

**DEPARTMENT OF HEALTH CARE SERVICES
LICENSING AND CERTIFICATION BRANCH
STATUS REPORT**

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.

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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

- Program Name:** The facility/program name.
- Legal Name:** The legal name of the entity having the authority and responsibility for the operation of the facility or program.
- Address:** The facility/program address. The location where services are provided.
- City/State:** Name of the city where the facility/program is located.
- Record ID:** 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.
- Service Type:** Indicates if the facility/program is:
- 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.
 - o NON - Indicates a nonresidential program which has voluntarily applied to DHCS for alcohol and/or drug certification.
 - o DETOX - Indicates a free standing, 24-hour nonmedical detoxification facility licensed by DHCS.
 - 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.
 - 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.
 - 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.
 - o COR - Indicates the facility is under the jurisdiction of the Department of Corrections (locked facility) whose program is certified by DHCS.
- Resident Capacity:** Indicates the maximum number of residents authorized by DHCS to receive recovery, treatment, or detoxification services at any one time in the residential facility.
- Total Occupancy:** 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.

(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.

- o 1.1 – Co-Ed
- o 1.2 – Men Only
- o 1.3 - Women Only
- o 1.4 - Women/Children
- o 1.5 – Youth/Adolescents
- o 1.7 – Families
- o 1.8 – Dual Diagnosis
- o 1.9 – Co-Ed/Children
- o 1.10 – Co-Ed/Youth
- o 1.11 – Men/Youth
- o 1.12 – Women/Youth
- o 1.13 – Co-Ed/Child/Dual
- o 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 ADELIN 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: 010010AN

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: 010010BN

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

PENDING

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 ADELIN 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

*State of California Department of Health Care Services
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs*

As of: 06/11/2014

Alpine 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

Amador County

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

State of California, Department of Health Care Services Licensed Residential Facilities and/or Certified Alcohol and Drug Programs

As of 2/6/2015

Butte County

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

State of California, Department of Health Care Services Licensed Residential Facilities and/or Certified Alcohol and Drug Programs

As of 2/6/2015

Calaveras County

Program Name: CHANGING ECHOES

Legal Name: CHANGING ECHOES, INC.

Address: 7632 POOL STATION ROAD

City, State Zip: ANGELS CAMP, CA 95222

Phone: (209)785-3666

Record ID: 050002AN

Service Type: RES-DETOX

Resident Capacity: 32

Total Occupancy: 32

Target Population: 1.1 --- CO-ED

Expiration Date: 09/30/2015

Program Name: THE LAKES TREATMENT CENTER

Legal Name: THE LAKES TREATMENT CENTER, INC.

Address: 7260 O'BYRNES FERRY ROAD

City, State Zip: COPPEROPOLIS, CA 95228

Phone: (209)785-8200

Fax: (209)785-8202

Record ID: 050005AP

Service Type: RES-DETOX

Resident Capacity: 0

Total Occupancy: 0

Target Population: 1.1 --- CO-ED

Expiration Date: 07/31/2016

State of California, Department of Health Care Services Licensed Residential Facilities and/or Certified Alcohol and Drug Programs

As of 2/6/2015

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

State of California, Department of Health Care Services Licensed Residential Facilities and/or Certified Alcohol and Drug Programs

As of 2/6/2015

Contra Costa County

Program Name: SUNRISE HOUSE

Legal Name: BI-BETT

Address: 2309 PLATT DRIVE

City, State Zip: MARTINEZ, CA 94553

Phone: (925)229-2318

Fax: (925)370-2912

Record ID: 070001AAN

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.2 --- MEN ONLY

Expiration Date: 07/31/2014

Program Name: SUNRISE HOUSE II

Legal Name: BI-BETT

Address: 2359 PINNACLE DRIVE

City, State Zip: MARTINEZ, CA 94553

Phone: (925)229-2318

Record ID: 070001ABN

Service Type: RES

Resident Capacity: 6

Total Occupancy: 7

Target Population: 1.2 --- MEN ONLY

Expiration Date: 07/31/2016

Program Name: WEST GAADDs

Legal Name: BI-BETT

Address: 3726 BARRETT AVENUE

City, State Zip: RICHMOND, CA 94804

Phone: (925)685-7418

Fax: (958)685-7005

Record ID: 070001ACN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2014

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

State of California, Department of Health Care Services Licensed Residential Facilities and/or Certified Alcohol and Drug Programs

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

State of California, Department of Health Care Services Licensed Residential Facilities and/or Certified Alcohol and Drug Programs

As of 2/6/2015

El Dorado County

Program Name: PROGRESS HOUSE MEN'S FACILITY

Legal Name: PROGRESS HOUSE, INC.

Address: 838 BEACH COURT ROAD

City, State Zip: COLOMA, CA 95613

Phone: (530)626-7252

Record ID: 090002AN

Service Type: RES

Resident Capacity: 20

Total Occupancy: 20

Target Population: 1.2 --- MEN ONLY

Expiration Date: 05/31/2016

Program Name: PROGRESS HOUSE WOMEN AND CHILDREN'S FACILITY

Legal Name: PROGRESS HOUSE, INC.

Address: 5607 MOUNT MURPHY ROAD

City, State Zip: GARDEN VALLEY, CA 95633

Phone: (530)333-9460

Fax: (530)333-1019

Record ID: 090002BN

Service Type: RES

Resident Capacity: 16

Total Occupancy: 36

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 05/31/2016

Program Name: PROGRESS HOUSE OUTPATIENT SERVICES

Legal Name: PROGRESS HOUSE, INC.

Address: 2844 COLOMA STREET

City, State Zip: PLACERVILLE, CA 95667

Phone: (530)642-1715

Record ID: 090002CN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2016

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

State of California, Department of Health Care Services Licensed Residential Facilities and/or Certified Alcohol and Drug Programs

As of 2/6/2015

Glenn County

Program Name: GLENN COUNTY SUBSTANCE ABUSE PROGRAM

Legal Name: GLENN COUNTY HEALTH SERVICES

Address: 1187 EAST SOUTH STREET

City, State Zip: ORLAND, CA 95963-1640

Phone: (530)865-1146

Fax: (530)865-6483

Record ID: 110001AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2015

Program Name: NORTHERN VALLEY INDIAN HEALTH, INC.

Legal Name: NORTHERN VALLEY INDIAN HEALTH, INC.

Address: 207 NORTH BUTTE STREET

City, State Zip: WILLOWS, CA 95988

Phone: (530)934-4348

Fax: (530)934-7688

Record ID: 110002AN

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

Humboldt County

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

**State of California, Department of Health Care Services
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs**

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

State of California, Department of Health Care Services Licensed Residential Facilities and/or Certified Alcohol and Drug Programs

As of 2/6/2015

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.

State of California, Department of Health Care Services Licensed Residential Facilities and/or Certified Alcohol and Drug Programs

As of 2/6/2015

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: BEHAVIORIAL 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 CLEARLEN, 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

PENDING

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 POMONA

Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF EAST
SAN GABRIEL AND POMONA

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 POMONA

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: EPIDAUROS

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: EPIDAUROS

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 INSTITUT

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 GLYNDON 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

PENDING

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

PENDING

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: INGELWOOD, 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: ABSOULUTE 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/ADOLESCENT

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: HANNAH'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 HILLDALE 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

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

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: Malibu, 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-STYLES

Legal Name: ULTERIOR LIFE-STYLES

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

#B

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

*State of California Department of Health Care Services
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs*

As of: 06/11/2014

Madera 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

Marin County

Program Name: CENTER POINT - THE MANOR

Legal Name: CENTER POINT, INC.

Address: 603 D STREET

City, State Zip: SAN RAFAEL, CA 94901

Phone: (415)454-9444

Fax: (415)492-8844

Record ID: 210002BN

Service Type: RES

Resident Capacity: 40

Total Occupancy: 40

Target Population: 1.1 --- CO-ED

Expiration Date: 08/31/2015

Program Name: THE VILLAGE

Legal Name: CENTER POINT, INC.

Address: 1477-1483 LINCOLN AVENUE

City, State Zip: SAN RAFAEL, CA 94901

Phone: (415)454-9444

Record ID: 210002FN

Service Type: RES

Resident Capacity: 44

Total Occupancy: 44

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 08/31/2015

Program Name: CENTER POINT OUTPATIENT SERVICES

Legal Name: CENTER POINT, INC.

Address: 1601 SECOND STREET, SUITE 104

City, State Zip: SAN RAFAEL, CA 94901

Phone: (415)456-6655

Fax: (415)492-8844

Record ID: 210002GN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 8/31/2015

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

State of California, Department of Health Care Services Licensed Residential Facilities and/or Certified Alcohol and Drug Programs

As of 2/6/2015

Mariposa County

Program Name: MARIPOSA COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES

Legal Name: MARIPOSA COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES

Address: 5362 AND 5362-A LEMEE LANE

City, State Zip: MARIPOSA, CA 95338

Phone: (209)966-2000

Fax: (209)966-8251

Record ID: 220002AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 7/31/2015

State of California, Department of Health Care Services Licensed Residential Facilities and/or Certified Alcohol and Drug Programs

As of 2/6/2015

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 PROGRA

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
BEHAVIORIAL HEALTH & RECOVERY

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

State of California, Department of Health Care Services Licensed Residential Facilities and/or Certified Alcohol and Drug Programs

As of 2/6/2015

Merced County

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

*State of California Department of Health Care Services
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs*

As of: 06/11/2014

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

State of California, Department of Health Care Services Licensed Residential Facilities and/or Certified Alcohol and Drug Programs

As of 2/6/2015

Napa County

Program Name: DUFFY'S MYRTLEDALE

Legal Name: DUFFY'S MYRTLEDALE

Address: 3058, 3076 & 3088 MYRTLEDALE ROAD

City, State Zip: CALISTOGA, CA 94515-1052

Phone: (707)942-6888

Record ID: 280002AP

Service Type: RES-DETOX

Resident Capacity: 61

Total Occupancy: 61

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2015

Program Name: NAPA COUNTY ALCOHOL AND DRUG PROGRAMS

Legal Name: NAPA COUNTY HEALTH AND HUMAN SERVICES

Address: 2344 OLD SONOMA ROAD, BUILDINGS A,B, C, F, AND J

City, State Zip: NAPA, CA 94559-3708

Phone: (707)253-4721

Record ID: 280003BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 7/31/2016

Program Name: WOODLAND HOUSE

Legal Name: ST. HELENA HOSPITAL

Address: 5 WOODLAND ROAD

City, State Zip: ST. HELENA, CA 94574

Phone:

Fax: (707)967-5627

Record ID: 280009AN

Service Type: RES

Resident Capacity: 13

Total Occupancy: 13

Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2016

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

State of California, Department of Health Care Services Licensed Residential Facilities and/or Certified Alcohol and Drug Programs

As of 2/6/2015

Nevada County

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

State of California, Department of Health Care Services Licensed Residential Facilities and/or Certified Alcohol and Drug Programs

As of 2/6/2015

Orange County

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

Program Name: HOPE HOUSE INC.

Legal Name: HOPE HOUSE CORPORATION

Address: 710 AND 714 NORTH ANAHEIM BOULEVARD

City, State Zip: ANAHEIM, CA 92805

Phone: (714)776-7490

Fax: (714)776-8650

Record ID: 300034AN

Service Type: RES

Resident Capacity: 56

Total Occupancy: 56

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2015

Program Name: GERRY HOUSE

Legal Name: STRAIGHT TALK CLINIC, INCORPORATED

Address: 1225-1227 WEST 6TH STREET

City, State Zip: SANTA ANA, CA 92703

Phone: (714)972-1402

Record ID: 300040AN

Service Type: RES

Resident Capacity: 12

Total Occupancy: 12

Target Population: 1.1 --- CO-ED

Expiration Date: 09/30/2015

Program Name: WOODGLEN RECOVERY JUNCTION

Legal Name: WOODGLEN RECOVERY JUNCTION INCORPORATED

Address: 771 WEST ORANGETHORPE AVENUE

City, State Zip: FULLERTON, CA 92832

Phone: (714)879-6916

Record ID: 300042AN

Service Type: RES

Resident Capacity: 24

Total Occupancy: 24

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2015

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: 5/31/2014

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 COROPORATION

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., 3

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 I

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

Program Name: MIRAMAR RECOVERY

Legal Name: MIRAMAR HEALTH, INC.

Address: 339 JASMINE STREET

City, State Zip: LAGUNA BEACH, CA 92651

Phone: (888)300-3210

Fax: (949)370-0711

Record ID: 300182AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 01/31/2016

Program Name: MIRAMAR HEALTH, INC.

Legal Name: MIRAMAR HEALTH, INC.

Address: 435 DAHLIA AVENUE

City, State Zip: NEWPORT BEACH, CA 92625

Phone: (949)497-9189

Fax: (949)554-1285

Record ID: 300182BP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 05/31/2016

Program Name: ALTERNATIVE OPTIONS

Legal Name: ALTERNATIVE OPTIONS COUNSELING CENTER, INC.

Address: 101 SOUTH KRAEMER BOULEVARD, SUITE # 110

City, State Zip: PLACENTIA, CA 92870

Phone: (714)995-0359

Record ID: 300186AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2016

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 LANSLOWNE 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 BEHAVIORIAL HEALTH

Legal Name: SOUTH COAST BEHAVIORIAL 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

*State of California Department of Health Care Services
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs*

As of: 06/11/2014

Plumas 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

Riverside County

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 I I 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

State of California, Department of Health Care Services Licensed Residential Facilities and/or Certified Alcohol and Drug Programs

As of 2/6/2015

Sacramento County

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 95662-4544

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 WILLIAMSBURG 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

State of California, Department of Health Care Services Licensed Residential Facilities and/or Certified Alcohol and Drug Programs

As of 2/6/2015

San Benito County

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

State of California, Department of Health Care Services Licensed Residential Facilities and/or Certified Alcohol and Drug Programs

As of 2/6/2015

San Bernardino County

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

State of California, Department of Health Care Services Licensed Residential Facilities and/or Certified Alcohol and Drug Programs

As of 2/6/2015

San Diego County

Program Name: CROSSROADS FOUNDATION

Legal Name: THE CROSSROADS FOUNDATION

Address: 3594 FOURTH AVENUE

City, State Zip: SAN DIEGO, CA 92103

Phone: (619)296-1151

Record ID: 370002AN

Service Type: RES

Resident Capacity: 20

Total Occupancy: 22

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 06/30/2015

Program Name: HEARTLAND HOUSE

Legal Name: THE TWELFTH STEP HOUSE OF SAN DIEGO

Address: 5855 AND 5860 STREAMVIEW DRIVE

City, State Zip: SAN DIEGO, CA 92105

Phone: (619)287-5460

Record ID: 370003AN

Service Type: RES

Resident Capacity: 28

Total Occupancy: 28

Target Population: 1.2 --- MEN ONLY

Expiration Date: 09/30/2015

Program Name: SAN DIEGO FREEDOM RANCH

Legal Name: SAN DIEGO FREEDOM RANCH, INC.

Address: 1777 BUCKMAN SPRINGS ROAD

City, State Zip: CAMPO, CA 91906

Phone: (619)478-5696

Record ID: 370004AN

Service Type: RES

Resident Capacity: 50

Total Occupancy: 60

Target Population: 1.2 --- MEN ONLY

Expiration Date: 10/31/2015

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

Fax: (619)521-1701

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

Fax: (760)745-6852

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

State of California, Department of Health Care Services Licensed Residential Facilities and/or Certified Alcohol and Drug Programs

As of 2/6/2015

San Francisco County

Program Name: ACCEPTANCE PLACE

Legal Name: BAKER PLACES, INC.

Address: 1326 4TH AVENUE

City, State Zip: SAN FRANCISCO, CA 94122

Phone: (415)682-2080

Fax: (415)626-2398

Record ID: 380001BN

Service Type: RES

Resident Capacity: 10

Total Occupancy: 10

Target Population: 1.2 --- MEN ONLY

Expiration Date: 01/31/2016

Program Name: FERGUSON PLACE

Legal Name: BAKER PLACES, INC.

Address: 1249 SCOTT STREET

City, State Zip: SAN FRANCISCO, CA 94115

Phone: (415)922-9104

Fax: (415)922-1427

Record ID: 380001CN

Service Type: RES

Resident Capacity: 12

Total Occupancy: 12

Target Population: 1.1 --- CO-ED

Expiration Date: 01/31/2015

Program Name: JOE HEALY DETOXIFICATION PROGRAM

Legal Name: BAKER PLACES, INC.

Address: 101 GOUGH/120 PAGE STREET, 2ND AND 3RD FLOOR

City, State Zip: SAN FRANCISCO, CA 94102

Phone: (415)553-4490

Record ID: 380001IN

Service Type: RES-DETOX

Resident Capacity: 31

Total Occupancy: 31

Target Population: 1.1 --- CO-ED

Expiration Date: 09/30/2016

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

State of California, Department of Health Care Services Licensed Residential Facilities and/or Certified Alcohol and Drug Programs

As of 2/6/2015

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

Fax: (209)468-8640

Record ID: 390002DN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 9/30/2014

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

State of California, Department of Health Care Services Licensed Residential Facilities and/or Certified Alcohol and Drug Programs

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: (950)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

State of California, Department of Health Care Services Licensed Residential Facilities and/or Certified Alcohol and Drug Programs

As of 2/6/2015

Santa Barbara County

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

PENDING

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/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

State of California, Department of Health Care Services Licensed Residential Facilities and/or Certified Alcohol and Drug Programs

As of 2/6/2015

Sierra County

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

State of California, Department of Health Care Services Licensed Residential Facilities and/or Certified Alcohol and Drug Programs

As of 2/6/2015

Solano County

Program Name: SOUTHERN SOLANO ALCOHOL COUNCIL

Legal Name: BI-BETT

Address: 419 PENNSYLVANIA STREET

City, State Zip: VALLEJO, CA 94590

Phone: (707)643-2715

Fax: (707)643-8536

Record ID: 480002BN

Service Type: RES-DETOX

Resident Capacity: 9

Total Occupancy: 9

Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2015

Program Name: SHAMIA RECOVERY CENTER

Legal Name: BI-BETT

Address: 126, 126-1/2, AND 128 OHIO STREET

City, State Zip: VALLEJO, CA 94590

Phone: (707)644-2577

Fax: (707)644-2577

Record ID: 480002CN

Service Type: RES

Resident Capacity: 16

Total Occupancy: 16

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 11/30/2015

Program Name: SHAMIA RECOVERY CENTER

Legal Name: BI-BETT

Address: 109A OHIO STREET

City, State Zip: VALLEJO, CA 94590

Phone: (707)644-2577

Fax: (707)644-5501

Record ID: 480002EN

Service Type: RES

Resident Capacity: 4

Total Occupancy: 4

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 10/31/2014

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

State of California, Department of Health Care Services Licensed Residential Facilities and/or Certified Alcohol and Drug Programs

As of 2/6/2015

Sonoma County

Program Name: CAMPOBELLO CHEMICAL DEPENDENCY RECOVERY CENTER

Legal Name: CAMPOBELLO CHEMICAL DEPENDENCY RECOVERY CENTER, INC.

