MEMORANDUM OF AGREEMENT
AMONG DBHDS REGION 2 MEMBER ENTITIES
FOR REGIONAL PLANNING AND CONSULTATION,
SERVICE COORDINATION AND DELIVERY AND
FISCAL MANAGEMENT OF STATE-FUNDED SERVICES

THIS MEMORANDUM OF AGREEMENT ("2021 Agreement") is made this 1 day of July 2021 between and among the following five Region 2 Community Services Boards, namely, the Alexandria Community Services Board ("ACSB"); the Arlington Community Service Board ("ArlCSB"); the Fairfax-Falls Church Community Services Board ("F-FCCSB"); the Loudoun County Community Services Board ("LCSB"); and the Prince William County Community Services Board ("PWCSB") (collectively, "the five CSBs" or "the parties").

This 2021 Agreement replaces, in full, the Memorandum of Agreement among Health Planning Region II Member Entities for Regional Planning, Service Coordination and Service Delivery of State-Funded Services dated 29th day of April 2016 and dated 30th day of June 2008.

WHEREAS, since the 1990's, the Virginia Department of Behavioral Health and Developmental Services ("DBHDS") has increasingly chosen to fund projects on a regional level; and

WHEREAS, the DBHDS 2022 Performance Contract permits CSBs to operate regional programs in accordance with guidance set forth; and

WHEREAS, The Commonwealth of Virginia has been divided by DBHDS into five Regions; and

WHEREAS, DBHDS Region 2 consists of the "CSBs identified above, with the addition of one state facility in Region 2– the Northern Virginia Mental Health Institute ("NVMHI"); and

WHEREAS, the CSBs desire to create a process by which regional DBHDS projects and resources can be efficiently administered and prudently managed in a way that makes these regionally funded services available to all individuals served in Region 2 in a fair and equitable manner.

NOW, THEREFORE, in consideration of the premises stated above, the parties do hereby enter into this Agreement and mutually agree as follows:

1. SCOPE OF AGREEMENT

A. This 2021 Agreement shall apply to all programs and projects that (i) are funded, in whole or in part, by DBHDS on a regional basis; and (ii) are intended for implementation in, or to serve individuals who reside in, Region 2. Such programs in Region 2 include, but are not limited to:

1) Local Inpatient Purchase of Services ("LIPOS")
2) Regional Discharge Assistance Program ("RDAP"), Addendum A
3) Crisis Stabilization Units ("CSU")
4) Regional Educational Assessment Crisis Response and Habilitation ("REACH"), to include an agreement addressing Extended Stays, Addendum B
5) Mobile Crisis services which include REACH Lifespan Mobile Crisis and Youth and Young Adult Mobile Crisis Program ("CR2") which will convert to a Lifespan program in FY22

6) STEP-VA Regional Crisis Call Center which is underdevelopment now and will be implemented in FY22
7) Regional Recovery Program ("Recovery")
8) Regional Older Adult Facilities Mental Health Support Team ("RAFT"), Addendum C
9) SUDS Community Detox & Diversion ("Detox")
10) ID/DD Short Term Clinic, Addendum D
11) Regional Deaf Services
12) STEP-VA Outpatient Trauma Trainings ("OP Trainings")
13) Staff Training and Consultation
14) STEP-VA Regional Peer and Family Support
15) STEP-VA Regional Service Members, Veterans, and Families ("SMVF")

B. The parties to this 2021 Agreement may enter into supplemental agreements that delineate details of the programs listed above and are not Addendums to this agreement. Supplemental agreements may also be needed for additional programs not listed above. If there is a conflict between any supplemental agreement and this 2021 Agreement, the terms of this 2021 Agreement shall control.

C. All regionally funded DBHDS programs and projects in Region 2 shall provide services to the individuals of the five CSBs in rough proportion to the populations of the geographic areas that comprise Region 2.

D. The parties will comply with current DBHDS manuals, guidance documents and state performance contract requirements for regional programs. These include but are not limited to:

1) DAP: Guidance for individual income contributions and use of DAP, DAP Transfer Process, Discharge Assistance Program Administrative Manual
2) CSU's: DBHDS Expectations for CSB Residential Crisis Stabilization Units
3) REACH: REACH Program Standards
4) REACH ATH: Adult Transition Home Program Standards
5) Collaborative Discharge Protocols for Community Services Bords and State Hospitals for Adult & Geriatric and Child & Adolescent
6) LIPOS: Manual
7) DBHDS Administrative Fee policy and
8) All applicable regional projects State Performance Contract exhibits.

2. REGIONAL PLANNING AND CONSULTATION

A. The Region 2 Management Group, as defined below, shall plan and consult in the administration of all regionally funded DBHDS programs and projects that fall within the scope of this 2021 Agreement, or any supplemental agreement as set forth in 1.B. above.

B. The parties to this 2021 Agreement shall maintain the current structure of the existing Region 2 Management Group. The members of the Region 2 Management Group are and shall be (i) the ACSB executive director, (ii) the ArlCSB executive director, (iii) the F-FCCSB executive director,

(iv) the LCSB executive director, (v) the PWCSB executive director, and (vi) the director of the Northern Virginia Mental Health Institute, who shall be a non-voting member. Each member of the Region 2 Management Group may designate an employee of that executive director's CSB ("designee"), to serve and vote in that executive director's place.

C. The Region 2 Management Group (or "RMG"), under the authority granted by DBHDS in the Core Service Taxonomy, http://www.dbhds.virginia.gov/library/community%20contracting/occ-2010-coreservicestaxonomy7-2v2.pdf, page 46, 2(a) which states: "(The RMG) shall manage the regional program and coordinate the use of funding provided for the regional program, review the provision of services offered through the regional program, coordinate and monitor the effective utilization of the services and resources provided through the regional program, and perform other duties that the members mutually agree to carry out" shall oversee all regional projects on behalf of Region 2.

D. Actions of the Region 2 Management Group shall be by majority vote of only the executive directors of the five CSBs as set forth in 2.B.1 (i) through (v) above, or their designees. The member of the Region 2 Management Group who is the director, or their designee, of the local state facility as set forth in 2.B(vi), shall be a non-voting member.

3. REGIONAL SERVICE COORDINATION AND DELIVERY

A. The Region2 Management Group shall coordinate and supervise the administration of all regionally funded DBHDS programs and projects that fall within the scope of this 2021 Agreement, or any supplemental agreement as set forth in 2.B. above.

B. The Region 2 Management Group shall meet and confer monthly, or more often if requested by a majority of the Region 2 Management Group five voting members. All proceedings, minutes, records, and reports and any information discussed at these meetings shall be maintained as confidential and privileged, as provided in § 8.01-581.17 of the Code of Virginia.

C. The parties shall cooperate in the planning and development, oversight, operation, and fiscal management of regionally funded DBHDS programs and projects.

D. The Region 2 Management Group shall adopt, by majority vote of the five voting members, procedures to be followed to implement a regional program and jointly manage the use of regional program funds on a regional basis.

E. Regional program funds may be used to support activities of the Region 2 Management Group, the Regional Projects Office and the Region 2 Utilization and Consultation Review Team described below. Within the allocation of funds for the regional program, funds may be expended for any combination of community services and supports to help serve the needs of the individuals who reside in Region 2.

F. The parties agree that decisions regarding the staffing of a regionally funded DBHDS project or program shall be made by a majority vote of the Regional Management Group's five voting members. Staff for regionally funded DBHDS programs and projects may be drawn from existing employees of the parties.

G. Regional Projects Office Staffing

1) The Region 2 Management Group will continue to authorize the employment of the Regional Projects Office staff by the F-FCCSB to be paid from funds provided for regional programs from DBHDS through an agreed upon management fee, consistent with DBHDS Administrative Fee policy, or Regional unrestricted funds. These funds are provided to the CSBs by DBHDS as fiscal agent for specific regional projects. Fairfax County is the primary Fiscal Agent for regional projects and Arlington County is the Fiscal Agent for regional behavioral health mobile crisis and Prince William County is the Fiscal Agent for vendor operated Residential Crisis Stabilization units. The Regional Projects Office employees consist of:

   a. Regional Projects Director, Service Director
   b. Regional Crisis Manager, Mental Health Manager
   c. Regional BHN Clinician/Care Manager, Regional ID/DD Psychiatry Clinic
   d. Regional Clinical Supervisor, Mental Health Sup/Spec
   e. Regional Financial Manager, Financial Specialist III
   f. Regional Financial Analyst, Financial Specialist II
   g. Regional Management Analyst, Management Analyst I, Data Management and Clerk to the RMG Board
   h. Regional Admin Assistant, Admin Asst. IV
   i. Regional Management Analyst, Management Analyst I, Regional Peer Recovery Specialist
   j. Regional Behavioral Health Specialist II, Regional SMVF Navigator Position

2) Additional staffing may be needed for oversight and/or direct operations as other regional programs are created, based on local needs identified by the RMG or mandated by DBHDS. The Region 2 Management Group may authorize the employment of additional positions as needed with regional program funds by a majority vote of the five voting members.

3) The Region 2 Management Group, by a majority vote of the five voting members, shall specify the job duties and responsibilities of and supervise the F-FCCSB employee who is the Regional Projects Director. At a minimum, such job duties shall include:

   a. administrative and clinical oversight of Regional Programs;
   b. liaison duties across the five CSBs within specific departments (examples include but are not limited to ES, Aftercare, and ID);
   c. liaison duties between the five CSBs, the state facility and DBHDS;
   d. contract oversight and development;
   e. utilization review and state reporting requirements;
   f. financial management; and
   g. compliance with State Performance Contracts for Regional Projects.

4) The Regional Projects Director, in collaboration with the Region 2 Management Group, shall specify the job duties and responsibilities of the F-FCCSB employees assigned to the Regional Projects Office.

5) The Regional Projects Director in collaboration with the Region 2 Management Group shall be responsible for supervising F-FCCSB employees assigned to the Regional Projects Office.

H. Region 2 Utilization Review and Consultation Team

1) The Region 2 Management Group shall maintain a Region 2 Utilization Review and Consultation Team ("RUG") pursuant to § 8.01-581.16 of the Code of Virginia to, if applicable:

   a. maintain current information to identify and track individuals served, and services provided through the regional programs;
   b. review the implementation of services developed through the regional program to ensure that the services are the most appropriate, effective, and efficient services that meet the clinical needs of the individual and report the results of these reviews to the Region 2 Management Group;
   c. identify opportunities for two or more of the CSB Boards of the five CSBs to work together to develop programs or placements that would, when appropriate, permit individuals to be discharged from the state facilities or enhance community capacity though new services or expansions of existing services;
   d. promote the most efficient use of scarce and costly services; and
   e. carry out other duties or perform other functions assigned by a majority vote of the five voting members of the Region 2 Management Group.

