

BARBARA FERRER, Ph.D., M.P.H., M.Ed.
Director

JEFFREY D. GUNZENHAUSER, M.D., M.P.H.
Interim Health Officer

CYNTHIA A. HARDING, M.P.H.
Chief Deputy Director

WESLEY L. FORD, M.A., M.P.H.
Director, Substance Abuse Prevention and Control
1000, South Fremont Avenue, Building A-9 East, 3rd Floor
Alhambra, CA 91803
TEL (626) 299-4101 • FAX (626) 458-7637

www.publichealth.lacounty.gov

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June 12, 2017

SAPC BULLETIN NO. 17-03-START

TO: Executive Directors

FROM: Wesley L. Ford, M.A., M.P.H. 
Director, Substance Abuse Prevention and Control

SUBJECT: FIELD-BASED SERVICES UNDER THE SYSTEM TRANSFORMATION TO ADVANCE RECOVERY AND TREATMENT, LOS ANGELES COUNTY'S SUBSTANCE USE DISORDER ORGANIZED DELIVERY SYSTEM

Effective July 1, 2017, Substance Abuse Prevention and Control (SAPC) will launch the Drug Medi-Cal (DMC) Organized Delivery System Waiver, also known as the System Transformation to Advance Recovery and Treatment, Los Angeles County's Substance Use Disorder (SUD) Organized Delivery System (START-ODS). Upon launch, all SUD contractors will need to adhere to new program requirements. This bulletin establishes guidelines on the work plan requirement for contractors interested in utilizing Field-Based Services (FBS) as a service delivery option under START-ODS.

FBS is a method of service delivery for outpatient services (American Society of Addiction Medicine (ASAM) 1.0), intensive outpatient services (ASAM 2.1), and recovery support services for patients with established medical necessity, outside of a DMC-certified site, and is intended to serve populations that have been historically difficult to reach. Furthermore, FBS outpatient and intensive outpatient services include various service components based on the ASAM criteria including, but not limited to, case management, individual/group counseling, and treatment/discharge planning (see page 5 on FBS Benefit Narrative (Attachment I) for more information). FBS provides an opportunity for SUD contractors to address patient barriers, challenges to accessing traditional treatment settings, such as physical limitations, employment conflicts, transportation limitations, or restrictive housing requirements (e.g., registered sex offenders).

FBS can only be delivered in designated, SAPC-approved sites, and in all instances, the contractor delivering FBS must be linked to the contracted DMC-certified contractor site that is billing for the FBS service.

Contractors interested in applying for FBS site approval, must initiate the following steps:

- 1) Review the revised FBS Benefit Narrative (Attachment I) for requirements and expectations. The FBS Benefit Narrative is also located on the SAPC website at <http://publichealth.lacounty.gov/sapc/HeathCare/HealthCareReform.htm>
- 2) Complete the attached FBS Work Plan Summary (Attachment II). Please refer to Summary and Narrative Instructions (Attachment II) and FBS Benefit Narrative (Attachment I).
- 3) Execute a Memorandum of Understanding (MOU) with proposed site locations, including school-based sites. MOU shall include contact information for host facility; agreed days and times that services will be provided; details regarding the roles and responsibilities of the involved entities; and proposed services and provisions for contractor to effectively conduct services, including adherence to confidentiality rules and regulations.
- 4) Commencing June 15, 2017, contractors can begin to submit the completed FBS work plan summary, supporting narrative, and MOU to SAPC Contracts Division, Attention: Daniel Deniz.
- 5) Upon approval of the work plan and facility site walk-through, contractors will receive an approved copy of their work plan indicating the date when FBS may commence. In addition, contractors with approved FBS work plans will need reapply for approval on an annual basis.
- 6) Should the contractor and/or SAPC note that a particular site is no longer a viable location for FBS, a revised work plan summary and narrative must be submitted and/or requested to modify FBS site locations as needed.

