

**APPLICATION FOR INITIAL APPROVAL OF
SPECIAL TREATMENT PROGRAM SERVICES**

INSTRUCTIONS: Attach this completed form with the facility's List of Interdisciplinary Professional Staff and the facility's written Mental Health Program Plan (see document requirements on page 3) and email the complete application and/or any questions related to the application to: CSDTRPU@dhcs.ca.gov. Please include a copy of your most current California Department of Public Health (CDPH) Skilled Nursing Facility (SNF) license with this application.

For more information on the Continuum of Mental Health Care Section, visit our webpage at <https://www.dhcs.ca.gov/services/MH/Pages/Community-support-branch1.aspx>

FACILITY/PROGRAM NAME		LICENSEE NAME
FACILITY/PROGRAM WEBSITE URL		
ADDRESS		COUNTY
CITY	ZIP	FACILITY/PROGRAM PHONE NUMBER
ADMINISTRATOR'S NAME		PROGRAM DIRECTOR'S NAME
ADMINISTRATOR'S EMAIL		PROGRAM DIRECTOR'S EMAIL
# OF LICENSED SNF BEDS		# OF PROPOSED STP BEDS

NAME OF PERSON COMPLETING APPLICATION	TITLE
PHONE NUMBER	EMAIL
SIGNATURE	DATE

**WRITTEN MENTAL HEALTH PROGRAM PLAN FOR SPECIAL TREATMENT PROGRAMS
(To be included with application for initial program approval)**

INSTRUCTIONS: Please submit the following documentation in the order that it appears here with the completed Application for Approval of Special Treatment Program Services cover sheet and the completed List of Interdisciplinary Professional Staff. All regulation sections refer to California Code of Regulations (CCR) Title 22 unless otherwise noted.

1. Written Description of Special Treatment Program
2. Proposed Staffing Schedules for Program Staff and Interdisciplinary Staff
3. Description of the population group(s) to be served including, but not limited to, the following:
 - Age Range
 - Sex
 - Physical Characteristics
 - Emotional Characteristics
 - Number of Patients to be Served in Each Population Group
 - Identification of the Particular Needs Within the Population Group(s)
 - A Written Program Designed to Meet the Identified Needs of the Population
 - Method and Frequency of Evaluating Patient
4. Description of services to be provided including, but not limited to, the following:
 - Self-Help Skills Training
 - Behavioral Intervention Training
 - Interpersonal Relationships
 - Prevocational Preparation Services
 - Prerelease Planning
5. Policy and Procedure Manual referencing §72443-72475 including, but not limited to, the following:
 - Admission and Discharge Criteria
 - Admission Procedures
 - Patient Health Records
 - Initial Patient Assessments
 - Initial Patient Care Plans and Reviews
 - Monthly Progress Notes
 - Group and Individual Counseling
 - Aftercare Plans
 - Denial of Rights
 - Restraints and Seclusions
 - Initial and Continuing Patient Assessments For Continued Certification
 - Orientation and In-Service Training of Staff
 - In-Service Education
 - Annual STP Renewals to DHCS
6. Job descriptions and resumes of proposed staff including, but not limited to, the following:
 - Program Director
 - Administrator
 - Program Staff
 - Interdisciplinary Staff
 - Director of Nursing
 - Charge Nurses
7. Templates to be utilized by the program including, but not limited to, the following:
 - Initial Evaluation Template
 - Psychological Evaluation Template
 - Patient Care Plan Template
 - Aftercare Plan Template
 - Orientation Template
 - In-Service Training Tracker Template