2) The RUG shall consist of representatives from the five CSBs who are parties to this 2021 Agreement, the state facility, the Regional Projects Director, and others as may be appointed by a majority vote of the five voting members the Region 2 Management Group. Such CSB representatives on the RUG shall, at a minimum, include providers from Emergency Services, Aftercare/Discharge Planning and Youth and Family Services.

3) The RUG shall meet monthly or more frequently when necessary. On a quarterly basis, private or community organizations or entities may be included in these meetings. These organizations or entities may include but are not limited to CSUs, REACH, Child Mobile Crisis and Hospitals.

4) The Region 2 Management Group shall maintain subgroups that report to it and the Region 2 Utilization Review and Consultation Team for the purpose of targeted collaboration, review of utilization management of regional projects within the groups expertise and strategic problem solving. Appendix A provides a list of all Region 2 meetings Census Management Structure and Process

5) The state facility and CSBs shall abide by the most current and updated Admissions and Discharge Protocols, incorporated in the FY22 Performance Contract.

6) The Regional Projects Director will ensure that the NVMHI Director of Social Work and Piedmont Geriatric Hospital Director of Social Work provide on at least a monthly basis a list

of individuals who have been rated 1 and 2 level of clinically readiness for discharge to discuss at the monthly Region 2 DBHDS Census Management meetings. Clinical Readiness for Discharge Ratings can be found here http://www.dbhds.virginia.gov/assets/dlibrary/omh-dischargeprotocols.pdf

7) The CSBs, and the Regional Projects Office shall continue to strategize and problem-solve with the state facilities regarding high census issues impacted by the legislation of "last resort" state hospital admissions.

8) The Regional Projects Office shall maintain Regional Admission Protocols established by regional Emergency Service Directors, Aftercare Managers, and the Regional Projects Office, approved by the RMG and reviewed annually and updated as needed. These protocols can be found here https://www.fairfaxcounty.gov/community-services-board/sites/community-services-board/files/assets/documents/pdf/regional-admissions-procedures.pdf

9) The Regional Projects Office shall maintain a regional resolution processes for outstanding issues related to admissions and discharges from state facilities established by Emergency Services Directors, Aftercare managers and the Regional Projects Office, approved by the RMG and reviewed annually and updated as needed. This process can be found here https://www.fairfaxcounty.gov/community-services-board/sites/community-services-board/files/assets/documents/pdf/regional-resolution-process.pdf

10) The Regional Projects Office shall maintain established criteria for insured individuals transferred to NVMHI, found here https://www.fairfaxcounty.gov/community-services-board/sites/community-services-board/files/assets/documents/pdf/insured-transfer-criteria.pdf

11) The Regional Projects Office shall continue to administer and the CSBs and state hospitals shall continue to participate in the Discharge Assistance Program (DAP), in accordance with the DBHDS DAP Administrative Manual, to serve individual discharged from or facing barriers to discharge from state facilities that can be remedied with DAP assistance.

I. Regional Program Models

1) The Regional Projects Office will employ one of the four program models described in the Core Service Taxonomy 7.3 Appendix A in its approach to each regional program and service, see http://www.dbhds.virginia.gov/library/community%20contracting/occ-2010-coreservicestaxonomy7-2v2.pdf. See Appendix B of this 2021 Agreement.

2) The Region 2 Management Group will determine, by a majority vote of the five voting members, the most appropriate and efficient approach of these four program models for each regional program.

3) Many regional programs have several secondary/supplemental program components for full implementation. These secondary/supplemental programs shall use varying approved program models based on appropriateness and efficiencies in the region as determined by a majority vote of the five voting members of the Region 2 Management Group.

4. FISCAL MANAGEMENT AND REPORTING OF STATE-FUNDED REGIONAL PROGRAMS AND PROJECTS

A. The Region 2 Management Group shall administer DBHDS funds for agreed upon regional projects including determination of appropriate uses and allocation for funds maximization and best service outcomes. The Region 2 Management Group shall manage the regional programs and coordinate the use of funding provided for the regional programs, review the provision of services offered, coordinate and monitor the effective utilization of the services and resources and perform other duties that a majority vote of the five voting members approve.

B. Region 2 projects shall receive the same state funding increases as all CSB grant funded activities, such as the salary increase for community services provided by the General Assembly in the Appropriation Act and also known as the DBHDS cost of living adjustment (COLA). As required by DBHDS Core Taxonomy 7.3 found at this link https://dbhds.virginia.gov/library/community%20contracting/OCC-2010-CoreServicesTaxonomy7-2v2.pdf .

C. Decisions regarding program services, new, expanding or changing services, use of funding for annual program awards and unused and unrestricted fund balances will be made by the Region 2 Management Group by majority vote of the five voting members as set forth in 2.D above.

D. The Regional Projects Office fiscal staff shall perform duties related to transactions performed On Behalf of the Region including financial, procurement and budget management support including accounts receivable, accounts payable, contracting and budget reviews, adjustments or reallocations in support of Regional projects to ensure the availability of appropriate resources and greatest possible utilization of the funds and manage receipt and reconciliation of bi-monthly DBHDS warrant disbursements and ensure the funds are appropriately recorded and allocated in support of the individual Regional projects. Such fiscal staff also manage funds Transferred In/Out as approved or directed by the Region 2 Management Group. For Transfers to another CSB, the Receiving CSB will be responsible for these fiduciary responsibilities and any related reporting.

E. The Regional Projects Office shall be responsible for administering Region 2 reporting including developing internal reporting schedules and mechanisms to ensure reports are submitted accurately and timely and in accordance with prescribed DBHDS reporting formats and/or entries into state databases and coordinate all reporting elements and share final reports with the Reginal Management Group, and, when requested by any Project Leads and CFOs of the CSBs. Appendix D addresses Financial and Service Data standards for large Regional Programs.

Fiscal reporting shall include but not be limited to:

1) The Regional Projects Office shall provide the Region 2 Management Group with monthly budget and financial reports, including all grant awards, annual obligations and reconciled year-to-date revenues and expenditures.

2) The Regional Projects Office shall administer scheduled DBHDS reporting requirements for the Initial Budget, Mid-Year and End of Year State Performance Contract in collaboration with Region 2 CSBs and the F-FCCSB

3) Quarterly and annual DBHDS Project Specific reports will be completed and submitted to the appropriate DBHDS Project leads, see Appendix E.

4) The Regional Projects Office will develop internal reporting schedules and mechanisms to ensure reports are submitted accurately, timely and in accordance with the prescribed DBHDS reporting formats and/or entries into state databases. The Regional Office and/or the specific CSB Project Lead will coordinate all reporting elements and share final reports with the specific CSB Executive Director, Project Lead and CFO of the specific CSB as requested. Appendix D further defines financial and service data reporting standards for large regional programs.

5) Budget Reviews will be completed and submitted in accordance with the F-FCCSB budget review schedule, as well as, the DBHDS Annual State Performance Contract Budgeting process to include a review of historical trends of service and financial actuals; conduct forecasting to project current and future fiscal year funding needs and convey these needs utilizing the local budgetary process; the bi-annual DBHDS state performance contract reporting; DBHDS quarterly project specific reporting; monthly Regional budgetary and funding reports; and if necessary, written notification to all stakeholders. These stakeholders may include, but not limited to, the DBHDS Commissioner of Revenue, DBHDS Project Manager; Region 2 Management Group and local Budgetary Departments providing timely and proactive communications with funding and service strategy options to avoid unnecessary service disruption, holds and/or limits; or to avoid the need to implement a wait list.

5. RESPONSIBILITIES OF EACH PARTY

A. Each party will have their employees provide and/or monitor services to individuals who receive funding for Regional Projects.

B. Each party will designate appropriate representation to participate in regional meetings for the purpose of regional project oversight, utilization management of regional projects and general regional collaboration and strategic problem solving. See Appendix A of this 2021 Agreement for a list of regional meetings.

C. Each party will maintain responsibility for financial and service data reporting for large regional programs in accordance with Appendix D of this 2021 Agreement.

D. Each party shall receive legal advice, legal representation, and indemnification, as needed, pursuant to each party's policies and procedures and/or through agreements with their respective governing body.

E. Each party shall solely determine the duties, salary and benefits and shall have general supervision of their employees performing duties and functions pursuant to this 2021 Agreement, and each party shall provide legal advice, legal representation, and indemnification pursuant to each party's policies and procedures.

6. COMPLIANCE WITH APPLICABLE LAW

The parties agree that they are each bound by and will comply with all applicable provisions of local, state, and federal law and regulations. Each party shall comply with or fulfill all provisions or requirements, duties, roles, or responsibilities in its current Community Services Performance Contracts with DBHDS in its implementation of this 2021 Agreement. If there is any conflict between any provision of this 2021 Agreement and the party's current Community Services Performance Contract with DBHDS, the Community Services Performance Contract with DBHDS shall control. If there is any conflict between any provision of this 2021 Agreement, the party's current Community Services Performance Contract with DBHDS, the Community Services Performance Contract with DBHDS, and any applicable state and federal law and regulations, the applicable state and federal law and regulations shall control.

7. NO CAUSE OF ACTION AND NO GUARANTEE TO SERVICES

This 2021 Agreement is for the sole benefit and convenience of the parties and does not create a cause of action or claim, or guarantee a right to services for any individual, consumer or client, or person or entity not a party to this 2021 Agreement.

8. INABILITY TO BIND OTHER PARTIES

Nothing in this 2021 Agreement shall be construed as authority for any party to make commitments that will bind the other parties to this 2021 Agreement beyond the scope of this 2021 Agreement. Furthermore, the parties shall not assign, sublet, or subcontract any work related to the 2021 Agreement or any interests it may have herein, if any, without the prior approval by a majority vote of the five voting members of the Region 2 Management Group.

9. MODIFICATION OF AGREEMENT

No alteration, amendment, or modification in the provisions of this 2021 Agreement shall be effective unless it is in writing, signed by the parties, and attached hereto.

10. PROHIBITION OF DISCRIMINATION

The parties shall not discriminate against any person based on race, color, gender, sexual orientation, religious creed, ancestry, age, or national origin.

11. PRIVACY OF PERSONAL INFORMATION AND HIPPA COMPLIANCE

A. The parties to this 2021 Agreement agree to maintain all protected health information (PHI) received about individuals served as confidential and agree to disclose that information only in accordance with applicable state and federal laws and regulations, including the regulations promulgated under the Health Insurance Portability and Accountability Act of 1996 (HIPPA); 42 CFR Part 2- Confidentiality Of Substance Use Disorder Patient Records; Va. Code §§ 16.1-337, 32.1-127.1:03, 37.2-804.2 and -818; the Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Behavioral Health and Developmental Services; and each party's own privacy policies and practices. To the extent that each party meets the definition of a Covered Entity and/or a Part 2 Program under federal laws cited herein, each party may only disclose confidential information and health records, including PHI, of individuals served through this 2021 Agreement in accordance with the applicable state and federal law and regulations cited herein. Because each party does not provide treatment or services to individuals served by any other party, the parties may not disclose the protected and confidential information or health records of any individual to another party, except as allowed by applicable law stated herein. To the extent any conflict exists between any such party's own privacy policies and practices, state and federal law and regulations shall control.

B. A party is authorized to terminate this 2021 Agreement if it determines that another party has violated a material term of this 2021 Agreement.

12. TERM OF 2021 AGREEMENT

This 2021 Agreement shall be in effect beginning on July 1, 2021 and ending on June 30, 2022. This 2021 Agreement shall automatically renew each July 1st for a 12-month period unless terminated in writing as provided below.

13. TERMINATION

A party may terminate its obligations under this 2021 Agreement by giving each party 90 days written notice. The written notice shall be sent by certified mail to the then Executive Director of each party. If one or more of the parties gives notice of its desire to terminate the 2021 Agreement, each of the parties who did not give such notice of termination shall confer to determine whether they agree that the 2021 Agreement may continue in effect without the participation of the party or parties who gave the notice of termination.

Margaret Graham, Executive Director
Loudoun County Community Services Board

7/14/2021
Date

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

7/13/2021
Date

Lisa Madron, LCSW

Lisa Madron, Executive Director
Prince William County Community Services Board

7/14/2021
Date

Deborah Warren

Deborah Warren, Executive Director
Arlington County Community Services Board

7/14/2021
Date

Carol Layer

Carol Layer, Executive Director
City of Alexandria Community Services Board

7-14-21
Date

ADDENDUM A: REGIONAL DISCHARGE ASSISTANCE PROGRAM ("RDAP")

I. PURPOSE

This addendum to the 2021 Agreement provides a uniform mechanism for the parties to manage, coordinate, and monitor services provided through the expenditure of Discharge Assistance Program ("DAP") funds for IDAPPs and to review the effective utilization of DAP-funded services and resources.

The parties of this agreement agree that the RDAP programs has three purposes:

- To serve individuals already discharged from state hospitals who are presently receiving services through the RDAP and transition them into non-DAP funded services and supports;
- To serve adults in state hospitals who have been determined to be clinically ready for discharge and for whom additional funding for services and supports is required to support their placement in the community through the development, funding, implementation, and utilization review of discharge assistance funds;
- To fund start-up and/or support ongoing costs for community-based services and supports that enable individuals in the participating State Hospital to be discharged to those services; and
- To serve individual transitioning from DBHDS funded transitional placements (i.e., ALFs and Supervised Living settings) to different levels of care.

2. ROLES AND RESPONSIBILITIES

A. Regional model under core service taxonomy:

1) DAP funding administration follows the applicable provisions listed as Appendices E and F of the Core Service Taxonomy 7.2 and 7.3 developed by DBHDS:

   a. Appendix E: Regional Program Operating Principles

   b. Appendix F: Regional Program Procedures in the Core Service Taxonomy 7.2.

   c. The DAP program will be administered using DBHBS Model 3: Fiscal Agent CSB – Funded Regional Program Model
      i. Fairfax County receives the funds from DBHDS and acts as the fiscal agent for these funds.
      ii. Fairfax County disburses these funds based on invoicing and data report received from each of the five CSBs in the 2021 Agreement.
      iii. Each Individual CSB implementing a regional program accounts for and reports the funds and expenses associated with the program in its final performance contraction revision and CARS reports.
      iv. The Regional Projects Office reports services and expenses in the DBHDS DAP Quarterly report which tracks each individual DAP plan.
      v. Each Individual CSB reports services in its CCS3 report to DBHDS as outlined in its Community Services Performance Contract.

vi. Each Individual CSB implementing a regional program ensures that appropriate information about the individuals it serves, and their services is entered into its information system, so that the CCS3 can extract the information and report it in the CCS3 submissions and applicable CARS reports.

B. CSB Aftercare Managers

The RMG shall manage the RDAP and coordinate the use of funding provided for the DAP through its regional oversight of the RDAP functions conducted by the CSBs Aftercare Managers. These functions include management and implementation of all aspects of the RDAP. The Aftercare Managers shall ensure compliance with the requirements outlined in the DBHDS DAP Administrative Manual and IDAPP submission and review and any DBHDS revisions to DAP standards.

The Aftercare Managers team shall consist of representatives as follows:

- *One Aftercare Manager from each of the five CSBs to this 2021 Agreement*
- *One representative from the NVMHI*
- *One representative from the Regional Projects Office*
- *One representative from DBHDS*

The Aftercare Managers team shall meet at least monthly or more frequently when necessary; meeting frequency will depend upon funding needs, census issues or the number of cases to be reviewed. All proceedings, records, and reports and any information discussed at these meetings shall be maintained confidential and privileged, as provided in § 8.01-581.17 of the Code of Virginia. Decisions related to DAP- funded services will be made by vote. Each of the five Aftercare Managers, the representative of the Participating State Hospital and the representative of the Regional Projects Office will have one vote. Any DBHDS representative shall be a non-voting member.

The Aftercare Managers shall:

1) Review the proposed IDAPPs developed through DAP to ensure that the services are the most appropriate, effective, and efficient services that meet the clinical needs of the individual receiving services.
2) Jointly conduct utilization reviews ("scrubbing") of all IDAPPs quarterly, or if indicated, more frequently to ensure:
    a. Continued appropriateness of services,
    b. Implementation of approved IDAPPS, including the review of events related to the individual such as re-hospitalization, incarceration, relocation, etc.
    c. Accurate financial information shall be provided by each of the five CSBs to the Regional Projects Office on a monthly basis so the Regional Projects Office can prepare financial reports for the monthly RMG meetings.
    d. Reductions in service levels based on recovery and/or changing service needs are

addressed with revised IDAPPs, allowing for the redistribution of DAP funds or the discontinuation of DAP funding.

3) Review individuals who are on the DBHDS State Hospital Extraordinary Barriers to Discharge List (EBL) to identify trends and/or recommend the development of community services and funding appropriate to meet those individuals' clinical needs. The Aftercare Managers will ensure that the RMG is informed of the results of these reviews and subsequent related actions.

4) Facilitate, at the request of the case managers of one of the five CSBs, resolution of individual situations that are preventing an individual's timely discharge from NVMHI or an individual's continued tenure in the community.

5) Identify opportunities for two or more of the five CSBs to work together to develop programs or placements that would permit individuals to be discharged more expeditiously from NVMHI.

6) Review and endorse (if appropriate) all new IDAPPs (ongoing or one-time). The review and approval process may be conducted in person, by email, or through the use of other technology.

7) Facilitate a collaborative working relationship with designated staff in DBHDS through transparency in sharing IDAPPs, copying DBHDS staff on emails related to DAP, and including them in meetings or other activities of the Aftercare Managers.

8) Participate in candidate selection for Regional DAP-funded programs such as Intensive Community Residential Treatment (ICRT) and ICRT Step-down program.

9) Decisions will be made by majority vote as defined in Section 2 B of this Addendum A- RDAP.

C. The Regional Projects Office

The Regional Projects Office, in collaboration with the Participating CSBs, shall maintain a current database on all individuals receiving DAP-funded services. This database shall include electronic copies of all on-going or one-time IDAPPs. All IDAPPs shall be submitted to the Regional Projects Office electronically, using the DBHDS approved form. The Regional Projects Office shall maintain automated back-up data transferable by encryption on all RDAP activities to include but not limited to individual IDAPS, meeting notes, individual scrubbing documentation and DBHDS DAP quarterly reports.

The Regional Projects Office in collaboration with the five CSBs shall:

1) Maintain DBHDS standards for DAP services;

2) Complete and submit quarterly DBHDS DAP reports;

3) Maintain real-time spreadsheet of approved DAP plans,

4) Facilitate BH Funding Request submissions to DBHDS for new/additional funds needed to discharge an individual from NVMHI and place them in the community;

5) Facilitate "scrubbing" efforts at least quarterly with all five CSBs;

6) Provide utilization management and utilization review functions and report these to the RMG;

7) Collaborate with Fairfax County, the fiscal agent, to provide fiscal oversight of DAP funds;

8) Provide contract management for regional programs such as the ICRT and the ICRT step-down programs, including maintaining the F-FCCSB Electronic Health Record for each individual served in these programs, to include entering services in accordance with the State Performance Contract.

9) Maintain bed availability tracking document for all RDAP programs and share with Aftercare Mangers monthly.

3. DAP FINANCIAL MANAGEMENT

A. Allocation and Re-allocation of State DAP Funds

1) DBHDS allocates all mental health DAP funds on a regional basis among the DBHDS Regions. DAP funds previously designated as local DAP funds and allocated to the five CSBs are now included in the regional DAP funds.

2) All DAP funds are designated as restricted funds. The five CSBs must track, account for, and report all the actual expenditures supported by these funds separately in CARS and in each of their CSB's section of the DBHDS DAP quarterly reports provided by the Regional Projects Office, which will aggregate each of the five CSBs reports and submit a DBHDS RDAP quarterly report to DBHDS. These restricted funds cannot be used for purposes other than those outlined in the DBHDS DAP Manual.

B. Disbursement of State DAP Funds

DBHDS disburses regional DAP funds directly to Fairfax County as part of the regular semi-monthly CSB payments. Fairfax County administers these funds and distributes the funds for payment of delivered services to each of the other four CSBs under a reimbursement model and based on an invoice provided by each of the other four CSBs for DAP services.

Fairfax County shall receive payments of state funds from DBHDS for the DAP through the F-FCCSB performance contract with DBHDS. From those payments of state funds from DBHDS, Fairfax County will provide the other four CSBs with sufficient funding to ensure the previously approved IDAPPs continue to be funded.

C. Administrative Management Fee

The Regional Projects Office will collect an Administrative Management Fee of 5%of allocated

funds for the purpose of administrative oversight and utilization management, in accordance with the Core Service Taxonomy 7.3, Appendix F, page 48, section 4, point d "Regional program funds may be used to support the activities of the RMG."

D. Allowable Uses of State DAP Funds

1) DAP funds allocated to regions and disbursed to the five CSBs shall be used exclusively for the following purposes:
    a. To serve individuals already discharged from state hospitals who are presently receiving services through the DAP and transition them, when possible, into non-DAP-funded services and supports; and
    b. To serve adults in state hospitals who have been determined to be clinically ready for discharge and for whom additional funding for services and supports is required to support their placement in the community through the utilization of discharge assistance funds.
    c. To fund start-up and/or support ongoing costs for community-based services and supports that enable individuals in state hospitals to be discharged to those services.
    d. To serve individuals transitioning from DBHDS funded transitional placements to different levels of care.

2) DAP funds may be used (when no other funding sources are available) for any approved services that assure the needs of individuals with approved IDAPPs are met in the most integrated and least restrictive community settings.

3) The Regional Projects Office and the five CSBs shall use DAP funds to support the costs of approved ongoing or one-time IDAPPs. Use of DAP funds to create or expand community infrastructure or for service expansion to facilitate state hospital discharges requires prior approval from DBHDS.

