

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

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

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

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COMMENTS?

We are always looking for ways to improve this document. If you have any comments or suggestions, please e-mail them to iross@dhcs.ca.gov, or contact the Licensing and Certification 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:
- o RES - Indicates facility licensed by the Department of Health Care Services (DHCS), the licensing authority for 24-hour residential nonmedical alcoholism or drug abuse recovery or treatment facilities serving adults.
 - o NON - Indicates a nonresidential program which has voluntarily applied to DHCS for alcohol and/or drug certification.
 - o DETOX - Indicates a free standing, 24-hour nonmedical detoxification facility licensed by DHCS.
 - o RES-DETOX - Indicates a facility licensed by DHCS to provide 24-hour residential nonmedical alcohol and/or drug recovery, treatment, and detoxification services for adults.
 - o DHS - Indicates licensure by the Department of Health Services, the licensing authority for medical alcohol and drug recovery or treatment facilities whose programs are certified by DHCS. Typically, these are Chemical Dependency Recovery Hospitals.
 - o DSS - Indicates licensure by the Department of Social Services, the licensing authority for residential facilities for individuals in need of care and supervision whose programs are certified by DHCS. Typically, these are group homes.
 - o COR - Indicates the facility is under the jurisdiction of the Department of Corrections (locked facility) whose program is certified by DHCS.
- Resident Capacity:** Indicates the maximum number of residents authorized by DHCS to receive recovery, treatment, or detoxification services at any one time in the residential facility.
- Total Occupancy:** Designates the maximum number of residential facility participants plus any dependent children, staff, or volunteers who may be housed in the facility. This occupancy is approved by the State or local fire authority.

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

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

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

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

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

As of: 03/17/2014

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: 03/17/2014

Alameda County

Program Name: CAL-PEP	Record ID: 010099AN
Legal Name: CAL-PEP	Service Type: NON
Address: 2811 ADELIN STREET	Resident Capacity: 0
City, State: OAKLAND, CA 94608	Total Occupancy: 0
Phone #: (510)874-7850 Fax #: (510)874-6775	Target Population: 1.1
	Expiration Date 05/31/2014
Program Name: C.U.R.A., INC.	Record ID: 010010AN
Legal Name: CARNALES UNIDOS REFORMANDO ADICTOS INCORPORATE	Service Type: RES
Address: 37437 GLENMOOR DRIVE	Resident Capacity: 51
City, State: FREMONT, CA 94536	Total Occupancy: 51
Phone #: (510)713-3200 Fax #: (510)713-0684	Target Population: 1.1
	Expiration Date 01/31/2014
Program Name: C.U.R.A., INC. OUTPATIENT PROGRAM	Record ID: 010010BN
Legal Name: CARNALES UNIDOS REFORMANDO ADICTOS INCORPORATE	Service Type: NON
Address: 37471 GLENMOOR DRIVE	Resident Capacity: 0
City, State: FREMONT, CA 94536	Total Occupancy: 0
Phone #: (510)713-3213 Fax #: (510)713-3213	Target Population: 1.1
	Expiration Date 09/30/2014
Program Name: PROJECT PRIDE RESIDENTIAL PROGRAM FOR WOMEN & CHILDREN	Record ID: 010025BN
Legal Name: EAST BAY COMMUNITY RECOVERY PROJECT	Service Type: RES
Address: 2545 SAN PABLO AVENUE	Resident Capacity: 20
City, State: OAKLAND, CA 94612	Total Occupancy: 40
Phone #: (510)446-7150 Fax #: (510)832-0626	Target Population: 1.4
	Expiration Date 07/31/2014
Program Name: EAST BAY COMMUNITY RECOVERY PROJECT - NONRESIDENTIAL	Record ID: 010025CN
Legal Name: EAST BAY COMMUNITY RECOVERY PROJECT	Service Type: NON
Address: 2577 SAN PABLO AVENUE	Resident Capacity: 0
City, State: OAKLAND, CA 94612	Total Occupancy: 0
Phone #: (510)446-7180 Fax #: (510)832-0606	Target Population: 1.1
	Expiration Date 07/31/2014
Program Name: EAST BAY COMMUNITY RECOVERY PROJECT	Record ID: 010025DN
Legal Name: EAST BAY COMMUNITY RECOVERY PROJECT	Service Type: NON
Address: 22971 SUTRO STREET, SUITE A	Resident Capacity: 0
City, State: HAYWARD, CA 94541	Total Occupancy: 0
Phone #: (510)728-8600 Fax #: (510)728-8605	Target Population: 1.1
	Expiration Date 05/31/2015
Program Name: HEALTHY OAKLAND	Record ID: 010096AN
Legal Name: HEALTHY COMMUNITIES, INC.	Service Type: NON
Address: 2580 SAN PABLO AVENUE	Resident Capacity: 0
City, State: OAKLAND, CA 94612	Total Occupancy: 0
Phone #: (510)444-9655 Fax #: (510)444-9955	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: 03/17/2014

Alameda County

Program Name: CHERRY HILL DETOXIFICATION SERVICES PROGRAM	Record ID: 010001DN
Legal Name: HORIZON SERVICES, INCORPORATED	Service Type: RES-DETOX
Address: 2035 FAIRMONT DRIVE	Resident Capacity: 32
City, State: SAN LEANDRO, CA 94578	Total Occupancy: 32
Phone #: (866)866-7496 Fax #: (510)351-7630	Target Population: 1.1
	Expiration Date 01/31/2016
Program Name: CHRYSALIS	Record ID: 010001AN
Legal Name: HORIZON SERVICES, INCORPORATED	Service Type: RES
Address: 3837, 3839, 3841, 3843, 3845 AND 3847 TELEGRAPH AVENUE	Resident Capacity: 16
City, State: OAKLAND, CA 94609	Total Occupancy: 27
Phone #: (510)450-1190 Fax #: (510)455-3520	Target Population: 1.3
	Expiration Date 10/31/2013
Program Name: PROJECT EDEN	Record ID: 010001CN
Legal Name: HORIZON SERVICES, INCORPORATED	Service Type: NON
Address: 22646 2ND STREET	Resident Capacity: 0
City, State: HAYWARD, CA 94541	Total Occupancy: 0
Phone #: (510)247-8200 Fax #: (510)247-8202	Target Population: 1.5
	Expiration Date 09/30/2014
Program Name: CRONIN HOUSE	Record ID: 010001BN
Legal Name: HORIZON SERVICES, INCORPORATED	Service Type: RES
Address: 2595 DEPOT ROAD	Resident Capacity: 40
City, State: HAYWARD, CA 94545	Total Occupancy: 44
Phone #: (510)784-5874 Fax #: (510)784-9194	Target Population: 1.1
	Expiration Date 02/28/2014
Program Name: SI SE PUEDE	Record ID: 010002DN
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE OF ALAMED	Service Type: NON
Address: 1315 FRUITVALE AVENUE	Resident Capacity: 0
City, State: OAKLAND, CA 94601	Total Occupancy: 0
Phone #: (510)536-4760 Fax #: (510)535-6312	Target Population: 1.1
	Expiration Date 10/31/2014
Program Name: MUJERES CON ESPERANZA/WOMEN'S SERVICES ENHANCEMENT PR	Record ID: 010002EN
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE OF ALAMED	Service Type: NON
Address: 3315 INTERNATIONAL BOULEVARD	Resident Capacity: 0
City, State: OAKLAND, CA 94601	Total Occupancy: 0
Phone #: (510)536-4764 Fax #: (510)535-2346	Target Population: 1.3
	Expiration Date 10/31/2014
Program Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE OF ALAMED	Record ID: 010002AN
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE OF ALAMED	Service Type: RES
Address: 425 VERNON STREET	Resident Capacity: 20
City, State: OAKLAND, CA 94610	Total Occupancy: 20
Phone #: (510)419-1040 Fax #: (510)535-2346	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: 03/17/2014

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: 03/17/2014

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: 03/17/2014

Alameda County

Program Name: WEST OAKLAND OUTPATIENT SUBSTANCE ABUSE SERVICES	Record ID: 010005HN
Legal Name: THE WEST OAKLAND HEALTH COUNCIL	Service Type: NON
Address: 451 28TH STREET	Resident Capacity: 0
City, State: OAKLAND, CA 94609	Total Occupancy: 0
Phone #: (510)273-4908 Fax #: (510)433-1526	Target Population: 1.1
	Expiration Date 04/30/2014
Program Name: WEST OAKLAND HEALTH COUNCIL TRANSITIONAL HOUSING	Record ID: 010005IN
Legal Name: THE WEST OAKLAND HEALTH COUNCIL	Service Type: RES
Address: 451 28TH STREET	Resident Capacity: 23
City, State: OAKLAND, CA 94609	Total Occupancy: 23
Phone #: (510)273-4908 Fax #: (510)273-4908	Target Population: 1.2
	Expiration Date 02/28/2014
Program Name: WEST OAKLAND HEALTH COUNCIL	Record ID: 010005JN
Legal Name: WEST OAKLAND HEALTH COUNCIL	Service Type: NON
Address: 700 ADELIN STREET	Resident Capacity: 0
City, State: OAKLAND, CA 94607	Total Occupancy: 0
Phone #: (510)273-4908 Fax #: (510)465-4873	Target Population: 1.3
	Expiration Date 09/30/2014
Program Name: WOMEN ON THE WAY RECOVERY CENTER	Record ID: 010072AN
Legal Name: WOMEN ON THE WAY RECOVERY CENTER	Service Type: RES
Address: 20424 HAVILAND AVENUE	Resident Capacity: 10
City, State: HAYWARD, CA 94541	Total Occupancy: 10
Phone #: (510)276-3661 Fax #: (510)278-7933	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: 03/17/2014

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***

Amador County

As of: 03/17/2014

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: 03/17/2014

Butte County

Program Name: ESPLANADE HOUSE OUTPATIENT ALCOHOL AND DRUG PROGRAM	Record ID: 040022AN
Legal Name: COMMUNITY ACTION AGENCY OF BUTTE COUNTY, INC.	Service Type: NON
Address: 181 EAST SHASTA AVENUE	Resident Capacity: 0
City, State: CHICO, CA 95973	Total Occupancy: 0
Phone #: (530)891-2977 Fax #: (530)879-3426	Target Population: 1.1
	Expiration Date 11/30/2014
Program Name: TRI-COUNTY TREATMENT OUTPATIENT PROGRAM	Record ID: 040024BP
Legal Name: JULIE CHAPMAN	Service Type: NON
Address: 2740 ORO DAM BOULEVARD	Resident Capacity: 0
City, State: OROVILLE, CA 95966	Total Occupancy: 0
Phone #: (530)533-5272 Fax #: (530)533-5821	Target Population: 1.1
	Expiration Date 10/31/2014
Program Name: TRI-COUNTY TREATMENT RESIDENTIAL FACILITY	Record ID: 040024AP
Legal Name: JULIE CHAPMAN	Service Type: RES
Address: 1961 PINE STREET	Resident Capacity: 19
City, State: OROVILLE, CA 95965	Total Occupancy: 19
Phone #: (530)533-5272 Fax #: (530)533-5821	Target Population: 1.2
	Expiration Date 08/31/2015
Program Name: NORTHERN VALLEY INDIAN HEALTH, INC	Record ID: 040018AN
Legal Name: NORTHERN VALLEY INDIAN HEALTH, INC.	Service Type: NON
Address: 845 WEST EAST AVENUE	Resident Capacity: 0
City, State: CHICO, CA 95926	Total Occupancy: 0
Phone #: (530)934-4348 Fax #: (530)934-7688	Target Population: 1.1
	Expiration Date 05/31/2015
Program Name: NORTHERN CALIFORNIA TREATMENT SERVICES (OROVILLE OUTPA	Record ID: 040029AN
Legal Name: OROVILLE ECONOMIC & COMMUNITY DEVELOPMENT CORPORATIO	Service Type: NON
Address: 3114 MYERS STREET	Resident Capacity: 0
City, State: OROVILLE, CA 95966	Total Occupancy: 0
Phone #: (530)533-7664 Fax #: (530)533-7664	Target Population: 1.1
	Expiration Date 03/31/2014
Program Name: ROSEBEN HOUSE	Record ID: 040029CN
Legal Name: OROVILLE ECONOMIC & COMMUNITY DEVELOPMENT CORPORATIO	Service Type: RES
Address: 3275 ROSEBEN AVENUE	Resident Capacity: 14
City, State: OROVILLE, CA 95966	Total Occupancy: 14
Phone #: (530)533-7664	Target Population: 1.2
	Expiration Date 01/31/2015
Program Name: CHICO RECOVERY CENTER	Record ID: 040021AN
Legal Name: RON W. RON W. SMITH	Service Type: NON
Address: 2057 FOREST AVENUE, SUITE 5	Resident Capacity: 0
City, State: CHICO, CA 95928	Total Occupancy: 0
Phone #: (530)343-6566 Fax #: (530)343-6715	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: 03/17/2014

Butte County

Program Name: SKYWAY HOUSE-SHASTA RETREAT	Record ID: 040006GN
Legal Name: SKYWAY HOUSE	Service Type: RES
Address: 3105 ESPLANADE	Resident Capacity: 22
City, State: CHICO, CA 95973	Total Occupancy: 22
Phone #: (530)342-3046 Fax #: (530)898-0239	Target Population: 1.1
	Expiration Date 12/31/2013
Program Name: SKYWAY HOUSE-LASSEN RETREAT	Record ID: 040006CN
Legal Name: SKYWAY HOUSE	Service Type: RES
Address: 4133 HIGHWAY 32	Resident Capacity: 30
City, State: CHICO, CA 95973	Total Occupancy: 30
Phone #: (530)893-3698 Fax #: (530)872-5563	Target Population: 1.1
	Expiration Date 10/31/2015
Program Name: SKYWAY HOUSE	Record ID: 040006DN
Legal Name: SKYWAY HOUSE	Service Type: NON
Address: 40 LANDING CIRCLE, SUITES 1 AND 3	Resident Capacity: 0
City, State: CHICO, CA 95973	Total Occupancy: 0
Phone #: (530)898-8326 Fax #: (530)898-0239	Target Population: 1.1
	Expiration Date 07/31/2015
Program Name: THERAPEUTIC SOLUTIONS	Record ID: 040030AP
Legal Name: THERAPEUTIC SOLUTIONS PROFESSIONAL CORPORATION	Service Type: NON
Address: 3255 ESPLANADE	Resident Capacity: 0
City, State: CHICO, CA 95973	Total Occupancy: 0
Phone #: (530)899-3150 Fax #: (530)899-3160	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*

Calaveras County

As of: 03/17/2014

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: 03/17/2014

Colusa County

Program Name:	COUNTY OF COLUSA DEPARTMENT OF SUBSTANCE ABUSE SERVICE	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: 03/17/2014

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
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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
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Certified Alcohol and Drug Programs**

As of: 03/17/2014

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
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As of: 03/17/2014

Contra Costa County

Program Name: SUNRISE HOUSE 3	Record ID: 070001CCN
Legal Name: BI-BETT	Service Type: RES
Address: 2359 PINNACLE DRIVE	Resident Capacity: 6
City, State: MARTINEZ, CA 94553	Total Occupancy: 7
Phone #: (925)229-2318	Target Population: 1.2
	Expiration Date: 07/31/2014
Program Name: GAADDS CENTRAL/ACFF	Record ID: 070001XN
Legal Name: BI-BETT	Service Type: NON
Address: 2290 DIAMOND BOULEVARD, SUITE 202	Resident Capacity: 0
City, State: CONCORD, CA 94520	Total Occupancy: 0
Phone #: (925)685-7418 Fax #: (925)685-7005	Target Population: 1.1
	Expiration Date: 04/30/2015
Program Name: STEP/AHEAD ADOLESCENT OUTPATIENT DRUG TREATMENT PROGR	Record ID: 070041AN
Legal Name: COMMUNITY HEALTH FOR ASIAN AMERICANS	Service Type: NON
Address: 207 37TH STREET	Resident Capacity: 0
City, State: RICHMOND, CA 94805	Total Occupancy: 0
Phone #: (510)237-5777 Fax #: (510)233-4545	Target Population: 1.5
	Expiration Date: 12/31/2013
Program Name: DISCOVERY HOUSE	Record ID: 070012BN
Legal Name: CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT	Service Type: RES
Address: 4645 PACHECO BOULEVARD	Resident Capacity: 40
City, State: MARTINEZ, CA 94553	Total Occupancy: 40
Phone #: (925)646-9270	Target Population: 1.2
	Expiration Date: 10/31/2013
Program Name: COLE HOUSE	Record ID: 070034AP
Legal Name: J. COLE RECOVERY HOMES, INC.	Service Type: RES
Address: 1408 A STREET	Resident Capacity: 16
City, State: ANTIOCH, CA 94509	Total Occupancy: 17
Phone #: (925)978-2873 Fax #: (925)757-0411	Target Population: 1.2
	Expiration Date: 03/31/2014
Program Name: WEST COUNTY HUMAN DEVELOPMENT CENTER	Record ID: 070004AN
Legal Name: NEIGHBORHOOD HOUSE OF NORTH RICHMOND	Service Type: RES-DETOX
Address: 820 23RD STREET, 2ND FLOOR	Resident Capacity: 50
City, State: RICHMOND, CA 94804	Total Occupancy: 120
Phone #: (510)233-1270	Target Population: 1.1
	Expiration Date: 04/30/2014
Program Name: NEW LEAF TREATMENT CENTER	Record ID: 070035AP
Legal Name: NEW LEAF PARTNERS	Service Type: NON
Address: 251 LAFAYETTE CIRCLE, SUITE 150	Resident Capacity: 0
City, State: LAFAYETTE, CA 94549	Total Occupancy: 0
Phone #: (925)284-5200 Fax #: (925)284-5204	Target Population: 1.8
	Expiration Date: 12/31/2014

**State of California, Department of Health Care Services
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As of: 03/17/2014

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
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Contra Costa County

Program Name: GMG BEHAVIORAL HEALTH SERVICES	Record ID: 070044AP
Legal Name: RICHARD I. GRACER, M.D., A PROFESSIONAL CORPORATION	Service Type: NON
Address: 5401 NORRIS CANYON ROAD, SUITE 102	Resident Capacity: 0
City, State: SAN RAMON, CA 94583	Total Occupancy: 0
Phone #: (925)277-1100 Fax #: (925)277-1358	Target Population: 1.1
	Expiration Date 10/31/2014
Program Name: THE RECTORY WOMEN'S RECOVERY CENTER	Record ID: 070008AN
Legal Name: UJIMA FAMILY RECOVERY SERVICES	Service Type: RES
Address: 1901 CHURCH LANE	Resident Capacity: 12
City, State: SAN PABLO, CA 94806	Total Occupancy: 21
Phone #: (510)236-3134	Target Population: 1.4
	Expiration Date 02/28/2015
Program Name: LA CASA UJIMA	Record ID: 070008BN
Legal Name: UJIMA FAMILY RECOVERY SERVICES	Service Type: RES
Address: 904 MELLUS STREET	Resident Capacity: 12
City, State: MARTINEZ, CA 94533	Total Occupancy: 18
Phone #: (925)229-4065 Fax #: (925)229-0233	Target Population: 1.4
	Expiration Date 02/28/2015
Program Name: UJIMA WEST OUTPATIENT TREATMENT PROGRAM	Record ID: 070008CN
Legal Name: UJIMA FAMILY RECOVERY SERVICES	Service Type: NON
Address: 3939 BISSELL AVENUE	Resident Capacity: 0
City, State: RICHMOND, CA 94805	Total Occupancy: 0
Phone #: (510)215-2280	Target Population: 1.4
	Expiration Date 02/28/2015
Program Name: LA CASA UJIMA	Record ID: 070008DN
Legal Name: UJIMA FAMILY RECOVERY SERVICES	Service Type: RES
Address: 919 MELLUS STREET	Resident Capacity: 3
City, State: MARTINEZ, CA 94533	Total Occupancy: 6
Phone #: (925)229-4065 Fax #: (925)229-0233	Target Population: 1.4
	Expiration Date 02/28/2015
Program Name: THE RECTORY WOMEN'S RECOVERY CENTER	Record ID: 070008HN
Legal Name: UJIMA FAMILY RECOVERY SERVICES	Service Type: RES
Address: 1916 CHURCH LANE	Resident Capacity: 3
City, State: SAN PABLO, CA 94806	Total Occupancy: 6
Phone #: (510)236-3134 Fax #: (510)236-3151	Target Population: 1.1
	Expiration Date 02/28/2015
Program Name: UJIMA EAST - INTENSIVE DAY TREATMENT PROGRAM	Record ID: 070008EN
Legal Name: UJIMA FAMILY RECOVERY SERVICES	Service Type: NON
Address: 180 EAST LELAND AVENUE, SUITES A & B	Resident Capacity: 0
City, State: PITTSBURG, CA 94565	Total Occupancy: 0
Phone #: (925)427-9100	Target Population: 1.1
	Expiration Date 02/28/2015

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Contra Costa County

As of: 03/17/2014

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
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Del Norte County

Program Name: DEL NORTE HEALTH AND HUMAN SERVICES/ALCOHOL AND OTHER	Record ID: 080003AN
Legal Name: DEL NORTE COUNTY HEALTH AND HUMAN SERVICES	Service Type: NON
Address: 1279 2ND STREET, SUITE C	Resident Capacity: 0
City, State: CRESCENT CITY, CA 95531	Total Occupancy: 0
Phone #: (707)464-4813 Fax #: (707)465-1442	Target Population: 1.1
	Expiration Date 10/31/2013
Program Name: JORDAN RECOVERY CENTER - TRILLIUM HOUSE	Record ID: 080004CN
Legal Name: JORDAN RECOVERY CENTERS	Service Type: RES
Address: 949 C STREET	Resident Capacity: 12
City, State: CRESCENT CITY, CA 95531	Total Occupancy: 12
Phone #: (707)464-7849 Fax #: (707)465-5716	Target Population: 1.3
	Expiration Date 04/30/2014
Program Name: JORDAN RECOVERY CENTER	Record ID: 080004AN
Legal Name: JORDAN RECOVERY CENTERS	Service Type: RES
Address: 1246 JORDAN STREET	Resident Capacity: 14
City, State: CRESCENT CITY, CA 95531	Total Occupancy: 14
Phone #: (707)464-7849 Fax #: (707)465-6522	Target Population: 1.2
	Expiration Date 10/31/2015
Program Name: JORDAN RECOVERY CENTER	Record ID: 080004BN
Legal Name: JORDAN RECOVERY CENTERS	Service Type: RES
Address: 1256 JORDAN STREET	Resident Capacity: 14
City, State: CRESCENT CITY, CA 95531	Total Occupancy: 14
Phone #: (707)464-7849 Fax #: (707)465-6522	Target Population: 1.2
	Expiration Date 07/31/2014

