN	
School:	OTHER	
Profession:	Nursing	
Specialty:		
Type:	LPN	
School:	OTHER	
Profession:	Nursing	
Specialty:		
Type:	RN	
School:		
Profession:	Nursing	BACCALAUREATE IN OTHER FIELD
Specialty:		
Type:	EITHER	
School:	OTHER	
Profession:	Nursing	
Specialty:		
Type:	LPN	
School:	OTHER	
Profession:	Nursing	
Specialty:		
Type:	RN	



MARYLAND DEPARTMENT OF HEALTH



Licensee Details

Full Name: MELISSA WARD Home State: Compact State

License

Lic #: R193443 Status: Active
Profession: Nursing Issue Date: 2/27/2020
Type: CRNP-PMH Date Renewed: 10/13/2021
Obtained by: Application - Active (5004) Expiration Date: 11/28/2023
State:

Education

School:
Profession: Nursing BACCALAUREATE IN NURSING
Specialty:
Type: RN
School: JOHNS HOPKINS UNIVERSITY
Profession: Nursing MASTER'S IN NURSING
Specialty:
Type: College/University

Employment

No Employment Information

License CSR Information

No License CSR Information

CheckList Information

No CheckList Information

Public Orders

No Related Documents

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MARYLAND DEPARTMENT OF HEALTH

Licensee Details

Full Name: ANDREW BRANDON IRVING **Home State:** Compact State

License

Lic #:	R153986	Status:	Active
Profession:	Nursing	Issue Date:	8/17/2001
Type:	REGISTERED NURSE	Date Renewed:	11/22/2021
Obtained by:	Exam	Expiration Date:	11/28/2023
State:			

Education

School: ANNE ARUNDEL COMMUNITY COLL
Profession: Nursing **Associate Degree**
Specialty:
Type: RN

School:
Profession: Nursing **DIPLOMA**
Specialty:
Type: EITHER

School: ANNE ARUNDEL COMMUNITY COLL
Profession: Nursing
Specialty:
Type: RN

School: ANNE ARUNDEL COMMUNITY COLL
Profession: Nursing
Specialty:
Type: RN

School:
Profession: Nursing **Associate Degree**
Specialty:
Type: RN

Employment

No Employment Information

License CSR Information



MARYLAND BOARD OF NURSING



MARYLAND DEPARTMENT OF HEALTH



Licensee Details

Full Name: BRITTANY WINDELL **Home State:** Compact State

License

Lic #:	R250096	Status:	Active
Profession:	Nursing	Issue Date:	7/27/2021
Type:	REGISTERED NURSE	Date Renewed:	6/22/2022
Obtained by:	7001 Exam Import US Web	Expiration Date:	7/28/2024
State:			

Education

School:	ANNE ARUNDEL COMMUNITY COLLEGE - ADN		
Profession:	Nursing		AD
Specialty:			
Type:	RN		

Employment

No Employment Information

License CSR Information

No License CSR Information

CheckList Information

No CheckList Information

Public Orders

No Related Documents

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State Board Of Professional Counselors & Therapists
License Verification Information

Verify Licensee
Verify Supervisor
Verify Alcohol-Drug Trainee
Home Page

Full Name	Marci L. Sank
License Number	SC3111
Type of License	Supervised Cert Alcohol & Drug Counselor
Status	Active
License Expiration Date	1/31/2024
Original Lic Date	6/22/2022
Background Check Date	
Reinstatement Date	
Reactivation Date	
Reprimand Date	
Revocation Date	
Probation Date	
Suspension Date	

Notice:

Effective July 1, 2019, the Board will no longer print paper licenses or certificates. This is considered the primary source for verifying a license or certificate.

DISCIPLINARY ACTIONS:

For Information concerning specific Disciplinary Actions, please check the [Disciplinary Actions Page](#).
The fee for written verifications is \$20.00 per license or certificate holder.

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The data is derived directly from the Board license database and is updated on a daily basis. The Board's website at <http://www.dhmh.maryland.gov/bopc/> is considered a primary source for this data, which is the same information the Board provides through other means, such as phone, fax, or mail, and is true and complete to the best of the Board's knowledge.



MARYLAND Department of Health

Larry Hogan, Governor · Boyd Rutherford, Lt. Governor · Robert R. Neall, Secretary

State Board Of Professional Counselors & Therapists

License Verification Information

If a license/authorization expires during the State of Emergency, it will remain Active for 30 days after the State of Emergency is lifted.

Verify Licensee	Full Name	TIFFANY M SANDS
Verify Supervisor	License Number	LC8129
Verify Alcohol-Drug Trainee	Type of License	Licensed Clinical Professional Counselor
Home Page	Status	Active
	License Expiration Date	1/31/2023
	Original Lic Date	9/11/2017
	Zip Code	20732
	Work Phone	410-975-0067
	Supervision Approval Date	1/24/2019
	Approved to Supervise	LGPC

Notice:

Effective July 1, 2019, the Board will no longer print paper licenses or certificates. This is considered the primary source for verifying a license or certificate.

If the business phone is blank then the licensee did not provide it to the Board.

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Maryland

DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

Board of Professional Counselors and Therapists

4201 Patterson Avenue, Suite 316
Baltimore, MD 21215

December 13, 2021

Tiffany M. Sands
7951 Stream Walk Way
Chesapeake Beach, MD 20732

RE: Alcohol and Drug Approved Supervisor

Dear Tiffany Sands,

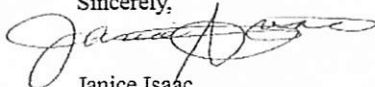
I am pleased to inform you that your application for the Licensed Clinical Alcohol and Drug Approved Supervisor designation under the Maryland Board of Professional Counselors and Therapists has been approved. If you are certified or licensed under our Board, your name will appear on the Board website (www.health.maryland.gov/bopc) under the "Supervisor Verification" section as an approved supervisor. Your reference number is 1349. (Your reference number does not appear online). This supervision authorization allows you to supervise the following Alcohol and Drug Credentials: LGADC, CAC, CSC, Trainee. Your approved supervisor designation is valid as long as your certification/ clinical license is current and in good standing.

Please note the following:

- Your alcohol and drug approved supervisor status does not allow you to work independently or supervise a person with a higher credential if you are a CAC-AD (*Certified Associate counselor – Alcohol and drug*).
- Your approved supervisor status may be rescinded if you violate the Maryland Board of Professional Counselors and Therapists Code of Ethics;
- You must inform the Board, in writing, of any change in name or home address; and
- You must inform the Board, in writing, if you no longer want to be listed as a Licensed Clinical Alcohol and Drug Approved Supervisor
- You can refer to the Laws and Regulation section of the Board's website for Supervision regulations: *COMAR 10.58.13* (Licensed Graduate Alcohol and Drug Counselor and Graduate level Trainees) or *COMAR 10.58.14* (Certified Counselors and Trainees pursuing certification.)

