This is an alphabetical list by county of all non-medical alcoholism and drug abuse recovery or treatment facilities licensed and/or certified by the Department of Health Care Services.

To view facilities within a specific county, simply click on the county name below. For easier browsing and navigation through this report, please access the “Page and Bookmark” View option on your Adobe Reader.

Alameda County  | Madera County  | San Joaquin County  
Alpine County   | Marin County   | San Luis Obispo County  
Amador County   | Mariposa County| San Mateo County  
Butte County    | Mendocino County| Santa Barbara County  
Calaveras County| Merced County  | Santa Clara County  
Colusa County    | Modoc County   | Santa Cruz County  
Contra Costa County| Monterey County| Shasta County  
Del Norte County | Mono County    | Sierra County  
El Dorado County | Napa County    | Siskiyou County  
Fresno County   | Nevada County  | Solano County  
Glenn County    | Orange County  | Sonoma County  
Humboldt County | Placer County  | Stanislaus County  
Imperial County | Plumas County  | Sutter County  
Inyo County     | Riverside County| Tehama County  
Kern County     | Sacramento County| Trinity County  
Kings County    | San Benito County| Tulare County  
Lake County     | San Bernardino County| Tuolumne County  
Lassen County   | San Diego County| Ventura County  
Los Angeles County| San Francisco County| Yolo County  

COMMENTS?
We are always looking for ways to improve this document. If you have any comments or suggestions, please e-mail them to iross@dhcs.ca.gov, or contact the Licensing and Certification Section at (916) 322-2911.
**LEGEND**

**CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES**  
**LICENSED RESIDENTIAL FACILITIES AND/OR CERTIFIED ALCOHOL AND DRUG PROGRAMS**

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>The facility/program name.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>The legal name of the entity having the authority and responsibility for the operation of the facility or program.</td>
</tr>
<tr>
<td>Address:</td>
<td>The facility/program address. The location where services are provided.</td>
</tr>
<tr>
<td>City/State:</td>
<td>Name of the city where the facility/program is located.</td>
</tr>
<tr>
<td>Record ID:</td>
<td>The identification number issued by the Department of Health Care Services (DHCS), Licensing and Certification Branch, for licensed facilities or certified programs. The last digit tells if the facility/program is a nonprofit (N) or profit (P) entity.</td>
</tr>
<tr>
<td>Service Type:</td>
<td>Indicates if the facility/program is:</td>
</tr>
<tr>
<td></td>
<td>o RES - Indicates facility licensed by the Department of Health Care Services (DHCS), the licensing authority for 24-hour residential nonmedical alcoholism or drug abuse recovery or treatment facilities serving adults.</td>
</tr>
<tr>
<td></td>
<td>o NON - Indicates a nonresidential program which has voluntarily applied to DHCS for alcohol and/or drug certification.</td>
</tr>
<tr>
<td></td>
<td>o DETOX - Indicates a free standing, 24-hour nonmedical detoxification facility licensed by DHCS.</td>
</tr>
<tr>
<td></td>
<td>o RES-DETOX - Indicates a facility licensed by DHCS to provide 24-hour residential nonmedical alcohol and/or drug recovery, treatment, and detoxification services for adults.</td>
</tr>
<tr>
<td></td>
<td>o DHS - Indicates licensure by the Department of Health Services, the licensing authority for medical alcohol and drug recovery or treatment facilities whose programs are certified by DHCS. Typically, these are Chemical Dependency Recovery Hospitals.</td>
</tr>
<tr>
<td></td>
<td>o DSS - Indicates licensure by the Department of Social Services, the licensing authority for residential facilities for individuals in need of care and supervision whose programs are certified by DHCS. Typically, these are group homes.</td>
</tr>
<tr>
<td></td>
<td>o COR - Indicates the facility is under the jurisdiction of the Department of Corrections (locked facility) whose program is certified by DHCS.</td>
</tr>
<tr>
<td>Resident Capacity:</td>
<td>Indicates the maximum number of residents authorized by DHCS to receive recovery, treatment, or detoxification services at any one time in the residential facility.</td>
</tr>
<tr>
<td>Total Occupancy:</td>
<td>Designates the maximum number of residential facility participants plus any dependent children, staff, or volunteers who may be housed in the facility. This occupancy is approved by the State or local fire authority.</td>
</tr>
</tbody>
</table>

*(The resident capacity and total occupancy are only indicated for licensed residential facilities. Certified nonresidential facilities show “0” as the resident capacity and total occupancy.)*
**Target Population:** Describes the targeted population of the facility or program.

- 1.1 – Co-Ed
- 1.2 – Men Only
- 1.3 - Women Only
- 1.4 - Women/Children
- 1.5 – Youth/Adolescents
- 1.7 – Families
- 1.8 – Dual Diagnosis
- 1.9 – Co-Ed/Children
- 1.10 – Co-Ed/Youth
- 1.11 – Men/Youth
- 1.12 – Women/Youth
- 1.13 – Co-Ed/Child/Dual
- 1.14 – Women/Child/Dual

**Expiration Date:** Expiration date of the facility’s current license and/or certification.
State of California, Department of Health Care Services
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of 2/6/2015

Alameda County

Program Name: CHRYSALIS
Legal Name: HORIZON SERVICES, INCORPORATED
Address: 3837, 3839, 3841, 3843, 3845 AND 3847 TELEGRAPH AVENUE
City, State Zip: OAKLAND, CA 94609
Phone: (510)450-1190 Fax: (510)455-3520
Record ID: 010001AN
Service Type: RES
Resident Capacity: 16
Total Occupancy: 16
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 10/31/2015

Program Name: CRONIN HOUSE
Legal Name: HORIZON SERVICES, INCORPORATED
Address: 2595 DEPOT ROAD
City, State Zip: HAYWARD, CA 94545
Phone: (510)784-5874 Fax: (510)784-9194
Record ID: 010001BN
Service Type: RES
Resident Capacity: 34
Total Occupancy: 34
Target Population: 1.1 --- CO-ED
Expiration Date: 02/29/2016

Program Name: PROJECT EDEN
Legal Name: HORIZON SERVICES, INCORPORATED
Address: 22646 2ND STREET
City, State Zip: HAYWARD, CA 94541
Phone: (510)247-8200 Fax: (510)247-8202
Record ID: 010001CN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 9/30/2016
Program Name: CHERRY HILL DETOXIFICATION SERVICES PROGRAM
Legal Name: HORIZON SERVICES, INCORPORATED
Address: 2035 FAIRMONT DRIVE
City, State Zip: SAN LEANDRO, CA 94578
Phone: (866)866-7496 Fax: (510)351-7630
Record ID: 010001DN
Service Type: RES-DETOX
Resident Capacity: 32
Total Occupancy: 32
Target Population: 1.1 --- CO-ED
Expiration Date: 01/31/2016

Program Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE OF ALAMEDA COUNTY-EL CHANTE
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE OF ALAMEDA COUNTY
Address: 425 VERNON STREET
City, State Zip: OAKLAND, CA 94610
Phone: (510)419-1040 Fax: (510)535-2346
Record ID: 010002AN
Service Type: RES
Resident Capacity: 20
Total Occupancy: 20
Target Population: 1.2 --- MEN ONLY
Expiration Date: 08/31/2014

Program Name: SI SE PUEDE
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE OF ALAMEDA COUNTY
Address: 1315 FRUITVALE AVENUE
City, State Zip: OAKLAND, CA 94601
Phone: (510)536-4760 Fax: (510)535-6312
Record ID: 010002DN
Service Type: NON
Target Population: 1.2 --- MEN ONLY
Expiration Date: 10/31/2014
Program Name: MUJERES CON ESPERANZA/WOMEN'S SERVICES ENHANCEMENT PROGRAM
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE OF ALAMEDA COUNTY
Address: 3315 INTERNATIONAL BOULEVARD
City, State Zip: OAKLAND, CA 94601
Phone: (510)536-4764 Fax: (510)535-2346
Record ID: 010002EN
Service Type: NON
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 10/31/2014

Program Name: COMMUNITY RECOVERY CENTER
Legal Name: THE WEST OAKLAND HEALTH COUNCIL
Address: 7501 INTERNATIONAL BOULEVARD
City, State Zip: OAKLAND, CA 94621
Phone: (510)430-1771 Fax: (510)569-4965
Record ID: 010005FN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2014

Program Name: WEST OAKLAND OUTPATIENT SUBSTANCE ABUSE SERVICES
Legal Name: THE WEST OAKLAND HEALTH COUNCIL
Address: 451 28TH STREET
City, State Zip: OAKLAND, CA 94609
Phone: (510)273-4908 Fax: (510)433-1526
Record ID: 010005HN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2016
Program Name: WEST OAKLAND HEALTH COUNCIL TRANSITIONAL HOUSING
Legal Name: THE WEST OAKLAND HEALTH COUNCIL
Address: 451 28TH STREET
City, State Zip: OAKLAND, CA 94609
Phone: (510)273-4908 Fax: (510)273-4908
Record ID: 010005IN
Service Type: RES
Resident Capacity: 23
Total Occupancy: 23
Target Population: 1.2 --- MEN ONLY
Expiration Date: 02/29/2016

Program Name: WEST OAKLAND HEALTH COUNCIL
Legal Name: THE WEST OAKLAND HEALTH COUNCIL
Address: 700 ADELINE STREET
City, State Zip: OAKLAND, CA 94607
Phone: (510)273-4908 Fax: (510)465-4873
Record ID: 010005JN
Service Type: NON
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 9/30/2014

Program Name: ORCHID WOMEN'S RECOVERY CENTER
Legal Name: BI-BETT
Address: 1342 EAST 27TH STREET
City, State Zip: OAKLAND, CA 94606
Phone: (510)535-0611 Fax: (510)535-1358
Record ID: 010006AN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 04/30/2016
Program Name: EAST OAKLAND RECOVERY CENTER
Legal Name: BI-BETT
Address: 7200 BANCROFT AVENUE, SUITE 176
City, State Zip: OAKLAND, CA 94605
Phone: (510)568-2432
Record ID: 010006DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015

Program Name: C.U.R.A., INC.
Legal Name: CARNALES UNIDOS REFORMANDO ADICTOS INCORPORATE
Address: 37437 GLENMOOR DRIVE
City, State Zip: FREMONT, CA 94536
Phone: (510)713-3200 Fax: (510)713-0684
Record ID: 010001AN
Service Type: RES
Resident Capacity: 51
Total Occupancy: 51
Target Population: 1.1 --- CO-ED
Expiration Date: 01/31/2016

Program Name: C.U.R.A., INC. OUTPATIENT PROGRAM
Legal Name: CARNALES UNIDOS REFORMANDO ADICTOS INCORPORATE
Address: 37471 GLENMOOR DRIVE
City, State Zip: FREMONT, CA 94536
Phone: (510)713-3213 Fax: (510)713-3213
Record ID: 010001AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016
Program Name: NEW BRIDGE FOUNDATION
    Legal Name: THE NEW BRIDGE FOUNDATION, INC.
    Address: 1816 AND 1820 SCENIC AVENUE
    City, State Zip: BERKELEY, CA 94709
    Phone: (510)548-7270    Fax: (510)526-6200
    Record ID: 010013AN
    Service Type: RES-DETOX
    Resident Capacity: 93
    Total Occupancy: 93
    Target Population: 1.1 --- CO-ED
    Expiration Date: 05/31/2016

Program Name: NEW BRIDGE FOUNDATION
    Legal Name: THE NEW BRIDGE FOUNDATION, INC.
    Address: 1816 AND 1820 SCENIC AVENUE
    City, State Zip: BERKELEY, CA 94709
    Phone: (510)548-7270    Fax: (510)548-1060
    Record ID: 010013BN
    Service Type: NON
    Target Population: 1.1 --- CO-ED
    Expiration Date: 7/31/2016

Program Name: NEW BRIDGE FOUNDATION, INC.
    Legal Name: THE NEW BRIDGE FOUNDATION, INC.
    Address: 2323 Hearst Avenue
    City, State Zip: Berkeley, CA 94709
    Phone:
    Record ID: 010013CN
    Service Type: NON
    Resident Capacity:
    Total Occupancy:
    Target Population: 1.1 --- CO-ED
    PENDING
Program Name: AIDS PROJECT OF THE EAST BAY
Legal Name: AIDS PROJECT OF THE EAST BAY
Address: 1320 WEBSTER STREET
City, State Zip: OAKLAND, CA 94612
Phone:
Record ID: 010014AN
Service Type: NON
Target Population: 1.1 --- CO-ED
PENDING

Program Name: ALAMEDA HOUSE
Legal Name: THE SOLIDARITY FELLOWSHIP, INC.
Address: 34401 AND 34413 BLACKSTONE WAY
City, State Zip: FREMONT, CA 94555
Phone: (510)796-7120
Record ID: 010019AN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 14
Target Population: 1.2 --- MEN ONLY
Expiration Date: 05/31/2016

Program Name: PROJECT PRIDE RESIDENTIAL PROGRAM FOR WOMEN & CHILDREN
Legal Name: EAST BAY COMMUNITY RECOVERY PROJECT
Address: 2545 SAN PABLO AVENUE
City, State Zip: OAKLAND, CA 94612
Phone: (510)446-7150 Fax: (510)832-0626
Record ID: 010025BN
Service Type: RES
Resident Capacity: 20
Total Occupancy: 40
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 07/31/2016
Program Name: EAST BAY COMMUNITY RECOVERY PROJECT - NONRESIDENTIAL
Legal Name: EAST BAY COMMUNITY RECOVERY PROJECT
Address: 2577 SAN PABLO AVENUE
City, State Zip: OAKLAND, CA 94612
Phone: (510)446-7180 Fax: (510)832-0606
Record ID: 010025CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2016

Program Name: EAST BAY COMMUNITY RECOVERY PROJECT
Legal Name: EAST BAY COMMUNITY RECOVERY PROJECT
Address: 22971 SUTRO STREET, SUITE A
City, State Zip: HAYWARD, CA 94541
Phone: (510)728-8600 Fax: (510)728-8605
Record ID: 010025DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015

Program Name: WISTAR MEN'S R & R PROGRAM
Legal Name: WISTAR R AND R PROGRAM, INC.
Address: 9735 EMPIRE ROAD
City, State Zip: OAKLAND, CA 94603
Phone: (510)568-9288 Fax: (510)562-1549
Record ID: 010032EN
Service Type: RES
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.2 --- MEN ONLY
PENDING
Program Name: FREEDOM HOUSE
Legal Name: SEVENTH STEP FOUNDATION, INC.
Address: 475 MEDFORD AVENUE
City, State Zip: HAYWARD, CA 94541
Phone: (510)278-0230 Fax: (510)278-8054
Record ID: 010041AN
Service Type: RES
Resident Capacity: 32
Total Occupancy: 32
Target Population: 1.2 --- MEN ONLY
Expiration Date: 05/31/2015

Program Name: AXIS COMMUNITY HEALTH CENTER
Legal Name: AXIS COMMUNITY HEALTH, INC.
Address: 6666 OWENS DRIVE
City, State Zip: PLEASANTON, CA 94588
Phone: (925)462-1755 Fax: (925)485-1265
Record ID: 010046BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2015

Program Name: AXIS COMMUNITY HEALTH DRUG AND ALCOHOL PROGRAM
Legal Name: AXIS COMMUNITY HEALTH, INC.
Address: 446 LINDBERGH AVENUE
City, State Zip: LIVERMORE, CA 94551
Phone: (925)462-1755 Fax: (925)417-1503
Record ID: 010046DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2015
Program Name: SECOND CHANCE (TRI-CITIES), INC.
Legal Name: SECOND CHANCE, INC.
Address: 6330 THORNTON AVENUE, SUITE B AND C
City, State Zip: NEWARK, CA 94560
Phone: (510)792-4357 Fax: (510)745-1693
Record ID: 010061AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015

Program Name: SECOND CHANCE PHOENIX PROGRAM
Legal Name: SECOND CHANCE, INC.
Address: 6330 THORNTON AVENUE, SUITE A
City, State Zip: NEWARK, CA 94560
Phone: (510)792-4357 Fax: (510)745-1693
Record ID: 010061DN
Service Type: NON
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 5/31/2015

Program Name: SECOND CHANCE, INC.
Legal Name: SECOND CHANCE, INC.
Address: 107 JACKSON STREET
City, State Zip: HAYWARD, CA 94544
Phone: (510)886-8696 Fax: (510)745-1693
Record ID: 010061GN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2015
Program Name: FRIENDSHIP HOUSE AMERICAN INDIAN LODGE
Legal Name: THE FRIENDSHIP HOUSE ASSOCIATION OF AMERICAN INDIANS
Address: 1818 38TH AVENUE AND 1815 39TH AVENUE
City, State Zip: OAKLAND, CA 94601
Phone: (510)535-7100 Fax: (510)535-3445
Record ID: 010062AN
Service Type: RES
Resident Capacity: 9
Total Occupancy: 20
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 02/28/2015

Program Name: OPTIONS RECOVERY SERVICES
Legal Name: OPTIONS RECOVERY SERVICES
Address: 1931 CENTER STREET
City, State Zip: BERKELEY, CA 94704
Phone: (510)666-9552 Fax: (510)666-0987
Record ID: 010066AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015

Program Name: OPTIONS- OAKLAND DRUG FREE OUTPATIENT PROGRAM
Legal Name: OPTIONS RECOVERY SERVICES
Address: 610 16TH STREET, SUITE 312, 314, 315, 318, AND 319
City, State Zip: OAKLAND, CA 94612-1284
Phone: (510)836-9900 Fax: (510)836-9902
Record ID: 010066CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2016
Program Name: MEN ON THE WAY
Legal Name: WOMEN ON THE WAY RECOVERY CENTER
Address: 20424 HAVILAND AVENUE
City, State Zip: HAYWARD, CA 94541
Phone: (510)276-3661       Fax: (510)278-7933
Record ID: 010072AN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.2 --- MEN ONLY
Expiration Date: 03/31/2016

Program Name: TERRA FIRMA DIVERSION/EDUCATIONAL SERVICES
Legal Name: TERRA FIRMA DIVERSION/EDUCATIONAL SERVICES
Address: 30086 MISSION BOULEVARD
City, State Zip: HAYWARD, CA 94544
Phone: (510)675-9362       Fax: (510)675-9468
Record ID: 010079AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2015

Program Name: MAGNOLIA WOMEN'S RECOVERY PROGRAM
Legal Name: MAGNOLIA WOMEN'S RECOVERY PROGRAMS, INC.
Address: 682 BRIERGATE WAY
City, State Zip: HAYWARD, CA 94544
Phone: (510)487-2910       Fax: (510)487-2916
Record ID: 010081AN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 12
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 09/30/2015
Program Name: Magnolia Women's Recovery Programs, Inc.
Legal Name: MAGNOLIA WOMEN'S RECOVERY PROGRAMS, INC.
Address: 3408 Andover Street
City, State Zip: Oakland, CA 94609
Phone: (510)547-1531
Record ID: 010081CN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.3 --- WOMEN ONLY

Program Name: NATIVE AMERICAN HEALTH CENTER, INC.
Legal Name: NATIVE AMERICAN HEALTH CENTER, INC.
Address: 3124 INTERNATIONAL BOULEVARD, 4TH FLOOR
City, State Zip: OAKLAND, CA 94601
Phone: (510)434-5421 Fax: (510)437-9574
Record ID: 010090AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2014

Program Name: ALAMEDA FAMILY SERVICES
Legal Name: ALAMEDA FAMILY SERVICES
Address: 2325 CLEMENT AVENUE
City, State Zip: ALAMEDA, CA 94501
Phone: (510)629-6300
Record ID: 010091AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2016
Program Name: FOUNTAIN RECOVERY
Legal Name: BROTHER AND SISTER PARTNERSHIP
Address: 5053 PAVO COURT
City, State Zip: LIVERMORE, CA 94551
Phone: (925)292-5583  Fax: (925)292-5583
Record ID: 010095AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2016

Program Name: HEALTHY OAKLAND
Legal Name: HEALTHY COMMUNITIES, INC.
Address: 2580 SAN PABLO AVENUE
City, State Zip: OAKLAND, CA 94612
Phone: (510)444-9655  Fax: (510)444-9955
Record ID: 010096AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2015

Program Name: CAL-PEP
Legal Name: CAL-PEP
Address: 2811 ADELINE STREET
City, State Zip: OAKLAND, CA 94608
Phone: (510)874-7850  Fax: (510)874-6775
Record ID: 010099AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2016
Program Name: SANTA CATARINA HOUSE
Legal Name: SANTA CATARINA LLC
Address: 1080 CRAGMONT AVENUE
City, State Zip: BERKELEY, CA 94708
Phone: (510)847-5382 Fax: (510)847-5382
Record ID: 010100AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
PENDING
No licensed or certified facilities at this time.

Please check with a neighboring county for services.
Program Name: AMADOR COUNTY BEHAVIORAL HEALTH SERVICES
Legal Name: AMADOR COUNTY BEHAVIORAL HEALTH SERVICES
Address: 10877 CONDUCTOR BOULEVARD
City, State Zip: SUTTER CREEK, CA 95685
Phone: (209)223-6412 Fax: (209)223-3460
Record ID: 030001AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015
Program Name: SERENITY BY SKYWAY HOUSE
Legal Name: SKYWAY HOUSE
Address: 6000 COHASSET ROAD
City, State Zip: CHICO, CA 95973-8861
Phone: (530)893-3698
Record ID: 040006CN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2015

Program Name: SKYWAY HOUSE
Legal Name: SKYWAY HOUSE
Address: 40 LANDING CIRCLE, SUITES 1 AND 3
City, State Zip: CHICO, CA 95973-7901
Phone: (530)898-8326  Fax: (530)898-0239
Record ID: 040006DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2015

Program Name: SKYWAY HOUSE-SHASTA RETREAT
Legal Name: SKYWAY HOUSE
Address: 3105 ESPLANADE
City, State Zip: CHICO, CA 95973-0202
Phone: (530)342-3046  Fax: (530)898-0239
Record ID: 040006GN
Service Type: RES
Resident Capacity: 22
Total Occupancy: 22
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2015
Program Name: NORTHERN VALLEY INDIAN HEALTH, INC
Legal Name: NORTHERN VALLEY INDIAN HEALTH, INC.
Address: 845 WEST EAST AVENUE
City, State Zip: CHICO, CA 95926-2002
Phone: (530)934-4348 Fax: (530)934-7688
Record ID: 040018AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015

Program Name: ESPLANADE HOUSE OUTPATIENT ALCOHOL AND DRUG PROGRAM
Legal Name: COMMUNITY ACTION AGENCY OF BUTTE COUNTY, INC.
Address: 181 EAST SHASTA AVENUE
City, State Zip: CHICO, CA 95973-0523
Phone: (530)891-2977 Fax: (530)879-3426
Record ID: 040022AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2014

Program Name: TRI-COUNTY TREATMENT RESIDENTIAL FACILITY
Legal Name: JULIE CHAPMAN
Address: 1961 PINE STREET
City, State Zip: OROVILLE, CA 95965-5811
Phone: (530)533-5272 Fax: (530)533-5821
Record ID: 040024AP
Service Type: RES
Resident Capacity: 19
Total Occupancy: 19
Target Population: 1.2 --- MEN ONLY
Expiration Date: 08/31/2015
Program Name: TRI-COUNTY TREATMENT OUTPATIENT PROGRAM
   Legal Name: JULIE CHAPMAN
   Address: 2740 ORO DAM BOULEVARD
   City, State Zip: OROVILLE, CA 95966-5117
   Phone: (530)533-5272       Fax: (530)533-5821
   Record ID: 040024BP
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 10/31/2014

Program Name: ROSEBEN HOUSE
   Legal Name: OROVILLE ECONOMIC & COMMUNITY DEVELOPMENT CORPORATION
   Address: 3275 ROSEBEN AVENUE
   City, State Zip: OROVILLE, CA 95966-6690
   Phone: (530)533-7664
   Record ID: 040029CN
   Service Type: RES
   Resident Capacity: 14
   Total Occupancy: 14
   Target Population: 1.2 --- MEN ONLY
   Expiration Date: 01/31/2015

Program Name: THERAPEUTIC SOLUTIONS
   Legal Name: THERAPEUTIC SOLUTIONS PROFESSIONAL CORPORATION
   Address: 3255 ESPLANADE
   City, State Zip: CHICO, CA 95973-0255
   Phone: (530)899-3150       Fax: (530)899-3160
   Record ID: 040030AP
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 10/31/2015
Program Name: CHICO RECOVERY CENTER
Legal Name: RUTH ELLEN WALLACE
Address: 2057 FOREST AVENUE, SUITE 5
City, State Zip: CHICO, CA 95928-7627
Phone: (530)343-6566 Fax: (530)343-6715
Record ID: 040031AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2016

Program Name: Lifeline Recovery L.L.C.
Legal Name: LIFELINE RECOVERY L.L.C.
Address: 5075 Lincoln Boulevard
City, State Zip: Oroville, CA 92966
Phone:
Record ID: 040032AP
Service Type: RES
Resident Capacity: 24
Total Occupancy: 24
Target Population: 1.2 --- MEN ONLY
PENDING
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Legal Name</th>
<th>Address</th>
<th>City, State Zip</th>
<th>Phone</th>
<th>Fax</th>
<th>Record ID</th>
<th>Service Type</th>
<th>Resident Capacity</th>
<th>Total Occupancy</th>
<th>Target Population</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHANGING ECHOES</td>
<td>CHANGING ECHOES, INC.</td>
<td>7632 POOL STATION ROAD</td>
<td>ANGELS CAMP, CA 95222</td>
<td>(209)785-3666</td>
<td></td>
<td>050002AN</td>
<td>RES-DETOX</td>
<td>32</td>
<td>32</td>
<td>1.1 --- CO-ED</td>
<td>09/30/2015</td>
</tr>
<tr>
<td>THE LAKES TREATMENT CENTER</td>
<td>THE LAKES TREATMENT CENTER, INC.</td>
<td>7260 O'BYRNES FERRY ROAD</td>
<td>COPPEROPOLIS, CA 95228</td>
<td>(209)785-8202</td>
<td>(209)785-8202</td>
<td>050005AP</td>
<td>RES-DETOX</td>
<td>0</td>
<td>0</td>
<td>1.1 --- CO-ED</td>
<td>07/31/2016</td>
</tr>
</tbody>
</table>
Colusa County

Program Name: COUNTY OF COLUSA DEPARTMENT OF BEHAVIORAL HEALTH
    Legal Name: COUNTY OF COLUSA DEPARTMENT OF BEHAVIORAL HEALTH
    Address: 162 EAST CARSON STREET, SUITE B
    City, State Zip: COLUSA, CA 95932-2880
    Phone: (530)458-0525  Fax: (530)458-8028
    Record ID: 060001FN
    Service Type: NON
    Target Population: 1.1 --- CO-ED
    Expiration Date: 3/31/2014
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Legal Name</th>
<th>Address</th>
<th>City, State Zip</th>
<th>Phone</th>
<th>Fax</th>
<th>Record ID</th>
<th>Service Type</th>
<th>Resident Capacity</th>
<th>Total Occupancy</th>
<th>Target Population</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUNRISE HOUSE</td>
<td>BI-BETT</td>
<td>2309 PLATT DRIVE</td>
<td>MARTINEZ, CA 94553</td>
<td>(925)229-2318</td>
<td>(925)370-2912</td>
<td>070001AAN</td>
<td>RES</td>
<td>6</td>
<td>6</td>
<td>1.2 --- MEN ONLY</td>
<td>07/31/2014</td>
</tr>
<tr>
<td>SUNRISE HOUSE II</td>
<td>BI-BETT</td>
<td>2359 PINNACLE DRIVE</td>
<td>MARTINEZ, CA 94553</td>
<td>(925)229-2318</td>
<td></td>
<td>070001ABN</td>
<td>RES</td>
<td>6</td>
<td>7</td>
<td>1.2 --- MEN ONLY</td>
<td>07/31/2016</td>
</tr>
<tr>
<td>WEST GAADDS</td>
<td>BI-BETT</td>
<td>3726 BARRETT AVENUE</td>
<td>RICHMOND, CA 94804</td>
<td>(925)685-7418</td>
<td>(958)685-7005</td>
<td>070001ACN</td>
<td>NON</td>
<td></td>
<td></td>
<td>1.1 --- CO-ED</td>
<td>11/30/2014</td>
</tr>
</tbody>
</table>
Program Name: DIABLO VALLEY RANCH  
   Legal Name: BI-BETT  
   Address: 11540 MARSH CREEK ROAD  
   City, State Zip: CLAYTON, CA 94517  
   Phone: (925)672-5700  
   Record ID: 070001AN  
   Service Type: RES  
   Resident Capacity: 58  
   Total Occupancy: 59  
   Target Population: 1.2 --- MEN ONLY  
   Expiration Date: 03/31/2014

Program Name: FREDERIC OZANAM CENTER  
   Legal Name: BI-BETT  
   Address: 2931 PROSPECT STREET  
   City, State Zip: CONCORD, CA 94518  
   Phone: (925)676-4840  
   Record ID: 070001BN  
   Service Type: RES-DETOX  
   Resident Capacity: 6  
   Total Occupancy: 6  
   Target Population: 1.3 --- WOMEN ONLY  
   Expiration Date: 10/31/2016

Program Name: PUEBLOS DEL SOL  
   Legal Name: BI-BETT  
   Address: 2090 COMMERCE AVENUE  
   City, State Zip: CONCORD, CA 94520  
   Phone: (925)798-7250  
   Record ID: 070001CN  
   Service Type: RES-DETOX  
   Resident Capacity: 20  
   Total Occupancy: 20  
   Target Population: 1.2 --- MEN ONLY  
   Expiration Date: 04/30/2016
Program Name: SERENITY HOUSE
Legal Name: BI-BETT
Address: 11440 MARSH CREEK ROAD
City, State Zip: CLAYTON, CA 94517
Phone: (925)672-5700
Record ID: 070001DN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 03/31/2016

Program Name: OAKNOLLS
Legal Name: BI-BETT
Address: 11460 MARSH CREEK ROAD
City, State Zip: CLAYTON, CA 94517
Phone: (925)672-5700
Record ID: 070001JN
Service Type: RES
Resident Capacity: 5
Total Occupancy: 5
Target Population: 1.2 --- MEN ONLY
Expiration Date: 03/31/2016

Program Name: FREDERIC OZANAM CENTER - CRYSTAL PALACE
Legal Name: BI-BETT
Address: 1390 SANTA CLARA STREET
City, State Zip: CONCORD, CA 94518
Phone: (925)676-4840
Record ID: 070001KN
Service Type: RES
Resident Capacity: 4
Total Occupancy: 4
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 10/31/2016
Program Name: FREDERIC OZANAM CENTER--RAINBOW VILLAGE
Legal Name: BI-BETT
Address: 2901 PROSPECT STREET
City, State Zip: CONCORD, CA 94518
Phone: (925)676-4840 Fax: (925)676-1315
Record ID: 070001LN
Service Type: RES
Resident Capacity: 4
Total Occupancy: 4
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 10/31/2016

Program Name: FREDERIC OZANAM CENTER--EMERALD CITY
Legal Name: BI-BETT
Address: 2950 PROSPECT STREET
City, State Zip: CONCORD, CA 94518
Phone: (925)676-4840
Record ID: 070001NN
Service Type: RES
Resident Capacity: 5
Total Occupancy: 5
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 10/31/2016

Program Name: FREDERIC OZANAM CENTER--AUNTIE EM'S
Legal Name: BI-BETT
Address: 2830 PROSPECT STREET
City, State Zip: CONCORD, CA 94518
Phone: (925)676-4840 Fax: (925)676-1315
Record ID: 070001QN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 10/31/2016
Program Name: EAST COUNTY COMMUNITY WOMEN'S CENTER
Legal Name: BI-BETT
Address: 2, 4, 12 AND 14 DAVI AVENUE
City, State Zip: PITTSBURG, CA 94565
Phone: (925)427-1384
Record ID: 070001RN
Service Type: RES-DETOX
Resident Capacity: 15
Total Occupancy: 15
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 12/31/2014

Program Name: EAST COUNTY WOLLAM HOUSE - PERINATAL
Legal Name: BI-BETT
Address: 22 DAVI AVENUE
City, State Zip: PITTSBURG, CA 94565
Phone: (925)427-1384
Record ID: 070001SN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 12/31/2014

Program Name: EAST COUNTY WOLLAM PERINATAL
Legal Name: BI-BETT
Address: 32 DAVI AVENUE
City, State Zip: PITTSBURG, CA 94565
Phone: (925)427-1384
Fax: (925)458-8996
Record ID: 070001TN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 12/31/2014
Program Name: EAST COUNTY GAADDS/ACFF
   Legal Name: BI-BETT
   Address: 1251 CALIFORNIA STREET, SUITE 600
   City, State Zip: PITTSBURG, CA 94565
   Phone: (925)439-5161   Fax: (925)439-0322
   Record ID: 070001UN
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 12/31/2014

Program Name: EAST COUNTY WOLLAM PERINATAL AND RESIDENTIAL
   Legal Name: BI-BETT
   Address: 34 DAVI AVENUE
   City, State Zip: PITTSBURG, CA 94565
   Phone: (925)427-1384   Fax: (925)458-8996
   Record ID: 070001VN
   Service Type: RES
   Resident Capacity: 6
   Total Occupancy: 6
   Target Population: 1.4 --- WOMEN/CHILDREN
   Expiration Date: 04/30/2016

Program Name: GAADDS CENTRAL/ACFF
   Legal Name: BI-BETT
   Address: 2290 DIAMOND BOULEVARD, SUITE 202
   City, State Zip: CONCORD, CA 94520
   Phone: (925)685-7418   Fax: (925)685-7005
   Record ID: 070001XN
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 4/30/2015
Program Name: EAST COUNTY WOLLAM PERINATAL
Legal Name: BI-BETT
Address: 24 DAVI AVENUE
City, State Zip: PITTSBURG, CA 94565
Phone: (925)427-1384       Fax: (925)458-8996
Record ID: 070001ZN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 02/28/2015

Program Name: WEST COUNTY HUMAN DEVELOPMENT CENTER
Legal Name: NEIGHBORHOOD HOUSE OF NORTH RICHMOND
Address: 820 23RD STREET, 2ND FLOOR
City, State Zip: RICHMOND, CA 94804
Phone: (510)233-1270
Record ID: 070004AN
Service Type: RES-DETOX
Resident Capacity: 40
Total Occupancy: 40
Target Population: 1.2 --- MEN ONLY
Expiration Date: 04/30/2016

Program Name: THE RECTORY WOMEN'S RECOVERY CENTER
Legal Name: UJIMA FAMILY RECOVERY SERVICES
Address: 1901 CHURCH LANE
City, State Zip: SAN PABLO, CA 94806
Phone: (510)236-3134
Record ID: 070008AN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 21
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 02/28/2015
Program Name: LA CASA UJIMA
    Legal Name: UJIMA FAMILY RECOVERY SERVICES
    Address: 904 MELLUS STREET
    City, State Zip: MARTINEZ, CA 94533
    Phone: (925)229-4065  Fax: (925)229-0233
    Record ID: 070008BN
    Service Type: RES
    Resident Capacity: 12
    Total Occupancy: 18
    Target Population: 1.4 --- WOMEN/CHILDREN
    Expiration Date: 02/28/2015

Program Name: UJIMA WEST OUTPATIENT TREATMENT PROGRAM
    Legal Name: UJIMA FAMILY RECOVERY SERVICES
    Address: 12960 SAN PABLO AVENUE
    City, State Zip: RICHMOND, CA 94805
    Phone: (510)215-2280  Fax: (510)215-2283
    Record ID: 070008CN
    Service Type: NON
    Target Population: 1.4 --- WOMEN/CHILDREN
    Expiration Date: 2/28/2015

Program Name: LA CASA UJIMA
    Legal Name: UJIMA FAMILY RECOVERY SERVICES
    Address: 919 MELLUS STREET
    City, State Zip: MARTINEZ, CA 94533
    Phone: (925)229-4065  Fax: (925)229-0233
    Record ID: 070008DN
    Service Type: RES
    Resident Capacity: 3
    Total Occupancy: 6
    Target Population: 1.4 --- WOMEN/CHILDREN
    Expiration Date: 02/28/2015
Program Name: UJIMA EAST - INTENSIVE DAY TREATMENT PROGRAM  
Legal Name: UJIMA FAMILY RECOVERY SERVICES  
Address: 180 EAST LELAND AVENUE, SUITES A & B  
City, State Zip: PITTSBURG, CA 94565  
Phone: (925)427-9100  
Record ID: 070008EN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 2/28/2015

Program Name: THE RECTORY WOMEN'S RECOVERY CENTER  
Legal Name: UJIMA FAMILY RECOVERY SERVICES  
Address: 1916 CHURCH LANE  
City, State Zip: SAN PABLO, CA 94806  
Phone: (510)236-3134 Fax: (510)236-3151  
Record ID: 070008HN  
Service Type: RES  
Resident Capacity: 3  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 02/28/2015

Program Name: ELENA HOPKINS' TRANSITION HOUSE  
Legal Name: UJIMA FAMILY RECOVERY SERVICES  
Address: 1515 24TH STREET  
City, State Zip: RICHMOND, CA 94806  
Phone: (510)236-3134 Fax: (510)236-3151  
Record ID: 070008JN  
Service Type: RES  
Resident Capacity: 4  
Total Occupancy: 7  
Target Population: 1.4 --- WOMEN/CHILDREN  
Expiration Date: 02/28/2015
Program Name: DISCOVERY HOUSE
Legal Name: CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT
Address: 4645 PACHECO BOULEVARD
City, State Zip: MARTINEZ, CA 94553
Phone: (925)646-9270
Record ID: 070012BN
Service Type: RES
Resident Capacity: 40
Total Occupancy: 40
Target Population: 1.2 --- MEN ONLY
Expiration Date: 10/31/2015

Program Name: CROSSROADS RECOVERY CENTER III
Legal Name: RECOVERY MANAGEMENT SERVICES, INC.
Address: 2118 EAST STREET
City, State Zip: CONCORD, CA 94520
Phone: (925)682-5704
Record ID: 070018CN
Service Type: RES
Resident Capacity: 11
Total Occupancy: 12
Target Population: 1.2 --- MEN ONLY
Expiration Date: 01/31/2015

Program Name: CROSSROADS RECOVERY CENTER IV
Legal Name: RECOVERY MANAGEMENT SERVICES, INC.
Address: 2080 EAST STREET
City, State Zip: CONCORD, CA 94520
Phone: (925)682-5704
Record ID: 070018DN
Service Type: RES-DETOX
Resident Capacity: 9
Total Occupancy: 10
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 01/31/2015
Program Name: CROSSROADS TREATMENT CENTER I
Legal Name: RECOVERY MANAGEMENT SERVICES, INC.
Address: 2449 PACHECO STREET
City, State Zip: CONCORD, CA 94520
Phone: (925)682-5704
Record ID: 070018HN
Service Type: RES-DETOX
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.2 --- MEN ONLY
Expiration Date: 11/30/2015

Program Name: CROSSROADS TREATMENT CENTER I - OUTPATIENT DAY/EVENING
Legal Name: RECOVERY MANAGEMENT SERVICES, INC.
Address: 2449 PACHECO STREET
City, State Zip: CONCORD, CA 94520
Phone: (925)682-5704
Fax: (925)685-7835
Record ID: 070018LN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2015

Program Name: REACH PROJECT
Legal Name: R.E.A.C.H. PROJECT
Address: 1915 D STREET
City, State Zip: ANTIOCH, CA 94509
Phone: (925)754-3673
Record ID: 070024AN
Service Type: NON
Target Population: 1.7 --- FAMILIES
Expiration Date: 6/30/2015
Program Name: REACH PROJECT  
Legal Name: R.E.A.C.H. PROJECT  
Address: 9100 BRENTWOOD BOULEVARD  
City, State Zip: BRENTWOOD, CA 94513  
Phone: (925)809-7920  
Fax: (925)754-2002  
Record ID: 070024BN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 3/31/2014

Program Name: REACH PROJECT  
Legal Name: R.E.A.C.H. PROJECT  
Address: 3385 MAIN STREET, SUITE B  
City, State Zip: OAKLEY, CA 94561  
Phone: (925)754-3673  
Record ID: 070024CN  
Service Type: NON  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 5/31/2014

Program Name: COLE HOUSE  
Legal Name: J. COLE RECOVERY HOMES, INC.  
Address: 1408 A STREET  
City, State Zip: ANTIOCH, CA 94509  
Phone: (925)978-2873  
Fax: (925)757-0411  
Record ID: 070034AP  
Service Type: RES  
Resident Capacity: 16  
Total Occupancy: 17  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 03/31/2016
Program Name: NEW LEAF TREATMENT CENTER  
Legal Name: NEW LEAF PARTNERS  
Address: 251 LAFAYETTE CIRCLE, SUITE 150  
City, State Zip: LAFAYETTE, CA 94549  
Phone: (925)284-5200  
Fax: (925)284-5204  
Record ID: 070035AP  
Service Type: NON  
Target Population: 1.8 --- DUAL DIAGNOSIS  
Expiration Date: 12/31/2014

Program Name: NEVIN HOUSE  
Legal Name: ANKA BEHAVIORAL HEALTH, INCORPORATED  
Address: 3215 AND 3221 NEVIN AVENUE  
City, State Zip: RICHMOND, CA 94808  
Phone: (510)232-7633  
Fax: (510)215-2432  
Record ID: 070036AN  
Service Type: DSS  
Target Population: 1.1 --- CO-ED  
Expiration Date: 2/28/2015

Program Name: STEP/AHEAD ADOLESCENT OUTPATIENT DRUG TREATMENT PROGRAM  
Legal Name: COMMUNITY HEALTH FOR ASIAN AMERICANS  
Address: 207 37TH STREET  
City, State Zip: RICHMOND, CA 94805  
Phone: (510)237-5777  
Fax: (510)233-4545  
Record ID: 070041AN  
Service Type: NON  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 12/31/2015

Program Name: ALCOHOL & DRUG ABUSE COUNCIL OF CONTRA COSTA, INC.  
Legal Name: ALCOHOL AND DRUG ABUSE COUNCIL OF CONTRA COSTA, INC.  
Address: 2020 NORTH BROADWAY, SUITE 101, 103,105, AND 209  
City, State Zip: WALNUT CREEK, CA 94596  
Phone: (925)932-8100  
Fax: (925)932-8392  
Record ID: 070042AN  
Service Type: NON  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 1/31/2015
Program Name: GATEWAY ALCOHOL AND DRUG SERVICES  
Legal Name: BAY AREA COMMUNITY RESOURCES, INC.  
Address: 13201 SAN PABLO AVENUE, SUITE 206  
City, State Zip: SAN PABLO, CA 94806  
Phone: (510)235-2887  
Record ID: 070043AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2015  

Program Name: GMG BEHAVIORAL HEALTH SERVICES  
Legal Name: RICHARD I. GRACER, M.D., A PROFESSIONAL CORPORATION  
Address: 5401 NORRIS CANYON ROAD, SUITE 102  
City, State Zip: SAN RAMON, CA 94583  
Phone: (925)277-1100  
Fax: (925)277-1358  
Record ID: 070044AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2014  

Program Name: HOPE CONCORD  
Legal Name: ANKA BEHAVIORAL HEALTH, INCORPORATED  
Address: 1470 ENEA CIRCLE, SUITE 1500  
City, State Zip: CONCORD, CA 94520  
Phone: (925)825-4700  
Fax: (925)429-6470  
Record ID: 070045AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 3/31/2014  

Program Name: DIABLO VALLEY DRUG AND ALCOHOL SERVICES  
Legal Name: DIABLO VALLEY DRUG AND ALCOHOL SERVICES INC.  
Address: 2301 Camino Ramon, Suite 140  
City, State Zip: San Ramon , CA 94583  
Phone:  
Record ID: 070046AP  
Service Type: NON-DETOX  
Target Population: 1.1 --- CO-ED  
PENDING
As of 2/6/2015

Del Norte County

Program Name: DEL NORTE HEALTH AND HUMAN SERVICES/ALCOHOL AND OTHER DRUG PROGRAMS
Legal Name: DEL NORTE COUNTY HEALTH AND HUMAN SERVICES
Address: 1279 2ND STREET, SUITE C
City, State Zip: CRESCENT CITY, CA 95531
Phone: (707)464-4813 Fax: (707)465-1442
Record ID: 080003AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2015
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Legal Name</th>
<th>Address</th>
<th>City, State Zip</th>
<th>Phone</th>
<th>Fax</th>
<th>Record ID</th>
<th>Service Type</th>
<th>Resident Capacity</th>
<th>Target Population</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRESS HOUSE MEN'S FACILITY</td>
<td>PROGRESS HOUSE, INC.</td>
<td>838 BEACH COURT ROAD</td>
<td>COLOMA, CA 95613</td>
<td>(530)626-7252</td>
<td></td>
<td>090002AN</td>
<td>RES</td>
<td>20</td>
<td>1.2 --- MEN ONLY</td>
<td>05/31/2016</td>
</tr>
<tr>
<td>PROGRESS HOUSE WOMEN AND CHILDREN'S FACILITY</td>
<td>PROGRESS HOUSE, INC.</td>
<td>5607 MOUNT MURPHY ROAD</td>
<td>GARDEN VALLEY, CA 95633</td>
<td>(530)333-9460</td>
<td>(530)333-1019</td>
<td>090002BN</td>
<td>RES</td>
<td>16</td>
<td>1.4 --- WOMEN/CHILDREN</td>
<td>05/31/2016</td>
</tr>
<tr>
<td>PROGRESS HOUSE OUTPATIENT SERVICES</td>
<td>PROGRESS HOUSE, INC.</td>
<td>2844 COLOMA STREET</td>
<td>PLACERVILLE, CA 95667</td>
<td>(530)642-1715</td>
<td></td>
<td>090002CN</td>
<td>NON</td>
<td></td>
<td>1.1 --- CO-ED</td>
<td>5/31/2016</td>
</tr>
</tbody>
</table>
Program Name: PROGRESS HOUSE PERINATAL FACILITY
Legal Name: PROGRESS HOUSE, INC.
Address: 5494 PONY EXPRESS TRAIL, HOUSE 1,2,3,4 AND 5
City, State Zip: CAMINO, CA 95709
Phone: (530)644-3758 Fax: (530)644-3782
Record ID: 090002FN
Service Type: RES
Resident Capacity: 16
Total Occupancy: 28
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 05/31/2016

Program Name: SIERRA RECOVERY CENTER
Legal Name: SIERRA RECOVERY CENTER, INC.
Address: 2677 REAVES STREET
City, State Zip: SOUTH LAKE TAHOE, CA 96150-3529
Phone: (530)541-5190 Fax: (530)542-3194
Record ID: 090003AN
Service Type: RES
Resident Capacity: 14
Total Occupancy: 14
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2014

Program Name: SIERRA RECOVERY CENTER
Legal Name: SIERRA RECOVERY CENTER, INC.
Address: 1137 EMERALD BAY ROAD
City, State Zip: SOUTH LAKE TAHOE, CA 96150-6207
Phone: (530)541-5190 Fax: (530)542-3194
Record ID: 090003BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2014
Program Name: NEW MORNING YOUTH AND FAMILY SERVICES  
Legal Name: NEW MORNING YOUTH AND FAMILY SERVICES, INC.  
Address: 6765 GREEN VALLEY ROAD  
City, State Zip: PLACERVILLE, CA 95667-8984  
Phone: (530)622-5551  
Record ID: 090005AN  
Service Type: NON  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 12/31/2014

Program Name: TAHOE YOUTH AND FAMILY SERVICES  
Legal Name: TAHOE YOUTH AND FAMILY SERVICES  
Address: 1021 FREMONT AVENUE  
City, State Zip: SOUTH LAKE TAHOE, CA 96150-8136  
Phone: (530)541-2445  
Record ID: 090006AN  
Service Type: NON  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 2/28/2015

Program Name: EDCA LIFESKILLS  
Legal Name: EDCA LIFESKILLS  
Address: 893 SPRING STREET  
City, State Zip: PLACERVILLE, CA 95667-4437  
Phone: (530)622-8193  
Fax: (530)622-4017  
Record ID: 090009AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 11/30/2015

Program Name: TAHOE TURNING POINT  
Legal Name: TAHOE TURNING POINT  
Address: 2494 LAKE TAHOE BOULEVARD, SUITES B1, B2, AND B5  
City, State Zip: SOUTH LAKE TAHOE, CA 96150-7142  
Phone: (530)577-5340  
Fax: (530)577-5323  
Record ID: 090014DN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2015
Program Name: TAHOE TURNING POINT PLACERVILLE COMMUNITY COUNSELING CENTER
Legal Name: TAHOE TURNING POINT
Address: 344 PLACERVILLE DRIVE
City, State Zip: PLACERVILLE, CA 95667
Phone: (530)545-2321
Record ID: 090014FN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: SHINGLE SPRINGS TRIBAL HEALTH PROGRAM
Legal Name: SHINGLE SPRINGS RANCHERIA
Address: 5168 HONPIE ROAD
City, State Zip: PLACERVILLE, CA 95667-8635
Phone: (530)672-8059 Fax: (530)672-8057
Record ID: 090017AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2014

Program Name: NARCONON PINECONE GROVE
Legal Name: HALCYON HORIZONS, INCORPORATED
Address: 1364 RUTH HAVEN LANE
City, State Zip: PLACERVILLE, CA 95667-5915
Phone: (530)295-5550 Fax: (530)295-5551
Record ID: 090018AN
Service Type: RES
Resident Capacity: 21
Total Occupancy: 26
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2016
Program Name: NARCONON EMERALD PINES
Legal Name: HALCYON HORIZONS, INCORPORATED
Address: 586 GLORENE AVENUE
City, State Zip: SOUTH LAKE TAHOE, CA 96150-3907
Phone: (800)556-8885
Record ID: 090018CN
Service Type: RES-DETOX
Resident Capacity: 70
Total Occupancy: 75
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2016

Program Name: WEST SLOPE RECOVERY, INC.
Legal Name: WEST SLOPE RECOVERY, INC.
Address: 2986 COLOMA STREET
City, State Zip: PLACERVILLE, CA 95667
Phone: (530)545-9377
Record ID: 090021AN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 09/30/2016
State of California, Department of Health Care Services
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of 2/6/2015

Fresno County

Program Name: COMPREHENSIVE ADDICTION PROGRAMS, INC.
   Legal Name: COMPREHENSIVE ADDICTION PROGRAMS, INCORPORATED
   Address: 2445 WEST WHITESBRIDGE ROAD
   City, State Zip: FRESNO, CA 93706
   Phone: (559)264-5096
   Record ID: 100003AN
   Service Type: RES-DETOX
   Resident Capacity: 68
   Total Occupancy: 68
   Target Population: 1.1 --- CO-ED
   Expiration Date: 11/30/2015

Program Name: NUESTRA CASA RECOVERY HOME
   Legal Name: FRESNO COUNTY HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES, INC.
   Address: 1414 WEST KEARNEY BOULEVARD
   City, State Zip: FRESNO, CA 93706
   Phone: (559)485-0501
   Fax: (559)485-1313
   Record ID: 100006AN
   Service Type: RES
   Resident Capacity: 16
   Total Occupancy: 18
   Target Population: 1.2 --- MEN ONLY
   Expiration Date: 02/29/2016

Program Name: TURTLE LODGE
   Legal Name: SIERRA TRIBAL CONSORTIUM, INC.
   Address: 610 WEST MCKINLEY AVENUE
   City, State Zip: FRESNO, CA 93728
   Phone: (559)445-2691
   Record ID: 100007AN
   Service Type: RES-DETOX
   Resident Capacity: 22
   Total Occupancy: 37
   Target Population: 1.1 --- CO-ED
   Expiration Date: 05/31/2015
Program Name: ELEVENTH HOUR REHABILITATION PROGRAMS
Legal Name: ELEVENTH HOUR REHABILITATION PROGRAMS
Address: 334 SHAW AVENUE, SUITE 100
City, State Zip: CLOVIS, CA 93612
Phone: (559)322-1819 Fax: (559)454-1928
Record ID: 100009GP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: WESTCARE CALIFORNIA
Legal Name: WESTCARE CALIFORNIA, INC.
Address: 2772 SOUTH MARTIN LUTHER KING BOULEVARD
City, State Zip: FRESNO, CA 93706
Phone: (559)265-4800 Fax: (559)265-4808
Record ID: 100010FN
Service Type: RES-DETOX
Resident Capacity: 215
Total Occupancy: 265
Target Population: 1.9 --- CO-ED/CHILDREN
Expiration Date: 01/31/2016

Program Name: WESTCARE CALIFORNIA - ADOLESCENT SERVICES
Legal Name: WESTCARE CALIFORNIA, INC.
Address: 808 10TH STREET
City, State Zip: FRESNO, CA 93702
Phone: (559)237-3420 Fax: (559)453-6969
Record ID: 100010GN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 2/28/2015
Program Name: WESTCARE CALIFORNIA, INC.
Legal Name: WESTCARE CALIFORNIA, INC.
Address: 611 EAST BELMONT
City, State Zip: FRESNO, CA 93701
Phone: (559)237-3420 Fax: (559)213-1935
Record ID: 100010IN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016

Program Name: KING OF KINGS MEN'S RECOVERY HOME
Legal Name: THE KING OF KINGS COMMUNITY CENTER
Address: 2267 SOUTH GENEVA AVENUE
City, State Zip: FRESNO, CA 93706
Phone: (559)266-6449
Record ID: 100024AN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.2 --- MEN ONLY
Expiration Date: 06/30/2016

Program Name: KING OF KINGS OUTPATIENT AND PERINATAL SERVICES PROGRAM
Legal Name: THE KING OF KINGS COMMUNITY CENTER
Address: 2302 MARTIN LUTHER KING BOULEVARD
City, State Zip: FRESNO, CA 93706-4135
Phone: (559)268-9559 Fax: (559)268-9559
Record ID: 100024BN
Service Type: NON
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 6/30/2016
Program Name: THE AVANTI PROGRAM
Legal Name: KINGS VIEW
Address: 1822 JENSEN AVENUE, SUITE 102
City, State Zip: SANGER, CA 93657
Phone: (559)875-6300
Record ID: 100026AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2016

Program Name: TURNING POINT SATU AFTERCARE
Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.
Address: 1638 L STREET
City, State Zip: FRESNO, CA 93721
Phone: (559)233-2663 Fax: (559)268-2245
Record ID: 100028BN
Service Type: NON
Target Population: 1.2 --- MEN ONLY
Expiration Date: 3/31/2015

Program Name: QUEST HOUSE
Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.
Address: 2731 WEST OLIVE AVENUE
City, State Zip: FRESNO, CA 93728
Phone: (559)233-5096 Fax: (559)233-5099
Record ID: 100028EN
Service Type: RES
Resident Capacity: 30
Total Occupancy: 30
Target Population: 1.1 --- CO-ED
Expiration Date: 02/28/2015
Program Name: SPIRIT OF WOMAN OF CALIFORNIA
   Legal Name: SPIRIT OF WOMAN OF CALIFORNIA, INC.
   Address: 327 WEST BELMONT AVENUE
   City, State Zip: FRESNO, CA 93728
   Phone: (559)233-4353
   Record ID: 100036AN
   Service Type: RES
   Resident Capacity: 63
   Total Occupancy: 215
   Target Population: 1.4 --- WOMEN/CHILDREN
   Expiration Date: 03/31/2016

Program Name: FRESNO NEW CONNECTION, INC.
   Legal Name: FRESNO NEW CONNECTION, INC.
   Address: 4411 NORTH CEDAR AVENUE, SUITE 108
   City, State Zip: FRESNO, CA 93726
   Phone: (559)248-1548 Fax: (559)248-1530
   Record ID: 100039AN
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 11/30/2016

Program Name: FRESNO FIRST
   Legal Name: MENTAL HEALTH SYSTEMS, INC.
   Address: 2550 WEST CLINTON AVENUE
   City, State Zip: FRESNO, CA 93705-4201
   Phone: (858)573-2600 Fax: (559)441-0354
   Record ID: 100042CN
   Service Type: RES
   Resident Capacity: 95
   Total Occupancy: 120
   Target Population: 1.4 --- WOMEN/CHILDREN
   Expiration Date: 09/30/2016
Program Name: FAMILY & YOUTH ALTERNATIVES
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 3122 NORTH MILLBROOK AVENUE, SUITE A
City, State Zip: FRESNO, CA 93703
Phone: (858)573-2600 Fax: (559)600-4876
Record ID: 100042DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2016

Program Name: FLOYD FARROW SUBSTANCE ABUSE UNIT
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 3333 EAST AMERICAN AVENUE, BUILDING 707 AND 709
City, State Zip: FRESNO, CA 93725
Phone: (559)600-4876 Fax: (559)495-3650
Record ID: 100042EN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2014

Program Name: PROMESA BEHAVIORIAL HEALTH OUTPATIENT DRUG AND ALCOHOL PROGRAM
Legal Name: PROMESA BEHAVIORIAL HEALTH
Address: 2910-2920 E OLIVE
City, State Zip: FRESNO, CA 93701
Phone: (559)981-5534 Fax: (559)320-5893
Record ID: 100043BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2016

Program Name: PANACEA SERVICES, INC. - COMPREHENSIVE DRUG AND ALCOHOL TREATMENT (CDAT)
Legal Name: PANACEA SERVICES, INC.
Address: 3152 NORTH MILLBROOK, SUITES D AND E
City, State Zip: FRESNO, CA 93703
Phone: (559)241-0364 Fax: (559)241-0342
Record ID: 100052CP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2015
Program Name: EMINENCE HEALTHCARE, INC.
Legal Name: EMINENCE HEALTHCARE, INC.
Address: 3125 WRIGHT STREET
City, State Zip: SELMA, CA 93662
Phone: (559)917-1635 Fax: (559)917-1635
Record ID: 100063AP
Service Type: NON
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 5/31/2016

Program Name: EMINENCE HEALTHCARE, INC.
Legal Name: EMINENCE HEALTHCARE, INC.
Address: 603 3RD STREET, ROOM 6 AND 2025A
City, State Zip: PARLIER, CA 93648
Phone: (559)917-1635 Fax: (559)917-1635
Record ID: 100063BP
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 3/31/2016

Program Name: EMINENCE HEALTHCARE, INC.
Legal Name: EMINENCE HEALTHCARE, INC.
Address: 1700 ANCHOR AVENUE, ROOM 503 AND 505
City, State Zip: ORANGE COVE, CA 93646
Phone: (559)917-1635 Fax: (559)917-1635
Record ID: 100063CP
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 4/30/2016

Program Name: EMINENCE HEALTHCARE, INC.
Legal Name: EMINENCE HEALTHCARE, INC.
Address: 740 WEST NORTH AVENUE, ROOMS 707 AND E5
City, State Zip: REEDLEY, CA 93654
Phone: (559)917-1635 Fax: (559)221-8101
Record ID: 100063DP
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 3/31/2016
Program Name: EMINENCE HEALTHCARE, INC.
Legal Name: EMINENCE HEALTHCARE, INC.
Address: 750 VAN NESS AVENUE
City, State Zip: COALINGA, CA 93210
Phone: (559)917-1635  Fax: (559)917-1635
Record ID: 100063EP
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 3/31/2016

Program Name: UNIVERSAL HEALTH NETWORK AND SYSTEMS, INC.
Legal Name: UNIVERSAL HEALTH NETWORK AND SYSTEMS, INC.
Address: 3170 NORTH CHESTNUT AVENUE, SUITE 105
City, State Zip: FRESNO, CA 93703
Phone: (559)252-5150  Fax: (559)252-5156
Record ID: 100066AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2015

Program Name: UNIVERSAL HEALTH NETWORK AND SYSTEMS, INC.
Legal Name: UNIVERSAL HEALTH NETWORK AND SYSTEMS, INC.
Address: 625 AND 627 EAST KEATS AVENUE
City, State Zip: FRESNO, CA 93710-7000
Phone: (559)252-5150  Fax: (559)252-5156
Record ID: 100066BP
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.9 --- CO-ED/CHILDREN
Expiration Date: 05/31/2015
Program Name: HERNDON RECOVERY CENTER
Legal Name: SATNAM S. ATWAL, MD
Address: 7055 NORTH CHESTNUT AVENUE, SUITE 101
City, State Zip: FRESNO, CA 93720
Phone: (559)298-5111 Fax: (559)298-3111
Record ID: 100074AP
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 2/29/2016

Program Name: HERNDON RECOVERY CENTER RESIDENTIAL
Legal Name: SATNAM S. ATWAL, MD
Address: 2631 EAST JORDAN AVENUE
City, State Zip: FRESNO, CA 93720
Phone: (559)298-5111 Fax: (559)298-3111
Record ID: 100074BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2016

Program Name: TOUCHSTONE RECOVERY CENTER
Legal Name: RICHARD V. GUZZETTA, M.D.
Address: 724 MEDICAL CENTER DRIVE EAST, SUITE 103
City, State Zip: CLOVIS, CA 93611
Phone: (559)298-6711 Fax: (559)298-6609
Record ID: 100076AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2016
Program Name: PATHWAYS TO RECOVERY  
Legal Name: FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH  
Address: 515 SOUTH CEDAR AVENUE  
City, State Zip: FRESNO, CA 93702  
Phone: (559)600-6068  
Fax: (559)453-8916  
Record ID: 100081AN  
Service Type: NON  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 8/31/2015

Program Name: DELTA CARE, INC.  
Legal Name: DELTA CARE, INC.  
Address: 4705 NORTH SONORA AVENUE, SUITE 113A  
City, State Zip: FRESNO, CA 93722  
Phone: (559)289-6785  
Record ID: 100082AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2015

Program Name: CENTRAL CALIFORNIA RECOVERY, INC.  
Legal Name: CENTRAL CALIFORNIA RECOVERY, INCORPORATED  
Address: 1100 WEST SHAW AVENUE  
SUITE #130  
City, State Zip: FRESNO, CA 93711-3708  
Phone: (559)681-1947  
Fax: (559)486-6294  
Record ID: 100087AN  
Service Type: NON  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 12/31/2016

Program Name: ANTIOCH SUBSTANCE ABUSE PROGRAMS  
Legal Name: ANTIOCH SUBSTANCE ABUSE PROGRAMS  
Address: 3838 NORTH WEST AVENUE  
City, State Zip: FRESNO, CA 93705  
Phone: (559)307-3482  
Fax: (559)294-0303  
Record ID: 100090AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 11/30/2014
Program Name: DUNAMIS INC., GROUP HOME
   Legal Name: DUNAMIS, INC. GROUP HOME
   Address: 4991 EAST MCKINLEY AVENUE, SUITE 112 AND 113
   City, State Zip: FRESNO, CA 93727
   Phone: (281)782-5887
   Record ID: 100091AN
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 6/30/2016

Program Name: ASI COUNSELING AND PROFESSIONAL SERVICES, INC.
   Legal Name: ASI COUNSELING AND PROFESSIONAL SERVICES, INC.
   Address: 2005 NORTH WISHON
   City, State Zip: FRESNO, CA 93704
   Phone: (559)499-1011
   Record ID: 100092AP
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 8/31/2016

Program Name: TRANSITIONS CHILDRENS SERVICES: OUTPATIENT & CONTINUING CARE SERVICES
   Legal Name: TRANSITIONS CHILDREN'S SERVICES
   Address: 1945 N. HELM AVENUE, SUITE 101
   City, State Zip: FRESNO, CA 93727
   Phone: (559)222-5437   Fax: (559)222-5445
   Record ID: 100093AN
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 10/31/2015
Program Name: FIRST STEPS RECOVERY
Legal Name: TRUE NORTH DETOX, LLC
Address: 22051 OAK HILL LANE
City, State Zip: CLOVIS, CA 93619
Phone: (559)580-0895 Fax: (360)323-7285
Record ID: 100094AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2016
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Legal Name</th>
<th>Address</th>
<th>City, State Zip</th>
<th>Phone</th>
<th>Fax</th>
<th>Record ID</th>
<th>Service Type</th>
<th>Target Population</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>GLENN COUNTY SUBSTANCE ABUSE PROGRAM</td>
<td>GLENN COUNTY HEALTH SERVICES</td>
<td>1187 EAST SOUTH STREET</td>
<td>ORLAND, CA 95963-1640</td>
<td>(530)865-1146</td>
<td>(530)865-6483</td>
<td>110001AN</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>5/31/2015</td>
</tr>
<tr>
<td>NORTHERN VALLEY INDIAN HEALTH, INC.</td>
<td>NORTHERN VALLEY INDIAN HEALTH, INC.</td>
<td>207 NORTH BUTTE STREET</td>
<td>WILLOWS, CA 95988</td>
<td>(530)934-4348</td>
<td>(530)934-7688</td>
<td>110002AN</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>5/31/2015</td>
</tr>
</tbody>
</table>
Program Name: HUMBOLDT RECOVERY CENTER
Legal Name: HUMBOLDT RECOVERY CENTER, INCORPORATED
Address: 1303 11TH STREET AND 1024 N STREET
City, State Zip: EUREKA, CA 95501
Phone: (707)443-4237
Record ID: 120001AN
Service Type: RES
Resident Capacity: 21
Total Occupancy: 21
Target Population: 1.2 --- MEN ONLY
Expiration Date: 10/31/2015

Program Name: HUMBOLDT RECOVERY CENTER
Legal Name: HUMBOLDT RECOVERY CENTER, INCORPORATED
Address: 905 L STREET, AND 1116 AND 1120 9TH STREET
City, State Zip: EUREKA, CA 95502
Phone: (707)443-0514 Fax: (707)443-0514
Record ID: 120001BN
Service Type: RES
Resident Capacity: 23
Total Occupancy: 23
Target Population: 1.2 --- MEN ONLY
Expiration Date: 01/31/2015

Program Name: HUMBOLDT RECOVERY CENTER
Legal Name: HUMBOLDT RECOVERY CENTER, INCORPORATED
Address: 944 N STREET AND 1219 10TH STREET
City, State Zip: EUREKA, CA 95501
Phone: (707)443-0514 Fax: (707)443-0514
Record ID: 120001DN
Service Type: RES
Resident Capacity: 18
Total Occupancy: 18
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 02/28/2015
Program Name: CROSSROADS
Legal Name: NORTH COAST SUBSTANCE ABUSE COUNCIL
Address: 1205 AND 1210 MYRTLE AVENUE
City, State Zip: EUREKA, CA 95501
Phone: (707)445-0869 Fax: (707)445-0826
Record ID: 120005AN
Service Type: RES
Resident Capacity: 22
Total Occupancy: 22
Target Population: 1.1 --- CO-ED
Expiration Date: 01/31/2016

Program Name: SINGING TREES RECOVERY CENTER
Legal Name: SINGING TREES RECOVERY CENTER
Address: 2061 HIGHWAY 101
City, State Zip: GARBERVILLE, CA 95542
Phone: (707)247-3495 Fax: (707)247-3334
Record ID: 120008AP
Service Type: RES-DETOX
Resident Capacity: 20
Total Occupancy: 23
Target Population: 1.1 --- CO-ED
Expiration Date: 02/29/2016

Program Name: ALCOHOL/DRUG CARE SERVICE/LEE BROWN TRMT CENTER/BONNIE BROWN TRMT CENTER
Legal Name: ALCOHOL/DRUG CARE SERVICE'S, INC.
Address: 1321, 1335 C STREET AND 217 14TH STREET
City, State Zip: EUREKA, CA 95501
Phone: (707)445-1391
Record ID: 120009AN
Service Type: RES-DETOX
Resident Capacity: 21
Total Occupancy: 25
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2015
Program Name: J STREET PROGRAM
  Legal Name: ALCOHOL/DRUG CARE SERVICE’S, INC.
  Address: 1742 J STREET
  City, State Zip: EUREKA, CA 95501
  Phone: (707)444-2232
  Record ID: 120009CN
  Service Type: RES
  Resident Capacity: 6
  Total Occupancy: 8
  Target Population: 1.3 --- WOMEN ONLY
  Expiration Date: 03/31/2016

Program Name: OUTPATIENT TREATMENT SERVICES
  Legal Name: HUMBOLDT COUNTY ALCOHOL AND OTHER DRUG PROGRAMS
  Address: 720 WOOD STREET, ROOMS 112,115,116,117,118,119,121,123,127,128,130
  City, State Zip: EUREKA, CA 95501
  Phone: (707)476-4070
  Fax: (707)446-3776
  Record ID: 120010AN
  Service Type: NON
  Target Population: 1.1 --- CO-ED
  Expiration Date: 12/31/2015

Program Name: HEALTHY MOMS PROGRAM
  Legal Name: HUMBOLDT COUNTY ALCOHOL & OTHER DRUG PROGRAMS
  Address: 2910 H STREET
  City, State Zip: EUREKA, CA 95501
  Phone: (707)441-5220
  Record ID: 120011AN
  Service Type: NON
  Target Population: 1.4 --- WOMEN/CHILDREN
  Expiration Date: 9/30/2015
Program Name: UNITED INDIAN HEALTH SERVICES, INC.-CHILD & FAMILY SERVICES DEPT.
Legal Name: UNITED INDIAN HEALTH SERVICES, INC.
Address: 1600 WEEOT WAY
City, State Zip: ARCATA, CA 95521
Phone: (707)825-5060 Fax: (707)825-6753
Record ID: 120015AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2015
State of California Department of Health Care Services
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 06/11/2014

Imperial County

No licensed or certified facilities at this time.

Please check with a neighboring county for services.
State of California, Department of Health Care Services
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of 2/6/2015

Inyo County

Program Name: ALPINE RECOVERY CENTER
Legal Name: ROBERT B. DIBBLE
Address: 375 EAST LINE STREET
City, State Zip: BISHOP, CA 93514
Phone: (760)873-4357
Record ID: 140001AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2015

Program Name: INYO COUNTY
Legal Name: INYO COUNTY HEALTH AND HUMAN SERVICES
Address: 162 GROVE STREET
City, State Zip: BISHOP, CA 93514
Phone: (760)873-6533 Fax: (760)873-3277
Record ID: 140002AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2016
As of 2/6/2015

Kern County

Program Name: SERENITY HOUSE
Legal Name: KERN COUNTY HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES
Address: 1131 SOUTH H STREET
City, State Zip: BAKERSFIELD, CA 93304
Phone: (661)634-9737 Fax: (661)397-5143
Record ID: 150003EN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 03/31/2016

Program Name: ALMA DEL CAMINO NUEVO
Legal Name: KERN COUNTY HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES, INC.
Address: 1400 EASTON DRIVE, SUITE 151
City, State Zip: BAKERSFIELD, CA 93309
Phone: (661)634-9877 Fax: (661)864-0198
Record ID: 150003HN
Service Type: NON
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 4/30/2015

Program Name: JASON'S RETREAT
Legal Name: BAKERSFIELD RECOVERY SERVICES INC.
Address: 600 BERNARD ST AND 2000 BAKER ST.
City, State Zip: BAKERSFIELD, CA 93305
Phone: (661)325-1817
Record ID: 150004AN
Service Type: RES-DETOX
Resident Capacity: 44
Total Occupancy: 49
Target Population: 1.9 --- CO-ED/CHILDREN
Expiration Date: 02/28/2015
Program Name: JASON'S RETREAT
Legal Name: BAKERSFIELD RECOVERY SERVICES INC.
Address: 504 BERNARD STREET
City, State Zip: BAKERSFIELD, CA 93385-3246
Phone: (661)637-2187
Record ID: 150004CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2015

Program Name: CAPISTRANO LINCOLN STREET RETREAT
Legal Name: BAKERSFIELD RECOVERY SERVICES INC.
Address: 708 LINCOLN STREET
City, State Zip: BAKERSFIELD, CA 93305
Phone: (661)869-1795 Fax: (661)869-1794
Record ID: 150004GN
Service Type: RES
Resident Capacity: 14
Total Occupancy: 26
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 09/30/2015

Program Name: BROTHERHOOD CENTER
Legal Name: COMMUNITY SERVICE ORGANIZATION, BEHAVIORAL HEALTH PROGRAMS
Address: 1124 BAKER STREET
City, State Zip: BAKERSFIELD, CA 93305
Phone: (661)327-9376
Record ID: 150011BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2016
Program Name: DE COLORES CENTER
Legal Name: COMMUNITY SERVICE ORGANIZATION, BEHAVIORAL HEALTH PROGRAMS
Address: 10420 MAIN STREET
City, State Zip: LAMONT, CA 96241
Phone: (661)845-3753
Record ID: 150011CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2014

Program Name: KEN KENNEMER SUBSTANCE ABUSE TREATMENT CENTER
Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.
Address: 1100 UNION AVENUE
City, State Zip: BAKERSFIELD, CA 93307
Phone: (661)861-6111 Fax: (661)861-6161
Record ID: 150013BN
Service Type: RES
Resident Capacity: 25
Total Occupancy: 25
Target Population: 1.1 --- CO-ED
Expiration Date: 01/31/2015

Program Name: KENNEMER OUTPATIENT PROGRAM
Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.
Address: 1101 UNION AVENUE, SUITE 100
City, State Zip: BAKERSFIELD, CA 93307
Phone: (661)631-1483 Fax: (661)325-0528
Record ID: 150013CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015
Program Name: AEGIS INSTITUTE, INC., ODF TREATMENT PROGRAMS
Legal Name: AEGIS INSTITUTE, INC.
Address: 501 WEST COLUMBUS STREET
City, State Zip: BAKERSFIELD, CA 93301
Phone: (661)328-0245 Fax: (661)631-0876
Record ID: 150017CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2016

Program Name: THE NAPD GENESIS PROGRAM (NEW ADVANCES FOR PEOPLE WITH DISABILITIES)
Legal Name: NEW ADVANCES FOR PEOPLE WITH DISABILITIES
Address: 1909 16TH STREET
City, State Zip: BAKERSFIELD, CA 93301
Phone: (661)325-3003 Fax: (661)325-2344
Record ID: 150025AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/29/2016

Program Name: WESTCARE CALIFORNIA
Legal Name: WESTCARE CALIFORNIA, INC.
Address: 2901 & 2909 SOUTH H STREET
City, State Zip: BAKERSFIELD, CA 93304
Phone: (661)398-4303 Fax: (661)398-4306
Record ID: 150029AN
Service Type: RES
Resident Capacity: 53
Total Occupancy: 53
Target Population: 1.1 --- CO-ED
Expiration Date: 01/31/2016
Program Name: WESTCARE BAKERSFIELD OUTPATIENT
   Legal Name: WESTCARE CALIFORNIA, INC.
   Address: 2901 SOUTH H STREET
   City, State Zip: BAKERSFIELD, CA 93304
   Phone: (661)398-4303           Fax: (661)398-4306
   Record ID: 150029DN
   Service Type: NON
   Target Population:
   Expiration Date: 12/31/2014

Program Name: WOMEN OF WORTH RECOVERY HOUSE
   Legal Name: RODNEY L. BOHANNON, JR.
   Address: 2500 OLMO COURT
   City, State Zip: BAKERSFIELD, CA 93309
   Phone: (661)832-8075           Fax: (661)832-8075
   Record ID: 150055AP
   Service Type: RES
   Resident Capacity: 12
   Total Occupancy: 13
   Target Population: 1.3 --- WOMEN ONLY
   Expiration Date: 11/30/2014

Program Name: CASA AURORA
   Legal Name: MENTAL HEALTH SYSTEMS, INC.
   Address: 1932 JESSIE STREET
   City, State Zip: BAKERSFIELD, CA 93305-4114
   Phone: (661)321-9086
   Record ID: 150060CN
   Service Type: NON
   Target Population: 1.3 --- WOMEN ONLY
   Expiration Date: 11/30/2015
Program Name: ACTION FAMILY COUNSELING, INC.
Legal Name: ACTION FAMILY COUNSELING, INC.
Address: 3801 BUCK OWENS BOULEVARD, SUITES 105 - 107
City, State Zip: BAKERSFIELD, CA 93308
Phone: (661)325-4357  Fax: (661)325-4345
Record ID: 150062AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/29/2016

Program Name: ACTION FAMILY COUNSELING, INC.
Legal Name: ACTION FAMILY COUNSELING, INC.
Address: 407 HELEN WAY, 9301 OPAL STREET AND 512 STABLE AVENUE
City, State Zip: BAKERSFIELD, CA 93307
Phone: (800)367-8336  Fax: (661)297-9701
Record ID: 150062BP
Service Type: RES
Resident Capacity: 30
Total Occupancy: 30
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2016

Program Name: PATHFINDERS GUIDANCE CENTER
Legal Name: CHOSEN ONES YOUTH HOMES, INC.
Address: 730 21ST STREET
City, State Zip: BAKERSFIELD, CA 93301
Phone: (661)829-5930  Fax: (661)427-0386
Record ID: 150065AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2015
Program Name: PROFESSIONAL GROUP
Legal Name: S&T PROFESSIONAL GROUP, INC.
Address: 2105 - 24TH STREET, SUITE 400
City, State Zip: BAKERSFIELD, CA 93301
Phone: (661)324-1982       Fax: (661)324-1220
Record ID: 150067AP
Service Type: NON
Target Population: 1.1 --- CO-ED
PENDING
Kings County

Program Name: ALCOHOL AND DRUG EDUCATION AND COUNSELING CENTER
Legal Name: KINGS VIEW
Address: 1393 BAILEY DRIVE, ROOMS 106, 149, 198 AND 207
City, State Zip: HANFORD, CA 93230
Phone: (559)582-4481      Fax: (559)582-6547
Record ID: 160004AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015

Program Name: CHAMPIONS RECOVERY ALTERNATIVE PROGRAMS, INC.
Legal Name: CHAMPIONS RECOVERY ALTERNATIVE PROGRAMS, INC.
Address: 700 NORTH IRWIN STREET
City, State Zip: HANFORD, CA 93230
Phone: (559)583-9300      Fax: (559)583-9307
Record ID: 160005AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2015

Program Name: HANNAH'S HOUSE
Legal Name: CHAMPIONS RECOVERY ALTERNATIVE PROGRAMS, INC.
Address: 222 WEST KEITH STREET
City, State Zip: HANFORD, CA 93230
Phone: (559)583-7800      Fax: (559)583-7890
Record ID: 160005BN
Service Type: RES
Resident Capacity: 15
Total Occupancy: 20
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 07/31/2016
Program Name: Samuel's House
Legal Name: CHAMPIONS RECOVERY ALTERNATIVE PROGRAMS, INC.
Address: 11517 15th Avenue
City, State Zip: Hanford, CA 93230
Phone: (559)583-7800 Fax: (559)583-9307
Record ID: 160005CN
Service Type: RES
Resident Capacity: 49
Total Occupancy: 49
Target Population: 1.2 --- MEN ONLY
 PENDING

Program Name: Samuel's House (satellite)
Legal Name: CHAMPIONS RECOVERY ALTERNATIVE PROGRAMS, INC.
Address: 110 E. Lang Street
City, State Zip: Hanford, CA 93230
Phone: (559)583-9300
Record ID: 160005DN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.2 --- MEN ONLY
 PENDING

Program Name: WESTCARE
Legal Name: WESTCARE CALIFORNIA, INC.
Address: 410 EAST 7TH STREET, SUITES #5, #7 AND #9
City, State Zip: HANFORD, CA 93230
Phone: (559)251-4800
Record ID: 160006CN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 5/31/2016
State of California, Department of Health Care Services
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of 2/6/2015

Lake County

Program Name: CLEARLAKE CLINIC
Legal Name: LAKE COUNTY ALCOHOL AND OTHER DRUG SERVICES
Address: 7000-B SOUTH CENTER DRIVE
City, State Zip: CLEARLAKE, CA 95422
Phone: (707)274-9101 Fax: (707)263-9336
Record ID: 170002BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016

Program Name: LAKE COUNTY DIVISION OF ALCOHOL AND OTHER DRUG SERVICES
Legal Name: LAKE COUNTY ALCOHOL AND OTHER DRUG SERVICES
Address: 6302 13TH AVENUE
City, State Zip: LUCERNE, CA 95458
Phone: (707)274-9101 Fax: (707)274-9132
Record ID: 170002CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2015

Program Name: HILLTOP RECOVERY SERVICES
Legal Name: HILLTOP RECOVERY SERVICES
Address: 10155 SOCRATES MINE ROAD
City, State Zip: MIDDLETOWN, CA 95461
Phone: (707)987-9972 Fax: (707)987-2591
Record ID: 170011AN
Service Type: RES
Resident Capacity: 61
Total Occupancy: 67
Target Population: 1.2 --- MEN ONLY
Expiration Date: 05/31/2015
Program Name: HILLTOP RECOVERY FOR WOMEN
Legal Name: HILLTOP RECOVERY SERVICES
Address: 3937 FOOTHILL DRIVE
City, State Zip: LUCERNE, CA 95458
Phone: (707)274-8171 Fax: (707)987-2591
Record ID: 170011CN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 12/31/2016

Program Name: HILLTOP RECOVERY INTENSIVE OUTPATIENT PROGRAM
Legal Name: HILLTOP RECOVERY SERVICES
Address: 6300 EAST HIGHWAY 20
City, State Zip: LUCERNE, CA 95458
Phone: (707)274-5610 Fax: (707)274-8327
Record ID: 170011DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2016
State of California Department of Health Care Services
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 06/11/2014

Lassen County

No licensed or certified facilities at this time.