4) The Regional Projects Office shall prioritize the use DAP funds for individuals who have the greatest tenure on the EBL. However, this requirement is subject to the availability of funds and the overall ability to facilitate discharge.

5) The Regional Projects Office may use DAP funds to pay for medications as part of an approved IDAPP once other sources of support for medications have been exhausted. These sources include mental health state funds previously used for DBHDS's community resource pharmacy and now allocated to the five CSBs for the same purpose, indigent care programs offered by most pharmaceutical manufactures, and Medicaid. Medicare Part D, the prescription drug benefit, requires true out of pocket costs. DAP funds may not be used on behalf of a Part D beneficiary, (e.g., assistance with copayments). DAP funds do not meet the federal definition of incurred out of pocket costs required by Part D.

6) The Regional Projects Office will not use DAP funds to serve individuals receiving state-funded PACT, except for direct residential placement costs such as rent, or housing subsidies

or other non-PACT provided services.

7) The Regional Projects Office will not use DAP funds for individuals already living in the community who were previously discharged or previously received DAP services but who no longer have an IDAPP authorized by the Aftercare Managers.

8) The Regional Projects Office will not use DAP funds to support CSB staff positions or other CSB programs or services that are unrelated to specific individual needs as reflected in on-going IDAPPs. For example, this includes CSB state hospital liaison positions.

9) The Regional Projects Office will not approve the use of DAP funds as direct income to any individual receiving DAP services. DAP funds are not individual entitlements and cannot be used to provide personal income to individuals receiving DAP services.

10) For individuals served under DAP who are not Medicaid eligible but are receiving State Plan or Clinic Option Services the costs of those services are not to exceed the cost or frequency of those services.

D. Maximizing Other Funding and Revenue Sources:

The Regional Projects Office and the five CSBs must use DAP funds as the funding source of last resort for all IDAPPs. The RMG, RUG and the Participating CSBs shall ensure that other funds such as Medicaid payments, other appropriate state general funds, fees paid by individuals receiving services, and other third-party funding sources are used to offset the costs of approved IDAPPs to the greatest extent possible so that state DAP funds can be used to discharge the greatest number of individuals from state hospitals. The costs of an IDAPP must be adjusted to reflect other sources of funding or revenues that are identified and obtained. This shall be documented in records maintained by the Individual CSBs and the regional manager and in reports submitted to DBHDS. The Regional Projects Office will comply with DBHDS guidance for individual income contributions and use of DAP, found here: https://www.fairfaxcounty.gov/community-services-board/sites/community-services-board/files/assets/documents/pdf/dbhds-guidance-individual-contributions-dap.pdf

E. Overdraft Protection:

Each quarter or more frequently as needed the Regional Manager or his/her designee will communicate encumbered and spent DAP costs for the Regional Projects Office as the need for new DAP funds approaches. Requests for additional funds will be made utilizing the approved DBHDS Request for Additional DAP Funds form.

At the time that it is noted new funds are required, Aftercare Managers will conduct a utilization review to ensure other funds are not available. The date and results of the utilization review are required to be reported on the DBHDS Request for Additional DAP Funds form.

Overdraft protection will be released by DBHDS based on individual plan requests. In addition to the form the request will include a copy of the IDAPP and Narrative form.

C. Unexpended State DAP Funds

1) Generally, the use of unspent DAP funds is governed by Appendix C of DBHDS's CSB Administrative Requirements. However, all DAP funds are restricted and any DAP funds that remain unspent at the end of the fiscal year in which they were disbursed by DBHDS shall remain restricted funds. Consequently, those unspent DAP funds will not be used for other purposes and shall be used by the Regional Projects Office Region 2 and the five CSBs to defray the costs of current IDAPPs before current fiscal year state DAP funds are used. Unspent balances above 10% of the annual allocation of state DAP funds that are not used within the fiscal year in which they were allocated are subject to recovery by DBHDS through payments to DBHDS by the Regional Projects Office holding the balances, reductions in current disbursements to the Regional Projects Office holding the balances, or reductions in allocations of DAP funds to the Regional Projects Office (unless DBHDS determines that there are extenuating circumstances which justify an exception).

2) The RMG may approve the use of any of its unexpended DAP fund allocations during the current fiscal year that resulted from delays in discharges, re-hospitalization or incarceration of an individual receiving DAP services, reductions in services in approved IDAPPs, termination of an IDAPP, changes in allocations among the five CSBs, or other balances including year-end balances from previous fiscal years. Unexpended allocations and balances ("onetime funds") shall be used for the following priorities:

   a. For one-time IDAPPs to support the discharge of individuals on DBHDS's state hospital EBL;

   b. For addressing the one-time needs of individuals with approved IDAPPs;

   c. For transitional costs of individuals determined to be NGRI as part of the privileging process (these individuals might not be rated clinically ready for discharge due to their privileging level, but may need DAP funds to support community passes as part of the process) or for other individuals in state hospitals with documented clinical needs for transitional services and supports in order to be discharged;

   d. When needed, to cover the cost of obtaining a guardian for an individual in a state hospital. This process may begin prior to the individual becoming clinically ready for discharge

   e. For temporary funding to supplement an IDAPP while the one of the five CSBs obtains benefits for an individual; or

   f. For developing regional infrastructure to enable the discharge of individuals in state hospitals, such as residential resources or other community placements.

3) If the Regional Projects Office is not able to expend at least 90 percent of its total on-going regional DAP allocation for active on-going plans and obligate at least 95 percent of its total regional state DAP funding allocation by the end of the fiscal year, DBHDS will work with the RMG to transfer unspent or unobligated state DAP funds to other regions to reduce the EBL at other state hospitals unless DBHDS determines that there are extenuating circumstances which justify an exception.

4. CENSUS MANAGEMENT

A. Discharge Planning:

Each of the five CSBs shall develop the discharge plan in consultation with the individual, guardian or authorized representative, and the state hospital treatment team. This plan describes the specific community mental health, developmental, or substance abuse, employment, health, educational, housing, recreation, transportation, legal, and advocacy services and supports needed by the individual following an episode of hospitalization and identifies the providers that have agreed to provide these services to the individual.

B. Extraordinary Barriers to Discharge List (EBL) Monitoring and Reporting:

Each of the five CSBs through the Aftercare Managers shall monitor the EBL and the Discharge Ready list at NVMHI monthly to track individuals for whom they are the CSB providing case management to ensure the individuals are discharged as soon as possible.

C. Development of Individualized Discharge Assistance Program Plans (IDAPP):

1) The CSB providing case management to an individual, the individual being discharged, his/her guardian or authorized representative, and NVMHI treatment team shall determine the most appropriate services and placement in the community for the individual that are consistent with his or her choices to the greatest extent possible.
2) DAP services and supports must be documented on the IDAPP, and the IDAPP must be consistent with the individual's preferences and choices to the greatest extent possible.
3) All individuals with on-going IDAPPs must receive case management services or documented monitoring by that individual's CSB. This shall be documented monthly in progress notes by the CSB providing case management and used to provide updates during DAP "scrubbing". CSB monitoring includes service coordination, implementation of benefits and monitoring of IDAPP implementation.
4) The IDAPP shall be completed and endorsed by all relevant parties. The CSB providing case management must submit a brief narrative describing the individual's needs and proposed plan, identified placement, projected discharge date, and an explanation of all revenues and costs with all new or renewing IDAPPs. New IDAPPs must identify all the services the individual needs to successfully transition to the community, the providers who have agreed to provide the services, and a projected discharge date. The IDAPP must display all the revenues by source and all of the projected expenses for the services in the IDAPP.
5) When DAP funds are used to create or expand community infrastructure, the planned use, costs, services/supports and number of individuals to be served must be submitted to DBHDS for prior approval. The Regional Projects Office shall then submit an accounting of expenditures, units/types of service provided, and individuals served at the end of each fiscal year.

D. Monitoring of IDAPPs:

The Aftercare Managers shall review at least quarterly and more frequently when there is a shortage of regional DAP funds, the implementation of all IDAPPs to ensure the effective and efficient utilization of the DAP funds. If the region does not have sufficient funds to approve new

ongoing DAP requests, the review of existing plans shall occur monthly, or more often if needed. The Aftercare Managers shall develop a process of communication to ensure that the RMG is informed of the utilization review activities.

If the CSB providing case management is not able to implement an approved IDAPP for the individual within 30 calendar days of his or her projected date of discharge, one of the following actions shall be taken within 30 calendar days following the projected date of discharge:

1) The funds identified for the IDAPP will revert to the Aftercare Managers team for an IDAPP to discharge another individual according to the DAP prioritization process;

2) Should an individual who has been adjudicated Not Guilty by Reason of Insanity (NGRI) not be discharged within 30 days of the projected discharge date due to circumstances beyond the control of the individual, the CSB providing services and/or NVMHI shall send a memo to the Aftercare Managers team with an explanation of said circumstances. Examples of these circumstance could include, but not limited to: IFPC and/or FRP revision requests, residential provider withdrawing acceptance for reasons not related to the individual's behavior, the NGRI court's delay in scheduling a conditional release hearing date, etc. The Aftercare Managers team shall make a decision whether to continue funding IDAPP based on the facts presented.

E. Re-hospitalization:

Occasionally, it may be necessary for DAP enrollees to receive inpatient psychiatric services or be incarcerated. Should this occur, the CSB providing case management will notify the Aftercare Managers team. The Aftercare Managers team then may select from the following options:

1) If the Aftercare Managers team approves a written request from the CSB providing services, current DAP fund payments will stop and may resume such payments upon the individual's discharge, if that date is within an agreed upon number of days not to exceed 90 days from the date of re-hospitalization in a state hospital;

2) If the CSB providing services submits a request to the Aftercare Managers team that states re-hospitalization will exceed 30 days and on-going funds will be needed to maintain the individual's residence for an agreed upon period not to exceed 90 days, the RMG may approve the provision of the necessary funds during that period in the amount required to maintain the individual's place of residence and other critical special services such as maintaining guardianship. The RMG shall redistribute any resulting unspent funds in accordance with the provisions in DBHDS DAP Administrative Manual; or

3) The CSB providing services returns the state DAP funds, less year-to-date expenditures, for the unimplemented IDAPP to the Aftercare Managers team for redistribution.

Note: The cost of supporting a substitute individual shall not exceed the amount requested in the originally approved IDAPP unless funding is available and approved by the RMG. Should the cost of services be less than originally requested, unexpended funds will be available to the Aftercare Managers team for redistribution in accordance with the provisions of DBHDS DAP Administrative Manual.

For all IDAPPs where the service provider is not the CSB of origin, the CSB of origin shall develop a purchase of service agreement, memorandum of agreement, or other instrument consistent with the purchasing policies and procedures of the CSB providing services. All such instruments

shall be maintained by the affected CSB of the five CSBs and available to DBHDS upon request.