Please retain a copy of this letter for your records as this will be your only notification of your approval.

Sincerely,



Janice Isaac
Licensure Coordinator: Alcohol and Drug/Art Therapy





MARYLAND Department of Health

Larry Hogan, Governor · Boyd Rutherford, Lt. Governor · Robert R. Neall, Secretary

State Board Of Professional Counselors & Therapists

License Verification Information

If a license/authorization expires during the State of Emergency, it will remain Active for 30 days after the State of Emergency is lifted.

Verify Licensee	Full Name	Lisa K Ojst
Verify Supervisor	License Number	LC6796
Verify Alcohol-Drug Trainee	Type of License	Licensed Clinical Professional Counselor
Home Page	Status	Active
	License Expiration Date	1/31/2023
	Original Lic Date	12/3/2015
	Zip Code	21012
	Work Phone	443-254-7555
	Supervision Approval Date	3/30/2018
	Approved to Supervise	LGPC

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MARYLAND Department of Health

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Verify Licensee	Full Name	KATHERINE A BONINCONTRI
Verify Supervisor	License Number	LC2400
Verify Alcohol-Drug Trainee	Type of License	Licensed Clinical Professional Counselor
Home Page	Status	Active
	License Expiration Date	1/31/2023
	Original Lic Date	5/2/2007
	Zip Code	21114
	Work Phone	410-975-0067
	Supervision Approval Date	4/28/2014
	Approved to Supervise	LGPC

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License Verification Information

[Verify Licensee](#)
[Verify Supervisor](#)
[Verify Alcohol-Drug Trainee](#)
[Home Page](#)

Full Name	Michelle Shores
License Number	LC9541
Type of License	Licensed Clinical Professional Counselor
Status	Active
License Expiration Date	1/31/2023
Original Lic Date	5/9/2019
Zip Code	21012
Work Phone	410-975-0067
Supervision Approval Date	10/20/2021
Approved to Supervise	LGPC

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License Verification Information

Verify Licensee Verify Supervisor Verify Alcohol-Drug Trainee Home Page	Full Name	KATHERINE WERNER
	License Number	LC10654
	Type of License	Licensed Clinical Professional Counselor
	Status	Active
	License Expiration Date	1/31/2024
	Original Lic Date	7/23/2020
	Background Check Date	
	Reinstatement Date	
	Reactivation Date	
	Reprimand Date	
	Revocation Date	
	Probation Date	
	Suspension Date	

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License Verification Information

[Verify Licensee](#)
[Verify Supervisor](#)
[Verify Alcohol-Drug Trainee](#)
[Home Page](#)

Full Name	Betty J. DeBerry-Sumner
License Number	LC11620
Type of License	Licensed Clinical Professional Counselor
Status	Active
License Expiration Date	1/31/2023
Original Lic Date	6/29/2021
Background Check Date	
Reinstatement Date	
Reactivation Date	
Reprimand Date	
Revocation Date	
Probation Date	
Suspension Date	

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State Board Of Professional Counselors & Therapists
 License Verification Information

Verify Licensee
 Verify Supervisor
 Verify Alcohol-Drug Trainee
 Home Page

Full Name	Tara N. Mitchell
License Number	LC12208
Type of License	Licensed Clinical Professional Counselor
Status	Active
License Expiration Date	1/31/2023
Original Lic Date	12/3/2021
Background Check Date	
Reinstatement Date	
Reactivation Date	
Reprimand Date	
Revocation Date	
Probation Date	
Suspension Date	

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License Verification Information

[Verify Licensee](#)
[Verify Supervisor](#)
[Verify Alcohol-Drug Trainee](#)
[Home Page](#)

Full Name	DAVID LEFKOWITZ
License Number	LC12325
Type of License	Licensed Clinical Professional Counselor
Status	Active
License Expiration Date	1/24/2024
Original Lic Date	1/26/2022
Background Check Date	
Reinstatement Date	
Reactivation Date	
Reprimand Date	
Revocation Date	
Probation Date	
Suspension Date	

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License Verification Information

Verify Licensee Verify Supervisor Verify Alcohol-Drug Trainee Home Page	Full Name	DINA KEMMOU
	License Number	LC12489
	Type of License	Licensed Clinical Professional Counselor
	Status	Active
	License Expiration Date	1/31/2024
	Original Lic Date	3/8/2022
	Background Check Date	
	Reinstatement Date	
	Reactivation Date	
	Reprimand Date	
	Revocation Date	
	Probation Date	
	Suspension Date	

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 License Verification Information

Verify Licensee
 Verify Supervisor
 Verify Alcohol-Drug Trainee
 Home Page

Full Name	Scott D. Feldman
License Number	LC12706
Type of License	Licensed Clinical Professional Counselor
Status	Active
License Expiration Date	1/31/2024
Original Lic Date	5/19/2021
Background Check Date	
Reinstatement Date	
Reactivation Date	
Reprimand Date	
Revocation Date	
Probation Date	
Suspension Date	

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 License Verification Information

Verify Licensee
 Verify Supervisor
 Verify Alcohol-Drug Trainee
 Home Page

Full Name	JUNE F. DICKERSON
License Number	LC12755
Type of License	Licensed Clinical Professional Counselor
Status	Active
License Expiration Date	1/31/2024
Original Lic Date	6/3/2022
Background Check Date	
Reinstatement Date	
Reactivation Date	
Reprimand Date	
Revocation Date	
Probation Date	
Suspension Date	

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State Board Of Professional Counselors & Therapists
License Verification Information

Verify Licensee Verify Supervisor Verify Alcohol-Drug Trainee Home Page	Full Name	Agnes Macharia
	License Number	LC12774
	Type of License	Licensed Clinical Professional Counselor
	Status	Active
	License Expiration Date	1/31/2024
	Original Lic Date	6/9/2022
	Background Check Date	
	Reinstatement Date	
	Reactivation Date	
	Reprimand Date	
	Revocation Date	
	Probation Date	
	Suspension Date	

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Verify Licensee
Verify Supervisor
Verify Alcohol-Drug Trainee
Home Page

Full Name	Aditi S. Kaji
License Number	LGP10942
Type of License	Licensed Graduate Professional Counselor
Status	Active
License Expiration Date	10/31/2022
Original Lic Date	10/22/2020
Background Check Date	
Reinstatement Date	
Reactivation Date	
Reprimand Date	
Revocation Date	
Probation Date	
Suspension Date	