Please check with a neighboring county for services.
Los Angeles County

Program Name: ANTELOPE VALLEY REHABILITATION CENTER - ACTON
Legal Name: LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
Address: 30500 ARRASTRE CANYON ROAD
City, State Zip: ACTON, CA 93510
Phone: (661)269-0062
Record ID: 190001AN
Service Type: RES
Resident Capacity: 309
Total Occupancy: 309
Target Population: 1.1 --- CO-ED
Expiration Date: 02/29/2016

Program Name: ANTELOPE VALLEY REHABILITATION CENTERS - HIGH DESERT RECOVERY SERVICES
Legal Name: LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
Address: 44900 NORTH 60TH STREET WEST
City, State Zip: LANCASTER, CA 93536
Phone: (661)945-8458
Fax: (661)266-1772
Record ID: 190001CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2015

Program Name: ALCOHOLISM CENTER FOR WOMEN
Legal Name: ALCOHOLISM CENTER FOR WOMEN
Address: 1147 SOUTH ALVARADO STREET
City, State Zip: LOS ANGELES, CA 90006
Phone: (213)381-8500
Record ID: 190002AN
Service Type: NON
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 2/28/2015
Program Name: ALCOHOLISM CENTER FOR WOMEN
   Legal Name: ALCOHOLISM CENTER FOR WOMEN
   Address: 1135 SOUTH ALVARADO STREET
   City, State Zip: LOS ANGELES, CA 90006
   Phone: (213)381-8500        Fax: (213)381-8525
   Record ID: 190002BN
   Service Type: RES
   Resident Capacity: 32
   Total Occupancy: 32
   Target Population: 1.3 --- WOMEN ONLY
   Expiration Date: 02/28/2015

Program Name: BEACON HOUSE
   Legal Name: THE BEACON HOUSE ASSOCIATION OF SAN PEDRO
   Address: 1003 SOUTH BEACON STREET
   City, State Zip: SAN PEDRO, CA 90731
   Phone: (310)514-4940
   Record ID: 190006AN
   Service Type: RES
   Resident Capacity: 18
   Total Occupancy: 18
   Target Population: 1.2 --- MEN ONLY
   Expiration Date: 03/31/2016

Program Name: LIGHTHOUSE
   Legal Name: THE BEACON HOUSE ASSOCIATION OF SAN PEDRO
   Address: 132 WEST 10TH STREET
   City, State Zip: SAN PEDRO, CA 90731
   Phone: (310)514-4940
   Record ID: 190006BN
   Service Type: RES
   Resident Capacity: 20
   Total Occupancy: 20
   Target Population: 1.2 --- MEN ONLY
   Expiration Date: 03/31/2016
Program Name: MCMILLEN HOUSE  
Legal Name: THE BEACON HOUSE ASSOCIATION OF SAN PEDRO  
Address: 1012 SOUTH PALOS VERDES STREET  
City, State Zip: SAN PEDRO, CA 90731  
Phone: (310)514-4940  Fax: (310)331-0070  
Record ID: 190006DN  
Service Type: RES  
Resident Capacity: 25  
Total Occupancy: 25  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 03/31/2016

Program Name: CHANNEL VIEW HOUSE  
Legal Name: THE BEACON HOUSE ASSOCIATION OF SAN PEDRO  
Address: 124 WEST 11TH STREET  
City, State Zip: SAN PEDRO, CA 90731  
Phone: (310)514-4940  
Record ID: 190006EN  
Service Type: RES  
Resident Capacity: 27  
Total Occupancy: 27  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 03/31/2016

Program Name: PROPER HOUSE  
Legal Name: THE BEACON HOUSE ASSOCIATION OF SAN PEDRO  
Address: 1021 S. BEACON STREET  
City, State Zip: SAN PEDRO, CA 90731  
Phone: (310)514-4940  Fax: (310)831-0070  
Record ID: 190006GN  
Service Type: RES  
Resident Capacity: 15  
Total Occupancy: 15  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 07/31/2015
Program Name: HOLLYWOOD FAMILY RECOVERY CENTER
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.
Address: 6838 SUNSET BOULEVARD
City, State Zip: HOLLYWOOD, CA 90028
Phone: (323)461-3161
Record ID: 190007AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2015

Program Name: WILMINGTON COMMUNITY RECOVERY CENTER
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.
Address: 1318A AND 1314B NORTH AVALON BOULEVARD
City, State Zip: WILMINGTON, CA 90744
Phone: (310)549-2710
Record ID: 190007CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2015

Program Name: PATTERNS
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.
Address: 12917 CERISE AVENUE
City, State Zip: HAWTHORNE, CA 90250
Phone: (310)675-4431
Record ID: 190007FN
Service Type: RES
Resident Capacity: 23
Total Occupancy: 35
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 09/30/2015
Program Name: PACIFICA HOUSE
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.
Address: 2501 WEST EL SEGUNDO BOULEVARD
City, State Zip: HAWTHORNE, CA 90250
Phone: (323)754-2816         Fax: (323)754-2828
Record ID: 190007GN
Service Type: RES
Resident Capacity: 58
Total Occupancy: 68
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2015

Program Name: SOUTH BAY RECOVERY CENTER
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.
Address: 15519 CRENSHAW BOULEVARD
City, State Zip: GARDENA, CA 90249
Phone: (310)679-9031
Record ID: 190007HN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2015

Program Name: AMERICAN RECOVERY CENTER-DETOX
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.
Address: 2180 WEST VALLEY BOULEVARD, FLOOR 200
City, State Zip: POMONA, CA 91768
Phone: (909)865-2336
Record ID: 190007IN
Service Type: DPH
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 9/30/2015
Program Name: BOYLE HEIGHTS FAMILY RECOVERY CENTER
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.
Address: 3421 OLYMPIC BOULEVARD
City, State Zip: LOS ANGELES, CA 90023
Phone: (323)262-1786 Fax: (323)262-2659
Record ID: 190007JN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2015

Program Name: LINCOLN HEIGHTS FAMILY RECOVERY CENTER
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.
Address: 4099 NORTH MISSION ROAD
City, State Zip: LOS ANGELES, CA 90032
Phone: (323)221-1746
Record ID: 190007KN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2015

Program Name: REDGATE MEMORIAL RECOVERY CENTER
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.
Address: 1775 CHESTNUT AVENUE
City, State Zip: LONG BEACH, CA 90813
Phone: (562)599-8444
Record ID: 190007LN
Service Type: DPH
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016
Program Name: AMERICAN RECOVERY CENTER
   Legal Name: BEHAVIORAL HEALTH SERVICES, INC.
   Address: 2180 WEST VALLEY BOULEVARD, FLOORS 100, 300 AND 400
   City, State Zip: POMONA, CA 91768
   Phone: (909)865-2336
   Record ID: 190007MN
   Service Type: RES
   Resident Capacity: 123
   Total Occupancy: 123
   Target Population: 1.5 --- YOUTH/ADOLESCENT
   Expiration Date: 02/28/2015

Program Name: AMERICAN RECOVERY CENTER OUTPATIENT PROGRAM
   Legal Name: BEHAVIORAL HEALTH SERVICES, INC.
   Address: 2180 WEST VALLEY BOULEVARD
   City, State Zip: POMONA, CA 91766
   Phone: (909)865-2336    Fax: (909)865-1831
   Record ID: 190007ON
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 9/30/2015

Program Name: JOINT EFFORTS
   Legal Name: BEHAVIORAL HEALTH SERVICES, INC.
   Address: 590 WEST 8TH STREET
   City, State Zip: SAN PEDRO, CA 90731
   Phone: (310)831-2358    Fax: (310)831-2830
   Record ID: 190007QN
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 4/30/2015
Program Name: NATIONAL COUNCIL ON ALCOHOLISM & DRUG DEPENDENCE OF THE SOUTH BAY
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.
Address: 1334 POST AVENUE
City, State Zip: TORRANCE, CA 90501
Phone: (310)328-1460 Fax: (310)328-1964
Record ID: 190007RN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2015

Program Name: FLOSSIE LEWIS CENTER
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.
Address: 615 ELM AVENUE
City, State Zip: LONG BEACH, CA 90802
Phone: (562)435-7350 Fax: (562)435-4532
Record ID: 190007SN
Service Type: RES
Resident Capacity: 27
Total Occupancy: 27
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 02/28/2015

Program Name: FLOSSIE LEWIS CENTER
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.
Address: 351 EAST 6TH STREET
City, State Zip: LONG BEACH, CA 90802
Phone: (562)435-7350 Fax: (562)435-4532
Record ID: 190007TN
Service Type: RES
Resident Capacity: 5
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 07/31/2014
Program Name: BIMINI RECOVERY CENTER
Legal Name: MARY LIND RECOVERY CENTERS
Address: 155 SOUTH BIMINI PLACE
City, State Zip: LOS ANGELES, CA 90004
Phone: (213)388-5423
Record ID: 190008AN
Service Type: RES
Resident Capacity: 86
Total Occupancy: 86
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2015

Program Name: ROYAL PALMS RECOVERY HOME
Legal Name: MARY LIND RECOVERY CENTERS
Address: 360 SOUTH WESTLAKE AVENUE
City, State Zip: LOS ANGELES, CA 90057
Phone: (213)483-9201
Record ID: 190008BN
Service Type: RES
Resident Capacity: 115
Total Occupancy: 115
Target Population: 1.2 --- MEN ONLY
Expiration Date: 12/31/2015

Program Name: RENA B. RECOVERY HOME
Legal Name: MARY LIND RECOVERY CENTERS
Address: 4439, 4445 AND 4455 BURNS AVENUE
City, State Zip: LOS ANGELES, CA 90029
Phone: (323)664-8940
Record ID: 190008CN
Service Type: RES
Resident Capacity: 76
Total Occupancy: 76
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2015
Program Name: RENA B. RECOVERY CENTER  
Legal Name: MARY LIND RECOVERY CENTERS  
Address: 4445 BURNS AVENUE
City, State Zip: LOS ANGELES, CA 90029  
Phone: (213)382-4241  
Fax: (213)382-0136  
Record ID: 190008FN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 8/31/2015

Program Name: THE BISHOP GOODEN HOME  
Legal Name: THE GOODEN CENTER  
Address: 191 NORTH EL MOLINO AVENUE  
City, State Zip: PASADENA, CA 91101  
Phone: (626)356-0078  
Fax: (626)795-2844  
Record ID: 190009AN  
Service Type: RES  
Resident Capacity: 19  
Total Occupancy: 19  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 03/31/2016

Program Name: DRUG AND ALCOHOL COUNSELING SERVICES  
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.  
Address: 11500 PARAMOUNT BOULEVARD  
City, State Zip: DOWNEY, CA 90241  
Phone: (562)923-4545  
Fax: (562)862-0918  
Record ID: 190011AAN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2016
Program Name: DRUG COURT
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.
Address: 7346 PAINTER AVENUE
City, State Zip: WHITTIER, CA 90602
Phone: (562)923-4545 Fax: (562)862-0918
Record ID: 190011AEN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2015

Program Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.
RESIDENTIAL
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.
Address: 11501 DOLAN
City, State Zip: DOWNEY, CA 90241
Phone: (562)923-7894 Fax: (562)923-3593
Record ID: 190011AFN
Service Type: RES-DETOX
Resident Capacity: 47
Total Occupancy: 57
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2016

Program Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS/PARAMOUNT COUNSELING SERVICES
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.
Address: 16247 COLORADO AVENUE
City, State Zip: PARAMOUNT, CA 90273
Phone: (562)923-4545 Fax: (562)862-0918
Record ID: 190011AGN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2016
Program Name: SOUTHERN CA ALCOHOL & DRUG PROGRAMS: ANGEL STEP INN - WALK-IN RESOURCE CENTER
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.
Address: 9047 WASHINGTON BOULEVARD
City, State Zip: PICO RIVERA, CA 90660
Phone: (562)949-5358
Record ID: 190011AHN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2015

Program Name: FOLEY HOUSE
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.
Address: 10501, 10505, 10511, 10517, AND 10519 MILLS AVENUE
City, State Zip: WHITTIER, CA 90604
Phone: (562)944-7953
Fax: (562)944-7953
Record ID: 190011AN
Service Type: RES-DETOX
Resident Capacity: 20
Total Occupancy: 30
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 03/31/2016

Program Name: CASA LIBRE - OUTPATIENT FAMILY CENTER
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.
Address: 6635 FLORENCE AVENUE, SUITE 101
City, State Zip: BELL GARDENS, CA 90201
Phone: (562)927-1656
Fax: (562)927-4346
Record ID: 190011IIN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2015
Program Name: AWAKENINGS
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.
Address: 12322 CLEARGLEN, APARTMENT 1, 2, 3 AND 4
City, State Zip: WHITTIER, CA 90604
Phone: (562)947-3835 Fax: (562)943-1235
Record ID: 190011KN
Service Type: RES
Resident Capacity: 20
Total Occupancy: 20
Target Population: 1.1 --- CO-ED
Expiration Date: 03/31/2016

Program Name: LA CASITA DE LAS MAMAS OF DOWNEY
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.
Address: 10603, 10615 AND 10621 DOWNEY AVENUE
City, State Zip: DOWNEY, CA 90241
Phone: (562)622-2268 Fax: (562)861-6517
Record ID: 190011ON
Service Type: RES
Resident Capacity: 18
Total Occupancy: 26
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 03/31/2016

Program Name: ANGEL STEP TOO
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.
Address: SEE BELOW IN THE COMMENT SECTION
City, State Zip: BELLFLOWER, CA 90706
Phone: (562)461-9272
Record ID: 190011VN
Service Type: RES
Resident Capacity: 30
Total Occupancy: 54
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 11/30/2015
Program Name: CASA DE LAS AMIGAS-THE JON DUDLEY OUTPATIENT CENTER
Legal Name: CASA DE LAS AMIGAS
Address: 744 EAST WALNUT AVENUE
City, State Zip: PASADENA, CA 91101
Phone: (626)792-2770       Fax: (626)792-5826
Record ID: 190012BN
Service Type: NON
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 6/30/2016

Program Name: CASA DE LAS AMIGAS
Legal Name: CASA DE LAS AMIGAS
Address: 160 NORTH EL MOLINO AVENUE AND 173 NORTH OAK KNOLL AVENUE
City, State Zip: PASADENA, CA 91101
Phone: (626)792-2770       Fax: (626)792-5826
Record ID: 190012CN
Service Type: RES-DETOX
Resident Capacity: 34
Total Occupancy: 34
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 03/31/2016

Program Name: CASTLE SUBSTANCE ABUSE PROGRAM - WEST
Legal Name: PEOPLE COORDINATED SERVICES OF SOUTHERN CALIFORNIA
Address: 1319 SOUTH MANHATTAN PLACE
City, State Zip: LOS ANGELES, CA 90019
Phone: (323)735-7059
Record ID: 190013AN
Service Type: RES
Resident Capacity: 52
Total Occupancy: 52
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2015
Program Name: CASTLE SUBSTANCE ABUSE PROGRAM-OUTPATIENT
Legal Name: PEOPLE COORDINATED SERVICES OF SOUTHERN CALIFORNIA
Address: 3021 SOUTH VERMONT AVENUE
City, State Zip: LOS ANGELES, CA 90007
Phone: (323)732-9124
Record ID: 190013BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2015

Program Name: CASTLE SUBSTANCE ABUSE PROGRAM - EAST
Legal Name: PEOPLE COORDINATED SERVICES OF SOUTHERN CALIFORNIA
Address: 4771 SOUTH MAIN STREET
City, State Zip: LOS ANGELES, CA 90037
Phone: (323)735-7059
Record ID: 190013CN
Service Type: RES
Resident Capacity: 52
Total Occupancy: 52
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2015

Program Name: SANTA MONICA RECOVERY CENTER
Legal Name: CLARE FOUNDATION, INC.
Address: 905 AND 907 PICO BOULEVARD
City, State Zip: SANTA MONICA, CA 90405
Phone: (310)314-6200
Record ID: 190016BN
Service Type: RES-DETOX
Resident Capacity: 49
Total Occupancy: 49
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2016
Program Name: WOMEN'S RECOVERY HOME
Legal Name: CLARE FOUNDATION, INC.
Address: 844 PICO BOULEVARD
City, State Zip: SANTA MONICA, CA 90405
Phone: (310)450-7073
Record ID: 190016FN
Service Type: RES-DETOX
Resident Capacity: 40
Total Occupancy: 40
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 07/31/2016

Program Name: CLARE FOUNDATION INTENSIVE OUTPATIENT PROGRAM
Legal Name: CLARE FOUNDATION, INC.
Address: 1020 PICO BOULEVARD
City, State Zip: SANTA MONICA, CA 90405
Phone: (310)314-6200 Fax: (310)396-6974
Record ID: 190016HN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015

Program Name: CONSCIOUS RECOVERY BY CLARE
Legal Name: CLARE FOUNDATION, INC.
Address: 1334 LINCOLN BOULEVARD
City, State Zip: SANTA MONICA, CA 90401
Phone: (310)314-6200 Fax: (310)396-6974
Record ID: 190016KN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2016
Program Name: Pico Outpatient
Legal Name: CLARE FOUNDATION, INC.
Address: 1002 Pico Boulevard
City, State Zip: Santa Monica, CA 90405
Phone: (310)314-6200 Fax: (310)314-6221
Record ID: 190016LN
Service Type: NON
Target Population: 1.1 --- CO-ED

Program Name: MARENGO FACILITY
Legal Name: GRANDVIEW FOUNDATION, INC.
Address: 1230 NORTH MARENGO AVENUE
City, State Zip: PASADENA, CA 91103
Phone: (626)797-1124
Record ID: 190022AN
Service Type: RES
Resident Capacity: 19
Total Occupancy: 19
Target Population: 1.2 --- MEN ONLY
Expiration Date: 03/31/2015

Program Name: GRANDVIEW HOUSE
Legal Name: GRANDVIEW FOUNDATION, INC.
Address: 225 GRANDVIEW STREET
City, State Zip: PASADENA, CA 91104
Phone: (626)797-1124 Fax: (626)398-5984
Record ID: 190022BN
Service Type: RES
Resident Capacity: 22
Total Occupancy: 24
Target Population: 1.2 --- MEN ONLY
Expiration Date: 03/31/2015
Program Name: GRANDVIEW FOUNDATION, INC.
Legal Name: GRANDVIEW FOUNDATION, INC.
Address: 1230 NORTH MARENGO AVENUE
City, State Zip: PASADENA, CA 91103
Phone: (626)797-1124 Fax: (626)398-9674
Record ID: 190022EN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2015

Program Name: HOPE HARBOR CENTER
Legal Name: THE SALVATION ARMY
Address: 3107 SOUTH GRAND AVENUE
City, State Zip: LOS ANGELES, CA 90007
Phone: (213)626-4786 Fax: (213)626-0717
Record ID: 190023AN
Service Type: RES
Resident Capacity: 58
Total Occupancy: 58
Target Population: 1.2 --- MEN ONLY
Expiration Date: 04/30/2016

Program Name: THE SALVATION ARMY BELL SHELTER--WELLNESS CENTER
Legal Name: THE SALVATION ARMY
Address: 5600 RICKENBACKER ROAD, BUILDING 2A-B
City, State Zip: BELL, CA 90201
Phone: (323)263-1206 Fax: (323)263-8543
Record ID: 190023CN
Service Type: RES
Resident Capacity: 100
Total Occupancy: 100
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2015
Program Name: THE SALVATION ARMY HAVEN  
Legal Name: THE SALVATION ARMY  
Address: 11301 WILSHIRE BOULEVARD, BLDG. 212, SECOND FLOOR  
City, State Zip: LOS ANGELES, CA 90073  
Phone: (310)478-3711  
Record ID: 190023DN  
Service Type: RES  
Resident Capacity: 60  
Total Occupancy: 65  
Target Population: 1.1 --- CO-ED  
Expiration Date: 09/30/2015

Program Name: THE SALVATION ARMY HOPE HARBOR CENTER  
Legal Name: THE SALVATION ARMY  
Address: 3107 SOUTH GRAND AVENUE  
City, State Zip: LOS ANGELES, CA 90007  
Phone: (213)744-8186  
Fax: (213)744-8186  
Record ID: 190023HN  
Service Type: NON  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 4/30/2015

Program Name: HOUSE OF HOPE  
Legal Name: HOUSE OF HOPE FOUNDATION, INC.  
Address: SEE COMMENTS FOR CURRENT ADDRESSES  
City, State Zip: SAN PEDRO, CA 90731  
Phone: (310)831-9411  
Record ID: 190025AN  
Service Type: RES  
Resident Capacity: 24  
Total Occupancy: 24  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 03/31/2016
Program Name: HOUSE OF HOPE FOUNDATION, INC.
Legal Name: HOUSE OF HOPE FOUNDATION, INC.
Address: 205 WEST 9TH STREET
City, State Zip: SAN PEDRO, CA 90731
Phone: (310)521-9209   Fax: (310)521-9241
Record ID: 190025GN
Service Type: NON
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 7/31/2015

Program Name: JAN CLAYTON CENTER
Legal Name: VOLUNTEERS OF AMERICA OF LOS ANGELES
Address: 4969 SUNSET BOULEVARD
City, State Zip: LOS ANGELES, CA 90027
Phone: (323)660-8042   Fax: (323)660-9265
Record ID: 190027AN
Service Type: RES-DETOX
Resident Capacity: 48
Total Occupancy: 48
Target Population: 1.1 --- CO-ED
Expiration Date: 02/29/2016

Program Name: VOA OF CENTRAL CITY RECOVERY SERVICES
Legal Name: VOLUNTEERS OF AMERICA OF LOS ANGELES
Address: 515 EAST 6TH STREET, 9TH FLOOR
City, State Zip: LOS ANGELES, CA 90021
Phone: (323)660-8042   Fax: (213)622-6831
Record ID: 190027BN
Service Type: RES-DETOX
Resident Capacity: 48
Total Occupancy: 48
Target Population: 1.1 --- CO-ED
Expiration Date: 02/29/2016
Program Name: VS-21
Legal Name: VOLUNTEERS OF AMERICA OF LOS ANGELES
Address: 622 SOUTH WALL STREET, BUILDING C
City, State Zip: LOS ANGELES, CA 90014
Phone: (213)623-8580
Record ID: 190027FN
Service Type: RES
Resident Capacity: 80
Total Occupancy: 80
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2015

Program Name: HOMELESS VETERANS CORRECTIONAL REHABILITATION / VS90
Legal Name: VOLUNTEERS OF AMERICA OF LOS ANGELES
Address: 1765 SOUTH LA CIENEGA BOULEVARD
City, State Zip: LOS ANGELES, CA 90035
Phone: (213)201-0690
Record ID: 190027HN
Service Type: RES
Resident Capacity: 50
Total Occupancy: 50
Target Population: 1.2 --- MEN ONLY
Expiration Date: 12/31/2014

Program Name: LITTLE HOUSE, INC.
Legal Name: LITTLE HOUSE
Address: 9718 HARVARD STREET
City, State Zip: BELLFLOWER, CA 90706-3699
Phone: (562)925-2777 Fax: (562)925-7572
Record ID: 190029AN
Service Type: RES
Resident Capacity: 28
Total Occupancy: 34
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 09/30/2015
Program Name: PALM HOUSE RECOVERY HOME
Legal Name: PALM HOUSE, INCORPORATED
Address: 2515 EAST JEFFERSON STREET
City, State Zip: CARSON, CA 90810
Phone: (310)830-7803
Record ID: 190040AN
Service Type: RES
Resident Capacity: 16
Total Occupancy: 16
Target Population: 1.2 --- MEN ONLY
Expiration Date: 07/31/2014

Program Name: CITY OF PASADENA RECOVERY CENTER
Legal Name: PASADENA PUBLIC HEALTH DEPARTMENT
Address: 1845 NORTH FAIR OAKS AVENUE
City, State Zip: PASADENA, CA 91103
Phone: (626)744-6001 Fax: (626)744-6096
Record ID: 190041AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2015

Program Name: TEENAGE ALCOHOL AND DRUG PROGRAM/ADULT ALCOHOL AND DRUG PROGRAM
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF THE SAN FERNANDO VALLEY
Address: 6166 VESPER AVENUE
City, State Zip: VAN NUYS, CA 91411
Phone: (818)997-0414 Fax: (818)997-0851
Record ID: 190049AN
Service Type: NON
Target Population: 1.5 --- YOUTH/adolescent
Expiration Date: 4/30/2016
Program Name: TEENAGE ALCOHOL AND DRUG PROGRAM/ADULT ALCOHOL AND DRUG PROGRAM
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF THE SAN FERNANDO VALLEY
Address: 24460 LYONS AVENUE
City, State Zip: SANTA CLARITA, CA 91321
Phone: (616)253-9400 Fax: (818)997-0851
Record ID: 190049BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2015

Program Name: VICTORY HOUSE/AWARE PROGRAM
Legal Name: NEW WAY FOUNDATION, INC.
Address: 207 NORTH VICTORY BOULEVARD
City, State Zip: BURBANK, CA 91502
Phone: (818)842-9416
Record ID: 190058AN
Service Type: RES
Resident Capacity: 50
Total Occupancy: 50
Target Population: 1.2 --- MEN ONLY
Expiration Date: 07/31/2016

Program Name: NEW WAY AWARE RECOVERY PROGRAM
Legal Name: NEW WAY FOUNDATION, INC.
Address: 844 NORTH HOLLYWOOD WAY
City, State Zip: BURBANK, CA 91505
Phone: (818)842-9446 Fax: (818)848-0130
Record ID: 190058BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2015
Program Name: RICKMAN RECOVERY CENTERS
Legal Name: RICKMAN RECOVERY CENTER
Address: 1433 E. ROUTE 66, SUITE F
City, State Zip: GLENDORA, CA 91740
Phone: (626)962-3203
Record ID: 190062BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2016

Program Name: HIS SHELTERING ARMS FAMILY SERVICES CENTER
Legal Name: HIS SHELTERING ARMS INC.
Address: 112 WEST 111TH STREET AND 11101 SOUTH MAIN STREET
City, State Zip: LOS ANGELES, CA 90061
Phone: (323)755-6646 Fax: (323)777-2209
Record ID: 190064BN
Service Type: RES
Resident Capacity: 65
Total Occupancy: 69
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 05/31/2015

Program Name: HIS SHELTERING ARMS, INC.
Legal Name: HIS SHELTERING ARMS INC.
Address: 11101 SOUTH MAIN STREET
STE 115
City, State Zip: LOS ANGELES, CA 90061
Phone: (323)755-6646 Fax: (323)777-2209
Record ID: 190064CN
Service Type: NON
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 8/31/2015
Program Name: MUJERES RECOVERY HOME
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE, INC.
Address: 530 NORTH AVENUE 54
City, State Zip: LOS ANGELES, CA 90042
Phone: (323)254-2423
Record ID: 190065AN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 06/30/2014

Program Name: LATINOS RECOVERY HOME
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE, INC.
Address: 2436 WABASH AVENUE
City, State Zip: LOS ANGELES, CA 90033
Phone: (323)780-8756 Fax: (323)780-8333
Record ID: 190065CN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 06/30/2014

Program Name: LATINAS RECOVERY HOME
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE, INC.
Address: 327 NORTH SAINT LOUIS STREET
City, State Zip: LOS ANGELES, CA 90063
Phone: (323)261-7810
Record ID: 190065EN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 06/30/2016
Program Name: SAN GABRIEL VALLEY CENTER
   Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE, INC.
   Address: 11046 VALLEY MALL
City, State Zip: EL MONTE, CA 91731
   Phone: (626)813-0288           Fax: (626)813-0928
   Record ID: 190065HN
   Service Type: NON
Target Population: 1.7 --- FAMILIES
Expiration Date: 1/31/2016

Program Name: LATINO FAMILY ALCOHOL AND DRUG SERVICES
   Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE, INC.
   Address: 3316-3320 WEST BEVERLY BOULEVARD
City, State Zip: MONTEBELLO, CA 90640
   Phone: (323)722-4529           Fax: (323)722-4450
   Record ID: 190065IN
   Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2015

Program Name: MENTAL HEALTH AND ADDICTION SERVICES FOR ADOLESCENTS
   Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE, INC.
   Address: 2309 DALY STREET
City, State Zip: LOS ANGELES, CA 90031
   Phone: (323)222-4591           Fax: (323)222-4614
   Record ID: 190065JN
   Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2016

Program Name: JEWISH FAMILY SERVICE OF LOS ANGELES, ALCOHOL DRUG ACTION PROGRAM
   Legal Name: JEWISH FAMILY SERVICE OF LOS ANGELES
   Address: 8838 WEST PICO BOULEVARD
City, State Zip: LOS ANGELES, CA 90035
   Phone: (310)247-1180           Fax: (310)858-8582
   Record ID: 190072BN
   Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015
Program Name: SOBRIETY HOUSE OF LONG BEACH  
Legal Name: SUBSTANCE ABUSE FOUNDATION OF LONG BEACH INC.  
Address: VARIOUS ADDRESSES (SEE BELOW)  
City, State Zip: LONG BEACH, CA 90804  
Phone: (562)987-5722  
Fax: (562)987-4586  
Record ID: 190077AHN  
Service Type: RES  
Resident Capacity: 92  
Total Occupancy: 92  
Target Population:  
Expiration Date: 10/31/2016

Program Name: A NEW DAY CENTER - OUTPATIENT PROGRAM  
Legal Name: SUBSTANCE ABUSE FOUNDATION OF LONG BEACH INC.  
Address: 3125, 3137 AND 3139 EAST SEVENTH STREET  
City, State Zip: LONG BEACH, CA 90804  
Phone: (562)987-5722  
Record ID: 190077CN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2015

Program Name: SUBSTANCE ABUSE FOUNDATION  
Legal Name: SUBSTANCE ABUSE FOUNDATION OF LONG BEACH INC.  
Address: 1046 REDONDO AVENUE  
City, State Zip: LONG BEACH, CA 90804  
Phone: (562)987-5722  
Fax: (562)987-4586  
Record ID: 190077RN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 7/31/2016
Program Name: LIVE AGAIN RECOVERY HOME - CAMP CISQUITO
Legal Name: LIVE AGAIN MINISTRIES
Address: 38215 NORTH SAN FRANCISQUITO CANYON ROAD
City, State Zip: SAUGUS, CA 91350
Phone: (661)270-0025
Record ID: 190079BN
Service Type: RES
Resident Capacity: 15
Total Occupancy: 15
Target Population: 1.2 --- MEN ONLY
Expiration Date: 09/30/2015

Program Name: LIVE AGAIN RECOVERY HOMES
Legal Name: LIVE AGAIN MINISTRIES
Address: 45304 NEWTREE AVENUE
City, State Zip: LANCASTER, CA 93534
Phone: (661)951-0180 Fax: (661)270-1341
Record ID: 190079CN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 01/31/2016

Program Name: THE RIVER COMMUNITY
Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.
Address: 23701 EAST ROWLAND STREET
City, State Zip: AZUSA, CA 91702
Phone: (626)910-1202
Record ID: 190081AN
Service Type: RES
Resident Capacity: 38
Total Occupancy: 38
Target Population: 1.8 --- DUAL DIAGNOSIS
Expiration Date: 03/31/2016
Program Name: RIVER COMMUNITY DAY TREATMENT
Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.
Address: 510 SOUTH SECOND AVENUE, SUITE 6 AND 7
City, State Zip: COVINA, CA 91723-3017
Phone: (626)974-8122
Record ID: 190081BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2015

Program Name: SOCIAL MODEL RECOVERY SYSTEMS (PCADD)
Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.
Address: 1245 EAST WALNUT STREET, SUITE 101, 103, 107, 109, 115, 117 AND 118
City, State Zip: PASADENA, CA 91106
Phone: (626)795-9127 Fax: (626)795-0979
Record ID: 190081EN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016

Program Name: OMNI CENTER
Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.
Address: 3426 AND 3430 COGSWELL ROAD
City, State Zip: EL MONTE, CA 91732
Phone: (626)453-3400
Record ID: 190081FN
Service Type: RES
Resident Capacity: 18
Total Occupancy: 18
Target Population: 1.2 --- MEN ONLY
Expiration Date: 02/28/2016
Program Name: MARIPOSA RECOVERY HOME
Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.
Address: 453 SOUTH INDIANA STREET
City, State Zip: LOS ANGELES, CA 90063
Phone: (323)266-7726
Record ID: 190081GN
Service Type: RES
Resident Capacity: 13
Total Occupancy: 15
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 10/31/2016

Program Name: MID VALLEY OUTPATIENT SERVICES
Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.
Address: 3131 Santa Anita Avenue, Suite 11213
City, State Zip: EL MONTE, CA 91733
Phone: (626)453-3432 Fax: (626)456-8331
Record ID: 190081HN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2015

Program Name: STEPPING STONES HOME I & II
Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.
Address: 17719 AND 17727 EAST CYPRESS STREET
City, State Zip: COVINA, CA 91722
Phone: (626)967-2677 Fax: (626)858-4923
Record ID: 190081IN
Service Type: RES
Resident Capacity: 18
Total Occupancy: 23
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 01/31/2016
Program Name: GLENDALE ADVENTIST ALCOHOL AND DRUG SERVICES
Legal Name: GLENDALE ADVENTIST MEDICAL CENTER
Address: 335 MISSION ROAD
City, State Zip: GLENDALE, CA 91205
Phone: (818)242-3116 Fax: (818)242-5759
Record ID: 190082BN
Service Type: RES-DETOX
Resident Capacity: 24
Total Occupancy: 24
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2016

Program Name: TARZANA TREATMENT CENTER
Legal Name: TARZANA TREATMENT CENTERS, INC.
Address: 18646 OXNARD STREET, SOUTH AND WEST WINGS
City, State Zip: TARZANA, CA 91356
Phone: (818)996-1051 Fax: (818)654-3906
Record ID: 190085AN
Service Type: RES-DETOX
Resident Capacity: 152
Total Occupancy: 152
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2015

Program Name: TARZANA TREATMENT CENTER - LONG BEACH
Legal Name: TARZANA TREATMENT CENTERS, INC.
Address: 2101 MAGNOLIA AVENUE
City, State Zip: LONG BEACH, CA 90806
Phone: (562)218-1868 Fax: (562)596-0346
Record ID: 190085BN
Service Type: RES-DETOX
Resident Capacity: 84
Total Occupancy: 109
Target Population: 1.9 --- CO-ED/CHILDREN
Expiration Date: 11/30/2015
Program Name: TARZANA TREATMENT CENTER - DETOX
Legal Name: TARZANA TREATMENT CENTERS, INC.
Address: 18646 OXNARD STREET, DETOXIFICATION UNIT
City, State Zip: TARZANA, CA 91356
Phone: (818)996-1051 Fax: (818)654-3906
Record ID: 190085DN
Service Type: DPH
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2015

Program Name: TARZANA TREATMENT CENTER OUTPATIENT SERVICES
Legal Name: TARZANA TREATMENT CENTERS, INC.
Address: 18646 OXNARD STREET
City, State Zip: TARZANA, CA 91356
Phone: (818)996-1051 Fax: (818)654-3906
Record ID: 190085FN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2015

Program Name: OUTPATIENT ANTELOPE VALLEY DAY TREATMENT SERVICES
Legal Name: TARZANA TREATMENT CENTERS, INC.
Address: 44447 NORTH 10TH STREET WEST, BUILDING #A
City, State Zip: LANCASTER, CA 93534
Phone: (661)726-2630
Record ID: 190085GN
Service Type: NON
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 6/30/2015

Program Name: TARZANA TREATMENT CENTER - NORTHRIDGE
Legal Name: TARZANA TREATMENT CENTERS, INC.
Address: 18700 OXNARD STREET
City, State Zip: TARZANA, CA 91356
Phone: (818)996-1051
Record ID: 190085HN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2015
Program Name: TARZANA TREATMENT CENTER YOUTH SERVICES - LANCASTER
Legal Name: TARZANA TREATMENT CENTERS, INC.
Address: 44443 NORTH TENTH STREET WEST
City, State Zip: LANCASTER, CA 93535
Phone: (661)726-2630       Fax: (661)726-2635
Record ID: 190085JN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2015

Program Name: TARZANA TREATMENT CENTER
Legal Name: TARZANA TREATMENT CENTERS, INC.
Address: 7101 BAIRD AVENUE
City, State Zip: RESEDA, CA 91335
Phone: (818)342-5897
Record ID: 190085KN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015

Program Name: TARZANA TREATMENT CENTER - LANCASTER
Legal Name: TARZANA TREATMENT CENTERS, INC.
Address: 44447 NORTH 10TH STREET WEST, BUILDING #B
City, State Zip: LANCASTER, CA 93534
Phone: (661)726-2630       Fax: (661)726-2635
Record ID: 190085LN
Service Type: RES-DETOX
Resident Capacity: 40
Total Occupancy: 51
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2015
Program Name: TARZANA TREATMENT CENTERS, INC.
Legal Name: TARZANA TREATMENT CENTERS, INC.
Address: 5190 ATLANTIC AVENUE
City, State Zip: LONG BEACH, CA 90806
Phone: (818)428-4111
Record ID: 190085NN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: TARZANA TREATMENT CENTERS
Legal Name: TARZANA TREATMENT CENTERS, INC.
Address: 44459 10TH STREET WEST
City, State Zip: LANCASTER, CA 93534
Phone: (818)996-1051 Fax: (818)996-3051
Record ID: 190085ON
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/29/2016

Program Name: TARZANA TREATMENT CENTERS - LANCASTER
Legal Name: TARZANA TREATMENT CENTERS, INC.
Address: 44447 NORTH 10TH STREET WEST, BUILDING #C
City, State Zip: LANCASTER, CA 93534
Phone: (661)726-2630 Fax: (661)726-2635
Record ID: 190085PN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2015
Program Name: CHABAD RESIDENTIAL TREATMENT CENTER
    Legal Name: CHABAD OF CALIFORNIA
    Address: 5675 WEST OLYMPIC BOULEVARD
    City, State Zip: LOS ANGELES, CA 90036
    Phone: (323)965-1365
    Record ID: 190087CN
    Service Type: RES
    Resident Capacity: 44
    Total Occupancy: 44
    Target Population: 1.1 --- CO-ED
    Expiration Date: 03/31/2015

Program Name: Via Avanta Program
    Legal Name: Didi Hirsch Psychiatric Service
    Address: 11643 Glenoaks Boulevard
    City, State Zip: Pacoima, CA 91331
    Phone: (310)390-6612
    Record ID: 190092AN
    Service Type: RES
    Resident Capacity: 70
    Total Occupancy: 70
    Target Population: 1.4 --- WOMEN/CHILDREN
    Expiration Date: 07/31/2016

Program Name: DIDI HIRSCH COMMUNITY MENTAL HEALTH CENTER, OUTPATIENT SUBSTANCE ABUSE SERVICES
    Legal Name: DIDI HIRSCH PSYCHIATRIC SERVICE
    Address: 11133 WASHINGTON BOULEVARD
    City, State Zip: CULVER CITY, CA 90230
    Phone: (310)895-2300
    Record ID: 190092BN
    Service Type: NON
    Target Population: 1.1 --- CO-ED
    Expiration Date: 7/31/2016
Program Name: DIDI HIRSCH MENTAL HEALTH SERVICES- YOUTH SUBSTANCE ABUSE SERVICES PROGRAM
Legal Name: DIDI HIRSCH PSYCHIATRIC SERVICE
Address: 12420 VENICE BOULEVARD, SUITE 200
City, State Zip: LOS ANGELES, CA 90066
Phone: (310)751-1200 Fax: (310)398-0312
Record ID: 190092CN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 12/31/2015

Program Name: DIDI HIRSCH PSYCHIATRIC SERVICE
Legal Name: DIDI HIRSCH PSYCHIATRIC SERVICE
Address: 1540 COLORADO STREET
City, State Zip: GLENDALE, CA 91205-1514
Phone: (818)244-7257 Fax: (818)244-5431
Record ID: 190092DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2016

Program Name: DIDI HIRSCH MENTAL HEALTH SERVICES
Legal Name: DIDI HIRSCH PSYCHIATRIC SERVICE
Address: 323 NORTH PRAIRIE AVENUE, SUITE 350
City, State Zip: INGLEWOOD, CA 90301
Phone: (310)677-7808
Record ID: 190092EN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016
Program Name: IMPACT DRUG AND ALCOHOL TREATMENT CENTER
Legal Name: PRINCIPLES, INC.
Address: 1680 NORTH FAIR OAKS AVENUE
City, State Zip: PASADENA, CA 91103
Phone: (626)798-0884 Fax: (626)798-6970
Record ID: 190094AN
Service Type: RES-DETOX
Resident Capacity: 130
Total Occupancy: 130
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2015

Program Name: IMPACT OUTPATIENT/AFTERCARE PROGRAM
Legal Name: PRINCIPLES, INC.
Address: 1450 NORTH LAKE AVENUE, SUITE 200
City, State Zip: PASADENA, CA 91104
Phone: (626)798-0884 Fax: (626)798-6970
Record ID: 190094GN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2015

Program Name: PRINCIPLES, INC., D.B.A. IMPACT
Legal Name: PRINCIPLES, INC.
Address: 333 SOUTH CENTRAL AVENUE
City, State Zip: LOS ANGELES, CA 90013
Phone: (213)625-5009 Fax: (213)577-4250
Record ID: 190094HN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016
Program Name: CRI-HELP
Legal Name: CRI-HELP, INC.
Address: 11027 BURBANK BOULEVARD
City, State Zip: NORTH HOLLYWOOD, CA 91601
Phone: (818)985-8323 Fax: (818)506-7066
Record ID: 190095AN
Service Type: RES-DETOX
Resident Capacity: 135
Total Occupancy: 135
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2015

Program Name: CRI-HELP - OUTPATIENT
Legal Name: CRI-HELP, INC.
Address: 8330 LANKERSHIM BOULEVARD
City, State Zip: NORTH HOLLYWOOD, CA 91605
Phone: (818)985-8323
Record ID: 190095KN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2015

Program Name: SOCORRO
Legal Name: CRI-HELP, INC.
Address: 2010 NORTH LINCOLN PARK AVENUE
City, State Zip: LINCOLN HEIGHTS, CA 90031
Phone: (323)222-1440
Record ID: 190095MN
Service Type: RES
Resident Capacity: 78
Total Occupancy: 78
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2015
Program Name: SOCORRO
Legal Name: CRI-HELP, INC.
Address: 2029 KEITH STREET
City, State Zip: LOS ANGELES, CA 90031
Phone: (323)222-6509
Record ID: 190095NN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015

Program Name: BROWN SCAPULAR PROGRAM
Legal Name: CANON HUMAN SERVICES CENTERS, INC.
Address: 9705 SOUTH HOLMES AVENUE
City, State Zip: LOS ANGELES, CA 90002
Phone: (323)249-9097 Fax: (323)249-9121
Record ID: 190099DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2016

Program Name: BROWN SCAPULAR PROGRAM
Legal Name: CANON HUMAN SERVICES CENTERS, INC.
Address: 9705 SOUTH HOLMES STREET
City, State Zip: LOS ANGELES, CA 90002
Phone: (323)249-9097 Fax: (323)249-9121
Record ID: 190099EN
Service Type: RES
Resident Capacity: 43
Total Occupancy: 43
Target Population: 1.2 --- MEN ONLY
Expiration Date: 02/29/2016
Program Name: OUTPATIENT FAMILY CENTER
   Legal Name: LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE
   Address: 11015 BLOOMFIELD AVENUE
   City, State Zip: SANTA FE SPRINGS, CA 90670-4601
   Phone: (562)906-2676
   Record ID: 190100BN
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 1/31/2016

Program Name: OUTPATIENT SERVICES
   Legal Name: LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE
   Address: 470 EAST THIRD STREET, SUITES A AND B
   City, State Zip: LOS ANGELES, CA 90013
   Phone: (213)626-6411
   Fax: (562)906-2676
   Record ID: 190100EN
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 1/31/2016

Program Name: NEW VISIONS
   Legal Name: LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE
   Address: 10425 SOUTH PAINTER AVENUE
   City, State Zip: SANTA FE SPRINGS, CA 90670
   Phone: (562)944-1303
   Fax: (562)236-9899
   Record ID: 190100IN
   Service Type: RES
   Resident Capacity: 55
   Total Occupancy: 55
   Target Population: 1.1 --- CO-ED
   Expiration Date: 11/30/2014
Program Name: ALLEN HOUSE
Legal Name: LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE
Address: 11121 BLOOMFIELD AVENUE
City, State Zip: SANTA FE SPRINGS, CA 90670-4601
Phone: (562)906-2685
Record ID: 190100KN
Service Type: RES
Resident Capacity: 55
Total Occupancy: 65
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2015

Program Name: PROTOTYPES WOMEN’S CENTER
Legal Name: PROTOTYPES, CENTERS FOR INNOVATION IN HEALTH, MENTAL HEALTH AND SOCIAL SERVICES
Address: 845 EAST ARROW HIGHWAY
City, State Zip: POMONA, CA 91767
Phone: (909)624-1233
Record ID: 190101AN
Service Type: RES-DETOX
Resident Capacity: 160
Total Occupancy: 250
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 07/31/2016

Program Name: PROTOTYPES OUTPATIENT SERVICES
Legal Name: PROTOTYPES, CENTERS FOR INNOVATION IN HEALTH, MENTAL HEALTH AND SOCIAL SERVICES
Address: 831 EAST ARROW HIGHWAY, WEST WING
City, State Zip: POMONA, CA 91767
Phone: (909)398-4383 Fax: (213)542-3846
Record ID: 190101CN
Service Type: NON
Target Population: 1.13 --- CO-ED/CHILD/DUAL
Expiration Date: 1/31/2016
Program Name: PROTOTYPES S.T.A.R. HOUSE/DOMESTIC VIOLENCE PROGRAM
Legal Name: PROTOTYPES, CENTERS FOR INNOVATION IN HEALTH, MENTAL HEALTH AND SOCIAL SERVICES
Address: 1000 N. ALAMEDA STREET, SUITE 390
City, State Zip: LOS ANGELES, CA 90012
Phone: (213)542-3838 Fax: (213)225-0085
Record ID: 190101DN
Service Type: RES
Resident Capacity: 34
Total Occupancy: 34
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 02/28/2015

Program Name: BRICKS/KICK
Legal Name: THE HILLSMAN DRUG AND ALCOHOL CENTER
Address: 1440 EAST 41ST STREET
City, State Zip: LOS ANGELES, CA 90011
Phone: (323)231-2585
Record ID: 190102AN
Service Type: RES
Resident Capacity: 42
Total Occupancy: 42
Target Population: 1.1 --- CO-ED
Expiration Date: 03/31/2015

Program Name: SUNRISE COMMUNITY COUNSELING CENTER
Legal Name: SUNRISE COMMUNITY COUNSELING CENTER
Address: 537 SOUTH ALVARADO STREET
City, State Zip: LOS ANGELES, CA 90057-2903
Phone: (213)207-2770 Fax: (213)207-2773
Record ID: 190110CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2015
Program Name: SUNRISE COMMUNITY COUNSELING BELL GARDENS
Legal Name: SUNRISE COMMUNITY COUNSELING CENTER
Address: 6320 EAST FLORENCE AVENUE, #F
City, State Zip: BELL GARDENS, CA 90201
Phone: (562)927-2962 Fax: (562)927-2968
Record ID: 190110DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2014

Program Name: VAN NESS RECOVERY HOUSE
Legal Name: VAN NESS RECOVERY HOUSE
Address: 1919 NORTH BEACHWOOD DRIVE
City, State Zip: LOS ANGELES, CA 90068
Phone: (323)463-4266
Record ID: 190111AN
Service Type: RES
Resident Capacity: 20
Total Occupancy: 20
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2014

Program Name: ASIAN AMERICAN DRUG ABUSE PROGRAM
Legal Name: ASIAN AMERICAN DRUG ABUSE PROGRAM, INC.
Address: 5318 SOUTH CRENSHAW BOULEVARD
City, State Zip: LOS ANGELES, CA 90043
Phone: (323)293-6291
Record ID: 190112AN
Service Type: RES
Resident Capacity: 29
Total Occupancy: 31
Target Population: 1.1 --- CO-ED
Expiration Date: 01/31/2016
Program Name: ASIAN AMERICAN DRUG ABUSE PROGRAM
Legal Name: ASIAN AMERICAN DRUG ABUSE PROGRAM, INC.
Address: 1088 SOUTH LA BREA AVENUE
City, State Zip: LOS ANGELES, CA 90019
Phone: (323)294-4932
Record ID: 190112CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015

Program Name: ASIAN-AMERICAN DRUG ABUSE PROGRAM
Legal Name: ASIAN AMERICAN DRUG ABUSE PROGRAM, INC.
Address: 520 NORTH LA BREA, SUITE 209
City, State Zip: INGLEWOOD, CA 90302
Phone: (323)294-4932  Fax: (323)294-2533
Record ID: 190112DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2015

Program Name: ASIAN AMERICAN DRUG ABUSE PROGRAM, INC.
Legal Name: ASIAN AMERICAN DRUG ABUSE PROGRAM, INC.
Address: 13931 SOUTH VAN NESS AVENUE
City, State Zip: GARDENIA, CA 90249
Phone: (310)768-8018  Fax: (310)768-4170
Record ID: 190112EN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2015
Program Name: PHOENIX HOUSE - VENICE  
Legal Name: PHOENIX HOUSES OF LOS ANGELES, INC.  
Address: 503 OCEAN FRONT WALK  
City, State Zip: VENICE, CA 90291  
Phone: (310)392-3070  
Record ID: 190115AN  
Service Type: RES  
Resident Capacity: 53  
Total Occupancy: 53  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 12/31/2015

Program Name: PHOENIX HOUSES OF LOS ANGELES  
Legal Name: PHOENIX HOUSES OF LOS ANGELES, INC.  
Address: 11600 ELDRIDGE AVENUE  
City, State Zip: LAKE VIEW TERRACE, CA 91342  
Phone: (818)686-3013  
Record ID: 190115BN  
Service Type: DSS  
Target Population: 1.1 --- CO-ED  
Expiration Date: 7/31/2016

Program Name: PHOENIX HOUSE: OUTPATIENT SERVICES  
Legal Name: PHOENIX HOUSES OF LOS ANGELES, INC.  
Address: 503 OCEAN FRONT WALK  
City, State Zip: VENICE, CA 90291  
Phone: (310)392-3070  
Fax: (310)392-9068  
Record ID: 190115CN  
Service Type: NON  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 12/31/2015
Program Name: PHOENIX HOUSE ACADEMY OUTPATIENT CENTER
Legal Name: PHOENIX HOUSES OF LOS ANGELES, INC
Address: 11600 ELDRIDGE AVENUE
City, State Zip: LAKEVIEW TERRACE, CA 91342
Phone: (818)686-3000
Record ID: 190115DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2015

Program Name: FRED BROWN'S RECOVERY SERVICES, INC.
Legal Name: FRED BROWN'S RECOVERY SERVICES, INC.
Address: 270 WEST 14TH STREET
City, State Zip: SAN PEDRO, CA 90731
Phone: (310)519-8723 Fax: (310)519-9428
Record ID: 190135CN
Service Type: RES
Resident Capacity: 14
Total Occupancy: 14
Target Population: 1.2 --- MEN ONLY
Expiration Date: 11/30/2016

Program Name: FRED BROWN'S RECOVERY SERVICES, INC.
Legal Name: FRED BROWN'S RECOVERY SERVICES, INC.
Address: 856 WEST 19TH STREET
City, State Zip: SAN PEDRO, CA 90731
Phone: (310)548-1196 Fax: (310)519-9428
Record ID: 190135EN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2015
Program Name: FRED BROWN'S RECOVERY SERVICES  
Legal Name: FRED BROWN'S RECOVERY SERVICES, INC.  
Address: 278 WEST 14TH STREET  
City, State Zip: SAN PEDRO, CA 90731  
Phone: (310)519-8723 Fax: (310)519-9428  
Record ID: 190135IN  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 02/29/2016

Program Name: FRED BROWN'S RECOVERY SERVICES  
Legal Name: FRED BROWN'S RECOVERY SERVICES, INC.  
Address: 276 WEST 14TH STREET  
City, State Zip: SAN PEDRO, CA 90731  
Phone: (310)519-8723 Fax: (310)519-9428  
Record ID: 190135JN  
Service Type: RES  
Resident Capacity: 4  
Total Occupancy: 4  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 02/29/2016

Program Name: FRED BROWN'S RECOVERY SERVICES  
Legal Name: FRED BROWN'S RECOVERY SERVICES, INC.  
Address: 270 WEST 14TH STREET, #3  
City, State Zip: SAN PEDRO, CA 90731  
Phone: (310)519-8723 Fax: (310)519-9428  
Record ID: 190135MN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2015
Program Name: S. H. A. W. L. HOUSE
Legal Name: SUPPORT FOR HARBOR AREA WOMEN'S LIVES
Address: 936 SOUTH CENTRE STREET
City, State Zip: SAN PEDRO, CA 90731
Phone: (310)521-9310
Record ID: 190147AN
Service Type: RES
Resident Capacity: 13
Total Occupancy: 13
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 06/30/2015

Program Name: OASIS WOMEN'S RECOVERING COMMUNITY
Legal Name: OASIS WOMEN'S RECOVERING COMMUNITY
Address: 13832 POLK STREET
City, State Zip: SYLMAR, CA 91342
Phone: (818)362-0986 Fax: (818)833-0922
Record ID: 190155BN
Service Type: RES
Resident Capacity: 14
Total Occupancy: 14
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 08/31/2015

Program Name: WOMAN TO WOMAN RESIDENTIAL PROGRAM
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE- LONG BEACH AREA
Address: 431 W. 9TH STREET
City, State Zip: LONG BEACH, CA 90813
Phone: (562)426-8262 Fax: (562)426-5283
Record ID: 190178AN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 13
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 03/31/2015
Program Name: LONG BEACH REGIONAL DRUG COURT PROGRAM
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE-LONG BEACH AREA
Address: 4201 LONG BEACH BOULEVARD, SUITE 300
City, State Zip: LONG BEACH, CA 90807
Phone: (562)624-9757
Record ID: 190178CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015

Program Name: DARE U TO CARE OUTREACH MINISTRY
Legal Name: DARE U TO CARE OUTREACH MINISTRY
Address: 316 WEST 120TH STREET
City, State Zip: LOS ANGELES, CA 90061
Phone: (310)515-5039 Fax: (310)515-6837
Record ID: 190182DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2015

Program Name: DARE U TO CARE DRUG/ALCOHOL TREATMENT PROGRAM
Legal Name: DARE U TO CARE OUTREACH MINISTRY
Address: 316 WEST 120TH STREET
City, State Zip: LOS ANGELES, CA 90061
Phone: (323)777-2372 Fax: (310)515-6837
Record ID: 190182EN
Service Type: RES
Resident Capacity: 22
Total Occupancy: 23
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2015
Program Name: NEW FOUND LIFE
   Legal Name: NEW FOUND LIFE, INC.
   Address: 2211, 2213, 2135 AND 2137 EAST OCEAN BOULEVARD
   City, State Zip: LONG BEACH, CA 90803-2440
   Phone: (562)434-4060   Fax: (562)987-3924
   Record ID: 190184AP
   Service Type: RES
   Resident Capacity: 30
   Total Occupancy: 30
   Target Population: 1.1 --- CO-ED
   Expiration Date: 12/31/2015

Program Name: WESTSIDE RESIDENCE HALL
   Legal Name: UNITED STATES VETERANS INITIATIVE
   Address: 733 SOUTH HINDRY AVE., ROOMS 202-205, 207-211, 301-304, 408, 507, AND 510
   City, State Zip: INGLEWOOD, CA 90301
   Phone: (310)348-7600   Fax: (310)641-2661
   Record ID: 190188AN
   Service Type: RES
   Resident Capacity: 162
   Total Occupancy: 162
   Target Population: 1.2 --- MEN ONLY
   Expiration Date: 04/30/2016

Program Name: CROSSROADS
   Legal Name: CROSSROADS, INCORPORATED
   Address: 1269 NORTH HARVARD AVENUE
   City, State Zip: CLAREMONT, CA 91711
   Phone: (909)626-7847   Fax: (909)626-7867
   Record ID: 190205AN
   Service Type: RES
   Resident Capacity: 6
   Total Occupancy: 7
   Target Population: 1.3 --- WOMEN ONLY
   Expiration Date: 09/30/2015
Program Name: NEW DIRECTIONS
Legal Name: NEW DIRECTIONS, INC.
Address: 11301 WILSHIRE BLVD., BLDG. 257 AND 11303 WILSHIRE BLVD., BLDG. 116
City, State Zip: LOS ANGELES, CA 90073
Phone: (310)914-4045
Record ID: 190209AN
Service Type: RES-DETOX
Resident Capacity: 95
Total Occupancy: 95
Target Population: 1.2 --- MEN ONLY
Expiration Date: 10/31/2015

Program Name: NEW DIRECTIONS WOMEN'S PROGRAM
Legal Name: NEW DIRECTIONS, INC.
Address: 12536 MITCHELL AVENUE
City, State Zip: LOS ANGELES, CA 90066
Phone: (310)398-0191
Fax: (310)398-0191
Record ID: 190209BN
Service Type: RES
Resident Capacity: 8
Total Occupancy: 8
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 09/30/2014

Program Name: INTEGRATED CARE SYSTEM/YOUNG PEOPLE’S OPPORTUNITY FOR UNDERSTANDING, TREATMENT
Legal Name: SPECIAL SERVICE FOR GROUPS, INC.
Address: 5715 SOUTH BROADWAY
City, State Zip: LOS ANGELES, CA 90037
Phone: (323)948-0444
Fax: (323)948-0443
Record ID: 190210BN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 3/31/2015
Program Name: PACIFIC ASIAN ALCOHOL AND DRUG PROGRAM  
   Legal Name: SPECIAL SERVICE FOR GROUPS, INC.  
   Address: 2001 BEVERLY BOULEVARD, SUITE 201  
   City, State Zip: LOS ANGELES, CA 90057  
   Phone: (213)413-1622  
   Fax: (213)413-5456  
   Record ID: 190210CN  
   Service Type: NON  
   Target Population: 1.5 --- YOUTH/ADOLESCENT  
   Expiration Date: 12/31/2016

Program Name: SPECIAL SERVICE FOR GROUPS HOP/ICS FAMILY CENTER  
   Legal Name: SPECIAL SERVICE FOR GROUPS, INC.  
   Address: 5849 SOUTH CROCKER STREET  
   City, State Zip: LOS ANGELES, CA 90003  
   Phone: (323)234-4445  
   Fax: (323)234-4477  
   Record ID: 190210EN  
   Service Type: NON  
   Target Population: 1.5 --- YOUTH/ADOLESCENT  
   Expiration Date: 7/31/2015

Program Name: PRIDE HEALTH SERVICES--VERMONT CENTER  
   Legal Name: PRIDE HEALTH SERVICES  
   Address: 8904 SOUTH VERMONT AVENUE  
   City, State Zip: LOS ANGELES, CA 90044  
   Phone: (323)753-5950  
   Fax: (323)753-6020  
   Record ID: 190212BN  
   Service Type: NON  
   Target Population: 1.5 --- YOUTH/ADOLESCENT  
   Expiration Date: 11/30/2014
Program Name: CREATIVE CARE - MALIBU
  Legal Name: CREATIVE CARE, INC.
  Address: 5909, 5927, 5941 and 5947 TRANCAS CANYON ROAD
  City, State Zip: MALIBU, CA 90265
  Phone: (818)223-9334
  Record ID: 190226AP
  Service Type: RES-DETOX
  Resident Capacity: 24
  Total Occupancy: 24
  Target Population: 1.1 --- CO-ED
  Expiration Date: 02/28/2015

Program Name: POMONA ALCOHOL & DRUG RECOVERY CENTER, INC.
  Legal Name: POMONA ALCOHOL & DRUG RECOVERY CENTER, INC.
  Address: 558 NORTH TOWNE AVENUE
  City, State Zip: POMONA, CA 91767
  Phone: (909)622-2273
  Record ID: 190234AN
  Service Type: NON
  Target Population: 1.7 --- FAMILIES
  Expiration Date: 12/31/2014

Program Name: DAY TREATMENT AND OUTPATIENT ALCOHOL AND/OR OTHER DRUG SERVICES
  Legal Name: EL PROYECTO DEL BARRIO, INC.
  Address: 9140 VAN NUYS BOULEVARD, SUITES 104-107, 201, 203, AND 208-211
  City, State Zip: PANORAMA CITY, CA 91402
  Phone: (818)895-2206  Fax: (818)895-0824
  Record ID: 190236BN
  Service Type: NON
  Target Population: 1.1 --- CO-ED
  Expiration Date: 7/31/2015
Program Name: SHIELDS NON-RESIDENTIAL ADOLESCENT TREATMENT PROGRAM
Legal Name: SHIELDS FOR FAMILIES
Address: 3209 NORTH ALAMEDA STREET, SUITE D
City, State Zip: COMPTON, CA 90222
Phone: (323)242-5000  Fax: (323)242-5011
Record ID: 190238AN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 5/31/2016

Program Name: ARK OUTPATIENT DRUG FREE SERVICES/DRUG COURT
Legal Name: SHIELDS FOR FAMILIES
Address: 11705 DEPUTY YAMAMOTO PLACE, SUITE A
City, State Zip: LYNWOOD, CA 90262
Phone: (323)357-6930  Fax: (323)569-1979
Record ID: 190238CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2015

Program Name: GENESIS FAMILY DAY TREATMENT PROGRAM
Legal Name: SHIELDS FOR FAMILIES
Address: 12021 SOUTH WILMINGTON AVENUE, LOT C
City, State Zip: LOS ANGELES, CA 90059
Phone: (310)668-8260
Record ID: 190238DN
Service Type: NON
Target Population: 1.7 --- FAMILIES
Expiration Date: 3/31/2015

Program Name: EXODUS FAMILY DAY TREATMENT PROGRAM
Legal Name: SHIELDS FOR FAMILIES
Address: 1500 EAST KAY STREET, UNITS (SEE COMMENTS SECTION)
City, State Zip: COMPTON, CA 90221
Phone: (310)898-2450  Fax: (310)898-2452
Record ID: 190238EN
Service Type: NON
Target Population: 1.7 --- FAMILIES
Expiration Date: 5/31/2015
Program Name: EDEN DUAL DIAGNOSIS PROGRAM
Legal Name: SHIELDS FOR FAMILIES
Address: 2620 INDUSTRY WAY, SUITE A
City, State Zip: LYNWOOD, CA 90262
Phone: (323)242-5000 Fax: (323)242-5011
Record ID: 190238FN
Service Type: NON
Target Population: 1.7 --- FAMILIES
Expiration Date: 3/31/2015

Program Name: SHIELDS FOR FAMILIES - MT. CARmel TREATMENT CENTER
Legal Name: SHIELDS FOR FAMILIES
Address: 801 WEST 70TH STREET
City, State Zip: LOS ANGELES, CA 90044
Phone: (323)759-0340
Record ID: 190238GN
Service Type: RES
Resident Capacity: 46
Total Occupancy: 46
Target Population: 1.1 --- CO-ED
Expiration Date: 03/31/2016

Program Name: SHIELDS FOR FAMILIES-TAMAR VILLAGE
Legal Name: SHIELDS FOR FAMILIES
Address: 1315 NORTH BULLIS ROAD, SUITES 1,2,5 AND 9
City, State Zip: COMPTON, CA 90221
Phone: (310)668-9081 Fax: (310)668-9087
Record ID: 190238HN
Service Type: NON
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 5/31/2014
Program Name: AMERICAN INDIAN CHANGING SPIRITS
Legal Name: AMERICAN INDIAN CHANGING SPIRITS
Address: 2120 WILLIAMS STREET, BUILDING 1
City, State Zip: LONG BEACH, CA 90810
Phone: (562)388-8118 Fax: (562)799-1807
Record ID: 190239AN
Service Type: RES
Resident Capacity: 16
Total Occupancy: 16
Target Population: 1.2 --- MEN ONLY
Expiration Date: 03/31/2016

Program Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF EAST SAN GABRIEL AND POMON
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF EAST SAN GABRIEL AND POMON
Address: 656 NORTH PARK AVENUE
City, State Zip: POMONA, CA 91768
Phone: (909)629-4084 Fax: (909)629-4086
Record ID: 190241BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2016

Program Name: NATIONAL COUNCIL ON ALCOHOLISM & DRUG DEPENDENCE OF EAST SAN GABRIEL & POMONA
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF EAST SAN GABRIEL AND POMON
Address: 4626 NORTH GRAND AVENUE
City, State Zip: COVINA, CA 91724
Phone: (626)331-5316 Fax: (626)332-2219
Record ID: 190241CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2016
Program Name: INTEGRATED TREATMENT PROGRAM FOR CO-OCCURRING DISORDERS
Legal Name: HOMELESS HEALTH CARE LOS ANGELES
Address: 2330 BEVERLY BOULEVARD
City, State Zip: LOS ANGELES, CA 90057
Phone: (213)744-0724 Fax: (213)748-2432
Record ID: 190246AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: SPIRITT FAMILY SERVICES
Legal Name: SPIRITT FAMILY SERVICES
Address: 13135 BARTON ROAD
City, State Zip: SANTA FE SPRINGS, CA 90605
Phone: (562)903-7000 Fax: (502)903-7707
Record ID: 190247BN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 12/31/2014

Program Name: SPIRITT FAMILY SERVICES
Legal Name: SPIRITT FAMILY SERVICES
Address: 2000 TYLER AVENUE
City, State Zip: SOUTH EL MONTE, CA 91733
Phone: (626)442-4788
Record ID: 190247CN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 12/31/2014

Program Name: SPIRITT FAMILY SERVICES
Legal Name: SPIRITT FAMILY SERVICES
Address: 147 SOUTH SIXTH AVENUE
City, State Zip: LA PUENTE, CA 91746
Phone: (626)968-0041
Record ID: 190247DN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 12/31/2014
Program Name: PASADENA RECOVERY CENTER
Legal Name: PASADENA RECOVERY CENTER, INC.
Address: 1811 NORTH RAYMOND AVENUE
City, State Zip: PASADENA, CA 91103
Phone: (626)345-9992 Fax: (626)345-9995
Record ID: 190250AP
Service Type: RES
 Resident Capacity: 88
Total Occupancy: 98
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016

Program Name: NEW DIRECTIONS
Legal Name: RICHARD J. PERLA
Address: 11530 LA MIRADA BLVD
City, State Zip: LA MIRADA, CA 90638
Phone: (562)943-6000 Fax: (562)944-5573
Record ID: 190253AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2015

Program Name: PACIFIC CLINICS SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES
Legal Name: PACIFIC CLINICS
Address: 11721 A TELEGRAPH ROAD
City, State Zip: SANTA FE SPRINGS, CA 90670-3691
Phone: (562)949-8455 Fax: (562)949-4807
Record ID: 190254KN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2015
Program Name: AMITY FOUNDATION-AMISTAD DE LOS ANGELES
Legal Name: EPIDAURUS
Address: 3735, 3739 AND 3745 SOUTH GRAND AVENUE
City, State Zip: LOS ANGELES, CA 90007
Phone: (213)743-9078   Fax: (213)748-5102
Record ID: 190259AN
Service Type: RES
Resident Capacity: 184
Total Occupancy: 184
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2015

Program Name: AMITY FOUNDATION
Legal Name: EPIDAURUS
Address: 3750 SOUTH GRAND AVENUE
City, State Zip: LOS ANGELES, CA 90007
Phone: (213)743-9078   Fax: (213)744-9858
Record ID: 190259CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2015

Program Name: THE HIGH ROAD PROGRAM
Legal Name: THE HIGH ROAD PROGRAM
Address: 700 SOUTH ARROYO PARKWAY
City, State Zip: PASADENA, CA 91105
Phone: (626)793-6159   Fax: (626)795-9540
Record ID: 190262AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015
Program Name: THE HIGH ROAD PROGRAM
Legal Name: THE HIGH ROAD PROGRAM
Address: 14430 SHERMAN WAY
City, State Zip: VAN NUYS, CA 91405
Phone: (818)785-9119 Fax: (818)785-2150
Record ID: 190262BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015

Program Name: SOUTH BAY HUMAN SERVICES
Legal Name: SOUTH BAY HUMAN SERVICES COALITION, INC.
Address: 2370 WEST CARSON STREET, SUITE 136
City, State Zip: TORRANCE, CA 90501
Phone: (310)328-0780 Fax: (310)328-0175
Record ID: 190268AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2015

Program Name: MENLO HOUSE RESIDENTIAL
Legal Name: SADLER HEALTHCARE, INC.
Address: 1731 SOUTH MENLO AVENUE
City, State Zip: LOS ANGELES, CA 90006
Phone: (323)734-3284 Fax: (323)724-0019
Record ID: 190279CP
Service Type: RES
Resident Capacity: 30
Total Occupancy: 30
Target Population: 1.2 --- MEN ONLY
Expiration Date: 12/31/2014
Program Name: Mariposa House  
Legal Name: SADLER HEALTHCARE, INC.  
Address: 225 N. Mariposa Avenue  
City, State Zip: Los Angeles, CA 90004  
Phone:  
Record ID: 190279DP  
Service Type: RES  
Resident Capacity: 48  
Total Occupancy: 48  
Target Population: 1.2 --- MEN ONLY  
PENDING  

Program Name: PASSAGES  
Legal Name: GRASSHOPPER HOUSE LLC  
Address: 6428 MEADOWS COURT  
City, State Zip: MALIBU, CA 90265  
Phone: (310)589-2880  
Fax: (310)392-7710  
Record ID: 190283AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 07/31/2015  

Program Name: PASSAGES C  
Legal Name: GRASSHOPPER HOUSE LLC  
Address: 6439 SYCAMORE MEADOWS COURT  
City, State Zip: MALIBU, CA 90265  
Phone: (310)589-2880  
Record ID: 190283CP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 08/31/2015
Program Name: PASSAGES VISTA HOUSE  
Legal Name: GRASSHOPPER HOUSE LLC  
Address: 6380 MEADOWS COURT  
City, State Zip: MALIBU, CA 90265  
Phone: (310)589-2880  
Record ID: 190283DP  
Service Type: RES-DETOX
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 12/31/2015

Program Name: PASSAGES  
Legal Name: GRASSHOPPER HOUSE LLC  
Address: 6447 SYCAMORE MEADOWS  
City, State Zip: MALIBU, CA 90265  
Phone: (310)589-2880  
Fax: (310)589-2858  
Record ID: 190283FP  
Service Type: RES-DETOX
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 05/31/2015

Program Name: BIENVENIDOS COMMUNITY HEALTH CENTER  
Legal Name: BIENVENIDOS COMMUNITY HEALTH CENTER  
Address: 501-507 SOUTH ATLANTIC BOULEVARD  
City, State Zip: LOS ANGELES, CA 90022  
Phone: (323)268-5442  
Fax: (323)728-3483  
Record ID: 190285AN  
Service Type: NON
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 5/31/2015
Program Name: THE NESS COUNSELING CENTER
Legal Name: THE NESS COUNSELING CENTER
Address: 8512 WHITWORTH DRIVE
City, State Zip: LOS ANGELES, CA 90035
Phone: (310)360-8512 Fax: (310)360-8510
Record ID: 190286AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015

Program Name: MJB RECOVERY, INC.
Legal Name: MJB TRANSITIONAL RECOVERY, INC.
Address: 11152 SOUTH MAIN STREET
City, State Zip: LOS ANGELES, CA 90061
Phone: (323)777-2491 Fax: (323)777-0426
Record ID: 190288BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2015

Program Name: POSITIVE STEPS, INC.
Legal Name: POSITIVE STEPS, INC.
Address: 5230 NORTH CLARK AVENUE, SUITE 18
City, State Zip: LAKEWOOD, CA 90712
Phone: (562)804-2700 Fax: (562)496-2104
Record ID: 190289AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2015

Program Name: TWIN TOWN TREATMENT CENTERS - TORRANCE
Legal Name: TWIN TOWN CORPORATION
Address: 20300 S. VERMONT AVENUE, SUITE 245
City, State Zip: TORRANCE, CA 90502
Phone: (310)787-1335 Fax: (310)787-1809
Record ID: 190290AP
Service Type: NON
Target Population: 1.7 --- FAMILIES
Expiration Date: 2/28/2015
Program Name: TWIN TOWN TREATMENT CENTERS - NORTH HOLLYWOOD
Legal Name: TWIN TOWN CORPORATION
Address: 6180 LAUREL CANYON BOULEVARD, SUITE 275
City, State Zip: NORTH HOLLYWOOD, CA 91606
Phone: (818)985-0560 Fax: (818)985-7193
Record ID: 190290BP
Service Type: NON
Target Population: 1.7 --- FAMILIES
Expiration Date: 2/28/2015

Program Name: TWIN TOWN TREATMENT CENTERS, WEST HOLLYWOOD
Legal Name: TWIN TOWN CORPORATION
Address: 8739 SANTA MONICA BOULEVARD
City, State Zip: WEST HOLLYWOOD, CA 90069
Phone: (310)623-1477 Fax: (310)854-0134
Record ID: 190290CP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015

Program Name: AM/PM VAN NUYS BUDGET SCHOOL - ESCUELA LATINA
Legal Name: DRIVER SAFETY SCHOOLS, INC.
Address: 6740 KESTER AVENUE, SUITE 206
City, State Zip: VAN NUYS, CA 91405
Phone: (818)787-7878 Fax: (310)575-0500
Record ID: 190294AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2015

Program Name: MATRIX INSTITUTE
Legal Name: MATRIX INSTITUTE ON ADDICTIONS
Address: 20350 VENTURA BOULEVARD, SUITE 230
City, State Zip: WOODLAND HILLS, CA 91364
Phone: (818)226-6070 Fax: (818)654-2580
Record ID: 190297AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2015
Program Name: MATRIX INSTITUTE
Legal Name: MATRIX INSTITUTE ON ADDICTIONS
Address: 1849 SAWTELLE BOULEVARD, SUITE 100
City, State Zip: WEST LOS ANGELES, CA 90025
Phone: (310)478-8305 Fax: (310)207-4404
Record ID: 190297BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2015

Program Name: MATRIX INSTITUTE ON ADDICTIONS
Legal Name: MATRIX INSTITUTE ON ADDICTIONS
Address: 5220 WEST WASHINGTON BOULEVARD, SUITE 200
City, State Zip: LOS ANGELES, CA 90016
Phone: (323)933-9186 Fax: (323)933-7146
Record ID: 190297CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2015

Program Name: ACTION FAMILY COUNSELING, INC-RANCH
Legal Name: ACTION FAMILY COUNSELING, INC.
Address: 30035 BOUQUET CANYON ROAD
City, State Zip: SAUGUS, CA 91350
Phone: (661)297-9716 Fax: (661)297-9701
Record ID: 190315DP
Service Type: DSS
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 8/31/2016

Program Name: ACTION FAMILY COUNSELING, INC.
Legal Name: ACTION FAMILY COUNSELING, INC.
Address: 3813 EAST COLORADO BOULEVARD
City, State Zip: PASADENA, CA 91107
Phone: (626)792-8106 Fax: (626)792-8206
Record ID: 190315EP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2015
Program Name: ACTION FAMILY COUNSELING, INC.
Legal Name: ACTION FAMILY COUNSELING, INC.
Address: 23502 LYONS AVENUE, SUITE 301A
City, State Zip: NEWHALL, CA 91321
Phone: (661)297-9716  Fax: (661)297-9701
Record ID: 190315FP
Service Type: NON
Target Population: 1.8 --- DUAL DIAGNOSIS
Expiration Date: 2/29/2016

Program Name: ACTION FAMILY COUNSELING, INC., ADULT RESIDENTIAL UNIT
Legal Name: ACTION FAMILY COUNSELING, INC.
Address: 30010 BOUQUET CANYON ROAD
City, State Zip: SANTA CLARITA, CA 91390
Phone: (800)367-8336  Fax: (661)297-9701
Record ID: 190315HP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 03/31/2016

Program Name: LIVING PROOF RECOVERY CENTER
Legal Name: LIVING PROOF RECOVERY CENTER
Address: 324 W. FOOTHILL BOULEVARD
City, State Zip: MONROVIA, CA 91016
Phone: (626)205-2518  Fax: (626)446-5910
Record ID: 190316BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2015
Program Name: I-ADARP, (INTER-AGENCY DRUG ABUSE RECOVERY PROGRAM)
Legal Name: I-ADARP
Address: 6911 HAYVENHURST AVE, SUITE 101
City, State Zip: VAN NUYS, CA 91406
Phone: (818)994-7454  Fax: (818)994-1767
Record ID: 190321AN
Service Type: NON
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 10/31/2015

Program Name: NOW & FOREVER FOUNDATION
Legal Name: RESEDA SUBSTANCE ABUSE TREATMENT CENTER INC.
Address: 8745 PARTHENIA PLACE, UNIT 4
City, State Zip: NORTH HILLS, CA 91343
Phone: (818)895-5002  Fax: (818)895-5502
Record ID: 190324AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2015

Program Name: BEIT T'SHUVAH
Legal Name: BEIT T'SHUVAH
Address: 8831 VENICE BOULEVARD
City, State Zip: LOS ANGELES, CA 90034
Phone: (310)204-5200  Fax: (310)204-8908
Record ID: 190326AN
Service Type: RES
Resident Capacity: 98
Total Occupancy: 120
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2015
Program Name: HARMONY PLACE
   Legal Name: HARMONY PLACE, INC.
   Address: 23041 AND 23041-A HATTERAS STREET
   City, State Zip: WOODLAND HILLS, CA 91367
   Phone: (818)226-4100       Fax: (310)457-9784
   Record ID: 190336CP
   Service Type: RES-DETOX
   Resident Capacity: 12
   Total Occupancy: 12
   Target Population: 1.1 --- CO-ED
   Expiration Date: 02/28/2015

Program Name: ALTERNATIVE OPTIONS INTENSIVE OUTPATIENT PROGRAM FOR ALCOHOL & SUBSTANCE ABUSE
   Legal Name: ALTERNATIVE OPTIONS COUNSELING CENTER, INC.
   Address: 17326 EDWARDS ROAD, SUITE A115
   City, State Zip: CERRITOS, CA 90703
   Phone: (562)921-5701       Fax: (562)921-5703
   Record ID: 190340BN
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 5/31/2015

