

**DEPARTMENT OF HEALTH CARE SERVICES  
LICENSING AND CERTIFICATION SECTION  
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.

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

**COMMENTS?**

We are always looking for ways to improve this document. If you have any comment or suggestions, please e-mail them to [hilda.espinoza@dhcs.ca.gov](mailto:hilda.espinoza@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 Alcohol and Drug Programs (ADP), Residential and Outpatient Programs Compliance Branch (ROPCB), 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 Alcohol and Drug Programs (ADP), 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 ADP for alcohol and/ or drug certification.
  - o DETOX - Indicates a free standing, 24-hour nonmedical detoxification facility licensed by ADP.
  - o RES-DETOX - Indicates a facility licensed by ADP 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 ADP. 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 ADP. 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 ADP.
- Resident Capacity:** Indicates the maximum number of residents authorized by ADP 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 5/2/2016**

**Alameda County**

---

**Program Name:** CHRYSLIS  
**Legal Name:** HORIZON SERVICES, INCORPORATED  
**Address:** 3837, 3839, 3841, 3843, 3845 AND 3847 TELEGRAPH AVENUE  
**City, State Zip:** OAKLAND, 94609  
**Phone:** (510) 450-1190      **Fax:** (510) 455-3520  
**Record ID:** 010001AN  
**Service Type:** RES  
**Resident Capacity:** 20  
**Total Occupancy:** 20  
**Target Population:** 1.3 --- WOMEN ONLY  
**Expiration Date:** 10/31/2017

**Program Name:** CRONIN HOUSE  
**Legal Name:** HORIZON SERVICES, INCORPORATED  
**Address:** 2595 DEPOT ROAD  
**City, State Zip:** HAYWARD, 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:** 2/28/2018

**Program Name:** PROJECT EDEN  
**Legal Name:** HORIZON SERVICES, INCORPORATED  
**Address:** 22646 2ND STREET  
**City, State Zip:** HAYWARD, 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, 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:** 1/31/2018

**Program Name:** LATINO FAMILY SERVICES CENTER  
**Legal Name:** LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE OF ALAMEDA COUNTY  
**Address:** 1315 FRUITVALE AVENUE  
**City, State Zip:** OAKLAND, 94601  
**Phone:** (510) 536-4760      **Fax:** (510) 535-6312  
**Record ID:** 010002DN  
**Service Type:** NON  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 10/31/2016

**Program Name:** COMMUNITY RECOVERY CENTER EAST  
**Legal Name:** THE WEST OAKLAND HEALTH COUNCIL  
**Address:** 7501 INTERNATIONAL BOULEVARD  
**City, State Zip:** OAKLAND, 94621  
**Phone:** (510) 430-1771      **Fax:** (510) 569-4965  
**Record ID:** 010005FN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2016

**Program Name:** WEST OAKLAND OUTPATIENT SUBSTANCE ABUSE SERVICES  
**Legal Name:** THE WEST OAKLAND HEALTH COUNCIL  
**Address:** 451 28TH STREET  
**City, State Zip:** OAKLAND, 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, 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:** 2/29/2016

**Program Name:** WEST OAKLAND HEALTH COUNCIL  
**Legal Name:** THE WEST OAKLAND HEALTH COUNCIL  
**Address:** 700 ADELIN STREET  
**City, State Zip:** OAKLAND, 94607  
**Phone:** (510) 273-4908 **Fax:** (510) 465-4873  
**Record ID:** 010005JN  
**Service Type:** NON  
**Target Population:** 1.3 --- WOMEN ONLY  
**Expiration Date:** 9/30/2016

**Program Name:** ORCHID WOMEN'S RECOVERY CENTER  
**Legal Name:** BI-BETT  
**Address:** 1342 EAST 27TH STREET  
**City, State Zip:** OAKLAND, 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:** 4/30/2018

**Program Name:** EAST OAKLAND RECOVERY CENTER  
**Legal Name:** BI-BETT  
**Address:** 7200 BANCROFT AVENUE, SUITE 176  
**City, State Zip:** OAKLAND, 94605  
**Phone:** (510) 568-2432 **Fax:** (510) 568-3912  
**Record ID:** 010006DN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

**Program Name:** C.U.R.A., INC.  
**Legal Name:** CARNALES UNIDOS REFORMANDO ADICTOS INCORPORATE  
**Address:** 37437 GLENMOOR DRIVE  
**City, State Zip:** FREMONT, 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:** 1/31/2018

**Program Name:** C.U.R.A., INC. OUTPATIENT PROGRAM  
**Legal Name:** CARNALES UNIDOS REFORMANDO ADICTOS INCORPORATE  
**Address:** 37471 GLENMOOR DRIVE  
**City, State Zip:** FREMONT, 94536  
**Phone:** (510) 713-3213 **Fax:** (510) 713-3202  
**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, 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: 5/31/2016

**Program Name:** NEW BRIDGE FOUNDATION  
Legal Name: THE NEW BRIDGE FOUNDATION, INC.  
Address: 1816 AND 1820 SCENIC AVENUE  
City, State Zip: BERKELEY, 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, 94709  
Phone: (510) 526-6200 Fax: (510) 665-3176  
**Record ID:** 010013CN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 6/30/2017

**Program Name:** AIDS PROJECT OF THE EAST BAY  
Legal Name: AIDS PROJECT OF THE EAST BAY  
Address: 1320 WEBSTER STREET  
City, State Zip: OAKLAND, 94612  
Phone: (510) 663-7951  
**Record ID:** 010014AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2017

**Program Name:** ALAMEDA HOUSE  
Legal Name: THE SOLIDARITY FELLOWSHIP, INC.  
Address: 34401 AND 34413 BLACKSTONE WAY  
City, State Zip: FREMONT, 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: 5/31/2016

**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, 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: 7/31/2016

**Program Name:** EAST BAY COMMUNITY RECOVERY PROJECT - NONRESIDENTIAL  
Legal Name: EAST BAY COMMUNITY RECOVERY PROJECT  
Address: 2577 SAN PABLO AVENUE  
City, State Zip: OAKLAND, 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:** HAYWARD OUTPATIENT PROGRAM  
**Legal Name:** EAST BAY COMMUNITY RECOVERY PROJECT  
**Address:** 22971 SUTRO STREET  
**City, State Zip:** HAYWARD, 94541  
**Phone:** (510) 728-8600 **Fax:** (510) 728-8600  
**Record ID:** 010025EN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

**Program Name:** WISTAR MEN'S R & R PROGRAM, INC.  
**Legal Name:** WISTAR R AND R PROGRAM, INC.  
**Address:** 9735 EMPIRE ROAD  
**City, State Zip:** OAKLAND, 94603  
**Phone:** (510) 568-9288 **Fax:** (510) 562-1549  
**Record ID:** 010032EN  
**Service Type:** RES  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 6/30/2017

**Program Name:** AXIS COMMUNITY HEALTH CENTER  
**Legal Name:** AXIS COMMUNITY HEALTH, INC.  
**Address:** 6666 OWENS DRIVE  
**City, State Zip:** PLEASANTON, 94588  
**Phone:** (925) 462-1755 **Fax:** (925) 485-1265  
**Record ID:** 010046BN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**Program Name:** AXIS COMMUNITY HEALTH DRUG AND ALCOHOL PROGRAM  
**Legal Name:** AXIS COMMUNITY HEALTH, INC.  
**Address:** 446 LINDBERGH AVENUE  
**City, State Zip:** LIVERMORE, 94551  
**Phone:** (925) 249-3180 **Fax:** (925) 417-1503  
**Record ID:** 010046DN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 1/31/2017

**Program Name:** SECOND CHANCE (TRI-CITIES), INC.  
**Legal Name:** SECOND CHANCE, INC.  
**Address:** 6330 THORNTON AVENUE, SUITE B AND C  
**City, State Zip:** NEWARK, 94560  
**Phone:** (510) 792-4357 **Fax:** (510) 745-1693  
**Record ID:** 010061AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

**Program Name:** SECOND CHANCE PHOENIX PROGRAM  
**Legal Name:** SECOND CHANCE, INC.  
**Address:** 6330 THORNTON AVENUE, SUITE A  
**City, State Zip:** NEWARK, 94560  
**Phone:** (510) 792-4357 **Fax:** (510) 745-1693  
**Record ID:** 010061DN  
**Service Type:** NON  
**Target Population:** 1.4 --- WOMEN/CHILDREN  
**Expiration Date:** 5/31/2017

**Program Name:** SECOND CHANCE, INC.  
**Legal Name:** SECOND CHANCE, INC.  
**Address:** 107 JACKSON STREET  
**City, State Zip:** HAYWARD, 94544  
**Phone:** (510) 886-8696 **Fax:** (510) 745-1693  
**Record ID:** 010061GN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 11/30/2017

**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, 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:** 2/28/2017

**Program Name:** OPTIONS RECOVERY SERVICES  
**Legal Name:** OPTIONS RECOVERY SERVICES  
**Address:** 1931 CENTER STREET  
**City, State Zip:** BERKELEY, 94704  
**Phone:** (510) 666-9552      **Fax:** (510) 666-0987  
**Record ID:** 010066AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

**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, 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, 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:** 3/31/2016

**Program Name:** TERRA FIRMA DIVERSION/EDUCATIONAL SERVICES  
**Legal Name:** TERRA FIRMA DIVERSION/EDUCATIONAL SERVICES  
**Address:** 30086 MISSION BOULEVARD  
**City, State Zip:** HAYWARD, 94544  
**Phone:** (510) 675-9362      **Fax:** (510) 675-9468  
**Record ID:** 010079AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 8/31/2017

**Program Name:** MAGNOLIA WOMEN'S RECOVERY PROGRAM  
**Legal Name:** MAGNOLIA WOMEN'S RECOVERY PROGRAMS, INC.  
**Address:** 682 BRIERGATE WAY  
**City, State Zip:** HAYWARD, 94544  
**Phone:** (510) 487-2910      **Fax:** (510) 487-2916  
**Record ID:** 010081AN  
**Service Type:** RES  
**Resident Capacity:** 6  
**Total Occupancy:** 12  
**Target Population:** 1.14 --- WOMEN/CHILD/DUAL  
**Expiration Date:** 9/30/2017

**Program Name:** MAGNOLIA WOMEN'S RECOVERY PROGRAMS, INC.  
**Legal Name:** MAGNOLIA WOMEN'S RECOVERY PROGRAMS, INC.  
**Address:** 3408 ANDOVER STREET  
**City, State Zip:** OAKLAND, 94606  
**Phone:** (510) 547-1531  
**Record ID:** 010081CN  
**Service Type:** RES  
**Resident Capacity:** 10  
**Total Occupancy:** 20  
**Target Population:** 1.4 --- WOMEN/CHILDREN  
**Expiration Date:** 2/28/2017

**Program Name:** NATIVE AMERICAN HEALTH CENTER, INC.  
**Legal Name:** NATIVE AMERICAN HEALTH CENTER, INC.  
**Address:** 3124 INTERNATIONAL BOULEVARD, 4TH FLOOR  
**City, State Zip:** OAKLAND, 94601  
**Phone:** (510) 434-5421      **Fax:** (510) 437-9574  
**Record ID:** 010090AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2016

**Program Name:** ALAMEDA FAMILY SERVICES  
**Legal Name:** ALAMEDA FAMILY SERVICES  
**Address:** 2325 CLEMENT AVENUE  
**City, State Zip:** ALAMEDA, 94501  
**Phone:** (510) 629-6300  
**Record ID:** 010091AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2018

**Program Name:** FOUNTAIN RECOVERY  
**Legal Name:** BROTHER AND SISTER PARTNERSHIP  
**Address:** 5053 PAVO COURT  
**City, State Zip:** LIVERMORE, 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:** 9/30/2016

**Program Name:** CAL-PEP  
**Legal Name:** CAL-PEP  
**Address:** 2811 ADELINE STREET  
**City, State Zip:** OAKLAND, 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 LLC  
**Legal Name:** SANTA CATARINA HOUSE LLC  
**Address:** 1080 CRAGMONT AVENUE  
**City, State Zip:** BERKELEY, 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  
**Expiration Date:** 2/28/2017

**Program Name:** MUJERES CON ESPERANZA/WOMEN'S SERVICES ENHANCEMENT PROGRAM  
**Legal Name:** SOUTHERN ALAMEDA COUNTY COMITE FOR RAZA MENTAL HEALTH  
**Address:** 3315 INTERNATIONAL BOULEVARD  
**City, State Zip:** OAKLAND, 94601  
**Phone:** (510) 536-4764 **Fax:** (510) 291-9591  
**Record ID:** 010101AN  
**Service Type:** NON  
**Target Population:** 1.3 --- WOMEN ONLY  
**Expiration Date:** 10/31/2017

**Program Name:** EL CHANTE RESIDENTIAL HOME  
**Legal Name:** SOUTHERN ALAMEDA COUNTY COMITE FOR RAZA MENTAL HEALTH  
**Address:** 425 VERNON STREET  
**City, State Zip:** OAKLAND, 94610  
**Phone:** (510) 465-4569 **Fax:** (510) 291-9591  
**Record ID:** 010101CN  
**Service Type:** RES  
**Resident Capacity:** 20  
**Total Occupancy:** 20  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 10/31/2017

**Program Name:** RECOVERY 55  
**Legal Name:** St. Mary's Center  
**Address:** 925 BROCKHURST  
**City, State Zip:** OAKLAND, 94608  
**Phone:** (510) 923-9600  
**Record ID:** 010102AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2018

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

**As of 5/2/2016**

**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 5/2/2016**

**Amador County**

---

**Program Name:** AMADOR COUNTY BEHAVIORAL HEALTH SERVICES  
**Legal Name:** AMADOR COUNTY BEHAVIORAL HEALTH SERVICES  
**Address:** 10877 CONDUCTOR BOULEVARD, SUITE 300  
**City, State Zip:** SUTTER CREEK, 95685  
**Phone:** (209) 223-6412      **Fax:** (209) 223-3460  
**Record ID:** 030001AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

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

**As of 5/2/2016**

**Butte County**

---

**Program Name:** NORTHERN VALLEY INDIAN HEALTH, INC  
**Legal Name:** NORTHERN VALLEY INDIAN HEALTH, INC.  
**Address:** 845 WEST EAST AVENUE  
**City, State Zip:** CHICO, 95926-2002  
**Phone:** (530) 934-4348 Ext: 1267      **Fax:** (530) 934-7688  
**Record ID:** 040018AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

**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, 95973-0523  
**Phone:** (530) 712-2600      **Fax:** (530) 879-3426  
**Record ID:** 040022AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 11/30/2016

**Program Name:** TRI-COUNTY TREATMENT RESIDENTIAL FACILITY  
**Legal Name:** JULIE CHAPMAN  
**Address:** 2740 ORO DAM BOULEVARD EAST  
**City, State Zip:** OROVILLE, 95966  
**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:** 8/31/2017

**Program Name:** TRI-COUNTY TREATMENT OUTPATIENT PROGRAM  
**Legal Name:** JULIE CHAPMAN  
**Address:** 1881 ROBINSON STREET, SUITE E  
**City, State Zip:** OROVILLE, 95965  
**Phone:** (530) 533-5272      **Fax:** (530) 533-5821  
**Record ID:** 040024BP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2016

**Program Name:** THERAPEUTIC SOLUTIONS  
**Legal Name:** THERAPEUTIC SOLUTIONS PROFESSIONAL CORPORATION  
**Address:** 3255 ESPLANADE  
**City, State Zip:** CHICO, 95973-0255  
**Phone:** (530) 899-3150      **Fax:** (530) 899-3160  
**Record ID:** 040030AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2017

**Program Name:** CHICO RECOVERY CENTER  
**Legal Name:** RUTH ELLEN WALLACE  
**Address:** 2057 FOREST AVENUE, SUITE 5  
**City, State Zip:** CHICO, 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, 95966-6927  
**Phone:** (530) 282-4357      **Fax:** (530) 282-4948  
**Record ID:** 040032AP  
**Service Type:** RES  
**Resident Capacity:** 24  
**Total Occupancy:** 24  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 3/31/2017

**Program Name:** SKYWAY HOUSE OUTPATIENT PROGRAM  
**Legal Name:** SKYWAY HOUSE, LLC  
**Address:** 40 LANDING CIRCLE, SUITE 1 & 3  
**City, State Zip:** CHICO, 95973  
**Phone:** (530) 898-8326      **Fax:** (530) 898-0239  
**Record ID:** 040033AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 7/31/2017

**Program Name:** SKYWAY HOUSE SHASTA RETREAT  
**Legal Name:** SKYWAY HOUSE, LLC  
**Address:** 3105 ESPLANADE  
**City, State Zip:** CHICO, 95973  
**Phone:** (530) 342-3046      **Fax:** (530) 342-1756  
**Record ID:** 040033BP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 22  
**Total Occupancy:** 22  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2017

**Program Name:** SERENITY BY SKYWAY HOUSE  
**Legal Name:** SKYWAY HOUSE, LLC  
**Address:** 6000 COHASSET ROAD  
**City, State Zip:** CHICO, 95973  
**Phone:** (530) 893-3698      **Fax:** (530) 893-3748  
**Record ID:** 040033CP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2017

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

**As of 5/2/2016**

**Calaveras County**

---

**Program Name:** CHANGING ECHOES  
**Legal Name:** CHANGING ECHOES, INC.  
**Address:** 7632 POOL STATION ROAD  
**City, State Zip:** ANGELS CAMP, 95222  
**Phone:** (209) 785-3666  
**Record ID:** 050002AN  
**Service Type:** RES  
**Resident Capacity:** 30  
**Total Occupancy:** 30  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**Program Name:** THE LAKES TREATMENT CENTER  
**Legal Name:** THE LAKES TREATMENT CENTER, INC.  
**Address:** 7260 O'BYRNES FERRY ROAD  
**City, State Zip:** COPPEROPOLIS, 95228  
**Phone:** (209) 785-8200      **Fax:** (209) 785-8202  
**Record ID:** 050005AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 76  
**Total Occupancy:** 80  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 7/31/2016

**Program Name:** TURNING POINT  
**Legal Name:** TURNING POINT OF ARNOLD, LLC  
**Address:** 1194 CEDAR STREET  
**City, State Zip:** ARNOLD, 95223  
**Phone:** (209) 822-3117      **Fax:** (209) 890-7246  
**Record ID:** 050006AP  
**Service Type:** RES  
**Resident Capacity:** 12  
**Total Occupancy:** 12  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 12/31/2017

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

**As of 5/2/2016**

**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, 95932-2880  
**Phone:** (530) 458-0525      **Fax:** (530) 458-8028  
**Record ID:** 060001FN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2016

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

**As of 5/2/2016**

**Contra Costa County**

---

**Program Name:** SUNRISE HOUSE  
**Legal Name:** BI-BETT  
**Address:** 2309 PLATT DRIVE  
**City, State Zip:** MARTINEZ, 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:** 7/31/2016

**Program Name:** SUNRISE HOUSE II  
**Legal Name:** BI-BETT  
**Address:** 2359 PINNACLE DRIVE  
**City, State Zip:** MARTINEZ, 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:** 7/31/2016

**Program Name:** WEST GAADDS  
**Legal Name:** BI-BETT  
**Address:** 3726 BARRETT AVENUE  
**City, State Zip:** RICHMOND, 94804  
**Phone:** (925) 685-7418      **Fax:** (958) 685-7005  
**Record ID:** 070001ACN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 11/30/2016

**Program Name:** DIABLO VALLEY RANCH  
**Legal Name:** BI-BETT  
**Address:** 11540 MARSH CREEK ROAD  
**City, State Zip:** CLAYTON, 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:** 3/31/2018

**Program Name:** FREDERIC OZANAM CENTER  
**Legal Name:** BI-BETT  
**Address:** 2931 PROSPECT STREET  
**City, State Zip:** CONCORD, 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, 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:** 4/30/2018

**Program Name:** SERENITY HOUSE  
**Legal Name:** BI-BETT  
**Address:** 11440 MARSH CREEK ROAD  
**City, State Zip:** CLAYTON, 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:** 3/31/2018

**Program Name:** OAKNOLLS  
**Legal Name:** BI-BETT  
**Address:** 11460 MARSH CREEK ROAD  
**City, State Zip:** CLAYTON, 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:** 3/31/2018

**Program Name:** FREDERIC OZANAM CENTER - CRYSTAL PALACE  
**Legal Name:** BI-BETT  
**Address:** 1390 SANTA CLARA STREET  
**City, State Zip:** CONCORD, 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, 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, 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, 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, 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:** 12/31/2016

**Program Name:** EAST COUNTY WOLLAM  
**Legal Name:** BI-BETT  
**Address:** 22 DAVI AVENUE  
**City, State Zip:** PITTSBURG, 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:** 12/31/2016

**Program Name:** EAST COUNTY WOLLAM  
**Legal Name:** BI-BETT  
**Address:** 32 DAVI AVENUE  
**City, State Zip:** PITTSBURG, 94565  
**Phone:** (925) 427-1384      **Fax:** (925) 458-8996  
**Record ID:** 070001TN  
**Service Type:** RES  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.4 --- WOMEN/CHILDREN  
**Expiration Date:** 12/31/2016

**Program Name:** EAST COUNTY GAARDS/ACFF  
**Legal Name:** BI-BETT  
**Address:** 1251 CALIFORNIA STREET, SUITE 600  
**City, State Zip:** PITTSBURG, 94565  
**Phone:** (925) 439-5161      **Fax:** (925) 439-0322  
**Record ID:** 070001UN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 12/31/2016

**Program Name:** EAST COUNTY WOLLAM  
**Legal Name:** BI-BETT  
**Address:** 34 DAVI AVENUE  
**City, State Zip:** PITTSBURG, 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:** 4/30/2018

**Program Name:** GAARDS CENTRAL/ACFF  
**Legal Name:** BI-BETT  
**Address:** 2290 DIAMOND BOULEVARD, SUITE 202  
**City, State Zip:** CONCORD, 94520  
**Phone:** (925) 685-7418      **Fax:** (925) 685-7005  
**Record ID:** 070001XN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2017

**Program Name:** EAST COUNTY WOLLAM  
**Legal Name:** BI-BETT  
**Address:** 24 DAVI AVENUE  
**City, State Zip:** PITTSBURG, 94565  
**Phone:** (925) 427-1384      **Fax:** (925) 427-4217  
**Record ID:** 070001ZN  
**Service Type:** RES  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2017

**Program Name:** THE RECTORY WOMEN'S RECOVERY CENTER  
**Legal Name:** UJIMA FAMILY RECOVERY SERVICES  
**Address:** 1901 CHURCH LANE  
**City, State Zip:** SAN PABLO, 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:** 2/28/2017

**Program Name:** LA CASA UJIMA  
Legal Name: UJIMA FAMILY RECOVERY SERVICES  
Address: 904 MELLUS STREET  
City, State Zip: MARTINEZ, 94553  
Phone: (925) 229-0230 Fax: (925) 229-0233  
**Record ID:** 070008BN  
Service Type: RES  
Resident Capacity: 12  
Total Occupancy: 18  
Target Population: 1.4 --- WOMEN/CHILDREN  
Expiration Date: 2/28/2017

**Program Name:** UJIMA WEST OUTPATIENT TREATMENT PROGRAM  
Legal Name: UJIMA FAMILY RECOVERY SERVICES  
Address: 12960 SAN PABLO AVENUE  
City, State Zip: RICHMOND, 94805  
Phone: (510) 215-2280 Fax: (925) 215-2283  
**Record ID:** 070008CN  
Service Type: NON  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 2/28/2017

**Program Name:** LA CASA UJIMA  
Legal Name: UJIMA FAMILY RECOVERY SERVICES  
Address: 919 MELLUS STREET  
City, State Zip: MARTINEZ, 94553  
Phone: (925) 229-0230 Fax: (925) 229-0233  
**Record ID:** 070008DN  
Service Type: RES  
Resident Capacity: 3  
Total Occupancy: 6  
Target Population: 1.4 --- WOMEN/CHILDREN  
Expiration Date: 2/28/2017

**Program Name:** UJIMA EAST INTENSIVE DAY TREATMENT PROGRAM  
Legal Name: UJIMA FAMILY RECOVERY SERVICES  
Address: 180 EAST LELAND ROAD, SUITES A & B  
City, State Zip: PITTSBURG, 94565  
Phone: (925) 427-9100 Fax: (925) 427-9102  
**Record ID:** 070008EN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 2/28/2017

**Program Name:** THE RECTORY WOMEN'S RECOVERY CENTER  
Legal Name: UJIMA FAMILY RECOVERY SERVICES  
Address: 1916 CHURCH LANE  
City, State Zip: SAN PABLO, 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: 2/28/2017

**Program Name:** DISCOVERY HOUSE  
Legal Name: CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT  
Address: 4645 PACHECO BOULEVARD  
City, State Zip: MARTINEZ, 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: 10/31/2017

**Program Name:** CROSSROADS TREATMENT CENTER  
Legal Name: RECOVERY MANAGEMENT SERVICES, INC.  
Address: 2080 & 2118 EAST STREET, 2449 PACHECO STREET  
City, State Zip: CONCORD, 94520  
Phone: (925) 682-5704  
**Record ID:** 070018CN  
Service Type: RES  
Resident Capacity: 30  
Total Occupancy: 33  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 1/31/2017

**Program Name:** CROSSROADS TREATMENT CENTER  
**Legal Name:** RECOVERY MANAGEMENT SERVICES, INC.  
**Address:** 2449 PACHECO STREET  
**City, State Zip:** CONCORD, 94520  
**Phone:** (925) 682-5704      **Fax:** (925) 685-7835  
**Record ID:** 070018LN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 11/30/2017

**Program Name:** REACH PROJECT  
**Legal Name:** R.E.A.C.H. PROJECT  
**Address:** 1915 D STREET  
**City, State Zip:** ANTIOCH, 94509  
**Phone:** (925) 754-3673  
**Record ID:** 070024AN  
**Service Type:** NON  
**Target Population:** 1.7 --- FAMILIES  
**Expiration Date:** 6/30/2017

**Program Name:** REACH PROJECT  
**Legal Name:** R.E.A.C.H. PROJECT  
**Address:** 9100 BRENTWOOD BOULEVARD  
**City, State Zip:** BRENTWOOD, 94513  
**Phone:** (925) 809-7920      **Fax:** (925) 754-2002  
**Record ID:** 070024BN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2016

**Program Name:** REACH PROJECT  
**Legal Name:** R.E.A.C.H. PROJECT  
**Address:** 3385 MAIN STREET, SUITE B  
**City, State Zip:** OAKLEY, 94561  
**Phone:** (925) 754-3673  
**Record ID:** 070024CN  
**Service Type:** NON  
**Target Population:** 1.5 --- YOUTH/ADOLESCENT  
**Expiration Date:** 5/31/2016

**Program Name:** COLE HOUSE  
**Legal Name:** J. COLE RECOVERY HOMES, INC.  
**Address:** 1408 A STREET  
**City, State Zip:** ANTIOCH, 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:** 3/31/2018

**Program Name:** STEP/AHEAD ADOLESCENT OUTPATIENT DRUG TREATMENT PROGRAM  
**Legal Name:** COMMUNITY HEALTH FOR ASIAN AMERICANS  
**Address:** 207 37TH STREET  
**City, State Zip:** RICHMOND, 94805  
**Phone:** (510) 237-5777      **Fax:** (510) 233-4545  
**Record ID:** 070041AN  
**Service Type:** NON  
**Target Population:** 1.5 --- YOUTH/ADOLESCENT  
**Expiration Date:** 12/31/2017

**Program Name:** RICHMOND HIGH SCHOOL-OATS PROGRAM  
**Legal Name:** COMMUNITY HEALTH FOR ASIAN AMERICANS  
**Address:** 1250 23RD STREET  
**City, State Zip:** RICHMOND, 94804  
**Phone:** (510) 237-8770  
**Record ID:** 070041BN  
**Service Type:** NON  
**Target Population:** 1.10 --- CO-ED/YOUTH  
**Expiration Date:** 3/31/2018

**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, 94806  
**Phone:** (510) 235-2887      **Fax:** (415) 755-2228  
**Record ID:** 070043AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

**Program Name:** GMG BEHAVIORAL HEALTH SERVICES  
**Legal Name:** RICHARD I. GRACER, M.D., A PROFESSIONAL CORPORATION  
**Address:** 4 CROW CANYON COURT, SUITE 210  
**City, State Zip:** SAN RAMON, 94583  
**Phone:** (925) 277-1100      **Fax:** (925) 277-1358  
**Record ID:** 070044AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2016

**Program Name:** HOPE CONCORD  
**Legal Name:** ANKA BEHAVIORAL HEALTH, INCORPORATED  
**Address:** 1470 ENEA CIRCLE, SUITE 1500  
**City, State Zip:** CONCORD, 94520  
**Phone:** (925) 825-4700      **Fax:** (925) 429-6470  
**Record ID:** 070045AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2016

**Program Name:** DIABLO VALLEY DRUG AND ALCOHOL SERVICES  
**Legal Name:** DIABLO VALLEY DRUG AND ALCOHOL SERVICES INC.  
**Address:** 100 PARK PLACE, SUITE 120  
**City, State Zip:** SAN RAMON, 94583  
**Phone:** (925) 289-1430      **Fax:** (925) 277-1557  
**Record ID:** 070046AP  
**Service Type:** NON-DETOX  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 6/30/2017

**Program Name:** NEW DIRECTIONS FOR YOUNG ADULTS CA, INC.  
**Legal Name:** NEW DIRECTIONS FOR YOUNG ADULTS CA, INC.  
**Address:** 100 LONGBROOK WAY, #20  
**City, State Zip:** PLEASANT HILL, 94523  
**Phone:** 8666115450X231      **Fax:** (866) 203-0007  
**Record ID:** 070047AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2018

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

**As of 5/2/2016**

**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, 95531  
**Phone:** (707) 464-4813      **Fax:** (707) 465-1442  
**Record ID:** 080003AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2017

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

**As of 5/2/2016**

**El Dorado County**

---

**Program Name:** PROGRESS HOUSE MEN'S FACILITY  
Legal Name: PROGRESS HOUSE, INC.  
Address: 838 BEACH COURT ROAD  
City, State Zip: COLOMA, 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: 5/31/2016

**Program Name:** PROGRESS HOUSE WOMEN AND CHILDREN'S FACILITY  
Legal Name: PROGRESS HOUSE, INC.  
Address: 5607 MOUNT MURPHY ROAD  
City, State Zip: GARDEN VALLEY, 95633  
Phone: (530) 333-9460 Fax: (530) 333-1019  
**Record ID:** 090002BN  
Service Type: RES  
Resident Capacity: 20  
Total Occupancy: 32  
Target Population: 1.4 --- WOMEN/CHILDREN  
Expiration Date: 5/31/2016

**Program Name:** PROGRESS HOUSE OUTPATIENT SERVICES  
Legal Name: PROGRESS HOUSE, INC.  
Address: 2844 COLOMA STREET  
City, State Zip: PLACERVILLE, 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, 95709  
Phone: (530) 644-3758 Fax: (530) 644-3782  
**Record ID:** 090002FN  
Service Type: RES  
Resident Capacity: 20  
Total Occupancy: 32  
Target Population: 1.4 --- WOMEN/CHILDREN  
Expiration Date: 5/31/2016

**Program Name:** PROGRESS HOUSE INC DETOX CENTER  
Legal Name: PROGRESS HOUSE, INC.  
Address: 2986 COLOMA STREET  
City, State Zip: PLACERVILLE, 95667-8828  
Phone: (530) 626-9240 Fax: (530) 626-8992  
**Record ID:** 090002JN  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 8  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 4/30/2018

**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, 95667-8984  
Phone: (530) 622-5551 Fax: (530) 622-5800  
**Record ID:** 090005AN  
Service Type: NON  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 12/31/2016

**Program Name:** TAHOE YOUTH AND FAMILY SERVICES  
**Legal Name:** TAHOE YOUTH AND FAMILY SERVICES  
**Address:** 1021 FREMONT AVENUE  
**City, State Zip:** SOUTH LAKE TAHOE, 96150-8136  
**Phone:** (530) 541-2445  
**Record ID:** 090006AN  
**Service Type:** NON  
**Target Population:** 1.5 --- YOUTH/ADOLESCENT  
**Expiration Date:** 2/28/2017

**Program Name:** EDCA LIFESKILLS  
**Legal Name:** EDCA LIFESKILLS  
**Address:** 893 SPRING STREET  
**City, State Zip:** PLACERVILLE, 95667-4437  
**Phone:** (530) 622-8193 **Fax:** (530) 622-4017  
**Record ID:** 090009AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 11/30/2017

**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, 96150-7142  
**Phone:** (530) 577-5340 **Fax:** (530) 577-5323  
**Record ID:** 090014DN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2017

**Program Name:** TAHOE TURNING POINT PLACERVILLE COMMUNITY COUNSELING CENTER  
**Legal Name:** TAHOE TURNING POINT  
**Address:** 344 PLACERVILLE DRIVE  
**City, State Zip:** PLACERVILLE, 95667  
**Phone:** (530) 545-2321  
**Record ID:** 090014FN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2016

**Program Name:** ELEVATE ADDICTION SERVICES - PLACERVILLE  
**Legal Name:** HALCYON HORIZONS, INCORPORATED  
**Address:** 1364 RUTH HAVEN LANE AND 1667 COVEY DRIVE  
**City, State Zip:** PLACERVILLE, 95667  
**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:** 9/30/2016

**Program Name:** ELEVATE ADDICTION SERVICES - SOUTH LAKE TAHOE  
**Legal Name:** HALCYON HORIZONS, INCORPORATED  
**Address:** 586 GLORENE AVENUE  
**City, State Zip:** SOUTH LAKE TAHOE, 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:** 9/30/2016

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

**As of 5/2/2016**

**Fresno County**

---

**Program Name:** COMPREHENSIVE ADDICTION PROGRAMS, INC.  
**Legal Name:** COMPREHENSIVE ADDICTION PROGRAMS, INCORPORATED  
**Address:** 2445 WEST WHITESBRIDGE ROAD  
**City, State Zip:** FRESNO, 93706  
**Phone:** (559) 264-5096  
**Record ID:** 100003AN  
**Service Type:** RES-DETOX  
**Resident Capacity:** 55  
**Total Occupancy:** 55  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 11/30/2017

**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, 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:** 2/28/2018

**Program Name:** TURTLE LODGE  
**Legal Name:** SIERRA TRIBAL CONSORTIUM, INC.  
**Address:** 610 WEST MCKINLEY AVENUE  
**City, State Zip:** FRESNO, 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:** 5/31/2017

**Program Name:** ELEVENTH HOUR REHABILITATION PROGRAMS  
**Legal Name:** ELEVENTH HOUR REHABILITATION PROGRAMS  
**Address:** 334 SHAW AVENUE, SUITE 100  
**City, State Zip:** CLOVIS, 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, 93706  
**Phone:** (559) 265-4800      **Fax:** (559) 265-4808  
**Record ID:** 100010FN  
**Service Type:** RES-DETOX  
**Resident Capacity:** 215  
**Total Occupancy:** 265  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 1/31/2018

**Program Name:** WESTCARE CALIFORNIA, INC.  
**Legal Name:** WESTCARE CALIFORNIA, INC.  
**Address:** 611 EAST BELMONT  
**City, State Zip:** FRESNO, 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, 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:** 6/30/2016

**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, 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, 93657  
**Phone:** (559) 875-6300  
**Record ID:** 100026AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 8/31/2016

**Program Name:** QUEST HOUSE  
**Legal Name:** TURNING POINT OF CENTRAL CALIFORNIA, INC.  
**Address:** 2731 WEST OLIVE AVENUE  
**City, State Zip:** FRESNO, 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:** 2/28/2017

**Program Name:** FIRST STREET CENTER OUTPATIENT PROGRAM  
**Legal Name:** TURNING POINT OF CENTRAL CALIFORNIA, INC.  
**Address:** 3636 NORTH FIRST STREET, SUITE 135  
**City, State Zip:** FRESNO, 93726-6818  
**Phone:** (559) 225-1464  
**Record ID:** 100028HN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 7/31/2017

**Program Name:** SPIRIT OF WOMAN OF CALIFORNIA  
**Legal Name:** SPIRIT OF WOMAN OF CALIFORNIA, INC.  
**Address:** 327 WEST BELMONT AVENUE  
**City, State Zip:** FRESNO, 93728  
**Phone:** (559) 233-4353  
**Record ID:** 100036AN  
**Service Type:** RES  
**Resident Capacity:** 63  
**Total Occupancy:** 208  
**Target Population:** 1.14 --- WOMEN/CHILD/DUAL  
**Expiration Date:** 3/31/2018

**Program Name:** FRESNO NEW CONNECTION, INC.  
**Legal Name:** FRESNO NEW CONNECTION, INC.  
**Address:** 4411 NORTH CEDAR AVENUE, SUITE 108  
**City, State Zip:** FRESNO, 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, 93705-4201  
Phone: (858) 573-2600 Fax: (559) 441-0354  
**Record ID:** 100042CN  
Service Type: RES  
Resident Capacity: 95  
Total Occupancy: 120  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 9/30/2016

**Program Name:** FAMILY & YOUTH ALTERNATIVES  
Legal Name: MENTAL HEALTH SYSTEMS, INC.  
Address: 3122 NORTH MILLBROOK AVENUE, SUITE A  
City, State Zip: FRESNO, 93703  
Phone: (858) 573-2600 Fax: (559) 600-4876  
**Record ID:** 100042DN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2018

**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, 93725  
Phone: (559) 600-4876 Fax: (559) 495-3650  
**Record ID:** 100042EN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 7/31/2016

**Program Name:** VISIONS FOR YOUTH  
Legal Name: MENTAL HEALTH SYSTEMS, INC.  
Address: 4939 E. YALE AVENUE  
City, State Zip: FRESNO, 93727  
Phone: (559) 977-1931 Fax: (559) 225-9174  
**Record ID:** 100042FN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 1/31/2018

**Program Name:** PROMESA BEHAVIORIAL HEALTH OUTPATIENT DRUG AND ALCOHOL PROGRAM  
Legal Name: PROMESA BEHAVIORIAL HEALTH  
Address: 2910-2920 E OLIVE  
City, State Zip: FRESNO, 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, 93703  
Phone: (559) 241-0364 Fax: (559) 241-0342  
**Record ID:** 100052CP  
Service Type: NON  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 1/31/2017

**Program Name:** EMINENCE HEALTHCARE, INC.  
Legal Name: EMINENCE HEALTHCARE, INC.  
Address: 3125 WRIGHT STREET  
City, State Zip: SELMA, 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, 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, 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, ANNEX 1 AND 5A1  
**City, State Zip:** REEDLEY, 93654  
**Phone:** (559) 917-1635      **Fax:** (559) 221-8101  
**Record ID:** 100063DP  
**Service Type:** NON  
**Target Population:** 1.5 --- YOUTH/ADOLESCENT  
**Expiration Date:** 3/31/2018

**Program Name:** EMINENCE HEALTHCARE, INC.  
**Legal Name:** EMINENCE HEALTHCARE, INC.  
**Address:** 750 VAN NESS AVENUE  
**City, State Zip:** COALINGA, 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, 93703  
**Phone:** (559) 252-5150      **Fax:** (559) 252-5156  
**Record ID:** 100066AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2017

**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, 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:** 5/31/2017

**Program Name:** HERNDON RECOVERY CENTER  
**Legal Name:** SATNAM S. ATWAL, MD  
**Address:** 7055 NORTH CHESTNUT AVENUE, SUITE 101  
**City, State Zip:** FRESNO, 93720  
**Phone:** (559) 298-5111      **Fax:** (559) 298-3111  
**Record ID:** 100074AP  
**Service Type:** NON  
**Target Population:** 1.5 --- YOUTH/ADOLESCENT  
**Expiration Date:** 2/28/2018

**Program Name:** HERNDON RECOVERY CENTER RESIDENTIAL  
**Legal Name:** SATNAM S. ATWAL, MD  
**Address:** 2631 EAST JORDAN AVENUE  
**City, State Zip:** FRESNO, 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:** 5/31/2016

**Program Name:** TOUCHSTONE RECOVERY CENTER  
**Legal Name:** RICHARD V. GUZZETTA, M.D.  
**Address:** 724 MEDICAL CENTER DRIVE EAST, SUITE 103  
**City, State Zip:** CLOVIS, 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, 93702  
Phone: (559) 600-6068 Fax: (559) 453-8916  
**Record ID:** 100081AN  
Service Type: NON  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 8/31/2017

**Program Name:** DELTA CARE, INC.  
Legal Name: DELTA CARE, INC.  
Address: 4705 NORTH SONORA AVENUE, SUITE 113A  
City, State Zip: FRESNO, 93722  
Phone: (559) 289-6785  
**Record ID:** 100082AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2017

**Program Name:** CENTRAL CALIFORNIA RECOVERY, INC.  
Legal Name: CENTRAL CALIFORNIA RECOVERY, INCORPORATED  
Address: 1100 WEST SHAW AVENUE, SUITE 130  
City, State Zip: FRESNO, 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:** ASI COUNSELING AND PROFESSIONAL SERVICES, INC.  
Legal Name: ASI COUNSELING AND PROFESSIONAL SERVICES, INC.  
Address: 2005 NORTH WISHON  
City, State Zip: FRESNO, 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, 93727  
Phone: (559) 222-5437 Fax: (559) 222-5445  
**Record ID:** 100093AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2017

**Program Name:** FIRST STEPS RECOVERY  
Legal Name: TRUE NORTH DETOX, LLC  
Address: 22051 OAK HILL LANE  
City, State Zip: CLOVIS, 93619  
Phone: (559) 299-5100 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: 7/31/2016

**Program Name:** THE LIVING CENTER OF FRESNO, INC.  
Legal Name: THE LIVING CENTERS OF FRESNO, INC.  
Address: 4576 E. SHIELDS AVENUE  
City, State Zip: FRESNO, 93726  
Phone: (831) 345-5024  
**Record ID:** 100095AP  
Service Type: RES-DETOX  
Resident Capacity: 16  
Total Occupancy: 16  
Target Population: 1.1 --- CO-ED  
Expiration Date: 7/31/2017

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

As of 5/2/2016

Glenn County

---

**Program Name:** GLENN COUNTY SUBSTANCE ABUSE PROGRAM  
**Legal Name:** GLENN COUNTY HEALTH SERVICES  
**Address:** 1187 EAST SOUTH STREET  
**City, State Zip:** ORLAND, 95963-1640  
**Phone:** (530) 934-6582      **Fax:** (530) 934-6592  
**Record ID:** 110001AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

**Program Name:** NORTHERN VALLEY INDIAN HEALTH, INC.  
**Legal Name:** NORTHERN VALLEY INDIAN HEALTH, INC.  
**Address:** 207 NORTH BUTTE STREET  
**City, State Zip:** WILLOWS, 95988  
**Phone:** (530) 934-4348 Ext: 1267      **Fax:** (530) 934-7688  
**Record ID:** 110002AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

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

As of 5/2/2016

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, 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:** 10/31/2017

**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, 95502  
**Phone:** (707) 443-0514      **Fax:** (707) 443-0514  
**Record ID:** 120001BN  
**Service Type:** RES  
**Resident Capacity:** 21  
**Total Occupancy:** 23  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 1/31/2017

**Program Name:** HUMBOLDT RECOVERY CENTER  
**Legal Name:** HUMBOLDT RECOVERY CENTER, INCORPORATED  
**Address:** 944 N STREET AND 1219 10TH STREET  
**City, State Zip:** EUREKA, 95501  
**Phone:** (707) 443-0514      **Fax:** (707) 443-0514  
**Record ID:** 120001DN  
**Service Type:** RES  
**Resident Capacity:** 16  
**Total Occupancy:** 18  
**Target Population:** 1.3 --- WOMEN ONLY  
**Expiration Date:** 2/28/2017

**Program Name:** CROSSROADS  
**Legal Name:** NORTH COAST SUBSTANCE ABUSE COUNCIL  
**Address:** 1205 AND 1210 MYRTLE AVENUE  
**City, State Zip:** EUREKA, 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:** 1/31/2018

**Program Name:** SINGING TREES RECOVERY CENTER  
**Legal Name:** SINGING TREES RECOVERY CENTER  
**Address:** 2061 HIGHWAY 101  
**City, State Zip:** GARBERVILLE, 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:** 2/28/2018

**Program Name:** ALCOHOL DRUG CARE SERVICES RESIDENTIAL TREATMENT PROGRAM  
**Legal Name:** ALCOHOL/DRUG CARE SERVICE'S, INC.  
**Address:** 1321, 1335 C STREET AND 217 14TH STREET  
**City, State Zip:** EUREKA, 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:** 6/30/2017

**Program Name:** ADCS WOMEN'S RESIDENTIAL TREATMENT PROGRAM  
**Legal Name:** ALCOHOL/DRUG CARE SERVICE'S, INC.  
**Address:** 1742 J STREET  
**City, State Zip:** EUREKA, 95501  
**Phone:** (707) 444-2232  
**Record ID:** 120009CN  
**Service Type:** RES  
**Resident Capacity:** 6  
**Total Occupancy:** 8  
**Target Population:** 1.12 --- WOMEN/YOUTH  
**Expiration Date:** 3/31/2018

**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 AND 734  
**City, State Zip:** EUREKA, 95501  
**Phone:** (707) 476-4070 **Fax:** (707) 446-3776  
**Record ID:** 120010AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 12/31/2017

**Program Name:** HEALTHY MOMS PROGRAM  
**Legal Name:** HUMBOLDT COUNTY ALCOHOL & OTHER DRUG PROGRAMS  
**Address:** 2910 H STREET  
**City, State Zip:** EUREKA, 95501  
**Phone:** (707) 441-5220  
**Record ID:** 120011AN  
**Service Type:** NON  
**Target Population:** 1.4 --- WOMEN/CHILDREN  
**Expiration Date:** 9/30/2017

**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, 95521  
**Phone:** (707) 825-5060 **Fax:** (707) 825-6753  
**Record ID:** 120015AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2017

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

**As of 5/2/2016**

**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 5/2/2016**

**Inyo County**

---

**Program Name:** ALPINE RECOVERY CENTER  
**Legal Name:** ROBERT B. DIBBLE  
**Address:** 375 EAST LINE STREET  
**City, State Zip:** BISHOP, 93514  
**Phone:** (760) 873-4357  
**Record ID:** 140001AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 12/31/2017

**Program Name:** INYO COUNTY  
**Legal Name:** INYO COUNTY HEALTH AND HUMAN SERVICES  
**Address:** 162 GROVE STREET  
**City, State Zip:** BISHOP, 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 5/2/2016**

**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, 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: 3/31/2016

**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, 93309  
Phone: (661) 634-9877 Fax: (661) 864-0198  
**Record ID:** 150003HN  
Service Type: NON  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 4/30/2017

**Program Name:** JASON'S RETREAT  
Legal Name: BAKERSFIELD RECOVERY SERVICES INC.  
Address: 600 BERNARD STREET AND 2000 BAKER STREET  
City, State Zip: BAKERSFIELD, 93305  
Phone: (661) 325-1817  
**Record ID:** 150004AN  
Service Type: RES-DETOX  
Resident Capacity: 54  
Total Occupancy: 59  
Target Population: 1.1 --- CO-ED  
Expiration Date: 2/28/2017

**Program Name:** JASON'S RETREAT  
Legal Name: BAKERSFIELD RECOVERY SERVICES INC.  
Address: 504 BERNARD STREET  
City, State Zip: BAKERSFIELD, 93305  
Phone: (661) 637-2187 Fax: (661) 325-3929  
**Record ID:** 150004CN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 2/28/2017

**Program Name:** CAPISTRANO LINCOLN STREET RETREAT  
Legal Name: BAKERSFIELD RECOVERY SERVICES INC.  
Address: 708 LINCOLN STREET  
City, State Zip: BAKERSFIELD, 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: 9/30/2017

**Program Name:** BROTHERHOOD CENTER  
Legal Name: COMMUNITY SERVICE ORGANIZATION, BEHAVIORAL HEALTH PROGRAMS  
Address: 1124 BAKER STREET  
City, State Zip: BAKERSFIELD, 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, 93241  
**Phone:** (661) 845-3753  
**Record ID:** 150011CN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 7/31/2016

**Program Name:** KEN KENNEMER SUBSTANCE ABUSE TREATMENT CENTER  
**Legal Name:** TURNING POINT OF CENTRAL CALIFORNIA, INC.  
**Address:** 1100 UNION AVENUE  
**City, State Zip:** BAKERSFIELD, 93307  
**Phone:** (661) 861-6111 **Fax:** (661) 861-6161  
**Record ID:** 150013BN  
**Service Type:** RES  
**Resident Capacity:** 75  
**Total Occupancy:** 75  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 1/31/2017

**Program Name:** KENNEMER OUTPATIENT PROGRAM  
**Legal Name:** TURNING POINT OF CENTRAL CALIFORNIA, INC.  
**Address:** 1101 UNION AVENUE, SUITE 100  
**City, State Zip:** BAKERSFIELD, 93307  
**Phone:** (661) 631-1483 **Fax:** (661) 325-0528  
**Record ID:** 150013CN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

**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, 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, 93304  
**Phone:** (661) 398-4303 **Fax:** (661) 398-4306  
**Record ID:** 150029AN  
**Service Type:** RES  
**Resident Capacity:** 35  
**Total Occupancy:** 35  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 1/31/2018

**Program Name:** WESTCARE BAKERSFIELD OUTPATIENT  
**Legal Name:** WESTCARE CALIFORNIA, INC.  
**Address:** 2901 SOUTH H STREET  
**City, State Zip:** BAKERSFIELD, 93304  
**Phone:** (661) 398-4303 **Fax:** (661) 398-4306  
**Record ID:** 150029DN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 12/31/2016

**Program Name:** WOMEN OF WORTH RECOVERY HOUSE  
**Legal Name:** RODNEY L. BOHANNON, JR.  
**Address:** 2500 OLMO COURT  
**City, State Zip:** BAKERSFIELD, 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:** 11/30/2016

**Program Name:** ASPIRE COUNSELING SERVICES  
Legal Name: ASPIRE COUNSELING SERVICES, INC.  
Address: 5400 ALDRIN COURT  
City, State Zip: BAKERSFIELD, 93313  
Phone: (661) 213-6990 Fax: (661) 396-7302  
**Record ID:** 150059AP  
Service Type: NON-DETOX  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2017

**Program Name:** CASA AURORA  
Legal Name: MENTAL HEALTH SYSTEMS, INC.  
Address: 1932 JESSIE STREET  
City, State Zip: BAKERSFIELD, 93305-4114  
Phone: (661) 321-9086  
**Record ID:** 150060CN  
Service Type: NON  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 11/30/2017

**Program Name:** ACTION FAMILY COUNSELING, INC.  
Legal Name: ACTION FAMILY COUNSELING, INC.  
Address: 3801 BUCK OWENS BOULEVARD, SUITES 105 - 107  
City, State Zip: BAKERSFIELD, 93308  
Phone: (661) 325-4357 Fax: (661) 325-4345  
**Record ID:** 150062AP  
Service Type: NON  
Target Population: 1.8 --- DUAL DIAGNOSIS  
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, 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: 4/30/2016

**Program Name:** PROFESSIONAL GROUP  
Legal Name: S&T PROFESSIONAL GROUP, INC.  
Address: 1415 18TH STREET, SUITES 307, 309 & 312  
City, State Zip: BAKERSFIELD, 93301  
Phone: (661) 324-1982 Fax: (661) 324-1220  
**Record ID:** 150067AP  
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 5/2/2016**

**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, 93230  
**Phone:** (559) 582-4481      **Fax:** (559) 582-6547  
**Record ID:** 160004AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

**Program Name:** CHAMPIONS RECOVERY ALTERNATIVE PROGRAMS, INC.  
**Legal Name:** CHAMPIONS RECOVERY ALTERNATIVE PROGRAMS, INC.  
**Address:** 623, 629 AND 700 NORTH IRWIN STREET  
**City, State Zip:** HANFORD, 93230  
**Phone:** (559) 583-9300      **Fax:** (559) 583-9307  
**Record ID:** 160005AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 8/31/2017

**Program Name:** HANNAH'S HOUSE  
**Legal Name:** CHAMPIONS RECOVERY ALTERNATIVE PROGRAMS, INC.  
**Address:** 222 WEST KEITH STREET  
**City, State Zip:** HANFORD, 93230  
**Phone:** (559) 583-7800      **Fax:** (559) 583-7890  
**Record ID:** 160005BN  
**Service Type:** RES  
**Resident Capacity:** 15  
**Total Occupancy:** 20  
**Target Population:** 1.14 --- WOMEN/CHILD/DUAL  
**Expiration Date:** 7/31/2016

**Program Name:** SAMUEL'S HOUSE  
**Legal Name:** CHAMPIONS RECOVERY ALTERNATIVE PROGRAMS, INC.  
**Address:** 11517 15TH AVENUE  
**City, State Zip:** LEMOORE, 93245  
**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  
**Expiration Date:** 2/28/2017

**Program Name:** WESTCARE  
**Legal Name:** WESTCARE CALIFORNIA, INC.  
**Address:** 410 EAST 7TH STREET  
SUITES 5, 7 AND 9  
**City, State Zip:** HANFORD, 93230  
**Phone:** (559) 251-4800  
**Record ID:** 160006CN  
**Service Type:** NON  
**Target Population:** 1.5 --- YOUTH/ADOLESCENT  
**Expiration Date:** 5/31/2018

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

**As of 5/2/2016**

**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, 95422  
**Phone:** (707) 994-7090      **Fax:** (707) 994-7164  
**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, 95458  
**Phone:** (707) 274-9101      **Fax:** (707) 274-9132  
**Record ID:** 170002CN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 8/31/2017

**Program Name:** HILLTOP RECOVERY SERVICES  
**Legal Name:** HILLTOP RECOVERY SERVICES  
**Address:** 14720 OLD CATHOLIC CHURCH ROAD  
**City, State Zip:** CLEARLAKE OAKS, 95423  
**Phone:** (707) 987-9972      **Fax:** (707) 987-2591  
**Record ID:** 170011AN  
**Service Type:** RES  
**Resident Capacity:** 28  
**Total Occupancy:** 32  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

**Program Name:** HILLTOP RECOVERY FOR WOMEN  
**Legal Name:** HILLTOP RECOVERY SERVICES  
**Address:** 3937 FOOTHILL DRIVE  
**City, State Zip:** LUCERNE, 95458  
**Phone:** (707) 274-8171      **Fax:** (707) 274-8327  
**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, 95458  
**Phone:** (707) 274-5610      **Fax:** (707) 274-8327  
**Record ID:** 170011DN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2018

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

**As of 5/2/2016**

**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 5/2/2016**

**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, 93510  
**Phone:** (661) 269-0062      **Fax:** (661) 269-4507  
**Record ID:** 190001AN  
**Service Type:** RES  
**Resident Capacity:** 166  
**Total Occupancy:** 166  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2018

**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, 93536  
**Phone:** (661) 940-3549      **Fax:** (661) 266-1772  
**Record ID:** 190001CN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 6/30/2017

**Program Name:** ALCOHOLISM CENTER FOR WOMEN  
**Legal Name:** ALCOHOLISM CENTER FOR WOMEN  
**Address:** 1147 SOUTH ALVARADO STREET  
**City, State Zip:** LOS ANGELES, 90006  
**Phone:** (213) 381-8500      **Fax:** (213) 381-9410  
**Record ID:** 190002AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2017

**Program Name:** ALCOHOLISM CENTER FOR WOMEN  
**Legal Name:** ALCOHOLISM CENTER FOR WOMEN  
**Address:** 1135 SOUTH ALVARADO STREET  
**City, State Zip:** LOS ANGELES, 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:** 2/28/2017

**Program Name:** BEACON HOUSE  
**Legal Name:** THE BEACON HOUSE ASSOCIATION OF SAN PEDRO  
**Address:** 1003 SOUTH BEACON STREET  
**City, State Zip:** SAN PEDRO, 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:** 3/31/2018

**Program Name:** LIGHTHOUSE  
**Legal Name:** THE BEACON HOUSE ASSOCIATION OF SAN PEDRO  
**Address:** 132 WEST 10TH STREET  
**City, State Zip:** SAN PEDRO, 90731  
**Phone:** (310) 514-4940  
**Record ID:** 190006BN  
**Service Type:** RES  
**Resident Capacity:** 25  
**Total Occupancy:** 25  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 3/31/2018

**Program Name:** MCMILLEN HOUSE  
Legal Name: THE BEACON HOUSE ASSOCIATION OF SAN PEDRO  
Address: 1012 SOUTH PALOS VERDES STREET  
City, State Zip: SAN PEDRO, 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: 3/31/2018

**Program Name:** CHANNEL VIEW HOUSE  
Legal Name: THE BEACON HOUSE ASSOCIATION OF SAN PEDRO  
Address: 124 WEST 11TH STREET  
City, State Zip: SAN PEDRO, 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: 3/31/2016

**Program Name:** PROPER HOUSE  
Legal Name: THE BEACON HOUSE ASSOCIATION OF SAN PEDRO  
Address: 1021 S. BEACON STREET  
City, State Zip: SAN PEDRO, 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: 7/31/2017

**Program Name:** HOLLYWOOD FAMILY RECOVERY CENTER  
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.  
Address: 6838 SUNSET BOULEVARD  
City, State Zip: HOLLYWOOD, 90028  
Phone: (323) 461-3817 Fax: (323) 461-5683  
**Record ID:** 190007AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 9/30/2017

**Program Name:** WILMINGTON COMMUNITY RECOVERY CENTER  
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.  
Address: 1318A AND 1314B NORTH AVALON BOULEVARD  
City, State Zip: WILMINGTON, 90744  
Phone: (310) 549-2715  
**Record ID:** 190007CN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 9/30/2017

**Program Name:** PATTERNS  
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.  
Address: 12917 CERISE AVENUE  
City, State Zip: HAWTHORNE, 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: 9/30/2017

**Program Name:** PACIFICA HOUSE  
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.  
Address: 2501 WEST EL SEGUNDO BOULEVARD  
City, State Zip: HAWTHORNE, 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: 9/30/2017

**Program Name:** SOUTH BAY RECOVERY CENTER  
**Legal Name:** BEHAVIORAL HEALTH SERVICES, INC.  
**Address:** 15519 CRENSHAW BOULEVARD  
**City, State Zip:** GARDENA, 90249  
**Phone:** (310) 679-9031  
**Record ID:** 190007HN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**Program Name:** AMERICAN RECOVERY CENTER-DETOX  
**Legal Name:** BEHAVIORAL HEALTH SERVICES, INC.  
**Address:** 2180 WEST VALLEY BOULEVARD, FLOOR 200  
**City, State Zip:** POMONA, 91768  
**Phone:** (909) 865-2336  
**Record ID:** 190007IN  
**Service Type:** NON-DETOX  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**Program Name:** BOYLE HEIGHTS FAMILY RECOVERY CENTER  
**Legal Name:** BEHAVIORAL HEALTH SERVICES, INC.  
**Address:** 3421 OLYMPIC BOULEVARD  
**City, State Zip:** LOS ANGELES, 90023  
**Phone:** (323) 262-1786 **Fax:** (323) 262-2659  
**Record ID:** 190007JN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**Program Name:** LINCOLN HEIGHTS FAMILY RECOVERY CENTER  
**Legal Name:** BEHAVIORAL HEALTH SERVICES, INC.  
**Address:** 4099 NORTH MISSION ROAD  
**City, State Zip:** LOS ANGELES, 90032  
**Phone:** (323) 221-1746  
**Record ID:** 190007KN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**Program Name:** REDGATE MEMORIAL RECOVERY CENTER  
**Legal Name:** BEHAVIORAL HEALTH SERVICES, INC.  
**Address:** 1775 CHESTNUT AVENUE  
**City, State Zip:** LONG BEACH, 90813  
**Phone:** (562) 599-8444 **Fax:** (562) 591-6134  
**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, 91768  
**Phone:** (909) 865-2336  
**Record ID:** 190007MN  
**Service Type:** RES  
**Resident Capacity:** 123  
**Total Occupancy:** 123  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2017