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State Board Of Professional Counselors & Therapists

License Verification Information

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Verify Licensee Verify Supervisor Verify Alcohol-Drug Trainee Home Page	Full Name	MELISSA DOUGHTY
	License Number	LGP10908
	Type of License	Licensed Graduate Professional Counselor
	Status	Active
	License Expiration Date	10/31/2022
	Original Lic Date	10/14/2020
	Background Check Date	
	Reinstatement Date	
	Reactivation Date	
	Reprimand Date	
	Revocation Date	
	Probation Date	
Suspension Date		

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License Verification Information

Verify Licensee
 Verify Supervisor
 Verify Alcohol-Drug Trainee
 Home Page

Full Name	Traci C Jordan
License Number	LGP11794
Type of License	Licensed Graduate Professional Counselor
Status	Active
License Expiration Date	8/31/2023
Original Lic Date	8/11/2021
Background Check Date	
Reinstatement Date	
Reactivation Date	
Reprimand Date	
Revocation Date	
Probation Date	
Suspension Date	

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State Board Of Professional Counselors & Therapists

License Verification Information

If a license/authorization expires during the State of Emergency, it will remain Active for 30 days after the State of Emergency is lifted.

Verify Licensee Verify Supervisor Verify Alcohol-Drug Trainee Home Page	Full Name	KEISHARELY PEREZ
	License Number	LGP11231
	Type of License	Licensed Graduate Professional Counselor
	Status	Active
	License Expiration Date	2/28/2023
	Original Lic Date	2/23/2021
	Background Check Date	
	Reinstatement Date	
	Reactivation Date	
	Reprimand Date	
	Revocation Date	
	Probation Date	
	Suspension Date	

Notice:

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State Board Of Professional Counselors & Therapists

License Verification Information

Verify Licensee
 Verify Supervisor
 Verify Alcohol-Drug Trainee
 Home Page

Full Name	LaTeise Jones
License Number	LGP11556
Type of License	Licensed Graduate Professional Counselor
Status	Active
License Expiration Date	6/30/2023
Original Lic Date	6/9/2021
Background Check Date	
Reinstatement Date	
Reactivation Date	
Reprimand Date	
Revocation Date	
Probation Date	
Suspension Date	

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State Board Of Professional Counselors & Therapists

License Verification Information

[Verify Licensee](#)
[Verify Supervisor](#)
[Verify Alcohol-Drug Trainee](#)
[Home Page](#)

Full Name	CLARAFRANCIE CROMER SOWERS
License Number	LGP12097
Type of License	Licensed Graduate Professional Counselor
Status	Active
License Expiration Date	10/31/2023
Original Lic Date	10/27/2021
Background Check Date	
Reinstatement Date	
Reactivation Date	
Reprimand Date	
Revocation Date	
Probation Date	
Suspension Date	

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State Board Of Professional Counselors & Therapists
License Verification Information

Verify Licensee
 Verify Supervisor
 Verify Alcohol-Drug Trainee
 Home Page

Full Name	Darlene D. Vine-Richardson
License Number	LGP10132
Type of License	Licensed Graduate Professional Counselor
Status	Active
License Expiration Date	12/31/2023
Original Lic Date	12/30/2019
Background Check Date	
Reinstatement Date	
Reactivation Date	
Reprimand Date	
Revocation Date	
Probation Date	
Suspension Date	

Notice:

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State Board Of Professional Counselors & Therapists
 License Verification Information

Verify Licensee Verify Supervisor Verify Alcohol-Drug Trainee Home Page	Full Name	KARI WHELAN
	License Number	LGP12534
	Type of License	Licensed Graduate Professional Counselor
	Status	Active
	License Expiration Date	3/31/2024
	Original Lic Date	3/23/2022
	Background Check Date	
	Reinstatement Date	
	Reactivation Date	
	Reprimand Date	
	Revocation Date	
	Probation Date	
	Suspension Date	

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State Board Of Social Work Examiners

LICENSE VERIFICATION

Verify Licensee	Full Name	CHELSEA TARLETON
Verify Supervisor	License Level	LCSWC - Certified - Clinical
Home Page	License Number	22688
	Status	Active / In Good Standing
	Original License Date	10/22/2020
	How Licensed	Examination
	Expiration Date	10/31/2022
	Independent Practice	
	Disciplinary Action	NO

2020 - CORONAVIRUS (COVID-19)- UPDATE:

Due to the Governor's proclamation of a State of Emergency, the Board is automatically extending the time to complete license renewal requirements to all licensees until 30 days after the State of Emergency is lifted for the 2020 license renewal period. Under the Governor's Executive Order and State of Emergency licenses will not be considered expired until 30 days after the State of Emergency is over. Therefore, licenses with an expiration date of **October 31, 2020** will continue to indicate an **Active status** until 30 days after the State of Emergency is over.

2018

Effective July 1, 2018 the Board will no longer generate paper verification of licenses. The primary and sole source to verify a license is the Board's website.

Effective July 1, 2018 the designation of LGSW was automatically changed to LMSW. Licensed Graduate Social Worker to Licensed Master Social Worker.

2014

Effective January 1, 2014 The Board No Longer Prints Paper Licenses. The Verification Page Is the Primary Source for Verifying a License.

Effective January 1, 2014 the designation of LSWA was automatically changed to LBSW. From Licensed Social Work Associate to Licensed Bachelor Social Worker.

2008

Effective January 1, 2008 the Board issued licenses with a "unique" license number which remains the same from one licensure category to another licensure category

ANNOUNCEMENT: Extension of Social Work License Expiration Date

Under normal circumstances, the online renewal system would close at 11:59 pm (EST) on October 31, 2020; however, pursuant to [Governor Hogan's Executive Order](#) of March 12, 2020, the Board will extend the expiration date to 6/30/2021.