Program Name: FIRST TO SERVE
   Legal Name: FIRST TO SERVE
   Address: 1017 WEST 50TH STREET
   City, State Zip: LOS ANGELES, CA 90037
   Phone: (323)758-4670       Fax: (323)758-4011
   Record ID: 190342AN
   Service Type: RES
   Resident Capacity: 24
   Total Occupancy: 24
   Target Population: 1.1 --- CO-ED
   Expiration Date: 04/30/2016
Program Name: FIRST TO SERVE, INC.
Legal Name: FIRST TO SERVE
Address: 4052 BUDLONG AVENUE
City, State Zip: LOS ANGELES, CA 90037
Phone: (323)296-0747       Fax: (323)758-4011
Record ID: 190342CN
Service Type: RES
Resident Capacity: 28
Total Occupancy: 28
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016

Program Name: VALLEY COMMUNITY HEALTHCARE DRUG AND ALCOHOL TREATMENT PROGRAM
Legal Name: VALLEY COMMUNITY HEALTHCARE
Address: 6801 COLDWATER CANYON AVENUE
City, State Zip: NORTH HOLLYWOOD, CA 91605-5104
Phone: (818)763-1718       Fax: (818)763-7231
Record ID: 190349AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2016

Program Name: STORK CLUB - OPTIONS FOR RECOVERY AT HARBOR UCLA RESEARCH AND EDUCATION INSTITUTE
Legal Name: LOS ANGELES BIOMEDICAL RESEARCH INSTITUTE AT HARBOR-UCLA MEDICAL CENTER
Address: 1124 WEST CARSON STREET, BUILDING N-33
City, State Zip: TORRANCE, CA 90502
Phone: (310)222-5410       Fax: (310)787-7742
Record ID: 190351AN
Service Type: NON
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 8/31/2016
Program Name: CAMBODIAN ASSOCIATION OF AMERICA, COMMUNITY PREVENTION AND RECOVERY PROGRAM
Legal Name: CAMBODIAN ASSOCIATION OF AMERICA
Address: 2501 ATLANTIC AVENUE
City, State Zip: LONG BEACH, CA 90806
Phone: (562)424-6105    Fax: (562)988-1475
Record ID: 190358AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2014

Program Name: STUDIO 12 RESIDENTIAL/DETOX FACILITY
Legal Name: STUDIO 12
Address: 12406 MAGNOLIA BOULEVARD
City, State Zip: VALLEY VILLAGE, CA 91607
Phone: (818)761-7374    Fax: (818)761-7377
Record ID: 190361AN
Service Type: RES-DETOX
Resident Capacity: 15
Total Occupancy: 15
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2015

Program Name: ROBERT SUNDANCE FAMILY WELLNESS CENTER
Legal Name: UNITED AMERICAN INDIAN INVOLVEMENT, INC.
Address: 1125 WEST 6TH STREET, SUITES 103 AND 303
City, State Zip: LOS ANGELES, CA 90017
Phone: (213)202-3970    Fax: (213)202-3977
Record ID: 190364AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016
Program Name: TOTAL FAMILY SUPPORT CLINIC - LONG BEACH
Legal Name: TOTAL FAMILY SUPPORT CLINIC
Address: 3501 ATLANTIC AVENUE
City, State Zip: LONG BEACH, CA 90807
Phone: (562)981-1501 Fax: (562)981-1502
Record ID: 190366BN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 2/28/2015

Program Name: TOTAL FAMILY SUPPORT CLINIC
Legal Name: TOTAL FAMILY SUPPORT CLINIC
Address: 830 SOUTH OLIVE STREET
City, State Zip: LOS ANGELES, CA 90014
Phone: (213)213-0581 Fax: (213)213-0580
Record ID: 190366CN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 2/28/2015

Program Name: CLINICA MSR. OSCAR A. ROMERO
Legal Name: CLINICA MSR. OSCAR A ROMERO
Address: 2032 MARENGO STREET
City, State Zip: LOS ANGELES, CA 90033
Phone: (213)989-7700 Fax: (323)266-2541
Record ID: 190368AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016

Program Name: ANTELOPE VALLEY COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCY
Legal Name: ALCOHOLISM COUNCIL OF ANTELOPE VALLEY/NCA.
Address: 311 EAST AVENUE K-4
City, State Zip: LANCASTER, CA 93535
Phone: (661)948-5046 Fax: (661)948-5049
Record ID: 190376AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2015
Program Name: HOUSE OF UHURU
   Legal Name: WATTS HEALTHCARE CORPORATION
   Address: 8005 SOUTH FIGUEROA STREET
   City, State Zip: LOS ANGELES, CA 90003
   Phone: (323)568-5400  Fax: (323)752-8031
   Record ID: 190377AN
   Service Type: RES
   Resident Capacity: 66
   Total Occupancy: 66
   Target Population: 1.1 --- CO-ED
   Expiration Date: 03/31/2015

Program Name: HOUSE OF UHURU
   Legal Name: WATTS HEALTHCARE CORPORATION
   Address: 8005 SOUTH FIGUEROA STREET
   City, State Zip: LOS ANGELES, CA 90003
   Phone: (323)568-5400  Fax: (323)752-8031
   Record ID: 190377BN
   Service Type: NON
   Target Population: 1.4 --- WOMEN/CHILDREN
   Expiration Date: 3/31/2015

Program Name: HELPLINE YOUTH COUNSELING
   Legal Name: HELPLINE YOUTH COUNSELING
   Address: 12440 EAST FIRESTONE BOULEVARD, SUITE 1000
   City, State Zip: NORWALK, CA 90650
   Phone: (562)864-3722  Fax: (562)864-4596
   Record ID: 190386AN
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 5/31/2014
Program Name: CALIFORNIA DRUG TREATMENT PROGRAM, INC.
Legal Name: CALIFORNIA DRUG TREATMENT PROGRAM, INC.
Address: 9001 SOUTH VERMONT AVENUE
City, State Zip: LOS ANGELES, CA 90044
Phone: (323)756-9933
Record ID: 190396AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2015

Program Name: BLESSED DRUG AND ALCOHOL TREATMENT AND RESEARCH PROGRAM, INC.
Legal Name: BLESSED DRUG & ALCOHOL TREATMENT & RESEARCH PROGRAM, INC.
Address: 8407 SOUTH VERMONT
City, State Zip: LOS ANGELES, CA 90044
Phone: (323)971-1325
Record ID: 190402AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2015

Program Name: POMONA COMMUNITY CRISIS CENTER
Legal Name: POMONA COMMUNITY CRISIS CENTER
Address: 232 AND 240 EAST MONTEREY AVENUE
City, State Zip: POMONA, CA 91767
Phone: (909)623-1588
Record ID: 190409AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2015

Program Name: THE LIGHTHOUSE EL MONTE
Legal Name: HEALTHCARE SERVICES, INC.
Address: 3131 SANTA ANITA AVENUE, #116
City, State Zip: EL MONTE, CA 91732
Phone: (714)384-3339  Fax: (719)384-3879
Record ID: 190411CP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2015
Program Name: NEW PERCEPTIONS
Legal Name: NEW PERCEPTIONS, INC.
Address: 17813 MALDEN STREET
City, State Zip: NORTHRIDGE, CA 91325
Phone: (818)885-9596 Fax: (818)885-9595
Record ID: 190416AP
Service Type: RES-DETOX
Resident Capacity: 10
Total Occupancy: 12
Target Population:
Expiration Date: 08/31/2016

Program Name: MCINTYRE HOUSE
Legal Name: MCINTYRE HOUSE
Address: 544 NORTH KENMORE AVENUE
City, State Zip: LOS ANGELES, CA 90004
Phone: (323)662-0855 Fax: (323)622-0842
Record ID: 190420AN
Service Type: RES
Resident Capacity: 16
Total Occupancy: 19
Target Population: 1.2 --- MEN ONLY
Expiration Date: 06/30/2016

Program Name: LAWS SUPPORT CENTER
Legal Name: LAWS SUPPORT CENTER
Address: 2707 WEST 54TH STREET
City, State Zip: LOS ANGELES, CA 90043
Phone: (323)294-5204 Fax: (323)294-5204
Record ID: 190423AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2016
Program Name: CLEARVIEW TREATMENT PROGRAMS
Legal Name: CLEARVIEW CENTERS, LLC
Address: 2432 and 2432 1/2 WALNUT AVENUE
City, State Zip: VENICE, CA 90291
Phone: (310)448-8822
Fax: (310)474-6115
Record ID: 190438AP
Service Type: RES-DETOX
Resident Capacity: 9
Total Occupancy: 9
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2016

Program Name: CLEARVIEW TREATMENT PROGRAMS
Legal Name: CLEARVIEW CENTERS, LLC
Address: 2435 GYNDON AVENUE
City, State Zip: VENICE, CA 90291
Phone: (310)305-2691
Fax: (310)305-2693
Record ID: 190438CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2016

Program Name: CLEARVIEW TREATMENT PROGRAMS
Legal Name: CLEARVIEW CENTERS, LLC
Address: 2427 WALNUT AVENUE
City, State Zip: VENICE, CA 90291
Phone: (310)448-8822
Fax: (310)448-8833
Record ID: 190438DP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 0
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2015
Program Name: THE CANYON AT PEACE PARK
Legal Name: THE CANYON AT PEACE PARK
Address: 2890 AND 2900 KANAN DUME ROAD
City, State Zip: MALIBU, CA 90265
Phone: (310)457-3209 Fax: (310)457-4440
Record ID: 190441AP
Service Type: RES-DETOX
Resident Capacity: 16
Total Occupancy: 16
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2016

Program Name: CENTER FOR INTEGRATED FAMILY AND HEALTH SERVICES (THE FAMILY CENTER)
Legal Name: CENTER FOR INTEGRATED FAMILY AND HEALTH SERVICES, INCORPORATED
Address: 540 SOUTH EREMLAND DRIVE, SUITES A-D
City, State Zip: COVINA, CA 91723
Phone: (626)967-5103 Fax: (626)967-1339
Record ID: 190442AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2016

Program Name: H.O.W. HOUSE
Legal Name: THE CENTER FOR RECOVERY FROM COMPULSIVITIES, INC.
Address: 14100 GLENGYLE STREET
14100 1/2 GLENGYLE STREET
City, State Zip: WHITTIER, CA 90604-2434
Phone: (562)777-1222 Fax: (562)906-1222
Record ID: 190450AN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 09/30/2014
Program Name: HARBOUR AREA HALFWAY HOUSES, INC.
Legal Name: HARBOUR AREA HALF-WAY HOUSES, INC.
Address: 940 DAWSON AVENUE
City, State Zip: LONG BEACH, CA 90804
Phone: (562)434-0036 Fax: (562)434-5196
Record ID: 190454AN
Service Type: RES
Resident Capacity: 15
Total Occupancy: 15
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 03/31/2015

Program Name: U-TURN ALCOHOL AND DRUG EDUCATION PROGRAM
Legal Name: U-TURN ALCOHOL AND DRUG EDUCATION PROGRAM, INC.
Address: 3761 WEST STOCKER STREET, SUITE 105 AND 105B
City, State Zip: LOS ANGELES, CA 90008
Phone: (323)294-4261 Fax: (323)294-7261
Record ID: 190455AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2014

Program Name: NEW BEGINNING TREATMENT CENTER OUTPATIENT
Legal Name: NEW BEGINNING TREATMENT CENTER OUTPATIENT, INC.
Address: 22030 SHERMAN WAY, SUITE 115
City, State Zip: CANOGA PARK, CA 91303
Phone: (818)340-0230 Fax: (818)340-0228
Record ID: 190456AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2014
Program Name: ALCOHOL & DRUG PROGRAM
    Legal Name: CHILD & FAMILY CENTER
    Address: 21545 CENTER POINTE PARKWAY
    City, State Zip: SANTA CLARITA, CA 91350
    Phone: (661)259-9439 Fax: (661)250-8755
    Record ID: 190459AN
    Service Type: NON
    Target Population: 1.1 --- CO-ED
    Expiration Date: 2/28/2015

Program Name: CLEAR PATH (COUNSELING CENTER)
    Legal Name: NEW RESOURCE INSTITUTE
    Address: 1315 NORTH BULLIS ROAD, SUITE 8
    City, State Zip: COMPTON, CA 90221
    Phone: (310)635-8822 Fax: (310)635-8828
    Record ID: 190461AN
    Service Type: NON
    Target Population: 1.5 --- YOUTH/ ADOLESCENT
    Expiration Date: 5/31/2015

Program Name: ABSOLUTE CONTROL TRANSITIONAL COUNSELING CENTER
    Legal Name: ABSOLUTE CONTROL TRANSITIONAL COUNSELING CENTER INC.
    Address: 3111 WINONA AVENUE, SUITE 201
    City, State Zip: BURBANK, CA 91504
    Phone: (626)792-8797 Fax: (626)792-8798
    Record ID: 190462AP
    Service Type: NON
    Target Population: 1.1 --- CO-ED
    Expiration Date: 3/31/2015
Program Name: DESIGN FOR LIVING RECOVERY SERVICES
Legal Name: DESIGN FOR LIVING
Address: 1066 EAST AVENUE J
City, State Zip: LANCASTER, CA 93535
Phone: (661)729-8155 Fax: (661)949-8131
Record ID: 190463BN
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED

Program Name: DESIGN FOR LIVING RECOVERY SERVICES # 2
Legal Name: DESIGN FOR LIVING
Address: 44319 11TH STREET EAST
City, State Zip: LANCASTER, CA 93535
Phone: (661)942-1026 Fax: (661)949-8131
Record ID: 190463CN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED

Program Name: DESIGN FOR LIVING COMMUNITY SERVICES
Legal Name: DESIGN FOR LIVING
Address: 104 EAST AVENUE K-4, SUITE B
City, State Zip: LANCASTER, CA 93535
Phone: (661)874-4680 Fax: (661)793-7231
Record ID: 190463DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2015
Program Name: MASADA HOMES SUBSTANCE ABUSE SERVICES
    Legal Name: COUNSELING AND RESEARCH ASSOCIATES
    Address: 130 WEST VICTORIA STREET
    City, State Zip: GARDENA, CA 90248
    Phone: (310)715-2020  Fax: (310)660-0494
    Record ID: 190471AN
    Service Type: NON
    Target Population: 1.5 --- YOUTH/ADOLESCENT
    Expiration Date: 9/30/2015

Program Name: BERNIE'S LIL WOMEN CENTER
    Legal Name: BERNIE'S LIL WOMEN CENTER
    Address: 1115 EAST ALONDRA BOULEVARD
    City, State Zip: COMPTON, CA 90221
    Phone: (213)280-1012
    Record ID: 190472AN
    Service Type: RES
    Resident Capacity: 5
    Total Occupancy: 11
    Target Population: 1.3 --- WOMEN ONLY
    Expiration Date: 03/31/2015

Program Name: BERNIE'S LIL WOMEN CENTER, INC.
    Legal Name: BERNIE'S LIL WOMEN CENTER
    Address: 11905 SOUTH CENTRAL AVENUE, SUITE 205
    City, State Zip: LOS ANGELES, CA 90059
    Phone: (213)280-1012  Fax: (323)563-7087
    Record ID: 190472BN
    Service Type: NON
    Target Population: 1.8 --- DUAL DIAGNOSIS
    Expiration Date: 12/31/2015
Program Name: BERNIE'S LIL WOMEN CENTER, INC.
Legal Name: BERNIE'S LIL WOMEN CENTER
Address: 11905 SOUTH CENTRAL AVENUE, SUITE 200 & 206
City, State Zip: LOS ANGELES, CA 90059
Phone: (213)280-1012 Fax: (323)249-9026
Record ID: 190472DN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 1/31/2016

Program Name: SUBSTANCE ABUSE PREVENTION AND TREATMENT PROGRAM, DIV. OF ADOLESCENT MED., CHILD
Legal Name: CHILDREN'S HOSPITAL LOS ANGELES
Address: 5000 SUNSET BOULEVARD, 7TH FLOOR, SUITE 701
City, State Zip: LOS ANGELES, CA 90027
Phone: (323)361-2463 Fax: (323)913-7951
Record ID: 190473AN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 5/31/2015

Program Name: CLIFFSIDE MALIBU
Legal Name: CLIFFSIDE MALIBU
Address: 30060 ANDROMEDA LANE
City, State Zip: MALIBU, CA 90265
Phone: (310)589-2800 Fax: (310)589-2802
Record ID: 190474AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2015
Program Name: INGLEWOOD AREA ALCOHOL AND DRUG PROGRAM
Legal Name: LEWIS PROFESSIONAL SERVICES FOUNDATION, INCORPORATED
Address: 400 SOUTH LA BREA, SUITE # 102, 103, 104, 200, 202, 203, 204 AND 205
City, State Zip: INGLEWOOD, CA 90301
Phone: (310)674-6267 Fax: (310)673-5904
Record ID: 190480AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2016

Program Name: CIRCLE OF HELP FOUNDATION
Legal Name: CIRCLE OF HELP FOUNDATION
Address: 1011 GOODRICH BOULEVARD
City, State Zip: LOS ANGELES, CA 90022
Phone: (323)888-9191 Fax: (213)365-9178
Record ID: 190483AN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 6/30/2015

Program Name: WE CAN HELP FOUNDATION
Legal Name: WE CAN HELP FOUNDATION
Address: 8455 S. VAN NESS AVENUE
City, State Zip: INGLEWOOD, CA 90305
Phone: (213)268-9768 Fax: (424)264-5205
Record ID: 190494BN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 7/31/2016

Program Name: VALLEY WOMEN'S CENTER
Legal Name: VALLEY WOMEN'S CENTER, INC.
Address: 22110 ROSCOE BOULEVARD, SUITE 204
City, State Zip: CANOGA PARK, CA 91304
Phone: (818)713-8700 Fax: (818)713-8585
Record ID: 190502AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2016
Program Name: HELPING KIDS TO RECOVER, INC.
   Legal Name: HELPING KIDS TO RECOVER, INC.
   Address: 637 EAST ALBERTONI STREET, SUITE 200, 201 AND 203
   City, State Zip: CARSON, CA 90746
   Phone: (310)217-0616          Fax: (310)217-0545
   Record ID: 190503AN
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 5/31/2016

Program Name: NEW HOPE DRUG AND ALCOHOL TREATMENT PROGRAM
   Legal Name: NEW HOPE DRUG AND ALCOHOL TREATMENT PROGRAM, INC.
   Address: 1841 AND 1841 1/2 WEST IMPERIAL HIGHWAY
   City, State Zip: LOS ANGELES, CA 90047
   Phone: (323)750-2850          Fax: (323)750-0851
   Record ID: 190504AN
   Service Type: NON
   Target Population: 1.5 --- YOUTH/ADOLESCENT
   Expiration Date: 2/29/2016

Program Name: COASTAL RECOVERY CENTER
   Legal Name: TRANSCULTURAL HEALTH DEVELOPMENT, INC.
   Address: 117 EAST HARRY BRIDGES BOULEVARD
   City, State Zip: WILMINGTON, CA 90744
   Phone: (310)549-8383          Fax: (310)549-9304
   Record ID: 190511BP
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 3/31/2015
Program Name: PASSAGES EAST
Legal Name: FEDERAL RECOVERY SYSTEMS LLC
Address: 6439 (B) SYCAMORE MEADOWS DRIVE
City, State Zip: MALIBU, CA 90265
Phone: (310)589-2880 Fax: (310)589-2858
Record ID: 190516AP
Service Type: RES-DETOX
Resident Capacity: 5
Total Occupancy: 5
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2015

Program Name: PASSAGES NORTHEAST
Legal Name: FEDERAL RECOVERY SYSTEMS LLC
Address: 6428 - B MEADOWS COURT
City, State Zip: MALIBU, CA 90265
Phone: (310)589-2880 Fax: (310)589-2858
Record ID: 190516BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2015

Program Name: GLORIOUS MANOR, INC. II
Legal Name: GLORIOUS MANOR, INC. II
Address: 2703 EAST 7TH STREET
City, State Zip: LONG BEACH, CA 90804
Phone: (562)843-6028
Record ID: 190519AN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 4/30/2016
Program Name: EATON CANYON TREATMENT CENTER
Legal Name: EATON CANYON RECOVERY SERVICES, INC.
Address: 3323 EAST FAIRPOINT STREET
City, State Zip: PASADENA, CA 91107
Phone: (626)798-0150 Fax: (626)798-8685
Record ID: 190521AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 9
Target Population: 1.1 --- CO-ED
Expiration Date: 03/31/2016

Program Name: THE NEW YOU CENTER, INC.
Legal Name: THE NEW YOU CENTER, INC.
Address: 1030 WEST FLORENCE AVENUE
City, State Zip: LOS ANGELES, CA 90044
Phone: (323)750-7580
Record ID: 190525AN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 8/31/2014

Program Name: KB RECOVERY
Legal Name: KEVIN BABAYAN
Address: 15722 TUPPER STREET
City, State Zip: NORTH HILLS, CA 91343
Phone: (818)891-3639 Fax: (818)892-9471
Record ID: 190527AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2016
Program Name: ABSOLUTE REHABILITATION CENTER, INC.  
Legal Name: ABSOLUTE REHABILITATION CENTER, INC.  
Address: 6208 SEVILLE AVENUE  
City, State Zip: HUNTINGTON PARK, CA 90255  
Phone: (323)589-5880  
Fax: (818)461-9274  
Record ID: 190528AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 6/30/2014

Program Name: AMERICAN DRUG RECOVERY PROGRAM, INC.  
Legal Name: AMERICAN DRUG RECOVERY PROGRAM, INC.  
Address: 2724 WEST FLORENCE AVENUE  
City, State Zip: LOS ANGELES, CA 90043  
Phone: (323)759-3464  
Fax: (323)759-3427  
Record ID: 190530AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2016

Program Name: CHANGING STEPS  
Legal Name: CHANGING STEPS  
Address: 9527 LANGDON AVENUE  
City, State Zip: NORTH HILLS, CA 91343  
Phone: (818)810-5500  
Record ID: 190532BN  
Service Type: RES  
Resident Capacity: 12  
Total Occupancy: 12  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 01/31/2015
Program Name: LIFE SUBSTANCE ABUSE TREATMENT CENTER
   Legal Name: LIFE HEALTH SERVICES, INC.
   Address: 3701 WEST STOCKER STREET, SUITE 401
   City, State Zip: LOS ANGELES, CA 90008
   Phone: (323)299-4000
   Record ID: 190538AN
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 6/30/2015

Program Name: WEINGART CENTER ASSOCIATION/EPIC
   Legal Name: WEINGART CENTER ASSOCIATION
   Address: 554 AND 566 SOUTH SAN PEDRO STREET
   City, State Zip: LOS ANGELES, CA 90013
   Phone: (213)689-2122       Fax: (213)623-0408
   Record ID: 190541AN
   Service Type: RES
   Resident Capacity: 85
   Total Occupancy: 85
   Target Population: 1.1 --- CO-ED
   Expiration Date: 01/31/2015

Program Name: WEINGART CENTER ASSOCIATION
   Legal Name: WEINGART CENTER ASSOCIATION
   Address: 566 SOUTH SAN PEDRO STREET, 2ND FLOOR
   City, State Zip: LOS ANGELES, CA 90013
   Phone: (213)689-2153       Fax: (213)623-0408
   Record ID: 190541BN
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 6/30/2015
Program Name: DICTA SUBSTANCE ABUSE TREATMENT CENTER
Legal Name: DICTA HEALTH SERVICES INC.
Address: 323 NORTH PRAIRIE AVENUE, SUITE 315
City, State Zip: INGLEWOOD, CA 90301
Phone: (310)673-4117        Fax: (310)673-4118
Record ID: 190545AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2015

Program Name: SEEKING PEACEFUL SOLUTIONS, INC.
Legal Name: SEEKING PEACEFUL SOLUTIONS
Address: 8724 SOUTH VERMONT AVENUE
City, State Zip: LOS ANGELES, CA 90044
Phone: (323)753-1314        Fax: (323)753-6619
Record ID: 190547AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: CHARTER OAK RECOVERY CENTER
Legal Name: AURORA CHARTER OAK - LOS ANGELES, LLC
Address: 1161 EAST COVINA BOULEVARD, BUILDING C
City, State Zip: COVINA, CA 91724
Phone: (626)966-1632
Record ID: 190551AP
Service Type: RES
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016
Program Name: LOS ANGELES DRUG TREATMENT CENTER
Legal Name: LOS ANGELES DRUG TREATMENT CENTER INC.
Address: 3211 WEST IMPERIAL HIGHWAY
City, State Zip: INGLEWOOD, CA 90303
Phone: (310)419-9616 Fax: (310)590-1357
Record ID: 190561AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2015

Program Name: MALIBU BEACH RECOVERY CENTER
Legal Name: MALIBU BEACH RECOVERY CENTER, LLC
Address: 1752 CORRAL CANYON ROAD
City, State Zip: MALIBU, CA 90265
Phone: (310)589-2407 Fax: (818)301-2519
Record ID: 190562AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2015

Program Name: MALIBU BEACH RECOVERY CENTER - IOP
Legal Name: MALIBU BEACH RECOVERY CENTER, LLC
Address: 10940 WILSHIRE BOULEVARD, SUITE 1600
City, State Zip: LOS ANGELES, CA 90024
Phone: (310)589-2407 Fax: (818)301-2519
Record ID: 190562BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016
Program Name: MALIBU BEACH RECOVERY CENTER - BRENTWOOD HOUSE
Legal Name: MALIBU BEACH RECOVERY CENTER, LLC
Address: 101 SOUTH SALTAIR AVENUE
City, State Zip: LOS ANGELES, CA 90049
Phone: (310)589-2407 Fax: (818)301-2519
Record ID: 190562CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 09/30/2016

Program Name: ALCOHOL AND SUBSTANCE ABUSE PROGRAM, INC.
Legal Name: ALCOHOL AND SUBSTANCE ABUSE PROGRAMS, INC.
Address: 1084 & 1092 NEW YORK DRIVE
City, State Zip: ALTADENA, CA 91001
Phone: (818)421-7890 Fax: (626)797-5415
Record ID: 190569AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2015

Program Name: BRIGHTER BEGINNINGS DRUG AND ALCOHOL REHABILITATION FACILITY
Legal Name: BRIGHTER BEGINNINGS DRUG AND ALCOHOL REHABILITATION FACILITY
Address: 1704 W. MANCHESTER AVENUE, SUITE 203
City, State Zip: LOS ANGELES, CA 90047
Phone: (323)750-9510
Record ID: 190571AP
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 5/31/2015
Program Name: BASEN ALCOHOL AND DRUG PROGRAM
   Legal Name: BASEN, INC.
   Address: 460 EAST CARSON PLAZA DRIVE, SUITE 106
   City, State Zip: CARSON, CA 90746
   Phone: (310)532-6030
   Record ID: 190574AN
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 8/31/2015

Program Name: SUNSET MALIBU
   Legal Name: SUNSET MALIBU
   Address: 30042 ANDROMEDA LANE
   City, State Zip: MALIBU, CA 90265
   Phone: (800)332-9202 Fax: (310)589-2226
   Record ID: 190575BP
   Service Type: RES-DETOX
   Resident Capacity: 6
   Total Occupancy: 6
   Target Population: 1.1 --- CO-ED
   Expiration Date: 01/31/2016

Program Name: AUTHENTIC RECOVERY CENTER
   Legal Name: AUTHENTIC RECOVERY, LLC
   Address: 2203 OVERLAND AVENUE
   City, State Zip: LOS ANGELES, CA 90064
   Phone: (310)497-7236 Fax: (310)474-1906
   Record ID: 190577AP
   Service Type: RES-DETOX
   Resident Capacity: 6
   Total Occupancy: 6
   Target Population: 1.1 --- CO-ED
   Expiration Date: 08/31/2015
Program Name: AUTHENTIC RECOVERY CENTER
Legal Name: AUTHENTIC RECOVERY, LLC
Address: 2207 PELHAM AVENUE
City, State Zip: LOS ANGELES, CA 90064
Phone: (310)401-4692 Fax: (310)474-2199
Record ID: 190577BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 03/31/2016

Program Name: PLAZA COMMUNITY SERVICES
Legal Name: PLAZA COMMUNITY CENTER, A CALIFORNIA NONPROFIT RELIGIOUS CORPORATION
Address: 5255 POMONA BOULEVARD, SUITES 2 AND 5A
City, State Zip: LOS ANGELES, CA 90022
Phone: (323)888-2530 Fax: (323)726-3510
Record ID: 190582AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2015

Program Name: HARBOR AREA SUBSTANCE ABUSE TREATMENT CENTER
Legal Name: HACC INC.
Address: 599 WEST 9TH STREET
City, State Zip: SAN PEDRO, CA 90731
Phone: (310)831-0331 Fax: (310)831-0004
Record ID: 190586AP
Service Type: NON
Target Population: 1.5 --- YOUTH/preadolescent
Expiration Date: 11/30/2015
Program Name: MAXIN HEALTH CARE SERVICES, INC.
Legal Name: MAXIN HEALTH CARE SERVICES, INC.
Address: 3756 SANTA ROSALIA DRIVE, SUITE 326A
City, State Zip: LOS ANGELES, CA 90008
Phone: (310)941-2276
Record ID: 190591AN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 3/31/2016

Program Name: THE SOLUTIONS ALCOHOL & DRUG RECOVERY FOUNDATION, INC.
Legal Name: THE SOLUTIONS ALCOHOL & DRUG RECOVERY FOUNDATION, INC.
Address: 3210 WEST JEFFERSON BOULEVARD
City, State Zip: LOS ANGELES, CA 90018
Phone: (626)848-2660
Record ID: 190592AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2016

Program Name: ANOTHER CHANCE HEALTH SERVICES, INC.
Legal Name: ANOTHER CHANCE HEALTH SERVICES, INC.
Address: 363 WEST COMPTON BOULEVARD
City, State Zip: COMPTON, CA 90220
Phone: (310)631-2408  Fax: (310)631-2400
Record ID: 190599AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2014

Program Name: GREENFIELDS HEALTH SERVICES INC.
Legal Name: GREENFIELDS HEALTH SERVICES INC.
Address: 637 EAST ALBERTONI STREET, SUITE 109
City, State Zip: CARSON, CA 90746
Phone: (310)532-0063  Fax: (310)626-9754
Record ID: 190600AP
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 3/31/2014
Program Name: DIVINE HEALTHCARE SERVICES, INC.
Legal Name: DIVINE HEALTHCARE SERVICES, INC.
Address: 405 WEST MANCHESTER BOULEVARD, SUITE A
City, State Zip: INGLEWOOD, CA 90301
Phone: (310)672-3820
Record ID: 190604AN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 5/31/2016

Program Name: YOUR EMPOWERING SOLUTIONS
Legal Name: YOUR EMPOWERING SOLUTIONS
Address: 4020 PALOS VERDES DRIVE NORTH, SUITE 201
City, State Zip: ROLLING HILLS ESTATE, CA 90274
Phone: (310)541-6350 Fax: (310)541-6497
Record ID: 190605AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2016

Program Name: CIVIGENICS, INC., LONG BEACH FACILITY
Legal Name: COMMUNITY EDUCATION CENTERS, INC., DBA CALIFORNIA AS CEC INTL., INC.
Address: 2233 EAST 69TH STREET
City, State Zip: LONG BEACH, CA 90805
Phone: (562)663-0711 Fax: (562)602-0811
Record ID: 190606AP
Service Type: RES
Resident Capacity: 112
Total Occupancy: 112
Target Population: 1.2 --- MEN ONLY
Expiration Date: 05/31/2016
Program Name: SOUTHWEST TREATMENT CENTER
Legal Name: SOUTHWEST TREATMENT CENTER, INC.
Address: 369 WEST COMPTON BOULEVARD
City, State Zip: COMPTON, CA 90220
Phone: (310)603-6555
Record ID: 190610AN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 3/31/2015

Program Name: SUMMIT MALIBU
Legal Name: MALIBU LIGHTHOUSE TREATMENT CENTER, LLC
Address: 28011 PAQUET PLACE
City, State Zip: MALIBU, CA 90265
Phone: (310)457-0787 Fax: (310)457-8067
Record ID: 190612BP
Service Type: RES-DETOX
Resident Capacity: 7
Total Occupancy: 7
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2016

Program Name: Summit Malibu Lower
Legal Name: MALIBU LIGHTHOUSE TREATMENT CENTER, LLC
Address: 28215 Via Acero
City, State Zip: Malibu, CA 90265
Phone: (310)457-0787
Record ID: 190612CP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2016
Program Name: SOUTHWEST SUBSTANCE ABUSE TREATMENT CENTER
  Legal Name: SOUTHWEST CARE, INC.
  Address: 2930 WEST IMPERIAL HIGHWAY, SUITE 511
  City, State Zip: INGLEWOOD, CA 90303
  Phone: (323)777-0444
  Record ID: 190615AN
  Service Type: NON
  Target Population: ** --- UNKNOWN
  Expiration Date: 7/31/2016

Program Name: PROMAL4, INC., D.B.A. PROMISES TREATMENT CENTERS IV
  Legal Name: PROMAL4, INC.
  Address: 20729 ROCKCROFT DRIVE
  City, State Zip: MALIBU, CA 90265
  Phone: (310)390-2340  Fax: (310)741-3062
  Record ID: 190617AP
  Service Type: RES-DETOX
  Resident Capacity: 6
  Total Occupancy: 6
  Target Population: 1.1 --- CO-ED
  Expiration Date: 12/31/2014

Program Name: DIXON RECOVERY INSTITUTE, INC.
  Legal Name: DIXON RECOVERY INSTITUTE, INC.
  Address: 4715 CRENSHAW BOULEVARD
  City, State Zip: LOS ANGELES, CA 90043
  Phone: (323)244-5677  Fax: (866)582-9013
  Record ID: 190622AN
  Service Type: NON
  Target Population: 1.1 --- CO-ED
  Expiration Date: 2/29/2016
Program Name: PROMISES TREATMENT CENTERS III
  Legal Name: SBAR2 INC.
    Address: 3743 SOUTH BARRINGTON AVENUE
  City, State Zip: LOS ANGELES, CA 90066
  Phone: (310)390-2340
  Record ID: 190623AP
  Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2014

Program Name: PROMISES TREATMENT CENTERS II
  Legal Name: PROMAL2 INC.
    Address: 20723 ROCKCROFT DRIVE
  City, State Zip: MALIBU, CA 90265
  Phone: (310)390-2340
  Record ID: 190624AP
  Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2014

Program Name: PROMISES RESIDENTIAL TREATMENT CENTERS
  Legal Name: WESTSIDE SOBER LIVING CENTERS, INC.
    Address: 20725 ROCKCROFT DRIVE
  City, State Zip: MALIBU, CA 90265
  Phone: (310)390-2340
  Record ID: 190625AP
  Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2014
Program Name: PROMISES RESIDENTIAL TREATMENT CENTERS
Legal Name: WESTSIDE SOBER LIVING CENTERS, INC.
Address: 3743 1/2 SOUTH BARRINGTON AVENUE
City, State Zip: LOS ANGELES, CA 90066
Phone: (310)390-2340
Record ID: 190625CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2014

Program Name: PROMISES TREATMENT CENTERS VI
Legal Name: WESTSIDE SOBER LIVING CENTERS, INC.
Address: 20713 ROCKCROFT DRIVE
City, State Zip: MALIBU, CA 90265
Phone: (562)741-6471 Fax: (562)741-6488
Record ID: 190625EP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 01/31/2015

Program Name: PROMISES TREATMENT CENTERS - OUTPATIENT PROGRAM
Legal Name: WESTSIDE SOBER LIVING CENTERS, INC.
Address: 2045 SOUTH BARRINGTON AVENUE SUITE B
City, State Zip: LOS ANGELES, CA 90025
Phone: (310)268-7717 Fax: (310)479-3520
Record ID: 190625FP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2015
Program Name: PROFESSIONALS TREATMENT AT PROMISES  
Legal Name: WESTSIDE SOBER LIVING CENTERS, INC.  
Address: 2515 WILSHIRE BOULEVARD  
City, State Zip: SANTA MONICA, CA 90403  
Phone: (424)744-5160  
Fax: (310)943-3389  
Record ID: 190625GP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 2/28/2015

Program Name: RIDGEVIEW RANCH  
Legal Name: RIDGEVIEW DRIVE RANCH, LLC  
Address: 3085 RIDGEVIEW DRIVE  
City, State Zip: ALTADENA, CA 91001  
Phone: (626)482-3478  
Fax: (626)791-1592  
Record ID: 190627AP  
Service Type: RES  
Resident Capacity: 10  
Total Occupancy: 10  
Target Population: 1.1 --- CO-ED  
Expiration Date: 02/29/2016

Program Name: RIDGEVIEW RANCH II  
Legal Name: RIDGEVIEW DRIVE RANCH, LLC  
Address: 3323 MARENGO AVENUE  
City, State Zip: ALTADENA, CA 91001  
Phone: (626)765-9600  
Fax: (626)765-9605  
Record ID: 190627BP  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 10  
Target Population: 1.1 --- CO-ED  
Expiration Date: 08/31/2016
Program Name: Ridgeview Ranch  
Legal Name: RIDGEVIEW DRIVE RANCH, LLC  
Address: 3085 Ridgeview Drive  
City, State Zip: Altadena, CA 91001  
Phone: (626)791-0831  
Fax: (626)791-1592  
Record ID: 190627DP  
Service Type: RES  
Target Population: 1.1 --- CO-ED  
PENDING

Program Name: Ridgeview Ranch II  
Legal Name: RIDGEVIEW DRIVE RANCH, LLC  
Address: 3323 Marengo Avenue  
City, State Zip: Altadena, CA 91001  
Phone: (626)765-9600  
Fax: (626)765-9605  
Record ID: 190627EP  
Service Type: RES  
Target Population: 1.1 --- CO-ED  
PENDING

Program Name: CRYSTAL HOPE MEDICAL SERVICES, INC.  
Legal Name: CRYSTAL HOPE MEDICAL SERVICES, INC.  
Address: 1300 WEST OLYMPIC BOULEVARD, SUITE 320  
City, State Zip: LOS ANGELES, CA 90015  
Phone: (310)529-3006  
Record ID: 190630AN  
Service Type: NON  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 11/30/2014

Program Name: PRIORITY HEALTH CARE SERVICES, INC.  
Legal Name: PRIORITY HEALTH CARE SERVICES, INC.  
Address: 2023 WEST COMPTON BOULEVARD  
City, State Zip: COMPTON, CA 90220  
Phone: (310)763-7000  
Record ID: 190631AN  
Service Type: NON  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 4/30/2015
Program Name: BLESSED HEALTH SERVICES, INC.
Legal Name: BLESSED HEALTH SERVICES, INC.
Address: 3756 SANTA ROSALIA DRIVE, SUITE # 523A
City, State Zip: LOS ANGELES, CA 90008
Phone: (562)313-5432 Fax: (323)290-1501
Record ID: 190632AN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 10/31/2015

Program Name: MEDI-CURE HEALTH SERVICES, INC.
Legal Name: MEDI-CURE HEALTH SERVICES, INC.
Address: 3756 SANTA ROSALIA DRIVE # 417
City, State Zip: LOS ANGELES, CA 90008
Phone: (323)295-1136 Fax: (323)295-1071
Record ID: 190636AN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 10/31/2016

Program Name: THE CENTER FOR NEW IMAGE, INC.
Legal Name: THE CENTER FOR NEW IMAGE, INC.
Address: 4708 CRENSHAW BOULEVARD, SUITE 101-105
City, State Zip: LOS ANGELES, CA 90043
Phone: (332)293-9722 Fax: (323)359-2325
Record ID: 190639AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2014

Program Name: DAVID & MARGARET YOUTH AND FAMILY SERVICES RECOVERY PROGRAM
Legal Name: DAVID AND MARGARET HOME, INC.
Address: 1350 THIRD STREET
City, State Zip: LA VERNE, CA 91750
Phone: (909)596-5921 Fax: (909)596-3954
Record ID: 190641AN
Service Type: DSS
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 5/31/2015
Program Name: HOME FROM HOME COUNSELING AND TREATMENT PROGRAM
Legal Name: HOME FROM HOME, INC.
Address: 4125 SOUTH STREET
City, State Zip: LAKEWOOD, CA 90711
Phone: (562)531-0266
Record ID: 190646AN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 7/31/2015

Program Name: HELPING HANDS RECOVERY CENTER
Legal Name: TRANSITIONAL MINISTRY OF CHRIST
Address: 9118 SOUTH BROADWAY BOULEVARD
City, State Zip: LOS ANGELES, CA 90003
Phone: (323)757-1819
Record ID: 190648AN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 5/31/2016

Program Name: MILESTONES 1, THE RANCH MALIBU VENTURE 1
Legal Name: THE RANCH MALIBU VENTURE 1
Address: 200 VERA CANYON ROAD
City, State Zip: MALIBU, CA 90265
Phone: (818)879-9110 Fax: (818)879-9011
Record ID: 190649AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2015
Program Name: MILESTONES 2, THE RANCH MALIBU VENTURE 1  
Legal Name: THE RANCH MALIBU VENTURE 1  
Address: 221 VERA CANYON ROAD  
City, State Zip: MALIBU, CA 90265  
Phone: (818)879-9110    Fax: (818)879-9011  
Record ID: 190649BP  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 04/30/2015

Program Name: PASSAGES 8  
Legal Name: 6390/6390A MEADOWS COURT LLC  
Address: 6390 MEADOWS COURT  
City, State Zip: MALIBU, CA 90265  
Phone: (310)589-2880  
Record ID: 190650AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 09/30/2016

Program Name: SOUTHLAND OUTPATIENT RECOVERY CENTER  
Legal Name: SOUTHLAND OUTPATIENT RECOVERY CENTER  
Address: 920 N. LONG BEACH BOULEVARD  
City, State Zip: COMPTON, CA 90221  
Phone: (562)537-3396  
Record ID: 190651AP  
Service Type: NON  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 3/31/2015
Program Name: PASSAGES 9
   Legal Name: 6390A MEADOWS COURT LLC
       Address: 6390 MEADOWS COURT (REAR GUEST HOUSE)
   City, State Zip: MALIBU, CA 90265
   Phone: (310)589-2880
   Record ID: 190652AP
   Service Type: RES-DETOX
Resident Capacity: 5
   Total Occupancy: 5
Target Population: 1.1 --- CO-ED
   Expiration Date: 09/30/2016

Program Name: 2ND CHANCE FOR RECOVERY
   Legal Name: 2ND CHANCE FOR RECOVERY, INC.
       Address: 600 E 7TH STREET, SUITE 104 & 105
   City, State Zip: LOS ANGELES, CA 90021
   Phone: (818)590-0111
   Record ID: 190653AN
   Service Type: NON
Target Population: 1.1 --- CO-ED
   Expiration Date: 7/31/2016

Program Name: 2ND CHANCE FOR RECOVERY
   Legal Name: 2ND CHANCE FOR RECOVERY, INC.
       Address: 2116 & 2118 S. CENTRAL AVENUE
   City, State Zip: LOS ANGELES, CA 90011
   Phone: (818)590-0111
       Fax: (866)754-1323
   Record ID: 190653BN
   Service Type: NON
Target Population: 1.1 --- CO-ED
   Expiration Date: 5/31/2014
Program Name: MOUNT ZION COUNSELING SERVICES, INC.
Legal Name: MOUNT ZION COUNSELING SERVICES, INC.
Address: 8814 S. WESTERN AVENUE
City, State Zip: LOS ANGELES, CA 90047
Phone: (323)908-1982 Fax: (323)908-0484
Record ID: 190654AN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 6/30/2015

Program Name: SEASONS IN MALIBU
Legal Name: LUXURY REHAB GROUP LLC
Address: 6021 GALAHAD ROAD
City, State Zip: MALIBU, CA 90265
Phone: (424)234-2044 Fax: (818)337-0365
Record ID: 190655AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2015

Program Name: YOU CAN ALCOHOL AND DRUG COUNSELING AND EDUCATION PROGRAM
Legal Name: YOU CAN HEALTH SERVICES
Address: 600 WEST MANCHESTER AVENUE, SUITE 5
City, State Zip: LOS ANGELES, CA 90044
Phone: (310)349-9778
Record ID: 190656AN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 9/30/2016
Program Name: CLIFFSIDE MALIBU II
   Legal Name: CLIFFSIDE MALIBU II
   Address: 5853 BUSCH DRIVE
   City, State Zip: MALIBU, CA 90265
   Phone: (800)332-9202       Fax: (310)457-1272
   Record ID: 190658AP
   Service Type: RES-DETOX
   Resident Capacity: 6
   Total Occupancy: 6
   Target Population: 1.1 --- CO-ED
   Expiration Date: 02/28/2015

Program Name: SOBA TREATMENT CENTER
   Legal Name: SOBALIVING LLC
   Address: 22699 PACIFIC COAST HIGHWAY
   City, State Zip: MALIBU, CA 90265
   Phone: (866)547-6451
   Record ID: 190664AP
   Service Type: RES-DETOX
   Resident Capacity: 6
   Total Occupancy: 6
   Target Population: 1.1 --- CO-ED
   Expiration Date: 04/30/2015

Program Name: PROMISES TREATMENT CENTERS V
   Legal Name: EHRMAN SUBSIDIARY CORP.
   Address: 20781 BIG ROCK DRIVE
   City, State Zip: MALIBU, CA 90265
   Phone: (424)644-0473       Fax: (310)456-3553
   Record ID: 190666AP
   Service Type: RES-DETOX
   Resident Capacity: 6
   Total Occupancy: 6
   Target Population: 1.1 --- CO-ED
   Expiration Date: 07/31/2015
Program Name: OVERCOMERS REHABILITATION CENTER, INC.
Legal Name: OVERCOMERS REHABILITATION CENTER, INC.
Address: 4110 CRENSHAW BOULEVARD
City, State Zip: LOS ANGELES, CA 90008
Phone: (310)505-8045
Record ID: 190668AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2014

Program Name: FAMILY UNITED-N-NEW BEGINNINGS
Legal Name: FAMILY UNITED-N-NEW BEGINNINGS
Address: 11616 HAWTHORNE BOULEVARD, SUITE 202
City, State Zip: HAWTHORNE, CA 90250
Phone: (310)467-5142 Fax: (323)299-0058
Record ID: 190669AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2016

Program Name: FLORENCE DRUG AND ALCOHOL TREATMENT CENTER
Legal Name: FLORENCE DRUG & ALCOHOL TREATMENT CENTER, INC.
Address: 9671 SUNLAND BOULEVARD, #2A
City, State Zip: SUNLAND, CA 91040
Phone: (424)750-9037
Record ID: 190672AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015

Program Name: ETTIE LEE YOUTH AND FAMILY SERVICES DRUG/ALCOHOL TREATMENT PROGRAM
Legal Name: ETTIE LEE HOMES, INC.
Address: 160 EAST HOLT
City, State Zip: POMONA, CA 91767
Phone: (909)620-2521 Fax: (909)620-9793
Record ID: 190673AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015
Program Name: HANNA'S FIRST STEP TREATMENT CENTER
Legal Name: HANNA'S HOUSE
Address: 5900 SOUTH EASTERN AVENUE, SUITE 186 & 188
City, State Zip: COMMERCE, CA 90040
Phone: (323)278-6501 Fax: (323)278-6515
Record ID: 190678AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2014

Program Name: JARS OF CLAY TREATMENT CENTER II, INC.
Legal Name: JARS OF CLAY TREATMENT CENTER II, INC.
Address: 3860 CRENSHAW BOULEVARD, SUITE 229
City, State Zip: LOS ANGELES, CA 90008
Phone: (310)918-4298 Fax: (310)918-4298
Record ID: 190680AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2015

Program Name: WEST COAST OUTPATIENT SERVICES, INC.
Legal Name: WEST COAST OUTPATIENT SERVICES, INC.
Address: 13252 HAWTHORNE BOULEVARD, SUITE #103
City, State Zip: HAWTHORNE, CA 90250
Phone: (310)675-7700 Fax: (310)671-5602
Record ID: 190684AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2014

Program Name: HOLY ADDICTION CARE CENTER, INC.
Legal Name: HOLY ADDICTION CARE CENTER, INC.
Address: 111 NORTH GLENDALE BOULEVARD, SUITE B
City, State Zip: LOS ANGELES, CA 90026
Phone: (213)481-8279 Fax: (213)481-9944
Record ID: 190685AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2014
Program Name: OCEANSIDE MALIBU
Legal Name: OCEANSIDE TRANSITIONAL LIVING IN MALIBU, INC.
Address: 21022 PACIFIC COAST HIGHWAY
City, State Zip: MALIBU, CA 90265
Phone: (310)456-3355  Fax: (310)456-3305
Record ID: 190687AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2015

Program Name: JOURNEY MALIBU
Legal Name: BELLA LA VITA COMPANY
Address: 22516 CARBON MESA
City, State Zip: MALIBU, CA 90265
Phone: (310)456-6916  Fax: (310)317-6166
Record ID: 190688AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population:
Expiration Date: 10/31/2016

Program Name: JOURNEY MALIBU II
Legal Name: BELLA LA VITA COMPANY
Address: 26190 INGLESIDE WAY
City, State Zip: MALIBU, CA 90265
Phone: (310)456-6916  Fax: (310)317-6166
Record ID: 190688BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2014
Program Name: STILLWATERS RECOVERY HOMES
Legal Name: STILLWATERS SOBER LIVING HOMES, LLC
Address: 45128 LOMA VISTA DRIVE
City, State Zip: LANCASTER, CA 93535
Phone: (661)202-7384 Fax: (661)609-7631
Record ID: 190689AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 11
Target Population: 1.2 --- MEN ONLY
Expiration Date: 10/31/2014

Program Name: PASADENA CLINIC
Legal Name: CALIFORNIA DRUG COUNSELING, INC.
Address: 659 EAST WALNUT STREET
City, State Zip: PASADENA, CA 91101
Phone: (626)844-0410
Record ID: 190690AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2016

Program Name: KLEAN WEST HOLLYWOOD
Legal Name: KLEAN W. HOLLYWOOD, LLC
Address: 848 HILDALE AVENUE
City, State Zip: WEST HOLLYWOOD, CA 90069
Phone: (310)740-4843 Fax: (310)358-0680
Record ID: 190692AP
Service Type: RES-DETOX
Resident Capacity: 3
Total Occupancy: 3
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2014
Program Name: KLEAN WEST HOLLYWOOD
Legal Name: KLEAN W. HOLLYWOOD, LLC
Address: 840 HILLDALE AVENUE
City, State Zip: WEST HOLLYWOOD, CA 90069
Phone: (310)740-4843 Fax: (310)358-0680
Record ID: 190692BP
Service Type: RES-DETOX
Resident Capacity: 3
Total Occupancy: 3
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2014

Program Name: KLEAN WEST HOLLYWOOD
Legal Name: KLEAN W. HOLLYWOOD, LLC
Address: 844 HILLDALE AVENUE
City, State Zip: WEST HOLLYWOOD, CA 90069
Phone: (310)740-4843 Fax: (310)338-0680
Record ID: 190692CP
Service Type: RES-DETOX
Resident Capacity: 3
Total Occupancy: 3
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2014

Program Name: KLEAN WEST HOLLYWOOD
Legal Name: KLEAN W. HOLLYWOOD, LLC
Address: 846 HILLDALE AVENUE
City, State Zip: WEST HOLLYWOOD, CA 90069
Phone: (310)740-4843 Fax: (310)338-0680
Record ID: 190692DP
Service Type: RES
Resident Capacity: 4
Total Occupancy: 4
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2014
Program Name: KLEAN WEST HOLLYWOOD
Legal Name: KLEAN W. HOLLYWOOD, LLC
Address: 852, 852 1/2, AND 854 HILLDALE AVENUE
City, State Zip: WEST HOLLYWOOD, CA 90069
Phone: (310)740-4843 Fax: (310)338-0680
Record ID: 190692EP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2014

Program Name: KLEAN WEST HOLLYWOOD
Legal Name: KLEAN W. HOLLYWOOD, LLC
Address: 842 HILLDALE AVENUE
City, State Zip: WEST HOLLYWOOD, CA 90069
Phone: (310)740-4843 Fax: (310)338-0688
Record ID: 190692FP
Service Type: RES
Resident Capacity: 3
Total Occupancy: 3
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2014

Program Name: KLEAN WEST HOLLYWOOD
Legal Name: KLEAN W. HOLLYWOOD, LLC
Address: 850 HILLDALE AVENUE
City, State Zip: WEST HOLLYWOOD, CA 90069
Phone: (310)740-4843 Fax: (310)338-0680
Record ID: 190692GP
Service Type: RES
Resident Capacity: 4
Total Occupancy: 4
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2014
Program Name: KLEAN W. HOLLYWOOD OUTPATIENT
  Legal Name: KLEAN W. HOLLYWOOD, LLC
  Address: 9000 SUNSET BOULEVARD, SUITE 650-B
  City, State Zip: WEST HOLLYWOOD, CA 90069
  Phone: (310)922-2264
  Record ID: 190692HP
  Service Type: NON
  Target Population: 1.1 --- CO-ED
  Expiration Date: 6/30/2016

Program Name: SEASIDE RECOVERY CENTER, LLC I
  Legal Name: SEASIDE RECOVERY CENTER LLC
  Address: 6380 SEA STAR DRIVE
  City, State Zip: MALIBU, CA 90265
  Phone: (424)235-2015
  Fax: (818)337-0365
  Record ID: 190695AP
  Service Type: RES-DETOX
  Resident Capacity: 6
  Total Occupancy: 8
  Target Population: 1.1 --- CO-ED
  Expiration Date: 05/31/2016

Program Name: BETTER CHOICE CENTER
  Legal Name: BETTER CHOICE CENTER
  Address: 13858 1/2 CHASE STREET
  City, State Zip: PANORAMA CITY, CA 91402
  Phone: (818)810-5848
  Record ID: 190699AP
  Service Type: NON
  Target Population: 1.1 --- CO-ED
  Expiration Date: 1/31/2015
Program Name: COMPASSION CARE CENTER, INC.
Legal Name: COMPASSION CARE CENTER, INC.
Address: 2614 CRENSHAW BOULEVARD
City, State Zip: LOS ANGELES, CA 90016
Phone: (310)230-5574
Record ID: 190700AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2014

Program Name: AVALON-CARVER COMMUNITY CENTER
Legal Name: AVALON-CARVER COMMUNITY CENTER
Address: 4920 SOUTH AVALON BOULEVARD
City, State Zip: LOS ANGELES, CA 90011
Phone: (323)232-4391 Fax: (323)234-1008
Record ID: 190702AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2015

Program Name: THE HILLS TREATMENT CENTER, LLC
Legal Name: THE HILLS TREATMENT CENTER, LLC
Address: 8147, 8171 AND 8207 MULHOLLAND DRIVE
City, State Zip: LOS ANGELES, CA 90046
Phone: (323)791-5489 Fax: (877)729-8207
Record ID: 190703AP
Service Type: RES-DETOX
Resident Capacity: 15
Total Occupancy: 15
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016
Program Name: The Hills Treatment Center, LLC.
Legal Name: THE HILLS TREATMENT CENTER, LLC
Address: 8057 Willow Glen
City, State Zip: Los Angeles, CA 90046
Phone: (323)791-5489 Fax: (877)729-8207
Record ID: 190703BP
Service Type: RES-DETOX
Resident Capacity: 8
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
PENDING

Program Name: OMEGA SUBSTANCE ABUSE AND EDUCATION PROGRAM
Legal Name: OMEGA HEALTH AND EDUCATIONAL SERVICES, INC.
Address: 3870 CRENSHAW BOULEVARD, SUITE 213
City, State Zip: LOS ANGELES, CA 90008-1815
Phone: (310)854-1003
Record ID: 190705AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2015

Program Name: CHAPMAN HOUSE
Legal Name: CHAPMAN HOUSE, INC.
Address: 834 PACIFIC AVENUE
City, State Zip: LONG BEACH, CA 90813
Phone: (562)495-3404 Fax: (714)288-6130
Record ID: 190706AP
Service Type: RES
Resident Capacity: 37
Total Occupancy: 37
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2016
Program Name: HELP CENTER, INC.
Legal Name: HELP CENTER, INC.
Address: 3756 SANTA ROSALIA DRIVE, SUITE 219
City, State Zip: LOS ANGELES, CA 90008
Phone: (213)840-3490
Record ID: 190707AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015

Program Name: PACIFIC LODGE YOUTH SERVICES, INC.
Legal Name: PACIFIC LODGE YOUTH SERVICES, INC.
Address: 22030 SHERMAN WAY, SUITE 215
City, State Zip: CANOGA PARK, CA 91303
Phone: (818)347-1577 Fax: (818)883-5452
Record ID: 190711AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2015

Program Name: PACIFICA RECOVERY, INC.
Legal Name: PACIFICA RECOVERY, INC.
Address: 415 WEST FOOTHILL BLVD. SUITE #210, 230, 231, 232, AND 236
City, State Zip: CLAREMONT, CA 91711
Phone: (919)447-5081 Fax: (919)447-5974
Record ID: 190712AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2015

Program Name: MELA COUNSELING SERVICES CENTER, INC.
Legal Name: MELA COUNSELING SERVICES CENTER, INC.
Address: 5723 WHITTIER BOULEVARD
City, State Zip: LOS ANGELES, CA 90022-4222
Phone: (323)721-6855
Record ID: 190713AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2015
Program Name: SEA VIEW REHABILITATION CENTER
Legal Name: PAUL AND MAVASH MORADY
Address: 5606 SEA VIEW DRIVE
City, State Zip: MALIBU, CA 90265
Phone: (310)968-9235 Fax: (818)338-3585
Record ID: 190715AP
Service Type: RES-DETOX
Resident Capacity: 2
Total Occupancy: 2
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2014

Program Name: EGGLESTON SUBSTANCE ABUSE AND EDUCATION PROGRAM
Legal Name: EGGLESTON YOUTH CENTERS, INC.
Address: 13001 RAMONA BOULEVARD, SUITES E AND J
City, State Zip: IRWINDALE, CA 91706
Phone: (626)786-5020
Record ID: 190716AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2015

Program Name: MINI HOUSE RESIDENTIAL TREATMENT
Legal Name: JWCH INSTITUTE, INC.
Address: 303 EAST 52ND STREET
City, State Zip: LOS ANGELES, CA 90011
Phone: (323)813-0200 Fax: (323)813-0207
Record ID: 190718AN
Service Type: RES
Resident Capacity: 31
Total Occupancy: 31
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 04/30/2015
Program Name: SOLUTION FAMILY RESOURCE CENTER
   Legal Name: JWCH INSTITUTE, INC.
   Address: 1218 EAST COMPTON BOULEVARD
   City, State Zip: COMPTON, CA 90221
   Phone: (310)608-1505
   Record ID: 190718BN
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 3/31/2015

Program Name: LOS ANGELES NEW LIFE CENTER, INC.
   Legal Name: LOS ANGELES NEW LIFE CENTER, INC.
   Address: 1818 SOUTH WESTERN AVENUE, SUITE #300
   City, State Zip: LOS ANGELES, CA 90006
   Phone: (323)734-3677       Fax: (323)734-4972
   Record ID: 190720AN
   Service Type: NON
   Target Population: 1.8 --- DUAL DIAGNOSIS
   Expiration Date: 10/31/2015

Program Name: ALTERNATIVES RECOVERY
   Legal Name: SPENCER RECOVERY CENTERS, INC.
   Address: 2530 HYPERION AVENUE
   City, State Zip: LOS ANGELES, CA 90027
   Phone: (949)313-5223
   Record ID: 190721AP
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 9/30/2015
Program Name: PROMINENCE TREATMENT CENTER
Legal Name: PROMINENCE CORPORATION
Address: 2150 COLD CANYON ROAD
City, State Zip: CALABASAS, CA 91302
Phone: (818)591-6869 Fax: (818)914-6279
Record ID: 190722AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 12
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2015

Program Name: MALIBU CANYON REHABILITATION
Legal Name: PROMINENCE CORPORATION
Address: 4505 LAS VIRGENES ROAD, SUITE # 207
City, State Zip: CALABASAS, CA 91302-1956
Phone: (818)878-6900 Fax: (818)878-6902
Record ID: 190722BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2015

Program Name: THE CONTROL CENTER, INC.
Legal Name: CONTROL CENTER, INC.
Address: 8383 WILSHIRE BOULEVARD, SUITE 228
City, State Zip: BEVERLY HILLS, CA 90211-2433
Phone: (310)271-8700 Fax: (310)271-8703
Record ID: 190723AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2015
Program Name: LA FUENTE HOLLYWOOD TREATMENT CENTER LLC  
Legal Name: LA FUENTE HOLLYWOOD TREATMENT CENTER LLC  
Address: 5718 FOUNTAIN AVENUE  
City, State Zip: LOS ANGELES, CA 90028  
Phone: (323)464-2947 Fax: (323)464-2947  
Record ID: 190725AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 09/30/2015

Program Name: AXIS RESIDENTIAL TREATMENT CENTER - WEST  
Legal Name: BRAD KEITH  
Address: 4022 HURON AVENUE  
City, State Zip: CULVER CITY, CA 90232  
Phone: (310)435-6298 Fax: (310)453-9532  
Record ID: 190727AP  
Service Type: RES-DETOX  
Resident Capacity: 12  
Total Occupancy: 12  
Target Population: 1.1 --- CO-ED  
Expiration Date: 08/31/2015

Program Name: HEALTHRIGHT 360  
Legal Name: HEALTHRIGHT 360  
Address: 12423 DAHLIA AVENUE  
City, State Zip: EL MONTE, CA 91732  
Phone: (626)258-0324 Fax: (415)970-7518  
Record ID: 190728AN  
Service Type: RES  
Resident Capacity: 72  
Total Occupancy: 102  
Target Population: 1.4 --- WOMEN/CHILDREN  
Expiration Date: 08/31/2015
Program Name: HEALTHRIGHT 360
Legal Name: HEALTHRIGHT 360
Address: 2307 WEST 6TH STREET
City, State Zip: LOS ANGELES, CA 90057
Phone: (415)970-7500
Record ID: 190728BN
Service Type: RES
Resident Capacity: 186
Total Occupancy: 186
Target Population: 1.2 --- MEN ONLY
Expiration Date: 09/30/2016

Program Name: HEALTHRIGHT 360
Legal Name: HEALTHRIGHT 360
Address: 145 WEST 22ND STREET
City, State Zip: LOS ANGELES, CA 90007
Phone: (415)970-7500
Record ID: 190728CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2015

Program Name: INSPIRE MALIBU
Legal Name: MALIBU CALIFORNIA MODEL DRUG TREATMENT CENTER, INC.
Address: 30101 AGOURA COURT, SUITE 103
City, State Zip: AGOURA HILLS, CA 91301
Phone: (818)922-4779 Fax: (818)879-9013
Record ID: 190729AP
Service Type: NON
Target Population: 1.8 --- DUAL DIAGNOSIS
Expiration Date: 10/31/2015
Program Name: INSPIRE MALIBU  
Legal Name: MALIBU CALIFORNIA MODEL DRUG TREATMENT CENTER, INC.  
Address: 3875 KANAN ROAD  
City, State Zip: AGOURA HILLS, CA 91301  
Phone: (818)532-6243 Fax: (818)532-6244  
Record ID: 190729BP  
Service Type: RES-DETOX  
Resident Capacity: 11  
Total Occupancy: 11  
Target Population: 1.1 --- CO-ED  
Expiration Date: 04/30/2016

Program Name: INSPIRE MALIBU  
Legal Name: MALIBU CALIFORNIA MODEL DRUG TREATMENT CENTER, INC.  
Address: 33239 Mulholland Highway  
City, State Zip: Malibu, CA 90265  
Phone: (818)532-6243 Fax: (818)532-6244  
Record ID: 190729DP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
PENDING

Program Name: FFC SUBSTANCE ABUSE DISORDER TREATMENT PROGRAM  
Legal Name: FAMILIES FOR CHILDREN INC.  
Address: 2504 W. MANCHESTER BOULEVARD  
City, State Zip: INGLEWOOD, CA 90305  
Phone: (323)750-5855 Fax: (310)750-5885  
Record ID: 190730AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 11/30/2015
Program Name: PAX HOUSE
Legal Name: PAX HOUSE LLC
Address: 324 WAPELLO STREET
City, State Zip: ALTADENA, CA 91001
Phone: (626)398-3897
Record ID: 190732AP
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 12
Target Population:
Expiration Date: 10/31/2016

Program Name: PAX HOUSE
Legal Name: PAX HOUSE LLC
Address: 1372 EAST WALNUT STREET, SUITE B
City, State Zip: PASADENA, CA 91106
Phone: (323)821-6226 Fax: (626)243-4425
Record ID: 190732BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2016

Program Name: ABLE FAMILY SUPPORT
Legal Name: ABLE FAMILY SUPPORT, INC.
Address: 14418 CHASE STREET, #200
City, State Zip: PANORAMA CITY, CA 91402
Phone: (818)830-9500 Fax: (818)830-7005
Record ID: 190734CP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2014
Program Name: CYCLES OF CHANGE RECOVERY SERVICES
Legal Name: DESIGN FOR LIVING BEHAVIOR HEALTH, INC.
Address: 43858 BEECH AVENUE
City, State Zip: LANCASTER, CA 93534
Phone: (661)729-8155       Fax: (661)949-8131
Record ID: 190735AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2015

Program Name: CYCLES OF CHANGE II
Legal Name: DESIGN FOR LIVING BEHAVIOR HEALTH, INC.
Address: 36451 EL CAMINO DRIVE
City, State Zip: PALMDALE, CA 93551
Phone: (818)489-3779
Record ID: 190735BP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2016

Program Name: CYCLES OF CHANGE RECOVERY SERVICES
Legal Name: DESIGN FOR LIVING BEHAVIOR HEALTH, INC.
Address: 1805 WEST AVENUE K, SUITE 202
City, State Zip: LANCASTER, CA 93534
Phone: (661)948-8390       Fax: (661)948-8184
Record ID: 190735CP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2016
Program Name: CYCLES OF CHANGE III
Legal Name: DESIGN FOR LIVING BEHAVIOR HEALTH, INC.
Address: 42210 61ST STREET WEST
City, State Zip: LANCASTER, CA 93536
Phone:
Record ID: 190735DP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
PENDING

Program Name: ADVANCES IN MENTAL HEALTH AND ADDICTIONS
Legal Name: BENJAMIN A. STEPANOFF - SOLE PROPRIETOR
Address: 5199 E. PACIFIC COAST HIGHWAY SUITE 208
City, State Zip: LONG BEACH, CA 90804
Phone: (562)365-2020 Fax: (562)239-3135
Record ID: 190736AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2014

Program Name: VANTAGE POINT RECOVERY
Legal Name: GATE OF RECOVERY INC.
Address: 1800 BRIDGEGATE STREET, SUITE 204 AND 1840 BRIDGEGATE STREET, SUITE 1
City, State Zip: WESTLAKE VILLAGE, CA 91361
Phone: (805)777-7595 Fax: (805)777-9249
Record ID: 190743AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2016
Program Name: SCHARP - OASIS HOUSE
   Legal Name: SOUTHERN CALIFORNIA HEALTH & REHABILITATION PROGRAM
   Address: 5201 S. VERMONT AVE.
   City, State Zip: LOS ANGELES, CA 90037
   Phone: (323)751-2677   Fax: (323)751-0971
   Record ID: 190745AN
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 6/30/2016

Program Name: THE CANYON AT SANTA MONICA
   Legal Name: THE CANYON AT SANTA MONICA, LLC
   Address: 12304 SANTA MONICA BOULEVARD, SUITE #112
   City, State Zip: LOS ANGELES, CA 90025
   Phone: (310)259-6256
   Record ID: 190746AP
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 4/30/2016

Program Name: BLUEPRINT DEVELOPMENT CENTER
   Legal Name: BLUEPRINT DEVELOPMENT CENTER
   Address: 2501 SYCAMORE LANE
   City, State Zip: PALMDALE, CA 93551
   Phone: (661)480-0742
   Record ID: 190749AN
   Service Type: RES
   Resident Capacity: 6
   Total Occupancy: 7
   Target Population: 1.1 --- CO-ED
   Expiration Date: 06/30/2016
Program Name: H & H TESTING OUTPATIENT
   Legal Name: H & H TESTING, INC.
   Address: 10801 NATIONAL BOULEVARD SUITE 579
   City, State Zip: LOS ANGELES, CA 90064
   Phone: (310)266-3957
   Record ID: 190750AP
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 1/31/2015

Program Name: MOTIVATIONAL RECOVERY SERVICES, INC.
   Legal Name: MOTIVATIONAL RECOVERY SERVICES, INC.
   Address: 2116-2118 S. CENTRAL AVENUE
   City, State Zip: LOS ANGELES, CA 90001
   Phone: (818)226-6959
   Record ID: 190751AN
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 7/31/2016

Program Name: AVALON MALIBU
   Legal Name: AVALON BY THE SEA, INC. WHICH WILL DO BUSINESS IN CALIFORNIA AS
               MALIBU INTEGRATA
   Address: 32430 PACIFIC COAST HIGHWAY
   City, State Zip: MALIBU, CA 90265
   Phone: (310)589-0777
   Record ID: 190752AP
   Service Type: RES-DETOX
   Resident Capacity: 6
   Total Occupancy: 6
   Target Population: 1.1 --- CO-ED
   Expiration Date: 09/30/2016
Program Name: AVALON MALIBU
Legal Name: AVALON BY THE SEA, INC. WHICH WILL DO BUSINESS IN CALIFORNIA AS MALIBU INTEGRATA
Address: 29350 PACIFIC COAST HIGHWAY, #9 & #11
City, State Zip: MALIBU, CA 90265
Phone: (310)589-0777
Record ID: 190752CP
Service Type: NON-DETOX
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: HOPE ALIVE COUNSELING CENTERS, LLC
Legal Name: HOPE ALIVE COUNSELING CENTERS, LLC
Address: 4242 LYNWOOD AVENUE
City, State Zip: LYNWOOD, CA 90262
Phone: (310)710-2280
Record ID: 190753AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 08/31/2016

Program Name: HOPE ALIVE COUNSELING CENTERS, LLC
Legal Name: HOPE ALIVE COUNSELING CENTERS, LLC
Address: 11157 ATLANTIC AVENUE
City, State Zip: LYNWOOD, CA 90262
Phone: (310)710-2280
Record ID: 190753BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2016
Program Name: ST. PAUL CENTER ALCOHOL AND DRUG PROGRAM
   Legal Name: SET THE CAPTIVES FREE DELIVERANCE MINSTRIES
   Address: 1039 WEST FLORENCE AVENUE
   City, State Zip: LOS ANGELES, CA 90044-2511
   Phone: (323)776-1504   Fax: (323)755-3959
   Record ID: 190757AN
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 8/31/2016

Program Name: TURNING POINT ALCOHOL AND DRUG EDUCATION PROGRAM
   Legal Name: TURNING POINT ALCOHOL AND DRUG EDUCATION PROGRAM, INC.
   Address: 3756 SANTA ROSALIA DRIVE, SUITE 617
   City, State Zip: LOS ANGELES, CA 90008
   Phone: (323)810-3153
   Record ID: 190758AN
   Service Type: NON
   Target Population: ** --- UNKNOWN
   Expiration Date: 9/30/2016

Program Name: REBOS
   Legal Name: LIVING REBOS, LLC
   Address: 10533 WASHINGTON BOULEVARD
   City, State Zip: CULVER CITY, CA 90232
   Phone: (310)694-5590
   Record ID: 190759AP
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 8/31/2016

Program Name: VISIONS TREATMENT CENTERS, LLC
   Legal Name: VISIONS TREATMENT CENTERS, LLC
   Address: 119 BARRINGTON WALK AND 115 BARRINGTON WALK
   City, State Zip: LOS ANGELES, CA 90049
   Phone: (310)476-0033
   Record ID: 190760AP
   Service Type: RES
   Target Population: 1.1 --- CO-ED
   Expiration Date: 9/30/2016
Program Name: SOVEREIGN HEALTH OF CALIFORNIA
Legal Name: DUAL DIAGNOSIS TREATMENT CENTER, INC.
Address: 6167 BRISTOL PARKWAY, SUITE 100
City, State Zip: CULVER CITY, CA 90230
Phone: (949)276-5553
Fax: (949)498-2619
Record ID: 190762AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2015

Program Name: Sovereign Health of Los Angeles I
Legal Name: DUAL DIAGNOSIS TREATMENT CENTER, INC.
Address: 12832 Short Avenue
City, State Zip: Los Angeles, CA 90066
Phone: (949)276-5553
Record ID: 190762BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
PENDING

Program Name: ARTEMIS HILL RECOVERY
Legal Name: ARTEMIS HILL RECOVERY INC.
Address: 1858 LEES AVENUE
City, State Zip: LONG BEACH, CA 90815
Phone: (562)431-8459
Record ID: 190763AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 11/30/2014
Program Name: THE DISCOVERY HOUSE RESIDENTIAL TREATMENT
Legal Name: THE DISCOVERY HOUSE LLC
Address: 6957 ENFIELD AVENUE AND 6956 BERTRAND AVENUE AND 6953 ENFIELD AVENUE
City, State Zip: RESeda, CA 91332
Phone: (805)228-2826                      Fax: (805)419-4516
Record ID: 190764AP
Service Type: RES-DETOX
Resident Capacity: 34
Total Occupancy: 34
Target Population: 1.1 --- CO-ED
Expiration Date: 01/31/2015

Program Name: TDH FAMILY CONSULTING OUTPATIENT HEALTHCARE SERVICES
Legal Name: THE DISCOVERY HOUSE, LLC
Address: 17635 VAN OWEN STREET
City, State Zip: VAN NUYS, CA 91406
Phone: (805)228-2826                      Fax: (818)401-9387
Record ID: 190764DP
Service Type: NON
Target Population: 1.1 --- CO-ED
PENDING

Program Name: SILVER CROSS HEALTH SERVICES INC
Legal Name: SILVER CROSS HEALTH SERVICES INC
Address: 13079 ARTESIA BOULEVARD, SUITE B106
City, State Zip: CERRITOS, CA 90703
Phone: (562)916-3509                      Fax: (562)404-3083
Record ID: 190766AN
Service Type: NON
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 12/31/2014
Program Name: APAIT HEALTH CENTER
Legal Name: APAIT HEALTH CENTER
Address: 1730 W OLYMPIC BLVD., SUITE 300
City, State Zip: LOS ANGELES, CA 90015
Phone: (213)553-1830 Fax: (213)553-1833
Record ID: 190767AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2015

Program Name: PROGRESSIONS TLC, LLC
Legal Name: PROGRESSIONS TLC, LLC
Address: 5510 WILBUR AVENUE
City, State Zip: TARZANA, CA 91356
Phone: (818)324-2507 Fax: (888)310-4278
Record ID: 190768AP
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1 --- CO-ED
Expiration Date: 01/31/2015

Program Name: ELIJAH'S HOUSE TREATMENT CENTER
Legal Name: ELIJAH'S HOUSE TX CORP.
Address: 1617 ASHBURY DRIVE
City, State Zip: PASADENA, CA 91104
Phone: (626)394-9565 Fax: (626)696-3242
Record ID: 190769AP
Service Type: RES
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.1 --- CO-ED
Expiration Date: 01/31/2015
Program Name: HELPFUL HANDS DRUG AND ALCOHOL OUTPATIENT PROGRAM, INC.
Legal Name: HELPFUL HANDS DRUG AND ALCOHOL OUTPATIENT PROGRAM, INC.
Address: 1249 S. LA BREA AVENUE
City, State Zip: LOS ANGELES, CA 90019
Phone: (323)931-4647 Fax: (323)931-4748
Record ID: 190770AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2015

Program Name: ONE80 CENTER - HOUDINI
Legal Name: ADDICTION TREATMENT CENTERS OF AMERICA, LLC
Address: 2400 LAUREL CANYON BOULEVARD
City, State Zip: LOS ANGELES, CA 90046
Phone: (888)588-4180 Fax: (888)588-4080
Record ID: 190771AP
Service Type: RES-DETOX
 Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 03/31/2015

Program Name: THE BEACH HOUSE
Legal Name: JAMES & BENTZ, INC.
Address: 31450 BROAD BEACH ROAD
City, State Zip: MALIBU, CA 90265
Phone: (424)644-0808 Fax: (424)644-0990
Record ID: 190773AP
Service Type: RES-DETOX
 Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2015
Program Name: EXODUS RECOVERY INTEGRATED CLINIC
   Legal Name: EXODUS RECOVERY, INC.
   Address: 1920 MARENGO STREET
   City, State Zip: LOS ANGELES, CA 90033
   Phone: (310)945-3350   Fax: (310)840-7023
   Record ID: 190774AP
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 7/31/2015

Program Name: HOLLYWOOD DETOX CENTER
   Legal Name: HARMONY HOLLYWOOD LLC
   Address: 830 AND 832 NORTH MARIPOSA AVENUE
   City, State Zip: LOS ANGELES, CA 90029
   Phone: (323)450-2205   Fax: (323)488-9616
   Record ID: 190775AP
   Service Type: RES-DETOX
   Resident Capacity: 6
   Total Occupancy: 6
   Target Population: 1.1 --- CO-ED
   Expiration Date: 08/31/2015

Program Name: PACIFIC VIEW RECOVERY CENTER
   Legal Name: PACIFIC VIEW RECOVERY CENTER
   Address: 643 PACIFIC STREET, UNITS 1, 2, 3 AND 4
   City, State Zip: SANTA MONICA, CA 90405
   Phone: (760)641-3972   Fax: (310)202-7604
   Record ID: 190776AP
   Service Type: RES-DETOX
   Resident Capacity: 20
   Total Occupancy: 20
   Target Population: 1.1 --- CO-ED
   Expiration Date: 04/30/2015
1736 FAMILY CRISIS CENTER
Program Name: 1736 FAMILY CRISIS CENTER
Legal Name: 1736 FAMILY CRISIS CENTER
Address: 21707 HAWTHORNE BLVD., SUITE 300
City, State Zip: TORRANCE, CA 90503
Phone: (310)543-9900
Record ID: 190777AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/29/2016

Program Name: 1736 FAMILY CRISIS CENTER
Legal Name: 1736 FAMILY CRISIS CENTER
Address: 2116 ARLINGTON AVENUE, SUITE 200
City, State Zip: LOS ANGELES, CA 90018
Phone: (310)543-9900
Record ID: 190777BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2016

KOOL LIVING RECOVERY CENTER
Program Name: KOOL LIVING RECOVERY CENTER
Legal Name: KOOL LIVING, INC.
Address: 20138 ELK WOOD STREET
City, State Zip: WINNETKA, CA 91306
Phone: (951)427-4807 Fax: (818)961-6155
Record ID: 190778AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2015
Program Name: KOOL LIVING, INC.
Legal Name: KOOL LIVING, INC.
Address: 20944 SHERMAN WAY #206 B
City, State Zip: CANOGA PARK, CA 91303
Phone: (866)921-3778 Fax: (747)202-0622
Record ID: 190778BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2016

Program Name: CORNERSTONE OUTPATIENT TREATMENT PROGRAM
Legal Name: SAN FERNANDO VALLEY COMMUNITY MENTAL HEALTH CENTER, INCORPORATED
Address: 5950 CEDROS STREET
City, State Zip: VAN NUYS, CA 91411
Phone: (818)901-4836 Fax: (818)376-0044
Record ID: 190780AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2015

Program Name: NEW ERA HEALTH CARE SERVICES INC
Legal Name: NEW ERA HEALTH CARE SERVICES INC
Address: 14540 RAMONA BOULEVARD, STE 212
City, State Zip: BALDWIN PARK, CA 91706
Phone: (951)867-0138
Record ID: 190781AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015

Program Name: WB COMMUNITY LEARNING CENTER, INC.
Legal Name: W.B. COMMUNITY LEARNING CENTER
Address: 3425 W. MANCHESTER BOULEVARD #106
City, State Zip: INGLEWOOD, CA 90305
Phone: (323)778-7254 Fax: (323)777-1025
Record ID: 190782AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2016
Program Name: NATIONWIDE DRUG AND ALCOHOL COUNSELING, INC.
Legal Name: NATIONWIDE DRUG AND ALCOHOL COUNSELING, INC.
Address: 1040 ELM AVENUE, #310
City, State Zip: LONG BEACH, CA 90813
Phone: (310)704-6683
Record ID: 190784AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2015

Program Name: COMPATIOR, INC.
Legal Name: COMPATIOR, INC.
Address: 9637 CALIFORNIA AVENUE
City, State Zip: SOUTH GATE, CA 90280
Phone: (323)378-2009
Record ID: 190785AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2016

Program Name: ACADIA MALIBU
Legal Name: ACADIA MALIBU, INC.
Address: 5922 Philip Avenue
City, State Zip: MALIBU, CA 90265
Phone: (310)457-5156 Fax: (310)494-0042
Record ID: 190786AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2015
Program Name: Acadia Malibu Outpatient
Legal Name: ACADIA MALIBU, INC.
Address: 29350 Pacific Coast Highway #2B
City, State Zip: Malibu, CA 90265
Phone: (370)579-5192
Record ID: 190786BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: MALIBU LIFE RECOVERY CENTER
Legal Name: SOCAL RECOVERY CENTERS, INC.
Address: 6315 BONSALL DRIVE
City, State Zip: MALIBU, CA 90265
Phone: (310)457-5422 Fax: (310)457-5422
Record ID: 190787AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2015

Program Name: BREATHE LIFE HEALING CENTER
Legal Name: BREATHE WEHO TREATMENT SERVICES, LLC
Address: 8730 WEST SUNSET BOULEVARD, 5TH FLOOR
City, State Zip: WEST HOLLYWOOD, CA 90069
Phone: (800)929-5904 Fax: (800)763-1597
Record ID: 190788AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2015
Program Name: SAN FERNANDO VALLEY TREATMENT CENTER
Legal Name: ACTIVE RECOVERY CENTER, INC.
Address: 6316 ETIWANDA AVENUE
City, State Zip: TARZANA, CA 91335
Phone: (877)444-1190 Fax: (877)485-1444
Record ID: 190790AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 11/30/2015

Program Name: BOWLAY REHABILITATION CENTER
Legal Name: 700 S. SILVER RIDGE LLC.
Address: 425 EAST HYDE PARK BOULEVARD, SUITE B
City, State Zip: INGLEWOOD, CA 90302
Phone: (818)259-5312
Record ID: 190791AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/29/2016

Program Name: BRIDGES RECOVERY CENTER
Legal Name: LLMS, LLC
Address: 15214 LEADWELL STREET
City, State Zip: VAN NUYS, CA 91405
Phone: (818)465-3988
Record ID: 190792AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 02/29/2016
Program Name: REHOBOTH DRUG AND ALCOHOL PREVENTION CENTER
Legal Name: REHOBOTH DRUG AND ALCOHOL PREVENTION CENTER
Address: 716 W. COMPTON BOULEVARD
City, State Zip: COMPTON, CA 90220
Phone: (310)663-0789
Record ID: 190793AN
Service Type: NON
Target Population: 1.8 --- DUAL DIAGNOSIS
Expiration Date: 6/30/2016

Program Name: GROWTH EXTENDED, INC.
Legal Name: GROWTH EXTENDED, INC.
Address: 15743 COVELLO STREET
City, State Zip: LAKE BALBOA, CA 91406
Phone: (888)549-8884
Record ID: 190794AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2016

Program Name: DESIGN FOR CHANGE
Legal Name: DESIGN FOR CHANGE
Address: 1066 EAST AVENUE J & 44319 11TH STREET EAST
City, State Zip: LANCASTER, CA 93535
Phone: (661)942-1026 Fax: (661)948-8131
Record ID: 190795AP
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2016
Program Name: RENAISSANCE SOUTH LA, INC.
   Legal Name: RENAISSANCE SOUTH LA, INC.
   Address: 19401 S. VERMONT AVENUE, SUITE C-100
   City, State Zip: TORRANCE, CA 90502
   Phone: (855)700-7752   Fax: (310)961-5414
   Record ID: 190796AN
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 6/30/2016

Program Name: CAREFORWARD HEALTH
   Legal Name: CAREFORWARD HEALTH, LLC
   Address: 9730 WILSHIRE BOULEVARD SUITE 109
   City, State Zip: BEVERLY HILLS, CA 90212
   Phone: (310)463-5521   Fax: (424)201-2696
   Record ID: 190797AP
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 5/31/2016

Program Name: NEW START DAY TREATMENT AND I.O.P.PROGRAM
   Legal Name: A NEW START TREATMENT AND RECOVERY CENTER, LLC
   Address: 10401 VENICE BLVD. SUITE 201
   City, State Zip: CULVER CITY, CA 90230
   Phone: (310)636-1819   Fax: (310)636-1820
   Record ID: 190798AP
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 10/30/2016
Program Name: A NEW START TREATMENT AND RECOVERY CENTER, LLC
Legal Name: A NEW START TREATMENT AND RECOVERY CENTER, LLC
Address: 11243 LUCERNE AVENUE
City, State Zip: CULVER CITY, CA 90230
Phone: (310)636-1819  Fax: (310)636-1820
Record ID: 190798BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
PENDING

Program Name: A New Start Treatment and Recovery Center, LLC
Legal Name: A NEW START TREATMENT AND RECOVERY CENTER, LLC
Address: 11241, 11243 & 11245 Lucerne Avenue
City, State Zip: Culver City, CA 90230
Phone: (310)636-1819  Fax: (310)636-1820
Record ID: 190798CP
Service Type: RES-DETOX
Resident Capacity: 18
Total Occupancy: 18
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: COAST TO COAST REFERRAL
Legal Name: COAST TO COAST REFERRAL CENTER, INC.
Address: 2532 HYPERION
City, State Zip: LOS ANGELES, CA 90027
Phone: (949)313-5224
Record ID: 190801AN
Service Type: NON
Target Population: 1.1 --- CO-ED
PENDING
Program Name: PROGRESS IN MOTION, INC. TREATMENT CENTER  
Legal Name: PROGRESS IN MOTION INC.  
Address: 8035 OAKDALE AVENUE  
City, State Zip: WINNETKA, CA 91306  
Phone: (818)564-1744  
Record ID: 190802AN  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 11/30/2016

Program Name: VALLEY HOPE OUTPATIENT  
Legal Name: FERNANDO RODRIGUEZ  
Address: 14416 FRIAR STREET, SUITE C  
City, State Zip: VAN NUYS, CA 91401  
Phone: (818)902-1100  
Fax: (818)902-1300  
Record ID: 190803AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 6/30/2016

Program Name: THE VILLAGE FAMILY SERVICES  
Legal Name: THE VILLAGE FAMILY SERVICES  
Address: 6736 LAUREL CANYON BOULEVARD, SUITE 200  
City, State Zip: NORTH HOLLYWOOD, CA 91606  
Phone: (818)755-8786  
Fax: (818)755-8789  
Record ID: 190804AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 8/31/2016
Program Name: THE HARP RESIDENTIAL
Legal Name: HARP, LLC, THE
Address: 22662 CALIFA STREET
City, State Zip: WOODLAND HILLS, CA 91367
Phone: (888)508-1179
Record ID: 190805AP
Service Type: RES-DETOX
Resident Capacity: 10
Total Occupancy: 20
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2016

Program Name: CENTRAL CITY COMMUNITY HEALTH CENTER, INC.
Legal Name: CENTRAL CITY COMMUNITY HEALTH CENTER, INC.
Address: 5970 S. CENTRAL AVENUE
City, State Zip: LOS ANGELES, CA 90022
Phone: (323)724-0019 Fax: (323)724-3539
Record ID: 190806AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2016

Program Name: THE VILLA TREATMENT CENTER
Legal Name: THE VILLA TREATMENT CENTER, LLC
Address: 5051 HOOD DRIVE
City, State Zip: WOODLAND HILLS, CA 91364
Phone: (818)571-8946 Fax: (818)906-2435
Record ID: 190807AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2016
Program Name: BIENESTAR DRUG TREATMENT PROGRAM
Legal Name: BIENESTAR HUMAN SERVICES, INC.
Address: 8134 VAN NUYS BOULEVARD, SUITE 200
City, State Zip: PANORAMA CITY, CA 91402
Phone: (818)908-3820
Record ID: 190808AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2015

Program Name: COMMUNITY RECOVERY LOS ANGELES FAMILY INSTITUTE
Legal Name: COMMUNITY RECOVERY
Address: 3741 West 27th Street
City, State Zip: Los Angeles, CA 90018
Phone:
Record ID: 190809BN
Service Type: RES-DETOX
Resident Capacity: 16
Total Occupancy: 16
Target Population: 1.1 --- CO-ED
PENDING

Program Name: BLVD CENTERS
Legal Name: BLVD CENTERS, INC.
Address: 1776 NORTH HIGHLAND AVENUE
City, State Zip: LOS ANGELES, CA 90028
Phone: (855)277-5363 Fax: (424)332-1135
Record ID: 190810AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2016
Program Name: FREEHAB
   Legal Name: THE TEEN PROJECT, INC.
   Address: 8140 SUNLAND BOULEVARD
   City, State Zip: SUN VALLEY, CA 91352
   Phone: (888)483-3646       Fax: (949)589-1234
   Record ID: 190811AN
   Service Type: RES
   Resident Capacity: 74
   Total Occupancy: 74
   Target Population: 1.1 --- CO-ED
   Expiration Date: 07/31/2016

Program Name: LOS ANGELES LGBT CENTER
   Legal Name: LOS ANGELES LGBT CENTER
   Address: 1625 N. SCHRADER BOULEVARD, SUITE 106, 114K, 202A, 402 & 405
   City, State Zip: LOS ANGELES, CA 90028
   Phone: (323)993-7448       Fax: (323)308-4041
   Record ID: 190812AN
   Service Type: NON
   Target Population: ** --- UNKNOWN
   Expiration Date: 10/31/2016

Program Name: SOBER STAGES INC. OUTPATIENT PROGRAM
   Legal Name: STAGES INCORPORATED OUTPATIENT PROGRAM
   Address: 19562 VENTURA BOULEVARD, SUITE 233
   City, State Zip: TARZANA, CA 91356
   Phone: (818)705-6363       Fax: (818)705-4449
   Record ID: 190813AP
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 9/30/2016
Program Name: Pat Moore Detox, LLC
   Legal Name: PAT MOORE DETOX, LLC
   Address: 4938 Rubio Avenue
   City, State Zip: Encino, CA 91436
   Phone: (949)646-2830
   Record ID: 190814AP
   Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2016

Program Name: Cliffside Malibu IOP
   Legal Name: Cliffside Malibu IOP
   Address: 28990 West Pacific Coast Highway
            Suite 203
   City, State Zip: Mailbu, CA 90265
   Phone: (310)457-3999        Fax: (310)457-6047
   Record ID: 190815AP
   Service Type: NON
Target Population: 1.8 --- DUAL DIAGNOSIS
Expiration Date: 9/30/2016

Program Name: Haven House
   Legal Name: Haven House, Inc.
   Address: 2252 Hillsboro Avenue
   City, State Zip: Los Angeles, CA 90034
   Phone:
   Record ID: 190816AP
   Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016
Program Name: United Community Support Center, Inc.
Legal Name: United Community Support Center, Inc.
Address: 1543 East Palmdale Boulevard
          Unit D
City, State Zip: Palmdale, CA 93550
Phone: (661)225-9500
Record ID: 190817AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016

Program Name: A STEP IN THE RIGHT DIRECTION INTENSIVE OUTPATIENT PROGRAM
Legal Name: A STEP IN THE RIGHT DIRECTION
Address: 9535 Reseda Boulevard
          Suite 300
City, State Zip: Northridge, CA 91324
Phone: (818)231-1400
Record ID: 190818AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016

Program Name: NEW DIRECTIONS ALCOHOL & DRUG SERVICES, INC.
Legal Name: NEW DIRECTIONS ALCOHOL AND DRUG SERVICES, INC.
Address: 42257 6th STREET WEST, SUITE 307
City, State Zip: LANCASTER, CA 93534
Phone: (661)942-2255  Fax: (661)949-1480
Record ID: 190819AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016
Program Name: LAT INTENSIVE OUTPATIENT PROGRAMS, INC.
Legal Name: LAT OUTPATIENT PROGRAMS INC.
Address: 11936 West Jefferson Boulevard, Suite #D
City, State Zip: Culver City, CA 90230
Phone: (310)572-7700 Fax: (310)572-7003
Record ID: 190820AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016

Program Name: ULTERIOR LIFE-STYLE
Legal Name: ULTERIOR LIFE-STYLE
Address: 817 ATLANTIC AVENUE
City, State Zip: LONG BEACH, CA 90813
Phone: (562)951-3900 Fax: (562)951-9700
Record ID: 190821AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: Club Soba
Legal Name: SOBA CHEVIOT HILLS LLC
Address: 3384 MOTOR AVENUE
City, State Zip: LOS ANGELES, CA 90034
Phone:
Record ID: 190822AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016

Program Name: BIENVENIDOS COMMUNITY HEALTH CENTER
Legal Name: BIENVENIDOS COMMUNITY HEALTH CENTER
Address: 507 S. ATLANTIC BOULEVARD
City, State Zip: LOS ANGELES, CA 90022
Phone:
Record ID: 190823AP
Service Type: NON
Target Population: 1.4 --- WOMEN/CHILDREN
PENDING
Program Name: Crossroads Recovery Centers
Legal Name: DIVINE REHABILITATION, EDUCATION, & HOUSING NETWORK
Address: 12608 Park Street
City, State Zip: Cerritos, CA 90703
Phone:
Record ID: 190824AP
Service Type: RES
Resident Capacity:
Total Occupancy:
Target Population: 1.1 --- CO-ED
PENDING

Program Name: FIT METHOD, INC.
Legal Name: FIT METHOD, INC.
Address: 12011 SAN VICENTE BOULEVARD, SUITE 510
City, State Zip: LOS ANGELES, CA 90049
Phone:
Record ID: 190825AP
Service Type: NON
Target Population: 1.1 --- CO-ED
PENDING

Program Name: Malibu Balance Day Treatment
Legal Name: Malibu Balance Day Treatment Inc.
Address: 4505 Las Virgenes Rd
Ste 202
City, State Zip: Calabasas, CA 91302
Phone:
Record ID: 190826AP
Service Type: NON-DETOX
Target Population: 1.1 --- CO-ED
PENDING
Program Name: Westside Treatment  
Legal Name: WESTSIDE TREATMENT, LLC  
Address: 11150 W. Olympic Blvd #760  
City, State Zip: Los Angeles, CA 90064  
Phone:  
Record ID: 190827AP  
Service Type: NON-DETOX  
Target Population: 1.1 --- CO-ED  
PENDING

Program Name: Nova Vitae Treatment Center  
Legal Name: Allen Yadegar  
Address: 5985 Topanga Canyon Boulevard  
City, State Zip: Woodland Hills, CA 91367  
Phone:  
Record ID: 190828AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
PENDING

Program Name: ALTERNATIVES BEHAVIORAL HEALTH, LLC.  
Legal Name: ALTERNATIVES BEHAVIORAL HEALTH, LLC  
Address: 822 S. ROBERTSON BOULEVARD  
SUITE 300  
City, State Zip: LOS ANGELES, CA 90035  
Phone: (888)532-9617  
Fax: (888)739-6925  
Record ID: 190829AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
PENDING
Program Name: ANGIE WELLNESS & RECOVERY CENTER  
Legal Name: Angie Wellness & Recovery Center  
Address: 350 VINTON AVENUE
     SUITE #102  
City, State Zip: POMONA, CA 91767  
Phone: (909)418-8289  
Record ID: 190830AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
PENDING

Program Name: Sea Change Santa Monica  
Legal Name: SEA CHANGE SANTA MONICA, L.P.  
Address: 1831 Wilshire Avenue, #C  
City, State Zip: Santa Monica, CA 90403  
Phone: (310)877-6030  
Fax: (310)998-8696  
Record ID: 190831AP  
Service Type: NON-DETOX  
Target Population: 1.2 --- MEN ONLY  
PENDING

Program Name: Awakenings  
Legal Name: Agoura Neurofeedback, Inc.  
Address: 28310 Roadside Drive  
     #235, 240, 254, 255  
City, State Zip: Agoura Hills, CA 91301  
Phone: (310)848-5418  
Fax: (858)348-8097  
Record ID: 190833AP  
Service Type: NON-DETOX  
Target Population: 1.1 --- CO-ED  
PENDING
Program Name: Malibu New Horizon
Legal Name: Malibu New Horizon Treatment Center Corp.
Address: 265 Westlake Boulevard
City, State Zip: Malibu, CA 90265
Phone: (818)706-9000
Record ID: 190834AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 12
Target Population: 1.1 --- CO-ED
PENDING

Program Name: PASSAGES MALIBU PHP LLC.
Legal Name: PASSAGES MALIBU PHP, LLC
Address: 1728 Abbot Kinney Boulevard #103
City, State Zip: Venice, CA 90291
Phone: (310)589-2880 Fax: (310)589-2869
Record ID: 190835AP
Service Type: NON
Target Population: 1.1 --- CO-ED
PENDING

Program Name: Revive Detox
Legal Name: Revive Detox
Address: 360 N. Vista Street
City, State Zip: Los Angeles, CA 90036
Phone: (818)462-3824 Fax: (310)226-8486
Record ID: 190836AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
PENDING
Program Name: LOS ANGELES ATHLETIC ALTERNATIVE PROGRAM
Legal Name: LOS ANGELES ATHLETIC ALTERNATIVE PROGRAM
Address: 8450 Higuera Street
City, State Zip: Culver City, CA 90232
Phone: (310)364-0601 Fax: (310)204-6864
Record ID: 190837AN
Service Type: NON
Target Population: 1.1 --- CO-ED
PENDING

Program Name: HILLSMAN CENTER
Legal Name: LMPG FOUNDATION, LLC
Address: 1440 E. 41ST STREET
City, State Zip: LOS ANGELES, CA 90011
Phone: (323)231-2585 Fax: (323)231-8771
Record ID: 190838AP
Service Type: RES
Resident Capacity: 34
Total Occupancy: 34
Target Population: 1.1 --- CO-ED
PENDING

Program Name: LONG BEACH RECOVERY
Legal Name: LONG BEACH RECOVERY, INC.
Address: 1535 E. 1ST STREET
City, State Zip: LONG BEACH, CA 90802
Phone: (949)467-9213 Fax: (888)588-4998
Record ID: 190839AP
Service Type: RES-DETOX
Resident Capacity:
Total Occupancy:
Target Population: 1.1 --- CO-ED
PENDING
Program Name: HOPE'S LANDING  
Legal Name: HOPE'S LANDING  
Address: 3849 Chatwin Avenue  
City, State Zip: Long Beach, CA 90808  
Phone: (949)467-9213  
Fax: (888)588-4998  
Record ID: 190840AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
PENDING

Program Name: A New Solution  
Legal Name: A New Solution  
Address: 14540 Hamlin Street  
Suite B and B1  
City, State Zip: Van Nuys, CA 91411  
Phone: (323)202-8432  
Record ID: 190841AP  
Service Type: NON-DETOX  
Target Population: 1.1 --- CO-ED  
PENDING

Program Name: Destinations To Recovery  
Legal Name: Destinations to Recovery  
Address: 20931 Burbank Boulevard  
Suite D  
City, State Zip: Woodland Hills, CA 91367  
Phone: (310)728-2125  
Fax: (310)728-2125  
Record ID: 190842AP  
Service Type: NON  
Target Population: 1.4 --- WOMEN/CHILDREN  
PENDING
Program Name: Valley Recovery Treatment  
Legal Name: California Recovery Centers LLC  
Address: 23304 Happy Valley Drive  
City, State Zip: Newhall, CA 91311  
Phone: (818)404-6505  
Fax: (818)348-4401  
Record ID: 190843AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
  PENDING

Program Name: Nova Vitae Treatment Center  
Legal Name: Nova Vitae Treatment Center  
Address: 16670 Moorpark Street  
City, State Zip: Encino, CA 91436  
Phone: (818)422-3442  
Record ID: 190844AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.2 --- MEN ONLY  
  PENDING

Program Name: Sovereign Health of Los Angeles II  
Legal Name: SATYA HEALTH OF CALIFORNIA, INC.  
Address: 5919 W. 74th Street  
City, State Zip: Los Angeles, CA 90066  
Phone: (949)276-5553  
Record ID: 190845AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
  PENDING
Program Name: Infinity Malibu
Legal Name: INFINITY MALIBU, LLC
Address: 27475 Winding Way
City, State Zip: Malibu, CA 90265
Phone: (818)465-3988 Fax: (818)465-3998
Record ID: 190846AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
PENDING

Program Name: California Detox Clinic
Legal Name: Sheldon Cho Medical Corp.
Address: 3545 Wilshire Boulevard
Suite 109
City, State Zip: Los Angeles, CA 90010
Phone: (213)995-2500 Fax: (213)386-8285
Record ID: 190847AP
Service Type: NON-DETOX
Target Population: 1.1 --- CO-ED
PENDING

Program Name: Forefront Health of Beverly Hills
Legal Name: Southern California Recovery LLC, DBA Forefront Health of Beverly Hills
Address: 1771 Summitridge Drive
City, State Zip: Beverly Hills, CA 90210
Phone: (561)578-8600 Fax: (561)578-8601
Record ID: 190848AP
Service Type: RES-DETOX
Resident Capacity: 11
Total Occupancy: 11
Target Population: 1.1 --- CO-ED
PENDING
Program Name: Angel Wings Recovery of Southbay
Legal Name: Angel Wings Recovery of Southbay
Address: 3841 W 130th Street
City, State Zip: Hawthorne, CA 90250
Phone: (310)863-7446 Fax: (310)644-2150
Record ID: 190849AN
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
PENDING
No licensed or certified facilities at this time.

Please check with a neighboring county for services.
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Legal Name</th>
<th>Address</th>
<th>City, State Zip</th>
<th>Phone</th>
<th>Fax</th>
<th>Record ID</th>
<th>Service Type</th>
<th>Resident Capacity</th>
<th>Total Occupancy</th>
<th>Target Population</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>CENTER POINT - THE MANOR</td>
<td>CENTER POINT, INC.</td>
<td>603 D STREET</td>
<td>SAN RAFAEL, CA 94901</td>
<td>(415)454-9444</td>
<td>(415)492-8844</td>
<td>210002BN</td>
<td>RES</td>
<td>40</td>
<td>40</td>
<td>1.1 --- CO-ED</td>
<td>08/31/2015</td>
</tr>
<tr>
<td>THE VILLAGE</td>
<td>CENTER POINT, INC.</td>
<td>1477-1483 LINCOLN AVENUE</td>
<td>SAN RAFAEL, CA 94901</td>
<td>(415)454-9444</td>
<td></td>
<td>210002FN</td>
<td>RES</td>
<td>44</td>
<td>44</td>
<td>1.4 --- WOMEN/CHILDREN</td>
<td>08/31/2015</td>
</tr>
<tr>
<td>CENTER POINT OUTPATIENT SERVICES</td>
<td>CENTER POINT, INC.</td>
<td>1601 SECOND STREET, SUITE 104</td>
<td>SAN RAFAEL, CA 94901</td>
<td>(415)456-6655</td>
<td>(415)492-8844</td>
<td>210002GN</td>
<td>NON</td>
<td></td>
<td></td>
<td>1.1 --- CO-ED</td>
<td>8/31/2015</td>
</tr>
</tbody>
</table>
Program Name: CENTER POINT LIFELINK PROGRAM
Legal Name: CENTER POINT, INC.
Address: 519 BELLE STREET
City, State Zip: SAN RAFAEL, CA 94901
Phone: (415)456-6655 Fax: (415)492-8844
Record ID: 210002JN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1 --- CO-ED
Expiration Date: 01/31/2016

Program Name: CENTER POINT RESIDENTIAL PROGRAM
Legal Name: CENTER POINT, INC.
Address: 207 1ST STREET
City, State Zip: SAN RAFAEL, CA 94901
Phone: (415)454-9444 Fax: (415)492-8844
Record ID: 210002KN
Service Type: RES
Resident Capacity: 8
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
Expiration Date: 03/31/2016

Program Name: CENTER POINT AT NEW BEGINNINGS CENTER
Legal Name: CENTER POINT, INC.
Address: 1399 NORTH HAMILTON PARKWAY
City, State Zip: NOVATO, CA 94949
Phone: (415)492-4444 Fax: (415)492-8844
Record ID: 210002MN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2015
Program Name: CENTER POINT AT MILL STREET
Legal Name: CENTER POINT, INC.
Address: 199 MILL STREET
City, State Zip: SAN RAFAEL, CA 94901
Phone: (415)492-4444 Fax: (415)492-8844
Record ID: 210002NN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2015

Program Name: CENTER POINT ALLIANCE IN RECOVERY-AIR
Legal Name: CENTER POINT, INC.
Address: 3270 KERNER BOULEVARD, 2ND FLOOR, SUITE B
City, State Zip: SAN RAFAEL, CA 94901
Phone: (415)492-4444 Fax: (415)492-8844
Record ID: 210002ON
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2015

Program Name: BAY AREA COMMUNITY RESOURCES
Legal Name: BAY AREA COMMUNITY RESOURCES, INC.
Address: 171 CARLOS DRIVE
City, State Zip: SAN RAFAEL, CA 94903
Phone: (415)444-5580 Fax: (415)444-5598
Record ID: 210005BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016

Program Name: BAY AREA COMMUNITY RESOURCES--IN CUSTODY PROGRAM
Legal Name: BAY AREA COMMUNITY RESOURCES, INC.
Address: 13 PETER BEHR DRIVE
City, State Zip: SAN RAFAEL, CA 94903
Phone: (415)755-2328 Fax: (415)755-2228
Record ID: 210005CN
Service Type: NON
Target Population: 1.2 --- MEN ONLY
Expiration Date: 5/31/2015
Program Name: POSITIVE CHANGES
Legal Name: BAY AREA COMMUNITY RESOURCES, INC.
Address: 3240 KERNER BOULEVARD ROOMS 40135 & 40136
City, State Zip: SAN RAFAEL, CA 94901
Phone: (415)485-3304  Fax: (415)755-2270
Record ID: 210005DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016

Program Name: SERENITY KNOLLS
Legal Name: SERENITY KNOLLS
Address: 145 TAMAL ROAD
City, State Zip: FOREST KNOLLS, CA 94933
Phone: (415)488-0400  Fax: (415)488-1955
Record ID: 210011AP
Service Type: RES-DETOX
Resident Capacity: 30
Total Occupancy: 32
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2016

Program Name: THE HELEN VINE RECOVERY CENTER
Legal Name: BUCKELEW PROGRAMS
Address: 301 SMITH RANCH ROAD
City, State Zip: SAN RAFAEL, CA 94903
Phone: (415)492-0818
Record ID: 210017DN
Service Type: RES-DETOX
Resident Capacity: 26
Total Occupancy: 26
Target Population: 1.1 --- CO-ED
Expiration Date: 03/31/2015
Program Name: BAYSIDE MARIN II
Legal Name: BAYSIDE MARIN, INC.
Address: 189 BAYVIEW DRIVE
City, State Zip: SAN RAFAEL, CA 94901
Phone: (415)721-2000
Record ID: 210030AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2015

Program Name: BAYSIDE MARIN I
Legal Name: BAYSIDE MARIN, INC.
Address: 191 BAYVIEW DRIVE
City, State Zip: SAN RAFAEL, CA 94901
Phone: (415)721-2000
Record ID: 210030BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2015

Program Name: BAYSIDE MARIN OUTPATIENT PROGRAM
Legal Name: BAYSIDE MARIN, INC.
Address: 718 FOURTH STREET
City, State Zip: SAN RAFAEL, CA 94901
Phone: (415)721-2000
Record ID: 210030CP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2015
Program Name: BAYSIDE MARIN III
Legal Name: BAYSIDE MARIN, INC.
Address: 47 TWEED TERRACE
City, State Zip: SAN RAFAEL, CA 94901
Phone: (415)721-2000 Fax: (415)454-3535
Record ID: 210030DP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2015

Program Name: BAYSIDE MARIN IV
Legal Name: BAYSIDE MARIN, INC
Address: 180 BAYVIEW DRIVE
City, State Zip: SAN RAFAEL, CA 94901
Phone: (415)721-2000 Fax: (415)454-3535
Record ID: 210030FP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2015

Program Name: MARIN OUTPATIENT AND RECOVERY SERVICES
Legal Name: MARIN SERVICES FOR MEN
Address: 1005 A STREET, SUITE 209
City, State Zip: SAN RAFAEL, CA 94901
Phone: (415)485-6736 Fax: (415)236-1830
Record ID: 210033AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2016
Program Name: MOUNTAINVIEW RECOVERY CENTER
Legal Name: NORTH BAY RECOVERY CENTER, LLC.
Address: 55 SHAVER STREET, SUITE 200
City, State Zip: SAN RAFAEL, CA 94901
Phone: (415)454-4357 Fax: (415)454-4329
Record ID: 210037AP
Service Type: NON
Target Population: 1.2 --- MEN ONLY
Expiration Date: 10/31/2015

Program Name: REFLECTIONS
Legal Name: LIVING AT REFLECTIONS, LLC
Address: 1191 SIMMONS LANE
City, State Zip: NOVATO, CA 94945
Phone: (415)895-6146
Record ID: 210038AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 01/31/2016

Program Name: HUCKLEBERRY YOUTH PROGRAMS
Legal Name: HUCKLEBERRY YOUTH PROGRAMS, INC.
Address: 361 THIRD STREET, SUITE G
City, State Zip: SAN RAFAEL, CA 94901
Phone: (415)258-4944
Record ID: 210039AN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 10/31/2016
Program Name: ALTA MIRA RECOVERY PROGRAMS
Legal Name: ALTA MIRA RECOVERY CENTERS, LLC
Address: 125 BUCKLEY AVENUE
City, State Zip: SAUSALITO, CA 94965
Phone: (415)332-1350 Fax: (415)275-7201
Record ID: 210040AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 02/28/2015

Program Name: ALTA MIRA RECOVERY PROGRAMS
Legal Name: ALTA MIRA RECOVERY CENTERS, LLC
Address: 135 BUCKLEY AVENUE
City, State Zip: SAUSALITO, CA 94965
Phone: (415)332-1350 Fax: (415)275-7201
Record ID: 210040BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 02/28/2015

Program Name: ALTA MIRA RECOVERY PROGRAMS
Legal Name: ALTA MIRA RECOVERY CENTERS, LLC
Address: 25 SANTA ROSA
City, State Zip: SAUSALITO, CA 94965
Phone: (415)332-1350 Fax: (415)275-7201
Record ID: 210040CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 02/28/2015
Program Name: ALTA MIRA RECOVERY PROGRAMS
Legal Name: ALTA MIRA RECOVERY CENTERS, LLC
Address: 110 HARRISON AVENUE
City, State Zip: SAUSALITO, CA 94965
Phone: (415)332-1350 Fax: (415)275-7201
Record ID: 210040DP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 02/28/2015

Program Name: ALTA MIRA RECOVERY PROGRAMS
Legal Name: ALTA MIRA RECOVERY CENTERS, LLC
Address: 126 HARRISON AVENUE
City, State Zip: SAUSALTO, CA 94965
Phone: (415)332-1350 Fax: (415)275-7201
Record ID: 210040EP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 02/28/2015

Program Name: STEPS TO FREEDOM, LLC
Legal Name: STEPS TO FREEDOM, LLC
Address: 21 TAMAL VISTA BOULEVARD, #226
City, State Zip: CORTE MADERA, CA 94925
Phone: (415)945-0923
Record ID: 210041AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2016
Program Name: MARIN TREATMENT CENTER
Legal Name: MARIN TREATMENT CENTER
Address: 1466 LINCOLN AVENUE
City, State Zip: SAN RAFAEL, CA 94901
Phone: (415)457-3755  Fax: (415)457-9516
Record ID: 210042AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2016

Program Name: Muir Wood Adolescent & Family Services Outpatient
Legal Name: MUIR WOOD ADOLESCENT & FAMILY SERVICES, LLC
Address: 591 Redwood Highway
         Suites 5220 & 5260
City, State Zip: Mill Valley, CA 94941
Phone: (415)275-7228
Record ID: 210043AP
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 11/30/2016
<table>
<thead>
<tr>
<th><strong>As of 2/6/2015</strong></th>
<th><strong>Mariposa County</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Name: MARIPOSA COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES</td>
<td></td>
</tr>
<tr>
<td>Legal Name: MARIPOSA COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES</td>
<td></td>
</tr>
<tr>
<td>Address: 5362 AND 5362-A LEMEE LANE</td>
<td></td>
</tr>
<tr>
<td>City, State Zip: MARIPOSA, CA 95338</td>
<td></td>
</tr>
<tr>
<td>Phone: (209)966-2000</td>
<td>Fax: (209)966-8251</td>
</tr>
<tr>
<td>Record ID: 220002AN</td>
<td></td>
</tr>
<tr>
<td>Service Type: NON</td>
<td></td>
</tr>
<tr>
<td>Target Population: 1.1 --- CO-ED</td>
<td></td>
</tr>
<tr>
<td>Expiration Date: 7/31/2015</td>
<td></td>
</tr>
</tbody>
</table>
State of California, Department of Health Care Services
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of 2/6/2015

Mendocino County

Program Name: FORD STREET PROJECT
Legal Name: FORD STREET PROJECT
Address: 139 FORD STREET, RTP, APTS. A & B AND LIBRARY BUILDING
City, State Zip: UKIAH, CA 95482
Phone: (707)462-1934
Record ID: 230004AN
Service Type: RES-DETOX
Resident Capacity: 32
Total Occupancy: 32
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2015

Program Name: FORD STREET PROJECT
Legal Name: FORD STREET PROJECT
Address: 139 FORD STREET
City, State Zip: UKIAH, CA 95482
Phone: (707)462-1934
Fax: (707)468-9860
Record ID: 230004BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2015

Program Name: MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY, ALCOHOL
AND OTHER DRUG PROGRAM
Legal Name: MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY
Address: 790 SOUTH FRANKLIN STREET, SUITE B
City, State Zip: FORT BRAGG, CA 95437
Phone: (707)472-2605
Fax: (707)472-2605
Record ID: 230006GN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015
Program Name: MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY
Legal Name: MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY
Address: 1120 SOUTH DORA STREET, MULTIPLE CERTIFIED ROOMS
City, State Zip: UKIAH, CA 95482
Phone: (707)472-2637 Fax: (707)472-2768
Record ID: 230006HN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2015

Program Name: MENDOCINO COUNTY HHSA - CHILDREN'S AND FAMILY SERVICES
Legal Name: MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY
Address: 727 S. STATE STREET
City, State Zip: UKIAH, CA 95482
Phone: (707)472-2605 Fax: (707)472-2657
Record ID: 230006KN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2016

Program Name: WILLITS INTEGRATED SERVICES CENTER (WISC)
Legal Name: MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY
Address: 221 B LENORE STREET
City, State Zip: WILLITS, CA 95490
Phone: (707)472-2605 Fax: (707)472-2657
Record ID: 230006LN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2016

Program Name: YUKI TRAILS HUMAN SERVICE PROGRAM - A DEPARTMENT OF ROUND VALLEY INDIAN HEALTH C
Legal Name: ROUND VALLEY INDIAN HEALTH CENTER, INC.
Address: 23000 HENDERSON ROAD
City, State Zip: COVELO, CA 95428
Phone: (707)983-6648 Fax: (707)983-6649
Record ID: 230007AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2016
Program Name: DAVE RIORDAN'S 'HOBIE HOUSE'
   Legal Name: COMMUNITY/SOCIAL MODEL ADVOCATES, INC.
   Address: 1299 AND 1301 YOSEMITE PARKWAY, 1931 AND 1941 HIGHLAND AVENUE
   City, State Zip: MERCED, CA 95340
   Phone: (209)722-6335
   Record ID: 240001BN
   Service Type: RES
   Resident Capacity: 25
   Total Occupancy: 26
   Target Population: 1.2 --- MEN ONLY
   Expiration Date: 08/31/2016

Program Name: THE ROSE JULIA RIORDAN TRANQUILITY VILLAGE
   Legal Name: COMMUNITY/SOCIAL MODEL ADVOCATES, INC.
   Address: 509, 527, 559, 569, 579 AND 589 MENDOCINO COURT
   City, State Zip: ATWATER, CA 95301
   Phone: (209)357-5261
   Fax: (209)357-5279
   Record ID: 240001EN
   Service Type: RES
   Resident Capacity: 42
   Total Occupancy: 62
   Target Population: 1.3 --- WOMEN ONLY
   Expiration Date: 11/30/2016

Program Name: RECOVERY ASSISTANCE FOR TEENS (R.A.F.T.)
   Legal Name: MERCED COUNTY DEPARTMENT OF MENTAL HEALTH - ALCOHOL AND DRUG SERVICES
   Address: 3313 NORTH G STREET, SUITE B
   City, State Zip: MERCED, CA 95340
   Phone: (209)381-6808
   Fax: (209)725-3810
   Record ID: 240003AN
   Service Type: NON
   Target Population: 1.5 --- YOUTH/ ADOLESCENT
   Expiration Date: 7/31/2015
Program Name: THE CENTER
Legal Name: MERced COUNTY DEPARTMENT OF MENTAL HEALTH - ALCOHOL AND DRUG SERVICES
Address: 3305 NORTH G STREET
City, State Zip: MERced, CA 95340
Phone: (209)381-6880 Fax: (209)723-6220
Record ID: 240003BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/29/2016

Program Name: MERced COUNTY SACPA DRUG TREATMENT PROGRAM
Legal Name: MERced COUNTY DEPARTMENT OF MENTAL HEALTH-ALCOHOL AND DRUG SERVICES
Address: 3090 M STREET
City, State Zip: MERced, CA 95340
Phone: (209)381-6852 Fax: (209)385-3174
Record ID: 240003CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2016
State of California, Department of Health Care Services
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of 2/6/2015

Modoc County

Program Name: MODOC COUNTY BEHAVIORAL HEALTH

Legal Name: MODOC COUNTY HEALTH SERVICES

Address: 441 NORTH MAIN STREET, RMS - SEE BELOW FOR ALL ROOM NUMBERS

City, State Zip: ALTURAS, CA 96101-3457

Phone: (530)233-6319  Fax: (530)233-5311

Record ID: 250001AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2015
Mono County

No licensed or certified facilities at this time.

Please check with a neighboring county for services.
State of California, Department of Health Care Services
Licensed Residential Facilities and/or Certified Alcohol and Drug Programs

As of 2/6/2015

Monterey County

Program Name: BEACON HOUSE
Legal Name: BEACON HOUSE
Address: 468 PINE AVENUE
City, State Zip: PACIFIC GROVE, CA  93950
Phone: (831)372-2334
Record ID: 270001AN
Service Type: RES-DETOX
Resident Capacity: 22
Total Occupancy: 22
Target Population: 1.1 --- CO-ED
Expiration Date: 03/31/2016

Program Name: DOOR TO HOPE
Legal Name: DOOR TO HOPE
Address: 165 CLAY STREET
City, State Zip: SALINAS, CA  93901
Phone: (831)422-6226 Fax: (831)758-5127
Record ID: 270002AN
Service Type: RES
Resident Capacity: 14
Total Occupancy: 14
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 03/31/2016

Program Name: NUEVA ESPERANZA
Legal Name: DOOR TO HOPE
Address: 325 CALIFORNIA STREET
City, State Zip: SALINAS, CA  93901
Phone: (831)422-2636 Fax: (831)758-5127
Record ID: 270002BN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 16
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 03/31/2016
Program Name: DOOR TO HOPE  
Legal Name: DOOR TO HOPE  
Address: 130 WEST GABILAN STREET  
City, State Zip: SALINAS, CA 93901  
Phone: (831)758-0181  
Fax: (831)758-5127  
Record ID: 270002CN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 7/31/2015

Program Name: SUN STREET CENTERS, MEN'S RESIDENTIAL  
Legal Name: SUN STREET CENTERS  
Address: 8 SUN STREET  
City, State Zip: SALINAS, CA 93901  
Phone: (831)753-5145  
Record ID: 270003AN  
Service Type: RES-DETOX  
Resident Capacity: 54  
Total Occupancy: 54  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 11/30/2015

Program Name: SUN STREET CENTERS OUTPATIENT PROGRAM  
Legal Name: SUN STREET CENTERS  
Address: 12 SUN STREET  
City, State Zip: SALINAS, CA 93901  
Phone: (831)753-6001  
Fax: (831)753-5169  
Record ID: 270003BN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2015
Program Name: GENESIS RESIDENTIAL CENTER
Legal Name: COMMUNITY HUMAN SERVICES
Address: 1140, 1146, AND 1152 SONOMA AVENUE
City, State Zip: SEASIDE, CA 93955
Phone: (831)899-2436 Fax: (831)658-3815
Record ID: 270004AN
Service Type: RES-DETOX
Resident Capacity: 36
Total Occupancy: 42
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2015

Program Name: VALLEY HEALTH ASSOCIATES
Legal Name: VALLEY HEALTH ASSOCIATES
Address: 338 MONTEREY STREET
City, State Zip: SALINAS, CA 93901
Phone: (831)424-6655 Fax: (831)424-9717
Record ID: 270011AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2014

Program Name: VALLEY HEALTH ASSOCIATES
Legal Name: VALLEY HEALTH ASSOCIATES
Address: 114 WEBSTER STREET
City, State Zip: MONTEREY, CA 93940
Phone: (831)372-8392 Fax: (831)674-1795
Record ID: 270011BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2015
Program Name: VALLEY HEALTH ASSOCIATES
Legal Name: VALLEY HEALTH ASSOCIATES
Address: 495 EL CAMINO REAL, SUITE K
City, State Zip: GREENFIELD, CA 93927
Phone: (831)674-1795 Fax: (831)674-1795
Record ID: 270011CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2016

Program Name: Monterey Institute of Mental Health
Legal Name: MONTEREY INSTITUTE LICENSED CLINICAL SOCIAL WORKER, INC.
Address: 398 Foam Street
Suite 200
City, State Zip: Monterey, CA 93940
Phone:
Record ID: 270012AP
Service Type: NON-DETOX
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Legal Name</th>
<th>Address</th>
<th>City, State Zip</th>
<th>Phone</th>
<th>Record ID</th>
<th>Service Type</th>
<th>Resident Capacity</th>
<th>Total Occupancy</th>
<th>Target Population</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>DUFFY’S MYRTLEDALE</td>
<td>DUFFY’S MYRTLEDALE</td>
<td>3058, 3076 &amp; 3088 MYRTLEDALE ROAD</td>
<td>CALISTOGA, CA 94515-1052</td>
<td>(707)942-6888</td>
<td>280002AP</td>
<td>RES-DETOX</td>
<td>61</td>
<td>61</td>
<td>1.1 --- CO-ED</td>
<td>10/31/2015</td>
</tr>
<tr>
<td>NAPA COUNTY ALCOHOL AND DRUG PROGRAMS</td>
<td>NAPA COUNTY HEALTH AND HUMAN SERVICES</td>
<td>2344 OLD SONOMA ROAD, BUILDINGS A,B, C, F, AND J</td>
<td>NAPA, CA 94559-3708</td>
<td>(707)253-4721</td>
<td>280003BN</td>
<td>NON</td>
<td></td>
<td></td>
<td>1.1 --- CO-ED</td>
<td>7/31/2016</td>
</tr>
<tr>
<td>WOODLAND HOUSE</td>
<td>ST. HELENA HOSPITAL</td>
<td>5 WOODLAND ROAD</td>
<td>ST. HELENA, CA 94574</td>
<td>(707)967-5627</td>
<td>280009AN</td>
<td>RES</td>
<td>13</td>
<td>13</td>
<td>1.1 --- CO-ED</td>
<td>12/31/2016</td>
</tr>
</tbody>
</table>
Program Name: ST. HELENA RECOVERY CENTER  
Legal Name: ST. HELENA HOSPITAL  
Address: 10 WOODLAND ROAD  
City, State Zip: ST. HELENA, CA 94574-9554  
Phone: (707)963-6486  
Fax: (707)967-5627  
Record ID: 280009BN  
Service Type: RES-DETOX  
Resident Capacity: 30  
Total Occupancy: 30  
Target Population: 1.1 --- CO-ED  
Expiration Date: 11/30/2016

Program Name: ALTERNATIVES FOR BETTER LIVING  
Legal Name: ALTERNATIVES FOR BETTER LIVING  
Address: 701 SCHOOL STREET  
City, State Zip: NAPA, CA 94559-2829  
Phone: (707)226-1248  
Fax: (707)226-8011  
Record ID: 280010AN  
Service Type: NON  
Target Population: 1.13 --- CO-ED/CHILD/DUAL  
Expiration Date: 1/31/2015

Program Name: ALDEA BEHAVIORAL HEALTH SERVICES  
Legal Name: ALDEA, INC.  
Address: 2310 1st STREET  
City, State Zip: NAPA, CA 94559  
Phone:  
Record ID: 280013BN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
PENDING
Program Name: COLD SPRINGS
Legal Name: PACIFICA PAIN MANAGEMENT SERVICES, INC.
Address: 415 COLD SPRINGS ROAD
City, State Zip: ANGWIN, CA 94508-9657
Phone: (707)963-1493 Fax: (707)963-1463
Record ID: 280015AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.1 --- CO-ED
Expiration Date: 01/31/2016

Program Name: MCALISTER INSTITUTE RESIDENTIAL PROGRAM
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.
Address: 2100 NAPA VALLEJO HIGHWAY, BUILDING 253
City, State Zip: NAPA, CA 94558-6293
Phone: (707)257-7395 Fax: (619)442-1101
Record ID: 280017AN
Service Type: RES-DETOX
Resident Capacity: 55
Total Occupancy: 61
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2015

Program Name: DR. WALLS DETOX AND RECOVERY PREP PROGRAM
Legal Name: NORMAN WALL D.O. "INC."
Address: 1437 THIRD STREET
City, State Zip: CALISTOGA, CA 94515-1421
Phone: (888)896-9664
Record ID: 280018AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2016
Program Name: GRASS VALLEY SERVICE CENTER
Legal Name: COMMUNITY RECOVERY RESOURCES
Address: 180 SIERRA COLLEGE DRIVE
City, State Zip: GRASS VALLEY, CA 95945-5768
Phone: (530)273-9541 Fax: (530)273-7740
Record ID: 290002AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2016

Program Name: HOPE HOUSE/SERENITY HOUSE
Legal Name: COMMUNITY RECOVERY RESOURCES
Address: 159 BRENTWOOD DRIVE
City, State Zip: GRASS VALLEY, CA 95945-5768
Phone: (530)273-9541 Fax: (530)273-7740
Record ID: 290002BN
Service Type: RES-DETOX
Resident Capacity: 40
Total Occupancy: 52
Target Population: 1.9 --- CO-ED/CHILDREN
Expiration Date: 01/31/2015

Program Name: TRUCKEE SERVICE CENTER
Legal Name: COMMUNITY RECOVERY RESOURCES
Address: 10015 PALISADES DRIVE, SUITE 1
City, State Zip: TRUCKEE, CA 96161-1941
Phone: (530)587-8194 Fax: (530)587-5617
Record ID: 290002DN
Service Type: NON
Target Population: 1.10 --- CO-ED/YOUTH
Expiration Date: 6/30/2016
Program Name: PROGRESS HOUSE
Legal Name: PROGRESS HOUSE, INC.
Address: 145 BOST AVENUE
City, State Zip: NEVADA CITY, CA 95959-3249
Phone: (530)626-9240 Fax: (530)626-8992
Record ID: 290006AN
Service Type: RES
Resident Capacity: 16
Total Occupancy: 18
Target Population: 1.2 --- MEN ONLY
Expiration Date: 06/30/2016
Program Name: MARIPOSA WOMEN AND FAMILY CENTER
Legal Name: MARIPOSA WOMEN AND FAMILY CENTER
Address: 812 TOWN AND COUNTRY ROAD
City, State Zip: ORANGE, CA 92868
Phone: (714)547-6494
Record ID: 300005AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2015

Program Name: MARIPOSA WOMEN AND FAMILY CENTER
Legal Name: MARIPOSA WOMEN AND FAMILY CENTER
Address: 29222 RANCHO VIEJO ROAD, #122
City, State Zip: SAN JUAN CAPISTRANO, CA 92675
Phone: (949)429-6888  Fax: (949)429-6868
Record ID: 300005BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2015

Program Name: ALCOHOL AND DRUG ABUSE SERVICES - SANTA ANA
Legal Name: COUNTY OF ORANGE HEALTH CARE AGENCY
Address: 1200 NORTH MAIN STREET, SUITES 100B AND 301
City, State Zip: SANTA ANA, CA 92701
Phone: (714)834-2860
Record ID: 300006BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2016
Program Name: ALCOHOL AND DRUG ABUSE SERVICES - WESTMINSTER  
Legal Name: COUNTY OF ORANGE HEALTH CARE AGENCY  
Address: 14140 BEACH BOULEVARD, ROOM 120 AND 200  
City, State Zip: WESTMINSTER, CA 92683  
Phone: (714)834-2860  
Record ID: 300006DN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2016

Program Name: ALISO VIEJO ALCOHOL & DRUG ABUSE SERVICES  
Legal Name: COUNTY OF ORANGE HEALTH CARE AGENCY  
Address: 5 MAREBLU, SUITES 100 AND 200  
City, State Zip: ALISO VIEJO, CA 92656  
Phone: (714)834-2860  
Record ID: 300006GN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2016

Program Name: ALCOHOL AND DRUG ABUSE SERVICES - NEWPORT/MESA  
Legal Name: COUNTY OF ORANGE HEALTH CARE AGENCY  
Address: 3115 REDHILL AVENUE  
City, State Zip: COSTA MESA, CA 92626  
Phone: (714)834-2860  
Record ID: 300006IN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2016

Program Name: ALCOHOL AND DRUG ABUSE SERVICES - ANAHEIM  
Legal Name: COUNTY OF ORANGE HEALTH CARE AGENCY  
Address: 2035 BALL ROAD, SUITES 100A AND 100P  
City, State Zip: ANAHEIM, CA 92805  
Phone: (714)517-6175  
Fax: (714)667-3968  
Record ID: 300006LN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 12/31/2014
Program Name: NEW DIRECTIONS FOR WOMEN/PROGRAM FOR WOMEN WITH CHILDREN

Legal Name: NEW DIRECTIONS FOR WOMEN, INC.
Address: 334 UNIVERSITY AVENUE
City, State Zip: COSTA MESA, CA 92627
Phone: (949)313-1192
Record ID: 300007FN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 12
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 10/31/2015

---

Program Name: NEW DIRECTIONS FOR WOMEN, INC.
Legal Name: NEW DIRECTIONS FOR WOMEN, INC.
Address: 2601 AND 2607 WILLO LANE
City, State Zip: COSTA MESA, CA 92627
Phone: (949)313-1192
Record ID: 300007GN
Service Type: RES-DETOX
Resident Capacity: 24
Total Occupancy: 24
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 11/30/2015

---

Program Name: NEW DIRECTIONS FOR WOMEN
Legal Name: NEW DIRECTIONS FOR WOMEN, INC.
Address: 2614 WILLO LANE
City, State Zip: COSTA MESA, CA 92627
Phone: (949)313-1192
Fax: (949)269-9233
Record ID: 300007KN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 07/31/2016
Program Name: UNIDOS RECOVERY HOME
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE, INC.
Address: 9842 13TH STREET, SUITE B
City, State Zip: GARDEN GROVE, CA 92844
Phone: (916)443-5473
Fax: (916)443-1732
Record ID: 300010AN
Service Type: RES-DETOX
Resident Capacity: 64
Total Occupancy: 64
Target Population: 1.2 --- MEN ONLY
Expiration Date: 07/31/2016
Program Name: LA FAMILIA ALCOHOL AND DRUG SERVICES
   Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE, INC.
   Address: 1905 NORTH COLLEGE AVENUE
   City, State Zip: SANTA ANA, CA 92701
   Phone: (714)479-0120       Fax: (714)479-0153
   Record ID: 300010DN
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 7/31/2016

Program Name: SOUTH COAST COUNSELING, INC.
   Legal Name: SOUTH COAST COUNSELING, INC.
   Address: 693 PLUMER STREET
   City, State Zip: COSTA MESA, CA 92627-2720
   Phone: (949)642-0180
   Record ID: 300012BN
   Service Type: RES
   Resident Capacity: 16
   Total Occupancy: 16
   Target Population: 1.1 --- CO-ED
   Expiration Date: 04/30/2016

Program Name: ROQUE CENTER
   Legal Name: ROQUE CENTER, INC.
   Address: 10936 DALE
   City, State Zip: STANTON, CA 90680
   Phone: (714)839-0607
   Record ID: 300015AN
   Service Type: RES-DETOX
   Resident Capacity: 24
   Total Occupancy: 24
   Target Population: 1.1 --- CO-ED
   Expiration Date: 07/31/2016
Program Name: THE VILLA
Legal Name: THE VILLA CENTER, INC.
Address: 910 NORTH FRENCH STREET
City, State Zip: SANTA ANA, CA 92701
Phone: (714)547-3301 Fax: (714)547-1249
Record ID: 300016AN
Service Type: RES
Resident Capacity: 15
Total Occupancy: 15
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 01/31/2016

Program Name: THE VILLA ANNEX
Legal Name: THE VILLA CENTER, INC.
Address: 311 EAST WASHINGTON STREET
City, State Zip: SANTA ANA, CA 92701
Phone: (714)547-3301 Fax: (714)547-1249
Record ID: 300016CN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 01/31/2016

Program Name: THE VILLA ANNEX II
Legal Name: THE VILLA CENTER, INC.
Address: 519 EAST WASHINGTON AVENUE
City, State Zip: SANTA ANA, CA 92701
Phone: (714)547-3301 Fax: (714)547-1249
Record ID: 300016DN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 05/31/2016
Program Name: CORNERSTONE 1  
Legal Name: RECOVERY HOMES OF AMERICA, INC.  
Address: 13682 YORBA STREET  
City, State Zip: TUSTIN, CA 92780-1831  
Phone: (714)730-5399  
Record ID: 300017AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 8  
Target Population: 1.1 --- CO-ED  
Expiration Date: 05/31/2016

Program Name: CORNERSTONE OF SOUTHERN CALIFORNIA 3  
Legal Name: RECOVERY HOMES OF AMERICA, INC.  
Address: 427 SOUTH YORBA STREET  
City, State Zip: ORANGE, CA 92869  
Phone: (714)730-5399  
Record ID: 300017BP  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 7  
Target Population: 1.1 --- CO-ED  
Expiration Date: 05/31/2016

Program Name: CORNERSTONE OF SOUTHERN CALIFORNIA 7  
Legal Name: RECOVERY HOMES OF AMERICA, INC.  
Address: 13681 ROSALIND STREET  
City, State Zip: TUSTIN, CA 92780  
Phone: (714)730-5399  
Fax: (714)710-7100  
Record ID: 300017CP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 7  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 05/31/2016
Program Name: CORNERSTONE OF SOUTHERN CALIFORNIA 4
Legal Name: RECOVERY HOMES OF AMERICA, INC.
Address: 13671 ROSALIND STREET
City, State Zip: TUSTIN, CA 92780-1831
Phone: (714)730-5399 Fax: (714)710-7100
Record ID: 300017DP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2016

Program Name: CORNERSTONE OF SOUTHERN CALIFORNIA OUTPATIENT SERVICES
Legal Name: RECOVERY HOMES OF AMERICA, INC.
Address: 1950 EAST 17TH STREET, SUITE 150
City, State Zip: SANTA ANA, CA 92705
Phone: (714)547-4300
Record ID: 300017FP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2016

Program Name: CORNERSTONE #2
Legal Name: RECOVERY HOMES OF AMERICA, INC.
Address: 13022 YORBA STREET
City, State Zip: SANTA ANA, CA 92705
Phone: (714)730-5399 Fax: (714)730-3505
Record ID: 300017GP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2015
Program Name: CORNERSTONE #5  
Legal Name: RECOVERY HOMES OF AMERICA, INC.  
Address: 2641 OLD GRAND  
City, State Zip: SANTA ANA, CA 92701  
Phone: (714)730-5399  
Fax: (714)730-3505  
Record ID: 300017HP  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 8  
Target Population: 1.1 --- CO-ED  
Expiration Date: 07/31/2015

Program Name: CORNERSTONE RECOVERY HOME #6  
Legal Name: RECOVERY HOMES OF AMERICA, INC.  
Address: 13861 ESPLANADE AVENUE  
City, State Zip: SANTA ANA, CA 92705  
Phone: (714)547-4300  
Record ID: 300017IP  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 7  
Target Population: 1.1 --- CO-ED  
Expiration Date: 07/31/2015

Program Name: CORNERSTONE #9  
Legal Name: RECOVERY HOMES OF AMERICA, INC.  
Address: 2217 NORTH WRIGHT STREET  
City, State Zip: SANTA ANA, CA 92780  
Phone: (714)730-5399  
Fax: (714)730-3505  
Record ID: 300017JP  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 8  
Target Population: 1.1 --- CO-ED  
Expiration Date: 07/31/2015
Program Name: CORNERSTONE RECOVERY HOME Y-11  
Legal Name: RECOVERY HOMES OF AMERICA, INC.  
Address: 880 S. YORBA STREET  
City, State Zip: ORANGE, CA 92869-5052  
Phone: (714)730-5399  
Fax: (714)730-3505  
Record ID: 300017KP  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 10  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 03/31/2016

Program Name: CORNERSTONE RECOVERY HOME M-10  
Legal Name: RECOVERY HOMES OF AMERICA, INC.  
Address: 3310 E. MAPLE AVENUE  
City, State Zip: ORANGE, CA 92869  
Phone: (714)730-5399  
Record ID: 300017LP  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 9  
Target Population: 1.1 --- CO-ED  
Expiration Date: 03/31/2016

Program Name: CORNERSTONE RECOVERY HOME - HOUSE 12  
Legal Name: RECOVERY HOMES OF AMERICA, INC.  
Address: 581 SOUTH PROSPECT  
City, State Zip: ORANGE, CA 92869  
Phone: (714)730-5399  
Record ID: 300017NP  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 7  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 03/31/2016
Program Name: CORNERSTONE OF SOUTHERN CALIFORNIA 8
Legal Name: RECOVERY HOMES OF AMERICA, INC.
Address: 13672 YORBA STREET
City, State Zip: TUSTIN, CA 92780
Phone: (714)730-5399
Record ID: 300017OP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2016

Program Name: CORNERSTONE RECOVERY HOME #14
Legal Name: RECOVERY HOMES OF AMERICA, INC.
Address: 1612 EAST FRUIT STREET
City, State Zip: SANTA ANA, CA 92701
Phone: (714)730-5399 Fax: (714)730-3505
Record ID: 300017PP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 10
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2015

Program Name: CORNERSTONE RECOVERY HOME 15
Legal Name: RECOVERY HOMES OF AMERICA, INC.
Address: 700 SOUTH YORBA STREET
City, State Zip: ORANGE, CA 92869
Phone: (714)730-5399 Fax: (714)730-3505
Record ID: 300017SP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 10
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2016
Program Name: CORNERSTONE RECOVERY HOME 16
Legal Name: RECOVERY HOMES OF AMERICA, INC.
Address: 235 SOUTH PROSPECT
City, State Zip: ORANGE, CA 92869
Phone: (714)730-5399 Fax: (714)730-5399
Record ID: 300017TP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 08/31/2016

Program Name: CORNERSTONE RECOVERY HOME 17
Legal Name: RECOVERY HOMES OF AMERICA, INC.
Address: 225 SOUTH PROSPECT
City, State Zip: ORANGE, CA 92869
Phone: (714)730-5399 Fax: (714)730-3505
Record ID: 300017UP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2016

Program Name: CORNERSTONE RECOVERY HOME #18
Legal Name: RECOVERY HOMES OF AMERICA, INC.
Address: 757 SOUTH YORBA STREET
City, State Zip: ORANGE, CA 92869
Phone: (714)730-5399 Fax: (714)730-3505
Record ID: 300017VP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 9
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2015
Program Name: CORNERSTONE #19
Legal Name: RECOVERY HOMES OF AMERICA, INC.
Address: 3735 EAST SPRING STREET
City, State Zip: ORANGE, CA 92869
Phone: (714)730-5399 Fax: (714)730-3505
Record ID: 300017WP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 09/30/2016

Program Name: CORNERSTONE RECOVERY HOMES
Legal Name: RECOVERY HOMES OF AMERICA, INC.
Address: 249 SOUTH PROSPECT STREET
City, State Zip: ORANGE, CA 92869
Phone: (714)730-5399
Record ID: 300017XP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2015

Program Name: CORNERSTONE RECOVERY HOMES
Legal Name: RECOVERY HOMES OF AMERICA, INC.
Address: 591 SOUTH PROSPECT STREET
City, State Zip: ORANGE, CA 92869
Phone: (714)730-5399
Record ID: 300017YP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2015
Program Name: COOPER FELLOWSHIP  
Legal Name: COOPER FELLOWSHIP, INC.  
Address: 401,405,409,413,417, AND 421 NORTH COOPER STREET  
City, State Zip: SANTA ANA, CA 92703  
Phone: (714)554-1152 Fax: (714)265-4870  
Record ID: 300029AN  
Service Type: RES  
Resident Capacity: 60  
Total Occupancy: 60  
Target Population: 1.1 --- CO-ED  
Expiration Date: 11/30/2015

Program Name: PHOENIX HOUSE ORANGE COUNTY, INC.  
Legal Name: PHOENIX HOUSE ORANGE COUNTY, INC.  
Address: 1207 EAST FRUIT STREET  
BUILDINGS A, B2, B3, C, D, E & F  
City, State Zip: SANTA ANA, CA 92701  
Phone: (714)953-9373  
Record ID: 300033AN  
Service Type: RES  
Resident Capacity: 100  
Total Occupancy: 100  
Target Population: 1.1 --- CO-ED  
Expiration Date: 08/31/2016

Program Name: PHOENIX HOUSE ORANGE COUNTY  
Legal Name: PHOENIX HOUSE ORANGE COUNTY, INC.  
Address: 1207 EAST FRUIT STREET, BUILDING B1  
City, State Zip: SANTA ANA, CA 92701  
Phone: (714)953-9373  
Record ID: 300033CN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 9/30/2015
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Legal Name</th>
<th>Address</th>
<th>City, State Zip</th>
<th>Phone</th>
<th>Fax</th>
<th>Record ID</th>
<th>Service Type</th>
<th>Residence Capacity</th>
<th>Total Occupancy</th>
<th>Target Population</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOPE HOUSE INC.</td>
<td>HOPE HOUSE CORPORATION</td>
<td>710 AND 714 NORTH ANAHEIM BOULEVARD</td>
<td>ANAHEIM, CA 92805</td>
<td>(714)776-7490</td>
<td>(714)776-8650</td>
<td>300034AN</td>
<td>RES</td>
<td>56</td>
<td>56</td>
<td>1.1 --- CO-ED</td>
<td>11/30/2015</td>
</tr>
<tr>
<td>GERRY HOUSE</td>
<td>STRAIGHT TALK CLINIC, INCORPORATED</td>
<td>1225-1227 WEST 6TH STREET</td>
<td>SANTA ANA, CA 92703</td>
<td>(714)972-1402</td>
<td></td>
<td>300040AN</td>
<td>RES</td>
<td>12</td>
<td>12</td>
<td>1.1 --- CO-ED</td>
<td>09/30/2015</td>
</tr>
<tr>
<td>WOODGLEN RECOVERY JUNCTION</td>
<td>WOODGLEN RECOVERY JUNCTION INCORPORATED</td>
<td>771 WEST ORANGETHORPE AVENUE</td>
<td>FULLERTON, CA 92832</td>
<td>(714)879-6916</td>
<td></td>
<td>300042AN</td>
<td>RES</td>
<td>24</td>
<td>24</td>
<td>1.1 --- CO-ED</td>
<td>10/31/2015</td>
</tr>
</tbody>
</table>
Program Name: WOODGLEN RECOVERY JUNCTION
Legal Name: WOODGLEN RECOVERY JUNCTION INCORPORATED
Address: 751 WEST ORANGETHORPE AVENUE
City, State Zip: FULLERTON, CA 92832
Phone: (714)879-6916 Fax: (714)578-2960
Record ID: 300042BN
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 02/29/2016

Program Name: DAYLIGHT AGAIN
Legal Name: WOODGLEN RECOVERY JUNCTION INCORPORATED
Address: 329 EAST COMMONWEALTH AVENUE
City, State Zip: FULLERTON, CA 92832
Phone: (714)879-6916 Fax: (714)578-2960
Record ID: 300042CN
Service Type: RES
Resident Capacity: 16
Total Occupancy: 16
Target Population: 1.1 --- CO-ED
Expiration Date: 01/31/2016

Program Name: SOBER LIVING BY THE SEA
Legal Name: SOBER LIVING BY THE SEA, INC.
Address: 4138 PATRICE
City, State Zip: NEWPORT BEACH, CA 92663
Phone: (949)673-6696 Fax: (949)723-2829
Record ID: 300044ACP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 7
Target Population:
Expiration Date: 07/31/2016
Program Name: SOBER LIVING BY THE SEA
    Legal Name: SOBER LIVING BY THE SEA, INC.
    Address: 4800 SEASHORE DRIVE, UNITS A & B
    City, State Zip: NEWPORT BEACH, CA 92663
    Phone: (949)673-6696    Fax: (949)723-2829
    Record ID: 300044ADP
    Service Type: RES
    Resident Capacity: 10
    Total Occupancy: 12
    Target Population: 1.1 --- CO-ED
    Expiration Date: 07/31/2014

Program Name: THE VICTORIAN HOUSE
    Legal Name: SOBER LIVING BY THE SEA, INC.
    Address: 505 29TH STREET
    City, State Zip: NEWPORT BEACH, CA 92663
    Phone: (949)673-6696    Fax: (949)673-6696
    Record ID: 300044AEP
    Service Type: RES
    Resident Capacity: 6
    Total Occupancy: 7
    Target Population: 1.3 --- WOMEN ONLY
    Expiration Date: 07/31/2014

Program Name: THE ROSE OF NEWPORT BEACH
    Legal Name: SOBER LIVING BY THE SEA, INC.
    Address: 6110 WEST OCEAN FRONT
    City, State Zip: NEWPORT BEACH, CA 92663
    Phone: (949)673-6696    Fax: (949)723-2829
    Record ID: 300044AFP
    Service Type: RES
    Resident Capacity: 6
    Total Occupancy: 7
    Target Population: 1.3 --- WOMEN ONLY
    Expiration Date: 09/30/2015
Program Name: THE LANDING AT NEWPORT BEACH
Legal Name: SOBER LIVING BY THE SEA, INC.
Address: 4711 SEASHORE DRIVE
City, State Zip: NEWPORT BEACH, CA 92663
Phone: (949)673-6696 Fax: (949)723-2829
Record ID: 300044AGP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.2 --- MEN ONLY
Expiration Date: 09/30/2015

Program Name: SOBER LIVING BY THE SEA
Legal Name: SOBER LIVING BY THE SEA, INC.
Address: 1901 NEWPORT BOULEVARD, SUITE 149
City, State Zip: COSTA MESA, CA 92627
Phone: (949)673-6696 Fax: (949)675-4285
Record ID: 300044AHP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2014

Program Name: THE ROSE OF NEWPORT BEACH
Legal Name: SOBER LIVING BY THE SEA, INC.
Address: 6111 SEASHORE DRIVE
City, State Zip: NEWPORT BEACH, CA 92663
Phone: (949)673-6696 Fax: (949)723-2829
Record ID: 300044SP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 07/31/2014
Program Name: SOBER LIVING BY THE SEA
Legal Name: SOBER LIVING BY THE SEA, INC.
Address: 5101 RIVER, UNIT B
City, State Zip: NEWPORT BEACH, CA 92663
Phone: (949)673-6696 Fax: (949)723-2829
Record ID: 300044UP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 07/31/2014

Program Name: SOBER LIVING BY THE SEA
Legal Name: SOBER LIVING BY THE SEA, INC.
Address: 3980 SEASHORE DRIVE
City, State Zip: NEWPORT BEACH, CA 92663
Phone: (949)673-6696 Fax: (949)723-2829
Record ID: 300044XP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 07/31/2014

Program Name: HERITAGE HOUSE
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.
Address: 2212 A-D & 2218 A-D PLACENTIA AVENUE
City, State Zip: COSTA MESA, CA 92627
Phone: (949)646-2271
Record ID: 300054AN
Service Type: RES-DETOX
Resident Capacity: 16
Total Occupancy: 31
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 06/30/2016
Program Name: HERITAGE HOUSE NORTH
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.
Address: 315, 319, AND 321 NORTH STATE COLLEGE BOULEVARD
City, State Zip: ANAHEIM, CA 92806-2925
Phone: (562)923-4545 Fax: (714)687-9927
Record ID: 300054IN
Service Type: RES
Resident Capacity: 21
Total Occupancy: 44
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 12/31/2014

Program Name: HERITAGE HOUSE VILLAGE
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.
Address: 405 SOUTH ROSE STREET
City, State Zip: ANAHEIM, CA 92805
Phone: (562)923-4545 Fax: (714)999-6915
Record ID: 300054KN
Service Type: RES-DETOX
Resident Capacity: 17
Total Occupancy: 45
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 04/30/2016

Program Name: BREAKAWAY PROGRAM
Legal Name: BREAKAWAY HEALTH CORPORATION
Address: 3151 AIRWAY AVENUE, SUITE D-1
City, State Zip: COSTA MESA, CA 92626
Phone: (714)847-7585 Fax: (714)848-5410
Record ID: 300065AP
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 1/31/2016
Program Name: THE RECOVERY CENTER
Legal Name: NANCY CLARK AND ASSOCIATES, INC.
Address: 1110 VICTORIA STREET
City, State Zip: COSTA MESA, CA 92627
Phone: (949)631-0550
Record ID: 300067AP
Service Type: RES
Resident Capacity: 38
Total Occupancy: 41
Target Population: 1.1 --- CO-ED
Expiration Date: 02/28/2015

Program Name: TOUCHSTONES
Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.
Address: 525 NORTH PARKER
City, State Zip: ORANGE, CA 92868
Phone: (714)639-5546
Record ID: 300070AN
Service Type: DSS
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2014

Program Name: COVENANT HILLS TREATMENT CENTERS
Legal Name: PACIFIC HILLS TREATMENT CENTERS, INC.
Address: 217 AND 219 AVENIDA MONTEREY
City, State Zip: SAN CLEMENTE, CA 92672
Phone: (949)248-5335 Fax: (949)248-4275
Record ID: 300074BP
Service Type: RES
Resident Capacity: 24
Total Occupancy: 24
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2015
Program Name: COVENANT HILLS TREATMENT CENTERS, INC.
Legal Name: PACIFIC HILLS TREATMENT CENTERS, INC.
Address: 34248 VIA SANTA ROSA, APARTMENTS A, B, AND C
City, State Zip: CAPISTRANO BEACH, CA 92624
Phone: (949)489-8121               Fax: (949)369-7261
Record ID: 300074CP
Service Type: RES
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 11/30/2016

Program Name: COVENANT HILLS TREATMENT CENTERS.
Legal Name: PACIFIC HILLS TREATMENT CENTERS, INC.
Address: 27442 CALLE ARROYO, SUITE B
City, State Zip: SAN JUAN CAPISTRANO, CA 92675
Phone: (949)369-2915
Record ID: 300074DP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2015

Program Name: HUNTINGTON HARBOR HOUSE
Legal Name: NARCONON FRESH START
Address: 17123 ROUNDHILL DRIVE
City, State Zip: HUNTINGTON BEACH, CA 92649
Phone: (949)675-8988
Record ID: 300077AN
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 10
Target Population: 1.1 --- CO-ED
Expiration Date: 02/28/2016
Program Name: SPENCER RECOVERY CENTER
Legal Name: SPENCER RECOVERY CENTERS, INC.
Address: 1316 SOUTH COAST HIGHWAY
City, State Zip: LAGUNA BEACH, CA 92651
Phone: (949)376-3705
Record ID: 300088AP
Service Type: RES-DETOX
Resident Capacity: 28
Total Occupancy: 28
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2015

Program Name: SPENCER RECOVERY CENTERS, INC.
Legal Name: SPENCER RECOVERY CENTERS, INC.
Address: 1337 B GAVIOTA
City, State Zip: LAGUNA BEACH, CA 92651
Phone: (949)376-3705 Fax: (949)376-6862
Record ID: 300088JP
Service Type: RES
Resident Capacity: 3
Total Occupancy: 3
Target Population:
Expiration Date: 11/30/2014

Program Name: SPENCER RECOVERY CENTERS, INC.
Legal Name: SPENCER RECOVERY CENTERS, INC.
Address: 1337 C GAVIOTA
City, State Zip: LAGUNA BEACH, CA 92651
Phone: (949)376-3705 Fax: (949)376-3701
Record ID: 300088KP
Service Type: RES
Resident Capacity: 3
Total Occupancy: 3
Target Population:
Expiration Date: 11/30/2014
Program Name: SPENCER RECOVERY CENTERS, INC.
   Legal Name: SPENCER RECOVERY CENTERS, INC.
   Address: 665 CAMINO DE LOS MARES, SUITE 104C
   City, State Zip: SAN CLEMENTE, CA 92673
   Phone: (949)313-5224
   Record ID: 300088LP
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 4/30/2016

Program Name: THE GARY CENTER
   Legal Name: THE GARY CENTER
   Address: 341 S. HILLCREST STREET
   City, State Zip: LA HABRA, CA 90631
   Phone: (562)691-3263
   Record ID: 300093AN
   Service Type: NON
   Target Population:
   Expiration Date: 9/30/2016

Program Name: THE GARY CENTER SUBSTANCE ABUSE COUNSELING SYSTEMS
   Legal Name: THE GARY CENTER
   Address: 1525 EAST 17TH STREET, SUITE B
   City, State Zip: SANTA ANA, CA 92705
   Phone: (562)691-3263 Fax: (562)690-5063
   Record ID: 300093BN
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 6/30/2015

Program Name: CHANGES FOR RECOVERY
   Legal Name: MILTON MUCKER
   Address: 302 NORTH TUSTIN AVENUE, SUITES 100 AND 102
   City, State Zip: SANTA ANA, CA 92705
   Phone: (714)541-4007 Fax: (714)541-2779
   Record ID: 300097CP
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 2/29/2016
Program Name: ACTION CONSULTANTS/THERAPY
Legal Name: ACTION CONSULTANTS/THERAPY
Address: 1670 SANTA ANA AVENUE, SUITE C, F, & N
City, State Zip: COSTA MESA, CA 92627
Phone: (949)645-7484 Fax: (949)645-0565
Record ID: 300104BP
Service Type: NON
Target Population: 1.7 --- FAMILIES
Expiration Date: 1/31/2016

Program Name: ACTION CONSULTANTS/THERAPY
Legal Name: ACTION CONSULTANTS/THERAPY
Address: 2124 MAIN STREET, SUITE 120
City, State Zip: HUNTINGTON BEACH, CA 92648
Phone: (949)645-7484 Fax: (949)645-0565
Record ID: 300104CP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2016

Program Name: ACTION CONSULTANTS/THERAPY
Legal Name: ACTION CONSULTANTS/THERAPY
Address: 2651 E. CHAPMAN AVENUE, SUITE 109
City, State Zip: FULLERTON, CA 92831-3738
Phone: (949)645-7484 Fax: (949)645-0565
Record ID: 300104DP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2016

Program Name: CHAPMAN HOUSE
Legal Name: CHAPMAN HOUSE, INC.
Address: 1412 EAST CHAPMAN AVENUE
City, State Zip: ORANGE, CA 92866
Phone: (714)288-9779 Fax: (714)538-9779
Record ID: 300105BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2015
Program Name: CHAPMAN HOUSE, INC.
Legal Name: CHAPMAN HOUSE, INC.
Address: 14511 - 14512 CARFAX DRIVE
City, State Zip: TUSTIN, CA 92780
Phone: (714)288-9779 Fax: (714)288-6130
Record ID: 300105IP
Service Type: RES-DETOX
Resident Capacity: 44
Total Occupancy: 44
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2015

Program Name: COLLEGE COMMUNITY SERVICES/CALWORKS (CCS/CW)
Legal Name: COLLEGE COMMUNITY SERVICES
Address: 501 NORTH BROOKHURST STREET, SUITES 300B AND 320
City, State Zip: ANAHEIM, CA 92801
Phone: (714)490-7711 Fax: (714)490-7717
Record ID: 300106BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2015

Program Name: COLLEGE COMMUNITY SERVICES/CALWORKS/CAMINO NUEVO
Legal Name: COLLEGE COMMUNITY SERVICES
Address: 1200 NORTH MAIN STREET, SUITE 630
City, State Zip: SANTA ANA, CA 92701
Phone: (714)824-8150 Fax: (714)824-8151
Record ID: 300106CP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015
Program Name: COLLEGE COMMUNITY SERVICES/CALWORKS-WEST
Legal Name: COLLEGE COMMUNITY SERVICES
Address: 13950 MILTON AVENUE, #306
City, State Zip: WESTMINSTER, CA 92683
Phone: (714)793-1290 Fax: (714)490-7717
Record ID: 300106DP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2015

Program Name: K. C. SERVICES
Legal Name: KOREAN COMMUNITY SERVICES, INC.
Address: 14795 JEFFREY ROAD, SUITE 207
City, State Zip: IRVINE, CA 92618
Phone: (949)654-9163
Record ID: 300107CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2016

Program Name: K.C. SERVICES
Legal Name: KOREAN COMMUNITY SERVICES, INC.
Address: 1050 AND 1060 BROOKHURST
City, State Zip: FULLERTON, CA 92833
Phone: (714)449-1339 Fax: (714)449-1289
Record ID: 300107DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2015

Program Name: K. C. SERVICES
Legal Name: KOREAN COMMUNITY SERVICES, INC.
Address: 7281 GARDEN GROVE BOULEVARD, SUITE H
City, State Zip: GARDEN GROVE, CA 92844
Phone: (714)539-4544
Record ID: 300107EN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2016
Program Name: C.A.R.E. COUNSELING CENTER
   Legal Name: CHILD ABUSE RECOVERY ETC.
   Address: 1614 EAST 17TH STREET, SUITE D
   City, State Zip: SANTA ANA, CA 92701
   Phone: (714)836-9900       Fax: (717)836-9090
   Record ID: 300113BN
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 12/31/2014

Program Name: RELAPSE PREVENTION PROGRAM
   Legal Name: NANCY CLARK AND ASSOCIATES, INC.
   Address: 471 OLD NEWPORT ROAD, SUITE 101
   City, State Zip: NEWPORT BEACH, CA 92663
   Phone: (949)631-0550       Fax: (949)631-4589
   Record ID: 300115AP
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 1/31/2015

Program Name: ABLE TO CHANGE RECOVERY, INC.
   Legal Name: ABLE TO CHANGE RECOVERY, INC.
   Address: 28522 AVENIDA PLACIDA
   City, State Zip: SAN JUAN CAPISTRANO, CA 92675
   Phone: (949)388-1780       Fax: (949)388-1620
   Record ID: 300118AP
   Service Type: RES
   Resident Capacity: 6
   Total Occupancy: 6
   Target Population: 1.1 --- CO-ED
   Expiration Date: 02/28/2015
Program Name: ABLE TO CHANGE RECOVERY, INC.
Legal Name: ABLE TO CHANGE RECOVERY, INC.
Address: 31461 RANCHO VIEJO ROAD, #105
City, State Zip: SAN JUAN CAPISTRANO, CA 92675
Phone: (949)493-6800 Fax: (949)493-6832
Record ID: 300118BP
Service Type: NON
Target Population: 1.8 --- DUAL DIAGNOSIS
Expiration Date: 1/31/2015

Program Name: ABLE TO CHANGE RECOVERY, INC.
Legal Name: ABLE TO CHANGE RECOVERY, INC.
Address: 23492 WHITE DOVE AVENUE
City, State Zip: LAKE FOREST, CA 92630
Phone: (949)493-6800 Fax: (949)493-6832
Record ID: 300118CP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
Expiration Date: 01/31/2016

Program Name: CENTER FOR THE TREATMENT OF ADDICTION, INC.
Legal Name: THE CENTER FOR THE TREATMENT OF ADDICTION, INC.
Address: 104 NORTH RAYMOND AVENUE, SUITE A-2
City, State Zip: FULLERTON, CA 92831
Phone: (714)992-1677 Fax: (714)992-4906
Record ID: 300119HP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2016
Program Name: NEW BEGINNING FELLOWSHIP CENTER
   Legal Name: THE NEW BEGINNING FELLOWSHIP CENTER
   Address: 16581 BROOKHURST
   City, State Zip: FOUNTAIN VALLEY, CA 92706
   Phone: (714)839-2515       Fax: (714)839-5501
   Record ID: 300120BN
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 3/31/2015

Program Name: YELLOWSTONE, WROC
   Legal Name: YELLOWSTONE WOMEN'S FIRST STEP HOUSE, INC.
   Address: 3132 BOSTON WAY
   City, State Zip: COSTA MESA, CA 92626
   Phone: (888)941-9048       Fax: (714)646-5296
   Record ID: 300121AN
   Service Type: RES
   Resident Capacity: 15
   Total Occupancy: 15
   Target Population: 1.2 --- MEN ONLY
   Expiration Date: 03/31/2015

Program Name: YELLOWSTONE (WOMEN'S RECOVERY OF CALIFORNIA)
   Legal Name: YELLOWSTONE WOMEN'S FIRST STEP HOUSE, INC.
   Address: 154 & 160 EAST BAY STREET
   City, State Zip: COSTA MESA, CA 92627-2147
   Phone: (949)646-5296       Fax: (888)941-9048
   Record ID: 300121BN
   Service Type: RES-DETOX
   Resident Capacity: 6
   Total Occupancy: 7
   Target Population: 1.1 --- CO-ED
   Expiration Date: 05/31/2015
Program Name: THE YELLOWSTONE BRIDGE
Legal Name: YELLOWSTONE WOMEN'S FIRST STEP HOUSE, INC.
Address: 2028 FULLERTON AVENUE # A
City, State Zip: COSTA MESA, CA 92627
Phone: (949)646-4494  Fax: (949)646-5296
Record ID: 300121FN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.2 --- MEN ONLY
Expiration Date: 08/31/2015

Program Name: YELLOWSTONE WOMEN'S FIRST STEP HOUSE, INC.
Legal Name: YELLOWSTONE WOMEN'S FIRST STEP HOUSE, INC.
Address: 2001 HARBOR BOULEVARD, SUITE 200
City, State Zip: COSTA MESA, CA 92626
Phone: (888)941-9048  Fax: (949)646-5296
Record ID: 300121HN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2015

Program Name: CALIFORNIA DIVERSION INTERVENTION FOUNDATION
Legal Name: CALIFORNIA DIVERSION INTERVENTION FOUNDATION
Address: 1095 NORTH MAIN STREET, SUITE C
City, State Zip: ORANGE, CA 92867-5459
Phone: (714)633-0502  Fax: (714)633-9249
Record ID: 300125BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2016
Program Name: TWIN TOWN TREATMENT CENTERS - LOS ALAMITOS  
   Legal Name: TWIN TOWN CORPORATION  
   Address: 4388 EAST KATELLA AVENUE  
   City, State Zip: LOS ALAMITOS, CA 90720  
   Phone: (562)594-8844  
   Fax: (562)493-1280  
   Record ID: 300128AP  
   Service Type: NON  
   Target Population: 1.7 --- FAMILIES  
   Expiration Date: 2/28/2015

Program Name: TWIN TOWN TREATMENT CENTERS, ORANGE  
   Legal Name: TWIN TOWN CORPORATION  
   Address: 705 WEST LA VETA AVENUE, SUITE 208  
   City, State Zip: ORANGE, CA 92868  
   Phone: (714)532-9295  
   Record ID: 300128CP  
   Service Type: NON  
   Target Population: 1.1 --- CO-ED  
   Expiration Date: 6/30/2015

Program Name: TWIN TOWN TREATMENT CENTERS, MISSION VIEJO  
   Legal Name: TWIN TOWN CORPORATION  
   Address: 27281 LAS RAMBLAS STREET, SUITE 140  
   City, State Zip: MISSION VIEJO, CA 92691  
   Phone: (949)540-0170  
   Fax: (949)540-0173  
   Record ID: 300128DP  
   Service Type: NON  
   Target Population: 1.1 --- CO-ED  
   Expiration Date: 6/30/2015

Program Name: CENTER FOR ALCOHOL AND DRUG ABUSE TREATMENT BODY MIND SPIRIT IOP  
   Legal Name: WILLIAM W. MARTIN, PH.D, LICENSED CLINICAL PSYCHOLOGIST, A PROFESSIONAL CORPORATION  
   Address: 665 Camino de los Mares, Suite 104  
   City, State Zip: San Clemente, CA 92673  
   Phone: (949)248-7377  
   Fax: (866)805-2796  
   Record ID: 300135AP  
   Service Type: NON  
   Target Population: 1.1 --- CO-ED  
   Expiration Date: 5/31/2016
Program Name: PAT MOORE FOUNDATION
Legal Name: THE PAT MOORE FOUNDATION
Address: 2560 NEWPORT BOULEVARD, UNITS 1-22 AND 2568 NEWPORT BOULEVARD
City, State Zip: COSTA MESA, CA 92627
Phone: (714)546-2200 Fax: (949)764-9288
Record ID: 300136JN
Service Type: RES-DETOX
Resident Capacity: 76
Total Occupancy: 76
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2016

Program Name: PAT MOORE FOUNDATION
Legal Name: THE PAT MOORE FOUNDATION
Address: 1905 WEST HALL AVENUE
City, State Zip: SANTA ANA, CA 92704
Phone: (714)546-2200 Fax: (949)764-9288
Record ID: 300136LN
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 10/31/2015

Program Name: PAT MOORE FOUNDATION
Legal Name: THE PAT MOORE FOUNDATION
Address: 1918 WEST HALL AVENUE
City, State Zip: SANTA ANA, CA 92704
Phone: (714)546-2200 Fax: (949)764-9288
Record ID: 300136MN
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 10/31/2015
Program Name: PAT MOORE FOUNDATION
Legal Name: THE PAT MOORE FOUNDATION
Address: 2614 WEST COLOMBINE STREET, UNIT A
City, State Zip: SANTA ANA, CA 92704
Phone: (714)546-2200 Fax: (949)764-9288
Record ID: 300136NN
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016

Program Name: PAT MOORE FOUNDATION
Legal Name: THE PAT MOORE FOUNDATION
Address: 2614 WEST COLOMBINE STREET, UNIT B
City, State Zip: SANTA ANA, CA 92704
Phone: (714)546-2200 Fax: (949)764-9288
Record ID: 300136ON
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016

Program Name: PAT MOORE FOUNDATION
Legal Name: THE PAT MOORE FOUNDATION
Address: 2105 W. ADAMS STREET
City, State Zip: SANTA ANA, CA 92704
Phone: (714)546-2200 Fax: (949)764-9288
Record ID: 300136RN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2014
Program Name: SOLUTIONS FOR RECOVERY
Legal Name: SOLUTIONS FOR RECOVERY, INC.
Address: 31931 PASEO TERRAZA
City, State Zip: SAN JUAN CAPISTRANO, CA 92675
Phone: (949)874-1332 Fax: (949)661-1264
Record ID: 300143BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
Expiration Date: 02/29/2016

Program Name: SOLUTIONS BY THE SEA
Legal Name: OCEAN RECOVERY L.L.C.
Address: 1601 WEST BALBOA BOULEVARD
City, State Zip: NEWPORT BEACH, CA 92663
Phone: (949)723-2388
Record ID: 300144AP
Service Type: RES
Resident Capacity: 16
Total Occupancy: 18
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 12/31/2014

Program Name: OCEAN RECOVERY 1115
Legal Name: OCEAN RECOVERY, L.L.C.
Address: 1115 WEST BALBOA BOULEVARD
City, State Zip: NEWPORT BEACH, CA 92661
Phone: (949)675-3764 Fax: (949)723-1288
Record ID: 300144BP
Service Type: RES
Resident Capacity: 22
Total Occupancy: 22
Target Population: 1.2 --- MEN ONLY
Expiration Date: 12/31/2014
Program Name: HOPE BY THE SEA, INC.
Legal Name: HOPE BY THE SEA, INC.
Address: 28371 VIA ANZAR
City, State Zip: SAN JUAN CAPISTRANO, CA 92675
Phone: (949)218-2690 Fax: (949)218-1957
Record ID: 300149AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2015

Program Name: HOPE BY THE SEA, INC.
Legal Name: HOPE BY THE SEA, INC.
Address: 27432 CALLE ARROYO
City, State Zip: SAN JUAN CAPISTRANO, CA 92675
Phone: (949)218-2690 Fax: (949)218-1597
Record ID: 300149BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015

Program Name: SEACLIFF RECOVERY CENTER
Legal Name: RIGHT NOW RECOVERY, LLC
Address: 225 7TH STREET APT. 1
City, State Zip: HUNTINGTON BEACH, CA 92648
Phone: (714)960-0078
Record ID: 300152AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2015
Program Name: SEACLIFF RECOVERY CENTER
Legal Name: RIGHT NOW RECOVERY, LLC
Address: 18682 BEACH BOULEVARD
        SUITE 255
City, State Zip: HUNTINGTON BEACH, CA 92648
Phone: (714)960-0078
Record ID: 300152BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Pending

Program Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.
Legal Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.
Address: 240 KNOX STREET
City, State Zip: COSTA MESA, CA 92627
Phone: (949)645-1026 Fax: (949)645-1026
Record ID: 300154AP
Service Type: RES
Resident Capacity: 8
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2015

Program Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.
Legal Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.
Address: 236 KNOX STREET
City, State Zip: COSTA MESA, CA 92627
Phone: (949)645-1026 Fax: (949)645-1026
Record ID: 300154BP
Service Type: RES
Resident Capacity: 8
Total Occupancy: 8
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 02/29/2016
Program Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.
Legal Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.
Address: 930 MAGELLAN STREET
City, State Zip: COSTA MESA, CA 92626
Phone: (949)645-1026 Fax: (714)242-6775
Record ID: 300154CP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 10/31/2016

Program Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.
Legal Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.
Address: 934 MAGELLAN STREET
City, State Zip: COSTA MESA, CA 92626
Phone: (949)645-1026 Fax: (714)242-6775
Record ID: 300154DP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 08/31/2015

Program Name: SAFE HARBOR'S CHERISH DETOX
Legal Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.
Address: 22372 HARWICH LANE
City, State Zip: HUNTINGTON BEACH, CA 92646
Phone: (949)645-1026 Fax: (714)242-6775
Record ID: 300154EP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
PENDING
Program Name: SAFE HARBOR'S CHERISH DETOX, INC.
   Legal Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.
   Address: 22372 HARWICH LANE
   City, State Zip: HUNTINGTON BEACH, CA 92646
   Phone:
   Record ID: 300154FP
   Service Type: RES-DETOX
   Resident Capacity: 6
   Total Occupancy: 6
   Target Population: 1.3 --- WOMEN ONLY
   Expiration Date: 10/31/2016

Program Name: Safe Harbor Treatment Center for Women, Recovery 1
   Legal Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.
   Address: 679 Governor Street
   City, State Zip: Costa Mesa, CA 92627
   Phone: (714)785-2079    Fax: (714)242-6775
   Record ID: 300154GP
   Service Type: RES
   Resident Capacity: 7
   Total Occupancy: 7
   Target Population: 1.3 --- WOMEN ONLY
   PENDING

Program Name: Safe Harbor Treatment Center for Women, Recovery 1
   Legal Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.
   Address: 687 Governor Street
   City, State Zip: Costa Mesa, CA 92627
   Phone: (714)785-2079    Fax: (714)242-6775
   Record ID: 300154HP
   Service Type: RES
   Resident Capacity: 7
   Total Occupancy: 7
   Target Population: 1.3 --- WOMEN ONLY
   PENDING
Program Name: Safe Harbor Treatment Center for Women, Recovery
Legal Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.
Address: 671 Governor Street
City, State Zip: Costa Mesa, CA 92627
Phone: (714)785-2079 Fax: (714)242-6775
Record ID: 300154IP
Service Type: RES
Resident Capacity: 7
Total Occupancy: 7
Target Population: 1.3 --- WOMEN ONLY
PENDING

Program Name: Safe Harbor Treatment Center for Women, Recovery
Legal Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.
Address: 675 Governor Street
City, State Zip: Costa Mesa, CA 92627
Phone: (714)785-2079 Fax: (714)242-6775
Record ID: 300154JP
Service Type: RES
Resident Capacity: 7
Total Occupancy: 7
Target Population: 1.3 --- WOMEN ONLY
PENDING

Program Name: Safe Harbor Treatment Center for Women, Recovery
Legal Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.
Address: 670 Capital Street
City, State Zip: Costa Mesa, CA 92627
Phone: (714)785-2079 Fax: (714)242-6775
Record ID: 300154KP
Service Type: RES
Resident Capacity: 7
Total Occupancy: 7
Target Population: 1.3 --- WOMEN ONLY
PENDING
Program Name: Safe Harbor Treatment Center for Women, Recovery

Legal Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.
Address: 2220 Pomona Avenue
City, State Zip: Costa Mesa, CA 92627
Phone: (714)785-2079
Fax: (714)242-6775
Record ID: 300154LP
Service Type: RES
Resident Capacity: 7
Total Occupancy: 7
Target Population: 1.3 --- WOMEN ONLY

Pending

Program Name: SOUTH COAST COUNSELING AND PSYCHOLOGICAL SERVICES
Legal Name: WEL-MOR PSYCHOLOGY GROUP, INC.
Address: 2900 BRISTOL STREET, SUITE E 103
City, State Zip: COSTA MESA, CA 92626
Phone: (714)540-9070
Fax: (714)549-4525
Record ID: 300162AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016

Program Name: SOUTH COAST COUNSELING AND PSYCHOLOGICAL SERVICES
Legal Name: WEL-MOR PSYCHOLOGY GROUP, INC.
Address: 5130 EAST LA PALMA, SUITE 212
City, State Zip: ANAHEIM, CA 92807
Phone: (714)540-9070
Fax: (714)549-4525
Record ID: 300162BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016
Program Name: SOUTH COAST COUNSELING AND PSYCHOLOGICAL SERVICES  
Legal Name: WEL-MOR PSYCHOLOGY GROUP, INC.  
Address: 25401 Cabot Road, Suite 114  
City, State Zip: Laguna Hills, CA 92653  
Phone: (714)540-9070 Fax: (714)549-4525  
Record ID: 300162CP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2016

Program Name: SOUTH COAST COUNSELING & PSYCHOLOGICAL SERVICES  
Legal Name: WEL-MOR PSYCHOLOGY GROUP, INC.  
Address: 1440 NORTH HARBOR BOULEVARD, SUITE #725  
City, State Zip: FULLERTON, CA 92835  
Phone: (714)540-9070 Fax: (714)549-4525  
Record ID: 300162DP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
PENDING

Program Name: ORANGE COUNTY BAR FOUNDATION STOP SHORT OF ADDICTION  
Legal Name: ORANGE COUNTY BAR FOUNDATION, INC.  
Address: 313 NORTH BIRCH, 2ND FLOOR  
City, State Zip: SANTA ANA, CA 92701  
Phone: (714)480-1925 Fax: (714)480-1933  
Record ID: 300164AN  
Service Type: NON  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 2/28/2015
Program Name: BALBOA HORIZONS RECOVERY SERVICES
Legal Name: BALBOA HORIZONS RECOVERY SERVICES
Address: 1132 WEST BALBOA BOULEVARD
City, State Zip: NEWPORT BEACH, CA 92661
Phone: (949)675-3406 Fax: (949)722-8125
Record ID: 300165AP
Service Type: RES
Resident Capacity: 11
Total Occupancy: 11
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 05/31/2015

Program Name: BALBOA HORIZONS RECOVERY SERVICES
Legal Name: BALBOA HORIZONS RECOVERY SERVICES
Address: 2384 NEWPORT BOULEVARD
City, State Zip: COSTA MESA, CA 92627
Phone: (949)675-3406 Fax: (949)675-3916
Record ID: 300165BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2016

Program Name: BALBOA HORIZONS RECOVERY SERVICES
Legal Name: BALBOA HORIZONS RECOVERY SERVICES
Address: 192 and 198 TULIP LANE
City, State Zip: COSTA MESA, CA 92627
Phone:
Record ID: 300165CP
Service Type: DHS
Resident Capacity: 26
Total Occupancy: 26
Target Population: 1.2 --- MEN ONLY
Expiration Date: 07/31/2016
Program Name: BALBOA HORIZONS RECOVERY SERVICES
Legal Name: BALBOA HORIZONS RECOVERY SERVICES
Address: 140 ALBERT PLACE
City, State Zip: COSTA MESA, CA 92627
Phone: 
Record ID: 300165DP
Service Type: RES
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.2 --- MEN ONLY
Expiration Date: 09/30/2016

Program Name: BALBOA HORIZONS RECOVERY SERVICES
Legal Name: BALBOA HORIZONS RECOVERY SERVICES
Address: 129 Cabrillo Street
City, State Zip: Costa Mesa, CA 92627-3053
Phone: (949)515-4140 Fax: (949)515-4150
Record ID: 300165EP
Service Type: NON
Target Population: 1.1 --- CO-ED
PENDING

Program Name: MORNINGSIDE RECOVERY
Legal Name: MORNINGSIDE RECOVERY, LLC
Address: 1545 NEWPORT BOULEVARD
City, State Zip: COSTA MESA, CA 92627
Phone: (949)675-0006
Record ID: 300168IP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2016
Program Name: ORANGE COUNTY REHAB  
Legal Name: ORANGE COUNTY DETOX, INC.  
Address: 546 HAMILTON STREET  
City, State Zip: COSTA MESA, CA 92627  
Phone: (949)548-0801  
Fax: (949)548-0804  
Record ID: 300169BP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 08/31/2016

Program Name: CAPO BY THE SEA  
Legal Name: CAPO BY THE SEA, INC.  
Address: 26682 AVENIDA LAS PALMAS  
City, State Zip: CAPISTRANO BEACH, CA 92624  
Phone: (949)276-0043  
Fax: (949)276-0045  
Record ID: 300173AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 8  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2015

Program Name: CAPO BY THE SEA  
Legal Name: CAPO BY THE SEA, INC.  
Address: 31461 Ranch Viejo Rd  
#205  
City, State Zip: San Juan Capistrano, CA 92675  
Phone: (949)874-1332  
Record ID: 300173CP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
PENDING
<table>
<thead>
<tr>
<th>Program Name</th>
<th>MIRAMAR RECOVERY</th>
<th>MIRAMAR HEALTH, INC.</th>
<th>ALTERNATIVE OPTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name</td>
<td>MIRAMAR HEALTH, INC.</td>
<td>MIRAMAR HEALTH, INC.</td>
<td>ALTERNATIVE OPTIONS COUNSELING CENTER, INC.</td>
</tr>
<tr>
<td>Address</td>
<td>339 JASMINE STREET</td>
<td>435 DAHLIA AVENUE</td>
<td>101 SOUTH KRAEMER BOULEVARD, SUITE # 110</td>
</tr>
<tr>
<td>City, State Zip</td>
<td>LAGUNA BEACH, CA 92651</td>
<td>NEWPORT BEACH, CA 92625</td>
<td>PLACENTIA, CA 92870</td>
</tr>
<tr>
<td>Phone</td>
<td>(888)300-3210</td>
<td>(949)497-9189</td>
<td>(714)995-0359</td>
</tr>
<tr>
<td>Fax</td>
<td>(949)370-0711</td>
<td>(949)554-1285</td>
<td></td>
</tr>
<tr>
<td>Record ID</td>
<td>300182AP</td>
<td>300182BP</td>
<td>300186AP</td>
</tr>
<tr>
<td>Service Type</td>
<td>RES-DETOX</td>
<td>RES-DETOX</td>
<td>NON</td>
</tr>
<tr>
<td>Resident Capacity</td>
<td>6</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Total Occupancy</td>
<td>6</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Target Population</td>
<td>1.1 --- CO-ED</td>
<td>1.1 --- CO-ED</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>01/31/2016</td>
<td>05/31/2016</td>
<td>5/31/2016</td>
</tr>
</tbody>
</table>
Program Name: HEALTHCARE SERVICES, INC., THE LIGHTHOUSE
   Legal Name: HEALTHCARE SERVICES, INC.
   Address: 1300 AND 1320 WEST PEARL ST., UNITS A, B, C & D
   City, State Zip: ANAHEIM, CA 92801
   Phone: (714)384-3970     Fax: (714)384-3876
   Record ID: 300188AP
   Service Type: RES
   Resident Capacity: 33
   Total Occupancy: 33
   Target Population: 1.1 --- CO-ED
   Expiration Date: 05/31/2016

Program Name: HEALTHCARE SERVICES
   Legal Name: HEALTHCARE SERVICES, INC.
   Address: 1340 PEARL STREET
   City, State Zip: ANAHEIM, CA 92801
   Phone: (714)871-9841     Fax: (714)384-3876
   Record ID: 300188CP
   Service Type: RES-DETOX
   Resident Capacity: 21
   Total Occupancy: 21
   Target Population: 1.1 --- CO-ED
   Expiration Date: 05/31/2016

Program Name: DR. WILLA'S HOUSE
   Legal Name: PHYSICIANS NUTRACEUTICAL RESEARCH, INC.
   Address: 140 AVENIDA ALGODON, UNIT A, B AND C
   City, State Zip: SAN CLEMENTE, CA 92672
   Phone: (888)508-3371     Fax: (949)675-9106
   Record ID: 300189AP
   Service Type: RES-DETOX
   Resident Capacity: 18
   Total Occupancy: 18
   Target Population: 1.1 --- CO-ED
   Expiration Date: 07/31/2016
Program Name: DR. WILLA'S HOUSE
Legal Name: PHYSICIANS NUTRACEUTICAL RESEARCH, INC.
Address: 140 AVE ALGODON, UNIT B
City, State Zip: SAN CLEMENTE, CA 92672
Phone: (888)508-3371 Fax: (888)508-3372
Record ID: 300189BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2014

Program Name: DR. WILLA'S HOUSE
Legal Name: PHYSICIANS NUTRACEUTICAL RESEARCH, INC.
Address: 140 AVE ALGODON, UNIT C
City, State Zip: SAN CLEMENTE, CA 92672
Phone: (888)508-3371 Fax: (888)508-3372
Record ID: 300189CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2014

Program Name: NEW LIFE SPIRIT RECOVERY, INC.
Legal Name: NEW LIFE SPIRIT RECOVERY, INC.
Address: 18652 FLORIDA STREET, SUITE 200
City, State Zip: HUNTINGTON BEACH, CA 92648
Phone: (714)841-1906
Record ID: 300190AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016
Program Name: ANAMIKA RECOVERY CENTER
Legal Name: ANAMIKA RECOVERY CENTER, INC.
Address: 144 SOUTH PERALTA HILLS DRIVE
City, State Zip: ANAHEIM, CA 92807
Phone: (714)974-4673
Fax: (714)974-4674
Record ID: 300200AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 02/29/2016

Program Name: DOMUS RETREAT
Legal Name: DOMUS RETREAT, LLC
Address: 270 SOUTH ORANGE ACRES DRIVE
City, State Zip: ANAHEIM HILLS, CA 92807
Phone: (714)685-1033
Record ID: 300203AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 02/29/2016

Program Name: ADELANTE RECOVERY CENTER, INC.
Legal Name: ADELANTE RECOVERY CENTER, INC.
Address: 49 MONTECITO DRIVE
City, State Zip: CORONA DEL MAR, CA 92625
Phone: (949)887-4448
Fax: (949)706-9769
Record ID: 300206AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 02/29/2016
Program Name: NORTHBOUND TREATMENT SERVICES
Legal Name: NATIONAL THERAPEUTIC SERVICES, INC.
Address: 209 AND 211 EAST 18TH STREET
City, State Zip: COSTA MESA, CA 92627
Phone: (714)432-0727 Fax: (949)650-5171
Record ID: 300207AP
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016

Program Name: THE RAP CENTER
Legal Name: NATIONAL THERAPEUTIC SERVICES, INC.
Address: 1040 WEST 17TH STREET
City, State Zip: COSTA MESA, CA 92627
Phone: (714)432-0727 Fax: (949)650-5171
Record ID: 300207BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016

Program Name: NORTHBOUND TREATMENT SERVICES
Legal Name: NATIONAL THERAPEUTIC SERVICES, INC.
Address: 354 BROADWAY
City, State Zip: COSTA MESA, CA 92627
Phone: (949)650-4334 Fax: (949)650-5171
Record ID: 300207CP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2015
Program Name: THE JOSHUA HOUSE
Legal Name: NATIONAL THERAPEUTIC SERVICES, INC.
Address: 2417 ORANGE AVENUE, UNITS 101A, 101B, 101C, 102A, 201B & 201C
City, State Zip: COSTA MESA, CA 92627
Phone: (949)650-4334 Fax: (949)650-5171
Record ID: 300207FP
Service Type: RES
Resident Capacity: 21
Total Occupancy: 22
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2016

Program Name: NORTHBOUND TREATMENT SERVICES
Legal Name: NATIONAL THERAPEUTIC SERVICES, INC.
Address: 235 EAST 18TH STREET, UNITS A,B,C AND 241 EAST 18TH STREET, UNITS A, B,C
City, State Zip: COSTA MESA, CA 92627
Phone: (949)650-4334 Fax: (949)650-5171
Record ID: 300207GP
Service Type: RES
Resident Capacity: 23
Total Occupancy: 24
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016

Program Name: NORTHBOUND TREATMENT SERVICES
Legal Name: NATIONAL THERAPEUTIC SERVICES, INC.
Address: 175 VIRGINIA PLACE
City, State Zip: COSTA MESA, CA 92627
Phone: (949)650-4334 Fax: (949)650-5171
Record ID: 300207HP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
Expiration Date: 02/29/2016
Program Name: NORTHBOUND TREATMENT SERVICES
Legal Name: NATIONAL THERAPEUTIC SERVICES, INC.
Address: 171 UNITS A&B, AND 175, UNITS A&B, ROCHESTER
City, State Zip: COSTA MESA, CA 92627
Phone: (949)650-4334  Fax: (949)650-5171
Record ID: 300207IP
Service Type: RES
Resident Capacity: 20
Total Occupancy: 21
Target Population: 1.1 --- CO-ED
Expiration Date: 02/29/2016

Program Name: NORTHBOUND TREATMENT SERVICES
Legal Name: NATIONAL THERAPEUTIC SERVICES, INC.
Address: 271 WALNUT STREET
City, State Zip: COSTA MESA, CA 92627
Phone: (949)650-4334  Fax: (949)650-5171
Record ID: 300207JP
Service Type: RES
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.1 --- CO-ED
Expiration Date: 02/29/2016

Program Name: NORTHBOUND TREATMENT SERVICES
Legal Name: NATIONAL THERAPEUTIC SERVICES, INC.
Address: 125 & 131 E. WILSON STREET, UNITS 1,2,3
City, State Zip: COSTA MESA, CA 92627
Phone:
Record ID: 300207KP
Service Type: RES
Resident Capacity:
Total Occupancy:
Target Population: 1.1 --- CO-ED
PENDING
Program Name: OCEAN HILLS RECOVERY, INC.
Legal Name: OCEAN HILLS RECOVERY, INC.
Address: 33242 CHRISTINA DRIVE
City, State Zip: DANA POINT, CA 92629
Phone: (949)388-0112 Fax: (949)388-4625
Record ID: 300208AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 03/31/2015

Program Name: 21ST CENTURY WELLNESS, INC.
Legal Name: 21ST CENTURY WELLNESS, INC.
Address: 23792 ROCKFIELD BOULEVARD, #100
City, State Zip: LAKE FOREST, CA 92630
Phone: (949)900-8260
Record ID: 300211AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2015

Program Name: ACM RECOVERY A DIVISION OF ASSOCIATES IN COUSELING AND MEDIATION
Legal Name: ASSOCIATES IN COUNSELING & MEDIATION
Address: 265 SOUTH ANITA DRIVE, SUITE 117
City, State Zip: ORANGE, CA 92868
Phone: (714)978-1090 Fax: (714)978-1087
Record ID: 300213AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2015
Program Name: ACM RECOVERY A DIVISION OF ASSOCIATES IN COUNSELING & MEDIATION
Legal Name: ASSOCIATES IN COUNSELING & MEDIATION
Address: 25201 PASEO DE ALICIA, SUITE 100
City, State Zip: LAGUNA HILLS, CA 92653
Phone: (949)699-3413  Fax: (949)859-6658
Record ID: 300213BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2015

Program Name: ACM RECOVERY A DIVISION OF ASSOCIATES IN COUNSELING & MEDIATION
Legal Name: ASSOCIATES IN COUNSELING & MEDIATION
Address: 960 WEST 17TH STREET, # B, C
City, State Zip: SANTA ANA, CA 92701
Phone: (714)547-1404  Fax: (714)550-4677
Record ID: 300213CP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2015

Program Name: ENVOY CARE CENTER
Legal Name: TOCHI FAMILY CHILDREN'S CENTER
Address: 520 NORTH BROOKHURST STREET, SUITE 222
City, State Zip: ANAHEIM, CA 92801
Phone: (714)884-1884
Record ID: 300215AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2014

Program Name: SOVEREIGN HEALTH OF CALIFORNIA
Legal Name: DUAL DIAGNOSIS TREATMENT CENTER, INC.
Address: 1211 PUERTA DEL SOL, SUITE 120
City, State Zip: SAN CLEMENTE, CA 92673
Phone: (949)276-5553  Fax: (949)498-2619
Record ID: 300217AP
Service Type: NON
Target Population: 1.2 --- MEN ONLY
Expiration Date: 4/30/2016
Program Name: SERENITY LIFE COUNSELING  
Legal Name: SERENITY LIFE COUNSELING, INC.  
Address: 2024 WEST LINCOLN AVENUE, SUITES 6 & 7  
City, State Zip: ANAHEIM, CA 92901  
Phone: (714)533-2900  
Fax: (714)276-0567  
Record ID: 300218AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2014

Program Name: SERENITY NEW LIFE  
Legal Name: SERENITY LIFE COUNSELING, INC.  
Address: 450 EAST RIVERBOAT WAY  
City, State Zip: ORANGE, CA 92865  
Phone: (714)533-2900  
Fax: (714)533-2904  
Record ID: 300218BP  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 06/30/2015

Program Name: SAFE HARBOR'S CAPELLA I  
Legal Name: SAFE HARBOR'S CAPELLA, INC.  
Address: 546, 548, 550A, 550B BERNARD STREET  
City, State Zip: COSTA MESA, CA 92627  
Phone: (714)323-8294  
Fax: (714)242-6775  
Record ID: 300221AP  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 10/31/2016
Program Name: CASA BELLA RECOVERY
Legal Name: CASA BELLA RECOVERY INTERNATIONAL INC.
Address: 31365 MONTEREY STREET
City, State Zip: LAGUNA BEACH, CA 92651
Phone: (949)275-7581
Record ID: 300222AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2016

Program Name: DEE'S HOUSE
Legal Name: KIM HUNKLE
Address: 18886 SANTA MARTA STREET
City, State Zip: FOUNTAIN VALLEY, CA 92708
Phone: (714)374-6873 Fax: (714)374-6873
Record ID: 300223AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 05/31/2016
Program Name: ORANGE COUNTY HEALTH AND PSYCHOLOGY ASSOCIATES
Legal Name: ORANGE COUNTY HEALTH AND PSYCHOLOGY ASSOCIATES (OCHPA)
Address: 62 DISCOVERY, SUITE 100
City, State Zip: IRVINE, CA 92618
Phone: (949)551-4182 Fax: (949)551-6406
Record ID: 300226AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2015

Program Name: PROTOTYPES’ MOTHER AND CHILD RESIDENTIAL HOMES AT THE T
Legal Name: PROTOTYPES, CENTERS FOR INNOVATION IN HEALTH, MENTAL
Address: 15405 LANSDOWNE ROAD, BLDG, F&G
City, State Zip: TUSTIN, CA 92782
Phone: (714)566-2886 Fax: (714)566-2887
Record ID: 300227AN
Service Type: RES
Resident Capacity: 15
Total Occupancy: 49
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 02/28/2015

Program Name: NEW METHOD WELLNESS, INC.
Legal Name: NEW METHOD WELLNESS, INC.
Address: 31473 RANCHO VIEJO, SUITE 101
City, State Zip: SAN JUAN CAPISTRANO, CA 92675
Phone: (949)463-0924 Fax: (949)472-4352
Record ID: 300229AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2017
Program Name: NEW METHOD WELLNESS  
Legal Name: NEW METHOD WELLNESS, INC.  
Address: 313 CALLE VILLARIO  
City, State Zip: SAN CLEMENTE, CA 92627  
Phone: (949)951-1824 Fax: (949)472-4352  
Record ID: 300229BP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 09/30/2016

Program Name: BRIDGE TEEN RECOVERY, LLC  
Legal Name: BRIDGE TEEN RECOVERY LLC  
Address: 23151 VERDUGO DRIVE, SUITE 115  
City, State Zip: LAGUNA HILLS, CA 92653  
Phone: (949)716-4623 Fax: (949)716-4633  
Record ID: 300230AP  
Service Type: NON  
Target Population: 1.5 --- YOUTH/adolescent  
Expiration Date: 6/30/2015

Program Name: NEWPORT ACADEMY  
Legal Name: MONROE OPERATIONS, LLC  
Address: 811 N. RANCH WOOD TRAIL  
City, State Zip: ORANGE, CA 92869  
Phone: (714)288-0872 Fax: (714)288-2045  
Record ID: 300233AP  
Service Type: DSS  
Target Population: 1.5 --- YOUTH/adolescent  
Expiration Date: 11/30/2015
Program Name: NEWPORT ACADEMY
Legal Name: MONROE OPERATIONS, LLC
Address: 1655 N. HUNTERS WAY
City, State Zip: ORANGE, CA 92869
Phone: (714)288-9052 Fax: (714)288-2099
Record ID: 300233BP
Service Type: DSS
Target Population: 1.5 --- YOUTH/adolescent
Expiration Date: 11/30/2015

Program Name: NEWPORT ACADEMY INTENSIVE OUTPATIENT & DAY TREATMENT PROGRAM
Legal Name: MONROE OPERATIONS, LLC
Address: 485 E. 17TH STREET, SUITES 200 + 245
City, State Zip: COSTA MESA, CA 92627
Phone: (949)719-2872 Fax: (949)719-2998
Record ID: 300233DP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2016

Program Name: NEWPORT ACADEMY
Legal Name: MONROE OPERATIONS, LLC
Address: 1655 NORTH HUNTERS WAY BULIDING 3
City, State Zip: ORANGE, CA 92869
Phone: (714)288-9052 Fax: (714)288-2099
Record ID: 300233EP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2016
Program Name: NEWPORT ACADEMY
Legal Name: MONROE OPERATIONS, LLC
Address: 811 NORTH RANCH WOOD TRAIL
         BUILDING 3
City, State Zip: ORANGE, CA 92869
Phone: (714)288-0872        Fax: (714)288-2045
Record ID: 300233FP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2016

Program Name: JUST ONE RECOVERY
Legal Name: JUST ONE RECOVERY
Address: 264 N. CLEVELAND STREET
City, State Zip: ORANGE, CA 92866
Phone: (714)588-0226        Fax: (714)628-9884
Record ID: 300234AP
Service Type: RES-DETOX
Resident Capacity: 4
Total Occupancy: 4
Target Population: 1.2 --- MEN ONLY
Expiration Date: 01/31/2016

Program Name: SURE HAVEN LLC
Legal Name: SURE HAVEN
Address: 973 ARBOR STREET
City, State Zip: COSTA MESA, CA 92626
Phone: (800)852-4465        Fax: (888)588-4998
Record ID: 300235AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2015
Program Name: SURE HAVEN
Legal Name: SURE HAVEN
Address: 1811 GISLER STREET
City, State Zip: COSTA MESA, CA 92626
Phone: (800)852-4465 Fax: (888)588-4998
Record ID: 300235BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 01/31/2016

Program Name: SURE HAVEN DBA ROCK SOLID RECOVERY
Legal Name: SURE HAVEN
Address: 2068 WALLACE AVENUE, UNIT A&B
City, State Zip: COSTA MESA, CA 92626
Phone: (800)852-4465 Fax: (888)588-4998
Record ID: 300235CP
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2014

Program Name: SURE HAVEN
Legal Name: SURE HAVEN
Address: 725 CENTER STREET, UNITS A AND B
City, State Zip: COSTA MESA, CA 92626
Phone: (800)852-4465 Fax: (888)588-4998
Record ID: 300235DP
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1 --- CO-ED
Expiration Date: 01/31/2015
Program Name: SURE HAVEN
Legal Name: SURE HAVEN
Address: 1143 CHARLESTON
City, State Zip: COSTA MESA, CA 92626
Phone: (949)467-9213 Fax: (888)588-4998
Record ID: 300235EP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2016

Program Name: SURE HAVEN
Legal Name: SURE HAVEN
Address: 1954 PLACENTIA AVENUE #209
City, State Zip: COSTA MESA, CA 92627
Phone: (949)467-9213 Fax: (888)588-4998
Record ID: 300235FP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2016

Program Name: SURE HAVEN
Legal Name: SURE HAVEN
Address: 3072 MADISON AVENUE
City, State Zip: COSTA MESA, CA 92626
Phone:
Record ID: 300235GP
Service Type: RES
Resident Capacity:
Total Occupancy:
Target Population: 1.1 --- CO-ED
PENDING
Program Name: SURE HAVEN
Legal Name: SURE HAVEN
Address: 3073 MADISON AVENUE
City, State Zip: COSTA MESA, CA 92627
Phone:
Record ID: 300235HP
Service Type: RES-DETOX
Resident Capacity:
Total Occupancy:
Target Population: 1.1 --- CO-ED
PENDING

Program Name: SURE HAVEN - BOSTON
Legal Name: SURE HAVEN
Address: 3145 BOSTON WAY
City, State Zip: COSTA MESA, CA 92626
Phone:
Record ID: 300235IP
Service Type: RES-DETOX
Resident Capacity:
Total Occupancy:
Target Population: 1.1 --- CO-ED
PENDING

Program Name: Sure Haven
Legal Name: SURE HAVEN
Address: 396 Hamilton Street
Unit A & B
City, State Zip: Costa Mesa, CA 92626
Phone:
Record ID: 300235JP
Service Type: RES-DETOX
Resident Capacity:
Total Occupancy:
Target Population: 1.1 --- CO-ED
PENDING
Program Name: Sure Haven  
Legal Name: SURE HAVEN  
Address: 324 Hamilton Street  
   Unit B  
City, State Zip: Costa Mesa, CA 92626  
Phone: 
Record ID: 300235KP  
Service Type: RES  
Resident Capacity: 
Total Occupancy: 
Target Population: 1.1 --- CO-ED 
   PENDING

Program Name: Sure Haven  
Legal Name: SURE HAVEN  
Address: 653, 655, 657 & 657 a,b,c,d,e,f,g,h,i,j,k W. 19th Street  
City, State Zip: Costa Mesa, CA 92627  
Phone: 
Record ID: 300235LP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
   PENDING

Program Name: Sure Haven  
Legal Name: SURE HAVEN  
Address: 3125 Pierce Avenue  
City, State Zip: Costa Mesa, CA 92626  
Phone: (949)467-9213  
Fax: (888)588-4998  
Record ID: 300235QP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
   PENDING
Program Name: SOVEREIGN BY THE SEA II
Legal Name: SATYA HEALTH OF CALIFORNIA, INC.
Address: 105 AVENIDA PALA
City, State Zip: SAN CLEMENTE, CA 92672
Phone: (949)545-6853 Fax: (949)265-0446
Record ID: 300236AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 01/31/2016

Program Name: ORANGE COUNTY RECOVERY SERVICES
Legal Name: ORANGE COUNTY RECOVERY SERVICES, LLC
Address: 1011 BRIOSO DR. SUITE 103
City, State Zip: COSTA MESA, CA 92627
Phone: (949)515-9191 Fax: (949)515-9193
Record ID: 300237AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2016

Program Name: PACIFIC SHORES RECOVERY
Legal Name: PACIFIC SHORES RECOVERY, LLC
Address: 3309 CLAY STREET
City, State Zip: NEWPORT BEACH, CA 92663
Phone: (949)574-2510 Fax: (949)722-1135
Record ID: 300238AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.1 --- CO-ED
Expiration Date: 01/31/2016
Program Name: CHAPTERS CAPISTRANO
Legal Name: CHAPTERS CAPISTRANO, LLC
Address: 1525 BUENA VISTA, UNITS A, B AND C
City, State Zip: SAN CLEMENTE, CA 92672
Phone: (949)545-6237 Fax: (503)228-8711
Record ID: 300239AP
Service Type: RES-DETOX
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2016

Program Name: CHAPTERS CAPISTRANO
Legal Name: CHAPTERS CAPISTRANO, LLC
Address: 222 AVENIDA LA CUESTA
City, State Zip: SAN CLEMENTE, CA 92672
Phone:
Record ID: 300239BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2016

Program Name: NEWPORT BEACH RECOVERY CENTER
Legal Name: NEWPORT BEACH RECOVERY CENTER
Address: 207 28TH STREET
City, State Zip: NEWPORT BEACH, CA 92663
Phone: (714)887-3806 Fax: (949)612-7968
Record ID: 300240AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 02/28/2016
Program Name: BROADWAY TREATMENT CENTERS  
Legal Name: PHILLIP AGUILAR  
Address: 301 S. ARCHER STREET  
City, State Zip: ANAHEIM, CA 92804  
Phone: (714)400-4573  
Fax: (714)778-0030  
Record ID: 300241AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 03/31/2016

Program Name: FOUR FORTY-NINE RECOVERY, INC.  
Legal Name: FOUR FORTY-NINE, INC.  
Address: 1401 NORTH EL CAMINO REAL, SUITES 102, 104 & 106  
City, State Zip: SAN CLEMENTE, CA 92672  
Phone: (855)449-4490  
Fax: (949)429-0767  
Record ID: 300242AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 6/30/2016

Program Name: PACE RECOVERY CENTER, LLC  
Legal Name: PACE RECOVERY CENTER, LLC  
Address: 209 22ND STREET  
City, State Zip: HUNTINGTON BEACH, CA 92648  
Phone: (714)274-9239  
Record ID: 300244AP  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 07/31/2016
Program Name: PACE RECOVERY CENTER II  
Legal Name: PACE RECOVERY CENTER, LLC  
Address: 628 13TH STREET  
City, State Zip: HUNTINGTON BEACH, CA 92648  
Phone: (714)369-2137  
Record ID: 300244BP  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 02/28/2015

Program Name: PACE RECOVERY CENTER INTENSIVE OUTPATIENT PROGRAM  
Legal Name: PACE RECOVERY CENTER, LLC  
Address: 180 NEWPORT CENTER DRIVE  
City, State Zip: NEWPORT BEACH, CA 92660  
Phone: (949)922-4513  
Record ID: 300244CP  
Service Type: NON  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 2/28/2015

Program Name: PACE RECOVERY CENTER  
Legal Name: PACE RECOVERY CENTER, LLC  
Address: 414 11th Street  
City, State Zip: Huntington Beach, CA 92648-4508  
Phone:  
Record ID: 300244DP  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 09/30/2016
Program Name: SOUTH ORANGE COUNTY DETOX TREATMENT
Legal Name: ALEXANDRA ROSE CORPORATION
Address: 4009 CALLE ABRIL
City, State Zip: SAN CLEMENTE, CA 92673
Phone: (949)584-5957
Record ID: 300245AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 01/31/2015

Program Name: WINDWARD WAY RECOVERY
Legal Name: WINDWARD WAY RECOVERY LLC
Address: 2318 NEWPORT BOULEVARD
City, State Zip: COSTA MESA, CA 92627
Phone: (877)713-2669
Record ID: 300246AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2015

Program Name: SIMPLE RECOVERY INC.
Legal Name: SIMPLE RECOVERY INC.
Address: 9531 NETHERWAY DRIVE
City, State Zip: HUNTINGTON BEACH, CA 92646
Phone: (509)481-1261
Record ID: 300247AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 12/31/2014
Program Name: SIMPLE RECOVERY INC.
Legal Name: SIMPLE RECOVERY INC.
Address: 1901 NEWPORT BOULEVARD, SUITE 165 & 200
City, State Zip: COSTA MESA, CA 92627
Phone: (855)818-6731 Fax: (714)369-2288
Record ID: 300247BP
Service Type: NON
Target Population: 1.1 --- CO-ED
PENDING

Program Name: Simple Recovery, Inc.
Legal Name: SIMPLE RECOVERY INC.
Address: 20112 Viva Circle
City, State Zip: Huntington Beach, CA 92646
Phone: (949)646-3600
Record ID: 300247CP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2016

Program Name: ENCOMPASS RECOVERY
Legal Name: ENCOMPASS TREATMENT SERVICES, LLC
Address: 27122A PASEO ESPADA, SUITE 924
City, State Zip: SAN JUAN CAPISTRANO, CA 92675
Phone: (949)218-4102 Fax: (509)463-7115
Record ID: 300248AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2014
Program Name: NEW START DETOX
    Legal Name: LIBERTY HOUSING SERVICES, INC.
    Address: 906 DORMAN STREET
    City, State Zip: SANTA ANA, CA 92701
    Phone: (714)486-3691
    Record ID: 300249AP
    Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2014

Program Name: NEW START DETOX
    Legal Name: LIBERTY HOUSING SERVICES, INC.
    Address: 13832 Glenmere Drive
    City, State Zip: Santa Ana, CA 92705
    Phone:
    Record ID: 300249BP
    Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 09/30/2016

Program Name: HARMONY HEALS, INC.
    Legal Name: A NEW START CORP.
    Address: 23173 LA CADENA DRIVE
    City, State Zip: LAGUNA HILLS, CA 92653
    Phone: (562)912-0291  Fax: (949)600-7113
    Record ID: 300250AP
    Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2015
Program Name: STEPHOUSE RECOVERY CENTER
Legal Name: THE STEPHOUSE RECOVERY, INC.
Address: 1601 BAKER STREET
City, State Zip: COSTA MESA, CA 92648
Phone: (714)394-3494 Fax: (714)969-2889
Record ID: 300251BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
PENDING

Program Name: GET REAL RECOVERY INC.
Legal Name: GET REAL RECOVERY INC.
Address: 30290 RANCHO VIEJO ROAD, SUITE 204
City, State Zip: SAN JUAN CAPISTRANO, CA 92675
Phone: (949)481-8152 Fax: (949)481-8152
Record ID: 300252AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2015

Program Name: TREE HOUSE RECOVERY (THR)
Legal Name: SOBER SANCTUARIES, INC.
Address: 218-A AND 218-B CABRILLO STREET
City, State Zip: COSTA MESA, CA 92627
Phone: (714)968-2700 Fax: (714)968-2752
Record ID: 300253AP
Service Type: RES
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.2 --- MEN ONLY
Expiration Date: 01/31/2015
Program Name: SOBERTEC LLC
Legal Name: SOBERTEC LLC
Address: 1402 N. EL CAMINO REAL
City, State Zip: SAN CLEMENTE, CA 92672
Phone: (949)498-4321 Fax: (949)490-4323
Record ID: 300254AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2015

Program Name: SOBERTEC LLC
Legal Name: SOBERTEC LLC
Address: 610 AVENIDA ACAPULCO
City, State Zip: SAN CLEMENTE, CA 92672
Phone: (714)658-3773
Record ID: 300254BP
Service Type: RES-DETOX
Resident Capacity: 8
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2016

Program Name: REFLECTIONS RECOVERY, LLC
Legal Name: REFLECTIONS RECOVERY LLC
Address: 17165 NEWHOPE STREET, SUITES K, L, & M
City, State Zip: FOUNTAIN VALLEY, CA 92708
Phone: (714)708-2950 Fax: (714)708-2966
Record ID: 300255AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2015
Program Name: SERENITY SHORES RECOVERY CENTER
Legal Name: GENESIS HEALTHCARE NETWORK, INC.
Address: 1901 NEWPORT BOULEVARD, 280
City, State Zip: COSTA MESA, CA 92627
Phone: (949)574-4837 Fax: (949)574-4860
Record ID: 300259AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015

Program Name: Rock Solid Recovery
Legal Name: ROCK SOLID RECOVERY
Address: 3011 S. Rene Drive
City, State Zip: Santa Ana, CA 92704
Phone: (949)467-9213 Fax: (888)588-4998
Record ID: 300316DP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED

PENDING
Program Name: ZEN RECOVERY PATH
Legal Name: ZEN RECOVERY, LLC
Address: 126 E. 16TH STREET
City, State Zip: COSTA MESA, CA 92627
Phone: (800)759-1930 Fax: (714)242-1975
Record ID: 300260AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2015

Program Name: SOUTH COAST BEHAVIORAL HEALTH
Legal Name: SOUTH COAST BEHAVIORAL HEALTH GUESTHOUSE, INC
Address: 3151 AIRWAY AVENUE, N1-N2
City, State Zip: COSTA MESA, CA 92626
Phone: (866)811-5249
Record ID: 300261AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2015
Program Name: APOLLO RECOVERY
    Legal Name: ARTEMIS HILL RECOVERY INC.
    Address: 17429 SANTA LUCIA STREET
    City, State Zip: FOUNTAIN VALLEY, CA 92708
    Phone: (866)725-9252          Fax: (562)431-0840
    Record ID: 300262AP
    Service Type: RES-DETOX
    Resident Capacity: 6
    Total Occupancy: 6
    Target Population: 1.2 --- MEN ONLY
    Expiration Date: 10/31/2015

Program Name: SOUTHERN CALIFORNIA RECOVERY CENTERS
    Legal Name: TML RECOVERY, LLC
    Address: 24470 DEL PRADO AVENUE, SUITE B
    City, State Zip: DANA POINT, CA 92629
    Phone: (800)410-6552
    Record ID: 300265AP
    Service Type: NON
    Target Population: 1.1 --- CO-ED
    Expiration Date: 2/29/2016

Program Name: LIGHTHOUSE TREATMENT CENTER
    Legal Name: WINDSTONE ADDICTION CENTERS, INC.
    Address: 1310 W. PEARL STREET
    City, State Zip: ANAHEIM, CA 92801
    Phone: (714)780-1174          Fax: (714)780-1124
    Record ID: 300266AP
    Service Type: RES-DETOX
    Resident Capacity: 22
    Total Occupancy: 22
    Target Population: 1.1 --- CO-ED
    Expiration Date: 05/31/2016
Program Name: SURF CITY RECOVERY  
Legal Name: SURF CITY RECOVERY  
Address: 18090 BEACH BOULEVARD, SUITE 5  
City, State Zip: HUNTINGTON BEACH, CA 92648  
Phone: (949)209-7765  
Record ID: 300267AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 12/31/2015

Program Name: CASA RECOVERY  
Legal Name: CASA RECOVERY, INC.  
Address: 25102 SOUTHPORT STREET  
City, State Zip: LAGUNA HILLS, CA 92653  
Phone: (888)928-2272  
Fax: (949)284-2574  
Record ID: 300268AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2015

Program Name: CASA Recovery  
Legal Name: CASA RECOVERY, INC.  
Address: 31877 Del Obispo Street  
Suite 104  
City, State Zip: San Juan Capistrano, CA 92675  
Phone: (888)928-2272  
Fax: (949)284-0574  
Record ID: 300268BP  
Service Type: RES  
Resident Capacity:  
Total Occupancy:  
Target Population: 1.1 --- CO-ED  
PENDING
Program Name: HOTEL CALIFORNIA BY THE SEA, LLC
Legal Name: HOTEL CALIFORNIA BY THE SEA, LLC
Address: 4504 SEASHORE DRIVE
City, State Zip: NEWPORT BEACH, CA 92663
Phone: (800)762-6717 Fax: (949)629-3883
Record ID: 300270AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 01/31/2016

Program Name: HOTEL CALIFORNIA BY THE SEA
Legal Name: HOTEL CALIFORNIA BY THE SEA, LLC
Address: 230 EAST 17TH STREET SUITE 201
City, State Zip: COSTA MESA, CA 92627
Phone: (800)762-6717 Fax: (949)629-3883
Record ID: 300270BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2016

Program Name: HOTEL CALIFORNIA BY THE SEA, LLC
Legal Name: HOTEL CALIFORNIA BY THE SEA, LLC
Address: 1509 ORANGE AVENUE, A and B
City, State Zip: COSTA MESA, CA 92627
Phone: (808)762-6717 Fax: (949)629-3883
Record ID: 300270CP
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2016
Program Name: LAGUNA BEACH RECOVERY CENTER
Legal Name: LAGUNA BEACH RECOVERY CENTER LLC
Address: 998 GLENNEYRE STREET
City, State Zip: LAGUNA BEACH, CA 92651
Phone: (949)201-7720 Fax: (949)494-4092
Record ID: 300271AP
Service Type: NON
Target Population: 1.2 --- MEN ONLY
PENDING

Program Name: LAGUNA BEACH RECOVERY CENTER, LLC
Legal Name: LAGUNA BEACH RECOVERY CENTER LLC
Address: 1755 PARK AVENUE
City, State Zip: LAGUNA BEACH, CA 92651
Phone: (949)494-4090 Fax: (949)494-4092
Record ID: 300271BP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 12/31/2015

Program Name: LAGUNA BEACH RECOVERY CENTER LLC
Legal Name: LAGUNA BEACH RECOVERY CENTER LLC
Address: 2575 TEMPLE HILLS
City, State Zip: LAGUNA BEACH, CA 92652
Phone: (949)494-4090
Record ID: 300271CP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
PENDING
Program Name: A MISSION FOR MICHAEL, INC.
Legal Name: A MISSION FOR MICHAEL, INC.
Address: 647 CAMINO DE LOS MARES, SUITE 201
City, State Zip: SAN CLEMENTE, CA 92673
Phone: (949)489-0950 Fax: (949)489-0959
Record ID: 300272AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2016

Program Name: PACIFIC PALMS RECOVERY
Legal Name: PACIFIC PALMS RECOVERY, LLC
Address: 3551 CAMINO MIRA COSTA, SUITE T
City, State Zip: SAN CLEMENTE, CA 92672
Phone: (949)943-5188 Fax: (949)542-8565
Record ID: 300273AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/29/2016

Program Name: PAT MOORE DETOX LLC
Legal Name: PAT MOORE DETOX, LLC
Address: 536 HAMILTON STREET, UNITS A, B, & C
City, State Zip: COSTA MESA, CA 92627
Phone: (714)546-2200 Fax: (749)764-9288
Record ID: 300274AP
Service Type: RES
Resident Capacity: 18
Total Occupancy: 18
Target Population: 1.2 --- MEN ONLY
Expiration Date: 02/29/2016
Program Name: TURNING PAGES RECOVERY
Legal Name: TURNING PAGES RECOVERY, LLC
Address: 5772 BOLSA AVENUE SUITE 210
City, State Zip: HUNTINGTON BEACH, CA 92649
Phone: (714)373-4800 Fax: (714)373-4809
Record ID: 300275AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2016

Program Name: SOLID LANDINGS
Legal Name: SOLID LANDINGS BEHAVIORAL HEALTH, INC.
Address: 1055 CHEYENNE STREET
City, State Zip: COSTA MESA, CA 92626
Phone: (949)467-9213 Fax: (888)588-4998
Record ID: 300276AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2016

Program Name: SOLID LANDINGS BEHAVIORAL HEALTH, INC.
Legal Name: SOLID LANDINGS BEHAVIORAL HEALTH, INC.
Address: 1231 ST. GERTRUDE
City, State Zip: SANTA ANA, CA 92707
Phone: (949)467-9213 Fax: (888)588-4998
Record ID: 300276BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2016
Program Name: SOLID LANDINGS BEHAVIORAL HEALTH, INC.
Legal Name: SOLID LANDINGS BEHAVIORAL HEALTH, INC.
Address: 
City, State Zip: 
Phone: 
Record ID: 300276CP
Service Type: RES-DETOX
Resident Capacity: 
Total Occupancy: 
Target Population: 1.1 --- CO-ED

PENDING

Program Name: HARMONY HEALS DETOX
Legal Name: COMPLETE RESURGENCY, LLC
Address: 31957 AND 31959 VIRGINIA WAY
City, State Zip: LAGUNA BEACH, CA 92651
Phone: (949)837-2751 Fax: (949)600-7113
Record ID: 300277AP
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2016

Program Name: EMBRACE RECOVERY
Legal Name: EMBRACE RECOVERY, LLC
Address: 23232 PERALTA DRIVE, SUITE 219
City, State Zip: LAGUNA HILLS, CA 92653
Phone: (949)525-3696
Record ID: 300288AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2016
Program Name: PACIFIC PALMS RECOVERY, LLC
Legal Name: PACIFIC PALMS RECOVERY, LLC
Address: 3551 CAMINO MIRA COSTA SUITE T
City, State Zip: SAN CLEMENTE, CA 92672
Phone: (949)542-0894 Fax: (949)542-8565
Record ID: 300289AP
Service Type: NON
Target Population: 1.1 --- CO-ED
PENDING

Program Name: SOCAL DETOX
Legal Name: SOCAL DETOX LLC
Address: 1703 AVENIDA SALVADOR
City, State Zip: SAN CLEMENTE, CA 92672
Phone: (888)590-0777 Fax: (360)323-7285
Record ID: 300290AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2016

Program Name: SPENCER RECOVERY CENTERS
Legal Name: COAST TO COAST REFERRAL CENTER, INC.
Address: 1337 GAVIOTA
City, State Zip: LAGUNA BEACH, CA 92651
Phone: (949)376-3705 Fax: (949)376-6862
Record ID: 300291AN
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2016
Program Name: COAST TO COAST REFERRAL CENTER  
Legal Name: COAST TO COAST REFERRAL CENTER, INC.  
Address: 665 CAMINO DE LOS MARES, SUITE 104B  
City, State Zip: SAN CLEMENTE, CA 92673  
Phone: (949)313-5224  
Record ID: 300291BN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2016

Program Name: WJW TREATMENT CENTERS  
Legal Name: CACTUS GARDENS OPPORTUNITY HOUSE, INC.  
Address: 13222 & 13212 CHAPMAN AVENUE  
City, State Zip: GARDEN GROVE, CA 92840  
Phone: (714)703-9492 Fax: (714)740-2030  
Record ID: 300292AN  
Service Type: RES  
Resident Capacity: 50  
Total Occupancy: 50  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 03/31/2016

Program Name: NSIGHT OUTPATIENT PROGRAM  
Legal Name: INSIGHT PSYCHOLOGY AND ADDICTION INC.  
Address: 3151 AIRWAY AVENUE, SUITE F-107  
City, State Zip: COSTA MESA, CA 92626  
Phone: (888)256-2201 Fax: (949)203-0402  
Record ID: 300293AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 7/31/2016
Program Name: COMMUNITY REHAB  
Legal Name: TRINITY REHAB GROUP, LLC.  
Address: 129 W PALMYRA AVENUE  
City, State Zip: ORANGE, CA 92866  
Phone: (714)797-1264  
Fax: (714)970-1965  
Record ID: 300294AP  
Service Type: RES-DETOX  
Resident Capacity: 0  
Total Occupancy: 0  
Target Population: 1.1 --- CO-ED  
Expiration Date: 07/31/2016

Program Name: Akua Mind & Body  
Legal Name: Akua Mind & Body, Inc.  
Address: 1119 Sunflower Avenue  
City, State Zip: Costa Mesa, CA 92626  
Phone:  
Record ID: 300297AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 09/30/2016

Program Name: CROSSROADS RECOVERY CENTERS  
Legal Name: DIVINE REHABILITATION, EDUCATION, & HOUSING NETWORK  
Address: 402 EAST LA HABRA BOULEVARD  
City, State Zip: LA HABRA, CA 90631  
Phone: (877)293-0722  
Record ID: 300298AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 9/30/2016
Program Name: SECOND CHANCE ADDICTION RECOVERY CENTER INC.
Legal Name: SECOND CHANCE ADDICTION RECOVERY CENTER, INC.
Address: 1335 SOUTH EUCLID STREET
City, State Zip: ANAHIEM, CA 92802
Phone: (714)215-4371
Record ID: 300299AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016

Program Name: RECOVERY BAY REHABILITATION CENTER
Legal Name: RECOVERY BAY REHABILITATION CENTER, LLC
Address: 18912 Patrician Drive
City, State Zip: Newport Beach, Ca 92861
Phone: (949)289-0350
Record ID: 300300AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.3 --- WOMEN ONLY
PENDING

Program Name: GRANT ME THE COURAGE RECOVERY
Legal Name: GRANT ME THE COURAGE RECOVERY
Address: 111 S. KRAEMER BOULEVARD, SUITE D
City, State Zip: BREA, CA 92821
Phone:
Record ID: 300302AP
Service Type: NON
Target Population: 1.1 --- CO-ED
PENDING
Program Name: CLEAN PATH RECOVERY
   Legal Name: CLEAN PATH RECOVERY, LLC
   Address: 2200 HARBOR BOULEVARD, SUITE C-230
   City, State Zip: COSTA MESA, CA 92627
   Phone: (619)929-7956
   Record ID: 300303AP
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   PENDING

Program Name: Healing Path Recovery
   Legal Name: HEALING PATH RECOVERY, A PROFESSIONAL CORPORATION
   Address: 366 San Miguel Drive
            Suite 310
   City, State Zip: Newport Beach, CA 92660
   Phone: (619)929-7956
   Record ID: 300304AP
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   PENDING

Program Name: Sober Partners Beach House
   Legal Name: Partners Project Inc.
   Address: 517 14th Street
   City, State Zip: Huntington Beach, CA 92647
   Phone: (855)997-2786
   Record ID: 300305AP
   Service Type: RES-DETOX
   Resident Capacity: 6
   Total Occupancy: 6
   Target Population: 1.3 --- WOMEN ONLY
   Expiration Date: 12/31/2016
Program Name: Sober Partners Waterfront Recovery Center
Legal Name: Partners Project Inc.
Address: 3101 West Coast Highway
City, State Zip: Newport Beach, CA 92663
Phone: (855)997-2786
Record ID: 300305BP
Service Type: NON
Target Population: 1.1 --- CO-ED
PENDING

Program Name: California Coast Detox and Rehab
Legal Name: NDR Pacific, Inc
Address: 24482 Caracas Street
City, State Zip: Dana Point, CA 92629
Phone:
Record ID: 300306AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
PENDING

Program Name: Elite Care
Legal Name: Elite Care, Inc.
Address: 17900 Sky Park Circle, Suite 100
City, State Zip: Irvine, CA 92614
Phone: (949)510-1321
Record ID: 300307AP
Service Type: NON
Target Population: 1.1 --- CO-ED
PENDING
Program Name: PURE LIFE RECOVERY
Legal Name: PURE LIFE RECOVERY, LLC.
Address: 180 AVENIDA LA PATA
        STE. 100
City, State Zip: SAN CLEMENTE, CA 92673
Phone: (949)889-0895
Record ID: 300308AP
Service Type: NON
Target Population: 1.1 --- CO-ED
PENDING

Program Name: PURE LIFE RECOVERY, LLC
Legal Name: PURE LIFE RECOVERY, LLC.
Address: 1 CALLE SALAMONTES
City, State Zip: SAN CLEMENTE, CA 92673
Phone: (949)899-0895
Record ID: 300308BP
Service Type: RES-DETOX
Resident Capacity: 8
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
PENDING

Program Name: Faith By The Sea
Legal Name: FAITH BY THE SEA, INC.
Address: 655 Camnio De Los Mares
        Suite 118
City, State Zip: San Clemente, CA 92673
Phone: (949)813-8083
Record ID: 300309AP
Service Type: NON
Target Population: 1.1 --- CO-ED
PENDING
Program Name: Seaside Serenity Solutions
Legal Name: GORDON PSYCHOLOGY GROUP, PC
Address: 635 Camino De Los Mares
City, State Zip: San Clemente, CA 92673
Phone:
Record ID: 300310AP
Service Type: NON
Target Population: 1.1 --- CO-ED
PENDING

Program Name: Monarch Shores
Legal Name: SUNSHINE BEHAVIORAL HEALTH LLC
Address: 34575 Camino Capistrano
City, State Zip: Dana Point, CA 92629
Phone: (949)698-2249
Record ID: 300311AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
PENDING

Program Name: PILLARS RECOVERY, LLC
Legal Name: PILLARS RECOVERY, LLC
Address: 304 MARGUERITE
City, State Zip: CORONA DEL MAR, CA 92625
Phone: (949)514-5838
Record ID: 300312AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
PENDING
Program Name: South Coast Behavioral Health Guesthouse, Inc.
Legal Name: SOUTH COAST BEHAVIORAL HEALTH GUESTHOUSE, INC
Address: 1958 Balearic Drive
City, State Zip: Costa Mesa, CA 92626
Phone: (647)231-9374 Fax: (714)556-0120
Record ID: 300313AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
PENDING

Program Name: South Coast Behavioral Health Guesthouse, Inc.
Legal Name: SOUTH COAST BEHAVIORAL HEALTH GUESTHOUSE, INC
Address: 275 E Wilson
City, State Zip: Costa Mesa, CA 92627
Phone: (310)422-6744 Fax: (714)556-0120
Record ID: 300313BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
PENDING

Program Name: Addiction Health Alliance
Legal Name: Addiction Health Alliance, LLC
Address: 305 Avenida Los Flores
City, State Zip: San Clemente, CA 92672
Phone: (800)410-6552 Fax: (949)542-3878
Record ID: 300314AP
Service Type: RES-DETOX
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.1 --- CO-ED
PENDING
Program Name: Beachside Recovery LLC
Legal Name: Beachside Recovery LLC
Address: 24602 Santa Clara Avenue
City, State Zip: Dana Point, CA 92629
Phone: (949)295-2888
Record ID: 300315AP
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1 --- CO-ED
PENDING

Program Name: Beachside Recovery LLC
Legal Name: Beachside Recovery LLC
Address: 24532 Del Prado
City, State Zip: Dana Point, CA 92629
Phone: (949)295-2888
Record ID: 300315BP
Service Type: NON
Target Population: 1.1 --- CO-ED
PENDING

Program Name: Rock Solid Recovery
Legal Name: ROCK SOLID RECOVERY
Address: 2038 Artesia Street
City, State Zip: Santa Ana, CA 92704
Phone: (949)467-9213     Fax: (888)588-4998
Record ID: 300316AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
PENDING
Program Name: Rock Solid Recovery
Legal Name: ROCK SOLID RECOVERY
Address: 11851 Wisteria Avenue
City, State Zip: Fountain Valley, CA 92708
Phone: (949)467-9213 Fax: (888)588-4998
Record ID: 300316BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
PENDING

Program Name: Rock Solid Recovery
Legal Name: ROCK SOLID RECOVERY
Address: 2062 S. Rene Drive
City, State Zip: Santa Ana, CA 92704
Phone: (949)467-9213 Fax: (888)588-4998
Record ID: 300316CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
PENDING
State of California, Department of Health Care Services
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of 2/6/2015

Placer County

Program Name: PLACER COUNTY ALCOHOL AND OTHER DRUG TREATMENT PROGRAM
Legal Name: COUNTY OF PLACER, DEPARTMENT OF HEALTH & HUMAN SERVICES,
ADULT SYSTEM OF CARE
Address: 101 CIRBY HILLS DRIVE
City, State Zip: ROSEVILLE, CA 95678
Phone: (916)787-8800 Fax: (916)787-8857
Record ID: 310002AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2015

Program Name: PLACER COUNTY ALCOHOL AND OTHER DRUG TREATMENT PROGRAM
Legal Name: COUNTY OF PLACER, DEPARTMENT OF HEALTH & HUMAN SERVICES,
ADULT SYSTEM OF CARE
Address: 11512 B AVENUE
City, State Zip: AUBURN, CA 95603
Phone: (530)889-7240 Fax: (530)889-7293
Record ID: 310002BN
Service Type: NON
Target Population: 1.8 --- DUAL DIAGNOSIS
Expiration Date: 11/30/2015

Program Name: SIERRA MENTAL WELLNESS GROUP
Legal Name: SIERRA MENTAL WELLNESS GROUP
Address: 333 SUNRISE AVENUE, SUITE 701
City, State Zip: ROSEVILLE, CA 95661-3482
Phone: (916)783-5207 Fax: (916)783-9145
Record ID: 310003AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2016
Program Name: PROGRESS HOUSE WOMEN AND CHILDREN'S FACILITY
Legal Name: PROGRESS HOUSE, INC.
Address: 34248 EAST TOWLE ROAD
City, State Zip: ALTA, CA 95701
Phone: (530)626-9240 Fax: (530)626-8992
Record ID: 310005BN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 14
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 10/31/2014

Program Name: NEW LEAF COUNSELING SERVICES
Legal Name: JAMES HARDWICK
Address: 1254 HIGH STREET
City, State Zip: AUBURN, CA 95603-5015
Phone: (530)889-9195 Fax: (530)889-9197
Record ID: 310007AP
Service Type: NON
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 2/29/2016

Program Name: NEW LEAF WOMEN AND WOMEN WITH CHILDREN - MEADOWVIEW HOUSE
Legal Name: JAMES HARDWICK
Address: 5055 MEADOWVIEW LANE
City, State Zip: AUBURN, CA 95603-9129
Phone: (530)823-9827 Fax: (530)889-9197
Record ID: 310007BP
Service Type: RES
Resident Capacity: 9
Total Occupancy: 15
Target Population:
Expiration Date: 06/30/2015
Program Name: HOPE HELP AND HEALING
Legal Name: HOPE HELP AND HEALING
Address: 11960 HERITAGE OAKS PLACE, SUITE 20
City, State Zip: AUBURN, CA 95603-2403
Phone: (530)885-4249 Fax: (530)885-6191
Record ID: 310010CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2016

Program Name: TRUE STEP
Legal Name: HOPE HELP AND HEALING
Address: 318 LINCOLN WAY, #B
City, State Zip: AUBURN, CA 95603
Phone: (530)885-4249 Fax: (530)885-6191
Record ID: 310010DN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.2 --- MEN ONLY
Expiration Date: 09/30/2016

Program Name: KOINONIA GROUP HOME #1
Legal Name: KOINONIA FOSTER HOMES, INC.
Address: 3880 OAK TREE LANE
City, State Zip: LOOMIS, CA 95650-9316
Phone: (916)652-0171 Fax: (916)652-3979
Record ID: 310012AN
Service Type: RES
Target Population: 1.5 --- YOUTH/ ADOLESCENT
Expiration Date: 11/30/2016
Program Name: KOINONIA GROUP HOME #2
Legal Name: KOINONIA FOSTER HOMES, INC.
Address: 6331 KING ROAD
City, State Zip: LOOMIS, CA 95650-8801
Phone: (916)652-0171 Fax: (916)652-3979
Record ID: 310012BN
Service Type: DSS
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 11/30/2016

Program Name: KOINONIA GROUP HOME #3
Legal Name: KOINONIA FOSTER HOMES, INC.
Address: 5440 PARAGON STREET
City, State Zip: ROCKLIN, CA 95677-2217
Phone: (916)652-0171 Fax: (916)652-3979
Record ID: 310012CN
Service Type: DSS
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 11/30/2016

Program Name: KOINONIA GROUP HOME #4
Legal Name: KOINONIA FOSTER HOMES, INC.
Address: 8200 KING ROAD
City, State Zip: LOOMIS, CA 95650-8813
Phone: (916)652-0171 Fax: (916)652-3979
Record ID: 310012DN
Service Type: DSS
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 11/30/2016

Program Name: AUBURN CAMPUS-OUTPATIENT PROGRAM
Legal Name: COMMUNITY RECOVERY RESOURCES
Address: 12183 LOCKSLEY LANE, SUITES 101, 102, 103 & 104
City, State Zip: AUBURN, CA 95602-2050
Phone: (530)889-8701 Fax: (916)797-8979
Record ID: 310019AN
Service Type: NON
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 9/30/2015
Program Name: AUBURN CAMPUS RESIDENTIAL PROGRAM
Legal Name: COMMUNITY RECOVERY RESOURCES
Address: 12105 & 12125 SHALE RIDGE ROAD
City, State Zip: AUBURN, CA 95602
Phone: (530)885-1917 Fax: (530)273-7740
Record ID: 310019BN
Service Type: RES-DETOX
Resident Capacity: 30
Total Occupancy: 30
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2015

Program Name: LINCOLN SERVICE CENTER
Legal Name: COMMUNITY RECOVERY RESOURCES
Address: 1530 3RD STREET, SUITE 212
City, State Zip: LINCOLN, CA 95648-2500
Phone: (916)434-8927 Fax: (916)434-0678
Record ID: 310019CN
Service Type: NON
Target Population: 1.10 --- CO-ED/YOUTH
Expiration Date: 5/31/2015

Program Name: ROSEVILLE CAMPUS
Legal Name: COMMUNITY RECOVERY RESOURCES
Address: 730 SUNRISE AVENUE, SUITES 201, 210, 211, 221, 231, 250A, 250B AND 266
City, State Zip: ROSEVILLE, CA 95661-4553
Phone: (916)782-3737 Fax: (916)782-3739
Record ID: 310019EN
Service Type: NON
Target Population: 1.10 --- CO-ED/YOUTH
Expiration Date: 5/31/2015
Program Name: SIERRA NATIVE ALLIANCE - WHITE BISON PROGRAM (WBP)
Legal Name: NATIVE ALLIANCE OF THE SIERRA NEVADA FOOTHILLS
Address: 3885 RICHARDSON DRIVE, SUITES 314, 316, 318 AND 320
City, State Zip: AUBURN, CA 95602-8424
Phone: (530)888-8767 Fax: (530)888-8757
Record ID: 310020AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2016

Program Name: PES-EBS. INC.
Legal Name: PE-EBS.INC
Address: 340 LINCOLN STREET
City, State Zip: ROSEVILLE, CA 95603-9067
Phone: (530)888-1010 Fax: (530)888-9065
Record ID: 310021AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2014

Program Name: NEW LEAF COUNSELING SERVICES HOFFMAN HOUSE
Legal Name: JAMES N HARDWICK
Address: 199 HOFFMAN AVENUE
City, State Zip: AUBURN, CA 95603
Phone: (530)885-9067 Fax: (530)885-2534
Record ID: 310022AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 12
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 05/31/2015
No licensed or certified facilities at this time.