SAPC reserves the right to approve or deny submitted work plans at its sole discretion based on proposed service site locations, target population to be served, and a contractor's demonstrated experience providing services via FBS. SAPC will disallow any FBS services that contractors provide at sites not approved through the FBS process.

Executive Directors

June 12, 2017

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Please note that the utilization of FBS is not mandatory, and the contractor may elect not to provide in FBS at this time. Should the contractor elect to provide FBS, the contractor has the flexibility to submit a work plan at any time during the Fiscal Year.

If you have any questions or need additional information, please contact Jimmy Singh of Adult Systems of Care at (626) 299-4143.

WLF:vs

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Attachments

Field-Based Services in Non-Clinic Settings Benefit Narrative

SERVICE DELIVERY OPTION UNDER THE SYSTEM
TRANSFORMATION TO ADVANCE RECOVERY AND TREATMENT,
LOS ANGELES COUNTY'S SUBSTANCE USE DISORDER
ORGANIZED DELIVERY SYSTEM (START-ODS)

Department of Public Health
SUBSTANCE ABUSE PREVENTION AND CONTROL

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I. Introduction

The Los Angeles County Department of Public Health, Substance Abuse Prevention and Control (SAPC) will implement an initial benefit package of Substance Use Disorder (SUD) services upon the launch of the System Transformation to Advance Recovery and Treatment, Los Angeles County's Substance Use Disorder Organized Delivery System (START-ODS). The benefit package contains provisions to allow for Field-Based Services (FBS) as a method of service delivery for Outpatient Services (American Society of Addiction Medicine (ASAM) Level 1), Intensive Outpatient Services (ASAM Level 2.1), and Recovery Support Services for patients with established medical necessity.

Additionally, at a minimum, certified SUD counselors may conduct the ASAM Continuum assessments at SAPC-approved sites as a FBS option to promote client engagement in treatment services. Under START-ODS, agencies must verify medical necessity by a Licensed Practitioner of the Healing Arts (LPHA) within fifteen (15) days of the initial FBS assessment to bill for assessment services. *Time spent conducting assessments for individuals that do not meet medical necessity are not reimbursable under START-ODS.*

Services under the START-ODS are patient-centered and may vary in intensity, duration, and method of service delivery based on medical necessity and the patient's needs. This includes the delivery of outpatient or intensive outpatient treatment services at non-SUD clinic sites. The contractor delivering the FBS must be linked to a contracted Drug Medi-Cal (DMC)-certified agency operated site.

II. Purpose of Field-Based Services

The evolution of the SUD treatment field under the County's START-ODS allows for the flexible delivery of outpatient, intensive outpatient treatment, and recovery support services based on the patient's needs and established treatment goals. Flexible treatment approaches such as FBS and the use of a patient-centered philosophy can increase patient motivation in treatment and lead to positive treatment outcomes.¹

The purpose of FBS as a method of service delivery provides an opportunity for SUD network contractors to address patient barriers to accessing traditional treatment settings such as physical limitations, employment conflicts, transportation limitations, or restrictive housing requirements (e.g., registered sex offenders). The utilization of FBS should be based on a demonstrated patient need for services outside of a DMC-certified site.

¹ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. (2002). *Enhancing Motivation for Change in Substance Abuse Treatment*. TIP 35. Rockville, MD.

III. Target Populations

The delivery of FBS are intended for populations that have been historically difficult to reach which include, but are not limited to the following:

- Arsonists
- Registered Sex Offenders
- Homeless
- Individuals with Co-occurring or co-morbidity diagnosis
- Medically Fragile
- Residents of Rural Areas
- Juvenile Justice-Involved
- Foster Care System Involved
- Pregnant and Post-Partum females
- Gang-involved individuals
- Older adults
- School-Based Youth, including Alternative School Placements

IV. Where Services Can Be Provided

Prior to commencing FBS, contractors must submit a completed work plan summary and narrative (See SAPC Bulletin 17-03-START) to SAPC for review and approval. The purpose of the work plan is to establish the following:

- Identify the proposed non-clinic settings and target populations to be served;
- Demonstrate that FBS will comply with required patient confidentiality requirements (42 CFR part 2 and the Health Insurance Portability and Accountability Act (HIPPA) when they are delivered in the proposed settings;
- Describe the frequency and duration of service provision in field-based locations.

