MOA #551640

MEMORANDUM OF AGREEMENT
BETWEEN THE FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD
AND
NORTHERN VIRGINIA, DBHDS REGION 2 COMMUNITY SERVICES BOARDS
FOR
CO-OCCURRING MENTAL HEALTH AND SUBSTANCE USE RESIDENTIAL TREATMENT PROGRAM SERVICES

By authority vested in the Community Services Boards pursuant to the Code of Virginia of 1950, as amended, §37.1-197, this Agreement is made this first day of July 2024, by and between each of the participating Northern Virginia, Department of Behavioral Health and Developmental Services (DBHDS) Region 2 Community Services Boards hereinafter referred to as the Regional Boards and Fairfax-Falls Church Community Services Board, hereinafter referred to as the Contractor, and commencing July 1, 2024, and ending June 30, 2025. This Agreement shall automatically renew each July 1st for a 12-month period unless terminated in writing as provided below.

WHEREAS, the Regional Boards have been created by the local governmental entities pursuant to Chapter 5 of Title 37.2, Code of Virginia of 1950, as amended, for the purpose, among others, of contracting with programs that provide mental health, mental retardation, and substance abuse services to assist in the funding of such programs; and,

WHEREAS, the Contractor offers to provide services herein specified and has provided a proposed budget for fiscal year 2025 beginning July 1, 2024, and ending June 30, 2025, which the Regional Boards have found to be acceptable as a basis for determining funding for services; and,

WHEREAS the Regional Boards desire to purchase the services defined herein offered by the Contractor on the basis of this fixed cost type of Agreement for which the Regional Boards will provide funding to the Contractor.

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

Article I
DEFINITIONS

The following words as used in this agreement shall have the following meanings:

(A) "Services Board Fiscal Plan" (or annual operating budget) means the official document developed by the Regional Board which lists all approved sources of revenue for the implementation of approved services.

(B) "Department" means Virginia Department of Behavioral Health and Developmental Services.

(C) "Contractor" means Fairfax-Falls Church Community Services Board.

(D) "Northern Virginia, DBHDS Region 2 Community Services Boards" or "NVRPO" (Regional Boards) means collectively: the City of Alexandria Community Services

Board, the Arlington Community Services Board, the Loudoun Community Services Board, and the Prince William Community Services Board.

(E) "Board" means a localities Community Services Board.

(F) "Board Staff Member" means the staff member from the specific Regional Board who is referring the client.

(G) "Board Case Manager" means the case manager from the specific Regional Board who will provide case management services to the client during their stay in the treatment program.

(H) "Residential Admission Unit (RAU) Manager" means the case manager from the Fairfax-Falls Church Community Services Board.

(I) "Funds" means monies provided by the Board by Federal, State, and/or Local governments.

(J) "Program" means the organizational plan and/or procedure whereby co-occurring disorders treatment services are to be delivered to clients by the Contractor.

(K) "Program Plan" means the functional or operative plan devised for delivery of services within a treatment program.

(L) "Discharge Plan/Summary" means the plan and/or procedure for documenting services provided to a particular client.

(M) "Unit of service" is defined as a bed day which consists of an overnight stay. Billing is based on bed day units of service; charges are incurred from the day of admission through the day prior to discharge.

Article II
RESIDENTIAL TREATMENT SERVICES

Section 1:

The Contractor, through its Residential Treatment Programs, shall provide residential treatment services to both men and women with co-occurring mental illness and substance use disorders based on space availability. The services to be provided include assessment, detoxification, individual and group psychotherapy, on-site psychiatric services, medication administration and monitoring, family education and support, life skills training, support group involvement, and drug/alcohol testing.

Section 2:

Upon identification of a potential client and agreement regarding the referral by the Substance Use Directors of the Regional Boards, the Board Staff Member shall forward a completed referral form and required attachments as outlined on the referral form (see Appendix I) to the Residential Admission Unit Manager via fax (703)-653-6684 or US Mail Attn: Residential Admission Unit, 8221 Willow Oaks Corporate Drive, Fairfax, VA 22031. The RAU Manager or designee will review the referral materials and contact the referring Board Staff Member via

phone. Any additional referral materials that are needed will be identified at this time. If the client appears appropriate for admission to residential treatment programming (ASAM [American Society for Addiction Medicine] 3.7 and/or ASAM 3.5 levels of care), the Contractor shall conduct an on-site face-to-face assessment with the client. The Board Staff Member shall assist in arranging scheduling and transportation for the appointment. The potential client shall receive a program tour at the time of the appointment.