Please check with a neighboring county for services.
Program Name: ABC RECOVERY CENTERS
Legal Name: A.B.C. RECOVERY CENTER, INC.
Address: 44-404, 44-374 PALM STREET and 44-435 BISKRA STREET
City, State Zip: INDIO, CA 92201
Phone: (760)342-6616
Record ID: 330001AN
Service Type: RES-DETOX
Resident Capacity: 67
Total Occupancy: 67
Target Population: 1.9 --- CO-ED/CHILDREN
Expiration Date: 06/30/2016

Program Name: ABC RECOVERY CENTER OUTPATIENT PROGRAM
Legal Name: A.B.C. RECOVERY CENTER, INC.
Address: 82353 INDIO BLVD.
City, State Zip: INDIO, CA 92201
Phone: (760)342-6616 Fax: (760)347-8276
Record ID: 330001BN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 7/31/2015

Program Name: THE RANCH
Legal Name: THE RANCH RECOVERY CENTERS, INC.
Address: 7885 ANNANDALE AVENUE
City, State Zip: DESERT HOT SPRINGS, CA 92240-1419
Phone: (760)329-2924
Record ID: 330003AN
Service Type: RES-DETOX
Resident Capacity: 46
Total Occupancy: 46
Target Population: 1.2 --- MEN ONLY
Expiration Date: 06/30/2016
Program Name: HACIENDA VALDEZ  
Legal Name: THE RANCH RECOVERY CENTERS, INC.  
Address: 12890 QUINTA WAY  
City, State Zip: DESERT HOT SPRINGS, CA 92240-4852  
Phone: (760)329-2959  
Fax: (760)329-2953  
Record ID: 330003BN  
Service Type: RES-DETOX  
Resident Capacity: 35  
Total Occupancy: 35  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 06/30/2016

Program Name: MEN'S SUBSTANCE ABUSE RECOVERY HOME  
Legal Name: WHITESIDE MANOR  
Address: 2709 AND 2743 ORANGE STREET  
City, State Zip: RIVERSIDE, CA 92501  
Phone: (951)686-9454  
Fax: (951)686-2303  
Record ID: 330004AN  
Service Type: RES-DETOX  
Resident Capacity: 26  
Total Occupancy: 26  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 05/31/2016

Program Name: MEN'S ANNEX  
Legal Name: WHITESIDE MANOR  
Address: 2759 ORANGE STREET  
City, State Zip: RIVERSIDE, CA 92501  
Phone: (951)686-9454  
Fax: (951)686-2303  
Record ID: 330004DN  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 05/31/2016
Program Name: JANET STREET
Legal Name: WHITESIDE MANOR
Address: 8605, 8567 AND 8589 JANET STREET
City, State Zip: RIVERSIDE, CA 92501
Phone: (951)686-9454 Fax: (951)686-2303
Record ID: 330004ON
Service Type: RES-DETOX
Resident Capacity: 18
Total Occupancy: 18
Target Population: 1.2 --- MEN ONLY
Expiration Date: 04/30/2016

Program Name: CHALLEN APARTMENTS
Legal Name: WHITESIDE MANOR
Address: 5919, 5925, 5929 AND 5935 CHALLEN AVENUE
City, State Zip: RIVERSIDE, CA 92501
Phone: (951)686-9454 Fax: (951)686-2303
Record ID: 330004QN
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 03/31/2016

Program Name: WILSHIRE HOUSE
Legal Name: WHITESIDE MANOR
Address: 2452 AND 2456 WILSHIRE
City, State Zip: RIVERSIDE, CA 92501
Phone: (951)686-9454 Fax: (951)686-2303
Record ID: 330004TN
Service Type: NON-DETOX
Resident Capacity: 14
Total Occupancy: 14
Target Population: 
Expiration Date: 11/30/2014
Program Name: PALM AVENUE WOMEN'S PROGRAM
    Legal Name: WHITESIDE MANOR
    Address: 4750 PALM AVENUE
    City, State Zip: RIVERSIDE, CA 92501
    Phone: (951)686-9454   Fax: (951)686-2303
    Record ID: 330004WN
    Service Type: RES-DETOX
    Resident Capacity: 12
    Total Occupancy: 12
    Target Population: 1.3 --- WOMEN ONLY
    Expiration Date: 10/31/2015

Program Name: FIRST STEP HOUSE
    Legal Name: RIVERSIDE RECOVERY RESOURCES
    Address: 40329, 40331, 40333,-A AND 40333-B STETSON AVENUE
    City, State Zip: HEMET, CA 92544
    Phone: (951)658-4466
    Record ID: 330009CN
    Service Type: RES-DETOX
    Resident Capacity: 22
    Total Occupancy: 22
    Target Population: 1.2 --- MEN ONLY
    Expiration Date: 01/31/2016

Program Name: OMEGA/ BETA PROGRAM LAKE ELSINORE
    Legal Name: RIVERSIDE RECOVERY RESOURCES
    Address: 600 THIRD STREET, SUITE C
    City, State Zip: LAKE ELSINORE, CA 92530
    Phone: (951)674-5354
    Record ID: 330009ON
    Service Type: NON
    Target Population: 1.1 --- CO-ED
    Expiration Date: 5/31/2016
Program Name: OMEGA PROGRAM  
Legal Name: RIVERSIDE RECOVERY RESOURCES  
Address: 3757 ELIZABETH STREET  
City, State Zip: RIVERSIDE, CA 92506  
Phone: (951)684-2813 Fax: (909)788-4803  
Record ID: 330009QN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 11/30/2015  

Program Name: MFI RECOVERY CENTER-WOODCREST  
Legal Name: MFI RECOVERY CENTER  
Address: 17270 ROOSEVELT STREET  
City, State Zip: RIVERSIDE, CA 92508  
Phone: (951)780-2541 Fax: (951)780-5809  
Record ID: 330013AN  
Service Type: RES-DETOX  
Resident Capacity: 56  
Total Occupancy: 56  
Target Population: 1.1 --- CO-ED  
Expiration Date: 11/30/2015  

Program Name: A WOMAN'S PLACE  
Legal Name: MFI RECOVERY CENTER  
Address: 4295 BROCKTON AVENUE  
City, State Zip: RIVERSIDE, CA 92501  
Phone: (951)341-0251 Fax: (951)341-5316  
Record ID: 330013GN  
Service Type: RES-DETOX  
Resident Capacity: 38  
Total Occupancy: 64  
Target Population: 1.4 --- WOMEN/CHILDREN  
Expiration Date: 07/31/2015
Program Name: MFI RECOVERY CENTER
Legal Name: MFI RECOVERY CENTER
Address: 5870 ARLINGTON AVENUE
City, State Zip: RIVERSIDE, CA 92504
Phone: (951)683-6596  Fax: (951)683-4239
Record ID: 330013IN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015

Program Name: MFI RECOVERY CENTER
Legal Name: MFI RECOVERY CENTER
Address: 2781 WEST RAMSEY STREET, SUITES 1, 2, & 3
City, State Zip: BANNING, CA 92220
Phone: (951)849-3896  Fax: (951)849-0506
Record ID: 330013JN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015

Program Name: MFI RECOVERY CENTER
Legal Name: MFI RECOVERY CENTER
Address: 4440 UNIVERSITY AVENUE #3, #5, #7, #9, #11 AND #13
City, State Zip: RIVERSIDE, CA 92501
Phone: (951)683-6596  Fax: (951)683-4239
Record ID: 330013KN
Service Type: RES
Resident Capacity: 18
Total Occupancy: 18
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 08/31/2015
Program Name: LA VISTA, A PROGRAM OF MFI RECOVERY CENTER
Legal Name: MFI RECOVERY CENTER
Address: 2220/2220A GIRARD STREET & 294 E. MIDWAY AVENUE
City, State Zip: SAN JACINTO, CA 92562
Phone: (951)925-8450 Fax: (951)658-6686
Record ID: 330013SN
Service Type: RES-DETOX
Resident Capacity: 30
Total Occupancy: 30
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 10/31/2014

Program Name: MICHAEL'S HOUSE
Legal Name: PALM SPRINGS TREATMENT CENTERS, LLC
Address: 430 SOUTH CAHUILLA ROAD
City, State Zip: PALM SPRINGS, CA 92262
Phone: (760)320-5486 Fax: (760)778-6020
Record ID: 330014BP
Service Type: RES-DETOX
Resident Capacity: 30
Total Occupancy: 30
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2016

Program Name: PALM SPRINGS SERENITY RETREAT
Legal Name: PALM SPRINGS TREATMENT CENTERS, LLC
Address: 2095 NORTH INDIAN CANYON DRIVE
City, State Zip: PALM SPRINGS, CA 92262
Phone: (760)416-7951 Fax: (760)416-1330
Record ID: 330014CP
Service Type: RES-DETOX
Resident Capacity: 30
Total Occupancy: 30
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016
Program Name: MICHAEL'S HOUSE
Legal Name: PALM SPRINGS TREATMENT CENTERS, LLC
Address: 1910 SOUTH CAMINO REAL
City, State Zip: PALM SPRINGS, CA 92264
Phone: (760)320-3433
Record ID: 330014DP
Service Type: RES-DETOX
Resident Capacity: 60
Total Occupancy: 110
Target Population: 1.1 --- CO-ED
Expiration Date: 03/31/2016

Program Name: MICHAEL'S HOUSE INTENSIVE OUTPATIENT
Legal Name: PALM SPRINGS TREATMENT CENTERS, LLC
Address: 515 NORTH PALM CANYON DRIVE, BUILDING H
City, State Zip: PALM SPRINGS, CA 92262
Phone: (760)325-0100 Fax: (760)778-6020
Record ID: 330014EP
Service Type: NON
Target Population: 1.8 --- DUAL DIAGNOSIS
Expiration Date: 11/30/2016

Program Name: SOROPTIMIST HOUSE OF HOPE #1
Legal Name: SOROPTIMIST HOUSE OF HOPE, INC.
Address: 13525 CIELO AZUL WAY
City, State Zip: DESERT HOT SPRINGS, CA 92240
Phone: (951)849-9491
Record ID: 330016AN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 02/29/2016
Program Name: METCALF RECOVERY RANCH
Legal Name: VARP, INC.
Address: 9826 18TH AVENUE
City, State Zip: BLYTHE, CA 92225
Phone: (760)922-8625 Fax: (760)922-6717
Record ID: 330020AN
Service Type: RES
Resident Capacity: 20
Total Occupancy: 20
Target Population: 1.2 --- MEN ONLY
Expiration Date: 06/30/2016

Program Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM
Legal Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM
Address: 650 NORTH STATE STREET
City, State Zip: HEMET, CA 92543
Phone: (951)791-3350 Fax: (951)791-3353
Record ID: 330023BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2016

Program Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM
Legal Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM
Address: 1827 ATLANTA AVENUE, SUITE D-1
City, State Zip: RIVERSIDE, CA 92507
Phone: (951)955-2105
Record ID: 330023CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2016
Program Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM
Legal Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM
Address: 623 NORTH MAIN STREET, SUITE D-11
City, State Zip: CORONA, CA 91720
Phone: (951)737-2962
Record ID: 330023DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2016

Program Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM
Legal Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM
Address: 83-912 AVENUE 45, SUITE 9
City, State Zip: INDIO, CA 92201
Phone: (760)347-0754  Fax: (760)347-8507
Record ID: 330023EN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2016

Program Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM
Legal Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM
Address: 1297 WEST HOBSON WAY
City, State Zip: BLYTHE, CA 92225-1423
Phone: (760)921-5000  Fax: (760)921-5010
Record ID: 330023FN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2016

Program Name: Palo Verde Valley Hopeful Start Foundation
Legal Name: Palo Verde Valley Hopeful Start Foundation
Address: 137 West Hobsonway
City, State Zip: Blythe, CA 92225
Phone:
Record ID: 330024AN
Service Type: NON
Target Population: 1.1 --- CO-ED
PENDING
Program Name: HILL ALCOHOL & DRUG TREATMENT
Legal Name: COMMUNITY SOLUTIONS, INC.
Address: 42145 LYNDIE LANE, SUITE 108
City, State Zip: TEMECULA, CA 92592
Phone: (951)719-3684 Fax: (951)719-3684
Record ID: 330032BP
Service Type: NON-DETOX
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: CASA LAS PALMAS RECOVERY HOME
Legal Name: RIVERSIDE COUNTY LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES, INC.
Address: 83-844 HOPI AVENUE
City, State Zip: INDIO, CA 92201
Phone: (760)347-9442
Record ID: 330037AN
Service Type: RES
Resident Capacity: 7
Total Occupancy: 7
Target Population: 1.2 --- MEN ONLY
Expiration Date: 07/31/2016

Program Name: CASA CECILIA RECOVERY HOME
Legal Name: RIVERSIDE COUNTY LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES, INC.
Address: 83-385 ROSA AVENUE
City, State Zip: THERMAL, CA 92274
Phone: (760)398-2008 Fax: (760)342-8022
Record ID: 330037BN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 05/31/2016
Program Name: RIVERSIDE COUNTY LATINO COMMISSION COUNSELING CENTER
Legal Name: RIVERSIDE COUNTY LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES, INC.
Address: 1612 FIRST STREET
City, State Zip: COACHELLA, CA 92236
Phone: (760)398-9000 Fax: (760)398-9790
Record ID: 330037DN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 2/28/2015

Program Name: LIFE'S JOURNEY
Legal Name: LIFE'S JOURNEY CENTER, INC.
Address: 291 EAST CAMINO MONTE VISTA
City, State Zip: PALM SPRINGS, CA 92262
Phone: (760)864-6363 Fax: (760)864-6360
Record ID: 330040AP
Service Type: RES-DETOX
Resident Capacity: 8
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2016

Program Name: 10 ACRE RANCH, INC.
Legal Name: 10 ACRE RANCH, INC.
Address: 5953 GRAND AVENUE
City, State Zip: RIVERSIDE, CA 92504
Phone: (951)784-7081 Fax: (951)784-7084
Record ID: 330042BN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 10/31/2015
Program Name: THE HIGH ROAD PROGRAM
Legal Name: THE HIGH ROAD PROGRAM
Address: 3579 ARLINGTON AVENUE, SUITE 200
City, State Zip: RIVERSIDE, CA 92506
Phone: (951)781-6762
Record ID: 330050AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2015

Program Name: THE AWARENESS PROGRAM
Legal Name: AWARENESS PROGRAM, INC.
Address: 45-550 GRACE STREET
City, State Zip: INDIO, CA 92201
Phone: (760)342-1233 Fax: (760)342-5344
Record ID: 330051AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2015

Program Name: SUNRISE RECOVERY RANCH
Legal Name: SOBER LIVING BY THE SEA, INC.
Address: 6690 LIMONITE FRONTAGE ROAD
City, State Zip: RIVERSIDE, CA 92509
Phone: (951)328-0146 Fax: (951)328-0175
Record ID: 330056AP
Service Type: NON
Target Population: 1.2 --- MEN ONLY
Expiration Date: 12/31/2014
Program Name: SUNRISE RECOVERY RANCH
Legal Name: SOBER LIVING BY THE SEA, INC.
Address: 6690 LIMONITE FRONTAGE ROAD
City, State Zip: RIVERSIDE, CA 92509
Phone: (951)328-0146
Record ID: 330056BP
Service Type: RES-DETOX
Resident Capacity: 13
Total Occupancy: 13
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2016

Program Name: SUNRISE RECOVERY RANCH
Legal Name: SOBER LIVING BY THE SEA, INC.
Address: 6798 LIMONITE FRONTAGE ROAD
City, State Zip: RIVERSIDE, CA 92509
Phone: (951)328-0146
Record ID: 330056CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2014

Program Name: SUNRISE RECOVERY RANCH
Legal Name: SOBER LIVING BY THE SEA, INC.
Address: 6770 LIMONITE FRONTAGE RANCH
City, State Zip: RIVERSIDE, CA 92509
Phone: (951)328-0146
Record ID: 330056DP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2014
Program Name: THE WYLIE CENTER
Legal Name: THE CAROLYN E. WYLIE CENTER FOR CHILDREN, YOUTH & FAMILIES
Address: 4164 BROCKTON AVENUE
City, State Zip: RIVERSIDE, CA 92501
Phone: (951)683-5193   Fax: (909)683-6019
Record ID: 330065AN
Service Type: NON
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 2/28/2016

Program Name: AXIOM COUNSELING TEAM
Legal Name: AXIOM COUNSELING TEAM
Address: 6887 MAGNOLIA AVENUE
City, State Zip: RIVERSIDE, CA 92506
Phone: (951)369-5260   Fax: (951)787-0562
Record ID: 330069AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2014

Program Name: U. S. VETS SUBSTANCE ABUSE TREATMENT PROGRAM/VETERANS IN PROGRESS I
Legal Name: UNITED STATES VETERANS INITIATIVE
Address: 15105 6TH STREET, ROOMS 323-326
City, State Zip: MARCH ARB, CA 92518
Phone: (951)653-9799
Record ID: 330075AN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 12
Target Population: ** --- UNKNOWN
Expiration Date: 11/30/2015
Program Name: Riverside Center for Change
Legal Name: Mental Health Systems, Inc.
Address: 3576 Arlington Avenue, Suite 102 & 104
City, State Zip: Riverside, CA 92506
Phone: (951)782-9577  Fax: (951)782-9521
Record ID: 330078AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2016

Program Name: Hemet Center for Change
Legal Name: Mental Health Systems, Inc.
Address: 950 North State Street, Suite A
City, State Zip: Hemet, CA 92543
Phone: (951)929-9838  Fax: (951)929-9831
Record ID: 330078BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2016

Program Name: Indio Center for Change
Legal Name: Mental Health Systems, Inc.
Address: 68100 Ramon Road, Suite B9 & B10
City, State Zip: Cathedral City, CA 92234
Phone: (760)321-0870  Fax: (760)321-0916
Record ID: 330078CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2016

Program Name: Temecula Valley Treatment Center
Legal Name: WCHS, Inc.
Address: 40700 California Oaks Road, Suites 201, 202 And 203
City, State Zip: Murrieta, CA 92562
Phone: (951)894-5072  Fax: (951)894-7324
Record ID: 330081AP
Service Type: NON-DETOX
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2016
Program Name: DESERT TREATMENT CLINIC
Legal Name: WCHS, INC.
Address: 1330 NORTH INDIAN CANYON DRIVE, SUITES A, B AND C
City, State Zip: PALM SPRINGS, CA 92262
Phone: (760)322-9065 Fax: (760)322-8916
Record ID: 330081CP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2016

Program Name: RIVERSIDE TREATMENT CENTER
Legal Name: WCHS, INC.
Address: 1021 WEST LA CADENA
City, State Zip: RIVERSIDE, CA 92501
Phone: (951)784-8010 Fax: (951)784-2859
Record ID: 330081DP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016

Program Name: BRAD KEITH - AXIS RESIDENTIAL TREATMENT CENTER (ARTC)
Legal Name: AXIS RESIDENTIAL TREATMENT CENTER
Address: 75450 FAIRWAY DRIVE
City, State Zip: INDIAN WELLS, CA 92210
Phone: (760)346-2989 Fax: (310)202-7604
Record ID: 330082AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2016
Program Name: SPENCER RECOVERY CENTERS
Legal Name: SPENCER RECOVERY CENTERS, INC.
Address: 1276 NORTH PALM CANYON DRIVE, #204
City, State Zip: PALM SPRINGS, CA 92262
Phone: (760)778-4876
Record ID: 330086AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015

Program Name: PALM SPRINGS RECOVERY
Legal Name: SPENCER RECOVERY CENTERS, INC.
Address: 1404 NORTH PALM CANYON DRIVE
City, State Zip: PALM SPRINGS, CA 92262
Phone: (949)376-3705
Fax: (949)376-6862
Record ID: 330086BP
Service Type: RES
Resident Capacity: 32
Total Occupancy: 32
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016

Program Name: SUN RAY ADDICTIONS COUNSELING AND EDUCATION
Legal Name: SUN RAY ADDICTIONS COUNSELING AND EDUCATION, INC.
Address: 950 NORTH STATE STREET, SUITE D
City, State Zip: HEMET, CA 92543
Phone: (951)652-3560
Fax: (951)929-2780
Record ID: 330094AN
Service Type: NON
Target Population: 1.5 --- YOUTH/adolescent
Expiration Date: 3/31/2016
Program Name: NEW BEGINNINGS ADDICTION & RECOVERY CENTER
Legal Name: GROUP HOME SUPPORT SERVICES, INC.
Address: 245 NORTH MURRAY STREET
City, State Zip: BANNING, CA 92220
Phone: (951)849-8812 Fax: (951)755-8915
Record ID: 330097AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2016

Program Name: FORTERUS HEALTH CARE SERVICES, INC.
Legal Name: FORTERUS HEALTH CARE SERVICES, INC.
Address: 36866 PEBLEY COURT
City, State Zip: WINCHESTER, CA 92596
Phone: (951)837-2401 Fax: (951)848-9402
Record ID: 330098DP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 9
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2015

Program Name: FORTERUS HEALTH CARE SERVICES, INC.
Legal Name: FORTERUS HEALTH CARE SERVICES, INC.
Address: 41640 CORNING PLACE
City, State Zip: MURRIETA, CA 92562
Phone: (951)837-2401 Fax: (951)848-9402
Record ID: 330098EP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2015
Program Name: FORTERUS HEALTH CARE SERVICES, INC.
Legal Name: FORTERUS HEALTH CARE SERVICES, INC.
Address: 40465 ERICA AVENUE
City, State Zip: MURRIETA, CA 92562
Phone: (916)837-2401 Fax: (916)848-9402
Record ID: 330098FP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 9
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2015

Program Name: FORTERUS HEALTH CARE SERVICES, INC.
Legal Name: FORTERUS HEALTH CARE SERVICES, INC.
Address: 41126 ENGLEMANN OAK STREET
City, State Zip: MURRIETA, CA 92562
Phone: (951)894-8641
Record ID: 330098GP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: FORTERUS HEALTH CARE SERVICES, INC.
Legal Name: FORTERUS HEALTH CARE SERVICES, INC.
Address: 23698 ST. RAPHAEL DRIVE
City, State Zip: MURRIETA, CA 92596
Phone: (951)894-8641 Fax: (951)848-9402
Record ID: 330098HP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016
Program Name: FORTERUS HEALTH CARE SERVICES, INC.
Legal Name: FORTERUS HEALTH CARE SERVICES, INC.
Address: 29336 ARIEL STREET
City, State Zip: MURRIETA, CA 92563
Phone: (951)894-8641 Fax: (951)848-9402
Record ID: 330098IP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: FORTERUS HEALTH CARE SERVICES, INC.
Legal Name: FORTERUS HEALTH CARE SERVICES, INC.
Address: 40734 SYMERON WAY
City, State Zip: MURRIETA, CA 92562
Phone: (951)894-8641 Fax: (951)848-9402
Record ID: 330098JP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: SUNRISE ALCOHOL & DRUGS REHABS. CENTER
Legal Name: SUNRISE ALCOHOL & DRUGS REHAB CENTER
Address: 12125 DAY STREET, SUITE E315
City, State Zip: MORENO VALLEY, CA 92557
Phone: (661)400-0852
Record ID: 330099AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015
Program Name: RANCH CREEK RECOVERY OUTPATIENT
Legal Name: RANCH CREEK RECOVERY, INC.
Address: 43264 BUSINESS PARK DRIVE #101
City, State Zip: TEMECULA, CA 92590
Phone: (951)676-9111       Fax: (951)506-6445
Record ID: 330100BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2016

Program Name: PHYSICIANS FOR HEALTHY HOSPITALS, INC. / HEMET VALLEY RECOVERY CENTER
Legal Name: PHYSICIANS FOR HEALTHY HOSPITALS, INC.
Address: 371 NORTH WESTON PLACE
City, State Zip: HEMET, CA 92543
Phone: (951)765-4900       Fax: (951)765-4764
Record ID: 330101AP
Service Type: RES
Resident Capacity: 16
Total Occupancy: 16
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2014

Program Name: CLEAR DETOX CENTER
Legal Name: CLEAR DETOX CENTER, INC.
Address: 25014 RIVERVIEW LANE
City, State Zip: MURRIETA, CA 92562
Phone: (213)344-8804       Fax: (949)200-7555
Record ID: 330104AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2015
Program Name: SOUTHERN CALIFORNIA DETOX
Legal Name: DAVID JOHNSON
Address: 42012 DAHLIA WAY
City, State Zip: TEMECULA, CA 92591
Phone: (714)854-2026
Record ID: 330105AP
Service Type: RES-DETOX
Resident Capacity: 4
Total Occupancy: 6
Target Population: ** --- UNKNOWN
Expiration Date: 04/30/2016

Program Name: SPIRIT AND TRUTH COUNSELING CENTER
Legal Name: SPIRIT AND TRUTH COUNSELING CENTER, INC.
Address: 640 N. SAN JACINTO STREET, SUITE A
City, State Zip: HEMET, CA 92543
Phone: (951)658-2299
Record ID: 330106AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: BIG BEAR RECOVERY CENTER
Legal Name: BIG BEAR RECOVERY CENTER
Address: 16891 ALITA DRIVE
City, State Zip: RIVERSIDE, CA 92504
Phone: (951)398-7110 Fax: (951)398-7135
Record ID: 330110AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2014
Program Name: DESERT PALMS RECOVERY  
Legal Name: BEHAVIORAL HEALTH SOLUTIONS OF CALIFORNIA LLC  
Address: 67580 JONES ROAD  
City, State Zip: CATHEDRAL CITY, CA 92234  
Phone: (760)969-4150 Fax: (760)969-4179  
Record ID: 330112AP  
Service Type: RES-DETOX  
Resident Capacity: 36  
Total Occupancy: 36  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2015

Program Name: IRECOVER TREATMENT CENTER, SERENITY PALMS  
Legal Name: IRECOVER TREATMENT CENTERS INC.  
Address: 37066 BANKSIDE DRIVE  
City, State Zip: CATHEDRAL CITY, CA 92234  
Phone: (760)275-6677 Fax: (406)784-3994  
Record ID: 330113AP  
Service Type: RES-DETOX  
Resident Capacity: 24  
Total Occupancy: 24  
Target Population: 1.1 --- CO-ED  
Expiration Date: 11/30/2015

Program Name: AJ'S AMETHYST HOUSE  
Legal Name: B II A J OUR HOUSE, LLC  
Address: 1119 W. 7TH STREET  
City, State Zip: SAN JACINTO, CA 92582  
Phone: (951)654-1089 Fax: (951)654-7868  
Record ID: 330115AP  
Service Type: RES  
Resident Capacity: 28  
Total Occupancy: 32  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 12/31/2015
Program Name: KEN SEELEY COMMUNITIES
Legal Name: INTERVENTION911
Address: 501 N CANTERA CIRCLE
City, State Zip: PALM SPRINGS, CA 92262
Phone: (760)778-7911 Fax: (323)932-0078
Record ID: 330116AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2015

Program Name: BELLA MONTE RECOVERY
Legal Name: BELLA MONTE RECOVERY LLC
Address: 68111 CALLE TIENDAS
City, State Zip: DESERT HOT SPRINGS, CA 92240
Phone: (760)676-5125 Fax: (760)676-5129
Record ID: 330117AP
Service Type: RES
Resident Capacity: 38
Total Occupancy: 38
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2015
Program Name: 2 SHINE AGAIN
Legal Name: 2 SHINE AGAIN INC.
Address: 37347 AVENIDA CHAPALA
City, State Zip: TEMECULA, CA 92592
Phone: (951)303-3056
Record ID: 330119AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2016

Program Name: COAST TO COAST REFERRAL
Legal Name: COAST TO COAST REFERRAL CENTER, INC.
Address: 1276 PALM CANYON DRIVE
City, State Zip: PALM SPRINGS, CA 92262
Phone: (949)313-5224
Record ID: 330120AN
Service Type: NON
Target Population: 1.1 --- CO-ED
PENDING

Program Name: Riverside County Substance Use Program, DBA Temecula
Legal Name: Riverside County
Address: 40925 County Center Drive, Suite #200
City, State Zip: Temecula, CA 92590
Phone:
Record ID: 330124BN
Service Type: NON
Target Population: 1.1 --- CO-ED
PENDING
Program Name: SOVEREIGN HEALTH OF PALM SPRINGS
Legal Name: DUAL DIAGNOSIS TREATMENT CENTER, INC.
Address: 2500 N. PALM CANYON DR
          SUITES D1 & D4
City, State Zip: PALM SPRINGS, CA 92262
Phone: (949)899-0489
Record ID: 330125AP
Service Type: NON
Resident Capacity:
Total Occupancy:
Target Population: 1.1 --- CO-ED
PENDING

Program Name: Diamond Recovery Services
Legal Name: RNR Recovery, Inc.
Address: 29204 Shipwright Drive
City, State Zip: Menifee, CA 92585
Phone: (877)904-9105
Record ID: 330126AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
PENDING

Program Name: Bluestone Recovery, Inc.
Legal Name: BLUESTONE RECOVERY, INC.
Address: 1660 Chicago Ave
          #M-11
City, State Zip: Riverside, CA 92507
Phone:
Record ID: 330127AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016
Program Name: South California Road to Recovery
Legal Name: Malibu Behavioral Health Services, Inc.
Address: 7057 Gaskin Place
City, State Zip: Riverside, CA 92506
Phone:
Record ID: 330128AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
PENDING

Program Name: The Center for Life Change
Legal Name: THE CENTER FOR LIFE CHANGE, INC.
Address: 43397 Business Park Drive D6
City, State Zip: Riverside, CA 92590
Phone: (951)775-4000
Record ID: 330129AN
Service Type: NON
Target Population: 1.1 --- CO-ED
PENDING

Program Name: West Coast Recovery Center, LLC
Legal Name: WEST COAST RECOVERY CENTER, LLC
Address: 950 N State Street
Suite C
City, State Zip: Hemet, CA 92543
Phone: (951)929-6200 Fax: (951)929-8555
Record ID: 330130AP
Service Type: NON-DETOX
Target Population: 1.1 --- CO-ED
PENDING
Program Name: ALPHA OAKS
   Legal Name: ASSOCIATED REHABILITATION PROGRAM FOR WOMEN, INC.
   Address: 8400 FAIR OAKS BOULEVARD
   City, State Zip: CARMICHAEL, CA 95608-2502
   Phone: (916)944-3920   Fax: (916)944-7740
   Record ID: 340001AN
   Service Type: RES-DETOX
   Resident Capacity: 23
   Total Occupancy: 23
   Target Population: 1.3 --- WOMEN ONLY
   Expiration Date: 05/31/2014

Program Name: CORNERSTONE
   Legal Name: ASSOCIATED REHABILITATION PROGRAM FOR WOMEN, INC.
   Address: 6348 and 6350 APPIAN WAY
   City, State Zip: CARMICHAEL, CA 95608-0724
   Phone: (916)966-5102   Fax: (916)966-9362
   Record ID: 340001BN
   Service Type: RES
   Resident Capacity: 12
   Total Occupancy: 12
   Target Population: 1.3 --- WOMEN ONLY
   Expiration Date: 04/30/2016

Program Name: ALTUA
   Legal Name: RIVER CITY RECOVERY CENTER, INC.
   Address: 12490 ALTA MESA ROAD
   City, State Zip: HERALD, CA 95638
   Phone: (209)748-2470
   Record ID: 340002AN
   Service Type: RES
   Resident Capacity: 55
   Total Occupancy: 55
   Target Population: 1.2 --- MEN ONLY
   Expiration Date: 07/31/2014
Program Name: STARLIGHT
Legal Name: RIVER CITY RECOVERY CENTER, INC.
Address: 2218 E STREET
City, State Zip: SACRAMENTO, CA 95816
Phone: (916)442-3979 Fax: (916)442-3577
Record ID: 340002BN
Service Type: RES
Resident Capacity: 24
Total Occupancy: 24
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 11/30/2014

Program Name: GRACE HOUSE
Legal Name: RIVER CITY RECOVERY CENTER, INC.
Address: 2217 G STREET
City, State Zip: SACRAMENTO, CA 95816
Phone: (916)442-3979
Record ID: 340002CN
Service Type: RES
Resident Capacity: 15
Total Occupancy: 15
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 11/30/2014

Program Name: MI CASA RECOVERY HOME
Legal Name: MEXICAN AMERICAN ADDICTION PROGRAM, INC.
Address: 2515 48TH AVENUE
City, State Zip: SACRAMENTO, CA 95822-3810
Phone: (916)394-2328 Fax: (916)394-2457
Record ID: 340004BN
Service Type: RES
Resident Capacity: 16
Total Occupancy: 16
Target Population: 1.2 --- MEN ONLY
Expiration Date: 07/31/2014
Program Name: MAAP COUNSELING CENTER  
Legal Name: MEXICAN AMERICAN ADDICTION PROGRAM, INC.  
Address: 3612 MADISON AVENUE, SUITE 29  
City, State Zip: NORTH HIGHLANDS, CA 95660-5068  
Phone: (916)394-3489  
Fax: (916)231-9172  
Record ID: 340004CN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 7/31/2014

Program Name: MAAP COUNSELING CENTER  
Legal Name: MEXICAN AMERICAN ADDICTION PROGRAM, INC.  
Address: 4241 FLORIN ROAD, SUITES 52, 55, 75, 80, 85 AND 110  
City, State Zip: SACRAMENTO, CA 95823-2535  
Phone: (916)394-3489  
Fax: (916)394-2480  
Record ID: 340004DN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2015

Program Name: MAAP INC., SACRAMENTO YOUTH PROJECT  
Legal Name: MEXICAN AMERICAN ADDICTION PROGRAM, INC.  
Address: 3628 MADISON AVENUE, SUITE 21  
City, State Zip: NORTH HIGHLANDS, CA 95660-5071  
Phone: (916)331-4500  
Fax: (916)331-4501  
Record ID: 340004EN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 2/28/2015

Program Name: SOBRIETY BRINGS A CHANGE  
Legal Name: SOBRIETY BRINGS A CHANGE  
Address: 4825 J STREET, SUITE 120  
City, State Zip: SACRAMENTO, CA 95819-3747  
Phone: (916)454-4242  
Record ID: 340008AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 9/30/2014
Program Name: OAK HOUSE TREATMENT PROGRAM II  
Legal Name: OAK HOUSE CORPORATION  
Address: 7919 AND 7987 OAK AVENUE  
City, State Zip: CITRUS HEIGHTS, CA 95610-2512  
Phone: (916)721-9699  
Record ID: 340013AP  
Service Type: RES-DETOX  
Resident Capacity: 15  
Total Occupancy: 16  
Target Population: 1.1 --- CO-ED  
Expiration Date: 02/29/2016

Program Name: ALTERNATIVE HOUSE  
Legal Name: WELLSPACE HEALTH  
Address: 1550 JULIESSE AVENUE  
City, State Zip: SACRAMENTO, CA 95815-1803  
Phone: (916)921-6598  
Record ID: 340015AN  
Service Type: RES-DETOX  
Resident Capacity: 48  
Total Occupancy: 48  
Target Population: 1.1 --- CO-ED  
Expiration Date: 02/29/2016

Program Name: CRISIS INTAKE AND COUNSELING CENTER  
Legal Name: WELLSPACE HEALTH  
Address: 1820 J STREET  
City, State Zip: SACRAMENTO, CA 95811-3010  
Phone: (916)325-5556  
Fax: (916)444-5620  
Record ID: 340015CN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 1/31/2016
Program Name: SOUTH VALLEY CENTER (SVC)
   Legal Name: WELLSPACE HEALTH
   Address: 8233 EAST STOCKTON BOULEVARD, SUITE D
   City, State Zip: SACRAMENTO, CA 95828-8203
   Phone: (916)368-3080 Fax: (916)368-3076
   Record ID: 340015FN
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 3/31/2016

Program Name: WELLSPACE HEALTH RESIDENTIAL
   Legal Name: WELLSPACE HEALTH
   Address: 7586 STOCKTON BOULEVARD
   City, State Zip: SACRAMENTO, CA 95823-3923
   Phone: (916)737-5555
   Record ID: 340015IN
   Service Type: RES
   Resident Capacity: 16
   Total Occupancy: 16
   Target Population: 1.2 --- MEN ONLY
   Expiration Date: 09/30/2016

Program Name: OPTIONS FOR RECOVERY - RESIDENTIAL TREATMENT PROGRAM
   Legal Name: VOLUNTEERS OF AMERICA NORTHERN CALIFORNIA AND NORTHERN NEVADA, INC.
   Address: 1001 GRAND AVENUE
   City, State Zip: SACRAMENTO, CA 95838-3512
   Phone: (916)929-1951 Fax: (916)929-5116
   Record ID: 340018AN
   Service Type: RES-DETOX
   Resident Capacity: 16
   Total Occupancy: 28
   Target Population: 1.4 --- WOMEN/CHILDREN
   Expiration Date: 11/30/2014
Program Name: D & A DETOX CENTER
Legal Name: D & A DETOX CENTER
Address: 2721 BARBERA WAY
City, State Zip: RANCHO CORDOVA, CA 95670-4804
Phone: (916)364-7660
Record ID: 340035CN
Service Type: RES-DETOX
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.1 --- CO-ED
Expiration Date: 03/31/2014

Program Name: D & A TREATMENT CENTER
Legal Name: D & A DETOX CENTER
Address: 10157 LA ALEGRIA DRIVE
City, State Zip: RANCHO CORDOVA, CA 95670-3109
Phone: (916)361-2833 Fax: (916)364-5389
Record ID: 340035FN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.2 --- MEN ONLY
Expiration Date: 06/30/2015

Program Name: D & A MEN'S DETOX
Legal Name: D & A DETOX CENTER
Address: 10590 MALAGA WAY
City, State Zip: RANCHO CORDOVA, CA 95670-3749
Phone: (916)361-9867 Fax: (916)369-7154
Record ID: 340035GN
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 02/28/2015
Program Name: ANOTHER CHOICE, ANOTHER CHANCE
Legal Name: ANOTHER CHOICE, ANOTHER CHANCE
Address: 7000 FRANKLIN BOULEVARD, SUITE 625
City, State Zip: SACRAMENTO, CA 95823
Phone: (916)388-9418
Record ID: 340037AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2016

Program Name: SACRAMENTO COUNTY DRUG COURT
Legal Name: COUNTY OF SACRAMENTO PROBATION DEPARTMENT
Address: 3201 FLORIN-PERKINS ROAD
City, State Zip: SACRAMENTO, CA 95826-3900
Phone: (916)875-0665
Record ID: 340038AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2014

Program Name: NEW DAWN RECOVERY CENTER
Legal Name: CDT SERVICE CORPORATION
Address: 6371 AUBURN BOULEVARD, SUITE A
City, State Zip: CITRUS HEIGHTS, CA 95621-5275
Phone: (916)723-1319
Record ID: 340039AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2014
Program Name: NEW DAWN RECOVERY CENTERS
Legal Name: CDT SERVICE CORPORATION
Address: 6039, 6043, AND 6045 ROLOFF WAY
City, State Zip: ORANGEVALE, CA 6045-4544
Phone: (916)989-1675 Fax: (916)989-8164
Record ID: 340039BP
Service Type: RES
Resident Capacity: 18
Total Occupancy: 18
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2015

Program Name: NEW DAWN RECOVERY CENTERS
Legal Name: CDT SERVICE CORPORATION
Address: 8780 & 8782 SHERRY DRIVE
City, State Zip: ORANGEVALE, CA 95662-4534
Phone: (916)989-1675 Fax: (916)989-8164
Record ID: 340039CP
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 14
Target Population: 1.1 --- CO-ED
Expiration Date: 02/28/2015

Program Name: NEW DAWN RECOVERY CENTERS
Legal Name: CDT SERVICE CORPORATION
Address: 9960 BUSINESS PARK DRIVE, SUITE 160
City, State Zip: SACRAMENTO, CA 95827-1733
Phone: (916)989-1675
Record ID: 340039EP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2015
Program Name: MERCY PERINATAL RECOVERY NETWORK (PRN)
Legal Name: DIGNITY HEALTH
Address: 650 HOWE AVENUE, SUITES 504, 530 AND 560
City, State Zip: SACRAMENTO, CA 95825-4697
Phone: (916)614-2240 Fax: (916)564-3160
Record ID: 340040BN
Service Type: NON
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 3/31/2015

Program Name: THE PROMISE HOUSE
Legal Name: BRIDGES PROFESSIONAL TREATMENT SERVICES
Address: 2727 P STREET
City, State Zip: SACRAMENTO, CA 95816-6403
Phone: (916)452-3073
Record ID: 340041BN
Service Type: RES-DETOX
Resident Capacity: 28
Total Occupancy: 28
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 10/31/2015

Program Name: BRIDGES OUTPATIENT TREATMENT SERVICES
Legal Name: BRIDGES PROFESSIONAL TREATMENT SERVICES
Address: 3600 POWER INN ROAD, SUITE D
City, State Zip: SACRAMENTO, CA 95826-3826
Phone: (916)453-2704 Fax: (916)453-2708
Record ID: 340041CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2015
Program Name: PROMISE HOUSE II  
Legal Name: BRIDGES PROFESSIONAL TREATMENT SERVICES  
Address: 1731 P STREET  
City, State Zip: SACRAMENTO, CA 95814-6104  
Phone: (916)450-0700 Fax: (916)930-0554  
Record ID: 340041DN  
Service Type: RES  
Resident Capacity: 1  
Total Occupancy: 2  
Target Population: 1.4 --- WOMEN/CHILDREN  
Expiration Date: 07/31/2015

Program Name: CARES ALCOHOL AND OTHER DRUG OUTPATIENT PROGRAM  
Legal Name: THE CENTER FOR A.I.D.S. RESEARCH, EDUCATION AND SERVICES - SACRAMENTO  
Address: 1500 21ST STREET  
City, State Zip: SACRAMENTO, CA 95814-5216  
Phone: (916)443-3299 Fax: (916)325-1980  
Record ID: 340042BN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2015

Program Name: SACRAMENTO AREA EMERGENCY HOUSING CENTER  
Legal Name: SACRAMENTO AREA EMERGENCY HOUSING CENTER  
Address: 2925 34TH STREET  
City, State Zip: SACRAMENTO, CA 95817-3113  
Phone: (916)454-2120  
Record ID: 340045AN  
Service Type: NON  
Target Population: 1.7 --- FAMILIES  
Expiration Date: 2/28/2015
Program Name: SACRAMENTO AREA EMERGENCY HOUSING CENTER  
Legal Name: SACRAMENTO AREA EMERGENCY HOUSING CENTER  
Address: 4516 PARKER AVENUE  
City, State Zip: SACRAMENTO, CA 95820-4029  
Phone: (916)455-2160  
Record ID: 340045BN  
Service Type: NON  
Target Population: 1.7 --- FAMILIES  
Expiration Date: 2/28/2015

Program Name: CENTER POINT  
Legal Name: CENTER POINT, INC.  
Address: 11228 FAIR OAKS BOULEVARD  
City, State Zip: FAIR OAKS, CA 95628-5139  
Phone: (916)962-2800 Fax: (916)962-2824  
Record ID: 340048AN  
Service Type: RES  
Resident Capacity: 31  
Total Occupancy: 31  
Target Population: 1.1 --- CO-ED  
Expiration Date: 09/30/2015

Program Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE SACRAMENTO REGION AFFILIATE  
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE INC. SACRAMENTO REGION AFFILIATE  
Address: 1446 ETHAN WAY  
City, State Zip: SACRAMENTO, CA 95825-2214  
Phone: (916)922-5110  
Record ID: 340052BN  
Service Type: NON  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 5/31/2016
Program Name: SACRAMENTO VETERANS RESOURCE CENTER
Legal Name: VIETNAM VETERANS OF CALIFORNIA, INC.
Address: 7270 EAST SOUTHGATE DRIVE, BUILDING 4
City, State Zip: SACRAMENTO, CA 95823-2621
Phone: (916)393-8387 Fax: (916)393-8389
Record ID: 340058AN
Service Type: RES
Resident Capacity: 22
Total Occupancy: 22
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2015

Program Name: KOINONIA GROUP HOME #5
Legal Name: KOINONIA FOSTER HOMES, INC.
Address: 4232 BIG CLOUD WAY
City, State Zip: ANTELOPE, CA 95843-2406
Phone: (916)652-0171 Fax: (916)652-3979
Record ID: 340063AN
Service Type: DSS
Target Population: 1.5 --- YOUTH/adolescent
Expiration Date: 10/31/2016

Program Name: COMPREHENSIVE DRUG AND ALCOHOL TREATMENT (CDAT)
Legal Name: PANACEA SERVICES, INC.
Address: 3336 BRADSHAW ROAD, SUITE 315
City, State Zip: SACRAMENTO, CA 95827-2600
Phone: (916)854-4564
Record ID: 340064AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2015
Program Name: CLEAN & SOBER DETOX
Legal Name: CLEAN & SOBER DETOX, A CALIFORNIA NONPROFIT CORPORATION
Address: 8946 MADISON AVENUE
City, State Zip: FAIR OAKS, CA 95628-4010
Phone: (916)965-3386 Fax: (916)536-1393
Record ID: 340067AN
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2015

Program Name: AZURE ACRES IOP
Legal Name: THE CAMP RECOVERY CENTERS, L.P.
Address: 5777 MADISON AVENUE, SUITE 1210
City, State Zip: SACRAMENTO, CA 95841-3314
Phone: (916)338-0400 Fax: (916)338-3589
Record ID: 340078AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2015

Program Name: SACRAMENTO TREATMENT CLINIC
Legal Name: TREATMENT ASSOCIATES, INC.
Address: 7225 EAST SOUTHGATE DRIVE, SUITE D
City, State Zip: SACRAMENTO, CA 95823-2651
Phone: (916)394-1000 Fax: (916)394-1010
Record ID: 340080AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2014
Program Name: SACRAMENTO NATIVE AMERICAN HEALTH CENTER
   Legal Name: SACRAMENTO NATIVE AMERICAN HEALTH CENTER, INC.
   Address: 2020 J STREET
   City, State Zip: SACRAMENTO, CA 95814-3120
   Phone: (916)341-0575   Fax: (916)341-0574
   Record ID: 340082AN
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 4/30/2016

Program Name: STRATEGIES FOR CHANGE OUTPATIENT
   Legal Name: STRATEGIES FOR CHANGE
   Address: 4441 AUBURN BOULEVARD, SUITE E
   City, State Zip: SACRAMENTO, CA 95841-4139
   Phone: (916)473-5764   Fax: (916)473-5766
   Record ID: 340084AN
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 7/31/2015

Program Name: STRATEGIES FOR CHANGE
   Legal Name: STRATEGIES FOR CHANGE
   Address: 4343 WILLIAMSBOURGH DRIVE
   City, State Zip: SACRAMENTO, CA 95823-2006
   Phone: (916)395-3552
   Record ID: 340084BN
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 8/31/2014

Program Name: SIERRA VISTA HOSPITAL OUTPATIENT CD PROGRAM
   Legal Name: BHC SIERRA VISTA HOSPITAL, INC.
   Address: 8009 BRUCEVILLE ROAD #100
   City, State Zip: SACRAMENTO, CA 95823-2332
   Phone: (916)288-0300   Fax: (916)689-5517
   Record ID: 340090AP
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 1/31/2016
Program Name: CLEAN & SOBER RECOVERY HOME
Legal Name: CLEAN & SOBER RECOVERY SERVICES, INC.
Address: 5820 CHESTNUT AVENUE
City, State Zip: ORANGEVALE, CA 95662-4807
Phone: (916)990-0190 Fax: (916)990-0193
Record ID: 340093AP
Service Type: RES
Resident Capacity: 24
Total Occupancy: 24
Target Population: 1.1 --- CO-ED
Expiration Date: 03/31/2016

Program Name: PATHWAYS RECOVERY
Legal Name: PATHWAYS RECOVERY
Address: 6538 GREY OAK COURT
City, State Zip: CITRUS HEIGHTS, CA 95621-1024
Phone: (916)735-8377 Fax: (877)494-5088
Record ID: 340098AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 02/28/2014

Program Name: TOWNS HEALTH SERVICES
Legal Name: TOWNS HEALTH SERVICES, INC.
Address: 750 SPAANS ROAD, SUITES C AND F
City, State Zip: GALT, CA 95632-8609
Phone: (916)612-2452 Fax: (209)744-9910
Record ID: 340100AP
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 3/31/2016
Program Name: PREPARING PEOPLE FOR SUCCESS
Legal Name: PREPARING PEOPLE FOR SUCCESS
Address: 1513 SPORTS DRIVE, SUITE 100
City, State Zip: SACRAMENTO, CA 95834-1904
Phone: (916)807-6768 Fax: (916)515-9334
Record ID: 340102AN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 12/31/2014

Program Name: SACRAMENTO RECOVERY HOUSE
Legal Name: SACRAMENTO RECOVERY HOUSE, INC.
Address: 1914 22ND STREET
City, State Zip: SACRAMENTO, CA 95816-7109
Phone: (916)455-6258
Record ID: 340103AN
Service Type: RES
Resident Capacity: 16
Total Occupancy: 18
Target Population: 1.2 --- MEN ONLY
Expiration Date: 08/31/2016

Program Name: GATEWAY HOUSE
Legal Name: SACRAMENTO RECOVERY HOUSE, INC.
Address: 4049 MILLER WAY
City, State Zip: SACRAMENTO, CA 95817-1332
Phone: (916)451-9312 Fax: (916)451-8014
Record ID: 340103BN
Service Type: RES
Resident Capacity: 16
Total Occupancy: 18
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 05/31/2016
Program Name: PACIFIC HARBOR TREATMENT
Legal Name: PACIFIC HARBOR TREATMENT, INC.
Address: 3485 BERETANIA WAY
City, State Zip: SACRAMENTO, CA 95834-2548
Phone: (916)285-0885
Record ID: 340104AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 9
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2015

Program Name: VERITAS COUNSELING CDIOP
Legal Name: VERITAS COUNSELING CDIOP
Address: 3137 DWIGHT ROAD, SUITE 600
City, State Zip: ELK GROVE, CA 95758-6472
Phone: (916)422-1319 Fax: (916)422-1321
Record ID: 340105AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2015

Program Name: SUMMIT BHC SACRAMENTO, LLC
Legal Name: SUMMIT BHC SACRAMENTO, LLC
Address: 2221 FAIR OAKS BOULEVARD
City, State Zip: SACRAMENTO, CA 95825-5501
Phone: (916)514-8500
Record ID: 340106AP
Service Type: RES-DETOX
Resident Capacity: 48
Total Occupancy: 48
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2016
Program Name: American Health Services, LLC; DBA: Terra Loma Residential Detox
Legal Name: American Health Services LLC
Address: 10087 Terra Loma Drive
City, State Zip: Rancho Cordova, CA 95670
Phone:
Record ID: 340107AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy:
Target Population: 1.2 --- MEN ONLY
PENDING
Program Name: SAN BENITO COUNTY SUBSTANCE ABUSE PROGRAM
Legal Name: SAN BENITO COUNTY BEHAVIORAL HEALTH DEPARTMENT
Address: 1131 SAN FELIPE ROAD
City, State Zip: HOLLISTER, CA 95023
Phone: (831)636-4020
Fax: (831)636-4015
Record ID: 350001AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2015
Program Name: RECOVERY CENTER  
Legal Name: INLAND VALLEY DRUG AND ALCOHOL RECOVERY SERVICES  
Address: 916/SUITE A AND 934/SUITES A&B NORTH MOUNTAIN AVENUE  
City, State Zip: UPLAND, CA 91786  
Phone: (909)949-4667  
Record ID: 360001AAN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2015

Program Name: INLAND VALLEY RECOVERY SERVICES - SAN BERNARDINO RECOVERY CENTER  
Legal Name: INLAND VALLEY DRUG AND ALCOHOL RECOVERY SERVICES  
Address: 939 N. D STREET, BUILDINGS A & B AND 955 N. D STREET  
City, State Zip: SAN BERNARDINO, CA 92410  
Phone: (909)889-6519  
Fax: (909)889-6560  
Record ID: 360001ABN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2016

Program Name: WOMEN'S AND MEN'S RESIDENTIAL SERVICES  
Legal Name: INLAND VALLEY DRUG AND ALCOHOL RECOVERY SERVICES  
Address: 1260 ARROW HIGHWAY, BUILDING C  
City, State Zip: UPLAND, CA 91786  
Phone: (909)932-1069  
Fax: (909)932-1087  
Record ID: 360001ZN  
Service Type: RES-DETOX  
Resident Capacity: 65  
Total Occupancy: 75  
Target Population: 1.4 --- WOMEN/CHILDREN  
Expiration Date: 02/29/2016
Program Name: CEDAR HOUSE LIFE CHANGE CENTER
Legal Name: SOCIAL SCIENCE SERVICES, INC.
Address: 18612 SANTA ANA AVENUE
City, State Zip: BLOOMINGTON, CA 92316
Phone: (909)421-7120
Record ID: 360002CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2016

Program Name: CEDAR HOUSE LIFE CHANGE CENTER
Legal Name: SOCIAL SCIENCE SERVICES, INC.
Address: 18612 SANTA ANA AVENUE
City, State Zip: BLOOMINGTON, CA 92316
Phone: (909)421-7120
Record ID: 360002DN
Service Type: RES-DETOX
Resident Capacity: 125
Total Occupancy: 125
Target Population: 1.1 --- CO-ED
Expiration Date: 01/31/2016

Program Name: CEDAR HOUSE LIFE CHANGE CENTER
Legal Name: SOCIAL SCIENCE SERVICES, INC.
Address: 10888 MAPLE AVENUE
City, State Zip: BLOOMINGTON, CA 92316
Phone: (909)873-0478 Fax: (909)421-7128
Record ID: 360002FN
Service Type: RES
Resident Capacity: 11
Total Occupancy: 26
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 10/31/2015
Program Name: ST. JOHN OF GOD HEALTH CARE SERVICES
Legal Name: ST. JOHN OF GOD HEALTH CARE SERVICES
Address: 13333 PALMDALE ROAD
City, State Zip: VICTORVILLE, CA 92392
Phone: (760)241-4917
Record ID: 360003HN
Service Type: RES-DETOX
Resident Capacity: 66
Total Occupancy: 82
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2016

Program Name: ST. JOHN OF GOD HEALTH CARE SERVICES
Legal Name: ST. JOHN OF GOD HEALTH CARE SERVICES
Address: 15534 6TH STREET
City, State Zip: VICTORVILLE, CA 92392
Phone: (760)241-4917
Fax: (760)241-8911
Record ID: 360003IN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2015

Program Name: HARRIS HOUSE
Legal Name: VARP, INC.
Address: 907 WEST RIALTO AVENUE
City, State Zip: SAN BERNARDINO, CA 92410
Phone: (909)381-4053
Record ID: 360004AN
Service Type: RES
Resident Capacity: 20
Total Occupancy: 22
Target Population: 1.2 --- MEN ONLY
Expiration Date: 08/31/2016
Program Name: GIBSON HOUSE FOR MEN
Legal Name: VARP, INC.
Address: 1100 NORTH D STREET
City, State Zip: SAN BERNARDINO, CA 92410
Phone: (909)381-3774
Record ID: 360004BN
Service Type: RES
Resident Capacity: 58
Total Occupancy: 61
Target Population: 1.2 --- MEN ONLY
Expiration Date: 08/31/2016

Program Name: GIBSON HOUSE RECOVERY CENTER FOR WOMEN
Legal Name: VARP, INC.
Address: 1135 NORTH D STREET
City, State Zip: SAN BERNARDINO, CA 92410
Phone: (909)888-6956
Record ID: 360004FN
Service Type: RES
Resident Capacity: 58
Total Occupancy: 67
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 08/31/2016

Program Name: PINE RIDGE TREATMENT CENTER
Legal Name: PINE RIDGE TREATMENT CENTER, INCORPORATED
Address: 2727 HIGHLAND DRIVE
City, State Zip: RUNNING SPRINGS, CA 92382
Phone: (909)867-7028
Record ID: 360007AP
Service Type: RES
Resident Capacity: 24
Total Occupancy: 24
Target Population: 1.2 --- MEN ONLY
Expiration Date: 09/30/2015
Program Name: PINE RIDGE TREATMENT CENTERS, INC. - VICTORVILLE
Legal Name: PINE RIDGE TREATMENT CENTER, INCORPORATED
Address: 15367 BONANZA ROAD, #A
City, State Zip: VICTORVILLE, CA 92392
Phone: (760)955-1012 Fax: (760)955-4811
Record ID: 360007BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2015

Program Name: PINE RIDGE TREATMENT CENTERS, INC. - SAN BERNARDINO
Legal Name: PINE RIDGE TREATMENT CENTER, INCORPORATED
Address: 1881 COMMERCENTER EAST, SUITE 220
City, State Zip: SAN BERNARDINO, CA 92408
Phone: (909)890-0294
Record ID: 360007CP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2015

Program Name: PINE RIDGE TREATMENT CENTER - LUCERNE VALLEY
Legal Name: PINE RIDGE TREATMENT CENTERS, INCORPORATED
Address: 9401 CRYSTAL CREEK ROAD
City, State Zip: LUCERNE VALLEY, CA 92356
Phone: (760)248-9199
Record ID: 360007DP
Service Type: RES-DETOX
Resident Capacity: 24
Total Occupancy: 24
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2016
Program Name: INLAND BEHAVIORAL AND HEALTH SERVICES, INC.  
Legal Name: INLAND BEHAVIORAL AND HEALTH SERVICES, INC.  
Address: 1963 NORTH E STREET  
City, State Zip: SAN BERNARDINO, CA 92405  
Phone: (909)881-6146  
Fax: (909)881-0111  
Record ID: 360015AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 11/30/2015

Program Name: MATRIX INSTITUTE ON ADDICTIONS  
Legal Name: MATRIX INSTITUTE ON ADDICTIONS  
Address: 11777 SEBASTIAN WAY, SUITES 102 A & B  
City, State Zip: RANCHO CUCAMONGA, CA 91730  
Phone: (909)989-9724  
Record ID: 360020AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2015

Program Name: DAP RECOVERY HOME  
Legal Name: DRUG ALTERNATIVE PROGRAM  
Address: 11805 AND 11816 ARLISS LANE  
City, State Zip: GRAND TERRACE, CA 92313  
Phone: (909)783-1094  
Record ID: 360021BN  
Service Type: RES  
Resident Capacity: 12  
Total Occupancy: 12  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 08/31/2015
Program Name: HIGH DESERT CHILD ADOLESCENT AND FAMILY SERVICES CENTER
Legal Name: HIGH DESERT CHILD ADOLESCENT AND FAMILY SERVICES CENTER, INCORPORATED
Address: 16248 VICTOR STREET
City, State Zip: VICTORVILLE, CA 92395
Phone: (760)243-7151 Fax: (760)952-1432
Record ID: 360030AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2015

Program Name: HIGH DESERT CHILD ADOLESCENT AND FAMILY SERVICES CENTER, INC.
Legal Name: HIGH DESERT CHILD ADOLESCENT AND FAMILY SERVICES CENTER, INCORPORATED
Address: 225 BARSTOW ROAD
City, State Zip: BARSTOW, CA 92311
Phone: (000)000-0000 Fax: (000)000-0000
Record ID: 360030BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2015

Program Name: PRIDE
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 1874 BUSINESS CENTER DRIVE, SUITE B
City, State Zip: SAN BERNARDINO, CA 92408
Phone: (858)573-2600 Fax: (858)573-5144
Record ID: 360033AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2015

Program Name: VICTOR VALLEY CENTER FOR CHANGE
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 15770 MOJAVE DRIVE, SUITES K & L
City, State Zip: VICTORVILLE, CA 92394
Phone: (858)573-2600 Fax: (858)573-5144
Record ID: 360033BN
Service Type: RES
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2015
Program Name: REDLANDS CENTER FOR CHANGE
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 802 WEST COLTON AVENUE, SUITE C
City, State Zip: REDLANDS, CA 92374
Phone: (858)573-2600 Fax: (909)335-1701
Record ID: 360033DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2015

Program Name: CENTRAL VALLEY REGIONAL RECOVERY CENTER
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 1076 SANTO ANTONIO DRIVE, SUITES B,C & D
City, State Zip: COLTON, CA 92324
Phone: (858)573-2600 Fax: (909)433-9830
Record ID: 360033HN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2015

Program Name: NEEDLES CENTER FOR CHANGE
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 300 H STREET
City, State Zip: NEEDLES, CA 92363
Phone: (858)573-2600 Fax: (858)573-5144
Record ID: 360033IN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2016

Program Name: FONTANA CENTER FOR CHANGE
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 1076 SANTO ANTONIO DRIVE, SUITES B & D, ROOMS 2, 4 & 9
City, State Zip: COLTON, CA 92324
Phone: (858)573-2600 Fax: (858)573-5144
Record ID: 360033JN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2015
Program Name: SAN BERNARDINO CENTER FOR CHANGE
   Legal Name: MENTAL HEALTH SYSTEMS, INC.
   Address: 1874 BUSINESS CENTER DRIVE, SUITE A
   City, State Zip: SAN BERNARDINO, CA 92408
   Phone: (858)573-2600       Fax: (909)386-0529
   Record ID: 360033MN
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 1/31/2015

Program Name: BIG BEAR CENTER FOR CHANGE
   Legal Name: MENTAL HEALTH SYSTEMS, INC.
   Address: 41945 BIG BEAR BOULEVARD, SUITE 208
   City, State Zip: BIG BEAR LAKE, CA 92315
   Phone: (909)872-0223       Fax: (909)872-1686
   Record ID: 360033NN
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 8/31/2015

Program Name: JOSHUA TREE CENTER FOR CHANGE
   Legal Name: MENTAL HEALTH SYSTEMS, INC.
   Address: 61607 29 PALMS HIGHWAY, SUITE C & D
   City, State Zip: JOSHUA TREE, CA 92252
   Phone: (909)872-0223       Fax: (909)872-1686
   Record ID: 360033PN
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 8/31/2015

Program Name: RIM FAMILY SERVICES
   Legal Name: RIM FAMILY SERVICES, INC.
   Address: 28545 HIGHWAY 18
   City, State Zip: SKYFOREST, CA 92385
   Phone: (909)336-1800       Fax: (909)336-0990
   Record ID: 360036AN
   Service Type: NON
   Target Population: 1.7 --- FAMILIES
   Expiration Date: 6/30/2014
Program Name: RIALTO BEHAVIORAL ADDICTION TREATMENT SERVICES  
Legal Name: SAN BERNARDINO COUNTY BEHAVIORAL HEALTH DEPARTMENT  
Address: 850 E. FOOTHILL BOULEVARD, SUITE A, SECTIONS A-F  
City, State Zip: RIALTO, CA 92376  
Phone: (909)421-9465  
Fax: (909)421-9457  
Record ID: 360050AN  
Service Type: NON  
Target Population: 1.4 --- WOMEN/CHILDREN  
Expiration Date: 5/31/2015

Program Name: SAN BERNARDINO COUNTY - BARSTOW ADS  
Legal Name: SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH  
Address: 1841 E. MAIN STREET  
City, State Zip: BARSTOW, CA 92311  
Phone: (760)255-5700  
Fax: (760)256-5092  
Record ID: 360050EN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 9/30/2015

Program Name: ONTARIO COMMUNITY COUNSELING  
Legal Name: SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH  
Address: 1647 EAST HOLT BOULEVARD  
City, State Zip: ONTARIO, CA 91761  
Phone: (909)933-6341  
Fax: (909)933-6355  
Record ID: 360050HN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 3/31/2016

Program Name: SUPERVISED TREATMENT AFTER RELEASE PROGRAM (STAR)  
Legal Name: SAN BERNARDINO COUNTY BEHAVIORAL HEALTH DEPARTMENT  
Address: 1330 EAST COOLEY DRIVE (SEE COMMENTS BELOW)  
City, State Zip: COLTON, CA 92324  
Phone: (909)423-0750  
Fax: (909)423-0760  
Record ID: 360050IN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 11/30/2015
Program Name: RANCHO COMMUNITY RE-ENTRY COUNSELING PROGRAM
Legal Name: COUNTY OF SAN BERNARDINO, DEPARTMENT OF BEHAVIORAL HEALTH
Address: 9478 ETIWANDA AVENUE
City, State Zip: RANCHO CUCAMONGA, CA 91739-9662
Phone: (909)463-7556
Record ID: 360050JN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2015

Program Name: RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC. (SAN MANUEL CLINIC)
Legal Name: RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC.
Address: 2210 EAST HIGHLAND AVENUE, SUITE 107
City, State Zip: SAN BERNARDINO, CA 92404
Phone: (951)864-1097 Fax: (951)849-9633
Record ID: 360058AN
Service Type: NON
Target Population: 1.8 --- DUAL DIAGNOSIS
Expiration Date: 4/30/2015

Program Name: COLTON CLINICAL SERVICES
Legal Name: WCHS, INC.
Address: 2275 EAST COOLEY DRIVE
City, State Zip: COLTON, CA 92324
Phone: (909)370-1777 Fax: (909)370-1776
Record ID: 360066AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2014

Program Name: TIME FOR CHANGE FOUNDATION
Legal Name: TIME FOR CHANGE FOUNDATION
Address: 1255 EAST HIGHLAND AVENUE, SUITE 211
City, State Zip: SAN BERNARDINO, CA 92404
Phone: (909)886-2994 Fax: (909)886-0218
Record ID: 360071AN
Service Type: NON
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 6/30/2015
Program Name: NEW CREATION ADDICTION TREATMENT CENTER  
Legal Name: G AND C SWAN INC.  
Address: 23950 PRADO LANE  
City, State Zip: COLTON, CA 92324  
Phone: (909)981-6121  
Fax: (909)944-0192  
Record ID: 360075AP  
Service Type: RES-DETOX  
Resident Capacity: 10  
Total Occupancy: 10  
Target Population: 1.1 --- CO-ED  
Expiration Date: 04/30/2016

Program Name: HIS HOUSE  
Legal Name: G AND C SWAN INC.  
Address: 239 AND 215 WEST 9TH STREET, #I, J AND K, AND 227 NORTH PALM AVENUE  
City, State Zip: UPLAND, CA 91786  
Phone: (909)981-6121  
Fax: (909)944-0192  
Record ID: 360075BP  
Service Type: RES-DETOX  
Resident Capacity: 30  
Total Occupancy: 31  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 04/30/2016

Program Name: HIS HOUSE  
Legal Name: G AND C SWAN INC.  
Address: 1354 CARLOS PLACE  
City, State Zip: ONTARIO, CA 91764  
Phone: (909)519-0767  
Fax: (909)944-0192  
Record ID: 360075CP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 7  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 12/31/2014
Program Name: NEW CREATION ADDICTION TREATMENT CENTER
Legal Name: G AND C SWAN INC.
Address: 563 N CENTRAL AVENUE
City, State Zip: UPLAND, CA 91786
Phone: (909)241-7219 Fax: (909)985-2316
Record ID: 360075DP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2015

Program Name: HOH RECOVERY SERVICES
Legal Name: HOUSE OF HOPE HOUSE OF FAITH, INC.
Address: 11625 CORNELL STREET
City, State Zip: ADELANTO, CA 92301
Phone: (760)403-3531 Fax: (760)530-0817
Record ID: 360076BN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 02/29/2016

Program Name: MERITO HOUSE RESIDENTIAL TREATMENT FOR MEN
Legal Name: ALAN W. STEELE
Address: 5779 and 5789 Merito Avenue
City, State Zip: SAN BERNARDINO, CA 92404
Phone: (909)810-8840 Fax: (909)886-0148
Record ID: 360079BP
Service Type: RES-DETOX
Resident Capacity: 9
Total Occupancy: 9
Target Population: 1.2 --- MEN ONLY
Expiration Date: 01/31/2016
Program Name: ABOVE IT ALL ALCOHOL AND DRUG TREATMENT CENTER AT LAKE ARROWHEAD
Legal Name: HI-LAND MOUNTAIN HOMES, INC.
Address: 27482 NORTH BAY ROAD
City, State Zip: LAKE ARROWHEAD, CA 92352
Phone: (800)307-8939 Fax: (909)337-0242
Record ID: 360082AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2016

Program Name: ABOVE IT ALL DRUG AND TREATMENT CENTER AT LAKE ARROWHEAD-ALDER
Legal Name: HI-LAND MOUNTAIN HOMES, INC.
Address: 256 ALDER LANE
City, State Zip: CEDAR GLEN, CA 92321
Phone: (909)338-1234
Record ID: 360082BP
Service Type: RES-DETOX
Resident Capacity: 5
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2014

Program Name: ABOVE IT ALL DRUG AND ALCOHOL TREATMENT CENTER AT LAKE ARROWHEAD
Legal Name: HI-LAND MOUNTAIN HOME, INC.
Address: 971 KUFFEL CANYON
City, State Zip: SKY FOREST, CA 92385
Phone: (909)337-3366 Fax: (909)337-0242
Record ID: 360082CP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2015
Program Name: ABOVE IT ALL TREATMENT CENTER
Legal Name: HI-LAND MOUNTAIN HOMES, INC
Address: 23739 LAKE DRIVE
City, State Zip: CRESTILINE, CA 92325
Phone: 
Record ID: 360082DP
Service Type: NON
Target Population: 1.1 --- CO-ED
PENDING

Program Name: MOSLEY COUNSELING CENTER, LLC
Legal Name: MOSLEY COUNSELING CENTER, LLC
Address: 2130 NORTH ARROWHEAD AVENUE, SUITE 103C
City, State Zip: SAN BERNARDINO, CA 92405
Phone: (909)252-3183 Fax: (909)723-8290
Record ID: 360089AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2014

Program Name: SERENITY LODGE
Legal Name: ROCK RIDGE RESOURCES, INC.
Address: 974, 985, 986, 977 AND 995 MEADOWBROOK ROAD
City, State Zip: CREST PARK, CA 92326
Phone: (800)936-3143 Fax: (951)744-8632
Record ID: 360091AP
Service Type: RES
Resident Capacity: 30
Total Occupancy: 30
Target Population: 1.2 --- MEN ONLY
Expiration Date: 03/31/2015
Program Name: REFUGE TREATMENT CENTER  
Legal Name: REFUGE TREATMENT CENTER, INC.  
Address: 1366 YELLOWSTONE DRIVE  
City, State Zip: LAKE ARROWHEAD, CA 92352  
Phone: (909)435-9021  
Record ID: 360094AP  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 03/31/2016

Program Name: MOUNTAIN VILLAGE TREATMENT CENTER  
Legal Name: MOUNTAIN VILLAGE TREATMENT CENTER, LLC  
Address: 26163 CIRCLE DRIVE  
City, State Zip: TWIN PEAKS, CA 92391  
Phone: (202)294-1554  
Fax: (909)337-0242  
Record ID: 360095AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 04/30/2016

Program Name: NEW CREATION  
Legal Name: NEW CREATION BEHAVIORAL HEALTHCARE FOUNDATION  
Address: 2511 S MCCARTY DRIVE  
City, State Zip: COLTON, CA 92324  
Phone: (909)519-0767  
Fax: (909)985-2316  
Record ID: 360096AN  
Service Type: RES  
Resident Capacity: 10  
Total Occupancy: 10  
Target Population: 1.1 --- CO-ED  
Expiration Date: 06/30/2016
Program Name: MERITO HOUSE
Legal Name: MERITO HOUSE, LLC
Address: 911 CHURCH STREET
City, State Zip: REDLANDS, CA 92372
Phone: (909)981-6121   Fax: (909)985-2316
Record ID: 360098AP
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.2 --- MEN ONLY
Expiration Date: 11/30/2016

Program Name: BENCHMARK TRANSITIONS
Legal Name: BENCHMARK YOUNG ADULT SCHOOL, INC.
Address: 1400 BARTON ROAD, UNITS 201, 307, 502, 508, 612, 1913, 2016, 2207, 2208, 2608, 2610, 2801, 2907 and 2909
City, State Zip: REDLANDS, CA 92373
Phone: (800)474-4848   Fax: (909)748-6424
Record ID: 360099AP
Service Type: RES-DETOX
Resident Capacity: 48
Total Occupancy: 48
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016

Program Name: BENCHMARK TRANSITIONS
Legal Name: BENCHMARK YOUNG ADULT SCHOOL, INC.
Address: 1971 ESSEX COURT
City, State Zip: REDLANDS, CA 92373
Phone: (800)474-4848
Record ID: 360099BP
Service Type: NON-DETOX
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016
Program Name: HIDDEN HOPE RESIDENTIAL TREATMENT
Legal Name: LDR ENTERPRISE
Address: 12640 14TH STREET
City, State Zip: YUCAIPA, CA 92399
Phone: (909)277-5045 Fax: (909)795-4472
Record ID: 360100AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 09/30/2016

Program Name: Hope Springs California
Legal Name: Hope Springs California LLC
Address: 31851 Mistletoe Drive
City, State Zip: Running Springs, CA 92882
Phone: (909)991-8257
Record ID: 360102AP
Service Type: RES-DETOX
Resident Capacity:
Total Occupancy:
Target Population: 1.2 --- MEN ONLY
PENDING

Program Name: Hope Springs California
Legal Name: Hope Springs California LLC
Address: 31220 Hilltop Drive
City, State Zip: Running Springs, CA 92382
Phone: (909)499-4766 Fax: (909)337-5353
Record ID: 360102BP
Service Type: NON
Target Population: 1.2 --- MEN ONLY
PENDING
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Legal Name</th>
<th>Address</th>
<th>City, State Zip</th>
<th>Phone</th>
<th>Record ID</th>
<th>Service Type</th>
<th>Resident Capacity</th>
<th>Total Occupancy</th>
<th>Target Population</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>CROSSROADS FOUNDATION</td>
<td>THE CROSSROADS FOUNDATION</td>
<td>3594 FOURTH AVENUE</td>
<td>SAN DIEGO, CA 92103</td>
<td>(619)296-1151</td>
<td>370002AN</td>
<td>RES</td>
<td>20</td>
<td>22</td>
<td>1.3 --- WOMEN ONLY</td>
<td>06/30/2015</td>
</tr>
<tr>
<td>HEARTLAND HOUSE</td>
<td>THE TWELFTH STEP HOUSE OF SAN DIEGO</td>
<td>5855 AND 5860 STREAMVIEW DRIVE</td>
<td>SAN DIEGO, CA 92105</td>
<td>(619)287-5460</td>
<td>370003AN</td>
<td>RES</td>
<td>28</td>
<td>28</td>
<td>1.2 --- MEN ONLY</td>
<td>09/30/2015</td>
</tr>
<tr>
<td>SAN DIEGO FREEDOM RANCH</td>
<td>SAN DIEGO FREEDOM RANCH, INC.</td>
<td>1777 BUCKMAN SPRINGS ROAD</td>
<td>CAMPO, CA 91906</td>
<td>(619)478-5696</td>
<td>370004AN</td>
<td>RES</td>
<td>50</td>
<td>60</td>
<td>1.2 --- MEN ONLY</td>
<td>10/31/2015</td>
</tr>
</tbody>
</table>
Program Name: JR RANCH  
Legal Name: SAN DIEGO FREEDOM RANCH, INC.  
Address: 1765 BUCKMAN SPRINGS ROAD  
City, State Zip: CAMPO, CA 91906  
Phone: (619)478-5696 Fax: (619)479-2404  
Record ID: 370004BN  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 08/31/2015

Program Name: SERENITY TOO  
Legal Name: NORTH COUNTY SERENITY HOUSE, INC.  
Address: 130 SOUTH FIG STREET  
City, State Zip: ESCONDIDO, CA 92025  
Phone: (760)747-1015  
Record ID: 370005EN  
Service Type: NON  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 3/31/2015

Program Name: SERENITY CENTER  
Legal Name: NORTH COUNTY SERENITY HOUSE, INC.  
Address: 1341 NORTH ESCONDIDO BOULEVARD  
City, State Zip: ESCONDIDO, CA 92026  
Phone: (760)747-1015  
Record ID: 370005GN  
Service Type: RES  
Resident Capacity: 120  
Total Occupancy: 140  
Target Population: 1.4 --- WOMEN/CHILDREN  
Expiration Date: 05/31/2016
Program Name: PATHFINDERS
Legal Name: PATHFINDERS OF SAN DIEGO
Address: 2952 AND 2980 CEDAR STREET, AND 1530 DALE STREET
City, State Zip: SAN DIEGO, CA 92102
Phone: (619)239-7370
Record ID: 370006AN
Service Type: RES
Resident Capacity: 42
Total Occupancy: 44
Target Population: 1.2 --- MEN ONLY
Expiration Date: 07/31/2016

Program Name: AMIGOS SOBRIOS
Legal Name: VOLUNTEERS OF AMERICA, SOUTHWEST CALIFORNIA, INCORPORATION
Address: 741 ELEVENTH AVENUE
City, State Zip: SAN DIEGO, CA 92101
Phone: (619)791-2730 Fax: (619)232-0968
Record ID: 370007BN
Service Type: RES
Resident Capacity: 18
Total Occupancy: 18
Target Population: 1.2 --- MEN ONLY
Expiration Date: 10/31/2015

Program Name: RENAISSANCE TREATMENT CENTER
Legal Name: VOLUNTEERS OF AMERICA, SOUTHWEST CALIFORNIA, INCORPORATION
Address: 2300 EAST 7TH STREET
City, State Zip: NATIONAL CITY, CA 91950
Phone: (619)791-2730
Record ID: 370007CN
Service Type: RES-DETOX
Resident Capacity: 120
Total Occupancy: 120
Target Population: 1.8 --- DUAL DIAGNOSIS
Expiration Date: 04/30/2016
Program Name: STEPPING STONE OF SAN DIEGO  
Legal Name: THE STEPPING STONE OF SAN DIEGO  
Address: 3767 CENTRAL AVENUE  
City, State Zip: SAN DIEGO, CA 92105  
Phone: (619)584-4010  
Record ID: 370008DN  
Service Type: RES  
Resident Capacity: 31  
Total Occupancy: 31  
Target Population: 1.8 --- DUAL DIAGNOSIS  
Expiration Date: 05/31/2016

Program Name: THE FELLOWSHIP CENTER  
Legal Name: THE FELLOWSHIP CENTER, INC.  
Address: SEE COMMENT SECTION BELOW  
City, State Zip: ESCONDIDO, CA 92025  
Phone: (760)745-8478  
Record ID: 370009AN  
Service Type: RES-DETOX  
Resident Capacity: 113  
Total Occupancy: 113  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 07/31/2016

Program Name: VETERANS VILLAGE OF SAN DIEGO REHABILITATION CENTER  
Legal Name: VIETNAM VETERANS OF SAN DIEGO  
Address: 4115, 4125, 4137, AND 4141 PACIFIC HIGHWAY  
City, State Zip: SAN DIEGO, CA 92110  
Phone: (619)497-0142  
Record ID: 370010BN  
Service Type: RES  
Resident Capacity: 185  
Total Occupancy: 185  
Target Population: 1.1 --- CO-ED  
Expiration Date: 06/30/2016
Program Name: VETERANS VILLAGE OF SAN DIEGO NEW RESOLVE PROGRAM
Legal Name: VIETNAM VETERANS OF SAN DIEGO
Address: 1207 SOUTH ESCONDIDO BOULEVARD
City, State Zip: ESCONDIDO, CA 92025
Phone: (760)745-7829  Fax: (760)740-2090
Record ID: 370010CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2015

Program Name: THE WAY BACK
Legal Name: THE WAY BACK
Address: 2516 A STREET
City, State Zip: SAN DIEGO, CA 92102-2199
Phone: (619)235-0592  Fax: (619)235-0593
Record ID: 370011AN
Service Type: RES
Resident Capacity: 27
Total Occupancy: 29
Target Population: 1.2 --- MEN ONLY
Expiration Date: 02/29/2016

Program Name: TRADITION ONE MEN'S FACILITY
Legal Name: TRADITION ONE
Address: 4104, 4114 AND 4124 DELTA STREET
City, State Zip: SAN DIEGO, CA 92113
Phone: (619)264-0141
Record ID: 370012AN
Service Type: RES
Resident Capacity: 46
Total Occupancy: 49
Target Population: 1.2 --- MEN ONLY
Expiration Date: 02/29/2016
Program Name: TURNING POINT
   Legal Name: THE TURNING POINT HOME OF SAN DIEGO
       Address: 1315 25TH STREET
   City, State Zip: SAN DIEGO, CA 92102
       Phone: (619)233-0067
       Record ID: 370013AN
   Service Type: RES
Resident Capacity: 20
Total Occupancy: 21
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 07/31/2015

Program Name: CASA DE MILAGROS
   Legal Name: METROPOLITAN AREA ADVISORY COMMITTEE ON ANTI-POVERTY OF SAN DIEGO COUNTY, INC.
       Address: 1127 SOUTH 38TH STREET
   City, State Zip: SAN DIEGO, CA 92113
       Phone: (619)262-4002
       Record ID: 370014AN
   Service Type: RES
Resident Capacity: 18
Total Occupancy: 18
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 09/30/2015

Program Name: NOSOTROS
   Legal Name: METROPOLITAN AREA ADVISORY COMMITTEE ON ANTI-POVERTY OF SAN DIEGO COUNTY, INC.
       Address: 73 NORTH 2ND AVENUE
   City, State Zip: CHULA VISTA, CA 91910
       Phone: (619)426-4801        Fax: (619)426-0034
       Record ID: 370014BN
   Service Type: RES
Resident Capacity: 17
Total Occupancy: 17
Target Population: 1.2 --- MEN ONLY
Expiration Date: 09/30/2015
Program Name: HOUSE OF METAMORPHOSIS
Legal Name: HOUSE OF METAMORPHOSIS, INC.
Address: 2970 MARKET STREET
City, State Zip: SAN DIEGO, CA 92102
Phone: (619)236-9492 Fax: (619)236-9127
Record ID: 370021AN
Service Type: RES
Resident Capacity: 64
Total Occupancy: 64
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2015

Program Name: HOUSE OF METAMORPHOSIS TRANSITIONAL LIVING FACILITY
Legal Name: HOUSE OF METAMORPHOSIS, INC.
Address: 2865 C STREET
City, State Zip: SAN DIEGO, CA 92102
Phone: (619)236-9217 Fax: (619)232-0855
Record ID: 370021JN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 02/28/2015

Program Name: HOUSE OF METAMORPHOSIS TRANSITIONAL LIVING FACILITY
Legal Name: HOUSE OF METAMORPHOSIS, INC.
Address: 2867 C STREET
City, State Zip: SAN DIEGO, CA 92102
Phone: (619)236-9217 Fax: (619)232-0855
Record ID: 370021KN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 03/31/2015
Program Name: HOUSE OF METAMORPHOSIS TRANSITIONAL LIVING FACILITY
   Legal Name: HOUSE OF METAMORPHOSIS, INC.
   Address: 2869 C STREET
   City, State Zip: SAN DIEGO, CA 92102
   Phone: (619)236-9217   Fax: (619)232-0855
   Record ID: 370021LN
   Service Type: RES
   Resident Capacity: 6
   Total Occupancy: 6
   Target Population: 1.1 --- CO-ED
   Expiration Date: 03/31/2015

Program Name: HOUSE OF METAMORPHOSIS TRANSITIONAL LIVING FACILITY
   Legal Name: HOUSE OF METAMORPHOSIS, INC.
   Address: 2871 C STREET
   City, State Zip: SAN DIEGO, CA 92102
   Phone: (619)236-9217   Fax: (619)232-0855
   Record ID: 370021MN
   Service Type: RES
   Resident Capacity: 6
   Total Occupancy: 6
   Target Population: 1.1 --- CO-ED
   Expiration Date: 02/28/2015

Program Name: SHORT TERM I--MARLBOROUGH
   Legal Name: CRASH, INC.
   Address: 4161 MARLBOROUGH AVENUE
   City, State Zip: SAN DIEGO, CA 92105
   Phone: (619)282-7274
   Record ID: 370024IN
   Service Type: RES
   Resident Capacity: 50
   Total Occupancy: 50
   Target Population: 1.2 --- MEN ONLY
   Expiration Date: 03/31/2015
Program Name: GOLDEN HILL HOUSE II
Legal Name: CRASH, INC.
Address: 726 F STREET
City, State Zip: SAN DIEGO, CA 92101
Phone: (619)239-9691 Fax: (619)239-0909
Record ID: 370024KN
Service Type: RES
Resident Capacity: 63
Total Occupancy: 63
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2016

Program Name: GOLDEN HILL HOUSE
Legal Name: CRASH, INC.
Address: 2410 E STREET
City, State Zip: SAN DIEGO, CA 92102
Phone: (619)234-3346 Fax: (619)234-3357
Record ID: 370024LN
Service Type: RES
Resident Capacity: 43
Total Occupancy: 43
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 04/30/2015

Program Name: PEMARRO
Legal Name: GROUP CONSCIENCE
Address: 1482 KINGS VILLA ROAD
City, State Zip: RAMONA, CA 92065
Phone: (760)789-8070 Fax: (760)789-8078
Record ID: 370025AN
Service Type: RES-DETOX
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2016
Program Name: PHOENIX HOUSE SAN DIEGO  
Legal Name: PHOENIX HOUSE SAN DIEGO, INC.  
Address: 23981 SHERILTON VALLEY ROAD  
City, State Zip: DESCANSO, CA 91916  
Phone: Fax: (619)445-9028  
Record ID: 370030BN  
Service Type: RES  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 2/28/2015

Program Name: PHOENIX HOUSE CARLSBAD TEEN RECOVERY CENTER  
Legal Name: PHOENIX HOUSE SAN DIEGO, INC.  
Address: 785 GRAND AVENUE, SUITE 212 & 220  
City, State Zip: CARLSBAD, CA 92008  
Phone: (760)729-2830 Fax: (760)729-2798  
Record ID: 370030CN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2015

Program Name: CHOICES IN RECOVERY/FOUNDATION HOUSE  
Legal Name: THE BETHESDA RECOVERY CENTER  
Address: 619 CIVIC CENTER DRIVE  
City, State Zip: VISTA, CA 92083  
Phone: (760)945-5290  
Record ID: 370039IN  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 8  
Target Population: 1.1 --- CO-ED  
Expiration Date: 09/30/2016
Program Name: CHOICES IN RECOVERY - ALCOHOL AND DRUG ABUSE OUTPATIENT TREATMENT PROGRAM
Legal Name: THE BETHESDA RECOVERY CENTER
Address: 733 SOUTH SANTA FE AVENUE
City, State Zip: VISTA, CA 92083
Phone: (760)945-5290
Record ID: 370039JN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2015

Program Name: CHOICES IN RECOVERY/NEW HOUSE
Legal Name: THE BETHESDA RECOVERY CENTER
Address: 747 MELROSE PLACE
City, State Zip: VISTA, CA 92084
Phone: (760)945-5290
Record ID: 370039KN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2015

Program Name: CHOICES IN RECOVERY/HILL HOUSE
Legal Name: THE BETHESDA RECOVERY CENTER
Address: 1135 NORTH DRIVE
City, State Zip: VISTA, CA 92083
Phone: (760)945-5290
Record ID: 370039LN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2015
Program Name: CHOICES IN RECOVERY/HUMBLE HOUSE  
Legal Name: THE BETHESDA RECOVERY CENTER  
Address: 248 HILL DRIVE  
City, State Zip: VISTA, CA 92083  
Phone: (760)945-5290 Fax: (760)945-7765  
Record ID: 370039MN  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 8  
Target Population: 1.1 --- CO-ED  
Expiration Date: 04/30/2015

Program Name: MCALISTER INSTITUTE SOUTH BAY REGIONAL RECOVERY CENTER  
Legal Name: MCALISTER INSTITUTE FOR TREATMENT AND EDUCATION, INC.  
Address: 1180 3RD AVENUE, SUITES C-3, C-4 AND C-5  
City, State Zip: CHULA VISTA, CA 91911  
Phone: (619)691-8164  
Record ID: 370045ABN  
Service Type: NON  
Target Population: 1.8 --- DUAL DIAGNOSIS  
Expiration Date: 2/28/2015

Program Name: MCALISTER INSTITUTE SOUTH BAY EAST TEEN RECOVERY CENTER  
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.  
Address: 2429 FENTON ROAD, BUILDING #5  
City, State Zip: CHULA VISTA, CA 91914  
Phone: (619)482-9300 Fax: (619)482-9333  
Record ID: 370045ADN  
Service Type: NON  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 11/30/2015
Program Name: NORTH CENTRAL TEEN RECOVERY CENTER
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.
Address: 7867 CONVOY COURT, BUILDING #5, SUITE 302
City, State Zip: SAN DIEGO, CA 92117
Phone: (858)277-4633 Fax: (858)277-4933
Record ID: 370045AEN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 8/31/2015

Program Name: MCALISTER INSTITUTE NORTH RURAL TEEN RECOVERY CENTER
Legal Name: MCALISTER INSTITUTE FOR TREATMENT AND EDUCATION, INC.
Address: 323 HUNTER STREET
City, State Zip: RAMONA, CA 92065
Phone: (760)788-6520
Record ID: 370045AHN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 6/30/2015

Program Name: MCALISTER INSTITUTE NORTH RURAL TEEN RECOVERY CENTER - MONTECITO SCHOOL SITE
Legal Name: MCALISTER INSTITUTE FOR TREATMENT AND EDUCATION, INC.
Address: 720 NINTH STREET, ROOMS 3 AND 10
City, State Zip: RAMONA, CA 92065
Phone: (760)787-4300
Record ID: 370045AIN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 6/30/2015

Program Name: MCALISTER INSTITUTE EAST REGION SOUTH TEEN RECOVERY CENTER
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.
Address: 7800 UNIVERSITY AVENUE, SUITE A-1
City, State Zip: LA MESA, CA 91941
Phone: (619)465-4349 Fax: (619)465-4739
Record ID: 370045ALN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2017
Program Name: MCALISTER INSTITUTE EAST REGION NORTH TEEN RECOVERY CENTER
Legal Name: MCALISTER INSTITUTE FOR TREATMENT AND EDUCATION, INC.
Address: 550 FESLER STREET, SUITE G-3
City, State Zip: EL CAJON, CA 92020
Phone: (619)588-5361 Fax: (619)588-5421
Record ID: 370045AMN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 4/30/2015

Program Name: NORTH COASTAL REGIONAL RECOVERY CENTER
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.
Address: 2821 OCEANSIDE BOULEVARD
City, State Zip: OCEANSIDE, CA 92054
Phone: (760)721-2781
Record ID: 370045AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2016

Program Name: Central North Teen Recovery Center
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.
Address: 4001 El Cajon Boulevard
#206, 207
City, State Zip: San Diego, CA 92105
Phone: (619)280-2300
Record ID: 370045ANN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 12/31/2016
Program Name: Central South East Teen Recovery Center
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.
Address: 1212 South 43rd Street
Suites # C, D, E
City, State Zip: San Diego, CA 92113
Phone: (619)263-7768
Record ID: 370045AON
Service Type: NON-DETOX
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 12/31/2016

Program Name: MCALISTER INSTITUTE SOUTH BAY WOMENS RECOVERY CENTER
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.
Address: 2414 HOOVER AVENUE, SUITES A.B.C
City, State Zip: NATIONAL CITY, CA 91950
Phone: (619)336-1226
Record ID: 370045BN
Service Type: NON
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 4/30/2016

Program Name: EAST COUNTY REGIONAL RECOVERY CENTER
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.
Address: 1365 NORTH JOHNSON AVENUE, SUITES 111 AND 113
City, State Zip: EL CAJON, CA 92020
Phone: (619)440-4801
Record ID: 370045DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2016
Program Name: MCALISTER INSTITUTE - LEMON GROVE FACILITY
   Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.
   Address: 2049 SKYLINE DRIVE
   City, State Zip: LEMON GROVE, CA 91945
   Phone: (619)465-7303
   Record ID: 370045FN
   Service Type: RES-DETOX
 Resident Capacity: 140
 Total Occupancy: 180
 Target Population: 1.9 --- CO-ED/CHILDREN
 Expiration Date: 04/30/2016

Program Name: MCALISTER INSTITUTE GROUP HOME-EAST
   Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.
   Address: 2219 ODESSA COURT
   City, State Zip: LEMON GROVE, CA 91945
   Phone: (619)498-0827
   Record ID: 370045MN
   Service Type: DSS
 Target Population: 1.5 --- YOUTH/ADOLESCENT
 Expiration Date: 11/30/2014

Program Name: MCALISTER INSTITUTE GROUP HOME NORTH
   Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.
   Address: 3744 SANTA YNEZ
   City, State Zip: OCEANSIDE, CA 92056
   Phone: (760)806-1495   Fax: (619)442-1101
   Record ID: 370045QN
   Service Type: DSS
 Target Population: 1.5 --- YOUTH/ADOLESCENT
 Expiration Date: 4/30/2015
Program Name: EAST COUNTY REGIONAL RECOVERY CENTER  
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.  
Address: 1385 NORTH JOHNSON AVENUE, SUITES 102/103  
City, State Zip: EL CAJON, CA 92020  
Phone: (619)441-2493  
Record ID: 370045TN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 2/28/2015

Program Name: MCALISTER INSTITUTE GROUP HOME - SOUTH  
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.  
Address: 2315 BAR BIT ROAD  
City, State Zip: SPRING VALLEY, CA 91978  
Phone: (619)337-3830  
Fax: (619)442-1101  
Record ID: 370045VN  
Service Type: DSS  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 5/31/2016

Program Name: SCRIPPS DRUG AND ALCOHOL TREATMENT PROGRAM  
Legal Name: SCRIPPS HEALTH  
Address: 9898 GENESEE AVENUE, 2ND AND 3RD FLOOR ONLY  
City, State Zip: LA JOLLA, CA 92037  
Phone: (858)626-4374  
Record ID: 370057AN  
Service Type: RES  
Resident Capacity: 50  
Total Occupancy: 50  
Target Population: 1.1 --- CO-ED  
Expiration Date: 07/31/2014
Program Name: SCRIPPS DRUG AND ALCOHOL TREATMENT PROGRAM
Legal Name: SCRIPPS HEALTH
Address: 9609 WAPLES STREET
City, State Zip: SAN DIEGO, CA 92121
Phone: (858)626-4300
Record ID: 370057CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2016

Program Name: AMITY FOUNDATION OF CALIFORNIA
Legal Name: EPIDAURUS
Address: 2260 WATSON WAY
City, State Zip: VISTA, CA 92083
Phone: (760)599-1892 Fax: (760)599-1884
Record ID: 370059AN
Service Type: RES
Resident Capacity: 60
Total Occupancy: 68
Target Population: 1.2 --- MEN ONLY
Expiration Date: 12/31/2016

Program Name: NATIONAL CROSSROADS/PROJECT S.T.A.R.
Legal Name: NATIONAL CROSSROADS PROGRAMS, INC.
Address: 4991 IMPERIAL AVENUE
City, State Zip: SAN DIEGO, CA 92113
Phone: (619)262-0868
Record ID: 370061AP
Service Type: RES
Resident Capacity: 3
Total Occupancy: 16
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 01/31/2015
Program Name: REBUILD
Legal Name: REBUILD
Address: 2103 EL CAMINO REAL, SUITE 205
City, State Zip: OCEANSIDE, CA 92054
Phone: (760)721-6241
Record ID: 370068AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2016

Program Name: EAST COUNTY CENTER FOR CHANGE
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 545 NORTH MAGNOLIA AVENUE
City, State Zip: EL CAJON, CA 92020-3608
Phone: (619)588-1989 Fax: (619)579-0947
Record ID: 370069BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2015

Program Name: NORTH COUNTY CENTER FOR CHANGE
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 504 WEST VISTA WAY
City, State Zip: VISTA, CA 92083
Phone: (760)940-1836 Fax: (760)940-1274
Record ID: 370069CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2015

Program Name: NORTH INLAND REGIONAL RECOVERY CENTER
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 200 EAST WASHINGTON AVE., SUITE 100
City, State Zip: ESCONDIDO, CA 92025-1806
Phone: (760)741-7708 Fax: (760)741-5421
Record ID: 370069DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2015
Program Name: TEEN RECOVERY PROGRAM - NORTH INLAND
   Legal Name: MENTAL HEALTH SYSTEMS, INC.
   Address: 340 RANCHEROS DRIVE, SUITE 166
   City, State Zip: SAN MARCOS, CA 92069
   Phone: (760)744-3672 Fax: (760)744-6182
   Record ID: 370069FN
   Service Type: NON
   Target Population: 1.5 --- YOUTH/ADOLESCENT
   Expiration Date: 2/28/2015

Program Name: MID-COAST REGIONAL RECOVERY CENTER
   Legal Name: MENTAL HEALTH SYSTEMS, INC.
   Address: 3340 KEMPER STREET, SUITES 105 AND 207
   City, State Zip: SAN DIEGO, CA 92110
   Phone: (619)276-1207 Fax: (619)276-1207
   Record ID: 370069IN
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 1/31/2015

Program Name: HARMONY WEST WOMEN'S RECOVERY CENTER
   Legal Name: MENTAL HEALTH SYSTEMS, INC.
   Address: 6154 MISSION GORGE ROAD, SUITES 115 AND 120
   City, State Zip: SAN DIEGO, CA 92120
   Phone: (619)285-1718 Fax: (619)461-3920
   Record ID: 370069MN
   Service Type: NON
   Target Population: 1.3 --- WOMEN ONLY
   Expiration Date: 1/31/2017

Program Name: SOUTH COUNTY CENTER FOR CHANGE
   Legal Name: MENTAL HEALTH SYSTEMS, INC.
   Address: 1172 3rd Avenue, Suite D1
   City, State Zip: SAN DIEGO, CA 91911
   Phone: (858)573-2600 Fax: (858)573-5144
   Record ID: 370069QN
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 3/31/2015
Program Name: FAMILY RECOVERY CENTER  
    Legal Name: MENTAL HEALTH SYSTEMS, INC.  
    Address: 1100 SPORTFISHER DRIVE  
    City, State Zip: OCEANSIDE, CA 92054  
    Phone: (858)573-2600  
    Fax: (760)439-4779  
    Record ID: 370069TN  
    Service Type: RES  
    Resident Capacity: 55  
    Total Occupancy: 90  
    Target Population: 1.4 --- WOMEN/CHILDREN  
    Expiration Date: 05/31/2014

Program Name: CENTRAL EAST REGIONAL RECOVERY CENTER  
    Legal Name: MENTAL HEALTH SYSTEMS, INC.  
    Address: 6244 EL CAJON BOULEVARD, SUITES 15, 16, 17, 18 & 21  
    City, State Zip: SAN DIEGO, CA 92115  
    Phone: (619)287-8225  
    Fax: (858)573-2600  
    Record ID: 370069XN  
    Service Type: NON  
    Target Population: 1.1 --- CO-ED  
    Expiration Date: 6/30/2015

Program Name: SAN DIEGO CENTER FOR CHANGE  
    Legal Name: MENTAL HEALTH SYSTEMS, INC.  
    Address: 3340 KEMPER STREET, SUITE 101, 103, 104, & 205  
    City, State Zip: SAN DIEGO, CA 92110  
    Phone: (619)758-1433  
    Fax: (619)758-9823  
    Record ID: 370069YN  
    Service Type: NON  
    Target Population: 1.1 --- CO-ED  
    Expiration Date: 1/31/2016
Program Name: MHS RE-ENTRY TREATMENT PROGRAM
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 2136 EL CAJON BOULEVARD
City, State Zip: SAN DIEGO, CA 92104
Phone: (619)291-1881 Fax: (619)291-7347
Record ID: 370069ZN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2015

Program Name: UPAC ASIAN/PACIFIC ISLANDER, ADULT ALCOHOL AND DRUG TREATMENT PROGRAM
Legal Name: UNION OF PAN ASIAN COMMUNITIES
Address: 3288 EL CAJON BOULEVARD, SUITE 3, 6, 10, 11, 12, AND 13
City, State Zip: SAN DIEGO, CA 92104
Phone: (619)521-5720 Fax: (619)521-5728
Record ID: 370071AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: DKA PARENTCARE FAMILY RECOVERY CENTER
Legal Name: VISTA HILL FOUNDATION
Address: 4990 WILLIAMS AVENUE
City, State Zip: LA MESA, CA 91942
Phone: (619)698-1663 Fax: (619)698-1665
Record ID: 370072AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2015

Program Name: PARENTCARE CENTRAL FAMILY RECOVERY CENTER
Legal Name: VISTA HILL FOUNDATION
Address: 4125 ALPHA STREET
City, State Zip: SAN DIEGO, CA 92113
Phone: (619)266-0166
Record ID: 370072CN
Service Type: NON
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 8/31/2015
Program Name: CASA RAPHAEL
Legal Name: ALPHA PROJECT FOR THE HOMELESS
Address: 975 AND 993 POSTAL WAY
City, State Zip: VISTA, CA 92083
Phone: (760)630-9922 Fax: (760)630-9996
Record ID: 370073AN
Service Type: RES
Resident Capacity: 150
Total Occupancy: 150
Target Population: 1.2 --- MEN ONLY
Expiration Date: 06/30/2015

Program Name: PSYCARE INTENSIVE OUTPATIENT PROGRAM
Legal Name: PSYCARE ASSOCIATES, A PROFESSIONAL MEDICAL CORPORATION
Address: 15611 POMERADO ROAD, SUITE 535
City, State Zip: POWAY, CA 92064
Phone: (858)279-1223 Fax: (858)467-6933
Record ID: 370074AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2015

Program Name: UCSD CO-OCCURRING DISORDERS TREATMENT AND RECOVERY PROGRAM
Legal Name: UNIVERSITY OF CALIFORNIA, SAN DIEGO
Address: 140 ARBOR DRIVE
City, State Zip: SAN DIEGO, CA 92103
Phone: (619)543-6309 Fax: (619)298-6723
Record ID: 370077AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015
Program Name: SAN DIEGO RESCUE MISSION MEN'S CENTER RECOVERY PROGRAM
   Legal Name: SAN DIEGO RESCUE MISSION, INC.
   Address: 120 ELM STREET, 3RD AND 4TH FLOOR
   City, State Zip: SAN DIEGO, CA 92101
   Phone: (619)687-3720       Fax: (619)234-4101
   Record ID: 370080CN
   Service Type: RES
   Resident Capacity: 188
   Total Occupancy: 188
   Target Population: 1.2 --- MEN ONLY
   Expiration Date: 01/31/2015

Program Name: NEW ENTRA CASA
   Legal Name: NEW ENTRA CASA CORPORATION
   Address: 3575 PERSHING AVENUE
   City, State Zip: SAN DIEGO, CA 92104
   Phone: (619)294-4526       Fax: (619)294-4526
   Record ID: 370083AN
   Service Type: RES
   Resident Capacity: 6
   Total Occupancy: 6
   Target Population: 1.3 --- WOMEN ONLY
   Expiration Date: 04/30/2016

Program Name: SUNSHINE SUMMIT LODGE
   Legal Name: NARCONON FRESH START
   Address: 35025 HIGHWAY 79, BUILDINGS A-J
   City, State Zip: WARNER SPRINGS, CA 92086
   Phone: (760)782-0471       Fax: (760)782-0695
   Record ID: 370087AN
   Service Type: RES-DETOX
   Resident Capacity: 30
   Total Occupancy: 45
   Target Population: 1.1 --- CO-ED
   Expiration Date: 03/31/2016
Program Name: NARCONON JLB RANCH
Legal Name: NARCONON FRESH START
Address: 35955 HIGHWAY 79
City, State Zip: WARNER SPRINGS, CA 92086
Phone: (760)782-0471 Fax: (760)782-0695
Record ID: 370087BN
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2014

Program Name: SAN DIEGO YOUTH AND COMMUNITY SERVICES TEEN OPTIONS
Legal Name: SAN DIEGO YOUTH SERVICES
Address: 3660 FAIRMOUNT AVENUE
City, State Zip: SAN DIEGO, CA 92105
Phone: (619)521-2250 Fax: (619)521-5944
Record ID: 370090EN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 2/29/2016

Program Name: ESCONDIDO COMMUNITY SOBERING SERVICES
Legal Name: INTERFAITH COMMUNITY SERVICES, INC.
Address: 1717, 1719, 1721, AND 1723 WASHINGTON AVENUE AND 582 ASTER ST.
City, State Zip: ESCONDIDO, CA 92057
Phone: (760)489-6380 Fax: (760)747-0764
Record ID: 370093BN
Service Type: RES
Resident Capacity: 22
Total Occupancy: 22
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2015
Program Name: THE LIGHTHOUSE COMMUNITY  
Legal Name: HEALTHCARE SERVICES, INC.  
Address: 3880 ROSECRANS BOULEVARD  
City, State Zip: SAN DIEGO, CA 92110  
Phone: (619)515-0243 Fax: (619)235-0678  
Record ID: 370094AP  
Service Type: RES-DETOX  
Resident Capacity: 0  
Total Occupancy: 0  
Target Population: 1.1 --- CO-ED  
Expiration Date: 06/30/2015

Program Name: CALVARY RANCH CHRISTIAN DRUG AND ALCOHOL RECOVERY FACILITY  
Legal Name: GOD'S HOUSE MINISTRIES, INCORPORATED  
Address: 13610 WILLOW ROAD  
City, State Zip: LAKESIDE, CA 92040  
Phone: (619)561-2599 Fax: (619)561-4673  
Record ID: 370098AN  
Service Type: RES  
Resident Capacity: 20  
Total Occupancy: 20  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 05/31/2016

Program Name: LASTING RECOVERY  
Legal Name: FARKAS & SAALINGER, PSYCHOLOGY CORP  
Address: 6046 CORNERSTONE COURT WEST SUITES  
105,107,110,111,112,113,114,115,127&128  
City, State Zip: SAN DIEGO, CA 92121  
Phone: (858)453-4315 Fax: (858)453-5690  
Record ID: 370101AP  
Service Type: NON  
Target Population: 1.8 --- DUAL DIAGNOSIS  
Expiration Date: 1/31/2015
Program Name: THE TRAINING CENTER
Legal Name: TRAINING CENTER EPHESIANS 4:11-16
Address: 525 GRAND AVENUE
City, State Zip: SPRING VALLEY, CA 91977
Phone: (619)327-5400  Fax: (619)327-5410
Record ID: 370104AN
Service Type: RES
Resident Capacity: 56
Total Occupancy: 56
Target Population: 1.2 --- MEN ONLY
Expiration Date: 11/30/2015

Program Name: REJUVE-NATIONS OUTPATIENTS FACILITY, INC.
Legal Name: REJUVE-NATIONS OUTPATIENTS FACILITY, INC.
Address: 4101 UNIVERSITY AVENUE
         SUITES E204-E205
City, State Zip: SAN DIEGO, CA 92195
Phone: (619)602-9405  Fax: (951)657-7180
Record ID: 370105AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2015

Program Name: PALOMAR FAMILY COUNSELING SERVICE, INC. DRUG AND ALCOHOL PROGRAM
Legal Name: PALOMAR FAMILY COUNSELING SERVICE, INC.
Address: 1002 EAST GRAND AVENUE
City, State Zip: ESCONDIDO, CA 92025
Phone: (760)741-2660  Fax: (760)741-2647
Record ID: 370107AN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 9/30/2015
Program Name: CAPALINA CLINIC
Legal Name: SAN DIEGO HEALTH ALLIANCE
Address: 1560 CAPALINA STREET
City, State Zip: SAN MARCOS, CA 92069
Phone: (760)744-2104 Fax: (760)744-1382
Record ID: 370108AP
Service Type: NON-DETOX
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016

Program Name: FASHION VALLEY CLINIC
Legal Name: SAN DIEGO HEALTH ALLIANCE
Address: 7020 FRIARS ROAD
City, State Zip: SAN DIEGO, CA 92108
Phone: (619)718-9890 Fax: (619)718-9897
Record ID: 370108CP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2016

Program Name: ST. VINCENT DE PAUL VILLAGE RECOVERY SERVICES
Legal Name: ST. VINCENT DE PAUL VILLAGE, INC.
Address: 1501 IMPERIAL AVENUE (SEE COMMENTS BELOW)
City, State Zip: SAN DIEGO, CA 92101-7600
Phone: (619)233-8500 Fax: (619)231-9542
Record ID: 370110AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2016
Program Name: SOLEDAD HOUSE
Legal Name: ABC SOBER LIVING, LLC
Address: 5330 SOLEDAD MOUNTAIN ROAD
City, State Zip: SAN DIEGO, CA 92109
Phone: (619)925-1879 Fax: (858)274-8700
Record ID: 370116AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 05/31/2015

Program Name: SOLEDAD HOUSE II
Legal Name: ABC SOBER LIVING, LLC
Address: 5214 SOLEDAD MOUNTAIN ROAD
City, State Zip: SAN DIEGO, CA 92109
Phone: (619)925-1879
Record ID: 370116BP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 08/31/2015

Program Name: SAN DIEGO AMERICAN INDIAN HEALTH CENTER
Legal Name: SAN DIEGO AMERICAN INDIAN HEALTH CENTER
Address: 2602 FIRST AVENUE, SUITE 100
City, State Zip: SAN DIEGO, CA 92103
Phone: (619)234-2158 Fax: (619)234-1979
Record ID: 370120AN
Service Type: NON
Target Population: 1.5 --- YOUTH/ ADOLESCENT
Expiration Date: 4/30/2015
Program Name: THE ATON CENTER
Legal Name: ATON CENTER, INC.
Address: 3250 COUNTRY ROSE CIRCLE
City, State Zip: ENCINITAS, CA 92024
Phone: (858)759-5017 Fax: (858)759-5016
Record ID: 370122AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016

Program Name: ATON CENTER
Legal Name: ATON CENTER, INC.
Address: 3238 COUNTRY ROSE CIRCLE
City, State Zip: ENCINITAS, CA 92024
Phone: (858)759-5017 Fax: (858)759-5016
Record ID: 370122CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
Expiration Date: 03/31/2016

Program Name: SAN DIEGO ADDICTION TREATMENT CENTER, INC.
Legal Name: SAN DIEGO ADDICTION TREATMENT CENTER, INC.
Address: 2456 E STREET
City, State Zip: SAN DIEGO, CA 92102
Phone: (800)517-4849 Fax: (800)401-8464
Record ID: 370129AP
Service Type: RES
Resident Capacity: 36
Total Occupancy: 36
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2014
Program Name: NEW HORIZON RECOVERY
Legal Name: MARTINA COFFELT
Address: 417 SANDALWOOD COURT
City, State Zip: ENCINITAS, CA 92024
Phone: (760)635-3977
Record ID: 370130AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
Expiration Date: 03/31/2015

Program Name: EXODUS CENTRAL ADULT DRUG PROGRAM
Legal Name: EXODUS RECOVERY, INC.
Address: 4308 30TH STREET, SUITE A
City, State Zip: SAN DIEGO, CA 92104-1314
Phone: (619)528-1752 Fax: (619)529-1758
Record ID: 370131AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2015

Program Name: REUNION SAN DIEGO
Legal Name: PRACTICAL RECOVERY, INC.
Address: 2821 LANGE AVENUE
City, State Zip: SAN DIEGO, CA 92122
Phone: (858)550-0229 Fax: (858)455-0141
Record ID: 370132AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2015
Program Name: RESTORATION INN  
Legal Name: PRACTICAL RECOVERY, INC.  
Address: 5497 BLOCH STREET  
City, State Zip: UNIVERSITY CITY, CA 92122  
Phone: (858)888-5398  
Fax: (858)455-0141  
Record ID: 370132BP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 01/31/2016

Program Name: VALLEY CREEK VISION, LLC  
Legal Name: VALLEY CREEK VISION, LLC  
Address: 14928 RANCH CREEK LANE  
City, State Zip: VALLEY CENTER, CA 92082  
Phone: (310)266-9194  
Fax: (818)286-9525  
Record ID: 370133AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 04/30/2015

Program Name: A BETTER PLACE TREATMENT AND RECOVERY CENTER, LLC  
Legal Name: A BETTER PLACE RESIDENTIAL TREATMENT AND RECOVERY CENTER, LLC  
Address: 7061 AND 7065 CENTRAL AVENUE  
City, State Zip: LEMON GROVE, CA 91945  
Phone: (619)261-7153  
Fax: (619)512-4409  
Record ID: 370134AP  
Service Type: RES  
Resident Capacity: 10  
Total Occupancy: 10  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 07/31/2016
Program Name: WEST COAST RECOVERY CENTERS
Legal Name: WEST COAST MEN'S, LLC
Address: 516 SOUTH THE STRAND, UNIT B
City, State Zip: OCEANSIDE, CA 92054
Phone: (760)580-3549
Record ID: 370135AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 07/31/2016

Program Name: PACIFIC BAY RECOVERY
Legal Name: PACIFIC BAY RECOVERY INC
Address: 1501 5TH AVENUE, SUITE #100
City, State Zip: SAN DIEGO, CA 92101
Phone: (619)461-3717
Record ID: 370136AP
Service Type: NON
Target Population: 1.8 --- DUAL DIAGNOSIS
Expiration Date: 5/30/2016

Program Name: TRUE LIFE CENTER FOR WELLBEING, INC.
Legal Name: TRUE LIFE CENTER FOR WELLBEING, INC.
Address: 4520 EXECUTIVE DRIVE, SUITE 225
City, State Zip: SAN DIEGO, CA 92121
Phone: (858)349-4116
Record ID: 370137AP
Service Type: DETOX
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2016
Program Name: APEX RECOVERY
Legal Name: APEX RECOVERY, LLC
Address: 4251 NABAL DRIVE
City, State Zip: LA MESA, CA 91941
Phone: (888)485-2246
Record ID: 370138AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2016

Program Name: Genesis Recovery, Inc.
Legal Name: Genesis Recovery, Inc.
Address: 24352 Featherstone Canyon Road
City, State Zip: Lakeside, CA 92040
Phone:
Record ID: 370139AN
Service Type: RES
Resident Capacity: 24
Total Occupancy: 26
Target Population: 1.2 --- MEN ONLY
Expiration Date: 09/30/2016

Program Name: COMMUNITY BEHAVIORAL HEALTH SOLUTIONS, INC.
Legal Name: COMMUNITY BEHAVIORAL HEALTH SOLUTIONS, INC.
Address: 7071 Consolidated Way
City, State Zip: San Diego, CA 92121
Phone:
Record ID: 370140AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2016
Program Name: Practical Recovery IOP
Legal Name: Practical Recovery Psychology Group, Inc.
Address: 8950 Villa La Jolla Drive, Suite B214
City, State Zip: La Jolla, CA 92037-1708
Phone:
Record ID: 370141AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: SOLUTIONS FOR RECOVERY
Legal Name: FAMILY HEALTH CENTERS OF SAN DIEGO, INC.
Address: 3928 ILLINOIS STREET, SUITES 101 & 103
City, State Zip: SAN DIEGO, CA 92104
Phone: (619)876-4462
Record ID: 370142AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: Solutions for Recovery
Legal Name: FAMILY HEALTH CENTERS OF SAN DIEGO, INC.
Address: 1250 6th Avenue
City, State Zip: San Diego, CA 92101
Phone: (619)876-4462
Fax: (619)450-6267
Record ID: 370142BN
Service Type: NON
Target Population: 1.1 --- CO-ED
PENDING

Program Name: Southern California Recovery Center - Encinitas
Legal Name: DR Recovery Encinitas, LLC
Address: 609 S. Vulcan Avenue, Suite 301
City, State Zip: Encinitas, CA 92024
Phone: (800)410-6552
Record ID: 370143AP
Service Type: NON
Target Population: 1.2 --- MEN ONLY
Expiration Date: 9/30/2016
Program Name: Recovery Works San Diego
  Legal Name: Clark E. Smith, M.D., AMC
  Address: 9820 Willow Creek Road #370
  City, State Zip: San Diego, CA 92131
  Phone:
  Record ID: 370144AP
  Service Type: NON
Target Population: 1.1 --- CO-ED
  PENDING

Program Name: Foundations of San Diego
  Legal Name: FOUNDATIONS SAN DIEGO, LLC
  Address: 3930 Fourth Avenue
  City, State Zip: San Diego, CA 92103
  Phone: (619)849-6010
  Record ID: 370146AP
  Service Type: NON
Target Population: 1.1 --- CO-ED
  PENDING

Program Name: Present Moments Recovery
  Legal Name: Windriver Recovery, LLC DBA Present Moments Recovery
  Address: 1809 Windriver Street
  City, State Zip: San Marcos, CA 92078
  Phone: (619)363-4767
  Record ID: 370148AP
  Service Type: RES
  Resident Capacity: 6
  Total Occupancy: 8
Target Population: 1.2 --- MEN ONLY
  PENDING
Program Name: Rancho San Diego
Legal Name: DUAL DIAGNOSIS TREATMENT CENTER, INC.
Address: 2815 Steele Canyon Road
City, State Zip: El Cajon, CA 92019
Phone: (619)760-0242
Record ID: 370149AP
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
PENDING
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Legal Name</th>
<th>Address</th>
<th>City, State Zip</th>
<th>Phone</th>
<th>Fax</th>
<th>Record ID</th>
<th>Service Type</th>
<th>Resident Capacity</th>
<th>Total Occupancy</th>
<th>Target Population</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCEPTANCE PLACE</td>
<td>BAKER PLACES, INC.</td>
<td>1326 4TH AVENUE</td>
<td>SAN FRANCISCO, CA 94122</td>
<td>(415)682-2080</td>
<td>(415)626-2398</td>
<td>380001BN</td>
<td>RES</td>
<td>10</td>
<td>10</td>
<td>1.2 --- MEN ONLY</td>
<td>01/31/2016</td>
</tr>
<tr>
<td>FERGUSON PLACE</td>
<td>BAKER PLACES, INC.</td>
<td>1249 SCOTT STREET</td>
<td>SAN FRANCISCO, CA 94115</td>
<td>(415)922-9104</td>
<td>(415)922-1427</td>
<td>380001CN</td>
<td>RES</td>
<td>12</td>
<td>12</td>
<td>1.1 --- CO-ED</td>
<td>01/31/2015</td>
</tr>
<tr>
<td>JOE HEALY DETOXIFICATION PROGRAM</td>
<td>BAKER PLACES, INC.</td>
<td>101 GOUGH/120 PAGE STREET, 2ND AND 3RD FLOOR</td>
<td>SAN FRANCISCO, CA 94102</td>
<td>(415)553-4490</td>
<td></td>
<td>380001IN</td>
<td>RES-DETOX</td>
<td>31</td>
<td>31</td>
<td>1.1 --- CO-ED</td>
<td>09/30/2016</td>
</tr>
</tbody>
</table>
Program Name: ARA FIRST STEP HOME
Legal Name: ALCOHOLICS REHABILITATION ASSOCIATION OF SAN FRANCISCO, INC.
Address: 1035 HAIGHT STREET
City, State Zip: SAN FRANCISCO, CA 94117
Phone: (415)863-3661
Record ID: 380003AN
Service Type: RES
Resident Capacity: 48
Total Occupancy: 48
Target Population: 1.1 --- CO-ED
Expiration Date: 02/29/2016

Program Name: FRIENDSHIP HOUSE
Legal Name: THE FRIENDSHIP HOUSE ASSOCIATION OF AMERICAN INDIANS
Address: 56 JULIAN AVENUE, 1ST, 2ND AND 3RD FLOORS
City, State Zip: SAN FRANCISCO, CA 94103
Phone: (415)865-0964 Fax: (415)865-5428
Record ID: 380004AN
Service Type: RES
Resident Capacity: 80
Total Occupancy: 80
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2015

Program Name: GOLDEN GATE FOR SENIORS
Legal Name: COMMUNITY AWARENESS & TREATMENT SERVICES, INC.
Address: 637 SOUTH VAN NESS AVENUE
City, State Zip: SAN FRANCISCO, CA 94110
Phone: (415)626-7553
Record ID: 380005AN
Service Type: RES
Resident Capacity: 19
Total Occupancy: 20
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2016
Program Name: HARBOR LIGHT ALCOHOL SERVICES CENTER  
Legal Name: THE SALVATION ARMY  
Address: 1275 HARRISON STREET  
City, State Zip: SAN FRANCISCO, CA 94103  
Phone: (415)503-3000  
Record ID: 380006AN  
Service Type: RES-DETOX  
Resident Capacity: 118  
Total Occupancy: 118  
Target Population: 1.1 --- CO-ED  
Expiration Date: 04/30/2016

Program Name: THE SALVATION ARMY - HARBOR HOUSE  
Legal Name: THE SALVATION ARMY  
Address: 407 NINTH STREET  
City, State Zip: SAN FRANCISCO, CA 94103  
Phone: (415)503-3029  
Fax: (415)252-6159  
Record ID: 380006EN  
Service Type: RES  
Resident Capacity: 30  
Total Occupancy: 82  
Target Population: 1.9 --- CO-ED/CHILDREN  
Expiration Date: 08/31/2014

Program Name: LATINO FAMILY ALCOHOLISM COUNSELING CENTER  
Legal Name: THE MISSION COUNCIL ON ALCOHOL ABUSE FOR THE SPANISH SPEAKING  
Address: 154-A CAPP STREET  
City, State Zip: SAN FRANCISCO, CA 94110  
Phone: (415)826-6767  
Fax: (415)826-1408  
Record ID: 380008AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 8/31/2015
Program Name: FAMILY DAY TREATMENT PROGRAM
Legal Name: THE MISSION COUNCIL ON ALCOHOL ABUSE FOR THE SPANISH SPEAKING
Address: 474 VALENCIA STREET, SUITES 115 AND 135
City, State Zip: SAN FRANCISCO, CA 94103
Phone: (415)826-6767 Fax: (415)701-1868
Record ID: 380008BN
Service Type: NON
Target Population: 1.7 --- FAMILIES
Expiration Date: 1/31/2015

Program Name: HENRY OHLHOFF HOUSE
Legal Name: HENRY OHLHOFF HOUSE
Address: 601 STEINER STREET AND 625 STEINER STREET
City, State Zip: SAN FRANCISCO, CA 94117
Phone: (415)621-4388 Fax: (415)626-0170
Record ID: 380013AN
Service Type: RES
Resident Capacity: 52
Total Occupancy: 52
Target Population: 1.2 --- MEN ONLY
Expiration Date: 10/31/2015

Program Name: HENRY OHLHOFF OUTPATIENT PROGRAMS
Legal Name: HENRY OHLHOFF HOUSE
Address: 2191 MARKET STREET, SUITE A
City, State Zip: SAN FRANCISCO, CA 94114
Phone: (415)575-1100 Fax: (415)575-1106
Record ID: 380013BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2016
Program Name: HEALTHRIGHT 360
Legal Name: HEALTHRIGHT 360
Address: 1735 MISSION STREET
City, State Zip: SAN FRANCISCO, CA 94103
Phone: (415)970-7500 Fax: (415)746-1968
Record ID: 380016ACN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2015

Program Name: HEALTHRIGHT 360
Legal Name: HEALTHRIGHT 360
Address: 1318 GATEVIEW STREET, TREASURE ISLAND UNITS A-F
City, State Zip: SAN FRANCISCO, CA 94130
Phone: (415)970-7500 Fax: (415)437-6823
Record ID: 380016ADN
Service Type: RES
Resident Capacity: 54
Total Occupancy: 54
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2016

Program Name: HEALTHRIGHT 360
Legal Name: HEALTHRIGHT 360
Address: 1885 MISSION STREET
City, State Zip: SAN FRANCISCO, CA 94103
Phone: (415)970-7500 Fax: (415)861-5886
Record ID: 380016AEN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2016
Program Name: HEALTHRIGHT 360
Legal Name: HEALTHRIGHT 360
Address: 890 HAYES STREET
City, State Zip: SAN FRANCISCO, CA 94117
Phone: (415)970-7500
Record ID: 380016AFN
Service Type: RES
Resident Capacity: 115
Total Occupancy: 115
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2016

Program Name: HEALTHRIGHT 360
Legal Name: HEALTHRIGHT 360
Address: 1442 CHINOOK COURT, UNITS A,B,C AND D
City, State Zip: SAN FRANCISCO, CA 94130
Phone: (415)970-7500
Record ID: 380016AGN
Service Type: RES
Resident Capacity: 15
Total Occupancy: 15
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 03/31/2014

Program Name: HEALTHRIGHT 360
Legal Name: HEALTHRIGHT 360
Address: 214 HAIGHT STREET
City, State Zip: SAN FRANCISCO, CA 94102
Phone: (415)762-3700 Fax: (415)989-4910
Record ID: 380016AHN
Service Type: RES
Resident Capacity: 64
Total Occupancy: 64
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 03/31/2015
Program Name: HEALTHRIGHT360
Legal Name: HEALTHRIGHT 360
Address: 1447 CHINOOK COURT, UNITS A,B,C AND D
City, State Zip: SAN FRANCISCO, CA 94130
Phone: (415)762-3700 Fax: (415)989-4910
Record ID: 380016AIN
Service Type: RES
Resident Capacity: 16
Total Occupancy: 16
Target Population: 1.1 --- CO-ED
Expiration Date: 03/31/2015

Program Name: HEALTHRIGHT 360
Legal Name: HEALTHRIGHT 360
Address: 1601 DONNER AVENUE #3
City, State Zip: SAN FRANCISCO, CA 94124
Phone: (415)970-7500 Fax: (415)970-7518
Record ID: 380016AJN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2015

Program Name: HEALTHRIGHT 360
Legal Name: HEALTHRIGHT 360
Address: 2261 AND 2263 BRYANT STREET
City, State Zip: SAN FRANCISCO, CA 94110
Phone: (415)970-7500 Fax: (415)000-0000
Record ID: 380016AKN
Service Type: RES
Resident Capacity: 16
Total Occupancy: 25
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 07/31/2015
Program Name: HEALTHRIGHT 360
Legal Name: HEALTHRIGHT 360
Address: 815 BUENA VISTA WEST
City, State Zip: SAN FRANCISCO, CA 94117
Phone: (415)970-7500 Fax: (415)437-6823
Record ID: 380016ALN
Service Type: RES-DETOX
Resident Capacity: 108
Total Occupancy: 108
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2016

Program Name: ASIAN AMERICAN RESIDENTIAL RECOVERY SERVICES
Legal Name: HEALTHRIGHT 360
Address: 2024 HAYES STREET
City, State Zip: SAN FRANCISCO, CA 94117
Phone: (415)750-5111
Record ID: 380016AON
Service Type: RES
Resident Capacity: 26
Total Occupancy: 26
Target Population: 1.1 --- CO-ED
Expiration Date: 02/29/2016

Program Name: AARS-PROJECT ADAPT
Legal Name: HEALTHRIGHT 360
Address: 2020 HAYES STREET
City, State Zip: SAN FRANCISCO, CA 94117
Phone: (415)750-5125
Record ID: 380016AQN
Service Type: NON
Target Population: 1.2 --- MEN ONLY
Expiration Date: 9/30/2016
Program Name: LEE WOODWARD COUNSELING CENTER FOR WOMEN
   Legal Name: HEALTHRIGHT 360
   Address: 2166 HAYES STREET, SUITE 303 & 303-A
   City, State Zip: SAN FRANCISCO, CA 94117
   Phone: (415)776-1001   Fax: (415)776-1066
   Record ID: 380016ARN
   Service Type: NON
   Target Population: 1.3 --- WOMEN ONLY
   Expiration Date: 6/30/2016

Program Name: FR. ALFRED CENTER
   Legal Name: ST. ANTHONY FOUNDATION
   Address: 291 10TH STREET
   City, State Zip: SAN FRANCISCO, CA 94103
   Phone: (415)592-2880   Fax: (415)252-0537
   Record ID: 380017CN
   Service Type: RES
   Resident Capacity: 80
   Total Occupancy: 80
   Target Population: 1.2 --- MEN ONLY
   Expiration Date: 03/31/2016

Program Name: YOUTH SERVICES OF SAN FRANCISCO
   Legal Name: HEALTHRIGHT 360
   Address: 2166 HAYES STREET, SUITE 302
   City, State Zip: SAN FRANCISCO, CA 94117
   Phone: (415)776-1001   Fax: (415)776-1066
   Record ID: 380020DN
   Service Type: NON
   Target Population: 1.5 --- YOUTH/ADOLESCENT
   Expiration Date: 1/31/2016
Program Name: STEPPING STONE
Legal Name: SAN FRANCISCO WOMEN'S REHABILITATION FOUNDATION, INCORPORATED
Address: 255 10TH AVENUE
City, State Zip: SAN FRANCISCO, CA 94118
Phone: (415)751-5921 Fax: (415)751-5130
Record ID: 380032AN
Service Type: RES
Resident Capacity: 14
Total Occupancy: 14
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 08/31/2016

Program Name: SUPPORTIVE LIVING PROGRAM (SLP)
Legal Name: CENTER ON JUVENILE AND CRIMINAL JUSTICE
Address: 1671 25TH AVENUE
City, State Zip: SAN FRANCISCO, CA 94122
Phone: (415)661-5777 Fax: (415)621-5466
Record ID: 380035BN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 10/31/2014

Program Name: GOOD SHEPHERD GRACENTER
Legal Name: THE GOOD SHEPHERD GRACENTER OF SAN FRANCISCO
Address: 250 AMHERST STREET
City, State Zip: SAN FRANCISCO, CA 94134
Phone: (415)337-1938 Fax: (415)586-0355
Record ID: 380040BN
Service Type: RES
Resident Capacity: 13
Total Occupancy: 13
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 06/30/2016
Program Name: JELANI HOUSE
Legal Name: JELANI, INC.
Address: 1601 QUESADA AVENUE
City, State Zip: SAN FRANCISCO, CA 94124
Phone: (415)822-5977 Fax: (415)822-5943
Record ID: 380045AN
Service Type: RES
Resident Capacity: 16
Total Occupancy: 42
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 06/30/2016

Program Name: JELANI, INC.‘S FAMILY PROGRAM
Legal Name: JELANI, INC.
Address: 1638 AND 1640 KIRKWOOD STREET
City, State Zip: SAN FRANCISCO, CA 94124
Phone: (415)468-5100 Fax: (415)822-5943
Record ID: 380045DN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 24
Target Population: 1.1 --- CO-ED
Expiration Date: 01/31/2015

Program Name: CASA QUETZAL
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES OF SAN MATEO COUNTY, INC.
Address: 635 BRUNSWICK STREET
City, State Zip: SAN FRANCISCO, CA 94112
Phone: (415)337-4065
Record ID: 380055AN
Service Type: RES
Resident Capacity: 9
Total Occupancy: 9
Target Population: 1.2 --- MEN ONLY
Expiration Date: 10/31/2015
Program Name: AVIVA HOUSE
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES OF SAN MATEO COUNTY, INC.
Address: 1724-1726 BRYANT STREET
City, State Zip: SAN FRANCISCO, CA 94110
Phone: (650)244-1444 Fax: (650)244-1447
Record ID: 380055BN
Service Type: RES
Resident Capacity: 5
Total Occupancy: 9
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 03/31/2014

Program Name: ZAP PROGRAM
Legal Name: POTRERO HILL NEIGHBORHOOD HOUSE
Address: 953 DE HARO STREET
City, State Zip: SAN FRANCISCO, CA 94107
Phone: (415)826-8080 Fax: (415)826-5252
Record ID: 380057AN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 11/30/2014

Program Name: TREATMENT PROGRAMS
Legal Name: HORIZONS UNLIMITED OF SAN FRANCISCO, INC.
Address: 440 POTRERO AVENUE
City, State Zip: SAN FRANCISCO, CA 94110
Phone: (415)487-6700
Record ID: 380059AN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 2/28/2015
Program Name: STIMULANT TREATMENT OUTPATIENT PROGRAM (STOP)
   Legal Name: UNIVERISTY OF CALIFORNIA, SAN FRANCISCO
   Address: 982 MISSION STREET
   City, State Zip: SAN FRANCISCO, CA 94103
   Phone: (415)597-8000   Fax: (415)597-8004
   Record ID: 380061AN
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 5/31/2015

Program Name: SAGE'S TRAUMA AND RECOVERY CENTER
   Legal Name: SAGE PROJECT, INC.
   Address: 68 12TH STREET, SUITE 2B
   City, State Zip: SAN FRANCISCO, CA 94103
   Phone: (415)905-5050   Fax: (415)358-2729
   Record ID: 380063AN
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 5/31/2015

Program Name: EPIPHANY HOUSE
   Legal Name: MOUNT ST. JOSEPH - ST. ELIZABETH
   Address: 1615 BRODERICK STREET
   City, State Zip: SAN FRANCISCO, CA 94115
   Phone: (415)409-6003   Fax: (415)351-4051
   Record ID: 380081BN
   Service Type: RES
   Resident Capacity: 14
   Total Occupancy: 22
   Target Population: 1.4 --- WOMEN/CHILDREN
   Expiration Date: 11/30/2015
Program Name: EPIPHANY RESIDENTIAL PROGRAM
Legal Name: MOUNT ST. JOSEPH - ST. ELIZABETH
Address: 100 MASONIC AVENUE
City, State Zip: SAN FRANCISCO, CA 94118
Phone: (415)750-1033 Fax: (415)750-1032
Record ID: 380081CN
Service Type: RES
Resident Capacity: 18
Total Occupancy: 38
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 11/30/2015

Program Name: HARM REDUCTION THERAPY CENTER
Legal Name: THE HARM REDUCTION THERAPY CENTER
Address: 45 FRANKLIN STREET, SUITE 320
City, State Zip: SAN FRANCISCO, CA 94102
Phone: (415)252-0669 Fax: (415)252-0669
Record ID: 380082AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2015

Program Name: POST RELEASE EDUCATION PROGRAM (P.R.E.P.)
Legal Name: SAN FRANCISCO SHERIFF'S DEPARTMENT
Address: 70 OAK GROVE
City, State Zip: SAN FRANCISCO, CA 94107
Phone: (415)575-6450 Fax: (415)575-6452
Record ID: 380083BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015
Program Name: SUBSTANCE ABUSE PROGRAM
Legal Name: CURRY SENIOR CENTER
Address: 315 TURK STREET
City, State Zip: SAN FRANCISCO, CA 94102
Phone: (415)885-2274 Fax: (415)885-2344
Record ID: 380091AN
Service Type: NON
Target Population:
Expiration Date: 10/31/2015

Program Name: NATIVE AMERICAN HEALTH CENTER
Legal Name: NATIVE AMERICAN HEALTH CENTER, INC.
Address: 160 CAPP STREET, 2ND FLOOR
City, State Zip: SAN FRANCISCO, CA 94110
Phone: (415)503-1046 Fax: (415)503-7081
Record ID: 380094AN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 5/31/2016

Program Name: THE STONEWALL PROJECT
Legal Name: THE SAN FRANCISCO AIDS FOUNDATION
Address: 1035 MARKET STREET, SUITE 400
City, State Zip: SAN FRANCISCO, CA 94103
Phone: (415)487-3100 Fax: (415)558-9657
Record ID: 380096AN
Service Type: NON
Target Population: 1.2 --- MEN ONLY
Expiration Date: 3/31/2016

Program Name: GLIDE HEALTH SERVICES RECOVERY PROGRAM
Legal Name: BOARD OF TRUSTEES OF THE GLIDE FOUNDATION
Address: 330 ELLIS STREET
City, State Zip: SAN FRANCISCO, CA 94102
Phone: (415)674-6140 Fax: (415)885-8515
Record ID: 380097AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2015
Program Name: ASIAN AND PACIFIC ISLANDER WELLNESS CENTER, INC.
Legal Name: ASIAN AND PACIFIC ISLANDER WELLNESS CENTER, INC.
Address: 730 POLK STREET, 4TH FLOOR
City, State Zip: SAN FRANCISCO, CA 94109
Phone: (415)292-3400 Fax: (415)292-3404
Record ID: 380098AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2015

Program Name: BAYVIEW HUNTERS POINT FOUNDATION YOUTH SERVICES PROGRAM
Legal Name: BAYVIEW HUNTERS POINT FOUNDATION FOR COMMUNITY IMPROVEMENT
Address: 5015 THIRD STREET
City, State Zip: SAN FRANCISCO, CA 94124
Phone: (415)822-1585 Fax: (415)822-6443
Record ID: 380101DN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 11/30/2016

Program Name: BAYSIDE MARIN, INC. DBA BAYSIDE SAN FRANCISCO
Legal Name: CRC HEALTH GROUP, INC.
Address: 450 SUTTER STREET, SUITE 300
City, State Zip: SAN FRANCISCO, CA 94108
Phone: (415)721-2000
Record ID: 380102AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2016

Program Name: NCADA-BA OUTPATIENT TREATMENT PROGRAM
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND OTHER DRUG ADDICTIONS - BAY AREA, INC.
Address: 1170 MARKET STREET, 6TH FLOOR
City, State Zip: SAN FRANCISCO, CA 94102
Phone: (415)296-9900 Fax: (415)296-0626
Record ID: 380103AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2014
Program Name: FOUNDATIONS SAN FRANCISCO
   Legal Name: FRN OUTPATIENT SAN FRANCISCO LLC
   Address: 55 FRANCISCO STREET, SUITE # 405
   City, State Zip: SAN FRANCISCO, CA 94133
   Phone: (415)218-1370
   Record ID: 380104AP
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 10/31/2015

Program Name: UCSF ALLIANCE HEALTH PROJECT
   Legal Name: THE REGENTS OF THE UNIVERSITY OF CALIFORNIA
   Address: 1930 MARKET STREET
   City, State Zip: SAN FRANCISCO, CA 94102
   Phone: (415)476-3902 Fax: (415)476-3655
   Record ID: 380105AN
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 7/31/2016
San Joaquin County

Program Name: SAN JOAQUIN COUNTY RECOVERY HOUSE
   Legal Name: SAN JOAQUIN COUNTY OFFICE OF SUBSTANCE ABUSE SERVICES
   Address: 500 WEST HOSPITAL ROAD-RECOVERY HOUSE
   City, State Zip: FRENCH CAMP, CA 95231
   Phone: (209)468-6857
   Record ID: 390002AN
   Service Type: RES-DETOX
   Resident Capacity: 69
   Total Occupancy: 69
   Target Population: 1.1 --- CO-ED
   Expiration Date: 04/30/2016

Program Name: CHEMICAL DEPENDENCY COUNSELING CENTER
   Legal Name: SAN JOAQUIN COUNTY BEHAVIORAL HEALTH SERVICES' SUBSTANCE ABUSE SERVICES
   Address: 620 NORTH AURORA STREET, SUITES 1, 3, 3A, AND S2-9
   City, State Zip: STOCKTON, CA 95202
   Phone: (209)468-3720
   Record ID: 390002DN
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 09/30/2014

Program Name: FAMILY TIES
   Legal Name: SAN JOAQUIN COUNTY BEHAVIORAL HEALTH SERVICES' SUBSTANCE ABUSE SERVICES
   Address: 500 WEST HOSPITAL ROAD
   City, State Zip: FRENCH CAMP, CA 95231
   Phone: (209)468-6213
   Fax: (209)468-7032
   Record ID: 390002EN
   Service Type: RES
   Resident Capacity: 28
   Total Occupancy: 53
   Target Population: 1.4 --- WOMEN/CHILDREN
   Expiration Date: 01/31/2016
Program Name: THREE RIVERS INDIAN LODGE
  Legal Name: NATIVE DIRECTIONS, INC.
  Address: 13505 SOUTH UNION ROAD
  City, State Zip: MANTECA, CA 95336
  Phone: (209)858-2421
  Record ID: 390003AN
  Service Type: RES
  Resident Capacity: 20
  Total Occupancy: 20
  Target Population: 1.2 --- MEN ONLY
  Expiration Date: 05/31/2015

Program Name: NEW DIRECTIONS
  Legal Name: ALCOHOL AND DRUG AWARENESS PROGRAM
  Address: 1981 CHEROKEE ROAD
  City, State Zip: STOCKTON, CA 95205
  Phone: (209)870-6500
  Fax: (209)982-1216
  Record ID: 390007BN
  Service Type: RES-DETOX
  Resident Capacity: 95
  Total Occupancy: 95
  Target Population: 1.1 --- CO-ED
  Expiration Date: 02/29/2016

Program Name: NEW DIRECTIONS
  Legal Name: ALCOHOL AND DRUG AWARENESS PROGRAM
  Address: 1981 CHEROKEE ROAD
  City, State Zip: STOCKTON, CA 95205
  Phone: (209)870-6500
  Record ID: 390007CN
  Service Type: NON
  Target Population: 1.1 --- CO-ED
  Expiration Date: 2/29/2016
Program Name: SERVICE FIRST OUTPATIENT PROGRAM
Legal Name: SERVICE FIRST OF NORTHERN CALIFORNIA
Address: 1222 MONACO COURT, SUITE 28
City, State Zip: STOCKTON, CA 95207
Phone: (209)644-6327 Fax: (209)644-6327
Record ID: 390017AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2015

Program Name: SERVICE FIRST OUTPATIENT PROGRAM
Legal Name: SERVICE FIRST OF NORTHERN CALIFORNIA
Address: 445 W. WEBER AVENUE, SUITE 130
City, State Zip: STOCKTON, CA 95203
Phone: (209)644-4829
Record ID: 390017BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2016

Program Name: VALLEY COMMUNITY COUNSELING SERVICES
Legal Name: VALLEY COMMUNITY COUNSELING SERVICES, INC.
Address: 110 NORTH SHERMAN AVENUE
City, State Zip: MANTECA, CA 95336
Phone: (209)823-1911
Record ID: 390029AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2015

Program Name: VALLEY COMMUNITY COUNSELING SERVICES
Legal Name: VALLEY COMMUNITY COUNSELING SERVICES, INC.
Address: 1300 WEST LODI AVENUE, SUITE G1+ G2
City, State Zip: LODI, CA 95242
Phone: (209)334-2126 Fax: (209)369-8406
Record ID: 390029BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2015
Program Name: VALLEY COMMUNITY COUNSELING SERVICES
Legal Name: VALLEY COMMUNITY COUNSELING SERVICES, INC.
Address: 19 EAST 6TH STREET
City, State Zip: TRACY, CA 95376
Phone: (209)835-8583 Fax: (209)835-2910
Record ID: 390029CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2015

Program Name: PACIFIC VALLEY RECOVERY CENTER, INCORPORATED
Legal Name: PACIFIC VALLEY RECOVERY CENTER, INCORPORATED
Address: 33 EAST MAGNOLIA STREET, SUITE 14
City, State Zip: STOCKTON, CA 95202
Phone: (209)817-5720 Fax: (209)468-8342
Record ID: 390030AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2015

Program Name: FRESH BEGINNING, INC.
Legal Name: FRESH BEGINNING, INC.
Address: 72 WEST 11TH STREET, SUITE A
City, State Zip: TRACY, CA 95376
Phone: (209)830-7400 Fax: (209)833-8386
Record ID: 390031AN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 11/30/2015
Program Name: STOCKTON CIRCLE OF FRIENDS ADULT PROGRAM
Legal Name: STOCKTON CIRCLE OF FRIENDS ADULT PROGRAMS
Address: 501 AND 503 SOUTH PERSHING STREET
City, State Zip: STOCKTON, CA 95203
Phone: (209)513-5042
Record ID: 390032AN
Service Type: RES
Resident Capacity: 18
Total Occupancy: 18
Target Population: 1.2 --- MEN ONLY
Expiration Date: 06/30/2015

Program Name: PACIFIC CENTER FOR ADDICTION SERVICES, INC.
Legal Name: PACIFIC CENTER FOR ADDICTION SERVICES, INC.
Address: 808 NORTH CENTER STREET
City, State Zip: STOCKTON, CA 95202
Phone: (209)482-5671
Record ID: 390036AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: SOUTH STOCKTON CIRCLE OF FRIENDS ADULT PROGRAM
Legal Name: WAYNE RICHARDSON
Address: 1484 CARPENTER ROAD
City, State Zip: STOCKTON, CA 95206
Phone: (209)513-5042
Fax: (209)513-5042
Record ID: 390037AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 12
Target Population: 1.2 --- MEN ONLY
PENDING
As of 2/6/2015

San Luis Obispo County

Program Name: SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL SERVICES
Legal Name: SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL SERVICES
Address: 2180 JOHNSON AVENUE, ROOMS 101-148 AND BLUE ROOM
City, State Zip: SAN LUIS OBISPO, CA 93401
Phone: (805)781-4275
Record ID: 400003AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2016

Program Name: SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL SERVICES
Legal Name: SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL SERVICES
Address: 3556 EL CAMINO REAL
City, State Zip: ATASCADERO, CA 93422
Phone: (805)461-6080 Fax: (805)461-6114
Record ID: 400003BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2016

Program Name: SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL SERVICES
Legal Name: SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL SERVICES
Address: 1523 LONGBRANCH AVENUE
City, State Zip: GROVER BEACH, CA 93433
Phone: (805)473-7080 Fax: (805)473-7188
Record ID: 400003DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2016
Program Name: Central Coast Freedom Center
Legal Name: ARTEMIS HILL RECOVERY INC.
Address: 6005 Capsitrano Avenue
City, State Zip: Atascadero, CA 93422
Phone: (805)610-0334
Record ID: 400005AP
Service Type: NON-DETOX
Target Population: 1.1 --- CO-ED
PENDING
State of California, Department of Health Care Services
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of 2/6/2015

San Mateo County

Program Name: PALM AVENUE SOCIAL MODEL DETOXIFICATION
Legal Name: HORIZON SERVICES, INCORPORATED
Address: 2251 PALM AVENUE
City, State Zip: SAN MATEO, CA 94403
Phone: (650)513-6500   Fax: (650)513-6506
Record ID: 410003AN
Service Type: RES-DETOX
Resident Capacity: 15
Total Occupancy: 15
Target Population: 1.1 --- CO-ED
Expiration Date: 02/29/2016

Program Name: JAMES O'TOOLE CENTER
Legal Name: PROJECT NINETY
Address: 15 NINTH AVENUE
City, State Zip: SAN MATEO, CA 94401
Phone: (650)579-7881   Fax: (650)579-2640
Record ID: 410005AN
Service Type: RES
Resident Capacity: 28
Total Occupancy: 28
Target Population: 1.2 --- MEN ONLY
Expiration Date: 10/31/2015

Program Name: BETTS HOUSE
Legal Name: PROJECT NINETY
Address: 23 AND 29 NORTH GRANT STREET
City, State Zip: SAN MATEO, CA 94401
Phone: (650)579-7881   Fax: (650)579-2640
Record ID: 410005CN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 11
Target Population: 1.2 --- MEN ONLY
Expiration Date: 10/31/2015
Program Name: CARNER HOUSE
Legal Name: PROJECT NINETY
Address: 1451 YOUNG STREET
City, State Zip: SAN MATEO, CA 94401
Phone: (650)579-7881       Fax: (650)579-2640
Record ID: 410005GN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.2 --- MEN ONLY
Expiration Date: 10/31/2015

Program Name: SIMMONS HOUSE
Legal Name: PROJECT NINETY
Address: 31 NINTH AVENUE
City, State Zip: SAN MATEO, CA 94401
Phone: (650)579-7881       Fax: (650)579-2640
Record ID: 410005JN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.2 --- MEN ONLY
Expiration Date: 10/31/2015

Program Name: ELLIOTT CENTER
Legal Name: PROJECT NINETY
Address: 314 BADEN AVENUE
City, State Zip: SOUTH SAN FRANCISCO, CA 94080
Phone: (650)873-7620       Fax: (650)579-2640
Record ID: 410005MN
Service Type: RES
Resident Capacity: 8
Total Occupancy: 10
Target Population: 1.2 --- MEN ONLY
Expiration Date: 10/31/2014
Program Name: BRENNER HOUSE
Legal Name: PROJECT NINETY
Address: 535 BADEN AVENUE
City, State Zip: SOUTH SAN FRANCISCO, CA 94080
Phone: (650)579-7881
Record ID: 410005RN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.2 --- MEN ONLY
Expiration Date: 10/31/2014

Program Name: PROJECT NINETY
Legal Name: PROJECT NINETY
Address: 195 SPRUCE AVENUE
City, State Zip: SOUTH SAN FRANCISCO, CA 94080
Phone: (650)616-8959
Fax: (650)579-2640
Record ID: 410005TN
Service Type: RES
Resident Capacity: 5
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2016

Program Name: PROJECT NINETY
Legal Name: PROJECT NINETY
Address: 416 2ND AVENUE
City, State Zip: SAN MATEO, CA 94401
Phone: (650)579-7881
Fax: (650)579-2640
Record ID: 410005VN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015
Program Name: WORKING MAN'S PROGRAM
Legal Name: PROJECT NINETY
Address: 247 DELAWARE AVENUE, #A
City, State Zip: SAN MATEO, CA 94401
Phone: (650)579-7882  Fax: (650)579-2640
Record ID: 410005WN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.2 --- MEN ONLY
Expiration Date: 05/31/2016

Program Name: PROJECT NINETY, KLEINHEINZ HOUSE
Legal Name: PROJECT NINETY
Address: 114 DELAWARE STREET
City, State Zip: SAN MATEO, CA 94401
Phone: (650)696-9925  Fax: (650)579-2640
Record ID: 410005XN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 9
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2015

Program Name: PYRAMID ALTERNATIVES
Legal Name: PYRAMID ALTERNATIVES COUNSELING AND EDUCATION, INC.
Address: 480 MANOR PLAZA
City, State Zip: PACIFICA, CA 94044
Phone: (650)355-8787
Record ID: 410006AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2015
Program Name: PYRAMID ALTERNATIVES

Legal Name: PYRAMID ALTERNATIVES COUNSELING AND EDUCATION, INC.
Address: 1590 EL CAMINO REAL
City, State Zip: SAN BRUNO, CA 94066
Phone: (650)355-8787
Record ID: 410006CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2015

Program Name: OUR COMMON GROUND EPA

Legal Name: OUR COMMON GROUND, INC.
Address: 2560 PULGAS AVENUE
City, State Zip: EAST PALO ALTO, CA 94303
Phone: (650)325-6466
Record ID: 410012CN
Service Type: RES
Resident Capacity: 32
Total Occupancy: 32
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2016

Program Name: HOPE HOUSE

Legal Name: SAN MATEO COUNTY SERVICE LEAGUE
Address: 3789 HOOVER STREET
City, State Zip: REDWOOD CITY, CA 94063
Phone: (650)363-8735 Fax: (650)363-8701
Record ID: 410013AN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 14
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 11/30/2015
Program Name: HOPE HOUSE III  
Legal Name: SAN MATEO COUNTY SERVICE LEAGUE  
Address: 3787-A AND 3787-B HOOVER STREET  
City, State Zip: REDWOOD CITY, CA 94063  
Phone: (650)363-8735  
Fax: (650)363-8701  
Record ID: 410013BN  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 05/31/2015

Program Name: MISSION HOUSE  
Legal Name: THE SOLIDARITY FELLOWSHIP, INC.  
Address: 1679 SOUTH NORFOLK STREET  
City, State Zip: SAN MATEO, CA 94402  
Phone: (650)333-9183  
Fax: (650)341-3803  
Record ID: 410017AN  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 03/31/2016

Program Name: CASA MARIA RECOVERY HOME  
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES OF SAN MATEO COUNTY, INC.  
Address: 300 ROLLING HILLS AVENUE  
City, State Zip: SAN MATEO, CA 94403  
Phone: (650)244-1444  
Record ID: 410020AN  
Service Type: RES  
Resident Capacity: 9  
Total Occupancy: 5  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 04/30/2015
Program Name: CASA AZTLAN RECOVERY HOME
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES OF SAN MATEO COUNTY, INC.
Address: 660 MACARTHUR AVENUE
City, State Zip: REDWOOD CITY, CA 94065
Phone: (650)355-7573
Record ID: 410020DN
Service Type: RES
Resident Capacity: 9
Total Occupancy: 9
Target Population: 1.2 --- MEN ONLY
Expiration Date: 04/30/2015

Program Name: CASA ADELITA
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES OF SAN MATEO COUNTY, INC.
Address: 160 TEHAMA COURT
City, State Zip: SAN BRUNO, CA 94066
Phone: (650)244-1444 Fax: (650)244-1447
Record ID: 410020FN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 02/29/2016

Program Name: CASA LOS HERMANOS
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES OF SAN MATEO COUNTY, INC.
Address: 693 7TH AVENUE
City, State Zip: SAN BRUNO, CA 94006
Phone: (415)468-9020 Fax: (415)468-1740
Record ID: 410020HN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 12/31/2015
Program Name: LATINO COMMISSION-ENTRE FAMILIA OUTPATIENT  
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES OF SAN MATEO COUNTY, INC.  
Address: 301 GRAND AVENUE, SUITE 301  
City, State Zip: SOUTH SAN FRANCISCO, CA 94080  
Phone: (650)244-1444 Fax: (650)244-1447  
Record ID: 410020IN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 11/30/2015

Program Name: SITIKE COUNSELING CENTER  
Legal Name: SITIKE  
Address: 306 SPRUCE AVENUE  
City, State Zip: SOUTH SAN FRANCISCO, CA 94080  
Phone: (650)589-9305  
Record ID: 410023AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2014

Program Name: THE FREEDOM CENTER  
Legal Name: EL CENTRO DE LIBERTAD/THE FREEDOM CENTER, INC.  
Address: 500 ALLERTON STREET  
City, State Zip: REDWOOD CITY, CA 94063  
Phone: (650)599-9955 Fax: (650)599-9273  
Record ID: 410026CN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 2/28/2015

Program Name: EL CENTRO DE LIBERTAD/THE FREEDOM CENTER  
Legal Name: EL CENTRO DE LIBERTAD/THE FREEDOM CENTER, INC.  
Address: 225 SOUTH CABRILLO HIGHWAY, BUILDING D, SUITE # 105  
City, State Zip: HALF MOON BAY, CA 94019  
Phone: (650)560-9995 Fax: (650)560-9991  
Record ID: 410026DN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 1/31/2015
Program Name: WALKER HOUSE  
Legal Name: FREE AT LAST: COMMUNITY RECOVERY AND REHABILITATION SERVICES  
Address: 1095 WEEKS STREET  
City, State Zip: EAST PALO ALTO, CA 94303  
Phone: (650)462-4603  Fax: (650)462-3589  
Record ID: 410027AN  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 08/31/2015

Program Name: MALAIKA HOUSE  
Legal Name: FREE AT LAST: COMMUNITY RECOVERY AND REHABILITATION SERVICES  
Address: 819 & 823 JAMIE LANE  
City, State Zip: EAST PALO ALTO, CA 94303  
Phone: (650)462-6983  
Record ID: 410027BN  
Service Type: RES  
Resident Capacity: 10  
Total Occupancy: 14  
Target Population: 1.4 --- WOMEN/CHILDREN  
Expiration Date: 08/31/2015

Program Name: FREE AT LAST  
Legal Name: FREE AT LAST: COMMUNITY RECOVERY AND REHABILITATION SERVICES  
Address: 1796 BAY ROAD  
City, State Zip: EAST PALO ALTO, CA 94303  
Phone: (650)462-6999  
Record ID: 410027IN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2015
Program Name: WILLIAMS HOUSE I & II
   Legal Name: FREE AT LAST:COMMUNITY RECOVERY AND REHABILITATION SERVICES
   Address: 1085-A AND 1085-B WEEKS STREET
   City, State Zip: EAST PALO ALTO, CA 94303
   Phone: (650)462-6999  Fax: (650)462-1055
   Record ID: 410027LN
   Service Type: RES
   Resident Capacity: 6
   Total Occupancy: 6
   Target Population: 1.2 --- MEN ONLY
   Expiration Date: 08/31/2016

Program Name: ARCHWAY
   Legal Name: STARVISTA
   Address: 609 PRICE AVENUE, ROOMS 101, 107, 201, 205, 206 AND 208
   City, State Zip: REDWOOD CITY, CA 94063
   Phone: (650)366-8433  Fax: (650)366-8455
   Record ID: 410038AN
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 1/31/2016

Program Name: INSIGHTS
   Legal Name: STARVISTA
   Address: 333 GELLERT BOULEVARD #206
   City, State Zip: DALY CITY, CA 94015
   Phone: (650)755-0858  Fax: (650)755-1754
   Record ID: 410038BN
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 1/31/2014
Program Name: FIRST CHANCE SOUTH  
Legal Name: STARVISTA  
Address: 826 MAHLER ROAD  
City, State Zip: BURLINGAME, CA 94010  
Phone: (650)595-8165  Fax: (650)595-8167  
Record ID: 410038DN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 1/31/2016

Program Name: WOMEN'S ENRICHMENT CENTER  
Legal Name: STARVISTA  
Address: 335 QUARRY ROAD  
City, State Zip: SAN CARLOS, CA 94070  
Phone: (650)591-3636  Fax: (650)591-3600  
Record ID: 410038EN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 1/31/2016

Program Name: JERICHO PROJECT  
Legal Name: JERICHO PROJECT  
Address: 470 VALLEY DRIVE  
City, State Zip: BRISBANE, CA 94005  
Phone: (415)656-1700  
Record ID: 410041DN  
Service Type: NON  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 10/31/2016

Program Name: OUTPATIENT DRUG AND ALCOHOL SERVICES FOR ASIANS (ODASA)  
Legal Name: HEALTHRIGHT 360  
Address: 6181 MISSION STREET  
City, State Zip: DALY CITY, CA 94014  
Phone: (415)337-0140  
Record ID: 410043AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 11/30/2016
Program Name: HEALTHRIGHT 360 - AARS YOUTH SERVICES OF SAN MATEO
Legal Name: HEALTHRIGHT 360
Address: 1115 MISSION ROAD
City, State Zip: SOUTH SAN FRANCISCO, CA 94080
Phone: (650)243-4850 Fax: (650)243-4851
Record ID: 410043BN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 5/31/2016

Program Name: HealthRIGHT 360 - Women's Recovery Association Outpatient - The Center
Legal Name: HEALTHRIGHT 360
Address: 1818 Gilbreth Road
    Suite 230
City, State Zip: Burlingame, CA 94010
Phone: (650)348-6603
Record ID: 410043CN
Service Type: NON
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 2/29/2016

Program Name: WRA, Hillside House One
Legal Name: HEALTHRIGHT 360
Address: 27 North Humboldt Street
    Unit A & Unit B
City, State Zip: San Mateo, CA 94401
Phone:
Record ID: 410043DN
Service Type: RES
Resident Capacity: 5
Total Occupancy: 11
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 09/30/2015
Program Name: WRA, Laurel House
Legal Name: HEALTHRIGHT 360
Address: 900 Laurel Avenue
City, State Zip: San Mateo, CA 94401
Phone: (650)347-8808
Record ID: 410043FN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 13
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 02/29/2016

Program Name: STILLPATH RETREAT CENTER
Legal Name: STILLPATH RETREAT CENTER LLC
Address: 16350 SKYLINE BOULEVARD
City, State Zip: WOODSIDE, CA 94062
Phone: (415)233-0178
Fax: (415)331-8181
Record ID: 410044AP
Service Type: RES-DETOX
Resident Capacity: 52
Total Occupancy: 52
Target Population: 1.1 --- CO-ED
[ PENDING ]

Program Name: STILLPATH RETREAT CENTER PROGRAM
Legal Name: STILLPATH RETREAT CENTER LLC
Address: 16350 Skyline Boulevard
City, State Zip: Woodside, CA 94062
Phone: (415)233-0178
Fax: (888)866-1940
Record ID: 410044BP
Service Type: RES-DETOX
Resident Capacity: 52
Total Occupancy: 52
Target Population: 1.1 --- CO-ED
[ PENDING ]
Program Name: THE SEQUOIA CENTER
Legal Name: CHEMICAL DATA SERVICES CORPORATION
Address: 481 & 483 LINCOLN AVENUE
City, State Zip: REDWOOD CITY, CA 94061
Phone: (650)364-5504
Record ID: 410045AP
Service Type: RES
Resident Capacity: 19
Total Occupancy: 19
Target Population: 1.1 --- CO-ED
Expiration Date: 03/31/2016

Program Name: THE SEQUOIA CENTER INTENSIVE OUTPATIENT PROGRAM
Legal Name: CHEMICAL DATA SERVICES CORPORATION
Address: 609 PRICE STREET, SUITE #102 & #106
City, State Zip: REDWOOD CITY, CA 94064
Phone:
Record ID: 410045BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2016
Program Name: RECOVERY POINT ACUTE CARE
Legal Name: GOOD SAMARITAN SHELTER
Address: 401 'B' W.MORRISON AVENUE
City, State Zip: SANTA MARIA, CA 93458
Phone: (805)347-3338
Record ID: 420010BN
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016

Program Name: ANOTHER ROAD DETOX PROGRAM
Legal Name: GOOD SAMARITAN SHELTER
Address: 113 SOUTH M STREET
City, State Zip: LOMPOC, CA 93436
Phone: (805)736-0357 Fax: (805)346-8656
Record ID: 420010DN
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016

Program Name: TURNING POINT
Legal Name: GOOD SAMARITAN SHELTER
Address: 604 WEST OCEAN AVENUE
City, State Zip: LOMPOC, CA 93436
Phone: (805)736-0357 Fax: (805)737-0389
Record ID: 420010EN
Service Type: NON
Target Population:
Expiration Date: 11/30/2016
Program Name: RECOVERY POINT OUTPATIENT PROGRAM  
Legal Name: GOOD SAMARITAN SHELTER  
Address: 245 E. INGER DRIVE, SUITE 103B  
City, State Zip: SANTA MARIA, CA 93454  
Phone: (805)346-8185 Fax: (805)346-8656  
Record ID: 420010FN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 11/30/2016

Program Name: CASA DE FAMILIA TREATMENT CENTER  
Legal Name: GOOD SAMARITAN SHELTER  
Address: 403 'B' WEST MORRISON  
City, State Zip: SANTA MARIA, CA 93454  
Phone: (805)354-0815  
Record ID: 420010GN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2016

Program Name: LOMPOC RECOVERY CENTER  
Legal Name: GOOD SAMARITAN SHELTER  
Address: 104 SOUTH C STREET, SUITE A  
City, State Zip: LOMPOC, CA 93436  
Phone: (805)332-3647  
Record ID: 420010HN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 9/30/2016
Program Name: SANTA BARBARA RESCUE MISSION - RECOVERY PROGRAM
Legal Name: SANTA BARBARA RESCUE MISSION
Address: 535 EAST YANONALI STREET, A
City, State Zip: SANTA BARBARA, CA 93103
Phone: (805)966-1316 Fax: (805)966-7495
Record ID: 420016AN
Service Type: RES
Resident Capacity: 49
Total Occupancy: 49
Target Population: 1.2 --- MEN ONLY
Expiration Date: 02/28/2015

Program Name: BETHEL HOUSE
Legal Name: SANTA BARBARA RESCUE MISSION
Address: 24 WEST ARRELLEGA STREET
City, State Zip: SANTA BARBARA, CA 93101
Phone: (805)966-1316 Fax: (805)966-7495
Record ID: 420016BN
Service Type: RES
Resident Capacity: 24
Total Occupancy: 25
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 02/28/2015

Program Name: RECOVERY SANTA BARBARA OUTPATIENT SERVICES
Legal Name: SANTA BARBARA RESCUE MISSION
Address: 535 EAST YANONALI STREET, B
City, State Zip: SANTA BARBARA, CA 93103
Phone: (805)966-1316 Fax: (805)966-7495
Record ID: 420016CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2016
Program Name: COTTAGE RESIDENTIAL CENTER
Legal Name: SANTA BARBARA COTTAGE HOSPITAL
Address: 316 MONTECITO STREET
City, State Zip: SANTA BARBARA, CA 93101
Phone: (805)569-7815 Fax: (805)569-8314
Record ID: 420017AN
Service Type: RES
Resident Capacity: 24
Total Occupancy: 24
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2015

Program Name: PROJECT RECOVERY - ADULT OUTPATIENT TREATMENT PROGRAM
Legal Name: SANTA BARBARA COUNCIL ON ALCOHOLISM AND DRUG ABUSE
Address: 133 EAST HALEY STREET
City, State Zip: SANTA BARBARA, CA 93101
Phone: (805)564-6057
Record ID: 420022AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015

Program Name: DANIEL BRYANT YOUTH AND FAMILY TREATMENT CENTER
Legal Name: COUNCIL ON ALCOHOLISM AND DRUG ABUSE
Address: 1111 GARDEN STREET
City, State Zip: SANTA BARBARA, CA 93101
Phone: (805)730-7575 Fax: (805)730-7503
Record ID: 420022BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015
Program Name:  PC1000  
   Legal Name:  COUNCIL ON ALCOHOLISM AND DRUG ABUSE  
   Address:  232 EAST CANON PERDIDO STREET  
   City, State Zip:  SANTA BARBARA, CA 93101  
   Phone:  (805)963-1433  
   Fax:  (805)963-1720  
   Record ID:  420022DN  
   Service Type:  NON  
   Target Population:  1.1 --- CO-ED  
   Expiration Date:  5/31/2015