5. TRANSFER OF INDIVIDUALS BETWEEN CSBS OR REGIONS

A. If the individual, or with the consent of a guardian or an authorized representative, chooses to reside in a different locality after discharge from NVMHI, the affected CSB in the chosen locality becomes the receiving case management CSB and works with the case management CSB of origin, the individual, and NVMHI to affect a smooth discharge and transition to the community. The case management CSB of origin is responsible for the completion of the discharge plan and is expected to collaborate with the receiving CSB. DAP funds will be transferred from the CSB of origin to the receiving CSB within 6 months of the individual's transition.

B. The region of receiving case management CSB accepts the transfer of the IDAPP funds. The receiving case management CSB shall then be responsible for the reporting required by the state performance contract. The affected CSBs and regions shall notify the respective regional managers and DBHDS of any changes in case management CSB designation and request the fund transfer no later than 30 days post discharge or transfer.

C. If additional DAP funds other than those provided through the original IDAPP are required to support the individual in the after transfer receiving case management CSB, the region holding the IDAPP funds for the individual shall provide the additional funding based on approval of a revised IDAPP.

D. If an individual receiving DAP funds decides to move to another CSB's service area within the region, the receiving case management CSB will assume responsibilities for providing services and shall be responsible for the appropriate reporting in CARS and CCS3,

E. If an individual approved for DAP funds elects to reside outside of their DBHDS region of origin, it is understood that the respective regions and CSBs shall work collaboratively in addressing the individual's preferences and needs.

F. Individuals who have been adjudicated NGRI and are placed outside of their case management CSB service area or region of origin may have specific conditions associated with their Conditional Release Plan related to, their case management CSB or their area of residence. Under these conditions, the CSB may choose not to (and not be required to) reallocate funds and oversight to the new region, in which case the CSB and region of origin shall remain the case management CSB and region of record. The case management CSB is then responsible for all required reporting under the performance contract and conditional release plan.

G. The Regional Projects Office will maintain the DBHDS regional resolution process as described in the DAP manual.

7. **REPORTING//PERFORMANCE CONTRACT REQUIREMENTS:**

The five CSBs shall comply with all the requirements in Exhibit C of the community services performance contract, including the following reporting requirements.

A. Community Consumer Submission 3 (CCS 3) Reporting:

1) The CSB providing case management services is responsible for ensuring that the required information about the individual, his/her type of care (Consumer Designation Code for DAP) and the services received are entered in their information system and reported to DBHDS through the extraction by the CCS 3. CCS 3 submissions must satisfy the requirements in Exhibit I of that CSB's current state performance contract with DBHDS. These requirements apply to all IDAPPs implemented with DAP funds.
2) The Regional Projects Office will assume this responsibility for designated regional programs which as of the date of this 2021 Agreement include the Intensive Community Residential Treatment (ICRT) programs and the ICRT step-down programs.
3) A 910 Consumer Designation Code shall only be assigned to individuals with ongoing IDAPPs, including ongoing plans that are supported through extended use of onetime funds. Additional information about assigning, initiating, and ending consumer designation codes and about all other aspects of reporting data through the CCS is available in the current Community Consumer Submission 3 Extract Specifications, which is available at http://www.dbhds.virginia.gov/OCC-default.htm.

B. Community Automated Reporting System (CARS) Reporting:

1) The CSB providing case management services is responsible for directly providing or purchasing the services in an individual's IDAPP shall reflect, account for, and report the actual revenues and actual expenses associated with the services in the IDAPP through the mid-year and end of the fiscal year CARS reports. Reports must satisfy the requirements in Exhibit I of that CSB's current state performance contract with DBHDS. These requirements apply to all IDAPPs implemented with DAP funds.

C. DAP Quarterly Report:

1) The Regional Projects Office shall submit the quarterly summary of IDAPPs to DBHDS in a format developed by DBHDS in consultation with regional managers and designated members of the Virginia Association of Community Services Boards. Quarterly reports will document year-to-date information about ongoing and one-time IDAPPs, including data about:

   a. each individual receiving DAP services and the amounts of DAP funds approved for each IDAPP,
   b. the total number of IDAPPs that have been implemented,
   c. the total DAP funds obligated for these IDAPPs, and
   d. actual funds expended by IDAPP year to date.

2) Quarterly reports will be submitted within the time frame established in the DBHDS DAP

Administrative Manual.

3) Reports on DAP funding that is used to increase community capacity will be due at the end of each fiscal year, or as otherwise required by DBHDS.

4) It is the responsibility of each of the five CSBs to provide the regional manager with accurate information related to actual costs and other revenue to ensure the accuracy of reports.

8. REVIEW AND EVALUATION

A. Utilization Review:

The five CSBs and NVMHI shall develop and implement a utilization review process for all IDAPPs and DAP supported programs. At a minimum, this process (known as "scrubbing") will include a review of the current IDAPP, services being received or provided, confirmation that the individual's has applied for and/or is receiving all eligible benefits or entitlements (e.g., Medicaid, insurance, SSI/SSDI, or other sources), amounts of other income received, and confirmation of the residential placement during the quarter.

The Aftercare Managers team shall conduct quarterly utilization reviews of approved IDAPPs to ensure continued appropriateness of services, compliance with approved IDAPPs and individual-related events such as re-hospitalizations, incarcerations, or terminations of services. If the Regional Projects Office does not have sufficient funds to approve new ongoing DAP requests, the review of existing plans shall occur monthly, or more often if needed.

B. DBHDS Reviews:

DBHDS shall regularly monitor the performance of the Regional Projects Office's management of the RDAP as well as the five CSBs' implementation of IDAPPs. Pursuant to sections 6.f and 7.c in the five CSB's current state performance contract with DBHDS, DBHDS may conduct on-going utilization reviews and analyze information about individuals receiving services, the services they received, and financial information related to the DAP, such as re-hospitalizations, transitions to non-DAP supported services and supports, maximization of other revenue sources, expenditure patterns, use of resources, outcomes, and performance measures to ensure the continued effectiveness and efficiency of the RDAP.

DBHDS shall include the financial and programmatic operations of the DAP as part of its regular review of the five CSBs, which is conducted by multidisciplinary teams including DBHDS fiscal and program staff.

C. Performance Measures:

The Aftercare Managers team and the RMG shall monitor the performance measures established by DBHDS in the DBHDS DAP Administrative Manual by receiving reports at least quarterly from the Regional Projects Office on the RDAP's achievement of the measures. The RMG and Participating CSBs shall take actions in a timely manner to address unsatisfactory performance on any measure.

9. GENERAL TERMS AND CONDITIONS

A. The parties agree that they shall comply in their implementation of the RDAP with all applicable provisions of state and federal law and regulations, the provisions, and requirements of the DBHDS DAP Administrative Manual, the current state performance contract between each of the five CSBs and DBHDS, the Discharge Protocols for Community Services Boards and State Hospitals, the current Human Rights and Licensing Regulations, and applicable DBHDS State Board policies. Applicable provisions of the current state performance contract between each of the five CSBs and DBHDS include Exhibit C and Appendix E: Regional Program Operating Principles and Appendix F: Regional Program Procedures that are in current Core Services Taxonomy. If there are any conflicts or inconsistencies between any provisions of this Addendum and the current state performance contract between each of the five CSBs and DBHDS, applicable provisions of the state performance contract between each of the five CSBs and DBHDS shall control.

ADDENDUM B: REACH EXTENDED STAYS

1. PURPOSE

This Addendum B to the 2021 Agreement provides a uniform mechanism for the parties to manage, coordinate, and monitor REACH extended stays.

The FY18 and subsequent state performance contracts between each of the five CSBs and DBHDS require that if one of the five CSBs has an individual receiving services in the regional REACH program with no plan for placement and a length of stay that will soon exceed 30 concurrent days, the Executive Director of the CSB of origin/record for that individual, or his or her designee, may be required to provide a weekly update describing efforts to achieve and appropriate disposition for the individual to the Director of Community Support Services in the DBHDS Division of Developmental Services.

2. ALL PARTIES TO THIS ADDENDUM B AGREE TO HAVE THE REGIONAL PROJECTS OFFICE:

A. Once an individual is identified with no disposition, the Regional Projects Office shall obtain from REACH the identified barriers to discharge and what is being done to resolve the barriers.
B. The Regional Office shall communicate weekly with REACH, either in person or through email to obtain updated discharge planning information.
C. If the Crisis Therapeutic Home ("CTH") stay of an individual with no disposition reaches 25 days and no disposition has been identified, the Regional Projects Office shall notify the CSB Executive Director of the CSB or origin/record, or his or her designee.
D. At the 30th consecutive day without a plan for placement for the individual, the Regional Projects Office shall provide updated information regarding the status of the individual to the CSB Executive Director of the CSB of origin/record, or his or her designee and will continue to provide status reports weekly until the individual is discharged from the CTH.
E. In addition, the CSB Executive Director of the CSB of origin/record, or his or her designee may be required to provide a weekly update to the Director of Community Support Services in the DBHDS Developmental Service Division describing efforts to achieve an appropriate disposition for an individual placed at the REACH CTH who has had a length of stay of 30 days or greater and who has no identified placement or disposition.

ADDENDUM C: REGIONAL OLDER ADULTS FACILITIES MENTAL HEALTH SUPPORT TEAM ("RAFT") AND OLDER ADULT SERVICE STAKEHOLDER GROUP

1. PURPOSE:

This Addendum to the 2021 Agreement shall define the relationship and establish protocols for the Regional Older Adults Facility Mental Health Support Team (RAFT) program services and the Region 2 Older Adult Service Stakeholder Group.

This Addendum to this 2021 Agreement provides a mechanism for the parties to agree to manage, coordinate, and monitor older adult services in Region 2 and to review the effective utilization of both services and resources.

2. RAFT

A. Regional model under core service taxonomy:

1) RAFT funding administration follows the applicable provisions below of Appendices E and F of the Core Services Taxonomy 7.2 and 7.3 developed by DBHDS:
   a. Appendix E: Regional Program Operating Principles
   b. Appendix F: Regional Program Procedures in Core Service Taxonomy 7.2

2) RAFT funding will be administered using Model 1: Operating CSB-Funded Regional Program Model and Model 3: Fiscal Agent CSB-Funded Regional Program Model as described in Appendix F: Regional Program Procedures of the Cores Service Taxonomy 7.3

   a. Model 1: Federal and State Block Grant Funding

      i. ArlCSB receives Federal and State Block Grant funds from DBHDS and acts as the fiscal agent for Region 2 RAFT services.
      ii. ArlCSB directly operates the Region 2 RAFT program.
      iii. ArlCSB reports revenues and expenses in its CARS reports and reports service and individuals it serves in its CCS3 reports to DBHDS as outlined in the ArlCSB's current state performance contract with DBHDS.

   b. Model 3: DBHDS DAP Funding

      i. Fairfax County receives DAP from DBHDS and acts as the fiscal agent for DAP funds; in FY18 DBHDS provided the Regional Projects Office with an additional $500,000 for DAP/RAFT expansion funding for which Fairfax County is the fiscal agent.
      ii. Fairfax County disburses these DAP funds, as the fiscal agent for the Regional Projects Office, based on invoicing and data reporting received from ArlCSB for the RAFT Program funding.
      iii. The Regional Projects Office reports expenses in its CARS reports and provides a summary of how funds have been spent, the numbers of individuals the expansion has served, and the types of services provided with the Region 2 final DAP report each fiscal year.

iv. ArlCSB does not report expenses in its CARS report and does report services in its CCS3 reports to DBHDS as outlined in the ArlCSB's current state performance contract.