The RAU Manager or Designee shall contact the Regional Board Staff Member to discuss the results of the assessment, including a discussion of appropriateness. If the referred client is deemed appropriate based on standard admission criteria, the authorizing Regional Board staff will fax an Authorization Form (see Appendix II) to the program and the client shall be admitted for services upon bed availability. The Authorization Form will identify a designated Board Case Manager. To utilize the $80,000.00 of annual regional funding, the Regional Board Staff Member must provide a copy of the Authorization Form to the Northern Virginia Regional Projects Office (NVRPO) via fax (703) 653-9562 or encrypted email to csbnvrpo@fairfaxcounty.gov upon confirmation of bed availability. If no current space is available but the client has been deemed appropriate, the client shall be placed on the Regional Board waiting list. As space becomes available, the RAU Manager shall contact the Board Case Manager to begin the admission process and notify NVRPO for funding confirmation.

All admitted clients must have prior authorization. Clients presenting without authorization for services will be referred back to the Regional Board. Prior to admission, the Board Case Manager shall forward documentation to the RAU Manager of the following: physical examination within previous three months or a plan for a physical to take place within 30 days of admission, negative test for tuberculosis within previous six months, and current medication orders for psychotropic and non-psychotropic medications. Upon admission, the client shall bring a 30-day supply of all current psychotropic and non-psychotropic medications. The Regional Board referring the client shall be responsible for the payment for/ provision of medical care and medications.

While the client is in the Program, the Program staff and the Board Case Manager will communicate about treatment issues, referral to other services, and anticipated discharge date. The Board Case Manager is responsible for providing appropriate discharge planning for the client upon exit from the Program. The Program shall provide a written monthly progress report to the Board Case Manager by the 10th of each month regarding progress from the previous month. In addition, the Program staff will inform the Board Case Manager within one workday of any of the following occurrences: suicide threats, suicidal gestures, and serious but not life-threatening medical issues. In addition, Program staff will inform the Board Case Manager immediately of any of the following occurrences: hospitalizations, a client leaving against staff advice, life-threatening injury or illness, and/or any situation which requires the intervention of ambulance/police/911 services or Contractor emergency services (see Appendix III for Board Emergency Services phone numbers).

Section 3:

If the client experiences a medical or psychiatric emergency, Program staff will contact appropriate emergency services through 911. If a client is experiencing an acute crisis not requiring emergency 911 services, Program staff will contact the Board Case Manager. If the Board Case Manager is unavailable, Program staff will leave a voice message and contact the Regional Board Emergency Services Department with information about the client's status.

The Regional Board Emergency Services Department and the Program shall collaborate regarding appropriate response to the client situation.

If a client is to be immediately discharged for severe instances of non-compliance, Program staff will immediately contact the Board Case Manager. If the Board Case Manager is not available, Program staff will the contact Regional Board Emergency Services Department.

Section 4:

Waiting List. If the Contractor indicates there is no bed space available for a client who has been deemed appropriate, the client's name will be placed on the Regional Board waiting list. When an appropriate gender bed space becomes available, clients will be admitted based on the date of referral. If there is bed availability beyond the one identified bed, this additional bed will be offered to the Regional Boards. Authorization Forms for any confirmed and accepted beds should be sent timely to NVRPO via fax (703) 653-9562 or encrypted email to csbnvrpo@fairfaxcounty.gov for purposes of funding tracking.

Article III
COST OF SERVICES

Section 1:

The Contractor shall provide annual regional funding in the amount of $80,000.00 from the Substance Use Disorder Federal Block Grant for Alcohol/Drug Treatment (CFA 93.959). The Regional Board and the Contractor shall make every reasonable effort to collect reimbursement for the costs of providing goods and services through eligibility determination, insurance billing, and client payments in accordance with their ability to pay. The $80,000.00 in Contractor sponsored regional funds should only be utilized after it has been determined that an individual does not qualify for Medicaid or does not have commercial insurance or personal resources to cover the costs associated with the services. The Contractor agrees to provide authorized services based on the current fiscal year Medicaid negotiated rates for bed days at ASAM 3.5 (Residential) services and ASAM 3.7 (Medical or Social Detox). Other authorized goods and services (see below) will be provided based on the actual cost incurred. A monthly report of goods and services shall be provided by the Contractor fiscal team NVRPO and the Regional Substance Use Directors. Any client costs beyond the $80,000.00 annual Contractor sponsored regional funding is the responsibility of the Regional Board to pay the Contractor through regional invoicing from NVRPO as the fiscal agent.

Section 2:

Regional Boards may approve Contractor purchase/provision of goods and services to a Regional Board client that would normally be the responsibility of the Regional Board (i.e., detox, medications, medical care). The exact cost of the goods and services provided shall be deducted from the funding identified above in Section 1. The estimated expected cost shall be pre-approved and paid for by the individual Board and detailed on the monthly report to NVRPO and the Regional Substance Use Directors.

