Capacity Building 2A provides incentives to SAPC providers to conduct outreach and engagement activities to reach the 95% of people may need substance use disorder services but not currently receiving it. SAPC providers are encouraged to establish new partnerships as a strategy for connecting with the 95%. A memorandum of understanding (MOU) can be used to formally recognize a collaborative relationship and clarify roles and responsibilities of the partners. 2A-3 offers incentive payments for providers who setup a MOU with local health and social service providers to create a referral process. Email MOU(s) along with the completed 2A-3 Form to [sapc-cbi@ph.lacounty.gov](mailto:sapc-cbi@ph.lacounty.gov) with subject line “2A-3 MOU” by ***3/31/2024****.*

**To meet the deliverable for 2A-3 The MOU shall include:**

* Purpose and scope that defines the terms of the referral process between partners, including:
  + Criteria for making referrals. The criteria for referrals shall reflect lower barriers to care, including those who are not yet ready for abstinence.
  + Procedures for making referrals.
* Clearly defined roles and responsibilities of each organization, including staff who will be making referrals and to whom.
* Proposed services and provisions for network providers to effectively conduct services.
* Information on confidentiality rules and regulations.
* Information on informed consent.
* Statement on non-discrimination in services.
* Conflict of interest.
* Procedures for addressing complaints and conflict resolution.
* Indemnification and insurance.
* Status as an independent contractor.
* Statement on non-exclusive agreement.
* Rights and responsibilities of records.
* Compensation, billing, and collection.
* Statement on compliance with laws and regulation.
* The term period of the MOU or termination or expiration of MOU.
* Arbitration.
* Signatures from authorized individual for each organization.

Providers are advised to speak with their legal counsel about the MOU.

Provide a list of new organizations that your agency has established a MOU to setup a referral system to expand access to services.

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| --- | --- | --- | --- | --- |
| **Partner Name** | **Organization type** | **Population(s) Served** | **SPA** | **SD** |
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**Include copies of your MOU(s) that you have executed with this form.**

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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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 |  | | | |