



**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:*

**EL PROYECTO DEL BARRIO, INC.**

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

**OUTPATIENT AND INTENSIVE OUTPATIENT TREATMENT  
ALCOHOL AND OTHER DRUG SERVICES  
9140 VAN NUYS BOULEVARD, SUITES 104-107, 201, 203, AND 208-211  
PANORAMA CITY, CALIFORNIA 91402**

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

**OUTPATIENT AND INTENSIVE OUTPATIENT SERVICES**

**Certification Number:  
190236CN**

**Effective Date: 12/01/2021  
Expiration Date: 11/30/2023**



**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.***





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