Section 3:

No additional fee for service may be charged by the Contractor to a Regional Board supported client without Regional Board approval. All fees collected by the Contractor will be credited to the Board and will be used to reduce the total Board payment.

Section 4:

The Contractor shall comply with budget procedures approved by the Regional Boards and with the Funding Procedures for Community Services and amendments or supplements thereto, promulgated by the Department in 1974 which by this reference are hereby incorporated in this agreement.

Article IV
PAYMENT FOR SERVICES

Section 1:

The Contractor fiscal team will tabulate the cost of goods and services to be provided to NVRPO for tracking against the $80,000.00 annual regional funding. The Contractor agrees to provide goods and services worth $80,000.00.

Section 2:

If the Regional Board expends beyond the $80,000.00 or would like to utilize an open bed after the annual $80,000.00 is expended, the Regional Board will be financially responsible for paying the Contractor outright for goods and services through regional invoicing from NVRPO as the fiscal agent.

Section 3:

If funds of sufficient amount to meet the contemplated performances of this agreement are not available, due either to non-appropriation or reduction by the State or local jurisdictions, then the services provided for and payment therefore may be adjusted by the parties to conform to available funding by written amendment; but if such an adjustment is impractical or would defeat the intent and purposes of this agreement, the agreement may be cancelled by mutual agreement and without penalty.

Section 4:

If the Boards determine that the Contractor is not performing in accordance with this agreement or with its treatment program and budget, the Boards may suspend use of the treatment program until compliance satisfactory to the Boards is effected. If such compliance is not effected within 30 days, the Boards may terminate this Agreement and the funding shall be unencumbered for use by the Contractor.

Article V
EVALUATION

Section 1:

The Board and/or its agent may, with notice to the Contractor, review, audit, and evaluate services that Board clients receive within the Program(s).

Section 2:

The Board, with notice to the Contractor, shall jointly review and evaluate annually the individual service plans and/or program plans of the Contractor under this agreement.

Section 3:

A copy of the written report of the evaluation will be submitted to the Contractor at the time the report is submitted to the Executive Director of the Board. If necessary, the Contractor shall submit to the Board its written response to the report not later than ten (10) business days following the next regular meeting of the Contractor's Board of Directors succeeding its receipt of a copy of the report.

Article VI
MISCELLANEOUS

ELECTRONIC SIGNATURES: The parties agree that agreements and other associated documents may be executed using electronic signatures and delivered electronically. When electronic signatures are used, the parties agree that the signatures are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.

ACCEPTED BY:

DocuSigned by:
Deborah Warren
5F06F3A6816C489...
07/16/2024 | 02:45:25 EDT

Executive Director, Deborah Warren — Date
Arlington Community Services Board

DocuSigned by:
Phil Caldwell
81A08E7E8DC0432...
07/15/2024 | 16:01:22 PDT

Executive Director, Phil Caldwell — Date
Alexandria Community Services Board

DocuSigned by:
Margaret Graham
774DB82EB0F74B9...
07/16/2024 | 01:22:25 PDT

Executive Director, Margaret Graham — Date
Loudoun Community Services Board

DocuSigned by:
Bachman, Georgia
6EF2A14606384D5...
07/16/2024 | 10:56:52 EDT

Executive Director, Bachman, Georgia — Date
Prince William Community Services Board

DocuSigned by:
Daryl Washington
F3383A75D68D40B...
07/17/2024 | 09:29:47 EDT

Executive Director, Daryl Washington — Date
Fairfax-Falls Church Community Services Board

FFCCSB RTDS PROGRAMMING
REGIONAL BED REFERRAL APPLICATION

Complete the below Referral Form and attach the following reports and information:

1. Comprehensive Assessment to include Psychosocial, Psychiatric, Family, Medical, Prior Treatment, and Substance Abuse Histories
2. Multidimensional assessment utilizing the ASAM criteria.
3. Hospital Admission and Discharge Summaries (Additional consents for release of information may be required)
4. Current Service Treatment Plan
5. Summary of Current Clinical Status and/or most recent Service Plan Review

**** Please note, failure to submit the above requested documents will delay consideration of your application.***

Email all documents to:
Augustine Aderiye
RTDS Residential Admissions Unit - BH Manager
Fax: 703-653-6684

Individual's Demographic Information

Individual's Name: _____ Social Security #: _____
Date of Birth: _____ Gender: _____

Address: _____
Phone Number: _____ Alternative #: _____

Regional Referral Contact Information

Name: _____ Title: _____
Address: _____
Office Phone: _____ Fax: _____
Email address: _____ Alternative #: _____

Supervisor: _____ Title: _____
Office Phone: _____ Fax: _____
Email address: _____ Alternative #: _____

Other Agencies/Professionals Involved (e.g. Legal, Financial, Housing, etc.)