B. RAFT's three main purposes:

1) Supports and helps facilitate the discharge of older adults from state hospitals who have been determined to be clinically ready for discharge and for whom additional services and supports beyond what is available in the community are necessary in order to implement and maintain their placements in the Northern Virginia communities;

2) Supports older adults who are at risk of state hospital admission through diversion efforts so that individuals may continue to successfully live in their community;

3) Increases community partners' willingness and ability to serve these individuals through the provision of community training and education with Assisted Living Facilities, Nursing Facilities, and other community partners to strengthen the skill, knowledge base and confidence in serving this high-risk population.

C. RAFT program model:

The RAFT program is designed to provide intensive mental health services to older adults and assist them in achieving or maintaining successful community-based placements. The RAFT team is mobile and provides these services in the individual's residence; typically, an Assisted Living Facility or Nursing Facility.

Clinical Services provided include, but are not limited to:

1) Multidisciplinary assessment and evaluation;
2) Comprehensive plan of care;
3) Psychiatric services;
4) Medication evaluation and monitoring;
5) Intensive case management;
6) Individual, group, and family therapy;
7) Support Services;
8) Case Consultation to facilities;
9) Crisis intervention and crisis plan coordination.

Administrative Services provided include, but are not limited to:

1) Funds to support Assisted Living Facility placement, as approved and available;
2) Assistance in paying medication co-pays;
3) Training for community and facility staff;
4) Community Education events.

D. Population Served and Prioritization:

The RAFT program provides services to residents of all five CSBs within Region 2. The RAFT program aims to have utilization from each of those five CSBs that is reflective of the local population distribution.

The priority population to be served by the RAFT program is older adults 65+ diagnosed with either a Serious Mental Illness (SMI) or Dementia with behavioral challenges. Exceptions to this priority population may be considered based on a case-by-case review of need by the RAFT Referral Committee (as defined in section II.F below) and service availability/capacity within the RAFT program. Priority admission criteria to RAFT are:

1) Psychiatric Hospital Step-Down:
   a. Individual on the Extraordinary Barriers List (EBL);
   b. Individual in a state psychiatric hospital;
   c. Individual in a private state-funded psychiatric bed; or
   d. Individual in a private psychiatric bed who is on the transfer list for a state hospital.

1) State Psychiatric Hospital Diversion:
   a. Individual in a crisis stabilization unit;
   b. Individual at risk of losing placement in long term care facility due to mental illness and/or challenging behaviors; or
   c. Individual evaluated by one of the five CSBs who is at risk of needing state hospital placement due to mental illness and/or challenging behaviors.

E. Regional Utilization:

Of the regional residents aged 65+, 7% are Alexandria residents, 9% are Arlington residents, 55% are F-FCCSB residents, 13% are Loudoun residents and 16% are Prince William residents. The current RAFT census is not in alignment with these figures. Strategies will be developed and utilized to adjust overall referrals and admissions by 10% each year to mirror the eligible age population census data more closely. The two specific CSBs for focus in FY22 will be F-FCCSB and LCSB. Progress will be monitored via quarterly tracking with submission for review by the RMG meetings.

F. Region 2 RAFT Referral Committee:

The parties agree that this Addendum C for RAFT and Region 2 Older Adult Service Stakeholder Group to the 2021 Agreement establishes a Region 2 RAFT Referral Committee. Each of the five (5) CSBs will identify one (1) representative for that CSB to serve on the Region 2 RAFT Referral Committee. The other members shall be the Region 2 RAFT Program Director and/or designee and one representative from the Regional Projects Office.

G. Region 2 RAFT Referral Committee Meetings and Referral/Approval Process:

1. RAFT referrals include 4 parts:

   a. Completed RAFT referral form;
   b. Completed UAI, when available;

c. Release of Information forms for RAFT/ArlCSB and the members of the RAFT Referral Committee;
d. Initial Psychiatric Evaluation form (with Psychosocial History) from this episode of treatment, when available.

The completed RAFT referral shall be submitted to RAFT through encrypted email to RAFT@arlingtonva.us or the RAFT fax referral line: 703-802-7909.

The Region 2 RAFT Referral Committee will meet by conference call to accept referrals calls on the first Tuesday of every month at 8:45 a.m. and/or as needed based on number of referrals and urgency of service need. The Region 2 RAFT Program Director or designee will lead these conference calls.

The call-in number is: 888-270-9936
Call code: 2084539

Each of the representatives designated by the five CSB the Region 2 RAFT Referral Committee will present their own CSB's referrals to the Committee members participating on the conference call. In addition, a referral can be made from a RAFT-contracted Nursing Home (NH) or Assisted Living Facility (ALF) and will be presented by the Region 2 RAFT Program Director.

The Region 2 RAFT Referral Committee determines whether to approve a referral based on RAFT priority admission criteria. To approve a referral as meeting the admission criteria for RAFT services, a vote for approval by a minimum of four (4) RAFT Referral Committee members participating in the conference call is required for an individual to receive RAFT services. A minimum of four (4) members of the RAFT Referral Committee must be participating in the vote during the conference call for any decision to approve an individual to receive RAFT services, and if only four (4) members of the RAFT Referral Committee are participating, then the vote must be unanimous, and without any abstentions.

H. Region 2 Management Group Review Process:

When the Region 2 RAFT Referral Committee does not approve by a minimum of four 4 votes of the participating Committee members then the Regional Projects Office may place the decision before the Region 2 Management Group for a vote to approve an individual for RAFT services. A majority vote of the five members, or their designee, of the RMG shall be needed to approve an individual for RAFT services.

I. Admission Process:

When a referral is approved by the Region 2 RAFT Referral Committee, the RAFT program will:

1) Conduct an initial assessment of the individual in the hospital or community setting, gather and review collateral materials, and consult with the hospital and the referring CSB on readiness of the individual to return to the community;

2) Meet with the individual and communicate with any legally authorized representative regarding agreement to treatment, placement, financial commitment, and guidelines of the RAFT program.

3) Work with long term care facilities to obtain a placement for the individual when the individual is psychiatrically ready for placement in the community.

4) Facilitate and/or participate in case coordination with the staff of the Referring CSB, the hospital staff, family members, legally authorized representative, and potential placement site staff throughout the process.

5) Assist in designing the most appropriate and successful Transition Plan for the individual to integrate into the community. This can include a direct admission to a facility, a day visit to the prospective facility, and/or a trial stay. If these efforts are not successful, the referring CSB will facilitate the return of the individual to the hospital.

6) Before admission to a community facility can take place, all required admission documentation (including payer source documentation) from both the hospital and the referring CSB must be submitted to the facility.

7) When individuals have been successfully placed in a long-term care facility, RAFT will provide on-going intensive geriatric mental health services to support the stability of the individual in their community placement. This is accomplished through continual re-assessment, treatment planning and the delivery of specific services based upon the needs of the individual as identified in the treatment plan.

8) If no long-term care facility is willing to accept an individual into their facility, the referring CSB will work to locate an alternative appropriate community placement independent of the RAFT program.

J. Responsibilities:

1) The Referring CSB will:

a. Remain the CSB of origin and primary contact regardless of county/city in which placement is located;

b. Collaborate with RAFT throughout placement process;

c. Monitor placement with RAFT for 3-month period after the placement in a NH or ALF;

d. Collaborate with RAFT in the event that the individual decompensates despite intensive RAFT services;

e. Collaborate with RAFT and facilitate the transfer of individual to an alternative placement if individual no longer qualifies for the level of service provided by RAFT.

2) ArlCSB will:

   a. Provide administrative/management functions for RAFT;

   b. Manage individuals' current clinical, financial, and billing records while referred individual is in a RAFT placement and receiving treatment through RAFT.

K. Managing difficult behaviors and retaining placement or alternative placement:

1) RAFT will make every effort to collaborate with the individual, family/legally authorized representative, facility staff and referring CSB to improve challenging behaviors.

2) If a facility determines that the individual can no longer remain, attempts will be made by RAFT to place the individual at an alternative facility.

3) If another facility cannot be located, the referring CSB will be notified to assist with a viable plan for a safe termination of RAFT services.

L. Termination of RAFT Services:

Termination of RAFT services will occur when:

1) The individual and/or the leally authorized representative no longer agrees to have RAFT provide services; or

2) RAFT level of service is no longer medically necessary for the individual to maintain successful community living; the individual has advanced medical needs which supersede their psychiatric or behavioral issues, and/or no longer requires the intensity of mental health services that RAFT provides; or

3) It has been determined, through clinical assessment by RAFT staff, that the individual can no longer be successfully served in the community through the RAFT program.

4) The referring CSB will be notified to coordinate a viable plan for termination of RAFT services and ongoing of other services, if available and as needed.

M. Staffing plan:

RAFT staff includes the following:

1) One Full-Time Program Director;
2) Four Full-Time Mental Health Therapists/Case Managers;
3) One Full-Time Psychiatric Nurse;
4) One Part-Time Administrative Specialist;
5) One Part-Time Psychiatrist (In-kind funded by ArlCSB).

The RAFT Program Director or designee will participate in Region 2 Utilization Group and Regional Aftercare/DAP Group, attend other regional meetings as necessary, and will provide regular program updates and data to the Regional Projects Office.

N. Funding:

The RAFT program is funded as follows:

1) Federal Block Grant Funds of $500,000 from DBHDS to ArlCSB.
2) State Block Grant Funds of $522,500 from DBHDS to ArlCSB.
3) DBHDS/DAP Funds of $500,000 for the Regional Projects Office to Fairfax County, its fiscal agent.
4) In-kind funding by ArlCSB for the Part-Time Psychiatrist position.

The total funding as of the date of the 2021 Agreement is $1,522,500 excluding the in-kind funding provided by ArlCSB.

O. Billing:

ArlCSB agrees to bill Medicaid, Medicare, the CCC Plus contractors and/or insurance companies for RAFT services provided to eligible individuals.

P. Contract providers:

ArlCSB agrees to maintain contracts with Assisted Living Providers and Nursing Home Providers with the goal of increasing RAFT's presence in and to be able to serve more individuals in the community.