**Program Name:** AMERICAN RECOVERY CENTER OUTPATIENT PROGRAM  
**Legal Name:** BEHAVIORAL HEALTH SERVICES, INC.  
**Address:** 2180 WEST VALLEY BOULEVARD  
**City, State Zip:** POMONA, 91766  
**Phone:** (909) 865-2336 **Fax:** (909) 865-1831  
**Record ID:** 190007ON  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**Program Name:** JOINT EFFORTS  
**Legal Name:** BEHAVIORAL HEALTH SERVICES, INC.  
**Address:** 590 WEST 8TH STREET  
**City, State Zip:** SAN PEDRO, 90731  
**Phone:** (310) 831-2356 **Fax:** (310) 831-2830  
**Record ID:** 190007QN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2017

**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, 90501  
**Phone:** (310) 328-1460 **Fax:** (310) 328-1964  
**Record ID:** 190007RN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 11/30/2017

**Program Name:** FLOSSIE LEWIS CENTER  
**Legal Name:** BEHAVIORAL HEALTH SERVICES, INC.  
**Address:** 341 & 351 EAST 6TH STREET AND 615 ELM AVENUE  
**City, State Zip:** LONG BEACH, 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:** 7/31/2016

**Program Name:** THE BISHOP GOODEN HOME  
**Legal Name:** THE GOODEN CENTER  
**Address:** 191 NORTH EL MOLINO AVENUE  
**City, State Zip:** PASADENA, 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:** 3/31/2016

**Program Name:** DRUG AND ALCOHOL COUNSELING SERVICES  
**Legal Name:** SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.  
**Address:** 11500 PARAMOUNT BOULEVARD  
**City, State Zip:** DOWNEY, 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:** POSITIVE STEPS  
**Legal Name:** SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.  
**Address:** 8332 IOWA STREET AND 11501 DOLAN AVENUE  
**City, State Zip:** DOWNEY, 90241  
**Phone:** (562) 923-7894 **Fax:** (562) 869-3400  
**Record ID:** 190011AFN  
**Service Type:** RES-DETOX  
**Resident Capacity:** 47  
**Total Occupancy:** 57  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2018

**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, 90201  
**Phone:** (562) 927-1656 **Fax:** (562) 927-4346  
**Record ID:** 190011AIN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2017

**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, 90604  
**Phone:** (562) 944-7953 **Fax:** (562) 946-7494  
**Record ID:** 190011AN  
**Service Type:** RES-DETOX  
**Resident Capacity:** 20  
**Total Occupancy:** 30  
**Target Population:** 1.4 --- WOMEN/CHILDREN  
**Expiration Date:** 3/31/2018

**Program Name:** AWAKENINGS  
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.  
Address: 12322 CLEARLEN, APARTMENTS 1, 2, 3 AND 4  
City, State Zip: WHITTIER, 90604  
Phone: (562) 947-3835 Fax: (562) 943-1235  
**Record ID:** 190011KN  
Service Type: RES-DETOX  
Resident Capacity: 14  
Total Occupancy: 20  
Target Population: 1.1 --- CO-ED  
Expiration Date: 3/31/2018

**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, 90241  
Phone: (562) 622-2268 Fax: (562) 923-5164  
**Record ID:** 190011ON  
Service Type: RES-DETOX  
Resident Capacity: 18  
Total Occupancy: 26  
Target Population: 1.4 --- WOMEN/CHILDREN  
Expiration Date: 3/31/2018

**Program Name:** ANGEL STEP TOO  
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.  
Address: 16314, 16316, 16316-1/2, 16318, 16318-1/2, 16322, 16322-1/2, AND 16322-7/8 CORNUTA AVENUE  
City, State Zip: BELLFLOWER, 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: 11/30/2017

**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, 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, 91101  
Phone: (626) 792-2770 Fax: (626) 792-5826  
**Record ID:** 190012CN  
Service Type: RES-DETOX  
Resident Capacity: 34  
Total Occupancy: 34  
Target Population: 1.8 --- DUAL DIAGNOSIS  
Expiration Date: 3/31/2018

**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, 90019  
Phone: (323) 735-7059  
**Record ID:** 190013AN  
Service Type: RES  
Resident Capacity: 40  
Total Occupancy: 40  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2017

**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, 90007  
Phone: (323) 732-9124  
**Record ID:** 190013BN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2017

**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, 90037  
**Phone:** (323) 233-3342  
**Record ID:** 190013CN  
**Service Type:** RES  
**Resident Capacity:** 40  
**Total Occupancy:** 40  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2017

**Program Name:** SANTA MONICA RECOVERY CENTER  
**Legal Name:** CLARE FOUNDATION, INC.  
**Address:** 905 AND 907 PICO BOULEVARD  
**City, State Zip:** SANTA MONICA, 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:** 7/31/2016

**Program Name:** WOMEN'S RECOVERY HOME  
**Legal Name:** CLARE FOUNDATION, INC.  
**Address:** 844 PICO BOULEVARD  
**City, State Zip:** SANTA MONICA, 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:** 7/31/2016

**Program Name:** CLARE FOUNDATION INTENSIVE OUTPATIENT PROGRAM  
**Legal Name:** CLARE FOUNDATION, INC.  
**Address:** 1020 PICO BOULEVARD  
**City, State Zip:** SANTA MONICA, 90405  
**Phone:** (310) 314-6200 Ext: 3424      **Fax:** (310) 396-6974  
**Record ID:** 190016HN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

**Program Name:** CONSCIOUS RECOVERY BY CLARE  
**Legal Name:** CLARE FOUNDATION, INC.  
**Address:** 1334 LINCOLN BOULEVARD  
**City, State Zip:** SANTA MONICA, 90401  
**Phone:** (310) 314-6200 Ext: 3210      **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, 90405  
**Phone:** (310) 314-6200      **Fax:** (310) 314-6221  
**Record ID:** 190016LN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

**Program Name:** GRANDVIEW FOUNDATION, INC. - RESIDENTIAL  
**Legal Name:** GRANDVIEW FOUNDATION, INC.  
**Address:** 1230 NORTH MARENGO AVENUE AND 225 GRANDVIEW STREET  
**City, State Zip:** PASADENA, 91103  
**Phone:** (626) 797-1124      **Fax:** (626) 398-9674  
**Record ID:** 190022AN  
**Service Type:** RES  
**Resident Capacity:** 19  
**Total Occupancy:** 19  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 3/31/2017

**Program Name:** GRANDVIEW FOUNDATION, INC.  
**Legal Name:** GRANDVIEW FOUNDATION, INC.  
**Address:** 1230 NORTH MARENGO AVENUE  
**City, State Zip:** PASADENA, 91103  
**Phone:** 6267971124X116      **Fax:** (626) 398-9674  
**Record ID:** 190022EN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 12/31/2017

**Program Name:** HOPE HARBOR CENTER  
**Legal Name:** THE SALVATION ARMY  
**Address:** 3107 SOUTH GRAND AVENUE  
**City, State Zip:** LOS ANGELES, 90007  
**Phone:** (213) 744-8186      **Fax:** (213) 626-0717  
**Record ID:** 190023AN  
**Service Type:** RES  
**Resident Capacity:** 56  
**Total Occupancy:** 58  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 4/30/2018

**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, 90201  
**Phone:** (323) 263-1206      **Fax:** (323) 263-8543  
**Record ID:** 190023CN  
**Service Type:** RES  
**Resident Capacity:** 75  
**Total Occupancy:** 75  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 8/31/2017

**Program Name:** THE SALVATION ARMY HAVEN  
**Legal Name:** THE SALVATION ARMY  
**Address:** 11301 WILSHIRE BOULEVARD, BUILDING 212, 2ND FLOOR  
**City, State Zip:** LOS ANGELES, 90073  
**Phone:** (310) 478-3711  
**Record ID:** 190023DN  
**Service Type:** RES  
**Resident Capacity:** 65  
**Total Occupancy:** 65  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**Program Name:** THE SALVATION ARMY HOPE HARBOR CENTER  
**Legal Name:** THE SALVATION ARMY  
**Address:** 3107 SOUTH GRAND AVENUE  
**City, State Zip:** LOS ANGELES, 90007  
**Phone:** (213) 744-1688      **Fax:** (213) 744-8186  
**Record ID:** 190023HN  
**Service Type:** NON  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 4/30/2017

**Program Name:** HOUSE OF HOPE  
**Legal Name:** HOUSE OF HOPE FOUNDATION, INC.  
**Address:** 221, 223, 225, 227, 229, 235 WEST 9TH STREET AND 917 PALOS VERDES STREET, APARTMENT C AND D  
**City, State Zip:** SAN PEDRO, 90731  
**Phone:** (310) 831-9411      **Fax:** (310) 831-5796  
**Record ID:** 190025AN  
**Service Type:** RES  
**Resident Capacity:** 24  
**Total Occupancy:** 24  
**Target Population:** 1.3 --- WOMEN ONLY  
**Expiration Date:** 3/31/2016

**Program Name:** HOUSE OF HOPE FOUNDATION, INC.  
**Legal Name:** HOUSE OF HOPE FOUNDATION, INC.  
**Address:** 205 WEST 9TH STREET  
**City, State Zip:** SAN PEDRO, 90731  
**Phone:** (310) 521-9209      **Fax:** (310) 521-9241  
**Record ID:** 190025GN  
**Service Type:** NON  
**Target Population:** 1.3 --- WOMEN ONLY  
**Expiration Date:** 7/31/2017

**Program Name:** JAN CLAYTON CENTER  
Legal Name: VOLUNTEERS OF AMERICA OF LOS ANGELES  
Address: 4969 SUNSET BOULEVARD  
City, State Zip: LOS ANGELES, 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: 2/29/2016

**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, 90021  
Phone: (323) 660-8042 Fax: (213) 622-6831  
**Record ID:** 190027BN  
Service Type: RES  
Resident Capacity: 48  
Total Occupancy: 48  
Target Population: 1.1 --- CO-ED  
Expiration Date: 2/28/2018

**Program Name:** VS-21  
Legal Name: VOLUNTEERS OF AMERICA OF LOS ANGELES  
Address: 622 SOUTH WALL STREET, BUILDING C  
City, State Zip: LOS ANGELES, 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: 9/30/2017

**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, 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: 12/31/2016

**Program Name:** LITTLE HOUSE  
Legal Name: LITTLE HOUSE  
Address: 9718 HARVARD STREET  
City, State Zip: BELLFLOWER, 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: 9/30/2017

**Program Name:** PALM HOUSE RECOVERY HOME  
Legal Name: PALM HOUSE, INCORPORATED  
Address: 2515 EAST JEFFERSON STREET  
City, State Zip: CARSON, 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: 7/31/2016

**Program Name:** PASADENA SUBSTANCE USE PREVENTION & TREATMENT SERVICES  
Legal Name: PASADENA PUBLIC HEALTH DEPARTMENT  
Address: 1845 NORTH FAIR OAKS AVENUE  
City, State Zip: PASADENA, 91103  
Phone: (626) 744-6001 Fax: (626) 744-6096  
**Record ID:** 190041AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2017

**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, 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, 91321  
**Phone:** (616) 253-9400 **Fax:** (818) 997-0851  
**Record ID:** 190049BN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2017

**Program Name:** VICTORY HOUSE/AWARE PROGRAM  
**Legal Name:** NEW WAY FOUNDATION, INC.  
**Address:** 207 NORTH VICTORY BOULEVARD  
**City, State Zip:** BURBANK, 91502  
**Phone:** (818) 842-9416  
**Record ID:** 190058AN  
**Service Type:** RES  
**Resident Capacity:** 38  
**Total Occupancy:** 38  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 7/31/2016

**Program Name:** RICKMAN RECOVERY CENTERS  
**Legal Name:** RICKMAN RECOVERY CENTER  
**Address:** 1433 E. ROUTE 66, SUITE F  
**City, State Zip:** GLENDORA, 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, INC. INTEGRATED BEHAVIORAL HEALTHCARE SYSTEMS  
**Legal Name:** HIS SHELTERING ARMS INC.  
**Address:** 112 WEST 111TH STREET AND 11101 SOUTH MAIN STREET  
**City, State Zip:** LOS ANGELES, 90061  
**Phone:** (323) 755-6646 **Fax:** (323) 777-2209  
**Record ID:** 190064BN  
**Service Type:** RES  
**Resident Capacity:** 49  
**Total Occupancy:** 69  
**Target Population:** 1.4 --- WOMEN/CHILDREN  
**Expiration Date:** 5/31/2017

**Program Name:** HIS SHELTERING ARMS, INC.-INTEGRATED BEHAVIORIAL HEALTHCARE SYSTEMS  
**Legal Name:** HIS SHELTERING ARMS INC.  
**Address:** 11101 SOUTH MAIN STREET, SUITE 115  
**City, State Zip:** LOS ANGELES, 90061-1925  
**Phone:** (323) 755-6646 **Fax:** (323) 777-2209  
**Record ID:** 190064CN  
**Service Type:** NON  
**Target Population:** 1.4 --- WOMEN/CHILDREN  
**Expiration Date:** 8/31/2017

**Program Name:** MUJERES RECOVERY HOME  
**Legal Name:** CA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE, INC.  
**Address:** 530 NORTH AVENUE 54  
**City, State Zip:** LOS ANGELES, 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:** 6/30/2016

**Program Name:** LATINOS RECOVERY HOME  
Legal Name: CA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE, INC.  
Address: 2436 WABASH AVENUE  
City, State Zip: LOS ANGELES, 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: 6/30/2016

**Program Name:** LATINAS RECOVERY HOME  
Legal Name: CA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE, INC.  
Address: 327 NORTH SAINT LOUIS STREET  
City, State Zip: LOS ANGELES, 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: 6/30/2016

**Program Name:** SAN GABRIEL VALLEY CENTER  
Legal Name: CA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE, INC.  
Address: 11046 VALLEY MALL  
City, State Zip: EL MONTE, 91731  
Phone: (626) 444-6000 Fax: (626) 444-9044  
**Record ID:** 190065HN  
Service Type: NON  
Target Population: 1.7 --- FAMILIES  
Expiration Date: 1/31/2018

**Program Name:** LATINO FAMILY ALCOHOL AND DRUG SERVICES  
Legal Name: CA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE, INC.  
Address: 3316-3320 WEST BEVERLY BOULEVARD  
City, State Zip: MONTEBELLO, 90640  
Phone: (323) 722-4529 Fax: (323) 722-4450  
**Record ID:** 190065IN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2017

**Program Name:** MENTAL HEALTH AND ADDICTION SERVICES FOR ADOLESCENTS  
Legal Name: CA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE, INC.  
Address: 2309 DALY STREET  
City, State Zip: LOS ANGELES, 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:** SAFE REFUGE  
Legal Name: SAFE REFUGE  
Address: 3111, 3113, 3115, 3119, 3125, AND 3131 EAST SEVENTH ST. APTS 1, 3, 4, 5, 6;  
719 APTS 1-10, 727 & 729 OBISPO AVE; AND 718, 728, 728A, 728 1/2 FREEMAN AV  
City, State Zip: LONG BEACH, 90804  
Phone: (562) 987-5722 Fax: (562) 987-4586  
**Record ID:** 190077AHN  
Service Type: RES  
Resident Capacity: 90  
Total Occupancy: 90  
Target Population: 1.9 --- CO-ED/CHILDREN  
Expiration Date: 10/31/2016

**Program Name:** SAFE REFUGE  
Legal Name: SAFE REFUGE  
Address: 3125, 3137 AND 3139 EAST SEVENTH STREET  
City, State Zip: LONG BEACH, 90804  
Phone: (562) 987-5722  
**Record ID:** 190077CN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2017

**Program Name:** SAFE REFUGE  
Legal Name: SAFE REFUGE  
Address: 1046 REDONDO AVENUE  
City, State Zip: LONG BEACH, 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, 91350  
Phone: (661) 270-0025  
**Record ID:** 190079BN  
Service Type: RES  
Resident Capacity: 12  
Total Occupancy: 12  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 9/30/2017

**Program Name:** THE RIVER COMMUNITY  
Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.  
Address: 23701 EAST ROWLAND STREET  
City, State Zip: AZUSA, 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: 3/31/2016

**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, 91723-3017  
Phone: (626) 974-8123  
**Record ID:** 190081BN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2017

**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, 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, 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: 2/29/2016

**Program Name:** MARIPOSA RECOVERY HOME  
Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.  
Address: 453 SOUTH INDIANA STREET  
City, State Zip: LOS ANGELES, 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 112B  
**City, State Zip:** EL MONTE, 91733  
**Phone:** (626) 453-3432      **Fax:** (626) 456-8331  
**Record ID:** 190081HN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2017

**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, 91722  
**Phone:** (626) 967-2677      **Fax:** (626) 858-4923  
**Record ID:** 190081IN  
**Service Type:** RES  
**Resident Capacity:** 18  
**Total Occupancy:** 23  
**Target Population:** 1.4 --- WOMEN/CHILDREN  
**Expiration Date:** 1/31/2018

**Program Name:** ROYAL PALMS RECOVERY HOME  
**Legal Name:** SOCIAL MODEL RECOVERY SYSTEMS, INC.  
**Address:** 360 SOUTH WESTLAKE AVENUE  
**City, State Zip:** LOS ANGELES, 90057  
**Phone:** (213) 483-9201      **Fax:** (626) 332-3145  
**Record ID:** 190081JN  
**Service Type:** RES  
**Resident Capacity:** 115  
**Total Occupancy:** 115  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 12/31/2017

**Program Name:** RENA B. RECOVERY HOME  
**Legal Name:** SOCIAL MODEL RECOVERY SYSTEMS, INC.  
**Address:** 4439, 4445 AND 4455 BURNS AVENUE  
**City, State Zip:** LOS ANGELES, 90029  
**Phone:** (323) 664-8940      **Fax:** (626) 332-3145  
**Record ID:** 190081KN  
**Service Type:** RES  
**Resident Capacity:** 76  
**Total Occupancy:** 76  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 12/31/2017

**Program Name:** BIMINI RECOVERY CENTER  
**Legal Name:** SOCIAL MODEL RECOVERY SYSTEMS, INC.  
**Address:** 155 SOUTH BIMINI PLACE  
**City, State Zip:** LOS ANGELES, 90004  
**Phone:** (213) 388-5423      **Fax:** (213) 388-1317  
**Record ID:** 190081LN  
**Service Type:** RES  
**Resident Capacity:** 84  
**Total Occupancy:** 84  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 7/31/2017

**Program Name:** RENA B. RECOVERY CENTER  
**Legal Name:** SOCIAL MODEL RECOVERY SYSTEMS, INC.  
**Address:** 4445 BURNS AVENUE  
**City, State Zip:** LOS ANGELES, 90029  
**Phone:** (323) 664-8940      **Fax:** (626) 974-4164  
**Record ID:** 190081MN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 8/31/2017

**Program Name:** GLENDALE ADVENTIST ALCOHOL AND DRUG SERVICES  
**Legal Name:** GLENDALE ADVENTIST MEDICAL CENTER  
**Address:** 335 MISSION ROAD  
**City, State Zip:** GLENDALE, 91205  
**Phone:** (818) 242-3116      **Fax:** (818) 242-5759  
**Record ID:** 190082BN  
**Service Type:** RES  
**Resident Capacity:** 24  
**Total Occupancy:** 24  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 6/30/2016

**Program Name:** TARZANA TREATMENT CENTER  
Legal Name: TARZANA TREATMENT CENTERS, INC.  
Address: 18646 OXNARD STREET, SOUTH AND WEST WINGS  
City, State Zip: TARZANA, 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: 11/30/2017

**Program Name:** TARZANA TREATMENT CENTER - LONG BEACH  
Legal Name: TARZANA TREATMENT CENTERS, INC.  
Address: 2101 MAGNOLIA AVENUE  
City, State Zip: LONG BEACH, 90806  
Phone: (562) 218-1868 Fax: (562) 596-0346  
**Record ID:** 190085BN  
Service Type: RES  
Resident Capacity: 84  
Total Occupancy: 109  
Target Population: 1.9 --- CO-ED/CHILDREN  
Expiration Date: 11/30/2017

**Program Name:** TARZANA TREATMENT CENTER - DETOX  
Legal Name: TARZANA TREATMENT CENTERS, INC.  
Address: 18646 OXNARD STREET, DETOXIFICATION UNIT  
City, State Zip: TARZANA, 91356  
Phone: (818) 996-1051 Fax: (818) 654-3906  
**Record ID:** 190085DN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 11/30/2017

**Program Name:** TARZANA TREATMENT CENTER OUTPATIENT SERVICES  
Legal Name: TARZANA TREATMENT CENTERS, INC.  
Address: 18646 OXNARD STREET  
City, State Zip: TARZANA, 91356  
Phone: (818) 996-1051 Fax: (818) 654-3906  
**Record ID:** 190085FN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 11/30/2017

**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, 93534  
Phone: (661) 726-2630 Fax: (818) 975-5013  
**Record ID:** 190085GN  
Service Type: NON  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 6/30/2017

**Program Name:** TARZANA TREATMENT CENTER - NORTHRIDGE  
Legal Name: TARZANA TREATMENT CENTERS, INC.  
Address: 18700 OXNARD STREET  
City, State Zip: TARZANA, 91356  
Phone: (818) 996-1051  
**Record ID:** 190085HN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 3/31/2017

**Program Name:** TARZANA TREATMENT CENTER YOUTH SERVICES - LANCASTER  
Legal Name: TARZANA TREATMENT CENTERS, INC.  
Address: 44443 NORTH TENTH STREET WEST  
City, State Zip: LANCASTER, 93535  
Phone: (661) 726-2630 Fax: (661) 726-2635  
**Record ID:** 190085JN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 3/31/2017

**Program Name:** TARZANA TREATMENT CENTER  
**Legal Name:** TARZANA TREATMENT CENTERS, INC.  
**Address:** 7101 BAIRD AVENUE  
**City, State Zip:** RESEDA, 91335  
**Phone:** (818) 342-5897  
**Record ID:** 190085KN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

**Program Name:** TARZANA TREATMENT CENTER - LANCASTER  
**Legal Name:** TARZANA TREATMENT CENTERS, INC.  
**Address:** 44447 NORTH 10TH STREET WEST  
BUILDING B  
**City, State Zip:** LANCASTER, 93534  
**Phone:** (661) 726-2630 **Fax:** (818) 996-3051  
**Record ID:** 190085LN  
**Service Type:** RES-DETOX  
**Resident Capacity:** 40  
**Total Occupancy:** 51  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2017

**Program Name:** TARZANA TREATMENT CENTERS, INC.  
**Legal Name:** TARZANA TREATMENT CENTERS, INC.  
**Address:** 5190 ATLANTIC AVENUE  
**City, State Zip:** LONG BEACH, 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, 93534  
**Phone:** (818) 996-1051 Ext: 4100 **Fax:** (818) 996-3051  
**Record ID:** 190085ON  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2018

**Program Name:** TARZANA TREATMENT CENTERS - LANCASTER  
**Legal Name:** TARZANA TREATMENT CENTERS, INC.  
**Address:** 44447 NORTH 10TH STREET WEST,  
BUILDING C  
**City, State Zip:** LANCASTER, 93534  
**Phone:** (661) 726-2630 **Fax:** (661) 726-2635  
**Record ID:** 190085PN  
**Service Type:** DSS  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2017

**Program Name:** CHABAD RESIDENTIAL TREATMENT CENTER  
**Legal Name:** CHABAD OF CALIFORNIA  
**Address:** 5675 WEST OLYMPIC BOULEVARD  
**City, State Zip:** LOS ANGELES, 90036  
**Phone:** (323) 965-1365 **Fax:** (323) 965-0444  
**Record ID:** 190087CN  
**Service Type:** RES  
**Resident Capacity:** 44  
**Total Occupancy:** 44  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2017

**Program Name:** CHABAD RECOVERY OUTPATIENT CENTER  
**Legal Name:** CHABAD OF CALIFORNIA  
**Address:** 1750 SOUTH LA CIENEGA BLVD  
**City, State Zip:** LOS ANGELES, 90035  
**Phone:** (323) 965-1365  
**Record ID:** 190087DN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 1/31/2018

**Program Name:** VIA AVANTA PROGRAM  
**Legal Name:** DIDI HIRSCH PSYCHIATRIC SERVICE  
**Address:** 11643 GLENOAKS BOULEVARD  
**City, State Zip:** PACOIMA, 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:** 7/31/2016

**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, 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, 90066  
**Phone:** (310) 751-1200 **Fax:** (310) 398-0312  
**Record ID:** 190092CN  
**Service Type:** NON  
**Target Population:** 1.5 --- YOUTH/ADOLESCENT  
**Expiration Date:** 12/31/2017

**Program Name:** DIDI HIRSCH PSYCHIATRIC SERVICE  
**Legal Name:** DIDI HIRSCH PSYCHIATRIC SERVICE  
**Address:** 1540 COLORADO STREET  
**City, State Zip:** GLENDALE, 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, 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, 91103  
**Phone:** (626) 798-0884 **Fax:** (626) 798-6970  
**Record ID:** 190094AN  
**Service Type:** RES  
**Resident Capacity:** 130  
**Total Occupancy:** 130  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2017

**Program Name:** IMPACT OUTPATIENT/AFTERCARE PROGRAM  
**Legal Name:** PRINCIPLES, INC.  
**Address:** 1450 NORTH LAKE AVENUE, SUITE 200  
**City, State Zip:** PASADENA, 91104  
**Phone:** (626) 564-4240 **Fax:** (626) 577-4250  
**Record ID:** 190094GN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 7/31/2017

**Program Name:** PRINCIPLES, INC., D.B.A. IMPACT  
**Legal Name:** PRINCIPLES, INC.  
**Address:** 333 SOUTH CENTRAL AVENUE  
**City, State Zip:** LOS ANGELES, 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, PFLEGER RESIDENTIAL  
**Legal Name:** CRI-HELP, INC.  
**Address:** 11027 BURBANK BOULEVARD  
**City, State Zip:** NORTH HOLLYWOOD, 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:** 12/31/2017

**Program Name:** CRI-HELP - PFLEGER OUTPATIENT  
**Legal Name:** CRI-HELP, INC.  
**Address:** 8330 LANKERSHIM BOULEVARD  
**City, State Zip:** NORTH HOLLYWOOD, 91605  
**Phone:** (818) 985-8323  
**Record ID:** 190095KN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 12/31/2017

**Program Name:** SOCORRO  
**Legal Name:** CRI-HELP, INC.  
**Address:** 2010 NORTH LINCOLN PARK AVENUE  
**City, State Zip:** LINCOLN HEIGHTS, 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:** 5/31/2017

**Program Name:** SOCORRO  
**Legal Name:** CRI-HELP, INC.  
**Address:** 2029 KEITH STREET  
**City, State Zip:** LOS ANGELES, 90031  
**Phone:** (323) 222-6509  
**Record ID:** 190095NN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

**Program Name:** BROWN SCAPULAR PROGRAM  
**Legal Name:** CANON HUMAN SERVICES CENTERS, INC.  
**Address:** 9705 SOUTH HOLMES AVENUE  
**City, State Zip:** LOS ANGELES, 90002  
**Phone:** (323) 249-9097 **Fax:** (323) 249-9121  
**Record ID:** 190099DN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 1/31/2018

**Program Name:** BROWN SCAPULAR PROGRAM  
**Legal Name:** CANON HUMAN SERVICES CENTERS, INC.  
**Address:** 9705 SOUTH HOLMES STREET  
**City, State Zip:** LOS ANGELES, 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:** 2/28/2018

**Program Name:** L.A. CADA  
**Legal Name:** LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE  
**Address:** 11015 BLOOMFIELD AVENUE  
**City, State Zip:** SANTA FE SPRINGS, 90670-4601  
**Phone:** (562) 906-2676 **Fax:** (562) 906-2681  
**Record ID:** 190100BN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 1/31/2018

**Program Name:** L.A. CADA  
**Legal Name:** LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE  
**Address:** 470 EAST THIRD STREET, SUITES A AND B  
**City, State Zip:** LOS ANGELES, 90013  
**Phone:** (213) 626-6411 **Fax:** (562) 906-2676  
**Record ID:** 190100EN  
**Service Type:** NON  
**Target Population:** 1.7 --- FAMILIES  
**Expiration Date:** 1/31/2018

**Program Name:** ALLEN HOUSE  
**Legal Name:** LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE  
**Address:** 10425 SOUTH PAINTER AVENUE  
**City, State Zip:** SANTA FE SPRINGS, 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:** 11/30/2016

**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, 91767  
**Phone:** (909) 624-1233 **Fax:** (909) 621-5999  
**Record ID:** 190101AN  
**Service Type:** RES-DETOX  
**Resident Capacity:** 164  
**Total Occupancy:** 254  
**Target Population:** 1.4 --- WOMEN/CHILDREN  
**Expiration Date:** 7/31/2016

**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, 91767  
**Phone:** (909) 398-4383 **Fax:** (213) 225-0085  
**Record ID:** 190101CN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 1/31/2018

**Program Name:** PROTOTYPES RESOLVE RECOVERY  
**Legal Name:** PROTOTYPES, CENTERS FOR INNOVATION IN HEALTH, MENTAL HEALTH AND SOCIAL SERVICES  
**Address:** 6109 AFTON PLACE  
**City, State Zip:** LOS ANGELES, 90028  
**Phone:** (213) 542-3838 **Fax:** (213) 225-0085  
**Record ID:** 190101DN  
**Service Type:** RES-DETOX  
**Resident Capacity:** 34  
**Total Occupancy:** 34  
**Target Population:** 1.4 --- WOMEN/CHILDREN  
**Expiration Date:** 2/28/2017

**Program Name:** PROTOTYPES OUTPATIENT BEHAVIORAL HEALTH SERVICES CENTER  
**Legal Name:** PROTOTYPES, CENTERS FOR INNOVATION IN HEALTH, MENTAL HEALTH AND SOCIAL SERVICES  
**Address:** 2555 E. COLORADO BOULEVARD, SUITE 100-101  
**City, State Zip:** PASADENA, 91107  
**Phone:** (626) 577-2261 **Fax:** (626) 577-2305  
**Record ID:** 190101EN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2018

**Program Name:** SUNRISE COMMUNITY COUNSELING CENTER  
**Legal Name:** SUNRISE COMMUNITY COUNSELING CENTER  
**Address:** 537 SOUTH ALVARADO STREET  
**City, State Zip:** LOS ANGELES, 90057-2903  
**Phone:** (213) 207-2770 **Fax:** (213) 207-2773  
**Record ID:** 190110CN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**Program Name:** VAN NESS RECOVERY HOUSE  
 Legal Name: VAN NESS RECOVERY HOUSE  
 Address: 1919 NORTH BEACHWOOD DRIVE  
 City, State Zip: LOS ANGELES, 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: 10/31/2016

**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, 90043  
 Phone: (323) 293-6291 Fax: (323) 293-1091  
**Record ID:** 190112AN  
 Service Type: RES  
 Resident Capacity: 29  
 Total Occupancy: 31  
 Target Population: 1.1 --- CO-ED  
 Expiration Date: 1/31/2018

**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, 90019  
 Phone: (323) 295-0262 Fax: (323) 295-2375  
**Record ID:** 190112CN  
 Service Type: NON  
 Target Population: 1.1 --- CO-ED  
 Expiration Date: 5/31/2017

**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, 90302  
 Phone: (323) 294-4932 Fax: (323) 294-2533  
**Record ID:** 190112DN  
 Service Type: NON  
 Target Population: 1.1 --- CO-ED  
 Expiration Date: 2/28/2017

**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: GARDENA, 90249  
 Phone: (323) 293-6284 Fax: (323) 295-4075  
**Record ID:** 190112EN  
 Service Type: NON  
 Target Population: 1.1 --- CO-ED  
 Expiration Date: 10/31/2017

**Program Name:** PHOENIX HOUSE - VENICE  
 Legal Name: PHOENIX HOUSES OF LOS ANGELES, INC.  
 Address: 503 OCEAN FRONT WALK  
 City, State Zip: VENICE, 90291  
 Phone: (310) 392-3070 Fax: (310) 392-9068  
**Record ID:** 190115AN  
 Service Type: RES-DETOX  
 Resident Capacity: 53  
 Total Occupancy: 53  
 Target Population: 1.2 --- MEN ONLY  
 Expiration Date: 12/31/2017

**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, 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, 90291  
**Phone:** (310) 392-3070 **Fax:** (310) 392-9068  
**Record ID:** 190115CN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 12/31/2017

**Program Name:** PHOENIX HOUSE ACADEMY OUTPATIENT CENTER  
**Legal Name:** PHOENIX HOUSES OF LOS ANGELES, INC  
**Address:** 11600 ELDRIDGE AVENUE  
**City, State Zip:** LAKE VIEW TERRACE, 91342  
**Phone:** (818) 686-3000  
**Record ID:** 190115DN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2017

**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, 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, 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:** 11/30/2017

**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, 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:** 2/28/2018

**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, 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:** 2/28/2018

**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, 90731  
**Phone:** (310) 519-8723 **Fax:** (310) 519-9428  
**Record ID:** 190135MN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2017

**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, 90731  
**Phone:** (310) 521-9310  
**Record ID:** 190147AN  
**Service Type:** RES  
**Resident Capacity:** 13  
**Total Occupancy:** 13  
**Target Population:** 1.12 --- WOMEN/YOUTH  
**Expiration Date:** 6/30/2017

**Program Name:** OASIS WOMEN'S RECOVERING COMMUNITY  
**Legal Name:** OASIS WOMEN'S RECOVERING COMMUNITY  
**Address:** 13832 POLK STREET  
**City, State Zip:** SYLMAR, 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:** 8/31/2017

**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, 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:** 3/31/2017

**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 & 304  
**City, State Zip:** LONG BEACH, 90807  
**Phone:** (562) 624-9757  
**Record ID:** 190178CN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

**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, 90061  
**Phone:** (323) 777-2372 **Fax:** (323) 777-2488  
**Record ID:** 190182DN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 8/31/2017

**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, 90061  
**Phone:** (323) 777-2372 **Fax:** (323) 777-2488  
**Record ID:** 190182EN  
**Service Type:** RES  
**Resident Capacity:** 20  
**Total Occupancy:** 21  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**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, 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:** 12/31/2017

**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, 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: 4/30/2016

**Program Name:** CROSSROADS  
Legal Name: CROSSROADS, INCORPORATED  
Address: 1269 NORTH HARVARD AVENUE  
City, State Zip: CLAREMONT, 91711-0015  
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: 9/30/2017

**Program Name:** SSG HOP-ICS  
Legal Name: SPECIAL SERVICE FOR GROUPS, INC.  
Address: 5715 SOUTH BROADWAY  
City, State Zip: LOS ANGELES, 90037  
Phone: (323) 948-0444 Fax: (323) 948-0443  
**Record ID:** 190210BN  
Service Type: NON  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 3/31/2017

**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, 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:** SSG WEBER COMMUNITY CENTER  
Legal Name: SPECIAL SERVICE FOR GROUPS, INC.  
Address: 5849 SOUTH CROCKER STREET  
City, State Zip: LOS ANGELES, 90003  
Phone: (323) 234-4445 Fax: (213) 553-1822  
**Record ID:** 190210EN  
Service Type: NON  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 7/31/2017

**Program Name:** CREATIVE CARE - MALIBU  
Legal Name: CREATIVE CARE, INC.  
Address: 5909, 5927, 5941 AND 5947 TRANCAS CANYON ROAD  
City, State Zip: MALIBU, 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: 2/28/2017

**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, 91767  
Phone: (909) 622-2273  
**Record ID:** 190234AN  
Service Type: NON  
Target Population: 1.7 --- FAMILIES  
Expiration Date: 12/31/2016

**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, 91402  
**Phone:** (818) 895-2206 **Fax:** (818) 895-0824  
**Record ID:** 190236BN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 7/31/2017

**Program Name:** SHIELDS NON-RESIDENTIAL ADOLESCENT TREATMENT PROGRAM  
**Legal Name:** SHIELDS FOR FAMILIES  
**Address:** 3209 NORTH ALAMEDA STREET, SUITE D  
**City, State Zip:** COMPTON, 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, 90262  
**Phone:** (323) 357-6930 **Fax:** (323) 569-1979  
**Record ID:** 190238CN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2017

**Program Name:** GENESIS FAMILY DAY TREATMENT PROGRAM  
**Legal Name:** SHIELDS FOR FAMILIES  
**Address:** 12021 SOUTH WILMINGTON AVENUE, LOT C  
**City, State Zip:** LOS ANGELES, 90059  
**Phone:** (310) 668-8260  
**Record ID:** 190238DN  
**Service Type:** NON  
**Target Population:** 1.7 --- FAMILIES  
**Expiration Date:** 3/31/2017

**Program Name:** EXODUS FAMILY DAY TREATMENT PROGRAM  
**Legal Name:** SHIELDS FOR FAMILIES  
**Address:** 1500 EAST KAY STREET, UNITS 100, 1704, 1708, 1710, 1712, 1714, 1716, 1720,  
1736, 1740, 1746, AND 1762  
**City, State Zip:** COMPTON, 90221  
**Phone:** (310) 898-2450 **Fax:** (310) 898-2452  
**Record ID:** 190238EN  
**Service Type:** NON  
**Target Population:** 1.7 --- FAMILIES  
**Expiration Date:** 5/31/2017

**Program Name:** EDEN DUAL DIAGNOSIS PROGRAM  
**Legal Name:** SHIELDS FOR FAMILIES  
**Address:** 2620 INDUSTRY WAY, SUITE A  
**City, State Zip:** LYNWOOD, 90262  
**Phone:** (323) 242-5000 **Fax:** (323) 242-5011  
**Record ID:** 190238FN  
**Service Type:** NON  
**Target Population:** 1.7 --- FAMILIES  
**Expiration Date:** 3/31/2017

**Program Name:** SHIELDS FOR FAMILIES - MT. CARMEL TREATMENT CENTER  
**Legal Name:** SHIELDS FOR FAMILIES  
**Address:** 801 WEST 70TH STREET  
**City, State Zip:** LOS ANGELES, 90044  
**Phone:** (323) 242-5000 **Fax:** (323) 242-5011  
**Record ID:** 190238GN  
**Service Type:** RES  
**Resident Capacity:** 46  
**Total Occupancy:** 46  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2018

**Program Name:** AMERICAN INDIAN CHANGING SPIRITS  
**Legal Name:** AMERICAN INDIAN CHANGING SPIRITS  
**Address:** 2120 WILLIAMS STREET, BUILDING 1  
**City, State Zip:** LONG BEACH, 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:** 3/31/2016

**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, 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, 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:** SPIRITT FAMILY SERVICES  
**Legal Name:** SPIRITT FAMILY SERVICES  
**Address:** 8000 PAINTER AVENUE  
**City, State Zip:** WHITTIER, 90602  
**Phone:** (562) 903-7000 **Fax:** (502) 903-7707  
**Record ID:** 190247BN  
**Service Type:** NON  
**Target Population:** 1.5 --- YOUTH/ADOLESCENT  
**Expiration Date:** 12/31/2016

**Program Name:** SPIRITT FAMILY SERVICES  
**Legal Name:** SPIRITT FAMILY SERVICES  
**Address:** 2000 TYLER AVENUE  
**City, State Zip:** SOUTH EL MONTE, 91733  
**Phone:** (626) 442-4788  
**Record ID:** 190247CN  
**Service Type:** NON  
**Target Population:** 1.5 --- YOUTH/ADOLESCENT  
**Expiration Date:** 12/31/2016

**Program Name:** SPIRITT FAMILY SERVICES  
**Legal Name:** SPIRITT FAMILY SERVICES  
**Address:** 147 SOUTH SIXTH AVENUE  
**City, State Zip:** LA PUENTE, 91746  
**Phone:** (626) 968-0041  
**Record ID:** 190247DN  
**Service Type:** NON  
**Target Population:** 1.5 --- YOUTH/ADOLESCENT  
**Expiration Date:** 12/31/2016

**Program Name:** PASADENA RECOVERY CENTER  
**Legal Name:** PASADENA RECOVERY CENTER, INC.  
**Address:** 1811 NORTH RAYMOND AVENUE  
**City, State Zip:** PASADENA, 91103-1840  
**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:** PACIFIC CLINICS SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES  
**Legal Name:** PACIFIC CLINICS  
**Address:** 11721 A TELEGRAPH ROAD  
**City, State Zip:** SANTA FE SPRINGS, 90670-3691  
**Phone:** (562) 949-8455 **Fax:** (562) 949-4807  
**Record ID:** 190254KN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 8/31/2017

**Program Name:** AMITY FOUNDATION-AMISTAD DE LOS ANGELES  
**Legal Name:** EPIDAURUS  
**Address:** 3735, 3739 AND 3745 SOUTH GRAND AVENUE  
**City, State Zip:** LOS ANGELES, 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:** 5/31/2017

**Program Name:** AMITY FOUNDATION  
Legal Name: EPIDAUROS  
Address: 3750 SOUTH GRAND AVENUE  
City, State Zip: LOS ANGELES, 90007  
Phone: (213) 743-9078 Fax: (866) 763-2186  
**Record ID:** 190259CN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 1/31/2017

**Program Name:** THE HIGH ROAD PROGRAM  
Legal Name: THE HIGH ROAD PROGRAM  
Address: 700 SOUTH ARROYO PARKWAY  
City, State Zip: PASADENA, 91105  
Phone: (626) 793-6159 Fax: (626) 795-9540  
**Record ID:** 190262AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2017

**Program Name:** THE HIGH ROAD PROGRAM  
Legal Name: THE HIGH ROAD PROGRAM  
Address: 14430 SHERMAN WAY  
City, State Zip: VAN NUYS, 91405  
Phone: (818) 785-9119 Fax: (818) 785-2150  
**Record ID:** 190262BN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2017

**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, 90501  
Phone: (310) 328-0780 Fax: (310) 328-0175  
**Record ID:** 190268AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2017

**Program Name:** MENLO HOUSE RESIDENTIAL  
Legal Name: SADLER HEALTHCARE, INC.  
Address: 1731 SOUTH MENLO AVENUE  
City, State Zip: LOS ANGELES, 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: 12/31/2016

**Program Name:** MARIPOSA HOUSE  
Legal Name: SADLER HEALTHCARE, INC.  
Address: 220 N. NORMANDIE AVENUE AND 225 N. MARIPOSA AVENUE  
City, State Zip: LOS ANGELES, 90004  
Phone: (213) 220-4482  
**Record ID:** 190279DP  
Service Type: RES  
Resident Capacity: 48  
Total Occupancy: 48  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 3/31/2017

**Program Name:** PASSAGES  
Legal Name: GRASSHOPPER HOUSE LLC  
Address: 6428 MEADOWS COURT  
City, State Zip: MALIBU, 90265  
Phone: (310) 589-2880 Fax: (310) 589-2869  
**Record ID:** 190283AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 7/31/2017

**Program Name:** PASSAGES C  
Legal Name: GRASSHOPPER HOUSE LLC  
Address: 6439 SYCAMORE MEADOWS DRIVE  
City, State Zip: MALIBU, 90265  
Phone: (310) 589-2880 Fax: (310) 589-2869  
**Record ID:** 190283CP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 8/31/2017

**Program Name:** PASSAGES VISTA HOUSE  
Legal Name: GRASSHOPPER HOUSE LLC  
Address: 6380 MEADOWS COURT  
City, State Zip: MALIBU, 90265  
Phone: (310) 589-2880 Fax: (310) 464-6592  
**Record ID:** 190283DP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 12/31/2017

**Program Name:** PASSAGES  
Legal Name: GRASSHOPPER HOUSE LLC  
Address: 6447 SYCAMORE MEADOWS DRIVE  
City, State Zip: MALIBU, 90265  
Phone: (310) 589-2880 Fax: (310) 589-2869  
**Record ID:** 190283FP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2017

**Program Name:** BIENVENIDOS COMMUNITY HEALTH CENTER  
Legal Name: BIENVENIDOS COMMUNITY HEALTH CENTER  
Address: 501-507 SOUTH ATLANTIC BOULEVARD  
City, State Zip: LOS ANGELES, 90022  
Phone: (323) 268-5442 Fax: (323) 728-3483  
**Record ID:** 190285AN  
Service Type: NON  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 5/31/2017

**Program Name:** THE NESS COUNSELING CENTER  
Legal Name: THE NESS COUNSELING CENTER, INC.  
Address: 8512 WHITWORTH DRIVE  
City, State Zip: LOS ANGELES, 90035  
Phone: (310) 360-8512 Fax: (310) 360-8510  
**Record ID:** 190286AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2017

**Program Name:** MJB RECOVERY, INC.  
Legal Name: MJB TRANSITIONAL RECOVERY, INC.  
Address: 11152 SOUTH MAIN STREET  
City, State Zip: LOS ANGELES, 90061  
Phone: (323) 777-2491 Fax: (323) 777-0426  
**Record ID:** 190288BN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2017

**Program Name:** POSITIVE STEPS, INC.  
Legal Name: POSITIVE STEPS, INC.  
Address: 5230 NORTH CLARK AVENUE, SUITE 18  
City, State Zip: LAKEWOOD, 90712  
Phone: (562) 804-2700 Fax: (562) 496-2104  
**Record ID:** 190289AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 6/30/2017

**Program Name:** TWIN TOWN TREATMENT CENTERS - TORRANCE  
**Legal Name:** TWIN TOWN CORPORATION  
**Address:** 20300 S. VERMONT AVENUE, SUITE 245  
**City, State Zip:** TORRANCE, 90502  
**Phone:** (310) 787-1335      **Fax:** (310) 787-1809  
**Record ID:** 190290AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2017

**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, 91606  
**Phone:** (818) 985-0560      **Fax:** (818) 985-7193  
**Record ID:** 190290BP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2017

**Program Name:** TWIN TOWN TREATMENT CENTERS, WEST HOLLYWOOD  
**Legal Name:** TWIN TOWN CORPORATION  
**Address:** 8739 SANTA MONICA BOULEVARD  
**City, State Zip:** WEST HOLLYWOOD, 90069  
**Phone:** (310) 623-1477      **Fax:** (310) 854-0134  
**Record ID:** 190290CP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

**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, 91405  
**Phone:** (818) 787-7878      **Fax:** (310) 575-0500  
**Record ID:** 190294AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 6/30/2017

**Program Name:** MATRIX INSTITUTE  
**Legal Name:** MATRIX INSTITUTE ON ADDICTIONS  
**Address:** 20350 VENTURA BOULEVARD, SUITE 230  
**City, State Zip:** WOODLAND HILLS, 91364  
**Phone:** (818) 226-6070      **Fax:** (818) 654-2580  
**Record ID:** 190297AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 8/31/2017

**Program Name:** MATRIX INSTITUTE  
**Legal Name:** MATRIX INSTITUTE ON ADDICTIONS  
**Address:** 1849 SAWTELLE BOULEVARD, SUITE 100  
**City, State Zip:** LOS ANGELES, 90025  
**Phone:** (310) 478-8305      **Fax:** (310) 478-8639  
**Record ID:** 190297BN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 8/31/2017

**Program Name:** ACTION FAMILY COUNSELING, INC-RANCH  
**Legal Name:** ACTION FAMILY COUNSELING, INC.  
**Address:** 30035 BOUQUET CANYON ROAD  
**City, State Zip:** SAUGUS, 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, 91107  
**Phone:** (818) 445-5263      **Fax:** (626) 792-8206  
**Record ID:** 190315EP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2017

**Program Name:** ACTION FAMILY COUNSELING, INC.  
**Legal Name:** ACTION FAMILY COUNSELING, INC.  
**Address:** 23502 LYONS AVENUE, SUITE 301A  
**City, State Zip:** NEWHALL, 91321  
**Phone:** (661) 297-9716 **Fax:** (661) 297-9701  
**Record ID:** 190315FP  
**Service Type:** NON-DETOX  
**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, 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:** 3/31/2016

**Program Name:** LIVING PROOF RECOVERY CENTER  
**Legal Name:** LIVING PROOF RECOVERY CENTER  
**Address:** 324 W. FOOTHILL BOULEVARD  
**City, State Zip:** MONROVIA, 91016-6420  
**Phone:** (626) 205-2518 **Fax:** (626) 386-5250  
**Record ID:** 190316BP  
**Service Type:** NON  
**Target Population:** 1.13 --- CO-ED/CHILD/DUAL  
**Expiration Date:** 8/31/2017

**Program Name:** I-ADARP, (INTER-AGENCY DRUG ABUSE RECOVERY PROGRAM)  
**Legal Name:** I-ADARP  
**Address:** 8330 LANKERSHIM BOULEVARD, 1ST FLOOR  
**City, State Zip:** NORTH HOLLYWOOD, 91605  
**Phone:** (818) 994-7454 **Fax:** (818) 252-1410  
**Record ID:** 190321AN  
**Service Type:** NON  
**Target Population:** 1.9 --- CO-ED/CHILDREN  
**Expiration Date:** 10/31/2017

**Program Name:** BEIT T'SHUVAH  
**Legal Name:** BEIT T'SHUVAH  
**Address:** 8831 VENICE BOULEVARD  
**City, State Zip:** LOS ANGELES, 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:** 12/31/2017

**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, 90703  
**Phone:** (562) 921-5701 **Fax:** (562) 921-5703  
**Record ID:** 190340BN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

**Program Name:** FIRST TO SERVE  
**Legal Name:** FIRST TO SERVE  
**Address:** 1017 WEST 50TH STREET  
**City, State Zip:** LOS ANGELES, 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:** 4/30/2016

**Program Name:** FIRST TO SERVE, INC.  
**Legal Name:** FIRST TO SERVE  
**Address:** 4052 BUDLONG AVENUE  
**City, State Zip:** LOS ANGELES, 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, 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, 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, 90806  
**Phone:** (562) 424-6105 **Fax:** (562) 988-1475  
**Record ID:** 190358AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 11/30/2016

**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, 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:** CLINICA MSR. OSCAR A. ROMERO  
**Legal Name:** CLINICA MSR. OSCAR A ROMERO  
**Address:** 2032 MARENGO STREET  
**City, State Zip:** LOS ANGELES, 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, 93535  
**Phone:** (661) 948-5046 **Fax:** (661) 948-5049  
**Record ID:** 190376AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2017

**Program Name:** HOUSE OF UHURU  
**Legal Name:** WATTS HEALTHCARE CORPORATION  
**Address:** 8005 SOUTH FIGUEROA STREET  
**City, State Zip:** LOS ANGELES, 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:** 3/31/2017

**Program Name:** HOUSE OF UHURU  
Legal Name: WATTS HEALTHCARE CORPORATION  
Address: 8005 SOUTH FIGUEROA STREET  
City, State Zip: LOS ANGELES, 90003  
Phone: (323) 568-5400 Fax: (323) 752-8031  
**Record ID:** 190377BN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 3/31/2017

**Program Name:** HELPLINE YOUTH COUNSELING  
Legal Name: HELPLINE YOUTH COUNSELING  
Address: 14181 TELEGRAPH ROAD, WEST WING  
City, State Zip: WHITTIER, 90604  
Phone: (562) 273-0722 Fax: (562) 946-3641  
**Record ID:** 190386AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2016

**Program Name:** NEW PERCEPTIONS  
Legal Name: NEW PERCEPTIONS, INC.  
Address: 17813 MALDEN STREET  
City, State Zip: NORTHRIDGE, 91325  
Phone: (818) 885-9596 Fax: (818) 885-9595  
**Record ID:** 190416AP  
Service Type: RES-DETOX  
Resident Capacity: 10  
Total Occupancy: 12  
Target Population: 1.1 --- CO-ED  
Expiration Date: 8/31/2016

**Program Name:** MCINTYRE HOUSE  
Legal Name: MCINTYRE HOUSE  
Address: 544 NORTH KENMORE AVENUE  
City, State Zip: LOS ANGELES, 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: 6/30/2016

**Program Name:** CLEARVIEW TREATMENT PROGRAMS  
Legal Name: CLEARVIEW CENTERS, LLC  
Address: 2432 AND 2432 1/2 WALNUT AVENUE  
City, State Zip: VENICE, 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: 6/30/2016

**Program Name:** CLEARVIEW TREATMENT PROGRAMS  
Legal Name: CLEARVIEW CENTERS, LLC  
Address: 2435 GLYNDON AVENUE  
City, State Zip: VENICE, 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: 8/31/2016

**Program Name:** CLEARVIEW TREATMENT PROGRAMS  
Legal Name: CLEARVIEW CENTERS, LLC  
Address: 2427 WALNUT AVENUE  
City, State Zip: VENICE, 90291  
Phone: (310) 448-8822 Fax: (310) 448-8833  
**Record ID:** 190438DP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 11/30/2017

**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, 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:** 5/31/2016

**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, 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, 14100 1/2, AND 14100 1/4 GLENGYLE STREET  
**City, State Zip:** WHITTIER, 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:** 9/30/2016

**Program Name:** HARBOUR AREA HALFWAY HOUSES, INC.  
**Legal Name:** HARBOUR AREA HALF-WAY HOUSES, INC.  
**Address:** 940 DAWSON AVENUE  
**City, State Zip:** LONG BEACH, 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:** 3/31/2017

**Program Name:** ALCOHOL & DRUG PROGRAM  
**Legal Name:** CHILD & FAMILY CENTER  
**Address:** 21545 CENTRE POINTE PARKWAY  
**City, State Zip:** SANTA CLARITA, 91350  
**Phone:** (661) 259-9439 **Fax:** (661) 250-8755  
**Record ID:** 190459AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2017

**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, 91504  
**Phone:** (626) 792-8797 **Fax:** (626) 792-8798  
**Record ID:** 190462AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2017

**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, 90027  
**Phone:** (323) 361-2463 **Fax:** (323) 913-7951  
**Record ID:** 190473AN  
**Service Type:** NON  
**Target Population:** 1.5 --- YOUTH/ADOLESCENT  
**Expiration Date:** 5/31/2017

**Program Name:** CLIFFSIDE MALIBU  
Legal Name: CLIFFSIDE MALIBU  
Address: 30060 ANDROMEDA LANE  
City, State Zip: MALIBU, 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: 6/30/2017

**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, 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:** VALLEY WOMEN'S CENTER  
Legal Name: VALLEY WOMEN'S CENTER, INC.  
Address: 22110 ROSCOE BOULEVARD, SUITE 204  
City, State Zip: CANOGA PARK, 91304  
Phone: (818) 713-8700 Fax: (818) 713-8585  
**Record ID:** 190502AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 1/31/2018

**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, 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 ALCOHOL TREATMENT PROGRAM, INC.  
Address: 1841 AND 1841 1/2 WEST IMPERIAL HIGHWAY  
City, State Zip: LOS ANGELES, 90047  
Phone: (323) 750-2850 Fax: (323) 750-0851  
**Record ID:** 190504AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 2/28/2018

**Program Name:** COASTAL RECOVERY CENTER  
Legal Name: TRANSCULTURAL HEALTH DEVELOPMENT, INC.  
Address: 117 EAST HARRY BRIDGES BOULEVARD  
City, State Zip: WILMINGTON, 90744  
Phone: (310) 549-8383 Fax: (310) 549-9304  
**Record ID:** 190511BP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 3/31/2017

**Program Name:** PASSAGES EAST  
Legal Name: FEDERAL RECOVERY SYSTEMS LLC  
Address: 6439 (B) SYCAMORE MEADOWS DRIVE  
City, State Zip: MALIBU, 90265  
Phone: (310) 589-2880 Fax: (310) 464-6592  
**Record ID:** 190516AP  
Service Type: RES-DETOX  
Resident Capacity: 5  
Total Occupancy: 5  
Target Population: 1.1 --- CO-ED  
Expiration Date: 12/31/2017

**Program Name:** PASSAGES NORTHEAST  
Legal Name: FEDERAL RECOVERY SYSTEMS LLC  
Address: 6428 - B MEADOWS COURT  
City, State Zip: MALIBU, 90265  
Phone: (310) 589-2880 Fax: (310) 464-6592  
**Record ID:** 190516BP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 12/31/2017

**Program Name:** EATON CANYON TREATMENT CENTER  
**Legal Name:** EATON CANYON RECOVERY SERVICES, INC.  
**Address:** 3323 EAST FAIRPOINT STREET  
**City, State Zip:** PASADENA, 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:** 3/31/2018

**Program Name:** THE NEW YOU CENTER, INC.  
**Legal Name:** THE NEW YOU CENTER, INC.  
**Address:** 1030 WEST FLORENCE AVENUE  
**City, State Zip:** LOS ANGELES, 90044  
**Phone:** (323) 750-7580 **Fax:** (323) 758-6095  
**Record ID:** 190525AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 8/31/2016

**Program Name:** KB RECOVERY  
**Legal Name:** KEVIN BABAYAN  
**Address:** 15722 TUPPER STREET  
**City, State Zip:** NORTH HILLS, 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:** 6/30/2016

**Program Name:** AMERICAN DRUG RECOVERY PROGRAM, INC.  
**Legal Name:** AMERICAN DRUG RECOVERY PROGRAM, INC.  
**Address:** 2724 WEST FLORENCE AVENUE  
**City, State Zip:** LOS ANGELES, 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:** WEINGART CENTER ASSOCIATION/EPIC  
**Legal Name:** WEINGART CENTER ASSOCIATION  
**Address:** 554 AND 566 SOUTH SAN PEDRO STREET, 4TH, 7TH AND 8TH FLOOR  
**City, State Zip:** LOS ANGELES, 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:** 1/31/2017

**Program Name:** WEINGART CENTER ASSOCIATION  
**Legal Name:** WEINGART CENTER ASSOCIATION  
**Address:** 566 SOUTH SAN PEDRO STREET, MEZANNINE  
**City, State Zip:** LOS ANGELES, 90013  
**Phone:** (213) 689-2153 **Fax:** (213) 623-0408  
**Record ID:** 190541BN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 6/30/2017

**Program Name:** SEEKING PEACEFUL SOLUTIONS, INC.  
**Legal Name:** SEEKING PEACEFUL SOLUTIONS  
**Address:** 8724 SOUTH VERMONT AVENUE  
**City, State Zip:** LOS ANGELES, 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, 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:** MALIBU BEACH RECOVERY CENTER  
**Legal Name:** MALIBU BEACH RECOVERY CENTER, LLC  
**Address:** 1752 CORRAL CANYON ROAD  
**City, State Zip:** MALIBU, 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:** 6/30/2017

**Program Name:** MALIBU BEACH RECOVERY CENTER - IOP  
**Legal Name:** MALIBU BEACH RECOVERY CENTER, LLC  
**Address:** 15415 W. SUNSET BOULEVARD, SUITE 200  
**City, State Zip:** PACIFIC PALISADES, 90272  
**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, 90049  
**Phone:** (310) 589-2407 **Fax:** (818) 301-2519  
**Record ID:** 190562CP  
**Service Type:** RES  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2016

**Program Name:** MALIBU BEACH RECOVERY CENTER  
**Legal Name:** MALIBU BEACH RECOVERY CENTER, LLC  
**Address:** 4322 ESCONDIDO DRIVE  
**City, State Zip:** MALIBU, 90265  
**Phone:** (424) 235-2348  
**Record ID:** 190562EP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 6/30/2017

**Program Name:** ALCOHOL AND SUBSTANCE ABUSE PROGRAMS, INC.  
**Legal Name:** ALCOHOL AND SUBSTANCE ABUSE PROGRAMS, INC.  
**Address:** 1084 & 1092 NEW YORK DRIVE  
**City, State Zip:** ALTADENA, 91001  
**Phone:** (818) 421-7890 **Fax:** (626) 798-2777  
**Record ID:** 190569AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2017

**Program Name:** SUNSET MALIBU  
**Legal Name:** SUNSET MALIBU  
**Address:** 30042 ANDROMEDA LANE  
**City, State Zip:** MALIBU, 90265  
**Phone:** (310) 457-9500 **Fax:** (310) 457-9544  
**Record ID:** 190575BP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 1/31/2018

**Program Name:** AUTHENTIC RECOVERY CENTER  
**Legal Name:** AUTHENTIC RECOVERY, LLC  
**Address:** 2203 OVERLAND AVENUE  
**City, State Zip:** LOS ANGELES, 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:** 8/31/2017

**Program Name:** AUTHENTIC RECOVERY CENTER  
**Legal Name:** AUTHENTIC RECOVERY, LLC  
**Address:** 2207 PELHAM AVENUE  
**City, State Zip:** LOS ANGELES, 90064  
**Phone:** (310) 401-4692 **Fax:** (310) 481-2264  
**Record ID:** 190577BP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2018

**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, 90022  
**Phone:** (323) 888-2530 **Fax:** (323) 726-3510  
**Record ID:** 190582AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 7/31/2017

**Program Name:** HARBOR AREA SUBSTANCE ABUSE TREATMENT CENTER  
**Legal Name:** HACC INC.  
**Address:** 599 WEST 9TH STREET  
**City, State Zip:** SAN PEDRO, 90731  
**Phone:** (310) 831-0331 **Fax:** (310) 831-0004  
**Record ID:** 190586AP  
**Service Type:** NON  
**Target Population:** 1.5 --- YOUTH/ADOLESCENT  
**Expiration Date:** 11/30/2017

**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, 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, 90018  
**Phone:** (626) 848-2660  
**Record ID:** 190592AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 1/31/2016

**Program Name:** DIVINE HEALTHCARE SERVICES, INC.  
**Legal Name:** DIVINE HEALTHCARE SERVICES, INC.  
**Address:** 405 WEST MANCHESTER BOULEVARD, SUITE A  
**City, State Zip:** INGLEWOOD, 90301  
**Phone:** (310) 672-3820  
**Record ID:** 190604AN  
**Service Type:** NON  
**Target Population:** 1.5 --- YOUTH/ADOLESCENT  
**Expiration Date:** 5/31/2018

**Program Name:** YOUR EMPOWERING SOLUTIONS  
**Legal Name:** YOUR EMPOWERING SOLUTIONS  
**Address:** 4020 PALOS VERDES DRIVE NORTH, SUITE 201  
**City, State Zip:** ROLLING HILLS ESTATE, 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, 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:** 5/31/2016

**Program Name:** SUMMIT MALIBU  
**Legal Name:** MALIBU LIGHTHOUSE TREATMENT CENTER, LLC  
**Address:** 28011 PAQUET PLACE  
**City, State Zip:** MALIBU, 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:** 5/31/2016

**Program Name:** SUMMIT MALIBU LOWER  
**Legal Name:** MALIBU LIGHTHOUSE TREATMENT CENTER, LLC  
**Address:** 28215 VIA ACERO  
**City, State Zip:** MALIBU, 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:** 9/30/2016

**Program Name:** SOUTHWEST SUBSTANCE ABUSE TREATMENT CENTER  
**Legal Name:** SOUTHWEST CARE, INC.  
**Address:** 2930 WEST IMPERIAL HIGHWAY, SUITE 511  
**City, State Zip:** INGLEWOOD, 90303  
**Phone:** (323) 777-0444  
**Record ID:** 190615AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 7/31/2016

**Program Name:** PROMISES TREATMENT CENTERS IV  
**Legal Name:** PROMAL4, INC.  
**Address:** 20729 ROCKCROFT DRIVE  
**City, State Zip:** MALIBU, 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:** 12/31/2016

**Program Name:** DIXON RECOVERY INSTITUTE, INC.  
**Legal Name:** DIXON RECOVERY INSTITUTE, INC.  
**Address:** 4715 CRENSHAW BOULEVARD  
**City, State Zip:** LOS ANGELES, 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, 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:** 12/31/2016

**Program Name:** PROMISES TREATMENT CENTERS II  
**Legal Name:** PROMAL2 INC.  
**Address:** 20723 ROCKCROFT DRIVE  
**City, State Zip:** MALIBU, 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:** 12/31/2016

**Program Name:** PROMISES RESIDENTIAL TREATMENT CENTERS  
**Legal Name:** WESTSIDE SOBER LIVING CENTERS, INC.  
**Address:** 20725 ROCKCROFT DRIVE  
**City, State Zip:** MALIBU, 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:** 12/31/2016

**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, 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:** 12/31/2016

**Program Name:** PROMISES TREATMENT CENTERS VI  
**Legal Name:** WESTSIDE SOBER LIVING CENTERS, INC.  
**Address:** 20713 ROCKCROFT DRIVE  
**City, State Zip:** MALIBU, 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:** 1/31/2017

**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, 90025  
**Phone:** (310) 268-7717      **Fax:** (310) 479-3520  
**Record ID:** 190625FP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2017

**Program Name:** PROFESSIONALS TREATMENT AT PROMISES  
**Legal Name:** WESTSIDE SOBER LIVING CENTERS, INC.  
**Address:** 2515 WILSHIRE BOULEVARD  
**City, State Zip:** SANTA MONICA, 90403  
**Phone:** (424) 744-5155      **Fax:** (310) 943-3389  
**Record ID:** 190625GP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2017

**Program Name:** RIDGEVIEW RANCH  
Legal Name: RIDGEVIEW DRIVE RANCH, LLC  
Address: 3085 RIDGEVIEW DRIVE  
City, State Zip: ALTADENA, 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: 2/29/2016

**Program Name:** RIDGEVIEW RANCH II  
Legal Name: RIDGEVIEW DRIVE RANCH, LLC  
Address: 3323 MARENGO AVENUE  
City, State Zip: ALTADENA, 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: 8/31/2016

**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, 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:** DAVID & MARGARET YOUTH AND FAMILY SERVICES RECOVERY PROGRAM  
Legal Name: DAVID AND MARGARET HOME, INC.  
Address: 1350 THIRD STREET  
City, State Zip: LA VERNE, 91750  
Phone: (909) 596-5921 Fax: (909) 596-3954  
**Record ID:** 190641AN  
Service Type: DSS  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 5/31/2017

**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, 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: 4/30/2017

**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, 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: 4/30/2017

**Program Name:** PASSAGES 8  
Legal Name: 6390/6390A MEADOWS COURT LLC  
Address: 6390 MEADOWS COURT  
City, State Zip: MALIBU, 90265  
Phone: (310) 589-2880 Fax: (310) 589-2869  
**Record ID:** 190650AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 9/30/2016

**Program Name:** PASSAGES 9  
Legal Name: 6390A MEADOWS COURT LLC  
Address: 6390 MEADOWS COURT (REAR GUEST HOUSE)  
City, State Zip: MALIBU, 90265  
Phone: (310) 589-2880 Fax: (310) 589-2869  
**Record ID:** 190652AP  
Service Type: RES-DETOX  
Resident Capacity: 5  
Total Occupancy: 5  
Target Population: 1.1 --- CO-ED  
Expiration Date: 9/30/2016

**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, 90021  
Phone: (818) 590-0111  
**Record ID:** 190653AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 7/31/2016

**Program Name:** SEASONS IN MALIBU  
Legal Name: LUXURY REHAB GROUP LLC  
Address: 6021 GALAHAD ROAD  
City, State Zip: MALIBU, 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: 4/30/2017

**Program Name:** SEASONS AGOURA  
Legal Name: LUXURY REHAB GROUP LLC  
Address: 5850 LAPWORTH DRIVE  
City, State Zip: AGOURA HILLS, 91301  
Phone: (747) 222-7802 Fax: (424) 235-2017  
**Record ID:** 190655CP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 6/30/2017

**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, 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, 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: 2/28/2017

**Program Name:** SOBA TREATMENT CENTER  
Legal Name: SOBA LIVING LLC  
Address: 22677 PACIFIC COAST HIGHWAY  
City, State Zip: MALIBU, 90265  
Phone: (310) 457-5250  
**Record ID:** 190664AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2017

**Program Name:** FAMILY UNITED-N-NEW BEGINNINGS  
**Legal Name:** FAMILY UNITED-N-NEW BEGINNINGS  
**Address:** 11616 HAWTHORNE BOULEVARD, SUITE 202  
**City, State Zip:** HAWTHORNE, 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:** ETTIE LEE YOUTH AND FAMILY SERVICES DRUG/ALCOHOL TREATMENT PROGRAMS  
**Legal Name:** ETTIE LEE HOMES, INC.  
**Address:** 160 EAST HOLT  
**City, State Zip:** POMONA, 91767  
**Phone:** (909) 620-2521      **Fax:** (909) 620-9793  
**Record ID:** 190673AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

**Program Name:** HANNAH'S FIRST STEP TREATMENT CENTER  
**Legal Name:** HANNA'S HOUSE  
**Address:** 5900 SOUTH EASTERN AVENUE, SUITE 186  
**City, State Zip:** COMMERCE, 90040  
**Phone:** (323) 278-6501      **Fax:** (323) 278-6515  
**Record ID:** 190678AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2016

**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, 90026  
**Phone:** (213) 481-8279      **Fax:** (213) 481-9944  
**Record ID:** 190685AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 11/30/2016

**Program Name:** OCEANSIDE MALIBU  
**Legal Name:** OCEANSIDE TRANSITIONAL LIVING IN MALIBU, INC.  
**Address:** 21022 PACIFIC COAST HIGHWAY  
**City, State Zip:** MALIBU, 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:** 5/31/2017

**Program Name:** JOURNEY MALIBU  
**Legal Name:** BELLA LA VITA COMPANY  
**Address:** 22516 CARBON MESA  
**City, State Zip:** MALIBU, 90265  
**Phone:** (310) 456-6916      **Fax:** (310) 317-6166  
**Record ID:** 190688AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2016

**Program Name:** JOURNEY MALIBU II  
**Legal Name:** BELLA LA VITA COMPANY  
**Address:** 26190 INGLESIDE WAY  
**City, State Zip:** MALIBU, 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:** 5/31/2016

**Program Name:** PASADENA CLINIC  
Legal Name: CALIFORNIA DRUG COUNSELING, INC.  
Address: 659 EAST WALNUT STREET  
City, State Zip: PASADENA, 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: 840, 842, 844, 846, 848, 850, 852, 852 1/2, 854 HILLDALE AVENUE  
City, State Zip: WEST HOLLYWOOD, 90069  
Phone: (310) 895-7095 Fax: (310) 358-0680  
**Record ID:** 190692AP  
Service Type: RES-DETOX  
Resident Capacity: 26  
Total Occupancy: 26  
Target Population: 1.1 --- CO-ED  
Expiration Date: 12/31/2016

**Program Name:** KLEAN W. HOLLYWOOD OUTPATIENT  
Legal Name: KLEAN W. HOLLYWOOD, LLC  
Address: 9000 SUNSET BOULEVARD, SUITE 650-B  
City, State Zip: WEST HOLLYWOOD, 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: 32225 PACIFIC COAST HIGHWAY  
City, State Zip: MALIBU , 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: 5/31/2016

**Program Name:** AVALON-CARVER COMMUNITY CENTER  
Legal Name: AVALON-CARVER COMMUNITY CENTER  
Address: 4920 SOUTH AVALON BOULEVARD  
City, State Zip: LOS ANGELES, 90011  
Phone: (323) 232-4391 Fax: (323) 234-1008  
**Record ID:** 190702AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 2/28/2017

**Program Name:** THE HILLS TREATMENT CENTER, LLC  
Legal Name: THE HILLS TREATMENT CENTER, LLC  
Address: 8147, 8171 AND 8207 MULHOLLAND DRIVE, AND 8507 WILLOW GLEN ROAD  
City, State Zip: LOS ANGELES, 90046  
Phone: (323) 791-5489 Fax: (877) 729-8207  
**Record ID:** 190703AP  
Service Type: RES-DETOX  
Resident Capacity: 21  
Total Occupancy: 21  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2016

**Program Name:** CHAPMAN HOUSE  
Legal Name: CHAPMAN HOUSE, INC.  
Address: 834 PACIFIC AVENUE  
City, State Zip: LONG BEACH, 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: 6/30/2016

**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, 91303  
**Phone:** (818) 347-1577 **Fax:** (818) 883-5452  
**Record ID:** 190711AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2017

**Program Name:** PACIFICA RECOVERY, INC.  
**Legal Name:** PACIFICA RECOVERY, INC.  
**Address:** 415 WEST FOOTHILL BOULEVARD, SUITES 210 AND 211  
**City, State Zip:** CLAREMONT, 91711  
**Phone:** (919) 447-5081 **Fax:** (919) 447-5974  
**Record ID:** 190712AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2017

**Program Name:** MELA COUNSELING SERVICES CENTER, INC.  
**Legal Name:** MELA COUNSELING SERVICES CENTER, INC.  
**Address:** 5723 WHITTIER BOULEVARD  
**City, State Zip:** LOS ANGELES, 90022-4222  
**Phone:** (323) 721-6855 **Fax:** (323) 721-8631  
**Record ID:** 190713AN  
**Service Type:** NON  
**Target Population:** 1.10 --- CO-ED/YOUTH  
**Expiration Date:** 3/31/2017

**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, 91706  
**Phone:** (626) 786-5020  
**Record ID:** 190716AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2017

**Program Name:** MINI HOUSE RESIDENTIAL TREATMENT  
**Legal Name:** JWCH INSTITUTE, INC.  
**Address:** 303 EAST 52ND STREET  
**City, State Zip:** LOS ANGELES, 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:** 4/30/2017

**Program Name:** SOLUTION FAMILY RESOURCE CENTER  
**Legal Name:** JWCH INSTITUTE, INC.  
**Address:** 1218 EAST COMPTON BOULEVARD  
**City, State Zip:** COMPTON, 90221  
**Phone:** (310) 608-1505 **Fax:** (310) 608-1406  
**Record ID:** 190718BN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2017

**Program Name:** ALTERNATIVES RECOVERY  
**Legal Name:** SPENCER RECOVERY CENTERS, INC.  
**Address:** 2530 HYPERION AVENUE  
**City, State Zip:** LOS ANGELES, 90027  
**Phone:** (949) 313-5223  
**Record ID:** 190721AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**Program Name:** PROMINENCE TREATMENT CENTER  
**Legal Name:** PROMINENCE CORPORATION  
**Address:** 2150 COLD CANYON ROAD  
**City, State Zip:** CALABASAS, 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:** 6/30/2017

**Program Name:** MALIBU CANYON REHABILITATION  
**Legal Name:** PROMINENCE CORPORATION  
**Address:** 4505 LAS VIRGENES ROAD, SUITE 205 & 207  
**City, State Zip:** CALABASAS, 91302-1956  
**Phone:** (818) 878-6900 **Fax:** (818) 878-6902  
**Record ID:** 190722BP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 6/30/2017

**Program Name:** THE CONTROL CENTER, INC.  
**Legal Name:** CONTROL CENTER, INC.  
**Address:** 8383 WILSHIRE BOULEVARD, SUITE 228  
**City, State Zip:** BEVERLY HILLS, 90211-2433  
**Phone:** (310) 271-8700 **Fax:** (310) 271-8703  
**Record ID:** 190723AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 8/31/2017

**Program Name:** LA FUENTE HOLLYWOOD TREATMENT CENTER LLC  
**Legal Name:** LA FUENTE HOLLYWOOD TREATMENT CENTER LLC  
**Address:** 5718 & 5718 1/2 FOUNTAIN AVENUE  
**City, State Zip:** LOS ANGELES, 90028  
**Phone:** (323) 464-2947 **Fax:** (323) 464-2947  
**Record ID:** 190725AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 10  
**Total Occupancy:** 10  
**Target Population:** 1.10 --- CO-ED/YOUTH  
**Expiration Date:** 9/30/2017

**Program Name:** AXIS RESIDENTIAL TREATMENT CENTER - WEST  
**Legal Name:** AXIS RESIDENTIAL TREATMENT CENTER-WEST  
**Address:** 4022 HURON AVENUE  
**City, State Zip:** CULVER CITY, 90232  
**Phone:** (310) 838-3640 **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:** 9/30/2017

**Program Name:** HEALTHRIGHT 360  
**Legal Name:** HEALTHRIGHT 360  
**Address:** 12423 DAHLIA AVENUE  
**City, State Zip:** EL MONTE, 91732  
**Phone:** (626) 258-0324 **Fax:** (415) 970-7518  
**Record ID:** 190728AN  
**Service Type:** RES  
**Resident Capacity:** 72  
**Total Occupancy:** 102  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 8/31/2017

**Program Name:** HEALTHRIGHT 360  
**Legal Name:** HEALTHRIGHT 360  
**Address:** 2307 WEST 6TH STREET  
**City, State Zip:** LOS ANGELES, 90057  
**Phone:** (415) 970-7500  
**Record ID:** 190728BN  
**Service Type:** RES  
**Resident Capacity:** 200  
**Total Occupancy:** 200  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 9/30/2016

**Program Name:** HEALTHRIGHT 360  
**Legal Name:** HEALTHRIGHT 360  
**Address:** 145 WEST 22ND STREET  
**City, State Zip:** LOS ANGELES, 90007  
**Phone:** (415) 970-7500  
**Record ID:** 190728CN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 7/31/2017

**Program Name:** INSPIRE MALIBU  
Legal Name: MALIBU CALIFORNIA MODEL DRUG TREATMENT CENTER, INC.  
Address: 30101 AGOURA COURT, SUITE 103  
City, State Zip: AGOURA HILLS, 91301  
Phone: (818) 922-4779 Fax: (818) 879-9013  
**Record ID:** 190729AP  
Service Type: NON-DETOX  
Target Population: 1.8 --- DUAL DIAGNOSIS  
Expiration Date: 10/31/2017

**Program Name:** INSPIRE MALIBU  
Legal Name: MALIBU CALIFORNIA MODEL DRUG TREATMENT CENTER, INC.  
Address: 3875 KANAN ROAD  
City, State Zip: AGOURA HILLS, 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: 4/30/2016

**Program Name:** INSPIRE MALIBU  
Legal Name: MALIBU CALIFORNIA MODEL DRUG TREATMENT CENTER, INC.  
Address: 33239 MULHOLLAND HIGHWAY  
City, State Zip: MALIBU, 90265  
Phone: 8185326243X824 Fax: (818) 532-6244  
**Record ID:** 190729DP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 3/31/2017

**Program Name:** FFC SUBSTANCE ABUSE DISORDER TREATMENT PROGRAM  
Legal Name: FAMILIES FOR CHILDREN INC.  
Address: 2504 W. MANCHESTER BOULEVARD  
City, State Zip: INGLEWOOD, 90305  
Phone: (323) 750-5855 Fax: (310) 750-5885  
**Record ID:** 190730AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 11/30/2017

**Program Name:** PAX HOUSE  
Legal Name: PAX HOUSE, INC.  
Address: 324 WAPELLO STREET  
City, State Zip: ALTADENA, 91001  
Phone: (626) 398-3897  
**Record ID:** 190732AP  
Service Type: RES-DETOX  
Resident Capacity: 12  
Total Occupancy: 12  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2016

**Program Name:** PAX HOUSE  
Legal Name: PAX HOUSE, INC.  
Address: 2052 N. LAKE AVENUE, SUITE F  
City, State Zip: ALTADENA, 91001  
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:** CYCLES OF CHANGE RECOVERY SERVICES  
Legal Name: DESIGN FOR LIVING BEHAVIOR HEALTH, INC.  
Address: 43858 BEECH AVENUE  
City, State Zip: LANCASTER, 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: 12/31/2017

**Program Name:** CYCLES OF CHANGE II  
**Legal Name:** DESIGN FOR LIVING BEHAVIOR HEALTH, INC.  
**Address:** 36451 EL CAMINO DRIVE  
**City, State Zip:** PALMDALE, 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:** 4/30/2016

**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, 93534  
**Phone:** (661) 948-8390 **Fax:** (661) 948-8184  
**Record ID:** 190735CP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2018

**Program Name:** CYCLES OF CHANGE III  
**Legal Name:** DESIGN FOR LIVING BEHAVIOR HEALTH, INC.  
**Address:** 42210 61ST STREET WEST  
**City, State Zip:** LANCASTER, 93536  
**Phone:** (661) 846-2662  
**Record ID:** 190735DP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2017

**Program Name:** ADVANCES IN MENTAL HEALTH AND ADDICTIONS TREATMENT, INC.  
**Legal Name:** ADVANCES IN MENTAL HEALTH AND ADDICTIONS TREATMENT, INC.  
**Address:** 5199 E. PACIFIC COAST HIGHWAY, SUITE 330N  
**City, State Zip:** LONG BEACH, 90804  
**Phone:** (562) 365-2020 **Fax:** (562) 239-3135  
**Record ID:** 190736AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 12/31/2016

**Program Name:** SHARP - OASIS HOUSE  
**Legal Name:** SOUTHERN CALIFORNIA HEALTH & REHABILITATION PROGRAM  
**Address:** 5201 S. VERMONT AVENUE  
**City, State Zip:** LOS ANGELES, 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, 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, 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:** 6/30/2016

**Program Name:** H & H TESTING OUTPATIENT  
**Legal Name:** H & H TESTING, INC.  
**Address:** 10801 NATIONAL BOULEVARD, SUITE 251, 420 AND 579  
**City, State Zip:** LOS ANGELES, 90064  
**Phone:** (310) 266-3957  
**Record ID:** 190750AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 1/31/2017

**Program Name:** MOTIVATIONAL RECOVERY SERVICES, INC.  
**Legal Name:** MOTIVATIONAL RECOVERY SERVICES, INC.  
**Address:** 2116-2118 S. CENTRAL AVENUE  
**City, State Zip:** LOS ANGELES, 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, 90265  
**Phone:** (310) 457-9111 **Fax:** (310) 457-3013  
**Record ID:** 190752AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2016

**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 AND 11  
**City, State Zip:** MALIBU, 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, 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:** 8/31/2016

**Program Name:** HOPE ALIVE COUNSELING CENTERS, LLC  
**Legal Name:** HOPE ALIVE COUNSELING CENTERS, LLC  
**Address:** 11157 ATLANTIC AVENUE  
**City, State Zip:** LYNWOOD, 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, 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, 90008  
**Phone:** (323) 810-3153  
**Record ID:** 190758AN  
**Service Type:** NON  
**Target Population:** 1.13 --- CO-ED/CHILD/DUAL  
**Expiration Date:** 9/30/2016

**Program Name:** REBOS  
**Legal Name:** LIVING REBOS, LLC  
**Address:** 1772 S ROBERTSON BOULEVARD  
**City, State Zip:** LOS ANGELES, 90035  
**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, 90049  
**Phone:** (310) 476-0033  
**Record ID:** 190760AP  
**Service Type:** NON  
**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, 90230  
**Phone:** (424) 207-2220 **Fax:** (424) 207-2217  
**Record ID:** 190762AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 1/31/2017

**Program Name:** SOVEREIGN HEALTH OF LOS ANGELES I  
**Legal Name:** DUAL DIAGNOSIS TREATMENT CENTER, INC.  
**Address:** 12832 SHORT AVENUE  
**City, State Zip:** LOS ANGELES, 90066  
**Phone:** (949) 923-7895  
**Record ID:** 190762BP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**Program Name:** ARTEMIS HILL RECOVERY  
**Legal Name:** ARTEMIS HILL RECOVERY INC.  
**Address:** 1858 LEES AVENUE  
**City, State Zip:** LONG BEACH, 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:** 11/30/2016

**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, 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:** 1/31/2017

**Program Name:** TDH FAMILY CONSULTING OUTPATIENT HEALTHCARE SERVICES  
**Legal Name:** THE DISCOVERY HOUSE, LLC  
**Address:** 17635 VANOWEN STREET  
**City, State Zip:** VAN NUYS, 91406  
**Phone:** (805) 228-2826 **Fax:** (818) 401-9387  
**Record ID:** 190764DP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2017

**Program Name:** SILVER CROSS HEALTH SERVICES INC  
**Legal Name:** SILVER CROSS HEALTH SERVICES INC  
**Address:** 13079 ARTESIA BOULEVARD, SUITE B106  
**City, State Zip:** CERRITOS, 90703  
**Phone:** (562) 916-3509 **Fax:** (562) 404-3083  
**Record ID:** 190766AN  
**Service Type:** NON  
**Target Population:** 1.4 --- WOMEN/CHILDREN  
**Expiration Date:** 12/31/2016

**Program Name:** PROGRESSIONS TLC, LLC  
**Legal Name:** PROGRESSIONS TLC, LLC  
**Address:** 5510 WILBUR AVENUE  
**City, State Zip:** TARZANA, 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:** 1/31/2017

**Program Name:** ELIJAH'S HOUSE TREATMENT CENTER  
**Legal Name:** ELIJAH'S HOUSE TX CORP.  
**Address:** 1617 ASBURY DRIVE  
**City, State Zip:** PASADENA, 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:** 1/31/2017

**Program Name:** ELIJAH'S HOUSE TREATMENT CENTER  
**Legal Name:** ELIJAH'S HOUSE TX CORP  
**Address:** 1372 E WALNUT STREET, SUITE B  
**City, State Zip:** PASADENA, 91106  
**Phone:** (877) 557-4477 **Fax:** (626) 389-4110  
**Record ID:** 190769BP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 8/31/2017

**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, 90019  
**Phone:** (323) 931-4647 **Fax:** (323) 931-4748  
**Record ID:** 190770AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2017

**Program Name:** THE BEACH HOUSE  
**Legal Name:** JAMES & BENTZ, INC.  
**Address:** 31450 BROAD BEACH ROAD  
**City, State Zip:** MALIBU, 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:** 9/30/2017

**Program Name:** EXODUS RECOVERY INTEGRATED CLINIC  
**Legal Name:** EXODUS RECOVERY, INC.  
**Address:** 1920 MARENGO STREET  
**City, State Zip:** LOS ANGELES, 90033  
**Phone:** (310) 945-3350 **Fax:** (310) 840-7023  
**Record ID:** 190774AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 7/31/2017

**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, 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:** 4/30/2017

**Program Name:** 1736 FAMILY CRISIS CENTER  
**Legal Name:** 1736 FAMILY CRISIS CENTER  
**Address:** 21707 HAWTHORNE BOULEVARD, SUITE 300  
**City, State Zip:** TORRANCE, 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, 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 ELKWOOD STREET  
**City, State Zip:** WINNETKA, 91306-2312  
**Phone:** (818) 626-8704 **Fax:** (707) 202-0622  
**Record ID:** 190778AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 11/30/2017

**Program Name:** KOOL LIVING, INC.  
**Legal Name:** KOOL LIVING, INC.  
**Address:** 20944 SHERMAN WAY, #206 B  
**City, State Zip:** CANOGA PARK, 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, 91411  
**Phone:** (818) 901-4836 **Fax:** (818) 376-0044  
**Record ID:** 190780AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**Program Name:** WB COMMUNITY LEARNING CENTER, INC.  
**Legal Name:** W.B. COMMUNITY LEARNING CENTER  
**Address:** 3425 W. MANCHESTER BOULEVARD, #106  
**City, State Zip:** INGLEWOOD, 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, SUITE 310  
**City, State Zip:** LONG BEACH, 90813  
**Phone:** (562) 901-6880  
**Record ID:** 190784AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**Program Name:** COMPATIOR, INC.  
**Legal Name:** COMPATIOR, INC.  
**Address:** 9637 CALIFORNIA AVENUE  
**City, State Zip:** SOUTH GATE, 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, 90265  
**Phone:** (310) 457-4417      **Fax:** (310) 494-0442  
**Record ID:** 190786AP  
**Service Type:** RES  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**Program Name:** ACADIA MALIBU OUTPATIENT  
**Legal Name:** ACADIA MALIBU, INC.  
**Address:** 29350 PACIFIC COAST HIGHWAY, #2B  
**City, State Zip:** MALIBU, 90265  
**Phone:** (370) 579-5192  
**Record ID:** 190786BP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2016

**Program Name:** ACADIA MALIBU, INC.  
**Legal Name:** ACADIA MALIBU, INC.  
**Address:** 28901 SELFRIDGE DRIVE  
**City, State Zip:** MALIBU, 90265  
**Phone:** (310) 975-5344      **Fax:** (310) 494-0442  
**Record ID:** 190786DP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/8/2018

**Program Name:** BREATHE LIFE HEALING CENTER  
**Legal Name:** BREATHE WEHO TREATMENT SERVICES LLC  
**Address:** 8730 WEST SUNSET BOULEVARD EAST TOWER, 5TH FLOOR  
**City, State Zip:** WEST HOLLYWOOD, 90069  
**Phone:** (800) 929-5904      **Fax:** (800) 763-1597  
**Record ID:** 190788AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**Program Name:** BREATHE WEHO TREATMENT SERVICES  
**Legal Name:** BREATHE WEHO TREATMENT SERVICES LLC  
**Address:** 8020 JOVENITA CANYON DRIVE  
**City, State Zip:** LOS ANGELES, 90046  
**Phone:** (323) 997-4409      **Fax:** (310) 659-9088  
**Record ID:** 190788BP  
**Service Type:** RES  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 12/31/2017

**Program Name:** BRIDGES RECOVERY CENTER  
**Legal Name:** LLMS, LLC  
**Address:** 15214 LEADWELL STREET  
**City, State Zip:** VAN NUYS, 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:** 2/28/2018

**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, 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, 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:** 7/31/2016

**Program Name:** DESIGN FOR CHANGE  
**Legal Name:** DESIGN FOR CHANGE  
**Address:** 1066 EAST AVENUE J & 44319 11TH STREET EAST  
**City, State Zip:** LANCASTER, 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:** 6/30/2016

**Program Name:** RENAISSANCE SOUTH LA, INC.  
**Legal Name:** RENAISSANCE SOUTH LA, INC.  
**Address:** 19401 S. VERMONT AVENUE, SUITE C-100  
**City, State Zip:** TORRANCE, 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, 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 BOULEVARD, SUITE 250  
**City, State Zip:** LOS ANGELES, 90034  
**Phone:** (310) 636-1819      **Fax:** (310) 287-1949  
**Record ID:** 190798AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2016

**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, 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:** A NEW START TREATMENT AND RECOVERY CENTER, LLC  
**Legal Name:** A NEW START TREATMENT AND RECOVERY CENTER, LLC  
**Address:** 4111, 4113, 4115, 4117 MILTON AVENUE  
**City, State Zip:** CULVER CITY, 90232  
**Phone:** (310) 287-1919      **Fax:** (310) 287-1949  
**Record ID:** 190798DP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 24  
**Total Occupancy:** 24  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2017

**Program Name:** PROGRESS IN MOTION, INC. TREATMENT CENTER  
**Legal Name:** PROGRESS IN MOTION INC.  
**Address:** 8035 OAKDALE AVENUE  
**City, State Zip:** WINNETKA, 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, 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, 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, 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:** 6/30/2016

**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, 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, 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:** 9/30/2016

**Program Name:** BIENESTAR DRUG TREATMENT PROGRAM  
**Legal Name:** BIENESTAR HUMAN SERVICES, INC.  
**Address:** 8134 VAN NUYS BOULEVARD, SUITE 200  
**City, State Zip:** PANORAMA CITY, 91402  
**Phone:** (818) 908-3820  
**Record ID:** 190808AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 6/30/2016

**Program Name:** COMMUNITY RECOVERY LOS ANGELES  
**Legal Name:** COMMUNITY RECOVERY  
**Address:** 22231 MULHOLLAND HIGHWAY, SUITE 211  
**City, State Zip:** CALABASAS, 91302  
**Phone:** (818) 635-9380 **Fax:** (818) 635-9380  
**Record ID:** 190809AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2017

**Program Name:** COMMUNITY RECOVERY  
**Legal Name:** COMMUNITY RECOVERY  
**Address:** 6721 MELROSE AVENUE  
**City, State Zip:** LOS ANGELES, 90038  
**Phone:** (818) 635-9380 **Fax:** (818) 337-0365  
**Record ID:** 190809CN  
**Service Type:** NON-DETOX  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 12/31/2017

**Program Name:** BLVD CENTERS  
**Legal Name:** BLVD CENTERS, INC.  
**Address:** 1776 NORTH HIGHLAND AVENUE  
**City, State Zip:** LOS ANGELES, 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, 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:** 7/31/2016

**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, 90028  
**Phone:** (323) 993-7448 **Fax:** (323) 308-4041  
**Record ID:** 190812AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**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, 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:** CLIFFSIDE MALIBU IOP  
Legal Name: CLIFFSIDE MALIBU IOP  
Address: 28990 WEST PACIFIC COAST HIGHWAY, SUITE 203  
City, State Zip: MALIBU, 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, 90034  
Phone: (310) 266-3957  
**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: 38345 E. 30TH STREET,  
SUITES C1 &C2  
City, State Zip: PALMDALE, 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, 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, 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, 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:** CLUB SOBA  
Legal Name: SOBA CHEVIOT HILLS LLC  
Address: 3384 MOTOR AVENUE  
City, State Zip: LOS ANGELES, 90034-3712  
Phone: (310) 457-5250  
**Record ID:** 190822AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 11/30/2016

**Program Name:** CLUB SOBA  
Legal Name: SOBA CHEVIOT HILLS LLC  
Address: 3142 PATRICIA AVENUE  
City, State Zip: LOS ANGELES, 90064-4718  
Phone: (424) 298-8353 Fax: (310) 919-3103  
**Record ID:** 190822BP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 9/30/2017

**Program Name:** CROSSROADS RECOVERY CENTERS  
**Legal Name:** DIVINE REHABILITATION, EDUCATION, & HOUSING NETWORK  
**Address:** 11503 GLADHILL ROAD  
**City, State Zip:** WHITTIER, 90604  
**Phone:** (844) 273-7773  
**Record ID:** 190824AP  
**Service Type:** RES  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2017

**Program Name:** FIT METHOD, INC.  
**Legal Name:** FIT METHOD, INC.  
**Address:** 12011 SAN VICENTE BOULEVARD, SUITE 510  
**City, State Zip:** LOS ANGELES, 90049  
**Phone:** (866) 244-8269  
**Record ID:** 190825AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 1/31/2017

**Program Name:** MALIBU BALANCE DAY TREATMENT  
**Legal Name:** MALIBU BALANCE DAY TREATMENT INC.  
**Address:** 4505 LAS VIRGENES ROAD, SUITE 202  
**City, State Zip:** CALABASAS, 91302  
**Phone:** (818) 398-0622  
**Record ID:** 190826AP  
**Service Type:** NON-DETOX  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2017

**Program Name:** WESTSIDE TREATMENT  
**Legal Name:** WESTSIDE TREATMENT, LLC  
**Address:** 11150 W. OLYMPIC BOULEVARD, #760  
**City, State Zip:** LOS ANGELES, 90064  
**Phone:** (800) 648-3906  
**Record ID:** 190827AP  
**Service Type:** NON-DETOX  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2017

**Program Name:** NOVA VITAE TREATMENT CENTER  
**Legal Name:** ALLEN YADEGAR  
**Address:** 5985 TOPANGA CANYON BOULEVARD  
**City, State Zip:** WOODLAND HILLS, 91367  
**Phone:** (818) 422-3442  
**Record ID:** 190828AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2017

**Program Name:** ALTERNATIVES BEHAVIORAL HEALTH, LLC  
**Legal Name:** ALTERNATIVES BEHAVIORAL HEALTH, LLC  
**Address:** 822 S. ROBERTSON BOULEVARD, SUITE 300  
**City, State Zip:** LOS ANGELES, 90035  
**Phone:** (888) 532-9617      **Fax:** (888) 739-6925  
**Record ID:** 190829AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2017

**Program Name:** SEA CHANGE SANTA MONICA  
**Legal Name:** SEA CHANGE SANTA MONICA, L.P.  
**Address:** 1831 WILSHIRE BOULEVARD, #C  
**City, State Zip:** SANTA MONICA, 90403  
**Phone:** (818) 823-3310      **Fax:** (310) 998-8696  
**Record ID:** 190831AP  
**Service Type:** NON-DETOX  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 7/31/2017

**Program Name:** AWAKENINGS  
**Legal Name:** AGOURA NEUROFEEDBACK, INC.  
**Address:** 29720 ROADSIDE DRIVE, #200  
**City, State Zip:** AGOURA HILLS, 91301  
**Phone:** (310) 848-5418      **Fax:** (858) 348-8097  
**Record ID:** 190833AP  
**Service Type:** NON-DETOX  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2017

**Program Name:** HILLS TREATMENT CORP.  
Legal Name: MALIBU HILLS TREATMENT CORP.  
Address: 265 WESTLAKE BOULEVARD  
City, State Zip: MALIBU, 90265  
Phone: (818) 706-9000 Fax: (818) 706-9009  
**Record ID:** 190834BP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2017

**Program Name:** MALIBU HILLS TREATMENT CORP.  
Legal Name: MALIBU HILLS TREATMENT CORP.  
Address: 415 WESTLAKE BOULEVARD  
City, State Zip: MALIBU, 90265  
Phone: (818) 706-9000 Fax: (818) 706-9009  
**Record ID:** 190834CP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2018

**Program Name:** PASSAGES MALIBU PHP LLC.  
Legal Name: PASSAGES MALIBU PHP, LLC  
Address: 1728 ABBOT KINNEY BOULEVARD, #103  
City, State Zip: VENICE, 90291  
Phone: (310) 589-2880 Fax: (310) 589-2869  
**Record ID:** 190835AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 6/30/2017

**Program Name:** REVIVE DETOX  
Legal Name: REVIVE DETOX  
Address: 360 N. VISTA STREET  
City, State Zip: LOS ANGELES, 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  
Expiration Date: 2/28/2017

**Program Name:** LOS ANGELES ATHLETIC ALTERNATIVE PROGRAM  
Legal Name: LOS ANGELES ATHLETIC ALTERNATIVE PROGRAM  
Address: 8450 HIGUERA STREET  
City, State Zip: CULVER CITY, 90232  
Phone: (310) 364-0601 Fax: (310) 204-6864  
**Record ID:** 190837AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 3/31/2017

**Program Name:** HILLSMAN CENTER  
Legal Name: LMPG FOUNDATION, LLC  
Address: 1440 E. 41ST STREET  
City, State Zip: LOS ANGELES, 90011  
Phone: (323) 231-2585 Fax: (323) 231-8771  
**Record ID:** 190838AP  
Service Type: RES  
Resident Capacity: 34  
Total Occupancy: 40  
Target Population: 1.1 --- CO-ED  
Expiration Date: 6/30/2017

**Program Name:** LONG BEACH RECOVERY  
Legal Name: LONG BEACH RECOVERY, INC.  
Address: 1535 & 1601 E. 1ST STREET  
City, State Zip: LONG BEACH, 90802  
Phone: 9494679213X259 Fax: (888) 588-4998  
**Record ID:** 190839AP  
Service Type: RES-DETOX  
Resident Capacity: 12  
Total Occupancy: 12  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2017

**Program Name:** HOPE'S LANDING  
Legal Name: HOPE'S LANDING  
Address: 3849 CHATWIN AVENUE  
City, State Zip: LONG BEACH, 90808  
Phone: 9494679213X259 Fax: (888) 588-4998  
**Record ID:** 190840AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 9/30/2017

**Program Name:** HOPE'S LANDING  
Legal Name: HOPE'S LANDING  
Address: 3550 FELA AVENUE  
City, State Zip: LONG BEACH, 90808  
Phone: 9494679213X259 Fax: (888) 588-4998  
**Record ID:** 190840BP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 9/30/2017

**Program Name:** A NEW SOLUTION  
Legal Name: CHANGING STEPS NETWORK INC.  
Address: 942 W. 12TH STREET  
City, State Zip: SAN PEDRO, 90731  
Phone: (323) 202-8432  
**Record ID:** 190841BP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 8/31/2017

**Program Name:** A NEW SOLUTION  
Legal Name: CHANGING STEPS NETWORK INC.  
Address: 9339 LOUISE AVENUE  
City, State Zip: NORTHRIDGE, 91325  
Phone: (818) 362-0986  
**Record ID:** 190841CP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2017

**Program Name:** A NEW SOLUTION  
Legal Name: CHANGING STEPS NETWORK INC.  
Address: 14540 HAMLIN STREET, SUITE 1  
City, State Zip: VAN NUYS, 91411  
Phone: (818) 477-2874  
**Record ID:** 190841DP  
Service Type: NON-DETOX  
Target Population: 1.1 --- CO-ED  
Expiration Date: 3/31/2018

**Program Name:** DESTINATIONS TO RECOVERY  
Legal Name: DESTINATIONS TO RECOVERY  
Address: 21051 WARNER CENTER LANE, SUITE 220  
City, State Zip: WOODLAND HILLS, 91367  
Phone: (310) 728-2125 Fax: (310) 728-2125  
**Record ID:** 190842AP  
Service Type: NON  
Target Population: 1.4 --- WOMEN/CHILDREN  
Expiration Date: 8/31/2017

**Program Name:** VALLEY RECOVERY TREATMENT  
Legal Name: CALIFORNIA RECOVERY CENTERS LLC  
Address: 23304 HAPPY VALLEY DRIVE  
City, State Zip: NEWHALL, 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  
Expiration Date: 7/31/2017

**Program Name:** NOVA VITAE TREATMENT CENTER  
**Legal Name:** NOVA VITAE TREATMENT CENTER  
**Address:** 16670 MOORPARK STREET, #B  
**City, State Zip:** ENCINO, 91436  
**Phone:** (818) 422-3442  
**Record ID:** 190844AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 10/31/2017

**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, 90045  
**Phone:** (424) 227-2783  
**Record ID:** 190845AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 8/31/2017

**Program Name:** INFINITY MALIBU  
**Legal Name:** INFINITY MALIBU, LLC  
**Address:** 27475 WINDING WAY  
**City, State Zip:** MALIBU, 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  
**Expiration Date:** 5/31/2017

**Program Name:** CALIFORNIA DETOX CLINIC  
**Legal Name:** SHELDON CHO MEDICAL CORP.  
**Address:** 3545 WILSHIRE BOULEVARD, SUITE 109  
**City, State Zip:** LOS ANGELES, 90010  
**Phone:** (213) 995-2500      **Fax:** (213) 386-8285  
**Record ID:** 190847AP  
**Service Type:** NON-DETOX  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

**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, 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  
**Expiration Date:** 5/31/2017

**Program Name:** CLIFFSIDE MALIBU 3  
**Legal Name:** CLIFFSIDE MALIBU 3  
**Address:** 30010 ANDROMEDA LANE  
**City, State Zip:** MALIBU, 90265  
**Phone:** (310) 457-3460      **Fax:** (310) 257-3469  
**Record ID:** 190850AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2017

**Program Name:** CALIFORNIA NEW LIFE DETOX AND RECOVERY HOMES, INC.  
**Legal Name:** CALIFORNIA NEW LIFE DETOX AND RECOVERY HOMES, INC.  
**Address:** 18134 CHASE STREET  
**City, State Zip:** NORTHRIDGE, 91325  
**Phone:** (310) 617-5912      **Fax:** (818) 974-9264  
**Record ID:** 190851AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 7/31/2017

**Program Name:** CALIFORNIA NEW LIFE DETOX AND RECOVERY HOMES, INC.  
**Legal Name:** CALIFORNIA NEW LIFE DETOX AND RECOVERY HOMES, INC.  
**Address:** 9529 CORBIN AVENUE  
**City, State Zip:** NORTHRIDGE, 91324  
**Phone:** (818) 554-5600 **Fax:** (818) 626-9749  
**Record ID:** 190851BP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2018

**Program Name:** ALTA TREATMENT CENTERS, INC.  
**Legal Name:** ALTA CENTERS, INC.  
**Address:** 5435 NORTH BALBOA BOULEVARD, SUITE 103  
**City, State Zip:** ENCINO, 91316  
**Phone:** (844) 663-7465  
**Record ID:** 190852AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 7/31/2017

**Program Name:** REFUGE RECOVERY CENTERS  
**Legal Name:** REFUGE RECOVERY HOUSE, LLC  
**Address:** 4302 W. MELROSE AVENUE, SUITE 5C  
**City, State Zip:** LOS ANGELES, 90029-3511  
**Phone:** (363) 660-0735  
**Record ID:** 190853AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

**Program Name:** REFUGE RECOVERY CENTERS  
**Legal Name:** REFUGE RECOVERY HOUSE, LLC  
**Address:** 1007 MANZANITA STREET  
**City, State Zip:** LOS ANGELES, 90029-3511  
**Phone:** (323) 787-7077 **Fax:** (866) 537-7317  
**Record ID:** 190853BP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2017

**Program Name:** LAUNCH  
**Legal Name:** MD HOME DETOX CONSULTING, INC  
**Address:** 150 S. BARRINGTON AVENUE, SUITE 8-10  
**City, State Zip:** BRENTWOOD, 90049  
**Phone:** (310) 779-4476  
**Record ID:** 190855AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 12/31/2017

**Program Name:** SERVICE INDUSTRIES OUTPATIENT SERVICES  
**Legal Name:** SERVICE INDUSTRIES, INC.  
**Address:** 2500 OVERLAND AVENUE, #D  
**City, State Zip:** LOS ANGELES, 90064-3333  
**Phone:** (323) 477-2130 **Fax:** (310) 253-9801  
**Record ID:** 190856AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 6/30/2017

**Program Name:** ACCESS MALIBU  
**Legal Name:** ACCESS MALIBU, INC.  
**Address:** 5247 HORIZON DRIVE  
**City, State Zip:** MALIBU, 90265-4215  
**Phone:** (424) 738-3780  
**Record ID:** 190857AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2017

**Program Name:** RESTORE HEALTH AND WELLNESS CENTER, LLC  
**Legal Name:** RESTORE HEALTH AND WELLNESS CENTER, LLC  
**Address:** 16530 VENTURA BOULEVARD, SUITE 200  
**City, State Zip:** ENCINO, 91436  
**Phone:** (888) 519-1570                      **Fax:** (818) 574-3990  
**Record ID:** 190858AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**Program Name:** RECOVERY MALIBU, INC.  
**Legal Name:** RECOVERY MALIBU, INC.  
**Address:** 30044 ANDROMEDA LANE  
**City, State Zip:** MALIBU, 90265-4215  
**Phone:** (424) 235-2221  
**Record ID:** 190859AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 7/31/2017

**Program Name:** FIRSTPOINT BEHAVIORAL AND ADDICTION COUNSELING, INC.  
**Legal Name:** FIRSTPOINT BEHAVIORAL AND ADDICTION COUNSELING, INC.  
**Address:** 22330 HAWTHORNE BOULEVARD, SUITE 204  
**City, State Zip:** TORRANCE, 90505  
**Phone:** (610) 617-5912                      **Fax:** (310) 317-7505  
**Record ID:** 190860AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 8/31/2017

**Program Name:** LOS ANGELES DETOX LLC  
**Legal Name:** LOS ANGELES DETOX LLC  
**Address:** 522 N. LARCHMONT BOULEVARD  
**City, State Zip:** LOS ANGELES, 90004  
**Phone:** (323) 450-2205  
**Record ID:** 190861AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2017

**Program Name:** 1 METHOD CENTER  
**Legal Name:** 1 METHOD, LLC  
**Address:** 10254 BANNOCKBURN DRIVE  
**City, State Zip:** LOS ANGELES, 90064  
**Phone:** (310) 837-7330                      **Fax:** (310) 837-7376  
**Record ID:** 190862AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 8/31/2017

**Program Name:** CLEAR RECOVERY CENTER  
**Legal Name:** CLEAR INC.  
**Address:** 201 HERONDO STREET  
**City, State Zip:** REDONDO BEACH, 90277  
**Phone:** (310) 346-2676  
**Record ID:** 190863AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 8/31/2017

**Program Name:** BETTY FORD CENTER - WEST LOS ANGELES  
**Legal Name:** HAZELDEN BETTY FORD FOUNDATION  
**Address:** 10700 SANTA MONICA BOULEVARD, SUITE 310  
**City, State Zip:** LOS ANGELES, 90025  
**Phone:** (310) 307-7053                      **Fax:** (310) 446-1818  
**Record ID:** 190864AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**Program Name:** ALTADENA CENTER  
Legal Name: SHIRLEY BENNETT  
Address: 3025 NORTH LINCOLN AVENUE  
City, State Zip: ALTADENA, 91001  
Phone: (626) 765-6905 Fax: (626) 765-6617  
**Record ID:** 190865AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2017

**Program Name:** JAHI FAMILY SERVICES, INC.  
Legal Name: JAHI FAMILY SERVICES, INC.  
Address: 9001 S. VERMONT STREET  
City, State Zip: LOS ANGELES, 90044  
Phone: (323) 779-5244 Fax: (929) 757-5244  
**Record ID:** 190866AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 9/30/2017

**Program Name:** LAKE HUGHES RECOVERY  
Legal Name: LAKE HUGHES RECOVERY  
Address: 48745 THREE POINTS ROAD  
City, State Zip: LAKE HUGHES, 93532  
Phone: (661) 731-3171  
**Record ID:** 190867AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 7  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 10/31/2017

**Program Name:** SHELBY RECOVERY SERVICES INC.  
Legal Name: SHELBY RECOVERY SERVICES INC.  
Address: 279 E. GREENHAVEN STREET  
City, State Zip: COVINA, 91722  
Phone: (310) 877-8557  
**Record ID:** 190868AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2017

**Program Name:** MALIBU DETOX  
Legal Name: MALIBU DETOX, LLC  
Address: 22766 SADDLE PEAK ROAD  
City, State Zip: TOPANGA, 90290  
Phone: (818) 208-5695 Fax: (310) 919-3185  
**Record ID:** 190869AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2017

**Program Name:** THE ARROYOS DAY TREATMENT PROGRAM  
Legal Name: THE ARROYOS, INC.  
Address: 1 WEST CALIFORNIA BOULEVARD, SUITE 122, 221 & 321  
City, State Zip: PASADENA, 91105  
Phone: (877) 884-8272 Fax: (626) 628-3177  
**Record ID:** 190870AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2017

**Program Name:** THRIVE TREATMENT  
Legal Name: THRIVE TREATMENT, LLC  
Address: 3101 OCEAN PARK BOULEVARD, SUITE 302 & 309  
City, State Zip: SANTA MONICA, 90405  
Phone: (888) 975-8474  
**Record ID:** 190871AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2017

**Program Name:** VALLEY DETOX AND REHABILITATION, LLC  
**Legal Name:** VALLEY DETOX AND REHABILITATION  
**Address:** 14000 VALERIO STREET  
**City, State Zip:** VAN NUYS, 91405  
**Phone:** (323) 350-4064 **Fax:** (323) 417-4706  
**Record ID:** 190872AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 12/31/2017

**Program Name:** MIRACLES IN ACTION  
**Legal Name:** MIRACLES IN ACTION, LLC  
**Address:** 290 E VERDUGO AVENUE, #105  
**City, State Zip:** BURBANK, 91502  
**Phone:** (818) 429-9103  
**Record ID:** 190873AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**Program Name:** ELEVATIONS  
**Legal Name:** ELEVATION BEHAVIORAL HEALTH LLC  
**Address:** 30065 TRIUNFO DRIVE  
**City, State Zip:** AGOURA HILLS, 91301  
**Phone:** (818) 575-7201 **Fax:** (818) 575-7201  
**Record ID:** 190874AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 11  
**Total Occupancy:** 11  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 11/30/2017

**Program Name:** DESTINY RECOVERY CENTER LLC  
**Legal Name:** DESTINY RECOVERY CENTER, LLC  
**Address:** 23301 BESSEMER STREET  
**City, State Zip:** WOODLAND HILLS, 91367  
**Phone:** (310) 738-0008  
**Record ID:** 190875AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2018

**Program Name:** CALABASAS RESIDENTIAL  
**Legal Name:** PARK MIRAMAR 24650 LLC  
**Address:** 24650 PARK MIRAMAR  
**City, State Zip:** CALABASAS, 91302  
**Phone:** (818) 223-9009 **Fax:** (818) 223-8999  
**Record ID:** 190876AP  
**Service Type:** RES  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2018

**Program Name:** FIRST STEPS RECOVERY  
**Legal Name:** TRUE NORTH DETOX, LLC  
**Address:** 19841 REDWING STREET  
**City, State Zip:** WOODLAND HILLS, 91364  
**Phone:** (818) 610-1527 **Fax:** (818) 610-1530  
**Record ID:** 190877AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2017

**Program Name:** INFINITY MALIBU IOP  
**Legal Name:** INFINITY MALIBU IOP, LLC  
**Address:** 28035 DOROTHY DRIVE, SUITE 110  
**City, State Zip:** AGOURA HILLS, 91301  
**Phone:** (818) 874-0046 **Fax:** (818) 874-0027  
**Record ID:** 190878AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2017

**Program Name:** HARMONY PLACE  
Legal Name: JMG INVESTMENTS, INC.  
Address: 23041-A HATTERAS STREET  
City, State Zip: WOODLAND HILLS, 91367-4236  
Phone: (818) 796-4369 Fax: (818) 914-4440  
**Record ID:** 190879AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 11/30/2017

**Program Name:** HARMONY PLACE  
Legal Name: JMG INVESTMENTS, INC.  
Address: 23041 HATTERAS STREET  
City, State Zip: WOODLAND HILLS, 91367  
Phone: (818) 266-4100 Fax: (818) 914-4440  
**Record ID:** 190879BP  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 2/28/2017

**Program Name:** SEMPRE FAMIGLIA LLC  
Legal Name: SEMPRE FAMIGLIA LLC  
Address: 10447 LARAMIE AVENUE  
City, State Zip: CHATSWORTH, 91311  
Phone: (310) 717-1853  
**Record ID:** 190880AP  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 11/30/2017

**Program Name:** FAITH RECOVERY  
Legal Name: FAITH RECOVERY, INC.  
Address: 2211 PALO VERDE AVENUE, SUITE C  
City, State Zip: LONG BEACH, 90815  
Phone: (562) 881-2322 Fax: (562) 430-2250  
**Record ID:** 190881AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2018

**Program Name:** SOBER COLLEGE  
Legal Name: SOBER COLLEGE ENVIRONMENTS, LLC  
Address: 6233 VARIEL AVENUE  
City, State Zip: WOODLAND HILLS, 91367  
Phone: (877) 980-2253 Fax: (818) 301-1935  
**Record ID:** 190883AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 2/28/2018

**Program Name:** SOBER COLLEGE  
Legal Name: SOBER COLLEGE ENVIRONMENTS, LLC  
Address: 22401 OXNARD STREET  
City, State Zip: WOODLIND HILLS, 91367  
Phone: (818) 415-3456 Fax: (818) 301-1935  
**Record ID:** 190883BP  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 2/28/2018

**Program Name:** SOBER COLLEGE  
Legal Name: SOBER COLLEGE ENVIRONMENTS, LLC  
Address: 8546 KEOKUK AVENUE  
City, State Zip: WINNETKA, 91306  
Phone: (877) 980-2253 Fax: (818) 301-1935  
**Record ID:** 190883CP  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 2/28/2018

**Program Name:** LA VENTANA TREATMENT PROGRAMS  
**Legal Name:** RYLIST, INC.  
**Address:** 1243 7TH STREET, SUITE B AND C  
**City, State Zip:** SANTA MONICA, 90401  
**Phone:** (424) 231-2420  
**Record ID:** 190886AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2017

**Program Name:** WISDOM OUTPATIENT CENTER  
**Legal Name:** WISDOM TREATMENT, LLC  
**Address:** 4412 W. VICTORY BOULEVARD  
**City, State Zip:** BURBANK, 91505  
**Phone:** (832) 312-9611 **Fax:** (818) 861-7527  
**Record ID:** 190887AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 1/31/2018

**Program Name:** SANCTUARY TREATMENT CENTER  
**Legal Name:** SANCTUARY TREATMENT CENTER INC.  
**Address:** 4815 WOODLEY AVENUE  
**City, State Zip:** ENCINO, 91436  
**Phone:** (408) 836-3698  
**Record ID:** 190891AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.3 --- WOMEN ONLY  
**Expiration Date:** 1/31/2018

**Program Name:** VALLEY DETOX CENTER  
**Legal Name:** ACTIVE RECOVERY SOLUTIONS, LLC  
**Address:** 15120 VOSE STREET  
**City, State Zip:** VAN NUYS, 91405  
**Phone:** (818) 616-1939 **Fax:** (424) 343-0011  
**Record ID:** 190892AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 1/30/2018

**Program Name:** THE VIEW  
**Legal Name:** The View LLC  
**Address:** 864 TEAKWOOD ROAD  
**City, State Zip:** LOS ANGELES, 90049  
**Phone:** (760) 409-1287  
**Record ID:** 190894AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2018

**Program Name:** LIGHTHOUSE RECOVERY CENTERS  
**Legal Name:** LIGHTHOUSE RECOVERY CENTERS, LLC  
**Address:** 5242 DARRO ROAD  
**City, State Zip:** LOS ANGELES , 91308  
**Phone:** (888) 329-9133 **Fax:** (818) 279-0550  
**Record ID:** 190896AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 9  
**Total Occupancy:** 9  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2018

**Program Name:** ABACUS GUIDANCE CENTER, INC.  
**Legal Name:** ABACUS GUIDANCE CENTER, INC.  
**Address:** 312 NORTH ALLEN AVE.  
**City, State Zip:** PASADENA, 91106-1604  
**Phone:** (626) 241-9280  
**Record ID:** 190897AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2018

**Program Name:** STEPS TO RECOVERY  
Legal Name: STEPS TO RECOVERY, CORP.  
Address: 14434 GILMORE STREET  
City, State Zip: VAN NUYS, 91401  
Phone: (818) 905-1422  
**Record ID:** 190898AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2018

**Program Name:** PROFOUND TREATMENT  
Legal Name: PROFOUND TREATMENT, LLC  
Address: 1990 WESTWOOD BOULEVARD, SUITE 210  
City, State Zip: WEST LOS ANGELES, 90025  
Phone: (310) 614-4660  
**Record ID:** 190899AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 2/28/2018

**Program Name:** INNERACTIONS  
Legal Name: INNER+ACTIONS, LLC  
Address: 21333 OXNARD STREET, 2ND FLOOR  
City, State Zip: WOODLAND HILLS, 91367  
Phone: (818) 963-4357 Fax: (818) 399-7436  
**Record ID:** 190900AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 3/31/2018

**Program Name:** HAVEN OUTPATIENT CENTER  
Legal Name: RECOVERY GRADS, LLC  
Address: 817 WEST 34TH STREET, 4TH FLOOR  
City, State Zip: LOS ANGELES, 90089  
Phone: (310) 822-1234 Fax: (310) 822-1234  
**Record ID:** 190902AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 2/28/2018

**Program Name:** REMEDY DETOX CENTERS  
Legal Name: REMEDY DETOX CENTERS, LLC  
Address: 4340 MAURY AVENUE  
City, State Zip: LONG BEACH, 90807  
Phone: (888) 889-8883 Fax: (562) 446-4345  
**Record ID:** 190904AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 4/30/2018

**Program Name:** FRESH START OF CALIFORNIA  
Legal Name: FRESH START OF CALIFORNIA, LLC  
Address: 1210 N ROSS STREET  
City, State Zip: SANTA ANA, 92701  
Phone: (323) 419-7384  
**Record ID:** 300349AP  
Service Type: RES  
Resident Capacity: 8  
Total Occupancy: 10  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 4/30/2018

**Program Name:** VANTAGE POINT RECOVERY  
Legal Name: GATE OF RECOVERY INC.  
Address: 123 Hodencamp Road, Suites 100, 103, 107, 205 & 210  
City, State Zip: THOUSAND OAKS, 91360  
Phone: (805) 777-7595 Fax: (805) 777-9249  
**Record ID:** 560045AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 3/31/2018

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

**As of 5/2/2016**

**Madera County**

---

**Program Name:** VALLEY TEEN RANCH RESIDENTIAL TREATMENT GROUP HOME  
**Legal Name:** VALLEY TEEN RANCH  
**Address:** 10535 ROAD 35  
**City, State Zip:** MADERA, 93638  
**Phone:** (559) 635-1110      **Fax:** (559) 538-5004  
**Record ID:** 200001AN  
**Service Type:** NON  
**Target Population:** 1.11 --- MEN/YOUTH  
**Expiration Date:** 10/31/2017

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

As of 5/2/2016

Marin County

**Program Name:** CENTER POINT - THE MANOR  
**Legal Name:** CENTER POINT, INC.  
**Address:** 603 D STREET  
**City, State Zip:** SAN RAFAEL, 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:** 8/31/2017

**Program Name:** THE VILLAGE  
**Legal Name:** CENTER POINT, INC.  
**Address:** 1477-1483 LINCOLN AVENUE  
**City, State Zip:** SAN RAFAEL, 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:** 8/31/2017

**Program Name:** CENTER POINT OUTPATIENT SERVICES  
**Legal Name:** CENTER POINT, INC.  
**Address:** 1601 SECOND STREET, SUITE 104  
**City, State Zip:** SAN RAFAEL, 94901  
**Phone:** (415) 456-6655 **Fax:** (415) 492-8844  
**Record ID:** 210002GN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 8/31/2017

**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, 94901  
**Phone:** (415) 492-4444 **Fax:** (415) 492-8844  
**Record ID:** 210002ON  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 6/30/2017