Name: _____ Agency: _____
Phone Number: _____ Fax: _____
Email address: _____ Alternative #: _____

Name: _____ Agency: _____
Phone Number: _____ Fax: _____
Email address: _____ Alternative #: _____

Name: _____ Agency: _____
Phone Number: _____ Fax: _____
Email address: _____ Alternative #: _____

Reason for Referral

Presenting Problem(s):
Please also include description in individual's own words of need for service

_____
_____
_____
_____
_____

Signs and Symptoms of Decompensation/Relapse
Please also include description in individual's own words of signs, symptoms, and behaviors

_____
_____
_____
_____
_____

Psychiatric and Medical Information

Current Diagnosis Problem List:
Problem 1: _____
Problem 2: _____
Problem 3: _____
Problem 4: _____

Prescriber/Psychiatrist Name: _____
Date of most recent medication appt: _____
Address: _____
Office Phone: _____ Fax: _____
Email address: _____ Alternative #: _____

Primary Care Physician/clinic: _____
Date of most recent comprehensive physical: _____
Address: _____
Office Phone: _____ Fax: _____
Email address: _____ Alternative #: _____

Health Insurance
Medicaid? ☐ Yes ☐ No Name of MCO: _____
Medicare? ☐ Yes ☐ No Name of Part D (prescription) plan: _____
Private Insurance? ☐ Yes ☐ No Name: _____

Current Psychiatric Medications

1. Name: _____ Dosage: _____ Frequency: _____
2. Name: _____ Dosage: _____ Frequency: _____
3. Name: _____ Dosage: _____ Frequency: _____
4. Name: _____ Dosage: _____ Frequency: _____

Current non-Psychiatric Medications

1. Name: _____ Dosage: _____ Frequency: _____
2. Name: _____ Dosage: _____ Frequency: _____
3. Name: _____ Dosage: _____ Frequency: _____
4. Name: _____ Dosage: _____ Frequency: _____

Plan for securing/paying for prescribed medications

Comments: _____

Compliance with medication? Requires prompting/monitoring?

Comments: _____

Side effects from prescribed medications? Adverse effects?

Comments: _____

Risk Assessment

Self-abuse/self-harm:

☐ N/A – No current or past self-harm behaviors ☐ Refused to provide information

Comments: _____

Suicidal Ideation and Attempts:

☐ N/A – No current or past suicidal ideation or attempts ☐ Refused to provide information

Comments: _____

Homicidal/Assaultive Ideation and acts, including Verbal and Physical Aggression:

☐ N/A – No current or past homicidal ideation/assault/aggression ☐ Refused to provide information

Comments: _____

History of Fire Setting:

☐ N/A – No history of fire setting ☐ Refused to provide information
Comments: _____
_____
_____

History of Psychiatric hospitalizations:
☐ N/A – No history of psychiatric hospitalizations ☐ Refused to provide information

If recent, include name of hospital and dates of admission below
1. _____
2. _____

Comments: _____
_____
_____

Please answer yes or no to the following:

1. Denies addiction/substance use problems	☐ Yes	☐ No
2. Denies mental illness symptoms	☐ Yes	☐ No
3. At risk due to relapse/overdose	☐ Yes	☐ No
4. At risk due to self-neglect (e.g. not eating)	☐ Yes	☐ No
5. At risk due to victimization (e.g. domestic violence)	☐ Yes	☐ No
6. At risk due to poor impulse control/high-risk behaviors	☐ Yes	☐ No

Comments: _____
_____
_____

Substance Abuse Profile

1. Primary Substance: _____
Age of 1st Use: _____ Age of Onset of Regular Use: _____
Date of Last use: _____ Recent frequency of Use: _____
Quantity: _____ Method of Use: _____

2. Secondary Substance: _____
Age of 1st Use: _____ Age of Onset of Regular Use: _____
Date of Last use: _____ Recent frequency of Use: _____
Quantity: _____ Method of Use: _____

3. Tertiary Substance: _____
Age of 1st Use: _____ Age of Onset of Regular Use: _____
Date of Last use: _____ Recent frequency of Use: _____
Quantity: _____ Method of Use: _____

Additional Substance Use History:

Comments: _____

_____

_____

Acute Intoxication/Withdrawal Potential:

☐ N/A – No current intoxication or withdrawal potential ☐ Refused to provide information

Comments: _____

_____

_____

Current or Past episodes of Abstinence:

☐ N/A – No current or history of abstinence ☐ Refused to provide information

Comments: _____

_____

_____

Current or Past Substance Use Treatment Services:

☐ N/A – No current or history of SUD treatment ☐ Refused to provide information

Please describe prior substance use treatment experience and outcomes. Does not include detoxification services.

Comments: _____

_____

_____

Current or Past Mental Health Treatment Services

☐ N/A – No current or history of MH treatment ☐ Refused to provide information

Please describe prior mental health treatment experience and outcomes.

Comments: _____

_____

_____

Current or Past Residential Treatment Services

☐ N/A – No current or history in residential treatment setting ☐ Refused to provide information

Please describe prior residential treatment experience and outcomes. Does not include hospitalizations or crisis stabilization services.

Comments: _____

_____

_____

Current or Past Criminal Charges

☐ N/A – No history of legal charges/involvement ☐ Refused to provide information

Please describe any past or current legal charges, probation status, involvement with special docket, Not Guilty by Reason of Insanity (NGRI) status?

Comments: _____

_____

_____

Probation/Parole Officer:

Name: _____ Agency: _____

Phone Number: _____ Fax: _____
Email address: _____ Alternative #: _____

Income/Financial Resources

Current Monthly Income: _____
Source(s) of Income (SSI, SSDI, General Relief, Employment): _____

Representative Payee or other support (family/friend) who manages funds? ☐ Yes ☐ No
Name: _____ Agency: _____
Phone Number: _____ Fax: _____
Email address: _____ Alternative #: _____

Comments: _____
_____
_____

Day Structure/Recovery Activities

Current Daytime Activity/Employment:
☐ N/A – No current or past daytime activities ☐ Refused to provide information
Comments: _____
_____
_____

Past or Current Involvement with 12-Step or other Recovery Supports:
☐ N/A – No current or past 12-Step/Recovery Supports ☐ Refused to provide information
Comments: _____
_____
_____

Social Supports (e.g. Family/Significant Other, Friends, Social Groups, Religious Affiliation):
☐ N/A – No current or past Social Supports ☐ Refused to provide information
Comments: _____
_____
_____

Housing and Basic Living Skills

Housing
Homelessness: ☐ Never ☐ Past ☐ Currently ☐ Imminent/At Risk
Current Housing: ☐ On own/Permanent ☐ Family/Social support ☐ Recovery housing
Comments: _____
_____
_____

Housing plan at time of Discharge: _____

_____

_____

_____

Independent Living Skills

In collaboration with individual (if possible), please rate the individual's skills in the following areas:

Personal Hygiene	☐ None	☐ Poor	☐ Fair	☐ Good	☐ Excellent
Laundry	☐ None	☐ Poor	☐ Fair	☐ Good	☐ Excellent
Waking in AM	☐ None	☐ Poor	☐ Fair	☐ Good	☐ Excellent
Med Adherence	☐ None	☐ Poor	☐ Fair	☐ Good	☐ Excellent
Nutrition	☐ None	☐ Poor	☐ Fair	☐ Good	☐ Excellent
Cooking	☐ None	☐ Poor	☐ Fair	☐ Good	☐ Excellent
House Cleaning	☐ None	☐ Poor	☐ Fair	☐ Good	☐ Excellent
Budgeting	☐ None	☐ Poor	☐ Fair	☐ Good	☐ Excellent
Grocery Shopping	☐ None	☐ Poor	☐ Fair	☐ Good	☐ Excellent
Public Transportation	☐ None	☐ Poor	☐ Fair	☐ Good	☐ Excellent

Comments: _____

_____

_____

ASAM Assessment

Dimension 1 – Intoxication, Withdrawal, & Potential Risk

Risk Rating: ☐ None ☐ 1 ☐ 2 ☐ 3 ☐ 4

Comments: _____

_____

_____

_____

Dimension 2 – Physical/Medical Issues

Risk Rating: ☐ None ☐ 1 ☐ 2 ☐ 3 ☐ 4

Comments: _____

_____

_____

_____

Dimension 3 – Emotional, Behavioral, Cognitive Issues

Risk Rating: ☐ None ☐ 1 ☐ 2 ☐ 3 ☐ 4

Comments: _____

_____

Dimension 4 – Stage of Change/Readiness

Risk Rating: ☐ None ☐ 1 ☐ 2 ☐ 3 ☐ 4

Comments:

Dimension 5 – Relapse/Continued Problem potential

Risk Rating: ☐ None ☐ 1 ☐ 2 ☐ 3 ☐ 4

Comments:

Dimension 6 – Recovery Environment/Supports

Risk Rating: ☐ None ☐ 1 ☐ 2 ☐ 3 ☐ 4

Comments:

Other Clinically Significant Information

Strengths:

Weaknesses:

Goals for residential treatment placement in individual's own words:

Other specific areas of concern:

Northern Virginia Regional Substance Abuse Directors Bed Purchase Authorization Form

Drawdown of regional funds for purchase of bed space in FFCCSB RTDS programming is being requested for the following individual.

