Notice of Determination

| To: ☑ Office of Planning and Research | | From: Public Agency: California Department of Corrections and |
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| U.S. Mail: | Street Address | Rehabilitation Address: 9838 Old Placerville Rd. Suite B |
| P.O. Box 3044 Sacramento, CA 95812-3044 | 1400 Tenth St., Rm 113 Sacramento, CA 95814 | Sacramento, CA 95827 Contact: Peter J Connelly Jr Phone: 916-255-3010 |
| County Clerk | | Lead Agency (if different from above): |
| Address: | | Address: |
| | | Contact: |
| SUBJECT: Filing of Notice Resource Code. | of Determination in compl | iance with Section 21108 or 21152 of the Public |
| State Clearinghouse Number (| if submitted to State Clearing | jhouse): 2018072022 |
| Project Title: California | Institution for Men Mental Healt | h Crisis Facility |
| Project Applicant: California | Department of Corrections and | Rehabilitation |
| | | Men 14901 Central Ave, Chino, San Bernardino County, CA |
| Project Description: The mental health crisis facility (MHCF) would be constructed within the current property boundaries | | |
| of CIM, in the northwest portion of the existing prison grounds. Patients are typically transferred to a MHCF on a limited-term | | |
| basis (approximately ten days); when stabilized, the patients are transferred to correctional facilities that provide the required | | |
| housing and on-going mental health treatment. The new two-story MHCF building would encompass approximately 69,000 gross | | |
| square feet. The MHCF building would provide space for 50 beds dedicated to patients in mental health crisis, along with menta | | |
| health care treatment space, clinical support space, housing, recreation, custody, support, administrative services, and a 360- | | |
| E), | | e would be built according to CDCR Design Criteria Guidelines; |
| 8 | | ations (CCR) Title 24; mental health licensing; and other state |
| design policies and regulations. | | |
| This is to advise that the | California Department of Corre | ctions and Rehabilitation has approved the above |
| | (⊠ Lead Agency or □ | Responsible Agency) |
| Described project on October 26, 2021 and has made the following determinations regarding the above described project. (date) | | |
| 1. The project [☒ will ☐ will not] have a significant effect on the environment. | | |
| 2. An Environmental Impact Report was prepared for this project pursuant to the provisions of CEQA. | | |
| ☐ A Negative Declaration was prepared for this project to the provisions of CEQA. | | |
| 3. Mitigation Measures [☒ were ☐ were not] made a condition of the approval of the project. | | |
| 4. A mitigation reporting or monitoring pan [☒ was ☐ was not] adopted for this project. | | |
| 5. A statement of Overriding Considerations [☐ was ☒ was not] adopted for this project. | | |
| 6. Findings [⊠ were □ were no | | |
| <u> </u> | R with comments and response | s and record of project approval, or the negative Declaration, is |
| CDCR, Facility Planning, Construction and Management, 9838 Old Placerville Rd. Suite B, Sacramento, CA 95827 | | |
| 22014 Labing Flamming, Collect | -DocuSigned by: | 2.22.35 rms r.a. Sales by Subidifficition of 1 00021 |
| Signature (Public Agency): | Kathleen Allison | Title: Secretary |
| engination (i demortigation). | - 066FFF332C694AB | |
| Date: October 26, 2021 | Date ¹ | Received for filing at OPR: |