



December 26, 2024

Certified Mail: 9589 0710 5270 2305 1524 98

THIS LETTER SENT VIA BOTH MAIL AND EMAIL

Bonnie Briscoe
Deputy Director – Admin
Colusa County Behavioral Health
162 E Carson Street, Suite A
Colusa, California 95932

TRANSMITTAL OF INITIAL CERTIFICATION – 060002AN

Dear Ms. Briscoe:

This letter transmits the initial certification of compliance with the Alcohol and/or Other Drug Program Certification Standards for which you applied.

We are pleased to inform you that Colusa County Behavioral Health, located at 162 E Carson Street, Suite A, Colusa, California 95932, is certified for the period from 01/01/2025 through 12/31/2026, for Outpatient Services.

The enclosed certification shall remain in effect for the period indicated so long as the program complies with the following:

1. Continues to hold relevant license (residential only).
2. Has no change of ownership.
3. Remains at the same DHCS certified location with no substantial modifications in the physical facility.
4. Continues substantially the same program structure and modality of service(s).
5. Retains the same program administrator or director.
6. Pays all applicable licensing fees and/or civil penalties.

IT IS THE RESPONSIBILITY OF THE PROGRAM TO NOTIFY THE DEPARTMENT OF HEALTH CARE SERVICES IF ANY CHANGE OCCURS IN ITEMS 1 THROUGH 5.

DHCS may revoke, suspend or terminate the certification if the program fails to comply with the provisions of certification. The program certification shall automatically terminate if any changes occur in Items 1 or 2. If the program anticipates a change in Items 3 or 4, the program shall complete and submit a Supplemental Application (DHCS 5255) along with the supporting documentation and required fee(s) to the Department to request approval to make the designated change(s). If a change occurs in Item 5, the



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program shall notify the Department by submitting the Administrator/Director Information (DHCS 5082) form.

In accordance with the Alcohol and/or other Drug Program Certification Standards, Section 3000 (b), the program shall submit the Request for License and/or Certification Extension DHCS Form 5999 (12/18) with all supporting documentation and renewal fees to the department **120 days** prior to the expiration date of the certificate. Failure to provide all necessary documentation shall result in the termination of the certificate in accordance with Section 3000 (d).

We would like to thank you and your staff for the cooperation extended to us during the review of your initial application and compliance review. If you have any questions or concerns, please contact Ijnanya Gilmore, Licensing and Certification Analyst, at (916) 345-7393, or by email at ijnanya.gilmore@dhcs.ca.gov.

Additionally, if you would like to become a Medi-Cal provider, you can now submit your application through the [PAVE](#) provider portal. For more information on Medi-Cal enrollment, please visit: <https://www.dhcs.ca.gov/provgovpart/Pages/PED.aspx>.

Sincerely,

Mario Lobato

Mario Lobato
Supervisor
Substance Use Disorder Licensing and Certification Section



State of California
Department of Health Care Services
Certification

In accordance with applicable provisions of the Health and Safety Code of California and its rules, regulations, and standards, the Department of Health Care Services hereby certifies:

COLUSA COUNTY BEHAVIORAL HEALTH

to operate and maintain an alcohol and/or other drug program using the following name and location:

COLUSA COUNTY BEHAVIORAL HEALTH
162 E CARSON STREET, SUITE A
COLUSA, CALIFORNIA 95932

This certification extends to the following level of alcohol and/or other drug program services:

OUTPATIENT SERVICES

Certification Number:
060002AN

Effective Date: 01/01/2025
Expiration Date: 12/31/2026



JANELLE ITO-ORILLE, Division Chief

Complaints regarding services provided in this facility should be directed to:

Licensing and Certification Division

Complaints Coordinator, Complaints Section, MS 2601

Post Office Box 997413, Sacramento, California 95899-7413

PHONE: (877) 685-8333 / (916) 322-2911 – FAX: (916) 440-5094 – E-mail: SUDComplaints@dhcs.ca.gov

Post in a prominent location. This Certification is not transferable.