Individual's Name: _____

Therapist/Case Manager & Supervisor of Referring Regional Jurisdiction

Name: _____ Title: _____
Address: _____
Office Phone: _____ Fax: _____
Email address: _____ Alternative #: _____

Supervisor: _____ Title: _____
Office Phone: _____ Fax: _____
Email address: _____ Alternative #: _____

Emergency Services of Referring Regional Jurisdiction

Address: _____
Office Phone: _____ Fax: _____

Prescriber/Psychiatrist Name: _____
Address: _____
Office Phone: _____ Fax: _____
Email address: _____ Alternative #: _____

Primary Care Physician/clinic: _____
Address: _____
Office Phone: _____ Fax: _____
Email address: _____ Alternative #: _____

Arrangements for psychiatric/medical care and co-pays:
☐ N/A – No Regional Funds will be used ☐ Yes, Regional Fund or CSB to be billed

If REGIONAL BOARD CSB is to be billed, provide the agreed upon estimated cost.

_____
_____

Arrangements for provision (payment for and delivery of) of psychotropic and medical medications:
☐ N/A – No Regional Funds will be used ☐ Yes, Regional Fund or CSB to be billed

If REGIONAL BOARD CSB is to be billed, provide the agreed upon estimated cost.

_____
_____

Arrangements for provision of specialized services (e.g. translation) to support participation:
☐ N/A – No Regional Funds will be used ☐ Yes, Regional Fund or CSB to be billed

If REGIONAL BOARD CSB is to be billed, provide the agreed upon estimated cost.

Arrangements for transportation beyond 15 miles from program location:
☐ N/A – No Regional Funds will be used ☐ Yes, Regional Fund or CSB to be billed

If REGIONAL BOARD CSB is to be billed, provide the agreed upon estimated cost.

Provisional housing plan at time of discharge:

Referring Regional Supervisor or Designee Signature Date

To be completed by RTDS RAU Manager

Individual approved for admission to RTDS programming: ☐ Yes ☐ No

Anticipated program length/completion date: _____

FFCCSB Residential Treatment and Detox Services Designee Signature Date

To be completed by Northern Virginia Regional Projects Office

Date Regional Substance Abuse Director authorized funding drawdown: _____

Northern Virginia Regional Projects Office Designee Signature Date

APPENDIX III
REGION 2 COMMUNITY SERVICE BOARDS
EMERGENCY SERVICES PHONE DIRECTORY

City of Alexandria, Emergency Services (703) 746-3401

Arlington County, Emergency Services (703) 228-5160

Fairfax-Falls Church, Emergency Services (703) 573-5679

Loudoun County, Emergency Services (703) 777-0320

Prince William County, Manassas, Emergency Services (703) 792-7800

Prince William County, Woodbridge, Emergency Services (703) 792-4900

Residential Substance Abuse Treatment Services
Utilizing Regional Funds

Overview

Limited regional funding has been identified to place individuals with a co-occurring mental health and substance use disorder into residential treatment. In general, one bed is available within the Fairfax-Falls Church CSB Residential Treatment and Detoxification Services (RTDS) programs on a purchase of service basis utilizing Regional Substance Abuse funding.

Referred individuals must meet the program admission criteria and medical necessity as defined by the American Society of Addiction Medicine (ASAM). RTDS programming services will focus primarily on the clinical needs of the individual. The referring regional jurisdiction is responsible for continuing to provide case management and discharge planning services.

Referral and Consideration Process

- When a Regional Bed is available or anticipated to be available, the Regional Projects Office will send out an email to all the Regional Substance Abuse Directors (Alexandria, Arlington, Prince William, Loudoun) informing them of the upcoming vacancy. It is estimated that we would know of a planned vacancy no more than 60 days in advance. The Regional Directors are encouraged to distribute this information as appropriate to their staff.
- The referring regional therapist/case manager is encouraged to contact the RTDS Residential Admissions Unit Manager, Augustine Aderiye (Augustine.Aderiye@fairfaxcounty.gov) via email for consultation regarding admission criteria, program services, etc. Until all parties (Regional Projects Office, RTDS RAU, and regional referral source) agree on a final program placement, we encourage not informing the individual as program prioritization of waitlists may change.
- The referring regional therapist/case manager must complete the attached Referral Form and gather the additional supporting documents. Once completed, please fax the packet to RTDS RAU Manager, Augustine Aderiye via fax number: 703-653-6684.
- Augustine Aderiye will review the Referral Form and supporting documents to assess appropriate placement and RTDS RAU will facilitate arrangements for an interview/tour with potential clients based on the preliminary treatment recommendations. Additionally, the RTDS RAU Manager will coordinate with the Regional Projects Office to confirm all financial conditions have been met.
- To be considered for placement, the individual must be able to occupy the bed at the point of vacancy. If more than one individual is available for admission, prioritization will be based on the medical necessity assessment by the RTDS RAU Manager, in addition to the date of receipt of the completed referral packet and identified supporting documents.
- Attention will be paid by the Regional Projects Office to ensure each jurisdiction has a reasonable opportunity to utilize the regional funds for potential clients.
- Should an opening become available, the regional referring therapist/case manager may be asked to update their referral application and provide further documentation of need.
- If an individual and/or referring jurisdiction does not take appropriate steps to support the

admission process, or the individual is unable to be admitted quickly (e.g. newly incarcerated), the RTDS RAU Manager will communicate with the Regional Projects Office and provide a two-week notice to the appropriate therapist/case manager and supervisor before moving forward with another regional referral.

- If a regional client is not appropriate for admission to RTDS programming, the RTDS RAU Manager will meet with the Regional Projects Office and referring jurisdiction to assess alternatives which may meet the individual's needs.

Regional Jurisdiction Responsibilities

Referring CSBs and their staff are responsible for the following:

- Adherence to the most recent signed MOA
- Written submission of an initial discharge plan:
    a. Provided at time of referral to RTDS programming
    b. Includes identification of services provided by Referring CSB following discharge
    c. Does not include transfer to Fairfax-Falls Church CSB Services
    d. Should include the housing plan for individual at time of discharge
- For those without insurance, directly provide and arrange in advance for:
    a. Primary Care services and comprehensive physical exam
    b. Any specialized and ongoing health care services
    c. Transportation costs outside of a 15-mile radius from program location
    d. Medication and OTC purchase costs, and
    e. Other specialized services (i.e., translation) to support participation
- Should the referred individual choose to relocate to another jurisdiction at any point during their stay, the referring CSB will provide case management services related to linkages and coordination of care with the jurisdiction of choice.

The Northern Virginia Regional Substance Abuse Directors Bed Purchase Authorization Form must be completed (attached) and submitted to the RTDS RAU Manager prior to individual being considered for admission.

The form outlines who to contact in an emergency and authorizes use of the Regional Board funds.

Program Descriptions

FFCCSB RTDS programming provides integrated co-occurring treatment services, including the provision of psychiatric services and prescription medication. It is recommended that individuals receive these services from the residential treatment providers as integrated services are considered best practice and included in the bed-day cost of the program. Prior to admission, the decision regarding who will be providing psychiatric care must be finalized.

Crossroads, A New Beginning, and New Generations

ASAM LOC 3.5

Program Structure: Intensive residential co-occurring treatment with a modified therapeutic community design to develop appropriate community and self-accountability, and individualized treatment services and planning. Both group and individual evidenced based therapy/counseling are offered covering a wide variety of areas including substance use and mental health psychoeducation, recovery and coping skills training, trauma-informed services, and engagement in the 12-step community.

Client Population: Individuals within these programs meet diagnostic criteria for moderate to severe substance use disorder(s) and may have a co-occurring mental health disorder. Those with co-occurring disorders generally have mood, anxiety, or personality disorders, or present with a psychotic disorder that is well-managed by medication(s). Individuals should be stabilized via medication prior to admission, although it is recognized that adjustments may need to be made during their recovery.

EXCLUSION CRITERIA

Individuals who are referred must meet the ASAM criteria for the appropriate level of care. After receiving a complete referral packet, the RTDS RAU Manager will review the provided information to ensure the individual needs can be met by the appropriate level of care and benefit from the service. If the individual cannot benefit or is otherwise excluded from admission, the RTDS RAU Manager will meet with the Regional Projects Office and referring jurisdiction to assess alternatives which may meet the individual's needs.

Exclusionary Guidelines:

1. Presence of withdrawal symptoms which prevent engagement and full participation in Residential Treatment (see "Acute Intoxication/Withdrawal").

2. Presence of medical condition(s) which prevent engagement and full participation in Residential Treatment, such as: cannot engage in services due to hospitalization or medical care needs; medications or symptomology that prohibits or severely reduces attendance in services, which could include issues like physician ordered bed rest; complex ongoing medical interventions; requirement for ongoing nursing care needs, etc.

