Capacity Building 2A is designed to develop and implement an outreach and engagement plan to better reach and enroll the 95% of individuals who need SUD treatment but who are not accessing it. Data suggests that SUD systems are unlikely to increase treatment access rates unless we prioritize engaging this 95% of individuals with SUDs who are not currently accessing services. As part of your participation in R95 Capacity Building Deliverable 2A-2, you are required to submit a New Partnership Plan that outlines at minimum the following activities. Email the completed New Partnership Plan (2A-2) to sapc-cbi@ph.lacounty.gov with subject line “2A New Partnerships” by ***1/12/2024.***

*Summarize where your agency currently receives referrals and your efforts to establish partnerships with organizations in those settings to increase referrals.*

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*Summarize your efforts to identify new community, health, and social service providers in your area that serve individuals who otherwise are unaware of your SUD services, including individuals at different stages of readiness to change their substance use and who could benefit from SUD services. Include your referral workflow and planned activities to increase number of referrals from new partner settings.*

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*Summarize your efforts to educate your partner agencies on how you expanded access to services to reach individuals who need services but are not receiving them and what it means for new referrals and service opportunities. Describe your plans for disseminating information and/or conducting presentations to new community partners.*

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*Summarize your sustainability plan for maintaining partnerships and referrals in place post capacity building period.*

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*Summarized Lessons Learned/Recommendations:*

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By signing, I confirm that the information reported is accurate, and acknowledge that we must adhere and are subject to all reporting, tracking, audits, and recoupment requirements described in SAPC Bulletin 23-07 – Fiscal Year 2023-2024 Rates and Payment Policy Updates.

Agency Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency Tier: [ ]  Tier 1 [ ]  Tier 2 [ ]  Tier 3

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| \*\*\*For SAPC Use Only\*\*\* |
| Systems of Care Division  | Approved: [ ]  | Comments: |  |
| Finance Services Division | Approved: [ ]  | Provider Tier: [ ]  Tier 1 [ ]  Tier 2 [ ]  Tier 3 | Date of Start Funds Invoice #1 |  |
| Comments |  |