SAPC will require Memoranda of Understandings (MOUs) between the contractor and the agencies/organizations that will host the provider of FBS including school-based sites. Additionally, SAPC reserves the right to deny approval of work plans at its sole discretion at any time.

The approved work plan will allow contracted agencies to have a predetermined set of potential non-clinic settings where service delivery may be appropriate when a treatment plan indicates that a client may benefit from FBS. SAPC will disallow any FBS services that contractors provide at sites not approved through the FBS process and may have their approved FBS work plan revoked.

The following outlines the SAPC-recommended non-clinic settings:

- (a) Youth
 - Youth Homeless Shelters
 - Group Homes
 - Community Facility Centers
 - Community Centers
 - Recreation Centers
 - Department of Children and Family Services Offices
 - Probation office sites/regional hubs
 - Los Angeles County Office of Education Alternative sites

- (b) Adult
 - Adult Day Centers
 - Board and Care settings
 - Federally Qualified Health Centers
 - Drop-in centers
 - Department of Mental Health (DMH) clinic sites (including DMH legal entities)
 - 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 or Interim Housing Sites

Limitations/Exclusions: In-custody services provided for youth and adults are not permissible as a FBS delivery site or reimbursable through the Drug Medi-Cal (DMC) program.

DMC Site Certification and Other SAPC Requirements: FBS cannot be utilized in lieu of obtaining a California Department of Health Care Services (DHCS) DMC Site Certification for contractors' directly operated sites (e.g., rented, leased, and owned sites) where delivery of SUD or mental health treatment services are the primary business and where services are delivered by individuals employed by the agency managing the service site.

DHCS DMC Site Certification is not required for facilities whose primary business is the provision of services other than SUD and mental health and where services are delivered by individuals not employed by the agency managing the service site.

V. Components of Field-Based Services

1) Assessments

Agencies that opt to utilize FBS to conduct ASAM Continuum assessments will not be reimbursed under START-ODS if individuals do not meet medical necessity or are not eligible for Medi-Cal or My Health LA.

2) Direct Treatment Services

Under FBS, outpatient services, intensive outpatient services, and recovery support services are allowable services provided individuals meet medical necessity. Furthermore, based upon the ASAM Criteria in the following services components are part of outpatient (OP), intensive outpatient services (IOP), and recovery support services (RSS).

(a) FBS Service Components²:

- Individual Counseling (OP, IOP, and RSS)
- Group Counseling³ (OP, IOP, and RSS)
- Case Management (OP, IOP, and RSS)
- Treatment Planning (OP and IOP)
- Discharge Planning (OP and IOP)
- Crisis Intervention (OP and IOP)
- Patient Education (OP and IOP)
- Family Therapy (OP and IOP)
- Collateral Services (OP and IOP)
- Recovery Monitoring (RSS)
- Substance Abuse Assistance: Relapse Prevention (RSS)

(b) Service Expectations

The addition of FBS allows contractors the opportunity to promote patient engagement and retention in SUD treatment services. Incorporating FBS into the treatment planning can motivate clients through the following:

- Increasing patient retention in treatment.
- Re-engaging patients struggling with compliance and/or adherence to treatment.
- Overcoming patient resistance to traditional treatment settings.

² Refer to narrative in Provider Manual for treatment service definitions and service components.

³ Groups should have at least two (2) and can be no more than 12 individuals per group.

- Keeping patients engaged in services when placed on waitlists for higher levels of care or during transitions to lower levels of care.⁴

Contractors are expected to ensure that services reflect the individual's goals and are tailored to meet the patient's needs, including the availability of services provided via FBS. This includes the following service expectations:

- **Culturally Competent Services:** Contractors are expected to provide culturally competent services. Contractors must ensure that their policies, procedures, and practices are consistent with the principles outlined in the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS) and are embedded in the organizational structure.
- **Age and Developmentally Appropriate Services:** Contractors are expected to deliver services that align with the patient's age and developmental level to ensure engagement in the treatment process.
- **Medication-Assisted Treatment (MAT):** Contractors are expected to maintain procedures for linkage/integration to MAT services. Patients receiving MAT must not be discriminated against and must have equal access to services. The prescribing of MAT should follow established prescribing standards from the ASAM and the Substance Abuse and Mental Health Services Administration (SAMHSA). Contractor staff will regularly communicate with prescribers of MAT to ensure coordination of care, assuming the patient has signed a 42 CFR Part 2 compliant release of information for this purpose.
- **Evidenced-Based Practices (EBP):** Contractors must implement, at minimum, the following two EBPs: Motivational Interviewing (MI) and Cognitive Behavioral Therapy (CBT). Providers are encouraged to implement additional EBPs, including relapse prevention, trauma-informed treatment, and psychoeducation.
- **Case Management:** Contractors are expected to deliver a variety of case management and care coordination services, including transitioning patients from one level of care to another and navigating the mental health, physical health, and social service delivery systems.
- **Confidentiality Regulations:** Contractors are expected to adhere to CFR Title 42 §2.35(a); Health Insurance Portability and Accountability Act (HIPAA) Privacy Regulations; 45 CFR Section 164.508(b)(2) and 164.501; and the California Civil Code Section 56.11 when providing FBS.

VI. Documentation

Documentation for agencies proposing to provide direct SUD treatment via FBS: If during the

⁴U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. (2002). *Enhancing Motivation for Change in Substance Abuse Treatment. TIP 35*. Rockville, MD.

treatment planning process it is determined that FBS are appropriate, then the treatment plan must provide the anticipated number of FBS sessions to be provided and the approved site location(s) from the SAPC-approved work plan. Additionally, as with required treatment plan reviews and updates, the SUD counselor and LPHA must document the continued need for FBS, if applicable. All client files must be housed at the DMC certified facility and in no instances shall client files be stored at the FBS site locations.

VII. Staffing Levels and Provider Experience

Staffing Level/Experience: FBS must be delivered by certified SUD counselors or LPHAs. Recovery Support Services are to be conducted by registered or certified SUD counselors or LPHAs.

Professional staff must be licensed, certified, or recognized under California State scope of practice statutes. Professional staff shall provide services within their individual scope of practice as required. Certified SUD counselors must adhere to all requirements in the California Code of Regulations, Title 9, Chapter 8 and must be certified by one of the National Commission for Certifying Agencies (NCCA)-accredited organizations recognized by the California Department of Health Care Services (DHCS): Addiction Counselor Certification Board of California (affiliated with California Association for Alcohol/Drug Educators (CAADE)); California Association of DUI Treatment Programs (CADTP); and California Consortium of Addiction Programs and Professionals (CCAPP). With the exception of Medication-Assisted Treatment (MAT) services, all outpatient and intensive outpatient services may be provided by a certified SUD counselor or LPHA. An LPHA possesses a valid California clinical license in one of the following professional categories:

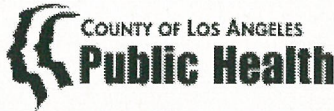
- Physician (MD or DO)
- Nurse Practitioner (NP)
- Physician Assistant (PA)
- Registered Nurse (RN)
- Registered Pharmacist (RP)
- Licensed Clinical Psychologist (LCP)
- Licensed Clinical Social Worker (LCSW)
- Licensed Professional Clinical Counselor (LPCC)
- Licensed Marriage and Family Therapist (LMFT)
- License-Eligible Practitioners working under the supervision of licensed clinicians
- Peer Recovery Support Specialists (Recovery Support Services only)

VIII. Conclusion

SUD treatment should be delivered across a continuum of care that reflects illness severity and the intensity of services required. One of the key goals of DPH-SAPC is to ensure that patients receiving SUD services in Los Angeles County receive the right service, at the right time, for the

right duration, and in the right setting. The addition of FBS as a service delivery method will provide opportunities for engagement, retention, and delivery of services for hard-to-reach populations.