**Program Name:** BAY AREA COMMUNITY RESOURCES  
**Legal Name:** BAY AREA COMMUNITY RESOURCES, INC.  
**Address:** 171 CARLOS DRIVE  
**City, State Zip:** SAN RAFAEL, 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, 94903  
**Phone:** (415) 755-2328 **Fax:** (415) 755-2228  
**Record ID:** 210005CN  
**Service Type:** NON  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 5/31/2017

**Program Name:** POSITIVE CHANGES  
**Legal Name:** BAY AREA COMMUNITY RESOURCES, INC.  
**Address:** 103 SHORELINE PARKWAY, SUITES 101 & 201  
**City, State Zip:** SAN RAFAEL, 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, 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: 4/30/2016

**Program Name:** THE HELEN VINE RECOVERY CENTER  
Legal Name: BUCKELEW PROGRAMS  
Address: 301 SMITH RANCH ROAD  
City, State Zip: SAN RAFAEL, 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: 3/31/2017

**Program Name:** BAYSIDE MARIN II  
Legal Name: BAYSIDE MARIN, INC.  
Address: 189 BAYVIEW DRIVE  
City, State Zip: SAN RAFAEL, 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: 7/31/2017

**Program Name:** BAYSIDE MARIN I  
Legal Name: BAYSIDE MARIN, INC.  
Address: 191 BAYVIEW DRIVE  
City, State Zip: SAN RAFAEL, 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: 7/31/2017

**Program Name:** BAYSIDE MARIN OUTPATIENT PROGRAM  
Legal Name: BAYSIDE MARIN, INC.  
Address: 718 4TH STREET  
City, State Zip: SAN RAFAEL, 94901  
Phone: (415) 721-2000  
**Record ID:** 210030CP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 7/31/2017

**Program Name:** BAYSIDE MARIN III  
Legal Name: BAYSIDE MARIN, INC.  
Address: 47 TWEED TERRACE  
City, State Zip: SAN RAFAEL, 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: 7/31/2017

**Program Name:** BAYSIDE MARIN IV  
Legal Name: BAYSIDE MARIN, INC  
Address: 180 BAYVIEW DRIVE  
City, State Zip: SAN RAFAEL, 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: 5/31/2017

**Program Name:** MARIN OUTPATIENT AND RECOVERY SERVICES  
**Legal Name:** MARIN SERVICES FOR MEN  
**Address:** 710 C STREET, SUITE 7A & 8  
**City, State Zip:** SAN RAFAEL, 94901  
**Phone:** (415) 485-6736 **Fax:** (415) 236-1830  
**Record ID:** 210033AN  
**Service Type:** NON  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 1/31/2018

**Program Name:** NORTH BAY RECOVERY CENTER  
**Legal Name:** NORTH BAY RECOVERY CENTER, LLC.  
**Address:** 55 SHAVER STREET, SUITE 200  
**City, State Zip:** SAN RAFAEL, 94901  
**Phone:** (415) 454-4357 **Fax:** (415) 454-4329  
**Record ID:** 210037AP  
**Service Type:** NON  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 10/31/2017

**Program Name:** REFLECTIONS  
**Legal Name:** LIVING AT REFLECTIONS, LLC  
**Address:** 1191 SIMMONS LANE  
**City, State Zip:** NOVATO, 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:** 1/31/2018

**Program Name:** REFLECTIONS  
**Legal Name:** LIVING AT REFLECTIONS, LLC  
**Address:** 10 LOCKTON LANE  
**City, State Zip:** NOVATO, 94945  
**Phone:** (415) 891-8000  
**Record ID:** 210038BP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2018

**Program Name:** HUCKLEBERRY YOUTH PROGRAMS  
**Legal Name:** HUCKLEBERRY YOUTH PROGRAMS, INC.  
**Address:** 361 THIRD STREET, SUITE G  
**City, State Zip:** SAN RAFAEL, 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 BULKLEY AVENUE  
**City, State Zip:** SAUSALITO, 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:** 2/28/2017

**Program Name:** ALTA MIRA RECOVERY PROGRAMS  
**Legal Name:** ALTA MIRA RECOVERY CENTERS, LLC  
**Address:** 135 BULKLEY AVENUE  
**City, State Zip:** SAUSALITO, 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:** 2/28/2017

**Program Name:** ALTA MIRA RECOVERY PROGRAMS  
**Legal Name:** ALTA MIRA RECOVERY CENTERS, LLC  
**Address:** 25 SANTA ROSA  
**City, State Zip:** SAUSALITO, 94965  
**Phone:** (415) 332-1350      **Fax:** (415) 339-6084  
**Record ID:** 210040CP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2017

**Program Name:** ALTA MIRA RECOVERY PROGRAMS  
**Legal Name:** ALTA MIRA RECOVERY CENTERS, LLC  
**Address:** 110 HARRISON AVENUE  
**City, State Zip:** SAUSALITO, 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:** 2/28/2017

**Program Name:** ALTA MIRA RECOVERY PROGRAMS  
**Legal Name:** ALTA MIRA RECOVERY CENTERS, LLC  
**Address:** 126 HARRISON AVENUE  
**City, State Zip:** SAUSALITO, 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:** 2/28/2017

**Program Name:** ALTA MIRA OUTPATIENT SERVICES  
**Legal Name:** ALTA MIRA RECOVERY CENTERS, LLC  
**Address:** 591 REDWOOD HIGHWAY, SUITE 5220  
**City, State Zip:** MILL VALLEY, 94941  
**Phone:** (415) 339-6084      **Fax:** (415) 520-2404  
**Record ID:** 210040FP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 6/30/2017

**Program Name:** STEPS TO FREEDOM, LLC  
**Legal Name:** STEPS TO FREEDOM, LLC  
**Address:** 21 TAMAL VISTA BOULEVARD, #226  
**City, State Zip:** CORTE MADERA, 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, 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  
**Legal Name:** MUIR WOOD, LLC  
**Address:** 55 SHAVER STREET, SUITE 310  
**City, State Zip:** SAN RAFAEL, 94901  
**Phone:** (310) 903-1155      **Fax:** (707) 559-5401  
**Record ID:** 210044AP  
**Service Type:** NON  
**Target Population:** 1.5 --- YOUTH/ADOLESCENT  
**Expiration Date:** 10/31/2017

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

**As of 5/2/2016**

**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, 95338  
**Phone:** (209) 966-2000                      **Fax:** (209) 966-8251  
**Record ID:** 220002AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 7/31/2017

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

As of 5/2/2016

Mendocino County

---

**Program Name:** UKIAH RECOVERY CENTER  
**Legal Name:** FORD STREET PROJECT  
**Address:** 201 BRUSH STREET, BUILDINGS 201A, 201B, AND 201C  
**City, State Zip:** UKIAH, 95482  
**Phone:** (707) 462-1934  
**Record ID:** 230004AN  
**Service Type:** RES-DETOX  
**Resident Capacity:** 40  
**Total Occupancy:** 40  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 6/30/2017

**Program Name:** FORD STREET PROJECT  
**Legal Name:** FORD STREET PROJECT  
**Address:** 139 FORD STREET  
**City, State Zip:** UKIAH, 95482  
**Phone:** (707) 462-1934      **Fax:** (707) 468-9860  
**Record ID:** 230004BN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 1/31/2017

**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  
FORT BRAGG, 95437  
**Phone:** (707) 472-2605      **Fax:** (707) 472-2605  
**Record ID:** 230006GN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

**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, 95482  
**Phone:** (707) 472-2637      **Fax:** (707) 472-2768  
**Record ID:** 230006HN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2017

**Program Name:** MENDOCINO COUNTY HHS - CHILDREN'S AND FAMILY SERVICES  
**Legal Name:** MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY  
**Address:** 727 S. STATE STREET  
**City, State Zip:** UKIAH, 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, 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, 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 5/2/2016**

**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, 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:** 8/31/2016

**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, 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, 95340  
**Phone:** (209) 381-6808      **Fax:** (209) 725-3810  
**Record ID:** 240003AN  
**Service Type:** NON  
**Target Population:** 1.5 --- YOUTH/ADOLESCENT  
**Expiration Date:** 7/31/2017

**Program Name:** THE CENTER  
**Legal Name:** MERCED COUNTY DEPARTMENT OF MENTAL HEALTH - ALCOHOL AND DRUG SERVICES  
**Address:** 3305 G STREET  
**City, State Zip:** MERCED, 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, 95340  
**Phone:** (209) 381-6852      **Fax:** (209) 385-3174  
**Record ID:** 240003CN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2018

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

**As of 5/2/2016**

**Modoc 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 5/2/2016**

**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 5/2/2016

Monterey County

---

**Program Name:** BEACON HOUSE  
Legal Name: BEACON HOUSE  
Address: 468 PINE AVENUE  
City, State Zip: PACIFIC GROVE, 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: 3/31/2018

**Program Name:** DOOR TO HOPE  
Legal Name: DOOR TO HOPE  
Address: 165 CLAY STREET  
City, State Zip: SALINAS, 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: 3/31/2018

**Program Name:** NUEVA ESPERANZA  
Legal Name: DOOR TO HOPE  
Address: 325 CALIFORNIA STREET  
City, State Zip: SALINAS, 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: 3/31/2018

**Program Name:** DOOR TO HOPE  
Legal Name: DOOR TO HOPE  
Address: 130 WEST GABILAN STREET  
City, State Zip: SALINAS, 93901  
Phone: (831) 758-0181 Fax: (831) 758-5127  
**Record ID:** 270002CN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 7/31/2017

**Program Name:** SUN STREET CENTERS, MEN'S RESIDENTIAL  
Legal Name: SUN STREET CENTERS  
Address: 8 SUN STREET  
City, State Zip: SALINAS, 93901  
Phone: (831) 753-5145  
**Record ID:** 270003AN  
Service Type: RES  
Resident Capacity: 54  
Total Occupancy: 54  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 11/30/2017

**Program Name:** SUN STREET CENTERS OUTPATIENT PROGRAM  
Legal Name: SUN STREET CENTERS  
Address: 12 SUN STREET  
City, State Zip: SALINAS, 93901  
Phone: (831) 753-6001 Fax: (831) 753-5169  
**Record ID:** 270003BN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2017

**Program Name:** GENESIS RESIDENTIAL CENTER  
**Legal Name:** COMMUNITY HUMAN SERVICES  
**Address:** 1140, 1146, AND 1152 SONOMA AVENUE  
**City, State Zip:** SEASIDE, 93955  
**Phone:** (831) 899-2436 **Fax:** (831) 658-3815  
**Record ID:** 270004AN  
**Service Type:** RES  
**Resident Capacity:** 36  
**Total Occupancy:** 42  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 11/30/2017

**Program Name:** VALLEY HEALTH ASSOCIATES  
**Legal Name:** VALLEY HEALTH ASSOCIATES  
**Address:** 338 MONTEREY STREET  
**City, State Zip:** SALINAS, 93901  
**Phone:** (831) 424-6655 **Fax:** (831) 424-9717  
**Record ID:** 270011AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2016

**Program Name:** VALLEY HEALTH ASSOCIATES  
**Legal Name:** VALLEY HEALTH ASSOCIATES  
**Address:** 114 WEBSTER STREET  
**City, State Zip:** MONTEREY, 93940  
**Phone:** (831) 372-8392 **Fax:** (831) 674-1795  
**Record ID:** 270011BN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 1/31/2017

**Program Name:** VALLEY HEALTH ASSOCIATES  
**Legal Name:** VALLEY HEALTH ASSOCIATES  
**Address:** 411 CENTER STREET  
**City, State Zip:** GONZALES, 93926  
**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, 93940  
**Phone:** (831) 747-1727  
**Record ID:** 270012AP  
**Service Type:** NON-DETOX  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 11/30/2016

**Program Name:** THE CAMP RECOVERY CENTER INTENSIVE OUTPATIENT MONTEREY  
**Legal Name:** THE CAMP RECOVERY CENTER, LLC  
**Address:** 6 HARRIS COURT  
**City, State Zip:** MONTEREY, 93940-5754  
**Phone:** (831) 438-1868 **Fax:** (831) 438-2789  
**Record ID:** 270019AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 7/31/2017

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

**As of 5/2/2016**

**Napa County**

---

**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, 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, 94574  
**Phone:** (707) 963-6311 Ext: 6203 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, 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, 94559-2829  
**Phone:** (707) 226-1248 Fax: (707) 226-8011  
**Record ID:** 280010AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 1/31/2017

**Program Name:** ALDEA BEHAVIORAL HEALTH SERVICES  
**Legal Name:** ALDEA, INC.  
**Address:** 2310 1ST STREET  
**City, State Zip:** NAPA, 94559  
**Phone:** (707) 255-1855 Fax: (707) 255-5621  
**Record ID:** 280013BN  
**Service Type:** NON  
**Target Population:** 1.5 --- YOUTH/ADOLESCENT  
**Expiration Date:** 4/30/2017

**Program Name:** COLD SPRINGS  
**Legal Name:** PACIFICA PAIN MANAGEMENT SERVICES, INC.  
**Address:** 415 COLD SPRINGS ROAD  
**City, State Zip:** ANGWIN, 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:** 1/31/2018

**Program Name:** MCALISTER INSTITUTE RESIDENTIAL PROGRAM  
**Legal Name:** MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.  
**Address:** 2100 NAPA VALLEJO HIGHWAY, BUILDING 253 M-1  
**City, State Zip:** NAPA, 94558-6293  
**Phone:** (707) 257-1460      **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:** 11/30/2017

**Program Name:** DUFFY'S MYRTLEDALE  
**Legal Name:** DUFFY'S NAPA VALLEY REHAB, LLC  
**Address:** 3058, 3076 & 3088 MYRTLEDALE ROAD  
**City, State Zip:** CALISTOGA, 94515  
**Phone:** (888) 717-9724      **Fax:** (707) 942-4819  
**Record ID:** 280019AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 61  
**Total Occupancy:** 61  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2017

**Program Name:** DUFFY'S NAPA VALLEY  
**Legal Name:** DUFFY'S NAPA VALLEY REHAB, LLC  
**Address:** 2436 FOOTHILL BOULEVARD, SUITE E  
**City, State Zip:** CALISTOGA, 94515  
**Phone:** (707) 942-6888      **Fax:** (707) 942-4819  
**Record ID:** 280019BP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2017

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

**As of 5/2/2016**

**Nevada County**

---

**Program Name:** GRASS VALLEY SERVICE CENTER  
**Legal Name:** COMMUNITY RECOVERY RESOURCES  
**Address:** 180 SIERRA COLLEGE DRIVE  
**City, State Zip:** GRASS VALLEY, 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, 95945-5768  
**Phone:** (530) 273-9541      **Fax:** (530) 271-7036  
**Record ID:** 290002BN  
**Service Type:** RES-DETOX  
**Resident Capacity:** 40  
**Total Occupancy:** 52  
**Target Population:** 1.9 --- CO-ED/CHILDREN  
**Expiration Date:** 1/31/2017

**Program Name:** TRUCKEE SERVICE CENTER  
**Legal Name:** COMMUNITY RECOVERY RESOURCES  
**Address:** 10015 PALISADES DRIVE, SUITE 1  
**City, State Zip:** TRUCKEE, 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

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

As of 5/2/2016

Orange County

---

**Program Name:** MARIPOSA WOMEN AND FAMILY CENTER  
**Legal Name:** MARIPOSA WOMEN AND FAMILY CENTER  
**Address:** 812 W. TOWN AND COUNTRY ROAD  
**City, State Zip:** ORANGE, 92868  
**Phone:** (714) 547-6494  
**Record ID:** 300005AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 12/31/2017

**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, 92675  
**Phone:** (949) 547-6494 **Fax:** (949) 429-6868  
**Record ID:** 300005BN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2017

**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, 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, 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, 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, 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, 92805  
**Phone:** (714) 517-6175 **Fax:** (714) 667-3968  
**Record ID:** 300006LN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 12/31/2016

**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, 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:** 10/31/2017

**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, 92627  
**Phone:** (949) 313-1192  
**Record ID:** 300007GN  
**Service Type:** RES  
**Resident Capacity:** 24  
**Total Occupancy:** 24  
**Target Population:** 1.3 --- WOMEN ONLY  
**Expiration Date:** 11/30/2017

**Program Name:** NEW DIRECTIONS FOR WOMEN OUTPATIENT PROGRAM  
**Legal Name:** NEW DIRECTIONS FOR WOMEN, INC.  
**Address:** 3001 REDHILL AVENUE, BUILDING 4, SUITES 108 AND 109  
**City, State Zip:** COSTA MESA, 92626  
**Phone:** (949) 313-1192  
**Record ID:** 300007JN  
**Service Type:** NON  
**Target Population:** 1.3 --- WOMEN ONLY  
**Expiration Date:** 2/28/2018

**Program Name:** NEW DIRECTIONS FOR WOMEN  
**Legal Name:** NEW DIRECTIONS FOR WOMEN, INC.  
**Address:** 2614 WILLO LANE  
**City, State Zip:** COSTA MESA, 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:** 7/31/2016

**Program Name:** NEW DIRECTIONS FOR WOMEN  
**Legal Name:** NEW DIRECTIONS FOR WOMEN, INC.  
**Address:** 2603 WILLO LANE  
**City, State Zip:** COSTA MESA, 92627  
**Phone:** (949) 313-1192  
**Record ID:** 300007LN  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.3 --- WOMEN ONLY  
**Expiration Date:** 3/31/2017

**Program Name:** UNIDOS RECOVERY HOME  
**Legal Name:** CA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE, INC.  
**Address:** 9842 13TH STREET  
**City, State Zip:** GARDEN GROVE, 92844  
**Phone:** (714) 531-4624 **Fax:** (916) 443-1732  
**Record ID:** 300010AN  
**Service Type:** RES-DETOX  
**Resident Capacity:** 150  
**Total Occupancy:** 150  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 7/31/2016

**Program Name:** CASA ELENA RECOVERY HOME  
**Legal Name:** CA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE, INC.  
**Address:** 832 SOUTH ANAHEIM BOULEVARD  
**City, State Zip:** ANAHEIM, 92801  
**Phone:** (714) 722-5580  
**Record ID:** 300010BN  
**Service Type:** RES  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.3 --- WOMEN ONLY  
**Expiration Date:** 7/31/2016

**Program Name:** LA FAMILIA ALCOHOL AND DRUG SERVICES  
**Legal Name:** CA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE, INC.  
**Address:** 1905 NORTH COLLEGE AVENUE  
**City, State Zip:** SANTA ANA, 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, 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:** 4/30/2016

**Program Name:** ROQUE CENTER  
**Legal Name:** ROQUE CENTER, INC.  
**Address:** 10936 DALE AVENUE  
**City, State Zip:** STANTON, 90680  
**Phone:** (714) 952-4032  
**Record ID:** 300015AN  
**Service Type:** RES-DETOX  
**Resident Capacity:** 24  
**Total Occupancy:** 24  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 7/31/2016

**Program Name:** THE VILLA  
**Legal Name:** THE VILLA CENTER, INC.  
**Address:** 910 NORTH FRENCH STREET  
**City, State Zip:** SANTA ANA, 92701  
**Phone:** (714) 547-3301 **Fax:** (714) 547-1249  
**Record ID:** 300016AN  
**Service Type:** RES  
**Resident Capacity:** 15  
**Total Occupancy:** 16  
**Target Population:** 1.3 --- WOMEN ONLY  
**Expiration Date:** 1/31/2018

**Program Name:** THE VILLA ANNEX  
**Legal Name:** THE VILLA CENTER, INC.  
**Address:** 311 EAST WASHINGTON STREET  
**City, State Zip:** SANTA ANA, 92701  
**Phone:** (714) 547-2732 **Fax:** (714) 547-1249  
**Record ID:** 300016CN  
**Service Type:** RES  
**Resident Capacity:** 6  
**Total Occupancy:** 8  
**Target Population:** 1.3 --- WOMEN ONLY  
**Expiration Date:** 1/31/2018

**Program Name:** THE VILLA ANNEX II  
**Legal Name:** THE VILLA CENTER, INC.  
**Address:** 519 EAST WASHINGTON AVENUE  
**City, State Zip:** SANTA ANA, 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:** 5/31/2016

**Program Name:** CORNERSTONE 1  
**Legal Name:** RECOVERY HOMES OF AMERICA, INC.  
**Address:** 13682 YORBA STREET  
**City, State Zip:** TUSTIN, 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:** 5/31/2016

**Program Name:** CORNERSTONE OF SOUTHERN CALIFORNIA 3  
**Legal Name:** RECOVERY HOMES OF AMERICA, INC.  
**Address:** 427 SOUTH YORBA STREET  
**City, State Zip:** ORANGE, 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:** 5/31/2016

**Program Name:** CORNERSTONE OF SOUTHERN CALIFORNIA 7  
**Legal Name:** RECOVERY HOMES OF AMERICA, INC.  
**Address:** 13681 ROSALIND STREET  
**City, State Zip:** TUSTIN, 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:** 5/31/2016

**Program Name:** CORNERSTONE OF SOUTHERN CALIFORNIA 4  
**Legal Name:** RECOVERY HOMES OF AMERICA, INC.  
**Address:** 13671 ROSALIND STREET  
**City, State Zip:** TUSTIN, 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:** 5/31/2016

**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, 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, 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:** 7/31/2017

**Program Name:** CORNERSTONE RECOVERY HOME #5  
**Legal Name:** RECOVERY HOMES OF AMERICA, INC.  
**Address:** 2641 OLD GRAND  
**City, State Zip:** SANTA ANA, 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:** 7/31/2017

**Program Name:** CORNERSTONE RECOVERY HOME #6  
**Legal Name:** RECOVERY HOMES OF AMERICA, INC.  
**Address:** 13861 ESPLANADE AVENUE  
**City, State Zip:** SANTA ANA, 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:** 7/31/2017

**Program Name:** CORNERSTONE #9  
Legal Name: RECOVERY HOMES OF AMERICA, INC.  
Address: 2217 NORTH WRIGHT STREET  
City, State Zip: SANTA ANA, 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: 7/31/2017

**Program Name:** CORNERSTONE RECOVERY HOME Y-11  
Legal Name: RECOVERY HOMES OF AMERICA, INC.  
Address: 880 S. YORBA STREET  
City, State Zip: ORANGE, 92869-5052  
Phone: (714) 730-5399 Fax: (714) 730-3505  
**Record ID:** 300017KP  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 10  
Target Population: 1.1 --- CO-ED  
Expiration Date: 3/31/2018

**Program Name:** CORNERSTONE RECOVERY HOME M-10  
Legal Name: RECOVERY HOMES OF AMERICA, INC.  
Address: 3310 E. MAPLE AVENUE  
City, State Zip: ORANGE, 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: 3/31/2018

**Program Name:** CORNERSTONE RECOVERY HOME - HOUSE 12  
Legal Name: RECOVERY HOMES OF AMERICA, INC.  
Address: 581 SOUTH PROSPECT STREET  
City, State Zip: ORANGE, 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: 3/31/2018

**Program Name:** CORNERSTONE OF SOUTHERN CALIFORNIA 8  
Legal Name: RECOVERY HOMES OF AMERICA, INC.  
Address: 13672 YORBA STREET  
City, State Zip: TUSTIN, 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: 5/31/2016

**Program Name:** CORNERSTONE RECOVERY HOME #14  
Legal Name: RECOVERY HOMES OF AMERICA, INC.  
Address: 1612 EAST FRUIT STREET  
City, State Zip: SANTA ANA, 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: 6/30/2017

**Program Name:** CORNERSTONE RECOVERY HOME 15  
Legal Name: RECOVERY HOMES OF AMERICA, INC.  
Address: 700 SOUTH YORBA STREET  
City, State Zip: ORANGE, 92869  
Phone: (714) 730-5399 Fax: (714) 730-3505  
**Record ID:** 300017SP  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 8  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2018

**Program Name:** CORNERSTONE RECOVERY HOME 16  
**Legal Name:** RECOVERY HOMES OF AMERICA, INC.  
**Address:** 235 SOUTH PROSPECT  
**City, State Zip:** ORANGE, 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:** 8/31/2016

**Program Name:** CORNERSTONE RECOVERY HOME 17  
**Legal Name:** RECOVERY HOMES OF AMERICA, INC.  
**Address:** 225 SOUTH PROSPECT  
**City, State Zip:** ORANGE, 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:** 8/31/2016

**Program Name:** CORNERSTONE RECOVERY HOME #18  
**Legal Name:** RECOVERY HOMES OF AMERICA, INC.  
**Address:** 757 SOUTH YORBA STREET  
**City, State Zip:** ORANGE, 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:** 8/31/2017

**Program Name:** CORNERSTONE RECOVERY HOME #19  
**Legal Name:** RECOVERY HOMES OF AMERICA, INC.  
**Address:** 3735 EAST SPRING STREET  
**City, State Zip:** ORANGE, 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:** 9/30/2016

**Program Name:** CORNERSTONE RECOVERY HOME #20  
**Legal Name:** RECOVERY HOMES OF AMERICA, INC.  
**Address:** 249 SOUTH PROSPECT STREET  
**City, State Zip:** ORANGE, 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:** 12/31/2017

**Program Name:** CORNERSTONE RECOVERY HOME #21  
**Legal Name:** RECOVERY HOMES OF AMERICA, INC.  
**Address:** 591 SOUTH PROSPECT STREET  
**City, State Zip:** ORANGE, 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:** 12/31/2017

**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, 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:** 11/30/2017

**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, 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:** 8/31/2016

**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, 92701  
**Phone:** (714) 953-9373  
**Record ID:** 300033CN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**Program Name:** HOPE HOUSE  
**Legal Name:** HOPE HOUSE CORPORATION  
**Address:** 710 AND 714 N ANAHEIM BOULEVARD  
**City, State Zip:** ANAHEIM, 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:** 11/30/2017

**Program Name:** GERRY HOUSE  
**Legal Name:** STRAIGHT TALK CLINIC, INCORPORATED  
**Address:** 1225 AND 1227 WEST 6TH STREET  
**City, State Zip:** SANTA ANA, 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:** 9/30/2017

**Program Name:** WOODGLEN RECOVERY JUNCTION  
**Legal Name:** WOODGLEN RECOVERY JUNCTION INCORPORATED  
**Address:** 771 WEST ORANGETHORPE AVENUE  
**City, State Zip:** FULLERTON, 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:** 10/31/2017

**Program Name:** WOODGLEN RECOVERY JUNCTION  
**Legal Name:** WOODGLEN RECOVERY JUNCTION INCORPORATED  
**Address:** 751 WEST ORANGETHORPE AVENUE  
**City, State Zip:** FULLERTON, 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:** 2/29/2016

**Program Name:** DAYLIGHT AGAIN  
**Legal Name:** WOODGLEN RECOVERY JUNCTION INCORPORATED  
**Address:** 329 EAST COMMONWEALTH AVENUE  
**City, State Zip:** FULLERTON, 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:** 1/31/2016

**Program Name:** SOBER LIVING BY THE SEA  
Legal Name: SOBER LIVING BY THE SEA, INC.  
Address: 4138 PATRICE ROAD  
City, State Zip: NEWPORT BEACH, 92663  
Phone: (949) 673-6696 Fax: (949) 723-2829  
**Record ID:** 300044ACP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 7  
Target Population: 1.1 --- CO-ED  
Expiration Date: 7/31/2016

**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, 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: 9/30/2017

**Program Name:** THE LANDING AT NEWPORT BEACH  
Legal Name: SOBER LIVING BY THE SEA, INC.  
Address: 4711 SEASHORE DRIVE  
City, State Zip: NEWPORT BEACH, 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: 9/30/2017

**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, 92627  
Phone: (949) 673-6696 Fax: (949) 675-4285  
**Record ID:** 300044AHP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 9/30/2016

**Program Name:** THE ROSE OF NEWPORT BEACH  
Legal Name: SOBER LIVING BY THE SEA, INC.  
Address: 6111 SEASHORE DRIVE  
City, State Zip: NEWPORT BEACH, 92663  
Phone: (949) 673-6696 Fax: (949) 723-2829  
**Record ID:** 300044SP  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 7  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 7/31/2016

**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, 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: 6/30/2016

**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, 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: 12/31/2016

**Program Name:** BREAKAWAY PROGRAM  
Legal Name: BREAKAWAY HEALTH CORPORATION  
Address: 3151 AIRWAY AVENUE, SUITE D-1  
City, State Zip: COSTA MESA, 92626  
Phone: (714) 847-7585 Fax: (714) 848-5410  
**Record ID:** 300065AP  
Service Type: NON  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 1/31/2018

**Program Name:** THE RECOVERY CENTER  
Legal Name: NANCY CLARK AND ASSOCIATES, INC.  
Address: 1110 VICTORIA STREET  
City, State Zip: COSTA MESA, 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: 2/28/2017

**Program Name:** RELAPSE PREVENTION PROGRAM  
Legal Name: NANCY CLARK AND ASSOCIATES, INC.  
Address: 471 OLD NEWPORT ROAD, SUITE 101  
City, State Zip: NEWPORT BEACH, 92663  
Phone: (949) 631-0550 Fax: (949) 631-4589  
**Record ID:** 300067BP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 1/31/2017

**Program Name:** TOUCHSTONES  
Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.  
Address: 525 NORTH PARKER  
City, State Zip: ORANGE, 92868  
Phone: (714) 639-5546  
**Record ID:** 300070AN  
Service Type: DSS  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2016

**Program Name:** COVENANT HILLS TREATMENT CENTERS  
Legal Name: PACIFIC HILLS TREATMENT CENTERS, INC.  
Address: 217 AND 219 AVENIDA MONTEREY  
City, State Zip: SAN CLEMENTE, 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: 8/31/2017

**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, 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, 92675  
Phone: (949) 248-5335  
**Record ID:** 300074DP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2017

**Program Name:** HUNTINGTON HARBOR HOUSE  
**Legal Name:** NARCONON FRESH START  
**Address:** 17123 ROUNDHILL DRIVE  
**City, State Zip:** HUNTINGTON BEACH, 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:** 2/29/2016

**Program Name:** SPENCER RECOVERY CENTER  
**Legal Name:** SPENCER RECOVERY CENTERS, INC.  
**Address:** 1316 SOUTH COAST HIGHWAY  
**City, State Zip:** LAGUNA BEACH, 92651  
**Phone:** (949) 376-3705  
**Record ID:** 300088AP  
**Service Type:** RES  
**Resident Capacity:** 28  
**Total Occupancy:** 28  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 11/30/2017

**Program Name:** SPENCER RECOVERY CENTERS, INC,  
**Legal Name:** SPENCER RECOVERY CENTERS, INC.  
**Address:** 1337 GAVIOTA, UNIT B AND C  
**City, State Zip:** LAGUNA BEACH, 92651  
**Phone:** (949) 376-3705 **Fax:** (949) 376-6862  
**Record ID:** 300088JP  
**Service Type:** RES  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 11/30/2016

**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, 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, 90631  
**Phone:** (562) 691-3263  
**Record ID:** 300093AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**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, 92705  
**Phone:** (562) 691-3263 **Fax:** (562) 690-5063  
**Record ID:** 300093BN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 6/30/2017

**Program Name:** CHANGES FOR RECOVERY  
**Legal Name:** MILTON MUCKER  
**Address:** 302 NORTH TUSTIN AVENUE, SUITES 100 AND 102  
**City, State Zip:** SANTA ANA, 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, 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, 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, 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, 92866  
**Phone:** (714) 288-9779 **Fax:** (714) 538-9779  
**Record ID:** 300105BP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 12/31/2017

**Program Name:** CHAPMAN HOUSE, INC.  
**Legal Name:** CHAPMAN HOUSE, INC.  
**Address:** 14511 - 14512 CARFAX DRIVE  
**City, State Zip:** TUSTIN, 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:** 10/31/2017

**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, 92801  
**Phone:** (714) 490-7711 **Fax:** (714) 490-7717  
**Record ID:** 300106BP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 1/31/2017

**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, 92701  
**Phone:** (714) 824-8150 **Fax:** (714) 824-8151  
**Record ID:** 300106CP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

**Program Name:** COLLEGE COMMUNITY SERVICES/CALWORKS-WEST  
**Legal Name:** COLLEGE COMMUNITY SERVICES  
**Address:** 13950 MILTON AVENUE, #306  
**City, State Zip:** WESTMINSTER, 92683  
**Phone:** (714) 793-1290 **Fax:** (714) 490-7717  
**Record ID:** 300106DP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 1/31/2017

**Program Name:** K. C. SERVICES  
**Legal Name:** KOREAN COMMUNITY SERVICES, INC.  
**Address:** 14795 JEFFREY ROAD, SUITE 207  
**City, State Zip:** IRVINE, 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, 92833  
**Phone:** (714) 449-1339 **Fax:** (714) 449-1289  
**Record ID:** 300107DN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2017

**Program Name:** K. C. SERVICES  
**Legal Name:** KOREAN COMMUNITY SERVICES, INC.  
**Address:** 7281 GARDEN GROVE BOULEVARD, SUITE H  
**City, State Zip:** GARDEN GROVE, 92844  
**Phone:** (714) 539-4544  
**Record ID:** 300107EN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 8/31/2016

**Program Name:** ABLE TO CHANGE RECOVERY, INC.  
**Legal Name:** ABLE TO CHANGE RECOVERY, INC.  
**Address:** 28522 AVENIDA PLACIDA  
**City, State Zip:** SAN JUAN CAPISTRANO, 92675  
**Phone:** (949) 388-1780 **Fax:** (949) 388-1620  
**Record ID:** 300118AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 8  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2017

**Program Name:** ABLE TO CHANGE RECOVERY, INC.  
**Legal Name:** ABLE TO CHANGE RECOVERY, INC.  
**Address:** 31501 RANCHO VIEJO ROAD, #101 AND 103  
**City, State Zip:** SAN JUAN CAPISTRANO, 92675  
**Phone:** (949) 493-6800 **Fax:** (949) 493-6832  
**Record ID:** 300118BP  
**Service Type:** NON  
**Target Population:** 1.8 --- DUAL DIAGNOSIS  
**Expiration Date:** 1/31/2017

**Program Name:** ABLE TO CHANGE RECOVERY, INC.  
**Legal Name:** ABLE TO CHANGE RECOVERY, INC.  
**Address:** 23492 WHITE DOVE AVENUE  
**City, State Zip:** LAKE FOREST, 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:** 1/31/2018

**Program Name:** CENTER FOR THE TREATMENT OF ADDICTION, INC.  
**Legal Name:** THE CENTER FOR THE TREATMENT OF ADDICTION, INC.  
**Address:** 2701 EAST CHAPMAN AVENUE, SUITE 111  
**City, State Zip:** FULLERTON, 92831  
**Phone:** (760) 722-0672 **Fax:** (760) 722-3418  
**Record ID:** 300119HP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2018

**Program Name:** NEW BEGINNING FELLOWSHIP CENTER  
**Legal Name:** THE NEW BEGINNING FELLOWSHIP CENTER  
**Address:** 16581 BROOKHURST  
**City, State Zip:** FOUNTAIN VALLEY, 92706  
**Phone:** (714) 839-2515      **Fax:** (714) 839-5501  
**Record ID:** 300120BN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2017

**Program Name:** YELLOWSTONE, WROC  
**Legal Name:** YELLOWSTONE WOMEN'S FIRST STEP HOUSE, INC.  
**Address:** 3132 BOSTON WAY  
**City, State Zip:** COSTA MESA, 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:** 3/31/2017

**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, 92627-2147  
**Phone:** (949) 646-5296      **Fax:** (888) 941-9048  
**Record ID:** 300121BN  
**Service Type:** RES-DETOX  
**Resident Capacity:** 12  
**Total Occupancy:** 14  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

**Program Name:** THE YELLOWSTONE BRIDGE  
**Legal Name:** YELLOWSTONE WOMEN'S FIRST STEP HOUSE, INC.  
**Address:** 2028 FULLERTON AVENUE, UNITS A,B,& C  
**City, State Zip:** COSTA MESA, 92627  
**Phone:** (949) 574-3008      **Fax:** (949) 646-5296  
**Record ID:** 300121FN  
**Service Type:** RES-DETOX  
**Resident Capacity:** 16  
**Total Occupancy:** 20  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 8/31/2017

**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, 92626  
**Phone:** (888) 941-9048      **Fax:** (949) 646-5296  
**Record ID:** 300121IN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2017

**Program Name:** CALIFORNIA DIVERSION INTERVENTION FOUNDATION  
**Legal Name:** CALIFORNIA DIVERSION INTERVENTION FOUNDATION  
**Address:** 1095 NORTH MAIN STREET, SUITE C  
**City, State Zip:** ORANGE, 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, 90720  
**Phone:** (562) 594-8844      **Fax:** (562) 493-1280  
**Record ID:** 300128AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2017

**Program Name:** TWIN TOWN TREATMENT CENTERS, ORANGE  
**Legal Name:** TWIN TOWN CORPORATION  
**Address:** 705 WEST LA VETA AVENUE, SUITE 208  
**City, State Zip:** ORANGE, 92868  
**Phone:** (714) 532-9295  
**Record ID:** 300128CP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 6/30/2017

**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, 92691  
**Phone:** (949) 540-0170 **Fax:** (949) 540-0173  
**Record ID:** 300128DP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 6/30/2017

**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, 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, 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:** 7/31/2016

**Program Name:** PAT MOORE FOUNDATION  
**Legal Name:** THE PAT MOORE FOUNDATION  
**Address:** 1918 WEST HALL AVENUE  
**City, State Zip:** SANTA ANA, 92704  
**Phone:** (714) 546-2200 **Fax:** (949) 764-9288  
**Record ID:** 300136MN  
**Service Type:** RES  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 10/31/2017

**Program Name:** PAT MOORE FOUNDATION  
**Legal Name:** THE PAT MOORE FOUNDATION  
**Address:** 2614 WEST COLOMBINE STREET, UNIT A  
**City, State Zip:** SANTA ANA, 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, 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, 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: 12/31/2016

**Program Name:** SOLUTIONS FOR RECOVERY  
Legal Name: SOLUTIONS FOR RECOVERY, INC.  
Address: 31931 PASEO TERRAZA  
City, State Zip: SAN JUAN CAPISTRANO, 92675  
Phone: (949) 874-1332 Fax: (949) 661-1264  
**Record ID:** 300143BP  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 8  
Target Population: 1.1 --- CO-ED  
Expiration Date: 2/28/2018

**Program Name:** SOLUTIONS BY THE SEA  
Legal Name: OCEAN RECOVERY L.L.C.  
Address: 1601 WEST BALBOA BOULEVARD  
City, State Zip: NEWPORT BEACH, 92663  
Phone: (949) 723-2388  
**Record ID:** 300144AP  
Service Type: RES  
Resident Capacity: 16  
Total Occupancy: 16  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 12/31/2016

**Program Name:** OCEAN RECOVERY 1115  
Legal Name: OCEAN RECOVERY, L.L.C.  
Address: 1115 WEST BALBOA BOULEVARD  
City, State Zip: NEWPORT BEACH, 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: 12/31/2016

**Program Name:** HOPE BY THE SEA, INC.  
Legal Name: HOPE BY THE SEA, INC.  
Address: 28371 VIA ANZAR  
City, State Zip: SAN JUAN CAPISTRANO, 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: 8/31/2017

**Program Name:** HOPE BY THE SEA, INC.  
Legal Name: HOPE BY THE SEA, INC.  
Address: 33171 PASEO CERVEZA  
City, State Zip: SAN JUAN CAPISTRANO, 92675  
Phone: (949) 218-2690 Fax: (949) 218-1597  
**Record ID:** 300149BP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2017

**Program Name:** HOPE BY THE SEA  
Legal Name: HOPE BY THE SEA, INC.  
Address: 31907 (B) DEL OBISPO  
City, State Zip: SAN JUAN CAPISTRANO, 92675  
Phone: (949) 276-2691  
**Record ID:** 300149CP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 2/28/2018

**Program Name:** HOPE BY THE SEA  
**Legal Name:** HOPE BY THE SEA, INC.  
**Address:** 31907 (A) DEL OBISPO  
**City, State Zip:** SAN JUAN CAPISTRANO, 92675  
**Phone:** (949) 276-7518  
**Record ID:** 300149DP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 5  
**Total Occupancy:** 5  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2018

**Program Name:** SEACLIFF RECOVERY CENTER  
**Legal Name:** RIGHT NOW RECOVERY, LLC  
**Address:** 225 7TH STREET, APARTMENT 1  
**City, State Zip:** HUNTINGTON BEACH, 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:** 9/30/2017

**Program Name:** SEACLIFF RECOVERY CENTER  
**Legal Name:** RIGHT NOW RECOVERY, LLC  
**Address:** 18682 BEACH BOULEVARD, SUITE 255  
**City, State Zip:** HUNTINGTON BEACH, 92648  
**Phone:** (714) 960-0078  
**Record ID:** 300152BP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2017

**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, 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:** 11/30/2017

**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, 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:** 2/29/2016

**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, 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, 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:** 8/31/2017

**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, 92646  
**Phone:** (714) 785-2079  
**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:** 671, 675, 679 & 687 GOVERNOR STREET  
**City, State Zip:** COSTA MESA, 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  
**Expiration Date:** 7/31/2017

**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, 92627  
**Phone:** (714) 785-2079 **Fax:** (714) 242-6775  
**Record ID:** 300154KP  
**Service Type:** RES  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.3 --- WOMEN ONLY  
**Expiration Date:** 7/31/2017

**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, 92627  
**Phone:** (714) 785-2079 **Fax:** (714) 242-6775  
**Record ID:** 300154LP  
**Service Type:** RES  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.3 --- WOMEN ONLY  
**Expiration Date:** 7/31/2017

**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, 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, 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, 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, 92835  
**Phone:** (714) 540-9070      **Fax:** (714) 549-4525  
**Record ID:** 300162DP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2016

**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, 92701  
**Phone:** (714) 480-1925      **Fax:** (714) 480-1933  
**Record ID:** 300164AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2017

**Program Name:** BALBOA HORIZONS RECOVERY SERVICES  
**Legal Name:** BALBOA HORIZONS RECOVERY SERVICES  
**Address:** 1132 WEST BALBOA BOULEVARD  
**City, State Zip:** NEWPORT BEACH, 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:** 5/31/2017

**Program Name:** BALBOA HORIZONS RECOVERY SERVICES  
**Legal Name:** BALBOA HORIZONS RECOVERY SERVICES  
**Address:** 2384 NEWPORT BOULEVARD  
**City, State Zip:** COSTA MESA, 92627  
**Phone:** (949) 675-3406      **Fax:** (949) 675-3916  
**Record ID:** 300165BP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2018

**Program Name:** BALBOA HORIZONS RECOVERY SERVICES  
**Legal Name:** BALBOA HORIZONS RECOVERY SERVICES  
**Address:** 129 CABRILLO STREET  
**City, State Zip:** COSTA MESA, 92627-3053  
**Phone:** (949) 515-4140      **Fax:** (949) 515-4150  
**Record ID:** 300165EP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2017

**Program Name:** BALBOA HORIZONS RECOVERY SERVICES  
**Legal Name:** BALBOA HORIZONS RECOVERY SERVICES  
**Address:** 198 TULIP LANE, UNITS C & D  
**City, State Zip:** COSTA MESA, 92627  
**Phone:** (949) 791-2423  
**Record ID:** 300165GP  
**Service Type:** RES  
**Resident Capacity:** 3  
**Total Occupancy:** 3  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 7/31/2016

**Program Name:** BALBOA HORIZONS RECOVERY SERVICES  
**Legal Name:** BALBOA HORIZONS RECOVERY SERVICES  
**Address:** 192 TULIP LANE, UNIT C  
**City, State Zip:** COSTA MESA, 92627  
**Phone:** (949) 764-9145  
**Record ID:** 300165HP  
**Service Type:** RES  
**Resident Capacity:** 4  
**Total Occupancy:** 4  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 7/31/2016

**Program Name:** BALBOA HORIZONS RECOVERY SERVICES  
**Legal Name:** BALBOA HORIZONS RECOVERY SERVICES  
**Address:** 192 TULIP LANE, UNIT D  
**City, State Zip:** COSTA MESA, 92627  
**Phone:** (949) 764-9153  
**Record ID:** 300165IP  
**Service Type:** RES  
**Resident Capacity:** 4  
**Total Occupancy:** 4  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 7/31/2016

**Program Name:** BALBOA HORIZONS RECOVERY SERVICES  
**Legal Name:** BALBOA HORIZONS RECOVERY SERVICES  
**Address:** 2868 ROYAL PALM DRIVE, UNITS A & B  
**City, State Zip:** COSTA MESA, 92626  
**Phone:** (714) 258-7865  
**Record ID:** 300165JP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 4  
**Total Occupancy:** 4  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**Program Name:** BALBOA HORIZONS RECOVERY SERVICES  
**Legal Name:** BALBOA HORIZONS RECOVERY SERVICES  
**Address:** 2868 ROYAL PALM DRIVE, UNIT C  
**City, State Zip:** COSTA MESA, 92626  
**Phone:** (714) 556-1529  
**Record ID:** 300165KP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 4  
**Total Occupancy:** 4  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**Program Name:** BALBOA HORIZONS RECOVERY SERVICES  
**Legal Name:** BALBOA HORIZONS RECOVERY SERVICES  
**Address:** 192 TULIP LANE, UNIT B  
**City, State Zip:** COSTA MESA, 92627  
**Phone:** (949) 764-9152  
**Record ID:** 300165LP  
**Service Type:** RES  
**Resident Capacity:** 4  
**Total Occupancy:** 4  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 7/31/2016

**Program Name:** BALBOA HORIZONS RECOVERY SERVICES  
**Legal Name:** BALBOA HORIZONS RECOVERY SERVICES  
**Address:** 192 TULIP LANE, UNIT A  
**City, State Zip:** COSTA MESA , 92627  
**Phone:** (949) 764-9140  
**Record ID:** 300165MP  
**Service Type:** RES  
**Resident Capacity:** 4  
**Total Occupancy:** 4  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 7/31/2016

**Program Name:** BALBOA HORIZONS RECOVERY SERVICES  
**Legal Name:** BALBOA HORIZONS RECOVERY SERVICES  
**Address:** 198 TULIP LANE, A-B  
**City, State Zip:** COSTA MESA, 92627  
**Phone:** (949) 764-9163  
**Record ID:** 300165NP  
**Service Type:** RES  
**Resident Capacity:** 4  
**Total Occupancy:** 4  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 7/31/2016

**Program Name:** BALBOA HORIZONS RECOVERY SERVICES  
**Legal Name:** BALBOA HORIZONS RECOVERY SERVICES  
**Address:** 2864 ROYAL PALM DRIVE, UNIT C  
**City, State Zip:** COSTA MESA, 92626  
**Phone:** (714) 556-1502  
**Record ID:** 300165OP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 4  
**Total Occupancy:** 4  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**Program Name:** BALBOA HORIZONS RECOVERY SERVICES  
**Legal Name:** BALBOA HORIZONS RECOVERY SERVICES  
**Address:** 2864 ROYAL PALM DRIVE, UNIT B  
**City, State Zip:** COSTA MESA , 92626  
**Phone:** (714) 546-4796  
**Record ID:** 300165PP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 4  
**Total Occupancy:** 4  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**Program Name:** BALBOA HORIZONS RECOVERY SERVICES  
**Legal Name:** BALBOA HORIZONS RECOVERY SERVICES  
**Address:** 2864 ROYAL PALM DRIVE, UNIT A  
**City, State Zip:** COSTA MESA, 92626  
**Phone:** (949) 437-1737  
**Record ID:** 300165QP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 4  
**Total Occupancy:** 4  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**Program Name:** BALBOA HORIZONS RECOVERY SERVICES  
**Legal Name:** BALBOA HORIZONS RECOVERY SERVICES  
**Address:** 2868 ROYAL PALM DRIVE, UNIT D  
**City, State Zip:** COSTA MESA, 92626  
**Phone:** (714) 556-1530  
**Record ID:** 300165RP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 4  
**Total Occupancy:** 4  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**Program Name:** BALBOA HORIZONS RECOVERY SERVICES  
**Legal Name:** BALBOA HORIZONS RECOVERY SERVICES  
**Address:** 2864 ROYAL PALM DRIVE, UNIT D  
**City, State Zip:** COSTA MESA , 92626  
**Phone:** (714) 556-1519  
**Record ID:** 300165SP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 4  
**Total Occupancy:** 4  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**Program Name:** BALBOA HORIZONS RECOVERY SERVICES  
**Legal Name:** BALBOA HORIZONS RECOVERY SERVICES  
**Address:** 2379 ORANGE AVENUE, UNITS B & C  
**City, State Zip:** COSTA MESA , 92627  
**Phone:** (949) 791-8436  
**Record ID:** 300165TP  
**Service Type:** RES  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2016

**Program Name:** BALBOA HORIZONS RECOVERY SERVICES  
**Legal Name:** BALBOA HORIZONS RECOVERY SERVICES  
**Address:** 2379 ORANGE AVENUE, UNIT A  
**City, State Zip:** COSTA MESA, 92627  
**Phone:** (949) 764-9139  
**Record ID:** 300165UP  
**Service Type:** RES  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2016

**Program Name:** MORNINGSIDE RECOVERY  
**Legal Name:** MORNINGSIDE RECOVERY, LLC  
**Address:** 1400 REYNOLDS AVENUE, SUITES 125 & 150  
**City, State Zip:** IRVINE, 92614  
**Phone:** (949) 675-0006 **Fax:** (949) 675-0007  
**Record ID:** 300168IP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2018

**Program Name:** ORANGE COUNTY REHAB  
**Legal Name:** ORANGE COUNTY DETOX, INC.  
**Address:** 546 HAMILTON STREET  
**City, State Zip:** COSTA MESA, 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:** 8/31/2016

**Program Name:** CAPO BY THE SEA  
**Legal Name:** CAPO BY THE SEA, INC.  
**Address:** 26682 AVENIDA LAS PALMAS  
**City, State Zip:** CAPISTRANO BEACH, 92624  
**Phone:** (949) 874-1332 **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:** 10/31/2017

**Program Name:** CAPO BY THE SEA  
**Legal Name:** CAPO BY THE SEA, INC.  
**Address:** 27130 B-PASEO ESPADA, SUITE 521 & 522  
**City, State Zip:** SAN JUAN CAPISTRANO, 92675  
**Phone:** (949) 874-1332  
**Record ID:** 300173CP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2017

**Program Name:** MIRAMAR RECOVERY  
**Legal Name:** MIRAMAR HEALTH, INC.  
**Address:** 339 JASMINE STREET  
**City, State Zip:** LAGUNA BEACH, 92651  
**Phone:** (949) 370-0771 **Fax:** (949) 554-1285  
**Record ID:** 300182AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 1/31/2018

**Program Name:** MIRAMAR HEALTH, INC.  
**Legal Name:** MIRAMAR HEALTH, INC.  
**Address:** 435 DAHLIA AVENUE  
**City, State Zip:** NEWPORT BEACH, 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:** 5/31/2016

**Program Name:** MIRAMAR HEALTH, INC.  
**Legal Name:** MIRAMAR HEALTH, INC.  
**Address:** 435-1/2 DAHLIA AVENUE  
**City, State Zip:** NEWPORT BEACH, 92625  
**Phone:** (949) 370-0771 **Fax:** (949) 554-1285  
**Record ID:** 300182CP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2016

**Program Name:** ALTERNATIVE OPTIONS  
**Legal Name:** ALTERNATIVE OPTIONS COUNSELING CENTER, INC.  
**Address:** 101 SOUTH KRAEMER BOULEVARD, SUITE # 110  
**City, State Zip:** PLACENTIA, 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 STREET, UNITS A, B, C & D  
**City, State Zip:** ANAHEIM, 92801  
**Phone:** (714) 384-3970 **Fax:** (714) 384-3876  
**Record ID:** 300188AP  
**Service Type:** RES  
**Resident Capacity:** 0  
**Total Occupancy:** 0  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2016

**Program Name:** HEALTHCARE SERVICES  
**Legal Name:** HEALTHCARE SERVICES, INC.  
**Address:** 1340 PEARL STREET  
**City, State Zip:** ANAHEIM, 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:** 5/31/2016

**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, 92648  
**Phone:** (714) 841-1906  
**Record ID:** 300190AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2016

**Program Name:** DOMUS RETREAT  
**Legal Name:** DOMUS RETREATLLC  
**Address:** 270 SOUTH ORANGE ACRES DRIVE  
**City, State Zip:** ANAHEIM HILLS, 92807  
**Phone:** (310) 208-0808 **Fax:** (310) 205-0808  
**Record ID:** 300203AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2018

**Program Name:** ADELANTE RECOVERY CENTER, INC.  
**Legal Name:** ADELANTE RECOVERY CENTER, INC.  
**Address:** 49 MONTECITO DRIVE  
**City, State Zip:** CORONA DEL MAR, 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:** 2/28/2018

**Program Name:** NORTHBOUND TREATMENT SERVICES  
**Legal Name:** NATIONAL THERAPEUTIC SERVICES, INC.  
**Address:** 209 AND 211 EAST 18TH STREET  
**City, State Zip:** COSTA MESA, 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, 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, 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:** 5/31/2017

**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, 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:** 6/30/2016

**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, 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, 92627  
**Phone:** (949) 650-4334 **Fax:** (949) 650-5171  
**Record ID:** 300207HP  
**Service Type:** RES  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2018

**Program Name:** NORTHBOUND TREATMENT SERVICES  
**Legal Name:** NATIONAL THERAPEUTIC SERVICES, INC.  
**Address:** 171 ROCHESTER, UNITS A & B AND 175 ROCHESTER, UNITS A & B  
**City, State Zip:** COSTA MESA, 92627  
**Phone:** (949) 650-4334 **Fax:** (949) 650-5171  
**Record ID:** 300207IP  
**Service Type:** RES  
**Resident Capacity:** 20  
**Total Occupancy:** 20  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2018

**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, 92627  
**Phone:** (949) 650-4334  
**Record ID:** 300207KP  
**Service Type:** RES  
**Resident Capacity:** 26  
**Total Occupancy:** 26  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2017

**Program Name:** OCEAN HILLS RECOVERY, INC.  
**Legal Name:** OCEAN HILLS RECOVERY, INC.  
**Address:** 33242 CHRISTINA DRIVE  
**City, State Zip:** DANA POINT, 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:** 3/31/2017

**Program Name:** OCEAN HILLS RECOVERY, INC.  
**Legal Name:** OCEAN HILLS RECOVERY, INC.  
**Address:** 33402 PALO ALTO STREET  
**City, State Zip:** DANA POINT, 92629  
**Phone:** (949) 429-5106  
**Record ID:** 300208BP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 8/31/2017

**Program Name:** 21ST CENTURY WELLNESS, INC.  
**Legal Name:** 21ST CENTURY WELLNESS, INC.  
**Address:** 23792 ROCKFIELD BOULEVARD, #100  
**City, State Zip:** LAKE FOREST, 92630  
**Phone:** (949) 900-8260  
**Record ID:** 300211AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2017

**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, 92868  
**Phone:** (714) 554-1404 **Fax:** (714) 978-1087  
**Record ID:** 300213AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2017

**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, 92653  
**Phone:** (714) 554-1404 **Fax:** (949) 859-6658  
**Record ID:** 300213BP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2017

**Program Name:** ACM RECOVERY A DIVISION OF ASSOCIATES IN COUNSELING & MEDIATION  
**Legal Name:** ASSOCIATES IN COUNSELING & MEDIATION  
**Address:** 960 WEST 17TH STREET, SUITE B, C  
**City, State Zip:** SANTA ANA, 92706  
**Phone:** (714) 547-1404 **Fax:** (714) 550-4677  
**Record ID:** 300213CP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2017

**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, 92673  
**Phone:** (949) 276-5553      **Fax:** (949) 498-2619  
**Record ID:** 300217AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2016

**Program Name:** SOVEREIGN BY THE SEA II  
**Legal Name:** DUAL DIAGNOSIS TREATMENT CENTER, INC.  
**Address:** 29371 LAS CRUCES  
**City, State Zip:** LAGUNA NIGUEL, 92677  
**Phone:** (949) 481-1086  
**Record ID:** 300217CP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 7/31/2017

**Program Name:** SOVEREIGN HEALTH ACASO  
**Legal Name:** DUAL DIAGNOSIS TREATMENT CENTER, INC.  
**Address:** 29372 VIA ACASO DRIVE  
**City, State Zip:** LAGUNA NIGUEL, 92677  
**Phone:** (948) 481-1086  
**Record ID:** 300217DP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 7/31/2017

**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, 92627  
**Phone:** (714) 323-8294      **Fax:** (714) 242-6775  
**Record ID:** 300221AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.3 --- WOMEN ONLY  
**Expiration Date:** 10/31/2016

**Program Name:** CASA BELLA RECOVERY COUNSELING & THERAPY  
**Legal Name:** CASA BELLA RECOVERY INTERNATIONAL INC.  
**Address:** 3284 PACIFIC COAST HIGHWAY, SUITE N  
**City, State Zip:** DANA POINT, 92629  
**Phone:** (949) 275-7581  
**Record ID:** 300222BP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

**Program Name:** DEE'S HOUSE  
**Legal Name:** KIM HUNKLE  
**Address:** 18886 SANTA MARTA STREET  
**City, State Zip:** FOUNTAIN VALLEY, 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:** 5/31/2016

**Program Name:** ORANGE COUNTY HEALTH AND PSYCHOLOGY ASSOCIATES  
**Legal Name:** ORANGE COUNTY HEALTH & PSYCHOLOGY ASSOCIATES (OCHPA)  
**Address:** 62 DISCOVERY, SUITE 100  
**City, State Zip:** IRVINE, 92618  
**Phone:** (949) 551-4182      **Fax:** (949) 551-6406  
**Record ID:** 300226AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2017

**Program Name:** PROTOTYPES' MOTHER AND CHILD RESIDENTIAL HOMES AT THE T  
**Legal Name:** PROTOTYPES, CENTERS FOR INNOVATION IN HEALTH, MENTAL  
**Address:** 15405 LANSLOWNE ROAD, BUILDING F & G  
**City, State Zip:** TUSTIN, 92782  
**Phone:** (714) 566-2886 **Fax:** (714) 566-2887  
**Record ID:** 300227AN  
**Service Type:** RES  
**Resident Capacity:** 15  
**Total Occupancy:** 49  
**Target Population:** 1.13 --- CO-ED/CHILD/DUAL  
**Expiration Date:** 2/28/2017

**Program Name:** NEW METHOD WELLNESS, INC.  
**Legal Name:** NEW METHOD WELLNESS, INC.  
**Address:** 31473 RANCHO VIEJO, SUITE 101  
**City, State Zip:** SAN JUAN CAPISTRANO, 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, 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:** 9/30/2016

**Program Name:** BRIDGE TEEN RECOVERY, LLC  
**Legal Name:** BRIDGE TEEN RECOVERY LLC  
**Address:** 23151 VERDUGO DRIVE, SUITE 115  
**City, State Zip:** LAGUNA HILLS, 92653  
**Phone:** (949) 716-4623 **Fax:** (949) 716-4633  
**Record ID:** 300230AP  
**Service Type:** NON  
**Target Population:** 1.5 --- YOUTH/ADOLESCENT  
**Expiration Date:** 6/30/2017

**Program Name:** NEWPORT ACADEMY  
**Legal Name:** MONROE OPERATIONS, LLC  
**Address:** 811 N. RANCH WOOD TRAIL  
**City, State Zip:** ORANGE, 92869  
**Phone:** (714) 288-0872 **Fax:** (714) 288-2045  
**Record ID:** 300233AP  
**Service Type:** DSS  
**Target Population:** 1.5 --- YOUTH/ADOLESCENT  
**Expiration Date:** 11/30/2017

**Program Name:** NEWPORT ACADEMY  
**Legal Name:** MONROE OPERATIONS, LLC  
**Address:** 1655 N. HUNTERS WAY  
**City, State Zip:** ORANGE, 92869  
**Phone:** (714) 288-9052 **Fax:** (714) 288-2099  
**Record ID:** 300233BP  
**Service Type:** DSS  
**Target Population:** 1.5 --- YOUTH/ADOLESCENT  
**Expiration Date:** 11/30/2017