INACTIVE STATUS & NON-RENEWED STATUS:

(Please note: an inactive & non-renewed license is an expired license)

An individual may submit an application for **Reactivation or Reinstatement**, respectively, **up to 5 years** from the **Expiration Date**. **After 5 years**, an individual will need to submit an application for **Re-licensure** and meet the current examination and licensing requirements. All applications are on the Board's website



MARYLAND Department of Health

Larry Hogan, Governor · Boyd Rutherford, Lt. Governor · Robert R. Neall, Secretary

State Board Of Social Work Examiners

LICENSE VERIFICATION

Verify Licensee	Full Name	CHRISTINA M. SCHIAVONE
Verify Supervisor	License Level	LCSWC - Certified - Clinical
Home Page	License Number	12776
	Status	Active / In Good Standing
	Original License Date	7/6/2005
	How Licensed	Examination
	Expiration Date	10/31/2022
	Independent Practice	
	Disciplinary Action	NO

2020 - CORONAVIRUS (COVID-19)- UPDATE:

Due to the Governor's proclamation of a State of Emergency, the Board is automatically extending the time to complete license renewal requirements to all licensees until 30 days after the State of Emergency is lifted for the 2020 license renewal period. Under the Governor's Executive Order and State of Emergency licenses will not be considered expired until 30 days after the State of Emergency is over. Therefore, licenses with an expiration date of **October 31, 2020** will continue to indicate an **Active status** until 30 days after the State of Emergency is over.

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ANNOUNCEMENT: Extension of Social Work License Expiration Date

Under normal circumstances, the online renewal system would close at 11:59 pm (EST) on October 31, 2020; however, pursuant to [Governor Hogan's Executive Order](#) of March 12, 2020, the Board will extend the expiration date "to the 30th day after the date by which the state of emergency is terminated and the catastrophic health emergency is rescinded."

INACTIVE STATUS & NON-RENEWED STATUS:

(Please note: an inactive & non-renewed license is an expired license)

An individual may submit an application for [Reactivation or Reinstatement](#), respectively, [up to 5 years](#) from the [Expiration Date](#). [After 5 years](#), an individual will need to submit an application for [Re-licensure](#) and meet the current examination and licensing requirements. All applications are on the Board's website

DISCIPLINARY ACTIONS:

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State Board Of Social Work Examiners

LICENSE VERIFICATION

Verify Licensee	Full Name	AISHA SARA-ANN MARIE BLOOMFIELD
Verify Supervisor	License Level	LMSW - Master
Home Page	License Number	27108
	Status	Active / In Good Standing
	Original License Date	5/11/2021
	How Licensed	Examination
	Expiration Date	10/31/2023
	Independent Practice	
	Disciplinary Action	NO

2020 - CORONAVIRUS (COVID-19)- UPDATE:

Due to the Governor's proclamation of a State of Emergency, the Board is automatically extending the time to complete license renewal requirements to all licensees until 30 days after the State of Emergency is lifted for the 2020 license renewal period. Under the Governor's Executive Order and State of Emergency licenses will not be considered expired until 30 days after the State of Emergency is over. Therefore, licenses with an expiration date of **October 31, 2020** will continue to indicate an **Active status** until 30 days after the State of Emergency is over.

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2014

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2008

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ANNOUNCEMENT: Extension of Social Work License Expiration Date

Under normal circumstances, the online renewal system would close at 11:59 pm (EST) on October 31, 2020; however, pursuant to Governor Hogan's Executive Order of March 12, 2020, the Board will extend the expiration date to 6/30/2021.

INACTIVE STATUS & NON-RENEWED STATUS:

(Please note: an inactive & non-renewed license is an expired license)

An individual may submit an application for **Reactivation or Reinstatement**, respectively, **up to 5 years** from the **Expiration Date**. **After 5 years**, an individual will need to submit an application for **Re-licensure** and meet the current examination and licensing requirements. All applications are on the Board's website



State Board Of Social Work Examiners
LICENSE VERIFICATION

Verify Licensee	Full Name	TAYLOR ELIZABETH WASHINGTON
Verify Supervisor	License Level	LMSW - Master
Home Page	License Number	28280
	Status	Active / In Good Standing
	Original License Date	2/25/2022
	How Licensed	Examination
	Expiration Date	10/31/2024
	Independent Practice	
	Disciplinary Action	NO

REQUIREMENTS FOR THE LCSW-C LICENSE:

Since October 1, 2000 applicants for the LCSW-C license must have obtained 2 years and at least 3,000 hours of clinical social work experience under clinical social work supervision and a minimum of 144 hours of face-to-face supervision in the assessment, formulation of a diagnostic impression, and treatment of mental disorders and other conditions and the provision of psychotherapy.

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Licensee Details

Full Name: IKRAN MOHAMUD **Home State:** Compact State

License

Lic #:	R183296	Status:	Active
Profession:	Nursing	Issue Date:	10/29/2015
Type:	CRNP-FAMILY	Date Renewed:	8/1/2022
Obtained by:	Application - Active (I)	Expiration Date:	7/28/2024
State:			

Education

School:	TOWSON STATE UNIVERSITY		
Profession:	Nursing	BACCALAUREATE IN NURSING	
Specialty:			
Type:	RN		
School:	TOWSON STATE UNIVERSITY		
Profession:	Nursing	BACCALAUREATE IN NURSING	
Specialty:			
Type:	RN		
School:	TOWSON STATE UNIVERSITY		
Profession:	Nursing	BACCALAUREATE IN NURSING	
Specialty:			
Type:	RN		
School:	TOWSON STATE UNIVERSITY		
Profession:	Nursing	BACCALAUREATE IN NURSING	
Specialty:			
Type:	RN		

Employment

No Employment Information

License CSR Information

No License CSR Information

CheckList Information

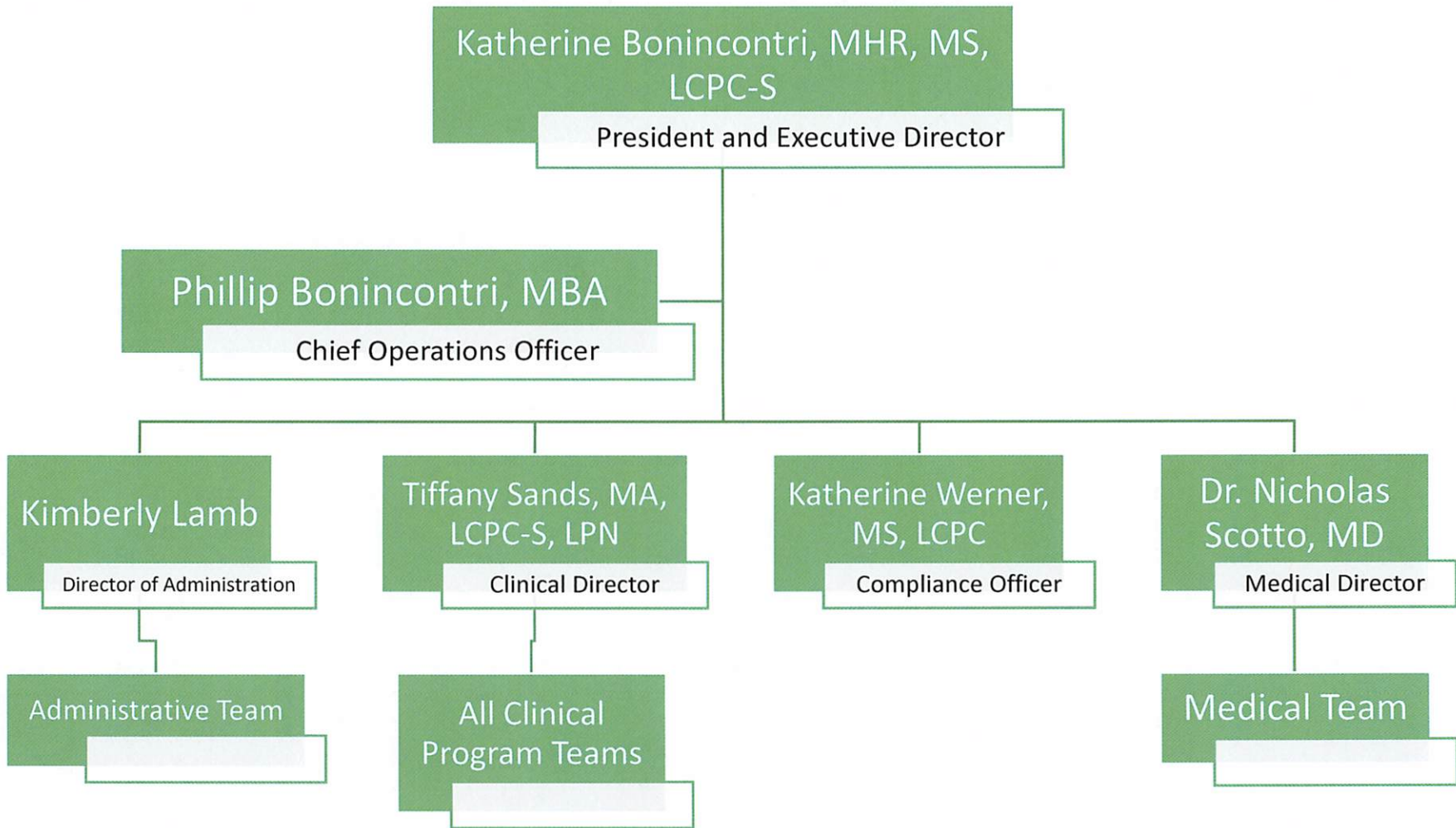
No CheckList Information

Public Orders

No Related Documents

DISCLAIMER

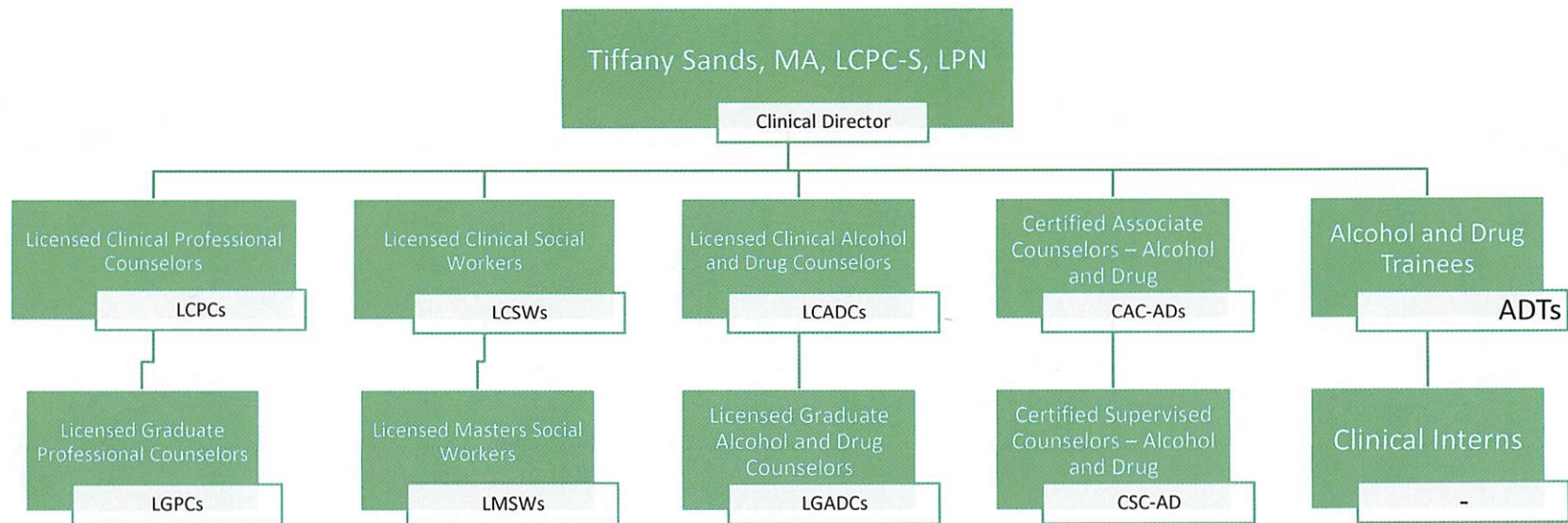
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Robert A. Pascal Youth & Family Services, Inc.

