

**STATE OF CALIFORNIA – DEPARTMENT OF HEALTH CARE SERVICES
PSYCHIATRIC HEALTH FACILITY & PROGRAM**

**APPLICATION FOR A SPECIAL PERMIT
OF STRUCTURED OUTPATIENT SERVICES (SOPS)**

The following must be submitted with this application:

- (a) Description of facility SOPS Program Plan. The Program Plan shall specify each target population group that the proposed SOPS plans to serve. The description of the population group to be served shall include the following:
- (1) Age range
 - (2) Gender
 - (3) Ethnicity
 - (4) Degree or level of impairment
 - (5) Diagnosis as listed in the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
 - (6) Number of clients to be served
 - (7) Identification of the particular needs of the population
 - (8) Treatment program designed to meet the identified needs of the population
 - (9) Method and frequency of evaluating patient progress
- (b) (1) Structured Outpatient Services Coordinator -- Name: _____
(2) A list of the staff identified or hired to date, including a brief resume and copy of current license.
(3) The number, description, and qualifications, of proposed staff. If actual staff members have been hired, submit a copy of their current resume and license. (Show only staff time to be worked in the SOPS)
(5) Those items required by Title 22, Section 77070
- (c) A floor plan of the SOPS, augmented by photographs, if possible.
- (d) A SOPS application fee of seven hundred dollars (\$700).

Applicant's Signature _____

Applicant's Name/Title _____

Organization Name _____

Date _____

Please submit your completed application with payment to:

Licensing & Certification Section
DHCS - Mental Health Services Division
1700 K Street, MS 2800
Sacramento, CA 95811