

SUBSTANCE USE DISORDER AND RECOVERY SERVICES

FIELD-BASED SERVICES WORK PLAN SUMMARY

Completed work plan summary and proposed plan may be submitted via fax to: FBS Coordinator at (909) 381-2172 or via email to: SUDRSADMIN@dbh.sbcounty.gov; requested submission date for initial plan is September 1, 2018

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 Prior FY Approved Service Site
SPECIALTY 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	YOUTH POPULATIONS
<input type="checkbox"/> Adults, 18-59 <input type="checkbox"/> Older Adults, 60+ <input type="checkbox"/> Males <input type="checkbox"/> Females <input type="checkbox"/> Other: _____	<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"/> Other: _____
PROPOSED FBS SETTINGS	
5a. ADULT POPULATIONS	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"/> San Bernardino County <ul style="list-style-type: none"> <input type="checkbox"/> Department of Behavioral Health (DBH) clinic sites <input type="checkbox"/> Probation Department Area Offices <input type="checkbox"/> Department of Children and Family Services Offices <input type="checkbox"/> Transitional Assistance Department Offices <input type="checkbox"/> Other _____ <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"/> Education Alternative sites <input type="checkbox"/> SUDRS 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?	7. What Service Area does the program propose to serve?
<input type="checkbox"/> Outpatient Services <input type="checkbox"/> Intensive Outpatient Services <input type="checkbox"/> Recovery Support Services	<input type="checkbox"/> Barstow <input type="checkbox"/> Victorville <input type="checkbox"/> Morongo Basin <input type="checkbox"/> Western Region <input type="checkbox"/> Central <input type="checkbox"/> Mountain Areas <input type="checkbox"/> Needles <input type="checkbox"/> Other _____
COUNTY USE ONLY:	8. Agency-Authorized Individual:
<input type="checkbox"/> Work plan approved by DBH-SUDRS 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 DBH-SUDRS. Reason for denial: _____	Signature: _____

FIELD-BASED SERVICES WORKPLAN SUMMARY AND NARRATIVE INSTRUCTIONS

For monitoring purposes, contractors shall complete and submit FBS work plan summary, work plan narrative, and applicable MOUs for review.

Contractors must provide 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 SUDRS-contracted program/facility name.
2. Enter the SUDRS-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) 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
 - b) Staff levels/provider experience (e.g., staffs' 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

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 proposed to adhere to confidentiality rules and regulations in non-clinical settings.

PROPOSED SERVICES PLANNING AREA TO BE SERVED:

7. Check the proposed region to be served.

AGENCY-AUTHORIZED INDIVIDUAL:

8. Program Manager or authorized designee. **INTERNAL SUDRS USE**

ONLY: