DEPARTMENT OF HEALTH CARE SERVICES
LICENSING AND CERTIFICATION BRANCH
STATUS REPORT

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

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

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

COMMENTS?

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

LEGEND

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

Program Name: The facility/program name.

Legal Name: The legal name of the entity having the authority and responsibility for the operation of the facility or program.

Address: The facility/program address. The location where services are provided.

City/State: Name of the city where the facility/program is located.

Record ID: The identification number issued by the Department of Health Care Services (DHCS), Licensing and Certification Branch, for licensed facilities or certified programs. The last digit tells if the facility/program is a nonprofit (N) or profit (P) entity.

Service Type: Indicates if the facility/program is:

- RES - Indicates facility licensed by the Department of Health Care Services (DHCS), the licensing authority for 24-hour residential nonmedical alcoholism or drug abuse recovery or treatment facilities serving adults.
- NON - Indicates a nonresidential program which has voluntarily applied to DHCS for alcohol and/or drug certification.
- DETOX - Indicates a free standing, 24-hour nonmedical detoxification facility licensed by DHCS.
- RES-DETOX - Indicates a facility licensed by DHCS to provide 24-hour residential nonmedical alcohol and/or drug recovery, treatment, and detoxification services for adults.
- DHS - Indicates licensure by the Department of Health Services, the licensing authority for medical alcohol and drug recovery or treatment facilities whose programs are certified by DHCS. Typically, these are Chemical Dependency Recovery Hospitals.
- DSS - Indicates licensure by the Department of Social Services, the licensing authority for residential facilities for individuals in need of care and supervision whose programs are certified by DHCS. Typically, these are group homes.
- COR - Indicates the facility is under the jurisdiction of the Department of Corrections (locked facility) whose program is certified by DHCS.

Resident Capacity: Indicates the maximum number of residents authorized by DHCS to receive recovery, treatment, or detoxification services at any one time in the residential facility.

Total Occupancy: Designates the maximum number of residential facility participants plus any dependent children, staff, or volunteers who may be housed in the facility. This occupancy is approved by the State or local fire authority.

(The resident capacity and total occupancy are only indicated for licensed residential facilities. Certified nonresidential facilities show "0" as the resident capacity and total occupancy.)

Target Population: Describes the targeted population of the facility or program.

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

Expiration Date: Expiration date of the facility's current license and/or certification.

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

As of: 01/16/2014

Alameda County

Program Name: ALAMEDA FAMILY SERVICES
Legal Name: ALAMEDA FAMILY SERVICES
Address: 2325 CLEMENT AVENUE
City, State: ALAMEDA, CA 94501
Phone #: (510)629-6300

Record ID: 010091AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2014

Program Name: AXIS COMMUNITY HEALTH CENTER
Legal Name: AXIS COMMUNITY HEALTH, INC.
Address: 6666 OWENS DRIVE
City, State: PLEASANTON, CA 94588
Phone #: (925)462-1755 Fax #: (925)485-1265

Record ID: 010046BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2015

Program Name: AXIS COMMUNITY HEALTH DRUG AND ALCOHOL PROGRAM
Legal Name: AXIS COMMUNITY HEALTH, INC.
Address: 446 LINDBERGH AVENUE
City, State: LIVERMORE, CA 94551
Phone #: (925)462-1755 Fax #: (925)417-1503

Record ID: 010046DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2015

Program Name: EAST OAKLAND RECOVERY CENTER
Legal Name: BI-BETT
Address: 7200 BANCROFT AVENUE, SUITE 176
City, State: OAKLAND, CA 94605
Phone #: (510)568-2432 Fax #: ( ) -

Record ID: 010006DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: ORCHID WOMEN'S RECOVERY CENTER
Legal Name: BI-BETT
Address: 1342 EAST 27TH STREET
City, State: OAKLAND, CA 94606
Phone #: (510)535-0611 Fax #: (510)535-1358

Record ID: 010006AN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.4
Expiration Date 04/30/2014

Program Name: ORCHID WOMEN'S RECOVERY CENTER
Legal Name: BI-BETT
Address: 1392 EAST 27TH STREET
City, State: OAKLAND, CA 94606
Phone #: (510)535-0611 Fax #: (510)535-1358

Record ID: 010006CN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.4
Expiration Date 06/30/2014

Program Name: FOUNTAIN RECOVERY
Legal Name: BROTHER AND SISTER PARTNERSHIP
Address: 5053 PAVO COURT
City, State: LIVERMORE, CA 94551
Phone #: (925)292-5583 Fax #: (925)292-5583

Record ID: 010095AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 09/30/2014

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

As of: 01/16/2014

Alameda County

Program Name: CAL-PEP
Legal Name: CAL-PEP
Address: 2811 ADELINE STREET
City, State: OAKLAND, CA 94608
Phone #: (510)874-7850 Fax #: (510)874-6775

Record ID: 010099AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: C.U.R.A., INC.
Legal Name: CARNALES UNIDOS REFORMANDO ADICTOS INCORPORATE
Address: 37437 GLENMOOR DRIVE
City, State: FREMONT, CA 94536
Phone #: (510)713-3200 Fax #: (510)713-0684

Record ID: 010010AN
Service Type: RES
Resident Capacity: 51
Total Occupancy: 51
Target Population: 1.1
Expiration Date 01/31/2014

Program Name: C.U.R.A., INC. OUTPATIENT PROGRAM
Legal Name: CARNALES UNIDOS REFORMANDO ADICTOS INCORPORATE
Address: 37471 GLENMOOR DRIVE
City, State: FREMONT, CA 94536
Phone #: (510)713-3213 Fax #: (510)713-3213

Record ID: 010010BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2014

Program Name: PROJECT PRIDE RESIDENTIAL PROGRAM FOR WOMEN & CHILDREN
Legal Name: EAST BAY COMMUNITY RECOVERY PROJECT
Address: 2545 SAN PABLO AVENUE
City, State: OAKLAND, CA 94612
Phone #: (510)446-7150 Fax #: (510)832-0626

Record ID: 010025BN
Service Type: RES
Resident Capacity: 20
Total Occupancy: 40
Target Population: 1.4
Expiration Date 07/31/2014

Program Name: EAST BAY COMMUNITY RECOVERY PROJECT - NONRESIDENTIAL
Legal Name: EAST BAY COMMUNITY RECOVERY PROJECT
Address: 2577 SAN PABLO AVENUE
City, State: OAKLAND, CA 94612
Phone #: (510)446-7180 Fax #: (510)832-0606

Record ID: 010025CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 07/31/2014

Program Name: EAST BAY COMMUNITY RECOVERY PROJECT
Legal Name: EAST BAY COMMUNITY RECOVERY PROJECT
Address: 22971 SUTRO STREET, SUITE A
City, State: HAYWARD, CA 94541
Phone #: (510)728-8600 Fax #: (510)728-8605

Record ID: 010025DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: HEALTHY OAKLAND
Legal Name: HEALTHY COMMUNITIES, INC.
Address: 2580 SAN PABLO AVENUE
City, State: OAKLAND, CA 94612
Phone #: (510)444-9655 Fax #: (510)444-9955

Record ID: 010096AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 08/30/2015

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

As of: 01/16/2014

Alameda County

Program Name: CHERRY HILL DETOXIFICATION SERVICES PROGRAM
Legal Name: HORIZON SERVICES, INCORPORATED
Address: 2035 FAIRMONT DRIVE
City, State: SAN LEANDRO, CA 94578
Phone #: (866)866-7496 Fax #: (510)351-7630

Record ID: 010001DN
Service Type: RES-DETOX
Resident Capacity: 32
Total Occupancy: 32
Target Population: 1.1
Expiration Date 01/31/2016

Program Name: CHRYSALIS
Legal Name: HORIZON SERVICES, INCORPORATED
Address: 3837, 3839, 3841, 3843, 3845 AND 3847 TELEGRAPH AVENUE
City, State: OAKLAND, CA 94609
Phone #: (510)450-1190 Fax #: (510)455-3520

Record ID: 010001AN
Service Type: RES
Resident Capacity: 16
Total Occupancy: 27
Target Population: 1.3
Expiration Date 10/31/2013

Program Name: PROJECT EDEN
Legal Name: HORIZON SERVICES, INCORPORATED
Address: 22646 2ND STREET
City, State: HAYWARD, CA 94541
Phone #: (510)247-8200 Fax #: (510)247-8202

Record ID: 010001CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 09/30/2014

Program Name: CRONIN HOUSE
Legal Name: HORIZON SERVICES, INCORPORATED
Address: 2595 DEPOT ROAD
City, State: HAYWARD, CA 94545
Phone #: (510)784-5874 Fax #: (510)784-9194

Record ID: 010001BN
Service Type: RES
Resident Capacity: 40
Total Occupancy: 44
Target Population: 1.1
Expiration Date 02/28/2014

Program Name: SI SE PUEDE
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE OF ALAMED
Address: 1315 FRUITVALE AVENUE
City, State: OAKLAND, CA 94601
Phone #: (510)536-4760 Fax #: (510)535-6312

Record ID: 010002DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2014

Program Name: MUJERES CON ESPERANZA/WOMEN'S SERVICES ENHANCEMENT PR
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE OF ALAMED
Address: 3315 INTERNATIONAL BOULEVARD
City, State: OAKLAND, CA 94601
Phone #: (510)536-4764 Fax #: (510)535-2346

Record ID: 010002EN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.3
Expiration Date 10/31/2014

Program Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE OF ALAMED
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE OF ALAMED
Address: 425 VERNON STREET
City, State: OAKLAND, CA 94610
Phone #: (510)419-1040 Fax #: (510)535-2346

Record ID: 010002AN
Service Type: RES
Resident Capacity: 20
Total Occupancy: 20
Target Population: 1.2
Expiration Date 08/31/2014

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

As of: 01/16/2014

Alameda County

Program Name: MAGNOLIA WOMEN'S RECOVERY PROGRAM
Legal Name: MAGNOLIA WOMEN'S RECOVERY PROGRAMS, INC.
Address: 682 BRIERGATE WAY
City, State: HAYWARD, CA 94544
Phone #: (510)487-2910 Fax #: (510)487-2916

Record ID: 010081AN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 12
Target Population: 1.4
Expiration Date 09/30/2015

Program Name: NATIVE AMERICAN HEALTH CENTER, INC.
Legal Name: NATIVE AMERICAN HEALTH CENTER, INC.
Address: 3124 INTERNATIONAL BOULEVARD, 4TH FLOOR
City, State: OAKLAND, CA 94601
Phone #: (510)434-5421 Fax #: (510)437-9574

Record ID: 010090AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2014

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: OAKLAND, CA 94612
Phone #: (510)836-9900 Fax #: (510)836-9902

Record ID: 010066CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 07/31/2014

Program Name: OPTIONS RECOVERY SERVICES
Legal Name: OPTIONS RECOVERY SERVICES
Address: 1931 CENTER STREET
City, State: BERKELEY, CA 94704
Phone #: (510)666-9552 Fax #: (510)666-0987

Record ID: 010066AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: SECOND CHANCE, INC.
Legal Name: SECOND CHANCE, INC.
Address: 107 JACKSON STREET
City, State: HAYWARD, CA 94544
Phone #: (510)886-8696 Fax #: (510)745-1693

Record ID: 010061GN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2015

Program Name: SECOND CHANCE (TRI-CITIES), INC.
Legal Name: SECOND CHANCE, INC.
Address: 6330 THORNTON AVENUE, SUITE B AND C
City, State: NEWARK, CA 94560
Phone #: (510)792-4357 Fax #: (510)745-1693

Record ID: 010061AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: SECOND CHANCE PHOENIX PROGRAM
Legal Name: SECOND CHANCE, INC.
Address: 6330 THORNTON AVENUE, SUITE A
City, State: NEWARK, CA 94560
Phone #: (510)792-4357 Fax #: (510)745-1693

Record ID: 010061DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.4
Expiration Date 05/31/2015

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

As of: 01/16/2014

Alameda County

Program Name: FREEDOM HOUSE
Legal Name: SEVENTH STEP FOUNDATION, INC.
Address: 475 MEDFORD AVENUE
City, State: HAYWARD, CA 94541
Phone #: (510)278-0230 Fax #: (510)278-8054

Record ID: 010041AN
Service Type: RES
Resident Capacity: 32
Total Occupancy: 32
Target Population: 1.2
Expiration Date 05/31/2015

Program Name: TERRA FIRMA DIVERSION/EDUCATIONAL SERVICES
Legal Name: TERRA FIRMA DIVERSION/EDUCATIONAL SERVICES
Address: 30086 MISSION BOULEVARD
City, State: HAYWARD, CA 94544
Phone #: (510)675-9362 Fax #: (510)675-9468

Record ID: 010079AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 08/31/2015

Program Name: FRIENDSHIP HOUSE AMERICAN INDIAN LODGE
Legal Name: THE FRIENDSHIP HOUSE ASSOCIATION OF AMERICAN INDIANS
Address: 1818 38TH AVENUE AND 1815 39TH AVENUE
City, State: OAKLAND, CA 94601
Phone #: (510)535-7100 Fax #: (510)535-3445

Record ID: 010062AN
Service Type: RES
Resident Capacity: 9
Total Occupancy: 20
Target Population: 1.4
Expiration Date 02/28/2015

Program Name: NEW BRIDGE FOUNDATION
Legal Name: THE NEW BRIDGE FOUNDATION, INC.
Address: 1816 AND 1820 SCENIC AVENUE
City, State: BERKELEY, CA 94709
Phone #: (510)548-7270 Fax #: (510)526-6200

Record ID: 010013AN
Service Type: RES-DETOX
Resident Capacity: 93
Total Occupancy: 93
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: NEW BRIDGE FOUNDATION
Legal Name: THE NEW BRIDGE FOUNDATION, INC.
Address: 1816 AND 1820 SCENIC AVENUE
City, State: BERKELEY, CA 94709
Phone #: (510)548-7270 Fax #: (510)548-1060

Record ID: 010013BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 07/31/2014

Program Name: ALAMEDA HOUSE
Legal Name: THE SOLIDARITY FELLOWSHIP, INC.
Address: 34401 AND 34413 BLACKSTONE WAY
City, State: FREMONT, CA 94555
Phone #: (510)796-7120

Record ID: 010019AN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.2
Expiration Date 05/31/2014

Program Name: COMMUNITY RECOVERY CENTER
Legal Name: THE WEST OAKLAND HEALTH COUNCIL
Address: 7501 INTERNATIONAL BOULEVARD
City, State: OAKLAND, CA 94621
Phone #: (510)430-1771 Fax #: (510)569-4965

Record ID: 010005FN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2014

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

As of: 01/16/2014

Alameda County

Program Name: WEST OAKLAND OUTPATIENT SUBSTANCE ABUSE SERVICES
Legal Name: THE WEST OAKLAND HEALTH COUNCIL
Address: 451 28TH STREET
City, State: OAKLAND, CA 94609
Phone #: (510)273-4908 Fax #: (510)433-1526

Record ID: 010005HN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2014

Program Name: WEST OAKLAND HEALTH COUNCIL TRANSITIONAL HOUSING
Legal Name: THE WEST OAKLAND HEALTH COUNCIL
Address: 451 28TH STREET
City, State: OAKLAND, CA 94609
Phone #: (510)273-4908 Fax #: (510)273-4908

Record ID: 010005IN
Service Type: RES
Resident Capacity: 23
Total Occupancy: 23
Target Population: 1.2
Expiration Date 02/28/2014

Program Name: WEST OAKLAND HEALTH COUNCIL
Legal Name: WEST OAKLAND HEALTH COUNCIL
Address: 700 ADELINE STREET
City, State: OAKLAND, CA 94607
Phone #: (510)273-4908 Fax #: (510)465-4873

Record ID: 010005JN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.3
Expiration Date 09/30/2014

Program Name: WOMEN ON THE WAY RECOVERY CENTER
Legal Name: WOMEN ON THE WAY RECOVERY CENTER
Address: 20424 HAVILAND AVENUE
City, State: HAYWARD, CA 94541
Phone #: (510)276-3661 Fax #: (510)278-7933

Record ID: 010072AN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.3
Expiration Date 03/31/2014

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

As of: 1/16/2014

Alpine County

No licensed or certified facilities at this time.

Please check with a neighboring county for services.

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

As of: 01/16/2014

Amador County

Program Name: AMADOR COUNTY BEHAVIORAL HEALTH SERVICES
Legal Name: AMADOR COUNTY BEHAVIORAL HEALTH SERVICES
Address: 10877 CONDUCTOR BOULEVARD
City, State: SUTTER CREEK, CA 95685
Phone #: (209)223-6412 Fax #: (209)223-3460

Record ID: 030001AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

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

As of: 01/16/2014

Butte County

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: CHICO, CA 95973
Phone #: (530)891-2977 Fax #: (530)879-3426

Record ID: 040022AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2014

Program Name: TRI-COUNTY TREATMENT OUTPATIENT PROGRAM
Legal Name: JULIE CHAPMAN
Address: 2740 ORO DAM BOULEVARD
City, State: OROVILLE, CA 95966
Phone #: (530)533-5272 Fax #: (530)533-5821

Record ID: 040024BP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2014

Program Name: TRI-COUNTY TREATMENT RESIDENTIAL FACILITY
Legal Name: JULIE CHAPMAN
Address: 1961 PINE STREET
City, State: OROVILLE, CA 95965
Phone #: (530)533-5272 Fax #: (530)533-5821

Record ID: 040024AP
Service Type: RES
Resident Capacity: 19
Total Occupancy: 19
Target Population: 1.2
Expiration Date 08/31/2015

Program Name: NORTHERN VALLEY INDIAN HEALTH, INC
Legal Name: NORTHERN VALLEY INDIAN HEALTH, INC.
Address: 845 WEST EAST AVENUE
City, State: CHICO, CA 95926
Phone #: (530)934-4348 Fax #: (530)934-7688

Record ID: 040018AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: NORTHERN CALIFORNIA TREATMENT SERVICES (OROVILLE OUTPA
Legal Name: OROVILLE ECONOMIC & COMMUNITY DEVELOPMENT CORPORATI(
Address: 3114 MYERS STREET
City, State: OROVILLE, CA 95966
Phone #: (530)533-7664 Fax #: (530)533-7664

Record ID: 040029AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2014

Program Name: ROSEBEN HOUSE
Legal Name: OROVILLE ECONOMIC & COMMUNITY DEVELOPMENT CORPORATI(
Address: 3275 ROSEBEN AVENUE
City, State: OROVILLE, CA 95966
Phone #: (530)533-7664

Record ID: 040029CN
Service Type: RES
Resident Capacity: 14
Total Occupancy: 14
Target Population: 1.2
Expiration Date 01/31/2015

Program Name: CHICO RECOVERY CENTER
Legal Name: RON W. RON W. SMITH
Address: 2057 FOREST AVENUE, SUITE 5
City, State: CHICO, CA 95928
Phone #: (530)343-6566 Fax #: (530)343-6715

Record ID: 040021AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.7
Expiration Date 04/30/2014

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

As of: 01/16/2014

Butte County

Program Name: SKYWAY HOUSE-SHASTA RETREAT
Legal Name: SKYWAY HOUSE
Address: 3105 ESPLANADE
City, State: CHICO, CA 95973
Phone #: (530)342-3046 Fax #: (530)898-0239

Record ID: 040006GN
Service Type: RES
Resident Capacity: 22
Total Occupancy: 22
Target Population: 1.1
Expiration Date 12/31/2013

Program Name: SKYWAY HOUSE-LASSEN RETREAT
Legal Name: SKYWAY HOUSE
Address: 4133 HIGHWAY 32
City, State: CHICO, CA 95973
Phone #: (530)893-3698 Fax #: (530)872-5563

Record ID: 040006CN
Service Type: RES
Resident Capacity: 30
Total Occupancy: 30
Target Population: 1.1
Expiration Date 10/31/2015

Program Name: SKYWAY HOUSE
Legal Name: SKYWAY HOUSE
Address: 40 LANDING CIRCLE, SUITES 1 AND 3
City, State: CHICO, CA 95973
Phone #: (530)898-8326 Fax #: (530)898-0239

Record ID: 040006DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 07/31/2015

Program Name: THERAPEUTIC SOLUTIONS
Legal Name: THERAPEUTIC SOLUTIONS PROFESSIONAL CORPORATION
Address: 3255 ESPLANADE
City, State: CHICO, CA 95973
Phone #: (530)899-3150 Fax #: (530)899-3160

Record ID: 040030AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2013

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

As of: 01/16/2014

Calaveras County

Program Name: CHANGING ECHOES
Legal Name: CHANGING ECHOES, INC.
Address: 7632 POOL STATION ROAD
City, State: ANGELS CAMP, CA 95222
Phone #: (209)785-3666

Record ID: 050002AN
Service Type: RES-DETOX
Resident Capacity: 32
Total Occupancy: 32
Target Population: 1.1
Expiration Date 09/30/2015

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

As of: 01/16/2014

Colusa County

Program Name:	COUNTY OF COLUSA DEPARTMENT OF SUBSTANCE ABUSE SERVICI	Record ID:	060001FN
Legal Name:	COUNTY OF COLUSA DEPARTMENT OF BEHAVIORAL HEALTH	Service Type:	NON
Address:	162 EAST CARSON STREET, SUITE B	Resident Capacity:	0
City, State:	COLUSA, CA 95932	Total Occupancy:	0
Phone #:	(530)458-0525 Fax #: (530)458-8028	Target Population:	1.1
		Expiration Date	03/31/2014

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

As of: 01/16/2014

Contra Costa County

Program Name: ALCOHOL & DRUG ABUSE COUNCIL OF CONTRA COSTA, INC.
Legal Name: ALCOHOL AND DRUG ABUSE COUNCIL OF CONTRA COSTA, INC.
Address: 2020 NORTH BROADWAY, SUITE 101, 103,105, AND 209
City, State: WALNUT CREEK, CA 94596
Phone #: (925)932-8100 Fax #: (925)932-8392

Record ID: 070042AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 01/31/2015

Program Name: HOPE CONCORD
Legal Name: ANKA BEHAVIORAL HEALTH, INCORPORATED
Address: 1470 ENEA CIRCLE, SUITE 1500
City, State: CONCORD, CA 94520
Phone #: (925)825-4700 Fax #: (925)429-6470

Record ID: 070045AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2014

Program Name: NEVIN HOUSE
Legal Name: ANKA BEHAVIORAL HEALTH, INCORPORATED
Address: 3215 AND 3221 NEVIN AVENUE
City, State: RICHMOND, CA 94808
Phone #: (510)232-7633 Fax #: (510)215-2432

Record ID: 070036AN
Service Type: DSS
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1

Program Name: GATEWAY ALCOHOL AND DRUG SERVICES
Legal Name: BAY AREA COMMUNITY RESOURCES, INC.
Address: 13201 SAN PABLO AVENUE, SUITE 206
City, State: SAN PABLO, CA 94806
Phone #: (510)235-2887

Record ID: 070043AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: FREDERIC OZANAM CENTER--RAINBOW VILLAGE
Legal Name: BI-BETT
Address: 2901 PROSPECT STREET
City, State: CONCORD, CA 94518
Phone #: (925)676-4840 Fax #: (925)676-1315

Record ID: 070001LN
Service Type: RES
Resident Capacity: 4
Total Occupancy: 4
Target Population: 1.3
Expiration Date 10/31/2014

Program Name: FREDERIC OZANAM CENTER--EMERALD CITY
Legal Name: BI-BETT
Address: 2950 PROSPECT STREET
City, State: CONCORD, CA 94518
Phone #: (925)676-4840

Record ID: 070001NN
Service Type: RES
Resident Capacity: 5
Total Occupancy: 5
Target Population: 1.3
Expiration Date 10/31/2014

Program Name: FREDERIC OZANAM CENTER--AUNTIE EM'S
Legal Name: BI-BETT
Address: 2830 PROSPECT STREET
City, State: CONCORD, CA 94518
Phone #: (925)676-4840

Record ID: 070001QN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3
Expiration Date 10/31/2014

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

As of: 01/16/2014

Contra Costa County

Program Name: EAST COUNTY COMMUNITY WOMEN'S CENTER
Legal Name: BI-BETT
Address: 2, 4, 12 AND 14 DAVI AVENUE
City, State: PITTSBURG, CA 94565
Phone #: (925)427-1384

Record ID: 070001RN
Service Type: RES-DETOX
Resident Capacity: 15
Total Occupancy: 15
Target Population: 1.3
Expiration Date 12/31/2014

Program Name: EAST COUNTY WOLLAM HOUSE - PERINATAL
Legal Name: BI-BETT
Address: 22 DAVI AVENUE
City, State: PITTSBURG, CA 94565
Phone #: (925)427-1384

Record ID: 070001SN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.4
Expiration Date 12/31/2014

Program Name: EAST COUNTY WOLLAM PERINATAL
Legal Name: BI-BETT
Address: 32 DAVI AVENUE
City, State: PITTSBURG, CA 94565
Phone #: (925)427-1384 Fax #: (925)458-8996

Record ID: 070001TN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3
Expiration Date 12/31/2014

Program Name: EAST COUNTY GAADDS/ACFF
Legal Name: BI-BETT
Address: 1251 CALIFORNIA STREET, SUITE 600
City, State: PITTSBURG, CA 94565
Phone #: (925)439-5161 Fax #: (925)439-0322

Record ID: 070001UN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 12/31/2014

Program Name: EAST COUNTY WOLLAM PERINATAL AND RESIDENTIAL
Legal Name: BI-BETT
Address: 34 DAVI AVENUE
City, State: PITTSBURG, CA 94565
Phone #: (925)427-1384 Fax #: (925)458-8996

Record ID: 070001VN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.4
Expiration Date 04/30/2014

Program Name: FREDERIC OZANAM CENTER - CRYSTAL PALACE
Legal Name: BI-BETT
Address: 1390 SANTA CLARA STREET
City, State: CONCORD, CA 94518
Phone #: (925)676-4840

Record ID: 070001KN
Service Type: RES
Resident Capacity: 4
Total Occupancy: 4
Target Population: 1.3
Expiration Date 10/31/2014

Program Name: OAKNOLLS
Legal Name: BI-BETT
Address: 11460 MARSH CREEK ROAD
City, State: CLAYTON, CA 94517
Phone #: (925)672-5700

Record ID: 070001JN
Service Type: RES
Resident Capacity: 5
Total Occupancy: 5
Target Population: 1.2
Expiration Date 03/31/2014

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

As of: 01/16/2014

Contra Costa County

Program Name: SERENITY HOUSE
Legal Name: BI-BETT
Address: 11440 MARSH CREEK ROAD
City, State: CLAYTON, CA 94517
Phone #: (925)672-5700

Record ID: 070001DN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 03/31/2014

Program Name: PUEBLOS DEL SOL
Legal Name: BI-BETT
Address: 2090 COMMERCE AVENUE
City, State: CONCORD, CA 94520
Phone #: (925)798-7250

Record ID: 070001CN
Service Type: RES-DETOX
Resident Capacity: 20
Total Occupancy: 22
Target Population: 1.2
Expiration Date 04/30/2014

Program Name: FREDERIC OZANAM CENTER
Legal Name: BI-BETT
Address: 2931 PROSPECT STREET
City, State: CONCORD, CA 94518
Phone #: (925)676-4840

Record ID: 070001BN
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3
Expiration Date 10/31/2014

Program Name: DIABLO VALLEY RANCH
Legal Name: BI-BETT
Address: 11540 MARSH CREEK ROAD
City, State: CLAYTON, CA 94517
Phone #: (925)672-5700

Record ID: 070001AN
Service Type: RES
Resident Capacity: 58
Total Occupancy: 59
Target Population: 1.2
Expiration Date 03/31/2014

Program Name: SUNRISE HOUSE I
Legal Name: BI-BETT
Address: 2309 PLATT DRIVE
City, State: MARTINEZ, CA 94553
Phone #: (925)229-2318 Fax #: (925)370-2912

Record ID: 070001AAN
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 07/31/2014

Program Name: WEST GAADDS
Legal Name: BI-BETT
Address: 3726 BARRETT AVENUE
City, State: RICHMOND, CA 94804
Phone #: (925)685-7418 Fax #: (958)685-7005

Record ID: 070001DDN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2014

Program Name: EAST COUNTY WOLLAM PERINATAL
Legal Name: BI-BETT
Address: 24 DAVI AVENUE
City, State: PITTSBURG, CA 94565
Phone #: (925)427-1384 Fax #: (925)458-8996

Record ID: 070001ZN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 02/28/2015

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

As of: 01/16/2014

Contra Costa County

Program Name: SUNRISE HOUSE 3
Legal Name: BI-BETT
Address: 2359 PINNACLE DRIVE
City, State: MARTINEZ, CA 94553
Phone #: (925)229-2318

Record ID: 070001CCN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.2
Expiration Date 07/31/2014

Program Name: GAADDS CENTRAL/ACFF
Legal Name: BI-BETT
Address: 2290 DIAMOND BOULEVARD, SUITE 202
City, State: CONCORD, CA 94520
Phone #: (925)685-7418 Fax #: (925)685-7005

Record ID: 070001XN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2015

Program Name: STEP/AHEAD ADOLESCENT OUTPATIENT DRUG TREATMENT PROGF
Legal Name: COMMUNITY HEALTH FOR ASIAN AMERICANS
Address: 207 37TH STREET
City, State: RICHMOND, CA 94805
Phone #: (510)237-5777 Fax #: (510)233-4545

Record ID: 070041AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 12/31/2013

Program Name: DISCOVERY HOUSE
Legal Name: CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT
Address: 4645 PACHECO BOULEVARD
City, State: MARTINEZ, CA 94553
Phone #: (925)646-9270

Record ID: 070012BN
Service Type: RES
Resident Capacity: 40
Total Occupancy: 40
Target Population: 1.2
Expiration Date 10/31/2013

Program Name: COLE HOUSE
Legal Name: J. COLE RECOVERY HOMES, INC.
Address: 1408 A STREET
City, State: ANTIOCH, CA 94509
Phone #: (925)978-2873 Fax #: (925)757-0411

Record ID: 070034AP
Service Type: RES
Resident Capacity: 16
Total Occupancy: 17
Target Population: 1.2
Expiration Date 03/31/2014

Program Name: WEST COUNTY HUMAN DEVELOPMENT CENTER
Legal Name: NEIGHBORHOOD HOUSE OF NORTH RICHMOND
Address: 820 23RD STREET, 2ND FLOOR
City, State: RICHMOND, CA 94804
Phone #: (510)233-1270

Record ID: 070004AN
Service Type: RES-DETOX
Resident Capacity: 50
Total Occupancy: 120
Target Population: 1.1
Expiration Date 04/30/2014

Program Name: NEW LEAF TREATMENT CENTER
Legal Name: NEW LEAF PARTNERS
Address: 251 LAFAYETTE CIRCLE, SUITE 150
City, State: LAFAYETTE, CA 94549
Phone #: (925)284-5200 Fax #: (925)284-5204

Record ID: 070035AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.8
Expiration Date 12/31/2014

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

As of: 01/16/2014

Contra Costa County

Program Name: REACH PROJECT
Legal Name: R.E.A.C.H. PROJECT
Address: 3385 MAIN STREET, SUITE B
City, State: OAKLEY, CA 94561
Phone #: (925)754-3673

Record ID: 070024CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 05/31/2014

Program Name: REACH PROJECT
Legal Name: R.E.A.C.H. PROJECT
Address: 1915 D STREET
City, State: ANTIOCH, CA 94509
Phone #: (925)754-3673

Record ID: 070024AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.7
Expiration Date 06/30/2015

Program Name: REACH PROJECT
Legal Name: R.E.A.C.H. PROJECT
Address: 9100 BRENTWOOD BOULEVARD
City, State: BRENTWOOD, CA 94513
Phone #: (925)809-7920 Fax #: (925)754-2002

Record ID: 070024BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2014

Program Name: CROSSROADS RECOVERY CENTER III
Legal Name: RECOVERY MANAGEMENT SERVICES, INC.
Address: 2118 EAST STREET
City, State: CONCORD, CA 94520
Phone #: (925)682-5704

Record ID: 070018CN
Service Type: RES
Resident Capacity: 11
Total Occupancy: 12
Target Population: 1.2
Expiration Date 01/31/2015

Program Name: CROSSROADS RECOVERY CENTER IV
Legal Name: RECOVERY MANAGEMENT SERVICES, INC.
Address: 2080 EAST STREET
City, State: CONCORD, CA 94520
Phone #: (925)682-5704

Record ID: 070018DN
Service Type: RES-DETOX
Resident Capacity: 9
Total Occupancy: 10
Target Population: 1.3
Expiration Date 01/31/2015

Program Name: CROSSROADS TREATMENT CENTER I
Legal Name: RECOVERY MANAGEMENT SERVICES, INC.
Address: 2449 PACHECO STREET
City, State: CONCORD, CA 94520
Phone #: (925)682-5704

Record ID: 070018HN
Service Type: RES-DETOX
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.2
Expiration Date 11/30/2015

Program Name: CROSSROADS TREATMENT CENTER I - OUTPATIENT DAY/EVE
Legal Name: RECOVERY MANAGEMENT SERVICES, INC.
Address: 2449 PACHECO STREET
City, State: CONCORD, CA 94520
Phone #: (925)682-5704 Fax #: (925)685-7835

Record ID: 070018LN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2013

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

As of: 01/16/2014

Contra Costa County

Program Name: GMG BEHAVIORAL HEALTH SERVICES
Legal Name: RICHARD I. GRACER, M.D., A PROFESSIONAL CORPORATION
Address: 5401 NORRIS CANYON ROAD, SUITE 102
City, State: SAN RAMON, CA 94583
Phone #: (925)277-1100 Fax #: (925)277-1358

Record ID: 070044AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2014

Program Name: THE RECTORY WOMEN'S RECOVERY CENTER
Legal Name: UJIMA FAMILY RECOVERY SERVICES
Address: 1901 CHURCH LANE
City, State: SAN PABLO, CA 94806
Phone #: (510)236-3134

Record ID: 070008AN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 21
Target Population: 1.4
Expiration Date 02/28/2015

Program Name: LA CASA UJIMA
Legal Name: UJIMA FAMILY RECOVERY SERVICES
Address: 904 MELLUS STREET
City, State: MARTINEZ, CA 94533
Phone #: (925)229-4065 Fax #: (925)229-0233

Record ID: 070008BN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 18
Target Population: 1.4
Expiration Date 02/28/2015

Program Name: UJIMA WEST OUTPATIENT TREATMENT PROGRAM
Legal Name: UJIMA FAMILY RECOVERY SERVICES
Address: 3939 BISSELL AVENUE
City, State: RICHMOND, CA 94805
Phone #: (510)215-2280

Record ID: 070008CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.4
Expiration Date 02/28/2015

Program Name: LA CASA UJIMA
Legal Name: UJIMA FAMILY RECOVERY SERVICES
Address: 919 MELLUS STREET
City, State: MARTINEZ, CA 94533
Phone #: (925)229-4065 Fax #: (925)229-0233

Record ID: 070008DN
Service Type: RES
Resident Capacity: 3
Total Occupancy: 6
Target Population: 1.4
Expiration Date 02/28/2015

Program Name: THE RECTORY WOMEN'S RECOVERY CENTER
Legal Name: UJIMA FAMILY RECOVERY SERVICES
Address: 1916 CHURCH LANE
City, State: SAN PABLO, CA 94806
Phone #: (510)236-3134 Fax #: (510)236-3151

Record ID: 070008HN
Service Type: RES
Resident Capacity: 3
Total Occupancy: 6
Target Population: 1.1
Expiration Date 02/28/2015

Program Name: UJIMA EAST - INTENSIVE DAY TREATMENT PROGRAM
Legal Name: UJIMA FAMILY RECOVERY SERVICES
Address: 180 EAST LELAND AVENUE, SUITES A & B
City, State: PITTSBURG, CA 94565
Phone #: (925)427-9100

Record ID: 070008EN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2015

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

As of: 01/16/2014

Contra Costa County

Program Name: ELENA HOPKINS' TRANSITION HOUSE
Legal Name: UJIMA FAMILY RECOVERY SERVICES
Address: 1515 24TH STREET
City, State: RICHMOND, CA 94806
Phone #: (510)236-3134 Fax #: (510)236-3151

Record ID: 070008JN
Service Type: RES
Resident Capacity: 4
Total Occupancy: 7
Target Population: 1.4
Expiration Date 02/28/2015

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

As of: 01/16/2014

Del Norte County

Program Name: DEL NORTE HEALTH AND HUMAN SERVICES/ALCOHOL AND OTHER
Legal Name: DEL NORTE COUNTY HEALTH AND HUMAN SERVICES
Address: 1279 2ND STREET, SUITE C
City, State: CRESCENT CITY, CA 95531
Phone #: (707)464-4813 Fax #: (707)465-1442

Record ID: 080003AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2013

Program Name: JORDAN RECOVERY CENTER - TRILLIUM HOUSE
Legal Name: JORDAN RECOVERY CENTERS
Address: 949 C STREET
City, State: CRESCENT CITY, CA 95531
Phone #: (707)464-7849 Fax #: (707)465-5716

Record ID: 080004CN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.3
Expiration Date 04/30/2014

Program Name: JORDAN RECOVERY CENTER
Legal Name: JORDAN RECOVERY CENTERS
Address: 1246 JORDAN STREET
City, State: CRESCENT CITY, CA 95531
Phone #: (707)464-7849 Fax #: (707)465-6522

Record ID: 080004AN
Service Type: RES
Resident Capacity: 14
Total Occupancy: 14
Target Population: 1.2
Expiration Date 10/31/2015

Program Name: JORDAN RECOVERY CENTER
Legal Name: JORDAN RECOVERY CENTERS
Address: 1256 JORDAN STREET
City, State: CRESCENT CITY, CA 95531
Phone #: (707)464-7849 Fax #: (707)465-6522

Record ID: 080004BN
Service Type: RES
Resident Capacity: 14
Total Occupancy: 14
Target Population: 1.2
Expiration Date 07/31/2014

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

As of: 01/16/2014

El Dorado County

Program Name: EDCA LIFESKILLS
Legal Name: EL DORADO COUNCIL ON ALCOHOLISM
Address: 893 SPRING STREET
City, State: PLACERVILLE, CA 95667
Phone #: (530)622-8193

Record ID: 090009AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2013

Program Name: NARCONON PINECONE GROVE
Legal Name: NARCONON OF NORTHERN CALIFORNIA
Address: 1364 RUTH HAVEN LANE
City, State: PLACERVILLE, CA 95667
Phone #: (530)295-5550 Fax #: (530)295-5551

Record ID: 090018AN
Service Type: RES
Resident Capacity: 15
Total Occupancy: 18
Target Population: 1.1
Expiration Date 09/30/2014

Program Name: NARCONON PINECONE GROVE
Legal Name: NARCONON OF NORTHERN CALIFORNIA
Address: 1364 RUTH HAVEN LANE
City, State: PLACERVILLE, CA 95667
Phone #: (530)295-5550

Record ID: 090018BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2014

Program Name: NARCONON EMERALD PINES
Legal Name: NARCONON OF NORTHERN CALIFORNIA
Address: 586 GLORENE AVENUE
City, State: SOUTH LAKE TAHOE, CA 96150
Phone #: (800)556-8885

Record ID: 090018CN
Service Type: RES-DETOX
Resident Capacity: 70
Total Occupancy: 75
Target Population: 1.1
Expiration Date 09/30/2014

Program Name: NEW MORNING YOUTH AND FAMILY SERVICES
Legal Name: NEW MORNING YOUTH AND FAMILY SERVICES, INC.
Address: 6765 GREEN VALLEY ROAD
City, State: PLACERVILLE, CA 95667
Phone #: (530)622-5551

Record ID: 090005AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 12/31/2014

Program Name: PROGRESS HOUSE MEN'S FACILITY
Legal Name: PROGRESS HOUSE, INC.
Address: 838 BEACH COURT ROAD
City, State: COLOMA, CA 95613
Phone #: (530)626-7252

Record ID: 090002AN
Service Type: RES
Resident Capacity: 20
Total Occupancy: 20
Target Population: 1.2
Expiration Date 05/31/2014

Program Name: PROGRESS HOUSE WOMEN AND CHILDREN'S FACILITY
Legal Name: PROGRESS HOUSE, INC.
Address: 5607 MOUNT MURPHY ROAD
City, State: GARDEN VALLEY, CA 95633
Phone #: (530)333-9460 Fax #: (530)333-1019

Record ID: 090002BN
Service Type: RES
Resident Capacity: 16
Total Occupancy: 36
Target Population: 1.4
Expiration Date 05/31/2014

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

As of: 01/16/2014

El Dorado County

Program Name: PROGRESS HOUSE OUTPATIENT SERVICES
Legal Name: PROGRESS HOUSE, INC.
Address: 2844 COLOMA STREET
City, State: PLACERVILLE, CA 95667
Phone #: (530)642-1715

Record ID: 090002CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2014

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: CAMINO, CA 95709
Phone #: (530)644-3758 Fax #: (530)644-3782

Record ID: 090002FN
Service Type: RES
Resident Capacity: 16
Total Occupancy: 28
Target Population: 1.4
Expiration Date 05/31/2014

Program Name: SHINGLE SPRINGS TRIBAL HEALTH PROGRAM
Legal Name: SHINGLE SPRINGS RANCHERIA
Address: 5168 HONPIE ROAD
City, State: PLACERVILLE, CA 95667
Phone #: (530)672-8059 Fax #: (530)672-8057

Record ID: 090017AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: SIERRA RECOVERY CENTER
Legal Name: SIERRA RECOVERY CENTER, INC.
Address: 931 MACINAW AVENUE
City, State: SOUTH LAKE TAHOE, CA 96150
Phone #: (530)541-5190 Fax #: (530)542-3194

Record ID: 090003CN
Service Type: RES
Resident Capacity: 11
Total Occupancy: 11
Target Population: 1.1
Expiration Date 12/31/2014

Program Name: SIERRA RECOVERY CENTER
Legal Name: SIERRA RECOVERY CENTER, INC.
Address: 1137 EMERALD BAY ROAD
City, State: SOUTH LAKE TAHOE, CA 96150
Phone #: (530)541-5190 Fax #: (530)542-3194

Record ID: 090003BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 12/31/2014

Program Name: SIERRA RECOVERY CENTER
Legal Name: SIERRA RECOVERY CENTER, INC.
Address: 2677 REAVES STREET
City, State: SOUTH LAKE TAHOE, CA 96150
Phone #: (530)541-5190 Fax #: (530)542-3194

Record ID: 090003AN
Service Type: RES
Resident Capacity: 14
Total Occupancy: 14
Target Population: 1.1
Expiration Date 12/31/2014

Program Name: TAHOE TURNING POINT
Legal Name: TAHOE TURNING POINT
Address: 2494 LAKE TAHOE BOULEVARD, SUITES B1, B2, AND B5
City, State: SOUTH LAKE TAHOE, CA 96150
Phone #: (530)577-5340 Fax #: (530)577-5323

Record ID: 090014DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.10
Expiration Date 10/31/2015

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

As of: 01/16/2014

El Dorado County

Program Name: TAHOE YOUTH AND FAMILY SERVICES
Legal Name: TAHOE YOUTH AND FAMILY SERVICES
Address: 1021 FREMONT AVENUE
City, State: SOUTH LAKE TAHOE, CA 96150
Phone #: (530)541-2445

Record ID: 090006AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 02/28/2015

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

As of: 01/16/2014

Fresno County

Program Name: ANTIOCH SUBSTANCE ABUSE PROGRAMS
Legal Name: ANTIOCH SUBSTANCE ABUSE PROGRAMS
Address: 3838 NORTH WEST AVENUE
City, State: FRESNO, CA 93705
Phone #: (559)307-3482 Fax #: (559)294-0303

Record ID: 100090AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2014

Program Name: ASI COUNSELING AND PROFESSIONAL SERVICES, INC.
Legal Name: ASI COUNSELING AND PROFESSIONAL SERVICES, INC.
Address: 2005 NORTH WISHON
City, State: FRESNO, CA 93704
Phone #: (559)499-1011

Record ID: 100092AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 08/31/2014

Program Name: CENTRAL CALIFORNIA RECOVERY, INC.
Legal Name: CENTRAL CALIFORNIA RECOVERY, INCORPORATED
Address: 1100 WEST SHAW #122
City, State: FRESNO, CA 93711
Phone #: (559)681-1947 Fax #: (559)486-6294

Record ID: 100087AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 12/31/2014

Program Name: COMPREHENSIVE ADDICTION PROGRAMS, INC.
Legal Name: COMPREHENSIVE ADDICTION PROGRAMS, INCORPORATED
Address: 2445 WEST WHITESBRIDGE ROAD
City, State: FRESNO, CA 93706
Phone #: (559)264-5096

Record ID: 100003AN
Service Type: RES-DETOX
Resident Capacity: 68
Total Occupancy: 68
Target Population: 1.1
Expiration Date 11/30/2015

Program Name: DELTA CARE, INC.
Legal Name: DELTA CARE, INC.
Address: 4705 NORTH SONORA AVENUE, SUITE 113A
City, State: FRESNO, CA 93722
Phone #: (559)289-6785

Record ID: 100082AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: DUNAMIS INC., GROUP HOME
Legal Name: DUNAMIS INC., GROUP HOME
Address: 4991 EAST MCKINLEY AVENUE, SUITE 112 AND 113
City, State: FRESNO, CA 93727
Phone #: (281)782-5887

Record ID: 100091AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: **
Expiration Date 06/30/2014

Program Name: ELEVENTH HOUR REHABILITATION PROGRAMS
Legal Name: ELEVENTH HOUR REHABILITATION PROGRAMS
Address: 334 SHAW AVENUE, SUITE 100
City, State: CLOVIS, CA 93612
Phone #: (559)322-1819 Fax #: (559)454-1928

Record ID: 100009GP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2014

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

As of: 01/16/2014

Fresno County

Program Name: EMINENCE HEALTHCARE, INC.
Legal Name: EMINENCE HEALTHCARE, INC.
Address: 750 VAN NESS AVENUE
City, State: COALINGA, CA 93210
Phone #: (559)221-8100 Fax #: (559)221-8101

Record ID: 100063EP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 03/31/2014

Program Name: EMINENCE HEALTHCARE, INC.
Legal Name: EMINENCE HEALTHCARE, INC.
Address: 740 WEST NORTH AVENUE, ROOMS 707 AND E5
City, State: REEDLEY, CA 93654
Phone #: (559)221-8100 Fax #: (559)221-8101

Record ID: 100063DP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 03/31/2014

Program Name: EMINENCE HEALTHCARE, INC.
Legal Name: EMINENCE HEALTHCARE, INC.
Address: 1700 ANCHOR AVENUE, ROOM 503 AND 505
City, State: ORANGE COVE, CA 93646
Phone #: (559)221-8100 Fax #: (559)221-8101

Record ID: 100063CP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 04/30/2014

Program Name: EMINENCE HEALTHCARE, INC.
Legal Name: EMINENCE HEALTHCARE, INC.
Address: 603 3RD STREET, ROOM 6 AND 2025A
City, State: PARLIER, CA 93648
Phone #: (559)221-8100 Fax #: (559)221-8101

Record ID: 100063BP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 03/31/2014

Program Name: EMINENCE HEALTHCARE, INC.
Legal Name: EMINENCE HEALTHCARE, INC.
Address: 3125 WRIGHT STREET
City, State: SELMA, CA 93662
Phone #: (559)221-8100 Fax #: (559)221-8101

Record ID: 100063AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.4
Expiration Date 05/31/2014

Program Name: PATHWAYS TO RECOVERY
Legal Name: FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
Address: 515 SOUTH CEDAR AVENUE
City, State: FRESNO, CA 93702
Phone #: (559)600-6068 Fax #: (559)453-8916

Record ID: 100081AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.3
Expiration Date 08/31/2013

Program Name: NUESTRA CASA RECOVERY HOME
Legal Name: FRESNO COUNTY HISPANIC COMMISSION ON ALCOHOL AND DRUG
Address: 1414 WEST KEARNEY BOULEVARD
City, State: FRESNO, CA 93706
Phone #: (559)485-0501 Fax #: (559)485-1313

Record ID: 100006AN
Service Type: RES
Resident Capacity: 16
Total Occupancy: 18
Target Population: 1.2
Expiration Date 02/28/2014

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

As of: 01/16/2014

Fresno County

Program Name: FRESNO NEW CONNECTION, INC.
Legal Name: FRESNO NEW CONNECTION, INC.
Address: 4411 NORTH CEDAR, SUITE 108
City, State: FRESNO, CA 93726
Phone #: (559)248-1548 Fax #: (559)248-1530

Record ID: 100039AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2014

Program Name: THE AVANTI PROGRAM
Legal Name: KINGS VIEW
Address: 1822 JENSEN AVENUE, SUITE 102
City, State: SANGER, CA 93657
Phone #: (559)875-6300

Record ID: 100026AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 08/31/2014

Program Name: FLOYD FARROW SUBSTANCE ABUSE UNIT
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 3333 EAST AMERICAN AVENUE, BUILDING 707 AND 709
City, State: FRESNO, CA 93725
Phone #: (559)600-4876 Fax #: (559)495-3650

Record ID: 100042EN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 07/31/2014

Program Name: FAMILY & YOUTH ALTERNATIVES
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 3122 NORTH MILLBROOK AVENUE, SUITE A
City, State: FRESNO, CA 93703
Phone #: (559)225-9117 Fax #: (559)600-4876

Record ID: 100042DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2014

Program Name: FRESNO FIRST
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 2550 WEST CLINTON AVENUE
City, State: FRESNO, CA 93705
Phone #: (858)573-2600 Fax #: (559)441-0354

Record ID: 100042CN
Service Type: RES
Resident Capacity: 95
Total Occupancy: 120
Target Population: 1.4
Expiration Date 09/30/2014

Program Name: FRESNO CENTER FOR CHANGE
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 2550 WEST CLINTON AVENUE, BUILDING A
City, State: FRESNO, CA 93705
Phone #: (858)573-2600

Record ID: 100042AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: PANACEA SERVICES, INC. - COMPREHENSIVE DRUG AND ALCOHOL
Legal Name: PANACEA SERVICES, INC.
Address: 3152 NORTH MILLBROOK, SUITES D AND E
City, State: FRESNO, CA 93703
Phone #: (559)241-0364 Fax #: (559)241-0342

Record ID: 100052CP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2015

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

As of: 01/16/2014

Fresno County

Program Name: TOUCHSTONE RECOVERY CENTER
Legal Name: RICHARD V. GUZZETTA, M.D.
Address: 724 MEDICAL CENTER DRIVE EAST, SUITE 103
City, State: CLOVIS, CA 93611
Phone #: (559)298-6711 Fax #: (559)298-6609

Record ID: 100076AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2014

Program Name: HERNDON RECOVERY CENTER RESIDENTIAL
Legal Name: SATNAM S. ATWAL, MD
Address: 2631 EAST JORDAN AVENUE
City, State: FRESNO, CA 93720
Phone #: (559)298-5111 Fax #: (559)298-3111

Record ID: 100074BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: HERNDON RECOVERY CENTER
Legal Name: SATNAM S. ATWAL, MD
Address: 7055 NORTH CHESTNUT, SUITE 101
City, State: FRESNO, CA 93720
Phone #: (559)298-5111 Fax #: (559)298-3111

Record ID: 100074AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 02/28/2014

Program Name: TURTLE LODGE
Legal Name: SIERRA TRIBAL CONSORTIUM, INC.
Address: 610 WEST MCKINLEY AVENUE
City, State: FRESNO, CA 93728
Phone #: (559)445-2691

Record ID: 100007AN
Service Type: RES-DETOX
Resident Capacity: 22
Total Occupancy: 37
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: SPIRIT OF WOMAN OF CALIFORNIA
Legal Name: SPIRIT OF WOMAN OF CALIFORNIA, INC.
Address: 327 WEST BELMONT AVENUE
City, State: FRESNO, CA 93728
Phone #: (559)244-4353

Record ID: 100036AN
Service Type: RES
Resident Capacity: 63
Total Occupancy: 215
Target Population: 1.4
Expiration Date 03/31/2014

Program Name: KING OF KINGS MEN'S RECOVERY HOME
Legal Name: THE KING OF KINGS COMMUNITY CENTER
Address: 2267 SOUTH GENEVA AVENUE
City, State: FRESNO, CA 93706
Phone #: (559)266-6449

Record ID: 100024AN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.2
Expiration Date 06/30/2014

Program Name: KING OF KINGS OUTPATIENT AND PERINATAL SERVICES PROGRA
Legal Name: THE KING OF KINGS COMMUNITY CENTER
Address: 2302 MARTIN LUTHER KING BOULEVARD
City, State: FRESNO, CA 93706
Phone #: (559)268-9559 Fax #: (559)268-9559

Record ID: 100024BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.3
Expiration Date 06/30/2014

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

As of: 01/16/2014

Fresno County

Program Name: TRANSITIONS CHILDRENS SERVICES: OUTPATIENT & CONTINUING (
Legal Name: TRANSITIONS CHILDREN'S SERVICES
Address: 1945 N. HELM AVENUE, SUITE 101
City, State: FRESNO, CA 93727
Phone #: (559)222-5437 Fax #: (559)222-5445

Record ID: 100093AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2015

Program Name: TURNING POINT SATU AFTERCARE
Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.
Address: 1638 L STREET
City, State: FRESNO, CA 93721
Phone #: (559)233-2663 Fax #: (559)268-2245

Record ID: 100028BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.2
Expiration Date 03/31/2015

Program Name: QUEST HOUSE
Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.
Address: 2731 WEST OLIVE AVENUE
City, State: FRESNO, CA 93728
Phone #: (559)233-5096 Fax #: (559)233-5099

Record ID: 100028EN
Service Type: RES
Resident Capacity: 30
Total Occupancy: 30
Target Population: 1.1
Expiration Date 02/28/2015

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: FRESNO, CA 93703
Phone #: (559)252-5150 Fax #: (559)252-5156

Record ID: 100066AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2015

Program Name: UNIVERSAL HEALTH NETWORK AND SYSTEMS, INC.
Legal Name: UNIVERSAL HEALTH NETWORK AND SYSTEMS, INC.
Address: 625 AND 627 EAST KEATS AVENUE
City, State: FRESNO, CA 93710
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
Expiration Date 05/31/2015

Program Name: WESTCARE CALIFORNIA
Legal Name: WESTCARE CALIFORNIA, INC.
Address: 2772 SOUTH MARTIN LUTHER KING BOULEVARD
City, State: FRESNO, CA 93706
Phone #: (559)265-4800 Fax #: (559)265-4808

Record ID: 100010FN
Service Type: RES-DETOX
Resident Capacity: 299
Total Occupancy: 349
Target Population: 1.9
Expiration Date 01/31/2014

Program Name: WESTCARE CALIFORNIA, INC.
Legal Name: WESTCARE CALIFORNIA, INC.
Address: 611 EAST BELMONT
City, State: FRESNO, CA 93701
Phone #: (559)237-3420 Fax #: (559)213-1935

Record ID: 100010IN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2014

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

As of: 01/16/2014

Fresno County

Program Name: WESTCARE CALIFORNIA - ADOLESCENT SERVICES
Legal Name: WESTCARE CALIFORNIA, INC.
Address: 808 10TH STREET
City, State: FRESNO, CA 93702
Phone #: (559)237-3420 Fax #: (559)453-6969

Record ID: 100010GN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 02/28/2015

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

As of: 01/16/2014

Glenn County

Program Name: GLENN COUNTY SUBSTANCE ABUSE PROGRAM
Legal Name: GLENN COUNTY HEALTH SERVICES
Address: 1187 EAST SOUTH STREET
City, State: ORLAND, CA 95963
Phone #: (530)865-1146 Fax #: (530)865-6483

Record ID: 110001AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: NORTHERN VALLEY INDIAN HEALTH, INC.
Legal Name: NORTHERN VALLEY INDIAN HEALTH, INC.
Address: 207 NORTH BUTTE STREET
City, State: WILLOWS, CA 95988
Phone #: (530)934-4348 Fax #: (530)934-7688

Record ID: 110002AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

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

As of: 01/16/2014

Humboldt County

Program Name: ALCOHOL/DRUG CARE SERVICE/LEE BROWN TRMT CENTER/BONNI
Legal Name: ALCOHOL/DRUG CARE SERVICE'S, INC.
Address: 1321, 1335 C STREET AND 217 14TH STREET
City, State: EUREKA, CA 95501
Phone #: (707)445-1391

Record ID: 120009AN
Service Type: RES-DETOX
Resident Capacity: 21
Total Occupancy: 25
Target Population: 1.1
Expiration Date 06/30/2015

Program Name: J STREET PROGRAM
Legal Name: ALCOHOL/DRUG CARE SERVICES, INC.
Address: 1742 J STREET
City, State: EUREKA, CA 95501
Phone #: (707)444-2232 Fax #: (000)000-0000

Record ID: 120009CN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1
Expiration Date 03/31/2014

Program Name: HEALTHY MOMS PROGRAM
Legal Name: HUMBOLDT COUNTY ALCOHOL & OTHER DRUG PROGRAMS
Address: 2910 H STREET
City, State: EUREKA, CA 95501
Phone #: (707)441-5220

Record ID: 120011AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.4
Expiration Date 09/30/2015

Program Name: OUTPATIENT TREATMENT SERVICES
Legal Name: HUMBOLDT COUNTY ALCOHOL AND OTHER DRUG PROGRAMS
Address: 720 WOOD STREET, ROOMS 112,115,116,117,118,119,121,123,127,12
City, State: EUREKA, CA 95501
Phone #: (707)476-4070 Fax #: (707)446-3776

Record ID: 120010AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 12/31/2015

Program Name: HUMBOLDT RECOVERY CENTER
Legal Name: HUMBOLDT RECOVERY CENTER, INCORPORATED
Address: 1303 11TH STREET AND 1024 N STREET
City, State: EUREKA, CA 95501
Phone #: (707)443-4237

Record ID: 120001AN
Service Type: RES
Resident Capacity: 21
Total Occupancy: 21
Target Population: 1.2
Expiration Date 10/31/2015

Program Name: HUMBOLDT RECOVERY CENTER
Legal Name: HUMBOLDT RECOVERY CENTER, INCORPORATED
Address: 905 L STREET, AND 1116 AND 1120 9TH STREET
City, State: EUREKA, CA 95502
Phone #: (707)443-0514 Fax #: (707)443-0514

Record ID: 120001BN
Service Type: RES
Resident Capacity: 23
Total Occupancy: 23
Target Population: 1.2
Expiration Date 01/31/2015

Program Name: HUMBOLDT RECOVERY CENTER
Legal Name: HUMBOLDT RECOVERY CENTER, INCORPORATED
Address: 944 N STREET AND 1219 10TH STREET
City, State: EUREKA, CA 95501
Phone #: (707)443-0514 Fax #: (707)443-0514

Record ID: 120001DN
Service Type: RES
Resident Capacity: 18
Total Occupancy: 18
Target Population: 1.3
Expiration Date 02/28/2015

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

As of: 01/16/2014

Humboldt County

Program Name: CROSSROADS
Legal Name: NORTH COAST SUBSTANCE ABUSE COUNCIL
Address: 1205 AND 1210 MYRTLE AVENUE
City, State: EUREKA, CA 95501
Phone #: (707)445-0869 Fax #: (707)445-0826

Record ID: 120005AN
Service Type: RES
Resident Capacity: 22
Total Occupancy: 22
Target Population: 1.1
Expiration Date 01/31/2014

Program Name: SINGING TREES RECOVERY CENTER
Legal Name: SINGING TREES RECOVERY CENTER
Address: 2061 HIGHWAY 101
City, State: GARBERVILLE, CA 95542
Phone #: (707)247-3495 Fax #: (707)247-3334

Record ID: 120008AP
Service Type: RES-DETOX
Resident Capacity: 20
Total Occupancy: 23
Target Population: 1.1
Expiration Date 02/28/2014

Program Name: UNITED INDIAN HEALTH SERVICES, INC.-CHILD & FAMILY SERVICE
Legal Name: UNITED INDIAN HEALTH SERVICES, INC.
Address: 1600 WEEOT WAY
City, State: ARCATA, CA 95521
Phone #: (707)825-5060 Fax #: (707)825-6753

Record ID: 120015AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2015

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

As of: 1/16/2014 ***Imperial County***

No licensed or certified facilities at this time.

Please check with a neighboring county for services.

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

As of: 01/16/2014

Inyo County

Program Name: INYO COUNTY
Legal Name: INYO COUNTY HEALTH AND HUMAN SERVICES
Address: 162 GROVE STREET
City, State: BISHOP, CA 93514
Phone #: (760)873-6533 Fax #: (760)873-3277

Record ID: 140002AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2014

Program Name: ALPINE RECOVERY CENTER
Legal Name: ROBERT B. DIBBLE
Address: 375 EAST LINE STREET
City, State: BISHOP, CA 93514
Phone #: (760)873-4357

Record ID: 140001AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 12/31/2013

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

As of: 01/16/2014

Kern County

Program Name: ACTION FAMILY COUNSELING, INC.
Legal Name: ACTION FAMILY COUNSELING, INC.
Address: 3801 BUCK OWENS BOULEVARD, SUITES 105 - 107
City, State: BAKERSFIELD, CA 93308
Phone #: (661)325-4357 Fax #: (661)325-4345

Record ID: 150062AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2014

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: BAKERSFIELD, CA 93307
Phone #: (800)367-8336 Fax #: (661)297-9701

Record ID: 150062BP
Service Type: RES
Resident Capacity: 30
Total Occupancy: 30
Target Population: 1.1
Expiration Date 04/30/2014

Program Name: AEGIS INSTITUTE, INC., ODF TREATMENT PROGRAMS
Legal Name: AEGIS INSTITUTE, INC.
Address: 501 WEST COLUMBUS STREET
City, State: BAKERSFIELD, CA 93301
Phone #: (661)328-0245 Fax #: (661)631-0876

Record ID: 150017CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2014

Program Name: JASON'S RETREAT
Legal Name: BAKERSFIELD RECOVERY SERVICES, INC.
Address: 504 BERNARD STREET
City, State: BAKERSFIELD, CA 93385
Phone #: (661)637-2187

Record ID: 150004CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2015

Program Name: JASON'S RETREAT
Legal Name: BAKERSFIELD RECOVERY SERVICES, INC.
Address: 600 BERNARD ST AND 2000 BAKER ST.
City, State: BAKERSFIELD, CA 93305
Phone #: (661)325-1817

Record ID: 150004AN
Service Type: RES-DETOX
Resident Capacity: 44
Total Occupancy: 49
Target Population: 1.9
Expiration Date 02/28/2015

Program Name: CAPISTRANO LINCOLN STREET RETREAT
Legal Name: BAKERSFIELD RECOVERY SERVICES, INC.
Address: 708 LINCOLN STREET
City, State: BAKERSFIELD, CA 93305
Phone #: (661)869-1795 Fax #: (661)869-1794

Record ID: 150004GN
Service Type: RES
Resident Capacity: 14
Total Occupancy: 26
Target Population: 1.4
Expiration Date 09/30/2015

Program Name: PATHFINDERS GUIDANCE CENTER
Legal Name: CHOSEN ONES YOUTH HOMES, INC.
Address: 730 21ST STREET
City, State: BAKERSFIELD, CA 93301
Phone #: (661)829-5930 Fax #: (661)427-0386

Record ID: 150065AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2015

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

As of: 01/16/2014

Kern County

Program Name: DE COLORES CENTER
Legal Name: COMMUNITY SERVICE ORGANIZATION, BEHAVIORAL HEALTH PRO
Address: 10420 MAIN STREET
City, State: LAMONT, CA 96241
Phone #: (661)845-3753

Record ID: 150011CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 07/31/2014

Program Name: BROTHERHOOD CENTER
Legal Name: COMMUNITY SERVICE ORGANIZATION, BEHAVIORAL HEALTH PRO
Address: 1124 BAKER STREET
City, State: BAKERSFIELD, CA 93305
Phone #: (661)327-9376

Record ID: 150011BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 07/31/2014

Program Name: SERENITY HOUSE
Legal Name: KERN COUNTY HISPANIC COMMISSION ON ALCOHOL AND DRUG AI
Address: 1131 SOUTH H STREET
City, State: BAKERSFIELD, CA 93304
Phone #: (661)634-9737 Fax #: (661)397-5143

Record ID: 150003EN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.3
Expiration Date 03/31/2014

Program Name: ALMA DEL CAMINO NUEVO
Legal Name: KERN COUNTY HISPANIC COMMISSION ON ALCOHOL AND DRUG AI
Address: 1400 EASTON DRIVE, SUITE 151
City, State: BAKERSFIELD, CA 93309
Phone #: (661)634-9877 Fax #: (661)864-0198

Record ID: 150003HN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.3
Expiration Date 04/30/2015

Program Name: CASA AURORA
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 1932 JESSIE STREET
City, State: BAKERSFIELD, CA 93305
Phone #: (661)321-9086

Record ID: 150060CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.3
Expiration Date 11/30/2015

Program Name: THE NAPD GENESIS PROGRAM (NEW ADVANCES FOR PEOPLE WITH
Legal Name: NEW ADVANCES FOR PEOPLE WITH DISABILITIES
Address: 1909 16TH STREET
City, State: BAKERSFIELD, CA 93301
Phone #: (661)325-3003 Fax #: (661)325-2344

Record ID: 150025AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2014

Program Name: WOMEN OF WORTH RECOVERY HOUSE
Legal Name: RODNEY L. BOHANNON, JR.
Address: 2500 OLMO COURT
City, State: BAKERSFIELD, CA 93309
Phone #: (661)832-8075 Fax #: (661)832-8075

Record ID: 150055AP
Service Type: RES
Resident Capacity: 12
Total Occupancy: 13
Target Population: 1.3
Expiration Date 11/30/2014

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

As of: 01/16/2014

Kern County

Program Name: KENNEMER OUTPATIENT PROGRAM
Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.
Address: 1101 UNION AVENUE, SUITE 100
City, State: BAKERSFIELD, CA 93307
Phone #: (661)631-1483 Fax #: (661)325-0528

Record ID: 150013CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: KEN KENNEMER SUBSTANCE ABUSE TREATMENT CENTER
Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.
Address: 1100 UNION AVENUE
City, State: BAKERSFIELD, CA 93307
Phone #: (661)861-6111 Fax #: (661)861-6161

Record ID: 150013BN
Service Type: RES
Resident Capacity: 25
Total Occupancy: 25
Target Population: 1.1
Expiration Date 01/31/2015

Program Name: WESTCARE CALIFORNIA
Legal Name: WESTCARE CALIFORNIA, INC.
Address: 2901, 2909 & 2913 SOUTH H STREET
City, State: BAKERSFIELD, CA 93304
Phone #: (661)398-4303 Fax #: (661)398-4306

Record ID: 150029AN
Service Type: RES
Resident Capacity: 65
Total Occupancy: 65
Target Population: 1.1
Expiration Date 01/31/2014

Program Name: WESTCARE BAKERSFIELD OUTPATIENT
Legal Name: WESTCARE CALIFORNIA, INC.
Address: 2901 SOUTH H STREET
City, State: BAKERSFIELD, CA 93304
Phone #: (661)398-4303 Fax #: (661)398-4306

Record ID: 150029DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 12/31/2014

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

As of: 01/16/2014

Kings County

Program Name: CHAMPIONS RECOVERY ALTERNATIVE PROGRAMS, INC.
Legal Name: CHAMPIONS RECOVERY ALTERNATIVE PROGRAMS, INC.
Address: 700 NORTH IRWIN STREET
City, State: HANFORD, CA 93230
Phone #: (559)583-9300 Fax #: (559)583-9307

Record ID: 160005AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 08/31/2015

Program Name: HANNAH'S HOUSE
Legal Name: CHAMPIONS RECOVERY ALTERNATIVE PROGRAMS, INC.
Address: 222 WEST KEITH STREET
City, State: HANFORD, CA 93230
Phone #: (559)583-7800 Fax #: (559)583-7890

Record ID: 160005BN
Service Type: RES
Resident Capacity: 15
Total Occupancy: 20
Target Population: 1.3
Expiration Date 07/31/2014

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: HANFORD, CA 93230
Phone #: (559)582-4481 Fax #: (559)582-6547

Record ID: 160004AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: WESTCARE
Legal Name: WESTCARE CALIFORNIA, INC.
Address: 410 EAST 7TH STREET, SUITES #5, #7 AND #9
City, State: HANFORD, CA 93230
Phone #: (559)584-8100

Record ID: 160006CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 05/31/2014

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

As of: 01/16/2014

Lake County

Program Name: HILLTOP RECOVERY SERVICES
Legal Name: HILLTOP RECOVERY SERVICES
Address: 10155 SOCRATES MINE ROAD
City, State: MIDDLETOWN, CA 95461
Phone #: (707)987-9972 Fax #: (707)987-2591

Record ID: 170011AN
Service Type: RES
Resident Capacity: 61
Total Occupancy: 67
Target Population: 1.2
Expiration Date 05/31/2015

Program Name: HILLTOP RECOVERY FOR WOMEN
Legal Name: HILLTOP RECOVERY SERVICES
Address: 3937 FOOTHILL DRIVE
City, State: LUCERNE, CA 95458
Phone #: (707)274-8171 Fax #: (707)987-2591

Record ID: 170011CN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.3
Expiration Date 12/31/2014

Program Name: CLEARLAKE CLINIC
Legal Name: LAKE COUNTY ALCOHOL AND OTHER DRUG SERVICES
Address: 7000-B SOUTH CENTER DRIVE
City, State: CLEARLAKE, CA 95422
Phone #: (707)274-9101 Fax #: (707)263-9336

Record ID: 170002BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2014

Program Name: LAKE COUNTY DIVISION OF ALCOHOL AND OTHER DRUG SERVICE
Legal Name: LAKE COUNTY ALCOHOL AND OTHER DRUG SERVICES
Address: 6302 13TH AVENUE
City, State: LUCERNE, CA 95458
Phone #: (707)274-9101 Fax #: (707)274-9132

Record ID: 170002CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 08/31/2015

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

As of: 1/16/2014 ***Lassen County***

No licensed or certified facilities at this time.

Please check with a neighboring county for services.

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

As of: 01/16/2014

Los Angeles County

Program Name: ONE80 CENTER
Legal Name: 1775 SUMMITRIDGE DRIVE, LLC
Address: 1771 AND 1775 SUMMITRIDGE DRIVE
City, State: LOS ANGELES, CA 90210
Phone #: (888)588-4180 Fax #: (888)588-4080

Record ID: 190704AP
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1
Expiration Date 02/28/2015

Program Name: 2ND CHANCE FOR RECOVERY
Legal Name: 2ND CHANCE FOR RECOVERY, INC.
Address: 2116 & 2118 S. CENTRAL AVENUE
City, State: LOS ANGELES, CA 90011
Phone #: (818)590-0111 Fax #: (866)754-1323

Record ID: 190653BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: 2ND CHANCE FOR RECOVERY
Legal Name: 2ND CHANCE FOR RECOVERY, INC.
Address: 600 E 7TH STREET, SUITE 104 & 105
City, State: LOS ANGELES, CA 90021
Phone #: (818)590-0111

Record ID: 190653AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 07/31/2014

Program Name: PASSAGES 8
Legal Name: 6390/6390A MEADOWS COURT, LLC
Address: 6390 MEADOWS COURT
City, State: MALIBU, CA 90265
Phone #: (310)589-2880

Record ID: 190650AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 09/30/2014

Program Name: PASSAGES 9
Legal Name: 6390A MEADOWS COURT, LLC
Address: 6390 MEADOWS COURT (REAR GUEST HOUSE)
City, State: MALIBU, CA 90265
Phone #: (310)589-2880

Record ID: 190652AP
Service Type: RES
Resident Capacity: 5
Total Occupancy: 5
Target Population: 1.2
Expiration Date 09/30/2014

Program Name: A HOME FOR US
Legal Name: A HOME FOR US, FOUNDATION
Address: 2918 WEST VERNON AVENUE
City, State: LOS ANGELES, CA 90008
Phone #: (323)296-5449

Record ID: 190449AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2014

Program Name: ABLE FAMILY SUPPORT
Legal Name: ABLE FAMILY SUPPORT, INC.
Address: 14418 CHASE STREET, #200
City, State: PANORAMA CITY, CA 91402
Phone #: (818)830-9500 Fax #: (818)830-7005

Record ID: 190734CP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 12/31/2014

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

As of: 01/16/2014

Los Angeles County

Program Name: ABLE FAMILY SUPPORT
Legal Name: ABLE FAMILY SUPPORT, INC.
Address: 904 E. KING BOULEVARD
City, State: LOS ANGELES, CA 90011
Phone #: (310)500-8902 Fax #: (818)830-9500

Record ID: 190734AP
Service Type: RES
Resident Capacity: 16
Total Occupancy: 16
Target Population: 1.3
Expiration Date 02/28/2014

Program Name: ABLE FAMILY SUPPORT
Legal Name: ABLE FAMILY SUPPORT, INC.
Address: 1034-1036 W. 97TH STREET
City, State: LOS ANGELES, CA 90044
Phone #: (310)500-8902 Fax #: (818)830-9500

Record ID: 190734BP
Service Type: RES
Resident Capacity: 16
Total Occupancy: 16
Target Population: 1.3
Expiration Date 02/28/2014

Program Name: ABSOLUTE CONTROL TRANSITIONAL COUNSELING CENTER
Legal Name: ABSOLUTE CONTROL TRANSITIONAL COUNSELING CENTER, INC.
Address: 3111 WINONA AVENUE, SUITE 201
City, State: BURBANK, CA 91504
Phone #: (626)792-8797 Fax #: (626)792-8798

Record ID: 190462AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2015

Program Name: ABSOLUTE REHABILITATION CENTER, INC.
Legal Name: ABSOULUTE REHABILITATION CENTER, INC.
Address: 6208 SEVILLE AVENUE
City, State: HUNTINGTON PARK, CA 90255
Phone #: (323)589-5880 Fax #: (818)461-9274

Record ID: 190528AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2014

Program Name: ACADIA MALIBU
Legal Name: ACADIA MALIBU, INC.
Address: 6500 ZUMA VIEW PLACE
City, State: MALIBU, CA 90265
Phone #: (310)457-5156 Fax #: (310)494-0042

Record ID: 190786AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 09/30/2015

Program Name: ACTION FAMILY COUNSELING, INC. ADULT RESIDENTIAL UNIT
Legal Name: ACTION FAMILY COUNSELING INC.
Address: 30010 BOUQUET CANYON ROAD
City, State: SANTA CLARITA, CA 91390
Phone #: (800)367-8336 Fax #: (661)297-9701

Record ID: 190315HP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 03/31/2014

Program Name: ACTION FAMILY COUNSELING, INC.
Legal Name: ACTION FAMILY COUNSELING, INC.
Address: 37230 37TH STREET EAST, ROOM 216
City, State: PALMDALE, CA 93550
Phone #: (818)445-5263

Record ID: 190315GP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 01/31/2014

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

As of: 01/16/2014

Los Angeles County

Program Name: ACTION FAMILY COUNSELING
Legal Name: ACTION FAMILY COUNSELING, INC.
Address: 30035 BOUQUET CANYON
City, State: SAUGUS, CA 91350
Phone #: (661)297-9716 Fax #: (661)297-9701

Record ID: 190315DP
Service Type: DSS
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5

Program Name: ACTION FAMILY COUNSELING, INC.
Legal Name: ACTION FAMILY COUNSELING, INC.
Address: 23502 LYONS AVENUE, SUITE 301A
City, State: NEWHALL, CA 91321
Phone #: (661)297-9716 Fax #: (661)297-9701

Record ID: 190315FP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.8
Expiration Date 02/28/2014

Program Name: ACTION FAMILY COUNSELING, INC.
Legal Name: ACTION FAMILY COUNSELING, INC.
Address: 520 W. PALMDALE BOULEVARD, SUITE P
City, State: PALMDALE, CA 93551
Phone #: (661)285-1400 Fax #: (661)285-1414

Record ID: 190315IP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2014

Program Name: ACTION FAMILY COUNSELING, INC.
Legal Name: ACTION FAMILY COUNSELING, INC.
Address: 3813 EAST COLORADO BOULEVARD
City, State: PASADENA, CA 91107
Phone #: (626)792-8106 Fax #: (626)792-8206

Record ID: 190315EP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2015

Program Name: ACTIVE RECOVERY CENTER, INC.
Legal Name: ACTIVE RECOVERY CENTER INC.
Address: 6316 ETIWANDA AVENUE
City, State: TARZANA, CA 91335
Phone #: (877)444-1190 Fax #: (877)485-1444

Record ID: 190790AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3
Expiration Date 11/30/2015

Program Name: ONE80 CENTER - HOUDINI
Legal Name: ADDICTION TREATMENT CENTERS OF AMERICA, LLC
Address: 2400 LAUREL CANYON BOULEVARD
City, State: LOS ANGELES, CA 90046
Phone #: (888)588-4180 Fax #: (888)588-4080

Record ID: 190771AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 03/31/2015

Program Name: ALCOHOL AND SUBSTANCE ABUSE PROGRAM, INC.
Legal Name: ALCOHOL AND SUBSTANCE ABUSE PROGRAMS, INC.
Address: 1084 & 1092 NEW YORK DRIVE
City, State: ALTADENA, CA 91001
Phone #: (818)421-7890 Fax #: (626)797-5415

Record ID: 190569AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 10/31/2015

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

As of: 01/16/2014

Los Angeles County

Program Name: ALCOHOLISM CENTER FOR WOMEN
Legal Name: ALCOHOLISM CENTER FOR WOMEN, INC.
Address: 1135 SOUTH ALVARADO STREET
City, State: LOS ANGELES, CA 90006
Phone #: (213)381-8500 Fax #: (213)381-8525

Record ID: 190002BN
Service Type: RES
Resident Capacity: 32
Total Occupancy: 32
Target Population: 1.3
Expiration Date 02/28/2015

Program Name: ALCOHOLISM CENTER FOR WOMEN
Legal Name: ALCOHOLISM CENTER FOR WOMEN, INC.
Address: 1147 SOUTH ALVARADO STREET
City, State: LOS ANGELES, CA 90006
Phone #: (213)381-8500

Record ID: 190002AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.3
Expiration Date 02/28/2015

Program Name: ANTELOPE VALLEY COUNCIL ON ALCOHOLISM AND DRUG DEPENI
Legal Name: ALCOHOLISM COUNCIL OF ANTELOPE VALLEY/NCA
Address: 311 EAST AVENUE K-4
City, State: LANCASTER, CA 93535
Phone #: (661)948-5046 Fax #: (661)948-5049

Record ID: 190376AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2015

Program Name: ALLIED DRUG AND ALCOHOL TREATMENT CENTER, INC.
Legal Name: ALLIED DRUG AND ALCOHOL TREATMENT CENTER, INC.
Address: 9913 NORTH COMMERCE AVENUE
City, State: TUJUNGA, CA 91042
Phone #: (818)302-5158 Fax #: (818)831-1089

Record ID: 190682AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/01/2014

Program Name: ALTERNATIVE OPTIONS INTENSIVE OUTPATIENT PROGRAM FOR AI
Legal Name: ALTERNATIVE OPTIONS COUNSELING CENTER, INC.
Address: 17326 EDWARDS ROAD, SUITE A115
City, State: CERRITOS, CA 90703
Phone #: (562)921-5701 Fax #: (562)921-5703

Record ID: 190340BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: AMERICAN DRUG RECOVERY PROGRAM, INC.
Legal Name: AMERICAN DRUG RECOVERY PROGRAM,INC.
Address: 2724 WEST FLORENCE AVENUE
City, State: LOS ANGELES, CA 90043
Phone #: (323)759-3464 Fax #: (323)759-3427

Record ID: 190530AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2014

Program Name: AMERICAN HEALTH AND EDUCATION CLINICS
Legal Name: AMERICAN HEALTH AND EDUCATION CLINICS, LLC
Address: 3209 NORTH ALAMEDA STREET, SUITE C
City, State: COMPTON, CA 90222
Phone #: (310)537-2273 Fax #: (310)537-2139

Record ID: 190422AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2014

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

As of: 01/16/2014

Los Angeles County

Program Name: AMERICAN HOPE HEALTH CARE SERVICES, INC.
Legal Name: AMERICAN HOPE HEALTH CARE SERVICES, INC.
Address: 1644 WILSHIRE BOULEVARD, SUITE 206
City, State: LOS ANGELES, CA 90017
Phone #: (310)650-2271

Record ID: 190686AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2014

Program Name: AMERICAN INDIAN CHANGING SPIRITS
Legal Name: AMERICAN INDIAN CHANGING SPIRITS
Address: 2120 WILLIAMS STREET, BUILDINGS 1 & 2
City, State: LONG BEACH, CA 90810
Phone #: (562)388-8118 Fax #: (562)799-1807

Record ID: 190239AN
Service Type: RES
Resident Capacity: 32
Total Occupancy: 32
Target Population: 1.2
Expiration Date 03/31/2014

Program Name: ANOTHER CHANCE HEALTH SERVICES, INC.
Legal Name: ANOTHER CHANCE HEALTH SERVICES, INC.
Address: 363 WEST COMPTON BOULEVARD
City, State: COMPTON, CA 90220
Phone #: (310)631-2408 Fax #: (310)631-2400

Record ID: 190599AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2014

Program Name: APAIT HEALTH CENTER
Legal Name: APAIT HEALTH CENTER
Address: 1730 W OLYMPIC BLVD., SUITE 300
City, State: LOS ANGELES, CA 90015
Phone #: (213)553-1830 Fax #: (213)553-1833

Record ID: 190767AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2015

Program Name: ARMS OF GRACE HUMANITARIAN SERVICES, ADPCC
Legal Name: ARMS OF GRACE HUMANITARIAN SERVICES
Address: 2821 CRENSHAW BOULEVARD, SUITE 100
City, State: LOS ANGELES, CA 90016
Phone #: (323)730-8088 Fax #: (323)730-8099

Record ID: 190435AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.8
Expiration Date 07/31/2014

Program Name: ARTEMIS HILL RECOVERY
Legal Name: ARTEMIS HILL RECOVERY, INC.
Address: 1858 LEES AVENUE
City, State: LONG BEACH, CA 90815
Phone #: (562)431-8459

Record ID: 190763AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3
Expiration Date 11/30/2014

Program Name: ASIAN AMERICAN DRUG ABUSE PROGRAM, INC.
Legal Name: ASIAN AMERICAN DRUG ABUSE PROGRAM, INC.
Address: 13931 SOUTH VAN NESS AVENUE
City, State: GARDENIA, CA 90249
Phone #: (310)768-8018 Fax #: (310)768-4170

Record ID: 190112EN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2015

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

As of: 01/16/2014

Los Angeles County

Program Name: ASIAN-AMERICAN DRUG ABUSE PROGRAM
Legal Name: ASIAN AMERICAN DRUG ABUSE PROGRAM, INC.
Address: 520 NORTH LA BREA, SUITE 209
City, State: INGLEWOOD, CA 90302
Phone #: (323)294-4932 Fax #: (323)294-2533

Record ID: 190112DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2015

Program Name: ASIAN-AMERICAN DRUG ABUSE PROGRAM
Legal Name: ASIAN-AMERICAN DRUG ABUSE PROGRAM, INC.
Address: 1088 SOUTH LA BREA AVENUE
City, State: LOS ANGELES, CA 90019
Phone #: (323)294-4932

Record ID: 190112CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: ASIAN-AMERICAN DRUG ABUSE PROGRAM
Legal Name: ASIAN-AMERICAN DRUG ABUSE PROGRAM, INC.
Address: 5318 SOUTH CRENSHAW BOULEVARD
City, State: LOS ANGELES, CA 90043
Phone #: (323)293-6284

Record ID: 190112AN
Service Type: RES
Resident Capacity: 27
Total Occupancy: 27
Target Population: 1.1
Expiration Date 01/31/2014

Program Name: ATLANTIC RECOVERY SERVICES RESIDENTIAL II
Legal Name: ATLANTIC RECOVERY SERVICES
Address: 1415 A EAST 9TH STREET
City, State: LONG BEACH, CA 90813
Phone #: (562)436-3533 Fax #: (562)436-0982

Record ID: 190229CN
Service Type: RES
Resident Capacity: 4
Total Occupancy: 4
Target Population: 1.8
Expiration Date 12/31/2014

Program Name: ATLANTIC RECOVERY SERVICES RESIDENTIAL I
Legal Name: ATLANTIC RECOVERY SERVICES
Address: 1417 EAST 9TH STREET
City, State: LONG BEACH, CA 90813
Phone #: (562)436-3533 Fax #: (562)436-0982

Record ID: 190229BN
Service Type: RES
Resident Capacity: 4
Total Occupancy: 4
Target Population: 1.8
Expiration Date 12/31/2014

Program Name: ATLANTIC RECOVERY SERVICES RESIDENTIAL III
Legal Name: ATLANTIC RECOVERY SERVICES
Address: 1415 B EAST 9TH STREET
City, State: LONG BEACH, CA 90813
Phone #: (562)436-3533 Fax #: (562)436-0982

Record ID: 190229DN
Service Type: RES
Resident Capacity: 4
Total Occupancy: 4
Target Population: 1.8
Expiration Date 12/31/2014

Program Name: CHARTER OAK RECOVERY CENTER
Legal Name: AURORA CHARTER OAK - LOS ANGELES, LLC
Address: 1161 EAST COVINA BOULEVARD, BUILDING C
City, State: COVINA, CA 91724
Phone #: (626)966-1632

Record ID: 190551AP
Service Type: RES
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1
Expiration Date 11/30/2014

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

As of: 01/16/2014

Los Angeles County

Program Name: THE VILLA AT LAS ENCINAS
Legal Name: AURORA LAS ENCINAS, LLC
Address: 2900 EAST DEL MAR BOULEVARD - GABLES AND NASH BUILDIN
City, State: PASADENA, CA 91107
Phone #: (626)356-2653 Fax #: (626)792-2919

Record ID: 190429AP
Service Type: RES
Resident Capacity: 38
Total Occupancy: 38
Target Population: 1.1
Expiration Date 08/31/2014

Program Name: AUTHENTIC RECOVERY CENTER
Legal Name: AUTHENTIC RECOVERY, LLC
Address: 2207 PELHAM AVENUE
City, State: LOS ANGELES, CA 90064
Phone #: (310)401-4692 Fax #: (310)474-2199

Record ID: 190577BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 03/31/2014

Program Name: AUTHENTIC RECOVERY CENTER
Legal Name: AUTHENTIC RECOVERY, LLC
Address: 2203 OVERLAND AVENUE
City, State: LOS ANGELES, CA 90064
Phone #: (310)497-7236 Fax #: (310)474-1906

Record ID: 190577AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 08/31/2015

Program Name: AVALON MALIBU
Legal Name: AVALON BY THE SEA, INC.
Address: 32430 PACIFIC COAST HIGHWAY
City, State: MALIBU, CA 90265
Phone #: (310)589-0777

Record ID: 190752AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 09/30/2014

Program Name: AVALON-CARVER COMMUNITY CENTER
Legal Name: AVALON-CARVER COMMUNITY CENTER
Address: 4920 SOUTH AVALON BOULEVARD
City, State: LOS ANGELES, CA 90011
Phone #: (323)232-4391 Fax #: (323)234-1008

Record ID: 190702AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2015

Program Name: BASEN ALCOHOL AND DRUG PROGRAM
Legal Name: BASEN, INC.
Address: 460 EAST CARSON PLAZA DRIVE, SUITE 106
City, State: CARSON, CA 90746
Phone #: (310)532-6030

Record ID: 190574AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 08/31/2015

Program Name: AMERICAN RECOVERY CENTER OUTPATIENT PROGRAM
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.
Address: 2180 WEST VALLEY BOULEVARD
City, State: POMONA, CA 91766
Phone #: (909)865-2336 Fax #: (909)865-1831

Record ID: 190007ON
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2015

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

As of: 01/16/2014

Los Angeles County

Program Name: BOYLE HEIGHTS FAMILY RECOVERY CENTER
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.
Address: 3421 OLYMPIC BOULEVARD
City, State: LOS ANGELES, CA 90023
Phone #: (323)262-1786 Fax #: (323)262-2659

Record ID: 190007JN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2015

Program Name: LINCOLN HEIGHTS FAMILY RECOVERY CENTER
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.
Address: 4099 NORTH MISSION ROAD
City, State: LOS ANGELES, CA 90032
Phone #: (323)221-1746

Record ID: 190007KN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2015

Program Name: REDGATE MEMORIAL RECOVERY CENTER
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.
Address: 1775 CHESTNUT AVENUE
City, State: LONG BEACH, CA 90813
Phone #: (562)599-8444

Record ID: 190007LN
Service Type: DHS
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1

Program Name: AMERICAN RECOVERY CENTER
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.
Address: 2180 WEST VALLEY BOULEVARD, FLOORS 100, 300 AND 400
City, State: POMONA, CA 91768
Phone #: (909)865-2336

Record ID: 190007MN
Service Type: RES
Resident Capacity: 123
Total Occupancy: 123
Target Population: 1.5
Expiration Date 02/28/2015

Program Name: JOINT EFFORTS
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.
Address: 590 WEST 8TH STREET
City, State: SAN PEDRO, CA 90731
Phone #: (310)831-2358 Fax #: (310)831-2830

Record ID: 190007QN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2015

Program Name: FLOSSIE LEWIS CENTER
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.
Address: 351 EAST 6TH STREET
City, State: LONG BEACH, CA 90802
Phone #: (562)435-7350 Fax #: (562)435-4532

Record ID: 190007TN
Service Type: RES
Resident Capacity: 5
Total Occupancy: 6
Target Population: 1.3
Expiration Date 07/31/2014

Program Name: INGLEWOOD COMMUNITY RECOVERY CENTER
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.
Address: 404 EDGEWOOD STREET
City, State: INGLEWOOD, CA 90302
Phone #: (310)673-5750 Fax #: (310)673-1236

Record ID: 190007BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2013

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

As of: 01/16/2014

Los Angeles County

Program Name: FLOSSIE LEWIS CENTER
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.
Address: 341 EAST 6TH STREET
City, State: LONG BEACH, CA 90802
Phone #: (562)435-7350 Fax #: (562)435-4532

Record ID: 190007UN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.3
Expiration Date 07/31/2014

Program Name: WILMINGTON COMMUNITY RECOVERY CENTER
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.
Address: 1318A AND 1314B NORTH AVALON BOULEVARD
City, State: WILMINGTON, CA 90744
Phone #: (310)549-2710

Record ID: 190007CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2015

Program Name: AMERICAN RECOVERY CENTER-DETOX
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.
Address: 2180 WEST VALLEY BOULEVARD, FLOOR 200
City, State: POMONA, CA 91768
Phone #: (909)865-2336

Record ID: 190007IN
Service Type: DHS
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.4

Program Name: SOUTH BAY RECOVERY CENTER
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.
Address: 15519 CRENSHAW BOULEVARD
City, State: GARDENA, CA 90249
Phone #: (310)679-9031

Record ID: 190007HN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2015

Program Name: PACIFICA HOUSE
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.
Address: 2501 WEST EL SEGUNDO BOULEVARD
City, State: HAWTHORNE, CA 90250
Phone #: (323)754-2816 Fax #: (323)754-2828

Record ID: 190007GN
Service Type: RES
Resident Capacity: 58
Total Occupancy: 68
Target Population: 1.1
Expiration Date 09/30/2015

Program Name: PATTERNS
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.
Address: 12917 CERISE AVENUE
City, State: HAWTHORNE, CA 90250
Phone #: (310)675-4431

Record ID: 190007FN
Service Type: RES
Resident Capacity: 23
Total Occupancy: 35
Target Population: 1.4
Expiration Date 09/30/2015

Program Name: NATIONAL COUNCIL ON ALCOHOLISM & DRUG DEPENDENCE OF TH
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.
Address: 1334 POST AVENUE
City, State: TORRANCE, CA 90501
Phone #: (310)328-1460 Fax #: (310)328-1964

Record ID: 190007RN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2015

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

As of: 01/16/2014

Los Angeles County

Program Name: HOLLYWOOD FAMILY RECOVERY CENTER
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.
Address: 6838 SUNSET BOULEVARD
City, State: HOLLYWOOD, CA 90028
Phone #: (323)461-3161

Record ID: 190007AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2015

Program Name: FLOSSIE LEWIS CENTER
Legal Name: BEHAVIORIAL HEALTH SERVICES, INC.
Address: 615 ELM AVENUE
City, State: LONG BEACH, CA 90802
Phone #: (562)435-7350 Fax #: (562)435-4532

Record ID: 190007SN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3
Expiration Date 02/28/2015

Program Name: BEIT T'SHUVAH
Legal Name: BEIT T'SHUVAH
Address: 8831 VENICE BOULEVARD
City, State: LOS ANGELES, CA 90034
Phone #: (310)204-5200 Fax #: (310)204-8908

Record ID: 190326AN
Service Type: RES
Resident Capacity: 98
Total Occupancy: 120
Target Population: 1.1
Expiration Date 12/31/2013

Program Name: JOURNEY MALIBU
Legal Name: BELLA LA VITA COMPANY
Address: 22516 CARBON MESA
City, State: MALIBU, CA 90265
Phone #: (310)456-6916 Fax #: (310)317-6166

Record ID: 190688AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 10/31/2014

Program Name: JOURNEY MALIBU II
Legal Name: BELLA LA VITA COMPANY
Address: 26190 INGLESIDE WAY
City, State: MALIBU, CA 90265
Phone #: (310)456-6916 Fax #: (310)317-6166

Record ID: 190688BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: ADVANCES IN MENTAL HEALTH AND ADDICTIONS
Legal Name: BENJAMIN A. STEPANOFF - SOLE PROPRIETOR
Address: 5199 E. PACIFIC COAST HIGHWAY SUITE 208
City, State: LONG BEACH, CA 90804
Phone #: (562)365-2020 Fax #: (562)239-3135

Record ID: 190736AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 12/31/2014

Program Name: BERNIE'S LIL WOMEN CENTER
Legal Name: BERNIE'S LIL WOMEN CENTER
Address: 1115 EAST ALONDRA BOULEVARD
City, State: COMPTON, CA 90221
Phone #: (213)280-1012

Record ID: 190472AN
Service Type: RES
Resident Capacity: 5
Total Occupancy: 11
Target Population: 1.3
Expiration Date 03/31/2015

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

As of: 01/16/2014

Los Angeles County

Program Name: BERNIE'S LIL WOMEN CENTER, INC.
Legal Name: BERNIE'S LIL WOMEN CENTER
Address: 11905 SOUTH CENTRAL AVENUE, SUITE 205
City, State: LOS ANGELES, CA 90059
Phone #: (213)280-1012 Fax #: (323)563-7087

Record ID: 190472BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.8
Expiration Date 12/31/2015

Program Name: BERNIE'S LIL WOMEN CENTER, INC.
Legal Name: BERNIE'S LIL WOMEN CENTER
Address: 11905 SOUTH CENTRAL AVENUE, SUITE 200 & 206
City, State: LOS ANGELES, CA 90059
Phone #: (213)280-1012 Fax #: (323)249-9026

Record ID: 190472DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 01/31/2014

Program Name: BETTER CHOICE CENTER
Legal Name: BETTER CHOICE CENTER
Address: 13858 1/2 CHASE STREET
City, State: PANORAMA CITY, CA 91402
Phone #: (818)810-5848

Record ID: 190699AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2015

Program Name: INSTITUTE FOR WOMEN'S HEALTH
Legal Name: BIENVENIDOS CHILDREN'S CENTER, INC.
Address: 501 SOUTH ATLANTIC BOULEVARD
City, State: LOS ANGELES, CA 90022
Phone #: (323)268-5442 Fax #: (323)728-3483

Record ID: 190285AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.3
Expiration Date 05/31/2013

Program Name: BLESSED DRUG AND ALCOHOL TREATMENT AND RESEARCH PROGI
Legal Name: BLESSED DRUG & ALCOHOL TREATMENT & RESEARCH PROGRAM,
Address: 8407 SOUTH VERMONT
City, State: LOS ANGELES, CA 90044
Phone #: (323)971-1325

Record ID: 190402AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2015

Program Name: BLESSED HEALTH SERVICES, INC.
Legal Name: BLESSED HEALTH SERVICES, INC.
Address: 3756 SANTA ROSALIA DRIVE, SUITE # 523A
City, State: LOS ANGELES, CA 90008
Phone #: (562)313-5432 Fax #: (323)290-1501

Record ID: 190632AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 10/31/2015

Program Name: BLUEPRINT DEVELOPMENT CENTER
Legal Name: BLUEPRINT DEVELOPMENT CENTER
Address: 2501 SYCAMORE LANE
City, State: PALMDALE, CA 93551
Phone #: (661)480-0742

Record ID: 190749AN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 06/30/2014

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

As of: 01/16/2014

Los Angeles County

Program Name: AXIS RESIDENTIAL TREATMENT CENTER - WEST
Legal Name: BRAD KEITH
Address: 4022 HURON AVENUE
City, State: CULVER CITY, CA 90232
Phone #: (310)435-6298 Fax #: (310)453-9532

Record ID: 190727AP
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1
Expiration Date 08/31/2015

Program Name: BREATHE LIFE HEALING CENTER
Legal Name: BREATHE WEHO TREATMENT SERVICES, LLC
Address: 8730 WEST SUNSET BOULEVARD, 5TH FLOOR
City, State: WEST HOLLYWOOD, CA 90069
Phone #: (800)929-5904 Fax #: (800)763-1597

Record ID: 190788AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2015

Program Name: BRIGHTER BEGINNINGS DRUG AND ALCOHOL REHABILITATION FA
Legal Name: BRIGHTER BEGINNINGS DRUG AND ALCOHOL REHABILITATION FA
Address: 8729 SOUTH WESTERN AVENUE
City, State: LOS ANGELES, CA 90047
Phone #: (323)750-9510

Record ID: 190571AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 05/31/2015

Program Name: CALIFORNIA CARE CORP.
Legal Name: CALIFORNIA CARE CORPORATION
Address: 5930 S. MAIN STREET, SUITE 104
City, State: LOS ANGELES, CA 90003
Phone #: (818)551-0026 Fax #: (818)551-0027

Record ID: 190558BP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: CALIFORNIA CARE CORPORATION
Legal Name: CALIFORNIA CARE CORPORATION
Address: 501 E. HARVARD STREET, UNIT A
City, State: GLENDALE, CA 91205
Phone #: (818)551-0026 Fax #: (818)551-0027

Record ID: 190558AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2015

Program Name: PASADENA CLINIC
Legal Name: CALIFORNIA DRUG COUNSELING, INC.
Address: 659,671 EAST WALNUT STREET, 226 N. EL MOLINO AVE.
City, State: PASADENA, CA 91101
Phone #: (626)844-0410 Fax #: ( ) -

Record ID: 190690AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2014

Program Name: CALIFORNIA DRUG TREATMENT PROGRAM, INC.
Legal Name: CALIFORNIA DRUG TREATMENT PROGRAM, INC.
Address: 9001 SOUTH VERMONT AVENUE
City, State: LOS ANGELES, CA 90044
Phone #: (323)756-9933 Fax #: ( ) -

Record ID: 190396AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2015

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

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Los Angeles County

Program Name: CALIFORNIA HEALTH, ALCOHOL & DRUG EDUCATION PROGRAM IN
Legal Name: CALIFORNIA HEALTH, ALCOHOL & DRUG EDUCATION PROGRAM IN
Address: 3756 SANTA ROSALIA DR. STE #423
City, State: LOS ANGELES, CA 90008
Phone #: (323)294-7662 Fax #: (323)294-7703

Record ID: 190738AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2014

Program Name: A BETTER ME DEPENDENCY DRUG COURT
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABU
Address: 3514 WEST BEVERLY BOULEVARD
City, State: MONTEBELLO, CA 90640
Phone #: (323)721-9213 Fax #: (323)721-1802

Record ID: 190065MN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 07/31/2013

Program Name: SAN GABRIEL VALLEY CENTER
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABU
Address: 11046 VALLEY MALL
City, State: EL MONTE, CA 91731
Phone #: (626)813-0288 Fax #: (626)813-0928

Record ID: 190065HN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.7
Expiration Date 01/31/2014

Program Name: LATINO FAMILY ALCOHOL AND DRUG SERVICES
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABU
Address: 3316-3320 WEST BEVERLY BOULEVARD
City, State: MONTEBELLO, CA 90640
Phone #: (323)722-4529 Fax #: (323)722-4450

Record ID: 190065IN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2015

Program Name: MENTAL HEALTH AND ADDICTION SERVICES FOR ADOLESCENTS
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABU
Address: 2309 DALY STREET
City, State: LOS ANGELES, CA 90031
Phone #: (323)222-4591 Fax #: (323)222-4614

Record ID: 190065JN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2014

Program Name: LATINAS RECOVERY HOME
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABU
Address: 327 NORTH SAINT LOUIS STREET
City, State: LOS ANGELES, CA 90063
Phone #: (323)261-7810

Record ID: 190065EN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3
Expiration Date 06/30/2014

Program Name: LATINOS RECOVERY HOME
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABU
Address: 2436 WABASH AVENUE
City, State: LOS ANGELES, CA 90033
Phone #: (323)780-8756 Fax #: ( ) -

Record ID: 190065CN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 06/30/2014

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

As of: 01/16/2014

Los Angeles County

Program Name: MUJERES RECOVERY HOME
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABU
Address: 530 NORTH AVENUE 54
City, State: LOS ANGELES, CA 90042
Phone #: (323)254-2423

Record ID: 190065AN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3
Expiration Date 06/30/2014

Program Name: CALIFORNIA PEOPLE COUNSELING CENTER
Legal Name: CALIFORNIA PEOPLE COUNSELING CENTER
Address: 4928 LANKERSHIM BOULEVARD
City, State: NORTH HOLLYWOOD, CA 91601
Phone #: (818)763-7919 Fax #: (818)763-7997

Record ID: 190755BP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: **
Expiration Date 08/31/2014

Program Name: CAMBODIAN ASSOCIATION OF AMERICA, COMMUNITY PREVENTIO
Legal Name: CAMBODIAN ASSOCIATION OF AMERICA
Address: 2501 ATLANTIC AVENUE
City, State: LONG BEACH, CA 90806
Phone #: (562)424-6105 Fax #: (562)988-1475

Record ID: 190358AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2014

Program Name: BROWN SCAPULAR PROGRAM
Legal Name: CANON HUMAN SERVICES CENTERS, INC.
Address: 9705 SOUTH HOLMES STREET
City, State: LOS ANGELES, CA 90002
Phone #: (323)249-9097 Fax #: (323)249-9121

Record ID: 190099EN
Service Type: RES
Resident Capacity: 43
Total Occupancy: 43
Target Population: 1.2
Expiration Date 02/28/2014

Program Name: BROWN SCAPULAR PROGRAM
Legal Name: CANON HUMAN SERVICES CENTERS, INC.
Address: 9705 SOUTH HOLMES AVENUE
City, State: LOS ANGELES, CA 90002
Phone #: (323)249-9097 Fax #: (323)249-9121

Record ID: 190099DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2014

Program Name: CASA DE LAS AMIGAS-THE JON DUDLEY OUTPATIENT CENTER
Legal Name: CASA DE LAS AMIGAS
Address: 744 EAST WALNUT AVENUE
City, State: PASADENA, CA 91101
Phone #: (626)792-2770 Fax #: (626)792-5826

Record ID: 190012BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.3
Expiration Date 06/30/2014

Program Name: CASA DE LAS AMIGAS SUB-ACUTE DETOXIFICATION
Legal Name: CASA DE LAS AMIGAS
Address: 169 NORTH OAK KNOLL AVENUE
City, State: PASADENA, CA 91101
Phone #: (626)792-2270 Fax #: (626)792-5826

Record ID: 190012DN
Service Type: RES-DETOX
Resident Capacity: 3
Total Occupancy: 3
Target Population: 1.3
Expiration Date 09/30/2014

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

As of: 01/16/2014

Los Angeles County

Program Name: CASA DE LAS AMIGAS
Legal Name: CASA DE LAS AMIGAS
Address: 160 NORTH EL MOLINO AVENUE AND 173 NORTH OAK KNOLL A
City, State: PASADENA, CA 91101
Phone #: (626)792-2770 Fax #: (626)792-5826

Record ID: 190012CN
Service Type: RES
Resident Capacity: 34
Total Occupancy: 34
Target Population: 1.3
Expiration Date 03/31/2014

Program Name: CENTER FOR INTEGRATED FAMILY AND HEALTH SERVICES (THE FA
Legal Name: CENTER FOR INTEGRATED FAMILY AND HEALTH SERVICES, INC.
Address: 540 SOUTH EREMLAND DRIVE, SUITES A-D
City, State: COVINA, CA 91723
Phone #: (626)967-5103 Fax #: (626)967-1339

Record ID: 190442AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 07/31/2014

Program Name: CHABAD RESIDENTIAL TREATMENT CENTER
Legal Name: CHABAD OF CALIFORNIA
Address: 5675 WEST OLYMPIC BOULEVARD
City, State: LOS ANGELES, CA 90036
Phone #: (323)965-1365

Record ID: 190087CN
Service Type: RES
Resident Capacity: 44
Total Occupancy: 44
Target Population: 1.2
Expiration Date 03/31/2015

Program Name: CHANGE LANES YOUTH SUPPORT SERVICES
Legal Name: CHANGE LANES
Address: 43845 10TH STREET WEST, SUITE 1D
City, State: LANCASTER, CA 93534
Phone #: (661)948-2555 Fax #: (661)878-9130

Record ID: 190726AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2013

Program Name: CHANGING STEPS
Legal Name: CHANGING STEPS
Address: 5151 SOUTH WESTERN AVENUE
City, State: LOS ANGELES, CA 90067
Phone #: (818)997-6876 Fax #: (818)997-6828

Record ID: 190532AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2014

Program Name: CHANGING STEPS
Legal Name: CHANGING STEPS
Address: 9527 LANGDON AVENUE
City, State: NORTH HILLS, CA 91343
Phone #: (818)810-5500

Record ID: 190532BN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.3
Expiration Date 01/31/2015

Program Name: CHAPMAN HOUSE
Legal Name: CHAPMAN HOUSE, INC.
Address: 834 PACIFIC AVENUE
City, State: LONG BEACH, CA 90813
Phone #: (562)495-3404 Fax #: (714)288-6130

Record ID: 190706AP
Service Type: RES
Resident Capacity: 37
Total Occupancy: 37
Target Population: 1.1
Expiration Date 06/30/2014

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

As of: 01/16/2014

Los Angeles County

Program Name: ALCOHOL & DRUG PROGRAM
Legal Name: CHILD & FAMILY CENTER
Address: 21545 CENTER POINTE PARKWAY
City, State: SANTA CLARITA, CA 91350
Phone #: (661)259-9439 Fax #: (661)250-8755

Record ID: 190459AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2015

Program Name: SUBSTANCE ABUSE PREVENTION AND TREATMENT PROGRAM, DIV
Legal Name: CHILDREN'S HOSPITAL LOS ANGELES
Address: 5000 SUNSET BOULEVARD, 7TH FLOOR, SUITE 701
City, State: LOS ANGELES, CA 90027
Phone #: (323)361-2463 Fax #: (323)913-7951

Record ID: 190473AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 05/31/2015

Program Name: CIRCLE OF FRIENDS OUTPATIENT SERVICES INC.
Legal Name: CIRCLE OF FRIENDS OUTPATIENT SERVICES INC.
Address: 5220 W. WASHINGTON BLVD. SUITE 203
City, State: LOS ANGELES, CA 90016
Phone #: (323)934-9465

Record ID: 190272CP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.2
Expiration Date 02/28/2014

Program Name: CIRCLE OF FRIENDS OUTPATIENT SERVICES, INC.
Legal Name: CIRCLE OF FRIENDS OUTPATIENT SERVICES, INC.
Address: 2429 PACIFIC AVE.
City, State: LONG BEACH, CA 90806
Phone #: (562)595-7150

Record ID: 190272BP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.8
Expiration Date 02/28/2014

Program Name: CIRCLE OF FRIENDS OUTPATIENT SERVICES, INC.
Legal Name: CIRCLE OF FRIENDS OUTPATIENT SERVICES, INC.
Address: 715 NORTH RIDGEWOOD PLACE
City, State: LOS ANGELES, CA 90038
Phone #: (323)465-5888 Fax #: (323)465-3223

Record ID: 190272AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2015

Program Name: CIRCLE OF HELP FOUNDATION
Legal Name: CIRCLE OF HELP FOUNDATION
Address: 1011 GOODRICH BOULEVARD
City, State: LOS ANGELES, CA 90022
Phone #: (323)888-9191 Fax #: (213)365-9178

Record ID: 190483AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 06/30/2015

Program Name: WOMEN'S RECOVERY HOME
Legal Name: CLARE FOUNDATION, INC.
Address: 844 PICO BOULEVARD
City, State: SANTA MONICA, CA 90405
Phone #: (310)314-6200

Record ID: 190016FN
Service Type: RES
Resident Capacity: 40
Total Occupancy: 40
Target Population: 1.3
Expiration Date 07/31/2014

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

As of: 01/16/2014

Los Angeles County

Program Name: CLARE FOUNDATION INTENSIVE OUTPATIENT PROGRAM
Legal Name: CLARE FOUNDATION, INC.
Address: 1020 PICO BOULEVARD
City, State: SANTA MONICA, CA 90405
Phone #: (310)314-6200 Fax #: (310)396-6974

Record ID: 190016HN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: MEN'S RECOVERY HOME
Legal Name: CLARE FOUNDATION, INC.
Address: 1871 NINTH STREET
City, State: SANTA MONICA, CA 90404
Phone #: (310)314-6200 Fax #: (310)314-6527

Record ID: 190016AN
Service Type: RES
Resident Capacity: 71
Total Occupancy: 71
Target Population: 1.2
Expiration Date 07/31/2014

Program Name: SANTA MONICA RECOVERY CENTER
Legal Name: CLARE FOUNDATION, INC.
Address: 905 AND 907 PICO BOULEVARD
City, State: SANTA MONICA, CA 90405
Phone #: (310)314-6200

Record ID: 190016BN
Service Type: RES-DETOX
Resident Capacity: 49
Total Occupancy: 49
Target Population: 1.1
Expiration Date 07/31/2014

Program Name: CLEARVIEW TREATMENT PROGRAM
Legal Name: CLEARVIEW CENTERS LLC
Address: 2432 WALNUT AVENUE
City, State: VENICE, CA 90291
Phone #: (310)448-8822 Fax #: (310)474-6115

Record ID: 190438AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 06/30/2014

Program Name: CLEARVIEW TREATMENT PROGRAMS
Legal Name: CLEARVIEW CENTERS LLC
Address: 2432 1/2 WALNUT AVENUE
City, State: VENICE, CA 90291
Phone #: (310)448-8822 Fax #: (310)474-6115

Record ID: 190438BP
Service Type: RES-DETOX
Resident Capacity: 3
Total Occupancy: 3
Target Population: 1.1
Expiration Date 06/30/2014

Program Name: CLEARVIEW TREATMENT PROGRAMS
Legal Name: CLEARVIEW CENTERS, LLC
Address: 2435 GLYNDON AVENUE
City, State: VENICE, CA 90291
Phone #: (310)305-2691 Fax #: (310)305-2693

Record ID: 190438CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 08/31/2014

Program Name: CLEARVIEW TREATMENT PROGRAMS
Legal Name: CLEARVIEW CENTERS, LLC
Address: 2427 WALNUT AVENUE
City, State: VENICE, CA 90291
Phone #: (310)448-8822 Fax #: (310)448-8833

Record ID: 190438DP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2013

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

As of: 01/16/2014

Los Angeles County

Program Name: CLIFFSIDE MALIBU
Legal Name: CLIFFSIDE MALIBU
Address: 30060 ANDROMEDA LANE
City, State: MALIBU, CA 90265
Phone #: (310)589-2800 Fax #: (310)589-2802

Record ID: 190474AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 06/30/2015

Program Name: CLIFFSIDE MALIBU II
Legal Name: CLIFFSIDE MALIBU II
Address: 5853 BUSCH DRIVE
City, State: MALIBU, CA 90265
Phone #: (800)332-9202 Fax #: (310)457-1272

Record ID: 190658AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 02/28/2015

Program Name: CLINICA MSR. OSCAR A. ROMERO
Legal Name: CLINICA MSR. OSCAR A ROMERO
Address: 2032 MARENGO STREET
City, State: LOS ANGELES, CA 90033
Phone #: (323)987-1030 Fax #: (323)266-2541

Record ID: 190368AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2014

Program Name: VAN NUYS ALCOHOL AND DRUG TREATMENT PROGRAM
Legal Name: COMMUNITY ALCOHOL AND DRUG TREATMENT FOUNDATION
Address: 15015 OXNARD STREET
City, State: VAN NUYS, CA 91411
Phone #: (818)787-4151 Fax #: (818)787-2840

Record ID: 190327AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.2
Expiration Date 11/30/2013

Program Name: CIVIGENICS, INC., LONG BEACH FACILITY
Legal Name: COMMUNITY EDUCATION CENTERS, INC.
Address: 2233 EAST 69TH STREET
City, State: LONG BEACH, CA 90805
Phone #: (562)663-0711 Fax #: (562)602-0811

Record ID: 190606AP
Service Type: RES
Resident Capacity: 112
Total Occupancy: 112
Target Population: 1.2
Expiration Date 05/31/2014

Program Name: COMPASSION CARE CENTER, INC.
Legal Name: COMPASSION CARE CENTER, INC.
Address: 2614 CRENSHAW BOULEVARD
City, State: LOS ANGELES, CA 90016
Phone #: (310)230-5574

Record ID: 190700AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2014

Program Name: MASADA HOMES SUBSTANCE ABUSE SERVICES
Legal Name: COUNSELING AND RESEARCH ASSOCIATES
Address: 130 WEST VICTORIA STREET
City, State: GARDENA, CA 90248
Phone #: (310)715-2020 Fax #: (310)660-0494

Record ID: 190471AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 09/30/2015

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

As of: 01/16/2014

Los Angeles County

Program Name: CREATIVE CARE
Legal Name: CREATIVE CARE, INC.
Address: 5947 TRANCAS CANYON ROAD
City, State: MALIBU, CA 90265
Phone #: (310)589-9834 Fax #: (310)589-5547

Record ID: 190226DP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 12/31/2013

Program Name: CREATIVE CARE - MALIBU
Legal Name: CREATIVE CARE, INC.
Address: 5927 TRANCAS CANYON ROAD
City, State: MALIBU, CA 90265
Phone #: (818)223-9334

Record ID: 190226AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 02/28/2015

Program Name: CREATIVE CARE
Legal Name: CREATIVE CARE, INC.
Address: 5909 TRANCAS CANYON ROAD
City, State: MALIBU, CA 90265
Phone #: (310)589-9834 Fax #: (310)589-5547

Record ID: 190226BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 02/28/2015

Program Name: CREATIVE CARE
Legal Name: CREATIVE CARE, INC.
Address: 5941 TRANCAS CANYON
City, State: MALIBU, CA 90265
Phone #: (310)589-9834 Fax #: (310)589-5547

Record ID: 190226CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: CRI-HELP - OUTPATIENT
Legal Name: CRI-HELP, INC.
Address: 8330 LANKERSHIM BOULEVARD
City, State: NORTH HOLLYWOOD, CA 91605
Phone #: (818)985-8323

Record ID: 190095KN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 12/31/2013

Program Name: SOCORRO
Legal Name: CRI-HELP, INC.
Address: 2010 NORTH LINCOLN PARK AVENUE
City, State: LINCOLN HEIGHTS, CA 90031
Phone #: (323)222-1440

Record ID: 190095MN
Service Type: RES
Resident Capacity: 78
Total Occupancy: 78
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: SOCORRO
Legal Name: CRI-HELP, INC.
Address: 2029 KEITH STREET
City, State: LOS ANGELES, CA 90031
Phone #: (323)222-6509

Record ID: 190095NN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

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

As of: 01/16/2014

Los Angeles County

Program Name: CRI-HELP
Legal Name: CRI-HELP, INC.
Address: 11027 BURBANK BOULEVARD
City, State: NORTH HOLLYWOOD, CA 91601
Phone #: (818)985-8323 Fax #: (818)506-7066

Record ID: 190095AN
Service Type: RES-DETOX
Resident Capacity: 135
Total Occupancy: 135
Target Population: 1.1
Expiration Date 12/31/2013

Program Name: CROSSROADS
Legal Name: CROSSROADS, INCORPORATED
Address: 1269 NORTH HARVARD AVENUE
City, State: CLAREMONT, CA 91711
Phone #: (909)626-7847 Fax #: (909)626-7867

Record ID: 190205AN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.3
Expiration Date 09/30/2015

Program Name: CRYSTAL HOPE MEDICAL SERVICES, INC.
Legal Name: CRYSTAL HOPE MEDICAL SERVICES, INC.
Address: 1300 WEST OLYMPIC BOULEVARD, SUITE 320
City, State: LOS ANGELES, CA 90015
Phone #: (310)529-3006

Record ID: 190630AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 11/30/2014

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: LOS ANGELES, CA 90061
Phone #: (323)777-2372 Fax #: (310)515-6837

Record ID: 190182EN
Service Type: RES
Resident Capacity: 22
Total Occupancy: 23
Target Population: 1.1
Expiration Date 09/30/2015

Program Name: DARE U TO CARE OUTREACH MINISTRY
Legal Name: DARE U TO CARE OUTREACH MINISTRY
Address: 316 WEST 120TH STREET
City, State: LOS ANGELES, CA 90061
Phone #: (310)515-5039 Fax #: (310)515-6837

Record ID: 190182DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 08/31/2015

Program Name: DAVID & MARGARET YOUTH AND FAMILY SERVICES RECOVERY PI
Legal Name: DAVID & MARGARET HOME, INC.
Address: 1350 THIRD STREET
City, State: LA VERNE, CA 91750
Phone #: (909)596-5921 Fax #: (909)596-3954

Record ID: 190641AN
Service Type: DSS
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5

Program Name: DESIGN FOR LIVING COMMUNITY SERVICES
Legal Name: DESIGN FOR LIVING
Address: 43423 DIVISION ST. STE. #107 AND #306
City, State: LANCASTER, CA 93535
Phone #: (661)874-4680

Record ID: 190463DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 12/31/2013

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

As of: 01/16/2014

Los Angeles County

Program Name: DESIGN FOR LIVING RECOVERY SERVICES
Legal Name: DESIGN FOR LIVING
Address: 1066 EAST AVENUE J
City, State: LANCASTER, CA 93535
Phone #: (661)729-8155 Fax #: (661)949-8131

Record ID: 190463BN
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 04/30/2015

Program Name: DESIGN FOR LIVING RECOVERY SERVICES # 2
Legal Name: DESIGN FOR LIVING
Address: 44319 11TH STREET EAST
City, State: LANCASTER, CA 93535
Phone #: (661)942-1026 Fax #: (661)949-8131

Record ID: 190463CN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: CYCLES OF CHANGE RECOVERY SERVICES
Legal Name: DESIGN FOR LIVING BEHAVIOR HEALTH, INC.
Address: 43858 BEECH AVENUE
City, State: LANCASTER, CA 93534
Phone #: (661)729-8155 Fax #: (661)949-8131

Record ID: 190735AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 12/31/2015

Program Name: DICTA SUBSTANCE ABUSE TREATMENT CENTER
Legal Name: DICTA HEALTH SERVICES, INC.
Address: 323 NORTH PRAIRIE, SUITE 315
City, State: INGLEWOOD, CA 90301
Phone #: (310)673-4117 Fax #: (310)673-4118

Record ID: 190545AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2015

Program Name: DIDI HIRSCH COMMUNITY MENTAL HEALTH CENTER, OUTPATIENT
Legal Name: DIDI HIRSCH PSYCHIATRIC SERVICE
Address: 11133 WASHINGTON BOULEVARD
City, State: CULVER CITY, CA 90230
Phone #: (310)895-2300

Record ID: 190092BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 07/31/2014

Program Name: DIDI HIRSCH MENTAL HEALTH SERVICES- YOUTH SUBSTANCE ABU
Legal Name: DIDI HIRSCH PSYCHIATRIC SERVICE
Address: 12420 VENICE BOULEVARD, SUITE 200
City, State: LOS ANGELES, CA 90066
Phone #: (310)751-1200 Fax #: (310)398-0312

Record ID: 190092CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 12/31/2013

Program Name: DIDI HIRSCH PSYCHIATRIC SERVICES
Legal Name: DIDI HIRSCH PSYCHIATRIC SERVICES
Address: 1540 COLORADO STREET
City, State: GLENDALE, CA 91205
Phone #: (818)244-7257 Fax #: (818)244-5431

Record ID: 190092DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2014

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

As of: 01/16/2014

Los Angeles County

Program Name: DIDI HIRSCH MENTAL HEALTH SERVICES
Legal Name: DIDI HIRSCH PSYCHIATRIC SERVICES
Address: 323 NORTH PRAIRIE AVENUE, SUITE 350
City, State: INGLEWOOD, CA 90301
Phone #: (310)677-7808

Record ID: 190092EN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 12/31/2014

Program Name: DIVINE HEALTHCARE SERVICES, INC.
Legal Name: DIVINE HEALTHCARE SERVICES, INC.
Address: 405 WEST MANCHESTER BOULEVARD, SUITE A
City, State: INGLEWOOD, CA 90301
Phone #: (310)672-3820

Record ID: 190604AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 05/31/2014

Program Name: DIXON RECOVERY INSTITUTE, INC 2
Legal Name: DIXON RECOVERY INSTITUTE, INC.
Address: 500 EAST CARSON PLAZA DRIVE, STE, 103
City, State: CARSON, CA 90746
Phone #: (323)988-3744

Record ID: 190622CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2014

Program Name: DIXON RECOVERY INSTITUTE, INC.
Legal Name: DIXON RECOVERY INSTITUTE, INC.
Address: 4715 CRENSHAW BOULEVARD
City, State: LOS ANGELES, CA 90043
Phone #: (323)244-5677 Fax #: (866)582-9013

Record ID: 190622AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2014

Program Name: AM/PM VAN NUYS BUDGET SCHOOL - ESCUELA LATINA
Legal Name: DRIVER SAFETY SCHOOLS, INC.
Address: 6740 KESTER AVENUE, SUITE 206
City, State: VAN NUYS, CA 91405
Phone #: (818)787-7878 Fax #: (310)575-0500

Record ID: 190294AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2015

Program Name: SOVEREIGN HEALTH OF CALIFORNIA
Legal Name: DUAL DIAGNOSIS TREATMENT CENTER, INC.
Address: 6167 BRISTOL PARKWAY, SUITE 100
City, State: CULVER CITY, CA 90230
Phone #: (949)276-5553 Fax #: (949)498-2619

Record ID: 190762AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2015

Program Name: PANORAMA HEALTH CARE CENTER
Legal Name: EAST VALLEY PANORAMA, INC.
Address: 14555 HAMLIN STREET, SUITE 2B AND 4
City, State: VAN NUYS, CA 91411
Phone #: (818)371-5097 Fax #: (818)371-8437

Record ID: 190677AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2014

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

As of: 01/16/2014

Los Angeles County

Program Name: EATON CANYON TREATMENT CENTER
Legal Name: EATON CANYON RECOVERY SERVICES, INC.
Address: 3323 EAST FAIRPOINT STREET
City, State: PASADENA, CA 91107
Phone #: (626)798-0150 Fax #: (626)798-8685

Record ID: 190521AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 9
Target Population: 1.1
Expiration Date 03/31/2014

Program Name: CRENSHAW NEW LIFE COMMUNITY CENTER
Legal Name: ECONOMIC SERVICES INCORPORATED
Address: 5144 CRENSHAW BLVD.
City, State: LOS ANGELES, CA 90043
Phone #: (323)702-3543

Record ID: 190739AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2014

Program Name: EGGLESTON SUBSTANCE ABUSE AND EDUCATION PROGRAM
Legal Name: EGGLESTON YOUTH CENTERS, INC.
Address: 13001 RAMONA BOULEVARD, SUITES E AND J
City, State: IRWINDALE, CA 91706
Phone #: (626)786-5020

Record ID: 190716AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2015

Program Name: PROMISES TREATMENT CENTERS V
Legal Name: EHRMAN SUBSIDIARY CORP.
Address: 20781 BIG ROCK DRIVE
City, State: MALIBU, CA 90265
Phone #: (424)644-0473 Fax #: (310)456-3553

Record ID: 190666AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 07/31/2015

Program Name: DAY TREATMENT AND OUTPATIENT ALCOHOL AND/OR OTHER DRU
Legal Name: EL PROYECTO DEL BARRIO, INC.
Address: 9140 VAN NUYS BOULEVARD, SUITES 104-107, 201, 203, AND 208
City, State: PANORAMA CITY, CA 91402
Phone #: (818)895-2206 Fax #: (818)895-0824

Record ID: 190236BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 07/31/2015

Program Name: ELIJAH'S HOUSE TREATMENT CENTER
Legal Name: ELIJAH'S HOUSE TX CORP.
Address: 1617 ASHBURY DRIVE
City, State: PASADENA, CA 91104
Phone #: (626)394-9565 Fax #: (626)696-3242

Record ID: 190769AP
Service Type: RES
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.1
Expiration Date 01/31/2015

Program Name: AMITY FOUNDATION
Legal Name: EPIDAURUS
Address: 3750 SOUTH GRAND AVENUE
City, State: LOS ANGELES, CA 90007
Phone #: (213)743-9078 Fax #: (213)744-9858

Record ID: 190259CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2015

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

As of: 01/16/2014

Los Angeles County

Program Name: AMITY FOUNDATION-AMISTAD DE LOS ANGELES
Legal Name: EPIDAURUS
Address: 3735, 3739 AND 3745 SOUTH GRAND AVENUE
City, State: LOS ANGELES, CA 90007
Phone #: (213)743-9078 Fax #: (213)748-5102

Record ID: 190259AN
Service Type: RES
Resident Capacity: 184
Total Occupancy: 184
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: ETTIE LEE YOUTH AND FAMILY SERVICES DRUG/ALCOHOL TREATM
Legal Name: ETTIE LEE HOMES, INC.
Address: 160 EAST HOLT
City, State: POMONA, CA 91767
Phone #: (909)620-2521 Fax #: (909)620-9793

Record ID: 190673AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: EXODUS RECOVERY INTEGRATED CLINIC
Legal Name: EXODUS RECOVERY, INC.
Address: 1920 MARENGO STREET
City, State: LOS ANGELES, CA 90033
Phone #: (310)945-3350 Fax #: (310)840-7023

Record ID: 190774AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 07/31/2015

Program Name: FFC SUBSTANCE ABUSE DISORDER TREATMENT PROGRAM
Legal Name: FAMILIES FOR CHILDREN INC.
Address: 2504 W. MANCHESTER BOULEVARD
City, State: INGLEWOOD, CA 90305
Phone #: (323)750-5855 Fax #: (310)750-5885

Record ID: 190730AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2015

Program Name: FAMILY UNITED-N-NEW BEGINNINGS
Legal Name: FAMILY UNITED-N-NEW BEGINNINGS
Address: 11616 HAWTHORNE BOULEVARD, SUITE 202
City, State: HAWTHORNE, CA 90250
Phone #: (310)467-5142 Fax #: (323)299-0058

Record ID: 190669AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2014

Program Name: PASSAGES EAST
Legal Name: FEDERAL RECOVERY SYSTEMS, LLC
Address: 6439 (B) SYCAMORE MEADOWS DRIVE
City, State: MALIBU, CA 90265
Phone #: (310)589-2880 Fax #: (310)589-2858

Record ID: 190516AP
Service Type: RES-DETOX
Resident Capacity: 5
Total Occupancy: 5
Target Population: 1.1
Expiration Date 12/31/2013

Program Name: PASSAGES NORTHEAST
Legal Name: FEDERAL RECOVERY SYSTEMS, LLC
Address: 6428 - B MEADOWS COURT
City, State: MALIBU, CA 90265
Phone #: (310)589-2880 Fax #: (310)589-2858

Record ID: 190516BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 12/31/2013

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

As of: 01/16/2014

Los Angeles County

Program Name: FIRST TO SERVE
Legal Name: FIRST TO SERVE
Address: 1017 WEST 50TH STREET
City, State: LOS ANGELES, CA 90037
Phone #: (323)758-4670 Fax #: (323)758-4011

Record ID: 190342AN
Service Type: RES
Resident Capacity: 24
Total Occupancy: 24
Target Population: 1.1
Expiration Date 04/30/2014

Program Name: FIRST TO SERVE, INC.
Legal Name: FIRST TO SERVE
Address: 4052 BUDLONG
City, State: LOS ANGELES, CA 90037
Phone #: (323)296-0747 Fax #: (323)758-4011

Record ID: 190342CN
Service Type: RES
Resident Capacity: 28
Total Occupancy: 28
Target Population: 1.1
Expiration Date 10/31/2014

Program Name: FLORENCE DRUG AND ALCOHOL TREATMENT CENTER
Legal Name: FLORENCE DRUG AND ALCOHOL TREATMENT CENTER, INC.
Address: 9671 SUNLAND BOULEVARD, #2A
City, State: SUNLAND, CA 91040
Phone #: (424)750-9037

Record ID: 190672AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: FRED BROWN'S RECOVERY SERVICES
Legal Name: FRED BROWN'S RECOVERY SERVICES, INC.
Address: 276 WEST 14TH STREET
City, State: SAN PEDRO, CA 90731
Phone #: (310)519-8723 Fax #: (310)519-9428

Record ID: 190135JN
Service Type: RES
Resident Capacity: 4
Total Occupancy: 4
Target Population: 1.2
Expiration Date 02/28/2014

Program Name: FRED BROWN'S RECOVERY SERVICES
Legal Name: FRED BROWN'S RECOVERY SERVICES, INC.
Address: 278 WEST 14TH STREET
City, State: SAN PEDRO, CA 90731
Phone #: (310)519-8723 Fax #: (310)519-9428

Record ID: 190135IN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 02/28/2014

Program Name: FRED BROWN'S RECOVERY SERVICES
Legal Name: FRED BROWN'S RECOVERY SERVICES, INC.
Address: 270 WEST 14TH STREET, #3
City, State: SAN PEDRO, CA 90731
Phone #: (310)519-8723 Fax #: (310)519-9428

Record ID: 190135MN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2015

Program Name: FRED BROWN'S RECOVERY SERVICES, INC.
Legal Name: FRED BROWN'S RECOVERY SERVICES, INC.
Address: 270 WEST 14TH STREET
City, State: SAN PEDRO, CA 90731
Phone #: (310)519-8723 Fax #: (310)519-9428

Record ID: 190135CN
Service Type: RES
Resident Capacity: 14
Total Occupancy: 14
Target Population: 1.2
Expiration Date 11/30/2014

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

As of: 01/16/2014

Los Angeles County

Program Name: FRED BROWN'S RECOVERY SERVICES, INC.
Legal Name: FRED BROWN'S RECOVERY SERVICES, INC.
Address: 856 WEST 19TH STREET
City, State: SAN PEDRO, CA 90731
Phone #: (310)548-1196 Fax #: (310)519-9428

Record ID: 190135EN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1
Expiration Date 11/30/2015

Program Name: FREE N ONE - A DRUG AND ALCOHOL FREE PROGRAM
Legal Name: FREE N ONE - A DRUG AND ALCOHOL FREE PROGRAM
Address: 5838 OVERHILL DRIVE, SUITE 3
City, State: LOS ANGELES, CA 90043
Phone #: (323)295-0009

Record ID: 190447BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2014

Program Name: GATE OF RECOVERY
Legal Name: GATE OF RECOVERY, INC.
Address: 1800 BRIDGEGATE STREET, SUITE 204
City, State: WESTLAKE VILLAGE, CA 91361
Phone #: (805)777-7595 Fax #: (805)777-9249

Record ID: 190743AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2014

Program Name: POMONA POSITIVE STEPS
Legal Name: GENE CARE, INC.
Address: 324 PALOMA DR.
City, State: POMONA, CA 91767
Phone #: (909)623-7000 Fax #: (909)623-7041

Record ID: 190737AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2014

Program Name: GIFT OF HOPE & HEALING, INC.
Legal Name: GIFT OF HOPE & HEALING, INC.
Address: 8455 SOUTH VAN NESS AVENUE
City, State: INGLEWOOD, CA 90305
Phone #: (323)565-2043 Fax #: (323)565-2044

Record ID: 190576AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: GLENDALE ADVENTIST ALCOHOL AND DRUG SERVICES
Legal Name: GLENDALE ADVENTIST MEDICAL CENTER
Address: 335 MISSION ROAD
City, State: GLENDALE, CA 91205
Phone #: (818)242-3116 Fax #: (818)242-5759

Record ID: 190082BN
Service Type: RES-DETOX
Resident Capacity: 24
Total Occupancy: 24
Target Population: 1.1
Expiration Date 06/30/2014

Program Name: GLORIOUS MANOR, INC. II
Legal Name: GLORIOUS MANOR, INC. II
Address: 2703 EAST 7TH STREET
City, State: LONG BEACH, CA 90804
Phone #: (562)843-6028

Record ID: 190519AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 04/30/2014

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

As of: 01/16/2014

Los Angeles County

Program Name: SYLMAR HEALTH AND REHABILITATION
Legal Name: GOLDEN STATE HEALTH CENTERS, INC.
Address: 12220 FOOTHILL BOULEVARD
City, State: SYLMAR, CA 91342
Phone #: (818)834-5082 Fax #: (818)834-5082

Record ID: 190427AP
Service Type: DHS
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1

Program Name: GORETTI HEALTH SERVICES
Legal Name: GORETTI HEALTH SERVICES, INC.
Address: 14623 HAWTHORNE BOULEVARD, SUITE 306
City, State: LAWNDALE, CA 90260
Phone #: (310)973-0100 Fax #: (310)973-0099

Record ID: 190559AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2014

Program Name: GRANDVIEW HOUSE
Legal Name: GRANDVIEW FOUNDATION, INC.
Address: 225 GRANDVIEW STREET
City, State: PASADENA, CA 91104
Phone #: (626)797-1124 Fax #: (626)398-5984

Record ID: 190022BN
Service Type: RES
Resident Capacity: 22
Total Occupancy: 24
Target Population: 1.2
Expiration Date 03/31/2015

Program Name: MARENGO FACILITY
Legal Name: GRANDVIEW FOUNDATION, INC.
Address: 1230 NORTH MARENGO AVENUE
City, State: PASADENA, CA 91103
Phone #: (626)797-1124

Record ID: 190022AN
Service Type: RES
Resident Capacity: 19
Total Occupancy: 19
Target Population: 1.2
Expiration Date 03/31/2015

Program Name: GRANDVIEW FOUNDATION, INC.
Legal Name: GRANDVIEW FOUNDATION, INC.
Address: 1230 NORTH MARENGO AVENUE
City, State: PASADENA, CA 91103
Phone #: (626)797-1124 Fax #: (626)398-9674

Record ID: 190022EN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 12/31/2013

Program Name: PASSAGES C
Legal Name: GRASSHOPPER HOUSE, LLC
Address: 6439 SYCAMORE MEADOWS COURT
City, State: MALIBU, CA 90265
Phone #: (310)589-2880

Record ID: 190283CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 08/31/2015

Program Name: PASSAGES VISTA HOUSE
Legal Name: GRASSHOPPER HOUSE, LLC
Address: 6380 MEADOWS COURT
City, State: MALIBU, CA 90265
Phone #: (310)589-2880

Record ID: 190283DP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 12/31/2013

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

As of: 01/16/2014

Los Angeles County

Program Name: PASSAGES
Legal Name: GRASSHOPPER HOUSE, LLC
Address: 6428 MEADOWS COURT
City, State: MALIBU, CA 90265
Phone #: (310)589-2880 Fax #: (310)392-7710

Record ID: 190283AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 07/31/2015

Program Name: PASSAGES
Legal Name: GRASSHOPPER HOUSE, LLC
Address: 6447 SYCAMORE MEADOWS
City, State: MALIBU, CA 90265
Phone #: (310)589-2880 Fax #: (310)589-2858

Record ID: 190283FP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: GREENFIELDS HEALTH SERVICES INC.
Legal Name: GREENFIELDS HEALTH SERVICES INC.
Address: 637 EAST ALBERTONI STREET, SUITE 109
City, State: CARSON, CA 90746
Phone #: (310)532-0063 Fax #: (310)626-9754

Record ID: 190600AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 03/31/2014

Program Name: H&H TESTING OUTPATIENT
Legal Name: H&H TESTING, INC.
Address: 10801 NATIONAL BOULEVARD SUITE 579
City, State: LOS ANGELES, CA 90064
Phone #: (310)266-3957

Record ID: 190750AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2015

Program Name: HARBOR AREA SUBSTANCE ABUSE TREATMENT CENTER
Legal Name: HACC, INC.
Address: 599 WEST 9TH STREET
City, State: SAN PEDRO, CA 90731
Phone #: (310)831-0331 Fax #: (310)831-0004

Record ID: 190586AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 11/30/2013

Program Name: HANNAH'S FIRST STEP TREATMENT CENTER
Legal Name: HANNA'S HOUSE
Address: 5900 SOUTH EASTERN AVENUE, SUITE 142
City, State: COMMERCE, CA 90040
Phone #: (323)278-6501 Fax #: (323)278-6515

Record ID: 190678AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2014

Program Name: HARBOUR AREA HALFWAY HOUSES, INC.
Legal Name: HARBOUR AREA HALF-WAY HOUSES, INC.
Address: 940 DAWSON AVENUE
City, State: LONG BEACH, CA 90804
Phone #: (562)434-0036 Fax #: (562)434-5196

Record ID: 190454AN
Service Type: RES
Resident Capacity: 15
Total Occupancy: 15
Target Population: 1.3
Expiration Date 03/31/2015

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

As of: 01/16/2014

Los Angeles County

Program Name: HOLLYWOOD DETOX CENTER
Legal Name: HARMONY HOLLYWOOD LLC
Address: 832 N. MARIPOSA AVENUE
City, State: LOS ANGELES, CA 90029
Phone #: (323)450-2205 Fax #: (323)488-9616

Record ID: 190775AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1

Program Name: HARMONY PLACE
Legal Name: HARMONY PLACE, INC.
Address: 23041 AND 23041-A HATTERAS STREET
City, State: WOODLAND HILLS, CA 91367
Phone #: (818)226-4100 Fax #: (310)457-9784

Record ID: 190336CP
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1
Expiration Date 02/28/2015

Program Name: HEALTHCARE SERVICES, INC.
Legal Name: HEALTHCARE SERVICES, INC.
Address: 1223 ALVARADO STREET
City, State: LOS ANGELES, CA 90006
Phone #: (213)908-5238 Fax #: (213)908-5283

Record ID: 190411EP
Service Type: RES
Resident Capacity: 36
Total Occupancy: 36
Target Population: 1.2
Expiration Date 11/30/2013

Program Name: THE LIGHTHOUSE EL MONTE
Legal Name: HEALTHCARE SERVICES, INC.
Address: 3131 SANTA ANITA AVENUE, #116
City, State: EL MONTE, CA 91732
Phone #: (714)384-3339 Fax #: (719)384-3879

Record ID: 190411CP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2015

Program Name: HEALTHRIGHT 360
Legal Name: HEALTHRIGHT 360
Address: 2307 WEST 6TH STREET
City, State: LOS ANGELES, CA 90057
Phone #: (415)970-7500

Record ID: 190728BN
Service Type: RES
Resident Capacity: 186
Total Occupancy: 186
Target Population: 1.2
Expiration Date 09/30/2014

Program Name: HEALTHRIGHT 360
Legal Name: HEALTHRIGHT 360
Address: 145 WEST 22ND STREET
City, State: LOS ANGELES, CA 90007
Phone #: (415)970-7500 Fax #: ( ) -

Record ID: 190728CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 07/31/2015

Program Name: HEALTHRIGHT 360
Legal Name: HEALTHRIGHT 360
Address: 12423 DAHLIA AVENUE
City, State: EL MONTE, CA 91732
Phone #: (626)258-0324 Fax #: (415)970-7518

Record ID: 190728AN
Service Type: RES
Resident Capacity: 72
Total Occupancy: 102
Target Population: 1.4
Expiration Date 08/31/2015

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

As of: 01/16/2014

Los Angeles County

Program Name: HELP CENTER, INC.
Legal Name: HELP CENTER, INC.
Address: 3756 SANTA ROSALIA DRIVE, SUITE 219
City, State: LOS ANGELES, CA 90008
Phone #: (213)840-3490

Record ID: 190707AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: HELPFUL HANDS DRUG AND ALCOHOL OUTPATIENT PROGRAM, INC
Legal Name: HELPFUL HANDS DRUG AND ALCOHOL OUTPATIENT PROGRAM, INC
Address: 1249 S. LA BREA AVENUE
City, State: LOS ANGELES, CA 90019
Phone #: (323)931-4647 Fax #: (323)931-4748

Record ID: 190770AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2015

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: CARSON, CA 90746
Phone #: (310)217-0616 Fax #: (310)217-0545

Record ID: 190503AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: HELPLINE YOUTH COUNSELING
Legal Name: HELPLINE YOUTH COUNSELING
Address: 12440 EAST FIRESTONE BOULEVARD, SUITE 1000
City, State: NORWALK, CA 90650
Phone #: (562)864-3722 Fax #: (562)864-4596

Record ID: 190386AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: HERITAGE HOUSE OF HOPE, INC.
Legal Name: HERITAGE HOUSE OF HOPE, INC.
Address: 1210 SOUTH LA BREA AVENUE, SUITE A
City, State: INGLEWOOD, CA 90301
Phone #: (310)678-5886 Fax #: (310)677-2741

Record ID: 190633AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 08/31/2013

Program Name: HIS SHELTERING ARMS, INC.
Legal Name: HIS SHELTERING ARMS, INC,
Address: 11101 SOUTH MAIN STREET
City, State: LOS ANGELES, CA 90061
Phone #: (323)755-6646 Fax #: (323)777-2209

Record ID: 190064CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.4
Expiration Date 08/31/2015

Program Name: HIS SHELTERING ARMS FAMILY SERVICES CENTER
Legal Name: HIS SHELTERING ARMS, INC.
Address: 112 WEST 111TH STREET AND 11101 SOUTH MAIN STREET
City, State: LOS ANGELES, CA 90061
Phone #: (323)755-6646 Fax #: (323)777-2209

Record ID: 190064BN
Service Type: RES
Resident Capacity: 65
Total Occupancy: 69
Target Population: 1.4
Expiration Date 05/31/2015

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

As of: 01/16/2014

Los Angeles County

Program Name: HIS SHELTERING ARMS
Legal Name: HIS SHELTERING ARMS, INC.
Address: 10615 AVALON BOULEVARD
City, State: LOS ANGELES, CA 90003
Phone #: (323)755-6646

Record ID: 190064AN
Service Type: RES
Resident Capacity: 16
Total Occupancy: 16
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: HOLLYWOOD RECOVERY TREATMENT CENTER
Legal Name: HOLLYWOOD RECOVERY TREATMENT CENTER
Address: 12500 RIVERSIDE DR. #211
City, State: STUDIO CITY, CA 91607
Phone #: (818)207-1007

Record ID: 190731AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2013

Program Name: HOLY ADDICTION CARE CENTER, INC.
Legal Name: HOLY ADDICTION CARE CENTER, INC.
Address: 111 NORTH GLENDALE BOULEVARD, SUITE B
City, State: LOS ANGELES, CA 90026
Phone #: (213)481-8279 Fax #: (213)481-9944

Record ID: 190685AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2014

Program Name: HOME FROM HOME COUNSELING AND TREATMENT PROGRAM
Legal Name: HOME FROM HOME, INC.
Address: 4125 SOUTH STREET
City, State: LAKEWOOD, CA 90711
Phone #: (562)531-0266

Record ID: 190646AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 07/31/2015

Program Name: INTEGRATED TREATMENT PROGRAM FOR CO-OCCURRING DISORDI
Legal Name: HOMELESS HEALTH CARE LOS ANGELES
Address: 2330 BEVERLY BOULEVARD
City, State: LOS ANGELES, CA 90057
Phone #: (213)744-0724 Fax #: (213)748-2432

Record ID: 190246AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2014

Program Name: HOPE ALIVE COUNSELING CENTERS,LLC
Legal Name: HOPE ALIVE COUNSELING CENTERS, LLC
Address: 16625 GRAND AVENUE
City, State: BELLFLOWER, CA 90706
Phone #: (310)710-2280

Record ID: 190753AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3
Expiration Date 08/31/2014

Program Name: HOPE ALIVE COUNSELING CENTERS, LLC
Legal Name: HOPE ALIVE COUNSELING CENTERS, LLC
Address: 11157 ATLANTIC AVENUE
City, State: LYNWOOD, CA 90262
Phone #: (310)710-2280

Record ID: 190753BP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 08/31/2014

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

As of: 01/16/2014

Los Angeles County

Program Name: HOUSE OF HOPE
Legal Name: HOUSE OF HOPE FOUNDATION, INC.
Address: SEE COMMENTS FOR CURRENT ADDRESSES
City, State: SAN PEDRO, CA 90731
Phone #: (310)831-9411

Record ID: 190025AN
Service Type: RES
Resident Capacity: 24
Total Occupancy: 24
Target Population: 1.3
Expiration Date 03/31/2014

Program Name: HOUSE OF HOPE FOUNDATION, INC.
Legal Name: HOUSE OF HOPE FOUNDATION, INC.
Address: 205 WEST 9TH STREET
City, State: SAN PEDRO, CA 90731
Phone #: (310)521-9209 Fax #: (310)521-9241

Record ID: 190025GN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.3
Expiration Date 07/31/2015

Program Name: HUMAN POTENTIAL CONSULTANTS, LLC
Legal Name: HUMAN POTENTIAL CONSULTANTS, LLC
Address: 3598 MARTIN LUTHER KING JR. BOULEVARD
City, State: LYNWOOD, CA 90262
Phone #: (310)756-1560 Fax #: (310)756-1560

Record ID: 190523AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2014

Program Name: I-ADARP, (INTER-AGENCY DRUG ABUSE RECOVERY PROGRAM)
Legal Name: I-ADARP
Address: 6911 HAYVENHURST AVE, SUITE 101
City, State: VAN NUYS, CA 91406
Phone #: (818)994-7454 Fax #: (818)994-1767

Record ID: 190321AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.4
Expiration Date 10/31/2015

Program Name: IDEAL CARE AND HEALTH SERVICES INC
Legal Name: IDEAL CARE AND HEALTH SERVICES, INC.
Address: 4 VILLAGE LOOP ROAD, B-10
City, State: POMONA, CA 91766
Phone #: (909)865-0191 Fax #: (909)865-0193

Record ID: 190544AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2014

Program Name: THE BEACH HOUSE
Legal Name: JAMES & BENTZ, INC.
Address: 31450 BROAD BEACH ROAD
City, State: MALIBU, CA 90265
Phone #: (424)644-0808 Fax #: (424)644-0990

Record ID: 190773AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 09/30/2015

Program Name: JARS OF CLAY TREATMENT CENTER II, INC.
Legal Name: JARS OF CLAY TREATMENT CENTER II, INC.
Address: 3860 CRENSHAW BOULEVARD, SUITE 229
City, State: LOS ANGELES, CA 90008
Phone #: (310)918-4298 Fax #: (310)918-4298

Record ID: 190680AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2015

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

As of: 01/16/2014

Los Angeles County

Program Name: JEWISH FAMILY SERVICE OF LOS ANGELES, ALCOHOL DRUG ACTIO
Legal Name: JEWISH FAMILY SERVICE OF LOS ANGELES
Address: 8838 WEST PICO BOULEVARD
City, State: LOS ANGELES, CA 90035
Phone #: (310)247-1180 Fax #: (310)858-8582

Record ID: 190072BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: SOLUTION FAMILY RESOURCE CENTER
Legal Name: JWCH INSTITUTE, INC.
Address: 1218 EAST COMPTON BOULEVARD
City, State: COMPTON, CA 90221
Phone #: (310)608-1505

Record ID: 190718BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2015

Program Name: MINI HOUSE RESIDENTIAL TREATMENT
Legal Name: JWCH INSTITUTE, INC.
Address: 303 EAST 52ND STREET
City, State: LOS ANGELES, CA 90011
Phone #: (323)813-0200 Fax #: (323)813-0207

Record ID: 190718AN
Service Type: RES
Resident Capacity: 31
Total Occupancy: 31
Target Population: 1.4
Expiration Date 04/30/2015

Program Name: KB RECOVERY
Legal Name: KEVIN BABAYAN
Address: 15722 TUPPER STREET
City, State: NORTH HILLS, CA 91343
Phone #: (818)891-3639 Fax #: (818)892-9471

Record ID: 190527AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 06/30/2014

Program Name: KLEAN WEST HOLLYWOOD
Legal Name: KLEAN W. HOLLYWOOD, LLC
Address: 840 HILLDALE AVENUE
City, State: WEST HOLLYWOOD, CA 90069
Phone #: (310)740-4843 Fax #: (310)358-0680

Record ID: 190692BP
Service Type: RES-DETOX
Resident Capacity: 3
Total Occupancy: 3
Target Population: 1.1
Expiration Date 12/31/2014

Program Name: KLEAN WEST HOLLYWOOD
Legal Name: KLEAN W. HOLLYWOOD, LLC
Address: 848 HILLDALE AVENUE
City, State: WEST HOLLYWOOD, CA 90069
Phone #: (310)740-4843 Fax #: (310)358-0680

Record ID: 190692AP
Service Type: RES-DETOX
Resident Capacity: 3
Total Occupancy: 3
Target Population: 1.1
Expiration Date 12/31/2014

Program Name: KLEAN WEST HOLLYWOOD
Legal Name: KLEAN W. HOLLYWOOD, LLC
Address: 842 HILLDALE AVENUE
City, State: WEST HOLLYWOOD, CA 90069
Phone #: (310)740-4843 Fax #: (310)338-0688

Record ID: 190692FP
Service Type: RES
Resident Capacity: 3
Total Occupancy: 3
Target Population: 1.1
Expiration Date 12/31/2014

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

As of: 01/16/2014

Los Angeles County

Program Name: KLEAN WEST HOLLYWOOD
Legal Name: KLEAN W. HOLLYWOOD, LLC
Address: 846 HILLDALE AVENUE
City, State: WEST HOLLYWOOD, CA 90069
Phone #: (310)740-4843 Fax #: (310)338-0680

Record ID: 190692DP
Service Type: RES
Resident Capacity: 4
Total Occupancy: 4
Target Population: 1.1
Expiration Date 12/31/2014

Program Name: KLEAN WEST HOLLYWOOD
Legal Name: KLEAN W. HOLLYWOOD, LLC
Address: 852, 852 1/2, AND 854 HILLDALE AVENUE
City, State: WEST HOLLYWOOD, CA 90069
Phone #: (310)740-4843 Fax #: (310)338-0680

Record ID: 190692EP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 12/31/2014

Program Name: KLEAN WEST HOLLYWOOD
Legal Name: KLEAN W. HOLLYWOOD, LLC
Address: 844 HILLDALE AVENUE
City, State: WEST HOLLYWOOD, CA 90069
Phone #: (310)740-4843 Fax #: (310)338-0680

Record ID: 190692CP
Service Type: RES-DETOX
Resident Capacity: 3
Total Occupancy: 3
Target Population: 1.1
Expiration Date 12/31/2014

Program Name: KLEAN WEST HOLLYWOOD
Legal Name: KLEAN W. HOLLYWOOD, LLC
Address: 850 HILLDALE AVENUE
City, State: WEST HOLLYWOOD, CA 90069
Phone #: (310)740-4843 Fax #: (310)338-0680

Record ID: 190692GP
Service Type: RES
Resident Capacity: 4
Total Occupancy: 4
Target Population: 1.1
Expiration Date 12/31/2014

Program Name: KOOL LIVING RECOVERY CENTER
Legal Name: KOOL LIVING, INC.
Address: 20138 ELK WOOD STREET
City, State: WINNETKA, CA 91306
Phone #: (951)427-4807 Fax #: (818)961-6155

Record ID: 190778AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 11/30/2015

Program Name: LA FUENTE HOLLYWOOD TREATMENT CENTER LLC
Legal Name: LA FUENTE HOLLYWOOD TREATMENT CENTER LLC
Address: 5718 FOUNTAIN AVENUE
City, State: LOS ANGELES, CA 90028
Phone #: (323)464-2947 Fax #: (323)464-2947

Record ID: 190725AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 09/30/2015

Program Name: THE LAVELLE CENTER
Legal Name: LAVELLE YOUTH HOMES
Address: 652 E. MANCHESTER BOULEVARD
City, State: INGLEWOOD, CA 90301
Phone #: (310)677-2569 Fax #: (310)677-9429

Record ID: 190584AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2014

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

As of: 01/16/2014

Los Angeles County

Program Name: LAWS SUPPORT CENTER
Legal Name: LAWS SUPPORT CENTER
Address: 2707 WEST 54TH STREET
City, State: LOS ANGELES, CA 90043
Phone #: (323)294-5204 Fax #: (323)294-5204

Record ID: 190423AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2014

Program Name: INGLEWOOD AREA ALCOHOL AND DRUG PROGRAM
Legal Name: LEWIS PROFESSIONAL SERVICES FOUNDATION, INC.
Address: 400 SOUTH LA BREA, SUITE # 102, 103, 104, 200, 202, 203, 204 AND
City, State: INGELWOOD, CA 90301
Phone #: (310)674-6267 Fax #: (310)673-5904

Record ID: 190480AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2014

Program Name: LIFE SUBSTANCE ABUSE TREATMENT CENTER
Legal Name: LIFE HEALTH SERVICES, INC.
Address: 3701 WEST STOCKER STREET, SUITE 401
City, State: LOS ANGELES, CA 90008
Phone #: (323)299-4000

Record ID: 190538AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2015

Program Name: LIGHTHOUSE ALCOHOL AND DRUG TREATMENT SERVICES
Legal Name: LIGHTHOUSE OF L.A., INC.
Address: 2930 WEST IMPERIAL HIGHWAY, SUITE 200M
City, State: INGLEWOOD, CA 90303
Phone #: (310)908-3641

Record ID: 190529AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: LITTLE HOUSE, INC.
Legal Name: LITTLE HOUSE
Address: 9718 HARVARD STREET
City, State: BELLFLOWER, CA 90706
Phone #: (562)925-2777 Fax #: (562)925-7572

Record ID: 190029AN
Service Type: RES
Resident Capacity: 28
Total Occupancy: 34
Target Population: 1.3
Expiration Date 09/30/2015

Program Name: LIVE AGAIN RECOVERY HOME - CAMP CISQUITO
Legal Name: LIVE AGAIN MINISTRIES
Address: 38215 NORTH SAN FRANCISQUITO CANYON ROAD
City, State: SAUGUS, CA 91350
Phone #: (661)270-0025

Record ID: 190079BN
Service Type: RES
Resident Capacity: 15
Total Occupancy: 15
Target Population: 1.2
Expiration Date 09/30/2015

Program Name: LIVE AGAIN RECOVERY HOMES
Legal Name: LIVE AGAIN MINISTRIES
Address: 45304 NEWTREE AVENUE
City, State: LANCASTER, CA 93534
Phone #: (661)951-0180 Fax #: (661)270-1341

Record ID: 190079CN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 01/31/2014

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

As of: 01/16/2014

Los Angeles County

Program Name: LIVING PROOF RECOVERY CENTER
Legal Name: LIVING PROOF RECOVERY CENTER
Address: 324 W. FOOTHILL BOULEVARD
City, State: MONROVIA, CA 91016
Phone #: (626)205-2518 Fax #: (626)446-5910

Record ID: 190316BP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 08/31/2015

Program Name: REBOS
Legal Name: LIVING REBOS, LLC
Address: 10533 WASHINGTON BOULEVARD
City, State: LOS ANGELES, CA 90232
Phone #: (310)694-3277

Record ID: 190759AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 08/31/2014

Program Name: STORK CLUB - OPTIONS FOR RECOVERY AT HARBOR UCLA RESEAR
Legal Name: LOS ANGELES BIOMEDICAL RESEARCH INSTITUTE AT HARBOR-UCI
Address: 1124 WEST CARSON STREET, BUILDING N-33
City, State: TORRANCE, CA 90502
Phone #: (310)222-5410 Fax #: (310)787-7742

Record ID: 190351AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.3
Expiration Date 08/31/2014

Program Name: ALLEN HOUSE
Legal Name: LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE
Address: 11121 BLOOMFIELD AVENUE
City, State: SANTA FE SPRINGS, CA 90670
Phone #: (562)906-2685

Record ID: 190100KN
Service Type: RES
Resident Capacity: 55
Total Occupancy: 65
Target Population: 1.1
Expiration Date 06/30/2015

Program Name: NEW VISIONS
Legal Name: LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE
Address: 10425 SOUTH PAINTER AVENUE
City, State: SANTA FE SPRINGS, CA 90670
Phone #: (562)944-1303 Fax #: (562)236-9899

Record ID: 190100IN
Service Type: RES
Resident Capacity: 55
Total Occupancy: 55
Target Population: 1.1
Expiration Date 11/30/2014

Program Name: OUTPATIENT SERVICES
Legal Name: LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE
Address: 470 EAST THIRD STREET SUITE A AND B
City, State: LOS ANGELES, CA 90013
Phone #: (213)626-6411 Fax #: (562)906-2676

Record ID: 190100EN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2014

Program Name: OUTPATIENT FAMILY CENTER
Legal Name: LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE
Address: 11015 BLOOMFIELD AVENUE
City, State: SANTA FE SPRINGS, CA 90670
Phone #: (562)906-2676

Record ID: 190100BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2014

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

As of: 01/16/2014

Los Angeles County

Program Name: LOS ANGELES COUNSELING PROGRAM
Legal Name: LOS ANGELES COUNSELING CENTER
Address: 4855 SANTA MONICA BOULEVARD # 108
City, State: LOS ANGELES, CA 90029
Phone #: (323)913-3371

Record ID: 190756AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 08/31/2014

Program Name: ANTELOPE VALLEY REHABILITATION CENTER - ACTON
Legal Name: LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
Address: 30500 ARRASTRE CANYON ROAD
City, State: ACTON, CA 93510
Phone #: (661)269-0062

Record ID: 190001AN
Service Type: RES
Resident Capacity: 309
Total Occupancy: 309
Target Population: 1.1
Expiration Date 02/28/2014

Program Name: ANTELOPE VALLEY REHABILITATION CENTERS - HIGH DESERT REC
Legal Name: LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
Address: 44900 NORTH 60TH STREET WEST
City, State: LANCASTER, CA 93536
Phone #: (661)945-8458 Fax #: (661)266-1772

Record ID: 190001CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2015

Program Name: LOS ANGELES DRUG TREATMENT CENTER
Legal Name: LOS ANGELES DRUG TREATMENT CENTER, INC.
Address: 3211 WEST IMPERIAL HIGHWAY
City, State: INGLEWOOD, CA 90303
Phone #: (310)419-9616 Fax #: (310)590-1357

Record ID: 190561AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2015

Program Name: LOS ANGELES NEW LIFE CENTER, INC.
Legal Name: LOS ANGELES NEW LIFE CENTER, INC.
Address: 1828 SOUTH WESTERN AVENUE, SUITE #21
City, State: LOS ANGELES, CA 90006
Phone #: (323)734-3677 Fax #: (323)734-4972

Record ID: 190720AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.8
Expiration Date 10/31/2013

Program Name: SEASONS IN MALIBU
Legal Name: LUXURY REHAB GROUP LLC
Address: 6021 GALAHAD ROAD
City, State: MALIBU, CA 90265
Phone #: (424)234-2044 Fax #: (818)337-0365

Record ID: 190655AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1
Expiration Date 04/30/2015

Program Name: MACLAY REHABILITATION CORPORATION, INC.
Legal Name: MACLAY REHABILITATION CORPORATION, INC.
Address: 13770 SAYRE STREET
City, State: SYLMAR, CA 91342
Phone #: (818)362-5615 Fax #: (310)473-5508

Record ID: 190338AN
Service Type: RES
Resident Capacity: 28
Total Occupancy: 28
Target Population: 1.2
Expiration Date 04/30/2014

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

As of: 01/16/2014

Los Angeles County

Program Name: MALIBU BEACH RECOVERY CENTER - BRENTWOOD HOUSE
Legal Name: MALIBU BEACH RECOVERY CENTER, LLC
Address: 101 SOUTH SALTAIR AVENUE
City, State: LOS ANGELES, CA 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
Expiration Date 09/13/2014

Program Name: MALIBU BEACH RECOVERY CENTER
Legal Name: MALIBU BEACH RECOVERY CENTER, LLC
Address: 1752 CORRAL CANYON ROAD
City, State: MALIBU, CA 90265
Phone #: (310)589-2407 Fax #: (818)301-2519

Record ID: 190562AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 06/30/2015

Program Name: MALIBU BEACH RECOVERY CENTER - IOP
Legal Name: MALIBU BEACH RECOVERY CENTER, LLC
Address: 10940 WILSHIRE BOULEVARD, SUITE 1600
City, State: LOS ANGELES, CA 90024
Phone #: (310)589-2407 Fax #: (818)301-2519

Record ID: 190562BP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2014

Program Name: INSPIRE MALIBU
Legal Name: MALIBU CALIFORNIA MODEL DRUG TREATMENT CENTER, INC.
Address: 30101 AGOURA COURT, SUITE 103
City, State: AGOURA HILLS, CA 91301
Phone #: (818)922-4779 Fax #: (818)879-9013

Record ID: 190729AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.8
Expiration Date 10/31/2015

Program Name: MALIBU HORIZON CORPORATION
Legal Name: MALIBU HORIZON CORPORATION
Address: 33239 MULHOLLAND HIGHWAY
City, State: MALIBU, CA 90265
Phone #: (818)889-4444 Fax #: (818)889-4003

Record ID: 190460BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 10/31/2015

Program Name: MALIBU HORIZON CORPORATION
Legal Name: MALIBU HORIZON CORPORATION
Address: 265 SOUTH WESTLAKE BOULEVARD
City, State: MALIBU, CA 90265
Phone #: (818)889-4444 Fax #: (818)889-4021

Record ID: 190460AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.8
Expiration Date 12/31/2014

Program Name: SUMMIT MALIBU
Legal Name: MALIBU LIGHTHOUSE TREATMENT CENTER, LLC
Address: 28011 PAQUET PLACE
City, State: MALIBU, CA 90265
Phone #: (310)457-0787 Fax #: (310)457-8067

Record ID: 190612BP
Service Type: RES-DETOX
Resident Capacity: 7
Total Occupancy: 7
Target Population: 1.1
Expiration Date 05/31/2014

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

As of: 01/16/2014

Los Angeles County

Program Name: RENA B. RECOVERY HOME
Legal Name: MARY LIND RECOVERY CENTERS
Address: 4439, 4445 AND 4455 BURNS AVENUE
City, State: LOS ANGELES, CA 90029
Phone #: (323)664-8940

Record ID: 190008CN
Service Type: RES
Resident Capacity: 76
Total Occupancy: 76
Target Population: 1.1
Expiration Date 12/31/2013

Program Name: BIMINI RECOVERY CENTER
Legal Name: MARY LIND RECOVERY CENTERS
Address: 155 SOUTH BIMINI PLACE
City, State: LOS ANGELES, CA 90004
Phone #: (213)388-5423 Fax #: (-) -

Record ID: 190008AN
Service Type: RES
Resident Capacity: 86
Total Occupancy: 86
Target Population: 1.1
Expiration Date 07/31/2015

Program Name: RENA B. RECOVERY CENTER
Legal Name: MARY LIND RECOVERY CENTERS
Address: 4445 BURNS AVENUE
City, State: LOS ANGELES, CA 90029
Phone #: (213)382-4241 Fax #: (213)382-0136

Record ID: 190008FN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 08/31/2015

Program Name: ROYAL PALMS RECOVERY HOME
Legal Name: MARY LIND RECOVERY CENTERS
Address: 360 SOUTH WESTLAKE AVENUE
City, State: LOS ANGELES, CA 90057
Phone #: (213)483-9201

Record ID: 190008BN
Service Type: RES
Resident Capacity: 135
Total Occupancy: 135
Target Population: 1.2
Expiration Date 12/31/2013

Program Name: MATRIX INSTITUTE ON ADDICTIONS
Legal Name: MATRIX INSTITUTE ON ADDICTIONS
Address: 5220 WEST WASHINGTON BOULEVARD, SUITE 200
City, State: LOS ANGELES, CA 90016
Phone #: (323)933-9186 Fax #: (323)933-7146

Record ID: 190297CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2015

Program Name: MATRIX INSTITUTE
Legal Name: MATRIX INSTITUTE ON ADDICTIONS
Address: 1849 SAWTELLE BOULEVARD, SUITE 100
City, State: WEST LOS ANGELES, CA 90025
Phone #: (310)478-8305 Fax #: (310)207-4404

Record ID: 190297BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.10
Expiration Date 08/31/2015

Program Name: MATRIX INSTITUTE
Legal Name: MATRIX INSTITUTE ON ADDICTIONS
Address: 20350 VENTURA BOULEVARD, SUITE 230
City, State: WOODLAND HILLS, CA 91364
Phone #: (818)226-6070 Fax #: (818)654-2580

Record ID: 190297AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 08/31/2015

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

As of: 01/16/2014

Los Angeles County

Program Name: MAXIN HEALTH CARE SERVICES, INC.
Legal Name: MAXIN HEALTH CARE SERVICES, INC.
Address: 3756 SANTA ROSALIA DRIVE, SUITE 326A
City, State: LOS ANGELES, CA 90008
Phone #: (310)941-2276

Record ID: 190591AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 03/31/2014

Program Name: MCINTYRE HOUSE
Legal Name: MCINTYRE HOUSE
Address: 544 NORTH KENMORE AVENUE
City, State: LOS ANGELES, CA 90004
Phone #: (323)662-0855 Fax #: (323)622-0842

Record ID: 190420AN
Service Type: RES
Resident Capacity: 16
Total Occupancy: 24
Target Population: 1.2
Expiration Date 06/30/2014

Program Name: MEDI-CURE HEALTH SERVICES, INC.
Legal Name: MEDI-CURE HEALTH SERVICES, INC.
Address: 3756 SANTA ROSALIA DRIVE # 417
City, State: LOS ANGELES, CA 90008
Phone #: (323)295-1136 Fax #: (323)295-1071

Record ID: 190636AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 10/31/2014

Program Name: MELA COUNSELING SERVICES CENTER, INC.
Legal Name: MELA COUNSELING SERVICES CENTER, INC.
Address: 5723 WHITTIER BOULEVARD
City, State: LOS ANGELES, CA 90022
Phone #: (323)721-6855

Record ID: 190713AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2015

Program Name: MJB RECOVERY, INC.
Legal Name: MJB TRANSITIONAL RECOVERY, INC.
Address: 11152 SOUTH MAIN STREET
City, State: LOS ANGELES, CA 90061
Phone #: (323)777-2491 Fax #: (323)777-0426

Record ID: 190288BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2015

Program Name: MOTIVATIONAL RECOVERY SERVICES, INC.
Legal Name: MOTIVATIONAL RECOVERY SERVICES, INC.
Address: 1130 WEST OLIVE AVENUE, SUITE B
City, State: BURBANK, CA 91506
Phone #: (818)848-993

Record ID: 190751AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 07/31/2014

Program Name: MOUNT ZION COUNSELING SERVICES, INC.
Legal Name: MOUNT ZION COUNSELING SERVICES, INC.
Address: 8814 S. WESTERN AVENUE
City, State: LOS ANGELES, CA 90047
Phone #: (323)908-1982 Fax #: (323)908-0484

Record ID: 190654AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 06/30/2015

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

As of: 01/16/2014

Los Angeles County

Program Name: NATIONAL COUNCIL ON ALCOHOLISM & DRUG DEPENDENCE OF EA
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM & DRUG DEPENDENCE OF EA
Address: 4626 NORTH GRAND AVENUE
City, State: COVINA, CA 91724
Phone #: (626)331-5316 Fax #: (626)332-2219

Record ID: 190241CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2014

Program Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF
Address: 656 NORTH PARK AVENUE
City, State: POMONA, CA 91768
Phone #: (909)629-4084 Fax #: (909)629-4086

Record ID: 190241BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 07/31/2014

Program Name: TEENAGE ALCOHOL AND DRUG PROGRAM/ADULT ALCOHOL AND D
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF
Address: 6166 VESPER AVENUE
City, State: VAN NUYS, CA 91411
Phone #: (818)997-0414 Fax #: (818)997-0851

Record ID: 190049AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 04/30/2014

Program Name: TEENAGE ALCOHOL AND DRUG PROGRAM/ADULT ALCOHOL AND D
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF
Address: 24460 LYONS AVENUE
City, State: SANTA CLARITA, CA 91321
Phone #: (616)253-9400 Fax #: (818)997-0851

Record ID: 190049BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2015

Program Name: WOMAN TO WOMAN RESIDENTIAL PROGRAM
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE- L
Address: 431 W. 9TH STREET
City, State: LONG BEACH, CA 90813
Phone #: (562)426-8262 Fax #: (562)426-5283

Record ID: 190178AN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 13
Target Population: 1.4
Expiration Date 03/31/2015

Program Name: LONG BEACH REGIONAL DRUG COURT PROGRAM
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE-LC
Address: 780 ATLANTIC AVENUE
City, State: LONG BEACH, CA 90813
Phone #: (562)624-9757

Record ID: 190178CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: NATIONWIDE DRUG AND ALCOHOL COUNSELING, INC.
Legal Name: NATIONWIDE DRUG AND ALCOHOL COUNSELING, INC.
Address: 1040 ELM AVENUE, #310
City, State: LONG BEACH, CA 90813
Phone #: (310)704-6683

Record ID: 190784AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2015

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

As of: 01/16/2014

Los Angeles County

Program Name: NEW BEGINNING TREATMENT CENTER OUTPATIENT
Legal Name: NEW BEGINNING TREATMENT CENTER OUTPATIENT, INC.
Address: 22030 SHERMAN WAY, SUITE 115
City, State: CANOGA PARK, CA 91303
Phone #: (818)340-0230 Fax #: (818)340-0228

Record ID: 190456AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2014

Program Name: NEW CHOICE RECOVERY TREATMENT CENTER, INC.
Legal Name: NEW CHOICE RECOVERY TREATMENT CENTER, INC.
Address: 5436 SOUTH BROADWAY
City, State: LOS ANGELES, CA 90037
Phone #: (323)234-6261

Record ID: 190597AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2014

Program Name: NEW DIRECTIONS
Legal Name: NEW DIRECTIONS, INC.
Address: 11301 WILSHIRE BLVD., BLDG. 257 AND 11303 WILSHIRE BLVD.,
City, State: LOS ANGELES, CA 90073
Phone #: (310)914-4045

Record ID: 190209AN
Service Type: RES-DETOX
Resident Capacity: 95
Total Occupancy: 95
Target Population: 1.2
Expiration Date 10/31/2013

Program Name: NEW DIRECTIONS WOMEN'S PROGRAM
Legal Name: NEW DIRECTIONS, INC.
Address: 12536 MITCHELL AVENUE
City, State: LOS ANGELES, CA 90066
Phone #: (310)398-0191 Fax #: (310)398-0191

Record ID: 190209BN
Service Type: RES
Resident Capacity: 8
Total Occupancy: 8
Target Population: 1.3
Expiration Date 09/30/2014

Program Name: NEW ERA HEALTH CARE SERVICES INC
Legal Name: NEW ERA HEALTH CARE SERVICES INC
Address: 14540 RAMONA BOULEVARD, STE 212
City, State: BALDWIN PARK, CA 91706
Phone #: (951)867-0138

Record ID: 190781AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: NEW FOUND LIFE
Legal Name: NEW FOUND LIFE, INC.
Address: 2211, 2213, 2135 AND 2137 EAST OCEAN BOULEVARD
City, State: LONG BEACH, CA 90803
Phone #: (562)434-4060 Fax #: (562)987-3924

Record ID: 190184AP
Service Type: RES
Resident Capacity: 30
Total Occupancy: 30
Target Population: 1.1
Expiration Date 12/31/2013

Program Name: NEW HOPE DRUG AND ALCOHOL TREATMENT PROGRAM
Legal Name: NEW HOPE DRUG AND ALCOHOL TREATMENT PROGRAM, INC.
Address: 1841 AND 1841 1/2 WEST IMPERIAL HIGHWAY
City, State: LOS ANGELES, CA 90047
Phone #: (323)750-2850 Fax #: (323)750-0851

Record ID: 190504AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 02/28/2014

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

As of: 01/16/2014

Los Angeles County

Program Name: NEW PERCEPTIONS
Legal Name: NEW PERCEPTIONS, INC.
Address: 17813 MALDEN STREET
City, State: NORTHRIDGE, CA 91325
Phone #: (818)885-9596 Fax #: (818)885-9595

Record ID: 190416AP
Service Type: RES-DETOX
Resident Capacity: 10
Total Occupancy: 12
Target Population: 1.1
Expiration Date 08/31/2014

Program Name: CLEAR PATH (COUNSELING CENTER)
Legal Name: NEW RESOURCE INSTITUTE
Address: 1315 NORTH BULLIS ROAD, SUITE 8
City, State: COMPTON, CA 90221
Phone #: (310)635-8822 Fax #: (310)635-8828

Record ID: 190461AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 05/31/2015

Program Name: NEW WAY AWARE RECOVERY PROGRAM
Legal Name: NEW WAY FOUNDATION, INC.
Address: 844 NORTH HOLLYWOOD WAY
City, State: BURBANK, CA 91505
Phone #: (818)842-9446 Fax #: (818)848-0130

Record ID: 190058BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2015

Program Name: VICTORY HOUSE/AWARE PROGRAM
Legal Name: NEW WAY FOUNDATION, INC.
Address: 207 NORTH VICTORY BOULEVARD
City, State: BURBANK, CA 91502
Phone #: (818)842-9416

Record ID: 190058AN
Service Type: RES
Resident Capacity: 50
Total Occupancy: 50
Target Population: 1.2
Expiration Date 07/31/2014

Program Name: OASIS WOMEN'S RECOVERING COMMUNITY
Legal Name: OASIS WOMEN'S RECOVERING COMMUNITY
Address: 13832 POLK STREET
City, State: SYLMAR, CA 91342
Phone #: (818)362-0986 Fax #: (818)833-0922

Record ID: 190155BN
Service Type: RES
Resident Capacity: 14
Total Occupancy: 14
Target Population: 1.3
Expiration Date 08/31/2015

Program Name: OCEANSIDE MALIBU
Legal Name: OCEANSIDE TRANSITIONAL LIVING IN MALIBU, INC.
Address: 21022 PACIFIC COAST HIGHWAY
City, State: MALIBU, CA 90265
Phone #: (310)456-3355 Fax #: (310)456-3305

Record ID: 190687AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: OKULI COUNSELING SERVICES
Legal Name: OKULI EAGLE'S NEST FOUNDATION, INC.
Address: 1315 NORTH BULLIS ROAD, SUITE 12
City, State: COMPTON, CA 90221
Phone #: (310)609-2303

Record ID: 190520AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2014

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

As of: 01/16/2014

Los Angeles County

Program Name: OMEGA SUBSTANCE ABUSE AND EDUCATION PROGRAM
Legal Name: OMEGA HEALTH AND EDUCATIONAL SERVICES, INC.
Address: 3870 CRENSHAW BOULEVARD, SUITE 213
City, State: LOS ANGELES, CA 90008
Phone #: (310)854-1003

Record ID: 190705AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2015

Program Name: ONATE CARE CENTER
Legal Name: ONATE CARE CENTER
Address: 301 N. PRAIRIE AVENUE, SUITE 501
City, State: INGLEWOOD, CA 90302
Phone #: (323)603-1945

Record ID: 190747AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2014

Program Name: OPEN ARMS MEN'S CENTER
Legal Name: OPEN ARMS MEN'S CENTER, INC.
Address: 11502 SOUTH VERMONT AVENUE
City, State: LOS ANGELES, CA 90044
Phone #: (323)755-2742

Record ID: 190518AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2014

Program Name: OVERCOMERS REHABILIATION CENTER, INC.
Legal Name: OVERCOMERS REHABILITATION CENTER, INC.
Address: 4110 CRENSHAW BOULEVARD
City, State: LOS ANGELES, CA 90008
Phone #: (310)505-8045 Fax #: ( ) -

Record ID: 190668AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2014

Program Name: PACIFIC CLINICS SUBSTANCE ABUSE AND MENTAL HEALTH SERVIC
Legal Name: PACIFIC CLINICS
Address: 11721 A TELEGRAPH ROAD
City, State: SANTA FE SPRINGS, CA 90670
Phone #: (562)949-8455 Fax #: (562)949-4807

Record ID: 190254KN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 08/31/2015

Program Name: PACIFIC LODGE YOUTH SERVICES, INC.
Legal Name: PACIFIC LODGE YOUTH SERVICES, INC.
Address: 22030 SHERMAN WAY, SUITE 215
City, State: CANOGA PARK, CA 91303
Phone #: (818)347-1577 Fax #: (818)883-5452

Record ID: 190711AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2015

Program Name: PACIFIC VIEW RECOVERY CENTER
Legal Name: PACIFIC VIEW RECOVERY CENTER
Address: 643 PACIFIC STREET , UNITS 1, 2, 3 AND 4
City, State: SANTA MONICA, CA 90405
Phone #: (760)641-3972 Fax #: (310)202-7604

Record ID: 190776AP
Service Type: RES-DETOX
Resident Capacity: 20
Total Occupancy: 20
Target Population: 1.1
Expiration Date 04/30/2015

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

As of: 01/16/2014

Los Angeles County

Program Name: PACIFICA RECOVERY, INC.
Legal Name: PACIFICA RECOVERY, INC.
Address: 415 WEST FOOTHILL BLVD. SUITE #210, 230, 231, 232, AND 236
City, State: CLAREMONT, CA 91711
Phone #: (919)447-5081 Fax #: (919)447-5974

Record ID: 190712AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2015

Program Name: PALM HOUSE RECOVERY HOME
Legal Name: PALM HOUSE, INCORPORATED
Address: 2515 EAST JEFFERSON STREET
City, State: CARSON, CA 90810
Phone #: (310)830-7803

Record ID: 190040AN
Service Type: RES
Resident Capacity: 20
Total Occupancy: 20
Target Population: 1.2
Expiration Date 07/31/2014

Program Name: CITY OF PASADENA RECOVERY CENTER
Legal Name: PASADENA PUBLIC HEALTH DEPARTMENT
Address: 1845 NORTH FAIR OAKS AVENUE
City, State: PASADENA, CA 91103
Phone #: (626)744-6001 Fax #: (626)744-6096

Record ID: 190041AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2015

Program Name: PASADENA RECOVERY CENTER
Legal Name: PASADENA RECOVERY CENTER, INC.
Address: 1811 NORTH RAYMOND AVENUE
City, State: PASADENA, CA 91103
Phone #: (626)345-9992 Fax #: (626)345-9995

Record ID: 190250AP
Service Type: RES
Resident Capacity: 88
Total Occupancy: 98
Target Population: 1.1
Expiration Date 10/31/2014

Program Name: SEA VIEW REHABILITATION CENTER
Legal Name: PAUL AND MAVASH MORADY
Address: 5606 SEA VIEW DRIVE
City, State: MALIBU, CA 90265
Phone #: (310)968-9235 Fax #: (818)338-3585

Record ID: 190715AP
Service Type: RES-DETOX
Resident Capacity: 2
Total Occupancy: 2
Target Population: 1.1
Expiration Date 12/31/2014

Program Name: PAX HOUSE
Legal Name: PAX HOUSE, LLC
Address: 324 WAPELLO STREET
City, State: ALTADENA, CA 91001
Phone #: (626)398-3897 Fax #: ( ) -

Record ID: 190732AP
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1
Expiration Date 10/31/2014

Program Name: CASTLE SUBSTANCE ABUSE PROGRAM - WEST
Legal Name: PEOPLE COORDINATED SERVICES OF SOUTHERN CALIFORNIA
Address: 1319 SOUTH MANHATTAN PLACE
City, State: LOS ANGELES, CA 90019
Phone #: (323)735-7059

Record ID: 190013AN
Service Type: RES
Resident Capacity: 52
Total Occupancy: 52
Target Population: 1.1
Expiration Date 10/31/2015

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

As of: 01/16/2014

Los Angeles County

Program Name: CASTLE SUBSTANCE ABUSE PROGRAM - EAST
Legal Name: PEOPLE COORDINATED SERVICES OF SOUTHERN CALIFORNIA
Address: 4771 SOUTH MAIN STREET
City, State: LOS ANGELES, CA 90037
Phone #: (323)735-7059

Record ID: 190013CN
Service Type: RES
Resident Capacity: 52
Total Occupancy: 52
Target Population: 1.1
Expiration Date 10/31/2015

Program Name: CASTLE SUBSTANCE ABUSE PROGRAM-OUTPATIENT
Legal Name: PEOPLE COORDINATED SERVICES OF SOUTHERN CALIFORNIA
Address: 3021 SOUTH VERMONT AVENUE
City, State: LOS ANGELES, CA 90007
Phone #: (323)732-9124

Record ID: 190013BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2013

Program Name: NEW DIRECTIONS
Legal Name: PERLA, RICHARD J.
Address: 11530 LA MIRADA BLVD
City, State: LA MIRADA, CA 90638
Phone #: (562)943-6000 Fax #: (562)944-5573

Record ID: 190253AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2015

Program Name: PHOENIX HOUSE ACADEMY OUTPATIENT CENTER
Legal Name: PHOENIX HOUSES OF LOS ANGELES, INC
Address: 11600 ELDRIDGE AVENUE
City, State: LAKEVIEW TERRACE, CA 91342
Phone #: (818)686-3000

Record ID: 190115DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2015

Program Name: PHOENIX HOUSE - VENICE
Legal Name: PHOENIX HOUSES OF LOS ANGELES, INC.
Address: 503 OCEAN FRONT WALK
City, State: VENICE, CA 90291
Phone #: (310)392-3070

Record ID: 190115AN
Service Type: RES
Resident Capacity: 53
Total Occupancy: 53
Target Population: 1.2
Expiration Date 12/31/2013

Program Name: PHOENIX HOUSES OF LOS ANGELES
Legal Name: PHOENIX HOUSES OF LOS ANGELES, INC.
Address: 11600 ELDRIDGE AVENUE
City, State: LAKE VIEW TERRACE, CA 91342
Phone #: (818)686-3013

Record ID: 190115BN
Service Type: DSS
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1

Program Name: PHOENIX HOUSE: OUTPATIENT SERVICES
Legal Name: PHOENIX HOUSES OF LOS ANGELES, INC.
Address: 503 OCEAN FRONT WALK
City, State: VENICE, CA 90291
Phone #: (310)392-3070 Fax #: (310)392-9068

Record ID: 190115CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.2
Expiration Date 12/31/2013

State of California, Department of Health Care Services
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Certified Alcohol and Drug Programs

As of: 01/16/2014

Los Angeles County

Program Name: PLAZA COMMUNITY SERVICES
Legal Name: PLAZA COMMUNITY CENTER
Address: 5255 POMONA BOULEVARD, SUITES 2 AND 5A
City, State: LOS ANGELES, CA 90022
Phone #: (323)888-2530 Fax #: (323)726-3510

Record ID: 190582AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 07/31/2015

Program Name: CLEAN AND FREE CORPORATION
Legal Name: POM-POM'S CASTLE
Address: 5135 SOUTH WESTERN AVENUE
City, State: LOS ANGELES, CA 90062
Phone #: (323)202-8432

Record ID: 190329AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2014

Program Name: POMONA ALCOHOL & DRUG RECOVERY CENTER, INC.
Legal Name: POMONA ALCOHOL & DRUG RECOVERY CENTER, INC.
Address: 558 NORTH TOWNE AVENUE
City, State: POMONA, CA 91767
Phone #: (909)622-2273

Record ID: 190234AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.7
Expiration Date 12/31/2014

Program Name: POMONA COMMUNITY CRISIS CENTER
Legal Name: POMONA COMMUNITY CRISIS CENTER
Address: 232 AND 240 EAST MONTEREY AVENUE
City, State: POMONA, CA 91767
Phone #: (909)623-1588

Record ID: 190409AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2013

Program Name: POSITIVE STEPS, INC.
Legal Name: POSITIVE STEPS, INC.
Address: 5230 NORTH CLARK AVENUE, SUITE 18
City, State: LAKEWOOD, CA 90712
Phone #: (562)804-2700 Fax #: (562)496-2104

Record ID: 190289AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2015

Program Name: PRIDE HEALTH SERVICES
Legal Name: PRIDE HEALTH SERVICES
Address: 8619 SOUTH CRENSHAW BOULEVARD
City, State: INGLEWOOD, CA 90305
Phone #: (310)677-9019 Fax #: (310)677-9401

Record ID: 190212AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2014

Program Name: PRIDE HEALTH SERVICES--VERMONT CENTER
Legal Name: PRIDE HEALTH SERVICES
Address: 8904 SOUTH VERMONT AVENUE
City, State: LOS ANGELES, CA 90044
Phone #: (323)753-5950 Fax #: (323)753-6020

Record ID: 190212BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 11/30/2014

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

As of: 01/16/2014

Los Angeles County

Program Name: IMPACT DRUG AND ALCOHOL TREATMENT CENTER
Legal Name: PRINCIPLES, INC.
Address: 1680 NORTH FAIR OAKS AVENUE
City, State: PASADENA, CA 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
Expiration Date 10/31/2013

Program Name: IMPACT OUTPATIENT/AFTERCARE PROGRAM
Legal Name: PRINCIPLES, INC.
Address: 1450 NORTH LAKE AVENUE, SUITE 200
City, State: PASADENA, CA 91104
Phone #: (626)798-0884 Fax #: (626)798-6970

Record ID: 190094GN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 07/31/2015

Program Name: PRINCIPLES, INC., D.B.A. IMPACT
Legal Name: PRINCIPLES, INC.
Address: 333 SOUTH CENTRAL AVENUE
City, State: LOS ANGELES, CA 90013
Phone #: (213)625-5009 Fax #: (213)577-4250

Record ID: 190094HN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2014

Program Name: PRIORITY HEALTH CARE SERVICES, INC.
Legal Name: PRIORITY HEALTH CARE SERVICES, INC.
Address: 2023 WEST COMPTON BOULEVARD
City, State: COMPTON, CA 90220
Phone #: (310)763-7000

Record ID: 190631AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 04/30/2015

Program Name: PROGRESSIONS TLC, LLC
Legal Name: PROGRESSIONS TLC, LLC
Address: 5510 WILBUR AVENUE
City, State: TARZANA, CA 91356
Phone #: (818)324-2507 Fax #: (888)310-4278

Record ID: 190768AP
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1
Expiration Date 01/31/2015

Program Name: PROMISES TREATMENT CENTERS II
Legal Name: PROMAL2, INC.
Address: 20723 ROCKCROFT DRIVE
City, State: MALIBU, CA 90265
Phone #: (310)390-2340

Record ID: 190624AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 12/31/2014

Program Name: PROMAL4, INC., D.B.A. PROMISES TREATMENT CENTERS IV
Legal Name: PROMAL4, INC.
Address: 20729 ROCKCROFT DRIVE
City, State: MALIBU, CA 90265
Phone #: (310)390-2340 Fax #: (310)741-3062

Record ID: 190617AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 12/31/2014

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

As of: 01/16/2014

Los Angeles County

Program Name: MALIBU CANYON REHABILITATION
Legal Name: PROMINENCE CORPORATION
Address: 4505 LAS VIRGENES ROAD, SUITE # 207
City, State: CALABASAS, CA 91302
Phone #: (818)878-6900 Fax #: (818)878-6902

Record ID: 190722BP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2015

Program Name: PROMINENCE TREATMENT CENTER
Legal Name: PROMINENCE CORPORATION
Address: 2150 COLD CANYON ROAD
City, State: CALABASAS, CA 91302
Phone #: (818)591-6869 Fax #: (818)914-6279

Record ID: 190722AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 12
Target Population: 1.1
Expiration Date 06/30/2015

Program Name: PROTOTYPES OUTPATIENT SERVICES
Legal Name: PROTOTYPES, A CENTER FOR INNOVATION IN HEALTH, MENTAL HI
Address: 831 EAST ARROW HIGHWAY, WEST WING
City, State: POMONA, CA 91767
Phone #: (909)398-4383 Fax #: (909)398-4383

Record ID: 190101CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.13
Expiration Date 01/31/2014

Program Name: PROTOTYPES WOMEN'S CENTER
Legal Name: PROTOTYPES, CENTERS FOR INNOVATION IN HEALTH, MENTAL HE
Address: 845 EAST ARROW HIGHWAY
City, State: POMONA, CA 91767
Phone #: (909)624-1233

Record ID: 190101AN
Service Type: RES-DETOX
Resident Capacity: 160
Total Occupancy: 250
Target Population: 1.4
Expiration Date 07/31/2014

Program Name: PROTOTYPES S.T.A.R. HOUSE/DOMESTIC VIOLENCE PROGRAM
Legal Name: PROTOTYPES, CENTERS FOR INNOVATION IN HEALTH, MENTAL HE
Address: 1000 N. ALAMEDA STREET, SUITE 390
City, State: LOS ANGELES, CA 90012
Phone #: (213)542-3838 Fax #: (213)225-0085

Record ID: 190101DN
Service Type: RES
Resident Capacity: 34
Total Occupancy: 34
Target Population: 1.3
Expiration Date 02/28/2015

Program Name: R.I.G.H.T. PROGRAM
Legal Name: R.I.G.H.T. PROGRAM
Address: 1704 WEST MANCHESTER AVENUE, SUITE 103
City, State: LOS ANGELES, CA 90047
Phone #: (323)751-4778 Fax #: (323)295-7703

Record ID: 190513AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2014

Program Name: REMAH HEALTH SERVICES
Legal Name: REMAH HEALTH SERVICES, INC.
Address: 8929 SOUTH SEPULVEDA BLVD. #401
City, State: LOS ANGELES, CA 90045
Phone #: (310)670-0911

Record ID: 190515AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2014

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

As of: 01/16/2014

Los Angeles County

Program Name: RENEW INTEGRATED PROGRAM-2, INC.
Legal Name: RENEW INTEGRATED PROGRAM-2,INC.
Address: 928 SOUTH PALOS VERDES STREET
City, State: SAN PEDRO, CA 90731
Phone #: (562)426-3300 Fax #: (562)637-3244

Record ID: 190484BP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2014

Program Name: NOW & FOREVER FOUNDATION
Legal Name: RESEDA SUBSTANCE ABUSE TREATMENT CENTER INC.
Address: 8745 PARTHENIA PLACE, UNIT 4
City, State: NORTH HILLS, CA 91343
Phone #: (818)895-5002 Fax #: (818)895-5502

Record ID: 190324AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2015

Program Name: RICKMAN RECOVERY CENTERS
Legal Name: RICKMAN RECOVERY CENTER
Address: 1433 E. ROUTE 66, SUITE F
City, State: GLENDORA, CA 91740
Phone #: (626)962-3203

Record ID: 190062BP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: RIDGEVIEW RANCH
Legal Name: RIDGEVIEW DRIVE RANCH, LLC
Address: 3085 RIDGEVIEW DRIVE
City, State: ALTADENA, CA 91001
Phone #: (626)482-3478 Fax #: (626)791-1592

Record ID: 190627AP
Service Type: RES
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.1
Expiration Date 02/28/2014

Program Name: MENLO HOUSE RESIDENTIAL
Legal Name: SADLER HEALTHCARE, INC.
Address: 1731 SOUTH MENLO AVENUE
City, State: LOS ANGELES, CA 90006
Phone #: (323)734-3284 Fax #: (323)724-0019

Record ID: 190279CP
Service Type: RES
Resident Capacity: 30
Total Occupancy: 30
Target Population: 1.2
Expiration Date 12/31/2014

Program Name: CORNERSTONE OUTPATIENT TREATMENT PROGRAM
Legal Name: SAN FERNANDO VALLEY COMMUNITY MENTAL HEALTH CENTER, I
Address: 5950 CEDROS STREET
City, State: VAN NUYS, CA 91411
Phone #: (818)901-4836 Fax #: (818)376-0044

Record ID: 190780AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2015

Program Name: PROMISES TREATMENT CENTERS III
Legal Name: SBAR2, INC.
Address: 3743 SOUTH BARRINGTON AVENUE
City, State: LOS ANGELES, CA 90066
Phone #: (310)390-2340

Record ID: 190623AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 12/31/2014

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

As of: 01/16/2014

Los Angeles County

Program Name: SEASIDE RECOVERY CENTER, LLC II
Legal Name: SEASIDE RECOVERY CENTER LLC
Address: 30380 MORNING VIEW DRIVE
City, State: MALIBU, CA 90265
Phone #: (310)344-4030 Fax #: (818)337-0365

Record ID: 190695BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: SEASIDE RECOVERY CENTER, LLC I
Legal Name: SEASIDE RECOVERY CENTER LLC
Address: 6380 SEA STAR DRIVE
City, State: MALIBU, CA 90265
Phone #: (424)235-2015 Fax #: (818)337-0365

Record ID: 190695AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: SEEKING PEACEFUL SOLUTIONS, INC.
Legal Name: SEEKING PEACEFUL SOLUTIONS, INC.
Address: 8724 SOUTH VERMONT AVENUE
City, State: LOS ANGELES, CA 90044
Phone #: (323)753-1314 Fax #: (323)753-6619

Record ID: 190547AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 12/31/2014

Program Name: SEPULVEDA REHABILITATION CENTER
Legal Name: SEPULVEDA REHABILITATION CENTER
Address: 7633 VAN NUYS BOULEVARD
City, State: PANORAMA CITY, CA 91405
Phone #: (818)782-7288

Record ID: 190499AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2014

Program Name: ST. PAUL CENTER ALCOHOL AND DRUG PROGRAM
Legal Name: SET THE CAPTIVES FREE DELIVERANCE MINSTRIES
Address: 1039 WEST FLORENCE AVENUE
City, State: LOS ANGELES, CA 90044
Phone #: (323)776-1504 Fax #: (323)755-3959

Record ID: 190757AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 08/31/2014

Program Name: SHIELDS NON-RESIDENTIAL ADOLESCENT TREATMENT PROGRAM
Legal Name: SHIELDS FOR FAMILIES
Address: 3209 NORTH ALAMEDA STREET, SUITE D
City, State: COMPTON, CA 90222
Phone #: (323)242-5000 Fax #: (323)242-5011

Record ID: 190238AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 05/31/2014

Program Name: EDEN DUAL DIAGNOSIS PROGRAM
Legal Name: SHIELDS FOR FAMILIES
Address: 2620 INDUSTRY WAY, SUITE A
City, State: LYNWOOD, CA 90262
Phone #: (323)242-5000 Fax #: (323)242-5011

Record ID: 190238FN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.7
Expiration Date 03/31/2015

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

As of: 01/16/2014

Los Angeles County

Program Name: EXODUS FAMILY DAY TREATMENT PROGRAM
Legal Name: SHIELDS FOR FAMILIES
Address: 1500 EAST KAY STREET, UNITS (SEE COMMENTS SECTION)
City, State: COMPTON, CA 90221
Phone #: (310)898-2450 Fax #: (310)898-2452

Record ID: 190238EN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.7
Expiration Date 05/31/2015

Program Name: GENESIS FAMILY DAY TREATMENT PROGRAM
Legal Name: SHIELDS FOR FAMILIES
Address: 12021 SOUTH WILMINGTON AVENUE, LOT C
City, State: LOS ANGELES, CA 90059
Phone #: (310)668-8260

Record ID: 190238DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.7
Expiration Date 03/31/2015

Program Name: ARK OUTPATIENT DRUG FREE SERVICES/DRUG COURT
Legal Name: SHIELDS FOR FAMILIES
Address: 11705 DEPUTY YAMAMOTO PLACE, SUITE A
City, State: LYNWOOD, CA 90262
Phone #: (323)357-6930 Fax #: (323)569-1979

Record ID: 190238CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2015

Program Name: SHIELDS FOR FAMILIES - MT. CARMEL TREATMENT CENTER
Legal Name: SHIELDS FOR FAMILIES
Address: 801 WEST 70TH STREET
City, State: LOS ANGELES, CA 90044
Phone #: (323)759-0340

Record ID: 190238GN
Service Type: RES
Resident Capacity: 46
Total Occupancy: 46
Target Population: 1.1
Expiration Date 03/31/2014

Program Name: SHIELDS FOR FAMILIES-TAMAR VILLAGE
Legal Name: SHIELDS FOR FAMILIES
Address: 1315 NORTH BULLIS ROAD, SUITES 1,2,5 AND 9
City, State: COMPTON, CA 90221
Phone #: (310)668-9081 Fax #: (310)668-9087

Record ID: 190238HN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.3
Expiration Date 05/31/2014

Program Name: SILVER CROSS HEALTH SERVICES INC
Legal Name: SILVER CROSS HEALTH SERVICES INC
Address: 13079 ARTESIA BOULEVARD, SUITE B106
City, State: CERRITOS, CA 90703
Phone #: (562)916-3509 Fax #: (562)404-3083

Record ID: 190766AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.4
Expiration Date 12/31/2014

Program Name: SINGLETON HOUSING PROJECT, INC.
Legal Name: SINGLETON HOUSING PROJECT, INC.
Address: 1897 WEST JEFFERSON, SUITE A
City, State: LOS ANGELES, CA 90018
Phone #: (323)735-2390

Record ID: 190581AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2014

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

As of: 01/16/2014

Los Angeles County

Program Name: SOBA TREATMENT CENTER
Legal Name: SOBALIVING LLC
Address: 22699 PACIFIC COAST HIGHWAY
City, State: MALIBU, CA 90265
Phone #: (866)547-6451

Record ID: 190664AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 04/30/2015

Program Name: SOBER LIFE, INC.
Legal Name: SOBER LIFE, INC.
Address: 5250 SANTA MONICA BOULEVARD, SUITE 218
City, State: LOS ANGELES, CA 90029
Phone #: (323)465-3777 Fax #: (323)465-3773

Record ID: 190621AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2014

Program Name: MALIBU LIFE RECOVERY CENTER
Legal Name: SOCAL RECOVERY CENTERS, INC.
Address: 6315 BONSALL DRIVE
City, State: MALIBU, CA 90265
Phone #: (310)457-5422 Fax #: (310)457-5422

Record ID: 190787AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 09/30/2015

Program Name: MARIPOSA RECOVERY HOME
Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.
Address: 453 SOUTH INDIANA STREET
City, State: LOS ANGELES, CA 90063
Phone #: (323)266-7726

Record ID: 190081GN
Service Type: RES
Resident Capacity: 13
Total Occupancy: 15
Target Population: 1.4
Expiration Date 10/31/2014

Program Name: THE RIVER COMMUNITY
Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.
Address: 223 EAST ROWLAND STREET
City, State: COVINA, CA 91723
Phone #: (626)910-1202

Record ID: 190081AN
Service Type: RES
Resident Capacity: 38
Total Occupancy: 38
Target Population: 1.8
Expiration Date 03/31/2014

Program Name: OMNI CENTER
Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.
Address: 3426 AND 3430 COGSWELL ROAD
City, State: EL MONTE, CA 91732
Phone #: (626)453-3400

Record ID: 190081FN
Service Type: RES
Resident Capacity: 18
Total Occupancy: 18
Target Population: 1.2
Expiration Date 02/28/2014

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 AN
City, State: PASADENA, CA 91106
Phone #: (626)795-9127 Fax #: (626)795-0979

Record ID: 190081EN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 10/31/2014

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

As of: 01/16/2014

Los Angeles County

Program Name: RIVER COMMUNITY DAY TREATMENT
Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.
Address: 510 SOUTH SECOND AVENUE, SUITE 6 AND 7
City, State: COVINA, CA 91723
Phone #: (626)974-8122

Record ID: 190081BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2013

Program Name: MID VALLEY OUTPATIENT SERVICES
Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.
Address: 4610 SANTA ANITA AVENUE, UNIT D
City, State: EL MONTE, CA 91731
Phone #: (626)453-3432 Fax #: (626)456-8331

Record ID: 190081HN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2015

Program Name: STEPPING STONES HOME I & II
Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.
Address: 17719 AND 17727 EAST CYPRESS STREET
City, State: COVINA, CA 91722
Phone #: (626)967-2677 Fax #: (626)858-4923

Record ID: 190081IN
Service Type: RES
Resident Capacity: 18
Total Occupancy: 23
Target Population: 1.3

Program Name: SOUTH BAY HUMAN SERVICES
Legal Name: SOUTH BAY HUMAN SERVICES COALITION, INC.
Address: 2370 WEST CARSON STREET, SUITE 136
City, State: TORRANCE, CA 90501
Phone #: (310)328-0780 Fax #: (310)328-0175

Record ID: 190268AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2015

Program Name: SCHARP - OASIS HOUSE
Legal Name: SOUTH CENTRAL HEALTH AND REHABILITATION PROGRAM
Address: 5201 SOUTH VERMONT AVENUE
City, State: LOS ANGELES, CA 90037
Phone #: (323)751-2677 Fax #: (323)751-0971

Record ID: 190745AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2014

Program Name: CASA LIBRE - OUTPATIENT FAMILY CENTER
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.
Address: 6635 FLORENCE AVENUE, SUITE 101
City, State: BELL GARDENS, CA 90201
Phone #: (562)927-1656 Fax #: (562)927-4346

Record ID: 190011IIN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2015

Program Name: DRUG COURT
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.
Address: 7346 PAINTER AVENUE
City, State: WHITTIER, CA 90602
Phone #: (562)923-4545 Fax #: (562)862-0918

Record ID: 190011AEN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2015

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

As of: 01/16/2014

Los Angeles County

Program Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS/PARAMC
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.
Address: 16247 COLORADO AVENUE
City, State: PARAMOUNT, CA 90273
Phone #: (562)923-4545 Fax #: (562)862-0918

Record ID: 190011AGN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 08/31/2014

Program Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC. RES
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.
Address: 11501 DOLAN
City, State: DOWNEY, CA 90241
Phone #: (562)923-7894 Fax #: (562)923-3593

Record ID: 190011AFN
Service Type: RES
Resident Capacity: 47
Total Occupancy: 57
Target Population: 1.1
Expiration Date 04/30/2014

Program Name: DRUG AND ALCOHOL COUNSELING SERVICES
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.
Address: 11500 PARAMOUNT BOULEVARD
City, State: DOWNEY, CA 90241
Phone #: (562)923-4545 Fax #: (562)862-0918

Record ID: 190011AAN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: FOLEY HOUSE
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.
Address: 10501, 10505, 10511, 10517, AND 10519 MILLS AVENUE
City, State: WHITTIER, CA 90604
Phone #: (562)944-7953 Fax #: (562)944-7953

Record ID: 190011AN
Service Type: RES
Resident Capacity: 20
Total Occupancy: 30
Target Population: 1.4
Expiration Date 03/31/2014

Program Name: AWAKENINGS
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.
Address: 12322 CLEARGLEN, APARTMENT 1
City, State: WHITTIER, CA 90604
Phone #: (562)947-3835

Record ID: 190011KN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 03/31/2014

Program Name: AWAKENINGS
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.
Address: 12322 CLEARGLEN, APARTMENT 2
City, State: WHITTIER, CA 90604
Phone #: (562)947-3835

Record ID: 190011LN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 03/31/2014

Program Name: AWAKENINGS
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.
Address: 12322 CLEARGLEN, APARTMENT 3
City, State: WHITTIER, CA 90604
Phone #: (562)947-3835

Record ID: 190011MN
Service Type: RES
Resident Capacity: 4
Total Occupancy: 4
Target Population: 1.1
Expiration Date 03/31/2014

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

As of: 01/16/2014

Los Angeles County

Program Name: AWAKENINGS
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.
Address: 12322 CLEARGLEN, APARTMENT 4
City, State: WHITTIER, CA 90604
Phone #: (562)947-3835

Record ID: 190011NN
Service Type: RES
Resident Capacity: 4
Total Occupancy: 4
Target Population: 1.1
Expiration Date 03/31/2014

Program Name: LA CASITA DE LAS MAMAS OF DOWNEY
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.
Address: 10615 DOWNEY AVENUE
City, State: DOWNEY, CA 90241
Phone #: (562)622-2268 Fax #: (562)861-6517

Record ID: 190011ON
Service Type: RES
Resident Capacity: 6
Total Occupancy: 9
Target Population: 1.4
Expiration Date 03/31/2014

Program Name: LA CASITA DE LAS MAMAS OF DOWNEY
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.
Address: 10621 DOWNEY AVENUE
City, State: DOWNEY, CA 90241
Phone #: (562)622-2268 Fax #: (562)861-6517

Record ID: 190011PN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 10
Target Population: 1.4
Expiration Date 03/31/2014

Program Name: LA CASITA DE LAS MAMAS OF DOWNEY
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.
Address: 10603 DOWNEY AVENUE
City, State: DOWNEY, CA 90241
Phone #: (562)622-2268

Record ID: 190011RN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.4
Expiration Date 03/31/2014

Program Name: ANGEL STEP TOO
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.
Address: SEE BELOW IN THE COMMENT SECTION
City, State: BELLFLOWER, CA 90706
Phone #: (562)461-9272

Record ID: 190011VN
Service Type: RES
Resident Capacity: 30
Total Occupancy: 54
Target Population: 1.4
Expiration Date 11/30/2015

Program Name: SOUTHERN CA ALCOHOL & DRUG PROGRAMS: ANGEL STEP INN - W
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.
Address: 9047 WASHINGTON BOULEVARD
City, State: PICO RIVERA, CA 90660
Phone #: (562)949-5358

Record ID: 190011AHN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2015

Program Name: SOUTHLAND OUTPATIENT RECOVERY CENTER
Legal Name: SOUTHLAND OUTPATIENT RECOVERY CENTER
Address: 920 N. LONG BEACH BOULEVARD
City, State: COMPTON, CA 90221
Phone #: (562)537-3396

Record ID: 190651AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 03/31/2015

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

As of: 01/16/2014

Los Angeles County

Program Name: SOUTHWEST SUBSTANCE ABUSE TREATMENT CENTER
Legal Name: SOUTHWEST CARE, INC.
Address: 2930 WEST IMPERIAL HIGHWAY, SUITE 511
City, State: INGLEWOOD, CA 90303
Phone #: (323)777-0444

Record ID: 190615AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: **
Expiration Date 07/31/2014

Program Name: SOUTHWEST TREATMENT CENTER
Legal Name: SOUTHWEST TREATMENT CENTER, INC.
Address: 369 WEST COMPTON BOULEVARD
City, State: COMPTON, CA 90220
Phone #: (310)603-6555

Record ID: 190610AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 03/31/2015

Program Name: SPECIAL SERVICE FOR GROUPS HOP/ICS FAMILY CENTER
Legal Name: SPECIAL SERVICE FOR GROUPS, INC.
Address: 5849 SOUTH CROCKER STREET
City, State: LOS ANGELES, CA 90003
Phone #: (323)234-4445 Fax #: (323)234-4477

Record ID: 190210EN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 07/31/2015

Program Name: INTEGRATED CARE SYSTEM/YOUNG PEOPLE'S OPPORTUNITY FOR U
Legal Name: SPECIAL SERVICE FOR GROUPS, INC.
Address: 5715 SOUTH BROADWAY
City, State: LOS ANGELES, CA 90037
Phone #: (323)948-0444 Fax #: (323)948-0443

Record ID: 190210BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 03/31/2015

Program Name: PACIFIC ASIAN ALCOHOL AND DRUG PROGRAM
Legal Name: SPECIAL SERVICE FOR GROUPS, INC.
Address: 2001 WEST BEVERLY BOULEVARD, SUITE 201
City, State: LOS ANGELES, CA 90057
Phone #: (213)413-1622 Fax #: (213)413-5456

Record ID: 190210CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 12/31/2014

Program Name: ALTERNATIVES RECOVERY
Legal Name: SPENCER RECOVERY CENTERS, INC.
Address: 2530 HYPERION AVENUE
City, State: LOS ANGELES, CA 90027
Phone #: (949)313-5223

Record ID: 190721AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2015

Program Name: SPIRITT FAMILY SERVICES
Legal Name: SPIRITT FAMILY SERVICES
Address: 147 SOUTH SIXTH AVENUE
City, State: LA PUENTE, CA 91746
Phone #: (626)968-0041

Record ID: 190247DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 12/31/2014

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

As of: 01/16/2014

Los Angeles County

Program Name: SPIRITT FAMILY SERVICES
Legal Name: SPIRITT FAMILY SERVICES
Address: 13135 BARTON ROAD
City, State: SANTA FE SPRINGS, CA 90605
Phone #: (562)903-7000 Fax #: (502)903-7707

Record ID: 190247BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 12/31/2014

Program Name: SPIRITT FAMILY SERVICES
Legal Name: SPIRITT FAMILY SERVICES
Address: 2000 TYLER AVENUE
City, State: SOUTH EL MONTE, CA 91733
Phone #: (626)442-4788

Record ID: 190247CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 12/31/2014

Program Name: STILLWATERS RECOVERY HOMES
Legal Name: STILLWATERS SOBER LIVING HOMES, LLC
Address: 45128 LOMA VISTA DRIVE
City, State: LANCASTER, CA 93535
Phone #: (661)202-7384 Fax #: (661)609-7631

Record ID: 190689AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 11
Target Population: 1.2
Expiration Date 10/31/2014

Program Name: STILLWATERS RECOVERY HOMES
Legal Name: STILLWATERS SOBER LIVING HOMES, LLC
Address: 45134 LOMA VISTA DRIVE
City, State: LANCASTER, CA 93535
Phone #: (661)202-7384 Fax #: (661)951-7631

Record ID: 190689BP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 9
Target Population: 1.2
Expiration Date 10/31/2014

Program Name: STUDIO 12 RESIDENTIAL/DETOX FACILITY
Legal Name: STUDIO 12
Address: 12406 MAGNOLIA BOULEVARD
City, State: VALLEY VILLAGE, CA 91607
Phone #: (818)761-7374 Fax #: (818)761-7377

Record ID: 190361AN
Service Type: RES-DETOX
Resident Capacity: 15
Total Occupancy: 15
Target Population: 1.1
Expiration Date 11/30/2013

Program Name: SUBSTANCE ABUSE FOUNDATION
Legal Name: SUBSTANCE ABUSE FOUNDATION OF LONG BEACH INC.
Address: 1046 REDONDO AVENUE
City, State: LONG BEACH, CA 90804
Phone #: (562)987-5722 Fax #: (562)987-4586

Record ID: 190077RN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 07/31/2014

Program Name: A NEW DAY CENTER - OUTPATIENT PROGRAM
Legal Name: SUBSTANCE ABUSE FOUNDATION OF LONG BEACH INC.
Address: 3125, 3137 AND 3139 EAST SEVENTH STREET
City, State: LONG BEACH, CA 90804
Phone #: (562)987-5722

Record ID: 190077CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

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

As of: 01/16/2014

Los Angeles County

Program Name: SOBRIETY HOUSE OF LONG BEACH
Legal Name: SUBSTANCE ABUSE FOUNDATION OF LONG BEACH, INC.
Address: VARIOUS ADDRESSES (SEE BELOW)
City, State: LONG BEACH, CA 90804
Phone #: (562)987-5722 Fax #: (562)987-4586

Record ID: 190077AHN
Service Type: RES-DETOX
Resident Capacity: 92
Total Occupancy: 92
Target Population: 1.1
Expiration Date 10/31/2014

Program Name: SUNRISE COMMUNITY COUNSELING BELL GARDENS
Legal Name: SUNRISE COMMUNITY COUNSELING CENTER
Address: 6320 EAST FLORENCE AVENUE, #F
City, State: BELL GARDENS, CA 90201
Phone #: (562)927-2962 Fax #: (562)927-2968

Record ID: 190110DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2014

Program Name: SUNRISE COMMUNITY COUNSELING CENTER
Legal Name: SUNRISE COMMUNITY COUNSELING CENTER
Address: 537 SOUTH ALVARADO STREET
City, State: LOS ANGELES, CA 90057
Phone #: (213)207-2770 Fax #: (213)207-2773

Record ID: 190110CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2015

Program Name: SUNSET MALIBU
Legal Name: SUNSET MALIBU
Address: 30042 ANDROMEDA LANE
City, State: MALIBU, CA 90265
Phone #: (800)332-9202 Fax #: (310)589-2226

Record ID: 190575BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 01/31/2014

Program Name: S. H. A. W. L. HOUSE
Legal Name: SUPPORT FOR HARBOR AREA WOMEN'S LIVES
Address: 936 SOUTH CENTRE STREET
City, State: SAN PEDRO, CA 90731
Phone #: (310)521-9310

Record ID: 190147AN
Service Type: RES
Resident Capacity: 13
Total Occupancy: 13
Target Population: 1.3
Expiration Date 06/30/2015

Program Name: OUTPATIENT ANTELOPE VALLEY DAY TREATMENT SERVICES
Legal Name: TARZANA TREATMENT CENTER, INC.
Address: 44447 NORTH 10TH STREET WEST, BUILDING #A
City, State: LANCASTER, CA 93534
Phone #: (661)726-2630

Record ID: 190085GN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.3
Expiration Date 06/30/2015

Program Name: TARZANA TREATMENT CENTER
Legal Name: TARZANA TREATMENT CENTER, INC.
Address: 7101 BAIRD AVENUE
City, State: RESEDA, CA 91335
Phone #: (818)342-5897

Record ID: 190085KN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

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

As of: 01/16/2014

Los Angeles County

Program Name: TARZANA TREATMENT CENTER YOUTH SERVICES - LANCASTER
Legal Name: TARZANA TREATMENT CENTERS, INC.
Address: 44443 NORTH TENTH STREET WEST
City, State: LANCASTER, CA 93535
Phone #: (661)726-2630 Fax #: (661)726-2635

Record ID: 190085JN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 03/31/2015

Program Name: TARZANA TREATMENT CENTERS - LANCASTER
Legal Name: TARZANA TREATMENT CENTERS, INC.
Address: 44447 NORTH 10TH STREET WEST, BUILDING #C
City, State: LANCASTER, CA 93534
Phone #: (661)726-2630 Fax #: (661)726-2635

Record ID: 190085PN
Service Type: DSS
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5

Program Name: TARZANA TREATMENT CENTER - DETOX
Legal Name: TARZANA TREATMENT CENTERS, INC.
Address: 18646 OXNARD STREET, DETOXIFICATION UNIT
City, State: TARZANA, CA 91356
Phone #: (818)996-1051 Fax #: (818)654-3906

Record ID: 190085DN
Service Type: DHS
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1

Program Name: TARZANA TREATMENT CENTER - NORTHRIDGE
Legal Name: TARZANA TREATMENT CENTERS, INC.
Address: 18700 OXNARD STREET
City, State: TARZANA, CA 91356
Phone #: (818)996-1051

Record ID: 190085HN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 03/31/2015

Program Name: TARZANA TREATMENT CENTER OUTPATIENT SERVICES
Legal Name: TARZANA TREATMENT CENTERS, INC.
Address: 18646 OXNARD STREET
City, State: TARZANA, CA 91356
Phone #: (818)996-1051 Fax #: (818)654-3906

Record ID: 190085FN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2015

Program Name: TARZANA TREATMENT CENTER - LONG BEACH
Legal Name: TARZANA TREATMENT CENTERS, INC.
Address: 2101 MAGNOLIA AVENUE
City, State: LONG BEACH, CA 90806
Phone #: (562)218-1868 Fax #: (562)596-0346

Record ID: 190085BN
Service Type: RES-DETOX
Resident Capacity: 84
Total Occupancy: 109
Target Population: 1.9
Expiration Date 11/30/2015

Program Name: TARZANA TREATMENT CENTERS
Legal Name: TARZANA TREATMENT CENTERS, INC.
Address: 44459 10TH STREET WEST
City, State: LANCASTER, CA 93534
Phone #: (818)996-1051 Fax #: (818)996-3051

Record ID: 190085ON
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2014

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

As of: 01/16/2014

Los Angeles County

Program Name: TARZANA TREATMENT CENTER
Legal Name: TARZANA TREATMENT CENTERS, INC.
Address: 18646 OXNARD STREET, SOUTH AND WEST WINGS
City, State: TARZANA, CA 91356
Phone #: (818)996-1051 Fax #: (818)654-3906

Record ID: 190085AN
Service Type: RES-DETOX
Resident Capacity: 152
Total Occupancy: 152
Target Population: 1.10
Expiration Date 11/30/2015

Program Name: TARZANA TREATMENT CENTER - LANCASTER
Legal Name: TARZANA TREATMENT CENTERS, INC.
Address: 44447 NORTH 10TH STREET WEST, BUILDING #B
City, State: LANCASTER, CA 93534
Phone #: (661)726-2630 Fax #: (661)726-2635

Record ID: 190085LN
Service Type: RES-DETOX
Resident Capacity: 40
Total Occupancy: 51
Target Population: 1.10
Expiration Date 10/31/2015

Program Name: TARZANA TREATMENT CENTERS, INC.
Legal Name: TARZANA TREATMENT CENTERS, INC.
Address: 5190 ATLANTIC AVENUE
City, State: LONG BEACH, CA 90806
Phone #: (818)428-4111

Record ID: 190085NN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 12/31/2014

Program Name: LIGHTHOUSE
Legal Name: THE BEACON HOUSE ASSOCIATION OF SAN PEDRO
Address: 126-134 WEST 10TH STREET
City, State: SAN PEDRO, CA 90731
Phone #: (310)514-4940

Record ID: 190006BN
Service Type: RES
Resident Capacity: 20
Total Occupancy: 20
Target Population: 1.2
Expiration Date 03/31/2014

Program Name: PROPER HOUSE
Legal Name: THE BEACON HOUSE ASSOCIATION OF SAN PEDRO
Address: 1021 S. BEACON STREET
City, State: SAN PEDRO, CA 90731
Phone #: (310)514-4940 Fax #: (310)831-0070

Record ID: 190006GN
Service Type: RES
Resident Capacity: 15
Total Occupancy: 15
Target Population: 1.2
Expiration Date 07/31/2015

Program Name: CHANNEL VIEW HOUSE
Legal Name: THE BEACON HOUSE ASSOCIATION OF SAN PEDRO
Address: 124 WEST 11TH STREET
City, State: SAN PEDRO, CA 90731
Phone #: (310)514-4940

Record ID: 190006EN
Service Type: RES
Resident Capacity: 27
Total Occupancy: 27
Target Population: 1.2
Expiration Date 03/31/2014

Program Name: PALOS VERDES HOUSE
Legal Name: THE BEACON HOUSE ASSOCIATION OF SAN PEDRO
Address: 1012 SOUTH PALOS VERDES STREET
City, State: SAN PEDRO, CA 90731
Phone #: (310)514-4940 Fax #: (310)331-0070

Record ID: 190006DN
Service Type: RES
Resident Capacity: 25
Total Occupancy: 25
Target Population: 1.2
Expiration Date 03/31/2014

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

As of: 01/16/2014

Los Angeles County

Program Name: BEACON HOUSE
Legal Name: THE BEACON HOUSE ASSOCIATION OF SAN PEDRO
Address: 1003 SOUTH BEACON STREET
City, State: SAN PEDRO, CA 90731
Phone #: (310)514-4940

Record ID: 190006AN
Service Type: RES
Resident Capacity: 18
Total Occupancy: 18
Target Population: 1.2
Expiration Date 03/31/2014

Program Name: THE CANYON AT PEACE PARK
Legal Name: THE CANYON AT PEACE PARK
Address: 2890 KANAN DUME ROAD
City, State: MALIBU, CA 90265
Phone #: (310)457-3209 Fax #: (310)457-4440

Record ID: 190441BP
Service Type: RES-DETOX
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: THE CANYON AT PEACE PARK
Legal Name: THE CANYON AT PEACE PARK
Address: 2900 KANAN DUME ROAD
City, State: MALIBU, CA 90265
Phone #: (310)457-3209 Fax #: (310)457-4440

Record ID: 190441AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: THE CANYON AT SANTA MONICA
Legal Name: THE CANYON AT SANTA MONICA, LLC
Address: 12304 SANTA MONICA BOULEVARD, SUITE #112
City, State: LOS ANGELES, CA 90025
Phone #: (310)259-6256

Record ID: 190746AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2014

Program Name: THE CENTER FOR NEW IMAGE, INC.
Legal Name: THE CENTER FOR NEW IMAGE, INC.
Address: 4708 CRENSHAW BOULEVARD, SUITE 101-105
City, State: LOS ANGELES, CA 90043
Phone #: (332)293-9722 Fax #: (323)359-2325

Record ID: 190639AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2014

Program Name: H.O.W. HOUSE
Legal Name: THE CENTER FOR RECOVERY FROM COMPULSIVITIES, INC.
Address: 14100 GLENGYLE STREET
City, State: WHITTIER, CA 90604
Phone #: (562)777-1222 Fax #: (562)906-1222

Record ID: 190450AN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 09/30/2014

Program Name: H.O.W. HOUSE
Legal Name: THE CENTER FOR RECOVERY FROM COMPULSIVITIES, INC.
Address: 14100 1/2 GLENGYLE STREET
City, State: WHITTIER, CA 90604
Phone #: (562)777-1222 Fax #: (562)906-1222

Record ID: 190450BN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 09/30/2014

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

As of: 01/16/2014

Los Angeles County

Program Name: H.O.W. HOUSE
Legal Name: THE CENTER FOR RECOVERY FROM COMPULSIVITIES, INC.
Address: 14100 1/4 GLENGYLE STREET
City, State: WHITTIER, CA 90604
Phone #: (562)777-1222

Record ID: 190450CN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 09/30/2014

Program Name: THE CONTROL CENTER, INC.
Legal Name: THE CONTROL CENTER, INC.
Address: 8383 WILSHIRE BOULEVARD, SUITE 228
City, State: BEVERLY HILLS, CA 90211
Phone #: (310)271-8700 Fax #: (310)271-8703

Record ID: 190723AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 08/31/2015

Program Name: THE DISCOVERY HOUSE RESIDENTIAL TREATMENT
Legal Name: THE DISCOVERY HOUSE LLC
Address: 6957 ENFIELD AVENUE AND 6956 BERTRAND AVENUE AND 6953
City, State: RESEDA, CA 91332
Phone #: (805)228-2826 Fax #: (805)419-4516

Record ID: 190764AP
Service Type: RES-DETOX
Resident Capacity: 34
Total Occupancy: 34
Target Population: 1.1
Expiration Date 01/31/2015

Program Name: THE BISHOP GOODEN HOME
Legal Name: THE GOODEN CENTER
Address: 191 NORTH EL MOLINO AVENUE
City, State: PASADENA, CA 91101
Phone #: (626)356-0078 Fax #: (626)795-2844

Record ID: 190009AN
Service Type: RES
Resident Capacity: 19
Total Occupancy: 19
Target Population: 1.2
Expiration Date 03/31/2014

Program Name: THE HIGH ROAD PROGRAM
Legal Name: THE HIGH ROAD PROGRAM
Address: 700 SOUTH ARROYO PARKWAY
City, State: PASADENA, CA 91105
Phone #: (626)793-6159 Fax #: (626)795-9540

Record ID: 190262AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: THE HIGH ROAD PROGRAM
Legal Name: THE HIGH ROAD PROGRAM
Address: 14430 SHERMAN WAY
City, State: VAN NUYS, CA 91405
Phone #: (818)785-9119 Fax #: (818)785-2150

Record ID: 190262BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: THE HILLS TREATMENT CENTER, LLC
Legal Name: THE HILLS TREATMENT CENTER, LLC
Address: 8147, 8171 AND 8207 MULHOLLAND DRIVE
City, State: LOS ANGELES, CA 90046
Phone #: (323)791-5489 Fax #: (877)729-8207

Record ID: 190703AP
Service Type: RES-DETOX
Resident Capacity: 15
Total Occupancy: 15
Target Population: 1.1
Expiration Date 10/31/2014

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

As of: 01/16/2014

Los Angeles County

Program Name: BRICKS/KICK
Legal Name: THE HILLSMAN DRUG AND ALCOHOL CENTER
Address: 1440 EAST 41ST STREET
City, State: LOS ANGELES, CA 90011
Phone #: (323)231-2585

Record ID: 190102AN
Service Type: RES
Resident Capacity: 42
Total Occupancy: 42
Target Population: 1.1
Expiration Date 03/31/2015

Program Name: THE NESS COUNSELING CENTER
Legal Name: THE NESS COUNSELING CENTER, INC.
Address: 8512 WHITWORTH DRIVE
City, State: LOS ANGELES, CA 90035
Phone #: (310)360-8512 Fax #: (310)360-8510

Record ID: 190286AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: THE NEW YOU CENTER, INC.
Legal Name: THE NEW YOU CENTER, INC.
Address: 1030 WEST FLORENCE AVENUE
City, State: LOS ANGELES, CA 90044
Phone #: (323)750-7580

Record ID: 190525AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 08/31/2014

Program Name: THE PROMISES FOUNDATION
Legal Name: THE PROMISES FOUNDATION
Address: 4419 INGLEWOOD BLVD.
City, State: LOS ANGELES, CA 90066
Phone #: (310)390-3700 Fax #: (310)733-5469

Record ID: 190748AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.4

Program Name: MILESTONES 1, THE RANCH MALIBU VENTURE 1
Legal Name: THE RANCH MALIBU VENTURE 1
Address: 200 VERA CANYON ROAD
City, State: MALIBU, CA 90265
Phone #: (818)879-9110 Fax #: (818)879-9011

Record ID: 190649AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 04/30/2015

Program Name: MILESTONES 2, THE RANCH MALIBU VENTURE 1
Legal Name: THE RANCH MALIBU VENTURE 1
Address: 221 VERA CANYON ROAD
City, State: MALIBU, CA 90265
Phone #: (818)879-9110 Fax #: (818)879-9011

Record ID: 190649BP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 04/30/2015

Program Name: THE SALVATION ARMY BELL SHELTER--WELLNESS CENTER
Legal Name: THE SALVATION ARMY
Address: 5600 RICKENBACKER ROAD, BUILDING 2A-B
City, State: BELL, CA 90201
Phone #: (323)263-1206 Fax #: (323)263-8543

Record ID: 190023CN
Service Type: RES
Resident Capacity: 100
Total Occupancy: 100
Target Population: 1.1
Expiration Date 08/31/2015

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

As of: 01/16/2014

Los Angeles County

Program Name: THE SALVATION ARMY HAVEN
Legal Name: THE SALVATION ARMY
Address: 11301 WILSHIRE BOULEVARD, BLDG. 212, SECOND FLOOR
City, State: LOS ANGELES, CA 90073
Phone #: (310)478-3711 Fax #: ( ) -

Record ID: 190023DN
Service Type: RES
Resident Capacity: 60
Total Occupancy: 65
Target Population: 1.1
Expiration Date 09/30/2015

Program Name: HOPE HARBOR CENTER
Legal Name: THE SALVATION ARMY
Address: 3107 SOUTH GRAND AVENUE
City, State: LOS ANGELES, CA 90007
Phone #: (213)626-4786 Fax #: (213)626-0717

Record ID: 190023AN
Service Type: RES
Resident Capacity: 58
Total Occupancy: 58
Target Population: 1.2
Expiration Date 04/30/2014

Program Name: THE SALVATION ARMY HOPE HARBOR CENTER
Legal Name: THE SALVATION ARMY
Address: 3107 SOUTH GRAND AVENUE
City, State: LOS ANGELES, CA 90007
Phone #: (213)744-8186 Fax #: (213)744-8186

Record ID: 190023HN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.2
Expiration Date 04/30/2015

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: LOS ANGELES, CA 90018
Phone #: (626)848-2660

Record ID: 190592AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2014

Program Name: TOMORROW'S PROMISES
Legal Name: TOMORROW'S PROMISES
Address: 6843 LENNOX AVENUE
City, State: VAN NUYS, CA 91405
Phone #: (818)782-2470 Fax #: (818)949-8742

Record ID: 190693AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2015

Program Name: TOTAL FAMILY SUPPORT CLINIC
Legal Name: TOTAL FAMILY SUPPORT CLINIC
Address: 830 SOUTH OLIVE STREET
City, State: LOS ANGELES, CA 90014
Phone #: (213)213-0581 Fax #: (213)213-0580

Record ID: 190366CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 02/28/2015

Program Name: TOTAL FAMILY SUPPORT CLINIC
Legal Name: TOTAL FAMILY SUPPORT CLINIC
Address: 13788 FOOTHILL BOULEVARD, UNITS 6-9
City, State: SYLMAR, CA 91342
Phone #: (818)833-9789 Fax #: (818)833-9790

Record ID: 190366AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.7
Expiration Date 11/30/2014

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

As of: 01/16/2014

Los Angeles County

Program Name: TOTAL FAMILY SUPPORT CLINIC - LONG BEACH
Legal Name: TOTAL FAMILY SUPPORT CLINIC
Address: 3501 ATLANTIC AVENUE
City, State: LONG BEACH, CA 90807
Phone #: (562)981-1501 Fax #: (562)981-1502

Record ID: 190366BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 02/28/2015

Program Name: COASTAL RECOVERY CENTER
Legal Name: TRANSCULTURAL HEALTH DEVELOPMENT, INC.
Address: 117 EAST HARRY BRIDGES BOULEVARD
City, State: WILMINGTON, CA 90744
Phone #: (310)549-8383 Fax #: (310)549-9304

Record ID: 190511BP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2015

Program Name: HELPING HANDS RECOVERY CENTER
Legal Name: TRANSITIONAL MINISTRY OF CHRIST
Address: 9118 SOUTH BROADWAY BOULEVARD
City, State: LOS ANGELES, CA 90003
Phone #: (323)757-1819

Record ID: 190648AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 05/31/2014

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: LOS ANGELES, CA 90008
Phone #: (323)810-3153

Record ID: 190758AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: **
Expiration Date 09/30/2014

Program Name: TWIN TOWN TREATMENT CENTERS - NORTH HOLLYWOOD
Legal Name: TWIN TOWN CORPORATION
Address: 6180 LAUREL CANYON BOULEVARD, SUITE 275
City, State: NORTH HOLLYWOOD, CA 91606
Phone #: (818)985-0560 Fax #: (818)985-7193

Record ID: 190290BP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.7
Expiration Date 02/28/2015

Program Name: TWIN TOWN TREATMENT CENTERS - TORRANCE
Legal Name: TWIN TOWN CORPORATION
Address: 2171 TORRANCE BOULEVARD, SUITE 8
City, State: TORRANCE, CA 90501
Phone #: (310)787-1335 Fax #: (310)787-1809

Record ID: 190290AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.7
Expiration Date 02/28/2015

Program Name: TWIN TOWN TREATMENT CENTERS, WEST HOLLYWOOD
Legal Name: TWIN TOWN CORPORATION
Address: 8739 SANTA MONICA BOULEVARD
City, State: WEST HOLLYWOOD, CA 90069
Phone #: (310)623-1477 Fax #: (310)854-0134

Record ID: 190290CP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

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

As of: 01/16/2014

Los Angeles County

Program Name: U-TURN ALCOHOL AND DRUG EDUCATION PROGRAM
Legal Name: U-TURN ALCOHOL AND DRUG EDUCATION PROGRAM, INC.
Address: 3761 WEST STOCKER STREET, SUITE 105 AND 105B
City, State: LOS ANGELES, CA 90008
Phone #: (323)294-4261 Fax #: (323)294-7261

Record ID: 190455AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2014

Program Name: ULTIMATE LIFESTYLE CENTER
Legal Name: ULTIMATE LIFESTYLE CENTER
Address: 5012 SOUTH LA BREA AVENUE, SUITES 2 - 5
City, State: LOS ANGELES, CA 90056
Phone #: (323)290-0200

Record ID: 190583AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2014

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: LOS ANGELES, CA 90017
Phone #: (213)202-3970 Fax #: (213)202-3977

Record ID: 190364AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2014

Program Name: WESTSIDE RESIDENCE HALL
Legal Name: UNITED STATES VETERANS INITIATIVE, INC.
Address: 733 SOUTH HINDRY AVE., ROOMS 202-205, 207-211, 301-304, 408, !
City, State: INGLEWOOD, CA 90301
Phone #: (310)348-7600 Fax #: (310)641-2661

Record ID: 190188AN
Service Type: RES
Resident Capacity: 162
Total Occupancy: 162
Target Population: 1.2
Expiration Date 04/30/2014

Program Name: ADVANCE WOMEN'S PROGRAM
Legal Name: UNITED STATES VETERANS INITIATIVE, INC.
Address: 2281 WEST WILLIAMS STREET
City, State: LONG BEACH, CA 90810
Phone #: (562)388-8015 Fax #: (562)388-7991

Record ID: 190188DN
Service Type: RES
Resident Capacity: 35
Total Occupancy: 45
Target Population: 1.3
Expiration Date 04/30/2014

Program Name: VALLEY COMMUNITY CLINIC DRUG AND ALCOHOL TREATMENT PF
Legal Name: VALLEY COMMUNITY CLINIC
Address: 6801 COLDWATER CANYON AVENUE
City, State: NORTH HOLLYWOOD, CA 91605
Phone #: (818)763-1718 Fax #: (818)763-7231

Record ID: 190349AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2014

Program Name: VALLEY WOMEN'S CENTER
Legal Name: VALLEY WOMEN'S CENTER, INC.
Address: 22110 ROSCOE BOULEVARD, SUITE 204
City, State: CANOGA PARK, CA 91304
Phone #: (818)713-8700 Fax #: (818)713-8585

Record ID: 190502AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2014

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

As of: 01/16/2014

Los Angeles County

Program Name: VAN NESS RECOVERY HOUSE
Legal Name: VAN NESS RECOVERY HOUSE
Address: 1919 NORTH BEACHWOOD DRIVE
City, State: LOS ANGELES, CA 90068
Phone #: (323)463-4266

Record ID: 190111AN
Service Type: RES
Resident Capacity: 20
Total Occupancy: 20
Target Population: 1.1
Expiration Date 10/31/2014

Program Name: VIP DRUG AND ALCOHOL EDUCATION CENTER
Legal Name: VIP DRUG AND ALCOHOL EDUCATION CENTER, INC.
Address: 18417 NORDHOFF STREET, UNIT D
City, State: NORTHRIDGE, CA 91325
Phone #: (818)734-2761

Record ID: 190635AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 09/30/2014

Program Name: VISIONS TREATMENT CENTERS, LLC
Legal Name: VISIONS TREATMENT CENTERS, LLC
Address: 171 A. BARRINGTON PLACE AND 115 BARRINGTON PLACE
City, State: LOS ANGELES, CA 90049
Phone #: (310)476-0033

Record ID: 190760AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2014

Program Name: HOMELESS VETERANS CORRECTIONAL REHABILITATION / VS90
Legal Name: VOLUNTEERS OF AMERICA OF LOS ANGELES
Address: 1765 SOUTH LA CIENEGA BOULEVARD
City, State: LOS ANGELES, CA 90035
Phone #: (213)201-0690 Fax #: ( ) -

Record ID: 190027HN
Service Type: RES
Resident Capacity: 50
Total Occupancy: 50
Target Population: 1.2
Expiration Date 12/31/2014

Program Name: JAN CLAYTON CENTER
Legal Name: VOLUNTEERS OF AMERICA OF LOS ANGELES
Address: 4969 SUNSET BOULEVARD
City, State: LOS ANGELES, CA 90027
Phone #: (323)660-8042 Fax #: (323)660-9265

Record ID: 190027AN
Service Type: RES
Resident Capacity: 48
Total Occupancy: 48
Target Population: 1.1
Expiration Date 02/28/2014

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: LOS ANGELES, CA 90021
Phone #: (323)660-8042 Fax #: (213)622-6831

Record ID: 190027BN
Service Type: RES-DETOX
Resident Capacity: 48
Total Occupancy: 48
Target Population: 1.1
Expiration Date 02/28/2014

Program Name: VS-21
Legal Name: VOLUNTEERS OF AMERICA OF LOS ANGELES
Address: 622 SOUTH WALL STREET, BUILDING C
City, State: LOS ANGELES, CA 90014
Phone #: (213)623-8580

Record ID: 190027FN
Service Type: RES
Resident Capacity: 80
Total Occupancy: 80
Target Population: 1.1
Expiration Date 09/30/2015

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

As of: 01/16/2014

Los Angeles County

Program Name: HOUSE OF UHURU
Legal Name: WATTS HEALTHCARE CORPORATION
Address: 8005 SOUTH FIGUEROA STREET
City, State: LOS ANGELES, CA 90003
Phone #: (323)568-5400 Fax #: (323)752-8031

Record ID: 190377BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.4
Expiration Date 03/31/2015

Program Name: HOUSE OF UHURU
Legal Name: WATTS HEALTHCARE CORPORATION
Address: 8005 SOUTH FIGUEROA STREET
City, State: LOS ANGELES, CA 90003
Phone #: (323)568-5400 Fax #: (323)752-8031

Record ID: 190377AN
Service Type: RES
Resident Capacity: 66
Total Occupancy: 66
Target Population: 1.1
Expiration Date 03/31/2015

Program Name: WEINGART CENTER ASSOCIATION/EPIC
Legal Name: WEINGART CENTER ASSOCIATION
Address: 566 SOUTH SAN PEDRO STREET
City, State: LOS ANGELES, CA 90013
Phone #: (213)689-2122 Fax #: (213)623-0408

Record ID: 190541AN
Service Type: RES
Resident Capacity: 85
Total Occupancy: 85
Target Population: 1.1
Expiration Date 01/31/2015

Program Name: WEINGART CENTER ASSOCIATION
Legal Name: WEINGART CENTER ASSOCIATION
Address: 566 SOUTH SAN PEDRO STREET, 2ND FLOOR
City, State: LOS ANGELES, CA 90013
Phone #: (213)689-2153 Fax #: (213)623-0408

Record ID: 190541BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2015

Program Name: WEST COAST COUNSELING CENTER
Legal Name: WEST COAST COUNSELING SERVICES, INC.
Address: 2008 PACIFIC AVENUE
City, State: LONG BEACH, CA 90806
Phone #: (562)424-6531 Fax #: (562)424-5071

Record ID: 190593AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 05/31/2014

Program Name: WEST COAST DRUG AND ALCOHOL EDUCATION PROGRAM
Legal Name: WEST COAST DRUG AND ALCOHOL EDUCATION PROGRAM
Address: 6850 VAN NUYS BOULEVARD, SUITE 125
City, State: VAN NUYS, CA 91405
Phone #: (818)908-1740

Record ID: 190546AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2014

Program Name: WEST COAST OUTPATIENT SERVICES UNIT B,C
Legal Name: WEST COAST OUTPATIENT SERVICES, INC.
Address: 401 EAST HILLCREST BOULEVARD
City, State: INGLEWOOD, CA 90301
Phone #: (310)350-9852 Fax #: (310)671-5602

Record ID: 190684AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2014

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

As of: 01/16/2014

Los Angeles County

Program Name: PROMISES TREATMENT CENTERS VI
Legal Name: WESTSIDE SOBER LIVING CENTERS, INC.
Address: 20713 ROCKCROFT DRIVE
City, State: MALIBU, CA 90265
Phone #: (562)741-6471 Fax #: (562)741-6488

Record ID: 190625EP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 01/31/2015

Program Name: PROFESSIONALS TREATMENT AT PROMISES
Legal Name: WESTSIDE SOBER LIVING CENTERS, INC.
Address: 2515 WILSHIRE BOULEVARD
City, State: SANTA MONICA, CA 90403
Phone #: (424)744-5160 Fax #: (310)943-3389

Record ID: 190625GP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2015

Program Name: PROMISES RESIDENTIAL TREATMENT CENTERS
Legal Name: WESTSIDE SOBER LIVING CENTERS, INC.
Address: 3743 1/2 SOUTH BARRINGTON AVENUE
City, State: LOS ANGELES, CA 90066
Phone #: (310)390-2340

Record ID: 190625CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 12/31/2014

Program Name: PROMISES TREATMENT CENTERS - OUTPATIENT PROGRAM
Legal Name: WESTSIDE SOBER LIVING CENTERS, INC.
Address: 2045 SOUTH BARRINGTON AVENUE SUITE B
City, State: LOS ANGELES, CA 90025
Phone #: (310)268-7717 Fax #: (310)479-3520

Record ID: 190625FP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2015

Program Name: PROMISES RESIDENTIAL TREATMENT CENTERS
Legal Name: WESTSIDE SOBER LIVING CENTERS, INC.
Address: 20725 ROCKCROFT DRIVE
City, State: MALIBU, CA 90265
Phone #: (310)390-2340

Record ID: 190625AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 12/31/2014

Program Name: WINGS OF RECOVERY
Legal Name: WINGS OF REFUGE
Address: 5777 WEST CENTURY BOULEVARD, SUITE 910
City, State: LOS ANGELES, CA 90045
Phone #: (310)670-6767 Fax #: (310)670-2626

Record ID: 190434AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2014

Program Name: YOU CAN ALCOHOL AND DRUG COUNSELING AND EDUCATION PRC
Legal Name: YOU CAN HEALTH SERVICES
Address: 600 WEST MANCHESTER BOULEVARD, SUITE 5
City, State: LOS ANGELES, CA 90044
Phone #: (310)349-9778

Record ID: 190656AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 09/30/2014

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

As of: 01/16/2014

Los Angeles County

Program Name: YOUR EMPOWERING SOLUTIONS
Legal Name: YOUR EMPOWERING SOLUTIONS
Address: 4020 PALOS VERDES DRIVE NORTH, # 201
City, State: ROLLING HILLS ESTATE, CA 90274
Phone #: (310)541-6350 Fax #: (310)541-6497

Record ID: 190605AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2014

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

As of: 1/16/2014 ***Madera County***

No licensed or certified facilities at this time.

Please check with a neighboring county for services.

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

As of: 01/16/2014

Marin County

Program Name: ALTA MIRA RECOVERY PROGRAMS
Legal Name: ALTA MIRA RECOVERY CENTERS, LLC
Address: 110 HARRISON AVENUE
City, State: SAUSALITO, CA 94965
Phone #: (415)332-1350 Fax #: (415)275-7201

Record ID: 210040DP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 02/28/2015

Program Name: ALTA MIRA RECOVERY PROGRAMS
Legal Name: ALTA MIRA RECOVERY CENTERS, LLC
Address: 25 SANTA ROSA
City, State: SAUSALITO, CA 94965
Phone #: (415)332-1350 Fax #: (415)275-7201

Record ID: 210040CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 02/28/2015

Program Name: ALTA MIRA RECOVERY PROGRAMS
Legal Name: ALTA MIRA RECOVERY CENTERS, LLC
Address: 135 BUCKLEY AVENUE
City, State: SAUSALITO, CA 94965
Phone #: (415)332-1350 Fax #: (415)275-7201

Record ID: 210040BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 02/28/2015

Program Name: ALTA MIRA RECOVERY PROGRAMS
Legal Name: ALTA MIRA RECOVERY CENTERS, LLC
Address: 126 HARRISON AVENUE
City, State: SAUSALTO, CA 94965
Phone #: (415)332-1350 Fax #: (415)275-7201

Record ID: 210040EP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 02/28/2015

Program Name: ALTA MIRA RECOVERY PROGRAMS
Legal Name: ALTA MIRA RECOVERY CENTERS, LLC
Address: 125 BUCKLEY AVENUE
City, State: SAUSALITO, CA 94965
Phone #: (415)332-1350 Fax #: (415)275-7201

Record ID: 210040AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 02/28/2015

Program Name: BAY AREA COMMUNITY RESOURCES
Legal Name: BAY AREA COMMUNITY RESOURCES, INC.
Address: 171 CARLOS DRIVE
City, State: SAN RAFAEL, CA 94903
Phone #: (415)444-5580 Fax #: (415)444-5598

Record ID: 210005BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2014

Program Name: POSITIVE CHANGES
Legal Name: BAY AREA COMMUNITY RESOURCES, INC.
Address: 103 SHORELINE PARKWAY, SUITE 101 & 102
City, State: SAN RAFAEL, CA 94901
Phone #: (415)485-3304 Fax #: (415)755-2270

Record ID: 210020AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2014

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

As of: 01/16/2014

Marin County

Program Name: BAY AREA COMMUNITY RESOURCES--IN CUSTODY PROGRAM
Legal Name: BAY AREA COMMUNITY RESOURCES, INC.
Address: 13 PETER BEHR DRIVE
City, State: SAN RAFAEL, CA 94903
Phone #: (415)755-2328 Fax #: (415)755-2228

Record ID: 210005CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.2
Expiration Date 05/31/2015

Program Name: BAYSIDE MARIN IV
Legal Name: BAYSIDE MARIN, INC
Address: 180 BAYVIEW DRIVE
City, State: SAN RAFAEL, CA 94901
Phone #: (415)721-2000 Fax #: (415)454-3535

Record ID: 210030FP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: BAYSIDE MARIN I
Legal Name: BAYSIDE MARIN, INC.
Address: 191 BAYVIEW DRIVE
City, State: SAN RAFAEL, CA 94901
Phone #: (415)721-2000

Record ID: 210030BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 07/31/2015

Program Name: BAYSIDE MARIN OUTPATIENT PROGRAM
Legal Name: BAYSIDE MARIN, INC.
Address: 718 FOURTH STREET
City, State: SAN RAFAEL, CA 94901
Phone #: (415)721-2000

Record ID: 210030CP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 07/31/2015

Program Name: BAYSIDE MARIN III
Legal Name: BAYSIDE MARIN, INC.
Address: 47 TWEED TERRACE
City, State: SAN RAFAEL, CA 94901
Phone #: (415)721-2000 Fax #: (415)454-3535

Record ID: 210030DP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 07/31/2015

Program Name: BAYSIDE MARIN II
Legal Name: BAYSIDE MARIN, INC.
Address: 189 BAYVIEW DRIVE
City, State: SAN RAFAEL, CA 94901
Phone #: (415)721-2000

Record ID: 210030AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 07/31/2015

Program Name: THE HELEN VINE RECOVERY CENTER
Legal Name: BUCKELEW PROGRAMS, INC.
Address: 301 SMITH RANCH ROAD
City, State: SAN RAFAEL, CA 94903
Phone #: (415)492-0818

Record ID: 210017DN
Service Type: RES-DETOX
Resident Capacity: 26
Total Occupancy: 26
Target Population: 1.1
Expiration Date 03/31/2015

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

As of: 01/16/2014

Marin County

Program Name: CENTER POINT OUTPATIENT SERVICES
Legal Name: CENTER POINT, INC.
Address: 1601 SECOND STREET, SUITE 104
City, State: SAN RAFAEL, CA 94901
Phone #: (415)456-6655 Fax #: (415)492-8844

Record ID: 210002GN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 08/31/2013

Program Name: THE VILLAGE
Legal Name: CENTER POINT, INC.
Address: 1477-1483 LINCOLN AVENUE
City, State: SAN RAFAEL, CA 94901
Phone #: (415)454-9444

Record ID: 210002FN
Service Type: RES
Resident Capacity: 44
Total Occupancy: 44
Target Population: 1.4
Expiration Date 08/31/2015

Program Name: CENTER POINT - THE MANOR
Legal Name: CENTER POINT, INC.
Address: 603 D STREET
City, State: SAN RAFAEL, CA 94901
Phone #: (415)454-9444 Fax #: (415)492-8844

Record ID: 210002BN
Service Type: RES
Resident Capacity: 40
Total Occupancy: 40
Target Population: 1.1
Expiration Date 08/31/2015

Program Name: CENTER POINT LIFELINK PROGRAM
Legal Name: CENTER POINT, INC.
Address: 519 BELLE STREET
City, State: SAN RAFAEL, CA 94901
Phone #: (415)456-6655 Fax #: (415)492-8844

Record ID: 210002JN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1
Expiration Date 01/31/2014

Program Name: CENTER POINT LIFELINK PROGRAM
Legal Name: CENTER POINT, INC.
Address: 39 MARY STREET
City, State: SAN RAFAEL, CA 94901
Phone #: (415)456-6655 Fax #: (415)492-8844

Record ID: 210002IN
Service Type: RES
Resident Capacity: 20
Total Occupancy: 20
Target Population: 1.4
Expiration Date 01/31/2014

Program Name: CENTER POINT ALLIANCE IN RECOVERY-AIR
Legal Name: CENTER POINT, INC.
Address: 3270 KERNER BOULEVARD, 2ND FLOOR, SUITE B
City, State: SAN RAFAEL, CA 94901
Phone #: (415)492-4444 Fax #: (415)492-8844

Record ID: 210002ON
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 07/31/2015

Program Name: REILLY HOUSE
Legal Name: CENTER POINT, INC.
Address: 812 D STREET
City, State: SAN RAFAEL, CA 94901
Phone #: (415)562-2942 Fax #: (415)492-8844

Record ID: 210002LN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1
Expiration Date 04/30/2014

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

As of: 01/16/2014

Marin County

Program Name: CENTER POINT RESIDENTIAL PROGRAM
Legal Name: CENTER POINT, INC.
Address: 207 1ST STREET
City, State: SAN RAFAEL, CA 94901
Phone #: (415)454-9444 Fax #: (415)492-8844

Record ID: 210002KN
Service Type: RES
Resident Capacity: 8
Total Occupancy: 8
Target Population: 1.1
Expiration Date 03/31/2014

Program Name: CENTER POINT AT MILL STREET
Legal Name: CENTER POINT, INC.
Address: 199 MILL STREET
City, State: SAN RAFAEL, CA 94901
Phone #: (415)492-4444 Fax #: (415)492-8844

Record ID: 210002NN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2015

Program Name: CENTER POINT AT NEW BEGINNINGS CENTER
Legal Name: CENTER POINT, INC.
Address: 1399 NORTH HAMILTON PARKWAY
City, State: NOVATO, CA 94949
Phone #: (415)492-4444 Fax #: (415)492-8844

Record ID: 210002MN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2015

Program Name: HENRY OHLHOFF NORTH
Legal Name: HENRY OHLHOFF HOUSE
Address: 5394 NAVE DRIVE
City, State: NOVATO, CA 94949
Phone #: (415)883-2494

Record ID: 210012AN
Service Type: RES
Resident Capacity: 30
Total Occupancy: 32
Target Population: 1.2
Expiration Date 12/31/2013

Program Name: HUCKLEBERRY YOUTH PROGRAMS
Legal Name: HUCKLEBERRY YOUTH PROGRAMS, INC.
Address: 361 THIRD STREET, SUITE G
City, State: SAN RAFAEL, CA 94901
Phone #: (415)258-4944

Record ID: 210039AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 10/31/2014

Program Name: REFLECTIONS
Legal Name: LIVING AT REFLECTIONS, LLC
Address: 1191 SIMMONS LANE
City, State: NOVATO, CA 94945
Phone #: (415)895-6146

Record ID: 210038AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 01/31/2014

Program Name: MARIN OUTPATIENT AND RECOVERY SERVICES
Legal Name: MARIN SERVICES FOR MEN, INCORPORATED
Address: 1005 A STREET, SUITE 209
City, State: SAN RAFAEL, CA 94901
Phone #: (415)485-6736 Fax #: (415)236-1830

Record ID: 210033AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2014

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

As of: 01/16/2014

Marin County

Program Name: MOUNTAINVIEW RECOVERY CENTER
Legal Name: NORTH BAY RECOVERY CENTER, LLC.
Address: 55 SHAVER STREET, SUITE 200
City, State: SAN RAFAEL, CA 94901
Phone #: (415)454-4357 Fax #: (415)454-4329

Record ID: 210037AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.2
Expiration Date 10/31/2015

Program Name: SERENITY KNOLLS
Legal Name: SERENITY KNOLLS
Address: 145 TAMAL ROAD
City, State: FOREST KNOLLS, CA 94933
Phone #: (415)488-0400 Fax #: (415)488-1955

Record ID: 210011AP
Service Type: RES-DETOX
Resident Capacity: 30
Total Occupancy: 32
Target Population: 1.1
Expiration Date 04/30/2014

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

As of: 01/16/2014

Mariposa County

Program Name:	MARIPOSA COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVI(	Record ID:	220002AN
Legal Name:	MARIPOSA COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVI(	Service Type:	NON
Address:	5362 AND 5362-A LEMEE LANE	Resident Capacity:	0
City, State:	MARIPOSA, CA 95338	Total Occupancy:	0
Phone #:	(209)966-2000 Fax #: (209)966-8251	Target Population:	1.1
		Expiration Date	07/31/2015

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

As of: 01/16/2014

Mendocino County

Program Name: FORD STREET PROJECT
Legal Name: FORD STREET PROJECT
Address: 139 FORD STREET, RTP, APTS. A & B AND LIBRARY BUILDING
City, State: UKIAH, CA 95482
Phone #: (707)462-1934

Record ID: 230004AN
Service Type: RES-DETOX
Resident Capacity: 32
Total Occupancy: 32
Target Population: 1.1
Expiration Date 06/30/2015

Program Name: FORD STREET PROJECT
Legal Name: FORD STREET PROJECT, INC.
Address: 139 FORD STREET
City, State: UKIAH, CA 95482
Phone #: (707)462-1934 Fax #: (707)468-9860

Record ID: 230004BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2015

Program Name: MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY BE
Legal Name: MENDOCINO COUNTY
Address: 1120 SOUTH DORA STREET, MULTIPLE CERTIFIED ROOMS
City, State: UKIAH, CA 95482
Phone #: (707)472-2637 Fax #: (707)472-2768

Record ID: 230006HN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2013

Program Name: MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY, AI
Legal Name: MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY, AI
Address: 790 SOUTH FRANKLIN STREET, SUITE B
City, State: FORT BRAGG, CA 95437
Phone #: (707)472-2605 Fax #: (707)472-2605

Record ID: 230006GN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: YUKI TRAILS HUMAN SERVICE PROGRAM - A DEPARTMENT OF ROU
Legal Name: ROUND VALLEY INDIAN HEALTH CENTER, INC.
Address: 23000 HENDERSON ROAD
City, State: COVELO, CA 95428
Phone #: (707)983-6648 Fax #: (707)983-6649

Record ID: 230007AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2014

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

As of: 01/16/2014

Merced County

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: ATWATER, CA 95301
Phone #: (209)357-5261 Fax #: (209)357-5279

Record ID: 240001EN
Service Type: RES
Resident Capacity: 42
Total Occupancy: 62
Target Population: 1.4
Expiration Date 11/30/2014

Program Name: DAVE RIORDAN'S "HOBIE HOUSE"
Legal Name: COMMUNITY/SOCIAL MODEL ADVOCATES, INC.
Address: 1299 AND 1301 YOSEMITE PARKWAY, 1931 AND 1941 HIGHLAND
City, State: MERCED, CA 95340
Phone #: (209)722-6335

Record ID: 240001BN
Service Type: RES
Resident Capacity: 25
Total Occupancy: 26
Target Population: 1.2
Expiration Date 08/31/2014

Program Name: THE CENTER
Legal Name: MERCED COUNTY DEPARTMENT OF MENTAL HEALTH - ALCOHOL A
Address: 3305 NORTH G STREET
City, State: MERCED, CA 95340
Phone #: (209)381-6880 Fax #: (209)723-6220

Record ID: 240003BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2014

Program Name: RECOVERY ASSISTANCE FOR TEENS (R.A.F.T.)
Legal Name: MERCED COUNTY DEPARTMENT OF MENTAL HEALTH - ALCOHOL A
Address: 3313 NORTH G STREET, SUITE B
City, State: MERCED, CA 95340
Phone #: (209)381-6808 Fax #: (209)725-3810

Record ID: 240003AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 07/31/2015

Program Name: MERCED COUNTY SACPA DRUG TREATMENT PROGRAM
Legal Name: MERCED COUNTY DEPARTMENT OF MENTAL HEALTH ALCOHOL AN
Address: 3090 M STREET
City, State: MERCED, CA 95340
Phone #: (209)381-6852 Fax #: (209)385-3174

Record ID: 240003CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2014

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

As of: 01/16/2014

Modoc County

Program Name: MODOC COUNTY BEHAVIORAL HEALTH
Legal Name: MODOC COUNTY HEALTH SERVICES
Address: 441 NORTH MAIN STREET, RMS - SEE BELOW FOR ALL ROOM NU
City, State: ALTURAS, CA 96101
Phone #: (530)233-6319 Fax #: (530)233-5311

Record ID: 250001AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

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

As of: 1/16/2013 ***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: 01/16/2014

Monterey County

Program Name: BEACON HOUSE
Legal Name: BEACON HOUSE
Address: 468 PINE AVENUE
City, State: PACIFIC GROVE, CA 93950
Phone #: (831)372-2334

Record ID: 270001AN
Service Type: RES-DETOX
Resident Capacity: 22
Total Occupancy: 22
Target Population: 1.1
Expiration Date 03/31/2014

Program Name: GENESIS RESIDENTIAL CENTER
Legal Name: COMMUNITY HUMAN SERVICES
Address: 1140, 1146, AND 1152 SONOMA AVENUE
City, State: SEASIDE, CA 93955
Phone #: (831)899-2436 Fax #: (831)658-3815

Record ID: 270004AN
Service Type: RES-DETOX
Resident Capacity: 36
Total Occupancy: 42
Target Population: 1.1
Expiration Date 11/30/2013

Program Name: DOOR TO HOPE
Legal Name: DOOR TO HOPE
Address: 130 WEST GABILAN STREET
City, State: SALINAS, CA 93901
Phone #: (831)758-0181 Fax #: (831)758-5127

Record ID: 270002CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 07/31/2014

Program Name: NUEVA ESPERANZA
Legal Name: DOOR TO HOPE
Address: 325 CALIFORNIA STREET
City, State: SALINAS, CA 93901
Phone #: (831)422-2636 Fax #: (831)758-5127

Record ID: 270002BN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 16
Target Population: 1.3
Expiration Date 03/31/2014

Program Name: DOOR TO HOPE
Legal Name: DOOR TO HOPE
Address: 165 CLAY STREET
City, State: SALINAS, CA 93901
Phone #: (831)422-6226 Fax #: (831)758-5127

Record ID: 270002AN
Service Type: RES
Resident Capacity: 14
Total Occupancy: 14
Target Population: 1.3
Expiration Date 03/31/2014

Program Name: SUN STREET CENTERS OUTPATIENT PROGRAM
Legal Name: SUN STREET CENTERS
Address: 12 SUN STREET
City, State: SALINAS, CA 93901
Phone #: (831)753-6001 Fax #: (831)753-5169

Record ID: 270003BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: SUN STREET CENTERS, MEN'S RESIDENTIAL
Legal Name: SUN STREET CENTERS
Address: 8 SUN STREET
City, State: SALINAS, CA 93901
Phone #: (831)753-5145

Record ID: 270003AN
Service Type: RES-DETOX
Resident Capacity: 54
Total Occupancy: 54
Target Population: 1.2
Expiration Date 11/30/2013

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

As of: 01/16/2014

Monterey County

Program Name: VALLEY HEALTH ASSOCIATES
Legal Name: VALLEY HEALTH ASSOCIATES
Address: 495 EL CAMINO REAL, SUITE K
City, State: GREENFIELD, CA 93927
Phone #: (831)674-1795 Fax #: (831)674-1795

Record ID: 270011CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: VALLEY HEALTH ASSOCIATES
Legal Name: VALLEY HEALTH ASSOCIATES
Address: 338 MONTEREY STREET
City, State: SALINAS, CA 93901
Phone #: (831)424-6655 Fax #: (831)424-9717

Record ID: 270011AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2014

Program Name: VALLEY HEALTH ASSOCIATES
Legal Name: VALLEY HEALTH ASSOCIATES
Address: 114 WEBSTER STREET
City, State: MONTEREY, CA 93940
Phone #: (831)372-8392 Fax #: (831)674-1795

Record ID: 270011BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2015

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

As of: 01/16/2014

Napa County

Program Name: WOODLAND HOUSE
Legal Name: ADVENTIST HEALTH CLEARLAKE HOSPITAL, INC.
Address: 5 WOODLAND ROAD
City, State: ST. HELENA, CA 94576
Phone #: (707)967-5720 Fax #: (707)967-5627

Record ID: 280009AN
Service Type: RES
Resident Capacity: 13
Total Occupancy: 13
Target Population: 1.1
Expiration Date 12/31/2014

Program Name: ST. HELENA RECOVERY CENTER
Legal Name: ADVENTIST HEALTH CLEARLAKE HOSPITAL, INC.
Address: 10 WOODLAND ROAD
City, State: ST. HELENA, CA 94574
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
Expiration Date 11/30/2014

Program Name: ALTERNATIVES FOR BETTER LIVING
Legal Name: ALTERNATIVES FOR BETTER LIVING
Address: 701 SCHOOL STREET
City, State: NAPA, CA 94559
Phone #: (707)226-1248 Fax #: (707)226-8011

Record ID: 280010AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.13
Expiration Date 01/31/2015

Program Name: DUFFY'S NAPA VALLEY
Legal Name: DUFFY'S MYRTLEDALE
Address: 3088 MYRTLEDALE ROAD
City, State: CALISTOGA, CA 94515
Phone #: (707)942-6761

Record ID: 280002BP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 12/31/2014

Program Name: DUFFY'S MYRTLEDALE
Legal Name: DUFFY'S MYRTLEDALE
Address: 3076 MYRTLEDALE ROAD
City, State: CALISTOGA, CA 94515
Phone #: (707)942-6888

Record ID: 280002AP
Service Type: RES-DETOX
Resident Capacity: 49
Total Occupancy: 49
Target Population: 1.1
Expiration Date 10/31/2013

Program Name: WOLFE CENTER
Legal Name: LOYD WOLFE JUVENILE JUSTICE NETWORK
Address: 2310 FIRST STREET
City, State: NAPA, CA 94559
Phone #: (707)255-1855 Fax #: (707)255-5621

Record ID: 280016AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2014

Program Name: MCALISTER INSTITUTE RESIDENTIAL PROGRAM
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.
Address: 2100 NAPA VALLEJO HIGHWAY, BUILDING 253
City, State: NAPA, CA 94558
Phone #: (707)257-7395 Fax #: (619)442-1101

Record ID: 280017AN
Service Type: RES-DETOX
Resident Capacity: 55
Total Occupancy: 61
Target Population: 1.1
Expiration Date 11/30/2015

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

As of: 01/16/2014

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: NAPA, CA 94559
Phone #: (707)253-4721

Record ID: 280003BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 07/31/2014

Program Name: COLD SPRINGS
Legal Name: PACIFICA PAIN MANAGEMENT SERVICES, INC.
Address: 415 COLD SPRINGS ROAD
City, State: ANGWIN, CA 94508
Phone #: (707)965-3538 Fax #: (707)965-1962

Record ID: 280015AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.1
Expiration Date 01/31/2014

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

As of: 01/16/2014

Nevada County

Program Name: HOPE HOUSE/SERENITY HOUSE
Legal Name: COMMUNITY RECOVERY RESOURCES
Address: 159 BRENTWOOD DRIVE
City, State: GRASS VALLEY, CA 95945
Phone #: (530)273-9541 Fax #: (530)273-7740

Record ID: 290002BN
Service Type: RES-DETOX
Resident Capacity: 40
Total Occupancy: 52
Target Population: 1.9
Expiration Date 01/31/2015

Program Name: COMMUNITY RECOVERY RESOURCES
Legal Name: COMMUNITY RECOVERY RESOURCES
Address: 180 SIERRA COLLEGE DRIVE
City, State: GRASS VALLEY, CA 95945
Phone #: (530)273-9541 Fax #: (530)273-7740

Record ID: 290002AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.10
Expiration Date 06/30/2014

Program Name: COMMUNITY RECOVERY RESOURCES
Legal Name: COMMUNITY RECOVERY RESOURCES
Address: 10015 PALISADES DRIVE, SUITE 1
City, State: TRUCKEE, CA 96161
Phone #: (530)587-8194

Record ID: 290002DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2014

Program Name: PROGRESS HOUSE
Legal Name: PROGRESS HOUSE, INC.
Address: 145 BOST AVENUE
City, State: NEVADA CITY, CA 95959
Phone #: (530)265-9045 Fax #: (530)478-7977

Record ID: 290006AN
Service Type: RES
Resident Capacity: 19
Total Occupancy: 19
Target Population: 1.2
Expiration Date 06/30/2014

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

As of: 01/16/2014

Orange County

Program Name: 21ST CENTURY WELLNESS, INC.
Legal Name: 21ST CENTURY WELLNESS, INC.
Address: 23861 EL TORO ROAD, 7TH FLOOR
City, State: LAKE FOREST, CA 92630
Phone #: (949)900-8260

Record ID: 300211AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2015

Program Name: HARMONY HEALS, INC.
Legal Name: A NEW START CORP
Address: 23173 LA CADENA DRIVE
City, State: LAGUNA HILLS, CA 92653
Phone #: (562)912-0291 Fax #: (949)600-7113

Record ID: 300250AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2015

Program Name: ABLE TO CHANGE RECOVERY, INC.
Legal Name: ABLE TO CHANGE RECOVERY, INC.
Address: 23492 WHITE DOVE AVENUE
City, State: LAKE FOREST, CA 92630
Phone #: (949)715-1731 Fax #: (949)493-6832

Record ID: 300118CP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 01/31/2014

Program Name: ABLE TO CHANGE RECOVERY, INC.
Legal Name: ABLE TO CHANGE RECOVERY, INC.
Address: 31461 RANCHO VIEJO ROAD, #105
City, State: SAN JUAN CAPISTRANO, CA 92675
Phone #: (949)493-6800 Fax #: (949)493-6832

Record ID: 300118BP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.8
Expiration Date 01/31/2015

Program Name: ABLE TO CHANGE RECOVERY, INC.
Legal Name: ABLE TO CHANGE RECOVERY, INC.
Address: 28522 AVENIDA PLACIDA
City, State: SAN JUAN CAPISTRANO, CA 92675
Phone #: (949)388-1780 Fax #: (949)388-1620

Record ID: 300118AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 02/28/2015

Program Name: ACTION CONSULTANTS/ THERAPY
Legal Name: ACTION CONSULTANTS/ THERAPY
Address: 2124 MAIN STREET, SUITE 120
City, State: HUNTINGTON BEACH, CA 92648
Phone #: (949)645-7484 Fax #: (949)645-0565

Record ID: 300104CP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2014

Program Name: ACTION CONSULTANTS/ THERAPY
Legal Name: ACTION CONSULTANTS/ THERAPY
Address: 2651 E. CHAPMAN AVENUE, SUITE 109
City, State: FULLERTON, CA 92831
Phone #: (949)645-7484 Fax #: (949)645-0565

Record ID: 300104DP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2014

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

As of: 01/16/2014

Orange County

Program Name: ACTION CONSULTANTS/THERAPY
Legal Name: ACTION CONSULTANTS/THERAPY
Address: 1670 SANTA ANA AVENUE, SUITE C, F, & N
City, State: COSTA MESA, CA 92627
Phone #: (949)645-7484 Fax #: (949)645-0565

Record ID: 300104BP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.7
Expiration Date 01/31/2014

Program Name: ADELANTE RECOVERY CENTER, INC.
Legal Name: ADELANTE RECOVERY CENTER, INC.
Address: 49 MONTECITO DRIVE
City, State: CORONA DEL MAR, CA 92625
Phone #: (949)887-4448 Fax #: (949)706-9769

Record ID: 300206AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 02/28/2014

Program Name: SOUTH ORANGE COUNTY DETOX TREATMENT
Legal Name: ALEXANDRA ROSE CORPORATION
Address: 4009 CALLE ABRIL
City, State: SAN CLEMENTE, CA 92673
Phone #: (949)584-5957

Record ID: 300245AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 01/31/2015

Program Name: CHEMICAL DEPENDENCY INTERVENTION PROGRAM
Legal Name: ALTA INSTITUTE, INCORPORATED
Address: 1440 NORTH HARBOR BOULEVARD, SUITE 725
City, State: FULLERTON, CA 92835
Phone #: (714)680-0241 Fax #: (714)680-9538

Record ID: 300111AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2014

Program Name: ANAMIKA RECOVERY CENTER
Legal Name: ANAMIKA RECOVERY CENTER, INC.
Address: 144 SOUTH PERALTA HILLS DRIVE
City, State: ANAHEIM, CA 92807
Phone #: (714)974-4673 Fax #: (714)974-4674

Record ID: 300200AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.1
Expiration Date 02/28/2014

Program Name: APOLLO RECOVERY
Legal Name: ARTEMIS HILL RECOVERY, INC.
Address: 17429 SANTA LUCIA STREET
City, State: FOUNTAIN VALLEY, CA 92708
Phone #: (866)725-9252 Fax #: (562)431-0840

Record ID: 300262AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2

Program Name: ACM RECOVERY A DIVISION OF ASSOCIATES IN COUNSELING & ME
Legal Name: ASSOCIATES IN COUNSELING AND MEDIATION
Address: 324 WEST 4TH STREET, SUITE D
City, State: SANTA ANA, CA 92701
Phone #: (714)547-1404 Fax #: (714)550-4677

Record ID: 300213CP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2015

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

As of: 01/16/2014

Orange County

Program Name: ACM RECOVERY A DIVISION OF ASSOCIATES IN COUNSELING & ME
Legal Name: ASSOCIATES IN COUNSELING AND MEDIATION
Address: 25201 PASEO DE ALICIA, SUITE 100
City, State: LAGUNA HILLS, CA 92653
Phone #: (949)699-3413 Fax #: (949)859-6658

Record ID: 300213BP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2015

Program Name: ACM RECOVERY A DIVISION OF ASSOCIATES IN COUSELING AND M
Legal Name: ASSOCIATES IN COUNSELING AND MEDIATION, INC.
Address: 265 SOUTH ANITA DRIVE, SUITE 117
City, State: ORANGE, CA 92868
Phone #: (714)978-1090 Fax #: (714)978-1087

Record ID: 300213AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2015

Program Name: BALBOA HORIZONS RECOVERY SERVICES
Legal Name: BALBOA HORIZONS RECOVERY SERVICES
Address: 2384 NEWPORT BOULEVARD
City, State: COSTA MESA, CA 92627
Phone #: (949)675-3406 Fax #: (949)675-3916

Record ID: 300165BP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2014

Program Name: BALBOA HORIZONS RECOVERY SERVICES
Legal Name: BALBOA HORIZONS RECOVERY SERVICES
Address: 1132 WEST BALBOA BOULEVARD
City, State: NEWPORT BEACH, CA 92661
Phone #: (949)675-3406 Fax #: (949)722-8125

Record ID: 300165AP
Service Type: RES
Resident Capacity: 11
Total Occupancy: 11
Target Population: 1.3
Expiration Date 05/31/2015

Program Name: BREAKAWAY PROGRAM
Legal Name: BREAKAWAY HEALTH CORPORATION
Address: 3151 AIRWAY AVENUE, SUITE D-1, N-1 AND N-2
City, State: COSTA MESA, CA 92626
Phone #: (714)847-7585 Fax #: (714)848-5410

Record ID: 300065AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 01/31/2014

Program Name: BRIDGE TEEN RECOVERY, LLC
Legal Name: BRIDGE TEEN RECOVERY LLC
Address: 23151 VERDUGO DRIVE, SUITE 115
City, State: LAGUNA HILLS, CA 92653
Phone #: (949)716-4623 Fax #: (949)716-4633

Record ID: 300230AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 06/30/2015

Program Name: CALIFORNIA DIVERSION INTERVENTION FOUNDATION
Legal Name: CALIFORNIA DIVERSION INTERVENTION FOUNDATION
Address: 1095 NORTH MAIN STREET, SUITE C
City, State: ORANGE, CA 92867
Phone #: (714)633-0502

Record ID: 300125BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2014

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

As of: 01/16/2014

Orange County

Program Name: CASA ELENA RECOVERY HOME
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABU
Address: 832 SOUTH ANAHEIM BOULEVARD
City, State: ANAHEIM, CA 92801
Phone #: (714)722-5580

Record ID: 300010BN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3
Expiration Date 07/31/2014

Program Name: LA FAMILIA ALCOHOL AND DRUG SERVICES
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABU
Address: 1905 NORTH COLLEGE AVENUE
City, State: SANTA ANA, CA 92701
Phone #: (714)479-0120 Fax #: (714)479-0153

Record ID: 300010DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 07/31/2014

Program Name: UNIDOS RECOVERY HOME
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABU
Address: 9842 WEST 13TH STREET, SUITE B
City, State: GARDEN GROVE, CA 92844
Phone #: (714)531-4624

Record ID: 300010AN
Service Type: RES-DETOX
Resident Capacity: 64
Total Occupancy: 64
Target Population: 1.2
Expiration Date 07/31/2014

Program Name: CAPO BY THE SEA
Legal Name: CAPO BY THE SEA, INC.
Address: 26682 AVENIDA LAS PALMAS
City, State: CAPISTRANO BEACH, CA 92624
Phone #: (949)276-0043 Fax #: (949)276-0045

Record ID: 300173AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1
Expiration Date 10/31/2013

Program Name: CASA BELLA RECOVERY
Legal Name: CASA BELLA RECOVERY INTERNATIONAL, INC.
Address: 31365 MONTEREY STREET
City, State: LAGUNA BEACH, CA 92651
Phone #: (949)275-7581

Record ID: 300222AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 04/30/2014

Program Name: CASA RECOVERY
Legal Name: CASA RECOVERY, INC.
Address: 25102 SOUTHPORT STREET
City, State: LAGUNA HILLS, CA 92653
Phone #: (888)928-2272 Fax #: (949)284-2574

Record ID: 300268AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1

Program Name: CHAPMAN HOUSE, INC.
Legal Name: CHAPMAN HOUSE, INC.
Address: 14511 - 14512 CARFAX DRIVE
City, State: TUSTIN, CA 92780
Phone #: (714)288-9779 Fax #: (714)288-6130

Record ID: 300105IP
Service Type: RES-DETOX
Resident Capacity: 44
Total Occupancy: 44
Target Population: 1.1
Expiration Date 10/31/2013

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

As of: 01/16/2014

Orange County

Program Name: CHAPMAN HOUSE
Legal Name: CHAPMAN HOUSE, INC.
Address: 1412 EAST CHAPMAN AVENUE
City, State: ORANGE, CA 92866
Phone #: (714)288-9779 Fax #: (714)538-9779

Record ID: 300105BP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 12/31/2013

Program Name: CHAPTERS CAPISTRANO
Legal Name: CHAPTERS CAPISTRANO, LLC
Address: 1525 BUENA VISTA, UNITS A, B AND C
City, State: SAN CLEMENTE, CA 92672
Phone #: (949)973-0700 Fax #: (503)228-8711

Record ID: 300239AP
Service Type: RES-DETOX
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.1
Expiration Date 04/30/2014

Program Name: C.A.R.E. COUNSELING CENTER
Legal Name: CHILD ABUSE RECOVERY, ETC.
Address: 1614 EAST 17TH STREET, SUITE D
City, State: SANTA ANA, CA 92701
Phone #: (714)836-9900 Fax #: (717)836-9090

Record ID: 300113BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 12/31/2014

Program Name: SPENCER RECOVERY CENTERS
Legal Name: COAST TO COAST REFERRAL CENTER, INC.
Address: 1337 GAVIOTA
City, State: LAGUNA BEACH, CA 92651
Phone #: (949)376-3705 Fax #: (949)376-6862

Record ID: 300088GN
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 08/31/2014

Program Name: COLLEGE COMMUNITY SERVICES/CALWORKS-WEST
Legal Name: COLLEGE COMMUNITY SERVICES
Address: 13950 MILTON AVENUE, #306
City, State: WESTMINSTER, CA 92683
Phone #: (714)793-1290 Fax #: (714)490-7717

Record ID: 300106DP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2015

Program Name: COLLEGE COMMUNITY SERVICES/CALWORKS/CAMINO NUEVO
Legal Name: COLLEGE COMMUNITY SERVICES
Address: 1200 NORTH MAIN STREET, SUITE 630
City, State: SANTA ANA, CA 92701
Phone #: (714)824-8150 Fax #: (714)824-8151

Record ID: 300106CP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: COLLEGE COMMUNITY SERVICES/CALWORKS (CCS/CW)
Legal Name: COLLEGE COMMUNITY SERVICES
Address: 501 NORTH BROOKHURST STREET, SUITES 300B AND 320
City, State: ANAHEIM, CA 92801
Phone #: (714)490-7711 Fax #: (714)490-7717

Record ID: 300106BP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2015

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

As of: 01/16/2014

Orange County

Program Name: COOPER FELLOWSHIP
Legal Name: COOPER FELLOWSHIP, INC.
Address: 401,405,409,413,417, AND 421 NORTH COOPER STREET
City, State: SANTA ANA, CA 92703
Phone #: (714)554-1152 Fax #: (714)265-4870

Record ID: 300029AN
Service Type: RES
Resident Capacity: 60
Total Occupancy: 60
Target Population: 1.1
Expiration Date 11/30/2013

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: WESTMINSTER, CA 92683
Phone #: (714)834-2860

Record ID: 300006DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2014

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: ALISO VIEJO, CA 92656
Phone #: (714)834-2860

Record ID: 300006GN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2014

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: SANTA ANA, CA 92701
Phone #: (714)834-2860

Record ID: 300006BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2014

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: ANAHEIM, CA 92805
Phone #: (714)517-6175 Fax #: (714)667-3968

Record ID: 300006LN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 12/31/2014

Program Name: ALCOHOL AND DRUG ABUSE SERVICES - NEWPORT/MESA
Legal Name: COUNTY OF ORANGE HEALTH CARE AGENCY
Address: 3115 REDHILL AVENUE
City, State: COSTA MESA, CA 92626
Phone #: (714)834-2860

Record ID: 300006IN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2014

Program Name: DOMUS RETREAT
Legal Name: DOMUS RETREAT, LLC
Address: 270 SOUTH ORANGE ACRES DRIVE
City, State: ANAHEIM HILLS, CA 92807
Phone #: (310)205-0808

Record ID: 300203AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 02/28/2014

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

As of: 01/16/2014

Orange County

Program Name: SOVEREIGN HEALTH OF CALIFORNIA
Legal Name: DUAL DIAGNOSIS TREATMENT CENTER, INC.
Address: 1211 PUERTA DEL SOL, SUITE 120
City, State: SAN CLEMENTE, CA 92673
Phone #: (949)369-1300 Fax #: (949)498-2619

Record ID: 300217AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2014

Program Name: ENCOMPASS RECOVERY
Legal Name: ENCOMPASS TREATMENT SERVICES, LLC
Address: 27122A PASEO ESPADA, SUITE 924
City, State: SAN JUAN CAPISTRANO, CA 92675
Phone #: (949)218-4102 Fax #: (509)463-7115

Record ID: 300248AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 12/31/2014

Program Name: FOUR FORTY-NINE RECOVERY, INC.
Legal Name: FOUR FORTY-NINE
Address: 1401 NORTH EL CAMINO REAL, SUITES 102, 104 & 106
City, State: SAN CLEMENTE, CA 92672
Phone #: (855)449-4490 Fax #: (949)429-0767

Record ID: 300242AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2014

Program Name: SERENITY SHORES RECOVERY CENTER
Legal Name: GENESIS HEALTHCARE NETWORK, INC.
Address: 1901 NEWPORT BOULEVARD, 280
City, State: COSTA MESA, CA 92627
Phone #: (949)574-4837 Fax #: (949)574-4860

Record ID: 300259AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/30/2015

Program Name: ALTERNATIVE OPTIONS
Legal Name: GEORGE W. BERNIER, PH.D.
Address: 101 SOUTH KRAEMER BOULEVARD, SUITE # 110
City, State: PLACENTIA, CA 92870
Phone #: (714)995-0359

Record ID: 300186AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: GET REAL RECOVERY INC.
Legal Name: GET REAL RECOVERY INC.
Address: 30290 RANCHO VIEJO ROAD, SUITE 204
City, State: SAN JUAN CAPISTRANO, CA 92675
Phone #: (949)481-8152 Fax #: (949)481-8152

Record ID: 300252AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2015

Program Name: CACTUS GARDENS
Legal Name: HALF-WAY HOME, INC.
Address: 13222 CHAPMAN AVENUE
City, State: GARDEN GROVE, CA 92650
Phone #: (714)703-9492 Fax #: (714)968-5867

Record ID: 300114AN
Service Type: RES
Resident Capacity: 25
Total Occupancy: 25
Target Population: 1.2
Expiration Date 12/31/2014

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

As of: 01/16/2014

Orange County

Program Name: OPPORTUNITY HOUSE
Legal Name: HALF-WAY HOME, INC.
Address: 13212 CHAPMAN AVENUE
City, State: GARDEN GROVE, CA 92650
Phone #: (714)703-9492 Fax #: (714)968-5867

Record ID: 300114BN
Service Type: RES
Resident Capacity: 25
Total Occupancy: 25
Target Population: 1.2
Expiration Date 12/31/2014

Program Name: HARMONY HEALS DETOX
Legal Name: HARMONY PLACE, LLC
Address: 31957 VIRGINIA WAY
City, State: LAGUNA BEACH, CA 92651
Phone #: (949)837-2751 Fax #: (949)600-7113

Record ID: 300263AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 08/31/2015

Program Name: HEALTHCARE SERVICES
Legal Name: HEALTHCARE SERVICES, INC.
Address: 1340 PEARL STREET
City, State: ANAHEIM, CA 92801
Phone #: (714)871-9841 Fax #: (714)384-3876

Record ID: 300188CP
Service Type: RES-DETOX
Resident Capacity: 21
Total Occupancy: 21
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: HEALTHCARE SERVICES, INC., THE LIGHTHOUSE
Legal Name: HEALTHCARE SERVICES, INC.
Address: 1300 AND 1310 WEST PEARL STREET AND 1320 WEST PEARL ST.,
City, State: ANAHEIM, CA 92801
Phone #: (714)384-3970 Fax #: (714)384-3876

Record ID: 300188AP
Service Type: RES
Resident Capacity: 72
Total Occupancy: 72
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: HER GUARDIAN ANGEL
Legal Name: HER GUARDIAN ANGEL
Address: 714 ADAMS AVENUE, SUITE 205
City, State: HUNTINGTON BEACH, CA 92648
Phone #: (714)960-5604 Fax #: (714)960-5693

Record ID: 300243AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.3
Expiration Date 04/30/2014

Program Name: HOPE BY THE SEA, INC.
Legal Name: HOPE BY THE SEA, INC.
Address: 27432 CALLE ARROYO
City, State: SAN JUAN CAPISTRANO, CA 92675
Phone #: (949)218-2690 Fax #: (949)218-1597

Record ID: 300149BP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: HOPE BY THE SEA, INC.
Legal Name: HOPE BY THE SEA, INC.
Address: 28371 VIA ANZAR
City, State: SAN JUAN CAPISTRANO, CA 92675
Phone #: (949)218-2690 Fax #: (949)218-1957

Record ID: 300149AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1
Expiration Date 08/31/2015

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

As of: 01/16/2014

Orange County

Program Name: HOPE HOUSE INC.
Legal Name: HOPE HOUSE CORPORATION
Address: 710 AND 714 NORTH ANAHEIM BOULEVARD
City, State: ANAHEIM, CA 92805
Phone #: (714)776-7490 Fax #: (714)776-8650

Record ID: 300034AN
Service Type: RES
Resident Capacity: 56
Total Occupancy: 56
Target Population: 1.1
Expiration Date 11/30/2013

Program Name: JUST ONE RECOVERY
Legal Name: JUST ONE RECOVERY
Address: 264 N. CLEVELAND
City, State: ORANGE, CA 92866
Phone #: (714)588-0226 Fax #: (714)628-9884

Record ID: 300234AN
Service Type: RES-DETOX
Resident Capacity: 4
Total Occupancy: 4
Target Population: 1.2
Expiration Date 01/31/2014

Program Name: DEE'S HOUSE
Legal Name: KIM HUNKLE
Address: 18886 SANTA MARTA STREET
City, State: FOUNTAIN VALLEY, CA 92708
Phone #: (714)374-6873 Fax #: (714)374-6873

Record ID: 300223AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3
Expiration Date 05/31/2014

Program Name: K. C. SERVICES
Legal Name: KOREAN COMMUNITY SERVICES, INC.
Address: 14795 JEFFREY ROAD, SUITE 207
City, State: IRVINE, CA 92680
Phone #: (949)654-9163

Record ID: 300107CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 08/31/2014

Program Name: K.C. SERVICES
Legal Name: KOREAN COMMUNITY SERVICES, INC.
Address: 1050 AND 1060 BROOKHURST
City, State: FULLERTON, CA 92833
Phone #: (714)449-1339 Fax #: (714)449-1289

Record ID: 300107DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2015

Program Name: K. C. SERVICES
Legal Name: KOREAN COMMUNITY SERVICES, INC.
Address: 7281 GARDEN GROVE BOULEVARD, SUITE H
City, State: GARDEN GROVE, CA 92844
Phone #: (714)539-4544

Record ID: 300107EN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 08/31/2014

Program Name: NEW START DETOX
Legal Name: LIBERTY HOUSING SERVICES, INC.
Address: 906 DORMAN STREET
City, State: SANTA ANA, CA 92701
Phone #: (714)486-3691

Record ID: 300249AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 12/31/2014

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

As of: 01/16/2014

Orange County

Program Name: MARIPOSA WOMEN AND FAMILY CENTER
Legal Name: MARIPOSA WOMEN AND FAMILY CENTER
Address: 812 TOWN AND COUNTRY ROAD
City, State: ORANGE, CA 92868
Phone #: (714)547-6494

Record ID: 300005AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.4
Expiration Date 12/31/2013

Program Name: MARIPOSA WOMEN AND FAMILY CENTER
Legal Name: MARIPOSA WOMEN AND FAMILY CENTER
Address: 29222 RANCHO VIEJO ROAD, #122
City, State: SAN JUAN CAPISTRANO, CA 92675
Phone #: (949)429-6888 Fax #: (949)429-6868

Record ID: 300005BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2015

Program Name: MIRAMAR RECOVERY
Legal Name: MIRAMAR HEALTH, INC.
Address: 339 JASMINE STREET
City, State: LAGUNA BEACH, CA 92651
Phone #: (888)300-3210 Fax #: (949)370-0711

Record ID: 300182AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 01/31/2014

Program Name: MIRAMAR HEALTH, INC.
Legal Name: MIRAMAR HEALTH, INC.
Address: 435-1/2 DAHLIA AVENUE
City, State: NEWPORT BEACH, CA 92625
Phone #: (949)497-9189 Fax #: (949)554-1285

Record ID: 300182CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: MIRAMAR HEALTH, INC.
Legal Name: MIRAMAR HEALTH, INC.
Address: 435 DAHLIA AVENUE
City, State: NEWPORT BEACH, CA 92625
Phone #: (949)497-9189 Fax #: (949)554-1285

Record ID: 300182BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: NEWPORT ACADEMY
Legal Name: MONROE OPERATIONS, LLC
Address: 811 N. RANCH WOOD TRAIL
City, State: ORANGE, CA 92869
Phone #: (714)288-0872 Fax #: (714)288-2045

Record ID: 300233AP
Service Type: DSS
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5

Program Name: NEWPORT ACADEMY
Legal Name: MONROE OPERATIONS, LLC
Address: 1655 HUNTERS WAY
City, State: ORANGE, CA 92869
Phone #: (714)288-9052 Fax #: (714)288-2099

Record ID: 300233BP
Service Type: DSS
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5

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

As of: 01/16/2014

Orange County

Program Name: CHANGES FOR RECOVERY
Legal Name: MUCKER, MILTON
Address: 302 NORTH TUSTIN AVENUE, SUITES 100 AND 102
City, State: SANTA ANA, CA 92705
Phone #: (714)541-4007 Fax #: (714)541-2779

Record ID: 300097CP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2014

Program Name: RELAPSE PREVENTION PROGRAM
Legal Name: NANCY CLARK AND ASSOCIATES, INC.
Address: 471 OLD NEWPORT ROAD, SUITE 101
City, State: NEWPORT BEACH, CA 92663
Phone #: (949)631-0550 Fax #: (949)631-4589

Record ID: 300067BP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2015

Program Name: THE RECOVERY CENTER
Legal Name: NANCY CLARK AND ASSOCIATES, INC.
Address: 1110 VICTORIA STREET
City, State: COSTA MESA, CA 92627
Phone #: (949)631-0550

Record ID: 300067AP
Service Type: RES
Resident Capacity: 38
Total Occupancy: 41
Target Population: 1.1
Expiration Date 02/28/2015

Program Name: HUNTINGTON HARBOR HOUSE
Legal Name: NARCONON FRESH START
Address: 17123 ROUNDHILL DRIVE
City, State: HUNTINGTON BEACH, CA 92649
Phone #: (949)675-8988

Record ID: 300077AN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 10
Target Population: 1.1
Expiration Date 02/28/2014

Program Name: NORTHBOUND TREATMENT SERVICES
Legal Name: NATIONAL THERAPEUTIC SERVICES, INC.
Address: 354 BROADWAY
City, State: COSTA MESA, CA 92627
Phone #: (949)650-4334 Fax #: (949)650-5171

Record ID: 300207CP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: THE JOSHUA HOUSE
Legal Name: NATIONAL THERAPEUTIC SERVICES, INC.
Address: 171 UNITS A&B, AND 175, UNITS A&B, ROCHESTER
City, State: COSTA MESA, CA 92627
Phone #: (949)650-4334 Fax #: (949)650-5171

Record ID: 300207IP
Service Type: RES
Resident Capacity: 20
Total Occupancy: 21
Target Population: 1.1
Expiration Date 02/28/2014

Program Name: THE JOSHUA HOUSE
Legal Name: NATIONAL THERAPEUTIC SERVICES, INC.
Address: 2417 ORANGE AVENUE, UNITS 101A, 101B, 101C, 102A, 201B & 20
City, State: COSTA MESA, CA 92627
Phone #: (949)650-4334 Fax #: (949)650-5171

Record ID: 300207FP
Service Type: RES
Resident Capacity: 21
Total Occupancy: 22
Target Population: 1.1
Expiration Date 06/30/2014

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

As of: 01/16/2014

Orange County

Program Name: NATIONAL THERAPEUTIC SERVICES, DBA THE JOSHUA HOUSE
Legal Name: NATIONAL THERAPEUTIC SERVICES, INC.
Address: 235 EAST 18TH STREET, UNITS A,B,C AND 241 EAST 18TH STREE
City, State: COSTA MESA, CA 92627
Phone #: (949)650-4334 Fax #: (949)650-5171

Record ID: 300207GP
Service Type: RES
Resident Capacity: 23
Total Occupancy: 24
Target Population: 1.1
Expiration Date 10/31/2014

Program Name: THE RAP CENTER
Legal Name: NATIONAL THERAPEUTIC SERVICES, INC.
Address: 1040 17TH STREET
City, State: COSTA MESA, CA 92627
Phone #: (714)432-0727 Fax #: (949)650-5171

Record ID: 300207BP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2014

Program Name: THE JOSHUA HOUSE
Legal Name: NATIONAL THERAPEUTIC SERVICES, INC.
Address: 209 EAST 18TH STREET
City, State: COSTA MESA, CA 92627
Phone #: (714)432-0727 Fax #: (949)650-5171

Record ID: 300207AP
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1
Expiration Date 10/31/2014

Program Name: THE JOSHUA HOUSE
Legal Name: NATIONAL THERAPEUTIC SERVICES, INC.
Address: 271 WALNUT STREET
City, State: COSTA MESA, CA 92627
Phone #: (949)650-4334 Fax #: (949)650-5171

Record ID: 300207JP
Service Type: RES
Resident Capacity: 10
Total Occupancy: 11
Target Population: 1.1
Expiration Date 02/28/2014

Program Name: NORTHBOUND TREATMENT SERVICES
Legal Name: NATIONAL THERAPEUTIC SERVICES, INC.
Address: 329 ROCHESTER STREET, UNITS A & B
City, State: COSTA MESA, CA 92627
Phone #: (949)432-0727 Fax #: (949)933-5171

Record ID: 300207DP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: NORTHBOUND TREATMENT SERVICES
Legal Name: NATIONAL THERAPEUTIC SERVICES, INC.
Address: 2571 ORANGE AVENUE, UNITS A AND B
City, State: COSTA MESA, CA 92627
Phone #: (714)432-0727 Fax #: (949)650-4334

Record ID: 300207EP
Service Type: RES
Resident Capacity: 8
Total Occupancy: 10
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: NATIONAL THERAPEUTIC SERVICES, INC., THE JOSHUA HOUSE
Legal Name: NATIONAL THERAPEUTIC SERVICES, INC.
Address: 175 VIRGINIA PLACE
City, State: COSTA MESA, CA 92627
Phone #: (949)650-4334 Fax #: (949)650-5171

Record ID: 300207HP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1
Expiration Date 02/28/2014

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

As of: 01/16/2014

Orange County

Program Name: NEW DIRECTIONS FOR WOMEN, INC.
Legal Name: NEW DIRECTIONS FOR WOMEN, INC.
Address: 2601 AND 2607 WILLO LANE
City, State: COSTA MESA, CA 92627
Phone #: (949)313-1192 Fax #: ( ) -

Record ID: 300007GN
Service Type: RES-DETOX
Resident Capacity: 24
Total Occupancy: 24
Target Population: 1.3
Expiration Date 11/30/2015

Program Name: NEW DIRECTIONS FOR WOMEN/PROGRAM FOR WOMEN WITH CHILI
Legal Name: NEW DIRECTIONS FOR WOMEN, INC.
Address: 334 UNIVERSITY AVENUE
City, State: COSTA MESA, CA 92627
Phone #: (949)313-1192 Fax #: ( ) -

Record ID: 300007FN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 12
Target Population: 1.4
Expiration Date 10/31/2015

Program Name: NEW DIRECTIONS FOR WOMEN OUTPATIENT PROGRAM
Legal Name: NEW DIRECTIONS FOR WOMEN, INC.
Address: 2603 WILLO LANE
City, State: COSTA MESA, CA 92627
Phone #: (949)313-1192 Fax #: ( ) -

Record ID: 300007JN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.3
Expiration Date 02/28/2014

Program Name: NEW LIFE SPIRIT RECOVERY, INC.
Legal Name: NEW LIFE SPIRIT RECOVERY, INC.
Address: 18652 FLORIDA STREET, SUITE 200
City, State: HUNTINGTON BEACH, CA 92648
Phone #: (714)841-1906

Record ID: 300190AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2014

Program Name: NEW METHOD WELLNESS
Legal Name: NEW METHOD WELLNESS, INC.
Address: 34652 VIA CATALINA
City, State: CAPISTRANO BEACH, CA 92624
Phone #: (949)951-1824 Fax #: (949)472-4352

Record ID: 300229BP
Service Type: RES-DETOX
Resident Capacity: 9
Total Occupancy: 10
Target Population: 1.1
Expiration Date 09/30/2014

Program Name: NEW METHOD WELLNESS, INC.
Legal Name: NEW METHOD WELLNESS, INC.
Address: 31473 RANCHO VIEJO, SUITE 101
City, State: SAN JUAN CAPISTRANO, CA 92675
Phone #: (949)463-0924 Fax #: (949)472-4352

Record ID: 300229AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2015

Program Name: NEWPORT BEACH RECOVERY CENTER
Legal Name: NEWPORT BEACH RECOVERY CENTER
Address: 207 28TH STREET
City, State: NEWPORT BEACH, CA 92663
Phone #: (714)887-3806 Fax #: (949)612-7968

Record ID: 300240AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3
Expiration Date 02/28/2014

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

As of: 01/16/2014

Orange County

Program Name: NEWPORT HARBOR RECOVERY SERVICES, INC.
Legal Name: NEWPORT HARBOR RECOVERY SERVICES, INC.
Address: 382 HAMILTON STREET, UNITS A & B
City, State: COSTA MESA, CA 92627
Phone #: (949)645-5775 Fax #: (949)645-7222

Record ID: 300112BN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 15
Target Population: 1.2
Expiration Date 11/30/2014

Program Name: OASIS TREATMENT CENTER
Legal Name: OASIS TREATMENT CENTER, INC.
Address: 222 WEST BALL ROAD
City, State: ANAHEIM, CA 92805
Phone #: (714)991-4673

Record ID: 300025AP
Service Type: RES
Resident Capacity: 16
Total Occupancy: 16
Target Population: 1.1
Expiration Date 02/28/2014

Program Name: OCEAN HILLS RECOVERY, INC.
Legal Name: OCEAN HILLS RECOVERY, INC.
Address: 33242 CHRISTINA DRIVE
City, State: DANA POINT, CA 92629
Phone #: (949)388-0112 Fax #: (949)388-4625

Record ID: 300208AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 03/31/2015

Program Name: OCEAN RECOVERY BAY STREET
Legal Name: OCEAN RECOVERY L.L.C
Address: 1217 WEST BAY AVENUE
City, State: NEWPORT BEACH, CA 92661
Phone #: (949)723-2388 Fax #: (949)723-1288

Record ID: 300144EP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.3
Expiration Date 03/31/2015

Program Name: SOLUTIONS BY THE SEA
Legal Name: OCEAN RECOVERY L.L.C.
Address: 1601 WEST BALBOA BOULEVARD
City, State: NEWPORT BEACH, CA 92663
Phone #: (949)723-2388

Record ID: 300144AP
Service Type: RES
Resident Capacity: 16
Total Occupancy: 18
Target Population: 1.3
Expiration Date 12/31/2014

Program Name: OCEAN RECOVERY 1115
Legal Name: OCEAN RECOVERY, L.L.C.
Address: 1115 WEST BALBOA BOULEVARD
City, State: NEWPORT BEACH, CA 92661
Phone #: (949)675-3764 Fax #: (949)723-1288

Record ID: 300144BP
Service Type: RES
Resident Capacity: 22
Total Occupancy: 22
Target Population: 1.2
Expiration Date 12/31/2014

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: SANTA ANA, CA 92701
Phone #: (714)480-1925 Fax #: (714)480-1933

Record ID: 300164AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 02/28/2015

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

As of: 01/16/2014

Orange County

Program Name: ORANGE COUNTY REHAB
Legal Name: ORANGE COUNTY DETOX, INC.
Address: 546 HAMILTON STREET
City, State: COSTA MESA, CA 92627
Phone #: (949)548-0801 Fax #: (949)548-0804

Record ID: 300169BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 08/31/2014

Program Name: ORANGE COUNTY HEALTH AND PSYCHOLOGY ASSOCIATES
Legal Name: ORANGE COUNTY HEALTH AND PSYCHOLOGY ASSOCIATES (OCHP/
Address: 62 DISCOVERY, SUITE 100
City, State: IRVINE, CA 92618
Phone #: (949)551-4182 Fax #: (949)551-6406

Record ID: 300226AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2015

Program Name: ORANGE COUNTY RECOVERY SERVICES
Legal Name: ORANGE COUNTY RECOVERY SERVICES, LLC
Address: 1011 BRIOSO DR. SUITE 103
City, State: COSTA MESA, CA 92627
Phone #: (949)515-9191 Fax #: (949)515-9193

Record ID: 300237AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2014

Program Name: PACE RECOVERY CENTER, LLC
Legal Name: PACE RECOVERY CENTER, LLC
Address: 209 22ND STREET
City, State: HUNTINGTON BEACH, CA 92648
Phone #: (714)274-9239

Record ID: 300244AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 07/31/2014

Program Name: PACE RECOVERY CENTER II
Legal Name: PACE RECOVERY CENTERS, LLC
Address: 628 13TH STREET
City, State: HUNTINGTON BEACH, CA 92648
Phone #: (714)369-2137

Record ID: 300244BP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 02/28/2015

Program Name: PACE RECOVERY CENTER INTENSIVE OUTPATIENT PROGRAM
Legal Name: PACE RECOVERY CENTERS, LLC
Address: 180 NEWPORT CENTER DRIVE
City, State: NEWPORT BEACH, CA 92660
Phone #: (949)922-4513

Record ID: 300244CP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.2
Expiration Date 02/28/2015

Program Name: PACIFIC HILLS TREATMENT CENTERS, INC.
Legal Name: PACIFIC HILLS TREATMENT CENTERS, INC.
Address: 34248 VIA SANTA ROSA, APARTMENTS A, B, AND C
City, State: CAPISTRANO BEACH, CA 92624
Phone #: (949)489-8121 Fax #: (949)369-7261

Record ID: 300074CP
Service Type: RES
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.3
Expiration Date 11/30/2014

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

As of: 01/16/2014

Orange County

Program Name: PACIFIC HILLS TREATMENT CENTERS
Legal Name: PACIFIC HILLS TREATMENT CENTERS, INC.
Address: 217 AND 219 AVENIDA MONTEREY
City, State: SAN CLEMENTE, CA 92672
Phone #: (949)248-5335 Fax #: (949)248-4275

Record ID: 300074BP
Service Type: RES
Resident Capacity: 24
Total Occupancy: 24
Target Population: 1.1
Expiration Date 08/31/2015

Program Name: PACIFIC HILLS TREATMENT CENTERS, INC.
Legal Name: PACIFIC HILLS TREATMENT CENTERS, INC.
Address: 27442 CALLE ARROYO, SUITE B
City, State: SAN JUAN CAPISTRANO, CA 92675
Phone #: (949)369-2915 Fax #: ( ) -

Record ID: 300074DP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2015

Program Name: PACIFIC SHORES RECOVERY
Legal Name: PACIFIC SHORES RECOVERY, LLC
Address: 3309 CLAY STREET
City, State: NEWPORT BEACH, CA 92663
Phone #: (949)574-2510 Fax #: (949)722-1135

Record ID: 300238AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.1
Expiration Date 01/31/2014

Program Name: PAT MOORE DETOX LLC
Legal Name: PAT MOORE DETOX LLC
Address: 536 HAMILTON STREET, UNITS ABC
City, State: COSTA MESA, CA 92627
Phone #: (714)546-2200 Fax #: (749)764-9288

Record ID: 300136SP
Service Type: RES
Resident Capacity: 18
Total Occupancy: 18
Target Population: 1.2
Expiration Date 10/31/2015

Program Name: PAT MOORE FOUNDATION
Legal Name: PAT MOORE FOUNDATION
Address: 2614 WEST COLOMBINE STREET, UNIT B
City, State: SANTA ANA, CA 92704
Phone #: (949)285-3991 Fax #: (949)764-9288

Record ID: 300136ON
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 11/30/2014

Program Name: PAT MOORE FOUNDATION
Legal Name: PAT MOORE FOUNDATION
Address: 1918 WEST HALL AVENUE
City, State: SANTA ANA, CA 92704
Phone #: (714)546-2200 Fax #: (949)764-9288

Record ID: 300136MN
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 10/31/2015

Program Name: PAT MOORE FOUNDATION
Legal Name: PAT MOORE FOUNDATION
Address: 1905 WEST HALL AVENUE
City, State: SANTA ANA, CA 92704
Phone #: (714)546-2200 Fax #: (949)764-9288

Record ID: 300136LN
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 10/31/2015

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

As of: 01/16/2014

Orange County

Program Name: PAT MOORE FOUNDATION
Legal Name: PAT MOORE FOUNDATION
Address: 2560 NEWPORT BOULEVARD, UNITS 1-22 AND 2568 NEWPORT B(
City, State: COSTA MESA, CA 92627
Phone #: (714)546-2200 Fax #: (949)764-9288

Record ID: 300136JN
Service Type: RES-DETOX
Resident Capacity: 76
Total Occupancy: 76
Target Population: 1.1
Expiration Date 07/31/2014

Program Name: PAT MOORE FOUNDATION
Legal Name: PAT MOORE FOUNDATION
Address: 2105 W. ADAMS STREET
City, State: SANTA ANA, CA 92704
Phone #: (714)546-2200 Fax #: (949)764-9288

Record ID: 300136RN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 12/31/2014

Program Name: PAT MOORE FOUNDATION
Legal Name: PAT MOORE FOUNDATION
Address: 2614 WEST COLOMBINE STREET, UNIT A
City, State: SANTA ANA, CA 92704
Phone #: (949)285-3991 Fax #: (949)764-9288

Record ID: 300136NN
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 11/30/2014

Program Name: BROADWAY TREATMENT CENTER
Legal Name: PHILLIP AGUILAR
Address: 301 S. ARCHER STREET
City, State: ANAHEIM, CA 92804
Phone #: (714)400-4573 Fax #: (714)778-0030

Record ID: 300241AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 03/31/2014

Program Name: PHOENIX HOUSE
Legal Name: PHOENIX HOUSE ORANGE COUNTY, INC.
Address: 1207 EAST FRUIT STREET, BUILDINGS C-E
City, State: SANTA ANA, CA 92701
Phone #: (714)953-9373

Record ID: 300033BN
Service Type: DSS
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1

Program Name: PHOENIX HOUSE ORANGE COUNTY
Legal Name: PHOENIX HOUSE ORANGE COUNTY, INC.
Address: 1207 EAST FRUIT STREET, BUILDING B
City, State: SANTA ANA, CA 92701
Phone #: (714)953-9373

Record ID: 300033CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2015

Program Name: PHOENIX HOUSE ORANGE COUNTY, INC.
Legal Name: PHOENIX HOUSE ORANGE COUNTY, INC.
Address: 1207 EAST FRUIT STREET, BUILDINGS A & F
City, State: SANTA ANA, CA 92701
Phone #: (714)953-9373

Record ID: 300033AN
Service Type: RES
Resident Capacity: 100
Total Occupancy: 100
Target Population: 1.1
Expiration Date 08/31/2014

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

As of: 01/16/2014

Orange County

Program Name: DR. WILLA'S HOUSE
Legal Name: PHYSICIANS NUTRACEUTICAL RESEARCH INC.
Address: 140 AVE ALGODON, UNIT C
City, State: SAN CLEMENTE, CA 92672
Phone #: (888)508-3371 Fax #: (888)508-3372

Record ID: 300189CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 07/31/2014

Program Name: DR. WILLA'S HOUSE
Legal Name: PHYSICIANS NUTRACEUTICAL RESEARCH, INC.
Address: 140 AVE ALGODON, UNIT A
City, State: SAN CLEMENTE, CA 92672
Phone #: (888)508-3371 Fax #: (888)508-3372

Record ID: 300189AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 07/31/2014

Program Name: DR. WILLA'S HOUSE
Legal Name: PHYSICIANS NUTRACEUTICAL RESEARCH, INC.
Address: 140 AVE ALGODON, UNIT B
City, State: SAN CLEMENTE, CA 92672
Phone #: (888)508-3371 Fax #: (888)508-3372

Record ID: 300189BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 07/31/2014

Program Name: PROTOTYPES' MOTHER AND CHILD RESIDENTIAL HOMES AT THE T
Legal Name: PROTOTYPES, CENTERS FOR INNOVATION IN HEALTH, MENTAL
Address: 15405 LANSDOWNE ROAD, BLDG, F&G
City, State: TUSTIN, CA 92782
Phone #: (714)566-2886 Fax #: (714)566-2887

Record ID: 300227AN
Service Type: RES
Resident Capacity: 15
Total Occupancy: 49
Target Population: 1.4
Expiration Date 02/28/2015

Program Name: CORNERSTONE RECOVERY HOME #18
Legal Name: RECOVERY HOMES OF AMERICA, INC.
Address: 757 SOUTH YORBA STREET
City, State: ORANGE, CA 92869
Phone #: (714)730-5399 Fax #: (714)730-3505

Record ID: 300017VP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 9
Target Population: 1.1
Expiration Date 08/31/2015

Program Name: CORNERSTONE RECOVERY HOMES
Legal Name: RECOVERY HOMES OF AMERICA, INC.
Address: 591 SOUTH PROSPECT STREET
City, State: ORANGE, CA 92869
Phone #: (714)730-5399

Record ID: 300017YP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.1
Expiration Date 12/31/2013

Program Name: CORNERSTONE RECOVERY HOME #6
Legal Name: RECOVERY HOMES OF AMERICA, INC.
Address: 13861 ESPLANADE AVENUE
City, State: SANTA ANA, CA 92705
Phone #: (714)547-4300

Record ID: 300017IP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.1
Expiration Date 07/31/2015

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

As of: 01/16/2014

Orange County

Program Name: CORNERSTONE 1
Legal Name: RECOVERY HOMES OF AMERICA, INC.
Address: 13682 YORBA STREET
City, State: TUSTIN, CA 92780
Phone #: (714)730-5399

Record ID: 300017AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: CORNERSTONE OF SOUTHERN CALIFORNIA 3
Legal Name: RECOVERY HOMES OF AMERICA, INC.
Address: 427 SOUTH YORBA STREET
City, State: ORANGE, CA 92869
Phone #: (714)730-5399

Record ID: 300017BP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.2
Expiration Date 05/31/2014

Program Name: CORNERSTONE OF SOUTHERN CALIFORNIA 7
Legal Name: RECOVERY HOMES OF AMERICA, INC.
Address: 13681 ROSALIND STREET
City, State: TUSTIN, CA 92780
Phone #: (714)730-5399 Fax #: (714)710-7100

Record ID: 300017CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.3
Expiration Date 05/31/2014

Program Name: CORNERSTONE OF SOUTHERN CALIFORNIA 4
Legal Name: RECOVERY HOMES OF AMERICA, INC.
Address: 13671 ROSALIND STREET
City, State: TUSTIN, CA 92780
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
Expiration Date 05/31/2014

Program Name: CORNERSTONE OF SOUTHERN CALIFORNIA OUTPATIENT SERVICE
Legal Name: RECOVERY HOMES OF AMERICA, INC.
Address: 1950 EAST 17TH STREET, SUITE 150
City, State: SANTA ANA, CA 92705
Phone #: (714)547-4300

Record ID: 300017FP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: CORNERSTONE #2
Legal Name: RECOVERY HOMES OF AMERICA, INC.
Address: 13022 YORBA STREET
City, State: SANTA ANA, CA 92705
Phone #: (714)730-5399 Fax #: (714)730-3505

Record ID: 300017GP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.1
Expiration Date 07/31/2015

Program Name: CORNERSTONE #5
Legal Name: RECOVERY HOMES OF AMERICA, INC.
Address: 2641 OLD GRAND
City, State: SANTA ANA, CA 92701
Phone #: (714)730-5399 Fax #: (714)730-3505

Record ID: 300017HP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1
Expiration Date 07/31/2015

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

As of: 01/16/2014

Orange County

Program Name: CORNERSTONE #9
Legal Name: RECOVERY HOMES OF AMERICA, INC.
Address: 2217 NORTH WRIGHT STREET
City, State: SANTA ANA, CA 92780
Phone #: (714)730-5399 Fax #: (714)730-3505

Record ID: 300017JP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1
Expiration Date 07/31/2015

Program Name: CORNERSTONE RECOVERY HOME Y-11
Legal Name: RECOVERY HOMES OF AMERICA, INC.
Address: 880 YORBA STREET
City, State: ORANGE, CA 92869
Phone #: (714)730-5399 Fax #: (714)730-3505

Record ID: 300017KP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 10
Target Population: 1.2
Expiration Date 03/31/2014

Program Name: CORNERSTONE RECOVERY HOME M-10
Legal Name: RECOVERY HOMES OF AMERICA, INC.
Address: 3310 MAPLE AVENUE
City, State: ORANGE, CA 92869
Phone #: (714)730-5399

Record ID: 300017LP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 9
Target Population: 1.2
Expiration Date 03/31/2014

Program Name: CORNERSTONE RECOVERY HOME - HOUSE 12
Legal Name: RECOVERY HOMES OF AMERICA, INC.
Address: 581 SOUTH PROSPECT
City, State: ORANGE, CA 92869
Phone #: (714)730-5399

Record ID: 300017NP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.2
Expiration Date 03/31/2014

Program Name: CORNERSTONE OF SOUTHERN CALIFORNIA 8
Legal Name: RECOVERY HOMES OF AMERICA, INC.
Address: 13672 YORBA STREET
City, State: TUSTIN, CA 92780
Phone #: (714)730-5399

Record ID: 300017OP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: CORNERSTONE RECOVERY HOME #14
Legal Name: RECOVERY HOMES OF AMERICA, INC.
Address: 1612 EAST FRUIT STREET
City, State: SANTA ANA, CA 92701
Phone #: (714)730-5399 Fax #: (714)730-3505

Record ID: 300017PP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 10
Target Population: 1.1
Expiration Date 06/30/2015

Program Name: CORNERSTONE RECOVERY HOME 15
Legal Name: RECOVERY HOMES OF AMERICA, INC.
Address: 700 SOUTH YORBA STREET
City, State: ORANGE, CA 92869
Phone #: (714)730-5399 Fax #: (714)730-3505

Record ID: 300017SP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 10
Target Population: 1.1
Expiration Date 04/30/2014

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

As of: 01/16/2014

Orange County

Program Name: CORNERSTONE RECOVERY HOME 16
Legal Name: RECOVERY HOMES OF AMERICA, INC.
Address: 235 SOUTH PROSPECT
City, State: ORANGE, CA 92869
Phone #: (714)730-5399 Fax #: (714)730-5399

Record ID: 300017TP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.3
Expiration Date 08/31/2014

Program Name: CORNERSTONE RECOVERY HOME 17
Legal Name: RECOVERY HOMES OF AMERICA, INC.
Address: 225 SOUTH PROSPECT
City, State: ORANGE, CA 92869
Phone #: (714)730-5399 Fax #: (714)730-3505

Record ID: 300017UP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1
Expiration Date 08/31/2014

Program Name: CORNERSTONE #19
Legal Name: RECOVERY HOMES OF AMERICA, INC.
Address: 3735 EAST SPRING STREET
City, State: ORANGE, CA 92869
Phone #: (714)730-5399 Fax #: (714)730-3505

Record ID: 300017WP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.3
Expiration Date 09/30/2014

Program Name: CORNERSTONE RECOVERY HOMES
Legal Name: RECOVERY HOMES OF AMERICA, INC.
Address: 249 SOUTH PROSPECT STREET
City, State: ORANGE, CA 92869
Phone #: (714)730-5399

Record ID: 300017XP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.1
Expiration Date 12/31/2013

Program Name: REFLECTIONS RECOVERY, LLC
Legal Name: REFLECTIONS RECOVERY, LLC
Address: 185 E PAULARINO STREET, SUITE C-201
City, State: COSTA MESA, CA 92626
Phone #: (714)708-2950 Fax #: (714)708-2966

Record ID: 300255AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2015

Program Name: SEACLIFF RECOVERY CENTER
Legal Name: RIGHT NOW RECOVERY, LLC
Address: 225 7TH STREET
City, State: HUNTINGTON BEACH, CA 92648
Phone #: (714)960-0078

Record ID: 300152AP
Service Type: RES
Resident Capacity: 16
Total Occupancy: 17
Target Population: 1.1
Expiration Date 09/30/2015

Program Name: ROQUE CENTER
Legal Name: ROQUE CENTER, INC.
Address: 9842 WEST A 13TH STREET
City, State: GARDEN GROVE, CA 92844
Phone #: (714)839-0607

Record ID: 300015AN
Service Type: RES-DETOX
Resident Capacity: 88
Total Occupancy: 88
Target Population: 1.1
Expiration Date 07/31/2014

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

As of: 01/16/2014

Orange County

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: COSTA MESA, CA 92626
Phone #: (949)645-1026 Fax #: (714)242-6775

Record ID: 300154CP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3
Expiration Date 10/31/2014

Program Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.
Legal Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.
Address: 240 KNOX STREET
City, State: COSTA MESA, CA 92627
Phone #: (949)645-1026 Fax #: (949)645-1026

Record ID: 300154AP
Service Type: RES
Resident Capacity: 8
Total Occupancy: 8
Target Population: 1.1
Expiration Date 11/30/2015

Program Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.
Legal Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.
Address: 236 KNOX STREET
City, State: COSTA MESA, CA 92627
Phone #: (949)645-1026 Fax #: (949)645-1026

Record ID: 300154BP
Service Type: RES
Resident Capacity: 8
Total Occupancy: 8
Target Population: 1.3
Expiration Date 02/28/2014

Program Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.
Legal Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.
Address: 934 MAGELLAN STREET
City, State: COSTA MESA, CA 92626
Phone #: (949)645-1026 Fax #: (714)242-6775

Record ID: 300154DP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3
Expiration Date 08/31/2015

Program Name: SAFE HARBOR'S CAPELLA III
Legal Name: SAFE HARBOR'S CAPELLA
Address: 550B BERNARD STREET
City, State: COSTA MESA, CA 92627
Phone #: (714)323-8294 Fax #: (714)242-6775

Record ID: 300221CP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3
Expiration Date 10/31/2014

Program Name: SAFE HARBOR'S CAPELLA II
Legal Name: SAFE HARBOR'S CAPELLA
Address: 548 BERNARD STREET
City, State: COSTA MESA, CA 92627
Phone #: (714)323-8294 Fax #: (714)242-6775

Record ID: 300221DP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3
Expiration Date 10/31/2014

Program Name: SAFE HARBOR'S CAPELLA I
Legal Name: SAFE HARBOR'S CAPELLA, INC.
Address: 546 BERNARD STREET
City, State: COSTA MESA, CA 92627
Phone #: (714)323-8294 Fax #: (714)242-6775

Record ID: 300221AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3
Expiration Date 10/31/2014

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

As of: 01/16/2014

Orange County

Program Name: SAFE HARBOR'S CAPELLA
Legal Name: SAFE HARBOR'S CAPELLA, INC.
Address: 550A BERNARD STREET
City, State: COSTA MESA, CA 92627
Phone #: (714)323-8294 Fax #: (714)242-6775

Record ID: 300221BP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3
Expiration Date 10/31/2014

Program Name: SOVEREIGN BY THE SEA II
Legal Name: SATYA HEALTH OF CALIFORNIA, INC.
Address: 105 AVENIDA PALA
City, State: SAN CLEMENTE, CA 92672
Phone #: (949)545-6853 Fax #: (949)265-0446

Record ID: 300236AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 01/31/2014

Program Name: SERENITY NEW LIFE
Legal Name: SERENITY LIFE COUNSELING, INC.
Address: 450 EAST RIVERBOAT WAY
City, State: ORANGE, CA 92865
Phone #: (714)533-2900 Fax #: (714)533-2904

Record ID: 300218BP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 07/24/2015

Program Name: SERENITY LIFE COUNSELING
Legal Name: SERENITY LIFE COUNSELING, INC.
Address: 2909 SOUTH BRISTOL STREET, SUITE 1212
City, State: SANTA ANA, CA 92704
Phone #: (714)533-2900 Fax #: (714)276-0567

Record ID: 300218AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2014

Program Name: SIMPLE RECOVERY, INC.
Legal Name: SIMPLE RECOVERY, INC.
Address: 9531 NETHERWAY DRIVE
City, State: HUNTINGTON BEACH, CA 92646
Phone #: (509)481-1261

Record ID: 300247AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 12/31/2014

Program Name: THE VICTORIAN HOUSE
Legal Name: SOBER LIVING BY THE SEA, INC.
Address: 505 29TH STREET
City, State: NEWPORT BEACH, CA 92663
Phone #: (949)673-6696 Fax #: (949)673-6696

Record ID: 300044AEP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.3
Expiration Date 07/31/2014

Program Name: SOBER LIVING BY THE SEA
Legal Name: SOBER LIVING BY THE SEA, INC.
Address: 4800 SEASHORE DRIVE, UNITS A & B
City, State: NEWPORT BEACH, CA 92663
Phone #: (949)673-6696 Fax #: (949)723-2829

Record ID: 300044ADP
Service Type: RES
Resident Capacity: 10
Total Occupancy: 12
Target Population: 1.1
Expiration Date 07/31/2014

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

As of: 01/16/2014

Orange County

Program Name: SOBER LIVING BY THE SEA
Legal Name: SOBER LIVING BY THE SEA, INC.
Address: 1901 NEWPORT BOULEVARD, SUITE 149
City, State: COSTA MESA, CA 92627
Phone #: (949)673-6696 Fax #: (949)675-4285

Record ID: 300044AHP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2014

Program Name: THE LANDING AT NEWPORT BEACH
Legal Name: SOBER LIVING BY THE SEA, INC.
Address: 4711 SEASHORE DRIVE
City, State: NEWPORT BEACH, CA 92663
Phone #: (949)673-6696 Fax #: (949)723-2829

Record ID: 300044AGP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.2
Expiration Date 09/30/2015

Program Name: THE ROSE OF NEWPORT BEACH
Legal Name: SOBER LIVING BY THE SEA, INC.
Address: 6110 WEST OCEAN FRONT
City, State: NEWPORT BEACH, CA 92663
Phone #: (949)673-6696 Fax #: (949)723-2829

Record ID: 300044AFP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.3
Expiration Date 09/30/2015

Program Name: SOBER LIVING BY THE SEA
Legal Name: SOBER LIVING BY THE SEA, INC.
Address: 3980 SEASHORE DRIVE
City, State: NEWPORT BEACH, CA 92663
Phone #: (949)673-6696 Fax #: (949)723-2829

Record ID: 300044XP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 07/31/2014

Program Name: SOBER LIVING BY THE SEA
Legal Name: SOBER LIVING BY THE SEA, INC.
Address: 5101 RIVER, UNIT B
City, State: NEWPORT BEACH, CA 92663
Phone #: (949)673-6696 Fax #: (949)723-2829

Record ID: 300044UP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 07/31/2014

Program Name: THE ROSE OF NEWPORT BEACH
Legal Name: SOBER LIVING BY THE SEA, INC.
Address: 6111 SEASHORE DRIVE
City, State: NEWPORT BEACH, CA 92663
Phone #: (949)673-6696 Fax #: (949)723-2829

Record ID: 300044SP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3
Expiration Date 07/31/2014

Program Name: SOBER LIVING BY THE SEA
Legal Name: SOBER LIVING BY THE SEA, INC.
Address: 4138 PATRICE
City, State: NEWPORT BEACH, CA 92663
Phone #: (949)673-6696 Fax #: (949)723-2829

Record ID: 300044ACP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.1
Expiration Date 07/31/2014

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

As of: 01/16/2014

Orange County

Program Name: TREE HOUSE RECOVERY (THR)
Legal Name: SOBER SANCTUARIES INC.
Address: 218-A AND 218-B CABRILLO STREET
City, State: COSTA MESA, CA 92627
Phone #: (714)968-2700 Fax #: (714)968-2752

Record ID: 300253AP
Service Type: RES
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.2
Expiration Date 01/31/2015

Program Name: SOBERTEC LLC
Legal Name: SOBERTEC LLC
Address: 1402 N. EL CAMINO REAL
City, State: SAN CLEMENTE, CA 92672
Phone #: (949)498-4321 Fax #: (949)490-4323

Record ID: 300254AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2015

Program Name: TOUCHSTONES
Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.
Address: 525 NORTH PARKER
City, State: ORANGE, CA 92868
Phone #: (714)639-5546

Record ID: 300070AN
Service Type: DSS
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1

Program Name: SOLUTIONS FOR RECOVERY
Legal Name: SOLUTIONS FOR RECOVERY, INC.
Address: 31931 PASEO TERRAZA
City, State: SAN JUAN CAPISTRANO, CA 92675
Phone #: (949)874-1332 Fax #: (949)661-1264

Record ID: 300143BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1
Expiration Date 02/29/2016

Program Name: SOUTH COAST BEHAVIORIAL HEALTH
Legal Name: SOUTH COAST BEHAVIORIAL HEALTH
Address: 3151 AIRWAY AVENUE, N1-N2
City, State: COSTA MESA, CA 92626
Phone #: (866)811-5249

Record ID: 300261AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2015

Program Name: SOUTH COAST COUNSELING, INC.
Legal Name: SOUTH COAST COUNSELING, INC.
Address: 693 PLUMER STREET
City, State: COSTA MESA, CA 92627
Phone #: (949)642-0180

Record ID: 300012BN
Service Type: RES
Resident Capacity: 16
Total Occupancy: 16
Target Population: 1.1
Expiration Date 04/30/2014

Program Name: HERITAGE HOUSE V
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.
Address: 2218-C PLACENTIA AVENUE
City, State: COSTA MESA, CA 92627
Phone #: (949)646-2271

Record ID: 300054EN
Service Type: RES
Resident Capacity: 3
Total Occupancy: 6
Target Population: 1.4
Expiration Date 06/30/2014

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

As of: 01/16/2014

Orange County

Program Name: HERITAGE HOUSE II
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.
Address: 2212-B PLACENTIA AVENUE
City, State: COSTA MESA, CA 92627
Phone #: (949)646-2271

Record ID: 300054BN
Service Type: RES
Resident Capacity: 3
Total Occupancy: 6
Target Population: 1.4
Expiration Date 06/30/2014

Program Name: HERITAGE HOUSE
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.
Address: 2212-A PLACENTIA AVENUE
City, State: COSTA MESA, CA 92627
Phone #: (949)646-2271

Record ID: 300054AN
Service Type: RES
Resident Capacity: 1
Total Occupancy: 3
Target Population: 1.4
Expiration Date 06/30/2014

Program Name: HERITAGE HOUSE
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.
Address: 2212-C PLACENTIA AVENUE
City, State: COSTA MESA, CA 92627
Phone #: (949)646-2271

Record ID: 300054HN
Service Type: RES
Resident Capacity: 3
Total Occupancy: 6
Target Population: 1.4
Expiration Date 06/30/2014

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: ANAHEIM, CA 92806
Phone #: (562)923-4545 Fax #: (714)687-9927

Record ID: 300054IN
Service Type: RES
Resident Capacity: 21
Total Occupancy: 44
Target Population: 1.4
Expiration Date 12/31/2014

Program Name: HERITAGE HOUSE IV
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.
Address: 2218-B PLACENTIA AVENUE
City, State: COSTA MESA, CA 92627
Phone #: (949)646-2271

Record ID: 300054DN
Service Type: RES
Resident Capacity: 3
Total Occupancy: 6
Target Population: 1.4
Expiration Date 06/30/2014

Program Name: HERITAGE HOUSE III
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.
Address: 2212-D PLACENTIA AVENUE
City, State: COSTA MESA, CA 92627
Phone #: (949)646-2271

Record ID: 300054CN
Service Type: RES
Resident Capacity: 3
Total Occupancy: 6
Target Population: 1.4
Expiration Date 06/30/2014

Program Name: HERITAGE HOUSE VILLAGE
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INCORP
Address: 405 SOUTH ROSE STREET
City, State: ANAHEIM, CA 92805
Phone #: (562)923-4545 Fax #: (714)999-6915

Record ID: 300054KN
Service Type: RES
Resident Capacity: 17
Total Occupancy: 45
Target Population: 1.3
Expiration Date 04/30/2014

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

As of: 01/16/2014

Orange County

Program Name: SPENCER RECOVERY CENTER
Legal Name: SPENCER RECOVERY CENTERS, INC.
Address: 1316 SOUTH COAST HIGHWAY
City, State: LAGUNA BEACH, CA 92651
Phone #: (949)376-3705

Record ID: 300088AP
Service Type: RES-DETOX
Resident Capacity: 28
Total Occupancy: 28
Target Population: 1.1
Expiration Date 11/30/2015

Program Name: SPENCER RECOVERY CENTERS, INC.
Legal Name: SPENCER RECOVERY CENTERS, INC.
Address: 1337 C GAVIOTA
City, State: LAGUNA BEACH, CA 92651
Phone #: (949)376-3705 Fax #: (949)376-3701

Record ID: 300088KP
Service Type: RES
Resident Capacity: 3
Total Occupancy: 3
Target Population: 1.1
Expiration Date 11/30/2014

Program Name: SPENCER RECOVERY CENTERS, INC,
Legal Name: SPENCER RECOVERY CENTERS, INC.
Address: 1337 B GAVIOTA
City, State: LAGUNA BEACH, CA 92651
Phone #: (949)376-3705 Fax #: (949)376-6862

Record ID: 300088JP
Service Type: RES
Resident Capacity: 3
Total Occupancy: 3
Target Population: 1.1
Expiration Date 11/30/2014

Program Name: GERRY HOUSE
Legal Name: STRAIGHT TALK CLINIC, INCORPORATED
Address: 1225-1227 WEST 6TH STREET
City, State: SANTA ANA, CA 92703
Phone #: (714)972-1402

Record ID: 300040AN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1
Expiration Date 09/30/2015

Program Name: SURE HAVEN
Legal Name: SURE HAVEN
Address: 725 CENTER STREET, UNITS A AND B
City, State: COSTA MESA, CA 92626
Phone #: (800)852-4465 Fax #: (888)588-4998

Record ID: 300235DP
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1
Expiration Date 01/31/2015

Program Name: SURE HAVEN LLC
Legal Name: SURE HAVEN LLC
Address: 973 ARBOR STREET
City, State: COSTA MESA, CA 92626
Phone #: (800)852-4465 Fax #: (888)588-4998

Record ID: 300235AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 11/30/2015

Program Name: SURE HAVEN LLC
Legal Name: SURE HAVEN LLC
Address: 1811 GISLER STREET
City, State: COSTA MESA, CA 92626
Phone #: (800)852-4465 Fax #: (888)588-4998

Record ID: 300235BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3
Expiration Date 01/31/2014

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

As of: 01/16/2014

Orange County

Program Name: SURE HAVEN LLC DBA ROCK SOLID RECOVERY
Legal Name: SURE HAVEN LLC
Address: 2068 WALLACE AVENUE, UNIT A&B
City, State: COSTA MESA, CA 92626
Phone #: (800)852-4465 Fax #: (888)588-4998

Record ID: 300235CP
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1
Expiration Date 10/31/2014

Program Name: CENTER FOR THE TREATMENT OF ADDICTION, INC.
Legal Name: THE CENTER FOR THE TREATMENT OF ADDICTION, INC.
Address: 104 NORTH RAYMOND AVENUE, SUITE A-2
City, State: FULLERTON, CA 92831
Phone #: (714)992-1677 Fax #: (714)992-4906

Record ID: 300119HP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2014

Program Name: THE GARY CENTER
Legal Name: THE GARY CENTER
Address: 341 HILLCREST STREET
City, State: LA HABRA, CA 90631
Phone #: (562)691-3263

Record ID: 300093AN
Service Type: DHS
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1

Program Name: THE GARY CENTER SUBSTANCE ABUSE COUNSELING SYSTEMS
Legal Name: THE GARY CENTER
Address: 1525 EAST 17TH STREET, SUITE B
City, State: SANTA ANA, CA 92705
Phone #: (562)691-3263 Fax #: (562)690-5063

Record ID: 300093BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2015

Program Name: NEW BEGINNING FELLOWSHIP CENTER
Legal Name: THE NEW BEGINNING FELLOWSHIP CENTER
Address: 16581 BROOKHURST
City, State: FOUNTAIN VALLEY, CA 92706
Phone #: (714)839-2515 Fax #: (714)839-5501

Record ID: 300120BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2015

Program Name: THE VILLA
Legal Name: THE VILLA CENTER, INC.
Address: 910 NORTH FRENCH STREET
City, State: SANTA ANA, CA 92701
Phone #: (714)547-3301 Fax #: (714)547-1249

Record ID: 300016AN
Service Type: RES
Resident Capacity: 15
Total Occupancy: 15
Target Population: 1.3
Expiration Date 01/31/2014

Program Name: THE VILLA ANNEX
Legal Name: THE VILLA CENTER, INC.
Address: 311 EAST WASHINGTON STREET
City, State: SANTA ANA, CA 92701
Phone #: (714)547-3301 Fax #: (714)547-1249

Record ID: 300016CN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3
Expiration Date 01/31/2014

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

As of: 01/16/2014

Orange County

Program Name: THE VILLA ANNEX II
Legal Name: THE VILLA CENTER, INC.
Address: 519 EAST WASHINGTON
City, State: SANTA ANA, CA 92701
Phone #: (714)547-3301 Fax #: (714)547-1249

Record ID: 300016DN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3
Expiration Date 05/31/2014

Program Name: ENVOY CARE CENTER
Legal Name: TOCHI FAMILY CHILDREN'S CENTER
Address: 520 NORTH BROOKHURST STREET, SUITE 222
City, State: ANAHEIM, CA 92801
Phone #: (714)884-1884

Record ID: 300215AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 12/31/2014

Program Name: TURNING POINT TREATMENT CENTER
Legal Name: TURNING POINT TREATMENT CENTER, LLC
Address: 23181 TIAGUA
City, State: MISSION VIEJO, CA 92692
Phone #: (949)444-8393 Fax #: (949)680-2906

Record ID: 300196AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1
Expiration Date 04/30/2015

Program Name: TWIN TOWN TREATMENT CENTERS - LOS ALAMITOS
Legal Name: TWIN TOWN CORPORATION
Address: 4388 EAST KATELLA AVENUE
City, State: LOS ALAMITOS, CA 90720
Phone #: (562)594-8844 Fax #: (562)493-1280

Record ID: 300128AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.7
Expiration Date 02/28/2015

Program Name: TWIN TOWN TREATMENT CENTERS, MISSION VIEJO
Legal Name: TWIN TOWN CORPORATION
Address: 27281 LAS RAMBLAS STREET, SUITE 140
City, State: MISSION VIEJO, CA 92691
Phone #: (949)540-0170 Fax #: (949)540-0173

Record ID: 300128DP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2015

Program Name: TWIN TOWN TREATMENT CENTERS, ORANGE
Legal Name: TWIN TOWN CORPORATION
Address: 705 WEST LA VETA AVENUE, SUITE 208
City, State: ORANGE, CA 92868
Phone #: (714)532-9295 Fax #: ( ) -

Record ID: 300128CP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2015

Program Name: SOUTH COAST COUNSELING AND PSYCHOLOGICAL SERVICES
Legal Name: WEL-MOR PSYCHOLOGY GROUP, INC.
Address: 5130 EAST LA PALMA, SUITE 212
City, State: ANAHEIM, CA 92807
Phone #: (714)540-9070 Fax #: (714)549-4525

Record ID: 300162BP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2014

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

As of: 01/16/2014

Orange County

Program Name: SOUTH COAST COUNSELING AND PSYCHOLOGICAL SERVICES
Legal Name: WEL-MOR PSYCHOLOGY GROUP, INC.
Address: 26041 CAPE DRIVE, SUITE 130
City, State: LAGUNA NIGUEL, CA 92677
Phone #: (714)540-9070 Fax #: (714)549-4525

Record ID: 300162CP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2014

Program Name: SOUTH COAST COUNSELING AND PSYCHOLOGICAL SERVICES
Legal Name: WEL-MOR PSYCHOLOGY GROUP, INC.
Address: 2900 BRISTOL STREET, SUITE E 103
City, State: COSTA MESA, CA 92626
Phone #: (714)540-9070 Fax #: (714)549-4525

Record ID: 300162AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2014

Program Name: WEST COAST DETOX SERVICES, INC.
Legal Name: WEST COAST DETOX, INC.
Address: 6381 YALE CIRCLE
City, State: HUNTINGTON BEACH, CA 92647
Phone #: (949)673-6696 Fax #: (949)723-2829

Record ID: 300228AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 02/28/2015

Program Name: CENTER FOR ALCOHOL AND DRUG ABUSE SERVICES
Legal Name: WILLIAM W. MARTIN, PH.D
Address: 31899 DEL OBISPO, SUITE 150
City, State: SAN JUAN CAPISTRANO, CA 92675
Phone #: (949)248-7377 Fax #: (866)805-2796

Record ID: 300135AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: WINDWARD WAY RECOVERY
Legal Name: WINDWARD WAY RECOVERY LLC
Address: 188 E. 17TH STREET, SUITE 201B
City, State: COSTA MESA, CA 92627
Phone #: (949)903-1053

Record ID: 300246AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2015

Program Name: WOODGLEN RECOVERY JUNCTION
Legal Name: WOODGLEN RECOVERY JUNCTION INCORPORATED
Address: 771 WEST ORANGETHORPE AVENUE
City, State: FULLERTON, CA 92832
Phone #: (714)879-6916

Record ID: 300042AN
Service Type: RES
Resident Capacity: 24
Total Occupancy: 24
Target Population: 1.1
Expiration Date 10/31/2015

Program Name: WOODGLEN RECOVERY JUNCTION
Legal Name: WOODGLEN RECOVERY JUNCTION, INCORPORATED
Address: 751 WEST ORANGETHORPE AVENUE
City, State: FULLERTON, CA 92832
Phone #: (714)879-6916 Fax #: (714)578-2960

Record ID: 300042BN
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 02/28/2014

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

As of: 01/16/2014

Orange County

Program Name: DAYLIGHT AGAIN
Legal Name: WOODGLEN RECOVERY JUNCTION, INCORPORATED
Address: 329 EAST COMMONWEALTH AVENUE
City, State: FULLERTON, CA 92832
Phone #: (714)879-6916 Fax #: (714)578-2960

Record ID: 300042CN
Service Type: RES
Resident Capacity: 16
Total Occupancy: 16
Target Population: 1.1
Expiration Date 01/31/2014

Program Name: YELLOWSTONE, WROC
Legal Name: YELLOWSTONE WOMEN'S FIRST STEP HOUSE, INC.
Address: 3132 BOSTON WAY
City, State: COSTA MESA, CA 92626
Phone #: (888)941-9048 Fax #: (714)646-5296

Record ID: 300121AN
Service Type: RES
Resident Capacity: 15
Total Occupancy: 15
Target Population: 1.2
Expiration Date 03/31/2015

Program Name: YELLOWSTONE WOMEN'S FIRST STEP HOUSE, INC.
Legal Name: YELLOWSTONE WOMEN'S FIRST STEP HOUSE, INC.
Address: 2183 FAIRVIEW ROAD, SUITE 103 AND 111
City, State: COSTA MESA, CA 92627
Phone #: (888)941-9048 Fax #: (949)646-5296

Record ID: 300121HN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2015

Program Name: YELLOWSTONE (WOMEN'S RECOVERY OF CALIFORNIA)
Legal Name: YELLOWSTONE WOMEN'S FIRST STEP HOUSE, INC.
Address: 154 EAST BAY STREET
City, State: COSTA MESA, CA 92627
Phone #: (949)646-5296 Fax #: (888)941-9048

Record ID: 300121GN
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: THE YELLOWSTONE BRIDGE
Legal Name: YELLOWSTONE WOMEN'S FIRST STEP HOUSE, INC.
Address: 2028 FULLERTON AVENUE # A
City, State: COSTA MESA, CA 92627
Phone #: (949)646-4494 Fax #: (949)646-5296

Record ID: 300121FN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.2
Expiration Date 08/31/2015

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

As of: 01/16/2014

Placer County

Program Name: SIERRA COUNCIL
Legal Name: COMMUNITY RECOVERY RESOURCES
Address: 730 SUNRISE AVENUE, SUITES 201, 210, 211, 221, 231, 250A, 250B
City, State: ROSEVILLE, CA 95661
Phone #: (916)782-3737 Fax #: (916)782-3739

Record ID: 310019EN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: SIERRA COUNCIL
Legal Name: COMMUNITY RECOVERY RESOURCES
Address: 11416 C AVENUE
City, State: AUBURN, CA 95603
Phone #: (530)885-1961 Fax #: (530)885-0713

Record ID: 310019DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: AUBURN CAMPUS RESIDENTIAL PROGRAM
Legal Name: COMMUNITY RECOVERY RESOURCES
Address: 12105 & 12125 SHALE RIDGE ROAD
City, State: AUBURN, CA 95602
Phone #: (530)885-1917 Fax #: (530)273-7740

Record ID: 310019BN
Service Type: RES-DETOX
Resident Capacity: 30
Total Occupancy: 30
Target Population: 1.1
Expiration Date 11/30/2013

Program Name: AUBURN CAMPUS-OUTPATIENT PROGRAMY
Legal Name: COMMUNITY RECOVERY RESOURCES
Address: 12183 LOCKSLEY LANE, SUITES 101, 102, 103 & 104
City, State: AUBURN, CA 95602
Phone #: (530)889-8701 Fax #: (916)797-8979

Record ID: 310019AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.4
Expiration Date 09/30/2015

Program Name: SIERRA COUNCIL
Legal Name: COMMUNITY RECOVERY RESOURCES
Address: 1530 3RD STREET, SUITE 212
City, State: LINCOLN, CA 95648
Phone #: (916)434-8927 Fax #: (916)434-0678

Record ID: 310019CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: PLACER COUNTY ALCOHOL AND OR OTHER DRUG TREATMENT PRO
Legal Name: COUNTY OF PLACER DEPARTMENT OF HEALTH & HUMAN SERVICE
Address: 11512 B AVENUE
City, State: AUBURN, CA 95603
Phone #: (530)889-7240 Fax #: (530)889-7293

Record ID: 310002BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.8
Expiration Date 11/30/2013

Program Name: PLACER COUNTY ALCOHOL AND OTHER DRUG TREATMENT PROGR
Legal Name: COUNTY OF PLACER, DEPARTMENT OF HEALTH AND HUMAN SERV
Address: 101 CIRBY HILLS DRIVE
City, State: ROSEVILLE, CA 95678
Phone #: (916)787-8800 Fax #: (916)787-8857

Record ID: 310002AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2015

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

As of: 01/16/2014

Placer County

Program Name: FULL CIRCLE TREATMENT CENTER
Legal Name: FULL CIRCLE TREATMENT CENTER
Address: 730 SUNRISE AVENUE, SUITE 250
City, State: ROSEVILLE, CA 95661
Phone #: (916)787-4357

Record ID: 310017AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 07/31/2014

Program Name: HOPE HELP AND HEALING
Legal Name: HOPE HELP AND HEALING
Address: 11960 HERITAGE OAKS PLACE, SUITE 20
City, State: AUBURN, CA 95603
Phone #: (530)885-4249 Fax #: (530)885-6191

Record ID: 310010CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: TRUE STEP
Legal Name: HOPE HELP AND HEALING
Address: 318 LINCOLN WAY, #B
City, State: AUBURN, CA 95603
Phone #: (530)885-4249 Fax #: (530)885-6191

Record ID: 310010DN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.2
Expiration Date 09/30/2014

Program Name: NEW LEAF COUNSELING SERVICES
Legal Name: JAMES HARDWICK
Address: 1254 HIGH STREET
City, State: AUBURN, CA 95603
Phone #: (530)889-9195

Record ID: 310007AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.3
Expiration Date 02/28/2014

Program Name: NEW LEAF WOMEN AND WOMEN WITH CHILDREN - MEADOWVIEW
Legal Name: JAMES HARDWICK
Address: 5055 MEADOWVIEW LANE
City, State: AUBURN, CA 95603
Phone #: (530)823-9827 Fax #: (530)889-9197

Record ID: 310007BP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 11
Target Population: 1.4
Expiration Date 06/30/2015

Program Name: NEW LEAF COUNSELING SERVICES HOFFMAN HOUSE
Legal Name: JAMES N HARDWICK
Address: 199 HOFFMAN AVENUE
City, State: AUBURN, CA 95603
Phone #: (530)885-9067 Fax #: (530)885-2534

Record ID: 310022AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 12
Target Population: 1.3
Expiration Date 05/31/2015

Program Name: KOINONIA GROUP HOME #2
Legal Name: KOINONIA FOSTER HOMES, INC.
Address: 6331 KING ROAD
City, State: LOOMIS, CA 95650
Phone #: (916)652-0171 Fax #: (916)652-3979

Record ID: 310012BN
Service Type: DSS
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5

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

As of: 01/16/2014

Placer County

Program Name: KOINONIA GROUP HOME #4
Legal Name: KOINONIA FOSTER HOMES, INC.
Address: 8200 KING ROAD
City, State: LOOMIS, CA 95650
Phone #: (916)652-0171 Fax #: (916)652-3979

Record ID: 310012DN
Service Type: DSS
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5

Program Name: KOINONIA GROUP HOME #1
Legal Name: KOINONIA FOSTER HOMES, INC.
Address: 3880 OAK TREE LANE
City, State: LOOMIS, CA 95650
Phone #: (916)652-0171 Fax #: (916)652-3979

Record ID: 310012AN
Service Type: DSS
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5

Program Name: KOINONIA GROUP HOME #3
Legal Name: KOINONIA FOSTER HOMES, INC.
Address: 5440 PARAGON STREET
City, State: ROCKLIN, CA 95677
Phone #: (916)652-0171 Fax #: (916)652-3979

Record ID: 310012CN
Service Type: DSS
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5

Program Name: SIERRA NATIVE ALLIANCE - WHITE BISON PROGRAM (WBP)
Legal Name: NATIVE ALLIANCE OF THE SIERRA NEVADA FOOTHILLS
Address: 3885 RICHARDSON DRIVE, SUITES 314, 316, 318 AND 320
City, State: AUBURN, CA 95602
Phone #: (530)888-8767 Fax #: (530)888-8757

Record ID: 310020AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 07/31/2014

Program Name: PES-EBS.INC.
Legal Name: PE-EBS.INC.
Address: 340 LINCOLN STREET
City, State: ROSEVILLE, CA 95603
Phone #: (530)888-1010 Fax #: (530)888-9065

Record ID: 310021AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: PROGRESS HOUSE WOMEN AND CHILDREN'S FACILITY
Legal Name: PROGRESS HOUSE, INC.
Address: 34248 EAST TOWLE ROAD
City, State: ALTA, CA 95701
Phone #: (530)626-9240 Fax #: (530)626-8992

Record ID: 310005BN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 14
Target Population: 1.4
Expiration Date 10/31/2014

Program Name: SIERRA MENTAL WELLNESS GROUP
Legal Name: SIERRA MENTAL WELLNESS GROUP
Address: 2690 LAKE FOREST ROAD, SUITE 202
City, State: TAHOE CITY, CA 96145
Phone #: (530)581-4054

Record ID: 310003CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2014

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

As of: 01/16/2014

Placer County

Program Name: SIERRA MENTAL WELLNESS GROUP
Legal Name: SIERRA MENTAL WELLNESS GROUP
Address: 333 SUNRISE AVENUE, SUITE 701
City, State: ROSEVILLE, CA 95661
Phone #: (916)783-5207 Fax #: (916)783-9145

Record ID: 310003AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2014

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

As of 1/16/2014 ***Plumas County***

No licensed or certified facilities at this time.

Please check with a neighboring county for services.