Program Name:  PROJECT RECOVERY RESIDENTIAL DETOX PROGRAM  
   Legal Name:  COUNCIL ON ALCOHOLISM AND DRUG ABUSE  
   Address:  1020 PLACIDO AVENUE  
   City, State Zip:  SANTA BARBARA, CA 93103  
   Phone:  (805)963-1836  
   Fax:  (805)963-8849  
   Record ID:  420022EN  
   Service Type:  RES-DETOX  
   Resident Capacity:  12  
   Total Occupancy:  12  
   Target Population:  1.1 --- CO-ED  
   Expiration Date:  12/31/2015

Program Name:  CASA SERENA RESIDENTIAL RECOVERY PROGRAM  
   Legal Name:  CASA SERENA  
   Address:  1515 BATH STREET  
   City, State Zip:  SANTA BARBARA, CA 93101  
   Phone:  (805)564-8701  
   Fax:  (805)966-6695  
   Record ID:  420024AN  
   Service Type:  RES  
   Resident Capacity:  18  
   Total Occupancy:  18  
   Target Population:  1.3 --- WOMEN ONLY  
   Expiration Date:  06/30/2015
Program Name: CASA SERENA RESIDENTIAL RECOVERY PROGRAM
Legal Name: CASA SERENA
Address: 1922 AND 1924 CASTILLO STREET
City, State Zip: SANTA BARBARA, CA 93101
Phone: (805)966-1260  Fax: (805)966-6695
Record ID: 420024BN
Service Type: RES
Resident Capacity: 8
Total Occupancy: 8
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 06/30/2015

Program Name: CASA SERENA RESIDENTIAL RECOVERY PROGRAM
Legal Name: CASA SERENA
Address: 147 OLIVER ROAD
City, State Zip: SANTA BARBARA, CA 93105
Phone: (805)966-1260  Fax: (805)966-6695
Record ID: 420024CN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 12
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 06/30/2015

Program Name: SANCTUARY PSYCHIATRIC CENTERS
Legal Name: SANCTUARY HOUSE OF SANTA BARBARA, INC.
Address: 222 WEST VALERIO, REAR BUILDING
City, State Zip: SANTA BARBARA, CA 93101
Phone: (805)569-2785  Fax: (805)563-1977
Record ID: 420026AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015
Program Name: COAST VALLEY SUBSTANCE ABUSE TREATMENT CENTER  
Legal Name: COAST VALLEY WORSHIP CENTER  
Address: 1125 E. CLARK AVENUE, SUITE A2  
City, State Zip: SANTA MARIA, CA 93455  
Phone: (805)739-1512  
Fax: (805)739-2855  
Record ID: 420030AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 3/31/2015

Program Name: COAST VALLEY SUBSTANCE ABUSE TREATMENT CENTER  
Legal Name: COAST VALLEY WORSHIP CENTER  
Address: 133 NORTH F STREET  
City, State Zip: LOMPOC, CA 93436  
Phone: (805)735-7525  
Record ID: 420030BN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 8/31/2016

Program Name: SANTA MARIA CENTER FOR CHANGE  
Legal Name: MENTAL HEALTH SYSTEMS, INC.  
Address: 201 SOUTH MILLER, SUITE 108  
City, State Zip: SANTA MARIA, CA 93454  
Phone: (805)925-9811  
Fax: (805)925-9706  
Record ID: 420031BN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 6/30/2016

Program Name: RECOVERY ROAD MEDICAL CENTER  
Legal Name: RECOVERY ROAD MEDICAL CENTER, INC.  
Address: 3891 STATE STREET, SUITE 205  
City, State Zip: SANTA BARBARA, CA 93105  
Phone: (805)962-7800  
Fax: (805)962-9002  
Record ID: 420034AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 11/30/2014
Program Name: THE TIDES SANTA BARBARA
Legal Name: THE TIDES SANTA BARBARA, LLC
Address: 5277 AUSTIN ROAD
City, State Zip: SANTA BARBARA, CA 93111
Phone: (805)845-4320 Fax: (888)552-0299
Record ID: 420035AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2015

Program Name: Champion Center
Legal Name: Champion Center
Address: 303 South C Street
City, State Zip: Lompoc, CA 93436
Phone:
Record ID: 420036AP
Service Type: RES
Resident Capacity:
Total Occupancy: 16
Target Population: 1.1 --- CO-ED
PENDING
State of California, Department of Health Care Services
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of 2/6/2015

Santa Clara County

Program Name: PATHWAY HOUSE
Legal Name: PATHWAY SOCIETY
Address: 102 SOUTH 11TH STREET
City, State Zip: SAN JOSE, CA 95112
Phone: (408)998-5191 Fax: (408)506-1194
Record ID: 430016AN
Service Type: RES
Resident Capacity: 65
Total Occupancy: 65
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2015

Program Name: PATHWAY OUTPATIENT CENTER
Legal Name: PATHWAY SOCIETY
Address: 1659 SCOTT BOULEVARD, SUITE 5, 22, AND 32
City, State Zip: SANTA CLARA, CA 95050
Phone: (408)244-1834
Record ID: 430016BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015

Program Name: PATHWAY SOCIETY
Legal Name: PATHWAY SOCIETY
Address: 16433 MONTEREY STREET, SUITE 140
City, State Zip: MORGAN HILL, CA 95037
Phone: (408)782-6300 Fax: (408)782-6363
Record ID: 430016DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2016
Program Name: MARIPOSA LODGE
  Legal Name: PATHWAY SOCIETY
  Address: 9500 MALECH ROAD
  City, State Zip: SAN JOSE, CA 95151
  Phone: (408)281-6542  Fax: (408)463-0794
  Record ID: 430016FN
  Service Type: RES-DETOX
  Resident Capacity: 40
  Total Occupancy: 40
  Target Population: 1.1 --- CO-ED
  Expiration Date: 09/30/2015

Program Name: HORIZON SOUTH
  Legal Name: HORIZON SERVICES, INCORPORATED
  Address: 650 SOUTH BASCOM AVENUE
  City, State Zip: SAN JOSE, CA 95128
  Phone: (408)295-6675  Fax: (408)295-8544
  Record ID: 430021AN
  Service Type: RES-DETOX
  Resident Capacity: 41
  Total Occupancy: 41
  Target Population: 1.2 --- MEN ONLY
  Expiration Date: 08/31/2016

Program Name: SUPPORT SYSTEMS HOMES OUTPATIENT AND DAY TREATMENT PROGRAM
  Legal Name: SUPPORT SYSTEMS HOMES, INC.
  Address: 173 NORTH MORRISON AVENUE
  City, State Zip: SAN JOSE, CA 95126
  Phone: (408)370-9688  Fax: (408)370-3487
  Record ID: 430027GP
  Service Type: NON
  Target Population: 1.1 --- CO-ED
  Expiration Date: 5/31/2015
Program Name: SUPPORT SYSTEMS HOMES ALCOHOL AND DRUG TREATMENT CENTER
Legal Name: SUPPORT SYSTEMS HOMES, INC.
Address: 264 NORTH MORRISON AVENUE
City, State Zip: SAN JOSE, CA 95126
Phone: (408)370-9688  Fax: (408)370-3487
Record ID: 430027HP
Service Type: RES-DETOX
Resident Capacity: 32
Total Occupancy: 32
Target Population: 1.1 --- CO-ED
Expiration Date: 01/31/2015

Program Name: SUPPORT SYSTEMS HOMES, INC.
Legal Name: SUPPORT SYSTEMS HOMES, INC.
Address: 398 S. 12TH STREET
City, State Zip: SAN JOSE, CA 95112
Phone: (408)370-9688  Fax: (408)370-3487
Record ID: 430027IP
Service Type: RES
Resident Capacity: 22
Total Occupancy: 22
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2015

Program Name: SUPPORT SYSTEMS HOMES, INC.
Legal Name: SUPPORT SYSTEMS HOMES, INC.
Address: 1271 & 1281 FLEMING AVENUE
City, State Zip: SAN JOSE, CA 95127
Phone: (408)370-9688  Fax: (408)370-3487
Record ID: 430027JP
Service Type: RES
Resident Capacity: 27
Total Occupancy: 27
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2015
Program Name: ADOLESCENT COUNSELING SERVICES
   Legal Name: ADOLESCENT COUNSELING SERVICES
   Address: 1717 EMBARCADERO ROAD, SUITE 4000
   City, State Zip: PALO ALTO, CA 94303
   Phone: (650)424-0852
   Record ID: 430032AN
   Service Type: NON
   Target Population: 1.5 --- YOUTH/ADOLESCENT
   Expiration Date: 1/31/2015

Program Name: THE CAMP - OUTPATIENT SERVICES
   Legal Name: THE CAMP RECOVERY CENTERS, L.P.
   Address: 256 EAST HAMILTON AVENUE, SUITE I
   City, State Zip: CAMPBELL, CA 95008
   Phone: (408)866-8167
   Record ID: 430034AP
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 9/30/2015

Program Name: SUMMIT HOME
   Legal Name: ADVENT GROUP MINISTRIES, INC.
   Address: 1200 WEST EDMUNDSON AVENUE
   City, State Zip: MORGAN HILL, CA 95037
   Phone: (408)779-1492
   Record ID: 430038CN
   Service Type: DSS
   Target Population: 1.5 --- YOUTH/ADOLESCENT
   Expiration Date: 11/30/2014

Program Name: LAUREL HOME
   Legal Name: ADVENT GROUP MINISTRIES, INC.
   Address: 865 BLACK WALNUT COURT
   City, State Zip: MORGAN HILL, CA 95037
   Phone: (408)779-5841
   Record ID: 430038DN
   Service Type: DSS
   Target Population: 1.5 --- YOUTH/ADOLESCENT
   Expiration Date: 11/30/2014
Program Name: GATEWAY HOME  
Legal Name: ADVENT GROUP MINISTRIES, INC.  
Address: 1960 CHURCH AVENUE  
City, State Zip: SAN MARTIN, CA 95046  
Phone: (408)683-2099  
Record ID: 430038EN  
Service Type: DSS  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 11/30/2014

Program Name: AMICUS HOUSE, INC.  
Legal Name: AMICUS HOUSE, INC.  
Address: 466 SOUTH BUENA VISTA AVENUE  
City, State Zip: SAN JOSE, CA 95126  
Phone: (408)294-2277  
Record ID: 430041AP  
Service Type: RES  
Resident Capacity: 14  
Total Occupancy: 14  
Target Population: 1.1 --- CO-ED  
Expiration Date: 08/31/2016

Program Name: ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT  
Legal Name: THE ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT OF SANTA CLARA COUNTY, INC.  
Address: 2400 MOORPARK AVENUE, SUITES 111, 205, 210, 300, AND, 301  
City, State Zip: SAN JOSE, CA 95128  
Phone: (408)975-2730  
Fax: (408)975-2745  
Record ID: 430042AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 1/31/2015
Program Name: CALWORKS DUAL DIAGNOSIS PROGRAM  
Legal Name: THE GARDNER FAMILY CARE CORPORATION  
Address: 160 EAST VIRGINIA STREET, SUITE 280  
City, State Zip: SAN JOSE, CA 95112  
Phone: (408)287-6200  
Fax: (408)998-1535  
Record ID: 430045AN  
Service Type: NON  
Target Population: 1.8 --- DUAL DIAGNOSIS  
Expiration Date: 5/31/2015

Program Name: PROYECTO PRIMAVERA ADULT OUTPATIENT PROGRAM  
Legal Name: THE GARDNER FAMILY CARE CORPORATION  
Address: 614 TULLY ROAD  
City, State Zip: SAN JOSE, CA 95111  
Phone: (408)977-1591  
Fax: (408)977-1136  
Record ID: 430045BN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2015

Program Name: FAMILY AND CHILDREN SERVICES--SUBSTANCE ABUSE TREATMENT PROGRAM  
Legal Name: FAMILY AND CHILDREN SERVICES  
Address: 950 WEST JULIAN STREET  
City, State Zip: SAN JOSE, CA 95126  
Phone: (408)288-6200  
Fax: (408)288-6201  
Record ID: 430046AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2015

Program Name: FAMILY & CHILDREN SERVICES - SUBSTANCE ABUSE TREATMENT PROGRAM  
Legal Name: FAMILY AND CHILDREN SERVICES  
Address: 375 CAMBRIDGE AVENUE  
City, State Zip: PALO ALTO, CA 94306  
Phone: (650)326-6576  
Fax: (650)326-1340  
Record ID: 430046BN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 9/30/2015
Program Name: FAMILY & CHILDREN SERVICES - SUBSTANCE ABUSE TREATMENT PROGRAM
Legal Name: FAMILY AND CHILDREN SERVICES
Address: 2226 N. FIRST STREET
City, State Zip: SAN JOSE, CA 95131
Phone: (650)326-6576 Fax: (650)326-1340
Record ID: 430046CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2015

Program Name: FAMILY & CHILDREN SERVICES - SUBSTANCE ABUSE TREATMENT PROGRAM
Legal Name: FAMILY AND CHILDREN SERVICES
Address: 2218 N. FIRST STREET
City, State Zip: SAN JOSE, CA 95131-2007
Phone: (650)326-6576 Fax: (650)326-1340
Record ID: 430046DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2015

Program Name: INDIAN HEALTH CENTER OF SANTA CLARA VALLEY-OUTPATIENT ALCOHOL & OTHER DRUG PROGR
Legal Name: INDIAN HEALTH CENTER OF SANTA CLARA VALLEY
Address: 602 EAST SANTA CLARA STREET, SUITE 230
City, State Zip: SAN JOSE, CA 95112
Phone: (408)350-2400 Fax: (408)350-2411
Record ID: 430047CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2014
Program Name: Life Choices Treatment Services, Inc.
Legal Name: LIFECHOICES TREATMENT SERVICES, INC.
Address: 1157 E. Taylor Street
City, State Zip: San Jose, CA 95122
Phone: (408)971-0118 Fax: (408)998-4337
Record ID: 430049CN
Service Type: RES
Resident Capacity: 31
Total Occupancy: 31
Target Population: 1.1 --- CO-ED

Program Name: NINTH STREET HOUSE
Legal Name: PROJECT NINETY
Address: 561 SOUTH 9TH STREET
City, State Zip: SAN JOSE, CA 95112
Phone: (650)579-7881 Fax: (650)579-2640
Record ID: 430051AN
Service Type: RES
Resident Capacity: 16
Total Occupancy: 18
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2015

Program Name: PROJECT NINETY THIRD STREET HOUSE
Legal Name: PROJECT NINETY
Address: 792 SOUTH THIRD STREET
City, State Zip: SAN JOSE, CA 95112
Phone: (650)579-7882 Fax: (650)579-2640
Record ID: 430051BN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2014
Program Name: NEW LIFE RECOVERY CENTERS
Legal Name: NEW LIFE RECOVERY CENTERS, INC.
Address: 473 NORTH SAN PEDRO
City, State Zip: SAN JOSE, CA 95110-2229
Phone: (408)297-1182 Fax: (408)297-7450
Record ID: 430053AP
Service Type: RES-DETOX
Resident Capacity: 18
Total Occupancy: 18
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2016

Program Name: NEW LIFE RECOVERY CENTERS, INC.
Legal Name: NEW LIFE RECOVERY CENTERS, INC.
Address: 1101 PARK AVENUE
City, State Zip: SAN JOSE, CA 95126
Phone: (408)297-1182 Fax: (408)297-7450
Record ID: 430053BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015

Program Name: NEW LIFE RECOVERY CENTERS, INC.
Legal Name: NEW LIFE RECOVERY CENTERS, INC.
Address: 166 CLAYTON AVENUE
City, State Zip: SAN JOSE, CA 95110-2210
Phone: (408)975-0454 Fax: (408)230-0395
Record ID: 430053CP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 01/31/2016
Program Name: HOUSE OF DAWN  
Legal Name: OPERATION DAWN  
Address: 5034 PAGE MILL DRIVE  
City, State Zip: SAN JOSE, CA 95111-4055  
Phone: (408)362-0121  
Record ID: 430059AN  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 8  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 11/30/2016

Program Name: POSITIVE PROGRESSION, INC.  
Legal Name: POSITIVE PROGRESSIONS RESIDENTIAL TREATMENT CENTERS, INC  
Address: 1721 LOLLIE COURT  
City, State Zip: SAN JOSE, CA 95124  
Phone: (408)476-4888  
Record ID: 430065AN  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 08/31/2015

Program Name: ADI-OUTPATIENT  
Legal Name: ADI- OP, INC.  
Address: 1900 CAMDEN AVENUE, SUITE 202 AND 205  
City, State Zip: SAN JOSE, CA 95124  
Phone: (408)879-7581  
Fax: (408)879-7587  
Record ID: 430068AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2016
Program Name: EMQ FAMILIESFIRST OUTPATIENT ADOLESCENT SUBSTANCE ABUSE
  Legal Name: FAMILIESFIRST, INC.
  Address: 251 LLEWELLYN AVENUE
  City, State Zip: CAMPBELL, CA 95008
  Phone: (408)379-3796
  Record ID: 430070AN
  Service Type: NON
  Target Population: 1.5 --- YOUTH/AN ADOLESCENT
  Expiration Date: 11/30/2015

Program Name: PARISI HOUSE ON THE HILL, INC.
  Legal Name: PARISI HOUSE ON THE HILL, INC.
  Address: 9501 AND 9505 MALECH ROAD
  City, State Zip: SAN JOSE, CA 95138
  Phone: (408)281-6570  Fax: (408)463-1116
  Record ID: 430071AN
  Service Type: RES
  Resident Capacity: 20
  Total Occupancy: 42
  Target Population: 1.3 --- WOMEN ONLY
  Expiration Date: 05/31/2015

Program Name: LIONROCK RECOVERY
  Legal Name: LIONROCK BEHAVIORAL HEALTH, INC.
  Address: 621 E CAMPBELL AVENUE #17
  City, State Zip: CAMPBELL, CA 95008
  Phone: (760)994-4990  Fax: (866)899-8670
  Record ID: 430074AP
  Service Type: NON
  Target Population: 1.1 --- CO-ED
  Expiration Date: 8/31/2015
Program Name: GREENDALE HOUSE  
Legal Name: GREENDALE HOUSE  
Address: 401 GREENDALE WAY  
City, State Zip: SAN JOSE, CA 95129  
Phone: (408)455-2944  
Fax: (408)248-0972  
Record ID: 430076AP  
Service Type: RES  
Resident Capacity: 14  
Total Occupancy: 14  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 03/31/2016

Program Name: SUMMIT ESTATE RECOVERY CENTER  
Legal Name: SUMMIT ESTATE, INC.  
Address: 399 OLD MILL POND ROAD  
City, State Zip: LOS GATOS, CA 95033  
Phone: (650)733-4711  
Fax: (877)230-5007  
Record ID: 430077AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2015

Program Name: SUMMIT ESTATE OUTPATIENT  
Legal Name: SUMMIT ESTATE, INC.  
Address: 20640 3RD STREET  
City, State Zip: SARATOGA, CA 95070  
Phone: (408)469-4734  
Fax: (408)469-4734  
Record ID: 430077BP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 2/29/2016
Program Name: CENTRAL TREATMENT & RECOVERY
  Legal Name: SANTA CLARA COUNTY, DEPARTMENT OF ALCOHOL AND DRUG SERVICES
  Address: 976 LENZEN AVENUE, 1ST FLOOR, STE. 1900
  City, State Zip: SAN JOSE, CA 95126-2737
  Phone: (408)792-5656  Fax: (408)947-8719
  Record ID: 430078AN
  Service Type: NON
  Target Population: 1.1 --- CO-ED
  Expiration Date: 9/30/2016

Program Name: ASIAN AMERICAN RECOVERY SERVICES, A HEALTHRIGHT 360 PROGRAM
  Legal Name: HEALTHRIGHT 360
  Address: 1340 TULLY ROAD, SUITE 301 & 304
  City, State Zip: SAN JOSE, CA 95122-3056
  Phone: (408)271-3900  Fax: (415)865-0119
  Record ID: 430079AN
  Service Type: NON
  Target Population: 1.1 --- CO-ED
  Expiration Date: 9/30/2016

Program Name: ASIAN AMERICAN RECOVERY SERVICES, A HEALTHRIGHT 360 PROGRAM
  Legal Name: HEALTHRIGHT 360
  Address: 542 VALLEY WAY
  City, State Zip: MILPITAS, CA 95035
  Phone: (408)271-3900
  Record ID: 430079BN
  Service Type: NON
  Target Population: 1.5 --- YOUTH/ADOLESCENT
  Expiration Date: 3/31/2016
Program Name: Genesis Project
Legal Name: TRUTH RECOVERY FOUNDATION, INC. DBA GENESIS PROJECT
Address: 810 Palm Street
City, State Zip: San Jose, CA 95110
Phone: (408)500-6229
Record ID: 430080AP
Service Type: RES
Resident Capacity: 16
Total Occupancy: 16
Target Population: 1.2 --- MEN ONLY
PENDING
State of California, Department of Health Care Services
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of 2/6/2015

Santa Cruz County

Program Name: ALTO COUNSELING CENTER-SOUTH
Legal Name: ENCOMPASS COMMUNITY SERVICES
Address: 18 ALEXANDER STREET
City, State Zip: WATSONVILLE, CA 95076
Phone: (831)722-5915
Fax: (831)722-8311
Record ID: 440001EN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2014

Program Name: OUT-PATIENT CLIENT SERVICES
Legal Name: JANUS OF SANTA CRUZ
Address: 200 SEVENTH AVENUE, SUITE 150
City, State Zip: SANTA CRUZ, CA 95062
Phone: (831)462-1060
Record ID: 440003AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2016

Program Name: RESIDENTIAL TREATMENT CENTER & SPECIAL CARE UNIT
Legal Name: JANUS OF SANTA CRUZ
Address: 200 SEVENTH AVENUE
City, State Zip: SANTA CRUZ, CA 95062
Phone: (831)462-1060
Record ID: 440003BN
Service Type: RES-DETOX
Resident Capacity: 24
Total Occupancy: 24
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2016
Program Name: MONDANARO-BASKIN CENTER FOR WOMEN & CHILDREN
Legal Name: JANUS OF SANTA CRUZ
Address: 516 CHESTNUT STREET
City, State Zip: SANTA CRUZ, CA 95060
Phone: (831)423-9015
Record ID: 440003DN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 24
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 08/31/2016

Program Name: SANTA CRUZ RESIDENTIAL RECOVERY
Legal Name: ENCOMPASS COMMUNITY SERVICES
Address: 125 RIGG STREET
City, State Zip: SANTA CRUZ, CA 95060
Phone: (831)423-2003
Record ID: 440008AN
Service Type: RES
Resident Capacity: 30
Total Occupancy: 30
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2016

Program Name: ALTO COUNSELING CENTER - NORTH
Legal Name: ENCOMPASS COMMUNITY SERVICES
Address: 716 OCEAN STREET, SUITES 170, 200, 230
City, State Zip: SANTA CRUZ, CA 95060-2126
Phone: (831)427-5290
Record ID: 440008HN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2016
Program Name: SI SE PUEDE
Legal Name: ENCOMPASS COMMUNITY SERVICES
Address: 161 MILES LANE
City, State Zip: WATSONVILLE, CA 95076
Phone: (831)423-3890
Record ID: 440008LN
Service Type: RES
Resident Capacity: 23
Total Occupancy: 23
Target Population: 1.2 --- MEN ONLY
Expiration Date: 06/30/2016

Program Name: NARCONON REDWOOD CLIFFS
Legal Name: HALCYON HORIZONS, INCORPORATED
Address: 262 GAFFEY ROAD
City, State Zip: WATSONVILLE, CA 95076
Phone: (831)768-7190 Fax: (831)768-7194
Record ID: 440009CN
Service Type: RES-DETOX
Resident Capacity: 49
Total Occupancy: 49
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: NARCONON REDWOOD CLIFFS
Legal Name: HALCYON HORIZONS, INCORPORATED
Address: 9057 SOQUEL DRIVE, BUILDING B, SUITE EE
City, State Zip: APTOS, CA 95003
Phone: (831)768-7190 Fax: (831)768-7194
Record ID: 440009DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016
Program Name: NEW LIFE CENTER
    Legal Name: NEW LIFE COMMUNITY SERVICES, INC.
    Address: 707 AND 717 FAIR AVENUE
    City, State Zip: SANTA CRUZ, CA 95060
    Phone: (831)427-1007
    Record ID: 440010AN
    Service Type: RES
    Resident Capacity: 38
    Total Occupancy: 57
    Target Population: 1.7 --- FAMILIES
    Expiration Date: 04/30/2015

Program Name: THE CAMP
    Legal Name: THE CAMP RECOVERY CENTERS, L.P.
    Address: 3192 GLEN CANYON ROAD
    City, State Zip: SCOTTS VALLEY, CA 95066
    Phone: (831)438-1868
    Record ID: 440011AP
    Service Type: RES-DETOX
    Resident Capacity: 56
    Total Occupancy: 60
    Target Population: 1.1 --- CO-ED
    Expiration Date: 09/30/2015

Program Name: THE CAMP RECOVERY CENTERS-SECTION II
    Legal Name: THE CAMP RECOVERY CENTERS, L.P.
    Address: 3192 GLEN CANYON ROAD
    City, State Zip: SCOTTS VALLEY, CA 95066-4916
    Phone: (831)438-1868
    Record ID: 440011BP
    Service Type: DSS
    Target Population: 1.5 --- YOUTH/ADOLESCENT
    Expiration Date: 2/28/2015
Program Name: SOBRIETY WORKS
Legal Name: RIKKI RAP, INC.
Address: 105-F POST OFFICE DRIVE
City, State Zip: APTOS, CA 95003
Phone: (831)476-1747 Fax: (831)685-1703
Record ID: 440012AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2015
State of California, Department of Health Care Services
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of 2/6/2015

Shasta County

Program Name: EMPIRE RECOVERY CENTER
Legal Name: EMPIRE HOTEL, EHARC, INC.
Address: 1237 CALIFORNIA STREET
City, State Zip: REDDING, CA 96001
Phone: (530)243-7470 Fax: (530)243-7477
Record ID: 450001AN
Service Type: RES-DETOX
Resident Capacity: 42
Total Occupancy: 42
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2015

Program Name: EMPIRE RECOVERY CENTER
Legal Name: EMPIRE HOTEL, EHARC, INC.
Address: 5014 SHASTA DAM BOULEVARD
City, State Zip: SHASTA LAKE, CA 96019
Phone: (530)275-1076 Fax: (530)275-3717
Record ID: 450001BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2015

Program Name: EMPIRE OUTPATIENT SERVICES
Legal Name: EMPIRE HOTEL, EHARC, INC.
Address: 1263 CALIFORNIA STREET
City, State Zip: REDDING, CA 96001
Phone: (530)244-7074 Fax: (530)244-7065
Record ID: 450001CN
Service Type: NON
Target Population: 1.13 --- CO-ED/CHILD/DUAL
Expiration Date: 8/31/2016
Program Name: WILDERNESS RECOVERY CENTER
Legal Name: HILLCREST COMMUNITY SERVICES, INC.
Address: 19650 COVE ROAD
City, State Zip: MONTGOMERY CREEK, CA 96065
Phone: (530)337-6724
Record ID: 450004AN
Service Type: DSS
Target Population: 1.5 --- YOUTH/ ADOLESCENT
Expiration Date: 1/31/2016

Program Name: REDEEMED RECOVERY SERVICES
Legal Name: CHURCH OF THE REDEEMED OF REDDING, CALIFORNIA
Address: 844 BUTTE STREET
City, State Zip: REDDING, CA 96001
Phone: (530)241-5518 Fax: (530)244-4086
Record ID: 450008AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2015

Program Name: SHASTA RECOVERY CENTER
Legal Name: SMITH, RON W.
Address: 2115 HOWARD STREET, SUITE C
City, State Zip: ANDERSON, CA 96007
Phone: (530)365-1160 Fax: (530)343-6715
Record ID: 450010AP
Service Type: NON
Target Population: 1.7 --- FAMILIES
Expiration Date: 5/31/2015

Program Name: CHEMICAL DEPENDENCY INTENSIVE OUTPATIENT PROGRAM
Legal Name: THOMAS J. ANDREWS, M.D., INC.
Address: 2885 CHURN CREEK ROAD, SUITE A
City, State Zip: REDDING, CA 96002
Phone: (530)221-7474 Fax: (530)226-6329
Record ID: 450011AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015
Program Name: ANDERSON OUTPATIENT PROGRAM
Legal Name: RIGHT ROAD RECOVERY PROGRAMS, INC.
Address: 2110 FERRY STREET
City, State Zip: ANDERSON, CA 96007
Phone: (530)365-8523
Record ID: 450012AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015

Program Name: VOTC, INC. RESIDENTIAL TREATMENT PROGRAM
Legal Name: VOTC, INC.
Address: 3640, 3642, 3644, 3646, 3650, 3652 EL PORTAL DRIVE AND 3647 RICARDO AVENUE
City, State Zip: REDDING, CA 96002
Phone: (530)722-1114 Fax: (530)722-1115
Record ID: 450020AN
Service Type: RES
Resident Capacity: 24
Total Occupancy: 36
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 09/30/2016

Program Name: VOTC, INC.
Legal Name: VOTC, INC.
Address: 3617 RICARDO AVENUE, #1
City, State Zip: REDDING, CA 96002
Phone: (530)722-1114 Fax: (530)722-1115
Record ID: 450020BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016
Program Name: VISIONS OF THE CROSS
Legal Name: VOTC, INC.
Address: 3617 RICARDO AVENUE #6,7&8
City, State Zip: REDDING, CA 96002
Phone: (530)722-1114 Fax: (530)722-1115
Record ID: 450020DN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 16
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 11/30/2015
Program Name: SIERRA COUNTY HUMAN SERVICES
Legal Name: SIERRA COUNTY HUMAN SERVICES
Address: 704 MILL STREET
City, State Zip: LOYALTON, CA 96118-3501
Phone: (530)993-6748
Fax: (530)993-6759
Record ID: 460001AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015
State of California, Department of Health Care Services
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of 2/6/2015

--- Siskiyou County ---

Program Name: ALCOHOL AND OTHER DRUG SERVICES
Legal Name: SISKIYOU COUNTY HUMAN SERVICES AGENCY
Address: 2060 CAMPUS DRIVE
City, State Zip: YREKA, CA 96097
Phone: (530)841-4890  Fax: (530)841-4881
Record ID: 470002AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2015

Program Name: KARUK HEALTH CLINIC
Legal Name: KARUK TRIBE
Address: 1519 SOUTH OREGON STREET
City, State Zip: YREKA, CA 96097
Phone: (530)842-9200  Fax: (530)841-5150
Record ID: 470003AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2016
<table>
<thead>
<tr>
<th>Program Name: SOUTHERN SOLANO ALCOHOL COUNCIL</th>
<th>Resident Capacity: 9</th>
<th>Total Occupancy: 9</th>
<th>Target Population: 1.1 --- CO-ED</th>
<th>Expiration Date: 12/31/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name: BI-BETT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address: 419 PENNSYLVANIA STREET</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State Zip: VALLEJO, CA 94590</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone: (707)643-2715</td>
<td>Fax: (707)643-8536</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Record ID: 480002BN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Type: RES-DETOX</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name: SHAMIA RECOVERY CENTER</th>
<th>Resident Capacity: 16</th>
<th>Total Occupancy: 16</th>
<th>Target Population: 1.4 --- WOMEN/CHILDREN</th>
<th>Expiration Date: 11/30/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name: BI-BETT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address: 126, 126-1/2, AND 128 OHIO STREET</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State Zip: VALLEJO, CA 94590</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone: (707)644-2577</td>
<td>Fax: (707)644-2577</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Record ID: 480002CN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Type: RES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name: SHAMIA RECOVERY CENTER</th>
<th>Resident Capacity: 4</th>
<th>Total Occupancy: 4</th>
<th>Target Population: 1.3 --- WOMEN ONLY</th>
<th>Expiration Date: 10/31/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name: BI-BETT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address: 109A OHIO STREET</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State Zip: VALLEJO, CA 94590</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone: (707)644-2577</td>
<td>Fax: (707)644-5501</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Record ID: 480002EN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Type: RES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Program Name: RECOVERY CONNECTION
Legal Name: BI-BETT
Address: 604 BROADWAY
City, State Zip: VALLEJO, CA 94590
Phone: (707)643-2748 Fax: (707)558-8047
Record ID: 480002GN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015

Program Name: GENESIS HOUSE
Legal Name: GENESIS HOUSE, INC.
Address: 1149 WARREN AVENUE
City, State Zip: VALLEJO, CA 94591
Phone: (707)552-5295
Record ID: 480005AN
Service Type: RES
Resident Capacity: 19
Total Occupancy: 19
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2015

Program Name: GENESIS HOUSE II
Legal Name: GENESIS HOUSE, INC.
Address: 133 RENIDA STREET
City, State Zip: VALLEJO, CA 94591
Phone: (707)552-5295
Record ID: 480005BN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.2 --- MEN ONLY
Expiration Date: 06/30/2015
Program Name: PROJECT AURORA/ADAPT
Legal Name: YOUTH AND FAMILY SERVICES, INC.
Address: 408 TENNESSEE STREET
City, State Zip: VALLEJO, CA 94590
Phone: (707)554-2397 Fax: (707)554-2634
Record ID: 480007DN
Service Type: NON
Target Population: 1.7 --- FAMILIES
Expiration Date: 1/31/2016

Program Name: THE HOUSE OF ACTS/SUBSTANCE ABUSE PROGRAM
Legal Name: THE HOUSE OF ACTS/SUBSTANCE ABUSE PROGRAM
Address: 627 GRANT STREET
City, State Zip: VALLEJO, CA 94590
Phone: (707)553-1042 Fax: (707)553-8146
Record ID: 480010AN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.1 --- CO-ED
Expiration Date: 02/28/2015

Program Name: THE HOUSE OF ACTS II
Legal Name: THE HOUSE OF ACTS/SUBSTANCE ABUSE PROGRAM
Address: 115 TERI COURT
City, State Zip: VALLEJO, CA 94589
Phone: (707)643-8316 Fax: (707)553-8146
Record ID: 480010BN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.2 --- MEN ONLY
Expiration Date: 06/30/2016
Program Name: THE HOUSE OF ACTS ALCOHOL & SUBSTANCE ABUSE TREATMENT PROGRAM
Legal Name: THE HOUSE OF ACTS/SUBSTANCE ABUSE PROGRAM
Address: 844 5TH STREET
City, State Zip: VALLEJO, CA 94589
Phone: (707)553-1042 Fax: (707)553-8146
Record ID: 480010DN
Service Type: RES
Resident Capacity: 8
Total Occupancy: 8
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 08/31/2016

Program Name: RIO VISTA CARE
Legal Name: RIO VISTA CARE, INC.
Address: 125 SACRAMENTO STREET
City, State Zip: RIO VISTA, CA 94571
Phone: (707)374-5243 Fax: (707)374-5381
Record ID: 480012AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2014

Program Name: ARCHWAY RECOVERY SERVICES, INC.
Legal Name: ARCHWAY RECOVERY SERVICES, INC.
Address: 1525 UNION AVENUE
City, State Zip: FAIRFIELD, CA 94533
Phone: (707)435-1804 Fax: (707)435-9807
Record ID: 480022AN
Service Type: RES
Resident Capacity: 13
Total Occupancy: 13
Target Population: 1.2 --- MEN ONLY
Expiration Date: 03/31/2015
Program Name: ANKA BEHAVIORAL HEALTH, INC.
Legal Name: ANKA BEHAVIORAL HEALTH, INCORPORATED
Address: 251 GEORGIA STREET
City, State Zip: VALLEJO, CA 94590
Phone: (707)558-8195 Fax: (707)558-8196
Record ID: 480023AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015

Program Name: A WISE RETREAT
Legal Name: LOCKLIND AND ASSOCIATES, LLC
Address: 4749 GEORGIA STREET
City, State Zip: VALLEJO, CA 94591
Phone: (707)712-7733 Fax: (916)647-0510
Record ID: 480034AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 05/31/2016
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Legal Name</th>
<th>Address</th>
<th>City, State Zip</th>
<th>Phone</th>
<th>Fax</th>
<th>Record ID</th>
<th>Service Type</th>
<th>Resident Capacity</th>
<th>Total Occupancy</th>
<th>Target Population</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAMPOBELLO CHEMICAL DEPENDENCY RECOVERY CENTER</td>
<td>CAMPOBELLO CHEMICAL DEPENDENCY RECOVERY CENTER, INC.</td>
<td>3250 GUERNEVILLE ROAD</td>
<td>SANTA ROSA, CA 95401</td>
<td>(707)579-4066</td>
<td>(707)579-1603</td>
<td>490002AP</td>
<td>RES-DETOX</td>
<td>25</td>
<td>25</td>
<td>1.1 --- CO-ED</td>
<td>08/31/2016</td>
</tr>
<tr>
<td>CAMPOBELLO OUTPATIENT CENTER</td>
<td>CAMPOBELLO CHEMICAL DEPENDENCY RECOVERY CENTER, INC.</td>
<td>2448 GUERNEVILLE ROAD, SUITE 400</td>
<td>SANTA ROSA, CA 95403-7227</td>
<td>(707)546-1547</td>
<td>(707)546-1557</td>
<td>490002BP</td>
<td>NON</td>
<td></td>
<td></td>
<td>1.1 --- CO-ED</td>
<td>2/29/2016</td>
</tr>
<tr>
<td>WOMEN'S RECOVERY SERVICES, A UNIQUE PLACE</td>
<td>WOMEN'S RECOVERY SERVICES, A UNIQUE PLACE</td>
<td>98, 112, 122, AND 140 HENDLEY STREET</td>
<td>SANTA ROSA, CA 95404</td>
<td>(707)527-0412</td>
<td>(707)527-6048</td>
<td>490004EN</td>
<td>RES</td>
<td>20</td>
<td>32</td>
<td>1.4 --- WOMEN/CHILDREN</td>
<td>02/29/2016</td>
</tr>
</tbody>
</table>
Program Name: OUTPATIENT TREATMENT PROGRAM
Legal Name: DRUG ABUSE ALTERNATIVES CENTER
Address: 2403 PROFESSIONAL DRIVE, SUITE 101
City, State Zip: SANTA ROSA, CA 95403
Phone: (707)571-2233 Fax: (707)571-2238
Record ID: 490009BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2015

Program Name: PERINATAL DAY TREATMENT
Legal Name: DRUG ABUSE ALTERNATIVES CENTER
Address: 2400 COUNTY CENTER DRIVE SUITE B
City, State Zip: SANTA ROSA, CA 95403
Phone: (707)566-0170 Fax: (707)526-3155
Record ID: 490009EN
Service Type: NON
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 4/30/2016

Program Name: DRUG ABUSE ALTERNATIVES CENTER - DRUG COURT
Legal Name: DRUG ABUSE ALTERNATIVES CENTER
Address: 2400 COUNTY CENTER DRIVE, SUITE B
City, State Zip: SANTA ROSA, CA 95403
Phone: (707)566-0170 Fax: (707)568-5445
Record ID: 490009LN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2014
Program Name: TURNING POINT - ARROWOOD
Legal Name: DRUG ABUSE ALTERNATIVES CENTER
Address: 440 ARROWOOD DRIVE
City, State Zip: SANTA ROSA, CA 95407
Phone: (707)284-2950 Fax: (707)284-2955
Record ID: 490009RN
Service Type: RES
Resident Capacity: 112
Total Occupancy: 112
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2015

Program Name: TURNING POINT ORENDA DETOX
Legal Name: DRUG ABUSE ALTERNATIVES CENTER
Address: 1430 NEOTOMAS AVENUE
City, State Zip: SANTA ROSA, CA 95405
Phone: (707)565-7460 Fax: (707)565-7488
Record ID: 490009SN
Service Type: RES-DETOX
Resident Capacity: 30
Total Occupancy: 30
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2016

Program Name: ATHENA HOUSE
Legal Name: CALIFORNIA HUMAN DEVELOPMENT CORPORATION
Address: 3555 SONOMA HIGHWAY
City, State Zip: SANTA ROSA, CA 95409
Phone: (707)526-3150 Fax: (707)526-3250
Record ID: 490010AN
Service Type: RES
Resident Capacity: 40
Total Occupancy: 44
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 06/30/2015
Program Name: CALIFORNIA HUMAN DEVELOPMENT CORPORATION EARLY INTERVENTION AND OUT-PATIENT TREA
Legal Name: CALIFORNIA HUMAN DEVELOPMENT CORPORATION
Address: 3315 AIRWAY DRIVE
City, State Zip: SANTA ROSA, CA 95403
Phone: (707)523-2242
Record ID: 490010EN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2015

Program Name: CASA CALMECAC
Legal Name: CALIFORNIA HUMAN DEVELOPMENT CORPORATION
Address: 1705, 1705-A AND 1711 RIDLEY STREET
City, State Zip: SANTA ROSA, CA 95403
Phone: (707)573-1590
Fax: (707)595-1150
Record ID: 490010HN
Service Type: RES
Resident Capacity: 18
Total Occupancy: 18
Target Population: 1.2 --- MEN ONLY
Expiration Date: 02/29/2016

Program Name: BOYS FACILITY
Legal Name: 'R' HOUSE
Address: 429 SPEERS ROAD
City, State Zip: SANTA ROSA, CA 95409
Phone: (707)539-2948
Record ID: 490011AN
Service Type: DSS
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2014
Program Name: WINDING CREEK GIRLS' FACILITY
   Legal Name: 'R' HOUSE
   Address: 152 MIDDLE RINCON ROAD
   City, State Zip: SANTA ROSA, CA 95409
   Phone: (707)539-2948
   Record ID: 490011EN
   Service Type: DSS
   Target Population: 1.5 --- YOUTH/adolescent
   Expiration Date: 9/30/2016

Program Name: R HOUSE OUTPATIENT DRUG FREE MEDI-CAL
   Legal Name: 'R' HOUSE
   Address: 1207 AND 1211 CLEVELAND AVENUE
   City, State Zip: SANTA ROSA, CA 95401
   Phone: (707)571-2215    Fax: (707)568-3792
   Record ID: 490011GN
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 8/31/2015

Program Name: AZURE ACRES
   Legal Name: THE CAMP RECOVERY CENTERS, L.P.
   Address: 2264 GREEN HILL ROAD
   City, State Zip: SEBASTOPOL, CA 95472
   Phone: (707)823-3385
   Record ID: 490021AP
   Service Type: RES-DETOX
   Resident Capacity: 28
   Total Occupancy: 28
   Target Population: 1.1 --- CO-ED
   Expiration Date: 12/31/2015
Program Name: AZURE ACRES IOP
Legal Name: THE CAMP RECOVERY CENTERS, L.P.
Address: 420 MENDOCINO AVENUE, SUITE 101
City, State Zip: SANTA ROSA, CA 95401
Phone: (707)823-3385 Fax: (707)823-7519
Record ID: 490021BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2016

Program Name: MOUNTAIN VISTA FARM
Legal Name: NEW VISTAS RECOVERY, INC.
Address: 3020 WARM SPRINGS ROAD
City, State Zip: GLEN ELLEN, CA 95442
Phone: (707)996-6716 Fax: (707)996-6647
Record ID: 490025AP
Service Type: RES-DETOX
Resident Capacity: 30
Total Occupancy: 30
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2016

Program Name: SONOMA COUNTY INDIAN HEALTH PROJECT/BEHAVIOR HEALTH
Legal Name: SONOMA COUNTY INDIAN HEALTH PROJECT, INC.
Address: 144 STONY POINT ROAD, 2ND FLOOR
City, State Zip: SANTA ROSA, CA 95401
Phone: (707)521-4550 Fax: (707)544-1092
Record ID: 490032AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2015
Program Name: FIVE SISTERS RANCH, INC.
Legal Name: FIVE SISTERS RANCH, INC.
Address: 1000 LONGHORN LANE
City, State Zip: PETALUMA, CA 94952
Phone: (707)776-0755   Fax: (415)686-2263
Record ID: 490035AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 05/31/2015

Program Name: OLYMPIA HOUSE
Legal Name: SONOMA RECOVERY SERVICES, LLC
Address: 11207 VALLEY FORD ROAD
City, State Zip: PETALUMA, CA 94952
Phone: (415)795-7609
Record ID: 490036AP
Service Type: RES-DETOX
Resident Capacity: 24
Total Occupancy: 24
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2016

Program Name: MUIR WOOD ADOLESCENT & FAMILY SERVICES
Legal Name: MUIR WOOD ADOLESCENT & FAMILY SERVICES, LLC
Address: 1733 SKILLMAN LANE
City, State Zip: PETALUMA, CA 94952
Phone: (310)903-1155   Fax: (707)559-5401
Record ID: 490037AP
Service Type: DSS
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 9/30/2015
As of 2/6/2015  Stanislaus County  

Program Name: STANISLAUS RECOVERY CENTER  
Legal Name: STANISLAUS COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES  
Address: 1904 RICHLAND AVENUE, ADULT TREATMENT BUILDING  
City, State Zip: CERES, CA 95307  
Phone: (209)541-2912  
Record ID: 500002EN  
Service Type: RES-DETOX  
Resident Capacity: 52  
Total Occupancy: 52  
Target Population: 1.1 --- CO-ED  
Expiration Date: 07/31/2015  

Program Name: STANISLAUS RECOVERY CENTER - ADULT NON-RESIDENTIAL  
Legal Name: STANISLAUS COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES  
Address: 1904 RICHLAND AVENUE  
City, State Zip: CERES, CA 95307  
Phone: (209)541-2121  
Fax: (209)525-6291  
Record ID: 500002FN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 7/31/2015  

Program Name: NEW HOPE RECOVERY HOUSE  
Legal Name: GENE RADINO  
Address: 823 EAST ORANGEBURG AVENUE  
City, State Zip: MODESTO, CA 95350  
Phone: (209)527-9797  
Fax: (209)527-9825  
Record ID: 500004AP  
Service Type: RES-DETOX  
Resident Capacity: 40  
Total Occupancy: 40  
Target Population: 1.1 --- CO-ED  
Expiration Date: 09/30/2016
Program Name: RECOVERY SYSTEMS ASSOCIATES
Legal Name: GENE RADINO
Address: 823 EAST ORANGEBURG
City, State Zip: MODESTO, CA 95350
Phone: (209)527-2046
Record ID: 500004BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2015

Program Name: NIRVANA DRUG AND ALCOHOL TREATMENT INSTITUTE
Legal Name: NIRVANA DRUG AND ALCOHOL TREATMENT PROGRAM
Address: 1100 KANSAS AVENUE, SUITE B-C
City, State Zip: MODESTO, CA 95351
Phone: (209)579-1151 Fax: (209)579-9605
Record ID: 500009CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2016

Program Name: NIRVANA DRUG AND ALCOHOL TREATMENT INSTITUTE
Legal Name: NIRVANA DRUG AND ALCOHOL TREATMENT PROGRAM
Address: 1028 RENO AVENUE
City, State Zip: MODESTO, CA 95351
Phone: (209)579-1103 Fax: (209)578-1085
Record ID: 500009EN
Service Type: RES-DETOX
Resident Capacity: 30
Total Occupancy: 30
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016
Program Name: NIRVANA DRUG AND ALCOHOL WOMEN OF HOPE
Legal Name: NIRVANA DRUG AND ALCOHOL TREATMENT PROGRAM
Address: 1116 ALICE STREET & 1116 1/2 ALICE STREET
City, State Zip: MODESTO, CA 95351
Phone: (209)578-3132
Record ID: 500009GN
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 04/30/2016

Program Name: NIRVANA DRUG AND ALCOHOL TREATMENT PROGRAM
Legal Name: NIRVANA DRUG AND ALCOHOL TREATMENT PROGRAM
Address: 1040 RENO AVENUE
City, State Zip: MODESTO, CA 95351
Phone: (209)579-1103
Fax: (209)578-1085
Record ID: 500009IN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 10/31/2015

Program Name: NIRVANA DRUG AND ALCOHOL TREATMENT INSTITUTE
Legal Name: NIRVANA DRUG AND ALCOHOL TREATMENT PROGRAM
Address: 1100 KANSAS AVENUE, SUITE 'D'
City, State Zip: MODESTO, CA 95351
Phone: (209)579-1151
Fax: (209)579-9605
Record ID: 500009JN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2015
Program Name: THE LAST RESORT
Legal Name: ADOLESCENCE'S LAST RESORT
Address: 218 EAST ORANGEBURG AVENUE
City, State Zip: MODESTO, CA 95350
Phone: (209)523-6900  Fax: (209)523-6909
Record ID: 500010AN
Service Type: DSS
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 2/28/2015

Program Name: THE LAST RESORT
Legal Name: ADOLESCENCE'S LAST RESORT
Address: 3125 MC HENRY AVENUE, SUITE D
City, State Zip: MODESTO, CA 95350
Phone: (209)523-6910  Fax: (209)523-6912
Record ID: 500010BN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 12/31/2016

Program Name: THE LIVING CENTERS OF CALIFORNIA, INC
Legal Name: THE LIVING CENTERS OF CALIFORNIA, INC.
Address: 1009 MCHENRY, SUITE E
City, State Zip: MODESTO, CA 95350
Phone: (209)575-2017  Fax: (209)575-2017
Record ID: 500013HP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2015

Program Name: TURLOCK REGIONAL SERVICES
Legal Name: STANISLAUS COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES
Address: 2101 GEER ROAD, SUITE 120
City, State Zip: TURLOCK, CA 95380
Phone: (209)664-8044  Fax: (209)664-9294
Record ID: 500014BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2014
Program Name: WEST MODESTO REGIONAL SERVICES
Legal Name: STANISLAUS COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES
Address: 500 NORTH 9TH STREET, BUILDING A AND B
City, State Zip: MODESTO, CA 95354
Phone: (209)558-4598   Fax: (209)558-4586
Record ID: 500014EN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2014

Program Name: BREAKTHROUGHS OUTPATIENT TREATMENT
Legal Name: DOROTHY FRANKLIN
Address: 2125 WYLIE DRIVE, SUITE 3
City, State Zip: MODESTO, CA 95355
Phone: (209)529-1855
Record ID: 500024AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Legal Name</th>
<th>Address</th>
<th>City, State Zip</th>
<th>Phone</th>
<th>Fax</th>
<th>Record ID</th>
<th>Service Type</th>
<th>Target Population</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPTIONS FOR CHANGE SUBSTANCE ABUSE PROGRAM</td>
<td>SUTTER-YUBA MENTAL HEALTH SERVICES</td>
<td>1965 LIVE OAK BOULEVARD</td>
<td>YUBA CITY, CA 95991-8828</td>
<td>(530)822-7200</td>
<td>(530)822-7108</td>
<td>510002BN</td>
<td>NON</td>
<td>1.1 --- CO-ED</td>
<td>6/30/2015</td>
</tr>
<tr>
<td>FIRST STEPS PERINATAL DAY TREATMENT PROGRAM</td>
<td>SUTTER-YUBA MENTAL HEALTH SERVICES</td>
<td>1251 EAST ONSTOTT ROAD</td>
<td>YUBA CITY, CA 95991-2439</td>
<td>(530)822-7263</td>
<td>(530)822-7267</td>
<td>510002CN</td>
<td>NON</td>
<td>1.3 --- WOMEN ONLY</td>
<td>11/30/2014</td>
</tr>
<tr>
<td>FEATHER RIVER MEN'S CENTER</td>
<td>FEATHER RIVER MEN'S CENTER</td>
<td>2465 BIRCH STREET</td>
<td>LIVE OAK, CA 95953</td>
<td>(530)695-8006</td>
<td></td>
<td>510006AN</td>
<td>RES</td>
<td>1.2 --- MEN ONLY</td>
<td>11/30/2015</td>
</tr>
</tbody>
</table>
As of 2/6/2015

Tehama County

Program Name: TEHAMA COUNTY HEALTH AGENCY DRUG AND ALCOHOL DIVISION
Legal Name: TEHAMA COUNTY HEALTH AGENCY
Address: 1850 WALNUT STREET
City, State Zip: RED BLUFF, CA 96080
Phone: (530)527-7893       Fax: (530)527-0766
Record ID: 520002AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2015

Program Name: TEHAMA COUNTY HEALTH AGENCY DRUG AND ALCOHOL DIVISION - SOUTH COUNTY
Legal Name: TEHAMA COUNTY HEALTH AGENCY
Address: 275 SOLANO STREET
City, State Zip: CORNING, CA 96021
Phone: (530)824-4890       Fax: (530)824-8443
Record ID: 520002BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015
<table>
<thead>
<tr>
<th>Program Name:</th>
<th>TRINITY COUNTY ALCOHOL AND OTHER DRUG SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>TRINITY COUNTY ALCOHOL AND OTHER DRUG SERVICES</td>
</tr>
<tr>
<td>Address:</td>
<td>1450 MAIN STREET</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>WEAVERVILLE, CA 96093</td>
</tr>
<tr>
<td>Phone:</td>
<td>(530)623-1362</td>
</tr>
<tr>
<td>Fax:</td>
<td>(530)623-4448</td>
</tr>
<tr>
<td>Record ID:</td>
<td>530001AN</td>
</tr>
<tr>
<td>Service Type:</td>
<td>NON</td>
</tr>
<tr>
<td>Target Population:</td>
<td>1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>2/28/2015</td>
</tr>
</tbody>
</table>
State of California, Department of Health Care Services
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of 2/6/2015

Tulare County

Program Name: PAAR CENTER WEST
Legal Name: PORTERVILLE HALFWAY HOUSE
Address: 182 WEST BELLEVIEW AVENUE
City, State Zip: PORTERVILLE, CA 93257
Phone: (559)781-0107
Record ID: 540001CN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 14
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 07/31/2015

Program Name: THE PAAR CENTER
Legal Name: PORTERVILLE HALFWAY HOUSE
Address: 509 NORTH EL GRANITO STREET
City, State Zip: PORTERVILLE, CA 93257
Phone: (559)781-0107
Record ID: 540001FN
Fax: (559)781-7521
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2015

Program Name: THE PAAR CENTER
Legal Name: PORTERVILLE HALFWAY HOUSE
Address: 218, 232 and 237 W. BELLEVIEW AVENUE; 509 N. EL GRANITO
City, State Zip: PORTERVILLE, CA 93257
Phone: (559)781-0107
Record ID: 540001HN
Fax: (559)781-7521
Service Type: RES-DETOX
Resident Capacity: 45
Total Occupancy: 48
Target Population: 1.2 --- MEN ONLY
Expiration Date: 11/30/2016
Program Name: TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY - FAMILY CARE DIVISION
Legal Name: TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY
Address: 942 S. SANTA FE STREET
City, State Zip: VISALIA, CA 93292
Phone: (559)636-4000
Record ID: 540002HN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2015

Program Name: TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY - FAMILY CARE DIVISION
Legal Name: TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY
Address: 1055 WEST HENDERSON STREET, SUITE 2
City, State Zip: PORTERVILLE, CA 93257
Phone: (559)788-1200
Record ID: 540002IN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2015

Program Name: TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY - FAMILY CARE DIVISION
Legal Name: TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY
Address: 1066 NORTH ALTA
City, State Zip: DINUBA, CA 93618
Phone: (559)737-4660
Record ID: 540002JN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2015

Program Name: TURNING POINT YOUTH SERVICES
Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.
Address: 220 NORTH LOCUST STREET
City, State Zip: VISALIA, CA 93291
Phone: (559)627-1385 Fax: (559)636-2105
Record ID: 540005BN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 6/30/2015
Program Name: TURNING POINT VISALIA RE-ENTRY CENTER
   Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.
   Address: 1845 SOUTH COURT STREET
   City, State Zip: VISALIA, CA 93277
   Phone: (559)732-5550   Fax: (559)732-5574
   Record ID: 540005DN
   Service Type: RES
   Resident Capacity: 12
   Total Occupancy: 12
   Target Population: 1.2 --- MEN ONLY
   Expiration Date: 03/31/2016

Program Name: RECOVERY RESOURCES
   Legal Name: RICK AND JERRI THOMPSON, D.B.A., RECOVERY RESOURCES
   Address: 2222 WEST SUNNYSIDE, SUITE 2
   City, State Zip: VISALIA, CA 93277
   Phone: (559)625-8176   Fax: (559)625-8179
   Record ID: 540020AP
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 4/30/2015

Program Name: ALTERNATIVE SERVICES
   Legal Name: ALTERNATIVE SERVICES, INC.
   Address: 215 NORTH D STREET
   City, State Zip: PORTERVILLE, CA 93257
   Phone: (559)783-2402   Fax: (559)782-4681
   Record ID: 540024AP
   Service Type: NON
   Target Population: 1.5 --- YOUTH/ADOLESCENT
   Expiration Date: 2/29/2016
Program Name: ALTERNATIVE SERVICES
Legal Name: ALTERNATIVE SERVICES, INC.
Address: 2380 W. WHITENDALE AVENUE
City, State Zip: VISALIA, CA 93227
Phone: (559)651-8090 Fax: (559)651-8099
Record ID: 540024DP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2014

Program Name: ALTERNATIVE SERVICES
Legal Name: ALTERNATIVE SERVICES, INC.
Address: 125 SOUTH M STREET
City, State Zip: TULARE, CA 93274
Phone: (559)685-8283
Record ID: 540024EP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2014

Program Name: SRS RECOVERY SERVICES
Legal Name: SRS RECOVERY SERVICES, LLC
Address: 515 WEST MURRAY, SUITES B & C
City, State Zip: VISALIA, CA 93291
Phone: (559)636-2091 Fax: (559)636-9452
Record ID: 540028AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2015

Program Name: SRS RECOVERY SERVICES
Legal Name: SRS RECOVERY SERVICES, LLC
Address: 130 EAST MILL AVENUE
City, State Zip: PORTERVILLE, CA 93257
Phone: (559)789-9881 Fax: (559)789-9877
Record ID: 540028BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2015
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Legal Name</th>
<th>Address</th>
<th>City, State Zip</th>
<th>Phone</th>
<th>Fax</th>
<th>Record ID</th>
<th>Service Type</th>
<th>Resident Capacity</th>
<th>Total Occupancy</th>
<th>Target Population</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW HOPE</td>
<td>CENTRAL VALLEY RECOVERY SERVICES, INC.</td>
<td>212 NORTH STEVENSON STREET</td>
<td>VISALIA, CA 93291</td>
<td>(559)625-2995</td>
<td>(559)625-3808</td>
<td>540031AN</td>
<td>RES</td>
<td>6</td>
<td>6</td>
<td>1.3 --- WOMEN ONLY</td>
<td>06/30/2016</td>
</tr>
<tr>
<td>PINE RECOVERY CENTER</td>
<td>CENTRAL VALLEY RECOVERY SERVICES, INC.</td>
<td>120 WEST SCHOOL AVENUE</td>
<td>VISALIA, CA 93291</td>
<td>(559)625-4100</td>
<td>(559)625-3808</td>
<td>540031BN</td>
<td>RES-DETOX</td>
<td>27</td>
<td>27</td>
<td>1.2 --- MEN ONLY</td>
<td>08/31/2015</td>
</tr>
<tr>
<td>NEW VISIONS FOR WOMEN</td>
<td>CENTRAL VALLEY RECOVERY SERVICES, INC.</td>
<td>1425-A EAST WALNUT AVENUE</td>
<td>VISALIA, CA 93277-6432</td>
<td>(559)625-4072</td>
<td>(559)625-3808</td>
<td>540031CN</td>
<td>RES-DETOX</td>
<td>23</td>
<td>23</td>
<td>1.3 --- WOMEN ONLY</td>
<td>05/31/2016</td>
</tr>
</tbody>
</table>
Program Name: MOTHERING HEIGHTS  
Legal Name: CENTRAL VALLEY RECOVERY SERVICES, INC.  
Address: 705 SOUTH COURT STREET  
City, State Zip: VISALIA, CA 93277  
Phone: (559)625-2995  
Fax: (559)625-3808  
Record ID: 540031DN  
Service Type: RES  
Resident Capacity: 10  
Total Occupancy: 23  
Target Population: 1.4 --- WOMEN/CHILDREN  
Expiration Date: 10/31/2015

Program Name: NEW HEIGHTS  
Legal Name: CENTRAL VALLEY RECOVERY SERVICES, INC.  
Address: 1731 W. WALNUT AVENUE  
City, State Zip: VISALIA, CA 93277  
Phone: (559)732-4885  
Fax: (559)625-3808  
Record ID: 540031EN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 8/31/2016

Program Name: COMMUNITY ALCOHOL AND DRUG REHABILITATION EFFORT C.A.D.R.E., INC.  
Legal Name: COMMUNITY ALCOHOL AND DRUG REHABILITATION EFFORT, INC.  
Address: 2380 W. WHITENDALE AVENUE #B  
City, State Zip: VISALIA, CA 93277  
Phone: (559)651-8090  
Record ID: 540035AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2014
Program Name: LIVING RECOVERY SERVICES
Legal Name: LIVING RECOVERY SERVICES
Address: 625 N MAIN STREET
City, State Zip: PORTERVILLE, CA 93257
Phone:
Record ID: 540036AP
Service Type: NON
Target Population:
  PENDING
As of 2/6/2015

Tuolumne County

Program Name: THE RANCH
Legal Name: MAYNORD’S CHEMICAL DEPENDENCY RECOVERY CENTER
Address: 19325 CHEROKEE ROAD
City, State Zip: TUOLUMNE, CA 95379
Phone: (209)928-3737 Fax: (209)928-1152
Record ID: 550001AP
Service Type: RES-DETOX
Resident Capacity: 30
Total Occupancy: 30
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2015
<table>
<thead>
<tr>
<th>Program Name: VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT ALCOHOL &amp; DRUG PROGRAM-SIMI VALLEY C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name: VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT ALCOHOL AND DRUG PROGRAMS</td>
</tr>
<tr>
<td>Address: 3150 EAST LOS ANGELES AVENUE</td>
</tr>
<tr>
<td>City, State Zip: SIMI VALLEY, CA 93063</td>
</tr>
<tr>
<td>Phone: (805)577-1724</td>
</tr>
<tr>
<td>Record ID: 560003AN</td>
</tr>
<tr>
<td>Service Type: NON</td>
</tr>
<tr>
<td>Target Population: 1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date: 11/30/2015</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name: VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT ALCOHOL &amp; DRUG PROGRAM-VENTURA CTR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name: VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT ALCOHOL &amp; DRUG PROGRAMS</td>
</tr>
<tr>
<td>Address: 24 EAST MAIN STREET</td>
</tr>
<tr>
<td>City, State Zip: VENTURA, CA 93001</td>
</tr>
<tr>
<td>Phone: (805)652-6919</td>
</tr>
<tr>
<td>Fax: (805)652-0868</td>
</tr>
<tr>
<td>Record ID: 560003BN</td>
</tr>
<tr>
<td>Service Type: NON</td>
</tr>
<tr>
<td>Target Population: 1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date: 11/30/2015</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name: OXNARD CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name: VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT ALCOHOL &amp; DRUG PROGRAMS</td>
</tr>
<tr>
<td>Address: 1911 WILLIAMS DRIVE</td>
</tr>
<tr>
<td>City, State Zip: OXNARD, CA 93036</td>
</tr>
<tr>
<td>Phone: (805)981-9200</td>
</tr>
<tr>
<td>Record ID: 560003CN</td>
</tr>
<tr>
<td>Service Type: NON</td>
</tr>
<tr>
<td>Target Population: 1.1 --- CO-ED</td>
</tr>
<tr>
<td>Expiration Date: 10/31/2016</td>
</tr>
</tbody>
</table>
Program Name: A NEW START FOR MOMS
Legal Name: VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT ALCOHOL & DRUG PROGRAMS
Address: 1911 WILLIAMS DRIVE, SUITE 140
City, State Zip: OXNARD, CA 93036
Phone: (805)981-9250
Record ID: 560003DN
Service Type: NON
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 10/31/2016

Program Name: FILLMORE ADP CENTER
Legal Name: VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT ALCOHOL & DRUG PROGRAMS
Address: 828 WEST VENTURA STREET, SUITE 250
City, State Zip: FILLMORE, CA 93015
Phone: (805)524-8644
Record ID: 560003GN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2015

Program Name: KHEPERA HOUSE
Legal Name: KHEPERA HOUSE
Address: 108 WEST HARRISON AVENUE
City, State Zip: VENTURA, CA 93001
Phone: (805)653-2596
Record ID: 560004DN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 09/30/2016
Program Name: KHEPERA HOUSE
Legal Name: KHEPERA HOUSE
Address: 277 A AND B WEST HARRISON AVENUE
City, State Zip: VENTURA, CA 93001
Phone: (805)648-9762
Record ID: 560004EN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 09/30/2016

Program Name: KHEPERA HOUSE
Legal Name: KHEPERA HOUSE
Address: 125-C WEST HARRISON STREET
City, State Zip: VENTURA, CA 93001
Phone: (805)653-2596 Fax: (805)648-9762
Record ID: 560004JN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 05/31/2015

Program Name: KHEPERA HOUSE
Legal Name: KHEPERA HOUSE
Address: 125-A WEST HARRISON STREET
City, State Zip: VENTURA, CA 93001
Phone: (805)653-2596 Fax: (805)648-9762
Record ID: 560004KN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 05/31/2015
Program Name: KHEPERA HOUSE
Legal Name: KHEPERA HOUSE
Address: 125-B WEST HARRISON STREET
City, State Zip: VENTURA, CA 93001
Phone: (805)653-2596 Fax: (805)648-9762
Record ID: 560004LN
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 05/31/2015

Program Name: KHEPERA HOUSE
Legal Name: KHEPERA HOUSE
Address: 125-D WEST HARRISON STREET
City, State Zip: VENTURA, CA 93001
Phone: (805)653-2596 Fax: (805)648-9762
Record ID: 560004MN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 05/31/2015

Program Name: PDAP OF VENTURA COUNTY, INCORPORATED
Legal Name: PDAP OF VENTURA COUNTY, INCORPORATED
Address: 450 ROSEWOOD AVENUE, SUITE 215
City, State Zip: CAMARILLO, CA 93010-5914
Phone: (805)482-1265
Record ID: 560015BN
Service Type: NON
Target Population: 1.7 --- FAMILIES
Expiration Date: 6/30/2015
Program Name: PROTOTYPES WOMEN'S CENTER - VENTURA
Legal Name: PROTOTYPES, CENTERS FOR INNOVATION IN HEALTH, MENTAL HEALTH AND SOCIAL SERVICES
Address: 2150 NORTH VICTORIA AVENUE
City, State Zip: OXNARD, CA 93036
Phone: (805)382-6296
Record ID: 560019CN
Service Type: RES-DETOX
Resident Capacity: 56
Total Occupancy: 85
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 09/30/2015

Program Name: ACTION FAMILY COUNSELING CENTERS - SIMI VALLEY
Legal Name: ACTION FAMILY COUNSELING, INC.
Address: 4380 APRICOT ROAD
City, State Zip: SIMI VALLEY, CA 93063
Phone: (805)584-3258 Fax: (661)297-9701
Record ID: 560026AP
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 11/30/2014

Program Name: ACTION FAMILY COUNSELING CENTERS - OXNARD
Legal Name: ACTION FAMILY COUNSELING, INC.
Address: 5850 THILLE STREET, SUITE # 108
City, State Zip: VENTURA, CA 93003
Phone: (805)278-8992 Fax: (661)297-9701
Record ID: 560026BP
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 11/30/2014
Program Name: ACTION FAMILY COUNSELING, INC. ADULT RESIDENTIAL TREATMENT - PIRU
Legal Name: ACTION FAMILY COUNSELING, INC.
Address: 691 MAIN STREET
City, State Zip: PIRU, CA 93040
Phone: (805)521-1250 Fax: (850)521-1425
Record ID: 560026DP
Service Type: RES
Resident Capacity: 22
Total Occupancy: 22
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2014

Program Name: INTERVENTION INSTITUTE
Legal Name: LAURIE SANDERS
Address: 870 HAMPSHIRE ROAD, SUITE A
City, State Zip: THOUSAND OAKS, CA 91361
Phone: (805)379-3611 Fax: (805)446-4470
Record ID: 560027AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2015

Program Name: ALTERNATIVE ACTION PROGRAMS
Legal Name: DENNIS M. GIROUX & ASSOCIATES, INC.
Address: 314 WEST FOURTH STREET
City, State Zip: OXNARD, CA 93030
Phone: (805)988-1112 Fax: (805)988-4883
Record ID: 560028AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2016
Program Name: GENESIS PROGRAMS, INC.
Legal Name: GENESIS PROGRAMS, INC.
Address: 1732 PALMA DRIVE, SUITE 208
City, State Zip: VENTURA, CA 93003
Phone: (805)650-3094       Fax: (805)650-3097
Record ID: 560032AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2016

Program Name: GENESIS PROGRAMS, INC.
Legal Name: GENESIS PROGRAMS, INC.
Address: 145 HODENCAMP ROAD, SUITE 207
City, State Zip: THOUSAND OAKS, CA 91360
Phone: (805)497-6169       Fax: (805)497-6179
Record ID: 560032BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2016

Program Name: CASA DE VIDA, INC.
Legal Name: CASA DE VIDA INC.
Address: 531 WEST BARD ROAD
City, State Zip: OXNARD, CA 93033
Phone: (805)486-8401       Fax: (805)486-8401
Record ID: 560035AN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 06/30/2016
Program Name: PASSAGES VENTURA
Legal Name: PASSAGES SILVER STRAND LLC
Address: 224 EAST CLARA STREET
City, State Zip: PORT HUENEME, CA 93041
Phone: (805)283-4737 Fax: (805)488-9000
Record ID: 560036AP
Service Type: RES-DETOX
Resident Capacity: 90
Total Occupancy: 90
Target Population: 1.1 --- CO-ED
Expiration Date: 03/31/2015

Program Name: PASSAGES VENTURA
Legal Name: PASSAGES SILVER STRAND LLC
Address: 241 MARKET STREET
City, State Zip: PORT HUENEME, CA 93041
Phone: (805)283-4737 Fax: (805)488-9000
Record ID: 560036BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2015

Program Name: LA VENTANA TREATMENT PROGRAMS
Legal Name: RYLIST, INC.
Address: 275 EAST HILLCREST DRIVE #120 AND 125
City, State Zip: THOUSAND OAKS, CA 91360
Phone: (805)777-3873
Record ID: 560038AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2015
Program Name: LA VENTANA TREATMENT PROGRAMS
   Legal Name: RYLIST, INC.
   Address: 1408 E THOUSAND OAKS BOULEVARD, SUITE 100
   City, State Zip: THOUSAND OAKS, CA 91362
   Phone: (805)644-5745       Fax: (818)975-5076
   Record ID: 560038BP
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 11/30/2015

Program Name: LA VENTANA TREATMENT PROGRAMS
   Legal Name: RYLIST, INC.
   Address: 385 N. CONEJO SCHOOL ROAD
   City, State Zip: THOUSAND OAKS, CA 91362
   Phone: (805)379-0565
   Record ID: 560038DP
   Service Type: RES-DETOX
   Resident Capacity: 6
   Total Occupancy: 6
   Target Population: 1.1 --- CO-ED
   Expiration Date: 09/30/2014

Program Name: LA VENTANA TREATMENT PROGRAMS
   Legal Name: RYLIST, INC.
   Address: 3334 ALISO CANYON ROAD
   City, State Zip: SANTA PAULA, CA 93060
   Phone: (805)659-2309       Fax: (818)975-5076
   Record ID: 560038FP
   Service Type: RES
   Resident Capacity: 6
   Total Occupancy: 6
   Target Population: 1.1 --- CO-ED
   Expiration Date: 04/30/2016
Program Name: La Ventana Treatment Programs
   Legal Name: RYLIST, INC
   Address: 1154 Cardiff Circle
   City, State Zip: Thousand Oaks, CA 91362
   Phone: (805)379-4883
   Record ID: 560038GP
   Service Type: RES-DETOX
   Resident Capacity: 6
   Total Occupancy: 6
   Target Population: 1.1 --- CO-ED
   PENDING

Program Name: PSYCHOLOGICAL SERVICES FOR FAMILIES
   Legal Name: PSYCHOLOGICAL SERVICES FOR FAMILIES
   Address: 410 NORTH A STREET
   City, State Zip: OXNARD, CA 93030
   Phone: (805)701-1040 Fax: (805)487-2255
   Record ID: 560039AP
   Service Type: NON
   Target Population: 1.1 --- CO-ED
   Expiration Date: 8/31/2015

Program Name: A WILDWOOD RECOVERY
   Legal Name: A WILDWOOD RECOVERY
   Address: 360 CAMINO DE CELESTE
   City, State Zip: THOUSAND OAKS, CA 91360
   Phone: (805)493-5741 Fax: (805)493-5047
   Record ID: 560040AP
   Service Type: RES-DETOX
   Resident Capacity: 6
   Total Occupancy: 6
   Target Population: 1.1 --- CO-ED
   Expiration Date: 08/31/2015
Program Name: COMMUNITY RECOVERY CENTER
Legal Name: VENTURA RECOVERY CENTER, INC.
Address: 166 SIESTA AVENUE
City, State Zip: THOUSAND OAKS, CA 91360
Phone: (805)499-8383 Fax: (805)494-4898
Record ID: 560041AP
Service Type: RES-DETOX
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2016

Program Name: Ventura Recovery Center
Legal Name: VENTURA RECOVERY CENTER, INC.
Address: 982 E. Janss Road
City, State Zip: Thousand Oaks, CA 91360
Phone: (805)418-7015 Fax: (805)601-5341
Record ID: 560041CP
Service Type: RES-DETOX
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.1 --- CO-ED
PENDING

Program Name: THE LAKE HOUSE
Legal Name: SHERWOOD CORPORATE HOUSING LLC
Address: 890 LAKE SHERWOOD DRIVE
City, State Zip: LAKE SHERWOOD, CA 91361
Phone: (805)371-8870
Record ID: 560042AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2015
Program Name: ENGAGE RECOVERY, INC.
Legal Name: ENGAGE RECOVERY, INC.
Address: 650 HAMPSHIRE ROAD SUITES 104, 204, 212
City, State Zip: WESTLAKE VILLAGE, CA 91361
Phone: (805)497-0605 Fax: (805)371-4862
Record ID: 560043AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2016

Program Name: CENTER FOR CHANGE AND GROWTH
Legal Name: CENTER FOR CHANGE AND GROWTH LLC
Address: 2975 HILLCREST DRIVE, SUITE 406
City, State Zip: WESTLAKE VILLAGE, CA 91632
Phone: (805)494-6982 Fax: (805)494-6982
Record ID: 560044AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2016

Program Name: PCI - Westlake Centers - IOP
Legal Name: MIRIAM HAMIDEH, PH.D, CLINICAL PSYCHOLOGIST, INC
Address: 5743 CORSA AVENUE
Suite 223
City, State Zip: Westlake Village, CA 91362
Phone: (805)236-9692
Record ID: 560046AP
Service Type: NON
Target Population: 1.1 --- CO-ED
PENDING
State of California, Department of Health Care Services
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of 2/6/2015

Yolo County

---

Program Name: YOLO COUNTY DRUG AND ALCOHOL EDUCATION
Legal Name: COUNTY OF YOLO ALCOHOL, DRUG AND MENTAL HEALTH SERVICES
Address: 137 NORTH COTTONWOOD STREET
City, State Zip: WOODLAND, CA 95695-6664
Phone: (530)666-8630
Fax: (530)666-8663
Record ID: 570001DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2016

---

Program Name: CACHE CREEK LODGE
Legal Name: CACHE CREEK LODGE, INC.
Address: 421, 435, 441 AND 453 ASPEN STREET
City, State Zip: WOODLAND, CA 95695-2665
Phone: (530)662-5727
Fax: (530)892-1831
Record ID: 570004BN
Service Type: RES
Resident Capacity: 45
Total Occupancy: 45
Target Population: 1.2 --- MEN ONLY
Expiration Date: 07/31/2015

---

Program Name: WALTER’S HOUSE
Legal Name: YOLO WAYFARER CENTER (CHRISTIAN MISSION)
Address: 285 4TH STREET
City, State Zip: WOODLAND, CA 95695
Phone: (530)662-2699
Fax: (530)662-6918
Record ID: 570008AN
Service Type: RES
Resident Capacity: 44
Total Occupancy: 44
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2015
Program Name: FOURTH AND HOPE OUTPATIENT PROGRAM
Legal Name: YOLO WAYFARER CENTER (CHRISTIAN MISSION)
Address: 207 FOURTH STREET
City, State Zip: WOODLAND, CA 95695-3501
Phone: (530)867-5010 Fax: (530)662-6918
Record ID: 570008BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2015

Program Name: PROGRESS HOUSE YOLO COUNTY WOMEN AND CHILDREN'S FACILITY
Legal Name: PROGRESS HOUSE, INC.
Address: 15450 COUNTY ROAD 99, BUILDING A AND 15430 COUNTY ROAD 99, BUILDING B
City, State Zip: WOODLAND, CA 95695-9339
Phone: (530)626-9240 Fax: (530)668-8528
Record ID: 570009AN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 27
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 06/30/2014
<table>
<thead>
<tr>
<th>Program Name: PATHWAYS I</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name: MIDVALLEY RECOVERY FACILITIES, INCORPORATED</td>
<td></td>
</tr>
<tr>
<td>Address: 2 9TH STREET</td>
<td></td>
</tr>
<tr>
<td>City, State Zip: MARYSVILLE, CA 95901-5362</td>
<td></td>
</tr>
<tr>
<td>Phone: (530)674-4530</td>
<td>Fax: (530)674-4544</td>
</tr>
<tr>
<td>Record ID: 580001BN</td>
<td></td>
</tr>
<tr>
<td>Service Type: RES-DETOX</td>
<td></td>
</tr>
<tr>
<td>Resident Capacity: 23</td>
<td></td>
</tr>
<tr>
<td>Total Occupancy: 23</td>
<td></td>
</tr>
<tr>
<td>Target Population: 1.1 --- CO-ED</td>
<td></td>
</tr>
<tr>
<td>Expiration Date: 12/31/2015</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name: PATHWAYS III</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name: MIDVALLEY RECOVERY FACILITIES, INCORPORATED</td>
<td></td>
</tr>
<tr>
<td>Address: 2 9TH STREET</td>
<td></td>
</tr>
<tr>
<td>City, State Zip: MARYSVILLE, CA 95901-5362</td>
<td></td>
</tr>
<tr>
<td>Phone: (530)742-6670</td>
<td>Fax: (530)674-4544</td>
</tr>
<tr>
<td>Record ID: 580001DN</td>
<td></td>
</tr>
<tr>
<td>Service Type: NON</td>
<td></td>
</tr>
<tr>
<td>Target Population: 1.1 --- CO-ED</td>
<td></td>
</tr>
<tr>
<td>Expiration Date: 12/31/2015</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Name: FOR OUR RECOVERING (F.O.R.) FAMILIES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name: COUNTY OF YUBA PROBATION DEPARTMENT</td>
<td></td>
</tr>
<tr>
<td>Address: #8-7TH STREET</td>
<td></td>
</tr>
<tr>
<td>City, State Zip: MARYSVILLE, CA 95901</td>
<td></td>
</tr>
<tr>
<td>Phone: (530)749-7316</td>
<td>Fax: (530)743-7042</td>
</tr>
<tr>
<td>Record ID: 580002AN</td>
<td></td>
</tr>
<tr>
<td>Service Type: NON</td>
<td></td>
</tr>
<tr>
<td>Target Population: 1.13 --- CO-ED/CHILD/DUAL</td>
<td></td>
</tr>
<tr>
<td>Expiration Date: 6/30/2015</td>
<td></td>
</tr>
</tbody>
</table>
Program Name: THE SALVATION ARMY DEPOT FAMILY CRISIS CENTER
Legal Name: THE SALVATION ARMY
Address: 410 J STREET
City, State Zip: MARYSVILLE, CA 95901-5629
Phone: (530)216-4530 Fax: (530)742-0893
Record ID: 580005AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2015

Program Name: TRAINING AOD FACILITY
Legal Name: TRAINING AOD FACILITY
Address: 1700 K STREET, CUBE 338-343
City, State Zip: SACRAMENTO, CA 95811
Phone: (916)123-4567
Record ID: 580100AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2015