## Provider Agency Information

1. Program/Facility Name:  
2. Home DMC-Certified Facility Address:

### Proposed Populations to Be Served

4. Check all that apply: (must attach a brief narrative of agency experience in treating the proposed population)  
   - Arsonists  
   - Registered Sex Offenders  
   - Homeless  
   - Co-Occurring Disorder (Mental or Physical Health Condition)  
   - Medically Fragile  
   - Other: __________________________  
   - Residents of Rural Areas  
   - Juvenile Justice-Involved Youth  
   - Foster Care Youth  
   - Pregnant and Postpartum Women  
   - School-Based Youth  
   - Youth in Alternative School Placements

### Adult Populations

- Adults, 21-59  
- Older Adults, 60+  
- Males  
- Females  
- Transgender

### Youth Populations

- Youth age, 12-17  
- Young Adults, 18-20  
- Males  
- Females  
- Transgender

### Proposed FBS Settings

5a. Adult Populations  
Check all that apply: (must attach a list of proposed site addresses)  
- Adult Day Centers  
- Board and Care settings  
- Federal Qualified Health Centers  
- Drop-in centers  
- Community centers  
- Los Angeles County:  
  - Department of Mental Health (DMH) clinic sites  
  - Department of Health Services (DHS) directly-operated facilities  
  - Department of Probation Area Offices  
  - Department of Children and Family Services Offices  
  - Department of Public Social Services Offices  
- Permanent Housing Sites (E.g., permanent supportive housing, public housing, etc.)  
- Interim Housing Sites (E.g., homeless shelters, transitional housing, etc.)  
- Other: __________________________

5b. Youth Populations  
Check all that apply: (must attach a list of proposed site addresses)  
- Youth homeless shelters  
- Group homes  
- Community facility centers  
- Recreational centers  
- Department of Children and Family Services Offices  
- Probation office sites/regional hubs  
- Los Angeles County Office of Education Alternative sites  
- SAPC approved school sites.  
- Other: __________________________

### Proposed FBS Services

6. What Field-Based Services does the program propose to provide?  
- Outpatient Services  
- Intensive Outpatient Services  
- Recovery Support Services

### Proposed Services Planning Area to be Served

7. What Service Planning Area (SPA) does the program propose to serve?  
- SPA 1  
- SPA 2  
- SPA 3  
- SPA 4  
- SPA 5  
- SPA 6  
- SPA 7  
- SPA 8

### County Use Only:

- Work plan approved by DPH-SAPC SOC pending facility review  
- Facility review completed on and approved: __________________________  
- Date of approval for FBS implementation: __________________________  
- Denied by DPH-SAPC. Reason for denial: __________________________

### Agency-Authorized Individual:

- Signature: __________________________
FIELD-BASED SERVICES WORKPLAN SUMMARY AND NARRATIVE INSTRUCTIONS

Contractors are not allowed to initiate Field Based Services (FBS) until after receiving approval from SAPC. To request approval, contractors must complete an FBS work plan summary, work plan narrative, and MOU for review.

Upon approval of a submitted work plan, contractors may only bill for FBS as outlined in this form and attached narrative. Contractors may submit revised work plans for review and approval as needed.

Reasons for denial may include, but are not limited to the following: incomplete forms or missing narratives, lack of demonstrated experience with target populations proposed, or inappropriate proposed settings that will prevent adherence to confidentiality rules and regulations.

PROVIDER AGENCY INFORMATION:

1. Enter the SAPC-contracted program/facility name.
2. Enter the SAPC-contracted program/facility address that is the home Drug Medi-Cal certified site.
3. Select if contractor is submitting initial work plan, revised work plan or renewal. Select if contractor is proposing a new service site location or proposing to continue a pre-approved service site location.

PROPOSED POPULATIONS TO BE SERVED:

4. Check the population that contractor proposes to serve via FBS and complete the attached work plan narrative explaining contractor’s experience in providing services to this population. Contractor’s experience should include the following information:
   a) FBS service components to be offered (for outpatient/intensive outpatient services; refer to page 5 of Field-Based Services in Non-Clinical Settings Benefit Narrative, i.e., Attachment I);
   b) Staff levels/provider experience (e.g., staffs’ licenses/certifications and years of experience with treating proposed population, contractors’ overall experience with treating proposed population, etc.);
   c) Staff availability (e.g., days/hours of operation, staff to provide services to proposed population, etc.); and
   d) How contractor will meet service expectations to treat proposed population (i.e., culturally competent services, age and developmentally appropriate services, Medication-Assisted Treatment, evidence-based practices, and case management; refer to page 6 of Field-Based Services in Non-Clinical Settings Benefit Narrative, i.e., Attachment I).

Contractor can include additional information detailing how its services can effectively and successfully provide treatment for this population. Contractor must explain why FBS are needed to serve this population.

PROPOSED FBS SETTINGS:

5a. Check all proposed FBS settings that contractor will utilize for adult populations. Must attach list of proposed site addresses.
5b. Check all proposed FBS settings that contractor will utilize for youth populations. Must attach list of proposed site addresses.

PROPOSED FBS SERVICES:

Check the FBS that the contractor proposes to provide. Contractor must attach a brief narrative (no more than one page) on how contractor proposes to adhere to confidentiality rules and regulations in non-clinical settings (refer to page 6 of Field-Based Services in Non-Clinical Settings Benefit Narrative, i.e., Attachment I).

PROPOSED SERVICES PLANNING AREA TO BE SERVED:

6. Check the proposed Service Planning Areas (SPA) to be served.

AGENCY-AUTHORIZED INDIVIDUAL:

7. Executive Director or authorized designee.

INTERNAL SAPC USE ONLY:

This section reserved for County Use Only.