**Program Name:** NEWPORT ACADEMY INTENSIVE OUTPATIENT & DAY TREATMENT PROGRAM  
**Legal Name:** MONROE OPERATIONS, LLC  
**Address:** 1111 BAYSIDE DRIVE, SUITE 150  
**City, State Zip:** COSTA MESA, 92627  
**Phone:** (949) 721-4091 **Fax:** (949) 719-2998  
**Record ID:** 300233DP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2018

**Program Name:** NEWPORT ACADEMY  
**Legal Name:** MONROE OPERATIONS, LLC  
**Address:** 1655 NORTH HUNTERS WAY, BUILDING 3  
**City, State Zip:** ORANGE, 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, 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, 92866  
**Phone:** (714) 538-8085      **Fax:** (714) 628-9884  
**Record ID:** 300234AN  
**Service Type:** RES-DETOX  
**Resident Capacity:** 4  
**Total Occupancy:** 6  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 1/31/2018

**Program Name:** SURE HAVEN DBA ROCK SOLID RECOVERY  
**Legal Name:** SURE HAVEN  
**Address:** 2068 WALLACE AVENUE, UNIT A&B  
**City, State Zip:** COSTA MESA, 92626  
**Phone:** (949) 467-9213 Ext: 1003      **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:** 10/31/2016

**Program Name:** SURE HAVEN  
**Legal Name:** SURE HAVEN  
**Address:** 725 CENTER STREET, UNITS A AND B  
**City, State Zip:** COSTA MESA, 92626  
**Phone:** 9494679213X228      **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:** 1/31/2017

**Program Name:** SURE HAVEN  
**Legal Name:** SURE HAVEN  
**Address:** 1143 CHARLESTON  
**City, State Zip:** COSTA MESA, 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:** 4/30/2016

**Program Name:** SURE HAVEN  
**Legal Name:** SURE HAVEN  
**Address:** 1954 PLACENTIA AVENUE #209  
**City, State Zip:** COSTA MESA, 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 & 3073 MADISON AVENUE  
**City, State Zip:** COSTA MESA, 92626  
**Phone:** (828) 773-4477  
**Record ID:** 300235GP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 12  
**Total Occupancy:** 12  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2016

**Program Name:** SURE HAVEN - BOSTON  
**Legal Name:** SURE HAVEN  
**Address:** 3145 BOSTON WAY  
**City, State Zip:** COSTA MESA, 92626  
**Phone:** (828) 773-4477  
**Record ID:** 300235IP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 8/31/2016

**Program Name:** ROCK SOLID RECOVERY  
**Legal Name:** SURE HAVEN  
**Address:** 394 HAMILTON STREET, UNIT B AND 396 HAMILTON STREET, UNIT A & B  
**City, State Zip:** COSTA MESA, 92626  
**Phone:** (949) 467-9213 **Fax:** (888) 588-4998  
**Record ID:** 300235JP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 15  
**Total Occupancy:** 15  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 8/30/2016

**Program Name:** SURE HAVEN  
**Legal Name:** SURE HAVEN  
**Address:** 3125 PIERCE AVENUE  
**City, State Zip:** COSTA MESA, 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  
**Expiration Date:** 12/31/2017

**Program Name:** SURE HAVEN  
**Legal Name:** SURE HAVEN  
**Address:** 1174 CHARLESTON STREET  
**City, State Zip:** COSTA MESA, 92626  
**Phone:** (949) 467-9213 **Fax:** (888) 588-4998  
**Record ID:** 300235SP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2018

**Program Name:** SURE HAVEN  
**Legal Name:** SURE HAVEN  
**Address:** 3129 PIERCE AVENUE  
**City, State Zip:** COSTA MESA, 92626  
**Phone:** (949) 467-9213 **Fax:** (888) 588-4998  
**Record ID:** 300235UP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/30/2017

**Program Name:** SOVEREIGN BY THE SEA II  
**Legal Name:** SATYA HEALTH OF CALIFORNIA, INC.  
**Address:** 105 AVENIDA PALA  
**City, State Zip:** SAN CLEMENTE, 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:** 1/31/2018

**Program Name:** ORANGE COUNTY RECOVERY SERVICES  
**Legal Name:** ORANGE COUNTY RECOVERY SERVICES, LLC  
**Address:** 19322 BEACH BOULEVARD  
**City, State Zip:** HUNTINGTON BEACH , 92648  
**Phone:** (949) 515-9191 **Fax:** (949) 515-9193  
**Record ID:** 300237AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 1/31/2018

**Program Name:** PACIFIC SHORES RECOVERY  
**Legal Name:** PACIFIC SHORES RECOVERY, LLC  
**Address:** 3309 CLAY STREET  
**City, State Zip:** NEWPORT BEACH, 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:** 1/31/2018

**Program Name:** CHAPTERS CAPISTRANO  
**Legal Name:** CHAPTERS CAPISTRANO, LLC  
**Address:** 1525 BUENA VISTA, UNITS A, B AND C  
**City, State Zip:** SAN CLEMENTE, 92672  
**Phone:** (714) 747-2208 **Fax:** (949) 545-6237  
**Record ID:** 300239AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2016

**Program Name:** CHAPTERS CAPISTRANO  
**Legal Name:** CHAPTERS CAPISTRANO, LLC  
**Address:** 222 AVENIDA LA CUESTA  
**City, State Zip:** SAN CLEMENTE, 92672  
**Phone:** (949) 698-2249  
**Record ID:** 300239BP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2016

**Program Name:** NEWPORT BEACH RECOVERY CENTER  
**Legal Name:** NEWPORT BEACH RECOVERY CENTER  
**Address:** 207 28TH STREET  
**City, State Zip:** NEWPORT BEACH, 92663  
**Phone:** (949) 200-9372 **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:** 2/28/2018

**Program Name:** BROADWAY TREATMENT CENTERS  
**Legal Name:** PHILLIP AGUILAR  
**Address:** 301 S. ARCHER STREET  
**City, State Zip:** ANAHEIM, 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:** 3/31/2016

**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, 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, 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: 7/31/2016

**Program Name:** PACE RECOVERY CENTER II  
Legal Name: PACE RECOVERY CENTER, LLC  
Address: 528 16TH STREET  
City, State Zip: HUNTINGTON BEACH, 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: 2/28/2017

**Program Name:** PACE RECOVERY CENTER INTENSIVE OUTPATIENT PROGRAM  
Legal Name: PACE RECOVERY CENTER, LLC  
Address: 180 NEWPORT CENTER DRIVE, SUITE 255  
City, State Zip: NEWPORT BEACH, 92660  
Phone: (949) 922-4513 Fax: (714) 274-9517  
**Record ID:** 300244CP  
Service Type: NON  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 2/28/2017

**Program Name:** PACE RECOVERY CENTER  
Legal Name: PACE RECOVERY CENTER, LLC  
Address: 414 11TH STREET  
City, State Zip: HUNTINGTON BEACH, 92648-4508  
Phone: (714) 369-6504  
**Record ID:** 300244DP  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 9/30/2016

**Program Name:** PACE RECOVERY CENTER  
Legal Name: PACE RECOVERY CENTER, LLC  
Address: 526 16TH STREET  
City, State Zip: HUNTINGTON BEACH, 92648  
Phone: (949) 640-0018 Fax: (714) 274-9517  
**Record ID:** 300244EP  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 1/31/2018

**Program Name:** SOUTH ORANGE COUNTY DETOX TREATMENT  
Legal Name: ALEXANDRA ROSE CORPORATION  
Address: 4009 CALLE ABRIL  
City, State Zip: SAN CLEMENTE, 92673  
Phone: (714) 785-2512 Fax: (949) 481-4949  
**Record ID:** 300245AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 1/31/2017

**Program Name:** WINDWARD WAY RECOVERY  
Legal Name: WINDWARD WAY RECOVERY LLC  
Address: 2787 BRISTOL STREET  
City, State Zip: COSTA MESA, 92626  
Phone: (877) 713-2669  
**Record ID:** 300246AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 1/31/2017

**Program Name:** WINDWARD WAY  
Legal Name: WINDWARD WAY RECOVERY LLC  
Address: 395 VICTORIA STREET  
City, State Zip: COSTA MESA, 92627-1548  
Phone: (949) 525-6871 Fax: (977) 820-8959  
**Record ID:** 300246CP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 10/31/2017

**Program Name:** SIMPLE RECOVERY INC.  
Legal Name: SIMPLE RECOVERY INC.  
Address: 9531 NETHERWAY DRIVE  
City, State Zip: HUNTINGTON BEACH, 92646  
Phone: (714) 367-4090  
**Record ID:** 300247AP  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 12/31/2016

**Program Name:** SIMPLE RECOVERY INC.  
Legal Name: SIMPLE RECOVERY INC.  
Address: 1901 NEWPORT BOULEVARD, SUITE 165 & 200  
City, State Zip: COSTA MESA, 92627  
Phone: (855) 818-6731 Fax: (714) 369-2288  
**Record ID:** 300247BP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 9/30/2016

**Program Name:** SIMPLE RECOVERY, INC.  
Legal Name: SIMPLE RECOVERY INC.  
Address: 20112 VIVA CIRCLE  
City, State Zip: HUNTINGTON BEACH, 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: 9/30/2016

**Program Name:** SIMPLE RECOVERY INC.  
Legal Name: SIMPLE RECOVERY INC.  
Address: 20621 PAISLEY LANE  
City, State Zip: HUNTINGTON BEACH, 92646  
Phone: (714) 406-1911 Fax: (714) 646-3100  
**Record ID:** 300247DP  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 9/30/2017

**Program Name:** ENCOMPASS RECOVERY  
Legal Name: ENCOMPASS TREATMENT SERVICES, LLC  
Address: 27122A PASEO ESPADA, SUITE 924  
City, State Zip: SAN JUAN CAPISTRANO, 92675  
Phone: (949) 218-4102 Fax: (509) 463-7115  
**Record ID:** 300248AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 12/31/2016

**Program Name:** NEW START DETOX  
Legal Name: LIBERTY HOUSING SERVICES, INC.  
Address: 906 DORMAN STREET  
City, State Zip: SANTA ANA, 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: 12/31/2016

**Program Name:** NEW START DETOX  
**Legal Name:** LIBERTY HOUSING SERVICES, INC.  
**Address:** 13832 GLENMERE DRIVE  
**City, State Zip:** SANTA ANA, 92705  
**Phone:** (714) 833-3133  
**Record ID:** 300249BP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 9/30/2016

**Program Name:** HARMONY HEALS, INC.  
**Legal Name:** HARMONY HEALS, INC.  
**Address:** 23173 LA CADENA DRIVE  
**City, State Zip:** LAGUNA HILLS, 92653  
**Phone:** (949) 837-2751      **Fax:** (949) 600-7113  
**Record ID:** 300250AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2017

**Program Name:** STEPHOUSE RECOVERY CENTER  
**Legal Name:** THE STEPHOUSE RECOVERY, INC.  
**Address:** 1601 BAKER STREET  
**City, State Zip:** COSTA MESA, 92626  
**Phone:** (714) 969-2889      **Fax:** (714) 969-2889  
**Record ID:** 300251BP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

**Program Name:** STEPHOUSE RECOVERY CENTER  
**Legal Name:** THE STEPHOUSE RECOVERY, INC.  
**Address:** 10529 SLATER AVENUE  
**City, State Zip:** FOUNTAIN VALLEY, 92708  
**Phone:** (888) 923-7623      **Fax:** (657) 845-7531  
**Record ID:** 300251CP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 8/31/2017

**Program Name:** STEPHOUSE RECOVERY CENTER  
**Legal Name:** THE STEPHOUSE RECOVERY, INC.  
**Address:** 17981 LOS TIEMPOS  
**City, State Zip:** FOUNTAIN VALLEY, 92708  
**Phone:** (714) 418-6505      **Fax:** (657) 845-7531  
**Record ID:** 300251DP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 11/30/2017

**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, 92675  
**Phone:** (949) 481-8152      **Fax:** (949) 481-8152  
**Record ID:** 300252AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 1/31/2017

**Program Name:** GET REAL RECOVERY, INC  
**Legal Name:** GET REAL RECOVERY, INC.  
**Address:** 28334 PASEO MICHELLE  
**City, State Zip:** SAN JUAN CAPISTRANO, 92675  
**Phone:** (949) 933-2505      **Fax:** (888) 835-3339  
**Record ID:** 300252BP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2018

**Program Name:** TREE HOUSE RECOVERY (THR)  
**Legal Name:** SOBER SANCTUARIES, INC.  
**Address:** 1956 POMONA AVENUE  
**City, State Zip:** COSTA MESA, 92627  
**Phone:** (855) 447-8733 **Fax:** (714) 968-2752  
**Record ID:** 300253AP  
**Service Type:** RES  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 1/31/2017

**Program Name:** SOBERTEC LLC  
**Legal Name:** SOBERTEC LLC  
**Address:** 125 COLUMBIA  
**City, State Zip:** ALISO VIEJO, 92656  
**Phone:** (949) 498-4321 **Fax:** (949) 490-4323  
**Record ID:** 300254AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2017

**Program Name:** SOBERTEC LLC  
**Legal Name:** SOBERTEC LLC  
**Address:** 610 AVENIDA ACAPULCO  
**City, State Zip:** SAN CLEMENTE, 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:** 9/30/2016

**Program Name:** SOBERTEC  
**Legal Name:** SOBERTEC LLC  
**Address:** 655 CAMINO DE LOS MARES, SUITE 120  
**City, State Zip:** SAN CLEMENTE, 92673-2809  
**Phone:** (949) 344-6166 **Fax:** (949) 441-7165  
**Record ID:** 300254CP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 6/30/2017

**Program Name:** SERENITY SHORES RECOVERY CENTER  
**Legal Name:** GENESIS HEALTHCARE NETWORK, INC.  
**Address:** 1901 NEWPORT BOULEVARD, 280  
**City, State Zip:** COSTA MESA, 92627  
**Phone:** (949) 574-4837 **Fax:** (949) 574-4860  
**Record ID:** 300259AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

**Program Name:** ZEN RECOVERY, LLC  
**Legal Name:** ZEN RECOVERY, LLC  
**Address:** 126 E. 16TH STREET  
**City, State Zip:** COSTA MESA, 92627  
**Phone:** (949) 940-5445 **Fax:** (714) 242-1975  
**Record ID:** 300260AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 12/31/2017

**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, 92626  
**Phone:** (866) 811-5249  
**Record ID:** 300261AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**Program Name:** APOLLO RECOVERY  
Legal Name: ARTEMIS HILL RECOVERY INC.  
Address: 17429 SANTA LUCIA STREET  
City, State Zip: FOUNTAIN VALLEY, 92708  
Phone: (714) 274-9766 Fax: (562) 431-0840  
**Record ID:** 300262AP  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 10/31/2017

**Program Name:** SOUTHERN CALIFORNIA RECOVERY CENTERS  
Legal Name: TML RECOVERY, LLC  
Address: 24470 DEL PRADO AVENUE, SUITE B  
City, State Zip: DANA POINT, 92629  
Phone: (800) 410-6552  
**Record ID:** 300265AP  
Service Type: NON  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 2/28/2018

**Program Name:** LIGHTHOUSE TREATMENT CENTER  
Legal Name: WINDSTONE ADDICTION CENTERS, INC.  
Address: 1310 W. PEARL STREET  
City, State Zip: ANAHEIM, 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: 5/31/2016

**Program Name:** LIGHTHOUSE TREATMENT CENTER  
Legal Name: WINDSTONE ADDICTION CENTERS, INC.  
Address: 1243 W. PEARL ST.  
City, State Zip: ANHIEM, 92801  
Phone: (714) 833-5604 Fax: (714) 833-5038  
**Record ID:** 300266BP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 11/30/2017

**Program Name:** SURF CITY RECOVERY  
Legal Name: SURF CITY RECOVERY  
Address: 18090 BEACH BOULEVARD, SUITE 5  
City, State Zip: HUNTINGTON BEACH, 92648  
Phone: (949) 209-7765  
**Record ID:** 300267AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 12/31/2017

**Program Name:** CASA RECOVERY  
Legal Name: CASA RECOVERY, INC.  
Address: 25102 SOUTHPORT STREET  
City, State Zip: LAGUNA HILLS, 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: 10/31/2017

**Program Name:** CASA RECOVERY  
Legal Name: CASA RECOVERY, INC.  
Address: 31877 DEL OBISPO STREET, SUITE 104  
City, State Zip: SAN JUAN CAPISTRANO, 92675  
Phone: (888) 928-2272 Fax: (949) 284-0574  
**Record ID:** 300268BP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2017

**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, 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:** 1/31/2018

**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, 92627  
**Phone:** (800) 762-6717 **Fax:** (949) 629-3883  
**Record ID:** 300270BP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2018

**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, 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:** 7/31/2016

**Program Name:** HOTEL CALIFORNIA BY THE SEA  
**Legal Name:** HOTEL CALIFORNIA BY THE SEA, LLC  
**Address:** 317 ROCHESTER AVENUE  
**City, State Zip:** COSTA MESA, 92627  
**Phone:** (949) 220-0049 **Fax:** (310) 440-5846  
**Record ID:** 300270DP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2017

**Program Name:** LAGUNA BEACH RECOVERY CENTER, LLC  
**Legal Name:** LAGUNA BEACH RECOVERY CENTER LLC  
**Address:** 1755 PARK AVENUE  
**City, State Zip:** LAGUNA BEACH, 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, 92652  
**Phone:** (949) 494-4090  
**Record ID:** 300271CP  
**Service Type:** RES  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.3 --- WOMEN ONLY  
**Expiration Date:** 12/31/2016

**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, 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, 92672  
**Phone:** (949) 943-5188 **Fax:** (949) 542-8565  
**Record ID:** 300273AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2018

**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, 92627  
**Phone:** (714) 546-2200 **Fax:** (949) 764-9288  
**Record ID:** 300274AP  
**Service Type:** RES  
**Resident Capacity:** 18  
**Total Occupancy:** 18  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 2/29/2016

**Program Name:** SOLID LANDINGS BEHAVIORAL HEALTH, INC.  
**Legal Name:** SOLID LANDINGS BEHAVIORAL HEALTH, INC.  
**Address:** 382 HAMILTON STREET, UNITS A & B  
**City, State Zip:** COSTA MESA, 92627  
**Phone:** (949) 467-9213  
**Record ID:** 300276CP  
**Service Type:** RES  
**Resident Capacity:** 12  
**Total Occupancy:** 12  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2016

**Program Name:** HARMONY HEALS DETOX  
**Legal Name:** COMPLETE RESURGENCY, LLC  
**Address:** 31957 AND 31959 VIRGINIA WAY  
**City, State Zip:** LAGUNA BEACH, 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:** 4/30/2016

**Program Name:** EMBRACE RECOVERY  
**Legal Name:** EMBRACE RECOVERY, LLC  
**Address:** 23232 PERALTA DRIVE, SUITE 219  
**City, State Zip:** LAGUNA HILLS, 92653  
**Phone:** (949) 525-3696  
**Record ID:** 300288AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2016

**Program Name:** SOCAL DETOX  
**Legal Name:** SOCAL DETOX LLC  
**Address:** 1703 AVENIDA SALVADOR  
**City, State Zip:** SAN CLEMENTE, 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:** 4/30/2016

**Program Name:** SOCAL DETOX  
**Legal Name:** SOCAL DETOX LLC  
**Address:** 835 AVENIDA SALVADOR  
**City, State Zip:** SAN CLEMENTE, 92672  
**Phone:** (888) 590-0777 **Fax:** (360) 323-7285  
**Record ID:** 300290BP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 6/30/2017

**Program Name:** SPENCER RECOVERY CENTERS  
**Legal Name:** COAST TO COAST REFERRAL CENTER, INC.  
**Address:** 1337 GAVIOTA DRIVE  
**City, State Zip:** LAGUNA BEACH, 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:** 8/31/2016

**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, 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, 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:** 3/31/2016

**Program Name:** NSIGHT OUTPATIENT PROGRAM  
**Legal Name:** INSIGHT PSYCHOLOGY AND ADDICTION INC.  
**Address:** 4000 BIRCH STREET, SUITE 112A  
**City, State Zip:** NEWPORT BEACH, 92660  
**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, 92866  
**Phone:** (714) 797-1264 **Fax:** (714) 970-1965  
**Record ID:** 300294AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 7/31/2016

**Program Name:** AKUA MIND & BODY  
**Legal Name:** AKUA MIND & BODY, INC.  
**Address:** 1119 SUNFLOWER AVENUE  
**City, State Zip:** COSTA MESA, 92626  
**Phone:** (949) 279-1376  
**Record ID:** 300297AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2016

**Program Name:** AKUA MIND & BODY  
**Legal Name:** AKUA MIND & BODY, INC.  
**Address:** 20271 SW BIRCH STREET, SUITE 202  
**City, State Zip:** NEWPORT BEACH, 92660  
**Phone:** (714) 557-2350 **Fax:** (714) 947-4058  
**Record ID:** 300297BP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2017

**Program Name:** AKUA MIND & BODY, INC.  
**Legal Name:** AKUA MIND & BODY, INC.  
**Address:** 369 RALCAM PLACE  
**City, State Zip:** COSTA MESA, 92627  
**Phone:** (949) 279-1376  
**Record ID:** 300297CP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2017

**Program Name:** CROSSROADS RECOVERY CENTERS  
**Legal Name:** DIVINE REHABILITATION, EDUCATION, & HOUSING NETWORK  
**Address:** 402 EAST LA HABRA BOULEVARD  
**City, State Zip:** LA HABRA, 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, 92802  
**Phone:** (714) 215-4371  
**Record ID:** 300299AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2016

**Program Name:** ADDICTION RECOVERY REHAB  
**Legal Name:** RECOVERY BAY REHABILITATION CENTER, LLC  
**Address:** 18912 PATRICIAN DRIVE  
**City, State Zip:** VILLA PARK, 92861  
**Phone:** (949) 289-0350  
**Record ID:** 300300AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.3 --- WOMEN ONLY  
**Expiration Date:** 2/28/2017

**Program Name:** GRANT ME THE COURAGE RECOVERY  
**Legal Name:** GRANT ME THE COURAGE RECOVERY, LLC  
**Address:** 3230 E. IMPERIAL HIGHWAY, SUITE 312  
**City, State Zip:** BREA, 92821  
**Phone:** (714) 674-0000      **Fax:** (866) 653-9110  
**Record ID:** 300302AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2017

**Program Name:** CLEAN PATH RECOVERY  
**Legal Name:** CLEAN PATH RECOVERY, LLC  
**Address:** 2200 HARBOR BOULEVARD, SUITE C-210  
**City, State Zip:** COSTA MESA, 92627  
**Phone:** (949) 734-7432  
**Record ID:** 300303AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 12/31/2016

**Program Name:** CLEAN PATH RECOVERY  
**Legal Name:** CLEAN PATH RECOVERY, LLC  
**Address:** 1650 ADAMS AVENUE  
**City, State Zip:** COSTA MESA, 92626  
**Phone:** (949) 734-7432      **Fax:** (949) 209-1884  
**Record ID:** 300303BP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2018

**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, 92660  
**Phone:** (619) 929-7956  
**Record ID:** 300304AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 1/31/2017

**Program Name:** SOBER PARTNERS BEACH HOUSE  
**Legal Name:** PARTNERS PROJECT INC.  
**Address:** 517 14TH STREET  
**City, State Zip:** HUNTINGTON BEACH , 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, SUITE 200  
**City, State Zip:** NEWPORT BEACH, 92663  
**Phone:** (855) 997-2786  
**Record ID:** 300305BP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2017

**Program Name:** CALIFORNIA COAST DETOX AND REHAB  
**Legal Name:** NDR PACIFIC, INC.  
**Address:** 24482 CARACAS STREET  
**City, State Zip:** DANA POINT, 92629  
**Phone:** (949) 218-8174  
**Record ID:** 300306AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2017

**Program Name:** PURE LIFE RECOVERY, LLC  
**Legal Name:** PURE LIFE RECOVERY, LLC.  
**Address:** 1 CALLE SALAMONTES  
**City, State Zip:** SAN CLEMENTE, 92673  
**Phone:** (949) 899-0895  
**Record ID:** 300308BP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 8  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2017

**Program Name:** FAITH BY THE SEA  
**Legal Name:** FAITH BY THE SEA, INC.  
**Address:** 27129 CALLE ARROYO, SUITE 1821  
**City, State Zip:** SAN JUAN CAPISTRANO, 92675  
**Phone:** (949) 542-8480 **Fax:** (949) 429-3698  
**Record ID:** 300309AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2017

**Program Name:** MONARCH SHORES  
**Legal Name:** SUNSHINE BEHAVIORAL HEALTH LLC  
**Address:** 34575 CAMINO CAPISTRANO  
**City, State Zip:** DANA POINT, 92629  
**Phone:** (949) 698-2249  
**Record ID:** 300311AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2017

**Program Name:** MONARCH SHORES  
**Legal Name:** SUNSHINE BEHAVIORAL HEALTH LLC  
**Address:** 35072 CAMINO CAPISTRANO  
**City, State Zip:** DANA POINT, 92624  
**Phone:** (949) 276-4095 **Fax:** (949) 388-2234  
**Record ID:** 300311BP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

**Program Name:** MONARCH SHORES  
Legal Name: SUNSHINE BEHAVIORAL HEALTH LLC  
Address: 1564 SKYLINE  
City, State Zip: LAGUNA BEACH, 92651  
Phone: (949) 698-2249 Fax: (949) 388-2234  
**Record ID:** 300311CP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 7/31/2017

**Program Name:** MONARCH SHORES  
Legal Name: SUNSHINE BEHAVIORAL HEALTH LLC  
Address: 33762 AVENIDA CALITA  
City, State Zip: SAN JUAN CAPISTRANO, 92675  
Phone: (949) 698-2249  
**Record ID:** 300311DP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 6/30/2017

**Program Name:** PILLARS RECOVERY, LLC  
Legal Name: PILLARS RECOVERY, LLC  
Address: 304 MARGUERITE AVENUE  
City, State Zip: CORONA DEL MAR, 92625  
Phone: (949) 220-7341  
**Record ID:** 300312AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 2/28/2017

**Program Name:** PILLARS RECOVERY  
Legal Name: PILLARS RECOVERY, LLC  
Address: 28772 TOP OF THE WORLD  
City, State Zip: LAGUNA BEACH, 92651  
Phone: (949) 610-9360  
**Record ID:** 300312BP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 9/30/2017

**Program Name:** PILLARS RECOVERY  
Legal Name: PILLARS RECOVERY, LLC  
Address: 326 OLD NEWPORT BLVD.  
City, State Zip: NEWPORT BEACH, 92663  
Phone: (949) 610-9360  
**Record ID:** 300312CP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 1/31/2018

**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, 92626  
Phone: (310) 422-6744 Fax: (310) 422-6744  
**Record ID:** 300313AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2017

**Program Name:** SOUTH COAST BEHAVIORAL HEALTH GUESTHOUSE, INC.  
Legal Name: SOUTH COAST BEHAVIORAL HEALTH GUESTHOUSE, INC  
Address: 275 E AST WILSON STREET  
City, State Zip: COSTA MESA, 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  
Expiration Date: 10/31/2017

**Program Name:** ADDICTION HEALTH ALLIANCE  
Legal Name: ADDICTION HEALTH ALLIANCE, LLC  
Address: 605 AVENIDA LOS FLORES  
City, State Zip: SAN CLEMENTE, 92672  
Phone: (949) 306-9511 Fax: (949) 542-3878  
**Record ID:** 300314AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 9/30/2017

**Program Name:** BEACHSIDE RECOVERY LLC  
Legal Name: BEACHSIDE RECOVERY LLC  
Address: 24662 SANTA CLARA AVENUE  
City, State Zip: DANA POINT, 92629  
Phone: (949) 393-4070  
**Record ID:** 300315AP  
Service Type: RES-DETOX  
Resident Capacity: 12  
Total Occupancy: 12  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2017

**Program Name:** BEACHSIDE RECOVERY LLC  
Legal Name: BEACHSIDE RECOVERY LLC  
Address: 16812 RED HILL AVENUE, SUITE A  
City, State Zip: IRVINE, 92606  
Phone: (949) 220-0903  
**Record ID:** 300315BP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2017

**Program Name:** BEACHSIDE RECOVERY LLC  
Legal Name: BEACHSIDE RECOVERY LLC  
Address: 10231 BRIER LANE  
City, State Zip: NORTH TUSTIN, 92705-1518  
Phone: (888) 387-5576 Fax: (949) 258-9303  
**Record ID:** 300315CP  
Service Type: RES  
Resident Capacity: 10  
Total Occupancy: 10  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2017

**Program Name:** BEACHSIDE RECOVERY LLC  
Legal Name: BEACHSIDE RECOVERY LLC  
Address: 15548 SONORA STREET  
City, State Zip: TUSTIN, 92782  
Phone: (888) 387-5576 Fax: (949) 258-9303  
**Record ID:** 300315DP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2017

**Program Name:** BEACHSIDE RECOVERY LLC  
Legal Name: BEACHSIDE RECOVERY LLC  
Address: 23671 BRASILIA STREET  
City, State Zip: MISSION VIEJO, 92691-3047  
Phone: (888) 387-5576 Fax: (949) 258-9303  
**Record ID:** 300315EP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2017

**Program Name:** ROCK SOLID RECOVERY  
Legal Name: ROCK SOLID RECOVERY  
Address: 3011 S. RENE DRIVE  
City, State Zip: SANTA ANA, 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  
Expiration Date: 8/31/2017

**Program Name:** ROCK SOLID RECOVERY  
Legal Name: ROCK SOLID RECOVERY  
Address: 1218 WEST SANTA ANA BOULEVARD  
City, State Zip: SANTA ANA, 92603  
Phone: (949) 467-9213 Fax: (888) 588-4998  
**Record ID:** 300316FP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 9/30/2017

**Program Name:** SO CAL TREATMENT  
Legal Name: TRINA TIMANUS  
Address: 1246 E. TURIN AVENUE  
City, State Zip: ANAHEIM, 92805  
Phone: (714) 381-0342  
**Record ID:** 300317AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 8/31/2017

**Program Name:** OCEANFRONT RECOVERY  
Legal Name: OCEANFRONT RECOVERY AT LAGUNA BEACH, LLC  
Address: 900 GLENNEYRE STREET, SUITE T  
City, State Zip: LAGUNA BEACH, 92651  
Phone: (414) 614-7244 Fax: (949) 715-7037  
**Record ID:** 300318AP  
Service Type: NON  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 4/30/2017

**Program Name:** OCEANFRONT RECOVERY  
Legal Name: OCEANFRONT RECOVERY AT LAGUNA BEACH, LLC  
Address: 30662 MARILYN DRIVE  
City, State Zip: LAGUNA BEACH, 92651  
Phone: (949) 681-5100 Fax: (949) 484-2800  
**Record ID:** 300318BP  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 10/31/2017

**Program Name:** OCEANFRONT RECOVERY  
Legal Name: OCEANFRONT RECOVERY AT LAGUNA BEACH, LLC  
Address: 31122 BROOKS STREET  
City, State Zip: LAGUNA BEACH, 92651  
Phone: (949) 681-5100 Fax: (949) 484-2800  
**Record ID:** 300318CP  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 10/31/2017

**Program Name:** HILLSIDE LAGUNA BEACH  
Legal Name: HILLSIDE LAGUNA BEACH LLC  
Address: 2516 TEMPLE HILLS DRIVE  
City, State Zip: LAGUNA BEACH, 92651  
Phone: (949) 607-7702 Fax: (877) 333-5207  
**Record ID:** 300319AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2017

**Program Name:** ADVANCES IN MENTAL HEALTH AND ADDICTIONS TREATMENT, INC.  
Legal Name: ADVANCES IN MENTAL HEALTH AND ADDICTIONS TREATMENT, INC.  
Address: 18672 FLORIDA STREET, #100  
City, State Zip: HUNTINGTON BEACH, 92648  
Phone: (714) 596-6400 Fax: (714) 596-4900  
**Record ID:** 300320AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 9/30/2017

**Program Name:** ORANGE COUNTY RECOVERY  
**Legal Name:** STEPHEN AND AMBER KNIGHT  
**Address:** 18632 BEACH BOULEVARD, SUITE 240  
**City, State Zip:** HUNTINGTON BEACH, 92648  
**Phone:** (714) 418-6053  
**Record ID:** 300321AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 7/31/2017

**Program Name:** BALBOA RECOVERY  
**Legal Name:** KEVIN CULLEN  
**Address:** 430 31ST STREET, SUITE B  
**City, State Zip:** NEWPORT BEACH, 92663  
**Phone:** (949) 723-2388 **Fax:** (949) 723-1288  
**Record ID:** 300322AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

**Program Name:** WAVELENGTHS RECOVERY  
**Legal Name:** WAVELENGTHS RECOVERY, INC.  
**Address:** 101 HUNTINGTON STREET  
**City, State Zip:** HUNTINGTON BEACH, 92648  
**Phone:** (657) 845-4168  
**Record ID:** 300323AP  
**Service Type:** RES  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

**Program Name:** SOUTH SHORES DETOX, LLC  
**Legal Name:** SOUTH SHORES , LLC  
**Address:** 27568 VISTA DE DONS  
**City, State Zip:** DANA POINT, 92624  
**Phone:** (949) 289-2138 **Fax:** (949) 289-2138  
**Record ID:** 300324AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 8/31/2017

**Program Name:** FIRST LIGHT RECOVERY  
**Legal Name:** FIRST LIGHT RECOVERY, LLC  
**Address:** 140 AVENIDA ALGODON, UNIT B & C  
**City, State Zip:** SAN CLEMENTE, 92672  
**Phone:** (949) 973-0700  
**Record ID:** 300325AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**Program Name:** CASA CAPRI  
**Legal Name:** CASA CAPRI LLC  
**Address:** 188 EAST 17TH STREET, SUITE 201 B  
**City, State Zip:** COSTA MESA, 92627  
**Phone:** (949) 861-0576  
**Record ID:** 300326AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**Program Name:** REFLECTIONS RECOVERY CENTER  
**Legal Name:** REFLECTIONS RECOVERY LLC  
**Address:** 17165 NEWHOPE STREET, SUITE M  
**City, State Zip:** FOUNTAIN VALLEY, 92708  
**Phone:** (714) 708-2950 **Fax:** (714) 708-2966  
**Record ID:** 300327AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2017

**Program Name:** REFLECTIONS RECOVERY CENTER  
Legal Name: REFLECTIONS RECOVERY LLC  
Address: 337 16TH PLACE  
City, State Zip: COSTA MESA, 92627  
Phone: (714) 708-2950 Fax: (714) 708-2966  
**Record ID:** 300327BP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2017

**Program Name:** TRES VISTAS RECOVERY  
Legal Name: PAIN RECOVERY MEDICAL GROUP, INC.  
Address: 243 AVENIDA LA CUESTA  
City, State Zip: SAN CLEMENTE, 92673  
Phone: (949) 310-6824  
**Record ID:** 300328AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 7  
Target Population: 1.1 --- CO-ED  
Expiration Date: 8/31/2017

**Program Name:** SOLMAR RETREAT  
Legal Name: HOAG NEUROBEHAVIORAL HEALTH, LLC  
Address: 1 HOAG DRIVE  
City, State Zip: NEWPORT BEACH, 92663-4162  
Phone: (949) 764-5656 Fax: (949) 764-8185  
**Record ID:** 300329AP  
Service Type: RES  
Resident Capacity: 21  
Total Occupancy: 21  
Target Population: 1.1 --- CO-ED  
Expiration Date: 7/31/2017

**Program Name:** AFFINITY RECOVERY  
Legal Name: AFFINITY GROUP LLC  
Address: 31952 PASEO TERRAZA  
City, State Zip: SAN JUAN CAPISTRANO, 92675  
Phone: (714) 422-0119 Fax: (888) 276-0605  
**Record ID:** 300330AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 7/31/2017

**Program Name:** AFFINITY RECOVERY  
Legal Name: AFFINITY GROUP LLC  
Address: 1911 KINGS ROAD  
City, State Zip: NEWPORT BEACH, 92663  
Phone: (949) 321-8151 Fax: (888) 276-0605  
**Record ID:** 300330BP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 9/30/2017

**Program Name:** COMPASS RECOVERY  
Legal Name: COMPASS RECOVERY, INC.  
Address: 3151 AIRWAY AVENUE, F105-B  
City, State Zip: COSTA MESA, 92626  
Phone: (714) 540-1716 Fax: (714) 540-1716  
**Record ID:** 300331AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 7/31/2017

**Program Name:** COMPASS RECOVERY  
Legal Name: COMPASS RECOVERY, INC.  
Address: 9431 ALDERBURY STREET  
City, State Zip: CYPRESS, 90630-2855  
Phone: (714) 828-1759 Fax: (714) 282-1759  
**Record ID:** 300331BP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 8/31/2017

**Program Name:** COMPASS RECOVERY  
Legal Name: COMPASS RECOVERY, INC.  
Address: 30891 RIVERA PLACE  
City, State Zip: LAGUNA NIGUEL, 92677-2455  
Phone: (714) 376-5889  
**Record ID:** 300331CP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 11/30/2017

**Program Name:** KOOL LIVING RECOVERY CENTER  
Legal Name: KOOL LIVING, INC.  
Address: 26421 VIA CALIFORNIA  
City, State Zip: CAPISTRANO BEACH, 92624  
Phone: (949) 542-4032 Fax: (747) 202-0622  
**Record ID:** 300332AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 8/31/2017

**Program Name:** KOOL LIVING RECOVERY CENTER  
Legal Name: KOOL LIVING, INC.  
Address: 4014 CALLE BIENVENIDOS  
City, State Zip: SAN CLEMENTE, 92672  
Phone: (949) 481-3826 Fax: (747) 202-0622  
**Record ID:** 300332BP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 8/31/2017

**Program Name:** KOOL LIVING RECOVERY CENTER  
Legal Name: KOOL LIVING, INC.  
Address: 35492 DEL REY  
City, State Zip: DANA POINT, 92624  
Phone: (818) 671-4294 Fax: (747) 202-0622  
**Record ID:** 300332CP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2017

**Program Name:** THE SOBER SPOT RECOVERY CENTER  
Legal Name: SOBER SPOT, LLC, THE  
Address: 24551 PASEO DE ALICIA, #220  
City, State Zip: LAGUNA HILLS, 92653  
Phone: (949) 344-6166 Fax: (949) 441-7165  
**Record ID:** 300333AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 11/30/2017

**Program Name:** WHOLE LIFE RECOVERY  
Legal Name: WHOLE LIFE RECOVERY, LLC  
Address: 32122 CAMINO CAPISTRANO SUITE 100  
City, State Zip: SAN JUAN CAPISTRANO, 92675  
Phone: (888) 963-8921  
**Record ID:** 300334AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 9/30/2017

**Program Name:** COASTLINE BREEZE  
Legal Name: COASTLINE BREEZE DETOX REHAB & RECOVERY  
Address: 33952 GRANADA DRIVE  
City, State Zip: DANA POINT, 92629  
Phone: (877) 557-9511 Fax: (480) 383-6983  
**Record ID:** 300335AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2017

**Program Name:** LUMINANCE HEALTH GROUP, INC.  
**Legal Name:** LUMINANCE HEALTH GROUP, INC.  
**Address:** 1804 VIA SAGE  
**City, State Zip:** SAN CLEMENTE, 92672  
**Phone:** (949) 248-4645  
**Record ID:** 300337AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 8/31/2017

**Program Name:** WECARE RECOVERY SYSTEMS  
**Legal Name:** WECARE LLC  
**Address:** 2525 W. WOODLAND DRIVE  
**City, State Zip:** ANAHEIM, 92801  
**Phone:** (714) 821-1064 **Fax:** (714) 459-7393  
**Record ID:** 300338AP  
**Service Type:** NON-DETOX  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**Program Name:** INNVIGORATE INTEGRATIVE WELLNESS INSTITUTE  
**Legal Name:** INNVIGORATE INTEGRATIVE WELLNESS INSTITUTE, LP  
**Address:** 7626 E SADDLEHILL TRAIL  
**City, State Zip:** ORANGE, 92869  
**Phone:** (714) 532-2721 **Fax:** (510) 580-7707  
**Record ID:** 300340AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2017

**Program Name:** CANYON VIEW TREATMENT CENTER  
**Legal Name:** PULZE RESIDENTIAL CARE GROUP, LLC  
**Address:** 1001 & 1005 S. MOUNTVALE COURT  
**City, State Zip:** ANAHEIM, 92808  
**Phone:** (951) 922-5338  
**Record ID:** 300341AP  
**Service Type:** RES  
**Resident Capacity:** 12  
**Total Occupancy:** 12  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/30/2017

**Program Name:** A BETTER LIFE RECOVERY  
**Legal Name:** A BETTER LIFE RECOVERY LLC  
**Address:** 27126 PASEO ESPADA, SUITES 1621-1623  
**City, State Zip:** SAN JUAN CAPISTRANO, 92675  
**Phone:** (949) 313-7443 **Fax:** (949) 579-2876  
**Record ID:** 300342AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**Program Name:** CASA GLORIOSA  
**Legal Name:** GLORIOSA MANAGEMENT, LLC  
**Address:** 25466 GLORIOSA DRIVE  
**City, State Zip:** MISSION VIEJO, 92691  
**Phone:** (951) 427-4807 **Fax:** (949) 305-9054  
**Record ID:** 300345AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2017

**Program Name:** TURNING POINT TREATMENT CENTER  
**Legal Name:** TURNING POINT TREATMENT CENTER, INC.  
**Address:** 28111 SOMERSET  
**City, State Zip:** MISSION VIEJO, 92692  
**Phone:** (949) 215-3775 **Fax:** (949) 215-3776  
**Record ID:** 300346AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 7  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**Program Name:** OCEANS 6 REHAB, LLC  
Legal Name: OCEANS 6 REHAB, LLC  
Address: 33861 GRANADA DRIVE  
City, State Zip: DANA POINT, 92629  
Phone: (949) 441-4456 Fax: (480) 383-6983  
**Record ID:** 300348AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 12/31/2017

**Program Name:** SHEER RECOVERY SERVICES  
Legal Name: SHEER RECOVERY, LLC  
Address: 32371 CARIBBEAN DRIVE  
City, State Zip: DANA POINT, 92629-3533  
Phone: (714) 658-3773 Fax: (949) 441-7165  
**Record ID:** 300350AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2018

**Program Name:** SHEER RECOVERY SERVICES  
Legal Name: SHEER RECOVERY, LLC  
Address: 27130 PASEO ESPADA, SUITE A1422, A1423 & A1424  
City, State Zip: SAN JUAN CAPISTRANO, 92675-6712  
Phone: (714) 658-3773 Fax: (949) 441-7165  
**Record ID:** 300350BP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2018

**Program Name:** TRUVIDA RECOVERY  
Legal Name: CREST RECOVERY, LLC  
Address: 29522 VIA VALVERDE  
City, State Zip: LAGUNA NIGUEL, 92677  
Phone: (949) 283-4679  
**Record ID:** 300351AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 3/31/2018

**Program Name:** SOUTH SHORES DETOX  
Legal Name: SOUTH SHORES DETOX, LLC  
Address: 35325 BEACH ROAD  
City, State Zip: CAPISTRANO BEACH, 92624  
Phone: (949) 289-2138  
**Record ID:** 300352AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 4/30/2018

**Program Name:** OCEANS 8 REHAB, LLC  
Legal Name: OCEANS 8 REHAB, LLC  
Address: 33852 ORILLA DRIVE  
City, State Zip: DANA POINT, 92629  
Phone: (602) 423-7347 Fax: (480) 383-6983  
**Record ID:** 300356AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 2/28/2018

**Program Name:** BEGINNINGS  
Legal Name: ELITE CARE, INC.  
Address: 1991 ANAHEIM AVENUE, UNIT B  
City, State Zip: COSTA MESA, 92627  
Phone: (888) 511-0607  
**Record ID:** 300626AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2018

**Program Name:** BEGINNINGS  
Legal Name: ELITE CARE, INC.  
Address: 1991 ANAHEIM AVENUE, UNIT A  
City, State Zip: COSTA MESA , 92627  
Phone: (888) 511-0607  
**Record ID:** 300626BP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2018

**Program Name:** BEGINNINGS  
Legal Name: ELITE CARE, INC.  
Address: 1991 ANAHEIM AVENUE, UNIT C  
City, State Zip: COSTA MESA, 92627  
Phone: (888) 511-0607  
**Record ID:** 300626CP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2018

**Program Name:** STILL WATERS RECOVERY CENTER, INC.  
Legal Name: STILL WATERS RECOVERY CENTER, INC.  
Address: 20422 BEACH BOULEVARD, SUITE 235  
City, State Zip: HUNTINGTON BEACH, 92648  
Phone: (714) 202-9818 Fax: (714) 242-1363  
**Record ID:** 300627AP  
Service Type: NON  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 2/28/2018

**Program Name:** LOTUS PLACE RECOVERY  
Legal Name: LOTUS PLACE RECOVERY, LLC  
Address: 16480 HARBOR BOULEVARD, SUITE 200  
City, State Zip: FOUNTAIN VALLEY, 92708  
Phone: (714) 904-2433 Fax: (714) 617-4135  
**Record ID:** 300628AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 12/31/2017

**Program Name:** COASTLINE RECOVERY  
Legal Name: COASTLINE RECOVERY, LLC  
Address: 2102 BUSINESS CENTER DRIVE, SUITE 121  
City, State Zip: IRVINE, 92612  
Phone: (800) 712-9635  
**Record ID:** 300630AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 2/28/2018

**Program Name:** LEAD RECOVERY CENTER  
Legal Name: HIRED POWER TRANSITIONAL LIVING CENTER, LLC  
Address: 3151 AIRWAY AVENUE, F107  
City, State Zip: COSTA MESA, 92626-4607  
Phone: (800) 910-9299 Fax: (888) 870-3174  
**Record ID:** 300635AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 3/31/2018

**Program Name:** PACIFIC SOLSTICE  
Legal Name: PACIFIC SOLSTICE, LLC  
Address: 23461 SOUTH POINTE DRIVE, SUITE 340  
City, State Zip: LAGUNA HILLS, 92653  
Phone: (949) 701-0221  
**Record ID:** 300636AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 3/31/2018

**Program Name:** BROADWAY DETOX CENTER  
Legal Name: BROADWAY DETOX CENTER, LLC  
Address: 6021 JADE CIRCLE  
City, State Zip: HUNTINGTON BEACH, 92647  
Phone: (657) 227-3532  
**Record ID:** 300638AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 2/28/2018

**Program Name:** MISSION TREATMENT & RECOVERY  
Legal Name: PEPPERTREE MANAGEMENT, LLC  
Address: 31881 PEPPERTREE BEND  
City, State Zip: SAN JUAN CAPISTRANO, 92675  
Phone: (949) 545-9540  
**Record ID:** 300639AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2018

**Program Name:** SUSTAIN RECOVERY  
Legal Name: OCTLC, INC.  
Address: 23272 MILL CREEK DRIVE, SUITE 100B,100F, & 300  
City, State Zip: LAGUNA HILLS, 92653  
Phone: (818) 636-2938 Fax: (949) 381-7173  
**Record ID:** 300640AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 2/28/2018

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

**As of 5/2/2016**

**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, 95678  
**Phone:** (916) 787-8800      **Fax:** (916) 787-8857  
**Record ID:** 310002AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**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, 95603  
**Phone:** (530) 889-7240      **Fax:** (530) 889-7293  
**Record ID:** 310002BN  
**Service Type:** NON  
**Target Population:** 1.8 --- DUAL DIAGNOSIS  
**Expiration Date:** 11/30/2017

**Program Name:** NEW LEAF COUNSELING SERVICES  
**Legal Name:** JAMES HARDWICK  
**Address:** 1254 HIGH STREET  
**City, State Zip:** AUBURN, 95603-5015  
**Phone:** (530) 889-9195      **Fax:** (530) 889-9197  
**Record ID:** 310007AP  
**Service Type:** NON  
**Target Population:** 1.3 --- WOMEN ONLY  
**Expiration Date:** 2/28/2018

**Program Name:** NEW LEAF WOMEN AND WOMEN WITH CHILDREN - MEADOWVIEW HOUSE  
**Legal Name:** JAMES HARDWICK  
**Address:** 5055 MEADOWVIEW LANE  
**City, State Zip:** AUBURN, 95603-9129  
**Phone:** (530) 823-9827      **Fax:** (530) 889-9197  
**Record ID:** 310007BP  
**Service Type:** RES  
**Resident Capacity:** 6  
**Total Occupancy:** 13  
**Target Population:** 1.4 --- WOMEN/CHILDREN  
**Expiration Date:** 6/30/2017

**Program Name:** HOPE HELP AND HEALING  
**Legal Name:** HOPE HELP AND HEALING  
**Address:** 11960 HERITAGE OAKS PLACE, SUITE 20  
**City, State Zip:** AUBURN, 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, 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:** 9/30/2016

**Program Name:** KOINONIA GROUP HOME #1  
**Legal Name:** KOINONIA FOSTER HOMES, INC.  
**Address:** 3880 OAK TREE LANE  
**City, State Zip:** LOOMIS, 95650-9316  
**Phone:** (916) 652-0171      **Fax:** (916) 652-3979  
**Record ID:** 310012AN  
**Service Type:** DSS  
**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, 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, 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, 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, SUITE 101, 102, 103 & 104  
**City, State Zip:** AUBURN, 95602-2050  
**Phone:** (530) 885-1961 **Fax:** (916) 797-8979  
**Record ID:** 310019AN  
**Service Type:** NON  
**Target Population:** 1.4 --- WOMEN/CHILDREN  
**Expiration Date:** 9/30/2017

**Program Name:** AUBURN CAMPUS RESIDENTIAL PROGRAM  
**Legal Name:** COMMUNITY RECOVERY RESOURCES  
**Address:** 12125 SHALE RIDGE ROAD  
**City, State Zip:** AUBURN, 95602  
**Phone:** (530) 885-1917 **Fax:** (530) 273-7740  
**Record ID:** 310019BN  
**Service Type:** RES-DETOX  
**Resident Capacity:** 28  
**Total Occupancy:** 28  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 11/30/2017

**Program Name:** LINCOLN SERVICE CENTER  
**Legal Name:** COMMUNITY RECOVERY RESOURCES  
**Address:** 1530 3RD STREET, SUITE 212  
**City, State Zip:** LINCOLN, 95648-2500  
**Phone:** (916) 434-8927 **Fax:** (916) 434-0678  
**Record ID:** 310019CN  
**Service Type:** NON  
**Target Population:** 1.9 --- CO-ED/CHILDREN  
**Expiration Date:** 5/31/2017

**Program Name:** ROSEVILLE CAMPUS  
**Legal Name:** COMMUNITY RECOVERY RESOURCES  
**Address:** 730 SUNRISE AVENUE, SUITES 201, 250, 260, 261, & 271  
**City, State Zip:** ROSEVILLE, 95661-4553  
**Phone:** (916) 782-3737 **Fax:** (916) 782-3739  
**Record ID:** 310019EN  
**Service Type:** NON  
**Target Population:** 1.9 --- CO-ED/CHILDREN  
**Expiration Date:** 5/31/2017

**Program Name:** SIERRA NATIVE ALLIANCE - WHITE BISON PROGRAM (WBP)  
**Legal Name:** NATIVE ALLIANCE OF THE SIERRA NEVADA FOOTHILLS  
**Address:** 610 AUBURN RAVINE ROAD  
**City, State Zip:** AUBURN, 95603-3930  
**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, 95603-9067  
**Phone:** (530) 888-1010 **Fax:** (530) 888-9065  
**Record ID:** 310021AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2016

**Program Name:** NEW LEAF COUNSELING SERVICES HOFFMAN HOUSE  
**Legal Name:** JAMES N HARDWICK  
**Address:** 199 HOFFMAN AVENUE  
**City, State Zip:** AUBURN, 95603  
**Phone:** (530) 885-9067 **Fax:** (530) 885-2534  
**Record ID:** 310022AP  
**Service Type:** RES  
**Resident Capacity:** 9  
**Total Occupancy:** 15  
**Target Population:** 1.4 --- WOMEN/CHILDREN  
**Expiration Date:** 5/31/2017

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

**As of 5/2/2016**

**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 5/2/2016**

**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, 92201  
**Phone:** (760) 342-6616      **Fax:** (760) 347-8276  
**Record ID:** 330001AN  
**Service Type:** RES-DETOX  
**Resident Capacity:** 75  
**Total Occupancy:** 75  
**Target Population:** 1.9 --- CO-ED/CHILDREN  
**Expiration Date:** 6/30/2016

**Program Name:** ABC RECOVERY CENTER OUTPATIENT PROGRAM  
**Legal Name:** A.B.C. RECOVERY CENTER, INC.  
**Address:** 82353 INDIO BLVD.  
**City, State Zip:** INDIO, 92201  
**Phone:** (760) 342-6616      **Fax:** (760) 347-8276  
**Record ID:** 330001BN  
**Service Type:** NON  
**Target Population:** 1.5 --- YOUTH/ADOLESCENT  
**Expiration Date:** 7/31/2017

**Program Name:** THE RANCH  
**Legal Name:** THE RANCH RECOVERY CENTERS, INC.  
**Address:** 7885 ANNANDALE AVENUE  
**City, State Zip:** DESERT HOT SPRINGS, 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:** 6/30/2016

**Program Name:** HACIENDA VALDEZ  
**Legal Name:** THE RANCH RECOVERY CENTERS, INC.  
**Address:** 12890 QUINTA WAY  
**City, State Zip:** DESERT HOT SPRINGS, 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:** 6/30/2016

**Program Name:** MEN'S SUBSTANCE ABUSE RECOVERY HOME  
**Legal Name:** WHITESIDE MANOR  
**Address:** 2709 AND 2743 ORANGE STREET  
**City, State Zip:** RIVERSIDE, 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:** 5/31/2016

**Program Name:** MEN'S ANNEX  
**Legal Name:** WHITESIDE MANOR  
**Address:** 2759 ORANGE STREET  
**City, State Zip:** RIVERSIDE, 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:** 5/31/2016

**Program Name:** JANET STREET  
Legal Name: WHITESIDE MANOR  
Address: 8605, 8567 AND 8589 JANET STREET  
City, State Zip: RIVERSIDE, 92501  
Phone: (951) 343-9485 Fax: (951) 686-2303  
**Record ID:** 330004ON  
Service Type: RES-DETOX  
Resident Capacity: 18  
Total Occupancy: 18  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2016

**Program Name:** CHALLEN APARTMENTS  
Legal Name: WHITESIDE MANOR  
Address: 5919, 5925, 5929 AND 5935 CHALLEN AVENUE  
City, State Zip: RIVERSIDE, 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: 3/31/2018

**Program Name:** WILSHIRE HOUSE  
Legal Name: WHITESIDE MANOR  
Address: 2452 AND 2456 WILSHIRE  
City, State Zip: RIVERSIDE, 92501  
Phone: (951) 682-6631 Fax: (951) 682-6614  
**Record ID:** 330004TN  
Service Type: RES-DETOX  
Resident Capacity: 14  
Total Occupancy: 14  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 11/30/2016

**Program Name:** PALM AVENUE WOMEN'S PROGRAM  
Legal Name: WHITESIDE MANOR  
Address: 4750 PALM AVENUE  
City, State Zip: RIVERSIDE, 92501  
Phone: (951) 686-0021 Fax: (951) 686-0026  
**Record ID:** 330004WN  
Service Type: RES-DETOX  
Resident Capacity: 12  
Total Occupancy: 12  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 10/31/2017

**Program Name:** FIRST STEP HOUSE  
Legal Name: RIVERSIDE RECOVERY RESOURCES  
Address: 40329, 40331, 40333-A AND 40333-B STETSON AVENUE  
City, State Zip: HEMET, 92544  
Phone: (951) 658-4466 Fax: (951) 765-2757  
**Record ID:** 330009CN  
Service Type: RES  
Resident Capacity: 22  
Total Occupancy: 22  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 1/31/2018

**Program Name:** OMEGA/ BETA PROGRAM LAKE ELSINORE  
Legal Name: RIVERSIDE RECOVERY RESOURCES  
Address: 600 THIRD STREET, SUITE C  
City, State Zip: LAKE ELSINORE, 92530  
Phone: (951) 674-5354  
**Record ID:** 330009ON  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2016

**Program Name:** WOODCREST RECOVERY CENTER  
Legal Name: MFI RECOVERY CENTER  
Address: 17270 ROOSEVELT AVENUE  
City, State Zip: RIVERSIDE, 92508  
Phone: (951) 780-2541 Fax: (951) 780-5809  
**Record ID:** 330013AN  
Service Type: RES-DETOX  
Resident Capacity: 56  
Total Occupancy: 56  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 11/30/2017

**Program Name:** A WOMAN'S PLACE  
**Legal Name:** MFI RECOVERY CENTER  
**Address:** 4295 BROCKTON AVENUE  
**City, State Zip:** RIVERSIDE, 92501  
**Phone:** (951) 341-3786 **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:** 7/31/2017

**Program Name:** MFI RECOVERY CENTER  
**Legal Name:** MFI RECOVERY CENTER  
**Address:** 5870 ARLINGTON AVENUE  
**City, State Zip:** RIVERSIDE, 92504  
**Phone:** (951) 683-6596 **Fax:** (951) 683-4239  
**Record ID:** 330013IN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

**Program Name:** MFI RECOVERY CENTER  
**Legal Name:** MFI RECOVERY CENTER  
**Address:** 2781 WEST RAMSEY STREET, SUITES 1, 2, & 3  
**City, State Zip:** BANNING, 92220  
**Phone:** (951) 849-3896 **Fax:** (951) 849-0506  
**Record ID:** 330013JN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

**Program Name:** MFI RECOVERY CENTER  
**Legal Name:** MFI RECOVERY CENTER  
**Address:** 4440 UNIVERSITY AVENUE, #2, 3, 4, 5, 7,8, 9, 11, 12 AND 13  
**City, State Zip:** RIVERSIDE, 92501  
**Phone:** (951) 683-6596 **Fax:** (951) 683-4239  
**Record ID:** 330013KN  
**Service Type:** RES  
**Resident Capacity:** 33  
**Total Occupancy:** 33  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 8/31/2017

**Program Name:** VALLEY-WIDE COUNSELING SERVICES  
**Legal Name:** MFI RECOVERY CENTER  
**Address:** 1604 SOUTH SANTA FE AVENUE, SUITE 403  
**City, State Zip:** SAN JACINTO, 92583  
**Phone:** (951) 654-2026 **Fax:** (951) 654-9927  
**Record ID:** 330013QN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 6/30/2017

**Program Name:** MFI RECOVERY CENTER  
**Legal Name:** MFI RECOVERY CENTER  
**Address:** 24885 WHITEWOOD ROAD, #105  
**City, State Zip:** MURRIETA, 92563  
**Phone:** (951) 698-8558 **Fax:** (951) 698-8883  
**Record ID:** 330013RN  
**Service Type:** NON  
**Target Population:** 1.5 --- YOUTH/ADOLESCENT  
**Expiration Date:** 7/31/2017

**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, 92562  
**Phone:** (951) 683-6596 **Fax:** (951) 658-6686  
**Record ID:** 330013SN  
**Service Type:** RES-DETOX  
**Resident Capacity:** 29  
**Total Occupancy:** 29  
**Target Population:** 1.3 --- WOMEN ONLY  
**Expiration Date:** 10/31/2016

**Program Name:** MICHAEL'S HOUSE  
Legal Name: PALM SPRINGS TREATMENT CENTERS, LLC  
Address: 430 SOUTH CAHUILLA ROAD  
City, State Zip: PALM SPRINGS, 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: 8/31/2016

**Program Name:** PALM SPRINGS SERENITY RETREAT  
Legal Name: PALM SPRINGS TREATMENT CENTERS, LLC  
Address: 2095 NORTH INDIAN CANYON DRIVE  
City, State Zip: PALM SPRINGS, 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, 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: 3/31/2018

**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, 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, 92240  
Phone: (760) 329-4673 Fax: (760) 329-7311  
**Record ID:** 330016AN  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 2/28/2018

**Program Name:** METCALF RECOVERY RANCH  
Legal Name: VARP, INC.  
Address: 9826 18TH AVENUE  
City, State Zip: BLYTHE, 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: 6/30/2016

