

**APPLICATION FOR MENTAL HEALTH PROGRAM APPROVAL
SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAMS**

Name of Applicant/ Facility Name:		Head of Service:	
Facility Address (Street No., Street Name, P.O. Box, Apt. No.):		City:	
Mailing Address (if different from above):		City:	
County Mental Health Plan:		Zip Code:	Telephone: ()
Type of Ownership: <input type="checkbox"/> Government Entity <input type="checkbox"/> Non-Profit Corp.			
Total number of beds to be certified: Number of beds to be certified per facility/house/cottage: CDSS License Number: _____ CDSS License date: _____			
Age Groups to be admitted:		Mental Health Contract (MHP) Yes <input type="checkbox"/> No <input type="checkbox"/> Medi-Cal Certification Yes <input type="checkbox"/> No <input type="checkbox"/>	
The following information must be submitted along with this application form. Please check each box to indicate information has been submitted. Note: The Sections listed for each item below refer to the corresponding Section in STRTP Regulations Version II.			
1. Mental Health Program statement that meets the requirements of Section 5 .		<input type="checkbox"/>	
2. Policies and procedures the facility will utilize to meet the notification requirements in Section 6 .		<input type="checkbox"/>	
3. Policies, procedures, and documentation the facility will utilize to meet the program record and retention requirements in Section 7 .		<input type="checkbox"/>	
4. Policies, procedures, and documentation the facility will utilize to meet the mental health assessment requirements in Section 8 .		<input type="checkbox"/>	
5. Policies, procedures, and documentation the facility will utilize to meet the admission statement requirements in Section 9 .		<input type="checkbox"/>	
6. Policies, procedures, and documentation the facility will utilize to meet the requirements for the treatment plan in Section 10 .		<input type="checkbox"/>	
7. Policies, procedures, and documentation the facility will utilize to meet the STRTP mental health program progress note documentation requirements in Section 11 .		<input type="checkbox"/>	

8. Policies, procedures, and documentation the facility will utilize to meet the trauma-informed response to significant events requirements in **Section 11**.
9. Policies, procedures, and documentation the facility will utilize to meet the medication assistance, control and monitoring requirements in **Section 12**.
10. Provide a detailed description of the specific treatment modalities the facility will utilize to meet mental health treatment services requirements in **Section 13**. This description shall include policies and procedures for ensuring that children receive mental health treatment services that the facility does not provide directly, including Specialty Mental Health Services for Medi-Cal beneficiaries and equivalent services for children who are not Medi-Cal beneficiaries.
11. Policies, procedures, and documentation the facility will utilize to meet the clinical reviews, collaboration, and transition determination requirements in **Section 14**.
12. Policies, procedures, and documentation the facility will utilize to meet the transition determination plan requirements in **Section 15**.
13. Provide documentation indicating that the proposed head of service meets the qualifications and experience required in **Section 16** and will be employed forty hours per week.
14. Provide staffing patterns. Include an organizational chart, which lists job descriptions, staff-to-child ratios, functions, and professional licenses, if applicable, of the direct mental program staff. Include information regarding contractors that will be available to provide mental health treatment services to children during their stay in the STRTP. Demonstrate through these documents that the applicant will provide at least one full time equivalent (FTE) direct service program staff for each 6 children residing in the STRTP which includes at least one half-time equivalent licensed mental health professional for each 6 children residing in the STRTP. Include the staff qualifications, training, and experience for each position type required in **Section 17**.
15. Policies and procedures the facility will utilize to meet the requirement in **Section 17** that the facility has a psychiatrist available to provide psychiatric services as specified.
16. A detailed staff training plan, describing staff orientation procedures and documentation the facility will utilize to meet the in-service education required in **Section 18**.
17. Policies, procedures and documentation the facility will utilize to meet the personnel record requirements in **Section 19**.
18. Policies and procedures regarding the utilization of community resources as adjunct to the facility's mental health program, if applicable.

Applicant's Signature:	Title:
Organization:	Date:

Please submit your completed application to:

**Delegate County MHP
And to DHCS at:**

E-Mail

Attention: STRTP MHPA application
STRTP@DHCS.CA.GOV

Certified Mail

Department of Health Care Services
Continuum of Mental Health Care Section
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Sacramento, CA 95899-7413