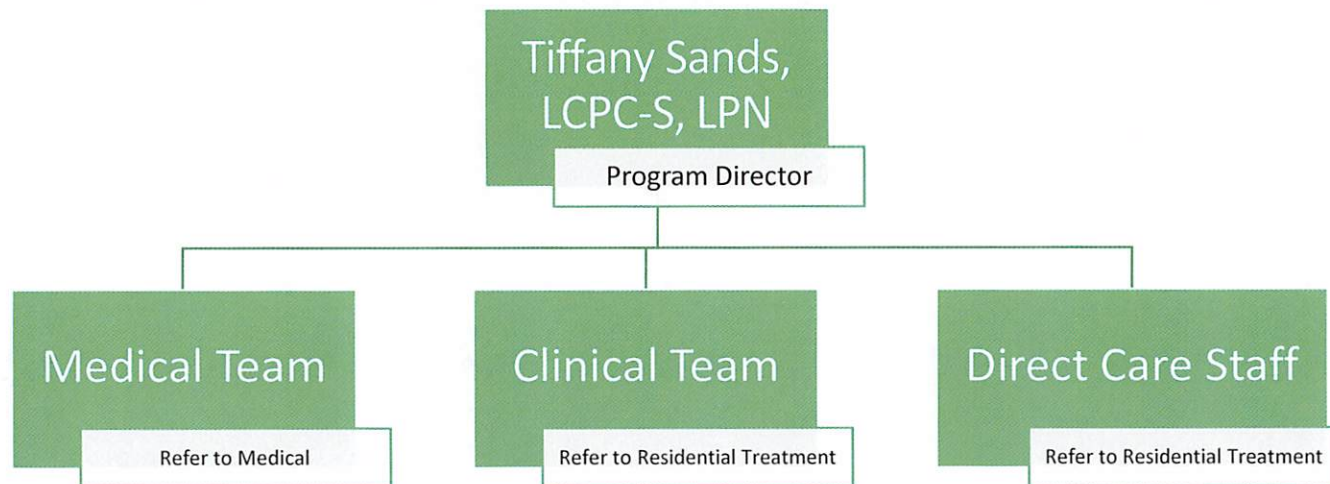
Clinical



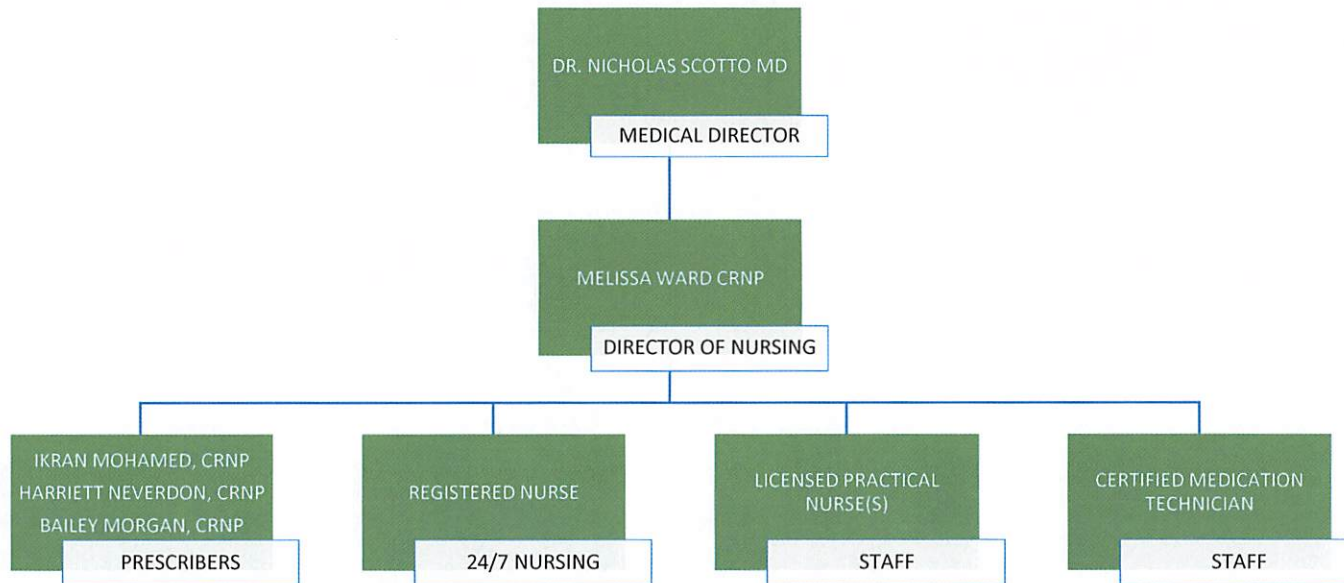


Robert A. Pascal Youth & Family Services, Inc.

Withdrawal Management (ASAM 3.7WM)



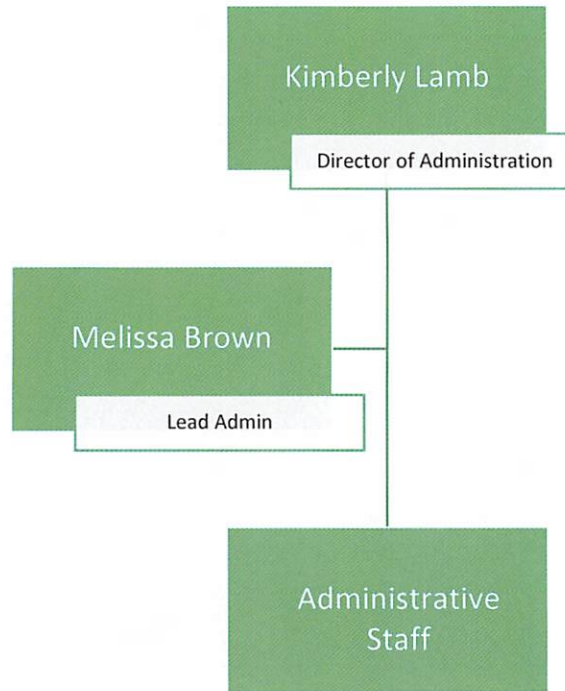
ROBERT A PASCAL YOUTH AND FAMILY SERVICES, INC.
PASCAL CRISIS SERVICES, INC.
3.7 / 3.7WM MEDICAL TEAM





Robert A. Pascal Youth & Family Services, Inc.

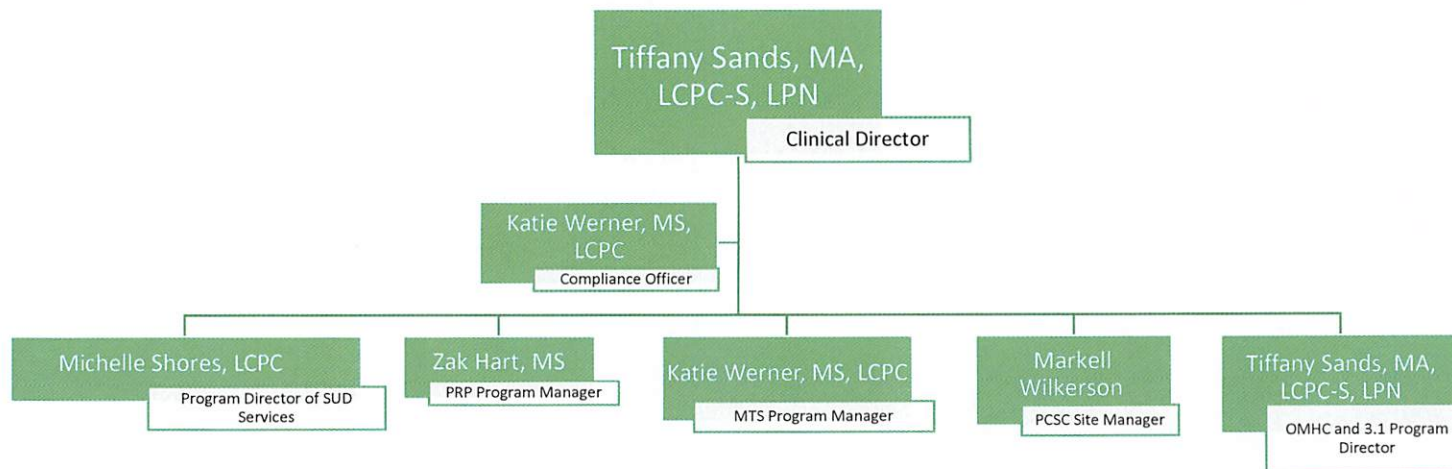
Administrative





Robert A. Pascal Youth & Family Services, Inc.