**Program Name:** RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM  
Legal Name: RIVERSIDE COUNTY SUBSTANCE USE PROGRAM  
Address: 1370 S. STATE STREET, SUITE A  
City, State Zip: SAN JACINTO, 92583  
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 USE PROGRAM  
**Legal Name:** RIVERSIDE COUNTY SUBSTANCE USE PROGRAM  
**Address:** 2085 RUSTIN AVENUE  
**City, State Zip:** RIVERSIDE, 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 USE PROGRAM  
**Address:** 623 NORTH MAIN STREET, SUITE D-11  
**City, State Zip:** CORONA, 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 USE PROGRAM  
**Address:** 83-912 AVENUE 45, SUITE 9  
**City, State Zip:** INDIO, 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 USE PROGRAM  
**Address:** 1297 WEST HOBSON WAY  
**City, State Zip:** BLYTHE, 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:** DESERT DRUG COURT  
**Legal Name:** RIVERSIDE COUNTY SUBSTANCE USE PROGRAM  
**Address:** 68-615 PEREZ ROAD, SUITE 3A, 4A, 5A, 6A AND 7A  
**City, State Zip:** CATHEDRAL CITY, 92234  
**Phone:** (760) 770-2213      **Fax:** (760) 770-2240  
**Record ID:** 330023HN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2016

**Program Name:** HILL ALCOHOL & DRUG TREATMENT  
**Legal Name:** COMMUNITY SOLUTIONS, INC.  
**Address:** 41877 NORTH ENTERPRISE CIRCLE, #100  
**City, State Zip:** TEMECULA, 92590  
**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, 92203  
**Phone:** (760) 347-9442  
**Record ID:** 330037AN  
**Service Type:** RES  
**Resident Capacity:** 7  
**Total Occupancy:** 7  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 7/31/2016

**Program Name:** CASA CECILIA RECOVERY HOME  
**Legal Name:** RIVERSIDE COUNTY LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES, INC.  
**Address:** 83885 ROSA AVENUE  
**City, State Zip:** THERMAL, 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:** 5/31/2016

**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, 92236  
**Phone:** (760) 398-9000 **Fax:** (760) 398-9790  
**Record ID:** 330037DN  
**Service Type:** NON  
**Target Population:** 1.5 --- YOUTH/ADOLESCENT  
**Expiration Date:** 2/28/2017

**Program Name:** PERRIS VALLEY RECOVERY PROGRAMS, INC.  
**Legal Name:** PERRIS VALLEY RECOVERY PROGRAMS, INC.  
**Address:** 236 E. THIRD STREET, B  
**City, State Zip:** PERRIS, 92570  
**Phone:** (951) 657-2960 **Fax:** (951) 940-4600  
**Record ID:** 330038BN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2018

**Program Name:** LIFE'S JOURNEY  
**Legal Name:** LIFE'S JOURNEY CENTER, INC.  
**Address:** 291 EAST CAMINO MONTE VISTA  
**City, State Zip:** PALM SPRINGS, 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:** 6/30/2016

**Program Name:** 10 ACRE RANCH, INC.  
**Legal Name:** 10 ACRE RANCH, INC.  
**Address:** 5953 GRAND AVENUE  
**City, State Zip:** RIVERSIDE, 92504  
**Phone:** (951) 784-7081 **Fax:** (951) 784-7084  
**Record ID:** 330042BN  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 10/31/2017

**Program Name:** 10 ACRE RANCH, INC.  
**Legal Name:** 10 ACRE RANCH, INC.  
**Address:** 4175 BROCKTON AVENUE  
**City, State Zip:** RIVERSIDE, 92501-1369  
**Phone:** (951) 394-8108 **Fax:** (951) 394-8109  
**Record ID:** 330042CN  
**Service Type:** NON  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 12/31/2017

**Program Name:** THE HIGH ROAD PROGRAM  
**Legal Name:** THE HIGH ROAD PROGRAM  
**Address:** 3579 ARLINGTON AVENUE, SUITE 200  
**City, State Zip:** RIVERSIDE, 92506  
**Phone:** (951) 781-6762  
**Record ID:** 330050AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 6/30/2017

**Program Name:** THE AWARENESS PROGRAM  
**Legal Name:** AWARENESS PROGRAM, INC.  
**Address:** 45-550 GRACE STREET  
**City, State Zip:** INDIO, 92201  
**Phone:** (760) 342-1233 **Fax:** (760) 342-5344  
**Record ID:** 330051AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 6/30/2017

**Program Name:** SUNRISE RECOVERY RANCH  
Legal Name: SOBER LIVING BY THE SEA, INC.  
Address: 6690 LIMONITE FRONTAGE ROAD  
City, State Zip: RIVERSIDE, 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: 7/31/2016

**Program Name:** SUNRISE RECOVERY RANCH  
Legal Name: SOBER LIVING BY THE SEA, INC.  
Address: 6798 LIMONITE FRONTAGE ROAD  
City, State Zip: RIVERSIDE, 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: 12/31/2016

**Program Name:** SUNRISE RECOVERY RANCH  
Legal Name: SOBER LIVING BY THE SEA, INC.  
Address: 6770 LIMONITE FRONTAGE RANCH  
City, State Zip: RIVERSIDE, 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: 12/31/2016

**Program Name:** THE WYLIE CENTER  
Legal Name: THE CAROLYN E. WYLIE CENTER FOR CHILDREN, YOUTH & FAMILIES  
Address: 4164 BROCKTON AVENUE  
City, State Zip: RIVERSIDE, 92501  
Phone: (951) 683-5193 Fax: (909) 683-6019  
**Record ID:** 330065AN  
Service Type: NON  
Target Population: 1.4 --- WOMEN/CHILDREN  
Expiration Date: 2/28/2018

**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, 92518  
Phone: (951) 999-9120 Fax: (951) 656-6890  
**Record ID:** 330075AN  
Service Type: RES  
Resident Capacity: 12  
Total Occupancy: 12  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 11/30/2017

**Program Name:** RIVERSIDE CENTER FOR CHANGE  
Legal Name: MENTAL HEALTH SYSTEMS, INC.  
Address: 3576 ARLINGTON AVENUE, SUITE 102 & 104  
City, State Zip: RIVERSIDE, 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, 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, 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:** MHS BEAUMONT  
**Legal Name:** MENTAL HEALTH SYSTEMS, INC.  
**Address:** 210 WEST 6TH STREET  
**City, State Zip:** BEAUMONT, 92223-2102  
**Phone:** (951) 845-0176 **Fax:** (951) 845-7513  
**Record ID:** 330078DN  
**Service Type:** RES  
**Resident Capacity:** 70  
**Total Occupancy:** 81  
**Target Population:** 1.3 --- WOMEN ONLY  
**Expiration Date:** 9/30/2016

**Program Name:** TEMECULA VALLEY TREATMENT CENTER  
**Legal Name:** WCHS, INC.  
**Address:** 40700 CALIFORNIA OAKS ROAD, SUITES 201, 202 AND 203  
**City, State Zip:** MURRIETA, 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, 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, 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, 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:** 9/30/2016

**Program Name:** SPENCER RECOVERY CENTERS  
**Legal Name:** SPENCER RECOVERY CENTERS, INC.  
**Address:** 1276 NORTH PALM CANYON DRIVE, #204  
**City, State Zip:** PALM SPRINGS, 92262  
**Phone:** (760) 778-4876  
**Record ID:** 330086AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

**Program Name:** PALM SPRINGS RECOVERY  
**Legal Name:** SPENCER RECOVERY CENTERS, INC.  
**Address:** 1404 NORTH PALM CANYON DRIVE  
**City, State Zip:** PALM SPRINGS, 92262  
**Phone:** (760) 327-6883 **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:** REFLECTIONS RECOVERY CENTER  
**Legal Name:** ACCREDITED REHAB AND TREATMENT SERVICES, LLC  
**Address:** 630 GREGORY CIRCLE  
**City, State Zip:** CORONA, 92881  
**Phone:** (714) 708-2950      **Fax:** (714) 708-2966  
**Record ID:** 330089AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**Program Name:** NEW BEGINNINGS ADDICTION & RECOVERY CENTER  
**Legal Name:** GROUP HOME SUPPORT SERVICES, INC.  
**Address:** 245 NORTH MURRAY STREET  
**City, State Zip:** BANNING, 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:** 30852 HIGHLAND VISTA CIRCLE  
**City, State Zip:** TEMECULA, 92591  
**Phone:** (800) 517-4849      **Fax:** (800) 401-8464  
**Record ID:** 330098BP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 9  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 6/30/2016

**Program Name:** FORTERUS HEALTH CARE SERVICES, INC.  
**Legal Name:** FORTERUS HEALTH CARE SERVICES, INC.  
**Address:** 36866 PEBLEY COURT  
**City, State Zip:** WINCHESTER, 92596  
**Phone:** (951) 894-8620      **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:** 8/31/2017

**Program Name:** FORTERUS HEALTH CARE SERVICES, INC.  
**Legal Name:** FORTERUS HEALTH CARE SERVICES, INC.  
**Address:** 41640 CORNING PLACE  
**City, State Zip:** MURRIETA, 92562  
**Phone:** (951) 894-8620      **Fax:** (951) 848-9402  
**Record ID:** 330098EP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 8/31/2017

**Program Name:** FORTERUS HEALTH CARE SERVICES, INC.  
**Legal Name:** FORTERUS HEALTH CARE SERVICES, INC.  
**Address:** 40465 ERICA AVENUE  
**City, State Zip:** MURRIETA, 92562  
**Phone:** (916) 837-2401      **Fax:** (916) 848-9402  
**Record ID:** 330098FP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**Program Name:** FORTERUS HEALTH CARE SERVICES, INC.  
**Legal Name:** FORTERUS HEALTH CARE SERVICES, INC.  
**Address:** 41126 ENGLEMAN OAK STREET  
**City, State Zip:** MURRIETA, 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, 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, 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, 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:** FORTERUS HEALTH CARE SERVICES  
Legal Name: FORTERUS HEALTH CARE SERVICES, INC.  
Address: 41655 DATE STREET, #101  
City, State Zip: MURRIETA, 92562  
Phone: (951) 894-8620 Fax: (951) 848-9402  
**Record ID:** 330098KP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 3/31/2018

**Program Name:** RANCH CREEK RECOVERY  
Legal Name: RANCH CREEK RECOVERY, INC.  
Address: 25650 BASS POINT  
City, State Zip: MURRIETA, 92592  
Phone: (951) 676-9111 Fax: (951) 571-4841  
**Record ID:** 330100AP  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 1/31/2017

**Program Name:** RANCH CREEK RECOVERY OUTPATIENT  
Legal Name: RANCH CREEK RECOVERY, INC.  
Address: 43264 BUSINESS PARK DRIVE #101  
City, State Zip: TEMECULA, 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, 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: 11/30/2016

**Program Name:** SOUTHERN CALIFORNIA DETOX  
Legal Name: SOUTHERN CALIFORNIA DETOX TREATMENT AND RECOVERY  
Address: 42012 DAHLIA WAY  
City, State Zip: TEMECULA, 92591  
Phone: (714) 854-2026  
**Record ID:** 330105AP  
Service Type: RES  
Resident Capacity: 4  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2016

**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, 92543  
Phone: (951) 658-2299  
**Record ID:** 330106AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 9/30/2016

**Program Name:** DESERT PALMS RECOVERY  
Legal Name: BEHAVIORAL HEALTH SOLUTIONS OF CALIFORNIA LLC  
Address: 67580 JONES ROAD  
City, State Zip: CATHEDRAL CITY, 92234  
Phone: (760) 464-2611 Fax: (760) 969-4179  
**Record ID:** 330112BP  
Service Type: RES  
Resident Capacity: 36  
Total Occupancy: 36  
Target Population: 1.1 --- CO-ED  
Expiration Date: 6/30/2017

**Program Name:** SUNSPIRE HEALTH IOP  
Legal Name: BEHAVIORAL HEALTH SOLUTIONS OF CALIFORNIA LLC  
Address: 73-771 DINAH SHORE DRIVE, SUITE 200  
City, State Zip: PALM DESERT, 92211  
Phone: (760) 464-2611 Fax: (760) 969-4179  
**Record ID:** 330112CP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 1/31/2018

**Program Name:** SERENITY PALMS  
Legal Name: IRECOVER TREATMENT CENTERS INC.  
Address: 37066 BANKSIDE DRIVE  
City, State Zip: CATHEDRAL CITY, 92234  
Phone: (760) 459-3736 Fax: (406) 784-3994  
**Record ID:** 330113AP  
Service Type: RES-DETOX  
Resident Capacity: 30  
Total Occupancy: 30  
Target Population: 1.1 --- CO-ED  
Expiration Date: 11/30/2017

**Program Name:** ADDICTION THERAPEUTIC SERVICES  
Legal Name: J. HERNDONS, LLC  
Address: 559 S. PALM CANYON DRIVE, SUITE B 101  
City, State Zip: PALM SPRINGS, 92264  
Phone: (760) 778-6120 Fax: (760) 778-6122  
**Record ID:** 330114AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 9/30/2017

**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, 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: 12/31/2017

**Program Name:** KEN SEELEY COMMUNITIES  
**Legal Name:** INTERVENTION911  
**Address:** 420 S PALM CANYON DRIVE, SUITE C AND D  
**City, State Zip:** PALM SPRINGS, 92262-7304  
**Phone:** (323) 401-3660  
**Record ID:** 330116BP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 12/31/2017

**Program Name:** BELLA MONTE RECOVERY  
**Legal Name:** BELLA MONTE RECOVERY LLC  
**Address:** 68111 CALLE TIENDAS  
**City, State Zip:** DESERT HOT SPRINGS, 92240  
**Phone:** (760) 676-5125 **Fax:** (760) 671-9806  
**Record ID:** 330117AP  
**Service Type:** RES  
**Resident Capacity:** 38  
**Total Occupancy:** 38  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 12/31/2017

**Program Name:** DAY BY DAY IOP, INC.  
**Legal Name:** DAY BY DAY-IOP, INC.  
**Address:** 41655 DATE STREET, SUITE 100  
**City, State Zip:** MURRIETA, 92562  
**Phone:** (866) 920-1275 **Fax:** (866) 920-1275  
**Record ID:** 330118AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 6/30/2016

**Program Name:** 2 SHINE AGAIN  
**Legal Name:** 2 SHINE AGAIN INC.  
**Address:** 37347 AVENIDA CHAPALA  
**City, State Zip:** TEMECULA, 92592  
**Phone:** (951) 303-3056 **Fax:** (951) 303-3056  
**Record ID:** 330119AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 8  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2018

**Program Name:** SECOND 2 NONE RECOVERY SERVICES  
**Legal Name:** OPTIMAL METABOLIC SOLUTIONS, LLC  
**Address:** 40165 MURRIETA HOT SPRINGS ROAD, SUITE I  
**City, State Zip:** MURRIETA, 92563  
**Phone:** (951) 461-1800  
**Record ID:** 330123AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 7/31/2016

**Program Name:** RIVERSIDE COUNTY SUBSTANCE USE PROGRAM, DBA TEMECULA  
**Legal Name:** RIVERSIDE COUNTY MENTAL HEALTH DEPARTMENT  
**Address:** 40925 COUNTY CENTER DRIVE, SUITE #200  
**City, State Zip:** TEMECULA, 92590  
**Phone:** (951) 600-6360 **Fax:** (951) 600-6365  
**Record ID:** 330124BN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 1/31/2017

**Program Name:** RIVERSIDE COUNTY SUBSTANCE USE PROGRAM, DBA DESERT HOT SPRINGS SUBSTANCE USE PROGRAM  
**Legal Name:** RIVERSIDE COUNTY MENTAL HEALTH DEPARTMENT  
**Address:** 14320 PALM DRIVE  
**City, State Zip:** DESERT HOT SPRINGS, 92240  
**Phone:** (760) 773-6767 **Fax:** (760) 773-6760  
**Record ID:** 330124CN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 7/31/2017

**Program Name:** RIVERSIDE COUNTY SUBSTANCE USE PROGRAM, DBA LAKE ELSINORE SUBSTANCE USE PROGRAM  
**Legal Name:** RIVERSIDE COUNTY MENTAL HEALTH DEPARTMENT  
**Address:** 31760 CASINO DRIVE, SUITE 200  
**City, State Zip:** LAKE ELSINORE, 92530  
**Phone:** (951) 474-4649      **Fax:** (951) 471-4687  
**Record ID:** 330124DN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 7/31/2017

**Program Name:** RIVERSIDE COUNTY SUBSTANCE USE PROGRAM, DBA BANNING SUBSTANCE USE PROGRAM  
**Legal Name:** RIVERSIDE COUNTY MENTAL HEALTH DEPARTMENT  
**Address:** 1330 W. RAMSEY STREET  
**City, State Zip:** BANNING, 92220  
**Phone:** (951) 849-7142      **Fax:** (951) 849-1762  
**Record ID:** 330124EN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 7/31/2017

**Program Name:** SOVEREIGN HEALTH OF CALIFORNIA  
**Legal Name:** DUAL DIAGNOSIS TREATMENT CENTER, INC.  
**Address:** 69508 BORREGO ROAD  
**City, State Zip:** CATHEDRAL CITY, 92234  
**Phone:** (949) 324-2818      **Fax:** (760) 699-2450  
**Record ID:** 330125BP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2017

**Program Name:** DIAMOND RECOVERY SERVICES  
**Legal Name:** RNR RECOVERY, INC.  
**Address:** 29204 SHIPWRIGHT DRIVE  
**City, State Zip:** MENIFEE, 92585  
**Phone:** (951) 672-4525  
**Record ID:** 330126AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2017

**Program Name:** BLUESTONE RECOVERY, INC.  
**Legal Name:** BLUESTONE RECOVERY, INC.  
**Address:** 1660 CHICAGO AVENUE, #M-11  
**City, State Zip:** RIVERSIDE, 92507  
**Phone:** (951) 536-2213  
**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, 92506  
**Phone:** (949) 397-5056  
**Record ID:** 330128AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 6/30/2017

**Program Name:** THE CENTER FOR LIFE CHANGE  
**Legal Name:** THE CENTER FOR LIFE CHANGE, INC.  
**Address:** 43397 BUSINESS PARK DRIVE, SUITE D6  
**City, State Zip:** TEMECULA, 92590  
**Phone:** (951) 775-4000  
**Record ID:** 330129AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2017

**Program Name:** WEST COAST RECOVERY CENTER, LLC  
**Legal Name:** WEST COAST RECOVERY CENTER, LLC  
**Address:** 950 NORTH STATE STREET, SUITE C  
**City, State Zip:** HEMET, 92543  
**Phone:** (951) 223-4786      **Fax:** (951) 929-8555  
**Record ID:** 330130AP  
**Service Type:** NON-DETOX  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2017

**Program Name:** ADELANTE RECOVERY CENTER, INC.  
**Legal Name:** ADELANTE RECOVERY CENTER, INC.  
**Address:** 23970 SPENSER BUTTE DRIVE  
**City, State Zip:** PERRIS, 92570  
**Phone:** (951) 657-7863      **Fax:** (951) 943-9251  
**Record ID:** 330132AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2017

**Program Name:** GRANJA RESIDENTIAL DETOXIFICATION AND TREATMENT SERVICES  
**Legal Name:** WEST COAST WELLNESS CENTERS LLC  
**Address:** 39689 GRANJA COURT  
**City, State Zip:** TEMECULA, 92592  
**Phone:** (951) 693-9200      **Fax:** (951) 929-8500  
**Record ID:** 330133AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 12/31/2017

**Program Name:** GREEN MEADOWS RESIDENTIAL DETOXIFICATION AND TREATMENT SERVICES  
**Legal Name:** WEST COAST WELLNESS CENTERS LLC  
**Address:** 38880 GREEN MEADOWS ROAD  
**City, State Zip:** TEMECULA, 92592  
**Phone:** (951) 302-1247      **Fax:** (915) 929-8500  
**Record ID:** 330133BP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 12/31/2017

**Program Name:** GREY SQUIRREL RESIDENTIAL DETOXIFICATION AND TREATMENT SERVICES  
**Legal Name:** WEST COAST WELLNESS CENTERS LLC  
**Address:** 39140 GREY SQUIRREL ROAD  
**City, State Zip:** TEMECULA, 92592  
**Phone:** (951) 693-9200      **Fax:** (951) 693-9200  
**Record ID:** 330133CP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 12/31/2017

**Program Name:** GRAND RESIDENTIAL DETOXIFICATION AND TREATMENT SERVICES  
**Legal Name:** WEST COAST WELLNESS CENTERS LLC  
**Address:** 17210 GRAND AVENUE  
**City, State Zip:** LAKE ELSINORE, 92530  
**Phone:** (951) 678-5694      **Fax:** (951) 929-8500  
**Record ID:** 330133DP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 5  
**Total Occupancy:** 5  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 12/31/2017

**Program Name:** WEST COAST WELLNESS CENTERS  
**Legal Name:** WEST COAST WELLNESS CENTERS LLC  
**Address:** 784 OLIVETTE STREET  
**City, State Zip:** HEMET, 92543  
**Phone:** (951) 929-8200  
**Record ID:** 330133FP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2018

**Program Name:** WEST COAST COUNSELING WELLNESS CENTERS  
**Legal Name:** WEST COAST WELLNESS CENTERS LLC  
**Address:** 660 N CAWSTON AVENUE  
**City, State Zip:** HEMET, 92545  
**Phone:** (951) 929-8200  
**Record ID:** 330133GP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2018

**Program Name:** WEST COAST WELLNESS CENTERS  
**Legal Name:** WEST COAST WELLNESS CENTERS LLC  
**Address:** 26419 LIBERTY DRIVE  
**City, State Zip:** HEMET, 92544  
**Phone:** (714) 232-0649 **Fax:** (714) 549-7393  
**Record ID:** 330133HP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2018

**Program Name:** HEARTH STONE HOUSE  
**Legal Name:** HEARTH STONE HOUSE, INC  
**Address:** 44500 SAN PASCAUL AVENUE  
**City, State Zip:** PALM DESERT, 92260  
**Phone:** (760) 779-1999 **Fax:** (760) 799-8999  
**Record ID:** 330134AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**Program Name:** CALIFORNIA HIGHLANDS ADDICTION TREATMENT  
**Legal Name:** CALIFORNIA ADDICTION TREATMENT CENTER LLC  
**Address:** 15986 S. HIGHLAND SPRINGS AVENUE  
**City, State Zip:** BANNING, 92220  
**Phone:** (213) 787-5755 **Fax:** (909) 245-1090  
**Record ID:** 330135AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 16  
**Total Occupancy:** 16  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2017

**Program Name:** IMMANUEL HOUSE AOD RECOVERY PROGRAM  
**Legal Name:** IMMANUEL SOBRIETY INC  
**Address:** 24999 BRODIAEA AVENUE  
**City, State Zip:** MORENO VALLEY, 92553  
**Phone:** (951) 242-2451 **Fax:** (951) 653-5505  
**Record ID:** 330136AN  
**Service Type:** RES  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 7/31/2017

**Program Name:** BEST NEW LIFE RECOVERY  
**Legal Name:** BROOKE ELIZABETH BEST-FREEMAN  
**Address:** 36881 DOREEN DRIVE  
**City, State Zip:** MURRIETA, 92563  
**Phone:** (951) 545-4606  
**Record ID:** 330137AP  
**Service Type:** RES  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 6/30/2017

**Program Name:** THE KILOBY CENTER FOR RECOVERY, INC.  
**Legal Name:** THE KILOBY CENTER FOR RECOVERY, INC.  
**Address:** 71-777 SAN JACINTO DRIVE, SUITE 102  
**City, State Zip:** RANCHO MIRAGE, 92270  
**Phone:** (442) 666-8526  
**Record ID:** 330138AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

**Program Name:** NEW LIFE RIVERSIDE SUBSTANCE USE  
Legal Name: RIVERSIDE COUNTY SUBSTANCE USE PROGRAM  
Address: 771 BLAINE STREET, SUITE C  
City, State Zip: RIVERSIDE, 92507  
Phone: (951) 358-4120 Fax: (951) 358-4189  
**Record ID:** 330139AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 1/31/2018

**Program Name:** DAY REPORTING CENTER RIVERSIDE SUBSTANCE USE  
Legal Name: RIVERSIDE COUNTY SUBSTANCE USE PROGRAM  
Address: 1020 IOWA AVENUE, SUITE B  
City, State Zip: RIVERSIDE, 92507  
Phone: (951) 358-6691 Fax: (951) 358-4479  
**Record ID:** 330139BN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 1/31/2018

**Program Name:** BLUE TIGER RECOVERY  
Legal Name: BLUE TIGER RECOVERY LLC  
Address: 2825 E TAHQUITZ CANYON WAY, BUILDING C  
City, State Zip: PALM SPRINGS, 92262  
Phone: (760) 534-3487 Fax: (760) 406-4045  
**Record ID:** 330140AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 11/30/2017

**Program Name:** BRISAS IOP  
Legal Name: MIND & BODY TREATMENT AND RESEARCH INSTITUTE, P.C.  
Address: 5700 DIVISION STREET, SUITE 200-B  
City, State Zip: RIVERSIDE, 92506  
Phone: (510) 685-2022 Fax: (858) 222-8801  
**Record ID:** 330141AP  
Service Type: NON-DETOX  
Target Population: 1.1 --- CO-ED  
Expiration Date: 2/28/2017

**Program Name:** FULL CIRCLE RECOVERY  
Legal Name: FULL CIRCLE RECOVERY, INC.  
Address: 139 TRAKEHNER  
City, State Zip: NORCO, 92860  
Phone: (951) 737-6199 Fax: (951) 737-6199  
**Record ID:** 330141BN  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 2/28/2018

**Program Name:** FULL CIRCLE RECOVERY, INC.  
Legal Name: FULL CIRCLE RECOVERY, INC.  
Address: 1860 LAMPTON LANE  
City, State Zip: NORCO, 92860  
Phone: (951) 737-6199 Fax: (951) 737-6199  
**Record ID:** 330141CN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 1/31/2018

**Program Name:** CLEAR VISION RECOVERY CENTER  
Legal Name: CLEAR VISION, LLC  
Address: 16891 ALITA DRIVE  
City, State Zip: RIVERSIDE, 92504  
Phone: (951) 313-7403 Fax: (951) 787-4962  
**Record ID:** 330142AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 3/31/2018

**Program Name:** PHOENIX RISING RECOVERY  
Legal Name: EXECUTIVE RECOVERY GROUP, INC.  
Address: 35450 PEGASUS COURT  
City, State Zip: PALM DESERT, 92211  
Phone: (760) 409-1287  
**Record ID:** 330143AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 1/31/2018

**Program Name:** RANCHO MILAGRO RECOVERY, INC.  
**Legal Name:** RANCHO MILAGRO RECOVERY, INC.  
**Address:** 31985 HONEYSUCKLE CIRCLE  
**City, State Zip:** WINCHESTER, 92596  
**Phone:** (951) 526-3998  
**Record ID:** 330144AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 4/30/2018

**Program Name:** SUN RAY ADDICTIONS COUNSELING & EDUCATION  
**Legal Name:** SUN RAY HOLDING COMPANY, LLC  
**Address:** 950 N STATE STREET, SUITE D & E  
**City, State Zip:** HEMET, 92543  
**Phone:** (951) 652-3560      **Fax:** (951) 929-8750  
**Record ID:** 330145AP  
**Service Type:** NON-DETOX  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 1/31/2018

**Program Name:** SOUTHERN CALIFORNIA ADDICTION CENTER  
**Legal Name:** SOUTHERN CALIFORNIA ADDICTION CENTER INC.  
**Address:** 36500 DE PORTOLA ROAD  
**City, State Zip:** TEMECULA , 92592  
**Phone:** (951) 302-2481      **Fax:** (951) 302-2392  
**Record ID:** 330146AP  
**Service Type:** RES  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2018

**Program Name:** PALM DESERT RECOVERY CENTER  
**Legal Name:** PALM DESERT RECOVERY CENTER, INC.  
**Address:** 73733 FRED WARING DRIVE, SUITE 100  
**City, State Zip:** PALM DESERT, 92260  
**Phone:** (760) 230-5300      **Fax:** (760) 990-2247  
**Record ID:** 330148AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 1/31/2018

**Program Name:** FULL CIRCLE RECOVERY  
**Legal Name:** FULL CIRCLE RECOVERY, INC.  
**Address:** 1840 LAMPTON LANE  
**City, State Zip:** NORCO, 92860  
**Phone:** (951) 737-6199      **Fax:** (951) 737-6199  
**Record ID:** 330151AN  
**Service Type:** RES  
**Resident Capacity:** 4  
**Total Occupancy:** 4  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 2/28/2018

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

As of 5/2/2016

Sacramento County

**Program Name:** ALPHA OAKS  
Legal Name: ASSOCIATED REHABILITATION PROGRAM FOR WOMEN, INC.  
Address: 8400 FAIR OAKS BOULEVARD  
City, State Zip: CARMICHAEL, 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: 5/31/2016

**Program Name:** CORNERSTONE  
Legal Name: ASSOCIATED REHABILITATION PROGRAM FOR WOMEN, INC.  
Address: 6348 AND 6350 APPIAN WAY  
City, State Zip: CARMICHAEL, 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: 4/30/2016

**Program Name:** ALTUA  
Legal Name: RIVER CITY RECOVERY CENTER, INC.  
Address: 12490 ALTA MESA ROAD  
City, State Zip: HERALD, 95638-8409  
Phone: (209) 748-2470  
**Record ID:** 340002AN  
Service Type: RES  
Resident Capacity: 55  
Total Occupancy: 55  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 7/31/2016

**Program Name:** STARLIGHT  
Legal Name: RIVER CITY RECOVERY CENTER, INC.  
Address: 2218 E STREET  
City, State Zip: SACRAMENTO, 95816  
Phone: (916) 442-4519 Fax: (916) 442-3577  
**Record ID:** 340002BN  
Service Type: RES  
Resident Capacity: 24  
Total Occupancy: 26  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 11/30/2016

**Program Name:** MI CASA RECOVERY HOME  
Legal Name: MEXICAN AMERICAN ADDICTION PROGRAM, INC.  
Address: 2515 48TH AVENUE  
City, State Zip: SACRAMENTO, 95822-3810  
Phone: (916) 394-2323 Fax: (916) 394-2480  
**Record ID:** 340004BN  
Service Type: RES  
Resident Capacity: 16  
Total Occupancy: 16  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 7/31/2016

**Program Name:** MAAP COUNSELING CENTER  
Legal Name: MEXICAN AMERICAN ADDICTION PROGRAM, INC.  
Address: 3612 MADISON AVENUE, SUITE 29  
City, State Zip: NORTH HIGHLANDS, 95660-5068  
Phone: (916) 394-3489 Fax: (916) 231-9172  
**Record ID:** 340004CN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 7/31/2016

**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, 95823-2535  
**Phone:** (916) 394-3489 **Fax:** (916) 394-2480  
**Record ID:** 340004DN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2017

**Program Name:** SOBRIETY BRINGS A CHANGE  
**Legal Name:** SOBRIETY BRINGS A CHANGE  
**Address:** 4600 47TH AVENUE #102  
**City, State Zip:** SACRAMENTO, 95824-3923  
**Phone:** (916) 454-4242  
**Record ID:** 340008AN  
**Service Type:** NON  
**Target Population:** 1.5 --- YOUTH/ADOLESCENT  
**Expiration Date:** 9/30/2016

**Program Name:** ALTERNATIVE HOUSE  
**Legal Name:** WELLSPACE HEALTH  
**Address:** 1550 JULIESSE AVENUE  
**City, State Zip:** SACRAMENTO, 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:** 2/28/2018

**Program Name:** CRISIS INTAKE AND COUNSELING CENTER  
**Legal Name:** WELLSPACE HEALTH  
**Address:** 1820 J STREET  
**City, State Zip:** SACRAMENTO, 95811-3010  
**Phone:** (916) 325-5556 **Fax:** (916) 444-5620  
**Record ID:** 340015CN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 1/31/2018

**Program Name:** WELLSPACE HEALTH RESIDENTIAL  
**Legal Name:** WELLSPACE HEALTH  
**Address:** 7586 STOCKTON BOULEVARD  
**City, State Zip:** SACRAMENTO, 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:** 9/30/2016

**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, 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:** 11/30/2016

**Program Name:** D & A DETOX CENTER  
**Legal Name:** D & A DETOX CENTER  
**Address:** 2721 BARBERA WAY  
**City, State Zip:** RANCHO CORDOVA, 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:** 3/31/2018

**Program Name:** D & A TREATMENT CENTER  
**Legal Name:** D & A DETOX CENTER  
**Address:** 10157 LA ALEGRIA DRIVE  
**City, State Zip:** RANCHO CORDOVA, 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:** 6/30/2017

**Program Name:** ANOTHER CHOICE, ANOTHER CHANCE  
**Legal Name:** ANOTHER CHOICE, ANOTHER CHANCE  
**Address:** 7000 FRANKLIN BOULEVARD, SUITE 625  
**City, State Zip:** SACRAMENTO, 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, 95826-3900  
**Phone:** (916) 875-1171  
**Record ID:** 340038AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2016

**Program Name:** NEW DAWN RECOVERY CENTER  
**Legal Name:** CDT SERVICE CORPORATION  
**Address:** 6371 AUBURN BOULEVARD, SUITE A  
**City, State Zip:** CITRUS HEIGHTS, 95621-5275  
**Phone:** (916) 723-1319  
**Record ID:** 340039AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 11/30/2016

**Program Name:** NEW DAWN RECOVERY CENTERS  
**Legal Name:** CDT SERVICE CORPORATION  
**Address:** 6039, 6040, 6043, AND 6045 ROLOFF WAY  
**City, State Zip:** ORANGEVALE, 95662-4544  
**Phone:** (916) 989-1675 **Fax:** (916) 989-8164  
**Record ID:** 340039BP  
**Service Type:** RES  
**Resident Capacity:** 22  
**Total Occupancy:** 22  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 11/30/2017

**Program Name:** NEW DAWN RECOVERY CENTERS  
**Legal Name:** CDT SERVICE CORPORATION  
**Address:** 8780 & 8782 SHERRY DRIVE  
**City, State Zip:** ORANGEVALE, 95662-4534  
**Phone:** (916) 989-1675 **Fax:** (916) 989-8164  
**Record ID:** 340039CP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 11  
**Total Occupancy:** 11  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2017

**Program Name:** NEW DAWN RECOVERY CENTERS  
**Legal Name:** CDT SERVICE CORPORATION  
**Address:** 9960 BUSINESS PARK DRIVE, SUITE 160  
**City, State Zip:** SACRAMENTO, 95827-1733  
**Phone:** (916) 989-1675  
**Record ID:** 340039EP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2017

**Program Name:** THE PROMISE HOUSE  
**Legal Name:** BRIDGES PROFESSIONAL TREATMENT SERVICES  
**Address:** 2727 P STREET  
**City, State Zip:** SACRAMENTO, 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:** 10/31/2017

**Program Name:** BRIDGES OUTPATIENT TREATMENT SERVICES  
**Legal Name:** BRIDGES PROFESSIONAL TREATMENT SERVICES  
**Address:** 3600 POWER INN ROAD, SUITE D  
**City, State Zip:** SACRAMENTO, 95826-3826  
**Phone:** (916) 453-2704 **Fax:** (916) 453-2708  
**Record ID:** 340041CN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 1/31/2017

**Program Name:** BRIDGES RESIDENTIAL  
**Legal Name:** BRIDGES PROFESSIONAL TREATMENT SERVICES  
**Address:** 1731 P STREET  
**City, State Zip:** SACRAMENTO, 95814-6104  
**Phone:** (916) 450-0700 **Fax:** (916) 930-0554  
**Record ID:** 340041DN  
**Service Type:** RES  
**Resident Capacity:** 28  
**Total Occupancy:** 28  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 7/31/2017

**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, 95814-5216  
**Phone:** (916) 443-3299 **Fax:** (916) 325-1980  
**Record ID:** 340042BN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2017

**Program Name:** SACRAMENTO AREA EMERGENCY HOUSING CENTER  
**Legal Name:** SACRAMENTO AREA EMERGENCY HOUSING CENTER  
**Address:** 4516 PARKER AVENUE  
**City, State Zip:** SACRAMENTO, 95820-4029  
**Phone:** (916) 455-2120  
**Record ID:** 340045BN  
**Service Type:** NON  
**Target Population:** 1.7 --- FAMILIES  
**Expiration Date:** 2/28/2017

**Program Name:** CENTER POINT  
**Legal Name:** CENTER POINT, INC.  
**Address:** 11228 FAIR OAKS BOULEVARD  
**City, State Zip:** FAIR OAKS, 95628-5139  
**Phone:** (916) 962-2800 **Fax:** (415) 492-8844  
**Record ID:** 340048AN  
**Service Type:** RES  
**Resident Capacity:** 31  
**Total Occupancy:** 35  
**Target Population:** 1.4 --- WOMEN/CHILDREN  
**Expiration Date:** 9/30/2017

**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, 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, 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:** 11/30/2017

**Program Name:** KOINONIA GROUP HOME #5  
**Legal Name:** KOINONIA FOSTER HOMES, INC.  
**Address:** 4232 BIG CLOUD WAY  
**City, State Zip:** ANTELOPE, 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:** CLEAN & SOBER DETOX  
**Legal Name:** CLEAN & SOBER DETOX, A CALIFORNIA NONPROFIT CORPORATION  
**Address:** 8946 MADISON AVENUE  
**City, State Zip:** FAIR OAKS, 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:** 10/31/2017

**Program Name:** AZURE ACRES IOP  
**Legal Name:** THE CAMP RECOVERY CENTER, LLC  
**Address:** 2641 COTTAGE WAY, SUITES 8, 9 AND 10  
**City, State Zip:** SACRAMENTO, 95825  
**Phone:** (916) 338-0400 **Fax:** (916) 338-3589  
**Record ID:** 340078AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2017

**Program Name:** SACRAMENTO TREATMENT CLINIC  
**Legal Name:** TREATMENT ASSOCIATES, INC.  
**Address:** 7225 EAST SOUTHGATE DRIVE, SUITE D  
**City, State Zip:** SACRAMENTO, 95823-2651  
**Phone:** (760) 710-0951 **Fax:** (916) 394-1010  
**Record ID:** 340080AP  
**Service Type:** NON-DETOX  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 11/30/2016

**Program Name:** SACRAMENTO NATIVE AMERICAN HEALTH CENTER  
**Legal Name:** SACRAMENTO NATIVE AMERICAN HEALTH CENTER, INC.  
**Address:** 2020 J STREET  
**City, State Zip:** SACRAMENTO, 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, 95841-4139  
**Phone:** (916) 473-5764 **Fax:** (916) 473-5766  
**Record ID:** 340084AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 7/31/2017

**Program Name:** STRATEGIES FOR CHANGE  
Legal Name: STRATEGIES FOR CHANGE  
Address: 4343 WILLIAMSBOURGH DRIVE  
City, State Zip: SACRAMENTO, 95823-2006  
Phone: (916) 395-3552  
**Record ID:** 340084BN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 8/31/2016

**Program Name:** SIERRA VISTA HOSPITAL OUTPATIENT CD PROGRAM  
Legal Name: BHC SIERRA VISTA HOSPITAL, INC.  
Address: 8009 BRUCEVILLE ROAD #100  
City, State Zip: SACRAMENTO, 95823-2332  
Phone: (916) 288-0300 Fax: (916) 689-5517  
**Record ID:** 340090AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 1/31/2018

**Program Name:** CLEAN & SOBER RECOVERY HOME  
Legal Name: CLEAN & SOBER RECOVERY SERVICES, INC.  
Address: 5820 CHESTNUT AVENUE  
City, State Zip: ORANGEVALE, 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: 3/31/2018

**Program Name:** PATHWAYS RECOVERY  
Legal Name: PATHWAYS RECOVERY  
Address: 6538 GREY OAK COURT  
City, State Zip: CITRUS HEIGHTS, 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: 2/28/2018

**Program Name:** TOWNS HEALTH SERVICES  
Legal Name: TOWNS HEALTH SERVICES, INC.  
Address: 750 SPAANS DRIVE  
SUITE C, D, AND F  
City, State Zip: GALT, 95632-8609  
Phone: (916) 612-2452 Fax: (209) 744-9910  
**Record ID:** 340100AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 3/31/2018

**Program Name:** PALM TREE RANCH  
Legal Name: TOWNS HEALTH SERVICES, INC.  
Address: 12370 CLAY STATION ROAD  
City, State Zip: HERALD, 95638  
Phone: (209) 748-2628  
**Record ID:** 340100BP  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 7  
Target Population: 1.1 --- CO-ED  
Expiration Date: 1/31/2018

**Program Name:** PREPARING PEOPLE FOR SUCCESS  
Legal Name: PREPARING PEOPLE FOR SUCCESS  
Address: 1513 SPORTS DRIVE, SUITE 100  
City, State Zip: SACRAMENTO, 95834-1904  
Phone: (916) 807-6768 Fax: (916) 515-9334  
**Record ID:** 340102AN  
Service Type: NON  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 12/31/2016

**Program Name:** SACRAMENTO RECOVERY HOUSE  
Legal Name: SACRAMENTO RECOVERY HOUSE, INC.  
Address: 1914 22ND STREET  
City, State Zip: SACRAMENTO, 95816-7109  
Phone: (916) 455-6258  
**Record ID:** 340103AN  
Service Type: RES  
Resident Capacity: 17  
Total Occupancy: 18  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 8/31/2016

**Program Name:** GATEWAY HOUSE  
Legal Name: SACRAMENTO RECOVERY HOUSE, INC.  
Address: 4049 MILLER WAY  
City, State Zip: SACRAMENTO, 95817-1332  
Phone: (916) 451-9312 Fax: (916) 451-8014  
**Record ID:** 340103BN  
Service Type: RES  
Resident Capacity: 18  
Total Occupancy: 18  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 5/31/2016

**Program Name:** VERITAS COUNSELING CDIOP  
Legal Name: VERITAS COUNSELING CDIOP  
Address: 3137 DWIGHT ROAD, SUITE 600  
City, State Zip: ELK GROVE, 95758-6472  
Phone: (916) 422-1319 Fax: (916) 422-1321  
**Record ID:** 340105AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 9/30/2017

**Program Name:** VALLEY RECOVERY CENTER OF CALIFORNIA  
Legal Name: SUMMIT BHC SACRAMENTO, LLC  
Address: 2221 FAIR OAKS BOULEVARD  
City, State Zip: SACRAMENTO, 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: 4/30/2018

**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, 95670  
Phone: (916) 368-7074  
**Record ID:** 340107AP  
Service Type: RES-DETOX  
Resident Capacity: 16  
Total Occupancy: 16  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 6/30/2017

**Program Name:** CEDAR POINT RECOVERY  
Legal Name: CEDAR POINT RECOVERY, LLC  
Address: 8950 CAL CENTER DRIVE, SUITE 160  
City, State Zip: SACRAMENTO, 95826  
Phone: (916) 273-4543 Fax: (916) 376-7467  
**Record ID:** 340109AP  
Service Type: NON-DETOX  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2017

**Program Name:** CEDAR POINT RECOVERY  
Legal Name: CEDAR POINT RECOVERY, LLC  
Address: 1099 STEWART ROAD  
City, State Zip: SACRAMENTO, 95864-5303  
Phone: (844) 262-0337 Fax: (916) 514-9307  
**Record ID:** 340109BP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 10  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2017

**Program Name:** CEDAR POINT RETREAT  
**Legal Name:** CEDAR POINT RECOVERY, LLC  
**Address:** 131 DAWN RIVER WAY  
**City, State Zip:** FOLSOM, 95630  
**Phone:** (844) 262-0338      **Fax:** (916) 597-2556  
**Record ID:** 340109CP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 8  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2017

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

As of 5/2/2016

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, 95023  
**Phone:** (831) 636-4020      **Fax:** (831) 636-4015  
**Record ID:** 350001AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2017

**Program Name:** BRIGHT FUTURE RECOVERY, INC.  
**Legal Name:** BRIGHT FUTURE RECOVERY, INC.  
**Address:** 1000 FAIRVIEW ROAD  
**City, State Zip:** HOLLISTER, 95023  
**Phone:** (831) 245-7736  
**Record ID:** 350002AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 6/3/2017

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

**As of 5/2/2016**

**San Bernardino County**

---

**Program Name:** RECOVERY CENTER  
**Legal Name:** INLAND VALLEY DRUG AND ALCOHOL RECOVERY SERVICES  
**Address:** 916 NORTH MOUNTAIN AVE., SUITE A AND 934 NORTH MOUNTAIN AVE., SUITES A & B  
**City, State Zip:** UPLAND, 91786  
**Phone:** (909) 949-4667  
**Record ID:** 360001AAN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

**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, 92410  
**Phone:** (909) 889-6519      **Fax:** (909) 889-6560  
**Record ID:** 360001ABN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2018

**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, 91786  
**Phone:** (909) 932-1069      **Fax:** (909) 932-1087  
**Record ID:** 360001ZLN  
**Service Type:** RES-DETOX  
**Resident Capacity:** 65  
**Total Occupancy:** 75  
**Target Population:** 1.4 --- WOMEN/CHILDREN  
**Expiration Date:** 2/29/2016

**Program Name:** CEDAR HOUSE LIFE CHANGE CENTER  
**Legal Name:** SOCIAL SCIENCE SERVICES, INC.  
**Address:** 18612 SANTA ANA AVENUE  
**City, State Zip:** BLOOMINGTON, 92316  
**Phone:** (909) 421-7120  
**Record ID:** 360002CN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 1/31/2018

**Program Name:** CEDAR HOUSE LIFE CHANGE CENTER  
**Legal Name:** SOCIAL SCIENCE SERVICES, INC.  
**Address:** 18612 SANTA ANA AVENUE  
**City, State Zip:** BLOOMINGTON, 92316  
**Phone:** (909) 421-7120  
**Record ID:** 360002DN  
**Service Type:** RES  
**Resident Capacity:** 125  
**Total Occupancy:** 125  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 1/31/2018

**Program Name:** CEDAR HOUSE LIFE CHANGE CENTER  
**Legal Name:** SOCIAL SCIENCE SERVICES, INC.  
**Address:** 10888 MAPLE AVENUE  
**City, State Zip:** BLOOMINGTON, 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:** 10/31/2017

**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, 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:** 5/31/2018

**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, 92392  
**Phone:** (760) 241-4917 **Fax:** (760) 241-8911  
**Record ID:** 360003IN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 11/30/2017

**Program Name:** HARRIS HOUSE  
**Legal Name:** VARP, INC.  
**Address:** 907 WEST RIALTO AVENUE  
**City, State Zip:** SAN BERNARDINO, 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:** 8/31/2016

**Program Name:** GIBSON HOUSE FOR MEN  
**Legal Name:** VARP, INC.  
**Address:** 1100, 1078 AND 1094 NORTH D STREET, AND 1087 NORTH STODDARD STREET  
**City, State Zip:** SAN BERNARDINO, 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:** 8/31/2016

**Program Name:** GIBSON HOUSE RECOVERY CENTER FOR WOMEN  
**Legal Name:** VARP, INC.  
**Address:** 1103, 1107, 1069, 1135, 1139, 1149 NORTH D STREET AND 382 & 384 11TH STREET  
**City, State Zip:** SAN BERNARDINO, 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:** 8/31/2016

**Program Name:** PINE RIDGE TREATMENT CENTER  
**Legal Name:** PINE RIDGE TREATMENT CENTER, INCORPORATED  
**Address:** 2727 HIGHLAND DRIVE  
**City, State Zip:** RUNNING SPRINGS, 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:** 9/30/2017

**Program Name:** PINE RIDGE TREATMENT CENTERS, INC. - VICTORVILLE  
**Legal Name:** PINE RIDGE TREATMENT CENTER, INCORPORATED  
**Address:** 15367 BONANZA ROAD, #A  
**City, State Zip:** VICTORVILLE, 92392  
**Phone:** (760) 955-1012 **Fax:** (760) 955-4811  
**Record ID:** 360007BP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**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, 92408  
**Phone:** (909) 890-0294  
**Record ID:** 360007CP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**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, 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:** 6/30/2016

**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, 92405  
**Phone:** (909) 881-6146 **Fax:** (909) 881-0111  
**Record ID:** 360015AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 11/30/2017

**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, 91730  
**Phone:** (909) 989-9724  
**Record ID:** 360020AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

**Program Name:** DAP RECOVERY HOME  
**Legal Name:** DRUG ALTERNATIVE PROGRAM  
**Address:** 11805 AND 11816 ARLISS LANE  
**City, State Zip:** GRAND TERRACE, 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:** 8/31/2017

**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, 92395  
**Phone:** (760) 243-7151 **Fax:** (760) 952-1432  
**Record ID:** 360030AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2017

**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, 92311  
**Phone:** (760) 243-7151  
**Record ID:** 360030BN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 8/31/2017

**Program Name:** PRIDE  
**Legal Name:** MENTAL HEALTH SYSTEMS, INC.  
**Address:** 1874 S. BUSINESS DRIVE  
**City, State Zip:** SAN BERNARDINO, 92408  
**Phone:** (858) 573-2600 **Fax:** (858) 573-5144  
**Record ID:** 360033AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2017

**Program Name:** VICTOR VALLEY CENTER FOR CHANGE  
**Legal Name:** MENTAL HEALTH SYSTEMS, INC.  
**Address:** 15770 MOJAVE DRIVE, SUITES K & L  
**City, State Zip:** VICTORVILLE, 92394  
**Phone:** (858) 573-2600 **Fax:** (858) 573-5144  
**Record ID:** 360033BN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 1/31/2017

**Program Name:** REDLANDS CENTER FOR CHANGE  
**Legal Name:** MENTAL HEALTH SYSTEMS, INC.  
**Address:** 802 WEST COLTON AVENUE, SUITE C  
**City, State Zip:** REDLANDS, 92374  
**Phone:** (858) 573-2600 **Fax:** (909) 335-1701  
**Record ID:** 360033DN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2017

**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, 92324  
**Phone:** (858) 573-2600 **Fax:** (909) 433-9824  
**Record ID:** 360033HN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**Program Name:** NEEDLES CENTER FOR CHANGE  
**Legal Name:** MENTAL HEALTH SYSTEMS, INC.  
**Address:** 300 H STREET  
**City, State Zip:** NEEDLES, 92363  
**Phone:** (858) 573-2600 **Fax:** (858) 573-5144  
**Record ID:** 360033IN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2018

**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, 92324  
**Phone:** (858) 573-2600 **Fax:** (858) 573-5144  
**Record ID:** 360033JN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**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, 92408  
**Phone:** (858) 573-2600 **Fax:** (909) 386-0529  
**Record ID:** 360033MN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 1/31/2017

**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, 92315  
**Phone:** (909) 872-0223 **Fax:** (909) 872-1686  
**Record ID:** 360033NN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 8/31/2017

**Program Name:** YUCCA VALLEY CENTER FOR CHANGE  
**Legal Name:** MENTAL HEALTH SYSTEMS, INC.  
**Address:** 58945 BUSINESS CENTER DRIVE, SUITES J, N & P  
**City, State Zip:** YUCCA VALLEY, 92284  
**Phone:** (909) 872-0223 **Fax:** (909) 872-1686  
**Record ID:** 360033ON  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**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, 92252  
**Phone:** (909) 872-0223      **Fax:** (909) 872-1686  
**Record ID:** 360033PN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 8/31/2017

**Program Name:** RIM FAMILY SERVICES  
**Legal Name:** RIM FAMILY SERVICES, INC.  
**Address:** 28545 HIGHWAY 18  
**City, State Zip:** SKYFOREST, 92385  
**Phone:** (909) 336-1800      **Fax:** (909) 336-0990  
**Record ID:** 360036AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 6/30/2016

**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, 92376  
**Phone:** (909) 421-9465      **Fax:** (909) 421-9457  
**Record ID:** 360050AN  
**Service Type:** NON  
**Target Population:** 1.4 --- WOMEN/CHILDREN  
**Expiration Date:** 5/31/2017

**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, 92311  
**Phone:** (760) 255-5700      **Fax:** (760) 256-5092  
**Record ID:** 360050EN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**Program Name:** MARIPOSA COMMUNITY COUNSELING  
**Legal Name:** SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH  
**Address:** 2940 Inland Empire Blvd.  
**City, State Zip:** ONTARIO, 92415  
**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, ROOMS 106, 119, 129, 131, 137, 200, 201, 203, 205, 206, LOBBY AND CLERICAL AREA  
**City, State Zip:** COLTON, 92324  
**Phone:** (909) 423-0750      **Fax:** (909) 423-0760  
**Record ID:** 360050IN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 11/30/2017

**Program Name:** FONTANA CHOICE SUBSTANCE USE DISORDER TREATMENT  
**Legal Name:** COUNTY OF SAN BERNARDINO, DEPARTMENT OF BEHAVIORAL HEALTH  
**Address:** 17830 ARROW BOULEVARD  
**City, State Zip:** FONTANA, 92335  
**Phone:** (909) 463-7556  
**Record ID:** 360050JN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2017

**Program Name:** VICTORVILLE CHOICE SUBSTANCE USE DISORDER TREATMENT  
**Legal Name:** COUNTY OF SAN BERNARDINO, DEPARTMENT OF BEHAVIORAL HEALTH  
**Address:** 15480 RAMONA AVENUE  
**City, State Zip:** VICTORVILLE, 92392-2421  
**Phone:** (760) 243-8145      **Fax:** (909) 388-0898  
**Record ID:** 360050KN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 11/30/2017

**Program Name:** RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC. (SAN MANUEL CLINIC)  
**Legal Name:** RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC.  
**Address:** 11980 MOUNT VERNON AVENUE  
**City, State Zip:** GRAND TERRANCE, 92313  
**Phone:** (951) 864-1097 **Fax:** (951) 849-9633  
**Record ID:** 360058AN  
**Service Type:** NON  
**Target Population:** 1.8 --- DUAL DIAGNOSIS  
**Expiration Date:** 4/30/2017

**Program Name:** COLTON CLINICAL SERVICES  
**Legal Name:** WCHS, INC.  
**Address:** 2275 EAST COOLEY DRIVE  
**City, State Zip:** COLTON, 92324  
**Phone:** (909) 370-1777 **Fax:** (909) 370-1776  
**Record ID:** 360066AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 11/30/2016

**Program Name:** TIME FOR CHANGE FOUNDATION  
**Legal Name:** TIME FOR CHANGE FOUNDATION  
**Address:** 1255 EAST HIGHLAND AVENUE, SUITE 211  
**City, State Zip:** SAN BERNARDINO, 92404  
**Phone:** (909) 886-2994 **Fax:** (909) 886-0218  
**Record ID:** 360071AN  
**Service Type:** NON  
**Target Population:** 1.3 --- WOMEN ONLY  
**Expiration Date:** 6/30/2017

**Program Name:** NEW CREATION ADDICTION TREATMENT CENTER  
**Legal Name:** G AND C SWAN INC.  
**Address:** 11646 ENCANTO LANE AND 23950 PRADO LANE  
**City, State Zip:** COLTON, 92324  
**Phone:** (909) 981-6121 **Fax:** (909) 944-0192  
**Record ID:** 360075AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 16  
**Total Occupancy:** 16  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2018

**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, 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:** 4/30/2018

**Program Name:** HIS HOUSE  
**Legal Name:** G AND C SWAN INC.  
**Address:** 1354 CARLOS PLACE  
**City, State Zip:** ONTARIO, 91764  
**Phone:** (909) 519-0767 **Fax:** (909) 944-0192  
**Record ID:** 360075CP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 12/31/2016

**Program Name:** NEW CREATION ADDICTION TREATMENT CENTER  
**Legal Name:** G AND C SWAN INC.  
**Address:** 9531 PITTSBURGH AVENUE  
**City, State Zip:** RANCHO CUCUMUNGA, 91786  
**Phone:** (909) 241-7219 **Fax:** (909) 985-2316  
**Record ID:** 360075DP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 6/30/2017

**Program Name:** HOH RECOVERY SERVICES  
**Legal Name:** HOUSE OF HOPE HOUSE OF FAITH, INC.  
**Address:** 14335 DUKE COURT.  
**City, State Zip:** ADELANTO, 92301  
**Phone:** (760) 403-3531 **Fax:** (760) 530-0817  
**Record ID:** 360076BN  
**Service Type:** RES  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2018

**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, 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:** 12/31/2016

**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, 92385  
**Phone:** (909) 337-3366 **Fax:** (909) 337-0242  
**Record ID:** 360082CP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2017

**Program Name:** ABOVE IT ALL TREATMENT CENTER  
**Legal Name:** HI-LAND MOUNTAIN HOMES, INC  
**Address:** 23739 LAKE DRIVE  
**City, State Zip:** CRESTLINE, 92325  
**Phone:** (202) 294-1554  
**Record ID:** 360082DP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 8/31/2017

**Program Name:** SERENITY LODGE  
**Legal Name:** ROCK RIDGE RESOURCES, INC.  
**Address:** 974, 985, 986, 977 AND 995 MEADOWBROOK ROAD  
**City, State Zip:** CREST PARK, 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:** 3/31/2017

**Program Name:** REFUGE TREATMENT CENTER  
**Legal Name:** REFUGE TREATMENT CENTER, INC.  
**Address:** 1366 YELLOWSTONE DRIVE  
**City, State Zip:** LAKE ARROWHEAD, 92352  
**Phone:** (909) 435-9021  
**Record ID:** 360094AP  
**Service Type:** RES  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2016

**Program Name:** NEW CREATION  
**Legal Name:** NEW CREATION BEHAVIORAL HEALTHCARE FOUNDATION  
**Address:** 2511 S MCCARTY DRIVE  
**City, State Zip:** COLTON, 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:** 6/30/2016

**Program Name:** MERITO HOUSE  
Legal Name: MERITO HOUSE, LLC  
Address: 911 CHURCH STREET  
City, State Zip: REDLANDS, 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: 1601 BARTON ROAD, APTS. 2301, 2302 AND 2903  
City, State Zip: REDLAND, 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, 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:** HOPE SPRINGS CALIFORNIA  
Legal Name: HOPE SPRINGS CALIFORNIA LLC  
Address: 31851 MISTLETOE DRIVE  
City, State Zip: RUNNING SPRINGS, 92382  
Phone: (909) 991-8257  
**Record ID:** 360102AP  
Service Type: RES-DETOX  
Resident Capacity: 5  
Total Occupancy: 7  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 3/31/2017

**Program Name:** HOPE SPRINGS CALIFORNIA  
Legal Name: HOPE SPRINGS CALIFORNIA LLC  
Address: 29099 HOSPITAL ROAD, SUITE 103 & 104  
City, State Zip: LAKE ARROWHEAD, 92352  
Phone: (909) 499-4766 Fax: (909) 337-5353  
**Record ID:** 360102BP  
Service Type: NON  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 6/30/2017

**Program Name:** REVIVAL RECOVERY SERVICES  
Legal Name: REVIVAL RECOVERY SERVICES  
Address: 12350 INDIAN RIVER DRIVE  
City, State Zip: APPLE VALLEY, 92308  
Phone: (760) 887-1632 Fax: (760) 961-8173  
**Record ID:** 360103AN  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 7  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 6/30/2017

**Program Name:** NEW ORIGINS  
Legal Name: NEW ORIGINS, LLC  
Address: 101 E. REDLANDS BOULEVARD, SUITE 200  
City, State Zip: REDLANDS, 92373  
Phone: (955) 984-1788 Fax: (909) 335-2804  
**Record ID:** 360105AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2017

**Program Name:** BLUESTONE RECOVERY, INC.  
**Legal Name:** BLUESTONE RECOVERY, INC.  
**Address:** 1027 S MT VERNON, #E  
**City, State Zip:** COLTON, 92324  
**Phone:** (951) 823-0540      **Fax:** (951) 823-0541  
**Record ID:** 360107AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 1/31/2018

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

**As of 5/2/2016**

**San Diego County**

---

**Program Name:** CROSSROADS FOUNDATION  
Legal Name: THE CROSSROADS FOUNDATION  
Address: 3594 FOURTH AVENUE  
City, State Zip: SAN DIEGO, 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: 6/30/2017

**Program Name:** HEARTLAND HOUSE  
Legal Name: THE TWELFTH STEP HOUSE OF SAN DIEGO  
Address: 5855 AND 5860 STREAMVIEW DRIVE  
City, State Zip: SAN DIEGO, 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: 9/30/2017

