



July 18, 2024

Certified Mail: 9589 0710 5270 1756 8627 41

THIS LETTER SENT VIA BOTH MAIL AND EMAIL

Toby Reusze, AOD Administrator
Siskiyou County Health and Human Services Agency
2060 Campus Drive
Yreka, California 96097

TRANSMITTAL OF INITIAL CERTIFICATION – 470002BN

Dear Mrs. Reusze:

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 Siskiyou County Health and Human Services Agency, located at 1107 Ream Avenue, Mount Shasta, California 96067, is certified for the period from July 15, 2024 through July 31, 2026, for Outpatient and Intensive 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.

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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 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 me at (916) 345-7470, or by email at Christina.Bradley@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,



CHRISTINA BRADLEY
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:

SISKIYOU COUNTY HEALTH AND HUMAN SERVICES AGENCY
to operate and maintain an alcohol and/or other drug program using the following name and location:

SISKIYOU COUNTY HEALTH AND HUMAN SERVICES AGENCY
1107 REAM AVENUE
MOUNT SHASTA, CALIFORNIA 96067

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

OUTPATIENT AND INTENSIVE OUTPATIENT SERVICES

Certification Number:
470002BN

Effective Date: 07/15/2024
Expiration Date: 07/31/2026



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@dhs.ca.gov

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