DocuSign

Certificate Of Completion

Envelope Id: DCFC78AB9B0C43FAB3B64FFFBFF0F22F
Status: Completed
Subject: Complete with Docusign: Memorandum of Agreement #551640 Co occuring MH and SU Residential Treat...
Source Envelope:
Document Pages: 20
Signatures: 5
Certificate Pages: 5
Initials: 0
AutoNav: Enabled
EnvelopeId Stamping: Enabled
Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Envelope Originator:
Sebastian Tezna
12000 Government Center Pkwy
Department of Information Technology
Fairfax, VA 22035-0063
Sebastian.Tezna@fairfaxcounty.gov
IP Address: 70.106.249.2

Record Tracking

Status: Original
2024 July 15 | 18:04
Holder: Sebastian Tezna
Sebastian.Tezna@fairfaxcounty.gov
Location: DocuSign

Security Appliance Status: Connected
Pool: StateLocal

Storage Appliance Status: Connected
Pool: FFX - Government MAIN
Location: DocuSign

Signer Events	Signature	Timestamp
Bachman, Georgia GBachman@pwcgov.org Security Level: Email, Account Authentication (None)	DocuSigned by: Bachman, Georgia 6EF2A14606384D5... Signature Adoption: Pre-selected Style Using IP Address: 199.34.107.161	Sent: 2024 July 15 | 18:13 Viewed: 2024 July 16 | 10:51 Signed: 2024 July 16 | 10:56
Electronic Record and Signature Disclosure: Accepted: 2024 July 16 | 10:51 ID: 51d21ed1-e857-4b60-bd1c-4042027f4f09		
Daryl Washington daryl.washington@fairfaxcounty.gov CSB Executive Director Security Level: Email, Account Authentication (None)	DocuSigned by: Daryl Washington F3383A75D68D40B... Signature Adoption: Pre-selected Style Using IP Address: 173.79.167.238	Sent: 2024 July 15 | 18:13 Viewed: 2024 July 17 | 09:29 Signed: 2024 July 17 | 09:29
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Deborah Warren dwarren@arlingtonva.us Security Level: Email, Account Authentication (None)	DocuSigned by: Deborah Warren 5F06F3A6816C489... Signature Adoption: Pre-selected Style Using IP Address: 82.3.55.74 Signed using mobile	Sent: 2024 July 15 | 18:13 Viewed: 2024 July 16 | 02:44 Signed: 2024 July 16 | 02:45
Electronic Record and Signature Disclosure: Accepted: 2024 July 16 | 02:44 ID: 25056194-6063-42bd-867a-f9b5fe78366c		
Margaret Graham margaret.graham@loudoun.gov Executive Director Security Level: Email, Account Authentication (None)	DocuSigned by: Margaret Graham 774DB82EB0F74B9... Signature Adoption: Pre-selected Style Using IP Address: 142.202.201.1	Sent: 2024 July 15 | 18:13 Viewed: 2024 July 16 | 04:22 Signed: 2024 July 16 | 04:22
Electronic Record and Signature Disclosure:		

Signer Events	Signature	Timestamp
Accepted: 2024 July 16 | 04:22 ID: c77b1617-cd2d-48c7-88cf-a049588ed735		
Phil Caldwell Phillip.Caldwell@alexandriava.gov Security Level: Email, Account Authentication (None)	DocuSigned by: Phil Caldwell 81A08E7E8DC0432... Signature Adoption: Pre-selected Style Using IP Address: 63.88.40.2	Sent: 2024 July 15 | 18:13 Viewed: 2024 July 15 | 18:38 Signed: 2024 July 15 | 19:01

Electronic Record and Signature Disclosure:
Accepted: 2024 July 15 | 18:38
ID: 9d9e359c-7f06-4856-be29-48e83b92c77b

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	2024 July 15 | 18:13
Certified Delivered	Security Checked	2024 July 15 | 18:38
Signing Complete	Security Checked	2024 July 15 | 19:01
Completed	Security Checked	2024 July 17 | 09:29

Payment Events	Status	Timestamps

Electronic Record and Signature Disclosure

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Fairfax County Government (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a $0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Fairfax County Government:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:
To contact us by email send messages to: david.foechterle@fairfaxcounty.gov

To advise Fairfax County Government of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at david.foechterle@fairfaxcounty.gov and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from Fairfax County Government

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to david.foechterle@fairfaxcounty.gov and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Fairfax County Government

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an email to david.foechterle@fairfaxcounty.gov and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: https://support.docusign.com/guides/signer-guide-signing-system-requirements.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Fairfax County Government as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Fairfax County Government during the course of your relationship with Fairfax County Government.