**Program Name:** SAN DIEGO FREEDOM RANCH  
Legal Name: SAN DIEGO FREEDOM RANCH, INC.  
Address: 1777 BUCKMAN SPRINGS ROAD  
City, State Zip: CAMPO, 91906  
Phone: (619) 478-5696 Fax: (619) 478-2404  
**Record ID:** 370004AN  
Service Type: RES  
Resident Capacity: 50  
Total Occupancy: 60  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 10/31/2017

**Program Name:** JR RANCH  
Legal Name: SAN DIEGO FREEDOM RANCH, INC.  
Address: 1765 BUCKMAN SPRINGS ROAD  
City, State Zip: CAMPO, 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: 8/31/2017

**Program Name:** SERENITY TOO  
Legal Name: HEALTHRIGHT 360  
Address: 130 SOUTH FIG STREET  
City, State Zip: ESCONDIDO, 92025  
Phone: (760) 747-1015 Fax: (760) 317-9110  
**Record ID:** 370005EN  
Service Type: NON  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 3/31/2017

**Program Name:** SERENITY CENTER  
Legal Name: HEALTHRIGHT 360  
Address: 1341 NORTH ESCONDIDO BOULEVARD  
City, State Zip: ESCONDIDO, 92026  
Phone: (760) 747-1015  
**Record ID:** 370005GN  
Service Type: RES  
Resident Capacity: 120  
Total Occupancy: 140  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 5/31/2016

**Program Name:** PATHFINDERS  
Legal Name: PATHFINDERS OF SAN DIEGO  
Address: 2952 AND 2980 CEDAR STREET, AND 1530 DALE STREET  
City, State Zip: SAN DIEGO, 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: 7/31/2016

**Program Name:** AMIGOS SOBRIOS  
Legal Name: VOLUNTEERS OF AMERICA, SOUTHWEST CALIFORNIA, INCORPORATION  
Address: 741 11TH AVENUE  
City, State Zip: SAN DIEGO, 92101  
Phone: (619) 232-7754 Fax: (619) 232-0968  
**Record ID:** 370007BN  
Service Type: RES  
Resident Capacity: 18  
Total Occupancy: 18  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 10/31/2017

**Program Name:** RENAISSANCE TREATMENT CENTER  
Legal Name: VOLUNTEERS OF AMERICA, SOUTHWEST CALIFORNIA, INCORPORATION  
Address: 2300 EAST 7TH STREET  
City, State Zip: NATIONAL CITY, 91950  
Phone: (619) 791-2730 Fax: (619) 470-4688  
**Record ID:** 370007CN  
Service Type: RES-DETOX  
Resident Capacity: 120  
Total Occupancy: 120  
Target Population: 1.8 --- DUAL DIAGNOSIS  
Expiration Date: 4/30/2016

**Program Name:** STEPPING STONE OF SAN DIEGO  
Legal Name: THE STEPPING STONE OF SAN DIEGO  
Address: 3767 CENTRAL AVENUE  
City, State Zip: SAN DIEGO, 92105  
Phone: (619) 584-4010 Fax: (619) 521-1701  
**Record ID:** 370008DN  
Service Type: RES  
Resident Capacity: 26  
Total Occupancy: 31  
Target Population: 1.8 --- DUAL DIAGNOSIS  
Expiration Date: 5/31/2016

**Program Name:** THE FELLOWSHIP CENTER  
Legal Name: THE FELLOWSHIP CENTER, INC.  
Address: 737 AND 745 EAST GRAND AVENUE, 726 AND 736 EAST 2ND AVENUE, AND 123 SOUTH ELM STREET  
City, State Zip: ESCONDIDO, 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: 7/31/2016

**Program Name:** VETERANS VILLAGE OF SAN DIEGO REHABILITATION CENTER  
Legal Name: VIETNAM VETERANS OF SAN DIEGO  
Address: 4115, 4125, 4137, AND 4141 AND 3760 COURTS STREET PACIFIC HIGHWAY  
City, State Zip: SAN DIEGO, 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: 6/30/2016

**Program Name:** THE WAY BACK  
Legal Name: THE WAY BACK  
Address: 2516 A STREET  
City, State Zip: SAN DIEGO, 92102-2199  
Phone: (619) 235-0592 Fax: (619) 235-0593  
**Record ID:** 370011AN  
Service Type: RES  
Resident Capacity: 27  
Total Occupancy: 29  
Target Population: 1.1 --- CO-ED  
Expiration Date: 2/28/2018

**Program Name:** TRADITION ONE-MEN  
Legal Name: TRADITION ONE  
Address: 4104, 4114 AND 4124 DELTA STREET  
City, State Zip: SAN DIEGO, 92113  
Phone: (619) 264-0141 Fax: (619) 264-7274  
**Record ID:** 370012AN  
Service Type: RES  
Resident Capacity: 46  
Total Occupancy: 49  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 2/28/2018

**Program Name:** TURNING POINT  
Legal Name: THE TURNING POINT HOME OF SAN DIEGO  
Address: 1315 25TH STREET  
City, State Zip: SAN DIEGO, 92102  
Phone: (619) 233-0067 Fax: (619) 233-3990  
**Record ID:** 370013AN  
Service Type: RES  
Resident Capacity: 20  
Total Occupancy: 21  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 7/31/2017

**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, 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: 9/30/2017

**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, 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: 9/30/2017

**Program Name:** HOUSE OF METAMORPHOSIS  
Legal Name: HOUSE OF METAMORPHOSIS, INC.  
Address: 2970 MARKET STREET  
City, State Zip: SAN DIEGO, 92102  
Phone: (619) 236-9217 Fax: (619) 236-9127  
**Record ID:** 370021AN  
Service Type: RES  
Resident Capacity: 64  
Total Occupancy: 64  
Target Population: 1.1 --- CO-ED  
Expiration Date: 11/30/2017

**Program Name:** HOUSE OF METAMORPHOSIS TRANSITIONAL LIVING FACILITY  
Legal Name: HOUSE OF METAMORPHOSIS, INC.  
Address: 2867 C STREET AND 2871 C STREET  
City, State Zip: SAN DIEGO, 92102  
Phone: (619) 236-9217 Fax: (619) 232-0855  
**Record ID:** 370021KN  
Service Type: RES  
Resident Capacity: 12  
Total Occupancy: 12  
Target Population: 1.1 --- CO-ED  
Expiration Date: 3/31/2017

**Program Name:** SHORT TERM I--MARLBOROUGH  
**Legal Name:** CRASH, INC.  
**Address:** 4161 MARLBOROUGH AVENUE  
**City, State Zip:** SAN DIEGO, 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:** 3/31/2017

**Program Name:** GOLDEN HILL HOUSE II  
**Legal Name:** CRASH, INC.  
**Address:** 726 F STREET  
**City, State Zip:** SAN DIEGO, 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:** 5/31/2016

**Program Name:** GOLDEN HILL HOUSE  
**Legal Name:** CRASH, INC.  
**Address:** 2410 E STREET  
**City, State Zip:** SAN DIEGO, 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:** 4/30/2017

**Program Name:** PEMARRO  
**Legal Name:** GROUP CONSCIENCE  
**Address:** 1482 KINGS VILLA ROAD  
**City, State Zip:** RAMONA, 92065  
**Phone:** (760) 789-8070 **Fax:** (760) 789-8073  
**Record ID:** 370025AN  
**Service Type:** RES-DETOX  
**Resident Capacity:** 10  
**Total Occupancy:** 10  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2016

**Program Name:** PHOENIX HOUSE SAN DIEGO  
**Legal Name:** PHOENIX HOUSE SAN DIEGO, INC.  
**Address:** 23981 SHERILTON VALLEY ROAD  
**City, State Zip:** DESCANSO, 91916  
**Phone:** (619) 445-0405 Ext: 4654 **Fax:** (619) 445-9028  
**Record ID:** 370030BN  
**Service Type:** DSS  
**Target Population:** 1.5 --- YOUTH/ADOLESCENT  
**Expiration Date:** 2/28/2017

**Program Name:** PHOENIX HOUSE CARLSBAD TEEN RECOVERY CENTER  
**Legal Name:** PHOENIX HOUSE SAN DIEGO, INC.  
**Address:** 785 GRAND AVENUE, SUITE 212, 214, 216 & 220  
**City, State Zip:** CARLSBAD, 92008  
**Phone:** (760) 729-2830 **Fax:** (760) 729-2798  
**Record ID:** 370030CN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2017

**Program Name:** CHOICES IN RECOVERY/FOUNDATION HOUSE  
**Legal Name:** THE BETHESDA RECOVERY CENTER  
**Address:** 619 CIVIC CENTER DRIVE  
**City, State Zip:** VISTA, 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:** 9/30/2016

**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, 92083  
**Phone:** (760) 945-5290  
**Record ID:** 370039JN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2017

**Program Name:** CHOICES IN RECOVERY/NEW HOUSE  
**Legal Name:** THE BETHESDA RECOVERY CENTER  
**Address:** 747 MELROSE PLACE  
**City, State Zip:** VISTA, 92083  
**Phone:** (760) 945-5290  
**Record ID:** 370039KN  
**Service Type:** RES  
**Resident Capacity:** 6  
**Total Occupancy:** 8  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2017

**Program Name:** CHOICES IN RECOVERY/HILL HOUSE  
**Legal Name:** THE BETHESDA RECOVERY CENTER  
**Address:** 1135 NORTH DRIVE  
**City, State Zip:** VISTA, 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:** 4/30/2017

**Program Name:** CHOICES IN RECOVERY/HUMBLE HOUSE  
**Legal Name:** THE BETHESDA RECOVERY CENTER  
**Address:** 248 HILL DRIVE  
**City, State Zip:** VISTA, 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:** 4/30/2017

**Program Name:** MCALISTER INSTITUTE SOUTH BAY REGIONAL RECOVERY CENTER  
**Legal Name:** MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.  
**Address:** 1180 3RD AVENUE, SUITES C-3, C-4 AND C-5  
**City, State Zip:** CHULA VISTA, 91911  
**Phone:** (619) 691-8164  
**Record ID:** 370045ABN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2017

**Program Name:** SOUTH TEEN RECOVERY CENTER  
**Legal Name:** MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.  
**Address:** 629 THIRD AVENUE, SUITE C  
**City, State Zip:** CHULA VISTA, 91910-5741  
**Phone:** (619) 691-1045      **Fax:** (619) 691-1491  
**Record ID:** 370045ACN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2018

**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, 92117  
**Phone:** (858) 277-4633      **Fax:** (858) 277-4933  
**Record ID:** 370045AEN  
**Service Type:** NON  
**Target Population:** 1.5 --- YOUTH/ADOLESCENT  
**Expiration Date:** 8/31/2017

**Program Name:** MCALISTER INSTITUTE EAST TEEN RECOVERY CENTER  
**Legal Name:** MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.  
**Address:** 550 FLESLEER STREET, SUITE G1 AND G2  
**City, State Zip:** EL CAJON, 92020  
**Phone:** (619) 588-5361      **Fax:** (619) 588-5421  
**Record ID:** 370045AMN  
**Service Type:** NON  
**Target Population:** 1.5 --- YOUTH/ADOLESCENT  
**Expiration Date:** 4/30/2017

**Program Name:** NORTH COASTAL REGIONAL RECOVERY CENTER  
**Legal Name:** MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.  
**Address:** 2821 OCEANSIDE BOULEVARD  
**City, State Zip:** OCEANSIDE, 92054  
**Phone:** (760) 721-2781  
**Record ID:** 370045AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2018

**Program Name:** NEW HOPE TEEN RECOVERY CENTER  
**Legal Name:** MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.  
**Address:** 1212 S. 43RD STREET, SUITE C, D, AND E  
**City, State Zip:** SAN DIEGO, 92113  
**Phone:** (619) 690-9904      **Fax:** (619) 263-1793  
**Record ID:** 370045APN  
**Service Type:** NON  
**Target Population:** 1.5 --- YOUTH/ADOLESCENT  
**Expiration Date:** 11/30/2017

**Program Name:** NORTH INLAND WOMEN/ADOLESCENT RECOVERY CENTER  
**Legal Name:** MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.  
**Address:** 751 RANCHEROS DRIVE, SUITE 3, 4, AND 5  
**City, State Zip:** SAN MARCOS, 92069  
**Phone:** (760) 761-0515      **Fax:** (760) 761-0464  
**Record ID:** 370045AQN  
**Service Type:** NON  
**Target Population:** 1.5 --- YOUTH/ADOLESCENT  
**Expiration Date:** 10/31/2017

**Program Name:** NORTH COASTAL TEEN RECOVERY CENTER  
**Legal Name:** MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.  
**Address:** 3923 WARING ROAD, SUITE D  
**City, State Zip:** OCEANSIDE, 92056  
**Phone:** (760) 726-4451      **Fax:** (760) 726-4465  
**Record ID:** 370045ARN  
**Service Type:** NON  
**Target Population:** 1.10 --- CO-ED/YOUTH  
**Expiration Date:** 1/31/2018

**Program Name:** MCALISTER INSTITUTE SOUTH BAY WOMEN'S RECOVERY CENTER  
**Legal Name:** MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.  
**Address:** 2414 HOOVER AVENUE, SUITES A, B, C  
**City, State Zip:** NATIONAL CITY, 91950  
**Phone:** (619) 336-1226      **Fax:** (619) 477-1052  
**Record ID:** 370045BN  
**Service Type:** NON  
**Target Population:** 1.3 --- WOMEN ONLY  
**Expiration Date:** 4/30/2018

**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, 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, 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:** 4/30/2016

**Program Name:** MCALISTER INSTITUTE GROUP HOME-EAST  
**Legal Name:** MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.  
**Address:** 2219 ODESSA COURT  
**City, State Zip:** LEMON GROVE, 91945  
**Phone:** (619) 498-0827  
**Record ID:** 370045MN  
**Service Type:** DSS  
**Target Population:** 1.5 --- YOUTH/ADOLESCENT  
**Expiration Date:** 11/30/2016

**Program Name:** MCALISTER INSTITUTE GROUP HOME NORTH  
**Legal Name:** MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.  
**Address:** 323 HUNTER STREET  
**City, State Zip:** RAMONA, 92065  
**Phone:** (760) 806-1495      **Fax:** (619) 442-1101  
**Record ID:** 370045QN  
**Service Type:** DSS  
**Target Population:** 1.5 --- YOUTH/ADOLESCENT  
**Expiration Date:** 4/30/2017

**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, 92020  
**Phone:** (619) 441-2493  
**Record ID:** 370045TN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2017

**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, 91978  
**Phone:** (619) 337-3830      **Fax:** (619) 337-3610  
**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:** 9609 WAPLES STREET  
**City, State Zip:** SAN DIEGO, 92121  
**Phone:** (858) 626-4300  
**Record ID:** 370057CN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2018

**Program Name:** AMITY FOUNDATION OF CALIFORNIA  
**Legal Name:** EPIDAURUS  
**Address:** 2260 WATSON WAY  
**City, State Zip:** VISTA, 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:** REBUILD  
**Legal Name:** REBUILD  
**Address:** 2103 EL CAMINO REAL, SUITE 205  
**City, State Zip:** OCEANSIDE, 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, 92020-3608  
**Phone:** (619) 588-1989      **Fax:** (619) 579-0947  
**Record ID:** 370069BN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2017

**Program Name:** NORTH COUNTY CENTER FOR CHANGE  
**Legal Name:** MENTAL HEALTH SYSTEMS, INC.  
**Address:** 504 WEST VISTA WAY  
**City, State Zip:** VISTA, 92083  
**Phone:** (760) 940-1836 **Fax:** (760) 940-1274  
**Record ID:** 370069CN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2017

**Program Name:** NORTH INLAND REGIONAL RECOVERY CENTER  
**Legal Name:** MENTAL HEALTH SYSTEMS, INC.  
**Address:** 200 EAST WASHINGTON AVE., SUITE 100  
**City, State Zip:** ESCONDIDO, 92025-1806  
**Phone:** (760) 741-7708 **Fax:** (760) 741-5421  
**Record ID:** 370069DN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2017

**Program Name:** TEEN RECOVERY PROGRAM - NORTH INLAND  
**Legal Name:** MENTAL HEALTH SYSTEMS, INC.  
**Address:** 340 RANCHEROS DRIVE, SUITE 166  
**City, State Zip:** SAN MARCOS, 92069  
**Phone:** (760) 744-3672 **Fax:** (760) 744-6182  
**Record ID:** 370069FN  
**Service Type:** NON  
**Target Population:** 1.5 --- YOUTH/ADOLESCENT  
**Expiration Date:** 2/28/2017

**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, 92110  
**Phone:** (619) 276-1207 **Fax:** (619) 276-1207  
**Record ID:** 370069IN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 1/31/2017

**Program Name:** HARMONY WOMEN'S RECOVERY CENTER  
**Legal Name:** MENTAL HEALTH SYSTEMS, INC.  
**Address:** 3645 RUFFIN ROAD, SUITE 100  
**City, State Zip:** SAN DIEGO, 92123-1875  
**Phone:** (858) 384-6284 **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, 91911  
**Phone:** (858) 573-2600 **Fax:** (858) 573-5144  
**Record ID:** 370069QN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2017

**Program Name:** FAMILY RECOVERY CENTER  
**Legal Name:** MENTAL HEALTH SYSTEMS, INC.  
**Address:** 1100 SPORTFISHER DRIVE  
**City, State Zip:** OCEANSIDE, 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:** 5/31/2016

**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, 92115  
**Phone:** (619) 287-8225 **Fax:** (619) 287-4146  
**Record ID:** 370069XN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 6/30/2017

**Program Name:** SAN DIEGO CENTER FOR CHANGE  
**Legal Name:** MENTAL HEALTH SYSTEMS, INC.  
**Address:** 3340 KEMPER STREET, SUITE 101, 103 AND 104  
**City, State Zip:** SAN DIEGO, 92110  
**Phone:** (619) 758-1433      **Fax:** (619) 758-9823  
**Record ID:** 370069YN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 1/31/2018

**Program Name:** MHS RE-ENTRY TREATMENT PROGRAM  
**Legal Name:** MENTAL HEALTH SYSTEMS, INC.  
**Address:** 2136 EL CAJON BOULEVARD  
**City, State Zip:** SAN DIEGO, 92104  
**Phone:** (619) 291-1881      **Fax:** (619) 291-7347  
**Record ID:** 370069ZN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 7/31/2017

**Program Name:** UPAC, ADULT AND ADOLESCENT ALCOHOL AND DRUG TREATMENT PROGRAMS  
**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, 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, 91942  
**Phone:** (619) 698-1663      **Fax:** (619) 698-1665  
**Record ID:** 370072AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2017

**Program Name:** PARENTCARE CENTRAL FAMILY RECOVERY CENTER  
**Legal Name:** VISTA HILL FOUNDATION  
**Address:** 4125 ALPHA STREET  
**City, State Zip:** SAN DIEGO, 92113  
**Phone:** (619) 266-0166      **Fax:** (619) 698-1665  
**Record ID:** 370072CN  
**Service Type:** NON  
**Target Population:** 1.3 --- WOMEN ONLY  
**Expiration Date:** 8/31/2017

**Program Name:** VISTA HILL BRIDGES TEEN RECOVERY CENTER  
**Legal Name:** VISTA HILL FOUNDATION  
**Address:** 220 EUCLID AVENUE, SUITE 40 AND 50  
**City, State Zip:** SAN DIEGO, 92114  
**Phone:** (858) 518-2192      **Fax:** (858) 874-1849  
**Record ID:** 370072DN  
**Service Type:** NON  
**Target Population:** 1.5 --- YOUTH/ADOLESCENT  
**Expiration Date:** 9/30/2017

**Program Name:** CASA RAPHAEL  
**Legal Name:** ALPHA PROJECT FOR THE HOMELESS  
**Address:** 975 AND 993 POSTAL WAY  
**City, State Zip:** VISTA, 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:** 6/30/2017

**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, 92103  
**Phone:** (619) 543-6309      **Fax:** (619) 298-6723  
**Record ID:** 370077AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

**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, 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:** 1/31/2017

**Program Name:** NEW ENTRA CASA  
**Legal Name:** NEW ENTRA CASA CORPORATION  
**Address:** 3575 PERSHING AVENUE  
**City, State Zip:** SAN DIEGO, 92104  
**Phone:** (619) 294-4526 **Fax:** (619) 294-4526  
**Record ID:** 370083AN  
**Service Type:** RES  
**Resident Capacity:** 6  
**Total Occupancy:** 7  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2016

**Program Name:** SUNSHINE SUMMIT LODGE  
**Legal Name:** NARCONON FRESH START  
**Address:** 35025 HIGHWAY 79, BUILDINGS A-J  
**City, State Zip:** WARNER SPRINGS, 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:** 3/31/2016

**Program Name:** NARCONON JLB RANCH  
**Legal Name:** NARCONON FRESH START  
**Address:** 35955 HIGHWAY 79  
**City, State Zip:** WARNER SPRINGS, 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:** 11/30/2016

**Program Name:** ESCONDIDO COMMUNITY SOBERING SERVICES  
**Legal Name:** INTERFAITH COMMUNITY SERVICES, INC.  
**Address:** 1717, 1719 EAST WASHINGTON AVENUE  
**City, State Zip:** ESCONDIDO, 92057  
**Phone:** (760) 520-8306 **Fax:** (760) 745-5467  
**Record ID:** 370093BN  
**Service Type:** RES  
**Resident Capacity:** 8  
**Total Occupancy:** 8  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 7/31/2017

**Program Name:** THE LIGHTHOUSE COMMUNITY  
**Legal Name:** HEALTHCARE SERVICES, INC.  
**Address:** 3880 ROSECRANS STREET  
**City, State Zip:** SAN DIEGO, 92110  
**Phone:** (619) 515-0243 **Fax:** (619) 235-0678  
**Record ID:** 370094AP  
**Service Type:** RES  
**Resident Capacity:** 98  
**Total Occupancy:** 98  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 6/30/2017

**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, 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:** 5/31/2018

**Program Name:** LASTING RECOVERY  
**Legal Name:** FARKAS & SAALINGER, PSYCHOLOGY CORP  
**Address:** 6046 CORNERSTONE COURT WEST, SUITES 103, 105, 107, 108, 110, 111, 112, 113,  
114, 115, 127 & 128  
**City, State Zip:** SAN DIEGO, 92121  
**Phone:** (858) 453-4315 **Fax:** (858) 453-5690  
**Record ID:** 370101AP  
**Service Type:** NON  
**Target Population:** 1.8 --- DUAL DIAGNOSIS  
**Expiration Date:** 1/31/2017

**Program Name:** THE TRAINING CENTER  
**Legal Name:** TRAINING CENTER EPHESIANS 4:11-16  
**Address:** 525 GRAND AVENUE  
**City, State Zip:** SPRING VALLEY, 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:** 11/30/2017

**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, 92195  
**Phone:** (619) 602-9405 **Fax:** (951) 657-7180  
**Record ID:** 370105AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 12/31/2017

**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, 92025  
**Phone:** (760) 741-2660 **Fax:** (760) 741-2647  
**Record ID:** 370107AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**Program Name:** CAPALINA CLINIC  
**Legal Name:** SAN DIEGO HEALTH ALLIANCE  
**Address:** 1560 CAPALINA STREET  
**City, State Zip:** SAN MARCOS, 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, 92108  
**Phone:** (619) 718-9890 **Fax:** (619) 718-9897  
**Record ID:** 370108CP  
**Service Type:** NON-DETOX  
**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, JOAN KROC BUILDING (RSP OFFICES AND COMMUNITY ROOM ONLY),  
VHM ROOM 106 AND 104 AND VHM COMMUNITY ROOM 128  
**City, State Zip:** SAN DIEGO, 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:** SAN DIEGO TREATMENT AND RECOVERY CENTER  
**Legal Name:** JC SERVICE AND ENTERPRISES, INC.  
**Address:** 6244 EL CAJON BOULEVARD, SUITE 26  
**City, State Zip:** SAN DIEGO, 92115  
**Phone:** (619) 559-8242  
**Record ID:** 370111AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**Program Name:** SOLEDAD HOUSE  
**Legal Name:** ABC SOBER LIVING., LLC  
**Address:** 5330 SOLEDAD MOUNTAIN ROAD  
**City, State Zip:** SAN DIEGO, 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:** 5/31/2017

**Program Name:** SOLEDAD HOUSE II  
**Legal Name:** ABC SOBER LIVING., LLC  
**Address:** 5214 SOLEDAD MOUNTAIN ROAD  
**City, State Zip:** SAN DIEGO, 92109  
**Phone:** (858) 204-1304      **Fax:** (858) 274-8700  
**Record ID:** 370116BP  
**Service Type:** RES  
**Resident Capacity:** 6  
**Total Occupancy:** 7  
**Target Population:** 1.3 --- WOMEN ONLY  
**Expiration Date:** 8/31/2017

**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, 92103  
**Phone:** (619) 234-2158      **Fax:** (619) 234-1979  
**Record ID:** 370120AN  
**Service Type:** NON  
**Target Population:** 1.5 --- YOUTH/ADOLESCENT  
**Expiration Date:** 4/30/2017

**Program Name:** THE ATON CENTER  
**Legal Name:** ATON CENTER, INC.  
**Address:** 3250 COUNTRY ROSE CIRCLE  
**City, State Zip:** ENCINITAS, 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, 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:** 3/31/2018

**Program Name:** ATON CENTER  
**Legal Name:** ATON CENTER, INC.  
**Address:** 3462 WESTERN SPRINGS ROAD  
**City, State Zip:** ENCINITAS, 92024  
**Phone:** (858) 759-5017      **Fax:** (858) 759-5016  
**Record ID:** 370122DP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 12/31/2017

**Program Name:** ATON CENTER  
Legal Name: ATON CENTER, INC.  
Address: 3262 COUNTRY ROSE CIRCLE  
City, State Zip: ENCINITAS, 92024  
Phone: (858) 759-5017 Fax: (858) 759-5016  
**Record ID:** 370122EP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2018

**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, 92102  
Phone: (619) 233-3367 Fax: (619) 233-3327  
**Record ID:** 370129AP  
Service Type: RES-DETOX  
Resident Capacity: 36  
Total Occupancy: 36  
Target Population: 1.1 --- CO-ED  
Expiration Date: 11/30/2016

**Program Name:** NEW HORIZON RECOVERY  
Legal Name: MARTINA COFFELT  
Address: 417 SANDALWOOD COURT  
City, State Zip: ENCINITAS, 92024  
Phone: (760) 652-5835  
**Record ID:** 370130AP  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 8  
Target Population: 1.1 --- CO-ED  
Expiration Date: 3/31/2017

**Program Name:** REUNION SAN DIEGO  
Legal Name: PRACTICAL RECOVERY, INC.  
Address: 2821 LANGE AVENUE  
City, State Zip: SAN DIEGO, 92122  
Phone: (858) 246-6310 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: 5/31/2017

**Program Name:** RESTORATION INN  
Legal Name: PRACTICAL RECOVERY, INC.  
Address: 5497 BLOCH STREET  
City, State Zip: UNIVERSITY CITY, 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: 1/31/2018

**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, 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: 7/31/2016

**Program Name:** WEST COAST RECOVERY CENTERS  
Legal Name: WEST COAST MEN'S, LLC  
Address: 516 SOUTH THE STRAND, UNIT B  
City, State Zip: OCEANSIDE, 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: 7/31/2016

**Program Name:** WEST COAST RECOVERY CENTERS  
**Legal Name:** WEST COAST MEN'S, LLC  
**Address:** 785 GRAND AVENUE, SUITES 214, 216, & 220  
**City, State Zip:** CARLSBAD, 92008  
**Phone:** (442) 500-8236      **Fax:** (442) 500-8479  
**Record ID:** 370135BP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 11/30/2017

**Program Name:** PACIFIC BAY RECOVERY  
**Legal Name:** PACIFIC BAY RECOVERY INC  
**Address:** 1501 5TH AVENUE, SUITE #100,101 AND 201  
**City, State Zip:** SAN DIEGO, 92101  
**Phone:** (619) 461-3717      **Fax:** (619) 456-0832  
**Record ID:** 370136AP  
**Service Type:** NON  
**Target Population:** 1.8 --- DUAL DIAGNOSIS  
**Expiration Date:** 5/31/2016

**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, 92121  
**Phone:** (858) 349-4116  
**Record ID:** 370137AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2016

**Program Name:** APEX RECOVERY  
**Legal Name:** APEX RECOVERY, LLC  
**Address:** 4452 PARK BLVD, # 302  
**City, State Zip:** SAN DIEGO, 92116  
**Phone:** (619) 303-0211  
**Record ID:** 370138AP  
**Service Type:** RES  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 7/31/2016

**Program Name:** APEX RECOVERY  
**Legal Name:** APEX RECOVERY, LLC  
**Address:** 9952 GRANDVIEW DRIVE  
**City, State Zip:** LA MESA, 91941  
**Phone:** (619) 756-6424      **Fax:** (619) 243-7211  
**Record ID:** 370138BP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2017

**Program Name:** GENESIS RECOVERY, INC.  
**Legal Name:** GENESIS RECOVERY, INC.  
**Address:** 24352 FEATHERSTONE CANYON ROAD  
**City, State Zip:** LAKESIDE, 92040  
**Phone:** (760) 717-6076  
**Record ID:** 370139AN  
**Service Type:** RES  
**Resident Capacity:** 24  
**Total Occupancy:** 26  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 9/30/2016

**Program Name:** CONFIDENTIAL RECOVERY  
**Legal Name:** COMMUNITY BEHAVIORAL HEALTH SOLUTIONS, INC.  
**Address:** 7071 CONSOLIDATED WAY  
**City, State Zip:** SAN DIEGO, 92121  
**Phone:** (858) 449-3898  
**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, 92037-1708  
**Phone:** (858) 546-1100  
**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, 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, 92101  
**Phone:** (619) 876-4462 **Fax:** (619) 450-6267  
**Record ID:** 370142BN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2017

**Program Name:** SOUTHERN CALIFORNIA RECOVERY CENTER - ENCINITAS  
**Legal Name:** DR RECOVERY ENCINITAS, LLC  
**Address:** 609 S. VULCAN AVENUE, SUITE 301  
**City, State Zip:** ENCINITAS, 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., A MEDICAL CORPORATION  
**Address:** 9820 WILLOW CREEK ROAD, #295  
**City, State Zip:** SAN DIEGO, 92131  
**Phone:** (858) 530-9112  
**Record ID:** 370144AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2017

**Program Name:** FOUNDATIONS OF SAN DIEGO  
**Legal Name:** FOUNDATIONS SAN DIEGO, LLC  
**Address:** 3930 FOURTH AVENUE, SUITE 301  
**City, State Zip:** SAN DIEGO, 92103  
**Phone:** (619) 849-6010  
**Record ID:** 370146AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2017

**Program Name:** SHERIDAN GARDENS  
**Legal Name:** SIERRA ASSET MANAGEMENT, LLC  
**Address:** 2021 SHERIDAN ROAD  
**City, State Zip:** ENCINITAS, 92024  
**Phone:** (949) 285-7616 **Fax:** (949) 660-0632  
**Record ID:** 370147AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 7  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 4/30/2017

**Program Name:** PRESENT MOMENTS RECOVERY  
**Legal Name:** WINDRIVER ROCOVREY, LLC  
**Address:** 1809 WINDRIVER STREET  
**City, State Zip:** SAN MARCOS, 92078  
**Phone:** (619) 363-4767  
**Record ID:** 370148AP  
**Service Type:** RES  
**Resident Capacity:** 6  
**Total Occupancy:** 7  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 4/30/2017

**Program Name:** PACIFIC TREATMENT SERVICES  
**Legal Name:** W. WOOTON, INC.  
**Address:** 333 SOUTH JUNIPER STREET, SUITE 114  
**City, State Zip:** ESCONDIDO, 92025  
**Phone:** (858) 610-0438  
**Record ID:** 370150AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 11/30/2017

**Program Name:** CROWNVIEW CO-OCCURRING INSTITUTE INCORPORATED  
**Legal Name:** CROWNVIEW CO-OCCURRING INSTITUTE, INCORPORATED  
**Address:** 2892 JEFFERSON STREET  
**City, State Zip:** CARLSBAD, 92008  
**Phone:** (760) 434-9500      **Fax:** (760) 434-3550  
**Record ID:** 370151AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 11/30/2017

**Program Name:** AFFINITY TREATMENT CENTERS  
**Legal Name:** CAMELOT AT AFFINITY TREATMENT CENTERS, INC.  
**Address:** 2035 ALTA VISTA DRIVE  
**City, State Zip:** VISTA, 92084  
**Phone:** (760) 917-1112      **Fax:** (760) 414-9127  
**Record ID:** 370152AP  
**Service Type:** RES  
**Resident Capacity:** 5  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2018

**Program Name:** OCEAN RANCH RECOVERY  
**Legal Name:** SOCIAL DETOX LLC  
**Address:** 20555 FORTUNA DEL SUR  
**City, State Zip:** ELFIN FOREST, 92029  
**Phone:** (888) 590-0777      **Fax:** (360) 323-7285  
**Record ID:** 370153AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 10  
**Total Occupancy:** 10  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 11/30/2017

**Program Name:** SAN DIEGO STUDENT RECOVERY  
**Legal Name:** SAN DIEGO STUDENT RECOVERY, LLC  
**Address:** 5440 MOREHOUSE DRIVE, #4500  
**City, State Zip:** SAN DIEGO, 92121  
**Phone:** (310) 363-2415      **Fax:** (858) 750-3205  
**Record ID:** 370155AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2018

**Program Name:** DIEGO PALMS RECOVERY  
**Legal Name:** DIEGO PALMS RECOVERY, INC.  
**Address:** 700 GARDEN VIEW COURT, SUITE 202  
**City, State Zip:** ENCINITAS, 92024  
**Phone:** (760) 479-6163  
**Record ID:** 370156AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2018

**Program Name:** TRUE NORTH RECOVERY SERVICES  
**Legal Name:** TRUE NORTH BEHAVIORAL, APC  
**Address:** 543 ENCINITAS BOULEVARD, SUITE 109  
**City, State Zip:** ENCINITAS, 92024  
**Phone:** (760) 517-6544      **Fax:** (888) 850-3284  
**Record ID:** 370157AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2018

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

As of 5/2/2016

San Francisco County

---

**Program Name:** ACCEPTANCE PLACE  
Legal Name: BAKER PLACES, INC.  
Address: 1326 4TH AVENUE  
City, State Zip: SAN FRANCISCO, 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: 1/31/2018

**Program Name:** FERGUSON PLACE  
Legal Name: BAKER PLACES, INC.  
Address: 1249 SCOTT STREET  
City, State Zip: SAN FRANCISCO, 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: 1/31/2017

**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, 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: 9/30/2016

**Program Name:** ARA FIRST STEP HOME  
Legal Name: ALCOHOLICS REHABILITATION ASSOCIATION OF SAN FRANCISCO, INC.  
Address: 1035 HAIGHT STREET  
City, State Zip: SAN FRANCISCO, 94117  
Phone: (415) 863-3661 Fax: (415) 863-3670  
**Record ID:** 380003AN  
Service Type: RES  
Resident Capacity: 45  
Total Occupancy: 45  
Target Population: 1.1 --- CO-ED  
Expiration Date: 2/29/2016

**Program Name:** FRIENDSHIP HOUSE  
Legal Name: THE FRIENDSHIP HOUSE ASSOCIATION OF AMERICAN INDIANS  
Address: 56 JULIAN AVENUE, 1ST, 2ND AND 3RD AND 4TH FLOORS  
City, State Zip: SAN FRANCISCO, 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: 10/31/2017

**Program Name:** GOLDEN GATE FOR SENIORS  
Legal Name: COMMUNITY AWARENESS & TREATMENT SERVICES, INC.  
Address: 637 SOUTH VAN NESS AVENUE  
City, State Zip: SAN FRANCISCO, 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: 7/31/2016

**Program Name:** HARBOR LIGHT ALCOHOL SERVICES CENTER  
**Legal Name:** THE SALVATION ARMY  
**Address:** 1275 HARRISON STREET  
**City, State Zip:** SAN FRANCISCO, 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:** 4/30/2016

**Program Name:** THE SALVATION ARMY - HARBOR HOUSE  
**Legal Name:** THE SALVATION ARMY  
**Address:** 407 NINTH STREET  
**City, State Zip:** SAN FRANCISCO, 94103  
**Phone:** (415) 503-3029 **Fax:** (415) 252-6159  
**Record ID:** 380006EN  
**Service Type:** RES  
**Resident Capacity:** 30  
**Total Occupancy:** 82  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 8/31/2016

**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, 94110  
**Phone:** (415) 826-6767 **Fax:** (415) 826-1408  
**Record ID:** 380008AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 8/31/2017

**Program Name:** FAMILY DAY TREATMENT PROGRAM  
**Legal Name:** THE MISSION COUNCIL ON ALCOHOL ABUSE FOR THE SPANISH SPEAKING  
**Address:** 154-A CAPP STREET  
**City, State Zip:** SAN FRANCISCO, 94110  
**Phone:** (415) 826-6767 **Fax:** (415) 701-1868  
**Record ID:** 380008BN  
**Service Type:** NON  
**Target Population:** 1.7 --- FAMILIES  
**Expiration Date:** 1/31/2017

**Program Name:** HENRY OHLHOFF HOUSE  
**Legal Name:** HENRY OHLHOFF HOUSE  
**Address:** 601 STEINER STREET AND 625 STEINER STREET  
**City, State Zip:** SAN FRANCISCO, 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:** 10/31/2017

**Program Name:** HENRY OHLHOFF OUTPATIENT PROGRAMS  
**Legal Name:** HENRY OHLHOFF HOUSE  
**Address:** 2191 MARKET STREET, SUITE A  
**City, State Zip:** SAN FRANCISCO, 94114  
**Phone:** (415) 575-1100 **Fax:** (415) 575-1106  
**Record ID:** 380013BN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2018

**Program Name:** HEALTHRIGHT 360  
**Legal Name:** HEALTHRIGHT 360  
**Address:** 1735 MISSION STREET  
**City, State Zip:** SAN FRANCISCO, 94103  
**Phone:** (415) 970-7500 **Fax:** (415) 746-1968  
**Record ID:** 380016ACN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 11/30/2017

**Program Name:** HEALTHRIGHT 360  
Legal Name: HEALTHRIGHT 360  
Address: 1318 GATEVIEW STREET, TREASURE ISLAND UNITS A-F  
City, State Zip: SAN FRANCISCO, 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: 7/31/2016

**Program Name:** HEALTHRIGHT 360  
Legal Name: HEALTHRIGHT 360  
Address: 890 HAYES STREET  
City, State Zip: SAN FRANCISCO, 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: 4/30/2016

**Program Name:** HEALTHRIGHT 360  
Legal Name: HEALTHRIGHT 360  
Address: 1442 CHINOOK COURT, UNITS A, B, C AND D  
City, State Zip: SAN FRANCISCO, 94130  
Phone: (415) 503-2338  
**Record ID:** 380016AGN  
Service Type: RES  
Resident Capacity: 15  
Total Occupancy: 15  
Target Population: 1.1 --- CO-ED  
Expiration Date: 3/31/2018

**Program Name:** HEALTHRIGHT 360  
Legal Name: HEALTHRIGHT 360  
Address: 214 HAIGHT STREET  
City, State Zip: SAN FRANCISCO, 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: 3/31/2017

**Program Name:** HEALTHRIGHT 360  
Legal Name: HEALTHRIGHT 360  
Address: 1601 DONNER AVENUE #3  
City, State Zip: SAN FRANCISCO, 94124  
Phone: (415) 970-7500 Fax: (415) 970-7518  
**Record ID:** 380016AJN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 9/30/2017

**Program Name:** HEALTHRIGHT 360  
Legal Name: HEALTHRIGHT 360  
Address: 2261 AND 2263 BRYANT STREET  
City, State Zip: SAN FRANCISCO, 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: 7/31/2017

**Program Name:** HEALTHRIGHT 360  
Legal Name: HEALTHRIGHT 360  
Address: 815 BUENA VISTA WEST  
City, State Zip: SAN FRANCISCO, 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: 6/30/2016

**Program Name:** YOUTH SERVICES OF SAN FRANCISCO  
**Legal Name:** HEALTHRIGHT 360  
**Address:** 2166 HAYES STREET, SUITE 302  
**City, State Zip:** SAN FRANCISCO, 94117  
**Phone:** (415) 776-1001 **Fax:** (415) 776-1066  
**Record ID:** 380016ANN  
**Service Type:** NON  
**Target Population:** 1.5 --- YOUTH/ADOLESCENT  
**Expiration Date:** 1/31/2018

**Program Name:** ASIAN AMERICAN RESIDENTIAL RECOVERY SERVICES  
**Legal Name:** HEALTHRIGHT 360  
**Address:** 2024 HAYES STREET  
**City, State Zip:** SAN FRANCISCO, 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:** 2/29/2016

**Program Name:** AARS-PROJECT ADAPT  
**Legal Name:** HEALTHRIGHT 360  
**Address:** 2020 HAYES STREET  
**City, State Zip:** SAN FRANCISCO, 94117  
**Phone:** (415) 750-5125  
**Record ID:** 380016AQN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**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, 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:** HEALTHRIGHT 360 - OUTPATIENT PROGRAM  
**Legal Name:** HEALTHRIGHT 360  
**Address:** 1735 MISSION STREET, SUITE 3280  
**City, State Zip:** SAN FRANCISCO, 94103  
**Phone:** 4157623700X301  
**Record ID:** 380016ASN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2018

**Program Name:** FR. ALFRED CENTER  
**Legal Name:** ST. ANTHONY FOUNDATION  
**Address:** 291 10TH STREET  
**City, State Zip:** SAN FRANCISCO, 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:** 3/31/2016

**Program Name:** STEPPING STONE  
**Legal Name:** SAN FRANCISCO WOMEN'S REHABILITATION FOUNDATION, INCORPORATED  
**Address:** 255 10TH AVENUE  
**City, State Zip:** SAN FRANCISCO, 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:** 8/31/2016

**Program Name:** GOOD SHEPHERD GRACENTER  
Legal Name: THE GOOD SHEPHERD GRACENTER OF SAN FRANCISCO  
Address: 250 AMHERST STREET  
City, State Zip: SAN FRANCISCO, 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: 6/30/2016

**Program Name:** JELANI HOUSE  
Legal Name: JELANI, INC.  
Address: 1601 QUESADA AVENUE  
City, State Zip: SAN FRANCISCO, 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: 6/30/2016

**Program Name:** JELANI, INC.'S FAMILY PROGRAM  
Legal Name: JELANI, INC.  
Address: 1638 AND 1640 KIRKWOOD STREET  
City, State Zip: SAN FRANCISCO, 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: 1/31/2017

**Program Name:** CASA QUETZAL RECOVERY HOME  
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES OF SAN MATEO COUNTY, INC.  
Address: 635 BRUNSWICK STREET  
City, State Zip: SAN FRANCISCO, 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: 10/31/2017

**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, 94110  
Phone: (415) 558-9125 Fax: (650) 244-1447  
**Record ID:** 380055BN  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 9  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 3/31/2016

**Program Name:** HORIZONS UNLIMITED OF SAN FRANCISCO, INC.  
Legal Name: HORIZONS UNLIMITED OF SAN FRANCISCO, INC.  
Address: 440 POTRERO AVENUE  
City, State Zip: SAN FRANCISCO, 94110  
Phone: (415) 487-6700  
**Record ID:** 380059AN  
Service Type: NON  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 2/28/2017

**Program Name:** STIMULANT TREATMENT OUTPATIENT PROGRAM (STOP)  
Legal Name: UNIVERISTY OF CALIFORNIA, SAN FRANCISCO  
Address: 982 MISSION STREET  
City, State Zip: SAN FRANCISCO, 94103  
Phone: (415) 597-8000 Fax: (415) 597-8004  
**Record ID:** 380061AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2017

**Program Name:** EPIPHANY HOUSE  
Legal Name: MOUNT ST. JOSEPH - ST. ELIZABETH  
Address: 1615 BRODERICK STREET  
City, State Zip: SAN FRANCISCO, 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: 11/30/2017

**Program Name:** EPIPHANY RESIDENTIAL PROGRAM  
Legal Name: MOUNT ST. JOSEPH - ST. ELIZABETH  
Address: 100 MASONIC AVENUE  
City, State Zip: SAN FRANCISCO, 94118  
Phone: (415) 567-8370 Fax: (415) 292-5531  
**Record ID:** 380081CN  
Service Type: RES  
Resident Capacity: 14  
Total Occupancy: 26  
Target Population: 1.4 --- WOMEN/CHILDREN  
Expiration Date: 11/30/2017

**Program Name:** HARM REDUCTION THERAPY CENTER  
Legal Name: THE HARM REDUCTION THERAPY CENTER  
Address: 45 FRANKLIN STREET, SUITE 320  
City, State Zip: SAN FRANCISCO, 94102  
Phone: (415) 252-0669 Fax: (415) 252-0669  
**Record ID:** 380082AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 8/31/2017

**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, 94107  
Phone: (415) 575-6450 Fax: (415) 575-6452  
**Record ID:** 380083BN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2017

**Program Name:** SUBSTANCE ABUSE PROGRAM  
Legal Name: CURRY SENIOR CENTER  
Address: 315 TURK STREET  
City, State Zip: SAN FRANCISCO, 94102  
Phone: (415) 885-2274 Fax: (415) 885-2344  
**Record ID:** 380091AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2017

**Program Name:** NATIVE AMERICAN HEALTH CENTER  
Legal Name: NATIVE AMERICAN HEALTH CENTER, INC.  
Address: 160 CAPP STREET, 2ND FLOOR  
City, State Zip: SAN FRANCISCO, 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, 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:** 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, 94109  
Phone: (415) 292-3400 Fax: (415) 292-3404  
**Record ID:** 380098AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 7/31/2017

**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, 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, 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, 94102  
**Phone:** (415) 296-9900 **Fax:** (415) 296-0626  
**Record ID:** 380103AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 11/30/2016

**Program Name:** FOUNDATIONS SAN FRANCISCO  
**Legal Name:** FRN OUTPATIENT SAN FRANCISCO LLC  
**Address:** 55 FRANCISCO STREET, SUITE 405  
**City, State Zip:** SAN FRANCISCO, 94133  
**Phone:** (415) 293-1370  
**Record ID:** 380104AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2016

**Program Name:** UCSF ALLIANCE HEALTH PROJECT  
**Legal Name:** THE REGENTS OF THE UNIVERSITY OF CALIFORNIA  
**Address:** 1930 MARKET STREET  
**City, State Zip:** SAN FRANCISCO, 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 5/2/2016

San Joaquin County

**Program Name:** SAN JOAQUIN COUNTY RECOVERY HOUSE  
**Legal Name:** SAN JOAQUIN COUNTY OFFICE OF SUBSTANCE ABUSE SERVICES  
**Address:** 500 WEST HOSPITAL ROAD-RECOVERY HOUSE  
**City, State Zip:** FRENCH CAMP, 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:** 4/30/2016

**Program Name:** CHEMICAL DEPENDENCY COUNSELING CENTER  
**Legal Name:** SAN JOAQUIN COUNTY OFFICE OF SUBSTANCE ABUSE  
**Address:** 620 NORTH AURORA STREET, SUITES 1, 3, 3A, AND S2-9  
**City, State Zip:** STOCKTON, 95202  
**Phone:** (209) 468-3720 **Fax:** (209) 468-8640  
**Record ID:** 390002DN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2016

**Program Name:** FAMILY TIES  
**Legal Name:** SAN JOAQUIN COUNTY OFFICE OF SUBSTANCE ABUSE  
**Address:** 500 WEST HOSPITAL ROAD  
**City, State Zip:** FRENCH CAMP, 95231  
**Phone:** (209) 468-6213 **Fax:** (209) 468-7032  
**Record ID:** 390002EN  
**Service Type:** RES  
**Resident Capacity:** 28  
**Total Occupancy:** 53  
**Target Population:** 1.3 --- WOMEN ONLY  
**Expiration Date:** 1/31/2018

**Program Name:** THREE RIVERS INDIAN LODGE  
**Legal Name:** NATIVE DIRECTIONS, INC.  
**Address:** 13505 SOUTH UNION ROAD  
**City, State Zip:** MANTECA, 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:** 5/31/2017

**Program Name:** NEW DIRECTIONS  
**Legal Name:** ALCOHOL AND DRUG AWARENESS PROGRAM  
**Address:** 1981 CHEROKEE ROAD  
**City, State Zip:** STOCKTON, 95205  
**Phone:** (209) 870-6500 **Fax:** (209) 982-1216  
**Record ID:** 390007BN  
**Service Type:** RES-DETOX  
**Resident Capacity:** 79  
**Total Occupancy:** 79  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/29/2016

**Program Name:** NEW DIRECTIONS  
**Legal Name:** ALCOHOL AND DRUG AWARENESS PROGRAM  
**Address:** 1981 CHEROKEE ROAD  
**City, State Zip:** STOCKTON, 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, 95207  
**Phone:** (209) 644-6327      **Fax:** (209) 644-6327  
**Record ID:** 390017AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 11/30/2017

**Program Name:** SERVICE FIRST OUTPATIENT PROGRAM  
**Legal Name:** SERVICE FIRST OF NORTHERN CALIFORNIA  
**Address:** 445 W. WEBER AVENUE, SUITE 129  
**City, State Zip:** STOCKTON, 95203  
**Phone:** (209) 644-4829  
**Record ID:** 390017BN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2018

**Program Name:** VALLEY COMMUNITY COUNSELING SERVICES  
**Legal Name:** VALLEY COMMUNITY COUNSELING SERVICES, INC.  
**Address:** 129 E. CENTER STREET  
**City, State Zip:** MANTECA, 95336  
**Phone:** (209) 823-1911  
**Record ID:** 390029AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 1/31/2017

**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, 95242  
**Phone:** (209) 334-2126      **Fax:** (209) 369-8406  
**Record ID:** 390029BN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 1/31/2017

**Program Name:** VALLEY COMMUNITY COUNSELING SERVICES  
**Legal Name:** VALLEY COMMUNITY COUNSELING SERVICES, INC.  
**Address:** 19 EAST 6TH STREET  
**City, State Zip:** TRACY, 95376  
**Phone:** (209) 835-8583      **Fax:** (209) 835-2910  
**Record ID:** 390029CN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 1/31/2017

**Program Name:** PACIFIC VALLEY RECOVERY CENTER, INCORPORATED  
**Legal Name:** PACIFIC VALLEY RECOVERY CENTER, INCORPORATED  
**Address:** 1125 N. HUNTER STREET, SUITE 14-A  
**City, State Zip:** STOCKTON, 95202  
**Phone:** (209) 817-5720      **Fax:** (209) 468-8342  
**Record ID:** 390030AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2017

**Program Name:** FRESH BEGINNING, INC.  
**Legal Name:** FRESH BEGINNING, INC.  
**Address:** 72 WEST 11TH STREET, SUITE A  
**City, State Zip:** TRACY, 95376  
**Phone:** (209) 830-7400      **Fax:** (209) 833-8386  
**Record ID:** 390031AN  
**Service Type:** NON  
**Target Population:** 1.5 --- YOUTH/ADOLESCENT  
**Expiration Date:** 11/30/2017

**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, 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:** 6/30/2017

**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, 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 ALCOHOL AND DRUG TREATMENT FACILITY  
**Legal Name:** WAYNE B. RICHARDSON  
**Address:** 1484 CARPENTER ROAD  
**City, State Zip:** STOCKTON, 95206  
**Phone:** (209) 513-5042      **Fax:** (209) 513-5042  
**Record ID:** 390037AP  
**Service Type:** RES  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 7/31/2017

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

**As of 5/2/2016**

**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, 93401  
**Phone:** (805) 781-4275  
**Record ID:** 400003AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 1/31/2018

**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, 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, 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 CAPISTRANO AVENUE, SUITE C,D,E,F,G&H  
**City, State Zip:** ATASCADERO, 93422  
**Phone:** (805) 461-1519  
**Record ID:** 400005AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 7/31/2017

**Program Name:** CENTRAL COAST FREEDOM HOUSE  
**Legal Name:** ARTEMIS HILL RECOVERY INC.  
**Address:** 5755 DOLORES AVENUE  
**City, State Zip:** ATASCADERO, 93422  
**Phone:** (805) 460-7313      **Fax:** (562) 598-4386  
**Record ID:** 400005BP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 7  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2017

**Program Name:** BRYAN'S HOUSE  
**Legal Name:** BRYAN'S HOUSE  
**Address:** 6480 NORTH STAR LANE  
**City, State Zip:** PASO ROBLES, 93446-7639  
**Phone:** (805) 591-9233      **Fax:** (805) 238-6309  
**Record ID:** 400008AP  
**Service Type:** RES  
**Resident Capacity:** 5  
**Total Occupancy:** 16  
**Target Population:** 1.12 --- WOMEN/YOUTH  
**Expiration Date:** 4/30/2018

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

As of 5/2/2016

San Mateo County

---

**Program Name:** PALM AVENUE SOCIAL MODEL DETOXIFICATION  
**Legal Name:** HORIZON SERVICES, INCORPORATED  
**Address:** 2251 PALM AVENUE  
**City, State Zip:** SAN MATEO, 94403  
**Phone:** (650) 513-6500 **Fax:** (650) 513-6506  
**Record ID:** 410003AN  
**Service Type:** RES-DETOX  
**Resident Capacity:** 22  
**Total Occupancy:** 22  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/29/2016

**Program Name:** JAMES O'TOOLE CENTER  
**Legal Name:** PROJECT NINETY  
**Address:** 15 9TH AVE  
**City, State Zip:** SAN MATEO, 94401  
**Phone:** (650) 579-7881 **Fax:** (650) 579-2640  
**Record ID:** 410005AN  
**Service Type:** RES  
**Resident Capacity:** 26  
**Total Occupancy:** 26  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 10/31/2017

**Program Name:** BETTS HOUSE  
**Legal Name:** PROJECT NINETY  
**Address:** 23 AND 29 NORTH GRANT STREET  
**City, State Zip:** SAN MATEO, 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:** 10/31/2017

**Program Name:** ELLIOTT CENTER  
**Legal Name:** PROJECT NINETY  
**Address:** 314 BADEN AVENUE  
**City, State Zip:** SOUTH SAN FRANCISCO, 94080  
**Phone:** (650) 579-7881 **Fax:** (650) 579-2640  
**Record ID:** 410005MN  
**Service Type:** RES  
**Resident Capacity:** 8  
**Total Occupancy:** 10  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 10/31/2016

**Program Name:** BRENNER HOUSE  
**Legal Name:** PROJECT NINETY  
**Address:** 535 BADEN AVENUE  
**City, State Zip:** SOUTH SAN FRANCISCO, 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:** 10/31/2016

**Program Name:** PROJECT NINETY  
**Legal Name:** PROJECT NINETY  
**Address:** 195 SPRUCE AVENUE  
**City, State Zip:** SOUTH SAN FRANCISCO, 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:** 5/31/2016

**Program Name:** PROJECT NINETY  
Legal Name: PROJECT NINETY  
Address: 416 2ND AVENUE  
City, State Zip: SAN MATEO, 94401  
Phone: (650) 579-7881 Fax: (650) 579-2640  
**Record ID:** 410005VN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2017

**Program Name:** WORKING MAN'S PROGRAM  
Legal Name: PROJECT NINETY  
Address: 247 A DELAWARE STREET  
City, State Zip: SAN MATEO, 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: 5/31/2016

**Program Name:** PYRAMID ALTERNATIVES  
Legal Name: PYRAMID ALTERNATIVES COUNSELING AND EDUCATION, INC.  
Address: 480 MANOR PLAZA  
City, State Zip: PACIFICA, 94044  
Phone: (650) 355-8787  
**Record ID:** 410006AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 3/31/2017

**Program Name:** PYRAMID ALTERNATIVES  
Legal Name: PYRAMID ALTERNATIVES COUNSELING AND EDUCATION, INC.  
Address: 1590 EL CAMINO REAL  
City, State Zip: SAN BRUNO, 94066  
Phone: (650) 355-8787  
**Record ID:** 410006CN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 3/31/2017

**Program Name:** OUR COMMON GROUND EPA  
Legal Name: OUR COMMON GROUND, INC.  
Address: 2560 PULGAS AVENUE  
City, State Zip: EAST PALO ALTO, 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: 8/31/2016

**Program Name:** HOPE HOUSE  
Legal Name: SERVICES LEAGUE OF SAN MATEO COUNTY  
Address: 3789 HOOVER STREET  
City, State Zip: REDWOOD CITY, 94063  
Phone: (650) 363-8735 Fax: (650) 363-8701  
**Record ID:** 410013AN  
Service Type: RES  
Resident Capacity: 16  
Total Occupancy: 20  
Target Population: 1.4 --- WOMEN/CHILDREN  
Expiration Date: 5/31/2017

**Program Name:** MISSION HOUSE  
Legal Name: THE SOLIDARITY FELLOWSHIP, INC.  
Address: 1679 SOUTH NORFOLK STREET  
City, State Zip: SAN MATEO, 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: 3/31/2016

**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, 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: 4/30/2017

**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, 94063  
Phone: (650) 355-7573  
**Record ID:** 410020DN  
Service Type: RES  
Resident Capacity: 9  
Total Occupancy: 9  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 4/30/2017

**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, 94080  
Phone: (650) 244-1444 Fax: (650) 244-1447  
**Record ID:** 410020IN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 11/30/2017

**Program Name:** SITIKE COUNSELING CENTER  
Legal Name: SITIKE  
Address: 306 SPRUCE AVENUE  
City, State Zip: SOUTH SAN FRANCISCO, 94080  
Phone: (650) 589-9305  
**Record ID:** 410023AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2016

**Program Name:** THE FREEDOM CENTER  
Legal Name: EL CENTRO DE LIBERTAD/THE FREEDOM CENTER, INC.  
Address: 500 ALLERTON STREET  
City, State Zip: REDWOOD CITY, 94063  
Phone: (650) 599-9955 Fax: (950) 599-9273  
**Record ID:** 410026CN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 2/28/2017

**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, 94019  
Phone: (650) 560-9995 Fax: (650) 560-9991  
**Record ID:** 410026DN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 1/31/2017

**Program Name:** WALKER HOUSE/ WILLIAMS HOUSE I AND II  
Legal Name: FREE AT LAST: COMMUNITY RECOVERY AND REHABILITATION SERVICES  
Address: 1085-A, 1085-B AND 1095 WEEKS STREET  
City, State Zip: EAST PALO ALTO, 94303  
Phone: (650) 462-4603 Fax: (650) 462-3589  
**Record ID:** 410027AN  
Service Type: RES  
Resident Capacity: 18  
Total Occupancy: 18  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 8/31/2017

**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, 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: 8/31/2017

**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, 94303  
Phone: (650) 462-6999  
**Record ID:** 410027IN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2017

**Program Name:** ARCHWAY  
Legal Name: STARVISTA  
Address: 609 PRICE AVENUE, ROOMS 101, 107, 201, 205, 206 AND 208  
City, State Zip: REDWOOD CITY, 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, 94015  
Phone: (650) 755-0858 Fax: (650) 755-1754  
**Record ID:** 410038BN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 1/31/2016

**Program Name:** FIRST CHANCE SOUTH  
Legal Name: STARVISTA  
Address: 826 MAHLER ROAD  
City, State Zip: BURLINGAME, 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, 94070  
Phone: (650) 591-3636 Fax: (650) 591-3600  
**Record ID:** 410038EN  
Service Type: NON  
Target Population: 1.3 --- WOMEN ONLY  
Expiration Date: 1/31/2016

**Program Name:** JERICHO PROJECT  
Legal Name: JERICHO PROJECT  
Address: 163 AND 193 DEL PRADO DRIVE  
City, State Zip: DALY CITY, 94015  
Phone: (650) 994-9832 Fax: (650) 994-1191  
**Record ID:** 410041BN  
Service Type: RES  
Resident Capacity: 24  
Total Occupancy: 24  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 3/31/2017

**Program Name:** JERICHO PROJECT  
**Legal Name:** JERICHO PROJECT  
**Address:** 470 VALLEY DRIVE  
**City, State Zip:** BRISBANE, 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, 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, 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:** WRA, HILLSIDE HOUSE ONE  
**Legal Name:** HEALTHRIGHT 360  
**Address:** 27 NORTH HUMBOLDT STREET, UNIT A & UNIT B  
**City, State Zip:** SAN MATEO, 94401  
**Phone:** (415) 762-1559  
**Record ID:** 410043DN  
**Service Type:** RES  
**Resident Capacity:** 5  
**Total Occupancy:** 11  
**Target Population:** 1.4 --- WOMEN/CHILDREN  
**Expiration Date:** 9/30/2017

**Program Name:** WRA, THE ELMS  
**Legal Name:** HEALTHRIGHT 360  
**Address:** 202 EAST BELLEVUE AVENUE  
**City, State Zip:** SAN MATEO, 94401  
**Phone:** (650) 348-6603  
**Record ID:** 410043EN  
**Service Type:** RES  
**Resident Capacity:** 15  
**Total Occupancy:** 16  
**Target Population:** 1.3 --- WOMEN ONLY  
**Expiration Date:** 2/28/2018

**Program Name:** WRA, LAUREL HOUSE  
**Legal Name:** HEALTHRIGHT 360  
**Address:** 900 LAUREL AVENUE  
**City, State Zip:** SAN MATEO, 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:** 2/28/2018

**Program Name:** HEALTHRIGHT 360  
**Legal Name:** HEALTHRIGHT 360  
**Address:** 2015 PIONEER COURT, SUITE B  
**City, State Zip:** SAN MATEO, 94403  
**Phone:** (415) 762-3700  
**Record ID:** 410043GN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 7/31/2016

**Program Name:** STILLPATH RETREAT CENTER PROGRAM  
**Legal Name:** STILLPATH RETREAT CENTER LLC  
**Address:** 16350 SKYLINE BOULEVARD  
**City, State Zip:** WOODSIDE, 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  
**Expiration Date:** 5/31/2017

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

As of 5/2/2016

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, 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, 93436  
**Phone:** 8057360357X207      **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, 93436  
**Phone:** (805) 736-0357      **Fax:** (805) 737-0389  
**Record ID:** 420010EN  
**Service Type:** NON  
**Target Population:** 1.3 --- WOMEN ONLY  
**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, 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, 93454  
**Phone:** (805) 354-0815  
**Record ID:** 420010GN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2018

**Program Name:** LOMPOC RECOVERY CENTER  
**Legal Name:** GOOD SAMARITAN SHELTER  
**Address:** 104 SOUTH C STREET, SUITE A  
**City, State Zip:** LOMPOC, 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, 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:** 2/28/2017

**Program Name:** BETHEL HOUSE  
Legal Name: SANTA BARBARA RESCUE MISSION  
Address: 24 WEST ARRELLEGA STREET  
City, State Zip: SANTA BARBARA, 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: 2/28/2017

**Program Name:** RECOVERY SANTA BARBARA OUTPATIENT SERVICES  
Legal Name: SANTA BARBARA RESCUE MISSION  
Address: 535 EAST YANONALI STREET, B  
City, State Zip: SANTA BARBARA, 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, 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: 6/30/2017

**Program Name:** PROJECT RECOVERY - ADULT OUTPATIENT TREATMENT PROGRAM  
Legal Name: COUNCIL ON ALCOHOLISM AND DRUG ABUSE  
Address: 133 EAST HALEY STREET  
City, State Zip: SANTA BARBARA, 93101  
Phone: (805) 564-6057  
**Record ID:** 420022AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2017

**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, 93101  
Phone: (805) 730-7575 Fax: (805) 730-7503  
**Record ID:** 420022BN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2017

**Program Name:** PC1000  
Legal Name: COUNCIL ON ALCOHOLISM AND DRUG ABUSE  
Address: 232 EAST CANON PERDIDO STREET  
City, State Zip: SANTA BARBARA, 93101  
Phone: (805) 963-1433 Fax: (805) 963-1720  
**Record ID:** 420022DN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2017

**Program Name:** PROJECT RECOVERY RESIDENTIAL DETOX PROGRAM  
Legal Name: COUNCIL ON ALCOHOLISM AND DRUG ABUSE  
Address: 1020 PLACIDO AVENUE  
City, State Zip: SANTA BARBARA, 93103  
Phone: (805) 963-1836 Fax: (805) 963-8849  
**Record ID:** 420022EN  
Service Type: RES  
Resident Capacity: 12  
Total Occupancy: 12  
Target Population: 1.1 --- CO-ED  
Expiration Date: 12/31/2017

**Program Name:** CASA SERENA RESIDENTIAL RECOVERY PROGRAM  
**Legal Name:** CASA SERENA  
**Address:** 1515 BATH STREET  
**City, State Zip:** SANTA BARBARA, 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:** 6/30/2017

**Program Name:** CASA SERENA RESIDENTIAL RECOVERY PROGRAM  
**Legal Name:** CASA SERENA  
**Address:** 1922 AND 1924 CASTILLO STREET  
**City, State Zip:** SANTA BARBARA, 93101  
**Phone:** (805) 687-6318 **Fax:** (805) 966-6695  
**Record ID:** 420024BN  
**Service Type:** RES  
**Resident Capacity:** 8  
**Total Occupancy:** 8  
**Target Population:** 1.3 --- WOMEN ONLY  
**Expiration Date:** 6/30/2017

**Program Name:** CASA SERENA RESIDENTIAL RECOVERY PROGRAM  
**Legal Name:** CASA SERENA  
**Address:** 147 OLIVER ROAD  
**City, State Zip:** SANTA BARBARA, 93105  
**Phone:** (805) 965-1625 **Fax:** (805) 966-6695  
**Record ID:** 420024CN  
**Service Type:** RES  
**Resident Capacity:** 6  
**Total Occupancy:** 12  
**Target Population:** 1.4 --- WOMEN/CHILDREN  
**Expiration Date:** 6/30/2017

**Program Name:** SANCTUARY CENTERS OF SANTA BARBARA, INC.  
**Legal Name:** SANCTUARY CENTERS OF SANTA BARBARA, INC.  
**Address:** 222 WEST VALERIO, REAR BUILDING  
**City, State Zip:** SANTA BARBARA, 93101  
**Phone:** (805) 569-2785 **Fax:** (805) 563-1977  
**Record ID:** 420026AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

**Program Name:** COAST VALLEY SUBSTANCE ABUSE TREATMENT CENTER  
**Legal Name:** COAST VALLEY WORSHIP CENTER  
**Address:** 1414 S. MILLER STREET, SUITE 11  
**City, State Zip:** SANTA MARIA, 93454  
**Phone:** (805) 739-1512 **Fax:** (805) 739-2855  
**Record ID:** 420030AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2017

**Program Name:** COAST VALLEY SUBSTANCE ABUSE TREATMENT CENTER  
**Legal Name:** COAST VALLEY WORSHIP CENTER  
**Address:** 133 NORTH F STREET  
**City, State Zip:** SANTA MARIA, 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, SUITES 107 & 108  
**City, State Zip:** SANTA MARIA, 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, 93105  
**Phone:** (805) 962-7800      **Fax:** (805) 962-9002  
**Record ID:** 420034AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 11/30/2016

**Program Name:** THE TIDES SANTA BARBARA  
**Legal Name:** THE TIDES SANTA BARBARA, LLC  
**Address:** 5277 AUSTIN ROAD  
**City, State Zip:** SANTA BARBARA, 93111  
**Phone:** (805) 203-6211      **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:** 10/31/2017

**Program Name:** THE OAKS - A RESIDENTIAL TREATMENT PROGRAM AT THE CHAMPION CENTER  
**Legal Name:** THE OAKS - A RESIDENTIAL TREATMENT PROGRAM AT THE CHAMPION CENTER  
**Address:** 303 SOUTH C STREET  
**City, State Zip:** LOMPOC, 93436  
**Phone:** (805) 737-3321      **Fax:** (805) 737-3304  
**Record ID:** 420036AP  
**Service Type:** RES  
**Resident Capacity:** 16  
**Total Occupancy:** 16  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2017

**Program Name:** CHANGES  
**Legal Name:** AMERICAN RIVIERA LLC  
**Address:** 403 EAST MONTECITO STREET, SUITE A  
**City, State Zip:** SANTA BARBARA, 93101  
**Phone:** (805) 883-1155      **Fax:** (805) 883-1188  
**Record ID:** 420037AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

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

**As of 5/2/2016**

**Santa Clara County**

---

**Program Name:** LYRIC RECOVERY SERVICES, INC.  
**Legal Name:** LYRIC RECOVERY SERVICES, INC.  
**Address:** 1210 SOUTH BASCOM AVENUE, SUITE 205  
**City, State Zip:** SAN JOSE, 95128  
**Phone:** (408) 216-9826      **Fax:** (408) 982-3272  
**Record ID:** 430013AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 12/31/2017

**Program Name:** PATHWAY HOUSE  
**Legal Name:** PATHWAY SOCIETY  
**Address:** 102 SOUTH 11TH STREET  
**City, State Zip:** SAN JOSE, 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:** 12/31/2017

**Program Name:** PATHWAY OUTPATIENT CENTER  
**Legal Name:** PATHWAY SOCIETY  
**Address:** 1659 SCOTT BOULEVARD, SUITE 9, 220, AND 270  
**City, State Zip:** SANTA CLARA, 95050  
**Phone:** (408) 244-1834      **Fax:** (408) 244-5123  
**Record ID:** 430016BN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

**Program Name:** PATHWAY SOCIETY  
**Legal Name:** PATHWAY SOCIETY  
**Address:** 16433 MONTEREY STREET, SUITE 140  
**City, State Zip:** MORGAN HILL, 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, 95151  
**Phone:** (408) 281-6542      **Fax:** (408) 463-0794  
**Record ID:** 430016FN  
**Service Type:** RES  
**Resident Capacity:** 64  
**Total Occupancy:** 64  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**Program Name:** HORIZON SOUTH  
**Legal Name:** HORIZON SERVICES, INCORPORATED  
**Address:** 650 SOUTH BASCOM AVENUE  
**City, State Zip:** SAN JOSE, 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:** 8/31/2016

**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, 95126  
**Phone:** (408) 370-9688 **Fax:** (408) 370-3487  
**Record ID:** 430027GP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

**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, 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:** 1/31/2017

**Program Name:** SUPPORT SYSTEMS HOMES, INC.  
**Legal Name:** SUPPORT SYSTEMS HOMES, INC.  
**Address:** 398 S. 12TH STREET  
**City, State Zip:** SAN JOSE, 95112  
**Phone:** (408) 370-9688 **Fax:** (408) 370-3487  
**Record ID:** 430027IP  
**Service Type:** RES  
**Resident Capacity:** 22  
**Total Occupancy:** 22  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 8/31/2017

**Program Name:** SUPPORT SYSTEMS HOMES, INC.  
**Legal Name:** SUPPORT SYSTEMS HOMES, INC.  
**Address:** 1271 & 1281 FLEMING AVENUE  
**City, State Zip:** SAN JOSE, 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:** 10/31/2017

**Program Name:** ADOLESCENT COUNSELING SERVICES  
**Legal Name:** ADOLESCENT COUNSELING SERVICES  
**Address:** 1717 EMBARCADERO ROAD, SUITE 4000  
**City, State Zip:** PALO ALTO, 94303  
**Phone:** (650) 424-0852  
**Record ID:** 430032AN  
**Service Type:** NON  
**Target Population:** 1.7 --- FAMILIES  
**Expiration Date:** 1/31/2017

**Program Name:** THE CAMP - OUTPATIENT SERVICES  
**Legal Name:** THE CAMP RECOVERY CENTER, LLC  
**Address:** 256 EAST HAMILTON AVENUE, SUITE I  
**City, State Zip:** CAMPBELL, 95008  
**Phone:** (408) 866-8167  
**Record ID:** 430034AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**Program Name:** SUMMIT RANCH  
**Legal Name:** ADVENT GROUP MINISTRIES, INC.  
**Address:** 1200 WEST EDMUNDSON AVENUE  
**City, State Zip:** MORGAN HILL, 95037  
**Phone:** (408) 779-1492 **Fax:** (408) 604-0162  
**Record ID:** 430038CN  
**Service Type:** DSS  
**Target Population:** 1.5 --- YOUTH/ADOLESCENT  
**Expiration Date:** 11/30/2016

**Program Name:** LAUREL HOME  
Legal Name: ADVENT GROUP MINISTRIES, INC.  
Address: 865 BLACK WALNUT COURT  
City, State Zip: MORGAN HILL, 95037  
Phone: (408) 779-5841 Fax: (408) 604-0162  
**Record ID:** 430038DN  
Service Type: DSS  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 11/30/2016

**Program Name:** GATEWAY HOME  
Legal Name: ADVENT GROUP MINISTRIES, INC.  
Address: 1960 CHURCH AVENUE  
City, State Zip: SAN MARTIN, 95046  
Phone: (408) 683-2099 Fax: (425) 686-0776  
**Record ID:** 430038EN  
Service Type: DSS  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 11/30/2016

**Program Name:** AMICUS HOUSE, INC.  
Legal Name: AMICUS HOUSE, INC.  
Address: 466 SOUTH BUENA VISTA AVENUE  
City, State Zip: SAN JOSE, 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: 8/31/2016

**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, 95128  
Phone: (408) 975-2730 Fax: (408) 975-2745  
**Record ID:** 430042AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 1/31/2017

**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, 95112  
Phone: (408) 287-6200 Fax: (408) 998-1535  
**Record ID:** 430045AN  
Service Type: NON  
Target Population: 1.8 --- DUAL DIAGNOSIS  
Expiration Date: 5/31/2017

**Program Name:** PROYECTO PRIMAVERA ADULT OUTPATIENT PROGRAM  
Legal Name: THE GARDNER FAMILY CARE CORPORATION  
Address: 614 TULLY ROAD  
City, State Zip: SAN JOSE, 95111  
Phone: (408) 977-1591 Fax: (408) 977-1136  
**Record ID:** 430045BN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2017

**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, 95126  
Phone: (408) 292-9353 Fax: (408) 288-6201  
**Record ID:** 430046AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2017

**Program Name:** FAMILY & CHILDREN SERVICES  
Legal Name: FAMILY AND CHILDREN SERVICES  
Address: 375 CAMBRIDGE AVENUE  
City, State Zip: PALO ALTO, 94306  
Phone: (650) 326-6576 Fax: (650) 326-1340  
**Record ID:** 430046BN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 9/30/2017

**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, 95131  
**Phone:** (650) 326-6576 **Fax:** (650) 326-1340  
**Record ID:** 430046CN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2017

**Program Name:** FAMILY AND CHILDREN SERVICES - SUBSTANCE ABUSE TREATMENT PROGRAM  
**Legal Name:** FAMILY AND CHILDREN SERVICES  
**Address:** 2218 NORTH 1ST STREET  
**City, State Zip:** SAN JOSE, 95131-2007  
**Phone:** (650) 326-6576 **Fax:** (408) 943-8155  
**Record ID:** 430046DN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 1/31/2017

**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, 95112  
**Phone:** (408) 350-2400 **Fax:** (408) 350-2411  
**Record ID:** 430047CN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 11/30/2016

**Program Name:** NINTH STREET HOUSE  
**Legal Name:** PROJECT NINETY  
**Address:** 561 SOUTH 9TH STREET  
**City, State Zip:** SAN JOSE, 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:** 11/30/2017

**Program Name:** PROJECT NINETY THIRD STREET HOUSE  
**Legal Name:** PROJECT NINETY  
**Address:** 792 SOUTH THIRD STREET  
**City, State Zip:** SAN JOSE, 95112  
**Phone:** (650) 579-7882 **Fax:** (650) 579-2640  
**Record ID:** 430051BN  
**Service Type:** RES  
**Resident Capacity:** 10  
**Total Occupancy:** 12  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2016

**Program Name:** NEW LIFE RECOVERY CENTERS  
**Legal Name:** NEW LIFE RECOVERY CENTERS, INC.  
**Address:** 473 NORTH SAN PEDRO  
**City, State Zip:** SAN JOSE, 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:** 4/30/2018

**Program Name:** NEW LIFE RECOVERY CENTERS, INC.  
**Legal Name:** NEW LIFE RECOVERY CENTERS, INC.  
**Address:** 1101 PARK AVENUE  
**City, State Zip:** SAN JOSE, 95126  
**Phone:** (408) 271-0199 **Fax:** (408) 297-7450  
**Record ID:** 430053BP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

**Program Name:** NEW LIFE RECOVERY CENTERS, INC.  
**Legal Name:** NEW LIFE RECOVERY CENTERS, INC.  
**Address:** 166 CLAYTON AVENUE  
**City, State Zip:** SAN JOSE, 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:** 1/31/2018

**Program Name:** HOUSE OF DAWN  
**Legal Name:** OPERATION DAWN  
**Address:** 5034 PAGE MILL DRIVE  
**City, State Zip:** SAN JOSE, 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, 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:** 8/31/2017

**Program Name:** ADI-OUTPATIENT  
**Legal Name:** ADI- OP, INC.  
**Address:** 1900 CAMDEN AVENUE, SUITE 202 AND 205  
**City, State Zip:** SAN JOSE, 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, 95008  
**Phone:** (408) 379-3796  
**Record ID:** 430070AN  
**Service Type:** NON  
**Target Population:** 1.5 --- YOUTH/ADOLESCENT  
**Expiration Date:** 11/30/2017

**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, 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:** 5/31/2017

**Program Name:** LIONROCK RECOVERY  
**Legal Name:** LIONROCK BEHAVIORAL HEALTH, INC.  
**Address:** 621 E CAMPBELL AVENUE #17  
**City, State Zip:** CAMPBELL, 95008  
**Phone:** (760) 994-4990 **Fax:** (866) 899-8670  
**Record ID:** 430074AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 8/31/2017

**Program Name:** GREENDALE HOUSE  
Legal Name: GREENDALE HOUSE  
Address: 401 GREENDALE WAY  
City, State Zip: SAN JOSE, 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: 3/31/2016

**Program Name:** SUMMIT ESTATE RECOVERY CENTER  
Legal Name: SUMMIT ESTATE, INC.  
Address: 399 OLD MILL POND ROAD  
City, State Zip: LOS GATOS, 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: 10/31/2017

**Program Name:** SUMMIT ESTATE OUTPATIENT  
Legal Name: SUMMIT ESTATE, INC.  
Address: 20640 3RD STREET  
City, State Zip: SARATOGA, 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, SUITE 1900  
City, State Zip: SAN JOSE, 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, 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:** GENESIS PROJECT  
Legal Name: TRUTH RECOVERY FOUNDATION, INC.  
Address: 810 PALM STREET  
City, State Zip: SAN JOSE, 95110  
Phone: (408) 500-6229  
**Record ID:** 430080AN  
Service Type: RES  
Resident Capacity: 16  
Total Occupancy: 16  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 4/30/2017

**Program Name:** RED ROAD RECOVERY  
Legal Name: RED ROAD RECOVERY  
Address: 421 N 13TH STREET  
City, State Zip: SAN JOSE, 95112  
Phone: (408) 982-5875 Fax: (408) 715-6706  
**Record ID:** 430081AP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 8  
Target Population: 1.1 --- CO-ED  
Expiration Date: 1/31/2018

**Program Name:** BILL WILSON HOUSE  
**Legal Name:** BILL WILSON CENTER  
**Address:** 3490 THE ALAMEDA  
**City, State Zip:** SANTA CLARA, 95050-4333  
**Phone:** (408) 243-0222      **Fax:** (408) 246-5752  
**Record ID:** 430082AN  
**Service Type:** DSS  
**Target Population:** 1.5 --- YOUTH/ADOLESCENT  
**Expiration Date:** 2/28/2018

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

**As of 5/2/2016**

**Santa Cruz County**

---

**Program Name:** ALTO COUNSELING CENTER-SOUTH  
**Legal Name:** ENCOMPASS COMMUNITY SERVICES  
**Address:** 585 AUTO CENTER DRIVE  
**City, State Zip:** WASTONVILLE, 95076  
**Phone:** (831) 722-5915      **Fax:** (831) 722-8311  
**Record ID:** 440001EN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 12/31/2016

**Program Name:** OUT-PATIENT CLIENT SERVICES  
**Legal Name:** JANUS OF SANTA CRUZ  
**Address:** 200 SEVENTH AVENUE, SUITE 150  
**City, State Zip:** SANTA CRUZ, 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, 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:** 8/31/2016

**Program Name:** MONDANARO-BASKIN CENTER FOR WOMEN & CHILDREN  
**Legal Name:** JANUS OF SANTA CRUZ  
**Address:** 516 CHESTNUT STREET  
**City, State Zip:** SANTA CRUZ, 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:** 8/31/2016

**Program Name:** SANTA CRUZ RESIDENTIAL RECOVERY  
**Legal Name:** ENCOMPASS COMMUNITY SERVICES  
**Address:** 125 RIGG STREET  
**City, State Zip:** SANTA CRUZ, 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:** 6/30/2016

**Program Name:** ALTO COUNSELING CENTER - NORTH  
**Legal Name:** ENCOMPASS COMMUNITY SERVICES  
**Address:** 716 OCEAN STREET, SUITES 170, 200, 230  
**City, State Zip:** SANTA CRUZ, 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, 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: 6/30/2016

**Program Name:** ELEVATE ADDICTION SERVICES-SANTA CRUZ  
Legal Name: HALCYON HORIZONS, INCORPORATED  
Address: 262 GAFFEY ROAD, 80 VISTA VERDE CIRCLE, AND 65 KING FISHER DRIVE  
City, State Zip: WATSONVILLE, 95076  
Phone: (831) 768-7190 Fax: (831) 768-7194  
**Record ID:** 440009CN  
Service Type: RES-DETOX  
Resident Capacity: 61  
Total Occupancy: 61  
Target Population: 1.1 --- CO-ED  
Expiration Date: 12/31/2016

**Program Name:** ELEVATE ADDICTION SERVICES-SANTA CRUZ  
Legal Name: HALCYON HORIZONS, INCORPORATED  
Address: 125 FUCHSIA COURT  
City, State Zip: FREEDOM, CA 95019  
Phone: (831) 768-7190 Fax: (831) 768-7194  
**Record ID:** 440009CN  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 12/31/2016

**Program Name:** ELEVATE ADDICTION SERVICES-SANTA CRUZ  
Legal Name: HALCYON HORIZONS, INCORPORATED  
Address: 9C MAREA AVENUE  
City, State Zip: LA SELVA BEACH, CA 95076  
Phone: (831) 768-7190 Fax: (831) 768-7194  
**Record ID:** 440009CN  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 12/31/2016

**Program Name:** ELEVATE ADDICTION SERVICES-SANTA CRUZ OUTPATIENT  
Legal Name: HALCYON HORIZONS, INCORPORATED  
Address: 9057 SOQUEL DRIVE, BUILDING B, SUITE EE  
City, State Zip: APTOS, 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, 95060  
Phone: (831) 427-1007  
**Record ID:** 440010AN  
Service Type: RES  
Resident Capacity: 38  
Total Occupancy: 52  
Target Population: 1.7 --- FAMILIES  
Expiration Date: 4/30/2017

**Program Name:** CAMP RECOVERY CENTER  
Legal Name: THE CAMP RECOVERY CENTER, LLC  
Address: 3192 GLEN CANYON ROAD  
City, State Zip: SCOTTS VALLEY, 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: 9/30/2017

**Program Name:** THE CAMP RECOVERY CENTERS-SECTION II  
**Legal Name:** THE CAMP RECOVERY CENTER, LLC  
**Address:** 3192 GLEN CANYON ROAD  
**City, State Zip:** SCOTTS VALLEY, 95066-4916  
**Phone:** (831) 438-1868  
**Record ID:** 440011BP  
**Service Type:** DSS  
**Target Population:** 1.5 --- YOUTH/ADOLESCENT  
**Expiration Date:** 2/28/2017

**Program Name:** SOBRIETY WORKS  
**Legal Name:** RIKKI RAP, INC.  
**Address:** 8030 SOQUEL AVENUE, SUITE 103  
**City, State Zip:** SANTA CRUZ, 95060  
**Phone:** (831) 476-1747 **Fax:** (831) 685-1703  
**Record ID:** 440012AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**Program Name:** SOBRIETY WORKS  
**Legal Name:** RIKKI RAP, INC.  
**Address:** 8030 SOQUEL AVENUE, SUITE 103  
**City, State Zip:** SANTA CRUZ, 95062-2096  
**Phone:** (831) 476-1747 **Fax:** (831) 476-1125  
**Record ID:** 440014AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 3/31/2018

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

As of 5/2/2016

Shasta County

---

**Program Name:** EMPIRE RECOVERY CENTER  
**Legal Name:** EMPIRE HOTEL, EHARC, INC.  
**Address:** 1237 CALIFORNIA STREET  
**City, State Zip:** REDDING, 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:** 5/31/2017

**Program Name:** EMPIRE OUTPATIENT SERVICES  
**Legal Name:** EMPIRE HOTEL, EHARC, INC.  
**Address:** 1616 WEST STREET  
**City, State Zip:** REDDING, 96001  
**Phone:** (530) 244-7074      **Fax:** (530) 244-7065  
**Record ID:** 450001CN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**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, 96065  
**Phone:** (530) 337-6724  
**Record ID:** 450004AN  
**Service Type:** DSS  
**Target Population:** 1.5 --- YOUTH/ADOLESCENT  
**Expiration Date:** 1/31/2018

**Program Name:** REDEEMED RECOVERY SERVICES  
**Legal Name:** CHURCH OF THE REDEEMED OF REDDING, CALIFORNIA  
**Address:** 844 BUTTE STREET  
**City, State Zip:** REDDING, 96001  
**Phone:** (530) 241-5518      **Fax:** (530) 244-4086  
**Record ID:** 450008AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2017

**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, 96002  
**Phone:** (530) 221-7474      **Fax:** (530) 226-6329  
**Record ID:** 450011AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

**Program Name:** ANDERSON OUTPATIENT PROGRAM  
**Legal Name:** RIGHT ROAD RECOVERY PROGRAMS, INC.  
**Address:** 2110 FERRY STREET  
**City, State Zip:** ANDERSON, 96007  
**Phone:** (530) 365-8523  
**Record ID:** 450012AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

**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, 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:** 9/30/2016

**Program Name:** VOTC, INC.  
**Legal Name:** VOTC, INC.  
**Address:** 3617 RICARDO AVENUE, SUITE #1 & 9  
**City, State Zip:** REDDING, 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:** 2066 PLACER STREET  
**City, State Zip:** REDDING, 96001  
**Phone:** (530) 722-1114  
**Record ID:** 450020CN  
**Service Type:** RES  
**Resident Capacity:** 18  
**Total Occupancy:** 18  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 3/31/2018

**Program Name:** VISIONS OF THE CROSS  
**Legal Name:** VOTC, INC.  
**Address:** 3617 RICARDO AVENUE, #6, 7 & 8  
**City, State Zip:** REDDING, 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:** 11/30/2017

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

As of 5/2/2016

Sierra County

---

**Program Name:** SIERRA COUNTY HUMAN SERVICES  
**Legal Name:** SIERRA COUNTY HUMAN SERVICES  
**Address:** 704 MILL STREET  
**City, State Zip:** LOYALTON, 96118  
**Phone:** (530) 993-6748      **Fax:** (530) 993-6759  
**Record ID:** 460001AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

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

As of 5/2/2016

Siskiyou County

---

**Program Name:** SISKIYOU COUNTY BEHAVIORAL HEALTH  
**Legal Name:** SISKIYOU COUNTY HEALTH & HUMAN SERVICES AGENCY  
**Address:** 2060 CAMPUS DRIVE  
**City, State Zip:** YREKA, 96097-9538  
**Phone:** (530) 841-4890      **Fax:** (530) 841-4881  
**Record ID:** 470002AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2017

**Program Name:** KARUK HEALTH CLINIC  
**Legal Name:** KARUK TRIBE  
**Address:** 1519 SOUTH OREGON STREET  
**City, State Zip:** YREKA, 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 5/2/2016**

**Solano County**

---

**Program Name:** SOUTHERN SOLANO ALCOHOL COUNCIL  
**Legal Name:** BI-BETT  
**Address:** 419 PENNSYLVANIA STREET  
**City, State Zip:** VALLEJO, 94590  
**Phone:** (707) 643-2715      **Fax:** (707) 643-8536  
**Record ID:** 480002BN  
**Service Type:** RES  
**Resident Capacity:** 9  
**Total Occupancy:** 9  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 12/31/2017

**Program Name:** SHAMIA RECOVERY CENTER  
**Legal Name:** BI-BETT  
**Address:** 126, 126-1/2, AND 128 OHIO STREET  
**City, State Zip:** VALLEJO, 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:** 11/30/2017

**Program Name:** RECOVERY CONNECTION  
**Legal Name:** BI-BETT  
**Address:** 604 BROADWAY STREET  
**City, State Zip:** VALLEJO, 94590  
**Phone:** (707) 643-2748      **Fax:** (707) 558-8047  
**Record ID:** 480002GN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

**Program Name:** GENESIS HOUSE  
**Legal Name:** GENESIS HOUSE, INC.  
**Address:** 1149 WARREN AVENUE  
**City, State Zip:** VALLEJO, 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:** 6/30/2017

**Program Name:** GENESIS HOUSE II  
**Legal Name:** GENESIS HOUSE, INC.  
**Address:** 133 RENIDA STREET  
**City, State Zip:** VALLEJO, 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:** 6/30/2017

**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, 94590-7228  
**Phone:** (707) 553-1042      **Fax:** (707) 553-8146  
**Record ID:** 480010AN  
**Service Type:** RES  
**Resident Capacity:** 10  
**Total Occupancy:** 10  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 2/28/2017

**Program Name:** THE HOUSE OF ACTS II  
**Legal Name:** THE HOUSE OF ACTS/SUBSTANCE ABUSE PROGRAM  
**Address:** 115 TERI COURT  
**City, State Zip:** VALLEJO, 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:** 6/30/2016

**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, 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:** 8/31/2016

**Program Name:** RIO VISTA CARE  
**Legal Name:** RIO VISTA CARE, INC.  
**Address:** 125 SACRAMENTO STREET  
**City, State Zip:** RIO VISTA, 94571-1848  
**Phone:** (707) 374-5243 **Fax:** (707) 374-5381  
**Record ID:** 480012AN  
**Service Type:** NON  
**Target Population:** 1.10 --- CO-ED/YOUTH  
**Expiration Date:** 8/31/2016

**Program Name:** ARCHWAY RECOVERY SERVICES, INC.  
**Legal Name:** ARCHWAY RECOVERY SERVICES, INC.  
**Address:** 1525 UNION AVENUE  
**City, State Zip:** FAIRFIELD, 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:** 3/31/2017

**Program Name:** ANKA BEHAVIORAL HEALTH, INC.  
**Legal Name:** ANKA BEHAVIORAL HEALTH, INCORPORATED  
**Address:** 251 GEORGIA STREET  
**City, State Zip:** VALLEJO, 94590  
**Phone:** (925) 265-6055 **Fax:** (707) 558-8196  
**Record ID:** 480023AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

**Program Name:** A WISE RETREAT  
**Legal Name:** LOCKKLIND AND ASSOCIATES, LLC  
**Address:** 4749 GEORGIA STREET  
**City, State Zip:** VALLEJO, 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:** 5/31/2016

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

As of 5/2/2016

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, 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:** 8/31/2016

**Program Name:** CAMPOBELLO OUTPATIENT CENTER  
**Legal Name:** CAMPOBELLO CHEMICAL DEPENDENCY RECOVERY CENTER, INC.  
**Address:** 2448 GUERNEVILLE ROAD, SUITE 400  
**City, State Zip:** SANTA ROSA, 95403-7227  
**Phone:** (707) 546-1547 **Fax:** (707) 546-1557  
**Record ID:** 490002BP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2018

**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, 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:** 2/28/2018

**Program Name:** OUTPATIENT TREATMENT PROGRAM  
**Legal Name:** DRUG ABUSE ALTERNATIVES CENTER  
**Address:** 2403 PROFESSIONAL DRIVE, SUITE 101  
**City, State Zip:** SANTA ROSA, 95403  
**Phone:** (707) 571-2233 **Fax:** (707) 571-2238  
**Record ID:** 490009BN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 12/31/2017

**Program Name:** PERINATAL DAY TREATMENT  
**Legal Name:** DRUG ABUSE ALTERNATIVES CENTER  
**Address:** 2400 COUNTY CENTER DRIVE SUITE B  
**City, State Zip:** SANTA ROSA, 95403  
**Phone:** (707) 566-0170 **Fax:** (707) 526-3155  
**Record ID:** 490009EN  
**Service Type:** NON  
**Target Population:** 1.4 --- WOMEN/CHILDREN  
**Expiration Date:** 4/30/2018

**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, 95403  
**Phone:** (707) 566-0170 **Fax:** (707) 568-5445  
**Record ID:** 490009LN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2016

**Program Name:** TURNING POINT - ARROWOOD  
**Legal Name:** DRUG ABUSE ALTERNATIVES CENTER  
**Address:** 440 ARROWOOD DRIVE  
**City, State Zip:** SANTA ROSA, 95407  
**Phone:** (707) 571-2233 **Fax:** (707) 284-2955  
**Record ID:** 490009RN  
**Service Type:** RES  
**Resident Capacity:** 112  
**Total Occupancy:** 112  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

**Program Name:** TURNING POINT ORENDA DETOX  
**Legal Name:** DRUG ABUSE ALTERNATIVES CENTER  
**Address:** 1430 NEOTOMAS AVENUE  
**City, State Zip:** SANTA ROSA, 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:** 7/31/2016

**Program Name:** ATHENA HOUSE  
**Legal Name:** CALIFORNIA HUMAN DEVELOPMENT CORPORATION  
**Address:** 3555 SONOMA HIGHWAY  
**City, State Zip:** SANTA ROSA, 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:** 6/30/2017

**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, 95403  
**Phone:** (707) 523-2242  
**Record ID:** 490010EN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**Program Name:** BOYS FACILITY  
**Legal Name:** 'R' HOUSE  
**Address:** 429 SPEERS ROAD  
**City, State Zip:** SANTA ROSA, 95409  
**Phone:** (707) 322-5895  
**Record ID:** 490011AN  
**Service Type:** DSS  
**Target Population:** 1.5 --- YOUTH/ADOLESCENT  
**Expiration Date:** 9/30/2016

**Program Name:** WINDING CREEK GIRLS' FACILITY  
**Legal Name:** 'R' HOUSE  
**Address:** 152 MIDDLE RINCON ROAD  
**City, State Zip:** SANTA ROSA, 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:** 2626 DUTTON MEADOW  
**City, State Zip:** SANTA ROSA, 95407  
**Phone:** (707) 571-2215 **Fax:** (707) 568-3792  
**Record ID:** 490011GN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 8/31/2017

**Program Name:** AZURE ACRES  
**Legal Name:** THE CAMP RECOVERY CENTER, LLC  
**Address:** 2264 GREEN HILL ROAD  
**City, State Zip:** SEBASTOPOL, 95472  
**Phone:** (707) 823-3385  
**Record ID:** 490021AP  
**Service Type:** RES  
**Resident Capacity:** 28  
**Total Occupancy:** 28  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 12/31/2017

**Program Name:** AZURE ACRES IOP  
**Legal Name:** THE CAMP RECOVERY CENTER, LLC  
**Address:** 420 MENDOCINO AVENUE, SUITE 101  
**City, State Zip:** SANTA ROSA, 95401  
**Phone:** (707) 823-3385      **Fax:** (707) 823-7519  
**Record ID:** 490021BP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 1/31/2018

**Program Name:** MOUNTAIN VISTA FARM  
**Legal Name:** NEW VISTAS RECOVERY, INC.  
**Address:** 3020 WARM SPRINGS ROAD  
**City, State Zip:** GLEN ELLEN, 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:** 4/30/2018

**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, 95401  
**Phone:** (707) 521-4550      **Fax:** (707) 544-1092  
**Record ID:** 490032AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2017

**Program Name:** FIVE SISTERS RANCH, INC.  
**Legal Name:** FIVE SISTERS RANCH, INC.  
**Address:** 1000 LONGHORN LANE  
**City, State Zip:** PETALUMA, 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:** 5/31/2017

**Program Name:** OLYMPIA HOUSE  
**Legal Name:** SONOMA RECOVERY SERVICES, LLC  
**Address:** 11207 VALLEY FORD ROAD  
**City, State Zip:** PETALUMA, 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:** 8/31/2016

**Program Name:** MUIR WOOD ADOLESCENT & FAMILY SERVICES  
**Legal Name:** MUIR WOOD, LLC  
**Address:** 1733 SKILLMAN LANE  
**City, State Zip:** PETALUMA, 94952  
**Phone:** (310) 903-1155      **Fax:** (707) 555-5401  
**Record ID:** 490038AP  
**Service Type:** DSS  
**Target Population:** 1.5 --- YOUTH/ADOLESCENT  
**Expiration Date:** 8/31/2017

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

**As of 5/2/2016**

**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, 95307  
**Phone:** (209) 541-2912  
**Record ID:** 500002EN  
**Service Type:** RES-DETOX  
**Resident Capacity:** 44  
**Total Occupancy:** 44  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 7/31/2017

**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, 95307  
**Phone:** (209) 541-2121      **Fax:** (209) 525-6291  
**Record ID:** 500002FN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 7/31/2017

**Program Name:** NEW HOPE RECOVERY HOUSE  
**Legal Name:** GENE RADINO  
**Address:** 823 EAST ORANGEBURG AVENUE  
**City, State Zip:** MODESTO, 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:** 9/30/2016

**Program Name:** RECOVERY SYSTEMS ASSOCIATES  
**Legal Name:** GENE RADINO  
**Address:** 823 EAST ORANGEBURG  
**City, State Zip:** MODESTO, 95350  
**Phone:** (209) 527-2046  
**Record ID:** 500004BP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 7/31/2017

**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, 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, 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, 95351  
**Phone:** (209) 578-3132  
**Record ID:** 500009GN  
**Service Type:** RES  
**Resident Capacity:** 12  
**Total Occupancy:** 12  
**Target Population:** 1.3 --- WOMEN ONLY  
**Expiration Date:** 4/30/2016

**Program Name:** NIRVANA DRUG AND ALCOHOL TREATMENT PROGRAM  
**Legal Name:** NIRVANA DRUG AND ALCOHOL TREATMENT PROGRAM  
**Address:** 1040 RENO AVENUE  
**City, State Zip:** MODESTO, 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:** 10/31/2017

**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, 95351  
**Phone:** (209) 579-1151 **Fax:** (209) 579-9605  
**Record ID:** 500009JN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 9/30/2017

**Program Name:** THE LAST RESORT  
**Legal Name:** ADOLESCENCE'S LAST RESORT  
**Address:** 218 EAST ORANGEBURG AVENUE  
**City, State Zip:** MODESTO, 95350  
**Phone:** (209) 523-6900 **Fax:** (209) 523-6909  
**Record ID:** 500010AN  
**Service Type:** DSS  
**Target Population:** 1.5 --- YOUTH/ADOLESCENT  
**Expiration Date:** 2/28/2017

**Program Name:** THE LAST RESORT  
**Legal Name:** ADOLESCENCE'S LAST RESORT  
**Address:** 3125 MC HENRY AVENUE, SUITE D  
**City, State Zip:** MODESTO, 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:** BREAKTHROUGHS OUTPATIENT TREATMENT  
**Legal Name:** DOROTHY FRANKLIN  
**Address:** 2125 WYLIE DRIVE, SUITE 3  
**City, State Zip:** MODESTO, 95355  
**Phone:** (209) 529-1855  
**Record ID:** 500024AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 8/31/2017

**Program Name:** ADDICTION FREE RECOVERY SERVICES  
**Legal Name:** OPIE GROUP, INC.  
**Address:** 2937 VENEMEN AVENUE, UNIT A 105  
**City, State Zip:** MODESTO, 95356  
**Phone:** (209) 579-3301 **Fax:** (209) 579-3311  
**Record ID:** 500027AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2017

**Program Name:** ADDICTION FREE RECOVERY SERVICES  
**Legal Name:** OPIE GROUP, INC.  
**Address:** 5404 KIERNAN AVENUE  
**City, State Zip:** SALIDA, 95368  
**Phone:** (209) 579-3301      **Fax:** (209) 579-3311  
**Record ID:** 500027BP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 15  
**Total Occupancy:** 15  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 1/31/2018

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

**As of 5/2/2016**

**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, 95991-8828  
**Phone:** (530) 822-7200      **Fax:** (530) 822-7108  
**Record ID:** 510002BN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 6/30/2017

**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, 95991-2439  
**Phone:** (530) 822-7263      **Fax:** (530) 822-7267  
**Record ID:** 510002CN  
**Service Type:** NON  
**Target Population:** 1.3 --- WOMEN ONLY  
**Expiration Date:** 11/30/2016

**Program Name:** FEATHER RIVER MEN'S CENTER  
**Legal Name:** FEATHER RIVER MEN'S CENTER  
**Address:** 2465 BIRCH STREET  
**City, State Zip:** LIVE OAK, 95953-2609  
**Phone:** (530) 695-8006  
**Record ID:** 510006AN  
**Service Type:** RES  
**Resident Capacity:** 12  
**Total Occupancy:** 14  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 11/30/2017

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

**As of 5/2/2016**

**Tehama County**

---

**Program Name:** TEHAMA COUNTY HEALTH SERVICES AGENCY DRUG AND ALCOHOL DIVISION  
**Legal Name:** TEHAMA COUNTY HEALTH SERVICES AGENCY  
**Address:** 1850 WALNUT STREET, BUILDING G  
**City, State Zip:** RED BLUFF, 96080  
**Phone:** (530) 527-7893                      **Fax:** (530) 527-0766  
**Record ID:** 520002AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 4/30/2017

**Program Name:** TEHAMA COUNTY HEALTH SERVICES AGENCY DRUG AND ALCOHOL DIVISION - SOUTH COUNTY  
**Legal Name:** TEHAMA COUNTY HEALTH SERVICES AGENCY  
**Address:** 275 SOLANO STREET  
**City, State Zip:** CORNING, 96021  
**Phone:** (530) 824-4890                      **Fax:** (530) 824-8443  
**Record ID:** 520002BN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 5/31/2017

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

**As of 5/2/2016**

**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, 96093  
**Phone:** (530) 623-1362      **Fax:** (530) 623-4448  
**Record ID:** 530001AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 2/28/2017

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

As of 5/2/2016

Tulare County

---

**Program Name:** PAAR CENTER WEST  
Legal Name: PORTERVILLE HALFWAY HOUSE  
Address: 182 WEST BELLEVIEW AVENUE  
City, State Zip: PORTERVILLE, 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: 7/31/2017

**Program Name:** THE PAAR CENTER  
Legal Name: PORTERVILLE HALFWAY HOUSE  
Address: 509 NORTH EL GRANITO STREET  
City, State Zip: PORTERVILLE, 93257  
Phone: (559) 781-0107 Fax: (559) 781-7521  
**Record ID:** 540001FN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 2/28/2017

**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, 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, 93292  
Phone: (559) 636-4000  
**Record ID:** 540002HN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 2/28/2017

**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, 93257  
Phone: (559) 788-1200  
**Record ID:** 540002IN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 2/28/2017

**Program Name:** TURNING POINT YOUTH SERVICES  
Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.  
Address: 220 NORTH LOCUST STREET  
City, State Zip: VISALIA, 93291  
Phone: (559) 627-1385 Fax: (559) 636-2105  
**Record ID:** 540005BN  
Service Type: NON  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 6/30/2017

**Program Name:** TURNING POINT VISALIA RE-ENTRY CENTER  
Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.  
Address: 1845 SOUTH COURT STREET, DORMS 1, 2, 3, 4, 5 AND 6  
City, State Zip: VISALIA, 93277  
Phone: (559) 732-5550 Fax: (559) 732-5574  
**Record ID:** 540005DN  
Service Type: RES  
Resident Capacity: 32  
Total Occupancy: 32  
Target Population: 1.2 --- MEN ONLY  
Expiration Date: 3/31/2018

**Program Name:** COURAGE TO CHANGE, INC.  
Legal Name: COURAGE TO CHANGE  
Address: 1230 N. ANDERSON ROAD  
City, State Zip: EXETER, 93221  
Phone: (559) 594-4855 Fax: (559) 594-0086  
**Record ID:** 540014BN  
Service Type: NON  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 7/31/2017

**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, 93277  
Phone: (559) 625-8176 Fax: (559) 625-8179  
**Record ID:** 540020AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2017

**Program Name:** ALTERNATIVE SERVICES  
Legal Name: ALTERNATIVE SERVICES, INC.  
Address: 215 NORTH D STREET  
City, State Zip: PORTERVILLE, 93257  
Phone: (559) 783-2402 Fax: (559) 782-4681  
**Record ID:** 540024AP  
Service Type: NON  
Target Population: 1.5 --- YOUTH/ADOLESCENT  
Expiration Date: 2/28/2018

**Program Name:** ALTERNATIVE SERVICES  
Legal Name: ALTERNATIVE SERVICES, INC.  
Address: 2380 W. WHITENDALE AVENUE  
City, State Zip: VISALIA, 93227  
Phone: (559) 651-8090 Fax: (559) 651-8099  
**Record ID:** 540024DP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2016

**Program Name:** ALTERNATIVE SERVICES  
Legal Name: ALTERNATIVE SERVICES, INC.  
Address: 125 SOUTH M STREET  
City, State Zip: TULARE, 93274  
Phone: (559) 685-8283  
**Record ID:** 540024EP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2016

**Program Name:** SRS RECOVERY SERVICES  
Legal Name: SRS RECOVERY SERVICES, LLC  
Address: 130 EAST MILL AVENUE  
City, State Zip: PORTERVILLE, 93257  
Phone: (559) 789-9881 Fax: (559) 789-9877  
**Record ID:** 540028BP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 12/31/2017

**Program Name:** NEW HOPE  
Legal Name: CENTRAL VALLEY RECOVERY SERVICES, INC.  
Address: 212 NORTH STEVENSON STREET  
City, State Zip: VISALIA, 93291  
Phone: (559) 625-2995 Fax: (559) 625-3808  
**Record ID:** 540031AN  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 6/30/2016

**Program Name:** PINE RECOVERY CENTER  
Legal Name: CENTRAL VALLEY RECOVERY SERVICES, INC.  
Address: 120 WEST SCHOOL AVENUE  
City, State Zip: VISALIA, 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: 8/31/2017

**Program Name:** NEW VISIONS FOR WOMEN  
Legal Name: CENTRAL VALLEY RECOVERY SERVICES, INC.  
Address: 1425-A EAST WALNUT AVENUE  
City, State Zip: VISALIA, 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: 5/31/2016

**Program Name:** MOTHERING HEIGHTS  
Legal Name: CENTRAL VALLEY RECOVERY SERVICES, INC.  
Address: 705 SOUTH COURT STREET  
City, State Zip: VISALIA, 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: 10/31/2017

**Program Name:** NEW HEIGHTS  
Legal Name: CENTRAL VALLEY RECOVERY SERVICES, INC.  
Address: 1731 W. WALNUT AVENUE  
City, State Zip: VISALIA, 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, 93277  
Phone: (559) 651-8090  
**Record ID:** 540035AN  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2016

**Program Name:** LIVING RECOVERY SERVICES  
Legal Name: LIVING RECOVERY SERVICES  
Address: 625 N MAIN STREET  
City, State Zip: PORTERVILLE, 93257  
Phone: (559) 306-4589  
**Record ID:** 540036AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 5/31/2017

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

As of 5/2/2016

Tuolumne County

---

**Program Name:** THE RANCH  
**Legal Name:** MAYNORD'S CHEMICAL DEPENDENCY RECOVERY CENTER  
**Address:** 19320 CHEROKEE ROAD  
**City, State Zip:** TUOLUMNE, 95379  
**Phone:** (209) 928-3737      **Fax:** (209) 928-1152  
**Record ID:** 550001AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 36  
**Total Occupancy:** 37  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 12/31/2017

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

**As of 5/2/2016**

**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, 93063  
**Phone:** (805) 577-1724  
**Record ID:** 560003AN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 11/30/2017

**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, 93001  
**Phone:** (805) 652-6919      **Fax:** (805) 652-0868  
**Record ID:** 560003BN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 11/30/2017

**Program Name:** OXNARD CENTER  
**Legal Name:** VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT ALCOHOL & DRUG PROGRAMS  
**Address:** 1911 WILLIAMS DRIVE  
**City, State Zip:** OXNARD, 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, 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, 93015  
**Phone:** (805) 524-8644  
**Record ID:** 560003GN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 11/30/2017

**Program Name:** KHEPERA HOUSE  
**Legal Name:** KHEPERA HOUSE  
**Address:** 108 WEST HARRISON AVENUE  
**City, State Zip:** VENTURA, 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:** 9/30/2016

**Program Name:** KHEPERA HOUSE  
**Legal Name:** KHEPERA HOUSE  
**Address:** 277 A AND B WEST HARRISON AVENUE  
**City, State Zip:** VENTURA, 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:** 9/30/2016

**Program Name:** KHEPERA HOUSE  
**Legal Name:** KHEPERA HOUSE  
**Address:** 125-A, 125-B, 125-C & 125-D WEST HARRISON STREET  
**City, State Zip:** VENTURA, 93001  
**Phone:** (805) 653-2596      **Fax:** (805) 648-9762  
**Record ID:** 560004JN  
**Service Type:** RES  
**Resident Capacity:** 24  
**Total Occupancy:** 24  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 5/31/2017

**Program Name:** PDAP OF VENTURA COUNTY, INCORPORATED  
**Legal Name:** PDAP OF VENTURA COUNTY, INCORPORATED  
**Address:** 450 ROSEWOOD AVENUE, SUITE 215  
**City, State Zip:** CAMARILLO, 93010-5914  
**Phone:** (805) 482-1265  
**Record ID:** 560015BN  
**Service Type:** NON  
**Target Population:** 1.7 --- FAMILIES  
**Expiration Date:** 6/30/2017

**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, 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:** 9/30/2017

**Program Name:** ACTION FAMILY COUNSELING CENTERS - SIMI VALLEY  
**Legal Name:** ACTION FAMILY COUNSELING, INC.  
**Address:** 4380 APRICOT ROAD  
**City, State Zip:** SIMI VALLEY, 93063  
**Phone:** (805) 584-3258      **Fax:** (661) 297-9701  
**Record ID:** 560026AP  
**Service Type:** NON  
**Target Population:** 1.5 --- YOUTH/ADOLESCENT  
**Expiration Date:** 11/30/2016

**Program Name:** ACTION FAMILY COUNSELING CENTERS - OXNARD  
**Legal Name:** ACTION FAMILY COUNSELING, INC.  
**Address:** 5850 THILLE STREET, SUITE # 108  
**City, State Zip:** VENTURA, 93003  
**Phone:** (805) 650-0084      **Fax:** (805) 650-0088  
**Record ID:** 560026BP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 11/30/2016

**Program Name:** ACTION FAMILY COUNSELING, INC. ADULT RESIDENTIAL TREATMENT - PIRU  
**Legal Name:** ACTION FAMILY COUNSELING, INC.  
**Address:** 691 MAIN STREET  
**City, State Zip:** PIRU, 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:** 9/30/2016

**Program Name:** INTERVENTION INSTITUTE  
**Legal Name:** LAURIE SANDERS  
**Address:** 870 HAMPSHIRE ROAD, SUITE A  
**City, State Zip:** THOUSAND OAKS, 91361  
**Phone:** (805) 379-3611      **Fax:** (805) 446-4470  
**Record ID:** 560027AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 6/30/2017

**Program Name:** GENESIS PROGRAMS, INC.  
**Legal Name:** GENESIS PROGRAMS, INC.  
**Address:** 1732 PALMA DRIVE, SUITE 208  
**City, State Zip:** VENTURA, 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, 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, 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:** 6/30/2016

**Program Name:** PASSAGES VENTURA  
**Legal Name:** PASSAGES SILVER STRAND LLC  
**Address:** 224 EAST CLARA STREET  
**City, State Zip:** PORT HUENEME, 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:** 3/31/2017

**Program Name:** PASSAGES VENTURA  
**Legal Name:** PASSAGES SILVER STRAND LLC  
**Address:** 241 MARKET STREET  
**City, State Zip:** PORT HUENEME, 93041  
**Phone:** (805) 283-4737 **Fax:** (805) 488-9000  
**Record ID:** 560036BP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 10/31/2017

**Program Name:** LA VENTANA TREATMENT PROGRAMS  
**Legal Name:** RYLIST, INC.  
**Address:** 1408 E THOUSAND OAKS BOULEVARD, SUITE 100  
**City, State Zip:** THOUSAND OAKS, 91362  
**Phone:** (805) 644-5745 **Fax:** (818) 975-5076  
**Record ID:** 560038BP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 11/30/2017

**Program Name:** LA VENTANA TREATMENT PROGRAMS  
**Legal Name:** RYLIST, INC  
**Address:** 385 N. CONEJO SCHOOL ROAD  
**City, State Zip:** THOUSAND OAKS, 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:** 9/30/2016

**Program Name:** LA VENTANA TREATMENT PROGRAMS  
Legal Name: RYLIST, INC.  
Address: 395 N. CONEJO SCHOOL ROAD  
City, State Zip: THOUSAND OAKS, 91362  
Phone: (805) 659-2309 Fax: (818) 975-5076  
**Record ID:** 560038FP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2016

**Program Name:** LA VENTANA TREATMENT PROGRAMS  
Legal Name: RYLIST, INC  
Address: 1154 CARDIFF CIRCLE  
City, State Zip: THOUSAND OAKS, 91362  
Phone: (805) 379-4883  
**Record ID:** 560038GP  
Service Type: RES-DETOX  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 4/30/2017

**Program Name:** LA VENTANA TREATMENT PROGRAMS  
Legal Name: RYLIST, INC.  
Address: 1771 COUNTRY OAKS LANE  
City, State Zip: THOUSAND OAKS, 91362  
Phone: (805) 370-5440 Fax: (805) 371-4038  
**Record ID:** 560038HP  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 8/31/2017

**Program Name:** PSYCHOLOGICAL SERVICES FOR FAMILIES  
Legal Name: PSYCHOLOGICAL SERVICES FOR FAMILIES  
Address: 410 NORTH A STREET  
City, State Zip: OXNARD, 93030  
Phone: (805) 701-1040 Fax: (805) 487-2255  
**Record ID:** 560039AP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 8/31/2017

**Program Name:** A WILDWOOD RECOVERY  
Legal Name: A WILDWOOD RECOVERY  
Address: 360 CAMINO DE CELESTE  
City, State Zip: THOUSAND OAKS, 91360  
Phone: (805) 493-5741 Fax: (805) 493-5047  
**Record ID:** 560040AP  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 8/31/2017

**Program Name:** A WILDWOOD RECOVERY IOP  
Legal Name: A WILDWOOD RECOVERY  
Address: 166 N. MOORPARK ROAD, SUITE 304  
City, State Zip: THOUSAND OAKS, 91360  
Phone: (805) 493-5741 Fax: (805) 493-5047  
**Record ID:** 560040BP  
Service Type: NON  
Target Population: 1.1 --- CO-ED  
Expiration Date: 11/30/2017

**Program Name:** THE LAKE HOUSE  
Legal Name: SHERWOOD CORPORATE HOUSING LLC  
Address: 890 LAKE SHERWOOD DRIVE  
City, State Zip: LAKE SHERWOOD, 91361  
Phone: (805) 371-8870  
**Record ID:** 560042AP  
Service Type: RES  
Resident Capacity: 6  
Total Occupancy: 6  
Target Population: 1.1 --- CO-ED  
Expiration Date: 10/31/2017

**Program Name:** ENGAGE RECOVERY, INC.  
**Legal Name:** ENGAGE RECOVERY, INC.  
**Address:** 650 HAMPSHIRE ROAD SUITES 104, 204, 212  
**City, State Zip:** WESTLAKE VILLAGE, 91361  
**Phone:** (805) 497-0605 **Fax:** (805) 371-4862  
**Record ID:** 560043AP  
**Service Type:** NON  
**Target Population:** 1.5 --- YOUTH/ADOLESCENT  
**Expiration Date:** 4/30/2016

**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, 91362  
**Phone:** (747) 222-7464  
**Record ID:** 560046AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 1/31/2017

**Program Name:** DESTINATIONS TO RECOVERY  
**Legal Name:** DESTINATIONS TO RECOVERY  
**Address:** 1304 E. MAIN STREET  
**City, State Zip:** VENTURA, 93001  
**Phone:** (818) 737-2221 **Fax:** (805) 256-3287  
**Record ID:** 560047AP  
**Service Type:** NON  
**Target Population:** 1.13 --- CO-ED/CHILD/DUAL  
**Expiration Date:** 6/30/2017

**Program Name:** NARCONON OJAI  
**Legal Name:** NARCONON PACIFIC COAST  
**Address:** 9950 SULPHUR MOUNTAIN ROAD  
**City, State Zip:** OJAI, 93023  
**Phone:** (805) 798-8021  
**Record ID:** 560048AN  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 8  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 8/31/2017

**Program Name:** PURE RECOVERY  
**Legal Name:** PURE RECOVERY CALIFORNIA, INC.  
**Address:** 5427 REEF WAY  
**City, State Zip:** OXNARD, 93035  
**Phone:** (805) 263-6296  
**Record ID:** 560049AP  
**Service Type:** RES-DETOX  
**Resident Capacity:** 6  
**Total Occupancy:** 6  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 8/31/2017

**Program Name:** TRIBE INTEGRATIVE RECOVERY  
**Legal Name:** NITOR, INC.  
**Address:** 1317 DEL NORTE ROAD, SUITE 200  
**City, State Zip:** CAMARILLO, 93010  
**Phone:** (805) 991-7561 **Fax:** (805) 832-6786  
**Record ID:** 560050AP  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 1/31/2018

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

**As of 5/2/2016**

**Yolo County**

---

**Program Name:** CACHE CREEK LODGE  
**Legal Name:** CACHE CREEK LODGE, INC.  
**Address:** 421, 435, AND 441 ASPEN STREET  
**City, State Zip:** WOODLAND, 95695-2665  
**Phone:** (530) 662-5727      **Fax:** (530) 892-1831  
**Record ID:** 570004BN  
**Service Type:** RES  
**Resident Capacity:** 40  
**Total Occupancy:** 40  
**Target Population:** 1.2 --- MEN ONLY  
**Expiration Date:** 7/31/2017

**Program Name:** WALTER'S HOUSE  
**Legal Name:** YOLO WAYFARER CENTER (CHRISTIAN MISSION)  
**Address:** 285 4TH STREET  
**City, State Zip:** WOODLAND, 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:** 8/31/2017

**Program Name:** FOURTH AND HOPE OUTPATIENT PROGRAM  
**Legal Name:** YOLO WAYFARER CENTER (CHRISTIAN MISSION)  
**Address:** 207 FOURTH STREET  
**City, State Zip:** WOODLAND, 95695-3501  
**Phone:** (530) 867-5010      **Fax:** (530) 662-6918  
**Record ID:** 570008BN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 1/31/2017

**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, 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:** 6/30/2016

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

**As of 5/2/2016**

**Yuba County**

---

**Program Name:** PATHWAYS  
**Legal Name:** MIDVALLEY RECOVERY FACILITIES, INCORPORATED  
**Address:** 2 9TH STREET  
**City, State Zip:** MARYSVILLE, 95901-5362  
**Phone:** (530) 742-6670      **Fax:** (530) 674-4544  
**Record ID:** 580001BN  
**Service Type:** RES-DETOX  
**Resident Capacity:** 22  
**Total Occupancy:** 23  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 12/31/2017

**Program Name:** PATHWAYS  
**Legal Name:** MIDVALLEY RECOVERY FACILITIES, INCORPORATED  
**Address:** 2 9TH STREET  
**City, State Zip:** MARYSVILLE, 95901-5362  
**Phone:** (530) 742-6670      **Fax:** (530) 674-4544  
**Record ID:** 580001DN  
**Service Type:** NON  
**Target Population:** 1.1 --- CO-ED  
**Expiration Date:** 12/31/2017

**Program Name:** FOR OUR RECOVERING FAMILIES  
**Legal Name:** COUNTY OF YUBA PROBATION FOR OUR RECOVERY (F.O.R) FAMILIES  
**Address:** #8-7TH STREET  
**City, State Zip:** MARYSVILLE, 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:** 6/30/2017