

[SAMPLE AFFILIATION AGREEMENT]
Memorandum of Understanding

**NJ 2-1-1 Partnership
PO Box 346
East Hanover, NJ 07936**

**«AgencyName»
«LocationAddress1»
«LocationAddress2»
«LocationCity», «LocationState»
«LocationZipCode»**

This Memorandum of Understanding defines and establishes a working relationship between the NJ 2-1-1 Partnership and **«AgencyName»** and includes all site locations noted on Addendum A.

The 2-1-1 Partnership is contracted by DAS to provide:

- Simplified access to information, education and services on addiction services
- Access to quality information and referral services through DAS licensed facilities and licensed professionals
- Screening for level of care as appropriate based on national standards
- Connection for qualified callers to financial screening and referral through the DASI system
- Follow-up to identify and eliminate barriers to treatment

In order to fulfill these objectives, the NJ 2-1-1 Partnership and **«AgencyName»** have entered into this affiliation agreement. Pursuant to this agreement, NJ 2-1-1 will:

- Facilitate substance abuse treatment referrals 24/7 to DAS licensed or licensed and funded facilities
- Provide a "patch-in" warm transfer for referrals to DAS licensed facilities so that the caller has immediate access to schedule an appointment for intake and assessment. Staff will make at least three attempts to complete a successful referral connection with a DAS licensed facility, preferably through a warm transfer, in an effort to eliminate or address barriers to entering treatment
- Follow-up with callers upon referral to treatment at a DAS licensed facility for up to 30 days to confirm engagement in services
- Follow-up on any unsuccessful attempts by the caller to access treatment by calling the provider and working to access treatment on behalf of the client
- Provide a disclosure to all callers that pre-screening does not guarantee admission to any DAS licensed facility and that a full face-to-face assessment will be required at the treating agency to ensure that the most appropriate referral is made
- Ensure that when the screening, fiscal eligibility and any other NJ-SAMS information are completed, staff will make a relevant referral to a licensed DAS treatment program to which the client is fiscally eligible or a private practitioner if so requested by the caller

- Establish an after-hours electronic information transfer, with the caller's permission, of the caller's contact information to the provider of the caller's choice

For ease of access, the Division of Addiction Services has contracted with NJ 2-1-1 Partnership to provide use of the 2-1-1 portal for caller inquiries to the DAS hotline, as well as respond to the toll-free line currently in existence.

2-1-1 is an easy-to-remember three digit dialing code and powerful tool for accessing information about health and human services, government assistance and local community resources. The 2-1-1 infrastructure is a virtual network of two call centers, established through the Internet utilizing broadband connections and a statewide host server that supports a state-of-the-art database. The DAS hotline will have dedicated staff who are licensed and trained in addiction services. For the caller, service is free, confidential and available 24 hours a day, every day. To accommodate special needs, there is multi-lingual capability and TTY compatibility. For those who prefer the anonymity of the Internet, live chat and a searchable database are also available at www.nj211.org.

The roles and responsibilities of each of the parties are as follows:

«AgencyName» will:

- Verify DAS licensed and funded information and content of data within the NJ 2-1-1 database quarterly
- Promote the 2-1-1 number as the access point for connection to addiction services information and referral
- Work with NJ 2-1-1 to establish an intake protocol so that referrals can be expedited during normal business hours. This protocol is to include, but is not limited to:
 - direct contact information (telephone and fax numbers and e-mail addresses) for primary and secondary referral staff to any and all program modalities (detoxification, inpatient, outpatient etc.)
 - provide an e-mail account or address so that after-hour referrals can be ready for agency staff upon arrival the following business day
 - define hours of agency operation for each modality provided in which phone calls can be received
 - establish procedures that ensure client confidentiality
 - identify the Intake Person agency staff (as follows):

«AgencyName» Intake Information

«Intake_Coordinator»

«Intake_Phone»

«Intake_Email»

NJ 2-1-1 in accord with protocol will:

- Adapt 2-1-1 information gathering and service delivery procedures to meet the agreed upon screening, referral and admissions protocols of «**AgencyName**»
- Screen for clinical need, initiative eligibility and financial eligibility based on established screening tools and DASI financial eligibility
- Provide follow-up with the caller (or at least make three attempts to do so) within 48 hours of initial contact and/or attempt to complete a warm transfer to determine if the referral was successful; and if not, offer another “patch-in” referral between the caller and «**AgencyName**»
- Guard the confidentiality of personal information provided by participants in compliance with HIPAA and 42CFR
- Compile utilization data to DAS for evaluation and outcome analysis
- Provide agency with feedback and reports on the referrals and attempted referrals made
- Identify the NJ 2-1-1 Partnership Addictions Contact (as follows):

Luisa R. Fieno
Addictions Hotline Manager
PO Box 346
East Hanover, NJ 07936
Phone: 973-929-2391
Fax: 973-887-4680
E-mail: lfieno@nj211.org

This Memorandum of Understanding shall take effect on the date signed by both parties and shall be reviewed yearly. This agreement can be modified at any time if both entities agree on the modifications and such modifications are reduced to writing and made an addendum to this statement.

For NJ 2-1-1 Partnership

For **Agency Name**

Laura Zink Marx, Executive Director

Manager Name
Manager Title

Date: _____

Date: _____

AFFILIATION AGREEMENT - ADDENDUM A

Site Location

Agency Name

Agency Address

Facility License #: