

## 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 pages 3-4) and email the complete application and/or any questions related to the application to: [AdultMHCertification@dhcs.ca.gov](mailto:AdultMHCertification@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 Mental Health Program Certification Section, visit our webpage at <https://www.dhcs.ca.gov/services/MH/Pages/Mental-Health-Program-Certification-Section.aspx>

<b>FACILITY/PROGRAM NAME</b>		<b>LICENSEE NAME</b>	
<b>FACILITY/PROGRAM WEBSITE URL</b>			
<b>ADDRESS</b>		<b>COUNTY</b>	
<b>CITY</b>	<b>ZIP</b>	<b>FACILITY/PROGRAM PHONE NUMBER</b>	
<b>ADMINISTRATOR’S NAME</b>		<b>PROGRAM DIRECTOR’S NAME</b>	
<b>ADMINISTRATOR’S EMAIL</b>		<b>PROGRAM DIRECTOR’S EMAIL</b>	
<b>NUMBER OF LICENSED SNF BEDS</b>		<b>NUMBER OF PROPOSED STP BEDS</b>	

<b>NAME OF PERSON COMPLETING APPLICATION</b>	<b>TITLE</b>
<b>PHONE NUMBER</b>	<b>EMAIL</b>
<b>SIGNATURE</b>	<b>DATE</b>



**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
  - A letter of attestation from the local mental health director or designee, indicating the facility has a minimum of 30 patients whose need for Special Treatment Program Services has been reviewed and approved by the local mental health director or designee
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