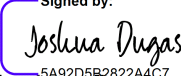




Letters of Support Policy

Effective Date 06/18/2026
Revised Date 06/18/2026

Signed by:

5A92D5B2822A4C7...
Joshua Dugas, MBA, REHS, Acting Director

Policy It is the policy of the Department of Behavioral Health (DBH) to provide letters of support (LOS) in an organized manner, upon qualifying request, to organizations, departments, or agencies seeking approval for funding or support with initiatives that align with the Department's mission and goals.

Purpose To inform DBH leadership and support staff of the requirements for providing letters of support to organizations who are requesting said support for grant funding requests and/or any other related purposes. It is understood that funders often require or encourage applicants to include letters from other agencies who support their work, have partnered or collaborated with the requesting organization, or have a mission and goals that align with the applicant's proposed scope of work.

Definitions **DBH Workforce Members:** Employees, contractors, volunteers, and other persons performing work for or providing services to Department of Behavioral Health (DBH). This includes, but may not be limited to, full and part-time elected or appointed officials, employees, affiliates, associates, students, volunteers, and staff from third party entities who provide services to DBH.

Letter of Support: A formal document endorsing an individual, organization, or project, emphasizing credibility, impact, and alignment with a shared goal.

Process DBH managers may coordinate obtaining letters of support to be approved and submitted through their respective chain of command, including approval from the respective Executive Team member (Deputy Director, Assistant Medical Director). See DBH Letters of Support Procedure (BOP3054-1) to process requests for letters of support.

Continued on next page

Letters of Support Policy, Continued

Prohibited Language

DBH LOS are prohibited from including:

- Legally binding language;
- Agreements to formally partner with the requestor; and
- Commitments to use County funds or resources, including workforce member's time.

Note: This prohibition also applies to requests to sign a standard form letter that may contain similar language.

Required Right to Revoke Language

All LOS must include the following statement at the bottom of the last page:
The San Bernardino County, Department of Behavioral Health, reserves the right to revoke support for the aforementioned agency/item at any time.

Required Approvals

All LOS must be approved by:

- San Bernardino County Office of Governmental and Legislative Affairs, and
 - DBH Director or designee.
-

Review Timeframe and Requirements

Requests for LOS must be received at least three (3) weeks prior to the requested deadline to allow for review, revisions, and approvals. Response to requests outside of this timeframe may be delayed and/or denied.

The following review requirements shall apply:

- The DBH manager may request and/or coordinate request for LOS issuance to an external agency;
 - The DBH Executive Team member (Deputy Director, Assistant Medical Director) or designee, shall determine the appropriateness of the LOS request based on the parameters outlined in this policy;
 - The DBH Executive Team member or designee, shall ensure that all draft letters are submitted to DBH Office of Compliance (Compliance) for appropriate communication with the County Legislative Office, review and approval prior to issuance; and
 - Drafted letters must be reviewed by County Counsel through Compliance **only when legal review is warranted**, including matters involving legal considerations or potential conflicts of interest.
-

Conflicts of Interest

Requests that present an actual or perceived conflict of interest will be denied.

Continued on next page

Letters of Support Policy, Continued

Adherence	Failure to comply with this policy may result in disciplinary action up to and including termination.
------------------	---

Related Policy or Procedure	DBH Standard Practice Manual and Departmental Forms: • Letters of Support Procedure (BOP3054-1) • Letter of Support Cover Sheet
------------------------------------	--