Currently, ArlCSB has contracts for services with the following:

1) Assisted Living Providers:
   a. Atria Sterling, Loudoun County
   b. Tribute at One Loudoun, Loudoun County
   c. Avalon Homes, Fairfax County
   d. The Beverly, Fairfax County
   e. Home Eldercare, Fairfax County
   f. Aurora Home, Prince William County
   g. Birmingham Green – District Home, Prince William County
   h. Tribute at The Glen, Woodbridge
   i. Landsdown Heights – Loudoun County

2) Nursing Home Providers:
   a. Regency of Arlington, Arlington County
   b. Envoy of Alexandria, Alexandria City
   c. Envoy of Woodbridge, Prince William County

d. Cherrydale, Arlington County
e. Dulles Health and Rehab Center, Fairfax County
f. Birmingham Green, Prince William County
g. Fairfax Nursing and Rehabilitation, Fairfax County

Q. Management Fees:

The Regional Projects Office and ArlCSB will be paid a management fee in line with DBHDS Regional Administrative Fee Policy

3. RAFT PROGRAM ADMINISTRATION ROLES:

A. ArlCSB agrees to provide:

1) General Administrative and Budget Support
   a. Administrative structure for clinical work including clinical recordkeeping, clinical policies and procedures and required staff training;
   b. Budget support;
   c. Administration of personnel matters including hiring, supervision, and disciplinary actions for RAFT staff.

2) Other Specific Requirements of ArlCSB:

   a. Fulfillment of State Performance contract reporting requirements;
   b. Monitoring and reporting of outcomes and data;
   c. Billing of Medicaid, the CCC Plus contractors and/or insurance companies.

B. The Regional Projects Office agrees to provide utilization management, oversight, and consultation to the RAFT program. This includes:

1) Data collection, management, analysis, and reporting of RAFT program activities;
2) Utilization management;
3) Outcome measurement and recommendations of modification of strategies to meet program goals.

4. REGION 2 OLDER ADULT SERVICES STAKEHOLDER GROUP:

The parties agree that this Addendum C for RAFT and Region 2 Older Adults Stakeholder Group to the 2021 Agreement establishes a Region 2 Older Adult Services Stakeholder Group ("Region 2 Stakeholder's Group"), comprised of five (5) Standing Members appointed by the Executive Directors five (5) CSBs shall be three (3) years or for a shorter term as determined by the CSB

Executive Director who appoints them, and any Associate Members, as determined by a majority vote of the Standing Members. Associate members shall be chosen among the professionals providing services to older adults within Northern Virginia, older adult services advocacy groups and others who may have unique knowledge and skills in the provision of older adult services in the Northern Virginia region who will aid the Standing Members based on their expertise regarding the needs of older adults.

This Region 2 Stakeholder's Group will be facilitated by a chair and co-chair, who will be elected from among the five Standing Members and the Regional Projects Director, through nominations and a majority vote of the five Standing Members and the Regional Projects Director. The term of the chair will be for one (1) year.

A. Associate Members of the Region 2 Stakeholder's Group may include but are not limited to: CSB Older Adult Services providers; private providers of facilities, day programs and other clinical services; Older Adult advocacy groups such as NVAN; and a representative from Piedmont. These Associate Members shall include individuals with unique knowledge and skills in provision of older adult services in the Northern Virginia region.

B. The primary purposes of the Region2 Stakeholder Group are to:

   1) Advise and support the regional RAFT program;
   2) Facilitate collaboration and information-sharing of current established services for older adults;
   3) Identify service gaps and opportunities for new programs and/or expansion of existing ones, and strategic planning related to advocacy for older adult services within the region; and
   4) Advocate for older adult services within the region.

C. The Regional Projects Office will provide general administrative staff support.

D. A sample agenda developed for this Region 2 Stakeholder's Group is in Appendix C of this 2021 Agreement.

E. The Region 2 Stakeholder's Group will meet quarterly, unless otherwise determined by a majority vote the Standing Members.

ADDENDUM D: IDD/MD PSYCHIATRIC CLINIC

1. PURPOSE

This Addendum D defines the Region 2 IDD/MH Psychiatric Clinic establishes program protocols to manage, coordinate and monitor services and to review the effective utilization of the Region 2 IDDMH Psychiatric Clinic

The purpose of the Region 2 IDD/MH Psychiatric Clinic is to provide and promote treatment for individuals diagnosed with IDD/MH and mental health challenges during their lifespan.

2. SCOPE OF SERVICE

The Region 2 IDD/MH Psychiatric Clinic provides critical psychiatric consultation, evaluation and medication management services to individuals who have IDDMH who also have serious mental illness and/or behavioral challenges. These services are a Region 2 resource for those individuals with high acuity and/or complexity which require specialized evaluation and targeted treatment.

Psychiatric services to these individuals are a core service area in DBHDS Region2's safety net of services to individuals with IDDMH who are also experiencing mental health and/or behavioral challenges.

The Region 2 psychiatrists and Regional Behavioral Health Nurse Clinician/case manager directly provide short term psychiatric services and consultation to these individuals, and consultation and training to physicians in Region 2 to increase capacity to serve these dually diagnosed individuals. Services are designed to improve an individual's mental, emotional, and physical health, quality of life, and to increase the capacity and expertise of psychiatric services for these individuals in Region 2.

The Region 2 IDD/MH Psychiatric Clinic is located at the F-FCCSB Merrifield Center; however, clinic staff are available for limited mobile services in the areas served by the Loudoun and Prince William CSBs.

Psychiatrists provide ongoing assessment of psychiatric stability and need for continued treatment. The individual's primary treatment team will continue to provide services to the individual and will participate in the readiness for discharge assessment and planning. The psychiatrists will maintain ongoing communication with the individual's primary physician and will provide a discharge summary in the individual's electronic health record for the primary treatment team.

Referrals to the Region 2 IDD/MH Psychiatric Clinic will be made by an individual's Support Coordinator, with approval form the Director of Disability Services, from one of the five standing members of this agreement.

3. PROGRAM MODEL

IDD/MH Psychiatry staff will consist of a Board-Certified Psychiatrist with expertise in providing services to individuals diagnosed with IDD/MH diagnoses and a Registered Nurse with significant experience in working with individuals diagnosed with IDDMH in both child and adult populations. The Region 2 IDD/MH/DD Psychiatric Clinic shall provide, within available resources, the following:

A. Educational information and referrals for those with IDD/MH conditions
B. Psychiatric evaluations
C. Clinical consultations
D. Brief psychiatric treatment (up to one (1) year)
E. Integrated care programing
F. Quality of care/standard of care consultations
G. Presentations and Trainings
H. Internships

4. ROLES AND RESPONSIBILITIES

A. The Regional Projects Office agrees to provide administrative support to the Region 2 IDD/MH Psychiatric Clinic quality assurance activities to include:

1) Data collection, management, analysis, and reporting of program activities
2) Utilization Management
3) Outcome measurement and modification of strategies to meet the program goals
4) Ongoing training and professional development activities
5) Oversight by the Regional Projects Office

B. Fairfax County is the fiscal agent for Region 2 and this program will follow Model 3: Fiscal Agent CSB – Funded Regional Program Model as described in Appendix E of the Core Service Taxonomy 7.3. **Service data will be reported to DBHDS through the FCCSB CCS 3 report, with data pulled from the electronic health record, and funds expended will be reported through CARS and the DBHDS mid-year and end-of-year Regional State Performance Contract fiscal report.**

C. The five CSBs which provide services to individuals with IDD/MH challenges in Region 2, will also provide services through other existing programs as well through the Region 2 IDD/MH Psychiatric Clinic The parties will:

1) Ensure that each individual served has a treating physician either within one of the five CSBs or in the private sector that will work with the Region 2 IDD/MH Psychiatric Clinic psychiatrist to ensure a coordinated return to treatment with the primary provider.
2) Provide complete background documentation as requested in the referral packet to include Comprehensive Assessment and Person-Centered Service Plan, to the extent allowed by law.
3) Provide case management, medication management, and service coordination with contracted vendors.

Appendix A:

REGION 2 REGIONAL MEETING SCHEDULE

ALL REGIONAL, NON-DBHDS FACILITATED MEETINGS, REPORT TO THE REGION 2 MANAGEMENT GROUP

Name	Date/Time	Frequency	Location	Participants	Purpose of the Meeting
Region 2 Management Group (RMG)	2nd Friday of each Month, 9:00 – 12 noon	Monthly	Various	CSB Execs, State Facility Directors, Regional Projects Office, DBHDS	Meeting to manage, review, monitor utilization of services, and provide oversight to regional programs as noted in the Core Services Taxonomy.
Region 2 Utilization Group (RUG)	4th Thursday, 10am-12noon. In Nov and Dec moved to 3rd Thursday d/t holidays	Monthly	Chantilly Training Room	CSB Emergency Managers, Aftercare Managers, Child and Youth, NVMHI, Regional Projects Office, DBHDS Quarterly: Hospital Partners and CSU's Included	Functions as a subcommittee of the RMG to review utilization trends; collaborate in the establishment and implementation of regional protocols and programs; provides a forum for collaboration between CSBs within the region to address acute care issues.
Region 2 Aftercare Managers	2nd Thursday, 9:30am-12 noon	Monthly	Chantilly Regional Conference Room	CSB Aftercare Managers, NVMHI, Regional Projects Office, DBHDS	Functions as a subcommittee of the RUG (RUMCT) to review and provide oversight to activities specific to discharge planning, utilization of DAP funding, and solutions to address the needs of individuals on the EBL
Region 2 Emergency Managers	1st Thursday, 10am-12 noon	Monthly	Pennino	Emergency Managers, NVMHI, REACH, CR2, Regional Projects Office, DBHDS	Functions as a subcommittee of the RUG to provide oversight and monitoring of LIPOS funding, to monitor utilization of regional CSUs, and to

					collaborate and initiate strategic problem-solving efforts on issues related to the functions of the Emergency Services Programs in the region.
Region 2 CSU Managers	2nd Monday, 9:30 – 11am	Monthly	Chantilly Regional Conference Room	CSU managers, REACH, Regional Projects Office	Functions as a subcommittee of the RUG to provide oversight and monitoring of compliance with DBHDS Expectations for CSB Residential Crisis Stabilization Units; development, implementation and maintenance of regional CSU protocols and procedures; and creative problem solving to promote best practices and ensure that the regional need to divert individuals from hospitalization or to quickly step them down from hospitalization, when clinically appropriate, is met through these programs.
Region 2 REACH Team and Leadership Meetings	Every other Wednesdays, 10am-12 noon as	biweekly	REACH office	REACH, CSBs, various providers, DBHDS, Regional Projects Office	Provide oversight and guidance to the Regional Adult (and now Child) REACH Programs
Region 2 REACH Advisory Council	Various Wednesdays, 10am-12 noon as scheduled 2 to 3 times a year	Quarterly	REACH Office	REACH, Regional Projects Office, DBHDS, various providers	Provide oversight and guidance to the Regional Adult and Child REACH Programs