**State of California, Department of Health Care Services
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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

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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

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El Dorado County

As of: 03/17/2014

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: 03/17/2014

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: 03/17/2014

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: 03/17/2014

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
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Certified Alcohol and Drug Programs**

As of: 03/17/2014

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: 03/17/2014

Fresno County

Program Name: TRANSITIONS CHILDRENS SERVICES: OUTPATIENT & CONTINUING C	Record ID: 100093AN
Legal Name: TRANSITIONS CHILDREN'S SERVICES	Service Type: NON
Address: 1945 N. HELM AVENUE, SUITE 101	Resident Capacity: 0
City, State: FRESNO, CA 93727	Total Occupancy: 0
Phone #: (559)222-5437 Fax #: (559)222-5445	Target Population: 1.1
	Expiration Date 10/31/2015
Program Name: TURNING POINT SATU AFTERCARE	Record ID: 100028BN
Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.	Service Type: NON
Address: 1638 L STREET	Resident Capacity: 0
City, State: FRESNO, CA 93721	Total Occupancy: 0
Phone #: (559)233-2663 Fax #: (559)268-2245	Target Population: 1.2
	Expiration Date 03/31/2015
Program Name: QUEST HOUSE	Record ID: 100028EN
Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.	Service Type: RES
Address: 2731 WEST OLIVE AVENUE	Resident Capacity: 30
City, State: FRESNO, CA 93728	Total Occupancy: 30
Phone #: (559)233-5096 Fax #: (559)233-5099	Target Population: 1.1
	Expiration Date 02/28/2015
Program Name: UNIVERSAL HEALTH NETWORK AND SYSTEMS, INC.	Record ID: 100066AP
Legal Name: UNIVERSAL HEALTH NETWORK AND SYSTEMS, INC.	Service Type: NON
Address: 3170 NORTH CHESTNUT AVENUE, SUITE 105	Resident Capacity: 0
City, State: FRESNO, CA 93703	Total Occupancy: 0
Phone #: (559)252-5150 Fax #: (559)252-5156	Target Population: 1.1
	Expiration Date 02/28/2015
Program Name: UNIVERSAL HEALTH NETWORK AND SYSTEMS, INC.	Record ID: 100066BP
Legal Name: UNIVERSAL HEALTH NETWORK AND SYSTEMS, INC.	Service Type: RES-DETOX
Address: 625 AND 627 EAST KEATS AVENUE	Resident Capacity: 12
City, State: FRESNO, CA 93710	Total Occupancy: 12
Phone #: (559)252-5150 Fax #: (559)252-5156	Target Population: 1.9
	Expiration Date 05/31/2015
Program Name: WESTCARE CALIFORNIA	Record ID: 100010FN
Legal Name: WESTCARE CALIFORNIA, INC.	Service Type: RES-DETOX
Address: 2772 SOUTH MARTIN LUTHER KING BOULEVARD	Resident Capacity: 299
City, State: FRESNO, CA 93706	Total Occupancy: 349
Phone #: (559)265-4800 Fax #: (559)265-4808	Target Population: 1.9
	Expiration Date 01/31/2014
Program Name: WESTCARE CALIFORNIA, INC.	Record ID: 100010IN
Legal Name: WESTCARE CALIFORNIA, INC.	Service Type: NON
Address: 611 EAST BELMONT	Resident Capacity: 0
City, State: FRESNO, CA 93701	Total Occupancy: 0
Phone #: (559)237-3420 Fax #: (559)213-1935	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***

Fresno County

As of: 03/17/2014

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: 03/17/2014

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

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Humboldt County

Program Name: ALCOHOL/DRUG CARE SERVICE/LEE BROWN TRMT CENTER/BONNII	Record ID: 120009AN
Legal Name: ALCOHOL/DRUG CARE SERVICE'S, INC.	Service Type: RES-DETOX
Address: 1321, 1335 C STREET AND 217 14TH STREET	Resident Capacity: 21
City, State: EUREKA, CA 95501	Total Occupancy: 25
Phone #: (707)445-1391	Target Population: 1.1
	Expiration Date 06/30/2015
Program Name: J STREET PROGRAM	Record ID: 120009CN
Legal Name: ALCOHOL/DRUG CARE SERVICES, INC.	Service Type: RES
Address: 1742 J STREET	Resident Capacity: 6
City, State: EUREKA, CA 95501	Total Occupancy: 8
Phone #: (707)444-2232 Fax #: (000)000-0000	Target Population: 1.1
	Expiration Date 03/31/2014
Program Name: HEALTHY MOMS PROGRAM	Record ID: 120011AN
Legal Name: HUMBOLDT COUNTY ALCOHOL & OTHER DRUG PROGRAMS	Service Type: NON
Address: 2910 H STREET	Resident Capacity: 0
City, State: EUREKA, CA 95501	Total Occupancy: 0
Phone #: (707)441-5220	Target Population: 1.4
	Expiration Date 09/30/2015
Program Name: OUTPATIENT TREATMENT SERVICES	Record ID: 120010AN
Legal Name: HUMBOLDT COUNTY ALCOHOL AND OTHER DRUG PROGRAMS	Service Type: NON
Address: 720 WOOD STREET, ROOMS 112,115,116,117,118,119,121,123,127,12	Resident Capacity: 0
City, State: EUREKA, CA 95501	Total Occupancy: 0
Phone #: (707)476-4070 Fax #: (707)446-3776	Target Population: 1.1
	Expiration Date 12/31/2015
Program Name: HUMBOLDT RECOVERY CENTER	Record ID: 120001AN
Legal Name: HUMBOLDT RECOVERY CENTER, INCORPORATED	Service Type: RES
Address: 1303 11TH STREET AND 1024 N STREET	Resident Capacity: 21
City, State: EUREKA, CA 95501	Total Occupancy: 21
Phone #: (707)443-4237	Target Population: 1.2
	Expiration Date 10/31/2015
Program Name: HUMBOLDT RECOVERY CENTER	Record ID: 120001BN
Legal Name: HUMBOLDT RECOVERY CENTER, INCORPORATED	Service Type: RES
Address: 905 L STREET, AND 1116 AND 1120 9TH STREET	Resident Capacity: 23
City, State: EUREKA, CA 95502	Total Occupancy: 23
Phone #: (707)443-0514 Fax #: (707)443-0514	Target Population: 1.2
	Expiration Date 01/31/2015
Program Name: HUMBOLDT RECOVERY CENTER	Record ID: 120001DN
Legal Name: HUMBOLDT RECOVERY CENTER, INCORPORATED	Service Type: RES
Address: 944 N STREET AND 1219 10TH STREET	Resident Capacity: 18
City, State: EUREKA, CA 95501	Total Occupancy: 18
Phone #: (707)443-0514 Fax #: (707)443-0514	Target Population: 1.3
	Expiration Date 02/28/2015

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Humboldt County

Program Name: CROSSROADS	Record ID: 120005AN
Legal Name: NORTH COAST SUBSTANCE ABUSE COUNCIL	Service Type: RES
Address: 1205 AND 1210 MYRTLE AVENUE	Resident Capacity: 22
City, State: EUREKA, CA 95501	Total Occupancy: 22
Phone #: (707)445-0869 Fax #: (707)445-0826	Target Population: 1.1
	Expiration Date 01/31/2014
Program Name: SINGING TREES RECOVERY CENTER	Record ID: 120008AP
Legal Name: SINGING TREES RECOVERY CENTER	Service Type: RES-DETOX
Address: 2061 HIGHWAY 101	Resident Capacity: 20
City, State: GARBERVILLE, CA 95542	Total Occupancy: 23
Phone #: (707)247-3495 Fax #: (707)247-3334	Target Population: 1.1
	Expiration Date 02/28/2014
Program Name: UNITED INDIAN HEALTH SERVICES, INC.-CHILD & FAMILY SERVICE	Record ID: 120015AN
Legal Name: UNITED INDIAN HEALTH SERVICES, INC.	Service Type: NON
Address: 1600 WEEOT WAY	Resident Capacity: 0
City, State: ARCATA, CA 95521	Total Occupancy: 0
Phone #: (707)825-5060 Fax #: (707)825-6753	Target Population: 1.1
	Expiration Date 10/31/2015

*State of California Department of Health Care Services
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As of: 3/17/2014

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: 03/17/2014

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
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As of: 03/17/2014

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
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As of: 03/17/2014

Kern County

Program Name: DE COLORES CENTER	Record ID: 150011CN
Legal Name: COMMUNITY SERVICE ORGANIZATION, BEHAVIORAL HEALTH PRO	Service Type: NON
Address: 10420 MAIN STREET	Resident Capacity: 0
City, State: LAMONT, CA 96241	Total Occupancy: 0
Phone #: (661)845-3753	Target Population: 1.1
	Expiration Date 07/31/2014
Program Name: BROTHERHOOD CENTER	Record ID: 150011BN
Legal Name: COMMUNITY SERVICE ORGANIZATION, BEHAVIORAL HEALTH PRO	Service Type: NON
Address: 1124 BAKER STREET	Resident Capacity: 0
City, State: BAKERSFIELD, CA 93305	Total Occupancy: 0
Phone #: (661)327-9376	Target Population: 1.1
	Expiration Date 07/31/2014
Program Name: SERENITY HOUSE	Record ID: 150003EN
Legal Name: KERN COUNTY HISPANIC COMMISSION ON ALCOHOL AND DRUG AI	Service Type: RES
Address: 1131 SOUTH H STREET	Resident Capacity: 10
City, State: BAKERSFIELD, CA 93304	Total Occupancy: 10
Phone #: (661)634-9737 Fax #: (661)397-5143	Target Population: 1.3
	Expiration Date 03/31/2014
Program Name: ALMA DEL CAMINO NUEVO	Record ID: 150003HN
Legal Name: KERN COUNTY HISPANIC COMMISSION ON ALCOHOL AND DRUG AI	Service Type: NON
Address: 1400 EASTON DRIVE, SUITE 151	Resident Capacity: 0
City, State: BAKERSFIELD, CA 93309	Total Occupancy: 0
Phone #: (661)634-9877 Fax #: (661)864-0198	Target Population: 1.3
	Expiration Date 04/30/2015
Program Name: CASA AURORA	Record ID: 150060CN
Legal Name: MENTAL HEALTH SYSTEMS, INC.	Service Type: NON
Address: 1932 JESSIE STREET	Resident Capacity: 0
City, State: BAKERSFIELD, CA 93305	Total Occupancy: 0
Phone #: (661)321-9086	Target Population: 1.3
	Expiration Date 11/30/2015
Program Name: THE NAPD GENESIS PROGRAM (NEW ADVANCES FOR PEOPLE WITH	Record ID: 150025AN
Legal Name: NEW ADVANCES FOR PEOPLE WITH DISABILITIES	Service Type: NON
Address: 1909 16TH STREET	Resident Capacity: 0
City, State: BAKERSFIELD, CA 93301	Total Occupancy: 0
Phone #: (661)325-3003 Fax #: (661)325-2344	Target Population: 1.1
	Expiration Date 02/28/2014
Program Name: WOMEN OF WORTH RECOVERY HOUSE	Record ID: 150055AP
Legal Name: RODNEY L. BOHANNON, JR.	Service Type: RES
Address: 2500 OLMO COURT	Resident Capacity: 12
City, State: BAKERSFIELD, CA 93309	Total Occupancy: 13
Phone #: (661)832-8075 Fax #: (661)832-8075	Target Population: 1.3
	Expiration Date 11/30/2014

**State of California, Department of Health Care Services
Licensed Residential Facilities and/or
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As of: 03/17/2014

Kern County

Program Name: KENNEMER OUTPATIENT PROGRAM	Record ID: 150013CN
Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.	Service Type: NON
Address: 1101 UNION AVENUE, SUITE 100	Resident Capacity: 0
City, State: BAKERSFIELD, CA 93307	Total Occupancy: 0
Phone #: (661)631-1483 Fax #: (661)325-0528	Target Population: 1.1
	Expiration Date 05/31/2015
Program Name: KEN KENNEMER SUBSTANCE ABUSE TREATMENT CENTER	Record ID: 150013BN
Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.	Service Type: RES
Address: 1100 UNION AVENUE	Resident Capacity: 25
City, State: BAKERSFIELD, CA 93307	Total Occupancy: 25
Phone #: (661)861-6111 Fax #: (661)861-6161	Target Population: 1.1
	Expiration Date 01/31/2015
Program Name: WESTCARE CALIFORNIA	Record ID: 150029AN
Legal Name: WESTCARE CALIFORNIA, INC.	Service Type: RES
Address: 2901, 2909 & 2913 SOUTH H STREET	Resident Capacity: 65
City, State: BAKERSFIELD, CA 93304	Total Occupancy: 65
Phone #: (661)398-4303 Fax #: (661)398-4306	Target Population: 1.1
	Expiration Date 01/31/2014
Program Name: WESTCARE BAKERSFIELD OUTPATIENT	Record ID: 150029DN
Legal Name: WESTCARE CALIFORNIA, INC.	Service Type: NON
Address: 2901 SOUTH H STREET	Resident Capacity: 0
City, State: BAKERSFIELD, CA 93304	Total Occupancy: 0
Phone #: (661)398-4303 Fax #: (661)398-4306	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: 03/17/2014

Kings County

Program Name: CHAMPIONS RECOVERY ALTERNATIVE PROGRAMS, INC.	Record ID: 160005AN
Legal Name: CHAMPIONS RECOVERY ALTERNATIVE PROGRAMS, INC.	Service Type: NON
Address: 700 NORTH IRWIN STREET	Resident Capacity: 0
City, State: HANFORD, CA 93230	Total Occupancy: 0
Phone #: (559)583-9300 Fax #: (559)583-9307	Target Population: 1.1
	Expiration Date 08/31/2015
Program Name: HANNAH'S HOUSE	Record ID: 160005BN
Legal Name: CHAMPIONS RECOVERY ALTERNATIVE PROGRAMS, INC.	Service Type: RES
Address: 222 WEST KEITH STREET	Resident Capacity: 15
City, State: HANFORD, CA 93230	Total Occupancy: 20
Phone #: (559)583-7800 Fax #: (559)583-7890	Target Population: 1.3
	Expiration Date 07/31/2014
Program Name: ALCOHOL AND DRUG EDUCATION AND COUNSELING CENTER	Record ID: 160004AN
Legal Name: KINGS VIEW	Service Type: NON
Address: 1393 BAILEY DRIVE, ROOMS 106, 149, 198 AND 207	Resident Capacity: 0
City, State: HANFORD, CA 93230	Total Occupancy: 0
Phone #: (559)582-4481 Fax #: (559)582-6547	Target Population: 1.1
	Expiration Date 05/31/2015
Program Name: WESTCARE	Record ID: 160006CN
Legal Name: WESTCARE CALIFORNIA, INC.	Service Type: NON
Address: 410 EAST 7TH STREET, SUITES #5, #7 AND #9	Resident Capacity: 0
City, State: HANFORD, CA 93230	Total Occupancy: 0
Phone #: (559)584-8100	Target Population: 1.5
	Expiration Date 05/31/2014

*State of California, Department of Health Care Services
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Certified Alcohol and Drug Programs*

As of: 03/17/2014

Lake County

Program Name: HILLTOP RECOVERY SERVICES	Record ID: 170011AN
Legal Name: HILLTOP RECOVERY SERVICES	Service Type: RES
Address: 10155 SOCRATES MINE ROAD	Resident Capacity: 61
City, State: MIDDLETOWN, CA 95461	Total Occupancy: 67
Phone #: (707)987-9972 Fax #: (707)987-2591	Target Population: 1.2
	Expiration Date 05/31/2015
Program Name: HILLTOP RECOVERY FOR WOMEN	Record ID: 170011CN
Legal Name: HILLTOP RECOVERY SERVICES	Service Type: RES
Address: 3937 FOOTHILL DRIVE	Resident Capacity: 6
City, State: LUCERNE, CA 95458	Total Occupancy: 8
Phone #: (707)274-8171 Fax #: (707)987-2591	Target Population: 1.3
	Expiration Date 12/31/2014
Program Name: CLEARLAKE CLINIC	Record ID: 170002BN
Legal Name: LAKE COUNTY ALCOHOL AND OTHER DRUG SERVICES	Service Type: NON
Address: 7000-B SOUTH CENTER DRIVE	Resident Capacity: 0
City, State: CLEARLAKE, CA 95422	Total Occupancy: 0
Phone #: (707)274-9101 Fax #: (707)263-9336	Target Population: 1.1
	Expiration Date 11/30/2014
Program Name: LAKE COUNTY DIVISION OF ALCOHOL AND OTHER DRUG SERVICE	Record ID: 170002CN
Legal Name: LAKE COUNTY ALCOHOL AND OTHER DRUG SERVICES	Service Type: NON
Address: 6302 13TH AVENUE	Resident Capacity: 0
City, State: LUCERNE, CA 95458	Total Occupancy: 0
Phone #: (707)274-9101 Fax #: (707)274-9132	Target Population: 1.1
	Expiration Date 08/31/2015

*State of California Department of Health Care Services
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Certified Alcohol and Drug Programs*

As of: 3/17/2014

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: 03/17/2014

Los Angeles County

Program Name: ONE80 CENTER	Record ID: 190704AP
Legal Name: 1775 SUMMITRIDGE DRIVE, LLC	Service Type: RES-DETOX
Address: 1771 AND 1775 SUMMITRIDGE DRIVE	Resident Capacity: 12
City, State: LOS ANGELES, CA 90210	Total Occupancy: 12
Phone #: (888)588-4180 Fax #: (888)588-4080	Target Population: 1.1
	Expiration Date 02/28/2015
Program Name: 2ND CHANCE FOR RECOVERY	Record ID: 190653BN
Legal Name: 2ND CHANCE FOR RECOVERY, INC.	Service Type: NON
Address: 2116 & 2118 S. CENTRAL AVENUE	Resident Capacity: 0
City, State: LOS ANGELES, CA 90011	Total Occupancy: 0
Phone #: (818)590-0111 Fax #: (866)754-1323	Target Population: 1.1
	Expiration Date 05/31/2014
Program Name: 2ND CHANCE FOR RECOVERY	Record ID: 190653AN
Legal Name: 2ND CHANCE FOR RECOVERY, INC.	Service Type: NON
Address: 600 E 7TH STREET, SUITE 104 & 105	Resident Capacity: 0
City, State: LOS ANGELES, CA 90021	Total Occupancy: 0
Phone #: (818)590-0111	Target Population: 1.1
	Expiration Date 07/31/2014
Program Name: PASSAGES 8	Record ID: 190650AP
Legal Name: 6390/6390A MEADOWS COURT, LLC	Service Type: RES
Address: 6390 MEADOWS COURT	Resident Capacity: 6
City, State: MALIBU, CA 90265	Total Occupancy: 6
Phone #: (310)589-2880	Target Population: 1.1
	Expiration Date 09/30/2014
Program Name: PASSAGES 9	Record ID: 190652AP
Legal Name: 6390A MEADOWS COURT, LLC	Service Type: RES
Address: 6390 MEADOWS COURT (REAR GUEST HOUSE)	Resident Capacity: 5
City, State: MALIBU, CA 90265	Total Occupancy: 5
Phone #: (310)589-2880	Target Population: 1.2
	Expiration Date 09/30/2014
Program Name: A HOME FOR US	Record ID: 190449AN
Legal Name: A HOME FOR US, FOUNDATION	Service Type: NON
Address: 2918 WEST VERNON AVENUE	Resident Capacity: 0
City, State: LOS ANGELES, CA 90008	Total Occupancy: 0
Phone #: (323)296-5449	Target Population: 1.1
	Expiration Date 09/30/2014
Program Name: ABLE FAMILY SUPPORT	Record ID: 190734CP
Legal Name: ABLE FAMILY SUPPORT, INC.	Service Type: NON
Address: 14418 CHASE STREET, #200	Resident Capacity: 0
City, State: PANORAMA CITY, CA 91402	Total Occupancy: 0
Phone #: (818)830-9500 Fax #: (818)830-7005	Target Population: 1.1
	Expiration Date 12/31/2014

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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

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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

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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 DEPEND 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

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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

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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

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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

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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

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Los Angeles County

Program Name: FLOSSIE LEWIS CENTER	Record ID: 190007UN
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.	Service Type: RES
Address: 341 EAST 6TH STREET	Resident Capacity: 12
City, State: LONG BEACH, CA 90802	Total Occupancy: 12
Phone #: (562)435-7350 Fax #: (562)435-4532	Target Population: 1.3
	Expiration Date 07/31/2014
Program Name: WILMINGTON COMMUNITY RECOVERY CENTER	Record ID: 190007CN
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.	Service Type: NON
Address: 1318A AND 1314B NORTH AVALON BOULEVARD	Resident Capacity: 0
City, State: WILMINGTON, CA 90744	Total Occupancy: 0
Phone #: (310)549-2710	Target Population: 1.1
	Expiration Date 09/30/2015
Program Name: AMERICAN RECOVERY CENTER-DETOX	Record ID: 190007IN
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.	Service Type: DHS
Address: 2180 WEST VALLEY BOULEVARD, FLOOR 200	Resident Capacity: 0
City, State: POMONA, CA 91768	Total Occupancy: 0
Phone #: (909)865-2336	Target Population: 1.4
Program Name: SOUTH BAY RECOVERY CENTER	Record ID: 190007HN
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.	Service Type: NON
Address: 15519 CRENSHAW BOULEVARD	Resident Capacity: 0
City, State: GARDENA, CA 90249	Total Occupancy: 0
Phone #: (310)679-9031	Target Population: 1.1
	Expiration Date 09/30/2015
Program Name: PACIFICA HOUSE	Record ID: 190007GN
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.	Service Type: RES
Address: 2501 WEST EL SEGUNDO BOULEVARD	Resident Capacity: 58
City, State: HAWTHORNE, CA 90250	Total Occupancy: 68
Phone #: (323)754-2816 Fax #: (323)754-2828	Target Population: 1.1
	Expiration Date 09/30/2015
Program Name: PATTERNS	Record ID: 190007FN
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.	Service Type: RES
Address: 12917 CERISE AVENUE	Resident Capacity: 23
City, State: HAWTHORNE, CA 90250	Total Occupancy: 35
Phone #: (310)675-4431	Target Population: 1.4
	Expiration Date 09/30/2015
Program Name: NATIONAL COUNCIL ON ALCOHOLISM & DRUG DEPENDENCE OF TH	Record ID: 190007RN
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.	Service Type: NON
Address: 1334 POST AVENUE	Resident Capacity: 0
City, State: TORRANCE, CA 90501	Total Occupancy: 0
Phone #: (310)328-1460 Fax #: (310)328-1964	Target Population: 1.1
	Expiration Date 11/30/2015

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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

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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

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Program Name: AXIS RESIDENTIAL TREATMENT CENTER - WEST	Record ID: 190727AP
Legal Name: BRAD KEITH	Service Type: RES-DETOX
Address: 4022 HURON AVENUE	Resident Capacity: 12
City, State: CULVER CITY, CA 90232	Total Occupancy: 12
Phone #: (310)435-6298 Fax #: (310)453-9532	Target Population: 1.1
	Expiration Date 08/31/2015
Program Name: BREATHE LIFE HEALING CENTER	Record ID: 190788AP
Legal Name: BREATHE WEHO TREATMENT SERVICES, LLC	Service Type: NON
Address: 8730 WEST SUNSET BOULEVARD, 5TH FLOOR	Resident Capacity: 0
City, State: WEST HOLLYWOOD, CA 90069	Total Occupancy: 0
Phone #: (800)929-5904 Fax #: (800)763-1597	Target Population: 1.1
	Expiration Date 09/30/2015
Program Name: BRIGHTER BEGINNINGS DRUG AND ALCOHOL REHABILITATION FA	Record ID: 190571AP
Legal Name: BRIGHTER BEGINNINGS DRUG AND ALCOHOL REHABILITATION FA	Service Type: NON
Address: 8729 SOUTH WESTERN AVENUE	Resident Capacity: 0
City, State: LOS ANGELES, CA 90047	Total Occupancy: 0
Phone #: (323)750-9510	Target Population: 1.5
	Expiration Date 05/31/2015
Program Name: CALIFORNIA CARE CORP.	Record ID: 190558BP
Legal Name: CALIFORNIA CARE CORPORATION	Service Type: NON
Address: 5930 S. MAIN STREET, SUITE 104	Resident Capacity: 0
City, State: LOS ANGELES, CA 90003	Total Occupancy: 0
Phone #: (818)551-0026 Fax #: (818)551-0027	Target Population: 1.1
	Expiration Date 05/31/2014
Program Name: CALIFORNIA CARE CORPORATION	Record ID: 190558AP
Legal Name: CALIFORNIA CARE CORPORATION	Service Type: NON
Address: 501 E. HARVARD STREET, UNIT A	Resident Capacity: 0
City, State: GLENDALE, CA 91205	Total Occupancy: 0
Phone #: (818)551-0026 Fax #: (818)551-0027	Target Population: 1.1
	Expiration Date 01/31/2015
Program Name: PASADENA CLINIC	Record ID: 190690AN
Legal Name: CALIFORNIA DRUG COUNSELING, INC.	Service Type: NON
Address: 659,671 EAST WALNUT STREET, 226 N. EL MOLINO AVE.	Resident Capacity: 0
City, State: PASADENA, CA 91101	Total Occupancy: 0
Phone #: (626)844-0410 Fax #: () -	Target Population: 1.1
	Expiration Date 06/30/2014
Program Name: CALIFORNIA DRUG TREATMENT PROGRAM, INC.	Record ID: 190396AP
Legal Name: CALIFORNIA DRUG TREATMENT PROGRAM, INC.	Service Type: NON
Address: 9001 SOUTH VERMONT AVENUE	Resident Capacity: 0
City, State: LOS ANGELES, CA 90044	Total Occupancy: 0
Phone #: (323)756-9933 Fax #: () -	Target Population: 1.1
	Expiration Date 09/30/2015

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Program Name:	CALIFORNIA HEALTH, ALCOHOL & DRUG EDUCATION PROGRAM IN	Record ID:	190738AN
Legal Name:	CALIFORNIA HEALTH, ALCOHOL & DRUG EDUCATION PROGRAM IN	Service Type:	NON
Address:	3756 SANTA ROSALIA DR. STE #423	Resident Capacity:	0
City, State:	LOS ANGELES, CA 90008	Total Occupancy:	0
Phone #:	(323)294-7662	Fax #:	(323)294-7703
		Target Population:	1.1
		Expiration Date	02/28/2014
Program Name:	A BETTER ME DEPENDENCY DRUG COURT	Record ID:	190065MN
Legal Name:	CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABU	Service Type:	NON
Address:	3514 WEST BEVERLY BOULEVARD	Resident Capacity:	0
City, State:	MONTEBELLO, CA 90640	Total Occupancy:	0
Phone #:	(323)721-9213	Fax #:	(323)721-1802
		Target Population:	1.1
		Expiration Date	07/31/2013
Program Name:	SAN GABRIEL VALLEY CENTER	Record ID:	190065HN
Legal Name:	CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABU	Service Type:	NON
Address:	11046 VALLEY MALL	Resident Capacity:	0
City, State:	EL MONTE, CA 91731	Total Occupancy:	0
Phone #:	(626)813-0288	Fax #:	(626)813-0928
		Target Population:	1.7
		Expiration Date	01/31/2014
Program Name:	LATINO FAMILY ALCOHOL AND DRUG SERVICES	Record ID:	190065IN
Legal Name:	CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABU	Service Type:	NON
Address:	3316-3320 WEST BEVERLY BOULEVARD	Resident Capacity:	0
City, State:	MONTEBELLO, CA 90640	Total Occupancy:	0
Phone #:	(323)722-4529	Fax #:	(323)722-4450
		Target Population:	1.1
		Expiration Date	10/31/2015
Program Name:	MENTAL HEALTH AND ADDICTION SERVICES FOR ADOLESCENTS	Record ID:	190065JN
Legal Name:	CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABU	Service Type:	NON
Address:	2309 DALY STREET	Resident Capacity:	0
City, State:	LOS ANGELES, CA 90031	Total Occupancy:	0
Phone #:	(323)222-4591	Fax #:	(323)222-4614
		Target Population:	1.1
		Expiration Date	03/31/2014
Program Name:	LATINAS RECOVERY HOME	Record ID:	190065EN
Legal Name:	CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABU	Service Type:	RES
Address:	327 NORTH SAINT LOUIS STREET	Resident Capacity:	6
City, State:	LOS ANGELES, CA 90063	Total Occupancy:	6
Phone #:	(323)261-7810	Target Population:	1.3
		Expiration Date	06/30/2014
Program Name:	LATINOS RECOVERY HOME	Record ID:	190065CN
Legal Name:	CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABU	Service Type:	RES
Address:	2436 WABASH AVENUE	Resident Capacity:	6
City, State:	LOS ANGELES, CA 90033	Total Occupancy:	6
Phone #:	(323)780-8756	Fax #:	() -
		Target Population:	1.2
		Expiration Date	06/30/2014

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Program Name: MUJERES RECOVERY HOME	Record ID: 190065AN
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABU	Service Type: RES
Address: 530 NORTH AVENUE 54	Resident Capacity: 6
City, State: LOS ANGELES, CA 90042	Total Occupancy: 6
Phone #: (323)254-2423	Target Population: 1.3
	Expiration Date 06/30/2014
Program Name: CALIFORNIA PEOPLE COUNSELING CENTER	Record ID: 190755BP
Legal Name: CALIFORNIA PEOPLE COUNSELING CENTER	Service Type: NON
Address: 4928 LANKERSHIM BOULEVARD	Resident Capacity: 0
City, State: NORTH HOLLYWOOD, CA 91601	Total Occupancy: 0
Phone #: (818)763-7919 Fax #: (818)763-7997	Target Population: **
	Expiration Date 08/31/2014
Program Name: CAMBODIAN ASSOCIATION OF AMERICA, COMMUNITY PREVENTIO	Record ID: 190358AN
Legal Name: CAMBODIAN ASSOCIATION OF AMERICA	Service Type: NON
Address: 2501 ATLANTIC AVENUE	Resident Capacity: 0
City, State: LONG BEACH, CA 90806	Total Occupancy: 0
Phone #: (562)424-6105 Fax #: (562)988-1475	Target Population: 1.1
	Expiration Date 11/30/2014
Program Name: BROWN SCAPULAR PROGRAM	Record ID: 190099EN
Legal Name: CANON HUMAN SERVICES CENTERS, INC.	Service Type: RES
Address: 9705 SOUTH HOLMES STREET	Resident Capacity: 43
City, State: LOS ANGELES, CA 90002	Total Occupancy: 43
Phone #: (323)249-9097 Fax #: (323)249-9121	Target Population: 1.2
	Expiration Date 02/28/2014
Program Name: BROWN SCAPULAR PROGRAM	Record ID: 190099DN
Legal Name: CANON HUMAN SERVICES CENTERS, INC.	Service Type: NON
Address: 9705 SOUTH HOLMES AVENUE	Resident Capacity: 0
City, State: LOS ANGELES, CA 90002	Total Occupancy: 0
Phone #: (323)249-9097 Fax #: (323)249-9121	Target Population: 1.1
	Expiration Date 01/31/2014
Program Name: CASA DE LAS AMIGAS-THE JON DUDLEY OUTPATIENT CENTER	Record ID: 190012BN
Legal Name: CASA DE LAS AMIGAS	Service Type: NON
Address: 744 EAST WALNUT AVENUE	Resident Capacity: 0
City, State: PASADENA, CA 91101	Total Occupancy: 0
Phone #: (626)792-2770 Fax #: (626)792-5826	Target Population: 1.3
	Expiration Date 06/30/2014
Program Name: CASA DE LAS AMIGAS SUB-ACUTE DETOXIFICATION	Record ID: 190012DN
Legal Name: CASA DE LAS AMIGAS	Service Type: RES-DETOX
Address: 169 NORTH OAK KNOLL AVENUE	Resident Capacity: 3
City, State: PASADENA, CA 91101	Total Occupancy: 3
Phone #: (626)792-2270 Fax #: (626)792-5826	Target Population: 1.3
	Expiration Date 09/30/2014

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Program Name: CASA DE LAS AMIGAS	Record ID: 190012CN
Legal Name: CASA DE LAS AMIGAS	Service Type: RES
Address: 160 NORTH EL MOLINO AVENUE AND 173 NORTH OAK KNOLL A	Resident Capacity: 34
City, State: PASADENA, CA 91101	Total Occupancy: 34
Phone #: (626)792-2770 Fax #: (626)792-5826	Target Population: 1.3
	Expiration Date 03/31/2014
Program Name: CENTER FOR INTEGRATED FAMILY AND HEALTH SERVICES (THE FA	Record ID: 190442AN
Legal Name: CENTER FOR INTEGRATED FAMILY AND HEALTH SERVICES, INC.	Service Type: NON
Address: 540 SOUTH EREMLAND DRIVE, SUITES A-D	Resident Capacity: 0
City, State: COVINA, CA 91723	Total Occupancy: 0
Phone #: (626)967-5103 Fax #: (626)967-1339	Target Population: 1.1
	Expiration Date 07/31/2014
Program Name: CHABAD RESIDENTIAL TREATMENT CENTER	Record ID: 190087CN
Legal Name: CHABAD OF CALIFORNIA	Service Type: RES
Address: 5675 WEST OLYMPIC BOULEVARD	Resident Capacity: 44
City, State: LOS ANGELES, CA 90036	Total Occupancy: 44
Phone #: (323)965-1365	Target Population: 1.2
	Expiration Date 03/31/2015
Program Name: CHANGE LANES YOUTH SUPPORT SERVICES	Record ID: 190726AP
Legal Name: CHANGE LANES	Service Type: NON
Address: 43845 10TH STREET WEST, SUITE 1D	Resident Capacity: 0
City, State: LANCASTER, CA 93534	Total Occupancy: 0
Phone #: (661)948-2555 Fax #: (661)878-9130	Target Population: 1.1
	Expiration Date 11/30/2013
Program Name: CHANGING STEPS	Record ID: 190532AN
Legal Name: CHANGING STEPS	Service Type: NON
Address: 5151 SOUTH WESTERN AVENUE	Resident Capacity: 0
City, State: LOS ANGELES, CA 90067	Total Occupancy: 0
Phone #: (818)997-6876 Fax #: (818)997-6828	Target Population: 1.1
	Expiration Date 09/30/2014
Program Name: CHANGING STEPS	Record ID: 190532BN
Legal Name: CHANGING STEPS	Service Type: RES
Address: 9527 LANGDON AVENUE	Resident Capacity: 12
City, State: NORTH HILLS, CA 91343	Total Occupancy: 12
Phone #: (818)810-5500	Target Population: 1.3
	Expiration Date 01/31/2015
Program Name: CHAPMAN HOUSE	Record ID: 190706AP
Legal Name: CHAPMAN HOUSE, INC.	Service Type: RES
Address: 834 PACIFIC AVENUE	Resident Capacity: 37
City, State: LONG BEACH, CA 90813	Total Occupancy: 37
Phone #: (562)495-3404 Fax #: (714)288-6130	Target Population: 1.1
	Expiration Date 06/30/2014

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Program Name: ALCOHOL & DRUG PROGRAM	Record ID: 190459AN
Legal Name: CHILD & FAMILY CENTER	Service Type: NON
Address: 21545 CENTER POINTE PARKWAY	Resident Capacity: 0
City, State: SANTA CLARITA, CA 91350	Total Occupancy: 0
Phone #: (661)259-9439 Fax #: (661)250-8755	Target Population: 1.1
	Expiration Date 02/28/2015
Program Name: SUBSTANCE ABUSE PREVENTION AND TREATMENT PROGRAM, DIV	Record ID: 190473AN
Legal Name: CHILDREN'S HOSPITAL LOS ANGELES	Service Type: NON
Address: 5000 SUNSET BOULEVARD, 7TH FLOOR, SUITE 701	Resident Capacity: 0
City, State: LOS ANGELES, CA 90027	Total Occupancy: 0
Phone #: (323)361-2463 Fax #: (323)913-7951	Target Population: 1.5
	Expiration Date 05/31/2015
Program Name: CIRCLE OF FRIENDS OUTPATIENT SERVICES INC.	Record ID: 190272CP
Legal Name: CIRCLE OF FRIENDS OUTPATIENT SERVICES INC.	Service Type: NON
Address: 5220 W. WASHINGTON BLVD. SUITE 203	Resident Capacity: 0
City, State: LOS ANGELES, CA 90016	Total Occupancy: 0
Phone #: (323)934-9465	Target Population: 1.2
	Expiration Date 02/28/2014
Program Name: CIRCLE OF FRIENDS OUTPATIENT SERVICES, INC.	Record ID: 190272BP
Legal Name: CIRCLE OF FRIENDS OUTPATIENT SERVICES, INC.	Service Type: NON
Address: 2429 PACIFIC AVE.	Resident Capacity: 0
City, State: LONG BEACH, CA 90806	Total Occupancy: 0
Phone #: (562)595-7150	Target Population: 1.8
	Expiration Date 02/28/2014
Program Name: CIRCLE OF FRIENDS OUTPATIENT SERVICES, INC.	Record ID: 190272AP
Legal Name: CIRCLE OF FRIENDS OUTPATIENT SERVICES, INC.	Service Type: NON
Address: 715 NORTH RIDGEWOOD PLACE	Resident Capacity: 0
City, State: LOS ANGELES, CA 90038	Total Occupancy: 0
Phone #: (323)465-5888 Fax #: (323)465-3223	Target Population: 1.1
	Expiration Date 06/30/2015
Program Name: CIRCLE OF HELP FOUNDATION	Record ID: 190483AN
Legal Name: CIRCLE OF HELP FOUNDATION	Service Type: NON
Address: 1011 GOODRICH BOULEVARD	Resident Capacity: 0
City, State: LOS ANGELES, CA 90022	Total Occupancy: 0
Phone #: (323)888-9191 Fax #: (213)365-9178	Target Population: 1.5
	Expiration Date 06/30/2015
Program Name: WOMEN'S RECOVERY HOME	Record ID: 190016FN
Legal Name: CLARE FOUNDATION, INC.	Service Type: RES
Address: 844 PICO BOULEVARD	Resident Capacity: 40
City, State: SANTA MONICA, CA 90405	Total Occupancy: 40
Phone #: (310)314-6200	Target Population: 1.3
	Expiration Date 07/31/2014

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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

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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

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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

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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

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Program Name: DESIGN FOR LIVING RECOVERY SERVICES	Record ID: 190463BN
Legal Name: DESIGN FOR LIVING	Service Type: RES-DETOX
Address: 1066 EAST AVENUE J	Resident Capacity: 6
City, State: LANCASTER, CA 93535	Total Occupancy: 6
Phone #: (661)729-8155 Fax #: (661)949-8131	Target Population: 1.1
	Expiration Date 04/30/2015
Program Name: DESIGN FOR LIVING RECOVERY SERVICES # 2	Record ID: 190463CN
Legal Name: DESIGN FOR LIVING	Service Type: RES
Address: 44319 11TH STREET EAST	Resident Capacity: 6
City, State: LANCASTER, CA 93535	Total Occupancy: 6
Phone #: (661)942-1026 Fax #: (661)949-8131	Target Population: 1.1
	Expiration Date 05/31/2015
Program Name: CYCLES OF CHANGE RECOVERY SERVICES	Record ID: 190735AP
Legal Name: DESIGN FOR LIVING BEHAVIOR HEALTH, INC.	Service Type: RES-DETOX
Address: 43858 BEECH AVENUE	Resident Capacity: 6
City, State: LANCASTER, CA 93534	Total Occupancy: 6
Phone #: (661)729-8155 Fax #: (661)949-8131	Target Population: 1.1
	Expiration Date 12/31/2015
Program Name: DICTA SUBSTANCE ABUSE TREATMENT CENTER	Record ID: 190545AN
Legal Name: DICTA HEALTH SERVICES, INC.	Service Type: NON
Address: 323 NORTH PRAIRIE, SUITE 315	Resident Capacity: 0
City, State: INGLEWOOD, CA 90301	Total Occupancy: 0
Phone #: (310)673-4117 Fax #: (310)673-4118	Target Population: 1.1
	Expiration Date 03/31/2015
Program Name: DIDI HIRSCH COMMUNITY MENTAL HEALTH CENTER, OUTPATIENT	Record ID: 190092BN
Legal Name: DIDI HIRSCH PSYCHIATRIC SERVICE	Service Type: NON
Address: 11133 WASHINGTON BOULEVARD	Resident Capacity: 0
City, State: CULVER CITY, CA 90230	Total Occupancy: 0
Phone #: (310)895-2300	Target Population: 1.1
	Expiration Date 07/31/2014
Program Name: DIDI HIRSCH MENTAL HEALTH SERVICES- YOUTH SUBSTANCE ABU	Record ID: 190092CN
Legal Name: DIDI HIRSCH PSYCHIATRIC SERVICE	Service Type: NON
Address: 12420 VENICE BOULEVARD, SUITE 200	Resident Capacity: 0
City, State: LOS ANGELES, CA 90066	Total Occupancy: 0
Phone #: (310)751-1200 Fax #: (310)398-0312	Target Population: 1.5
	Expiration Date 12/31/2013
Program Name: DIDI HIRSCH PSYCHIATRIC SERVICES	Record ID: 190092DN
Legal Name: DIDI HIRSCH PSYCHIATRIC SERVICES	Service Type: NON
Address: 1540 COLORADO STREET	Resident Capacity: 0
City, State: GLENDALE, CA 91205	Total Occupancy: 0
Phone #: (818)244-7257 Fax #: (818)244-5431	Target Population: 1.1
	Expiration Date 06/30/2014

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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

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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

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Program Name: AMITY FOUNDATION-AMISTAD DE LOS ANGELES	Record ID: 190259AN
Legal Name: EPIDAURUS	Service Type: RES
Address: 3735, 3739 AND 3745 SOUTH GRAND AVENUE	Resident Capacity: 184
City, State: LOS ANGELES, CA 90007	Total Occupancy: 184
Phone #: (213)743-9078 Fax #: (213)748-5102	Target Population: 1.1
	Expiration Date 05/31/2015
Program Name: ETTIE LEE YOUTH AND FAMILY SERVICES DRUG/ALCOHOL TREATM	Record ID: 190673AN
Legal Name: ETTIE LEE HOMES, INC.	Service Type: NON
Address: 160 EAST HOLT	Resident Capacity: 0
City, State: POMONA, CA 91767	Total Occupancy: 0
Phone #: (909)620-2521 Fax #: (909)620-9793	Target Population: 1.1
	Expiration Date 05/31/2015
Program Name: EXODUS RECOVERY INTEGRATED CLINIC	Record ID: 190774AP
Legal Name: EXODUS RECOVERY, INC.	Service Type: NON
Address: 1920 MARENGO STREET	Resident Capacity: 0
City, State: LOS ANGELES, CA 90033	Total Occupancy: 0
Phone #: (310)945-3350 Fax #: (310)840-7023	Target Population: 1.1
	Expiration Date 07/31/2015
Program Name: FFC SUBSTANCE ABUSE DISORDER TREATMENT PROGRAM	Record ID: 190730AN
Legal Name: FAMILIES FOR CHILDREN INC.	Service Type: NON
Address: 2504 W. MANCHESTER BOULEVARD	Resident Capacity: 0
City, State: INGLEWOOD, CA 90305	Total Occupancy: 0
Phone #: (323)750-5855 Fax #: (310)750-5885	Target Population: 1.1
	Expiration Date 11/30/2015
Program Name: FAMILY UNITED-N-NEW BEGINNINGS	Record ID: 190669AP
Legal Name: FAMILY UNITED-N-NEW BEGINNINGS	Service Type: NON
Address: 11616 HAWTHORNE BOULEVARD, SUITE 202	Resident Capacity: 0
City, State: HAWTHORNE, CA 90250	Total Occupancy: 0
Phone #: (310)467-5142 Fax #: (323)299-0058	Target Population: 1.1
	Expiration Date 06/30/2014
Program Name: PASSAGES EAST	Record ID: 190516AP
Legal Name: FEDERAL RECOVERY SYSTEMS, LLC	Service Type: RES-DETOX
Address: 6439 (B) SYCAMORE MEADOWS DRIVE	Resident Capacity: 5
City, State: MALIBU, CA 90265	Total Occupancy: 5
Phone #: (310)589-2880 Fax #: (310)589-2858	Target Population: 1.1
	Expiration Date 12/31/2013
Program Name: PASSAGES NORTHEAST	Record ID: 190516BP
Legal Name: FEDERAL RECOVERY SYSTEMS, LLC	Service Type: RES-DETOX
Address: 6428 - B MEADOWS COURT	Resident Capacity: 6
City, State: MALIBU, CA 90265	Total Occupancy: 6
Phone #: (310)589-2880 Fax #: (310)589-2858	Target Population: 1.1
	Expiration Date 12/31/2013

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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

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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

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Program Name: SYLMAR HEALTH AND REHABILITATION	Record ID: 190427AP
Legal Name: GOLDEN STATE HEALTH CENTERS, INC.	Service Type: DHS
Address: 12220 FOOTHILL BOULEVARD	Resident Capacity: 0
City, State: SYLMAR, CA 91342	Total Occupancy: 0
Phone #: (818)834-5082 Fax #: (818)834-5082	Target Population: 1.1
Program Name: GORETTI HEALTH SERVICES	Record ID: 190559AN
Legal Name: GORETTI HEALTH SERVICES, INC.	Service Type: NON
Address: 14623 HAWTHORNE BOULEVARD, SUITE 306	Resident Capacity: 0
City, State: LAWDALE, CA 90260	Total Occupancy: 0
Phone #: (310)973-0100 Fax #: (310)973-0099	Target Population: 1.1
	Expiration Date 11/30/2014
Program Name: GRANDVIEW HOUSE	Record ID: 190022BN
Legal Name: GRANDVIEW FOUNDATION, INC.	Service Type: RES
Address: 225 GRANDVIEW STREET	Resident Capacity: 22
City, State: PASADENA, CA 91104	Total Occupancy: 24
Phone #: (626)797-1124 Fax #: (626)398-5984	Target Population: 1.2
	Expiration Date 03/31/2015
Program Name: MARENGO FACILITY	Record ID: 190022AN
Legal Name: GRANDVIEW FOUNDATION, INC.	Service Type: RES
Address: 1230 NORTH MARENGO AVENUE	Resident Capacity: 19
City, State: PASADENA, CA 91103	Total Occupancy: 19
Phone #: (626)797-1124	Target Population: 1.2
	Expiration Date 03/31/2015
Program Name: GRANDVIEW FOUNDATION, INC.	Record ID: 190022EN
Legal Name: GRANDVIEW FOUNDATION, INC.	Service Type: NON
Address: 1230 NORTH MARENGO AVENUE	Resident Capacity: 0
City, State: PASADENA, CA 91103	Total Occupancy: 0
Phone #: (626)797-1124 Fax #: (626)398-9674	Target Population: 1.1
	Expiration Date 12/31/2013
Program Name: PASSAGES C	Record ID: 190283CP
Legal Name: GRASSHOPPER HOUSE, LLC	Service Type: RES-DETOX
Address: 6439 SYCAMORE MEADOWS COURT	Resident Capacity: 6
City, State: MALIBU, CA 90265	Total Occupancy: 6
Phone #: (310)589-2880	Target Population: 1.1
	Expiration Date 08/31/2015
Program Name: PASSAGES VISTA HOUSE	Record ID: 190283DP
Legal Name: GRASSHOPPER HOUSE, LLC	Service Type: RES-DETOX
Address: 6380 MEADOWS COURT	Resident Capacity: 6
City, State: MALIBU, CA 90265	Total Occupancy: 6
Phone #: (310)589-2880	Target Population: 1.1
	Expiration Date 12/31/2013

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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

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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

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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

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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

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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

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Program Name: JEWISH FAMILY SERVICE OF LOS ANGELES, ALCOHOL DRUG ACTIO	Record ID: 190072BN
Legal Name: JEWISH FAMILY SERVICE OF LOS ANGELES	Service Type: NON
Address: 8838 WEST PICO BOULEVARD	Resident Capacity: 0
City, State: LOS ANGELES, CA 90035	Total Occupancy: 0
Phone #: (310)247-1180 Fax #: (310)858-8582	Target Population: 1.1
	Expiration Date 05/31/2015
Program Name: SOLUTION FAMILY RESOURCE CENTER	Record ID: 190718BN
Legal Name: JWCH INSTITUTE, INC.	Service Type: NON
Address: 1218 EAST COMPTON BOULEVARD	Resident Capacity: 0
City, State: COMPTON, CA 90221	Total Occupancy: 0
Phone #: (310)608-1505	Target Population: 1.1
	Expiration Date 03/31/2015
Program Name: MINI HOUSE RESIDENTIAL TREATMENT	Record ID: 190718AN
Legal Name: JWCH INSTITUTE, INC.	Service Type: RES
Address: 303 EAST 52ND STREET	Resident Capacity: 31
City, State: LOS ANGELES, CA 90011	Total Occupancy: 31
Phone #: (323)813-0200 Fax #: (323)813-0207	Target Population: 1.4
	Expiration Date 04/30/2015
Program Name: KB RECOVERY	Record ID: 190527AP
Legal Name: KEVIN BABAYAN	Service Type: RES-DETOX
Address: 15722 TUPPER STREET	Resident Capacity: 6
City, State: NORTH HILLS, CA 91343	Total Occupancy: 6
Phone #: (818)891-3639 Fax #: (818)892-9471	Target Population: 1.1
	Expiration Date 06/30/2014
Program Name: KLEAN WEST HOLLYWOOD	Record ID: 190692BP
Legal Name: KLEAN W. HOLLYWOOD, LLC	Service Type: RES-DETOX
Address: 840 HILLDALE AVENUE	Resident Capacity: 3
City, State: WEST HOLLYWOOD, CA 90069	Total Occupancy: 3
Phone #: (310)740-4843 Fax #: (310)358-0680	Target Population: 1.1
	Expiration Date 12/31/2014
Program Name: KLEAN WEST HOLLYWOOD	Record ID: 190692AP
Legal Name: KLEAN W. HOLLYWOOD, LLC	Service Type: RES-DETOX
Address: 848 HILLDALE AVENUE	Resident Capacity: 3
City, State: WEST HOLLYWOOD, CA 90069	Total Occupancy: 3
Phone #: (310)740-4843 Fax #: (310)358-0680	Target Population: 1.1
	Expiration Date 12/31/2014
Program Name: KLEAN WEST HOLLYWOOD	Record ID: 190692FP
Legal Name: KLEAN W. HOLLYWOOD, LLC	Service Type: RES
Address: 842 HILLDALE AVENUE	Resident Capacity: 3
City, State: WEST HOLLYWOOD, CA 90069	Total Occupancy: 3
Phone #: (310)740-4843 Fax #: (310)338-0688	Target Population: 1.1
	Expiration Date 12/31/2014

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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

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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

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Program Name: LIVING PROOF RECOVERY CENTER	Record ID: 190316BP
Legal Name: LIVING PROOF RECOVERY CENTER	Service Type: NON
Address: 324 W. FOOTHILL BOULEVARD	Resident Capacity: 0
City, State: MONROVIA, CA 91016	Total Occupancy: 0
Phone #: (626)205-2518 Fax #: (626)446-5910	Target Population: 1.1
	Expiration Date 08/31/2015
Program Name: REBOS	Record ID: 190759AP
Legal Name: LIVING REBOS, LLC	Service Type: NON
Address: 10533 WASHINGTON BOULEVARD	Resident Capacity: 0
City, State: LOS ANGELES, CA 90232	Total Occupancy: 0
Phone #: (310)694-3277	Target Population: 1.1
	Expiration Date 08/31/2014
Program Name: STORK CLUB - OPTIONS FOR RECOVERY AT HARBOR UCLA RESEAR	Record ID: 190351AN
Legal Name: LOS ANGELES BIOMEDICAL RESEARCH INSTITUTE AT HARBOR-UCI	Service Type: NON
Address: 1124 WEST CARSON STREET, BUILDING N-33	Resident Capacity: 0
City, State: TORRANCE, CA 90502	Total Occupancy: 0
Phone #: (310)222-5410 Fax #: (310)787-7742	Target Population: 1.3
	Expiration Date 08/31/2014
Program Name: ALLEN HOUSE	Record ID: 190100KN
Legal Name: LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE	Service Type: RES
Address: 11121 BLOOMFIELD AVENUE	Resident Capacity: 55
City, State: SANTA FE SPRINGS, CA 90670	Total Occupancy: 65
Phone #: (562)906-2685	Target Population: 1.1
	Expiration Date 06/30/2015
Program Name: NEW VISIONS	Record ID: 190100IN
Legal Name: LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE	Service Type: RES
Address: 10425 SOUTH PAINTER AVENUE	Resident Capacity: 55
City, State: SANTA FE SPRINGS, CA 90670	Total Occupancy: 55
Phone #: (562)944-1303 Fax #: (562)236-9899	Target Population: 1.1
	Expiration Date 11/30/2014
Program Name: OUTPATIENT SERVICES	Record ID: 190100EN
Legal Name: LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE	Service Type: NON
Address: 470 EAST THIRD STREET SUITE A AND B	Resident Capacity: 0
City, State: LOS ANGELES, CA 90013	Total Occupancy: 0
Phone #: (213)626-6411 Fax #: (562)906-2676	Target Population: 1.1
	Expiration Date 01/31/2014
Program Name: OUTPATIENT FAMILY CENTER	Record ID: 190100BN
Legal Name: LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE	Service Type: NON
Address: 11015 BLOOMFIELD AVENUE	Resident Capacity: 0
City, State: SANTA FE SPRINGS, CA 90670	Total Occupancy: 0
Phone #: (562)906-2676	Target Population: 1.1
	Expiration Date 01/31/2014

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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

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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

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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

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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

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Program Name: NATIONAL COUNCIL ON ALCOHOLISM & DRUG DEPENDENCE OF EA Record ID: 190241CN
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM & DRUG DEPENDENCE OF EA Service Type: NON
Address: 4626 NORTH GRAND AVENUE Resident Capacity: 0
City, State: COVINA, CA 91724 Total Occupancy: 0
Phone #: (626)331-5316 Fax #: (626)332-2219 Target Population: 1.1
Expiration Date 03/31/2014

Program Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF Record ID: 190241BN
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF Service Type: NON
Address: 656 NORTH PARK AVENUE Resident Capacity: 0
City, State: POMONA, CA 91768 Total Occupancy: 0
Phone #: (909)629-4084 Fax #: (909)629-4086 Target Population: 1.1
Expiration Date 07/31/2014

Program Name: TEENAGE ALCOHOL AND DRUG PROGRAM/ADULT ALCOHOL AND D Record ID: 190049AN
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF Service Type: NON
Address: 6166 VESPER AVENUE Resident Capacity: 0
City, State: VAN NUYS, CA 91411 Total Occupancy: 0
Phone #: (818)997-0414 Fax #: (818)997-0851 Target Population: 1.5
Expiration Date 04/30/2014

Program Name: TEENAGE ALCOHOL AND DRUG PROGRAM/ADULT ALCOHOL AND D Record ID: 190049BN
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF Service Type: NON
Address: 24460 LYONS AVENUE Resident Capacity: 0
City, State: SANTA CLARITA, CA 91321 Total Occupancy: 0
Phone #: (616)253-9400 Fax #: (818)997-0851 Target Population: 1.1
Expiration Date 02/28/2015

Program Name: WOMAN TO WOMAN RESIDENTIAL PROGRAM Record ID: 190178AN
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE- L Service Type: RES
Address: 431 W. 9TH STREET Resident Capacity: 10
City, State: LONG BEACH, CA 90813 Total Occupancy: 13
Phone #: (562)426-8262 Fax #: (562)426-5283 Target Population: 1.4
Expiration Date 03/31/2015

Program Name: LONG BEACH REGIONAL DRUG COURT PROGRAM Record ID: 190178CN
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE-LC Service Type: NON
Address: 780 ATLANTIC AVENUE Resident Capacity: 0
City, State: LONG BEACH, CA 90813 Total Occupancy: 0
Phone #: (562)624-9757 Target Population: 1.1
Expiration Date 05/31/2015

Program Name: NATIONWIDE DRUG AND ALCOHOL COUNSELING, INC. Record ID: 190784AP
Legal Name: NATIONWIDE DRUG AND ALCOHOL COUNSELING, INC. Service Type: NON
Address: 1040 ELM AVENUE, #310 Resident Capacity: 0
City, State: LONG BEACH, CA 90813 Total Occupancy: 0
Phone #: (310)704-6683 Target Population: 1.1
Expiration Date 09/30/2015

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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

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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

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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 REHABILITATION 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 SERVICE 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

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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

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Program Name: CASTLE SUBSTANCE ABUSE PROGRAM - EAST	Record ID: 190013CN
Legal Name: PEOPLE COORDINATED SERVICES OF SOUTHERN CALIFORNIA	Service Type: RES
Address: 4771 SOUTH MAIN STREET	Resident Capacity: 52
City, State: LOS ANGELES, CA 90037	Total Occupancy: 52
Phone #: (323)735-7059	Target Population: 1.1
	Expiration Date 10/31/2015
Program Name: CASTLE SUBSTANCE ABUSE PROGRAM-OUTPATIENT	Record ID: 190013BN
Legal Name: PEOPLE COORDINATED SERVICES OF SOUTHERN CALIFORNIA	Service Type: NON
Address: 3021 SOUTH VERMONT AVENUE	Resident Capacity: 0
City, State: LOS ANGELES, CA 90007	Total Occupancy: 0
Phone #: (323)732-9124	Target Population: 1.1
	Expiration Date 10/31/2013
Program Name: NEW DIRECTIONS	Record ID: 190253AP
Legal Name: PERLA, RICHARD J.	Service Type: NON
Address: 11530 LA MIRADA BLVD	Resident Capacity: 0
City, State: LA MIRADA, CA 90638	Total Occupancy: 0
Phone #: (562)943-6000 Fax #: (562)944-5573	Target Population: 1.1
	Expiration Date 04/30/2015
Program Name: PHOENIX HOUSE ACADEMY OUTPATIENT CENTER	Record ID: 190115DN
Legal Name: PHOENIX HOUSES OF LOS ANGELES, INC	Service Type: NON
Address: 11600 ELDRIDGE AVENUE	Resident Capacity: 0
City, State: LAKEVIEW TERRACE, CA 91342	Total Occupancy: 0
Phone #: (818)686-3000	Target Population: 1.1
	Expiration Date 02/28/2015
Program Name: PHOENIX HOUSE - VENICE	Record ID: 190115AN
Legal Name: PHOENIX HOUSES OF LOS ANGELES, INC.	Service Type: RES
Address: 503 OCEAN FRONT WALK	Resident Capacity: 53
City, State: VENICE, CA 90291	Total Occupancy: 53
Phone #: (310)392-3070	Target Population: 1.2
	Expiration Date 12/31/2013
Program Name: PHOENIX HOUSES OF LOS ANGELES	Record ID: 190115BN
Legal Name: PHOENIX HOUSES OF LOS ANGELES, INC.	Service Type: DSS
Address: 11600 ELDRIDGE AVENUE	Resident Capacity: 0
City, State: LAKE VIEW TERRACE, CA 91342	Total Occupancy: 0
Phone #: (818)686-3013	Target Population: 1.1
Program Name: PHOENIX HOUSE: OUTPATIENT SERVICES	Record ID: 190115CN
Legal Name: PHOENIX HOUSES OF LOS ANGELES, INC.	Service Type: NON
Address: 503 OCEAN FRONT WALK	Resident Capacity: 0
City, State: VENICE, CA 90291	Total Occupancy: 0
Phone #: (310)392-3070 Fax #: (310)392-9068	Target Population: 1.2
	Expiration Date 12/31/2013

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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

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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

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Program Name: MALIBU CANYON REHABILITATION	Record ID: 190722BP
Legal Name: PROMINENCE CORPORATION	Service Type: NON
Address: 4505 LAS VIRGENES ROAD, SUITE # 207	Resident Capacity: 0
City, State: CALABASAS, CA 91302	Total Occupancy: 0
Phone #: (818)878-6900 Fax #: (818)878-6902	Target Population: 1.1
	Expiration Date 06/30/2015
Program Name: PROMINENCE TREATMENT CENTER	Record ID: 190722AP
Legal Name: PROMINENCE CORPORATION	Service Type: RES-DETOX
Address: 2150 COLD CANYON ROAD	Resident Capacity: 6
City, State: CALABASAS, CA 91302	Total Occupancy: 12
Phone #: (818)591-6869 Fax #: (818)914-6279	Target Population: 1.1
	Expiration Date 06/30/2015
Program Name: PROTOTYPES OUTPATIENT SERVICES	Record ID: 190101CN
Legal Name: PROTOTYPES, A CENTER FOR INNOVATION IN HEALTH, MENTAL HE	Service Type: NON
Address: 831 EAST ARROW HIGHWAY, WEST WING	Resident Capacity: 0
City, State: POMONA, CA 91767	Total Occupancy: 0
Phone #: (909)398-4383 Fax #: (909)398-4383	Target Population: 1.13
	Expiration Date 01/31/2014
Program Name: PROTOTYPES WOMEN'S CENTER	Record ID: 190101AN
Legal Name: PROTOTYPES, CENTERS FOR INNOVATION IN HEALTH, MENTAL HE.	Service Type: RES-DETOX
Address: 845 EAST ARROW HIGHWAY	Resident Capacity: 160
City, State: POMONA, CA 91767	Total Occupancy: 250
Phone #: (909)624-1233	Target Population: 1.4
	Expiration Date 07/31/2014
Program Name: PROTOTYPES S.T.A.R. HOUSE/DOMESTIC VIOLENCE PROGRAM	Record ID: 190101DN
Legal Name: PROTOTYPES, CENTERS FOR INNOVATION IN HEALTH, MENTAL HE.	Service Type: RES
Address: 1000 N. ALAMEDA STREET, SUITE 390	Resident Capacity: 34
City, State: LOS ANGELES, CA 90012	Total Occupancy: 34
Phone #: (213)542-3838 Fax #: (213)225-0085	Target Population: 1.3
	Expiration Date 02/28/2015
Program Name: R.I.G.H.T. PROGRAM	Record ID: 190513AP
Legal Name: R.I.G.H.T. PROGRAM	Service Type: NON
Address: 1704 WEST MANCHESTER AVENUE, SUITE 103	Resident Capacity: 0
City, State: LOS ANGELES, CA 90047	Total Occupancy: 0
Phone #: (323)751-4778 Fax #: (323)295-7703	Target Population: 1.1
	Expiration Date 01/31/2014
Program Name: REMAH HEALTH SERVICES	Record ID: 190515AN
Legal Name: REMAH HEALTH SERVICES, INC.	Service Type: NON
Address: 8929 SOUTH SEPULVEDA BLVD. #401	Resident Capacity: 0
City, State: LOS ANGELES, CA 90045	Total Occupancy: 0
Phone #: (310)670-0911	Target Population: 1.1
	Expiration Date 05/31/2014

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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

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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

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Program Name: EXODUS FAMILY DAY TREATMENT PROGRAM	Record ID: 190238EN
Legal Name: SHIELDS FOR FAMILIES	Service Type: NON
Address: 1500 EAST KAY STREET, UNITS (SEE COMMENTS SECTION)	Resident Capacity: 0
City, State: COMPTON, CA 90221	Total Occupancy: 0
Phone #: (310)898-2450 Fax #: (310)898-2452	Target Population: 1.7
	Expiration Date 05/31/2015
Program Name: GENESIS FAMILY DAY TREATMENT PROGRAM	Record ID: 190238DN
Legal Name: SHIELDS FOR FAMILIES	Service Type: NON
Address: 12021 SOUTH WILMINGTON AVENUE, LOT C	Resident Capacity: 0
City, State: LOS ANGELES, CA 90059	Total Occupancy: 0
Phone #: (310)668-8260	Target Population: 1.7
	Expiration Date 03/31/2015
Program Name: ARK OUTPATIENT DRUG FREE SERVICES/DRUG COURT	Record ID: 190238CN
Legal Name: SHIELDS FOR FAMILIES	Service Type: NON
Address: 11705 DEPUTY YAMAMOTO PLACE, SUITE A	Resident Capacity: 0
City, State: LYNWOOD, CA 90262	Total Occupancy: 0
Phone #: (323)357-6930 Fax #: (323)569-1979	Target Population: 1.1
	Expiration Date 03/31/2015
Program Name: SHIELDS FOR FAMILIES - MT. CARMEL TREATMENT CENTER	Record ID: 190238GN
Legal Name: SHIELDS FOR FAMILIES	Service Type: RES
Address: 801 WEST 70TH STREET	Resident Capacity: 46
City, State: LOS ANGELES, CA 90044	Total Occupancy: 46
Phone #: (323)759-0340	Target Population: 1.1
	Expiration Date 03/31/2014
Program Name: SHIELDS FOR FAMILIES-TAMAR VILLAGE	Record ID: 190238HN
Legal Name: SHIELDS FOR FAMILIES	Service Type: NON
Address: 1315 NORTH BULLIS ROAD, SUITES 1,2,5 AND 9	Resident Capacity: 0
City, State: COMPTON, CA 90221	Total Occupancy: 0
Phone #: (310)668-9081 Fax #: (310)668-9087	Target Population: 1.3
	Expiration Date 05/31/2014
Program Name: SILVER CROSS HEALTH SERVICES INC	Record ID: 190766AN
Legal Name: SILVER CROSS HEALTH SERVICES INC	Service Type: NON
Address: 13079 ARTESIA BOULEVARD, SUITE B106	Resident Capacity: 0
City, State: CERRITOS, CA 90703	Total Occupancy: 0
Phone #: (562)916-3509 Fax #: (562)404-3083	Target Population: 1.4
	Expiration Date 12/31/2014
Program Name: SINGLETON HOUSING PROJECT, INC.	Record ID: 190581AN
Legal Name: SINGLETON HOUSING PROJECT, INC.	Service Type: NON
Address: 1897 WEST JEFFERSON, SUITE A	Resident Capacity: 0
City, State: LOS ANGELES, CA 90018	Total Occupancy: 0
Phone #: (323)735-2390	Target Population: 1.1
	Expiration Date 04/30/2014

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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: SOCIAL 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

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Program Name: RIVER COMMUNITY DAY TREATMENT	Record ID: 190081BN
Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.	Service Type: NON
Address: 510 SOUTH SECOND AVENUE, SUITE 6 AND 7	Resident Capacity: 0
City, State: COVINA, CA 91723	Total Occupancy: 0
Phone #: (626)974-8122	Target Population: 1.1
	Expiration Date 10/31/2013
Program Name: MID VALLEY OUTPATIENT SERVICES	Record ID: 190081HN
Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.	Service Type: NON
Address: 4610 SANTA ANITA AVENUE, UNIT D	Resident Capacity: 0
City, State: EL MONTE, CA 91731	Total Occupancy: 0
Phone #: (626)453-3432 Fax #: (626)456-8331	Target Population: 1.1
	Expiration Date 03/31/2015
Program Name: STEPPING STONES HOME I & II	Record ID: 190081IN
Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.	Service Type: RES
Address: 17719 AND 17727 EAST CYPRESS STREET	Resident Capacity: 18
City, State: COVINA, CA 91722	Total Occupancy: 23
Phone #: (626)967-2677 Fax #: (626)858-4923	Target Population: 1.3
Program Name: SOUTH BAY HUMAN SERVICES	Record ID: 190268AN
Legal Name: SOUTH BAY HUMAN SERVICES COALITION, INC.	Service Type: NON
Address: 2370 WEST CARSON STREET, SUITE 136	Resident Capacity: 0
City, State: TORRANCE, CA 90501	Total Occupancy: 0
Phone #: (310)328-0780 Fax #: (310)328-0175	Target Population: 1.1
	Expiration Date 04/30/2015
Program Name: SCHARP - OASIS HOUSE	Record ID: 190745AN
Legal Name: SOUTH CENTRAL HEALTH AND REHABILITATION PROGRAM	Service Type: NON
Address: 5201 SOUTH VERMONT AVENUE	Resident Capacity: 0
City, State: LOS ANGELES, CA 90037	Total Occupancy: 0
Phone #: (323)751-2677 Fax #: (323)751-0971	Target Population: 1.1
	Expiration Date 06/30/2014
Program Name: CASA LIBRE - OUTPATIENT FAMILY CENTER	Record ID: 190011IN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: NON
Address: 6635 FLORENCE AVENUE, SUITE 101	Resident Capacity: 0
City, State: BELL GARDENS, CA 90201	Total Occupancy: 0
Phone #: (562)927-1656 Fax #: (562)927-4346	Target Population: 1.1
	Expiration Date 04/30/2015
Program Name: DRUG COURT	Record ID: 190011AEN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: NON
Address: 7346 PAINTER AVENUE	Resident Capacity: 0
City, State: WHITTIER, CA 90602	Total Occupancy: 0
Phone #: (562)923-4545 Fax #: (562)862-0918	Target Population: 1.1
	Expiration Date 11/30/2015

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Program Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS/PARAMC	Record ID: 190011AGN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: NON
Address: 16247 COLORADO AVENUE	Resident Capacity: 0
City, State: PARAMOUNT, CA 90273	Total Occupancy: 0
Phone #: (562)923-4545 Fax #: (562)862-0918	Target Population: 1.1
	Expiration Date 08/31/2014
Program Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC. RE:	Record ID: 190011AFN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES
Address: 11501 DOLAN	Resident Capacity: 47
City, State: DOWNEY, CA 90241	Total Occupancy: 57
Phone #: (562)923-7894 Fax #: (562)923-3593	Target Population: 1.1
	Expiration Date 04/30/2014
Program Name: DRUG AND ALCOHOL COUNSELING SERVICES	Record ID: 190011AAN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: NON
Address: 11500 PARAMOUNT BOULEVARD	Resident Capacity: 0
City, State: DOWNEY, CA 90241	Total Occupancy: 0
Phone #: (562)923-4545 Fax #: (562)862-0918	Target Population: 1.1
	Expiration Date 05/31/2014
Program Name: FOLEY HOUSE	Record ID: 190011AN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES
Address: 10501, 10505, 10511, 10517, AND 10519 MILLS AVENUE	Resident Capacity: 20
City, State: WHITTIER, CA 90604	Total Occupancy: 30
Phone #: (562)944-7953 Fax #: (562)944-7953	Target Population: 1.4
	Expiration Date 03/31/2014
Program Name: AWAKENINGS	Record ID: 190011KN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES
Address: 12322 CLEARGLLEN, APARTMENT 1	Resident Capacity: 6
City, State: WHITTIER, CA 90604	Total Occupancy: 6
Phone #: (562)947-3835	Target Population: 1.1
	Expiration Date 03/31/2014
Program Name: AWAKENINGS	Record ID: 190011LN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES
Address: 12322 CLEARGLLEN, APARTMENT 2	Resident Capacity: 6
City, State: WHITTIER, CA 90604	Total Occupancy: 6
Phone #: (562)947-3835	Target Population: 1.1
	Expiration Date 03/31/2014
Program Name: AWAKENINGS	Record ID: 190011MN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES
Address: 12322 CLEARGLLEN, APARTMENT 3	Resident Capacity: 4
City, State: WHITTIER, CA 90604	Total Occupancy: 4
Phone #: (562)947-3835	Target Population: 1.1
	Expiration Date 03/31/2014

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Program Name: AWAKENINGS	Record ID: 190011NN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES
Address: 12322 CLEARGLLEN, APARTMENT 4	Resident Capacity: 4
City, State: WHITTIER, CA 90604	Total Occupancy: 4
Phone #: (562)947-3835	Target Population: 1.1
	Expiration Date 03/31/2014
Program Name: LA CASITA DE LAS MAMAS OF DOWNEY	Record ID: 190011ON
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES
Address: 10615 DOWNEY AVENUE	Resident Capacity: 6
City, State: DOWNEY, CA 90241	Total Occupancy: 9
Phone #: (562)622-2268 Fax #: (562)861-6517	Target Population: 1.4
	Expiration Date 03/31/2014
Program Name: LA CASITA DE LAS MAMAS OF DOWNEY	Record ID: 190011PN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES
Address: 10621 DOWNEY AVENUE	Resident Capacity: 6
City, State: DOWNEY, CA 90241	Total Occupancy: 10
Phone #: (562)622-2268 Fax #: (562)861-6517	Target Population: 1.4
	Expiration Date 03/31/2014
Program Name: LA CASITA DE LAS MAMAS OF DOWNEY	Record ID: 190011RN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES
Address: 10603 DOWNEY AVENUE	Resident Capacity: 6
City, State: DOWNEY, CA 90241	Total Occupancy: 7
Phone #: (562)622-2268	Target Population: 1.4
	Expiration Date 03/31/2014
Program Name: ANGEL STEP TOO	Record ID: 190011VN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES
Address: SEE BELOW IN THE COMMENT SECTION	Resident Capacity: 30
City, State: BELLFLOWER, CA 90706	Total Occupancy: 54
Phone #: (562)461-9272	Target Population: 1.4
	Expiration Date 11/30/2015
Program Name: SOUTHERN CA ALCOHOL & DRUG PROGRAMS: ANGEL STEP INN - W	Record ID: 190011AHN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: NON
Address: 9047 WASHINGTON BOULEVARD	Resident Capacity: 0
City, State: PICO RIVERA, CA 90660	Total Occupancy: 0
Phone #: (562)949-5358	Target Population: 1.1
	Expiration Date 04/30/2015
Program Name: SOUTHLAND OUTPATIENT RECOVERY CENTER	Record ID: 190651AP
Legal Name: SOUTHLAND OUTPATIENT RECOVERY CENTER	Service Type: NON
Address: 920 N. LONG BEACH BOULEVARD	Resident Capacity: 0
City, State: COMPTON, CA 90221	Total Occupancy: 0
Phone #: (562)537-3396	Target Population: 1.5
	Expiration Date 03/31/2015

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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

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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

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Program Name: SOBRIETY HOUSE OF LONG BEACH	Record ID: 190077AHN
Legal Name: SUBSTANCE ABUSE FOUNDATION OF LONG BEACH, INC.	Service Type: RES-DETOX
Address: VARIOUS ADDRESSES (SEE BELOW)	Resident Capacity: 92
City, State: LONG BEACH, CA 90804	Total Occupancy: 92
Phone #: (562)987-5722 Fax #: (562)987-4586	Target Population: 1.1
	Expiration Date 10/31/2014
Program Name: SUNRISE COMMUNITY COUNSELING BELL GARDENS	Record ID: 190110DN
Legal Name: SUNRISE COMMUNITY COUNSELING CENTER	Service Type: NON
Address: 6320 EAST FLORENCE AVENUE, #F	Resident Capacity: 0
City, State: BELL GARDENS, CA 90201	Total Occupancy: 0
Phone #: (562)927-2962 Fax #: (562)927-2968	Target Population: 1.1
	Expiration Date 10/31/2014
Program Name: SUNRISE COMMUNITY COUNSELING CENTER	Record ID: 190110CN
Legal Name: SUNRISE COMMUNITY COUNSELING CENTER	Service Type: NON
Address: 537 SOUTH ALVARADO STREET	Resident Capacity: 0
City, State: LOS ANGELES, CA 90057	Total Occupancy: 0
Phone #: (213)207-2770 Fax #: (213)207-2773	Target Population: 1.1
	Expiration Date 09/30/2015
Program Name: SUNSET MALIBU	Record ID: 190575BP
Legal Name: SUNSET MALIBU	Service Type: RES-DETOX
Address: 30042 ANDROMEDA LANE	Resident Capacity: 6
City, State: MALIBU, CA 90265	Total Occupancy: 6
Phone #: (800)332-9202 Fax #: (310)589-2226	Target Population: 1.1
	Expiration Date 01/31/2014
Program Name: S. H. A. W. L. HOUSE	Record ID: 190147AN
Legal Name: SUPPORT FOR HARBOR AREA WOMEN'S LIVES	Service Type: RES
Address: 936 SOUTH CENTRE STREET	Resident Capacity: 13
City, State: SAN PEDRO, CA 90731	Total Occupancy: 13
Phone #: (310)521-9310	Target Population: 1.3
	Expiration Date 06/30/2015
Program Name: OUTPATIENT ANTELOPE VALLEY DAY TREATMENT SERVICES	Record ID: 190085GN
Legal Name: TARZANA TREATMENT CENTER, INC.	Service Type: NON
Address: 44447 NORTH 10TH STREET WEST, BUILDING #A	Resident Capacity: 0
City, State: LANCASTER, CA 93534	Total Occupancy: 0
Phone #: (661)726-2630	Target Population: 1.3
	Expiration Date 06/30/2015
Program Name: TARZANA TREATMENT CENTER	Record ID: 190085KN
Legal Name: TARZANA TREATMENT CENTER, INC.	Service Type: NON
Address: 7101 BAIRD AVENUE	Resident Capacity: 0
City, State: RESEDA, CA 91335	Total Occupancy: 0
Phone #: (818)342-5897	Target Population: 1.1
	Expiration Date 05/31/2015

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Program Name: TARZANA TREATMENT CENTER YOUTH SERVICES - LANCASTER	Record ID: 190085JN
Legal Name: TARZANA TREATMENT CENTERS, INC.	Service Type: NON
Address: 44443 NORTH TENTH STREET WEST	Resident Capacity: 0
City, State: LANCASTER, CA 93535	Total Occupancy: 0
Phone #: (661)726-2630 Fax #: (661)726-2635	Target Population: 1.5
	Expiration Date 03/31/2015
Program Name: TARZANA TREATMENT CENTERS - LANCASTER	Record ID: 190085PN
Legal Name: TARZANA TREATMENT CENTERS, INC.	Service Type: DSS
Address: 44447 NORTH 10TH STREET WEST, BUILDING #C	Resident Capacity: 0
City, State: LANCASTER, CA 93534	Total Occupancy: 0
Phone #: (661)726-2630 Fax #: (661)726-2635	Target Population: 1.5
Program Name: TARZANA TREATMENT CENTER - DETOX	Record ID: 190085DN
Legal Name: TARZANA TREATMENT CENTERS, INC.	Service Type: DHS
Address: 18646 OXNARD STREET, DETOXIFICATION UNIT	Resident Capacity: 0
City, State: TARZANA, CA 91356	Total Occupancy: 0
Phone #: (818)996-1051 Fax #: (818)654-3906	Target Population: 1.1
Program Name: TARZANA TREATMENT CENTER - NORTHRIDGE	Record ID: 190085HN
Legal Name: TARZANA TREATMENT CENTERS, INC.	Service Type: NON
Address: 18700 OXNARD STREET	Resident Capacity: 0
City, State: TARZANA, CA 91356	Total Occupancy: 0
Phone #: (818)996-1051	Target Population: 1.5
	Expiration Date 03/31/2015
Program Name: TARZANA TREATMENT CENTER OUTPATIENT SERVICES	Record ID: 190085FN
Legal Name: TARZANA TREATMENT CENTERS, INC.	Service Type: NON
Address: 18646 OXNARD STREET	Resident Capacity: 0
City, State: TARZANA, CA 91356	Total Occupancy: 0
Phone #: (818)996-1051 Fax #: (818)654-3906	Target Population: 1.1
	Expiration Date 11/30/2015
Program Name: TARZANA TREATMENT CENTER - LONG BEACH	Record ID: 190085BN
Legal Name: TARZANA TREATMENT CENTERS, INC.	Service Type: RES-DETOX
Address: 2101 MAGNOLIA AVENUE	Resident Capacity: 84
City, State: LONG BEACH, CA 90806	Total Occupancy: 109
Phone #: (562)218-1868 Fax #: (562)596-0346	Target Population: 1.9
	Expiration Date 11/30/2015
Program Name: TARZANA TREATMENT CENTERS	Record ID: 190085ON
Legal Name: TARZANA TREATMENT CENTERS, INC.	Service Type: NON
Address: 44459 10TH STREET WEST	Resident Capacity: 0
City, State: LANCASTER, CA 93534	Total Occupancy: 0
Phone #: (818)996-1051 Fax #: (818)996-3051	Target Population: 1.1
	Expiration Date 02/28/2014

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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

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Program Name: BEACON HOUSE	Record ID: 190006AN
Legal Name: THE BEACON HOUSE ASSOCIATION OF SAN PEDRO	Service Type: RES
Address: 1003 SOUTH BEACON STREET	Resident Capacity: 18
City, State: SAN PEDRO, CA 90731	Total Occupancy: 18
Phone #: (310)514-4940	Target Population: 1.2
	Expiration Date: 03/31/2014
Program Name: THE CANYON AT PEACE PARK	Record ID: 190441BP
Legal Name: THE CANYON AT PEACE PARK	Service Type: RES-DETOX
Address: 2890 KANAN DUME ROAD	Resident Capacity: 10
City, State: MALIBU, CA 90265	Total Occupancy: 10
Phone #: (310)457-3209 Fax #: (310)457-4440	Target Population: 1.1
	Expiration Date: 05/31/2014
Program Name: THE CANYON AT PEACE PARK	Record ID: 190441AP
Legal Name: THE CANYON AT PEACE PARK	Service Type: RES-DETOX
Address: 2900 KANAN DUME ROAD	Resident Capacity: 6
City, State: MALIBU, CA 90265	Total Occupancy: 6
Phone #: (310)457-3209 Fax #: (310)457-4440	Target Population: 1.1
	Expiration Date: 05/31/2014
Program Name: THE CANYON AT SANTA MONICA	Record ID: 190746AP
Legal Name: THE CANYON AT SANTA MONICA, LLC	Service Type: NON
Address: 12304 SANTA MONICA BOULEVARD, SUITE #112	Resident Capacity: 0
City, State: LOS ANGELES, CA 90025	Total Occupancy: 0
Phone #: (310)259-6256	Target Population: 1.1
	Expiration Date: 04/30/2014
Program Name: THE CENTER FOR NEW IMAGE, INC.	Record ID: 190639AN
Legal Name: THE CENTER FOR NEW IMAGE, INC.	Service Type: NON
Address: 4708 CRENSHAW BOULEVARD, SUITE 101-105	Resident Capacity: 0
City, State: LOS ANGELES, CA 90043	Total Occupancy: 0
Phone #: (332)293-9722 Fax #: (323)359-2325	Target Population: 1.1
	Expiration Date: 11/30/2014
Program Name: H.O.W. HOUSE	Record ID: 190450AN
Legal Name: THE CENTER FOR RECOVERY FROM COMPULSIVITIES, INC.	Service Type: RES
Address: 14100 GLENGYLE STREET	Resident Capacity: 6
City, State: WHITTIER, CA 90604	Total Occupancy: 6
Phone #: (562)777-1222 Fax #: (562)906-1222	Target Population: 1.2
	Expiration Date: 09/30/2014
Program Name: H.O.W. HOUSE	Record ID: 190450BN
Legal Name: THE CENTER FOR RECOVERY FROM COMPULSIVITIES, INC.	Service Type: RES
Address: 14100 1/2 GLENGYLE STREET	Resident Capacity: 6
City, State: WHITTIER, CA 90604	Total Occupancy: 6
Phone #: (562)777-1222 Fax #: (562)906-1222	Target Population: 1.2
	Expiration Date: 09/30/2014

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Program Name: H.O.W. HOUSE	Record ID: 190450CN
Legal Name: THE CENTER FOR RECOVERY FROM COMPULSIVITIES, INC.	Service Type: RES
Address: 14100 1/4 GLENGYLE STREET	Resident Capacity: 6
City, State: WHITTIER, CA 90604	Total Occupancy: 6
Phone #: (562)777-1222	Target Population: 1.2
	Expiration Date: 09/30/2014
Program Name: THE CONTROL CENTER, INC.	Record ID: 190723AP
Legal Name: THE CONTROL CENTER, INC.	Service Type: NON
Address: 8383 WILSHIRE BOULEVARD, SUITE 228	Resident Capacity: 0
City, State: BEVERLY HILLS, CA 90211	Total Occupancy: 0
Phone #: (310)271-8700 Fax #: (310)271-8703	Target Population: 1.1
	Expiration Date: 08/31/2015
Program Name: THE DISCOVERY HOUSE RESIDENTIAL TREATMENT	Record ID: 190764AP
Legal Name: THE DISCOVERY HOUSE LLC	Service Type: RES-DETOX
Address: 6957 ENFIELD AVENUE AND 6956 BERTRAND AVENUE AND 6956	Resident Capacity: 34
City, State: RESEDA, CA 91332	Total Occupancy: 34
Phone #: (805)228-2826 Fax #: (805)419-4516	Target Population: 1.1
	Expiration Date: 01/31/2015
Program Name: THE BISHOP GOODEN HOME	Record ID: 190009AN
Legal Name: THE GOODEN CENTER	Service Type: RES
Address: 191 NORTH EL MOLINO AVENUE	Resident Capacity: 19
City, State: PASADENA, CA 91101	Total Occupancy: 19
Phone #: (626)356-0078 Fax #: (626)795-2844	Target Population: 1.2
	Expiration Date: 03/31/2014
Program Name: THE HIGH ROAD PROGRAM	Record ID: 190262AN
Legal Name: THE HIGH ROAD PROGRAM	Service Type: NON
Address: 700 SOUTH ARROYO PARKWAY	Resident Capacity: 0
City, State: PASADENA, CA 91105	Total Occupancy: 0
Phone #: (626)793-6159 Fax #: (626)795-9540	Target Population: 1.1
	Expiration Date: 05/31/2015
Program Name: THE HIGH ROAD PROGRAM	Record ID: 190262BN
Legal Name: THE HIGH ROAD PROGRAM	Service Type: NON
Address: 14430 SHERMAN WAY	Resident Capacity: 0
City, State: VAN NUYS, CA 91405	Total Occupancy: 0
Phone #: (818)785-9119 Fax #: (818)785-2150	Target Population: 1.1
	Expiration Date: 05/31/2015
Program Name: THE HILLS TREATMENT CENTER, LLC	Record ID: 190703AP
Legal Name: THE HILLS TREATMENT CENTER, LLC	Service Type: RES-DETOX
Address: 8147, 8171 AND 8207 MULHOLLAND DRIVE	Resident Capacity: 15
City, State: LOS ANGELES, CA 90046	Total Occupancy: 15
Phone #: (323)791-5489 Fax #: (877)729-8207	Target Population: 1.1
	Expiration Date: 10/31/2014

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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

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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: 03/17/2014

Los Angeles County

Program Name: TOTAL FAMILY SUPPORT CLINIC - LONG BEACH	Record ID: 190366BN
Legal Name: TOTAL FAMILY SUPPORT CLINIC	Service Type: NON
Address: 3501 ATLANTIC AVENUE	Resident Capacity: 0
City, State: LONG BEACH, CA 90807	Total Occupancy: 0
Phone #: (562)981-1501 Fax #: (562)981-1502	Target Population: 1.5
	Expiration Date 02/28/2015
Program Name: COASTAL RECOVERY CENTER	Record ID: 190511BP
Legal Name: TRANSCULTURAL HEALTH DEVELOPMENT, INC.	Service Type: NON
Address: 117 EAST HARRY BRIDGES BOULEVARD	Resident Capacity: 0
City, State: WILMINGTON, CA 90744	Total Occupancy: 0
Phone #: (310)549-8383 Fax #: (310)549-9304	Target Population: 1.1
	Expiration Date 03/31/2015
Program Name: HELPING HANDS RECOVERY CENTER	Record ID: 190648AN
Legal Name: TRANSITIONAL MINISTRY OF CHRIST	Service Type: NON
Address: 9118 SOUTH BROADWAY BOULEVARD	Resident Capacity: 0
City, State: LOS ANGELES, CA 90003	Total Occupancy: 0
Phone #: (323)757-1819	Target Population: 1.5
	Expiration Date 05/31/2014
Program Name: TURNING POINT ALCOHOL AND DRUG EDUCATION PROGRAM	Record ID: 190758AN
Legal Name: TURNING POINT ALCOHOL AND DRUG EDUCATION PROGRAM, INC.	Service Type: NON
Address: 3756 SANTA ROSALIA DRIVE, SUITE 617	Resident Capacity: 0
City, State: LOS ANGELES, CA 90008	Total Occupancy: 0
Phone #: (323)810-3153	Target Population: **
	Expiration Date 09/30/2014
Program Name: TWIN TOWN TREATMENT CENTERS - NORTH HOLLYWOOD	Record ID: 190290BP
Legal Name: TWIN TOWN CORPORATION	Service Type: NON
Address: 6180 LAUREL CANYON BOULEVARD, SUITE 275	Resident Capacity: 0
City, State: NORTH HOLLYWOOD, CA 91606	Total Occupancy: 0
Phone #: (818)985-0560 Fax #: (818)985-7193	Target Population: 1.7
	Expiration Date 02/28/2015
Program Name: TWIN TOWN TREATMENT CENTERS - TORRANCE	Record ID: 190290AP
Legal Name: TWIN TOWN CORPORATION	Service Type: NON
Address: 2171 TORRANCE BOULEVARD, SUITE 8	Resident Capacity: 0
City, State: TORRANCE, CA 90501	Total Occupancy: 0
Phone #: (310)787-1335 Fax #: (310)787-1809	Target Population: 1.7
	Expiration Date 02/28/2015
Program Name: TWIN TOWN TREATMENT CENTERS, WEST HOLLYWOOD	Record ID: 190290CP
Legal Name: TWIN TOWN CORPORATION	Service Type: NON
Address: 8739 SANTA MONICA BOULEVARD	Resident Capacity: 0
City, State: WEST HOLLYWOOD, CA 90069	Total Occupancy: 0
Phone #: (310)623-1477 Fax #: (310)854-0134	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: 03/17/2014

Los Angeles County

Program Name: U-TURN ALCOHOL AND DRUG EDUCATION PROGRAM	Record ID: 190455AN
Legal Name: U-TURN ALCOHOL AND DRUG EDUCATION PROGRAM, INC.	Service Type: NON
Address: 3761 WEST STOCKER STREET, SUITE 105 AND 105B	Resident Capacity: 0
City, State: LOS ANGELES, CA 90008	Total Occupancy: 0
Phone #: (323)294-4261 Fax #: (323)294-7261	Target Population: 1.1
	Expiration Date 10/31/2014
Program Name: ULTIMATE LIFESTYLE CENTER	Record ID: 190583AN
Legal Name: ULTIMATE LIFESTYLE CENTER	Service Type: NON
Address: 5012 SOUTH LA BREA AVENUE, SUITES 2 - 5	Resident Capacity: 0
City, State: LOS ANGELES, CA 90056	Total Occupancy: 0
Phone #: (323)290-0200	Target Population: 1.1
	Expiration Date 05/31/2014
Program Name: ROBERT SUNDANCE FAMILY WELLNESS CENTER	Record ID: 190364AN
Legal Name: UNITED AMERICAN INDIAN INVOLVEMENT, INC.	Service Type: NON
Address: 1125 WEST 6TH STREET, SUITES 103 AND 303	Resident Capacity: 0
City, State: LOS ANGELES, CA 90017	Total Occupancy: 0
Phone #: (213)202-3970 Fax #: (213)202-3977	Target Population: 1.1
	Expiration Date 09/30/2014
Program Name: WESTSIDE RESIDENCE HALL	Record ID: 190188AN
Legal Name: UNITED STATES VETERANS INITIATIVE, INC.	Service Type: RES
Address: 733 SOUTH HINDRY AVE., ROOMS 202-205, 207-211, 301-304, 408, :	Resident Capacity: 162
City, State: INGLEWOOD, CA 90301	Total Occupancy: 162
Phone #: (310)348-7600 Fax #: (310)641-2661	Target Population: 1.2
	Expiration Date 04/30/2014
Program Name: ADVANCE WOMEN'S PROGRAM	Record ID: 190188DN
Legal Name: UNITED STATES VETERANS INITIATIVE, INC.	Service Type: RES
Address: 2281 WEST WILLIAMS STREET	Resident Capacity: 35
City, State: LONG BEACH, CA 90810	Total Occupancy: 45
Phone #: (562)388-8015 Fax #: (562)388-7991	Target Population: 1.3
	Expiration Date 04/30/2014
Program Name: VALLEY COMMUNITY CLINIC DRUG AND ALCOHOL TREATMENT PF	Record ID: 190349AN
Legal Name: VALLEY COMMUNITY CLINIC	Service Type: NON
Address: 6801 COLDWATER CANYON AVENUE	Resident Capacity: 0
City, State: NORTH HOLLYWOOD, CA 91605	Total Occupancy: 0
Phone #: (818)763-1718 Fax #: (818)763-7231	Target Population: 1.1
	Expiration Date 04/30/2014
Program Name: VALLEY WOMEN'S CENTER	Record ID: 190502AN
Legal Name: VALLEY WOMEN'S CENTER, INC.	Service Type: NON
Address: 22110 ROSCOE BOULEVARD, SUITE 204	Resident Capacity: 0
City, State: CANOGA PARK, CA 91304	Total Occupancy: 0
Phone #: (818)713-8700 Fax #: (818)713-8585	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: 03/17/2014

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: 03/17/2014

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: 03/17/2014

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***

Los Angeles County

As of: 03/17/2014

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: 3/17/2014

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: 03/17/2014

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: SAUSALITO, 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: 03/17/2014

Marin County

Program Name: BAY AREA COMMUNITY RESOURCES--IN CUSTODY PROGRAM	Record ID: 210005CN
Legal Name: BAY AREA COMMUNITY RESOURCES, INC.	Service Type: NON
Address: 13 PETER BEHR DRIVE	Resident Capacity: 0
City, State: SAN RAFAEL, CA 94903	Total Occupancy: 0
Phone #: (415)755-2328 Fax #: (415)755-2228	Target Population: 1.2
	Expiration Date 05/31/2015
Program Name: BAYSIDE MARIN IV	Record ID: 210030FP
Legal Name: BAYSIDE MARIN, INC	Service Type: RES-DETOX
Address: 180 BAYVIEW DRIVE	Resident Capacity: 6
City, State: SAN RAFAEL, CA 94901	Total Occupancy: 6
Phone #: (415)721-2000 Fax #: (415)454-3535	Target Population: 1.1
	Expiration Date 05/31/2015
Program Name: BAYSIDE MARIN I	Record ID: 210030BP
Legal Name: BAYSIDE MARIN, INC.	Service Type: RES-DETOX
Address: 191 BAYVIEW DRIVE	Resident Capacity: 6
City, State: SAN RAFAEL, CA 94901	Total Occupancy: 6
Phone #: (415)721-2000	Target Population: 1.1
	Expiration Date 07/31/2015
Program Name: BAYSIDE MARIN OUTPATIENT PROGRAM	Record ID: 210030CP
Legal Name: BAYSIDE MARIN, INC.	Service Type: NON
Address: 718 FOURTH STREET	Resident Capacity: 0
City, State: SAN RAFAEL, CA 94901	Total Occupancy: 0
Phone #: (415)721-2000	Target Population: 1.1
	Expiration Date 07/31/2015
Program Name: BAYSIDE MARIN III	Record ID: 210030DP
Legal Name: BAYSIDE MARIN, INC.	Service Type: RES-DETOX
Address: 47 TWEED TERRACE	Resident Capacity: 6
City, State: SAN RAFAEL, CA 94901	Total Occupancy: 6
Phone #: (415)721-2000 Fax #: (415)454-3535	Target Population: 1.1
	Expiration Date 07/31/2015
Program Name: BAYSIDE MARIN II	Record ID: 210030AP
Legal Name: BAYSIDE MARIN, INC.	Service Type: RES-DETOX
Address: 189 BAYVIEW DRIVE	Resident Capacity: 6
City, State: SAN RAFAEL, CA 94901	Total Occupancy: 6
Phone #: (415)721-2000	Target Population: 1.1
	Expiration Date 07/31/2015
Program Name: THE HELEN VINE RECOVERY CENTER	Record ID: 210017DN
Legal Name: BUCKELEW PROGRAMS, INC.	Service Type: RES-DETOX
Address: 301 SMITH RANCH ROAD	Resident Capacity: 26
City, State: SAN RAFAEL, CA 94903	Total Occupancy: 26
Phone #: (415)492-0818	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: 03/17/2014

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: 03/17/2014

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: 03/17/2014

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: 03/17/2014

Mariposa County

Program Name:	MARIPOSA COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICE	Record ID:	220002AN
Legal Name:	MARIPOSA COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICE	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: 03/17/2014

Mendocino County

Program Name: FORD STREET PROJECT	Record ID: 230004AN
Legal Name: FORD STREET PROJECT	Service Type: RES-DETOX
Address: 139 FORD STREET, RTP, APTS. A & B AND LIBRARY BUILDING	Resident Capacity: 32
City, State: UKIAH, CA 95482	Total Occupancy: 32
Phone #: (707)462-1934	Target Population: 1.1
	Expiration Date 06/30/2015
Program Name: FORD STREET PROJECT	Record ID: 230004BN
Legal Name: FORD STREET PROJECT, INC.	Service Type: NON
Address: 139 FORD STREET	Resident Capacity: 0
City, State: UKIAH, CA 95482	Total Occupancy: 0
Phone #: (707)462-1934 Fax #: (707)468-9860	Target Population: 1.1
	Expiration Date 01/31/2015
Program Name: MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY BE	Record ID: 230006HN
Legal Name: MENDOCINO COUNTY	Service Type: NON
Address: 1120 SOUTH DORA STREET, MULTIPLE CERTIFIED ROOMS	Resident Capacity: 0
City, State: UKIAH, CA 95482	Total Occupancy: 0
Phone #: (707)472-2637 Fax #: (707)472-2768	Target Population: 1.1
	Expiration Date 10/31/2013
Program Name: MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY, AI	Record ID: 230006GN
Legal Name: MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY, AI	Service Type: NON
Address: 790 SOUTH FRANKLIN STREET, SUITE B	Resident Capacity: 0
City, State: FORT BRAGG, CA 95437	Total Occupancy: 0
Phone #: (707)472-2605 Fax #: (707)472-2605	Target Population: 1.1
	Expiration Date 05/31/2015
Program Name: YUKI TRAILS HUMAN SERVICE PROGRAM - A DEPARTMENT OF ROU	Record ID: 230007AN
Legal Name: ROUND VALLEY INDIAN HEALTH CENTER, INC.	Service Type: NON
Address: 23000 HENDERSON ROAD	Resident Capacity: 0
City, State: COVELO, CA 95428	Total Occupancy: 0
Phone #: (707)983-6648 Fax #: (707)983-6649	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: 03/17/2014

Merced County

Program Name: THE ROSE JULIA RIORDAN TRANQUILITY VILLAGE	Record ID: 240001EN
Legal Name: COMMUNITY SOCIAL MODEL ADVOCATES, INC.	Service Type: RES
Address: 509, 527, 559, 569, 579 AND 589 MENDOCINO COURT	Resident Capacity: 42
City, State: ATWATER, CA 95301	Total Occupancy: 62
Phone #: (209)357-5261 Fax #: (209)357-5279	Target Population: 1.4
	Expiration Date 11/30/2014
Program Name: DAVE RIORDAN'S "HOBIE HOUSE"	Record ID: 240001BN
Legal Name: COMMUNITY/SOCIAL MODEL ADVOCATES, INC.	Service Type: RES
Address: 1299 AND 1301 YOSEMITE PARKWAY, 1931 AND 1941 HIGHLAND	Resident Capacity: 25
City, State: MERCED, CA 95340	Total Occupancy: 26
Phone #: (209)722-6335	Target Population: 1.2
	Expiration Date 08/31/2014
Program Name: THE CENTER	Record ID: 240003BN
Legal Name: MERCED COUNTY DEPARTMENT OF MENTAL HEALTH - ALCOHOL A	Service Type: NON
Address: 3305 NORTH G STREET	Resident Capacity: 0
City, State: MERCED, CA 95340	Total Occupancy: 0
Phone #: (209)381-6880 Fax #: (209)723-6220	Target Population: 1.1
	Expiration Date 02/28/2014
Program Name: RECOVERY ASSISTANCE FOR TEENS (R.A.F.T.)	Record ID: 240003AN
Legal Name: MERCED COUNTY DEPARTMENT OF MENTAL HEALTH - ALCOHOL A	Service Type: NON
Address: 3313 NORTH G STREET, SUITE B	Resident Capacity: 0
City, State: MERCED, CA 95340	Total Occupancy: 0
Phone #: (209)381-6808 Fax #: (209)725-3810	Target Population: 1.5
	Expiration Date 07/31/2015
Program Name: MERCED COUNTY SACPA DRUG TREATMENT PROGRAM	Record ID: 240003CN
Legal Name: MERCED COUNTY DEPARTMENT OF MENTAL HEALTH ALCOHOL A	Service Type: NON
Address: 3090 M STREET	Resident Capacity: 0
City, State: MERCED, CA 95340	Total Occupancy: 0
Phone #: (209)381-6852 Fax #: (209)385-3174	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*

Modoc County

As of: 03/17/2014

Program Name: MODOC COUNTY BEHAVIORAL HEALTH

Record ID: 250001AN

Legal Name: MODOC COUNTY HEALTH SERVICES

Service Type: NON

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

Resident Capacity: 0

City, State: ALTURAS, CA 96101

Total Occupancy: 0

Phone #: (530)233-6319

Fax #: (530)233-5311

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: 04/17/2013

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: 03/17/2014

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: 03/17/2014

Monterey County

Program Name: VALLEY HEALTH ASSOCIATES	Record ID: 270011CN
Legal Name: VALLEY HEALTH ASSOCIATES	Service Type: NON
Address: 495 EL CAMINO REAL, SUITE K	Resident Capacity: 0
City, State: GREENFIELD, CA 93927	Total Occupancy: 0
Phone #: (831)674-1795 Fax #: (831)674-1795	Target Population: 1.1
	Expiration Date 05/31/2014
Program Name: VALLEY HEALTH ASSOCIATES	Record ID: 270011AN
Legal Name: VALLEY HEALTH ASSOCIATES	Service Type: NON
Address: 338 MONTEREY STREET	Resident Capacity: 0
City, State: SALINAS, CA 93901	Total Occupancy: 0
Phone #: (831)424-6655 Fax #: (831)424-9717	Target Population: 1.1
	Expiration Date 10/31/2014
Program Name: VALLEY HEALTH ASSOCIATES	Record ID: 270011BN
Legal Name: VALLEY HEALTH ASSOCIATES	Service Type: NON
Address: 114 WEBSTER STREET	Resident Capacity: 0
City, State: MONTEREY, CA 93940	Total Occupancy: 0
Phone #: (831)372-8392 Fax #: (831)674-1795	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: 03/17/2014

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: 03/17/2014

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
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As of: 03/17/2014

Nevada County

Program Name: HOPE HOUSE/SERENITY HOUSE	Record ID: 290002BN
Legal Name: COMMUNITY RECOVERY RESOURCES	Service Type: RES-DETOX
Address: 159 BRENTWOOD DRIVE	Resident Capacity: 40
City, State: GRASS VALLEY, CA 95945	Total Occupancy: 52
Phone #: (530)273-9541 Fax #: (530)273-7740	Target Population: 1.9
	Expiration Date 01/31/2015
Program Name: COMMUNITY RECOVERY RESOURCES	Record ID: 290002AN
Legal Name: COMMUNITY RECOVERY RESOURCES	Service Type: NON
Address: 180 SIERRA COLLEGE DRIVE	Resident Capacity: 0
City, State: GRASS VALLEY, CA 95945	Total Occupancy: 0
Phone #: (530)273-9541 Fax #: (530)273-7740	Target Population: 1.10
	Expiration Date 06/30/2014
Program Name: COMMUNITY RECOVERY RESOURCES	Record ID: 290002DN
Legal Name: COMMUNITY RECOVERY RESOURCES	Service Type: NON
Address: 10015 PALISADES DRIVE, SUITE 1	Resident Capacity: 0
City, State: TRUCKEE, CA 96161	Total Occupancy: 0
Phone #: (530)587-8194	Target Population: 1.1
	Expiration Date 06/30/2014
Program Name: PROGRESS HOUSE	Record ID: 290006AN
Legal Name: PROGRESS HOUSE, INC.	Service Type: RES
Address: 145 BOST AVENUE	Resident Capacity: 19
City, State: NEVADA CITY, CA 95959	Total Occupancy: 19
Phone #: (530)265-9045 Fax #: (530)478-7977	Target Population: 1.2
	Expiration Date 06/30/2014

**State of California, Department of Health Care Services
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As of: 03/17/2014

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

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Orange County

Program Name: ACTION CONSULTANTS/THERAPY	Record ID: 300104BP
Legal Name: ACTION CONSULTANTS/THERAPY	Service Type: NON
Address: 1670 SANTA ANA AVENUE, SUITE C, F, & N	Resident Capacity: 0
City, State: COSTA MESA, CA 92627	Total Occupancy: 0
Phone #: (949)645-7484 Fax #: (949)645-0565	Target Population: 1.7
	Expiration Date 01/31/2014
Program Name: ADELANTE RECOVERY CENTER, INC.	Record ID: 300206AP
Legal Name: ADELANTE RECOVERY CENTER, INC.	Service Type: RES-DETOX
Address: 49 MONTECITO DRIVE	Resident Capacity: 6
City, State: CORONA DEL MAR, CA 92625	Total Occupancy: 6
Phone #: (949)887-4448 Fax #: (949)706-9769	Target Population: 1.1
	Expiration Date 02/28/2014
Program Name: SOUTH ORANGE COUNTY DETOX TREATMENT	Record ID: 300245AP
Legal Name: ALEXANDRA ROSE CORPORATION	Service Type: RES-DETOX
Address: 4009 CALLE ABRIL	Resident Capacity: 6
City, State: SAN CLEMENTE, CA 92673	Total Occupancy: 6
Phone #: (949)584-5957	Target Population: 1.1
	Expiration Date 01/31/2015
Program Name: CHEMICAL DEPENDENCY INTERVENTION PROGRAM	Record ID: 300111AP
Legal Name: ALTA INSTITUTE, INCORPORATED	Service Type: NON
Address: 1440 NORTH HARBOR BOULEVARD, SUITE 725	Resident Capacity: 0
City, State: FULLERTON, CA 92835	Total Occupancy: 0
Phone #: (714)680-0241 Fax #: (714)680-9538	Target Population: 1.1
	Expiration Date 04/30/2014
Program Name: ANAMIKA RECOVERY CENTER	Record ID: 300200AP
Legal Name: ANAMIKA RECOVERY CENTER, INC.	Service Type: RES-DETOX
Address: 144 SOUTH PERALTA HILLS DRIVE	Resident Capacity: 6
City, State: ANAHEIM, CA 92807	Total Occupancy: 7
Phone #: (714)974-4673 Fax #: (714)974-4674	Target Population: 1.1
	Expiration Date 02/28/2014
Program Name: APOLLO RECOVERY	Record ID: 300262AP
Legal Name: ARTEMIS HILL RECOVERY, INC.	Service Type: RES-DETOX
Address: 17429 SANTA LUCIA STREET	Resident Capacity: 6
City, State: FOUNTAIN VALLEY, CA 92708	Total Occupancy: 6
Phone #: (866)725-9252 Fax #: (562)431-0840	Target Population: 1.2
Program Name: ACM RECOVERY A DIVISION OF ASSOCIATES IN COUNSELING & ME	Record ID: 300213CP
Legal Name: ASSOCIATES IN COUNSELING AND MEDIATION	Service Type: NON
Address: 324 WEST 4TH STREET, SUITE D	Resident Capacity: 0
City, State: SANTA ANA, CA 92701	Total Occupancy: 0
Phone #: (714)547-1404 Fax #: (714)550-4677	Target Population: 1.1
	Expiration Date 04/30/2015

**State of California, Department of Health Care Services
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Orange County

Program Name: ACM RECOVERY A DIVISION OF ASSOCIATES IN COUNSELING & ME	Record ID: 300213BP
Legal Name: ASSOCIATES IN COUNSELING AND MEDIATION	Service Type: NON
Address: 25201 PASEO DE ALICIA, SUITE 100	Resident Capacity: 0
City, State: LAGUNA HILLS, CA 92653	Total Occupancy: 0
Phone #: (949)699-3413 Fax #: (949)859-6658	Target Population: 1.1
	Expiration Date 04/30/2015
Program Name: ACM RECOVERY A DIVISION OF ASSOCIATES IN COUSELING AND M	Record ID: 300213AP
Legal Name: ASSOCIATES IN COUNSELING AND MEDIATION, INC.	Service Type: NON
Address: 265 SOUTH ANITA DRIVE, SUITE 117	Resident Capacity: 0
City, State: ORANGE, CA 92868	Total Occupancy: 0
Phone #: (714)978-1090 Fax #: (714)978-1087	Target Population: 1.1
	Expiration Date 04/30/2015
Program Name: BALBOA HORIZONS RECOVERY SERVICES	Record ID: 300165BP
Legal Name: BALBOA HORIZONS RECOVERY SERVICES	Service Type: NON
Address: 2384 NEWPORT BOULEVARD	Resident Capacity: 0
City, State: COSTA MESA, CA 92627	Total Occupancy: 0
Phone #: (949)675-3406 Fax #: (949)675-3916	Target Population: 1.1
	Expiration Date 03/31/2014
Program Name: BALBOA HORIZONS RECOVERY SERVICES	Record ID: 300165AP
Legal Name: BALBOA HORIZONS RECOVERY SERVICES	Service Type: RES
Address: 1132 WEST BALBOA BOULEVARD	Resident Capacity: 11
City, State: NEWPORT BEACH, CA 92661	Total Occupancy: 11
Phone #: (949)675-3406 Fax #: (949)722-8125	Target Population: 1.3
	Expiration Date 05/31/2015
Program Name: BREAKAWAY PROGRAM	Record ID: 300065AP
Legal Name: BREAKAWAY HEALTH CORPORATION	Service Type: NON
Address: 3151 AIRWAY AVENUE, SUITE D-1, N-1 AND N-2	Resident Capacity: 0
City, State: COSTA MESA, CA 92626	Total Occupancy: 0
Phone #: (714)847-7585 Fax #: (714)848-5410	Target Population: 1.5
	Expiration Date 01/31/2014
Program Name: BRIDGE TEEN RECOVERY, LLC	Record ID: 300230AP
Legal Name: BRIDGE TEEN RECOVERY LLC	Service Type: NON
Address: 23151 VERDUGO DRIVE, SUITE 115	Resident Capacity: 0
City, State: LAGUNA HILLS, CA 92653	Total Occupancy: 0
Phone #: (949)716-4623 Fax #: (949)716-4633	Target Population: 1.5
	Expiration Date 06/30/2015
Program Name: CALIFORNIA DIVERSION INTERVENTION FOUNDATION	Record ID: 300125BN
Legal Name: CALIFORNIA DIVERSION INTERVENTION FOUNDATION	Service Type: NON
Address: 1095 NORTH MAIN STREET, SUITE C	Resident Capacity: 0
City, State: ORANGE, CA 92867	Total Occupancy: 0
Phone #: (714)633-0502	Target Population: 1.1
	Expiration Date 03/31/2014

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Program Name: CASA ELENA RECOVERY HOME	Record ID: 300010BN
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABU	Service Type: RES
Address: 832 SOUTH ANAHEIM BOULEVARD	Resident Capacity: 6
City, State: ANAHEIM, CA 92801	Total Occupancy: 6
Phone #: (714)722-5580	Target Population: 1.3
	Expiration Date 07/31/2014
Program Name: LA FAMILIA ALCOHOL AND DRUG SERVICES	Record ID: 300010DN
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABU	Service Type: NON
Address: 1905 NORTH COLLEGE AVENUE	Resident Capacity: 0
City, State: SANTA ANA, CA 92701	Total Occupancy: 0
Phone #: (714)479-0120 Fax #: (714)479-0153	Target Population: 1.1
	Expiration Date 07/31/2014
Program Name: UNIDOS RECOVERY HOME	Record ID: 300010AN
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABU	Service Type: RES-DETOX
Address: 9842 WEST 13TH STREET, SUITE B	Resident Capacity: 64
City, State: GARDEN GROVE, CA 92844	Total Occupancy: 64
Phone #: (714)531-4624	Target Population: 1.2
	Expiration Date 07/31/2014
Program Name: CAPO BY THE SEA	Record ID: 300173AP
Legal Name: CAPO BY THE SEA, INC.	Service Type: RES-DETOX
Address: 26682 AVENIDA LAS PALMAS	Resident Capacity: 6
City, State: CAPISTRANO BEACH, CA 92624	Total Occupancy: 8
Phone #: (949)276-0043 Fax #: (949)276-0045	Target Population: 1.1
	Expiration Date 10/31/2013
Program Name: CASA BELLA RECOVERY	Record ID: 300222AP
Legal Name: CASA BELLA RECOVERY INTERNATIONAL, INC.	Service Type: RES-DETOX
Address: 31365 MONTEREY STREET	Resident Capacity: 6
City, State: LAGUNA BEACH, CA 92651	Total Occupancy: 6
Phone #: (949)275-7581	Target Population: 1.1
	Expiration Date 04/30/2014
Program Name: CASA RECOVERY	Record ID: 300268AP
Legal Name: CASA RECOVERY, INC.	Service Type: RES-DETOX
Address: 25102 SOUTHPORT STREET	Resident Capacity: 6
City, State: LAGUNA HILLS, CA 92653	Total Occupancy: 6
Phone #: (888)928-2272 Fax #: (949)284-2574	Target Population: 1.1
Program Name: CHAPMAN HOUSE, INC.	Record ID: 300105IP
Legal Name: CHAPMAN HOUSE, INC.	Service Type: RES-DETOX
Address: 14511 - 14512 CARFAX DRIVE	Resident Capacity: 44
City, State: TUSTIN, CA 92780	Total Occupancy: 44
Phone #: (714)288-9779 Fax #: (714)288-6130	Target Population: 1.1
	Expiration Date 10/31/2013

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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

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Program Name: COOPER FELLOWSHIP	Record ID: 300029AN
Legal Name: COOPER FELLOWSHIP, INC.	Service Type: RES
Address: 401,405,409,413,417, AND 421 NORTH COOPER STREET	Resident Capacity: 60
City, State: SANTA ANA, CA 92703	Total Occupancy: 60
Phone #: (714)554-1152 Fax #: (714)265-4870	Target Population: 1.1
	Expiration Date 11/30/2013
Program Name: ALCOHOL AND DRUG ABUSE SERVICES - WESTMINSTER	Record ID: 300006DN
Legal Name: COUNTY OF ORANGE HEALTH CARE AGENCY	Service Type: NON
Address: 14140 BEACH BOULEVARD, ROOM 120 AND 200	Resident Capacity: 0
City, State: WESTMINSTER, CA 92683	Total Occupancy: 0
Phone #: (714)834-2860	Target Population: 1.1
	Expiration Date 04/30/2014
Program Name: ALISO VIEJO ALCOHOL & DRUG ABUSE SERVICES	Record ID: 300006GN
Legal Name: COUNTY OF ORANGE HEALTH CARE AGENCY	Service Type: NON
Address: 5 MAREBLU, SUITES 100 AND 200	Resident Capacity: 0
City, State: ALISO VIEJO, CA 92656	Total Occupancy: 0
Phone #: (714)834-2860	Target Population: 1.1
	Expiration Date 04/30/2014
Program Name: ALCOHOL AND DRUG ABUSE SERVICES - SANTA ANA	Record ID: 300006BN
Legal Name: COUNTY OF ORANGE HEALTH CARE AGENCY	Service Type: NON
Address: 1200 NORTH MAIN STREET, SUITES 100B AND 301	Resident Capacity: 0
City, State: SANTA ANA, CA 92701	Total Occupancy: 0
Phone #: (714)834-2860	Target Population: 1.1
	Expiration Date 04/30/2014
Program Name: ALCOHOL AND DRUG ABUSE SERVICES - ANAHEIM	Record ID: 300006LN
Legal Name: COUNTY OF ORANGE HEALTH CARE AGENCY	Service Type: NON
Address: 2035 BALL ROAD, SUITES 100A AND 100P	Resident Capacity: 0
City, State: ANAHEIM, CA 92805	Total Occupancy: 0
Phone #: (714)517-6175 Fax #: (714)667-3968	Target Population: 1.1
	Expiration Date 12/31/2014
Program Name: ALCOHOL AND DRUG ABUSE SERVICES - NEWPORT/MESA	Record ID: 300006IN
Legal Name: COUNTY OF ORANGE HEALTH CARE AGENCY	Service Type: NON
Address: 3115 REDHILL AVENUE	Resident Capacity: 0
City, State: COSTA MESA, CA 92626	Total Occupancy: 0
Phone #: (714)834-2860	Target Population: 1.1
	Expiration Date 04/30/2014
Program Name: DOMUS RETREAT	Record ID: 300203AP
Legal Name: DOMUS RETREAT, LLC	Service Type: RES-DETOX
Address: 270 SOUTH ORANGE ACRES DRIVE	Resident Capacity: 6
City, State: ANAHEIM HILLS, CA 92807	Total Occupancy: 6
Phone #: (310)205-0808	Target Population: 1.1
	Expiration Date 02/28/2014

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Program Name: SOVEREIGN HEALTH OF CALIFORNIA	Record ID: 300217AP
Legal Name: DUAL DIAGNOSIS TREATMENT CENTER, INC.	Service Type: NON
Address: 1211 PUERTA DEL SOL, SUITE 120	Resident Capacity: 0
City, State: SAN CLEMENTE, CA 92673	Total Occupancy: 0
Phone #: (949)369-1300 Fax #: (949)498-2619	Target Population: 1.1
	Expiration Date 04/30/2014
Program Name: ENCOMPASS RECOVERY	Record ID: 300248AP
Legal Name: ENCOMPASS TREATMENT SERVICES, LLC	Service Type: NON
Address: 27122A PASEO ESPADA, SUITE 924	Resident Capacity: 0
City, State: SAN JUAN CAPISTRANO, CA 92675	Total Occupancy: 0
Phone #: (949)218-4102 Fax #: (509)463-7115	Target Population: 1.1
	Expiration Date 12/31/2014
Program Name: FOUR FORTY-NINE RECOVERY, INC.	Record ID: 300242AP
Legal Name: FOUR FORTY-NINE	Service Type: NON
Address: 1401 NORTH EL CAMINO REAL, SUITES 102, 104 & 106	Resident Capacity: 0
City, State: SAN CLEMENTE, CA 92672	Total Occupancy: 0
Phone #: (855)449-4490 Fax #: (949)429-0767	Target Population: 1.1
	Expiration Date 06/30/2014
Program Name: SERENITY SHORES RECOVERY CENTER	Record ID: 300259AP
Legal Name: GENESIS HEALTHCARE NETWORK, INC.	Service Type: NON
Address: 1901 NEWPORT BOULEVARD, 280	Resident Capacity: 0
City, State: COSTA MESA, CA 92627	Total Occupancy: 0
Phone #: (949)574-4837 Fax #: (949)574-4860	Target Population: 1.1
	Expiration Date 05/30/2015
Program Name: ALTERNATIVE OPTIONS	Record ID: 300186AP
Legal Name: GEORGE W. BERNIER, PH.D.	Service Type: NON
Address: 101 SOUTH KRAEMER BOULEVARD, SUITE # 110	Resident Capacity: 0
City, State: PLACENTIA, CA 92870	Total Occupancy: 0
Phone #: (714)995-0359	Target Population: 1.1
	Expiration Date 05/31/2014
Program Name: GET REAL RECOVERY INC.	Record ID: 300252AP
Legal Name: GET REAL RECOVERY INC.	Service Type: NON
Address: 30290 RANCHO VIEJO ROAD, SUITE 204	Resident Capacity: 0
City, State: SAN JUAN CAPISTRANO, CA 92675	Total Occupancy: 0
Phone #: (949)481-8152 Fax #: (949)481-8152	Target Population: 1.1
	Expiration Date 01/31/2015
Program Name: CACTUS GARDENS	Record ID: 300114AN
Legal Name: HALF-WAY HOME, INC.	Service Type: RES
Address: 13222 CHAPMAN AVENUE	Resident Capacity: 25
City, State: GARDEN GROVE, CA 92650	Total Occupancy: 25
Phone #: (714)703-9492 Fax #: (714)968-5867	Target Population: 1.2
	Expiration Date 12/31/2014

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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

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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

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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

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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

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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 STREET 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

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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

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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

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Program Name: ORANGE COUNTY REHAB	Record ID: 300169BP
Legal Name: ORANGE COUNTY DETOX, INC.	Service Type: RES-DETOX
Address: 546 HAMILTON STREET	Resident Capacity: 6
City, State: COSTA MESA, CA 92627	Total Occupancy: 6
Phone #: (949)548-0801 Fax #: (949)548-0804	Target Population: 1.1
	Expiration Date 08/31/2014
Program Name: ORANGE COUNTY HEALTH AND PSYCHOLOGY ASSOCIATES	Record ID: 300226AN
Legal Name: ORANGE COUNTY HEALTH AND PSYCHOLOGY ASSOCIATES (OCHP/	Service Type: NON
Address: 62 DISCOVERY, SUITE 100	Resident Capacity: 0
City, State: IRVINE, CA 92618	Total Occupancy: 0
Phone #: (949)551-4182 Fax #: (949)551-6406	Target Population: 1.1
	Expiration Date 02/28/2015
Program Name: ORANGE COUNTY RECOVERY SERVICES	Record ID: 300237AP
Legal Name: ORANGE COUNTY RECOVERY SERVICES, LLC	Service Type: NON
Address: 1011 BRIOSO DR. SUITE 103	Resident Capacity: 0
City, State: COSTA MESA, CA 92627	Total Occupancy: 0
Phone #: (949)515-9191 Fax #: (949)515-9193	Target Population: 1.1
	Expiration Date 01/31/2014
Program Name: PACE RECOVERY CENTER, LLC	Record ID: 300244AP
Legal Name: PACE RECOVERY CENTER, LLC	Service Type: RES
Address: 209 22ND STREET	Resident Capacity: 6
City, State: HUNTINGTON BEACH, CA 92648	Total Occupancy: 6
Phone #: (714)274-9239	Target Population: 1.2
	Expiration Date 07/31/2014
Program Name: PACE RECOVERY CENTER II	Record ID: 300244BP
Legal Name: PACE RECOVERY CENTERS, LLC	Service Type: RES
Address: 628 13TH STREET	Resident Capacity: 6
City, State: HUNTINGTON BEACH, CA 92648	Total Occupancy: 6
Phone #: (714)369-2137	Target Population: 1.2
	Expiration Date 02/28/2015
Program Name: PACE RECOVERY CENTER INTENSIVE OUTPATIENT PROGRAM	Record ID: 300244CP
Legal Name: PACE RECOVERY CENTERS, LLC	Service Type: NON
Address: 180 NEWPORT CENTER DRIVE	Resident Capacity: 0
City, State: NEWPORT BEACH, CA 92660	Total Occupancy: 0
Phone #: (949)922-4513	Target Population: 1.2
	Expiration Date 02/28/2015
Program Name: PACIFIC HILLS TREATMENT CENTERS, INC.	Record ID: 300074CP
Legal Name: PACIFIC HILLS TREATMENT CENTERS, INC.	Service Type: RES
Address: 34248 VIA SANTA ROSA, APARTMENTS A, B, AND C	Resident Capacity: 12
City, State: CAPISTRANO BEACH, CA 92624	Total Occupancy: 12
Phone #: (949)489-8121 Fax #: (949)369-7261	Target Population: 1.3
	Expiration Date 11/30/2014

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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

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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

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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

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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

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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

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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

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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

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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

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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

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Program Name: TREE HOUSE RECOVERY (THR)	Record ID: 300253AP
Legal Name: SOBER SANCTUARIES INC.	Service Type: RES
Address: 218-A AND 218-B CABRILLO STREET	Resident Capacity: 12
City, State: COSTA MESA, CA 92627	Total Occupancy: 12
Phone #: (714)968-2700 Fax #: (714)968-2752	Target Population: 1.2
	Expiration Date 01/31/2015
Program Name: SOBERTEC LLC	Record ID: 300254AP
Legal Name: SOBERTEC LLC	Service Type: NON
Address: 1402 N. EL CAMINO REAL	Resident Capacity: 0
City, State: SAN CLEMENTE, CA 92672	Total Occupancy: 0
Phone #: (949)498-4321 Fax #: (949)490-4323	Target Population: 1.1
	Expiration Date 02/28/2015
Program Name: TOUCHSTONES	Record ID: 300070AN
Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.	Service Type: DSS
Address: 525 NORTH PARKER	Resident Capacity: 0
City, State: ORANGE, CA 92868	Total Occupancy: 0
Phone #: (714)639-5546	Target Population: 1.1
Program Name: SOLUTIONS FOR RECOVERY	Record ID: 300143BP
Legal Name: SOLUTIONS FOR RECOVERY, INC.	Service Type: RES-DETOX
Address: 31931 PASEO TERRAZA	Resident Capacity: 6
City, State: SAN JUAN CAPISTRANO, CA 92675	Total Occupancy: 8
Phone #: (949)874-1332 Fax #: (949)661-1264	Target Population: 1.1
	Expiration Date 02/29/2016
Program Name: SOUTH COAST BEHAVIORIAL HEALTH	Record ID: 300261AP
Legal Name: SOUTH COAST BEHAVIORIAL HEALTH	Service Type: NON
Address: 3151 AIRWAY AVENUE, N1-N2	Resident Capacity: 0
City, State: COSTA MESA, CA 92626	Total Occupancy: 0
Phone #: (866)811-5249	Target Population: 1.1
	Expiration Date 09/30/2015
Program Name: SOUTH COAST COUNSELING, INC.	Record ID: 300012BN
Legal Name: SOUTH COAST COUNSELING, INC.	Service Type: RES
Address: 693 PLUMER STREET	Resident Capacity: 16
City, State: COSTA MESA, CA 92627	Total Occupancy: 16
Phone #: (949)642-0180	Target Population: 1.1
	Expiration Date 04/30/2014
Program Name: HERITAGE HOUSE V	Record ID: 300054EN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES
Address: 2218-C PLACENTIA AVENUE	Resident Capacity: 3
City, State: COSTA MESA, CA 92627	Total Occupancy: 6
Phone #: (949)646-2271	Target Population: 1.4
	Expiration Date 06/30/2014

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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

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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

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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

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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

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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

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Program Name: DAYLIGHT AGAIN	Record ID: 300042CN
Legal Name: WOODGLEN RECOVERY JUNCTION, INCORPORATED	Service Type: RES
Address: 329 EAST COMMONWEALTH AVENUE	Resident Capacity: 16
City, State: FULLERTON, CA 92832	Total Occupancy: 16
Phone #: (714)879-6916 Fax #: (714)578-2960	Target Population: 1.1
	Expiration Date 01/31/2014
Program Name: YELLOWSTONE, WROC	Record ID: 300121AN
Legal Name: YELLOWSTONE WOMEN'S FIRST STEP HOUSE, INC.	Service Type: RES
Address: 3132 BOSTON WAY	Resident Capacity: 15
City, State: COSTA MESA, CA 92626	Total Occupancy: 15
Phone #: (888)941-9048 Fax #: (714)646-5296	Target Population: 1.2
	Expiration Date 03/31/2015
Program Name: YELLOWSTONE WOMEN'S FIRST STEP HOUSE, INC.	Record ID: 300121HN
Legal Name: YELLOWSTONE WOMEN'S FIRST STEP HOUSE, INC.	Service Type: NON
Address: 2183 FAIRVIEW ROAD, SUITE 103 AND 111	Resident Capacity: 0
City, State: COSTA MESA, CA 92627	Total Occupancy: 0
Phone #: (888)941-9048 Fax #: (949)646-5296	Target Population: 1.1
	Expiration Date 10/31/2015
Program Name: YELLOWSTONE (WOMEN'S RECOVERY OF CALIFORNIA)	Record ID: 300121GN
Legal Name: YELLOWSTONE WOMEN'S FIRST STEP HOUSE, INC.	Service Type: RES-DETOX
Address: 154 EAST BAY STREET	Resident Capacity: 6
City, State: COSTA MESA, CA 92627	Total Occupancy: 7
Phone #: (949)646-5296 Fax #: (888)941-9048	Target Population: 1.1
	Expiration Date 05/31/2015
Program Name: THE YELLOWSTONE BRIDGE	Record ID: 300121FN
Legal Name: YELLOWSTONE WOMEN'S FIRST STEP HOUSE, INC.	Service Type: RES
Address: 2028 FULLERTON AVENUE # A	Resident Capacity: 6
City, State: COSTA MESA, CA 92627	Total Occupancy: 7
Phone #: (949)646-4494 Fax #: (949)646-5296	Target Population: 1.2
	Expiration Date 08/31/2015

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Placer County

Program Name: SIERRA COUNCIL	Record ID: 310019EN
Legal Name: COMMUNITY RECOVERY RESOURCES	Service Type: NON
Address: 730 SUNRISE AVENUE, SUITES 201, 210, 211, 221, 231, 250A, 250B	Resident Capacity: 0
City, State: ROSEVILLE, CA 95661	Total Occupancy: 0
Phone #: (916)782-3737 Fax #: (916)782-3739	Target Population: 1.1
	Expiration Date 05/31/2015
Program Name: SIERRA COUNCIL	Record ID: 310019DN
Legal Name: COMMUNITY RECOVERY RESOURCES	Service Type: NON
Address: 11416 C AVENUE	Resident Capacity: 0
City, State: AUBURN, CA 95603	Total Occupancy: 0
Phone #: (530)885-1961 Fax #: (530)885-0713	Target Population: 1.1
	Expiration Date 05/31/2015
Program Name: AUBURN CAMPUS RESIDENTIAL PROGRAM	Record ID: 310019BN
Legal Name: COMMUNITY RECOVERY RESOURCES	Service Type: RES-DETOX
Address: 12105 & 12125 SHALE RIDGE ROAD	Resident Capacity: 30
City, State: AUBURN, CA 95602	Total Occupancy: 30
Phone #: (530)885-1917 Fax #: (530)273-7740	Target Population: 1.1
	Expiration Date 11/30/2013
Program Name: AUBURN CAMPUS-OUTPATIENT PROGRAMY	Record ID: 310019AN
Legal Name: COMMUNITY RECOVERY RESOURCES	Service Type: NON
Address: 12183 LOCKSLEY LANE, SUITES 101, 102, 103 & 104	Resident Capacity: 0
City, State: AUBURN, CA 95602	Total Occupancy: 0
Phone #: (530)889-8701 Fax #: (916)797-8979	Target Population: 1.4
	Expiration Date 09/30/2015
Program Name: SIERRA COUNCIL	Record ID: 310019CN
Legal Name: COMMUNITY RECOVERY RESOURCES	Service Type: NON
Address: 1530 3RD STREET, SUITE 212	Resident Capacity: 0
City, State: LINCOLN, CA 95648	Total Occupancy: 0
Phone #: (916)434-8927 Fax #: (916)434-0678	Target Population: 1.1
	Expiration Date 05/31/2015
Program Name: PLACER COUNTY ALCOHOL AND OR OTHER DRUG TREATMENT PRG	Record ID: 310002BN
Legal Name: COUNTY OF PLACER DEPARTMENT OF HEALTH & HUMAN SERVICE	Service Type: NON
Address: 11512 B AVENUE	Resident Capacity: 0
City, State: AUBURN, CA 95603	Total Occupancy: 0
Phone #: (530)889-7240 Fax #: (530)889-7293	Target Population: 1.8
	Expiration Date 11/30/2013
Program Name: PLACER COUNTY ALCOHOL AND OTHER DRUG TREATMENT PROGR	Record ID: 310002AN
Legal Name: COUNTY OF PLACER, DEPARTMENT OF HEALTH AND HUMAN SERV	Service Type: NON
Address: 101 CIRBY HILLS DRIVE	Resident Capacity: 0
City, State: ROSEVILLE, CA 95678	Total Occupancy: 0
Phone #: (916)787-8800 Fax #: (916)787-8857	Target Population: 1.1
	Expiration Date 09/30/2015

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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

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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

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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

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Plumas County

No licensed or certified facilities at this time.

Please check with a neighboring county for services.