Clinical Program Management



EXHIBIT

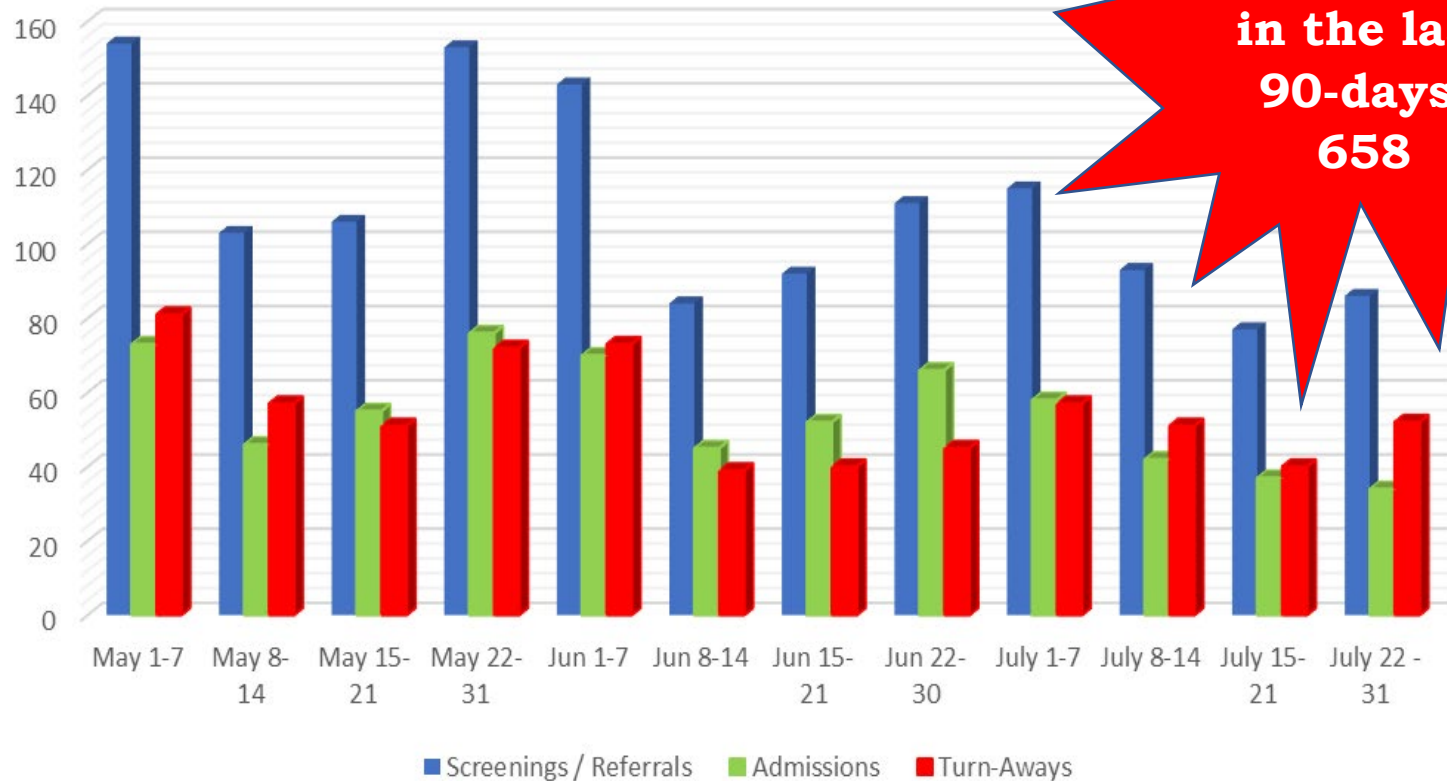
10

Turn-Away Data

Pascal Crisis Stabilization Center (PCSC)

PCSC Direct Screenings | CRS/DOH Referrals | Admissions | Turn Aways

MAY - JULY 2021



**Turn-Aways
in the last
90-days:
658**

90-day totals

- Pascal Screenings **1,312** compared to Safe Stations Assessments of only **200**

- Pascal Admissions: 654
- Pascal Turn-Aways: 658

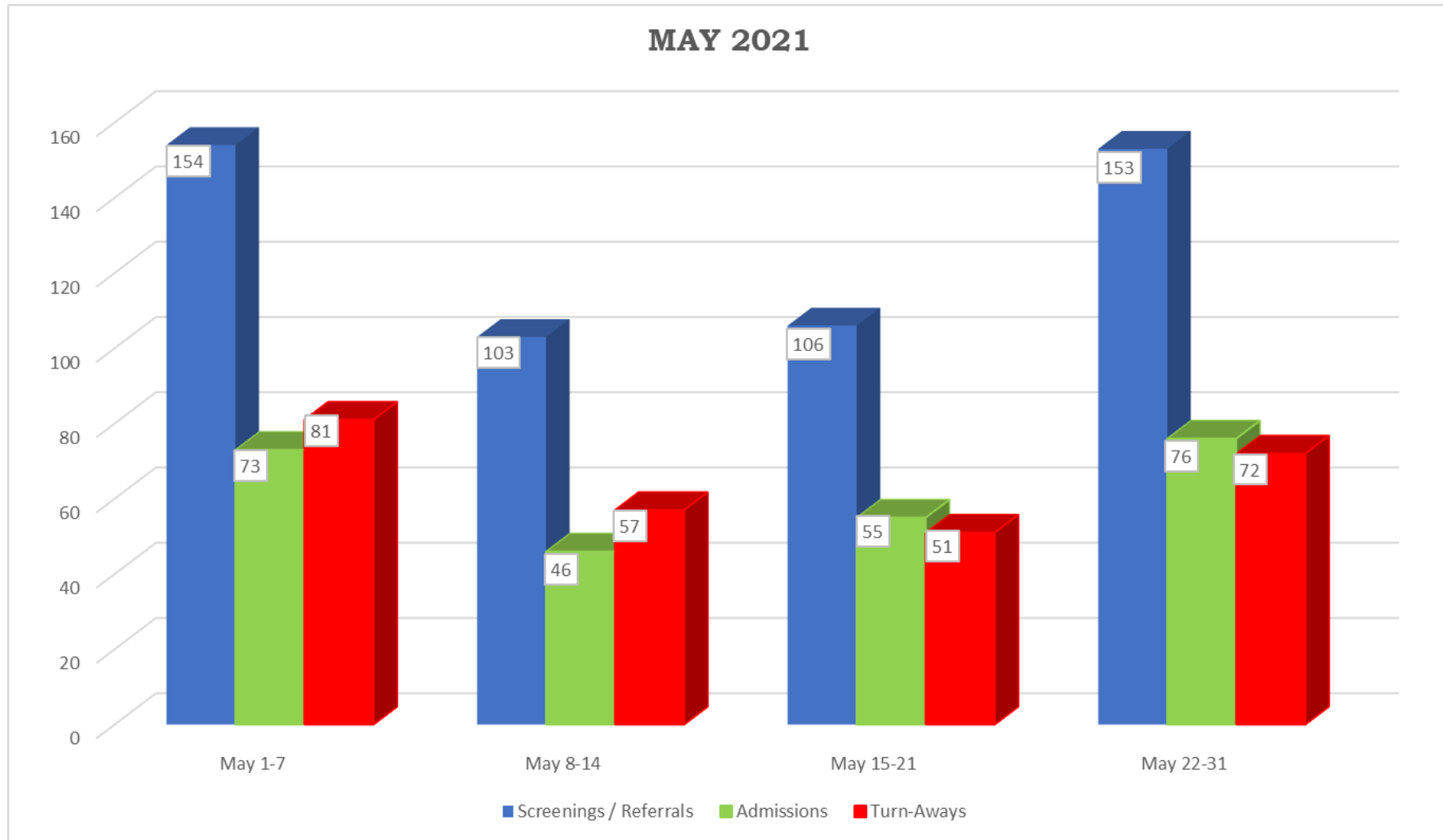
Anne Arundel County

- Overdoses 223
- Fatal Overdoses 43

Reference Slides

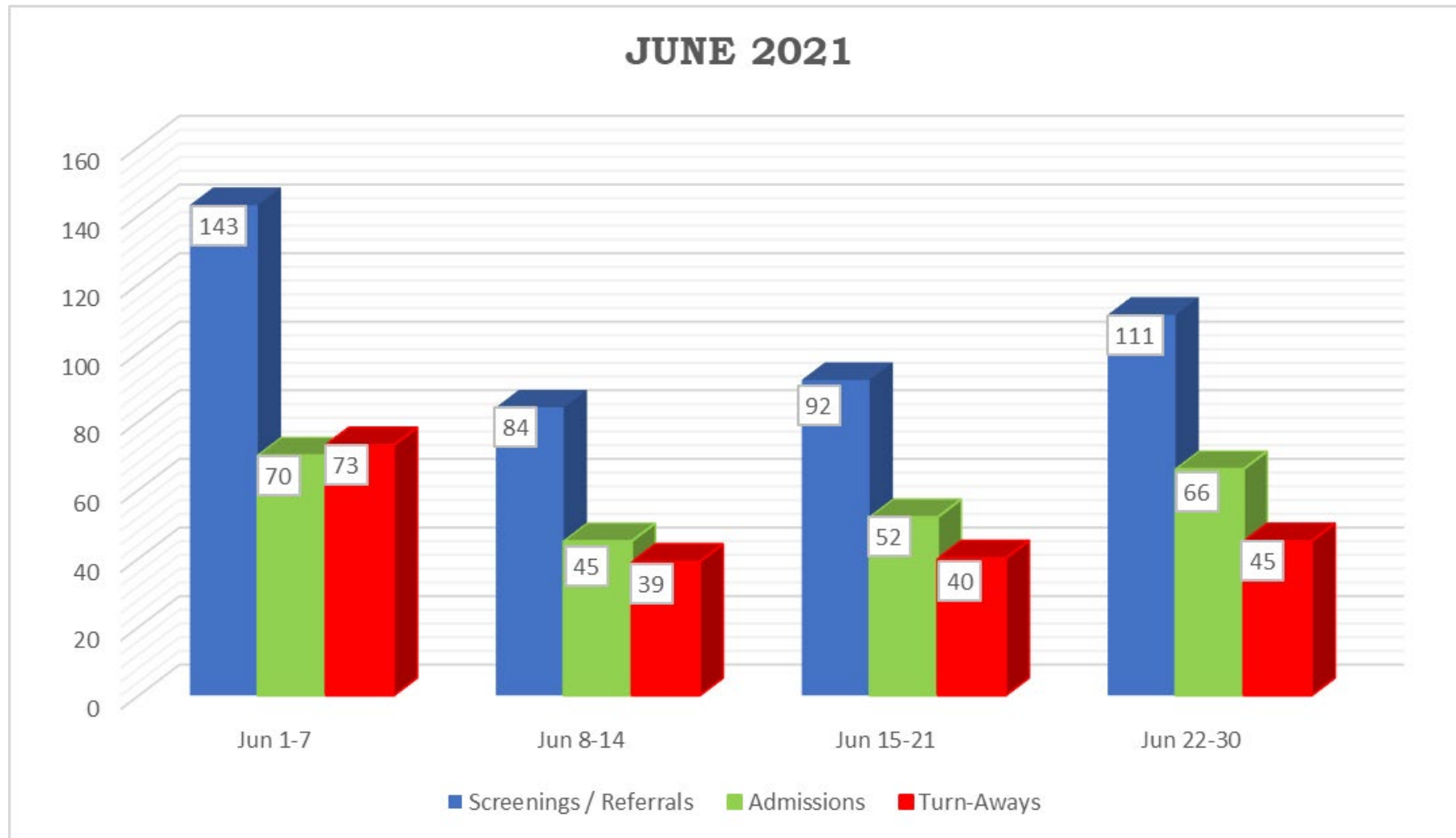
Pascal Crisis Stabilization Center (PCSC)

PCSC Direct Screenings | CRS/DOH Referrals | Admissions | Turn Aways



Pascal Crisis Stabilization Center (PCSC)

PCSC Direct Screenings | CRS/DOH Referrals | Admissions | Turn Aways



Pascal Crisis Stabilization Center (PCSC)

PCSC Direct Screenings | CRS/DOH Referrals | Admissions | Turn Aways

