

<b>DELEGATION OF APPROVAL TASK SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAM</b>		
County:		City:
Mailing Address ( <i>Street #, Street Name, P.O. Box, Apt. #</i> ):	Zip Code:	Telephone:
<p>Welfare and Institutions Code (W&amp;I) Section 4096.5 subdivision (g) grants the Department of Health Care Services (DHCS) authority to delegate to County Mental Health Plans (MHP) approval, oversight, enforcement, due process and other responsibilities over the mental health programs at the short-term residential therapeutic programs (STRTP) within its borders.</p> <p>A county that is delegated the approval task will carry out the delegation requirements pursuant to the Interim STRTP regulations, including Section 25. Delegation of Approval Task.</p>		
<p>Please mark the appropriate selection, sign, date, and return to DHCS using the information provided at the bottom of the page:</p> <p><input type="checkbox"/> The MHP requests that DHCS delegate all aspects of the mental health program approval task for STRTPs within its borders pursuant to W&amp;I Sections 4096.5 and 11462.01 and the Interim STRTP Regulations, including Section 25, Delegation of Approval Task.</p> <p><input type="checkbox"/> The MHP <u>does not</u> request delegation of the mental health program approval task for STRTPs within its borders. An MHP that does not request delegation at this time may request that the Department delegate the mental health program approval task for STRTPs within its borders at any time.</p>		
County Behavioral Health Director's Signature		Date

**The completed application form and any supportive documentation must be submitted to the following address:**

Licensing & Certification Branch  
Mental Health Services Division  
Department of Health Care Services, MS 2800  
P.O. Box 997413  
Sacramento, CA 95899-7413  
Email: [STRTP@dhcs.ca.gov](mailto:STRTP@dhcs.ca.gov)