Region2 DD Directors	4th Friday, 9:30am – 12 noon	Monthly	Pennino	ID Directors, NVTC, NVMHI, DBHDS, Regional Projects Office	Functions as a subcommittee of the RUG to for collaboration and strategic problem solving on ID/DD system issues and Regional IDD programs
DBHDS Region2 Forensic Meeting	Varies, 10am – 12 noon	Quarterly	NVMHI	DBHDS, NVMHI, ADC staff, NGRI Coordinators, Forensic Discharge Planners, Regional Projects Office	A DBHDS initiated meeting to discuss issues related to forensic admissions to the state facilities
NVMHI UM Meeting	3rd Thursday, 2:00-3:00pm	Monthly	NVMHI	NVMHI, Regional Projects Office	A DBHDS initiated meeting to review utilization trends and specific outcome measures at NVMHI
DBHDS NVMHI Census Management Meeting	2nd Wednesday	Monthly	NVMHI	NVMHI, DBHDS, Region 2 Aftercare Managers and all CSB Discharge Planners	A DBHDS initiated meeting to provide oversight and strategic problem solving for individuals at the level 1 or 2 levels of ready for discharge planning from NVMHI
DBHDS Census Management, Piedmont Discharge Planning	2nd Monday, 2:00 - 3:00 pm	Monthly	Conference Call	PGH, CSB Geriatric Discharge Planners, RAFT, Regional Projects Office	To update progress by regional discharge planners, a forum to creatively resolve discharge planning issues, and EBL oversight
Region 2 Older Adult Service Stakeholder Group	3rd Friday, 9:30 – 11:30 am	Quarterly	Chantilly Regional Conference Room	Standing Members from 5 CSBs providing older adult services, private providers of facilities, day programs and other clinical services, representatives from local adult hospitals and our State Older Adult Hospital as well as DBHDS Central Office representative.	To advise and support the regional RAFT program, facilitate collaboration and information sharing of current established services for older adults, identification of service gaps and opportunities for new programs and/or expansion of existing ones, and strategic planning related to these

					efforts and advocacy for older adult services within our region.
DBHDS Regional Managers Call	1st Monday, 2:30 – 3:30	Monthly	Conference Call	Regional Project Managers from each region and DBHDS	Opportunity to collaborate, problem solve and review systems.
Regional Front Door Meeting	Varies	3x a Year	Chantilly Regional Conference Room	Intake and Access staff from all CSBs	Collaborate and problem solve related to same day access
Regional Child Behavioral Health Managers Meeting	2nd Monday, 1:30-2:30	Quarterly	Conference Call or Merrifield, alternating	Region 2 Child Behavioral Health, Youth and Family Managers/Chief of Child Behavioral Health and Youth Development from all CSBs, CCCA and Regional Projects Office	Collaborate and problems solve related to services for Child Behavioral Health

Appendix B: R-2 Regional Program Models from Core Service Taxonomy

Local Inpatient Purchase of Service, LIPOS	Model 3a	Fiscal Agent CSB – Funded Regional Local Inpatient POS Program Model
Discharge Assistance Program, DAP	Model 3	Fiscal Agent CSB – Funded Regional Program Model
Discharge Assistance Program, DAP; Intensive Community Residential Treatment Programs (ICRTs)	Model 1	Operating CSB-Funded Regional Program Model (Vendor provides service through contract with operating CSB, who reports all service data through CCS3.)
Crisis Stabilization Units, CSU's	Model 4 (ACCESS, CARE, Brandon House); Model 1 (Woodburn Place)	Fiscal Agent CSB – Funded Contract Agency Regional Program Model (ACCESS, CARE, Brandon House); Operating CSB – Funded Regional Program Model (Woodburn Place)
Regional Educational Assessment Crisis Response and Habilitation, REACH Adult and Child	Model 1	Operating CSB-Funded Regional Program Model (Vendor provides service through contract with operating CSB, who reports all service data through CCS3.)
Children's Mobile Crisis Program, CR2	Model 1	Operating CSB-Funded Regional Program Model (Vendor provides service through contract with operating CSB, who reports all service data through CCS3.)
Regional Recovery	Model 4	Fiscal Agent CSB – Funded Contract Agency Regional Program Model
Regional Older Adult Facilities Mental Health Support Team, RAFT	Model 1	Operating CSB – Funded Regional Program Model
Regional Deaf Services	Model 3	Fiscal Agent CSB – Funded Regional Program Model
Staff Training and Consultation	Model 3	Fiscal Agent CSB – Funded Regional Program Model

Appendix C: Region 2 Older Adults Stakeholder Group Meeting Agenda

REGION 2 OLDER ADULTS SERVICE STAKEHOLDER GROUP
MEETING AGENDA

I. Introductions

II. Additions to the Agenda

III. Old Business

IV. Regional Projects Office UM
    a. Older Adult Um Report
    b. RAFT Admissions and Referrals, YOY by CSB
    c. RAFT Expansion Report
    d. Older Adults TDOed by Hospital & in-area/out-of-area comparison
    e. Older Adults TDOs, Commitments and Insurance status

V. RAFT Program Updates (including review of performance measures)

VI. CSB Older Adult Services Updates
    a. Alexandria
    b. Arlington
    c. Fairfax-Falls Church
    d. Loudoun
    e. Prince Williams

VII. Piedmont Hospital Update/Report

VIII. Private Providers Update/Report
    a. Hospitals
    b. Residential
    c. Day Program
    d. Clinical Services
    e. Other

IX. Older Adult Advocacy Groups
    a. NVAN
    b. NAMI

X. New Business

XI. Future Meetings

Specific Regional Program	Payment Processes	Service Data Process
1. RDAP	• Funds authorized by Aftercare Managers (DAP approval) group • Individual CSB establishes contract and reimburses vendor for services rendered • Quarterly, individual CSB's invoice Regional Projects Office for DAP approved costs. • For Regional Residential programs (ICRT and ICRT Step-downs), the contract is held, and payments are made by Fairfax County.	• Individual CSB enters data into EHR and it is uploaded to CCS3. • Individual CSB reports service data to DBHDS. • For Region 2 Residential programs, Regional Projects Office enters the service data (bed days) into EHR, and all individuals are reported through F-FCCSB. • There are a handful of individual individuals who remain with home CSB under IDAP but are paid through Arlington RAFT contract and funding and service data are tracked through home CSB.
2. LIPOS	• Funds authorized by individual ES based on Regional Protocols. • Invoice submitted by vendor to Regional Projects Office. • Regional Projects Office verifies eligibility and processes payment.	• Regional Projects Office creates a spreadsheet of all LIPOS bed days paid by individual by CSB and sends this to each individual CSB. • Individual CSB uploads data into EHR and CCS3. • Individual CSB reports service data to DBHDS.
3. REACH (effective upon new contract award)	• Funds authorized by contract between Fairfax County and Vendor. • Contract is flat rate with $1/12^{th}$ of contract invoiced monthly • Invoices submitted monthly with cost of services broken out by core taxonomy service area.	• Regional Projects Office enters data into EHR and reports all REACH regional service data through F-FCSB CCS3. • F-FCCSB reports service data to DBHDS.
4. CR2 – Children's MH Crisis	• Funds authorized by contract between Arlington Co. and Vendor. • Invoices submitted monthly with demographic report of individuals served	• Arlington Co enters data into EHR and reports service data through Arlington CSB CCS3 • ArlCSB reports service data to DBHDS
5. RAFT	• Program directly operated by ArlCSB	• RAFT staff enter demographic and service data into the ArlCSB EHR • ArlCSB reports service data to DBHDS via CCS3

6. Crisis Care (at Woodburn Place) - CSU	• Program directly operated by F-FCCSB • Some funding for program allocated from Regional funds	• CSU staff open individual in EHR and enter service data • F-FCCSB reports service data to DBHDS via CCS3
7. CARE (Community Residences) and Brandon House (Fellowship) – CSUs	• Funds authorized by contracts between Prince William Co and noted vendors • Contracts are flat rate with 1/12th of contract invoiced monthly • Invoices submitted monthly with report of individuals served (bed days)	• PWCSB enters data (bed days) into EHR • PWCSB reports service data (bed days) to DBHDS via CCS3
8. ACCESS (Fellowship)	• Funds authorized by contracts between Arlington Co and vendor • Contracts are flat rate with 1/12th of contract invoiced monthly • Invoices submitted monthly with report of individuals served (bed days)	• ArlCSB enters data (bed days) into EHR • ArlCSB reports service data (bed days) to DBHDS via CCS3

Report Name	Description	Delivered to whom	Frequency/Due when	Comments/Questions
ES Activity & Exceptions Report	Report compiled from each regional CSBs report of monthly call and prescreening activity, plus detail about any individual situations resulting in a TDO to a state facility.	Mary Begor	Monthly, by the 15th	
LIPOS Data Report	Detailed report showing utilization of LIPOS funding by CSB and by hospital; client legal status; payments and funds encumbered, state hospital transfers	Suzanne Mayo/Heather Rupe	Data captured monthly but report submitted quarterly, by the end of the month following the quarter	• Significantly revised in FY22 to now include tracking units of service monthly and LIPOS transfers
DAP Report	Highly detailed spreadsheets with information about all one-time and ongoing DAP plans that have been approved and utilized during the FY with breakdowns of total plan costs and income sources.	Suzanne Mayo/Heather Rupe	Quarterly	• Rely on the aftercare managers to support completion of this report on a quarterly basis; • In FY21, All reports now also require actual financial reporting.
DAP Category Reporting	Detailed spreadsheet of each individual with plan by category and then category financial obligations are aggregated by categories.	Heather Rupe	Quarterly	• Instituted FY21
R2 Enhanced DAP UM Report	Each region negotiated with DBHDS out of a list of possible enhanced UM reporting requirements. R2 agreed to monthly reporting of: Scrub follow up tracking, review of every 1x plan,	Heather Rupe	Monthly	• Instituted FY21

	rehospitalizations, plan changes, new plans, and closed plans			
Adult Residential Crisis Stabilization Unit reporting	Highly detailed spreadsheet tracking of each individual served in CSU	Mary Begor	Monthly	• Instituted FY22
MH Child Crisis & Psychiatry Report	Narrative summary, case vignettes, and program data for initiatives funded with these G.A.-allocated monies (Arlington CSB, Completing)	Janet Lung, Katharine Hunter	Biannually, January and July	
Proposal narrative reports: RAFT/DAP, ICRT Step-down & SUDS detox for hospital diversion	Narrative summary	Suzanne Mayo	End of fiscal year	
Proposal narrative reports: IDD Clinic & Behavioral Specialist funds	Narrative Summary	Heather Norton	End of fiscal year	
REACH Year End Report	Report to address training to staff and community, accomplishments and challenges and revised FY21 budget with Medicaid Revenues.	Heather Norton	End of fiscal year	• New State Performance Contract requirement as of FY20
REACH Fiscal Worksheet	Highly detailed spreadsheet of revenues and expenditures including vendor operated line items and regional fees (includes some line items in the REACH budget and not others such as ID/D Clinic and Behavioral Specialist Funding)	Heather Norton	Quarterly	• Vendor fills out their portion of the report and sends it to the region and fiscal team and then CSB information is added and vendor information is audited. NVRPO submits to DBHDS.