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

As of: 01/16/2014

Riverside County

Program Name: 10 ACRE RANCH, INC.
Legal Name: 10 ACRE RANCH, INC.
Address: 5953 GRAND AVENUE
City, State: RIVERSIDE, CA 92504
Phone #: (951)784-7081 Fax #: (951)784-7084

Record ID: 330042BN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 10/31/2015

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: INDIO, CA 92201
Phone #: (760)342-6616

Record ID: 330001AN
Service Type: RES-DETOX
Resident Capacity: 86
Total Occupancy: 89
Target Population: 1.1
Expiration Date 06/30/2014

Program Name: ABC RECOVERY CENTER OUTPATIENT PROGRAM
Legal Name: A.B.C. RECOVERY CENTER, INC.
Address: 82353 INDIO BLVD.
City, State: INDIO, CA 92201
Phone #: (760)342-6616 Fax #: (760)347-8276

Record ID: 330001BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 07/31/2015

Program Name: THE AWARENESS PROGRAM
Legal Name: AWARENESS PROGRAM, INC.
Address: 45-550 GRACE STREET
City, State: INDIO, CA 92201
Phone #: (760)342-1233 Fax #: (760)342-5344

Record ID: 330051AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2015

Program Name: AXIOM COUNSELING TEAM
Legal Name: AXIOM COUNSELING TEAM
Address: 6887 MAGNOLIA AVENUE
City, State: RIVERSIDE, CA 92506
Phone #: (951)369-5260 Fax #: (951)787-0562

Record ID: 330069AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2014

Program Name: BRAD KEITH - AXIS RESIDENTIAL TREATMENT CENTER (ARTC)
Legal Name: AXIS RESIDENTIAL TREATMENT CENTER
Address: 75450 FAIRWAY DRIVE
City, State: INDIAN WELLS, CA 92210
Phone #: (310)435-6298 Fax #: (310)202-7604

Record ID: 330082AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 09/30/2014

Program Name: DESERT PALMS RECOVERY
Legal Name: BEHAVIORAL HEALTH SOLUTIONS OF CALIFORNIA LLC
Address: 67580 JONES ROAD
City, State: CATHEDRAL CITY, CA 92234
Phone #: (760)969-4150 Fax #: (760)969-4179

Record ID: 330112AP
Service Type: RES-DETOX
Resident Capacity: 36
Total Occupancy: 36
Target Population: 1.1

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

As of: 01/16/2014

Riverside County

Program Name: BIG BEAR RECOVERY CENTER
Legal Name: BIG BEAR RECOVERY CENTER
Address: 16891 ALITA DRIVE
City, State: RIVERSIDE, CA 92504
Phone #: (951)398-7110 Fax #: (951)398-7135

Record ID: 330110AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 12/31/2014

Program Name: CLEAR DETOX CENTER
Legal Name: CLEAR DETOX CENTER, INC.
Address: 25014 RIVERVIEW LANE
City, State: MURRIETA, CA 92562
Phone #: (213)344-8804 Fax #: (949)200-7555

Record ID: 330104AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 08/31/2015

Program Name: HILL ALCOHOL & DRUG TREATMENT
Legal Name: COMMUNITY SOLUTIONS, INC.
Address: 42145 LYNDIE LANE, SUITE 108
City, State: TEMECULA, CA 92592
Phone #: (951)676-8241 Fax #: (951)676-8281

Record ID: 330032BP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 12/31/2014

Program Name: SOUTHERN CALIFORNIA DETOX
Legal Name: DAVID JOHNSON
Address: 42012 DAHLIA WAY
City, State: TEMECULA, CA 92591
Phone #: (714)854-2026

Record ID: 330105AP
Service Type: RES-DETOX
Resident Capacity: 4
Total Occupancy: 6
Target Population: **

Program Name: CENTER FOR HOPE
Legal Name: FIRST BAPTIST CHURCH OF CALIMESA
Address: 940 2ND STREET
City, State: CALIMESA, CA 92320
Phone #: (909)795-9716

Record ID: 330111AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2015

Program Name: FORTERUS HEALTH CARE SERVICES, INC.
Legal Name: FORTERUS HEALTH CARE SERVICES, INC.
Address: 40465 ERICA AVENUE
City, State: MURRIETA, CA 92562
Phone #: (916)837-2401 Fax #: (916)848-9402

Record ID: 330098FP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 9
Target Population: 1.1
Expiration Date 09/30/2015

Program Name: FORTERUS HEALTH CARE SERVICES, INC.
Legal Name: FORTERUS HEALTH CARE SERVICES, INC.
Address: 30852 HIGHLAND VISTA CIRCLE
City, State: TEMECULA, CA 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
Expiration Date 06/30/2014

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

As of: 01/16/2014

Riverside County

Program Name: FORTERUS HEALTH CARE SERVICES, INC.
Legal Name: FORTERUS HEALTH CARE SERVICES, INC.
Address: 41640 CORNING PLACE
City, State: MURRIETA, CA 92562
Phone #: (951)837-2401 Fax #: (951)848-9402

Record ID: 330098EP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 08/31/2015

Program Name: FORTERUS HEALTH CARE SERVICES, INC.
Legal Name: FORTERUS HEALTH CARE SERVICES, INC.
Address: 36866 PEBLEY COURT
City, State: WINCHESTER, CA 92596
Phone #: (951)837-2401 Fax #: (951)848-9402

Record ID: 330098DP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 9
Target Population: 1.1
Expiration Date 08/31/2015

Program Name: FORTERUS HEALTH CARE SERVICES, INC.
Legal Name: FORTERUS HEALTH CARE SERVICES,INC.
Address: 36340 SICILY LANE
City, State: WINCHESTER, CA 92596
Phone #: (951)837-2401 Fax #: (951)848-9402

Record ID: 330098CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 9
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: NEW BEGINNINGS ADDICTION & RECOVERY CENTER
Legal Name: GROUP HOME SUPPORT SERVICES, INC.
Address: 245 NORTH MURRAY STREET
City, State: BANNING, CA 92220
Phone #: (951)849-8812 Fax #: (951)755-8915

Record ID: 330097AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2014

Program Name: KEN SEELEY COMMUNITIES
Legal Name: INTERVENTION911
Address: 501 N CANTERA CIRCLE
City, State: PALM SPRINGS, CA 92262
Phone #: (760)778-7911 Fax #: (323)932-0078

Record ID: 330116AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1

Program Name: IRECOVER TREATMENT CENTER, SERENITY PALMS
Legal Name: IRECOVERY TREATMENT CENTERS INC.
Address: 37066 BANKSIDE DRIVE
City, State: CATHEDRAL CITY, CA 92234
Phone #: (760)275-6677 Fax #: (406)784-3994

Record ID: 330113AP
Service Type: RES-DETOX
Resident Capacity: 24
Total Occupancy: 24
Target Population: 1.1
Expiration Date 11/30/2015

Program Name: ADDICTION THERAPEUTIC SERVICES
Legal Name: J. HERNDONS, LLC
Address: 559 S. PALM CANYON DRIVE, SUITE B 101
City, State: PALM SPRINGS, CA 92262
Phone #: (760)778-6120 Fax #: (760)778-6122

Record ID: 330114AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2015

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

As of: 01/16/2014

Riverside County

Program Name: LIFE'S JOURNEY
Legal Name: LIFE'S JOURNEY CENTER, INC.
Address: 291 EAST CAMINO MONTE VISTA
City, State: PALM SPRINGS, CA 92262
Phone #: (760)864-6363

Record ID: 330040AP
Service Type: RES-DETOX
Resident Capacity: 30
Total Occupancy: 30
Target Population: 1.1
Expiration Date 06/30/2014

Program Name: HEMET CENTER FOR CHANGE
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 950 NORTH STATE STREET, SUITE A
City, State: HEMET, CA 92543
Phone #: (951)929-9838 Fax #: (951)929-9831

Record ID: 330078BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2014

Program Name: RIVERSIDE CENTER FOR CHANGE
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 3576 ARLINGTON AVENUE, SUITE 102 & 104
City, State: RIVERSIDE, CA 92506
Phone #: (951)782-9577 Fax #: (951)782-9521

Record ID: 330078AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2014

Program Name: MHS BEAUMONT
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 210 WEST 6TH STREET
City, State: BEAUMONT, CA 92223
Phone #: (951)845-0176 Fax #: (951)845-7513

Record ID: 330078DN
Service Type: RES
Resident Capacity: 70
Total Occupancy: 81
Target Population: 1.4
Expiration Date 09/30/2014

Program Name: INDIO CENTER FOR CHANGE
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 68100 RAMON ROAD, SUITE B9 & B10
City, State: CATHEDRAL CITY, CA 92234
Phone #: (760)321-0870 Fax #: (760)321-0916

Record ID: 330078CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2014

Program Name: MFI RECOVERY CENTER
Legal Name: MFI RECOVERY CENTER
Address: 24885 WHITEWOOD ROAD, #105
City, State: MURRIETA, CA 92563
Phone #: (951)698-8558 Fax #: (951)698-8883

Record ID: 330013RN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 07/31/2015

Program Name: LA VISTA, A PROGRAM OF MFI RECOVERY CENTER
Legal Name: MFI RECOVERY CENTER
Address: 2220/2220A GIRARD STREET & 294 E. MIDWAY AVENUE
City, State: SAN JACINTO, CA 92562
Phone #: (951)925-8450 Fax #: (951)658-6686

Record ID: 330013SN
Service Type: RES-DETOX
Resident Capacity: 30
Total Occupancy: 30
Target Population: 1.3
Expiration Date 10/31/2014

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

As of: 01/16/2014

Riverside County

Program Name: A WOMAN'S PLACE
Legal Name: MFI RECOVERY CENTER
Address: 4295 BROCKTON AVENUE
City, State: RIVERSIDE, CA 92501
Phone #: (951)341-0251 Fax #: (951)341-5316

Record ID: 330013GN
Service Type: RES-DETOX
Resident Capacity: 38
Total Occupancy: 64
Target Population: 1.4
Expiration Date 07/31/2015

Program Name: MFI RECOVERY CENTER-WOODCREST
Legal Name: MFI RECOVERY CENTER
Address: 17270 ROOSEVELT STREET
City, State: RIVERSIDE, CA 92508
Phone #: (951)780-2541 Fax #: (951)780-5809

Record ID: 330013AN
Service Type: RES-DETOX
Resident Capacity: 56
Total Occupancy: 56
Target Population: 1.1
Expiration Date 11/30/2013

Program Name: MFI RECOVERY CENTER
Legal Name: MFI RECOVERY CENTER
Address: 5870 ARLINGTON AVENUE
City, State: RIVERSIDE, CA 92504
Phone #: (951)683-6596 Fax #: (951)683-4239

Record ID: 330013IN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: MFI RECOVERY CENTER
Legal Name: MFI RECOVERY CENTER
Address: 2781 WEST RAMSEY STREET, SUITES 1, 2, & 3
City, State: BANNING, CA 92220
Phone #: (951)849-3896 Fax #: (951)849-0506

Record ID: 330013JN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: VALLEY-WIDE COUNSELING SERVICES
Legal Name: MFI RECOVERY CENTER
Address: 1604 SOUTH SANTA FE AVENUE #403
City, State: SAN JACINTO, CA 92583
Phone #: (951)654-2026 Fax #: (951)654-9927

Record ID: 330013QN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 06/30/2015

Program Name: MFI RECOVERY CENTER
Legal Name: MFI RECOVERY CENTER
Address: 4440 UNIVERSITY AVENUE #3, #5, #7, #9, #11 AND #13
City, State: RIVERSIDE, CA 92501
Phone #: (951)683-6596 Fax #: (951)683-4239

Record ID: 330013KN
Service Type: RES
Resident Capacity: 18
Total Occupancy: 18
Target Population: 1.3
Expiration Date 08/31/2015

Program Name: MICHAEL'S HOUSE
Legal Name: PALM SPRINGS TREATMENT CENTER, LLC
Address: 430 SOUTH CAHUILLA ROAD
City, State: PALM SPRINGS, CA 92262
Phone #: (760)320-5486 Fax #: (760)778-6020

Record ID: 330014BP
Service Type: RES-DETOX
Resident Capacity: 30
Total Occupancy: 30
Target Population: 1.1
Expiration Date 08/31/2014

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

As of: 01/16/2014

Riverside County

Program Name: MICHAEL'S HOUSE
Legal Name: PALM SPRINGS TREATMENT CENTERS, LLC
Address: 1910 SOUTH CAMINO REAL
City, State: PALM SPRINGS, CA 92264
Phone #: (760)320-3433

Record ID: 330014DP
Service Type: RES-DETOX
Resident Capacity: 60
Total Occupancy: 110
Target Population: 1.1
Expiration Date 03/31/2014

Program Name: PALM SPRINGS SERENITY RETREAT
Legal Name: PALM SPRINGS TREATMENT CENTERS, LLC
Address: 2095 NORTH INDIAN CANYON DRIVE
City, State: PALM SPRINGS, CA 92262
Phone #: (760)416-7951 Fax #: (760)416-1330

Record ID: 330014CP
Service Type: RES-DETOX
Resident Capacity: 30
Total Occupancy: 30
Target Population: 1.1
Expiration Date 10/31/2014

Program Name: MICHAEL'S HOUSE INTENSIVE OUTPATIENT
Legal Name: PALM SPRINGS TREATMENT CENTERS, LLC.
Address: 515 NORTH PALM CANYON DRIVE, BUILDING H
City, State: PALM SPRINGS, CA 92262
Phone #: (760)325-0100 Fax #: (760)778-6020

Record ID: 330014EP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.8
Expiration Date 11/30/2014

Program Name: PERRIS VALLEY RECOVERY PROGRAMS, INC.
Legal Name: PERRIS VALLEY RECOVERY PROGRAMS, INC.
Address: 236 EAST THIRD STREET, SUITE B
City, State: PERRIS, CA 92570
Phone #: (951)657-2960

Record ID: 330038AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2015

Program Name: PHYSICIANS FOR HEALTHY HOSPITALS, INC. / HEMET VALLEY REC(
Legal Name: PHYSICIANS FOR HEALTHY HOSPITALS, INC.
Address: 371 NORTH WESTON PLACE
City, State: HEMET, CA 92543
Phone #: (951)765-4900 Fax #: (951)765-4764

Record ID: 330101AP
Service Type: RES
Resident Capacity: 16
Total Occupancy: 16
Target Population: 1.1
Expiration Date 11/30/2014

Program Name: PINE RIDGE TREATMENT CENTERS - PALM DESERT
Legal Name: PINE RIDGE TREATMENT CENTER, INCORPORATED
Address: 77-682 COUNTRY CLUB DRIVE, SUITE F3
City, State: PALM DESERT, CA 92211
Phone #: (760)200-1339 Fax #: (760)568-5228

Record ID: 330035AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2015

Program Name: RANCH CREEK RECOVERY
Legal Name: RANCH CREEK RECOVERY, INC.
Address: 27600 SUNDAY DRIVE
City, State: TEMECULA, CA 92590
Phone #: (951)676-9111 Fax #: (951)571-4841

Record ID: 330100AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 01/31/2015

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

As of: 01/16/2014

Riverside County

Program Name: RIVERSIDE COUNTY LATINO COMMISSION COUNSELING CENTER
Legal Name: RIVERSIDE COUNTY LATINO COMMISSION ON ALCOHOL & DRUG A
Address: 1612 FIRST STREET
City, State: COACHELLA, CA 92236
Phone #: (760)398-9000 Fax #: (760)398-9790

Record ID: 330037DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 02/28/2015

Program Name: CASA LAS PALMAS RECOVERY HOME
Legal Name: RIVERSIDE COUNTY LATINO COMMISSION ON ALCOHOL AND DRU(
Address: 83-844 HOPI AVENUE
City, State: INDIO, CA 92201
Phone #: (760)347-9442

Record ID: 330037AN
Service Type: RES
Resident Capacity: 7
Total Occupancy: 7
Target Population: 1.2
Expiration Date 07/31/2014

Program Name: CASA CECILIA RECOVERY HOME
Legal Name: RIVERSIDE COUNTY LATINO COMMISSION ON ALCOHOL AND DRU(
Address: 83-385 ROSA AVENUE
City, State: THERMAL, CA 92274
Phone #: (760)398-2008 Fax #: (760)342-8022

Record ID: 330037BN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.3
Expiration Date 05/31/2014

Program Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM
Legal Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM
Address: 83-912 AVENUE 45, SUITE 9
City, State: INDIO, CA 92201
Phone #: (760)347-0754 Fax #: (760)347-8507

Record ID: 330023EN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM
Legal Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM
Address: 1827 ATLANTA AVENUE, SUITE D-1
City, State: RIVERSIDE, CA 92507
Phone #: (951)955-2105

Record ID: 330023CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: DESERT DRUG COURT
Legal Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM
Address: 68-615 PEREZ ROAD, SUITE 6A
City, State: CATHEDRAL CITY, CA 92234
Phone #: (760)770-2213 Fax #: (760)770-2240

Record ID: 330023HN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM
Legal Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM
Address: 1297 WEST HOBSON WAY
City, State: BLYTHE, CA 92225
Phone #: (760)921-5000 Fax #: (760)921-5010

Record ID: 330023FN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2014

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

As of: 01/16/2014

Riverside County

Program Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM
Legal Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM
Address: 650 NORTH STATE STREET
City, State: HEMET, CA 92543
Phone #: (951)791-3350 Fax #: (951)791-3353

Record ID: 330023BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM
Legal Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM
Address: 623 NORTH MAIN STREET, SUITE D-11
City, State: CORONA, CA 91720
Phone #: (951)737-2962

Record ID: 330023DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: OMEGA PROGRAM
Legal Name: RIVERSIDE RECOVERY RESOURCES
Address: 3757 ELIZABETH STREET
City, State: RIVERSIDE, CA 92506
Phone #: (951)788-8211 Fax #: (909)788-4803

Record ID: 330009QN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2013

Program Name: FIRST STEP HOUSE
Legal Name: RIVERSIDE RECOVERY RESOURCES
Address: 40333-B STETSON AVENUE
City, State: HEMET, CA 92544
Phone #: (951)658-4466

Record ID: 330009EN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 01/31/2014

Program Name: OMEGA/ BETA PROGRAM LAKE ELSINORE
Legal Name: RIVERSIDE RECOVERY RESOURCES
Address: 600 THIRD STREET, SUITE C
City, State: LAKE ELSINORE, CA 92530
Phone #: (951)674-7354

Record ID: 330009ON
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: FIRST STEP HOUSE
Legal Name: RIVERSIDE RECOVERY RESOURCES
Address: 40331 STETSON AVENUE
City, State: HEMET, CA 92544
Phone #: (951)658-4466

Record ID: 330009DN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 01/31/2014

Program Name: FIRST STEP HOUSE
Legal Name: RIVERSIDE RECOVERY RESOURCES
Address: 40333-A STETSON AVENUE
City, State: HEMET, CA 92544
Phone #: (951)658-4466

Record ID: 330009FN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 01/31/2014

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

As of: 01/16/2014

Riverside County

Program Name: FIRST STEP HOUSE
Legal Name: RIVERSIDE RECOVERY RESOURCES
Address: 40329 STETSON AVENUE
City, State: HEMET, CA 92544
Phone #: (951)658-4466

Record ID: 330009CN
Service Type: RES-DETOX
Resident Capacity: 4
Total Occupancy: 4
Target Population: 1.2
Expiration Date 01/31/2014

Program Name: SUNRISE RECOVERY RANCH
Legal Name: SOBER LIVING BY THE SEA, INC.
Address: 6690 LIMONITE FRONTAGE ROAD
City, State: RIVERSIDE, CA 92509
Phone #: (951)328-0146

Record ID: 330056BP
Service Type: RES-DETOX
Resident Capacity: 13
Total Occupancy: 13
Target Population: 1.1
Expiration Date 07/31/2014

Program Name: SUNRISE RECOVERY RANCH
Legal Name: SOBER LIVING BY THE SEA, INC.
Address: 6770 LIMONITE FRONTAGE RANCH
City, State: RIVERSIDE, CA 92509
Phone #: (951)328-0146

Record ID: 330056DP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 12/31/2014

Program Name: SUNRISE RECOVERY RANCH
Legal Name: SOBER LIVING BY THE SEA, INC.
Address: 6690 LIMONITE FRONTAGE ROAD
City, State: RIVERSIDE, CA 92509
Phone #: (951)328-0146 Fax #: (951)328-0175

Record ID: 330056AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.2
Expiration Date 12/31/2014

Program Name: SUNRISE RECOVERY RANCH
Legal Name: SOBER LIVING BY THE SEA. INC.
Address: 6798 LIMONITE FRONTAGE ROAD
City, State: RIVERSIDE, CA 92509
Phone #: (951)328-0146

Record ID: 330056CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 12/31/2014

Program Name: SOROPTIMIST HOUSE OF HOPE #1
Legal Name: SOROPTIMIST HOUSE OF HOPE, INC.
Address: 13525 CIELO AZUL WAY
City, State: DESERT HOT SPRINGS, CA 92240
Phone #: (951)849-9491

Record ID: 330016AN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3
Expiration Date 02/28/2014

Program Name: PALM SPRINGS RECOVERY
Legal Name: SPENCER RECOVERY CENTERS, INC.
Address: 1404 NORTH PALM CANYON DRIVE
City, State: PALM SPRINGS, CA 92262
Phone #: (949)376-3705 Fax #: (949)376-6862

Record ID: 330086BP
Service Type: RES
Resident Capacity: 32
Total Occupancy: 32
Target Population: 1.1
Expiration Date 11/30/2014

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

As of: 01/16/2014

Riverside County

Program Name: SPENCER RECOVERY CENTERS
Legal Name: SPENCER RECOVERY CENTERS, INC.
Address: 1276 NORTH PALM CANYON DRIVE, #204
City, State: PALM SPRINGS, CA 92262
Phone #: (760)778-4876

Record ID: 330086AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

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: HEMET, CA 92543
Phone #: (951)906-1424

Record ID: 330106AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2014

Program Name: SUN RAY ADDICTIONS COUNSELING AND EDUCATION
Legal Name: SUN RAY ADDICTIONS COUNSELING AND EDUCATION
Address: 950 NORTH STATE STREET, SUITE D
City, State: HEMET, CA 92543
Phone #: (951)652-3560 Fax #: (951)929-2780

Record ID: 330094AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 03/31/2014

Program Name: SUNRISE ALCOHOL & DRUGS REHAB CENTER
Legal Name: SUNRISE ALCOHOL & DRUGS REHAB CENTER
Address: 12125 DAY STREET, SUITE E315
City, State: MORENO VALLEY, CA 92557
Phone #: (661)400-0852

Record ID: 330099AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: THE WYLIE CENTER
Legal Name: THE CAROLYN E. WYLIE CENTER FOR CHILDREN, YOUTH AND FAM
Address: 4164 BROCKTON AVENUE
City, State: RIVERSIDE, CA 92501
Phone #: (951)683-5193 Fax #: (909)683-6019

Record ID: 330065AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.4
Expiration Date 02/28/2014

Program Name: THE HIGH ROAD PROGRAM
Legal Name: THE HIGH ROAD PROGRAM
Address: 3579 ARLINGTON AVENUE, SUITE 200
City, State: RIVERSIDE, CA 92506
Phone #: (951)781-6762

Record ID: 330050AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2015

Program Name: THE RANCH
Legal Name: THE RANCH RECOVERY CENTERS, INC.
Address: 7885 ANNANDALE AVENUE
City, State: DESERT HOT SPRINGS, CA 92240
Phone #: (760)329-2924

Record ID: 330003AN
Service Type: RES-DETOX
Resident Capacity: 46
Total Occupancy: 46
Target Population: 1.2
Expiration Date 06/30/2014

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

As of: 01/16/2014

Riverside County

Program Name: HACIENDA VALDEZ
Legal Name: THE RANCH RECOVERY CENTERS, INC.
Address: 12890 QUINTA WAY
City, State: DESERT HOT SPRINGS, CA 92240
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
Expiration Date 06/30/2014

Program Name: METCALF RECOVERY RANCH
Legal Name: VARP, INC.
Address: 9826 18TH AVENUE
City, State: BLYTHE, CA 92225
Phone #: (760)922-8625 Fax #: (760)922-6717

Record ID: 330020AN
Service Type: RES
Resident Capacity: 20
Total Occupancy: 20
Target Population: 1.2
Expiration Date 06/30/2014

Program Name: DESERT TREATMENT CLINIC
Legal Name: WCHS, INC.
Address: 1330 NORTH INDIAN CANYON DRIVE, SUITES A, B AND C
City, State: PALM SPRINGS, CA 92262
Phone #: (760)322-9065 Fax #: (760)322-8916

Record ID: 330081CP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2014

Program Name: TEMECULA VALLEY TREATMENT CENTER
Legal Name: WCHS, INC.
Address: 40700 CALIFORNIA OAKS ROAD, SUITES 201, 202 AND 203
City, State: MURRIETA, CA 92562
Phone #: (951)894-5072 Fax #: (951)894-7324

Record ID: 330081AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 07/31/2014

Program Name: RIVERSIDE TREATMENT CENTER
Legal Name: WCHS, INC.
Address: 1021 WEST LA CADENA
City, State: RIVERSIDE, CA 92501
Phone #: (951)784-8010 Fax #: (951)784-2859

Record ID: 330081DP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2014

Program Name: PALM AVENUE WOMEN'S PROGRAM
Legal Name: WHITESIDE MANOR
Address: 4750 PALM AVENUE
City, State: RIVERSIDE, CA 92501
Phone #: (951)686-9454 Fax #: (951)686-2303

Record ID: 330004WN
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.3
Expiration Date 10/31/2015

Program Name: JANET STREET
Legal Name: WHITESIDE MANOR
Address: 8567 AND 8589 JANET STREET
City, State: RIVERSIDE, CA 92501
Phone #: (951)686-9454 Fax #: (951)686-2303

Record ID: 330004ON
Service Type: RES-DETOX
Resident Capacity: 18
Total Occupancy: 18
Target Population: 1.2
Expiration Date 04/30/2014

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

As of: 01/16/2014

Riverside County

Program Name: CHALLEN APARTMENTS
Legal Name: WHITESIDE MANOR
Address: 5919, 5925, 5929 AND 5935 CHALLEN AVENUE
City, State: RIVERSIDE, CA 92501
Phone #: (951)686-9454 Fax #: (951)686-2303

Record ID: 330004QN
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.3
Expiration Date 03/31/2014

Program Name: MEN'S SUBSTANCE ABUSE RECOVERY HOME
Legal Name: WHITESIDE MANOR
Address: 2709 AND 2743 ORANGE STREET
City, State: RIVERSIDE, CA 92501
Phone #: (951)686-9454 Fax #: (951)686-2303

Record ID: 330004AN
Service Type: RES-DETOX
Resident Capacity: 26
Total Occupancy: 26
Target Population: 1.2
Expiration Date 05/31/2014

Program Name: MEN'S ANNEX
Legal Name: WHITESIDE MANOR
Address: 2759 ORANGE STREET
City, State: RIVERSIDE, CA 92501
Phone #: (951)686-9454 Fax #: (951)686-2303

Record ID: 330004DN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 05/31/2014

Program Name: WILSHIRE HOUSE
Legal Name: WHITESIDE MANOR
Address: 2452 AND 2456 WILSHIRE
City, State: RIVERSIDE, CA 92501
Phone #: (951)686-9454 Fax #: (951)686-2303

Record ID: 330004TN
Service Type: RES-DETOX
Resident Capacity: 14
Total Occupancy: 14
Target Population: 1.3
Expiration Date 11/30/2014

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

As of: 01/16/2014

Sacramento County

Program Name: ANOTHER CHOICE, ANOTHER CHANCE
Legal Name: ANOTHER CHOICE, ANOTHER CHANCE
Address: 5450 POWER INN ROAD, SUITE B
City, State: SACRAMENTO, CA 95820
Phone #: (916)429-7977

Record ID: 340037AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2014

Program Name: ALPHA OAKS
Legal Name: ASSOCIATED REHABILITATION PROGRAM FOR WOMEN, INC.
Address: 8400 FAIR OAKS BOULEVARD
City, State: CARMICHAEL, CA 95608
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
Expiration Date 05/31/2014

Program Name: CORNERSTONE
Legal Name: ASSOCIATED REHABILITATION PROGRAM FOR WOMEN, INC.
Address: 6348 APPIAN WAY
City, State: CARMICHAEL, CA 95608
Phone #: (916)966-5102 Fax #: (916)966-9362

Record ID: 340001BN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3
Expiration Date 04/30/2014

Program Name: CORNERSTONE
Legal Name: ASSOCIATED REHABILITATION PROGRAM FOR WOMEN, INC.
Address: 6350 APPIAN WAY
City, State: CARMICHAEL, CA 95608
Phone #: (916)966-5102 Fax #: (916)966-9362

Record ID: 340001CN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3
Expiration Date 04/30/2014

Program Name: SIERRA VISTA HOSPITAL OUTPATIENT CD PROGRAM
Legal Name: BHC SIERRA VISTA HOSPITAL, INC.
Address: 8009 BRUCEVILLE ROAD #100
City, State: SACRAMENTO, CA 95823
Phone #: (916)288-0300 Fax #: (916)689-5517

Record ID: 340090AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2014

Program Name: BRIDGES OUTPATIENT TREATMENT SERVICES
Legal Name: BRIDGES PROFESSIONAL TREATMENT SERVICES
Address: 3600 POWER INN ROAD, SUITE D
City, State: SACRAMENTO, CA 95826
Phone #: (916)453-2704 Fax #: (916)453-2708

Record ID: 340041CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2015

Program Name: PROMISE HOUSE II
Legal Name: BRIDGES PROFESSIONAL TREATMENT SERVICES
Address: 1731 P STREET
City, State: SACRAMENTO, CA 95814
Phone #: (916)450-0700 Fax #: (916)930-0554

Record ID: 340041DN
Service Type: RES
Resident Capacity: 1
Total Occupancy: 2
Target Population: 1.4
Expiration Date 07/31/2015

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

As of: 01/16/2014

Sacramento County

Program Name: THE PROMISE HOUSE
Legal Name: BRIDGES PROFESSIONAL TREATMENT SERVICES
Address: 2727 P STREET
City, State: SACRAMENTO, CA 95816
Phone #: (916)452-3073

Record ID: 340041BN
Service Type: RES-DETOX
Resident Capacity: 28
Total Occupancy: 28
Target Population: 1.4
Expiration Date 10/31/2013

Program Name: NEW DAWN RECOVERY CENTER
Legal Name: CDT SERVICE CORPORATION
Address: 7447 ANTELOPE ROAD, SUITE 103
City, State: CITRUS HEIGHTS, CA 95621
Phone #: (916)723-1319

Record ID: 340039AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.10
Expiration Date 11/30/2014

Program Name: NEW DAWN RECOVERY CENTERS
Legal Name: CDT SERVICE CORPORATION
Address: 9960 BUSINESS PARK DRIVE, SUITE 160
City, State: SACRAMENTO, CA 95827
Phone #: (916)989-1675

Record ID: 340039EP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2013

Program Name: NEW DAWN RECOVERY CENTERS
Legal Name: CDT SERVICE CORPORATION
Address: 8780 & 8782 SHERRY DRIVE
City, State: ORANGEVALE, CA 95662
Phone #: (916)989-1675 Fax #: (916)989-8164

Record ID: 340039CP
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 14
Target Population: 1.1
Expiration Date 02/28/2015

Program Name: NEW DAWN RECOVERY CENTERS
Legal Name: CDT SERVICE CORPORATION
Address: 6039, 6043, AND 6045 ROLOFF WAY
City, State: ORANGEVALE, CA 95662
Phone #: (916)989-1675 Fax #: (916)989-8164

Record ID: 340039BP
Service Type: RES
Resident Capacity: 18
Total Occupancy: 18
Target Population: 1.1
Expiration Date 11/30/2013

Program Name: NEW DAWN RECOVERY CENTERS
Legal Name: CDT SERVICE CORPORATION
Address: 7011 SYLVAN ROAD, SUITE D
City, State: CITRUS HEIGHTS, CA 95610
Phone #: (916)723-4335 Fax #: (916)723-4339

Record ID: 340039DP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.10
Expiration Date 05/31/2015

Program Name: NEW DAWN RECOVERY CENTERS
Legal Name: CDT SERVICE CORPORATION
Address: 2410 FAIR OAKS BOULEVARD, SUITE 226
City, State: SACRAMENTO, CA 95825
Phone #: (916)969-4300 Fax #: (916)729-3059

Record ID: 340039FP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.10
Expiration Date 07/31/2014

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

As of: 01/16/2014

Sacramento County

Program Name: CENTER POINT FAIR OAKS OUTPATIENT
Legal Name: CENTER POINT, INC.
Address: 11228 FAIR OAKS BLVD.
City, State: FAIR OAKS, CA 94609
Phone #: (916)962-2800 Fax #: (916)962-2824

Record ID: 340048BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2014

Program Name: CENTER POINT
Legal Name: CENTER POINT, INC.
Address: 11228 FAIR OAKS BOULEVARD
City, State: FAIR OAKS, CA 95628
Phone #: (916)962-2800 Fax #: (916)962-2824

Record ID: 340048AN
Service Type: RES
Resident Capacity: 31
Total Occupancy: 31
Target Population: 1.1
Expiration Date 09/30/2015

Program Name: CLEAN & SOBER DETOX
Legal Name: CLEAN & SOBER DETOX, A CALIFORNIA NONPROFIT CORPORATIO
Address: 8946 MADISON AVENUE
City, State: FAIR OAKS, CA 95628
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
Expiration Date 10/31/2013

Program Name: CLEAN & SOBER RECOVERY HOME
Legal Name: CLEAN & SOBER RECOVERY SERVICES, INC.
Address: 5820 CHESTNUT AVENUE
City, State: ORANGEVALE, CA 95662
Phone #: (916)990-0190

Record ID: 340093AP
Service Type: RES
Resident Capacity: 24
Total Occupancy: 24
Target Population: 1.1
Expiration Date 03/31/2014

Program Name: SACRAMENTO COUNTY DRUG COURT
Legal Name: COUNTY OF SACRAMENTO PROBATION DEPARTMENT
Address: 3201 FLORIN-PERKINS ROAD
City, State: SACRAMENTO, CA 95826
Phone #: (916)875-0665

Record ID: 340038AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2014

Program Name: D & A MEN'S DETOX
Legal Name: D & A DETOX CENTER
Address: 10590 MALAGA WAY
City, State: RANCHO CORDOVA, CA 95670
Phone #: (916)364-3540 Fax #: (916)369-7154

Record ID: 340035GN
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 02/28/2015

Program Name: D & A TREATMENT CENTER
Legal Name: D & A DETOX CENTER
Address: 10157 LA ALEGRIA DRIVE
City, State: RANCHO CORDOVA, CA 95670
Phone #: (916)361-2833 Fax #: (916)364-5389

Record ID: 340035FN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.2
Expiration Date 06/30/2015

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

As of: 01/16/2014

Sacramento County

Program Name: D & A DETOX CENTER
Legal Name: D & A DETOX CENTER
Address: 2721 BARBERA WAY
City, State: RANCHO CORDOVA, CA 95670
Phone #: (916)364-7660

Record ID: 340035CN
Service Type: RES-DETOX
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.1
Expiration Date 03/31/2014

Program Name: MERCY PERINATAL RECOVERY NETWORK (PRN)
Legal Name: DIGNITY HEALTH
Address: 650 HOWE AVENUE, SUITES 504, 530 AND 560
City, State: SACRAMENTO, CA 95825
Phone #: (916)614-2240 Fax #: (916)564-3160

Record ID: 340040BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.3
Expiration Date 03/31/2015

Program Name: FOCUS HEALTHCARE OF CALIFORNIA, LLC
Legal Name: FOCUS HEALTHCARE OF CALIFORNIA, LLC
Address: 2221 FAIR OAKS BOULEVARD
City, State: SACRAMENTO, CA 95825
Phone #: (916)514-8501

Record ID: 340101AP
Service Type: RES-DETOX
Resident Capacity: 48
Total Occupancy: 48
Target Population: 1.1
Expiration Date 08/31/2014

Program Name: 12 WAYS TO SUCCESS
Legal Name: JUVENILES AT RISK
Address: 5400 POWER INN ROAD
City, State: SACRAMENTO, CA 95820
Phone #: (916)422-2556 Fax #: (916)541-3579

Record ID: 340070AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.7
Expiration Date 01/31/2015

Program Name: KOINONIA GROUP HOME #5
Legal Name: KOINONIA FOSTER HOMES, INC.
Address: 4232 BIG CLOUD WAY
City, State: ANTELOPE, CA 95843
Phone #: (916)652-0171 Fax #: (916)652-3979

Record ID: 340063AN
Service Type: DSS
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5

Program Name: MAAP INC., SACRAMENTO YOUTH PROJECT
Legal Name: MEXICAN AMERICAN ADDICTION PROGRAM, INC.
Address: 3628 MADISON AVENUE, SUITE 21
City, State: NORTH HIGHLANDS, CA 95660
Phone #: (916)331-4500 Fax #: (916)331-4501

Record ID: 340004EN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2015

Program Name: MAAP COUNSELING CENTER
Legal Name: MEXICAN AMERICAN ADDICTION PROGRAM, INC.
Address: 3612 MADISON AVENUE, SUITE 29
City, State: NORTH HIGHLANDS, CA 95660
Phone #: (916)394-3489 Fax #: (916)231-9172

Record ID: 340004CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 07/31/2014

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

As of: 01/16/2014

Sacramento County

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: SACRAMENTO, CA 95823
Phone #: (916)394-3489 Fax #: (916)394-2480

Record ID: 340004DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2015

Program Name: MI CASA RECOVERY HOME
Legal Name: MEXICAN AMERICAN ADDICTION PROGRAM, INC.
Address: 2515 48TH AVENUE
City, State: SACRAMENTO, CA 95822
Phone #: (916)394-2328 Fax #: (916)394-2457

Record ID: 340004BN
Service Type: RES
Resident Capacity: 20
Total Occupancy: 20
Target Population: 1.2
Expiration Date 07/31/2014

Program Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE SA
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE IN
Address: 1446 ETHAN WAY
City, State: SACRAMENTO, CA 95825
Phone #: (916)922-5110

Record ID: 340052BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.3
Expiration Date 05/31/2014

Program Name: OAK HOUSE TREATMENT PROGRAM I
Legal Name: OAK HOUSE CORPORATION
Address: 7987 OAK AVENUE
City, State: CITRUS HEIGHTS, CA 95610
Phone #: (916)721-9699 Fax #: (916)721-5302

Record ID: 340013BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 03/31/2014

Program Name: OAK HOUSE TREATMENT PROGRAM II
Legal Name: OAK HOUSE CORPORATION
Address: 7919 OAK AVENUE
City, State: CITRUS HEIGHTS, CA 95610
Phone #: (916)721-9699

Record ID: 340013AP
Service Type: RES-DETOX
Resident Capacity: 9
Total Occupancy: 10
Target Population: 1.2
Expiration Date 02/28/2014

Program Name: PACIFIC HARBOR TREATMENT
Legal Name: PACIFIC HARBOR TREATMENT, INC.
Address: 3485 BERETANIA WAY
City, State: SACRAMENTO, CA 95834
Phone #: (916)285-0885

Record ID: 340104AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 9
Target Population: 1.1
Expiration Date 04/30/2015

Program Name: PANACEA, INC. - COMPREHENSIVE DRUG AND ALCOHOL TREATME
Legal Name: PANACEA, INC.
Address: 3336 BRADSHAW ROAD, SUITE 315
City, State: SACRAMENTO, CA 95827
Phone #: (916)854-4564

Record ID: 340064AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2015

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

As of: 01/16/2014

Sacramento County

Program Name: PATHWAYS RECOVERY
Legal Name: PATHWAYS RECOVERY
Address: 6538 GREY OAK COURT
City, State: CITRUS HEIGHTS, CA 95621
Phone #: (916)398-0729 Fax #: (877)494-5088

Record ID: 340098AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 02/28/2014

Program Name: PREPARING PEOPLE FOR SUCCESS
Legal Name: PREPARING PEOPLE FOR SUCCESS
Address: 1513 SPORTS DRIVE, SUITE 100
City, State: SACRAMENTO, CA 95834
Phone #: (916)807-6768 Fax #: (916)515-9334

Record ID: 340102AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 12/31/2014

Program Name: GRACE HOUSE
Legal Name: RIVER CITY RECOVERY CENTER, INC.
Address: 2217 G STREET
City, State: SACRAMENTO, CA 95816
Phone #: (916)442-3979

Record ID: 340002CN
Service Type: RES
Resident Capacity: 15
Total Occupancy: 15
Target Population: 1.3
Expiration Date 11/30/2014

Program Name: STARLIGHT
Legal Name: RIVER CITY RECOVERY CENTER, INC.
Address: 2218 E STREET
City, State: SACRAMENTO, CA 95816
Phone #: (916)442-3979 Fax #: (916)442-3577

Record ID: 340002BN
Service Type: RES
Resident Capacity: 24
Total Occupancy: 24
Target Population: 1.3
Expiration Date 11/30/2014

Program Name: ALTUA
Legal Name: RIVER CITY RECOVERY CENTER, INC.
Address: 12490 ALTA MESA ROAD
City, State: HERALD, CA 95638
Phone #: (209)748-2470

Record ID: 340002AN
Service Type: RES
Resident Capacity: 55
Total Occupancy: 55
Target Population: 1.2
Expiration Date 07/31/2014

Program Name: SACRAMENTO AREA EMERGENCY HOUSING CENTER
Legal Name: SACRAMENTO AREA EMERGENCY HOUSING CENTER
Address: 2925 34TH STREET
City, State: SACRAMENTO, CA 95817
Phone #: (916)454-2120

Record ID: 340045AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.7
Expiration Date 02/28/2015

Program Name: SACRAMENTO AREA EMERGENCY HOUSING CENTER
Legal Name: SACRAMENTO AREA EMERGENCY HOUSING CENTER
Address: 4516 PARKER AVENUE
City, State: SACRAMENTO, CA 95820
Phone #: (916)455-2160

Record ID: 340045BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.7
Expiration Date 02/28/2015

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

As of: 01/16/2014

Sacramento County

Program Name: SACRAMENTO NATIVE AMERICAN HEALTH CENTER
Legal Name: SACRAMENTO NATIVE AMERICAN HEALTH CENTER, INC.
Address: 2020 J STREET
City, State: SACRAMENTO, CA 95814
Phone #: (916)341-0575 Fax #: (916)341-0574

Record ID: 340082AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2014

Program Name: SACRAMENTO RECOVERY HOUSE
Legal Name: SACRAMENTO RECOVERY HOUSE, INC.
Address: 1914 22ND STREET
City, State: SACRAMENTO, CA 95816
Phone #: (916)455-6258

Record ID: 340103AN
Service Type: RES
Resident Capacity: 17
Total Occupancy: 18
Target Population: 1.2
Expiration Date 08/31/2014

Program Name: GATEWAY HOUSE
Legal Name: SACRAMENTO RECOVERY HOUSE, INC.
Address: 4049 MILLER WAY
City, State: SACRAMENTO, CA 95817
Phone #: (916)451-9312 Fax #: (916)451-8014

Record ID: 340103BN
Service Type: RES
Resident Capacity: 18
Total Occupancy: 18
Target Population: 1.3
Expiration Date 05/31/2014

Program Name: SOBRIETY BRINGS A CHANGE
Legal Name: SOBRIETY BRINGS A CHANGE
Address: 4825 J STREET, SUITE 120
City, State: SACRAMENTO, CA 95819
Phone #: (916)454-4242

Record ID: 340008AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2014

Program Name: STRATEGIES FOR CHANGE OUTPATIENT
Legal Name: STRATEGIES FOR CHANGE
Address: 4441 AUBURN BOULEVARD, SUITE E
City, State: SACRAMENTO, CA 95841
Phone #: (916)473-5764 Fax #: (916)473-5766

Record ID: 340084AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.10
Expiration Date 07/31/2015

Program Name: STRATEGIES FOR CHANGE
Legal Name: STRATEGIES FOR CHANGE
Address: 4343 WILLIAMSBOURGH DRIVE
City, State: SACRAMENTO, CA 95823
Phone #: (916)395-3552

Record ID: 340084BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.10
Expiration Date 08/31/2014

Program Name: AZURE ACRES IOP
Legal Name: THE CAMP RECOVERY CENTERS, L.P.
Address: 5777 MADISON AVENUE, SUITE 1210
City, State: SACRAMENTO, CA 95841
Phone #: (916)338-0400 Fax #: (916)338-3589

Record ID: 340078AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2015

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

As of: 01/16/2014

Sacramento County

Program Name: CARES ALCOHOL AND OTHER DRUG OUTPATIENT PROGRAM
Legal Name: THE CENTER FOR A.I.D.S. RESEARCH, EDUCATION AND SERVICES -
Address: 1500 21ST STREET
City, State: SACRAMENTO, CA 95814
Phone #: (916)443-3299 Fax #: (916)325-1980

Record ID: 340042BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2015

Program Name: ALTERNATIVE HOUSE
Legal Name: THE EFFORT, INC.
Address: 1550 JULIESSE AVENUE
City, State: SACRAMENTO, CA 95815
Phone #: (916)921-6598

Record ID: 340015AN
Service Type: RES-DETOX
Resident Capacity: 48
Total Occupancy: 48
Target Population: 1.1
Expiration Date 02/28/2014

Program Name: TOWNS HEALTH SERVICES
Legal Name: TOWNS HEALTH SERVICES, INC.
Address: 750 SPAANS ROAD, SUITES C AND F
City, State: GALT, CA 95632
Phone #: (510)302-8755 Fax #: (209)745-2746

Record ID: 340100AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 03/31/2014

Program Name: SACRAMENTO TREATMENT CLINIC
Legal Name: TREATMENT ASSOCIATES, INC.
Address: 7225 EAST SOUTHGATE DRIVE, SUITE D
City, State: SACRAMENTO, CA 95823
Phone #: (916)394-1000 Fax #: (916)394-1010

Record ID: 340080AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2014

Program Name: VERITAS COUNSELING CDIOP
Legal Name: VERITAS COUNSELING CDIOP
Address: 3137 DWIGHT ROAD, SUITE 600
City, State: ELK GROVE, CA 95758
Phone #: (916)422-1319 Fax #: (916)422-1321

Record ID: 340105AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2015

Program Name: SACRAMENTO VETERANS RESOURCE CENTER
Legal Name: VIETNAM VETERANS OF CALIFORNIA, INC.
Address: 7270 EAST SOUTHGATE DRIVE, BUILDING 4
City, State: SACRAMENTO, CA 95823
Phone #: (916)393-8387 Fax #: (916)393-8389

Record ID: 340058AN
Service Type: RES
Resident Capacity: 22
Total Occupancy: 22
Target Population: 1.1
Expiration Date 11/30/2013

Program Name: OPTIONS FOR RECOVERY - RESIDENTIAL TREATMENT PROGRAM
Legal Name: VOLUNTEERS OF AMERICA NORTHERN CALIFORNIA & NORTHERN
Address: 1001 GRAND AVENUE
City, State: SACRAMENTO, CA 95838
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
Expiration Date 11/30/2014

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

As of: 01/16/2014

Sacramento County

Program Name: CRISIS INTAKE AND COUNSELING CENTER
Legal Name: WELLSPACE HEALTH
Address: 1820 J STREET
City, State: SACRAMENTO, CA 95811
Phone #: (916)325-5556

Record ID: 340015CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2014

Program Name: THE EFFORT SOUTH VALLEY CENTER (SVC)
Legal Name: WELLSPACE HEALTH
Address: 8233 EAST STOCKTON BOULEVARD, SUITE D
City, State: SACRAMENTO, CA 95828
Phone #: (916)368-3080 Fax #: (916)368-3076

Record ID: 340015FN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2014

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

As of: 01/16/2014

San Benito County

Program Name: SAN BENITO COUNTY SUBSTANCE ABUSE PROGRAM
Legal Name: SAN BENITO COUNTY
Address: 1131 SAN FELIPE ROAD
City, State: HOLLISTER, CA 95023
Phone #: (831)636-4020 Fax #: (831)636-4015

Record ID: 350001AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2015

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

As of: 01/16/2014

San Bernardino County

Program Name: MERITO HOUSE RESIDENTIAL TREATMENT FOR MEN
Legal Name: ALAN W. STEELE
Address: 911 N. CHURCH STREET
City, State: REDLANDS, CA 92373
Phone #: (909)335-2069 Fax #: (909)881-3431

Record ID: 360079BP
Service Type: RES
Resident Capacity: 9
Total Occupancy: 9
Target Population: 1.2
Expiration Date 01/31/2014

Program Name: RANCHO COMMUNITY RE-ENTRY COUNSELING PROGRAM
Legal Name: COUNTY OF SAN BERNARDINO, DEPARTMENT OF BEHAVIORAL HE
Address: 9478 ETIWANDA AVENUE
City, State: RANCHO CUCAMONGA, CA 91739
Phone #: (909)463-7556

Record ID: 360050JN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2015

Program Name: DAP RECOVERY HOME
Legal Name: DRUG ALTERNATIVE PROGRAM
Address: 11810 KINGSTON STREET
City, State: GRAND TERRACE, CA 92313
Phone #: (909)783-1094

Record ID: 360021BN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 08/31/2015

Program Name: HIS HOUSE
Legal Name: G & C SWAN, INC.
Address: 23950 PRADO LANE
City, State: COLTON, CA 92324
Phone #: (909)981-6121 Fax #: (909)944-0192

Record ID: 360075AP
Service Type: RES
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.1
Expiration Date 04/30/2014

Program Name: HIS HOUSE
Legal Name: G & C SWAN, INC.
Address: 1354 CARLOS PLACE
City, State: ONTARIO, CA 91764
Phone #: (909)519-0767 Fax #: (909)944-0192

Record ID: 360075CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.2
Expiration Date 12/31/2014

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 PA
City, State: UPLAND, CA 91786
Phone #: (909)981-6121 Fax #: (909)944-0192

Record ID: 360075BP
Service Type: RES-DETOX
Resident Capacity: 30
Total Occupancy: 31
Target Population: 1.2
Expiration Date 04/30/2014

Program Name: NEW CREATION ADDICTION TREATMENT CENTER
Legal Name: G AND C SWAN, INC.
Address: 563 N CENTRAL AVENUE
City, State: UPLAND, CA 91786
Phone #: (909)241-7219 Fax #: (909)985-2316

Record ID: 360075DP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2015

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

As of: 01/16/2014

San Bernardino County

Program Name: ABOVE IT ALL DRUG AND ALCOHOL TREATMENT CENTER AT LAKE
Legal Name: HI LAND MOUNTAIN HOME, INC.
Address: 971 KUFFEL CANYON
City, State: SKY FOREST, CA 92385
Phone #: (909)337-3366 Fax #: (909)337-0242

Record ID: 360082CP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2015

Program Name: ABOVE IT ALL ALCOHOL AND DRUG TREATMENT CENTER AT LAKE
Legal Name: HI-LAND MOUNTAIN HOMES INC.
Address: 27482 NORTHBAY ROAD
City, State: LAKE ARROWHEAD, CA 92352
Phone #: (800)307-8939 Fax #: (909)337-0242

Record ID: 360082AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: ABOVE IT ALL DRUG AND TREATMENT CENTER AT LAKE ARROWHI
Legal Name: HI-LAND MOUNTAIN HOMES, INC.
Address: 256 ALDER LANE
City, State: CEDAR GLEN, CA 92321
Phone #: (909)338-1234

Record ID: 360082BP
Service Type: RES-DETOX
Resident Capacity: 5
Total Occupancy: 6
Target Population: 1.1
Expiration Date 12/31/2014

Program Name: HIGH DESERT CHILD ADOLESCENT AND FAMILY SERVICES CENTE
Legal Name: HIGH DESERT CHILD ADOLESCENT AND FAMILY SERVICES CENTEF
Address: 16248 VICTOR STREET
City, State: VICTORVILLE, CA 92395
Phone #: (760)243-7151 Fax #: (760)952-1432

Record ID: 360030AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2015

Program Name: HIGH DESERT CHILD ADOLESCENT AND FAMILY SERVICES CENTER
Legal Name: HIGH DESERT CHILD ADOLESCENT AND FAMILY SERVICES CENTEF
Address: 225 BARSTOW ROAD
City, State: BARSTOW, CA 92311
Phone #: (000)000-0000 Fax #: (000)000-0000

Record ID: 360030BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 08/31/2015

Program Name: HOUSE OF HOPE
Legal Name: HOUSE OF HOPE HOUSE OF FAITH, INC.
Address: 11625 CORNELL STREET
City, State: ADELANTO, CA 92301
Phone #: (760)403-3531 Fax #: (760)530-0817

Record ID: 360076BN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 02/28/2014

Program Name: INLAND BEHAVIORAL AND HEALTH SERVICES, INC.
Legal Name: INLAND BEHAVIORAL AND HEALTH SERVICES, INC.
Address: 1963 NORTH E STREET
City, State: SAN BERNARDINO, CA 92405
Phone #: (909)881-6146 Fax #: (909)881-0111

Record ID: 360015AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2013

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

As of: 01/16/2014

San Bernardino County

Program Name: RECOVERY CENTER
Legal Name: INLAND VALLEY DRUG AND ALCOHOL RECOVERY SERVICES
Address: 916/SUITE A AND 934/SUITES A&B NORTH MOUNTAIN AVENUE
City, State: UPLAND, CA 91786
Phone #: (909)949-4667

Record ID: 360001AAN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

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: UPLAND, CA 91786
Phone #: (909)932-1069 Fax #: (909)932-1087

Record ID: 360001ZN
Service Type: RES-DETOX
Resident Capacity: 65
Total Occupancy: 75
Target Population: 1.4
Expiration Date 02/28/2014

Program Name: INLAND VALLEY RECOVERY SERVICES - SAN BERNARDINO RECOV
Legal Name: INLAND VALLEY DRUG AND ALCOHOL RECOVERY SERVICES DBA:
Address: 939 N. D STREET
City, State: SAN BERNARDINO, CA 92410
Phone #: (909)889-6519 Fax #: (909)889-6560

Record ID: 360001ABN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2014

Program Name: LAKE GREGORY TREATMENT CENTER
Legal Name: JACK GREEN
Address: 373 EMERALD DRIVE
City, State: LAKE ARROWHEAD, CA 92352
Phone #: (310)753-6866 Fax #: (909)744-8048

Record ID: 360072BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 01/31/2015

Program Name: SOVEREIGN HEALTH LAKE ARROWHEAD
Legal Name: JACK GREEN
Address: 28914 HOOK CREEK ROAD
City, State: CEDAR GLEN, CA 92321
Phone #: (909)782-9438 Fax #: (909)744-8048

Record ID: 360072DP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2015

Program Name: LAKE ARROWHEAD TREATMENT CENTER
Legal Name: JACK GREEN
Address: 975 NADELHORN STREET
City, State: LAKE ARROWHEAD, CA 92352
Phone #: (909)336-4442 Fax #: (909)866-2775

Record ID: 360072AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 10/31/2015

Program Name: MATRIX INSTITUTE ON ADDICTIONS
Legal Name: MATRIX INSTITUTE ON ADDICTIONS
Address: 11777 SEBASTIAN WAY, SUITES 102 A & B
City, State: RANCHO CUCAMONGA, CA 91730
Phone #: (909)989-9724

Record ID: 360020AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

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

As of: 01/16/2014

San Bernardino County

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: COLTON, CA 92324
Phone #: (858)573-2600 Fax #: (858)573-5144

Record ID: 360033JN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2015

Program Name: BIG BEAR CENTER FOR CHANGE
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 41945 BIG BEAR BOULEVARD, SUITE 208
City, State: BIG BEAR LAKE, CA 92315
Phone #: (909)872-0223 Fax #: (909)872-1686

Record ID: 360033NN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 08/31/2015

Program Name: CENTRAL VALLEY REGIONAL RECOVERY CENTER
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 1076 SANTO ANTONIO DRIVE, SUITES B,C & D
City, State: COLTON, CA 92324
Phone #: (858)573-2600 Fax #: (909)433-9830

Record ID: 360033HN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2015

Program Name: JOSHUA TREE CENTER FOR CHANGE
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 61607 29 PALMS HIGHWAY, SUITE C & D
City, State: JOSHUA TREE, CA 92252
Phone #: (909)872-0223 Fax #: (909)872-1686

Record ID: 360033PN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 08/31/2015

Program Name: YUCCA VALLEY CENTER FOR CHANGE
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 58945 BUSINESS CENTER DRIVE, SUITES J, N & P
City, State: YUCCA VALLEY, CA 92284
Phone #: (909)872-0223 Fax #: (909)872-1686

Record ID: 360033ON
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2015

Program Name: NEEDLES CENTER FOR CHANGE
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 300 H STREET
City, State: NEEDLES, CA 92363
Phone #: (858)573-2600 Fax #: (858)573-5144

Record ID: 360033IN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2014

Program Name: REDLANDS CENTER FOR CHANGE
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 802 WEST COLTON AVENUE, SUITE C
City, State: REDLANDS, CA 92374
Phone #: (858)573-2600 Fax #: (909)335-1701

Record ID: 360033DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2015

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

As of: 01/16/2014

San Bernardino County

Program Name: VICTOR VALLEY CENTER FOR CHANGE
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 15770 MOJAVE DRIVE, SUITES K & L
City, State: VICTORVILLE, CA 92394
Phone #: (858)573-2600 Fax #: (858)573-5144

Record ID: 360033BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2015

Program Name: SAN BERNARDINO CENTER FOR CHANGE
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 1874 BUSINESS CENTER DRIVE, SUITE A
City, State: SAN BERNARDINO, CA 92408
Phone #: (858)573-2600 Fax #: (909)386-0529

Record ID: 360033MN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2015

Program Name: PRIDE
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 1874 BUSINESS CENTER DRIVE, SUITE B
City, State: SAN BERNARDINO, CA 92408
Phone #: (858)573-2600 Fax #: (858)573-5144

Record ID: 360033AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2015

Program Name: MOSLEY COUNSELING CENTER, LLC
Legal Name: MOSLEY COUNSELING CENTER, LLC
Address: 2130 NORTH ARROWHEAD AVENUE, SUITE 103C
City, State: SAN BERNARDINO, CA 92405
Phone #: (909)252-3183 Fax #: (909)723-8290

Record ID: 360089AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2014

Program Name: PINE RIDGE TREATMENT CENTER
Legal Name: PINE RIDGE TREATMENT CENTER, INCORPORATED
Address: 2727 HIGHLAND DRIVE
City, State: RUNNING SPRINGS, CA 92382
Phone #: (909)867-7028

Record ID: 360007AP
Service Type: RES
Resident Capacity: 24
Total Occupancy: 24
Target Population: 1.2
Expiration Date 09/30/2015

Program Name: PINE RIDGE TREATMENT CENTERS, INC. - SAN BERNARDINO
Legal Name: PINE RIDGE TREATMENT CENTER, INCORPORATED
Address: 1881 COMMERCENTER EAST, SUITE 220
City, State: SAN BERNARDINO, CA 92408
Phone #: (909)890-0294

Record ID: 360007CP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2015

Program Name: PINE RIDGE TREATMENT CENTERS, INC. - VICTORVILLE
Legal Name: PINE RIDGE TREATMENT CENTER, INCORPORATED
Address: 15367 BONANZA ROAD, #A
City, State: VICTORVILLE, CA 92392
Phone #: (760)955-1012 Fax #: (760)955-4811

Record ID: 360007BP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2015

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

As of: 01/16/2014

San Bernardino County

Program Name: PINE RIDGE TREATMENT CENTER - LUCERNE VALLEY
Legal Name: PINE RIDGE TREATMENT CENTERS, INCORPORATED
Address: 9401 CRYSTAL CREEK ROAD
City, State: LUCERNE VALLEY, CA 92356
Phone #: (760)248-9199

Record ID: 360007DP
Service Type: RES-DETOX
Resident Capacity: 24
Total Occupancy: 24
Target Population: 1.1
Expiration Date 06/30/2014

Program Name: RIM FAMILY SERVICES
Legal Name: RIM FAMILY SERVICES, INC.
Address: 28545 HIGHWAY 18
City, State: SKYFOREST, CA 92385
Phone #: (909)336-1800 Fax #: (909)336-0990

Record ID: 360036AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.7
Expiration Date 06/30/2014

Program Name: RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC. (SAN
Legal Name: RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC.
Address: 2210 EAST HIGHLAND AVENUE, SUITE 107
City, State: SAN BERNARDINO, CA 92404
Phone #: (951)864-1097 Fax #: (951)849-9633

Record ID: 360058AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.8
Expiration Date 04/30/2015

Program Name: SERENITY LODGE
Legal Name: ROCK RIDGE RESOURCES, INC.
Address: 974, 985, 986, 977 AND 995 MEADOWBROOK ROAD
City, State: CREST PARK, CA 92326
Phone #: (800)936-3143 Fax #: (951)744-8632

Record ID: 360091AP
Service Type: RES
Resident Capacity: 30
Total Occupancy: 30
Target Population: 1.2
Expiration Date 03/31/2015

Program Name: S.T.E.P.S. ULTIMATE SOLUTIONS, INC.
Legal Name: S.T.E.P.S. ULTIMATE SOLUTIONS, INC.
Address: 18031 US HIGHWAY 18 SUITE "F"
City, State: APPLE VALLEY, CA 92307
Phone #: (760)242-1300 Fax #: (760)242-1331

Record ID: 360078AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 11/30/2013

Program Name: SUPERVISED TREATMENT AFTER RELEASE PROGRAM (STAR)
Legal Name: SAN BERNARDINO COUNTY BEHAVIORAL HEALTH DEPARTMENT
Address: 1330 EAST COOLEY DRIVE (SEE COMMENTS BELOW)
City, State: COLTON, CA 92324
Phone #: (909)423-0750 Fax #: (909)423-0760

Record ID: 360050IN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2015

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: RIALTO, CA 92376
Phone #: (909)421-9465 Fax #: (909)421-9457

Record ID: 360050AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.4
Expiration Date 05/31/2015

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

As of: 01/16/2014

San Bernardino County

Program Name: SAN BERNARDINO COUNTY - BARSTOW ADS
Legal Name: SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALT
Address: 805 EAST MOUNTAIN VIEW STREET
City, State: BARSTOW, CA 92311
Phone #: (760)256-5026 Fax #: (760)256-5092

Record ID: 360050EN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2015

Program Name: ONTARIO COMMUNITY COUNSELING
Legal Name: SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALT
Address: 1647 EAST HOLT BOULEVARD
City, State: ONTARIO, CA 91761
Phone #: (909)933-6341 Fax #: (909)933-6355

Record ID: 360050HN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2014

Program Name: CEDAR HOUSE LIFE CHANGE CENTER
Legal Name: SOCIAL SCIENCE SERVICES, INC.
Address: 10888 MAPLE AVENUE
City, State: BLOOMINGTON, CA 92316
Phone #: (909)873-0478 Fax #: (909)421-7128

Record ID: 360002FN
Service Type: RES
Resident Capacity: 11
Total Occupancy: 26
Target Population: 1.4
Expiration Date 10/31/2015

Program Name: CEDAR HOUSE LIFE CHANGE CENTER
Legal Name: SOCIAL SCIENCE SERVICES, INC.
Address: 18612 SANTA ANA AVENUE
City, State: BLOOMINGTON, CA 92316
Phone #: (909)421-7120

Record ID: 360002DN
Service Type: RES-DETOX
Resident Capacity: 125
Total Occupancy: 125
Target Population: 1.1
Expiration Date 01/31/2014

Program Name: CEDAR HOUSE LIFE CHANGE CENTER
Legal Name: SOCIAL SCIENCE SERVICES, INC.
Address: 18612 SANTA ANA AVENUE
City, State: BLOOMINGTON, CA 92316
Phone #: (909)421-7120

Record ID: 360002CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2014

Program Name: ST. JOHN OF GOD HEALTH CARE SERVICES
Legal Name: ST. JOHN OF GOD HEALTH CARE SERVICES
Address: 15534 6TH STREET
City, State: VICTORVILLE, CA 92392
Phone #: (760)241-4917 Fax #: (760)241-8911

Record ID: 360003IN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2013

Program Name: ST. JOHN OF GOD HEALTH CARE SERVICES
Legal Name: ST. JOHN OF GOD HEALTH CARE SERVICES
Address: 13333 PALMDALE ROAD
City, State: VICTORVILLE, CA 92392
Phone #: (760)241-4917

Record ID: 360003HN
Service Type: RES-DETOX
Resident Capacity: 66
Total Occupancy: 82
Target Population: 1.1
Expiration Date 05/31/2014

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

As of: 01/16/2014

San Bernardino County

Program Name: TIME FOR CHANGE FOUNDATION
Legal Name: TIME FOR CHANGE FOUNDATION
Address: 1255 EAST HIGHLAND AVENUE, SUITE 211
City, State: SAN BERNARDINO, CA 92404
Phone #: (909)886-2994 Fax #: (909)886-0218

Record ID: 360071AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.3
Expiration Date 06/30/2015

Program Name: NORTH D HOUSE
Legal Name: VARP, INC.
Address: 1069 NORTH D STREET
City, State: SAN BERNARDINO, CA 92410
Phone #: (909)888-6956 Fax #: (909)381-6845

Record ID: 360004RN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.1
Expiration Date 06/30/2015

Program Name: READING HOUSE II
Legal Name: VARP, INC.
Address: 1107 NORTH D STREET
City, State: SAN BERNARDINO, CA 92410
Phone #: (909)888-6956 Fax #: (909)381-6845

Record ID: 360004NN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.3
Expiration Date 08/31/2014

Program Name: GIBSON WOMEN'S PHASE II HOUSE
Legal Name: VARP, INC.
Address: 1139 NORTH D STREET
City, State: SAN BERNARDINO, CA 92410
Phone #: (909)888-6956

Record ID: 360004IN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.3
Expiration Date 03/31/2015

Program Name: COPE HOUSE
Legal Name: VARP, INC.
Address: 1078 NORTH D STREET
City, State: SAN BERNARDINO, CA 92410
Phone #: (909)884-0840 Fax #: (909)381-6845

Record ID: 360004PN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.2
Expiration Date 09/30/2014

Program Name: REARICK I HOUSE
Legal Name: VARP, INC.
Address: 384 11TH STREET
City, State: SAN BERNARDINO, CA 92410
Phone #: (909)888-6956 Fax #: (909)381-6845

Record ID: 360004KN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.3
Expiration Date 01/31/2014

Program Name: WOMEN'S R-4 PHASE II/B HOUSE
Legal Name: VARP, INC.
Address: 1149 NORTH D STREET
City, State: SAN BERNARDINO, CA 92410
Phone #: (909)888-6956 Fax #: (909)381-6845

Record ID: 360004JN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.3
Expiration Date 01/31/2014

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

As of: 01/16/2014

San Bernardino County

Program Name: REARICK II HOUSE
Legal Name: VARP, INC.
Address: 382 11TH STREET
City, State: SAN BERNARDINO, CA 92410
Phone #: (909)888-6956 Fax #: (909)381-6845

Record ID: 360004LN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.3
Expiration Date 01/31/2014

Program Name: READING HOUSE I
Legal Name: VARP, INC.
Address: 1103 NORTH D STREET
City, State: SAN BERNARDINO, CA 92410
Phone #: (909)888-6956 Fax #: (909)381-6845

Record ID: 360004MN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.3
Expiration Date 08/31/2014

Program Name: KIENZLE HOUSE
Legal Name: VARP, INC.
Address: 1094 NORTH D STREET
City, State: SAN BERNARDINO, CA 92410
Phone #: (909)884-0840 Fax #: (909)381-6845

Record ID: 360004QN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.3
Expiration Date 09/30/2014

Program Name: HARRIS HOUSE
Legal Name: VARP, INC.
Address: 907 WEST RIALTO AVENUE
City, State: SAN BERNARDINO, CA 92410
Phone #: (909)381-4053

Record ID: 360004AN
Service Type: RES
Resident Capacity: 14
Total Occupancy: 15
Target Population: 1.2
Expiration Date 10/31/2015

Program Name: GIBSON HOUSE FOR MEN
Legal Name: VARP, INC.
Address: 1100 NORTH D STREET
City, State: SAN BERNARDINO, CA 92410
Phone #: (909)381-3774

Record ID: 360004BN
Service Type: RES
Resident Capacity: 40
Total Occupancy: 40
Target Population: 1.2
Expiration Date 10/31/2015

Program Name: ELEVENTH STREET "B" HOUSE
Legal Name: VARP, INC.
Address: 349 11TH STREET
City, State: SAN BERNARDINO, CA 92410
Phone #: (909)381-3774

Record ID: 360004EN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.2
Expiration Date 10/31/2015

Program Name: GIBSON HOUSE RECOVERY CENTER FOR WOMEN
Legal Name: VARP, INC.
Address: 1135 NORTH D STREET
City, State: SAN BERNARDINO, CA 92410
Phone #: (909)888-6956

Record ID: 360004FN
Service Type: RES
Resident Capacity: 16
Total Occupancy: 18
Target Population: 1.3
Expiration Date 10/31/2015

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

As of: 01/16/2014

San Bernardino County

Program Name: STODDARD HOUSE II
Legal Name: VARP, INC.
Address: 1087 NORTH STODDARD STREET
City, State: SAN BERNARDINO, CA 92410
Phone #: (909)381-3774

Record ID: 360004GN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.3
Expiration Date 10/31/2015

Program Name: RIALTO HOUSE
Legal Name: VARP, INC.
Address: 921 RIALTO AVENUE
City, State: SAN BERNARDINO, CA 92410
Phone #: (909)381-3774

Record ID: 360004HN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.2
Expiration Date 10/31/2015

Program Name: COLTON CLINICAL SERVICES
Legal Name: WCHS, INC.
Address: 2275 EAST COOLEY DRIVE
City, State: COLTON, CA 92324
Phone #: (909)370-1777 Fax #: (909)370-1776

Record ID: 360066AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2014

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

As of: 01/16/2014

San Diego County

Program Name: SOLEDAD HOUSE
Legal Name: ABC SOBER LIVING, LLC
Address: 5330 SOLEDAD MOUNTAIN ROAD
City, State: SAN DIEGO, CA 92109
Phone #: (619)925-1879 Fax #: (858)274-8700

Record ID: 370116AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.3
Expiration Date 05/31/2015

Program Name: SOLEDAD HOUSE II
Legal Name: ABC SOBER LIVING,LLC
Address: 5214 SOLEDAD MOUNTAIN ROAD
City, State: SAN DIEGO, CA 92109
Phone #: (619)925-1879

Record ID: 370116BP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.3
Expiration Date 08/31/2015

Program Name: CASA RAPHAEL
Legal Name: ALPHA PROJECT FOR THE HOMELESS, INC.
Address: 975 AND 993 POSTAL WAY
City, State: VISTA, CA 92083
Phone #: (760)630-9922 Fax #: (760)630-9996

Record ID: 370073AN
Service Type: RES
Resident Capacity: 150
Total Occupancy: 150
Target Population: 1.2
Expiration Date 06/30/2015

Program Name: ATON CENTER
Legal Name: ATON CENTER, INC.
Address: 3238 COUNTRY ROSE CIRCLE
City, State: ENCINITAS, CA 92024
Phone #: (858)759-5017 Fax #: (858)759-5016

Record ID: 370122CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1
Expiration Date 03/31/2014

Program Name: THE ATON CENTER
Legal Name: ATON CENTER, INC.
Address: 3250 COUNTRY ROSE CIRCLE
City, State: ENCINITAS, CA 92024
Phone #: (858)759-5017 Fax #: (858)759-5016

Record ID: 370122AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.1
Expiration Date 11/30/2014

Program Name: CHEMICAL DEPENDENCY & PAIN RECOVERY CENTER OF CALIFORN
Legal Name: CHEMICAL DEPENDENCY & PAIN RECOVERY CENTER OF CALIFORN
Address: 4241 JUTLAND DR. SUITE 202
City, State: SAN DIEGO, CA 92117
Phone #: (858)490-3460 Fax #: (858)490-3462

Record ID: 370123EP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2014

Program Name: SHORT TERM I--MARLBOROUGH
Legal Name: CRASH, INC.
Address: 4161 MARLBOROUGH AVENUE
City, State: SAN DIEGO, CA 92105
Phone #: (619)282-7274

Record ID: 370024IN
Service Type: RES
Resident Capacity: 50
Total Occupancy: 50
Target Population: 1.2
Expiration Date 03/31/2015

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

As of: 01/16/2014

San Diego County

Program Name: GOLDEN HILL HOUSE II
Legal Name: CRASH, INC.
Address: 726 F STREET
City, State: SAN DIEGO, CA 92101
Phone #: (619)239-9691 Fax #: (619)239-0909

Record ID: 370024KN
Service Type: RES
Resident Capacity: 63
Total Occupancy: 63
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: GOLDEN HILL HOUSE
Legal Name: CRASH, INC.
Address: 2410 E STREET
City, State: SAN DIEGO, CA 92102
Phone #: (619)234-3346 Fax #: (619)234-3357

Record ID: 370024LN
Service Type: RES
Resident Capacity: 43
Total Occupancy: 43
Target Population: 1.1
Expiration Date 04/30/2015

Program Name: AMITY FOUNDATION OF CALIFORNIA
Legal Name: EPIDAURUS
Address: 2260 WATSON WAY
City, State: VISTA, CA 92083
Phone #: (760)599-1892 Fax #: (760)599-1884

Record ID: 370059AN
Service Type: RES
Resident Capacity: 60
Total Occupancy: 68
Target Population: 1.2
Expiration Date 12/31/2014

Program Name: EXODUS CENTRAL ADULT DRUG PROGRAM
Legal Name: EXODUS RECOVERY, INC.
Address: 4308 30TH STREET, SUITE A
City, State: SAN DIEGO, CA 92104
Phone #: (619)528-1752 Fax #: (619)529-1758

Record ID: 370131AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2015

Program Name: LASTING RECOVERY
Legal Name: FARKAS AND SAALINGER, PSYCHOLOGY CORP.
Address: 6046 CORNERSTONE COURT WEST, SUITES 112, 113, & 128
City, State: SAN DIEGO, CA 92121
Phone #: (858)453-4315 Fax #: (858)453-5690

Record ID: 370101AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.8
Expiration Date 01/31/2015

Program Name: CALVARY RANCH CHRISTIAN DRUG AND ALCOHOL RECOVERY FA(
Legal Name: GOD'S HOUSE MINISTRIES, INCORPORATED
Address: 13610 WILLOW ROAD
City, State: LAKESIDE, CA 92040
Phone #: (619)561-2599 Fax #: (619)561-4673

Record ID: 370098AN
Service Type: RES
Resident Capacity: 20
Total Occupancy: 20
Target Population: 1.2
Expiration Date 05/31/2014

Program Name: PEMARRO
Legal Name: GROUP CONSCIENCE, INC.
Address: 1482 KINGS VILLA ROAD
City, State: RAMONA, CA 92065
Phone #: (760)789-8070 Fax #: (760)789-8078

Record ID: 370025AN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.1
Expiration Date 05/31/2014

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

As of: 01/16/2014

San Diego County

Program Name: THE LIGHTHOUSE COMMUNITY
Legal Name: HEALTHCARE SERVICES, INC.
Address: 528,554, AND 558 14TH STREET
City, State: SAN DIEGO, CA 92101
Phone #: (619)515-0243 Fax #: (619)235-0678

Record ID: 370094AP
Service Type: RES-DETOX
Resident Capacity: 98
Total Occupancy: 98
Target Population: 1.1
Expiration Date 06/30/2015

Program Name: HOPE HELP AND HEALING SOUTHERN CALIFORNIA INC.
Legal Name: HOPE HELP AND HEALING SOUTHERN CALIFORNIA
Address: 1855 EAST VISTA WAY, SUITES 4
City, State: VISTA, CA 92084
Phone #: (760)945-4707 Fax #: (760)945-4781

Record ID: 370127AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: HOUSE OF METAMORPHOSIS TRANSITIONAL LIVING FACILITY
Legal Name: HOUSE OF METAMORPHOSIS, INC.
Address: 2867 C STREET
City, State: SAN DIEGO, CA 92102
Phone #: (619)236-9217 Fax #: (619)232-0855

Record ID: 370021KN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 03/31/2015

Program Name: HOUSE OF METAMORPHOSIS TRANSITIONAL LIVING FACILITY
Legal Name: HOUSE OF METAMORPHOSIS, INC.
Address: 2865 C STREET
City, State: SAN DIEGO, CA 92102
Phone #: (619)236-9217 Fax #: (619)232-0855

Record ID: 370021JN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 02/28/2015

Program Name: HOUSE OF METAMORPHOSIS TRANSITIONAL LIVING FACILITY
Legal Name: HOUSE OF METAMORPHOSIS, INC.
Address: 2869 C STREET
City, State: SAN DIEGO, CA 92102
Phone #: (619)236-9217 Fax #: (619)232-0855

Record ID: 370021LN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 03/31/2015

Program Name: HOUSE OF METAMORPHOSIS TRANSITIONAL LIVING FACILITY
Legal Name: HOUSE OF METAMORPHOSIS, INC.
Address: 2871 C STREET
City, State: SAN DIEGO, CA 92102
Phone #: (619)236-9217 Fax #: (619)232-0855

Record ID: 370021MN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 02/28/2015

Program Name: HOUSE OF METAMORPHOSIS
Legal Name: HOUSE OF METAMORPHOSIS, INC.
Address: 2970 MARKET STREET
City, State: SAN DIEGO, CA 92102
Phone #: (619)236-9492 Fax #: (619)236-9127

Record ID: 370021AN
Service Type: RES
Resident Capacity: 64
Total Occupancy: 64
Target Population: 1.1
Expiration Date 11/30/2015

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

As of: 01/16/2014

San Diego County

Program Name: ESCONDIDO COMMUNITY SOBERING SERVICES
Legal Name: INTERFAITH COMMUNITY SERVICES, INC.
Address: 1717, 1719, 1721, AND 1723 WASHINGTON AVENUE AND 582 ASTI
City, State: ESCONDIDO, CA 92057
Phone #: (760)489-6380 Fax #: (760)747-0764

Record ID: 370093BN
Service Type: RES
Resident Capacity: 22
Total Occupancy: 22
Target Population: 1.1
Expiration Date 07/31/2015

Program Name: HOME STRETCH RESIDENTIAL IN RECOVERY
Legal Name: KANADA LLC
Address: 4989 EL CAJON BOULEVARD
City, State: SAN DIEGO, CA 92115
Phone #: (619)287-2588 Fax #: (619)583-1712

Record ID: 370079AP
Service Type: RES
Resident Capacity: 12
Total Occupancy: 17
Target Population: 1.2
Expiration Date 09/30/2015

Program Name: NEW HORIZON RECOVERY
Legal Name: MARTINA COFFELT
Address: 417 SANDALWOOD COURT
City, State: ENCINITAS, CA 92024
Phone #: (760)635-3977

Record ID: 370130AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1
Expiration Date 03/31/2015

Program Name: MCALISTER INSTITUTE GROUP HOME - SOUTH
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.
Address: 2315 BAR BIT ROAD
City, State: SPRING VALLEY, CA 91978
Phone #: (619)337-3830 Fax #: (619)442-1101

Record ID: 370045VN
Service Type: DSS
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.3

Program Name: MCALISTER INSTITUTE EAST REGION SOUTH TEEN RECOVERY CEN
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.
Address: 7800 UNIVERSITY AVENUE, SUITE A-1
City, State: LA MESA, CA 91941
Phone #: (619)465-4349 Fax #: (619)465-4739

Record ID: 370045ALN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 01/31/2015

Program Name: NORTH COASTAL REGIONAL RECOVERY CENTER
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.
Address: 2821 OCEANSIDE BOULEVARD
City, State: OCEANSIDE, CA 92054
Phone #: (760)721-2781 Fax #: ( ) -

Record ID: 370045AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2014

Program Name: MCALISTER INSTITUTE SOUTH BAY WOMENS RECOVERY CENTER
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.
Address: 2414 HOOVER AVENUE, SUITES A.B.C
City, State: NATIONAL CITY, CA 91950
Phone #: (619)336-1226

Record ID: 370045BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.3
Expiration Date 04/30/2014

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

As of: 01/16/2014

San Diego County

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: EL CAJON, CA 92020
Phone #: (619)440-4801

Record ID: 370045DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2014

Program Name: MCALISTER INSTITUTE - LEMON GROVE FACILITY
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.
Address: 2049 SKYLINE DRIVE
City, State: LEMON GROVE, CA 91945
Phone #: (619)465-7303

Record ID: 370045FN
Service Type: RES-DETOX
Resident Capacity: 140
Total Occupancy: 180
Target Population: 1.9
Expiration Date 04/30/2014

Program Name: MCALISTER INSTITUTE GROUP HOME-EAST
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.
Address: 2219 ODESSA COURT
City, State: LEMON GROVE, CA 91945
Phone #: (619)498-0827

Record ID: 370045MN
Service Type: DSS
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5

Program Name: MCALISTER INSTITUTE GROUP HOME NORTH
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.
Address: 3744 SANTA YNEZ
City, State: OCEANSIDE, CA 92056
Phone #: (760)806-1495 Fax #: (619)442-1101

Record ID: 370045QN
Service Type: DSS
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5

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: EL CAJON, CA 92020
Phone #: (619)441-2493

Record ID: 370045TN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2015

Program Name: MCALISTER INSTITUTE SOUTH BAY EAST TEEN RECOVERY CENTE
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.
Address: 2429 FENTON ROAD, BUILDING #5
City, State: CHULA VISTA, CA 91914
Phone #: (619)482-9300 Fax #: (619)482-9333

Record ID: 370045ADN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 11/30/2015

Program Name: NORTH CENTRAL TEEN RECOVERY CENTER
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.
Address: 7867 CONVOY COURT, BUILDING #5, SUITE 302
City, State: SAN DIEGO, CA 92117
Phone #: (858)277-4633 Fax #: (858)277-4933

Record ID: 370045AEN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 08/31/2015

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

As of: 01/16/2014

San Diego County

Program Name: MCALISTER INSTITUTE EAST REGION NORTH TEEN RECOVERY CEN
Legal Name: MCALISTER INSTITUTE FOR TREATMENT AND EDUCATION, INC.
Address: 550 FESLER STREET, SUITE G-3
City, State: EL CAJON, CA 92020
Phone #: (619)588-5361 Fax #: (619)588-5421

Record ID: 370045AMN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 04/30/2015

Program Name: MCALISTER INSTITUTE NORTH RURAL TEEN RECOVERY CENTER - N
Legal Name: MCALISTER INSTITUTE FOR TREATMENT AND EDUCATION, INC.
Address: 720 NINTH STREET, ROOMS 3 AND 10
City, State: RAMONA, CA 92065
Phone #: (760)787-4300

Record ID: 370045AIN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 06/30/2015

Program Name: MCALISTER INSTITUTE NORTH RURAL TEEN RECOVERY CENTER
Legal Name: MCALISTER INSTITUTE FOR TREATMENT AND EDUCATION, INC.
Address: 323 HUNTER STREET
City, State: RAMONA, CA 92065
Phone #: (760)788-6520

Record ID: 370045AHN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 06/30/2015

Program Name: MCALISTER INSTITUTE SOUTH BAY REGIONAL RECOVERY CENTE
Legal Name: MCALISTER INSTITUTE FOR TREATMENT AND EDUCATION, INC.
Address: 1180 3RD AVENUE, SUITES C-3, C-4 AND C-5
City, State: CHULA VISTA, CA 91911
Phone #: (619)691-8164

Record ID: 370045ABN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.8
Expiration Date 02/28/2015

Program Name: SOUTH COUNTY CENTER FOR CHANGE
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 1515 PALM AVENUE, SUITE A
City, State: SAN DIEGO, CA 92154
Phone #: (858)573-2600 Fax #: (858)573-5144

Record ID: 370069QN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2015

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: SAN DIEGO, CA 92115
Phone #: (858)573-2600 Fax #: (858)573-2600

Record ID: 370069XN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2015

Program Name: PROVIDENCE PLACE
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 4850 AND 4890 67TH STREET
City, State: SAN DIEGO, CA 92115
Phone #: (858)689-2633

Record ID: 370069AN
Service Type: RES
Resident Capacity: 84
Total Occupancy: 96
Target Population: 1.4
Expiration Date 04/30/2014

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

As of: 01/16/2014

San Diego County

Program Name: MHS RE-ENTRY TREATMENT PROGRAM
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 2136 EL CAJON BOULEVARD
City, State: SAN DIEGO, CA 92104
Phone #: (619)291-1881 Fax #: (619)291-7347

Record ID: 370069ZN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 07/31/2015

Program Name: NORTH COUNTY CENTER FOR CHANGE
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 504 WEST VISTA WAY
City, State: VISTA, CA 92083
Phone #: (760)940-1836 Fax #: (760)940-1274

Record ID: 370069CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2015

Program Name: EAST COUNTY CENTER FOR CHANGE
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 545 NORTH MAGNOLIA AVENUE
City, State: EL CAJON, CA 92020
Phone #: (619)588-1989 Fax #: (619)588-6282

Record ID: 370069BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2015

Program Name: SAN DIEGO CENTER FOR CHANGE
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 3340 KEMPER STREET, SUITE 101, 103, 104, & 205
City, State: SAN DIEGO, CA 92110
Phone #: (619)758-1433 Fax #: (619)758-9823

Record ID: 370069YN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2016

Program Name: NORTH INLAND REGIONAL RECOVERY CENTER
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 200 EAST WASHINGTON AVE., SUITE 100
City, State: ESCONDIDO, CA 92025
Phone #: (760)741-7708 Fax #: (760)741-5421

Record ID: 370069DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2015

Program Name: FAMILY RECOVERY CENTER
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 1100 SPORTFISHER DRIVE
City, State: OCEANSIDE, CA 92054
Phone #: (858)573-2600 Fax #: (760)439-4779

Record ID: 370069TN
Service Type: RES
Resident Capacity: 55
Total Occupancy: 90
Target Population: 1.4
Expiration Date 05/31/2014

Program Name: TEEN RECOVERY PROGRAM - NORTH INLAND
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 340 RANCHEROS DRIVE, SUITE 166
City, State: SAN MARCOS, CA 92069
Phone #: (760)744-3672 Fax #: (760)744-6182

Record ID: 370069FN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 02/28/2015

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

As of: 01/16/2014

San Diego County

Program Name: HARMONY WEST WOMEN'S RECOVERY CENTER
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 6154 MISSION GORGE BOULEVARD, SUITES 115 AND 120
City, State: SAN DIEGO, CA 92120
Phone #: (619)461-0015 Fax #: (619)461-3920

Record ID: 370069MN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.3
Expiration Date 01/31/2015

Program Name: MID-COAST REGIONAL RECOVERY CENTER
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 3340 KEMPER STREET, SUITES 105 AND 207
City, State: SAN DIEGO, CA 92110
Phone #: (619)276-1207 Fax #: (619)276-1207

Record ID: 370069IN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2015

Program Name: NOSOTROS
Legal Name: METROPOLITAN AREA ADVISORY COMMITTEE ON ANTI-POVERTY (
Address: 73 NORTH 2ND AVENUE
City, State: CHULA VISTA, CA 91910
Phone #: (619)426-4801 Fax #: (619)426-0034

Record ID: 370014BN
Service Type: RES
Resident Capacity: 17
Total Occupancy: 17
Target Population: 1.2
Expiration Date 09/30/2015

Program Name: CASA DE MILAGROS
Legal Name: METROPOLITAN AREA ADVISORY COMMITTEE ON ANTI-POVERTY (
Address: 1127 SOUTH 38TH STREET
City, State: SAN DIEGO, CA 92113
Phone #: (619)262-4002

Record ID: 370014AN
Service Type: RES
Resident Capacity: 18
Total Occupancy: 18
Target Population: 1.3
Expiration Date 09/30/2015

Program Name: NARCONON JLB RANCH
Legal Name: NARCONON FRESH START
Address: 35955 HIGHWAY 79
City, State: WARNER SPRINGS, CA 92086
Phone #: (760)782-0471 Fax #: (760)782-0695

Record ID: 370087BN
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1
Expiration Date 11/30/2014

Program Name: SUNSHINE SUMMIT LODGE
Legal Name: NARCONON FRESH START
Address: 35025 HIGHWAY 79, BUILDINGS B-J
City, State: WARNER SPRINGS, CA 92086
Phone #: (760)782-0471 Fax #: (760)782-0695

Record ID: 370087AN
Service Type: RES-DETOX
Resident Capacity: 30
Total Occupancy: 45
Target Population: 1.1
Expiration Date 03/31/2014

Program Name: NATIONAL CROSSROADS/PROJECT S.T.A.R.
Legal Name: NATIONAL CROSSROADS, INC.
Address: 4991 IMPERIAL AVENUE
City, State: SAN DIEGO, CA 92113
Phone #: (619)262-0868

Record ID: 370061AP
Service Type: RES
Resident Capacity: 3
Total Occupancy: 16
Target Population: 1.4
Expiration Date 01/31/2015

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

As of: 01/16/2014

San Diego County

Program Name: NEW ENTRA CASA
Legal Name: NEW ENTRA CASA CORPORATION
Address: 3575 PERSHING AVENUE
City, State: SAN DIEGO, CA 92104
Phone #: (619)294-4526 Fax #: (619)294-4526

Record ID: 370083AN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3
Expiration Date 04/30/2014

Program Name: SERENITY TOO
Legal Name: NORTH COUNTY SERENITY HOUSE, INC.
Address: 130 SOUTH FIG STREET
City, State: ESCONDIDO, CA 92025
Phone #: (760)747-1015

Record ID: 370005EN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.3
Expiration Date 03/31/2015

Program Name: SERENITY CENTER
Legal Name: NORTH COUNTY SERENITY HOUSE, INC.
Address: 1341 NORTH ESCONDIDO BOULEVARD
City, State: ESCONDIDO, CA 92026
Phone #: (760)747-1015

Record ID: 370005GN
Service Type: RES
Resident Capacity: 120
Total Occupancy: 140
Target Population: 1.4
Expiration Date 05/31/2014

Program Name: PALOMAR FAMILY COUNSELING SERVICE, INC. DRUG AND ALCOHC
Legal Name: PALOMAR FAMILY COUNSELING SERVICE, INC.
Address: 1002 EAST GRAND AVENUE
City, State: ESCONDIDO, CA 92025
Phone #: (760)741-2660 Fax #: (760)741-2647

Record ID: 370107AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 09/30/2015

Program Name: PATHFINDERS
Legal Name: PATHFINDERS OF SAN DIEGO
Address: 2952 AND 2980 CEDAR STREET, AND 1530 DALE STREET
City, State: SAN DIEGO, CA 92102
Phone #: (619)239-7370

Record ID: 370006AN
Service Type: RES
Resident Capacity: 44
Total Occupancy: 44
Target Population: 1.2
Expiration Date 07/31/2014

Program Name: PHOENIX HOUSE CARLSBAD TEEN RECOVERY CENTER
Legal Name: PHOENIX HOUSE SAN DIEGO, INC.
Address: 785 GRAND AVENUE, SUITE 212 & 220
City, State: CARLSBAD, CA 92008
Phone #: (760)729-2830 Fax #: (760)729-2798

Record ID: 370030CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2015

Program Name: PHOENIX HOUSE SAN DIEGO
Legal Name: PHOENIX HOUSE SAN DIEGO, INC.
Address: 23981 SHERILTON VALLEY ROAD
City, State: DESCANSO, CA 91916
Phone #: (619)445-0405 Fax #: (619)445-9028

Record ID: 370030BN
Service Type: DSS
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5

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

As of: 01/16/2014

San Diego County

Program Name: REUNION SAN DIEGO
Legal Name: PRACTICAL RECOVERY, INC.
Address: 2821 LANGE AVENUE
City, State: SAN DIEGO, CA 92122
Phone #: (858)550-0229 Fax #: (858)455-0141

Record ID: 370132AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: THE PRACTICAL RECOVERY RESIDENTIAL MEN'S PROGRAM
Legal Name: PRACTICAL RECOVERY, INC.
Address: 5497 BLOCH STREET
City, State: UNIVERSITY CITY, CA 92122
Phone #: (858)888-5398 Fax #: (858)455-0141

Record ID: 370132BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2

Program Name: PSYCARE INTENSIVE OUTPATIENT PROGRAM
Legal Name: PSYCARE ASSOCIATES, A PROFESSIONAL MEDICAL CORPORATION
Address: 15611 POMERADO ROAD, SUITE 535
City, State: POWAY, CA 92064
Phone #: (858)279-1223 Fax #: (858)467-6933

Record ID: 370074AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2015

Program Name: REBUILD
Legal Name: REBUILD
Address: 2103 EL CAMINO REAL, SUITE 205
City, State: OCEANSIDE, CA 92054
Phone #: (760)721-6241

Record ID: 370068AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2014

Program Name: REJUVE-NATIONS OUTPATIENTS FACILITY, INC.
Legal Name: REJUVE-NATIONS OUTPATIENTS FACILITY, INC.
Address: 4101 UNIVERSITY AVENUE
City, State: SAN DIEGO, CA 92195
Phone #: (619)602-9405 Fax #: (951)657-7180

Record ID: 370105AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 12/31/2013

Program Name: SAN DIEGO ADDICTION TREATMENT CENTER, INC.
Legal Name: SAN DIEGO ADDICTION TREATMENT CENTER, INC.
Address: 2456 E STREET
City, State: SAN DIEGO, CA 92102
Phone #: (800)517-4849 Fax #: (800)401-8464

Record ID: 370129AP
Service Type: RES
Resident Capacity: 36
Total Occupancy: 36
Target Population: 1.1
Expiration Date 11/30/2014

Program Name: SAN DIEGO AMERICAN INDIAN HEALTH CENTER
Legal Name: SAN DIEGO AMERICAN INDIAN HEALTH CENTER
Address: 2602 FIRST AVENUE, SUITE 100
City, State: SAN DIEGO, CA 92103
Phone #: (619)234-2158 Fax #: (619)234-1979

Record ID: 370120AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 04/30/2015

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

As of: 01/16/2014

San Diego County

Program Name: JR RANCH
Legal Name: SAN DIEGO FREEDOM RANCH, INC.
Address: 1765 BUCKMAN SPRINGS ROAD
City, State: CAMPO, CA 91906
Phone #: (619)478-5696 Fax #: (619)479-2404

Record ID: 370004BN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 08/31/2015

Program Name: SAN DIEGO FREEDOM RANCH
Legal Name: SAN DIEGO FREEDOM RANCH, INC.
Address: 1777 BUCKMAN SPRINGS ROAD
City, State: CAMPO, CA 91906
Phone #: (619)478-5696

Record ID: 370004AN
Service Type: RES
Resident Capacity: 50
Total Occupancy: 60
Target Population: 1.2
Expiration Date 10/31/2015

Program Name: FASHION VALLEY CLINIC
Legal Name: SAN DIEGO HEALTH ALLIANCE
Address: 7020 FRIARS ROAD
City, State: SAN DIEGO, CA 92108
Phone #: (619)718-9890 Fax #: (619)718-9897

Record ID: 370108CP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 08/31/2014

Program Name: CAPALINA CLINIC
Legal Name: SAN DIEGO HEALTH ALLIANCE
Address: 1560 CAPALINA STREET
City, State: SAN MARCOS, CA 92069
Phone #: (760)744-2104 Fax #: (760)744-1382

Record ID: 370108AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2014

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: SAN DIEGO, CA 92101
Phone #: (619)687-3720 Fax #: (619)234-4101

Record ID: 370080CN
Service Type: RES
Resident Capacity: 188
Total Occupancy: 188
Target Population: 1.2
Expiration Date 01/31/2015

Program Name: SAN DIEGO YOUTH AND COMMUNITY SERVICES TEEN OPTIONS
Legal Name: SAN DIEGO YOUTH SERVICES, INC.
Address: 3660 FAIRMOUNT AVENUE
City, State: SAN DIEGO, CA 92105
Phone #: (619)521-2250 Fax #: (619)521-5944

Record ID: 370090EN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 02/28/2014

Program Name: SCRIPPS DRUG AND ALCOHOL TREATMENT PROGRAM
Legal Name: SCRIPPS HEALTH
Address: 9898 GENESEE AVENUE, 2ND AND 3RD FLOOR ONLY
City, State: LA JOLLA, CA 92037
Phone #: (858)626-4374

Record ID: 370057AN
Service Type: RES
Resident Capacity: 50
Total Occupancy: 50
Target Population: 1.1
Expiration Date 07/31/2014

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

As of: 01/16/2014

San Diego County

Program Name: ST. VINCENT DE PAUL VILLAGE RECOVERY SERVICES
Legal Name: ST. VINCENT DE PAUL VILLAGE, INC.
Address: 1501 IMPERIAL AVENUE (SEE COMMENTS BELOW)
City, State: SAN DIEGO, CA 92101
Phone #: (619)233-8500 Fax #: (619)231-9542

Record ID: 370110AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 07/31/2014

Program Name: TENDER LOVING MERCY
Legal Name: TENDER LOVING MERCY, INC.
Address: 1907 APPLE STREET, SUITES 8, 9, AND 10
City, State: OCEANSIDE, CA 92054
Phone #: (760)757-7833 Fax #: (760)757-7814

Record ID: 370126AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2015

Program Name: CHOICES IN RECOVERY - ALCOHOL AND DRUG ABUSE OUTPATIENT
Legal Name: THE BETHESDA RECOVERY CENTER
Address: 733 SOUTH SANTA FE AVENUE
City, State: VISTA, CA 92083
Phone #: (760)945-5290

Record ID: 370039JN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2015

Program Name: CHOICES IN RECOVERY/NEW HOUSE
Legal Name: THE BETHESDA RECOVERY CENTER
Address: 747 MELROSE PLACE
City, State: VISTA, CA 92084
Phone #: (760)945-5290

Record ID: 370039KN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1
Expiration Date 04/30/2015

Program Name: CHOICES IN RECOVERY/HUMBLE HOUSE
Legal Name: THE BETHESDA RECOVERY CENTER
Address: 248 HILL DRIVE
City, State: VISTA, CA 92083
Phone #: (760)945-5290 Fax #: (760)945-7765

Record ID: 370039MN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1
Expiration Date 04/30/2015

Program Name: CHOICES IN RECOVERY/HILL HOUSE
Legal Name: THE BETHESDA RECOVERY CENTER
Address: 1135 NORTH DRIVE
City, State: VISTA, CA 92083
Phone #: (760)945-5290

Record ID: 370039LN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1
Expiration Date 04/30/2015

Program Name: CHOICES IN RECOVERY/FOUNDATION HOUSE
Legal Name: THE BETHESDA RECOVERY CENTER
Address: 619 CIVIC CENTER DRIVE
City, State: VISTA, CA 92083
Phone #: (760)945-5290

Record ID: 370039IN
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1
Expiration Date 09/30/2014

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

As of: 01/16/2014

San Diego County

Program Name: CROSSROADS FOUNDATION
Legal Name: THE CROSSROADS FOUNDATION
Address: 3594 FOURTH AVENUE
City, State: SAN DIEGO, CA 92103
Phone #: (619)296-1151

Record ID: 370002AN
Service Type: RES
Resident Capacity: 20
Total Occupancy: 22
Target Population: 1.3
Expiration Date 06/30/2015

Program Name: THE FELLOWSHIP CENTER
Legal Name: THE FELLOWSHIP CENTER, INC.
Address: SEE COMMENT SECTION BELOW
City, State: ESCONDIDO, CA 92025
Phone #: (760)745-8478 Fax #: (760)745-6852

Record ID: 370009AN
Service Type: RES-DETOX
Resident Capacity: 113
Total Occupancy: 113
Target Population: 1.2
Expiration Date 07/31/2014

Program Name: THE PALAVRA TREE, INC.
Legal Name: THE PALAVRA TREE, INC.
Address: 4001 EL CAJON BOULEVARD, SUITE 206 AND 207
City, State: SAN DIEGO, CA 92105
Phone #: (619)263-7768

Record ID: 370102CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 12/31/2014

Program Name: THE PALAVRA TREE, INC. TEEN RECOVERY CENTRAL SOUTHWEST
Legal Name: THE PALAVRA TREE, INC.
Address: 2878 IMPERIAL AVENUE
City, State: SAN DIEGO, CA 92102
Phone #: (619)238-7393 Fax #: (619)696-0492

Record ID: 370102BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 12/31/2013

Program Name: THE PALAVRA TREE, INC. ALCOHOL AND OTHER DRUG TEEN CENTI
Legal Name: THE PALAVRA TREE, INC.
Address: 1212 SOUTH 43RD STREET
City, State: SAN DIEGO, CA 92113
Phone #: (619)263-7768 Fax #: (619)262-5040

Record ID: 370102AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 04/30/2015

Program Name: STEPPING STONE OF SAN DIEGO
Legal Name: THE STEPPING STONE OF SAN DIEGO
Address: 3767 CENTRAL AVENUE
City, State: SAN DIEGO, CA 92105
Phone #: (619)584-4010 Fax #: (619)521-1701

Record ID: 370008DN
Service Type: RES
Resident Capacity: 31
Total Occupancy: 31
Target Population: 1.8
Expiration Date 05/31/2014

Program Name: TURNING POINT
Legal Name: THE TURNING POINT HOME OF SAN DIEGO
Address: 1315 25TH STREET
City, State: SAN DIEGO, CA 92102
Phone #: (619)233-0067

Record ID: 370013AN
Service Type: RES
Resident Capacity: 20
Total Occupancy: 21
Target Population: 1.3
Expiration Date 07/31/2015

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

As of: 01/16/2014

San Diego County

Program Name: HEARTLAND HOUSE
Legal Name: THE TWELFTH STEP HOUSE OF SAN DIEGO
Address: 5855 AND 5860 STREAMVIEW DRIVE
City, State: SAN DIEGO, CA 92105
Phone #: (619)287-5460

Record ID: 370003AN
Service Type: RES
Resident Capacity: 28
Total Occupancy: 28
Target Population: 1.2
Expiration Date 09/30/2015

Program Name: THE WAY BACK
Legal Name: THE WAY BACK
Address: 2516 A STREET
City, State: SAN DIEGO, CA 92102
Phone #: (619)235-0592 Fax #: (619)235-0593

Record ID: 370011AN
Service Type: RES
Resident Capacity: 27
Total Occupancy: 29
Target Population: 1.2
Expiration Date 02/28/2014

Program Name: TRADITION ONE MEN'S FACILITY
Legal Name: TRADITION ONE
Address: 4104, 4114 AND 4124 DELTA STREET
City, State: SAN DIEGO, CA 92113
Phone #: (619)264-0141 Fax #: ( ) -

Record ID: 370012AN
Service Type: RES
Resident Capacity: 46
Total Occupancy: 49
Target Population: 1.2
Expiration Date 02/28/2014

Program Name: THE TRAINING CENTER
Legal Name: TRAINING CENTER EPHESIANS 4:11-16
Address: 525 GRAND AVENUE
City, State: SPRING VALLEY, CA 91977
Phone #: (619)327-5400 Fax #: (619)327-5410

Record ID: 370104AN
Service Type: RES
Resident Capacity: 56
Total Occupancy: 56
Target Population: 1.2
Expiration Date 11/30/2015

Program Name: UPAC ASIAN/PACIFIC ISLANDER, ADULT ALCOHOL AND DRUG TREA
Legal Name: UNION OF PAN ASIAN COMMUNITIES
Address: 3288 EL CAJON BOULEVARD, SUITE 3, 6, 10, 11, 12, AND 13
City, State: SAN DIEGO, CA 92104
Phone #: (619)521-5720 Fax #: (619)521-5728

Record ID: 370071AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 12/31/2014

Program Name: UCSD CO-OCCURRING DISORDERS TREATMENT AND RECOVERY PR
Legal Name: UNIVERSITY OF CALIFORNIA, SAN DIEGO
Address: 140 ARBOR DRIVE
City, State: SAN DIEGO, CA 92103
Phone #: (619)543-6309 Fax #: (619)298-6723

Record ID: 370077AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: VALLEY CREEK VISION, LLC
Legal Name: VALLEY CREEK VISION, LLC
Address: 14928 RANCH CREEK LANE
City, State: VALLEY CENTER, CA 92082
Phone #: (310)266-9194 Fax #: (818)286-9525

Record ID: 370133AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 04/30/2015

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

As of: 01/16/2014

San Diego County

Program Name: VETERANS VILLAGE OF SAN DIEGO REHABILITATION CENTER
Legal Name: VIETNAM VETERANS OF SAN DIEGO
Address: 4115, 4125, 4137, AND 4141 PACIFIC HIGHWAY
City, State: SAN DIEGO, CA 92110
Phone #: (619)497-0142

Record ID: 370010BN
Service Type: RES
Resident Capacity: 185
Total Occupancy: 185
Target Population: 1.1
Expiration Date 06/30/2014

Program Name: VETERANS VILLAGE OF SAN DIEGO NEW RESOLVE PROGRAM
Legal Name: VIETNAM VETERANS OF SAN DIEGO
Address: 1207 SOUTH ESCONDIDO BOULEVARD
City, State: ESCONDIDO, CA 92025
Phone #: (760)745-7829 Fax #: (760)740-2090

Record ID: 370010CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2015

Program Name: DKA PARENTCARE FAMILY RECOVERY CENTER
Legal Name: VISTA HILL FOUNDATION
Address: 4990 WILLIAMS AVENUE
City, State: LA MESA, CA 91942
Phone #: (619)698-1663 Fax #: (619)698-1665

Record ID: 370072AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.10
Expiration Date 03/31/2015

Program Name: PARENTCARE CENTRAL FAMILY RECOVERY CENTER
Legal Name: VISTA HILL FOUNDATION
Address: 4125 ALPHA STREET
City, State: SAN DIEGO, CA 92113
Phone #: (619)266-0166

Record ID: 370072CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.3
Expiration Date 08/31/2015

Program Name: RENAISSANCE TREATMENT CENTER
Legal Name: VOLUNTEERS OF AMERICA, SOUTHWEST CALIFORNIA, INC.
Address: 2300 EAST 7TH STREET
City, State: NATIONAL CITY, CA 91950
Phone #: (619)561-9808

Record ID: 370007CN
Service Type: RES-DETOX
Resident Capacity: 120
Total Occupancy: 120
Target Population: 1.8
Expiration Date 04/30/2014

Program Name: VOLUNTEERS OF AMERICA, SOUTHWEST CALIFORNIA
Legal Name: VOLUNTEERS OF AMERICA, SOUTHWEST CALIFORNIA, INCORPORA
Address: 120 ELM STREET, SUITE 200 (2ND FLOOR ONLY)
City, State: SAN DIEGO, CA 92101
Phone #: (619)232-5171

Record ID: 370007AN
Service Type: RES
Resident Capacity: 50
Total Occupancy: 50
Target Population: 1.2
Expiration Date 10/31/2015

Program Name: AMIGOS SOBRIOS
Legal Name: VOLUNTEERS OF AMERICA, SOUTHWEST CALIFORNIA, INCORPORA
Address: 741 ELEVENTH AVENUE
City, State: SAN DIEGO, CA 92101
Phone #: (619)791-2730 Fax #: (619)232-0968

Record ID: 370007BN
Service Type: RES
Resident Capacity: 18
Total Occupancy: 18
Target Population: 1.2
Expiration Date 10/31/2015

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

As of: 01/16/2014

San Francisco County

Program Name: ARA FIRST STEP HOME
Legal Name: ALCOHOLICS REHABILITATION ASSOCIATION OF SAN FRANCISCO,
Address: 1035 HAIGHT STREET
City, State: SAN FRANCISCO, CA 94117
Phone #: (415)863-3661

Record ID: 380003AN
Service Type: RES
Resident Capacity: 48
Total Occupancy: 48
Target Population: 1.1
Expiration Date 02/28/2014

Program Name: ASIAN AMERICAN RESIDENTIAL RECOVERY SERVICES
Legal Name: ASIAN AMERICAN RECOVERY SERVICES, INC.
Address: 2024 HAYES STREET
City, State: SAN FRANCISCO, CA 94117
Phone #: (415)750-5111

Record ID: 380020AN
Service Type: RES
Resident Capacity: 26
Total Occupancy: 26
Target Population: 1.1
Expiration Date 02/28/2014

Program Name: PROJECT ADAPT
Legal Name: ASIAN AMERICAN RECOVERY SERVICES, INC.
Address: 2020 HAYES STREET
City, State: SAN FRANCISCO, CA 94117
Phone #: (415)750-5125

Record ID: 380020BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.2
Expiration Date 09/30/2014

Program Name: YOUTH SERVICES OF SAN FRANCISCO
Legal Name: ASIAN AMERICAN RECOVERY SERVICES, INC.
Address: 2166 HAYES STREET, SUITE 302
City, State: SAN FRANCISCO, CA 94117
Phone #: (415)776-1001 Fax #: (415)776-1066

Record ID: 380020DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 01/31/2014

Program Name: LEE WOODWARD COUNSELING CENTER FOR WOMEN
Legal Name: ASIAN AMERICAN RECOVERY SERVICES, INC.
Address: 2166 HAYES STREET, SUITE 303 & 303-A
City, State: SAN FRANCISCO, CA 94117
Phone #: (415)776-1001 Fax #: (415)776-1066

Record ID: 380020CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.3
Expiration Date 06/30/2014

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: SAN FRANCISCO, CA 94109
Phone #: (415)292-3400 Fax #: (415)292-3404

Record ID: 380098AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 07/31/2015

Program Name: FERGUSON PLACE
Legal Name: BAKER PLACES, INC.
Address: 1249 SCOTT STREET
City, State: SAN FRANCISCO, CA 94115
Phone #: (415)922-9104 Fax #: (415)922-1427

Record ID: 380001CN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1
Expiration Date 01/31/2015

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

As of: 01/16/2014

San Francisco County

Program Name: HEALY PLACE
Legal Name: BAKER PLACES, INC.
Address: 101 GOUGH/120 PAGE STREET, 2ND AND 3RD FLOOR
City, State: SAN FRANCISCO, CA 94102
Phone #: (415)553-4490 Fax #: ( ) -

Record ID: 380001IN
Service Type: RES-DETOX
Resident Capacity: 31
Total Occupancy: 31
Target Population: 1.1
Expiration Date 09/30/2014

Program Name: ACCEPTANCE PLACE
Legal Name: BAKER PLACES, INC.
Address: 1326 4TH AVENUE
City, State: SAN FRANCISCO, CA 94122
Phone #: (415)682-2080 Fax #: (415)626-2398

Record ID: 380001BN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.2
Expiration Date 01/31/2014

Program Name: GLIDE HEALTH SERVICES RECOVERY PROGRAM
Legal Name: BOARD OF TRUSTEES OF THE GLIDE FOUNDATION
Address: 330 ELLIS STREET
City, State: SAN FRANCISCO, CA 94102
Phone #: (415)674-6140 Fax #: (415)885-8515

Record ID: 380097AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2015

Program Name: SUPPORTIVE LIVING PROGRAM
Legal Name: CENTER ON JUVENILE AND CRIMINAL JUSTICE
Address: 1163 GOETTINGEN STREET
City, State: SAN FRANCISCO, CA 94134
Phone #: (415)508-1542 Fax #: (415)621-5466

Record ID: 380035CN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.2
Expiration Date 10/31/2014

Program Name: SUPPORTIVE LIVING PROGRAM (SLP)
Legal Name: CENTER ON JUVENILE AND CRIMINAL JUSTICE
Address: 1671 25TH AVENUE
City, State: SAN FRANCISCO, CA 94122
Phone #: (415)661-5777 Fax #: (415)621-5466

Record ID: 380035BN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 10/31/2014

Program Name: GOLDEN GATE FOR SENIORS
Legal Name: COMMUNITY AWARENESS & TREATMENT SERVICES, INC.
Address: 637 SOUTH VAN NESS AVENUE
City, State: SAN FRANCISCO, CA 94110
Phone #: (415)626-7553

Record ID: 380005AN
Service Type: RES
Resident Capacity: 19
Total Occupancy: 20
Target Population: 1.1
Expiration Date 07/31/2014

Program Name: BAYSIDE MARIN, INC. DBA BAYSIDE SAN FRANCISCO
Legal Name: CRC HEALTH GROUP, INC.
Address: 450 SUTTER STREET, SUITE 300
City, State: SAN FRANCISCO, CA 94108
Phone #: (415)721-2000

Record ID: 380102AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2014

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

As of: 01/16/2014

San Francisco County

Program Name: SUBSTANCE ABUSE PROGRAM
Legal Name: CURRY SENIOR CENTER
Address: 315 TURK STREET
City, State: SAN FRANCISCO, CA 94102
Phone #: (415)885-2274 Fax #: (415)885-2344

Record ID: 380091AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.6
Expiration Date 10/31/2013

Program Name: FOUNDATIONS SAN FRANCISCO
Legal Name: FRN OUTPATIENT SAN FRANCISCO LLC
Address: 55 FRANCISCO STREET, SUITE # 405
City, State: SAN FRANCISCO, CA 94133
Phone #: (415)218-1370

Record ID: 380104AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2015

Program Name: HEALTH RIGHT 360
Legal Name: HEALTH RIGHT 360
Address: 890 HAYES STREET
City, State: SAN FRANCISCO, CA 94117
Phone #: (415)970-7500

Record ID: 380016AFN
Service Type: RES
Resident Capacity: 115
Total Occupancy: 115
Target Population: 1.1
Expiration Date 04/30/2014

Program Name: HEALTHRIGHT 360
Legal Name: HEALTH RIGHT 360
Address: 214 HAIGHT STREET
City, State: SAN FRANCISCO, CA 94102
Phone #: (415)762-3700 Fax #: (415)989-4910

Record ID: 380016AHN
Service Type: RES
Resident Capacity: 64
Total Occupancy: 64
Target Population: 1.3
Expiration Date 03/31/2015

Program Name: HEALTH RIGHT 360
Legal Name: HEALTH RIGHT 360
Address: 1885 MISSION STREET
City, State: SAN FRANCISCO, CA 94103
Phone #: (415)970-7500 Fax #: (415)861-5886

Record ID: 380016AEN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 07/31/2014

Program Name: HEALTH RIGHT 360
Legal Name: HEALTH RIGHT 360
Address: 815 BUENA VISTA WEST
City, State: SAN FRANCISCO, CA 94117
Phone #: (415)970-7500 Fax #: (415)437-6823

Record ID: 380016ALN
Service Type: RES-DETOX
Resident Capacity: 108
Total Occupancy: 108
Target Population: 1.1
Expiration Date 06/30/2014

Program Name: HEALTHRIGHT 360
Legal Name: HEALTHRIGHT 360
Address: 1735 MISSION STREET
City, State: SAN FRANCISCO, CA 94103
Phone #: (415)970-7500 Fax #: (415)746-1968

Record ID: 380016ACN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2015

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

As of: 01/16/2014

San Francisco County

Program Name: HEALTHRIGHT 360
Legal Name: HEALTHRIGHT 360
Address: 1442 CHINOOK COURT, UNITS A,B,C AND D
City, State: SAN FRANCISCO, CA 94130
Phone #: (415)970-7500

Record ID: 380016AGN
Service Type: RES
Resident Capacity: 15
Total Occupancy: 15
Target Population: 1.3
Expiration Date 03/31/2014

Program Name: HEALTHRIGHT 360
Legal Name: HEALTHRIGHT 360
Address: 2261 AND 2263 BRYANT STREET
City, State: SAN FRANCISCO, CA 94110
Phone #: (415)970-7500 Fax #: (415)000-0000

Record ID: 380016AKN
Service Type: RES
Resident Capacity: 16
Total Occupancy: 25
Target Population: 1.4
Expiration Date 07/31/2015

Program Name: HEALTHRIGHT 360
Legal Name: HEALTHRIGHT 360
Address: 1318 GATEVIEW STREET, TREASURE ISLAND UNITS A-F
City, State: SAN FRANCISCO, CA 94130
Phone #: (415)970-7500 Fax #: (415)437-6823

Record ID: 380016ADN
Service Type: RES
Resident Capacity: 54
Total Occupancy: 54
Target Population: 1.1
Expiration Date 07/31/2014

Program Name: HEALTHRIGHT 360
Legal Name: HEALTHRIGHT 360
Address: 1601 DONNER AVENUE #3
City, State: SAN FRANCISCO, CA 94124
Phone #: (415)970-7500 Fax #: (415)970-7518

Record ID: 380016AJN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2015

Program Name: HEALTHRIGHT360
Legal Name: HEALTHRIGHT360
Address: 1447 CHINOOK COURT, UNITS A,B,C AND D
City, State: SAN FRANCISCO, CA 94130
Phone #: (415)762-3700 Fax #: (415)989-4910

Record ID: 380016AIN
Service Type: RES
Resident Capacity: 16
Total Occupancy: 16
Target Population: 1.1
Expiration Date 03/31/2015

Program Name: HENRY OHLHOFF HOUSE
Legal Name: HENRY OHLHOFF HOUSE
Address: 601 STEINER STREET AND 625 STEINER STREET
City, State: SAN FRANCISCO, CA 94117
Phone #: (415)621-4388 Fax #: (415)626-0170

Record ID: 380013AN
Service Type: RES
Resident Capacity: 52
Total Occupancy: 52
Target Population: 1.2
Expiration Date 10/31/2015

Program Name: HENRY OHLHOFF OUTPATIENT PROGRAMS
Legal Name: HENRY OHLHOFF HOUSE
Address: 2191 MARKET STREET, SUITE A
City, State: SAN FRANCISCO, CA 94114
Phone #: (415)575-1100 Fax #: (415)575-1106

Record ID: 380013BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2014

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

As of: 01/16/2014

San Francisco County

Program Name: TREATMENT PROGRAMS
Legal Name: HORIZONS UNLIMITED OF SAN FRANCISCO, INC.
Address: 440 POTRERO AVENUE
City, State: SAN FRANCISCO, CA 94110
Phone #: (415)487-6700

Record ID: 380059AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 02/28/2015

Program Name: THE IRIS PROJECT
Legal Name: IRIS CENTER: WOMEN'S COUNSELING AND RECOVERY SERVICES
Address: 12 GOUGH STREET
City, State: SAN FRANCISCO, CA 94103
Phone #: (415)864-2364

Record ID: 380021AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.3
Expiration Date 07/31/2014

Program Name: JELANI, INC.'S FAMILY PROGRAM
Legal Name: JELANI, INC.
Address: 1638 AND 1640 KIRKWOOD STREET
City, State: SAN FRANCISCO, CA 94124
Phone #: (415)468-5100 Fax #: (415)822-5943

Record ID: 380045DN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 24
Target Population: 1.1
Expiration Date 01/31/2015

Program Name: JELANI HOUSE
Legal Name: JELANI, INC.
Address: 1601 QUESADA AVENUE
City, State: SAN FRANCISCO, CA 94124
Phone #: (415)822-5977 Fax #: (415)822-5943

Record ID: 380045AN
Service Type: RES
Resident Capacity: 16
Total Occupancy: 42
Target Population: 1.4
Expiration Date 06/30/2014

Program Name: CASA QUETZAL
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES O
Address: 635 BRUNSWICK STREET
City, State: SAN FRANCISCO, CA 94112
Phone #: (415)337-4065

Record ID: 380055AN
Service Type: RES
Resident Capacity: 9
Total Occupancy: 9
Target Population: 1.2
Expiration Date 10/31/2015

Program Name: AVIVA HOUSE
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES O
Address: 1724-1726 BRYANT STREET
City, State: SAN FRANCISCO, CA 94110
Phone #: (650)244-1444 Fax #: (650)244-1447

Record ID: 380055BN
Service Type: RES
Resident Capacity: 5
Total Occupancy: 9
Target Population: 1.3
Expiration Date 03/31/2014

Program Name: EPIPHANY RESIDENTIAL PROGRAM
Legal Name: MOUNT ST. JOSEPH - ST. ELIZABETH
Address: 100 MASONIC AVENUE
City, State: SAN FRANCISCO, CA 94118
Phone #: (415)750-1033 Fax #: (415)750-1032

Record ID: 380081CN
Service Type: RES
Resident Capacity: 18
Total Occupancy: 38
Target Population: 1.4
Expiration Date 11/30/2013

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

As of: 01/16/2014

San Francisco County

Program Name: EPIPHANY HOUSE
Legal Name: MOUNT ST. JOSEPH - ST. ELIZABETH
Address: 1615 BRODERICK STREET
City, State: SAN FRANCISCO, CA 94115
Phone #: (415)409-6003 Fax #: (415)351-4051

Record ID: 380081BN
Service Type: RES
Resident Capacity: 14
Total Occupancy: 22
Target Population: 1.4
Expiration Date 11/30/2013

Program Name: NCADA-BA OUTPATIENT TREATMENT PROGRAM
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND OTHER DRUG ADDICTIC
Address: 944 MARKET STREET, 3RD FLOOR
City, State: SAN FRANCISCO, CA 94102
Phone #: (415)296-9900 Fax #: (415)296-0626

Record ID: 380103AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2014

Program Name: NATIVE AMERICAN HEALTH CENTER
Legal Name: NATIVE AMERICAN HEALTH CENTER, INC.
Address: 160 CAPP STREET, 2ND FLOOR
City, State: SAN FRANCISCO, CA 94110
Phone #: (415)503-1046 Fax #: (415)503-7081

Record ID: 380094AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 05/31/2014

Program Name: ZAP PROGRAM
Legal Name: POTRERO HILL NEIGHBORHOOD HOUSE
Address: 953 DE HARO STREET
City, State: SAN FRANCISCO, CA 94107
Phone #: (415)826-8080 Fax #: (415)826-5252

Record ID: 380057AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 11/30/2014

Program Name: SAGE'S TRAUMA AND RECOVERY CENTER
Legal Name: SAGE PROJECT, INC.
Address: 68 12TH STREET, SUITE 2B
City, State: SAN FRANCISCO, CA 94103
Phone #: (415)905-5050 Fax #: (415)358-2729

Record ID: 380063AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: POST RELEASE EDUCATION PROGRAM (P.R.E.P.)
Legal Name: SAN FRANCISCO SHERIFF'S DEPARTMENT
Address: 70 OAK GROVE
City, State: SAN FRANCISCO, CA 94107
Phone #: (415)575-6450 Fax #: (415)575-6452

Record ID: 380083BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: STEPPING STONE
Legal Name: SAN FRANCISCO WOMEN'S REHABILITATION FOUNDATION, INCORI
Address: 255 10TH AVENUE
City, State: SAN FRANCISCO, CA 94118
Phone #: (415)751-5921 Fax #: (415)751-5130

Record ID: 380032AN
Service Type: RES
Resident Capacity: 13
Total Occupancy: 13
Target Population: 1.3
Expiration Date 08/31/2014

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

As of: 01/16/2014

San Francisco County

Program Name: FR. ALFRED CENTER
Legal Name: ST. ANTHONY FOUNDATION
Address: 291 10TH STREET
City, State: SAN FRANCISCO, CA 94103
Phone #: (415)592-2880 Fax #: (415)252-0537

Record ID: 380017CN
Service Type: RES
Resident Capacity: 80
Total Occupancy: 80
Target Population: 1.2
Expiration Date 03/31/2014

Program Name: FRIENDSHIP HOUSE
Legal Name: THE FRIENDSHIP HOUSE ASSOCIATION OF AMERICAN INDIANS
Address: 56 JULIAN AVENUE, 1ST, 2ND AND 3RD FLOORS
City, State: SAN FRANCISCO, CA 94103
Phone #: (415)865-0964 Fax #: (415)865-5428

Record ID: 380004AN
Service Type: RES
Resident Capacity: 80
Total Occupancy: 80
Target Population: 1.1
Expiration Date 10/31/2015

Program Name: GOOD SHEPHERD GRACENTER
Legal Name: THE GOOD SHEPHERD GRACENTER OF SAN FRANCISCO
Address: 250 AMHERST STREET
City, State: SAN FRANCISCO, CA 94134
Phone #: (415)337-1938 Fax #: (415)586-0355

Record ID: 380040BN
Service Type: RES
Resident Capacity: 13
Total Occupancy: 13
Target Population: 1.3
Expiration Date 06/30/2014

Program Name: HARM REDUCTION THERAPY CENTER
Legal Name: THE HARM REDUCTION THERAPY CENTER
Address: 45 FRANKLIN STREET, SUITE 320
City, State: SAN FRANCISCO, CA 94102
Phone #: (415)252-0669 Fax #: (415)252-0669

Record ID: 380082AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 08/31/2015

Program Name: THE METROPOLITAN FRESH START HOUSE
Legal Name: THE METROPOLITAN FRESH START HOUSE
Address: 316 LELAND AVENUE
City, State: SAN FRANCISCO, CA 94134
Phone #: (415)585-8808 Fax #: (415)585-1837

Record ID: 380084AN
Service Type: RES
Resident Capacity: 15
Total Occupancy: 15
Target Population: 1.2
Expiration Date 02/28/2014

Program Name: FAMILY DAY TREATMENT PROGRAM
Legal Name: THE MISSION COUNCIL ON ALCOHOL ABUSE FOR THE SPANISH SPE
Address: 474 VALENCIA STREET, SUITES 115 AND 135
City, State: SAN FRANCISCO, CA 94103
Phone #: (415)864-0554 Fax #: (415)701-1868

Record ID: 380008BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.7
Expiration Date 01/31/2015

Program Name: LATINO FAMILY ALCOHOLISM COUNSELING CENTER
Legal Name: THE MISSION COUNCIL ON ALCOHOL ABUSE FOR THE SPANISH SPE
Address: 154-A CAPP STREET
City, State: SAN FRANCISCO, CA 94110
Phone #: (415)826-6767 Fax #: (415)826-1408

Record ID: 380008AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 08/31/2015

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

As of: 01/16/2014

San Francisco County

Program Name: THE SALVATION ARMY - HARBOR HOUSE
Legal Name: THE SALVATION ARMY
Address: 407 NINTH STREET
City, State: SAN FRANCISCO, CA 94103
Phone #: (415)503-3029 Fax #: (415)252-6159

Record ID: 380006EN
Service Type: RES
Resident Capacity: 30
Total Occupancy: 82
Target Population: 1.9
Expiration Date 08/31/2014

Program Name: HARBOR LIGHT ALCOHOL SERVICES CENTER
Legal Name: THE SALVATION ARMY
Address: 1275 HARRISON STREET
City, State: SAN FRANCISCO, CA 94103
Phone #: (415)503-3000

Record ID: 380006AN
Service Type: RES-DETOX
Resident Capacity: 118
Total Occupancy: 118
Target Population: 1.1
Expiration Date 04/30/2014

Program Name: THE STONEWALL PROJECT
Legal Name: THE SAN FRANCISCO AIDS FOUNDATION
Address: 1035 MARKET STREET, SUITE 400
City, State: SAN FRANCISCO, CA 94103
Phone #: (415)487-3100 Fax #: (415)558-9657

Record ID: 380096AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.2
Expiration Date 03/31/2014

Program Name: STIMULANT TREATMENT OUTPATIENT PROGRAM (STOP)
Legal Name: UNIVERISTY OF CALIFORNIA, SAN FRANCISCO
Address: 982 MISSION STREET
City, State: SAN FRANCISCO, CA 94103
Phone #: (415)597-8000 Fax #: (415)597-8004

Record ID: 380061AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

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

As of: 01/16/2014

San Joaquin County

Program Name: NEW DIRECTIONS
Legal Name: ALCOHOL AND DRUG AWARENESS PROGRAM
Address: 1981 CHEROKEE ROAD
City, State: STOCKTON, CA 95205
Phone #: (209)870-6500

Record ID: 390007CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2014

Program Name: NEW DIRECTIONS
Legal Name: ALCOHOL AND DRUG AWARENESS PROGRAM
Address: 1981 CHEROKEE ROAD
City, State: STOCKTON, CA 95205
Phone #: (209)870-6500 Fax #: (209)982-1216

Record ID: 390007BN
Service Type: RES-DETOX
Resident Capacity: 95
Total Occupancy: 95
Target Population: 1.1
Expiration Date 02/28/2014

Program Name: FRESH BEGINNING, INC.
Legal Name: FRESH BEGINNING, INC.
Address: 72 WEST 11TH STREET, SUITE A
City, State: TRACY, CA 95376
Phone #: (209)830-7400 Fax #: (209)833-8386

Record ID: 390031AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 11/30/2013

Program Name: THREE RIVERS INDIAN LODGE
Legal Name: NATIVE DIRECTIONS, INC.
Address: 13505 SOUTH UNION ROAD
City, State: MANTECA, CA 95336
Phone #: (209)858-2421

Record ID: 390003AN
Service Type: RES
Resident Capacity: 20
Total Occupancy: 20
Target Population: 1.2
Expiration Date 05/31/2015

Program Name: PACIFIC VALLEY RECOVERY CENTER, INCORPORATED
Legal Name: PACIFIC VALLEY RECOVERY CENTER, INCORPORATED
Address: 33 EAST MAGNOLIA STREET, SUITE 14
City, State: STOCKTON, CA 95202
Phone #: (209)817-5720 Fax #: (209)468-8342

Record ID: 390030AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2015

Program Name: FAMILY TIES
Legal Name: SAN JOAQUIN COUNTY OFFICE OF SUBSTANCE ABUSE
Address: 500 WEST HOSPITAL ROAD
City, State: FRENCH CAMP, CA 95231
Phone #: (209)468-6213 Fax #: (209)468-7032

Record ID: 390002EN
Service Type: RES
Resident Capacity: 28
Total Occupancy: 53
Target Population: 1.4
Expiration Date 01/31/2014

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: STOCKTON, CA 95202
Phone #: (209)468-3720 Fax #: (209)468-8640

Record ID: 390002DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2014

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

As of: 01/16/2014

San Joaquin County

Program Name: SAN JOAQUIN COUNTY RECOVERY HOUSE
Legal Name: SAN JOAQUIN COUNTY SUBSTANCE ABUSE SERVICES
Address: 500 WEST HOSPITAL ROAD-RECOVERY HOUSE
City, State: FRENCH CAMP, CA 95231
Phone #: (209)468-6857

Record ID: 390002AN
Service Type: RES-DETOX
Resident Capacity: 69
Total Occupancy: 69
Target Population: 1.1
Expiration Date 04/30/2014

Program Name: SERVICE FIRST OUTPATIENT PROGRAM
Legal Name: SERVICE FIRST OF NORTHERN CALIFORNIA
Address: 1222 MONACO COURT, SUITE 28
City, State: STOCKTON, CA 95207
Phone #: (209)644-6327 Fax #: (209)644-6308

Record ID: 390017AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2013

Program Name: SERVICE FIRST OUTPATIENT PROGRAM
Legal Name: SERVICE FIRST OF NORTHERN CALIFORNIA
Address: 445 W. WEBER AVENUE, SUITE 130
City, State: STOCKTON, CA 95203
Phone #: (209)644-4829

Record ID: 390017BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2014

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: STOCKTON, CA 95203
Phone #: (209)513-5042

Record ID: 390032AN
Service Type: RES
Resident Capacity: 18
Total Occupancy: 18
Target Population: 1.2
Expiration Date 06/30/2015

Program Name: VALLEY COMMUNITY COUNSELING SERVICES
Legal Name: VALLEY COMMUNITY COUNSELING SERVICES, INC.
Address: 110 NORTH SHERMAN AVENUE
City, State: MANTECA, CA 95336
Phone #: (209)823-1911

Record ID: 390029AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: **
Expiration Date 01/31/2015

Program Name: VALLEY COMMUNITY COUNSELING SERVICES
Legal Name: VALLEY COMMUNITY COUNSELING SERVICES, INC.
Address: 1300 WEST LODI AVENUE, SUITE G1+ G2
City, State: LODI, CA 95242
Phone #: (209)334-2126 Fax #: (209)369-8406

Record ID: 390029BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2015

Program Name: VALLEY COMMUNITY COUNSELING SERVICES
Legal Name: VALLEY COMMUNITY COUNSELING SERVICES, INC.
Address: 19 EAST 6TH STREET
City, State: TRACY, CA 95376
Phone #: (209)835-8583 Fax #: (209)835-2910

Record ID: 390029CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2015

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

As of: 01/16/2014

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: SAN LUIS OBISPO, CA 93401
Phone #: (805)781-4275

Record ID: 400003AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2014

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: ATASCADERO, CA 93422
Phone #: (805)461-6080 Fax #: (805)461-6114

Record ID: 400003BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2014

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: GROVER BEACH, CA 93433
Phone #: (805)473-7080 Fax #: (805)473-7188

Record ID: 400003DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2014

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

As of: 01/16/2014

San Mateo County

Program Name: OUTPATIENT DRUG AND ALCOHOL SERVICES FOR ASIANS (ODASA
Legal Name: ASIAN AMERICAN RECOVERY SERVICES, INC.
Address: 6181 MISSION STREET
City, State: DALY CITY, CA 94014
Phone #: (415)337-0140

Record ID: 410028BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2014

Program Name: ASIAN AMERICAN RECOVERY SERVICES INC./YOUTH SERVICES OF
Legal Name: ASIAN AMERICAN RECOVERY SERVICES, INC.
Address: 1115 MISSION ROAD
City, State: SOUTH SAN FRANCISCO, CA 94080
Phone #: (650)243-4850 Fax #: (650)243-4851

Record ID: 410028CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 05/31/2014

Program Name: THE SEQUOIA CENTER
Legal Name: CHEMICAL DATA SERVICES CORPORATION
Address: 483 LINCOLN AVENUE
City, State: REDWOOD CITY, CA 94061
Phone #: (650)364-5504 Fax #: (650)261-3977

Record ID: 410032HP
Service Type: RES-DETOX
Resident Capacity: 8
Total Occupancy: 8
Target Population: 1.1
Expiration Date 08/31/2015

Program Name: THE SEQUOIA CENTER
Legal Name: CHEMICAL DATA SERVICES CORPORATION
Address: 481 LINCOLN AVENUE
City, State: REDWOOD CITY, CA 94061
Phone #: (650)364-5504 Fax #: (650)261-3977

Record ID: 410032DP
Service Type: RES
Resident Capacity: 11
Total Occupancy: 11
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: THE SEQUOIA CENTER
Legal Name: CHEMICAL DATA SERVICES CORPORATION
Address: 650 MAIN STREET
City, State: REDWOOD CITY, CA 94063
Phone #: (650)364-5504

Record ID: 410032BP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2015

Program Name: EL CENTRO DE LIBERTAD/THE FREEDOM CENTER
Legal Name: EL CENTRO DE LIBERTAD
Address: 225 SOUTH CABRILLO HIGHWAY, BUILDING D, SUITE # 105
City, State: HALF MOON BAY, CA 94019
Phone #: (650)560-9995 Fax #: (650)560-9991

Record ID: 410026DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2015

Program Name: THE FREEDOM CENTER
Legal Name: EL CENTRO DE LIBERTAD
Address: 500 ALLERTON STREET
City, State: REDWOOD CITY, CA 94063
Phone #: (650)599-9955 Fax #: (950)599-9273

Record ID: 410026CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2015

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

As of: 01/16/2014

San Mateo County

Program Name: FREE AT LAST
Legal Name: FREE AT LAST: COMMUNITY RECOVERY AND REHABILITATION SEI
Address: 1796 BAY ROAD
City, State: EAST PALO ALTO, CA 94303
Phone #: (650)462-6999 Fax #: ( ) -

Record ID: 410027IN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2015

Program Name: WALKER HOUSE
Legal Name: FREE AT LAST: COMMUNITY RECOVERY AND REHABILITATION SEI
Address: 1095 WEEKS AVENUE
City, State: EAST PALO ALTO, CA 94303
Phone #: (650)462-4603 Fax #: (650)462-3589

Record ID: 410027AN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 08/31/2015

Program Name: WILLIAMS HOUSE II
Legal Name: FREE AT LAST: COMMUNITY RECOVERY AND REHABILITATION SEI
Address: 1085-B WEEKS STREET
City, State: EAST PALO ALTO, CA 94303
Phone #: (650)462-6999 Fax #: (650)462-1055

Record ID: 410027MN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 08/31/2014

Program Name: MALAIKA HOUSE
Legal Name: FREE AT LAST: COMMUNITY RECOVERY AND REHABILITATION SEI
Address: 819 & 823 JAMIE LANE
City, State: EAST PALO ALTO, CA 94303
Phone #: (650)462-6983

Record ID: 410027BN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 14
Target Population: 1.4
Expiration Date 08/31/2015

Program Name: WILLIAMS HOUSE I
Legal Name: FREE AT LAST:COMMUNITY RECOVERY AND REHABILITATION SER
Address: 1085-A WEEKS STREET
City, State: EAST PALO ALTO, CA 94303
Phone #: (650)462-6999 Fax #: (650)462-1055

Record ID: 410027LN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 08/31/2014

Program Name: PALM AVENUE SOCIAL MODEL DETOXIFICATION
Legal Name: HORIZON SERVICES, INCORPORATED
Address: 2251 PALM AVENUE
City, State: SAN MATEO, CA 94403
Phone #: (650)513-6500 Fax #: (650)513-6506

Record ID: 410003AN
Service Type: RES-DETOX
Resident Capacity: 15
Total Occupancy: 15
Target Population: 1.1
Expiration Date 02/28/2014

Program Name: JERICHO PROJECT
Legal Name: JERICHO PROJECT
Address: 163 DEL PRADO DRIVE
City, State: DALY CITY, CA 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
Expiration Date 03/31/2015

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

As of: 01/16/2014

San Mateo County

Program Name: JERICHO PROJECT
Legal Name: JERICHO PROJECT
Address: 193 DEL PRADO DRIVE
City, State: DALY CITY, CA 94015
Phone #: (650)994-9832 Fax #: (650)994-1191

Record ID: 410041CN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.2
Expiration Date 03/31/2015

Program Name: CASA LOS HERMANOS
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES O
Address: 693 7TH AVENUE
City, State: SAN BRUNO, CA 94006
Phone #: (415)468-9020 Fax #: (415)468-1740

Record ID: 410020HN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 12/31/2013

Program Name: CASA ADELITA
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES O
Address: 160 TEHAMA COURT
City, State: SAN BRUNO, CA 94066
Phone #: (650)244-1444 Fax #: (650)244-1447

Record ID: 410020FN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3
Expiration Date 02/28/2014

Program Name: CASA AZTLAN RECOVERY HOME
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES O
Address: 660 MACARTHUR AVENUE
City, State: REDWOOD CITY, CA 94065
Phone #: (650)355-7573

Record ID: 410020DN
Service Type: RES
Resident Capacity: 9
Total Occupancy: 9
Target Population: 1.2
Expiration Date 04/30/2015

Program Name: LATINO COMMISSION-ENTRE FAMILIA OUTPATIENT
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES O
Address: 301 GRAND AVENUE, SUITE 301
City, State: SOUTH SAN FRANCISCO, CA 94080
Phone #: (650)244-1444 Fax #: (650)244-1447

Record ID: 410020IN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2013

Program Name: CASA MARIA RECOVERY HOME
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES O
Address: 300 ROLLING HILLS AVENUE
City, State: SAN MATEO, CA 94003
Phone #: (650)244-1444

Record ID: 410020AN
Service Type: RES
Resident Capacity: 9
Total Occupancy: 9
Target Population: 1.3
Expiration Date 04/30/2015

Program Name: OUR COMMON GROUND EPA
Legal Name: OUR COMMON GROUND, INC.
Address: 2560 PULGAS AVENUE
City, State: EAST PALO ALTO, CA 94303
Phone #: (650)325-6466

Record ID: 410012CN
Service Type: RES
Resident Capacity: 32
Total Occupancy: 32
Target Population: 1.1
Expiration Date 08/31/2014

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

As of: 01/16/2014

San Mateo County

Program Name: OUR COMMON GROUND
Legal Name: OUR COMMON GROUND, INC.
Address: 631 WOODSIDE ROAD
City, State: REDWOOD CITY, CA 94061
Phone #: (650)367-9030

Record ID: 410012AN
Service Type: DSS
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5

Program Name: JAMES O'TOOLE CENTER
Legal Name: PROJECT NINETY
Address: 15 NINTH AVENUE
City, State: SAN MATEO, CA 94401
Phone #: (650)579-7881 Fax #: (650)579-2640

Record ID: 410005AN
Service Type: RES
Resident Capacity: 28
Total Occupancy: 28
Target Population: 1.2
Expiration Date 10/31/2015

Program Name: BETTS HOUSE
Legal Name: PROJECT NINETY
Address: 29 NORTH GRANT STREET
City, State: SAN MATEO, CA 94401
Phone #: (650)579-7881 Fax #: (650)579-2640

Record ID: 410005CN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 11
Target Population: 1.2
Expiration Date 10/31/2013

Program Name: CARNER HOUSE
Legal Name: PROJECT NINETY
Address: 1451 YOUNG STREET
City, State: SAN MATEO, CA 94401
Phone #: (650)579-7881 Fax #: (650)579-2640

Record ID: 410005GN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.2
Expiration Date 10/31/2015

Program Name: DUNTZ HOUSE
Legal Name: PROJECT NINETY
Address: 23 NORTH GRANT STREET
City, State: SAN MATEO, CA 94401
Phone #: (650)579-7881 Fax #: (650)579-2640

Record ID: 410005HN
Service Type: RES
Resident Capacity: 4
Total Occupancy: 4
Target Population: 1.2
Expiration Date 10/31/2013

Program Name: SIMMONS HOUSE
Legal Name: PROJECT NINETY
Address: 31 NINTH AVENUE
City, State: SAN MATEO, CA 94401
Phone #: (650)579-7881 Fax #: (650)579-2640

Record ID: 410005JN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.2
Expiration Date 10/31/2015

Program Name: ELLIOTT CENTER
Legal Name: PROJECT NINETY
Address: 314 BADEN AVENUE
City, State: SOUTH SAN FRANCISCO, CA 94080
Phone #: (650)873-7620 Fax #: (650)579-2640

Record ID: 410005MN
Service Type: RES
Resident Capacity: 8
Total Occupancy: 10
Target Population: 1.2
Expiration Date 10/31/2014

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

As of: 01/16/2014

San Mateo County

Program Name: BRENNER HOUSE
Legal Name: PROJECT NINETY
Address: 535 BADEN AVENUE
City, State: SOUTH SAN FRANCISCO, CA 94080
Phone #: (650)579-7881

Record ID: 410005RN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.2
Expiration Date 10/31/2014

Program Name: PROJECT NINETY
Legal Name: PROJECT NINETY
Address: 195 SPRUCE AVENUE
City, State: SOUTH SAN FRANCISCO, CA 94080
Phone #: (650)616-8959 Fax #: (650)579-2640

Record ID: 410005TN
Service Type: RES
Resident Capacity: 5
Total Occupancy: 6
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: PROJECT NINETY
Legal Name: PROJECT NINETY
Address: 416 2ND AVENUE
City, State: SAN MATEO, CA 94401
Phone #: (650)579-7881 Fax #: (650)579-2640

Record ID: 410005VN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: WORKING MAN'S PROGRAM
Legal Name: PROJECT NINETY
Address: 247 DELAWARE AVENUE, #A
City, State: SAN MATEO, CA 94401
Phone #: (650)579-7882 Fax #: (650)579-2640

Record ID: 410005WN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.2
Expiration Date 05/31/2014

Program Name: PROJECT NINETY, KLEINHEINZ HOUSE
Legal Name: PROJECT NINETY
Address: 114 DELAWARE STREET
City, State: SAN MATEO, CA 94401
Phone #: (650)696-9925 Fax #: (650)579-2640

Record ID: 410005XN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 9
Target Population: 1.1
Expiration Date 06/30/2015

Program Name: PYRAMID ALTERNATIVES
Legal Name: PYRAMID ALTERNATIVES COUNSELING AND EDUCATION, INC.
Address: 1590 EL CAMINO REAL
City, State: SAN BRUNO, CA 94066
Phone #: (650)355-8787

Record ID: 410006CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2015

Program Name: PYRAMID ALTERNATIVES
Legal Name: PYRAMID ALTERNATIVES COUNSELING AND EDUCATION, INC.
Address: 480 MANOR PLAZA
City, State: PACIFICA, CA 94044
Phone #: (650)355-8787

Record ID: 410006AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2015

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

As of: 01/16/2014

San Mateo County

Program Name: HOPE HOUSE
Legal Name: SAN MATEO COUNTY SERVICE LEAGUE
Address: 3789 HOOVER STREET
City, State: REDWOOD CITY, CA 94063
Phone #: (650)363-8735 Fax #: (650)363-8701

Record ID: 410013AN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 14
Target Population: 1.4
Expiration Date 11/30/2013

Program Name: HOPE HOUSE III
Legal Name: SAN MATEO COUNTY SERVICE LEAGUE
Address: 3787-A AND 3787-B HOOVER STREET
City, State: REDWOOD CITY, CA 94063
Phone #: (650)363-8735 Fax #: (650)363-8701

Record ID: 410013BN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3
Expiration Date 05/31/2015

Program Name: SITIKE COUNSELING CENTER
Legal Name: SITIKE
Address: 306 SPRUCE AVENUE
City, State: SOUTH SAN FRANCISCO, CA 94080
Phone #: (650)589-9305

Record ID: 410023AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2014

Program Name: FIRST CHANCE SOUTH
Legal Name: STARVISTA
Address: 826 MAHLER ROAD
City, State: BURLINGAME, CA 94010
Phone #: (650)595-8165 Fax #: (650)595-8167

Record ID: 410038DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2014

Program Name: WOMEN'S ENRICHMENT CENTER
Legal Name: STARVISTA
Address: 335 QUARRY ROAD
City, State: SAN CARLOS, CA 94070
Phone #: (650)591-3636 Fax #: (650)591-3600

Record ID: 410038EN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2014

Program Name: ARCHWAY
Legal Name: STARVISTA
Address: 609 PRICE AVENUE, ROOMS 101, 107, 201, 205, 206 AND 208
City, State: REDWOOD CITY, CA 94063
Phone #: (650)366-8433 Fax #: (650)366-8455

Record ID: 410038AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2014

Program Name: INSIGHTS
Legal Name: STARVISTA
Address: 333 GELLERT BOULEVARD #206
City, State: DALY CITY, CA 94015
Phone #: (650)755-0858 Fax #: (650)755-1754

Record ID: 410038BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2014

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

As of: 01/16/2014

San Mateo County

Program Name: MISSION HOUSE
Legal Name: THE SOLIDARITY FELLOWSHIP, INC.
Address: 1679 SOUTH NORFOLK STREET
City, State: SAN MATEO, CA 94402
Phone #: (650)341-3803 Fax #: (650)341-3803

Record ID: 410017AN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 03/31/2014

Program Name: HILLSIDE HOUSE ONE
Legal Name: WOMEN'S RECOVERY ASSOCIATION OF SAN MATEO COUNTY, INC.
Address: 27 NORTH HUMBOLDT STREET, UNIT A AND UNIT B
City, State: SAN MATEO, CA 94401
Phone #: (650)348-6603 Fax #: (650)342-0454

Record ID: 410002IN
Service Type: RES
Resident Capacity: 5
Total Occupancy: 11
Target Population: 1.3
Expiration Date 09/30/2015

Program Name: WOMEN'S RECOVERY ASSOCIATION - THE CENTER
Legal Name: WOMEN'S RECOVERY ASSOCIATION OF SAN MATEO COUNTY, INC.
Address: 1818 GILBRETH ROAD, SUITE 230
City, State: BURLINGAME, CA 94010
Phone #: (650)348-6603

Record ID: 410002CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.3
Expiration Date 02/28/2014

Program Name: LAUREL HOUSE
Legal Name: WOMEN'S RECOVERY ASSOCIATION OF SAN MATEO COUNTY, INC.
Address: 900 LAUREL AVENUE
City, State: SAN MATEO, CA 94401
Phone #: (650)347-8808

Record ID: 410002BN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 13
Target Population: 1.3
Expiration Date 02/28/2014

Program Name: THE ELMS
Legal Name: WOMEN'S RECOVERY ASSOCIATION OF SAN MATEO COUNTY, INC.
Address: 202 EAST BELLEVUE AVENUE
City, State: SAN MATEO, CA 94401
Phone #: (650)343-8401

Record ID: 410002AN
Service Type: RES
Resident Capacity: 15
Total Occupancy: 15
Target Population: 1.3
Expiration Date 02/28/2014

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

As of: 01/16/2014

Santa Barbara County

Program Name: CASA SERENA RESIDENTIAL RECOVERY PROGRAM
Legal Name: CASA SERENA
Address: 147 OLIVER ROAD
City, State: SANTA BARBARA, CA 93105
Phone #: (805)966-1260 Fax #: (805)966-6695

Record ID: 420024CN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 12
Target Population: 1.4
Expiration Date 06/30/2015

Program Name: CASA SERENA RESIDENTIAL RECOVERY PROGRAM
Legal Name: CASA SERENA
Address: 1922 AND 1924 CASTILLO STREET
City, State: SANTA BARBARA, CA 93101
Phone #: (805)966-1260 Fax #: (805)966-6695

Record ID: 420024BN
Service Type: RES
Resident Capacity: 8
Total Occupancy: 8
Target Population: 1.3
Expiration Date 06/30/2015

Program Name: CASA SERENA RESIDENTIAL RECOVERY PROGRAM
Legal Name: CASA SERENA
Address: 1515 BATH STREET
City, State: SANTA BARBARA, CA 93101
Phone #: (805)564-8701 Fax #: (805)966-6695

Record ID: 420024AN
Service Type: RES
Resident Capacity: 18
Total Occupancy: 18
Target Population: 1.3
Expiration Date 06/30/2015

Program Name: COAST VALLEY SUBSTANCE ABUSE TREATMENT CENTER
Legal Name: COAST VALLEY WORSHIP CENTER
Address: 1125 E. CLARK AVENUE, SUITE A2
City, State: SANTA MARIA, CA 93455
Phone #: (805)739-1512 Fax #: (805)739-2855

Record ID: 420030AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2015

Program Name: COAST VALLEY SUBSTANCE ABUSE TREATMENT CENTER
Legal Name: COAST VALLEY WORSHIP CENTER
Address: 133 NORTH F STREET
City, State: LOMPOC, CA 93436
Phone #: (805)735-7525

Record ID: 420030BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 08/31/2014

Program Name: PROJECT RECOVERY RESIDENTIAL DETOX PROGRAM
Legal Name: COUNCIL ON ALCOHOLISM AND DRUG ABUSE
Address: 1020 PLACIDO AVENUE
City, State: SANTA BARBARA, CA 93103
Phone #: (805)963-1836 Fax #: (805)963-8849

Record ID: 420022EN
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1
Expiration Date 12/31/2013

Program Name: DANIEL BRYANT YOUTH AND FAMILY TREATMENT CENTER
Legal Name: COUNCIL ON ALCOHOLISM AND DRUG ABUSE
Address: 1111 GARDEN STREET
City, State: SANTA BARBARA, CA 93101
Phone #: (805)730-7575 Fax #: (805)730-7503

Record ID: 420022BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

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

As of: 01/16/2014

Santa Barbara County

Program Name: PC1000
Legal Name: COUNCIL ON ALCOHOLISM AND DRUG ABUSE
Address: 232 EAST CANON PERDIDO STREET
City, State: SANTA BARBARA, CA 93101
Phone #: (805)963-1433 Fax #: (805)963-1720

Record ID: 420022DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: RECOVERY POINT OUTPATIENT PROGRAM
Legal Name: GOOD SAMARITAN SHELTER
Address: 245 E. INGER DRIVE, SUITE 103B
City, State: SANTA MARIA, CA 93454
Phone #: (805)346-8185 Fax #: (805)346-8656

Record ID: 420010FN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2014

Program Name: RECOVERY POINT ACUTE CARE
Legal Name: GOOD SAMARITAN SHELTER
Address: 401 "B" W.MORRISON AVENUE
City, State: SANTA MARIA, CA 93458
Phone #: (805)347-3338

Record ID: 420010BN
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1
Expiration Date 10/31/2014

Program Name: ANOTHER ROAD DETOX PROGRAM
Legal Name: GOOD SAMARITAN SHELTER
Address: 113 SOUTH M STREET
City, State: LOMPOC, CA 93436
Phone #: (805)736-0357 Fax #: (805)346-8656

Record ID: 420010DN
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 10/31/2014

Program Name: TURNING POINT
Legal Name: GOOD SAMARITAN SHELTER
Address: 604 WEST OCEAN AVENUE
City, State: LOMPOC, CA 93436
Phone #: (805)736-0357 Fax #: (805)737-0389

Record ID: 420010EN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.3
Expiration Date 11/30/2014

Program Name: SANTA MARIA CENTER FOR CHANGE
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 201 SOUTH MILLER, SUITE 108
City, State: SANTA MARIA, CA 93454
Phone #: (805)925-9811 Fax #: (805)925-9706

Record ID: 420031BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2014

Program Name: RECOVERY ROAD MEDICAL CENTER
Legal Name: RECOVERY ROAD MEDICAL CENTER, INC.
Address: 3891 STATE STREET, SUITE 205
City, State: SANTA BARBARA, CA 93105
Phone #: (805)962-7800 Fax #: (805)962-9002

Record ID: 420034AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2014

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

As of: 01/16/2014

Santa Barbara County

Program Name: SANCTUARY PSYCHIATRIC CENTERS
Legal Name: SANCTUARY HOUSE OF SANTA BARBARA, INC.
Address: 222 WEST VALERIO, REAR BUILDING
City, State: SANTA BARBARA, CA 93101
Phone #: (805)569-2785 Fax #: (805)563-1977

Record ID: 420026AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: COTTAGE RESIDENTIAL CENTER
Legal Name: SANTA BARBARA COTTAGE HOSPITAL
Address: 316 MONTECITO STREET
City, State: SANTA BARBARA, CA 93101
Phone #: (805)569-7815 Fax #: (805)569-8314

Record ID: 420017AN
Service Type: RES
Resident Capacity: 24
Total Occupancy: 24
Target Population: 1.1
Expiration Date 06/30/2015

Program Name: PROJECT RECOVERY - ADULT OUTPATIENT TREATMENT PROGRAM
Legal Name: SANTA BARBARA COUNCIL ON ALCOHOLISM AND DRUG ABUSE
Address: 133 EAST HALEY STREET
City, State: SANTA BARBARA, CA 93101
Phone #: (805)564-6057

Record ID: 420022AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: BETHEL HOUSE
Legal Name: SANTA BARBARA RESCUE MISSION
Address: 24 WEST ARRELLEGA STREET
City, State: SANTA BARBARA, CA 93101
Phone #: (805)966-1316 Fax #: (805)966-7495

Record ID: 420016BN
Service Type: RES
Resident Capacity: 24
Total Occupancy: 25
Target Population: 1.3
Expiration Date 02/28/2015

Program Name: SANTA BARBARA RESCUE MISSION - RECOVERY PROGRAM
Legal Name: SANTA BARBARA RESCUE MISSION
Address: 535 EAST YANONALI STREET, A
City, State: SANTA BARBARA, CA 93103
Phone #: (805)966-1316 Fax #: (805)966-7495

Record ID: 420016AN
Service Type: RES
Resident Capacity: 49
Total Occupancy: 49
Target Population: 1.2
Expiration Date 02/28/2015

Program Name: RECOVERY SANTA BARBARA OUTPATIENT SERVICES
Legal Name: SANTA BARBARA RESCUE MISSION
Address: 535 EAST YANONALI STREET, B
City, State: SANTA BARBARA, CA 93103
Phone #: (805)966-1316 Fax #: (805)966-7495

Record ID: 420016CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2014

Program Name: THE TIDES SANTA BARBARA
Legal Name: THE TIDES SANTA BARBARA, LLC
Address: 5277 AUSTIN ROAD
City, State: SANTA BARBARA, CA 93111
Phone #: (805)845-4320 Fax #: (888)552-0299

Record ID: 420035AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 10/31/2015

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

As of: 01/16/2014

Santa Clara County

Program Name: ADI-OUTPATIENT
Legal Name: ADI- OP, INC.
Address: 1900 CAMDEN AVENUE, SUITE 202 AND 205
City, State: SAN JOSE, CA 95124
Phone #: (408)879-7581 Fax #: (408)879-7587

Record ID: 430068AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: ADOLESCENT COUNSELING SERVICES
Legal Name: ADOLESCENT COUNSELING SERVICES
Address: 1717 EMBARCADERO ROAD, SUITE 4000
City, State: PALO ALTO, CA 94303
Phone #: (650)424-0852

Record ID: 430032AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 01/31/2015

Program Name: LAUREL HOME
Legal Name: ADVENT GROUP MINISTRIES, INC.
Address: 865 BLACK WALNUT COURT
City, State: MORGAN HILL, CA 95037
Phone #: (408)779-5841

Record ID: 430038DN
Service Type: DSS
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5

Program Name: GATEWAY HOME
Legal Name: ADVENT GROUP MINISTRIES, INC.
Address: 1960 CHURCH AVENUE
City, State: SAN MARTIN, CA 95046
Phone #: (408)683-2099

Record ID: 430038EN
Service Type: DSS
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5

Program Name: SUMMIT HOME
Legal Name: ADVENT GROUP MINISTRIES, INC.
Address: 1200 WEST EDMUNDSON AVENUE
City, State: MORGAN HILL, CA 95037
Phone #: (408)779-1492

Record ID: 430038CN
Service Type: DSS
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5

Program Name: AMICUS HOUSE, INC.
Legal Name: AMICUS HOUSE, INC.
Address: 466 SOUTH BUENA VISTA AVENUE
City, State: SAN JOSE, CA 95126
Phone #: (408)294-2277

Record ID: 430041AP
Service Type: RES
Resident Capacity: 14
Total Occupancy: 14
Target Population: 1.1
Expiration Date 08/31/2014

Program Name: ASIAN AMERICAN RECOVERY SERVICES, INC.
Legal Name: ASIAN AMERICAN RECOVERY SERVICES, INC.
Address: 542 VALLEY WAY
City, State: MILPITAS, CA 95035
Phone #: (408)271-3900 Fax #: (408)271-3909

Record ID: 430036CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 03/31/2014

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

As of: 01/16/2014

Santa Clara County

Program Name: ASIAN AMERICAN RECOVERY SERVICES, INC.
Legal Name: ASIAN AMERICAN RECOVERY SERVICES, INC.
Address: 1340 TULLY ROAD, SUITE 301 & 304
City, State: SAN JOSE, CA 95122
Phone #: (408)271-3900 Fax #: (408)271-3909

Record ID: 430036AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2014

Program Name: EMQ FAMILIESFIRST OUTPATIENT ADOLESCENT SUBSTANCE ABUS
Legal Name: FAMILIESFIRST, INC.
Address: 251 LLEWELLYN AVENUE
City, State: CAMPBELL, CA 95008
Phone #: (408)379-3796

Record ID: 430070AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 11/30/2013

Program Name: FAMILY & CHILDREN SERVICES - SUBSTANCE ABUSE TREATMENT I
Legal Name: FAMILY AND CHILDREN SERVICES
Address: 375 CAMBRIDGE AVENUE
City, State: PALO ALTO, CA 94306
Phone #: (650)326-6576 Fax #: (650)326-1340

Record ID: 430046BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2015

Program Name: FAMILY & CHILDREN SERVICES - SUBSTANCE ABUSE TREATMENT I
Legal Name: FAMILY AND CHILDREN SERVICES
Address: 2226 N. FIRST STREET
City, State: SAN JOSE, CA 95131
Phone #: (650)326-6576 Fax #: (650)326-1340

Record ID: 430046CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2013

Program Name: FAMILY & CHILDREN SERVICES - SUBSTANCE ABUSE TREATMENT I
Legal Name: FAMILY AND CHILDREN SERVICES
Address: 2218 N. FIRST STREET
City, State: SAN JOSE, CA 95131
Phone #: (650)326-6576 Fax #: (650)326-1340

Record ID: 430046DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/30/2015

Program Name: FAMILY AND CHILDREN SERVICES--SUBSTANCE ABUSE TREATMEN
Legal Name: FAMILY AND CHILDREN SERVICES
Address: 950 WEST JULIAN STREET
City, State: SAN JOSE, CA 95126
Phone #: (408)288-6200 Fax #: (408)288-6201

Record ID: 430046AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: HORIZON SOUTH
Legal Name: HORIZON SERVICES, INCORPORATED
Address: 650 SOUTH BASCOM AVENUE
City, State: SAN JOSE, CA 95128
Phone #: (408)295-6675 Fax #: (408)295-8544

Record ID: 430021AN
Service Type: RES-DETOX
Resident Capacity: 41
Total Occupancy: 41
Target Population: 1.2
Expiration Date 08/31/2014

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

As of: 01/16/2014

Santa Clara County

Program Name: INDIAN HEALTH CENTER OF SANTA CLARA VALLEY-OUTPATIENT A
Legal Name: INDIAN HEALTH CENTER OF SANTA CLARA VALLEY
Address: 602 EAST SANTA CLARA STREET, SUITE 230
City, State: SAN JOSE, CA 95112
Phone #: (408)350-2400 Fax #: (408)350-2411

Record ID: 430047CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2014

Program Name: LIFE CHOICES
Legal Name: LIFECHOICES TREATMENT SERVICES, INC.
Address: 1157 EAST TAYLOR STREET
City, State: SAN JOSE, CA 95112
Phone #: (408)971-0118 Fax #: (408)998-4337

Record ID: 430049AN
Service Type: RES-DETOX
Resident Capacity: 31
Total Occupancy: 31
Target Population: 1.2
Expiration Date 02/28/2014

Program Name: LIFECHOICES TREATMENT SERVICES
Legal Name: LIFECHOICES TREATMENT SERVICES, INC.
Address: 586 N. FIRST STREET, # 228
City, State: SAN JOSE, CA 95112
Phone #: (408)971-7811 Fax #: (408)998-4337

Record ID: 430049BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.2
Expiration Date 09/30/2015

Program Name: LIONROCK RECOVERY
Legal Name: LIONROCK BEHAVIORAL HEALTH, INC.
Address: 621 E CAMPBELL AVENUE #17
City, State: CAMPBELL, CA 95008
Phone #: (760)994-4990 Fax #: (866)899-8670

Record ID: 430074AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 08/31/2015

Program Name: NEW LIFE RECOVERY CENTERS, INC.
Legal Name: NEW LIFE RECOVERY CENTERS, INC.
Address: 1101 PARK AVENUE
City, State: SAN JOSE, CA 95126
Phone #: (408)297-1182 Fax #: (408)297-7450

Record ID: 430053BP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: NEW LIFE RECOVERY CENTERS
Legal Name: NEW LIFE RECOVERY CENTERS, INC.
Address: 473 NORTH SAN PEDRO
City, State: SAN JOSE, CA 95110
Phone #: (408)297-1182 Fax #: (408)297-7450

Record ID: 430053AP
Service Type: RES
Resident Capacity: 18
Total Occupancy: 18
Target Population: 1.1
Expiration Date 04/30/2014

Program Name: NEW LIFE RECOVERY CENTERS, INC.
Legal Name: NEW LIFE RECOVERY CENTERS, INC.
Address: 166 CLAYTON AVENUE
City, State: SAN JOSE, CA 95110
Phone #: (408)975-0454 Fax #: (408)230-0395

Record ID: 430053CP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 01/31/2014

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

As of: 01/16/2014

Santa Clara County

Program Name: HOUSE OF DAWN
Legal Name: OPERATION DAWN
Address: 5034 PAGE MILL DRIVE
City, State: SAN JOSE, CA 95111
Phone #: (408)362-0121

Record ID: 430059AN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 11/30/2014

Program Name: PARISI HOUSE ON THE HILL, INC.
Legal Name: PARISI HOUSE ON THE HILL, INC.
Address: 9501 AND 9505 MALECH ROAD
City, State: SAN JOSE, CA 95138
Phone #: (408)281-6570 Fax #: (408)463-1116

Record ID: 430071AN
Service Type: RES
Resident Capacity: 20
Total Occupancy: 42
Target Population: 1.3

Program Name: MARIPOSA LODGE
Legal Name: PATHWAY SOCIETY
Address: 9500 MALECH ROAD
City, State: SAN JOSE, CA 95151
Phone #: (408)281-6542 Fax #: (408)463-0794

Record ID: 430016FN
Service Type: RES-DETOX
Resident Capacity: 40
Total Occupancy: 40
Target Population: 1.3
Expiration Date 09/30/2015

Program Name: PATHWAY HOUSE
Legal Name: PATHWAY SOCIETY
Address: 102 SOUTH 11TH STREET
City, State: SAN JOSE, CA 95112
Phone #: (408)998-5191 Fax #: (408)998-5191

Record ID: 430016AN
Service Type: RES
Resident Capacity: 65
Total Occupancy: 65
Target Population: 1.1
Expiration Date 12/31/2013

Program Name: PATHWAY OUTPATIENT CENTER
Legal Name: PATHWAY SOCIETY, INC.
Address: 1659 SCOTT BOULEVARD, SUITE 5, 22, AND 32
City, State: SANTA CLARA, CA 95050
Phone #: (408)244-1834

Record ID: 430016BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: PATHWAY SOCIETY, INC.
Legal Name: PATHWAY SOCIETY, INC.
Address: 16360 MONTEREY ROAD, SUITE 150
City, State: MORGAN HILL, CA 95037
Phone #: (408)776-1067 Fax #: (408)776-8073

Record ID: 430016EN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 08/31/2014

Program Name: PATHWAY SOCIETY, INC.
Legal Name: PATHWAY SOCIETY, INC.
Address: 16433 MONTEREY STREET, SUITE E
City, State: MORGAN HILL, CA 95037
Phone #: (408)782-6300 Fax #: (408)782-6363

Record ID: 430016DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2014

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

As of: 01/16/2014

Santa Clara County

Program Name: POSITIVE PROGRESSION, INC.
Legal Name: POSITIVE PROGRESSIONS RESIDENTIAL TREATMENT CENTERS, INC
Address: 1721 LOLLIE COURT
City, State: SAN JOSE, CA 95124
Phone #: (408)723-7653

Record ID: 430065AN
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 08/31/2015

Program Name: NINTH STREET HOUSE
Legal Name: PROJECT NINETY
Address: 561 SOUTH 9TH STREET
City, State: SAN JOSE, CA 95112
Phone #: (650)579-7881 Fax #: (650)579-2640

Record ID: 430051AN
Service Type: RES
Resident Capacity: 16
Total Occupancy: 18
Target Population: 1.1
Expiration Date 11/30/2013

Program Name: PROJECT NINETY THIRD STREET HOUSE
Legal Name: PROJECT NINETY
Address: 792 SOUTH THIRD STREET
City, State: SAN JOSE, CA 95112
Phone #: (650)579-7882 Fax #: (650)579-2640

Record ID: 430051BN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: WILLOW HOME
Legal Name: SAAVEDRA, CARLOS
Address: 808 PALM STREET
City, State: SAN JOSE, CA 95110
Phone #: (408)294-5072 Fax #: (408)288-7005

Record ID: 430018AP
Service Type: RES
Resident Capacity: 16
Total Occupancy: 17
Target Population: 1.2
Expiration Date 10/31/2013

Program Name: SUMMIT ESTATE RECOVERY CENTER
Legal Name: SUMMIT ESTATE, INC.
Address: 399 OLD MILL POND ROAD
City, State: LOS GATOS, CA 95033
Phone #: (650)733-4711 Fax #: (877)230-5007

Record ID: 430077AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1

Program Name: SUPPORT SYSTEMS HOMES, INC.
Legal Name: SUPPORT SYSTEMS HOMES, INC.
Address: 398 S. 12TH STREET
City, State: SAN JOSE, CA 95112
Phone #: (408)370-9688 Fax #: (408)370-3487

Record ID: 430027IP
Service Type: RES
Resident Capacity: 22
Total Occupancy: 22
Target Population: 1.1
Expiration Date 09/11/2015

Program Name: SUPPORT SYSTEMS HOMES ALCOHOL AND DRUG TREATMENT CEN
Legal Name: SUPPORT SYSTEMS HOMES, INC.
Address: 264 NORTH MORRISON AVENUE
City, State: SAN JOSE, CA 95126
Phone #: (408)370-9688 Fax #: (408)370-3487

Record ID: 430027HP
Service Type: RES-DETOX
Resident Capacity: 32
Total Occupancy: 32
Target Population: 1.1
Expiration Date 01/31/2015

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

As of: 01/16/2014

Santa Clara County

Program Name: SUPPORT SYSTEMS HOMES, INC.
Legal Name: SUPPORT SYSTEMS HOMES, INC.
Address: 1271 & 1281 FLEMING AVENUE
City, State: SAN JOSE, CA 95127
Phone #: (408)370-9688 Fax #: (408)370-3487

Record ID: 430027JP
Service Type: RES
Resident Capacity: 27
Total Occupancy: 27
Target Population: 1.1
Expiration Date 10/31/2013

Program Name: SUPPORT SYSTEMS HOMES OUTPATIENT AND DAY TREATMENT PR
Legal Name: SUPPORT SYSTEMS HOMES, INC.
Address: 173 NORTH MORRISON AVENUE
City, State: SAN JOSE, CA 95126
Phone #: (408)370-9688 Fax #: (408)370-3487

Record ID: 430027GP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT
Legal Name: THE ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT OF SANT
Address: 2400 MOORPARK AVENUE, SUITES 111, 205, 210, 300, AND, 301
City, State: SAN JOSE, CA 95128
Phone #: (408)975-2730 Fax #: (408)975-2745

Record ID: 430042AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2015

Program Name: THE CAMP - OUTPATIENT SERVICES
Legal Name: THE CAMP RECOVERY CENTERS, L.P.
Address: 256 EAST HAMILTON AVENUE, SUITE I
City, State: CAMPBELL, CA 95008
Phone #: (408)866-8167 Fax #: (408)668-275

Record ID: 430034AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2013

Program Name: CALWORKS DUAL DIAGNOSIS PROGRAM
Legal Name: THE GARDNER FAMILY CARE CORPORATION
Address: 160 EAST VIRGINIA STREET, SUITE 280
City, State: SAN JOSE, CA 95112
Phone #: (408)287-6200 Fax #: (408)998-1535

Record ID: 430045AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.8
Expiration Date 05/31/2015

Program Name: BLOSSOMS
Legal Name: THE GARDNER FAMILY CARE CORPORATION
Address: 3030 ALUM ROCK AVENUE
City, State: SAN JOSE, CA 95127
Phone #: (408)254-3396 Fax #: (408)254-2383

Record ID: 430045CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.3
Expiration Date 12/31/2013

Program Name: PROYECTO PRIMAVERA ADULT OUTPATIENT PROGRAM
Legal Name: THE GARDNER FAMILY CARE CORPORATION
Address: 614 TULLY ROAD
City, State: SAN JOSE, CA 95111
Phone #: (408)977-1591 Fax #: (408)977-1136

Record ID: 430045BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

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

As of: 01/16/2014

Santa Cruz County

Program Name: MONDANARO-BASKIN CENTER FOR WOMEN & CHILDREN
Legal Name: JANUS OF SANTA CRUZ
Address: 516 CHESTNUT
City, State: SANTA CRUZ, CA 95060
Phone #: (831)423-9015

Record ID: 440003DN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 24
Target Population: 1.4
Expiration Date 08/31/2014

Program Name: RESIDENTIAL TREATMENT CENTER & SPECIAL CARE UNIT
Legal Name: JANUS OF SANTA CRUZ
Address: 200 SEVENTH AVENUE
City, State: SANTA CRUZ, CA 95062
Phone #: (831)462-1060

Record ID: 440003BN
Service Type: RES-DETOX
Resident Capacity: 24
Total Occupancy: 24
Target Population: 1.1
Expiration Date 08/31/2014

Program Name: OUT-PATIENT CLIENT SERVICES
Legal Name: JANUS OF SANTA CRUZ
Address: 200 SEVENTH AVENUE, SUITE 150
City, State: SANTA CRUZ, CA 95062
Phone #: (831)462-1060

Record ID: 440003AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 08/31/2014

Program Name: NARCONON REDWOOD CLIFFS
Legal Name: NARCONON OF NORTHERN CALIFORNIA
Address: 262 GAFFEY ROAD
City, State: WATSONVILLE, CA 95076
Phone #: (831)768-7190 Fax #: (831)768-7194

Record ID: 440009CN
Service Type: RES-DETOX
Resident Capacity: 49
Total Occupancy: 49
Target Population: 1.1
Expiration Date 12/31/2014

Program Name: NARCONON REDWOOD CLIFFS
Legal Name: NARCONON OF NORTHERN CALIFORNIA
Address: 262 GAFFEY ROAD
City, State: WATSONVILLE, CA 95076
Phone #: (831)768-7190 Fax #: (831)768-7194

Record ID: 440009DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 12/31/2014

Program Name: NEW LIFE CENTER
Legal Name: NEW LIFE COMMUNITY SERVICES, INC.
Address: 707 AND 717 FAIR AVENUE
City, State: SANTA CRUZ, CA 95060
Phone #: (831)427-1007

Record ID: 440010AN
Service Type: RES
Resident Capacity: 38
Total Occupancy: 57
Target Population: 1.7
Expiration Date 04/30/2015

Program Name: SOBRIETY WORKS
Legal Name: RIKKI RAP, INC.
Address: 105-F POST OFFICE DRIVE
City, State: APTOS, CA 95003
Phone #: (831)476-1747 Fax #: (831)685-1703

Record ID: 440012AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2015

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

As of: 01/16/2014

Santa Cruz County

Program Name: FENIX OUTPATIENT SERVICES
Legal Name: SANTA CRUZ COMMUNITY COUNSELING CENTER, INC.
Address: 18 ALEXANDER STREET
City, State: WATSONVILLE, CA 95076
Phone #: (831)722-5915 Fax #: (831)722-8311

Record ID: 440001EN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 12/31/2014

Program Name: SI SE PUEDE
Legal Name: SANTA CRUZ COMMUNITY COUNSELING CENTER, INC.
Address: 161 MILES LANE
City, State: WATSONVILLE, CA 95076
Phone #: (831)423-3890

Record ID: 440008LN
Service Type: RES
Resident Capacity: 23
Total Occupancy: 23
Target Population: 1.2
Expiration Date 06/30/2014

Program Name: SANTA CRUZ RESIDENTIAL RECOVERY
Legal Name: SANTA CRUZ COMMUNITY COUNSELING CENTER, INC.
Address: 125 RIGG STREET, 121-A WEEKS STREET AND 121-B WEEKS STRI
City, State: SANTA CRUZ, CA 95060
Phone #: (831)423-3890

Record ID: 440008AN
Service Type: RES
Resident Capacity: 39
Total Occupancy: 39
Target Population: 1.1
Expiration Date 06/30/2014

Program Name: ALTO COUNSELING CENTER - NORTH
Legal Name: SANTA CRUZ COMMUNITY COUNSELING CENTER, INC.
Address: 271 WATER STREET
City, State: SANTA CRUZ, CA 95060
Phone #: (831)427-5290

Record ID: 440008HN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2014

Program Name: THE CAMP RECOVERY CENTERS-SECTION II
Legal Name: THE CAMP RECOVERY CENTER, L.P.
Address: 3192 GLEN CANYON ROAD
City, State: SCOTTS VALLEY, CA 95066
Phone #: (831)438-1868

Record ID: 440011BP
Service Type: DSS
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5

Program Name: THE CAMP
Legal Name: THE CAMP RECOVERY CENTERS, L.P.
Address: 3192 GLEN CANYON ROAD
City, State: SCOTTS VALLEY, CA 95066
Phone #: (831)438-1868

Record ID: 440011AP
Service Type: RES-DETOX
Resident Capacity: 56
Total Occupancy: 60
Target Population: 1.10
Expiration Date 09/30/2015

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

As of: 01/16/2014

Shasta County

Program Name: REDEEMED RECOVERY SERVICES
Legal Name: CHURCH OF THE REDEEMED OF REDDING, CALIFORNIA
Address: 844 BUTTE STREET
City, State: REDDING, CA 96001
Phone #: (530)241-5518 Fax #: (530)244-4086

Record ID: 450008AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2015

Program Name: EMPIRE OUTPATIENT SERVICES
Legal Name: EMPIRE HOTEL EHARC. INC.
Address: 1263 CALIFORNIA STREET
City, State: REDDING, CA 96001
Phone #: (530)244-7074 Fax #: (530)244-7065

Record ID: 450001CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.13
Expiration Date 08/31/2014

Program Name: EMPIRE RECOVERY CENTER
Legal Name: EMPIRE HOTEL, EHARC, INC.
Address: 1237 CALIFORNIA STREET
City, State: REDDING, CA 96001
Phone #: (530)243-7470 Fax #: (530)243-7477

Record ID: 450001AN
Service Type: RES-DETOX
Resident Capacity: 42
Total Occupancy: 42
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: EMPIRE RECOVERY CENTER
Legal Name: EMPIRE HOTEL, EHARC, INC.
Address: 5014 SHASTA DAM BOULEVARD
City, State: SHASTA LAKE, CA 96019
Phone #: (530)275-1076 Fax #: (530)275-3717

Record ID: 450001BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2015

Program Name: WILDERNESS RECOVERY CENTER
Legal Name: HILLCREST COMMUNITY SERVICES, INC.
Address: 19650 COVE ROAD
City, State: MONTGOMERY CREEK, CA 96065
Phone #: (530)337-6724

Record ID: 450004AN
Service Type: DSS
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5

Program Name: ANDERSON OUTPATIENT PROGRAM
Legal Name: RIGHT ROAD RECOVERY PROGRAMS, INC.
Address: 2110 FERRY STREET
City, State: ANDERSON, CA 96007
Phone #: (530)365-8523

Record ID: 450012AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: SHASTA RECOVERY CENTER
Legal Name: SMITH, RON W.
Address: 2115 HOWARD STREET, SUITE C
City, State: ANDERSON, CA 96007
Phone #: (530)365-1160 Fax #: (530)343-6715

Record ID: 450010AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.7
Expiration Date 05/31/2015

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

As of: 01/16/2014

Shasta County

Program Name: THE ROCK RECOVERY & WELLNESS CENTER, INC.
Legal Name: THE ROCK RECOVERY & WELLNESS CENTER, INC.
Address: 755 LAKE BLVD.
City, State: REDDING, CA 96003
Phone #: (530)229-1704 Fax #: (530)229-1890

Record ID: 450023AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.2
Expiration Date 11/30/2013

Program Name: CHEMICAL DEPENDENCY INTENSIVE OUTPATIENT PROGRAM
Legal Name: THOMAS J. ANDREWS, M.D., INC.
Address: 2885 CHURN CREEK ROAD, SUITE A
City, State: REDDING, CA 96002
Phone #: (530)221-7474 Fax #: (530)226-6329

Record ID: 450011AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: VOTC, INC. RESIDENTIAL TREATMENT PROGRAM
Legal Name: VOTC, INC.
Address: 3640, 3642, 3644, 3646, 3650, 3652 EL PORTAL DRIVE AND 3647 RIC
City, State: REDDING, CA 96002
Phone #: (530)722-1114 Fax #: (530)722-1115

Record ID: 450020AN
Service Type: RES
Resident Capacity: 24
Total Occupancy: 36
Target Population: 1.4
Expiration Date 09/30/2014

Program Name: VISIONS OF THE CROSS
Legal Name: VOTC, INC.
Address: 3617 RICARDO AVENUE #6,7&8
City, State: SHASTA, CA 96002
Phone #: (530)722-1114 Fax #: (530)722-1115

Record ID: 450020DN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 16
Target Population: 1.4
Expiration Date 12/12/2015

Program Name: VOTC, INC.
Legal Name: VOTC, INC.
Address: 3617 RICARDO AVENUE, #1
City, State: REDDING, CA 96002
Phone #: (530)722-1114 Fax #: (530)722-1115

Record ID: 450020BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.3
Expiration Date 10/31/2014

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

As of: 01/16/2014

Sierra County

Program Name: SIERRA COUNTY HUMAN SERVICES
Legal Name: SIERRA COUNTY HUMAN SERVICES
Address: 704 MILL STREET
City, State: LOYALTON, CA 96118
Phone #: (530)993-6748 Fax #: (530)993-6759

Record ID: 460001AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

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

As of: 01/16/2014

Siskiyou County

Program Name: ALCOHOL AND OTHER DRUG SERVICES
Legal Name: SISKIYOU COUNTY HUMAN SERVICES AGENCY
Address: 2060 CAMPUS DRIVE
City, State: YREKA, CA 96097
Phone #: (530)841-4890 Fax #: (530)841-4881

Record ID: 470002AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2015

Program Name: THE KARUK TRIBE SUBSTANCE ABUSE PROGRAM
Legal Name: THE KARUK TRIBE OF CALIFORNIA
Address: 1519 SOUTH OREGON STREET
City, State: YREKA, CA 96097
Phone #: (530)842-9200 Fax #: (530)841-5150

Record ID: 470003AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2014

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

As of: 01/16/2014

Solano County

Program Name: ANKA BEHAVIORAL HEALTH, INC.
Legal Name: ANKA BEHAVIORAL HEALTH, INCORPORATED
Address: 251 GEORGIA STREET
City, State: VALLEJO, CA 94590
Phone #: (707)558-8195 Fax #: (707)558-8196

Record ID: 480023AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: ARCHWAY RECOVERY SERVICES, INC.
Legal Name: ARCHWAY RECOVERY SERVICES, INC.
Address: 1525 UNION AVENUE
City, State: FAIRFIELD, CA 94533
Phone #: (707)435-1804 Fax #: (707)435-9807

Record ID: 480022AN
Service Type: RES
Resident Capacity: 22
Total Occupancy: 22
Target Population: 1.2
Expiration Date 03/31/2015

Program Name: SHAMIA RECOVERY CENTER
Legal Name: BI-BETT
Address: 109A OHIO STREET
City, State: VALLEJO, CA 94590
Phone #: (707)644-2577 Fax #: (707)644-5501

Record ID: 480002EN
Service Type: RES
Resident Capacity: 4
Total Occupancy: 4
Target Population: 1.3
Expiration Date 10/31/2014

Program Name: SOUTHERN SOLANO ALCOHOL COUNCIL
Legal Name: BI-BETT
Address: 419 PENNSYLVANIA STREET
City, State: VALLEJO, CA 94590
Phone #: (707)643-2715 Fax #: (707)643-8536

Record ID: 480002BN
Service Type: RES-DETOX
Resident Capacity: 9
Total Occupancy: 9
Target Population: 1.1
Expiration Date 12/31/2013

Program Name: RECOVERY CONNECTION
Legal Name: BI-BETT
Address: 604 BROADWAY
City, State: VALLEJO, CA 94590
Phone #: (707)643-2748 Fax #: (707)558-8047

Record ID: 480002GN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: SHAMIA RECOVERY CENTER
Legal Name: BI-BETT
Address: 126, 126-1/2, AND 128 OHIO STREET
City, State: VALLEJO, CA 94590
Phone #: (707)644-2577 Fax #: (707)644-2577

Record ID: 480002CN
Service Type: RES
Resident Capacity: 16
Total Occupancy: 16
Target Population: 1.4
Expiration Date 11/30/2013

Program Name: GENESIS HOUSE
Legal Name: GENESIS HOUSE, INC.
Address: 1149 WARREN AVENUE
City, State: VALLEJO, CA 94591
Phone #: (707)552-5295

Record ID: 480005AN
Service Type: RES
Resident Capacity: 19
Total Occupancy: 19
Target Population: 1.1
Expiration Date 06/30/2015

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

As of: 01/16/2014

Solano County

Program Name: GENESIS HOUSE II
Legal Name: GENESIS HOUSE, INC.
Address: 133 RENIDA STREET
City, State: VALLEJO, CA 94591
Phone #: (707)552-5295

Record ID: 480005BN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.2
Expiration Date 06/30/2015

Program Name: RIO VISTA CARE
Legal Name: RIO VISTA CARE, INC.
Address: 125 SACRAMENTO STREET
City, State: RIO VISTA, CA 94571
Phone #: (707)374-5243 Fax #: (707)374-5381

Record ID: 480012AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 08/31/2014

Program Name: THE HOUSE OF ACTS II
Legal Name: THE HOUSE OF ACTS/SUBSTANCE ABUSE PROGRAM
Address: 115 TERI COURT
City, State: VALLEJO, CA 94589
Phone #: (707)643-8316 Fax #: (707)553-8146

Record ID: 480010BN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.2
Expiration Date 06/30/2014

Program Name: THE HOUSE OF ACTS ALCOHOL & SUBSTANCE ABUSE TREATMENT
Legal Name: THE HOUSE OF ACTS/SUBSTANCE ABUSE PROGRAM
Address: 844 5TH STREET
City, State: VALLEJO, CA 94589
Phone #: (707)553-1042 Fax #: (707)553-8146

Record ID: 480010DN
Service Type: RES
Resident Capacity: 8
Total Occupancy: 8
Target Population: 1.3
Expiration Date 08/31/2014

Program Name: THE HOUSE OF ACTS/SUBSTANCE ABUSE PROGRAM
Legal Name: THE HOUSE OF ACTS/SUBSTANCE ABUSE PROGRAM
Address: 627 GRANT STREET
City, State: VALLEJO, CA 94590
Phone #: (707)553-1042 Fax #: (707)553-8146

Record ID: 480010AN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.2
Expiration Date 02/28/2015

Program Name: PROJECT AURORA/ADAPT
Legal Name: YOUTH AND FAMILY SERVICES, INC.
Address: 408 TENNESSEE STREET
City, State: VALLEJO, CA 94590
Phone #: (707)554-2397 Fax #: (707)554-2634

Record ID: 480007DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.7
Expiration Date 01/31/2014

Program Name: YOUTH AND FAMILY SERVICES OUTPATIENT ALCOHOL AND DRUG
Legal Name: YOUTH AND FAMILY SERVICES, INC.
Address: 490 CHADBOURNE ROAD, SUITE C
City, State: FAIRFIELD, CA 94534
Phone #: (707)427-6640 Fax #: (707)427-6649

Record ID: 480007EN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2014

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

As of: 01/16/2014

Sonoma County

Program Name: ATHENA HOUSE
Legal Name: CALIFORNIA HUMAN DEVELOPMENT CORPORATION
Address: 3555 SONOMA HIGHWAY
City, State: SANTA ROSA, CA 95409
Phone #: (707)526-3150 Fax #: (707)526-3250

Record ID: 490010AN
Service Type: RES
Resident Capacity: 40
Total Occupancy: 44
Target Population: 1.3
Expiration Date 06/30/2015

Program Name: CASA CALMECAC
Legal Name: CALIFORNIA HUMAN DEVELOPMENT CORPORATION
Address: 1705, 1705-A AND 1711 RIDLEY STREET
City, State: SANTA ROSA, CA 95403
Phone #: (707)573-1590 Fax #: (707)595-1150

Record ID: 490010HN
Service Type: RES
Resident Capacity: 18
Total Occupancy: 18
Target Population: 1.2
Expiration Date 02/28/2014

Program Name: CALIFORNIA HUMAN DEVELOPMENT CORPORATION EARLY INTER
Legal Name: CALIFORNIA HUMAN DEVELOPMENT CORPORATION
Address: 3315 AIRWAY DRIVE
City, State: SANTA ROSA, CA 95403
Phone #: (707)523-2242

Record ID: 490010EN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2015

Program Name: CAMPOBELLO CHEMICAL DEPENDENCY RECOVERY CENTER
Legal Name: CAMPOBELLO CHEMICAL DEPENDENCY RECOVERY CENTER, INC.
Address: 3250 GUERNEVILLE ROAD
City, State: SANTA ROSA, CA 95401
Phone #: (707)579-4066 Fax #: (707)579-1603

Record ID: 490002AP
Service Type: RES-DETOX
Resident Capacity: 25
Total Occupancy: 25
Target Population: 1.1
Expiration Date 08/31/2014

Program Name: CAMPOBELLO OUTPATIENT CENTER
Legal Name: CAMPOBELLO CHEMICAL DEPENDENCY RECOVERY CENTER, INC.
Address: 2448 GUERNEVILLE ROAD, SUITE 400
City, State: SANTA ROSA, CA 95403
Phone #: (707)546-1547 Fax #: (707)546-1557

Record ID: 490002BP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2014

Program Name: DRUG ABUSE ALTERNATIVES CENTER - DRUG COURT
Legal Name: DRUG ABUSE ALTERNATIVES CENTER
Address: 2400 COUNTY CENTER DRIVE, SUITE B
City, State: SANTA ROSA, CA 95403
Phone #: (707)566-0170 Fax #: (707)568-5445

Record ID: 490009LN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: TURNING POINT - ARROWOOD
Legal Name: DRUG ABUSE ALTERNATIVES CENTER
Address: 440 ARROWOOD DRIVE
City, State: SANTA ROSA, CA 95407
Phone #: (707)284-2950 Fax #: (707)284-2955

Record ID: 490009RN
Service Type: RES
Resident Capacity: 112
Total Occupancy: 112
Target Population: 1.1
Expiration Date 05/31/2015

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

As of: 01/16/2014

Sonoma County

Program Name: OUTPATIENT TREATMENT PROGRAM
Legal Name: DRUG ABUSE ALTERNATIVES CENTER
Address: 2403 PROFESSIONAL DRIVE, SUITE 101
City, State: SANTA ROSA, CA 95403
Phone #: (707)571-2233 Fax #: (707)571-2238

Record ID: 490009BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 12/31/2013

Program Name: PERINATAL DAY TREATMENT
Legal Name: DRUG ABUSE ALTERNATIVES CENTER
Address: 2400 COUNTY CENTER DRIVE SUITE B
City, State: SANTA ROSA, CA 95403
Phone #: (707)566-0170 Fax #: (707)526-3155

Record ID: 490009EN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.4
Expiration Date 04/30/2014

Program Name: TURNING POINT ORENDA DETOX
Legal Name: DRUG ABUSE ALTERNATIVES CENTER
Address: 1430 NEOTOMAS AVENUE
City, State: SANTA ROSA, CA 95405
Phone #: (707)565-7460 Fax #: (707)565-7488

Record ID: 490009SN
Service Type: RES-DETOX
Resident Capacity: 30
Total Occupancy: 30
Target Population: 1.1
Expiration Date 07/31/2014

Program Name: FIVE SISTERS RANCH, INC.
Legal Name: FIVE SISTERS RANCH, INC.
Address: 1000 LONGHORN LANE
City, State: PETALUMA, CA 94952
Phone #: (707)776-0755 Fax #: (415)686-2263

Record ID: 490035AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.3
Expiration Date 05/31/2015

Program Name: MUIR WOOD ADOLESCENT & FAMILY SERVICES
Legal Name: MUIR WOOD ADOLESCENT & FAMILY SERVICES, LLC
Address: 1733 SKILLMAN LANE
City, State: PETALUMA, CA 94952
Phone #: (310)903-1155 Fax #: (707)559-5401

Record ID: 490037AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.5

Program Name: MOUNTAIN VISTA FARM
Legal Name: NEW VISTAS RECOVERY, INC.
Address: 3020 WARM SPRINGS ROAD
City, State: GLEN ELLEN, CA 95442
Phone #: (707)996-6716 Fax #: (707)996-6647

Record ID: 490025AP
Service Type: RES-DETOX
Resident Capacity: 30
Total Occupancy: 30
Target Population: 1.1
Expiration Date 04/30/2014

Program Name: GIRLS FACILITY #1
Legal Name: R HOUSE
Address: 5136 OAK PARK WAY
City, State: SANTA ROSA, CA 95409
Phone #: (707)539-2948

Record ID: 490011CN
Service Type: DSS
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5

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

As of: 01/16/2014

Sonoma County

Program Name: BOYS FACILITY
Legal Name: R HOUSE
Address: 429 SPEERS ROAD
City, State: SANTA ROSA, CA 95409
Phone #: (707)539-2948

Record ID: 490011AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2014

Program Name: WINDING CREEK GIRLS' FACILITY
Legal Name: R HOUSE
Address: 152 MIDDLE RINCON ROAD
City, State: SANTA ROSA, CA 95409
Phone #: (707)539-2948

Record ID: 490011EN
Service Type: DSS
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5

Program Name: R HOUSE OUTPATIENT DRUG FREE MEDI-CAL
Legal Name: R HOUSE
Address: 1207 AND 1211 CLEVELAND AVENUE
City, State: SANTA ROSA, CA 95401
Phone #: (707)571-2215 Fax #: (707)568-3792

Record ID: 490011GN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 08/31/2015

Program Name: GIRLS FACILITY #2
Legal Name: R HOUSE
Address: 5316 SAN LUIS AVENUE
City, State: SANTA ROSA, CA 95409
Phone #: (707)539-2948

Record ID: 490011DN
Service Type: DSS
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5

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: SANTA ROSA, CA 95401
Phone #: (707)521-4550 Fax #: (707)544-1092

Record ID: 490032AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2015

Program Name: OLYMPIA HOUSE
Legal Name: SONOMA RECOVERY SERVICES, LLC
Address: 11207 VALLEY FORD ROAD
City, State: PETALUMA, CA 94952
Phone #: (415)795-7609

Record ID: 490036AP
Service Type: RES-DETOX
Resident Capacity: 24
Total Occupancy: 28
Target Population: 1.1
Expiration Date 08/31/2014

Program Name: AZURE ACRES
Legal Name: THE CAMP RECOVERY CENTERS, L.P.
Address: 2264 GREEN HILL ROAD
City, State: SEBASTOPOL, CA 95472
Phone #: (707)823-3385

Record ID: 490021AP
Service Type: RES-DETOX
Resident Capacity: 28
Total Occupancy: 28
Target Population: 1.1
Expiration Date 12/31/2015

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

As of: 01/16/2014

Sonoma County

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: SANTA ROSA, CA 95404
Phone #: (707)527-0412 Fax #: (707)527-6048

Record ID: 490004EN
Service Type: RES
Resident Capacity: 20
Total Occupancy: 32
Target Population: 1.4
Expiration Date 02/28/2014

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

As of: 01/16/2014

Stanislaus County

Program Name: THE LAST RESORT
Legal Name: ADOLESCENCE'S LAST RESORT
Address: 218 EAST ORANGEBURG AVENUE
City, State: MODESTO, CA 95350
Phone #: (209)523-6900 Fax #: (209)523-6909

Record ID: 500010AN
Service Type: DSS
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5

Program Name: THE LAST RESORT
Legal Name: ADOLESCENCE'S LAST RESORT
Address: 3125 MC HENRY AVENUE, SUITE D
City, State: MODESTO, CA 95350
Phone #: (209)523-6910 Fax #: (209)523-6912

Record ID: 500010BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 12/31/2014

Program Name: CARE SOLUTIONS TREATMENT CENTERS
Legal Name: CARE SOLUTIONS, LLC
Address: 122 WEST GRANGER AVENUE
City, State: MODESTO, CA 95350
Phone #: (209)544-1500 Fax #: (209)544-1515

Record ID: 500022BP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: BREAKTHROUGHS OUTPATIENT TREATMENT
Legal Name: DOROTHY FRANKLIN
Address: 2125 WYLIE DRIVE, SUITE 3
City, State: MODESTO, CA 95355
Phone #: (209)529-1855

Record ID: 500024AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: NEW HOPE RECOVERY HOUSE
Legal Name: GENE RADINO
Address: 823 EAST ORANGEBURG AVENUE
City, State: MODESTO, CA 95350
Phone #: (209)527-9797 Fax #: (209)527-9825

Record ID: 500004AP
Service Type: RES-DETOX
Resident Capacity: 40
Total Occupancy: 40
Target Population: 1.1
Expiration Date 09/30/2014

Program Name: RECOVERY SYSTEMS ASSOCIATES
Legal Name: GENE RADINO
Address: 823 EAST ORANGEBURG
City, State: MODESTO, CA 95350
Phone #: (209)527-2046

Record ID: 500004BP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 07/31/2015

Program Name: NIRVANA DRUG AND ALCOHOL TREATMENT PROGRAM
Legal Name: NIRVANA DRUG AND ALCOHOL TREATMENT INSTITUTE
Address: 1040 RENO AVENUE
City, State: MODESTO, CA 95351
Phone #: (209)579-1103 Fax #: (209)578-1085

Record ID: 500009IN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 10/31/2013

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

As of: 01/16/2014

Stanislaus County

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: MODESTO, CA 95351
Phone #: (209)579-1151 Fax #: (209)579-9605

Record ID: 500009CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 07/31/2014

Program Name: NIRVANA DRUG AND ALCOHOL WOMEN OF HOPE
Legal Name: NIRVANA DRUG AND ALCOHOL TREATMENT PROGRAM
Address: 1116 1/2 ALICE STREET
City, State: MODESTO, CA 95351
Phone #: (209)578-3132

Record ID: 500009HN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3
Expiration Date 04/30/2014

Program Name: NIRVANA DRUG AND ALCOHOL TREATMENT INSTITUTE
Legal Name: NIRVANA DRUG AND ALCOHOL TREATMENT PROGRAM
Address: 1100 KANSAS AVENUE, SUITE "D"
City, State: MODESTO, CA 95351
Phone #: (209)579-1151 Fax #: (209)579-9605

Record ID: 500009JN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2015

Program Name: NIRVANA DRUG AND ALCOHOL WOMEN OF HOPE
Legal Name: NIRVANA DRUG AND ALCOHOL TREATMENT PROGRAM
Address: 1116 ALICE STREET
City, State: MODESTO, CA 95351
Phone #: (209)578-3132

Record ID: 500009GN
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3
Expiration Date 04/30/2014

Program Name: NIRVANA DRUG & ALCOHOL TREATMENT INSTITUTE
Legal Name: NIRVANA DRUG AND ALCOHOL TREATMENT PROGRAM
Address: 1028 RENO AVENUE
City, State: MODESTO, CA 95351
Phone #: (209)579-1103 Fax #: (209)578-1085

Record ID: 500009EN
Service Type: RES-DETOX
Resident Capacity: 30
Total Occupancy: 30
Target Population: 1.1
Expiration Date 11/30/2014

Program Name: STANISLAUS RECOVERY CENTER - ADULT NON-RESIDENTIAL
Legal Name: STANISLAUS COUNTY BEHAVIORAL HEALTH & RECOVERY SERVIC
Address: 1904 RICHLAND AVENUE
City, State: CERES, CA 95307
Phone #: (209)541-2121 Fax #: (209)525-6291

Record ID: 500002FN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 07/31/2015

Program Name: STANISLAUS RECOVERY CENTER
Legal Name: STANISLAUS COUNTY BEHAVIORAL HEALTH AND RECOVERY SERV
Address: 1904 RICHLAND AVENUE, ADULT TREATMENT BUILDING
City, State: CERES, CA 95307
Phone #: (209)541-2912

Record ID: 500002EN
Service Type: RES-DETOX
Resident Capacity: 52
Total Occupancy: 52
Target Population: 1.1
Expiration Date 07/31/2015

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

As of: 01/16/2014

Stanislaus County

Program Name: TURLOCK REGIONAL SERVICES
Legal Name: STANISLAUS COUNTY BEHAVIORAL HEALTH AND RECOVERY SERV
Address: 2101 GEER ROAD, SUITE 120
City, State: TURLOCK, CA 95380
Phone #: (209)664-8044 Fax #: (209)664-9294

Record ID: 500014BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2014

Program Name: WEST MODESTO REGIONAL SERVICES
Legal Name: STANISLAUS COUNTY BEHAVIORAL HEALTH AND RECOVERY SERV
Address: 500 NORTH 9TH STREET, BUILDING A AND B
City, State: MODESTO, CA 95354
Phone #: (209)558-4598 Fax #: (209)558-4586

Record ID: 500014EN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2014

Program Name: THE LIVING CENTERS OF CALIFORNIA, INC
Legal Name: THE LIVING CENTERS OF CALIFORNIA, INC
Address: 1009 MCHENRY, SUITE E
City, State: MODESTO, CA 95350
Phone #: (209)575-2017 Fax #: (209)575-2017

Record ID: 500013HP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2015

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

As of: 01/16/2014

Sutter County

Program Name: FEATHER RIVER MEN'S CENTER
Legal Name: FEATHER RIVER MEN'S CENTER, INC.
Address: 2465 BIRCH STREET
City, State: LIVE OAK, CA 95953
Phone #: (530)695-8006

Record ID: 510006AN
Service Type: RES
Resident Capacity: 15
Total Occupancy: 20
Target Population: 1.2
Expiration Date 11/30/2013

Program Name: FIRST STEPS PERINATAL DAY TREATMENT PROGRAM
Legal Name: SUTTER-YUBA MENTAL HEALTH SERVICES
Address: 1251 EAST ONSTOTT ROAD
City, State: YUBA CITY, CA 95991
Phone #: (530)822-7263 Fax #: (530)822-7267

Record ID: 510002CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.3
Expiration Date 11/30/2014

Program Name: OPTIONS FOR CHANGE SUBSTANCE ABUSE PROGRAM
Legal Name: SUTTER-YUBA MENTAL HEALTH SERVICES
Address: 1965 LIVE OAK BOULEVARD
City, State: YUBA CITY, CA 95991
Phone #: (530)822-7200 Fax #: (530)822-7108

Record ID: 510002BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2015

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

As of: 01/16/2014

Tehama County

Program Name: BONDAGE BREAKER RECOVERY SERVICE
Legal Name: BONDAGE BREAKER RECOVERY SERVICE
Address: 224 ASH STREET
City, State: RED BLUFF, CA 96080
Phone #: (530)529-0634

Record ID: 520003AN
Service Type: RES
Resident Capacity: 8
Total Occupancy: 8
Target Population: 1.2
Expiration Date 04/30/2014

Program Name: TEHAMA COUNTY HEALTH AGENCY DRUG AND ALCOHOL DIVISION
Legal Name: TEHAMA COUNTY HEALTH AGENCY
Address: 275 SOLANO STREET
City, State: CORNING, CA 96021
Phone #: (530)824-4890 Fax #: (530)824-8443

Record ID: 520002BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: TEHAMA COUNTY HEALTH AGENCY DRUG AND ALCOHOL DIVISIO
Legal Name: TEHAMA COUNTY HEALTH AGENCY
Address: 1850 WALNUT STREET
City, State: RED BLUFF, CA 96080
Phone #: (530)527-7893 Fax #: (530)527-0766

Record ID: 520002AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2015

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

As of: 01/16/2014

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: WEAVERVILLE, CA 96093
Phone #: (530)623-1362 Fax #: (530)623-4448

Record ID: 530001AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2015

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

As of: 01/16/2014

Tulare County

Program Name: ALTERNATIVE SERVICES
Legal Name: ALTERNATIVE SERVICES, INC.
Address: 2380 W. WHITENDALE AVENUE
City, State: VISALIA, CA 93227
Phone #: (559)651-8090 Fax #: (559)651-8099

Record ID: 540024DP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: ALTERNATIVE SERVICES
Legal Name: ALTERNATIVE SERVICES, INC.
Address: 215 NORTH D STREET
City, State: PORTERVILLE, CA 93257
Phone #: (559)783-2402 Fax #: (559)782-4681

Record ID: 540024AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 02/28/2014

Program Name: ALTERNATIVE SERVICES
Legal Name: ALTERNATIVE SERVICES, INC.
Address: 125 SOUTH M STREET
City, State: TULARE, CA 93274
Phone #: (559)685-8283

Record ID: 540024EP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: NEW HEIGHTS
Legal Name: CENTRAL VALLEY RECOVERY SERVICES, INC.
Address: 1731 W. WALNUT AVENUE
City, State: VISALIA, CA 93277
Phone #: (559)732-4885 Fax #: (559)625-3808

Record ID: 540031EN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 08/31/2014

Program Name: NEW VISIONS FOR WOMEN
Legal Name: CENTRAL VALLEY RECOVERY SERVICES, INC.
Address: 1425-A EAST WALNUT AVENUE
City, State: VISALIA, CA 93277
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
Expiration Date 05/31/2014

Program Name: NEW HOPE
Legal Name: CENTRAL VALLEY RECOVERY SERVICES, INC.
Address: 212 NORTH STEVENSON STREET
City, State: VISALIA, CA 93291
Phone #: (559)625-2995 Fax #: (559)625-3808

Record ID: 540031AN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3
Expiration Date 06/30/2014

Program Name: PINE RECOVERY CENTER
Legal Name: CENTRAL VALLEY RECOVERY SERVICES, INC.
Address: 120 WEST SCHOOL AVENUE
City, State: VISALIA, CA 93291
Phone #: (559)625-4100 Fax #: (559)625-3808

Record ID: 540031BN
Service Type: RES-DETOX
Resident Capacity: 27
Total Occupancy: 27
Target Population: 1.2
Expiration Date 08/31/2015

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

As of: 01/16/2014

Tulare County

Program Name: MOTHERING HEIGHTS
Legal Name: CENTRAL VALLEY RECOVERY SERVICES, INC.
Address: 705 SOUTH COURT STREET
City, State: VISALIA, CA 93277
Phone #: (559)625-2995 Fax #: (559)625-3808

Record ID: 540031DN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 23
Target Population: 1.4
Expiration Date 10/31/2013

Program Name: COMMUNITY ALCOHOL AND DRUG REHABILITATION EFFORT C.A.D
Legal Name: COMMUNITY ALCOHOL AND DRUG REHABILITATION EFFORT, INC.
Address: 2380 W. WHITENDALE AVENUE #B
City, State: VISALIA, CA 93277
Phone #: (559)651-8090

Record ID: 540035AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: THE PAAR CENTER
Legal Name: PORTERVILLE HALFWAY HOUSE
Address: 218 W. BELLEVIEW AVENUE; 509 N. EL GRANITO
City, State: PORTERVILLE, CA 93257
Phone #: (559)781-0107 Fax #: ( ) -

Record ID: 540001HN
Service Type: RES-DETOX
Resident Capacity: 45
Total Occupancy: 48
Target Population: 1.2
Expiration Date 11/30/2014

Program Name: THE PAAR CENTER
Legal Name: PORTERVILLE HALFWAY HOUSE
Address: 509 NORTH EL GRANITO STREET
City, State: PORTERVILLE, CA 93257
Phone #: (559)781-0107 Fax #: (559)781-7521

Record ID: 540001FN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2015

Program Name: PAAR CENTER WEST
Legal Name: PORTERVILLE HALFWAY HOUSE
Address: 182 WEST BELLEVIEW AVENUE
City, State: PORTERVILLE, CA 93257
Phone #: (559)781-0107

Record ID: 540001CN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 14
Target Population: 1.3
Expiration Date 07/31/2015

Program Name: RECOVERY RESOURCES
Legal Name: RICK AND JERRI THOMPSON, D.B.A., RECOVERY RESOURCES
Address: 2222 WEST SUNNYSIDE, SUITE 2
City, State: VISALIA, CA 93277
Phone #: (559)625-8176 Fax #: (559)625-8179

Record ID: 540020AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2015

Program Name: SRS RECOVERY SERVICES
Legal Name: SRS RECOVERY SERVICES, LLC
Address: 515 WEST MURRAY, SUITES B & C
City, State: VISALIA, CA 93291
Phone #: (559)636-2091 Fax #: (559)636-9452

Record ID: 540028AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 12/31/2013

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

As of: 01/16/2014

Tulare County

Program Name: SRS RECOVERY SERVICES
Legal Name: SRS RECOVERY SERVICES, LLC
Address: 130 EAST MILL AVENUE
City, State: PORTERVILLE, CA 93257
Phone #: (559)789-9881 Fax #: (559)789-9877

Record ID: 540028BP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 12/31/2013

Program Name: TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY - FAMIL
Legal Name: TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY
Address: 942 S. SANTA FE STREET
City, State: VISALIA, CA 93292
Phone #: (559)636-4000

Record ID: 540002HN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2015

Program Name: TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY - FAMIL
Legal Name: TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY
Address: 1066 NORTH ALTA
City, State: DINUBA, CA 93618
Phone #: (559)737-4660

Record ID: 540002JN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2015

Program Name: TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY - FAMIL
Legal Name: TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY
Address: 1055 WEST HENDERSON STREET, SUITE 2
City, State: PORTERVILLE, CA 93257
Phone #: (559)788-1200

Record ID: 540002IN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2015

Program Name: TURNING POINT YOUTH SERVICES
Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.
Address: 220 NORTH LOCUST STREET
City, State: VISALIA, CA 93291
Phone #: (559)627-1385 Fax #: (559)636-2105

Record ID: 540005BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 06/30/2015

Program Name: TURNING POINT VISALIA RE-ENTRY CENTER
Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.
Address: 1845 SOUTH COURT STREET, DORM ROOMS #5 AND #6
City, State: VISALIA, CA 93277
Phone #: (559)732-5550 Fax #: (559)732-5574

Record ID: 540005DN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.2
Expiration Date 03/31/2014

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

As of: 01/16/2014

Tuolumne County

Program Name: THE RANCH
Legal Name: MAYNORD'S CHEMICAL DEPENDENCY RECOVERY CENTER
Address: 19325 CHEROKEE ROAD
City, State: TUOLUMNE, CA 95379
Phone #: (209)928-3737 Fax #: (209)928-1152

Record ID: 550001AP
Service Type: RES-DETOX
Resident Capacity: 30
Total Occupancy: 30
Target Population: 1.1
Expiration Date 12/31/2013

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

As of: 01/16/2014

Ventura County

Program Name: A WILDWOOD RECOVERY
Legal Name: A WILDWOOD RECOVERY
Address: 360 CAMINO DE CELESTE
City, State: THOUSAND OAKS, CA 91360
Phone #: (805)493-5741 Fax #: (805)493-5047

Record ID: 560040AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 08/31/2015

Program Name: ACTION FAMILY COUNSELING CENTERS - OXNARD
Legal Name: ACTION FAMILY COUNSELING, INC.
Address: 5850 THILLE STREET, SUITE # 108
City, State: VENTURA, CA 93003
Phone #: (805)278-8992 Fax #: (661)297-9701

Record ID: 560026BP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 11/30/2014

Program Name: ACTION FAMILY COUNSELING CENTERS - SIMI VALLEY
Legal Name: ACTION FAMILY COUNSELING, INC.
Address: 4380 APRICOT ROAD
City, State: SIMI VALLEY, CA 93063
Phone #: (805)584-3258 Fax #: (661)297-9701

Record ID: 560026AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 11/30/2014

Program Name: ACTION FAMILY COUNSELING, INC. ADULT RESIDENTIAL TREATME
Legal Name: ACTION FAMILY COUNSELING, INC.
Address: 691 MAIN STREET
City, State: PIRU, CA 93040
Phone #: (805)521-1250 Fax #: (850)521-1425

Record ID: 560026DP
Service Type: RES
Resident Capacity: 22
Total Occupancy: 22
Target Population: 1.1
Expiration Date 09/30/2014

Program Name: SANTA PAULA - THE FARM
Legal Name: ACTION FAMILY COUNSELING, INC.
Address: 15005 FAULKNER ROAD
City, State: SANTA PAULA, CA 93060
Phone #: (805)933-1197 Fax #: (661)297-9701

Record ID: 560026CP
Service Type: DSS
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1

Program Name: CASA DE VIDA, INC.
Legal Name: CASA DE VIDA, INC.
Address: 531 WEST BARD ROAD
City, State: OXNARD, CA 93033
Phone #: (805)486-8401 Fax #: (805)486-8401

Record ID: 560035AN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 06/30/2014

Program Name: ALTERNATIVE ACTION PROGRAMS
Legal Name: DENNIS M. GIROUX AND ASSOCIATES, INC.
Address: 314 WEST FOURTH STREET
City, State: OXNARD, CA 93030
Phone #: (805)988-1112 Fax #: (805)988-4883

Record ID: 560028AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 08/31/2014

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

As of: 01/16/2014

Ventura County

Program Name: GENESIS PROGRAMS, INC.
Legal Name: GENESIS PROGRAMS, INC.
Address: 145 HODENCAMP ROAD, SUITE 207
City, State: THOUSAND OAKS, CA 91360
Phone #: (805)497-6169 Fax #: (805)497-6179

Record ID: 560032BP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2014

Program Name: GENESIS PROGRAMS, INC.
Legal Name: GENESIS PROGRAMS, INC.
Address: 1650 PALMA DRIVE, SUITE 208
City, State: VENTURA, CA 93003
Phone #: (805)650-3094 Fax #: (805)650-3097

Record ID: 560032AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2014

Program Name: KHEPERA HOUSE
Legal Name: KHEPERA HOUSE
Address: 125-D WEST HARRISON STREET
City, State: VENTURA, CA 93001
Phone #: (805)653-2596 Fax #: (805)648-9762

Record ID: 560004MN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 05/31/2015

Program Name: KHEPERA HOUSE
Legal Name: KHEPERA HOUSE
Address: 125-B WEST HARRISON STREET
City, State: VENTURA, CA 93001
Phone #: (805)653-2596 Fax #: (805)648-9762

Record ID: 560004LN
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 05/31/2015

Program Name: KHEPERA HOUSE
Legal Name: KHEPERA HOUSE
Address: 125-C WEST HARRISON STREET
City, State: VENTURA, CA 93001
Phone #: (805)653-2596 Fax #: (805)648-9762

Record ID: 560004JN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 05/31/2015

Program Name: KHEPERA HOUSE
Legal Name: KHEPERA HOUSE
Address: 125-A WEST HARRISON STREET
City, State: VENTURA, CA 93001
Phone #: (805)653-2596 Fax #: (805)648-9762

Record ID: 560004KN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 05/31/2015

Program Name: KHEPERA HOUSE
Legal Name: KHEPERA HOUSE
Address: 277 B WEST HARRISON AVENUE
City, State: VENTURA, CA 93001
Phone #: (805)648-9762

Record ID: 560004FN
Service Type: RES
Resident Capacity: 4
Total Occupancy: 4
Target Population: 1.2
Expiration Date 09/30/2014

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

As of: 01/16/2014

Ventura County

Program Name: KHEPERA HOUSE
Legal Name: KHEPERA HOUSE
Address: 277 A WEST HARRISON AVENUE
City, State: VENTURA, CA 93001
Phone #: (805)648-9762

Record ID: 560004EN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 09/30/2014

Program Name: KHEPERA HOUSE
Legal Name: KHEPERA HOUSE
Address: 108 WEST HARRISON AVENUE
City, State: VENTURA, CA 93001
Phone #: (805)653-2596

Record ID: 560004DN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 09/30/2014

Program Name: INTERVENTION INSTITUTE
Legal Name: LAURIE SANDERS
Address: 870 HAMPSHIRE ROAD, SUITE A
City, State: THOUSAND OAKS, CA 91361
Phone #: (805)379-3611 Fax #: (805)446-4470

Record ID: 560027AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2015

Program Name: PASSAGES VENTURA
Legal Name: PASSAGES SILVER STRAND LLC
Address: 241 MARKET STREET
City, State: PORT HUENEME, CA 93041
Phone #: (805)283-4737 Fax #: (805)488-9000

Record ID: 560036BP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2015

Program Name: PASSAGES VENTURA
Legal Name: PASSAGES SILVER STRAND, LLC
Address: 224 EAST CLARA STREET
City, State: PORT HUENEME, CA 93041
Phone #: (805)283-4737 Fax #: (805)488-9000

Record ID: 560036AP
Service Type: RES-DETOX
Resident Capacity: 90
Total Occupancy: 90
Target Population: 1.1
Expiration Date 03/31/2015

Program Name: PDAP OF VENTURA COUNTY, INCORPORATED
Legal Name: PDAP OF VENTURA COUNTY, INCORPORATED
Address: 450 ROSEWOOD AVENUE, SUITE 215
City, State: CAMARILLO, CA 93010
Phone #: (805)482-1265

Record ID: 560015BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.7
Expiration Date 06/30/2015

Program Name: PROTOTYPES WOMEN'S CENTER - VENTURA
Legal Name: PROTOTYPES, CENTERS FOR INNOVATION IN HEALTH, MENTAL HE
Address: 2150 NORTH VICTORIA AVENUE
City, State: OXNARD, CA 93036
Phone #: (805)382-6296

Record ID: 560019CN
Service Type: RES-DETOX
Resident Capacity: 56
Total Occupancy: 85
Target Population: 1.4
Expiration Date 09/30/2015

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

As of: 01/16/2014

Ventura County

Program Name: PSYCHOLOGICAL SERVICES FOR FAMILIES
Legal Name: PSYCHOLOGICAL SERVICES FOR FAMILIES
Address: 410 NORTH A STREET
City, State: OXNARD, CA 93030
Phone #: (805)701-1040 Fax #: (805)487-2255

Record ID: 560039AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 08/31/2015

Program Name: LA VENTANA TREATMENT PROGRAMS
Legal Name: RYLIST, INC
Address: 940 RANCHO ROAD
City, State: THOUSAND OAKS, CA 91362
Phone #: (805)379-0565

Record ID: 560038DP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 09/30/2014

Program Name: LA VENTANA TREATMENT PROGRAMS
Legal Name: RYLIST, INC.
Address: 2443 PORTOLA ROAD, SUITE A
City, State: VENTURA, CA 93003
Phone #: (805)644-5745 Fax #: (818)975-5076

Record ID: 560038BP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2013

Program Name: LA VENTANA TREATMENT PROGRAMS
Legal Name: RYLIST, INC.
Address: 275 EAST HILLCREST DRIVE #120 AND 125
City, State: THOUSAND OAKS, CA 91360
Phone #: (805)777-3873

Record ID: 560038AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2015

Program Name: THE LAKE HOUSE
Legal Name: SHERWOOD CORPORATE HOUSING LLC
Address: 890 LAKE SHERWOOD DRIVE
City, State: LAKE SHERWOOD, CA 91361
Phone #: (805)371-8870

Record ID: 560042AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1

Program Name: VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT ALCOHOL
Legal Name: VENTURA COUNTY BEHAVIORAL HEALTH ALCOHOL AND DRUG PR
Address: 3150 EAST LOS ANGELES AVENUE
City, State: SIMI VALLEY, CA 93063
Phone #: (805)577-1724

Record ID: 560003AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2013

Program Name: VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT ALCOHOL
Legal Name: VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT ALCOHOL
Address: 24 EAST MAIN STREET
City, State: VENTURA, CA 93001
Phone #: (805)652-6919 Fax #: (805)652-0868

Record ID: 560003BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2013

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

As of: 01/16/2014

Ventura County

Program Name: FILLMORE ADP CENTER
Legal Name: VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT ALCOHOL
Address: 828 WEST VENTURA STREET, SUITE 250
City, State: FILLMORE, CA 93015
Phone #: (805)524-8644

Record ID: 560003GN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2013

Program Name: OXNARD CENTER
Legal Name: VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT, ALCOHOI
Address: 1911 WILLIAMS DRIVE
City, State: OXNARD, CA 93036
Phone #: (805)981-9200

Record ID: 560003CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2014

Program Name: A NEW START FOR MOMS
Legal Name: VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT, ALCOHOI
Address: 1911 WILLIAMS DRIVE, SUITE 140
City, State: OXNARD, CA 93036
Phone #: (805)981-9250

Record ID: 560003DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.3
Expiration Date 10/31/2014

Program Name: COMMUNITY RECOVERY CENTER
Legal Name: VENTURA RECOVERY CENTER, INC.
Address: 166 SIESTA AVENUE
City, State: THOUSAND OAKS, CA 91360
Phone #: (805)499-8383 Fax #: (805)494-4898

Record ID: 560041AP
Service Type: RES-DETOX
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.1
Expiration Date 08/31/2014

Program Name: VENTURA RECOVERY CENTER OUTPATIENT SERVICES
Legal Name: VENTURA RECOVERY CENTER, INC.
Address: 2975 E. HILLCREST DRIVE, SUITE 406
City, State: WESTLAKE VILLAGE, CA 91362
Phone #: (800)247-6111 Fax #: (805)494-4898

Record ID: 560041BP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2015

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

As of: 01/16/2014

Yolo County

Program Name: CACHE CREEK LODGE
Legal Name: CACHE CREEK LODGE, INC.
Address: 421, 435, 441 AND 453 ASPEN STREET
City, State: WOODLAND, CA 95695
Phone #: (530)662-5727 Fax #: (530)892-1831

Record ID: 570004BN
Service Type: RES
Resident Capacity: 45
Total Occupancy: 45
Target Population: 1.1
Expiration Date 07/31/2015

Program Name: YOLO COUNTY DRUG AND ALCOHOL EDUCATION
Legal Name: COUNTY OF YOLO ALCOHOL, DRUG AND MENTAL HEALTH SERVIC
Address: 137 NORTH COTTONWOOD STREET, SUITE 1510
City, State: WOODLAND, CA 95695
Phone #: (530)666-8658 Fax #: (530)666-8663

Record ID: 570001DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2014

Program Name: PROGRESS HOUSE YOLO COUNTY WOMEN AND CHILDREN'S FACILI
Legal Name: PROGRESS HOUSE ,INC.
Address: 15450 COUNTY ROAD 99, BUILDING A AND 15430 COUNTY ROAD
City, State: WOODLAND, CA 95695
Phone #: (530)668-9627 Fax #: (530)668-8528

Record ID: 570009AN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 31
Target Population: 1.4
Expiration Date 06/30/2014

Program Name: WALTER'S HOUSE
Legal Name: YOLO WAYFARER CENTER (CHRISTIAN MISSION)
Address: 285 4TH STREET
City, State: WOODLAND, CA 95695
Phone #: (530)662-2699 Fax #: (530)662-6918

Record ID: 570008AN
Service Type: RES
Resident Capacity: 44
Total Occupancy: 44
Target Population: 1.1
Expiration Date 08/31/2015

Program Name: FOURTH AND HOPE OUTPATIENT PROGRAM
Legal Name: YOLO WAYFARER CENTER (CHRISTIAN MISSION)
Address: 207 FOURTH STREET
City, State: WOODLAND, CA 95695
Phone #: (530)867-5010 Fax #: (530)662-6918

Record ID: 570008BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2015

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

As of: 01/16/2014

Yuba County

Program Name: FOR OUR RECOVERING (F.O.R.) FAMILIES
Legal Name: COUNTY OF YUBA PROBATION DEPARTMENT
Address: #8-7TH STREET
City, State: MARYSVILLE, CA 95901
Phone #: (530)749-7316 Fax #: (530)743-7042

Record ID: 580002AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.13
Expiration Date 06/30/2015

Program Name: PATHWAYS III
Legal Name: MIDVALLEY RECOVERY FACILITIES, INCORPORATED
Address: 2 9TH STREET
City, State: MARYSVILLE, CA 95901
Phone #: (530)742-6670

Record ID: 580001DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 12/31/2013

Program Name: PATHWAYS I
Legal Name: MIDVALLEY RECOVERY FACILITIES, INCORPORATED
Address: 2 - 9TH STREET
City, State: MARYSVILLE, CA 95901
Phone #: (530)674-4530

Record ID: 580001BN
Service Type: RES-DETOX
Resident Capacity: 23
Total Occupancy: 23
Target Population: 1.1
Expiration Date 12/31/2013

Program Name: THE SALVATION ARMY DEPOT FAMILY CRISIS CENTER
Legal Name: THE SALVATION ARMY
Address: 410 J STREET
City, State: MARYSVILLE, CA 95901
Phone #: (530)216-4530 Fax #: (530)742-0893

Record ID: 580005AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2013