**OTP-only** (for provider agencies who exclusively offer opioid treatment program services)

*Please complete all of the following as applicable and include additional attachments if additional space for documentation is needed.*

1. **Opioid Treatment Program Agency Information**

Opioid Treatment Program Provider Agency Name: Click or tap here to enter text.

Contact Name: Click or tap here to enter text.

Contact Email: Click or tap here to enter text.

1. **Current State** (prior to the implementation of this workforce incentive program)

*Check the box corresponding to which of the following that apply*

Please identify the following information describing the medical clinician(s) you have on your agency’s treatment team who order OTP medications for clients at your agency:

|  |  |  |
| --- | --- | --- |
| Practitioner Name | License typephysician, physician assistant, advanced practice registered nurse | Hours per week |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

*Hours per week can be inclusive of direct clinical services and of administrative time. Include additional rows when necessary*

Please identify which of your agency’s SAPC-contracted OTP locations offer telehealth medical evaluations for clients (where the medical clinician conducts telehealth evaluation of clients):

|  |
| --- |
| Site Name and Address |
|  |
|  |
|  |
|  |
|  |
|  |

 *Include additional rows when necessary*

**Medical Evaluation Timeliness for New Clients**: Please describe the average duration (in calendar days), across OTP sites operated by your agency, between when a client initially presents (directly or through referral) to enroll in OTP services and when they receive a medical evaluation by your agency’s medical clinician.

|  |
| --- |
|  |

*Include additional description / addenda if necessary to describe any pertinent variance in the timeliness of medical evaluations for new clients seeking OTP services at sites at your agency*

Approximately which percentage of clients are dispensed the following across your OTP agency’s site(s):

|  |  |
| --- | --- |
| Medication | Approximate Percentage |
| Sublingual buprenorphine |  |
| Injectable extended-release buprenorphine |  |
| Injectable naltrexone |  |
| Disulfiram |  |
| Naloxone (dispensed via OTP) |  |

Approximately which percentage of clients (across all agency sites) are treated with any of the following through **external** agencies (from any non-OTP source, including but not limited to prescribed through community pharmacies by your medical clinicians, though care coordination via non-OTP substance use treatment agencies, and/or treatment received through community health centers):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Medication | Approximate Percentage |  | Medication | Approximate Percentage |
| Sublingual buprenorphine |  |  | Nicotine Patches |  |
| Injectable extended-release buprenorphine |  |  | Non-patch nicotine medications (gums/lozenges, etc.) |  |
| Oral naltrexone |  |  | Varenicline |  |
| Injectable naltrexone |  |  | Bupropion |  |
| Naloxone (via prescription) |  |  | Acamprosate |  |
| Naloxone (via distribution) |  |  | Disulfiram |  |

Please describe any additional information which describes your agency’s provision and/or coordination of addiction medications to clients prior to implementing this Workforce Development 2-E cost-sharing program.

|  |
| --- |
|  |

 *Include additional description / addenda when necessary*

1. **Proposed Implementation of Medical Clinicians at OTP Sites**

|  |  |
| --- | --- |
|  | Increase in # of hours per week proposed through this implementation plan |
| Hours per week of applicable medical clinician[[1]](#footnote-2) services |  |

*Note that hours per week can be inclusive of direct clinical services and of administrative time. Start-up funding is available to all SAPC-contracted treatment agencies at a ratio of $200,000 per 40 hours per week of applicable medical clinician time, distributed as 75% by the end of calendar year 2025 and 25% by the end of FY25-26. The hours indicated via this item above will be matched against your invoicing for verification prior to disbursing start-up funding*

*Check the box corresponding when the following implementation items apply:*

[ ]  Our agency attests that all required medications described within [SAPC Information Notice 24-01 - Addiction Medication Access in the SAPC Treatment Network Attachment B - Required Addiction Medications](http://ph.lacounty.gov/sapc/bulletins/START-ODS/24-01/SAPC-IN-24-01-Attachment-B-Required-Addiction-Medications.pdf) will be provided directly to clients at our OTP sites via (when applicable) direct OTP dispending and through prescription.

Please indicate the date that your agency’s addiction medication policy (referenced in SAPC Information Notice 24-01) was submitted to your SAPC Contracted Program Analyst: Click or tap to enter a date.

[ ]  Our agency has identified the following medical clinicians who provide additional hours (as listed above) of medication services directly to clients at our OTP sites.

|  |  |  |
| --- | --- | --- |
| Practitioner Name | License typephysician, physician assistant, advanced practice registered nurse | Proposed hours per week (across all sites) |
|  |  |  |
|  |  |  |
|  |  |  |

*Hours per week can be inclusive of direct clinical services and of administrative time. Include additional rows when necessary*

[ ]  Our agency has not currently identified which physicians, advanced practice registered nurses, or physician assistants we plan will offer additional medical clinician hours.

