



**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:*

**SAN DIEGO TREATMENT SERVICES, LLC**

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

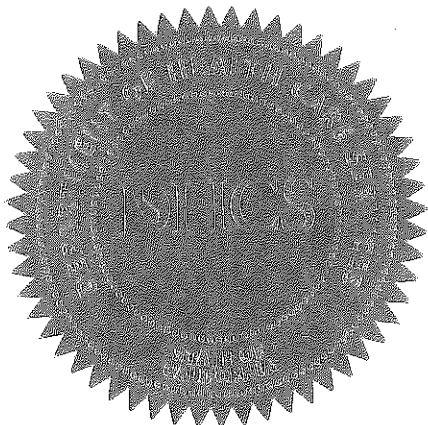
**CHULA VISTA COMPREHENSIVE TREATMENT CENTER**  
**1155 THIRD AVENUE**  
**CHULA VISTA, CALIFORNIA 91911**

*This certification extends to the following level of service for Adolescents:*

**DETOXIFICATION, OUTPATIENT SERVICES, AND INTENSIVE OUTPATIENT**

**Certification Number:**  
**370109AP**

**Effective Date: 06/01/2025**  
**Expiration Date: 05/31/2027**



  
**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](mailto:SUDComplaints@dhcs.ca.gov)

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