Address: 3250 GUERNEVILLE ROAD

City, State Zip: SANTA ROSA, CA 95401

Phone: (707)579-4066

Fax: (707)579-1603

Record ID: 490002AP

Service Type: RES-DETOX

Resident Capacity: 25

Total Occupancy: 25

Target Population: 1.1 --- CO-ED

Expiration Date: 08/31/2016

Program Name: CAMPOBELLO OUTPATIENT CENTER

Legal Name: CAMPOBELLO CHEMICAL DEPENDENCY RECOVERY CENTER, INC.

Address: 2448 GUERNEVILLE ROAD, SUITE 400

City, State Zip: SANTA ROSA, CA 95403-7227

Phone: (707)546-1547

Fax: (707)546-1557

Record ID: 490002BP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 2/29/2016

Program Name: WOMEN'S RECOVERY SERVICES, A UNIQUE PLACE

Legal Name: WOMEN'S RECOVERY SERVICES, A UNIQUE PLACE

Address: 98, 112, 122, AND 140 HENDLEY STREET

City, State Zip: SANTA ROSA, CA 95404

Phone: (707)527-0412

Fax: (707)527-6048

Record ID: 490004EN

Service Type: RES

Resident Capacity: 20

Total Occupancy: 32

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 02/29/2016

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

State of California, Department of Health Care Services Licensed Residential Facilities and/or Certified Alcohol and Drug Programs

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

State of California, Department of Health Care Services Licensed Residential Facilities and/or Certified Alcohol and Drug Programs

As of 2/6/2015

Sutter County

Program Name: OPTIONS FOR CHANGE SUBSTANCE ABUSE PROGRAM

Legal Name: SUTTER-YUBA MENTAL HEALTH SERVICES

Address: 1965 LIVE OAK BOULEVARD

City, State Zip: YUBA CITY, CA 95991-8828

Phone: (530)822-7200

Fax: (530)822-7108

Record ID: 510002BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 6/30/2015

Program Name: FIRST STEPS PERINATAL DAY TREATMENT PROGRAM

Legal Name: SUTTER-YUBA MENTAL HEALTH SERVICES

Address: 1251 EAST ONSTOTT ROAD

City, State Zip: YUBA CITY, CA 95991-2439

Phone: (530)822-7263

Fax: (530)822-7267

Record ID: 510002CN

Service Type: NON

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 11/30/2014

Program Name: FEATHER RIVER MEN'S CENTER

Legal Name: FEATHER RIVER MEN'S CENTER

Address: 2465 BIRCH STREET

City, State Zip: LIVE OAK, CA 95953

Phone: (530)695-8006

Record ID: 510006AN

Service Type: RES

Resident Capacity: 15

Total Occupancy: 20

Target Population: 1.2 --- MEN ONLY

Expiration Date: 11/30/2015

State of California, Department of Health Care Services Licensed Residential Facilities and/or Certified Alcohol and Drug Programs

As of 2/6/2015

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

**State of California, Department of Health Care Services
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs**

As of 2/6/2015

Trinity County

Program Name: TRINITY COUNTY ALCOHOL AND OTHER DRUG SERVICES

Legal Name: TRINITY COUNTY ALCOHOL AND OTHER DRUG SERVICES

Address: 1450 MAIN STREET

City, State Zip: WEAVERVILLE, CA 96093

Phone: (530)623-1362

Fax: (530)623-4448

Record ID: 530001AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 2/28/2015

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

Fax: (559)781-7521

Record ID: 540001FN

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

Fax: (559)781-7521

Record ID: 540001HN

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

Program Name: NEW HOPE

Legal Name: CENTRAL VALLEY RECOVERY SERVICES, INC.

Address: 212 NORTH STEVENSON STREET

City, State Zip: VISALIA, CA 93291

Phone: (559)625-2995

Fax: (559)625-3808

Record ID: 540031AN

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 06/30/2016

Program Name: PINE RECOVERY CENTER

Legal Name: CENTRAL VALLEY RECOVERY SERVICES, INC.

Address: 120 WEST SCHOOL AVENUE

City, State Zip: VISALIA, CA 93291

Phone: (559)625-4100

Fax: (559)625-3808

Record ID: 540031BN

Service Type: RES-DETOX

Resident Capacity: 27

Total Occupancy: 27

Target Population: 1.2 --- MEN ONLY

Expiration Date: 08/31/2015

Program Name: NEW VISIONS FOR WOMEN

Legal Name: CENTRAL VALLEY RECOVERY SERVICES, INC.

Address: 1425-A EAST WALNUT AVENUE

City, State Zip: VISALIA, CA 93277-6432

Phone: (559)625-4072

Fax: (559)625-3808

Record ID: 540031CN

Service Type: RES-DETOX

Resident Capacity: 23

Total Occupancy: 23

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 05/31/2016

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

**State of California, Department of Health Care Services
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs**

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

State of California, Department of Health Care Services Licensed Residential Facilities and/or Certified Alcohol and Drug Programs

As of 2/6/2015

Ventura County

Program Name: VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT ALCOHOL & DRUG PROGRAM-SIMI VALLEY C

Legal Name: VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT ALCOHOL AND DRUG PROGRAMS

Address: 3150 EAST LOS ANGELES AVENUE

City, State Zip: SIMI VALLEY, CA 93063

Phone: (805)577-1724

Record ID: 560003AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2015

Program Name: VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT ALCOHOL & DRUG PROGRAM-VENTURA CTR

Legal Name: VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT ALCOHOL & DRUG PROGRAMS

Address: 24 EAST MAIN STREET

City, State Zip: VENTURA, CA 93001

Phone: (805)652-6919

Fax: (805)652-0868

Record ID: 560003BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2015

Program Name: OXNARD CENTER

Legal Name: VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT ALCOHOL & DRUG PROGRAMS

Address: 1911 WILLIAMS DRIVE

City, State Zip: OXNARD, CA 93036

Phone: (805)981-9200

Record ID: 560003CN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2016

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
Record ID: 560004JN
Service Type: RES

Fax: (805)648-9762

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
Record ID: 560004KN
Service Type: RES

Fax: (805)648-9762

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

State of California, Department of Health Care Services Licensed Residential Facilities and/or Certified Alcohol and Drug Programs

As of 2/6/2015

Yuba County

Program Name: PATHWAYS I

Legal Name: MIDVALLEY RECOVERY FACILITIES, INCORPORATED

Address: 2 9TH STREET

City, State Zip: MARYSVILLE, CA 95901-5362

Phone: (530)674-4530

Fax: (530)674-4544

Record ID: 580001BN

Service Type: RES-DETOX

Resident Capacity: 23

Total Occupancy: 23

Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2015

Program Name: PATHWAYS III

Legal Name: MIDVALLEY RECOVERY FACILITIES, INCORPORATED

Address: 2 9TH STREET

City, State Zip: MARYSVILLE, CA 95901-5362

Phone: (530)742-6670

Fax: (530)674-4544

Record ID: 580001DN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2015

Program Name: FOR OUR RECOVERING (F.O.R.) FAMILIES

Legal Name: COUNTY OF YUBA PROBATION DEPARTMENT

Address: #8-7TH STREET

City, State Zip: MARYSVILLE, CA 95901

Phone: (530)749-7316

Fax: (530)743-7042

Record ID: 580002AN

Service Type: NON

Target Population: 1.13 --- CO-ED/CHILD/DUAL

Expiration Date: 6/30/2015

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