If the table above does not account for the total number of addiction medication prescribing clinician hours identified on Page 3, then please describe your plan to recruit (additional, if applicable) addiction medication prescribing clinicians:

1. **Proposed Implementation of Addiction Medication Services** (continued)

|  |
| --- |
|  |

 *Include additional description / addenda when necessary*

*Check the box corresponding when the following implementation items apply:*

Please list which of your agency’s SAPC-contracted OTP locations you propose clients receiving telehealth medical evaluations by your medical clinician(s):

|  |
| --- |
| Site Name and Address |
|  |
|  |
|  |
|  |
|  |
|  |

 *Include additional rows when necessary*

**Proposed Increase in Medical Evaluation Timeliness for New Clients**: Please estimate how you anticipate additional prescribing clinician hours will shorten the average duration (in calendar days), across OTP sites operated by your agency, between when a client initially presents (directly or through referral) to enroll in OTP services and when they receive a medical evaluation by your agency’s medical clinician.

|  |
| --- |
|  |

*Include any additional description / addenda that is necessary to estimate the impact of additional prescribing clinician hours on your agency’s timeliness of medical evaluations for new clients seeking OTP services at sites at your agency*

Approximately which percentage of clients do you estimate will be dispensed the following across your OTP agency’s site(s) following implementation of additional medical clinician hours:

|  |  |
| --- | --- |
| Medication | Approximate Percentage |
| Sublingual buprenorphine |  |
| Injectable extended-release buprenorphine |  |
| Injectable naltrexone |  |
| Disulfiram |  |
| Naloxone (dispensed via OTP) |  |

1. **Proposed Implementation of Addiction Medication Services** (continued)

Approximately which percentage of your clients (across all agency sites) do you propose will be treated with any of the following through prescription through community pharmacies by your medical clinicians:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Medication | Approximate Percentage |  | Medication | Approximate Percentage |
| Sublingual buprenorphine |  |  | Nicotine Patches |  |
| Injectable extended-release buprenorphine |  |  | Non-patch nicotine medications (gums/lozenges, etc.) |  |
| Oral naltrexone |  |  | Varenicline |  |
| Injectable naltrexone |  |  | Bupropion |  |
| Naloxone (via prescription) |  |  | Acamprosate |  |
|  |  |  | Disulfiram |  |

Please include any additional description that describes your agency’s implementation plan for the direct provision of (SAPC-billable) addiction medication services to your clients.

|  |
| --- |
|  |

 *Include additional description / addenda when necessary*

1. **Organizational Readiness Plan**

*Check the box corresponding when the following implementation items apply:*

☐ Our agency attests to participating in all SAPC-required implementation components, including submitting of all required reporting (including the quarterly reports designated by SAPC through CIBHS), workflow development, organizational readiness self-assessments, technical assistance trainings and meetings, as well as attending the SAPC bimonthly Medications for Addiction Treatment action team meeting and the SAPC quarterly medical directors meeting.

Please describe your plan to prepare your staff to support the direct provision of addiction medication services, how you plan to update your workflow to support clients receiving medication services directly, and your plan to update your agency’s policies and procedures to reflect any planned changes for training your staff and managing your agency’s workflow.

|  |
| --- |
|  |

 *Include additional description / addenda when necessary*

1. **Proposed Budget**

Please prepare an annualized budget for how the first year of start-up funding for this incentive program is proposed to be utilized. SAPC does not plan to conduct itemized expenditure verification, but to avoid recoupment, provider agencies will need to submit quarterly implementation updates.

|  |  |
| --- | --- |
| Description | Amount |
| *Addiction Medication Clinician staffing (salary, contractual, other)* |  |
| *Recruitment Costs* |  |
| *Other practitioner staffing costs (for readiness activities)* |  |
|  |  |
| Total |  |

*Please modify this budget to reflect your agency’s proposed use of the start-up funding, and add additional lines as necessary.*

Please confirm which other grant funding that support expansion of medical clinicians providing services at your OTP sites have been secured by agency since July 1, 2024.

|  |  |  |
| --- | --- | --- |
| Program | Funder | Amount |
| *Mobile Narcotic Treatment Programs and Medication Units* | *Sierra Health Foundation* |  |
|  |  |  |
|  | Total |  |

*Please modify and/or add additional rows, as necessary*

Provider agencies may request start-up cost-sharing funding at a ratio of $200,000 per 40 hours per week of applicable medical clinician time, distributed as 75% by the end of calendar year 2025 and 25% by the end of FY25-26. There is no per-agency limit on funding available through this opportunity, so agencies can request as much funding as is supported by their implementation of additional prescribing clinician hours (for example, an agency adding 200 hours per week of additional applicable medical clinician time could submit an implementation plan requesting a totaling $1,000,000 of start-up funding).

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 Information Notice 25-09 – Fiscal Year 2025-26 Rates and Payment Policy Updates.

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

Submit this implementation plan along with the VBI Year 3 Invoice Form by 9/30/2025.

1. Applicable medical clinicians include physicians, advanced practice registered nurses, or physician assistants who diagnose and treat opioid use disorder and other substance use disorders through the OTP setting(s). [↑](#footnote-ref-2)