Throughout START-ODS implementation, SAPC will continue to explore opportunities to expand the availability of FBS to additional service sites, populations, and service categories based on community need and within the limitations of the DMC Wavier.



**SUBSTANCE ABUSE PREVENTION AND CONTROL
FIELD-BASED SERVICES WORK PLAN SUMMARY**

COMPLETED WORK PLAN SUMMARY AND NARRATIVE MUST BE SUBMITTED TO: Daniel Deniz, SAPC Contracts Division at SAPCMonitoring@ph.lacounty.gov or via FAX at (626) 299-7226

PROVIDER AGENCY INFORMATION	
1. Program/Facility Name:	
2. Home DMC-Certified Facility Address:	
3. Check one:	
<input type="checkbox"/> Initial Work Plan <input type="checkbox"/> Revised Work Plan	<input type="checkbox"/> New Service Site <input type="checkbox"/> Existing FY 16-17 SAPC Approved Service Site
PROPOSED POPULATIONS TO BE SERVED	
4. Check all that apply: (must attach a brief narrative of agency experience in treating the proposed population)	
<input type="checkbox"/> Arsonists <input type="checkbox"/> Registered Sex Offenders <input type="checkbox"/> Homeless <input type="checkbox"/> Co-Occurring Disorder (Mental or Physical Health Condition) <input type="checkbox"/> Medically Fragile <input type="checkbox"/> Other: _____	<input type="checkbox"/> Residents of Rural Areas <input type="checkbox"/> Juvenile Justice-Involved Youth <input type="checkbox"/> Foster Care Youth <input type="checkbox"/> Pregnant and Postpartum Women <input type="checkbox"/> School-Based Youth <input type="checkbox"/> Youth in Alternative School Placements
ADULT POPULATIONS <input type="checkbox"/> Adults, 21-59 <input type="checkbox"/> Older Adults, 60+ <input type="checkbox"/> Males <input type="checkbox"/> Females <input type="checkbox"/> Transgender	YOUTH POPULATIONS <input type="checkbox"/> Youth age, 12-17 <input type="checkbox"/> Young Adults, 18-20 <input type="checkbox"/> Males <input type="checkbox"/> Females <input type="checkbox"/> Transgender
PROPOSED FBS SETTINGS	
5a. ADULT POPULATIONS Check all that apply: (must attach a list of proposed site addresses)	5b. YOUTH POPULATIONS Check all that apply: (must attach a list of proposed site addresses)
<input type="checkbox"/> Adult Day Centers <input type="checkbox"/> Board and Care settings <input type="checkbox"/> Federal Qualified Health Centers <input type="checkbox"/> Drop-in centers <input type="checkbox"/> Community centers <input type="checkbox"/> Los Angeles County: <input type="checkbox"/> Department of Mental Health (DMH) clinic sites <input type="checkbox"/> Department of Health Services (DHS) directly-operated facilities <input type="checkbox"/> Department of Probation Area Offices <input type="checkbox"/> Department of Children and Family Services Offices <input type="checkbox"/> Department of Public Social Services Offices <input type="checkbox"/> Permanent Housing Sites (E.g., permanent supportive housing, public housing, etc.) <input type="checkbox"/> Interim Housing Sites (E.g., homeless shelters, transitional housing, etc.)	<input type="checkbox"/> Youth homeless shelters <input type="checkbox"/> Group homes <input type="checkbox"/> Community facility centers <input type="checkbox"/> Recreational centers <input type="checkbox"/> Department of Children and Family Services Offices <input type="checkbox"/> Probation office sites/regional hubs <input type="checkbox"/> Los Angeles County Office of Education Alternative sites <input type="checkbox"/> SAPC approved school sites. <input type="checkbox"/> Other: _____
PROPOSED FBS SERVICES	PROPOSED SERVICES PLANNING AREA TO BE SERVED
6. What Field-Based Services does the program propose to provide? <input type="checkbox"/> Outpatient Services <input type="checkbox"/> Intensive Outpatient Services <input type="checkbox"/> Recovery Support Services	7. What Service Planning Area (SPA) does the program propose to serve? <input type="checkbox"/> SPA 1 <input type="checkbox"/> SPA 2 <input type="checkbox"/> SPA 3 <input type="checkbox"/> SPA 4 <input type="checkbox"/> SPA 5 <input type="checkbox"/> SPA 6 <input type="checkbox"/> SPA 7 <input type="checkbox"/> SPA 8
COUNTY USE ONLY: <input type="checkbox"/> Work plan approved by DPH-SAPC SOC pending facility review <input type="checkbox"/> Facility review completed on and approved: _____ <input type="checkbox"/> Date of approval for FBS implementation: _____ <input type="checkbox"/> Denied by DPH-SAPC. Reason for denial: _____	8. 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 FBS work plan summary, work plan narrative, and MOU for review.

