

**Delegation of Approval Task
Short-Term Residential Therapeutic Program**

County:		City:	
Physical Address: (Street #, Street Name, P.O Box, Suite #)		Zip Code:	Telephone: (Include area code)
<p>Welfare and Institutions Code (W&I) Section 4096.5 subdivision (g) grants the Department of Health Care Services (DHCS) authority to delegate to County Mental Health Plans (County) 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 24 Application for Renewal of STRTP Mental Health Program Approval and 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 County requests that DHCS delegate all aspects of the Mental Health Program Approval (Program Approval) task for STRTPs within the county pursuant to W&I Section 4096.5 and 11462.01 and the Interim STRTP Regulations, including Section 24 Application for Renewal of STRTP Mental Health Program Approval and Section 25 Delegation of Approval Task.</p> <p><input type="checkbox"/> The County <u>does not</u> request delegation of the Program Approval task for STRTPs within its county. A County that does not request delegation at this time may request that DHCS delegate the Program Approval task for STRTPs within its borders at any time.</p>			
County Behavioral Health Director's Signature: (Please print name and sign)		Date	

The Completed application form and any supportive documentation must be submitted via e-mail to the following address:

Email: STRTP@dhcs.ca.gov