Upon approval of 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 or a revised work plan. Select if contractor is proposing a new service site location or proposing to continue a pre-approved Fiscal Year (FY) 16-17 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., staff licenses/certifications and years of experience with treating proposed population, contractor's 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:

6. Check the FBS that the contractor proposes to provide. Contractor must attach a brief narrative 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:

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

AGENCY-AUTHORIZED INDIVIDUAL:

8. Executive Director or authorized designee.

INTERNAL SAPC USE ONLY:

This section reserved for County Use Only.

FIELD-BASED SERVICES WORKPLAN NARRATIVE INSTRUCTIONS

July 1, 2017 through June 30, 2018

CONTRACTOR NAME

Work Plan(s): The work plan must outline the target populations to be served via Field-Based Services (FBS), experience of the contractor, and the proposed site locations for FBS.

- a. The work plan summary and narrative (no more than three pages; Times New Roman, 12-point font) must be submitted to Substance Abuse Prevention and Control (SAPC) for review and approval prior to commencement of FBS.
- b. Approved work plans will be an attachment to the contract and may be revised with SAPC's approval as needed to meet the needs of County residents accessing treatment through FBS.
- c. Contractor must obtain prior written approval from the SAPC Director, at least thirty (30) calendar days before terminating services at approved FBS locations and/or before commencing such services at any other location. If the population/ages served, days and hours of operation, telephone number, FAX number, or e-mail address of Contractor's facilities, as noted above, are changed in any manner, the Contractor shall inform the SAPC Director, via formal written letter/notice, at least ten (10) calendar days prior to the effective date(s) thereof.

A. SPECIAL POPULATION(S) TO BE SERVED (AS INDICATED ON COVER SHEET):

Explanation of how FBS would benefit this population and how services will be provided in accordance with confidentiality rules and regulations. Also indicate your contractor's experience serving this population.

B. SERVICE DELIVERY SITES AND DAYS/HOURS OF OPERATION AND FBS STAFF:

Contractors must have a primary DMC-certified facility location to utilize FBS as a delivery option at the proposed sites outlined in this work plan. Include all sites that your contractor proposes to serve and their contact information, including services to be provided (e.g., frequency, days/times, staff names/qualifications/experiences, and target population). A current and executed Memorandum of Understanding (MOU) is required for all regular services provided at locations where the Contractor does not own or lease the property. This document must comply with all host site requirements (e.g., security clearance) and a copy of the MOU must be provided to SAPC prior to delivery of FBS. For each proposed site, include the following information:

Proposed Sites to Provide Field-Based Services				
	Site Name:	Phone #	Fax #	Minors Served
	MOU			
	Proposed Days and Hours of Operations:			
	Site Address:			
	Type of setting (as outlined on the work plan summary):			
	Staff:			