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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

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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 LYNDDIE 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

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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

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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

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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

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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

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Program Name: RIVERSIDE COUNTY LATINO COMMISSION COUNSELING CENTER	Record ID: 330037DN
Legal Name: RIVERSIDE COUNTY LATINO COMMISSION ON ALCOHOL & DRUG A	Service Type: NON
Address: 1612 FIRST STREET	Resident Capacity: 0
City, State: COACHELLA, CA 92236	Total Occupancy: 0
Phone #: (760)398-9000 Fax #: (760)398-9790	Target Population: 1.5
	Expiration Date 02/28/2015
Program Name: CASA LAS PALMAS RECOVERY HOME	Record ID: 330037AN
Legal Name: RIVERSIDE COUNTY LATINO COMMISSION ON ALCOHOL AND DRUG	Service Type: RES
Address: 83-844 HOPI AVENUE	Resident Capacity: 7
City, State: INDIO, CA 92201	Total Occupancy: 7
Phone #: (760)347-9442	Target Population: 1.2
	Expiration Date 07/31/2014
Program Name: CASA CECILIA RECOVERY HOME	Record ID: 330037BN
Legal Name: RIVERSIDE COUNTY LATINO COMMISSION ON ALCOHOL AND DRUG	Service Type: RES
Address: 83-385 ROSA AVENUE	Resident Capacity: 6
City, State: THERMAL, CA 92274	Total Occupancy: 7
Phone #: (760)398-2008 Fax #: (760)342-8022	Target Population: 1.3
	Expiration Date 05/31/2014
Program Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM	Record ID: 330023EN
Legal Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM	Service Type: NON
Address: 83-912 AVENUE 45, SUITE 9	Resident Capacity: 0
City, State: INDIO, CA 92201	Total Occupancy: 0
Phone #: (760)347-0754 Fax #: (760)347-8507	Target Population: 1.1
	Expiration Date 05/31/2014
Program Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM	Record ID: 330023CN
Legal Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM	Service Type: NON
Address: 1827 ATLANTA AVENUE, SUITE D-1	Resident Capacity: 0
City, State: RIVERSIDE, CA 92507	Total Occupancy: 0
Phone #: (951)955-2105	Target Population: 1.1
	Expiration Date 05/31/2014
Program Name: DESERT DRUG COURT	Record ID: 330023HN
Legal Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM	Service Type: NON
Address: 68-615 PEREZ ROAD, SUITE 6A	Resident Capacity: 0
City, State: CATHEDRAL CITY, CA 92234	Total Occupancy: 0
Phone #: (760)770-2213 Fax #: (760)770-2240	Target Population: 1.1
	Expiration Date 05/31/2014
Program Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM	Record ID: 330023FN
Legal Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM	Service Type: NON
Address: 1297 WEST HOBSON WAY	Resident Capacity: 0
City, State: BLYTHE, CA 92225	Total Occupancy: 0
Phone #: (760)921-5000 Fax #: (760)921-5010	Target Population: 1.1
	Expiration Date 05/31/2014

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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

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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

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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

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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

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Program Name: CHALLEN APARTMENTS	Record ID: 330004QN
Legal Name: WHITESIDE MANOR	Service Type: RES-DETOX
Address: 5919, 5925, 5929 AND 5935 CHALLEN AVENUE	Resident Capacity: 12
City, State: RIVERSIDE, CA 92501	Total Occupancy: 12
Phone #: (951)686-9454 Fax #: (951)686-2303	Target Population: 1.3
	Expiration Date 03/31/2014
Program Name: MEN'S SUBSTANCE ABUSE RECOVERY HOME	Record ID: 330004AN
Legal Name: WHITESIDE MANOR	Service Type: RES-DETOX
Address: 2709 AND 2743 ORANGE STREET	Resident Capacity: 26
City, State: RIVERSIDE, CA 92501	Total Occupancy: 26
Phone #: (951)686-9454 Fax #: (951)686-2303	Target Population: 1.2
	Expiration Date 05/31/2014
Program Name: MEN'S ANNEX	Record ID: 330004DN
Legal Name: WHITESIDE MANOR	Service Type: RES
Address: 2759 ORANGE STREET	Resident Capacity: 6
City, State: RIVERSIDE, CA 92501	Total Occupancy: 6
Phone #: (951)686-9454 Fax #: (951)686-2303	Target Population: 1.2
	Expiration Date 05/31/2014
Program Name: WILSHIRE HOUSE	Record ID: 330004TN
Legal Name: WHITESIDE MANOR	Service Type: RES-DETOX
Address: 2452 AND 2456 WILSHIRE	Resident Capacity: 14
City, State: RIVERSIDE, CA 92501	Total Occupancy: 14
Phone #: (951)686-9454 Fax #: (951)686-2303	Target Population: 1.3
	Expiration Date 11/30/2014

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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

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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

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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

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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

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Program Name: MAAP COUNSELING CENTER	Record ID: 340004DN
Legal Name: MEXICAN AMERICAN ADDICTION PROGRAM, INC.	Service Type: NON
Address: 4241 FLORIN ROAD, SUITES 52, 55, 75, 80, 85 AND 110	Resident Capacity: 0
City, State: SACRAMENTO, CA 95823	Total Occupancy: 0
Phone #: (916)394-3489 Fax #: (916)394-2480	Target Population: 1.1
	Expiration Date 04/30/2015
Program Name: MI CASA RECOVERY HOME	Record ID: 340004BN
Legal Name: MEXICAN AMERICAN ADDICTION PROGRAM, INC.	Service Type: RES
Address: 2515 48TH AVENUE	Resident Capacity: 20
City, State: SACRAMENTO, CA 95822	Total Occupancy: 20
Phone #: (916)394-2328 Fax #: (916)394-2457	Target Population: 1.2
	Expiration Date 07/31/2014
Program Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE SA	Record ID: 340052BN
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE IN	Service Type: NON
Address: 1446 ETHAN WAY	Resident Capacity: 0
City, State: SACRAMENTO, CA 95825	Total Occupancy: 0
Phone #: (916)922-5110	Target Population: 1.3
	Expiration Date 05/31/2014
Program Name: OAK HOUSE TREATMENT PROGRAM I	Record ID: 340013BP
Legal Name: OAK HOUSE CORPORATION	Service Type: RES-DETOX
Address: 7987 OAK AVENUE	Resident Capacity: 6
City, State: CITRUS HEIGHTS, CA 95610	Total Occupancy: 6
Phone #: (916)721-9699 Fax #: (916)721-5302	Target Population: 1.1
	Expiration Date 03/31/2014
Program Name: OAK HOUSE TREATMENT PROGRAM II	Record ID: 340013AP
Legal Name: OAK HOUSE CORPORATION	Service Type: RES-DETOX
Address: 7919 OAK AVENUE	Resident Capacity: 9
City, State: CITRUS HEIGHTS, CA 95610	Total Occupancy: 10
Phone #: (916)721-9699	Target Population: 1.2
	Expiration Date 02/28/2014
Program Name: PACIFIC HARBOR TREATMENT	Record ID: 340104AP
Legal Name: PACIFIC HARBOR TREATMENT, INC.	Service Type: RES-DETOX
Address: 3485 BERETANIA WAY	Resident Capacity: 6
City, State: SACRAMENTO, CA 95834	Total Occupancy: 9
Phone #: (916)285-0885	Target Population: 1.1
	Expiration Date 04/30/2015
Program Name: PANACEA, INC. - COMPREHENSIVE DRUG AND ALCOHOL TREATMEI	Record ID: 340064AP
Legal Name: PANACEA, INC.	Service Type: NON
Address: 3336 BRADSHAW ROAD, SUITE 315	Resident Capacity: 0
City, State: SACRAMENTO, CA 95827	Total Occupancy: 0
Phone #: (916)854-4564	Target Population: 1.1
	Expiration Date 01/31/2015

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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

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Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs**

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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

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Program Name: CARES ALCOHOL AND OTHER DRUG OUTPATIENT PROGRAM	Record ID: 340042BN
Legal Name: THE CENTER FOR A.I.D.S. RESEARCH, EDUCATION AND SERVICES -	Service Type: NON
Address: 1500 21ST STREET	Resident Capacity: 0
City, State: SACRAMENTO, CA 95814	Total Occupancy: 0
Phone #: (916)443-3299 Fax #: (916)325-1980	Target Population: 1.1
	Expiration Date 10/31/2015
Program Name: ALTERNATIVE HOUSE	Record ID: 340015AN
Legal Name: THE EFFORT, INC.	Service Type: RES-DETOX
Address: 1550 JULIESSE AVENUE	Resident Capacity: 48
City, State: SACRAMENTO, CA 95815	Total Occupancy: 48
Phone #: (916)921-6598	Target Population: 1.1
	Expiration Date 02/28/2014
Program Name: TOWNS HEALTH SERVICES	Record ID: 340100AP
Legal Name: TOWNS HEALTH SERVICES, INC.	Service Type: NON
Address: 750 SPAANS ROAD, SUITES C AND F	Resident Capacity: 0
City, State: GALT, CA 95632	Total Occupancy: 0
Phone #: (510)302-8755 Fax #: (209)745-2746	Target Population: 1.5
	Expiration Date 03/31/2014
Program Name: SACRAMENTO TREATMENT CLINIC	Record ID: 340080AP
Legal Name: TREATMENT ASSOCIATES, INC.	Service Type: NON
Address: 7225 EAST SOUTHGATE DRIVE, SUITE D	Resident Capacity: 0
City, State: SACRAMENTO, CA 95823	Total Occupancy: 0
Phone #: (916)394-1000 Fax #: (916)394-1010	Target Population: 1.1
	Expiration Date 11/30/2014
Program Name: VERITAS COUNSELING CDIOP	Record ID: 340105AP
Legal Name: VERITAS COUNSELING CDIOP	Service Type: NON
Address: 3137 DWIGHT ROAD, SUITE 600	Resident Capacity: 0
City, State: ELK GROVE, CA 95758	Total Occupancy: 0
Phone #: (916)422-1319 Fax #: (916)422-1321	Target Population: 1.1
	Expiration Date 09/30/2015
Program Name: SACRAMENTO VETERANS RESOURCE CENTER	Record ID: 340058AN
Legal Name: VIETNAM VETERANS OF CALIFORNIA, INC.	Service Type: RES
Address: 7270 EAST SOUTHGATE DRIVE, BUILDING 4	Resident Capacity: 22
City, State: SACRAMENTO, CA 95823	Total Occupancy: 22
Phone #: (916)393-8387 Fax #: (916)393-8389	Target Population: 1.1
	Expiration Date 11/30/2013
Program Name: OPTIONS FOR RECOVERY - RESIDENTIAL TREATMENT PROGRAM	Record ID: 340018AN
Legal Name: VOLUNTEERS OF AMERICA NORTHERN CALIFORNIA & NORTHERN	Service Type: RES-DETOX
Address: 1001 GRAND AVENUE	Resident Capacity: 16
City, State: SACRAMENTO, CA 95838	Total Occupancy: 28
Phone #: (916)929-1951 Fax #: (916)929-5116	Target Population: 1.4
	Expiration Date 11/30/2014

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As of: 03/17/2014

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

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San Benito County

As of: 03/17/2014

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

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As of: 03/17/2014

San Bernardino County

Program Name: MERITO HOUSE RESIDENTIAL TREATMENT FOR MEN	Record ID: 360079BP
Legal Name: ALAN W. STEELE	Service Type: RES
Address: 911 N. CHURCH STREET	Resident Capacity: 9
City, State: REDLANDS, CA 92373	Total Occupancy: 9
Phone #: (909)335-2069 Fax #: (909)881-3431	Target Population: 1.2
	Expiration Date 01/31/2014
Program Name: RANCHO COMMUNITY RE-ENTRY COUNSELING PROGRAM	Record ID: 360050JN
Legal Name: COUNTY OF SAN BERNARDINO, DEPARTMENT OF BEHAVIORAL HE.	Service Type: NON
Address: 9478 ETIWANDA AVENUE	Resident Capacity: 0
City, State: RANCHO CUCAMONGA, CA 91739	Total Occupancy: 0
Phone #: (909)463-7556	Target Population: 1.1
	Expiration Date 02/28/2015
Program Name: DAP RECOVERY HOME	Record ID: 360021BN
Legal Name: DRUG ALTERNATIVE PROGRAM	Service Type: RES
Address: 11810 KINGSTON STREET	Resident Capacity: 6
City, State: GRAND TERRACE, CA 92313	Total Occupancy: 6
Phone #: (909)783-1094	Target Population: 1.2
	Expiration Date 08/31/2015
Program Name: HIS HOUSE	Record ID: 360075AP
Legal Name: G & C SWAN, INC.	Service Type: RES
Address: 23950 PRADO LANE	Resident Capacity: 10
City, State: COLTON, CA 92324	Total Occupancy: 10
Phone #: (909)981-6121 Fax #: (909)944-0192	Target Population: 1.1
	Expiration Date 04/30/2014
Program Name: HIS HOUSE	Record ID: 360075CP
Legal Name: G & C SWAN, INC.	Service Type: RES-DETOX
Address: 1354 CARLOS PLACE	Resident Capacity: 6
City, State: ONTARIO, CA 91764	Total Occupancy: 7
Phone #: (909)519-0767 Fax #: (909)944-0192	Target Population: 1.2
	Expiration Date 12/31/2014
Program Name: HIS HOUSE	Record ID: 360075BP
Legal Name: G AND C SWAN, INC.	Service Type: RES-DETOX
Address: 239 AND 215 WEST 9TH STREET, #I, J AND K, AND 227 NORTH PA	Resident Capacity: 30
City, State: UPLAND, CA 91786	Total Occupancy: 31
Phone #: (909)981-6121 Fax #: (909)944-0192	Target Population: 1.2
	Expiration Date 04/30/2014
Program Name: NEW CREATION ADDICTION TREATMENT CENTER	Record ID: 360075DP
Legal Name: G AND C SWAN, INC.	Service Type: NON
Address: 563 N CENTRAL AVENUE	Resident Capacity: 0
City, State: UPLAND, CA 91786	Total Occupancy: 0
Phone #: (909)241-7219 Fax #: (909)985-2316	Target Population: 1.1
	Expiration Date 06/30/2015

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San Bernardino County

Program Name: ABOVE IT ALL DRUG AND ALCOHOL TREATMENT CENTER AT LAKE	Record ID: 360082CP
Legal Name: HI LAND MOUNTAIN HOME, INC.	Service Type: NON
Address: 971 KUFFEL CANYON	Resident Capacity: 0
City, State: SKY FOREST, CA 92385	Total Occupancy: 0
Phone #: (909)337-3366 Fax #: (909)337-0242	Target Population: 1.1
	Expiration Date 04/30/2015
Program Name: ABOVE IT ALL ALCOHOL AND DRUG TREATMENT CENTER AT LAKE	Record ID: 360082AP
Legal Name: HI-LAND MOUNTAIN HOMES INC.	Service Type: RES-DETOX
Address: 27482 NORTHBAY ROAD	Resident Capacity: 6
City, State: LAKE ARROWHEAD, CA 92352	Total Occupancy: 6
Phone #: (800)307-8939 Fax #: (909)337-0242	Target Population: 1.1
	Expiration Date 05/31/2014
Program Name: ABOVE IT ALL DRUG AND TREATMENT CENTER AT LAKE ARROWHI	Record ID: 360082BP
Legal Name: HI-LAND MOUNTAIN HOMES, INC.	Service Type: RES-DETOX
Address: 256 ALDER LANE	Resident Capacity: 5
City, State: CEDAR GLEN, CA 92321	Total Occupancy: 6
Phone #: (909)338-1234	Target Population: 1.1
	Expiration Date 12/31/2014
Program Name: HIGH DESERT CHILD ADOLESCENT AND FAMILY SERVICES CENTE	Record ID: 360030AN
Legal Name: HIGH DESERT CHILD ADOLESCENT AND FAMILY SERVICES CENTER	Service Type: NON
Address: 16248 VICTOR STREET	Resident Capacity: 0
City, State: VICTORVILLE, CA 92395	Total Occupancy: 0
Phone #: (760)243-7151 Fax #: (760)952-1432	Target Population: 1.1
	Expiration Date 10/31/2015
Program Name: HIGH DESERT CHILD ADOLESCENT AND FAMILY SERVICES CENTER	Record ID: 360030BN
Legal Name: HIGH DESERT CHILD ADOLESCENT AND FAMILY SERVICES CENTER	Service Type: NON
Address: 225 BARSTOW ROAD	Resident Capacity: 0
City, State: BARSTOW, CA 92311	Total Occupancy: 0
Phone #: (000)000-0000 Fax #: (000)000-0000	Target Population: 1.1
	Expiration Date 08/31/2015
Program Name: HOUSE OF HOPE	Record ID: 360076BN
Legal Name: HOUSE OF HOPE HOUSE OF FAITH, INC.	Service Type: RES
Address: 11625 CORNELL STREET	Resident Capacity: 6
City, State: ADELANTO, CA 92301	Total Occupancy: 6
Phone #: (760)403-3531 Fax #: (760)530-0817	Target Population: 1.2
	Expiration Date 02/28/2014
Program Name: INLAND BEHAVIORAL AND HEALTH SERVICES, INC.	Record ID: 360015AN
Legal Name: INLAND BEHAVIORAL AND HEALTH SERVICES, INC.	Service Type: NON
Address: 1963 NORTH E STREET	Resident Capacity: 0
City, State: SAN BERNARDINO, CA 92405	Total Occupancy: 0
Phone #: (909)881-6146 Fax #: (909)881-0111	Target Population: 1.1
	Expiration Date 11/30/2013

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As of: 03/17/2014

San Bernardino County

Program Name: RECOVERY CENTER	Record ID: 360001AAN
Legal Name: INLAND VALLEY DRUG AND ALCOHOL RECOVERY SERVICES	Service Type: NON
Address: 916/SUITE A AND 934/SUITES A&B NORTH MOUNTAIN AVENUE	Resident Capacity: 0
City, State: UPLAND, CA 91786	Total Occupancy: 0
Phone #: (909)949-4667	Target Population: 1.1
	Expiration Date 05/31/2015
Program Name: WOMEN'S AND MEN'S RESIDENTIAL SERVICES	Record ID: 360001ZN
Legal Name: INLAND VALLEY DRUG AND ALCOHOL RECOVERY SERVICES	Service Type: RES-DETOX
Address: 1260 ARROW HIGHWAY, BUILDING C	Resident Capacity: 65
City, State: UPLAND, CA 91786	Total Occupancy: 75
Phone #: (909)932-1069 Fax #: (909)932-1087	Target Population: 1.4
	Expiration Date 02/28/2014
Program Name: INLAND VALLEY RECOVERY SERVICES - SAN BERNARDINO RECOV	Record ID: 360001ABN
Legal Name: INLAND VALLEY DRUG AND ALCOHOL RECOVERY SERVICES DBA:	Service Type: NON
Address: 939 N. D STREET	Resident Capacity: 0
City, State: SAN BERNARDINO, CA 92410	Total Occupancy: 0
Phone #: (909)889-6519 Fax #: (909)889-6560	Target Population: 1.1
	Expiration Date 04/30/2014
Program Name: LAKE GREGORY TREATMENT CENTER	Record ID: 360072BP
Legal Name: JACK GREEN	Service Type: RES-DETOX
Address: 373 EMERALD DRIVE	Resident Capacity: 6
City, State: LAKE ARROWHEAD, CA 92352	Total Occupancy: 6
Phone #: (310)753-6866 Fax #: (909)744-8048	Target Population: 1.1
	Expiration Date 01/31/2015
Program Name: SOVEREIGN HEALTH LAKE ARROWHEAD	Record ID: 360072DP
Legal Name: JACK GREEN	Service Type: NON
Address: 28914 HOOK CREEK ROAD	Resident Capacity: 0
City, State: CEDAR GLEN, CA 92321	Total Occupancy: 0
Phone #: (909)782-9438 Fax #: (909)744-8048	Target Population: 1.1
	Expiration Date 09/30/2015
Program Name: LAKE ARROWHEAD TREATMENT CENTER	Record ID: 360072AP
Legal Name: JACK GREEN	Service Type: RES-DETOX
Address: 975 NADELHORN STREET	Resident Capacity: 6
City, State: LAKE ARROWHEAD, CA 92352	Total Occupancy: 6
Phone #: (909)336-4442 Fax #: (909)866-2775	Target Population: 1.1
	Expiration Date 10/31/2015
Program Name: MATRIX INSTITUTE ON ADDICTIONS	Record ID: 360020AN
Legal Name: MATRIX INSTITUTE ON ADDICTIONS	Service Type: NON
Address: 11777 SEBASTIAN WAY, SUITES 102 A & B	Resident Capacity: 0
City, State: RANCHO CUCAMONGA, CA 91730	Total Occupancy: 0
Phone #: (909)989-9724	Target Population: 1.1
	Expiration Date 05/31/2015

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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

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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

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San Bernardino County

Program Name: PINE RIDGE TREATMENT CENTER - LUCERNE VALLEY	Record ID: 360007DP
Legal Name: PINE RIDGE TREATMENT CENTERS, INCORPORATED	Service Type: RES-DETOX
Address: 9401 CRYSTAL CREEK ROAD	Resident Capacity: 24
City, State: LUCERNE VALLEY, CA 92356	Total Occupancy: 24
Phone #: (760)248-9199	Target Population: 1.1
	Expiration Date: 06/30/2014
Program Name: RIM FAMILY SERVICES	Record ID: 360036AN
Legal Name: RIM FAMILY SERVICES, INC.	Service Type: NON
Address: 28545 HIGHWAY 18	Resident Capacity: 0
City, State: SKYFOREST, CA 92385	Total Occupancy: 0
Phone #: (909)336-1800 Fax #: (909)336-0990	Target Population: 1.7
	Expiration Date: 06/30/2014
Program Name: RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC. (SAN	Record ID: 360058AN
Legal Name: RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC.	Service Type: NON
Address: 2210 EAST HIGHLAND AVENUE, SUITE 107	Resident Capacity: 0
City, State: SAN BERNARDINO, CA 92404	Total Occupancy: 0
Phone #: (951)864-1097 Fax #: (951)849-9633	Target Population: 1.8
	Expiration Date: 04/30/2015
Program Name: SERENITY LODGE	Record ID: 360091AP
Legal Name: ROCK RIDGE RESOURCES, INC.	Service Type: RES
Address: 974, 985, 986, 977 AND 995 MEADOWBROOK ROAD	Resident Capacity: 30
City, State: CREST PARK, CA 92326	Total Occupancy: 30
Phone #: (800)936-3143 Fax #: (951)744-8632	Target Population: 1.2
	Expiration Date: 03/31/2015
Program Name: S.T.E.P.S. ULTIMATE SOLUTIONS, INC.	Record ID: 360078AN
Legal Name: S.T.E.P.S. ULTIMATE SOLUTIONS, INC.	Service Type: NON
Address: 18031 US HIGHWAY 18 SUITE "F"	Resident Capacity: 0
City, State: APPLE VALLEY, CA 92307	Total Occupancy: 0
Phone #: (760)242-1300 Fax #: (760)242-1331	Target Population: 1.5
	Expiration Date: 11/30/2013
Program Name: SUPERVISED TREATMENT AFTER RELEASE PROGRAM (STAR)	Record ID: 360050IN
Legal Name: SAN BERNARDINO COUNTY BEHAVIORAL HEALTH DEPARTMENT	Service Type: NON
Address: 1330 EAST COOLEY DRIVE (SEE COMMENTS BELOW)	Resident Capacity: 0
City, State: COLTON, CA 92324	Total Occupancy: 0
Phone #: (909)423-0750 Fax #: (909)423-0760	Target Population: 1.1
	Expiration Date: 11/30/2015
Program Name: RIALTO BEHAVIORAL ADDICTION TREATMENT SERVICES	Record ID: 360050AN
Legal Name: SAN BERNARDINO COUNTY BEHAVIORAL HEALTH DEPARTMENT	Service Type: NON
Address: 850 E. FOOTHILL BOULEVARD, SUITE A, SECTIONS A-F	Resident Capacity: 0
City, State: RIALTO, CA 92376	Total Occupancy: 0
Phone #: (909)421-9465 Fax #: (909)421-9457	Target Population: 1.4
	Expiration Date: 05/31/2015

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Program Name: SAN BERNARDINO COUNTY - BARSTOW ADS	Record ID: 360050EN
Legal Name: SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH	Service Type: NON
Address: 805 EAST MOUNTAIN VIEW STREET	Resident Capacity: 0
City, State: BARSTOW, CA 92311	Total Occupancy: 0
Phone #: (760)256-5026 Fax #: (760)256-5092	Target Population: 1.1
	Expiration Date 09/30/2015
Program Name: ONTARIO COMMUNITY COUNSELING	Record ID: 360050HN
Legal Name: SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH	Service Type: NON
Address: 1647 EAST HOLT BOULEVARD	Resident Capacity: 0
City, State: ONTARIO, CA 91761	Total Occupancy: 0
Phone #: (909)933-6341 Fax #: (909)933-6355	Target Population: 1.1
	Expiration Date 03/31/2014
Program Name: CEDAR HOUSE LIFE CHANGE CENTER	Record ID: 360002FN
Legal Name: SOCIAL SCIENCE SERVICES, INC.	Service Type: RES
Address: 10888 MAPLE AVENUE	Resident Capacity: 11
City, State: BLOOMINGTON, CA 92316	Total Occupancy: 26
Phone #: (909)873-0478 Fax #: (909)421-7128	Target Population: 1.4
	Expiration Date 10/31/2015
Program Name: CEDAR HOUSE LIFE CHANGE CENTER	Record ID: 360002DN
Legal Name: SOCIAL SCIENCE SERVICES, INC.	Service Type: RES-DETOX
Address: 18612 SANTA ANA AVENUE	Resident Capacity: 125
City, State: BLOOMINGTON, CA 92316	Total Occupancy: 125
Phone #: (909)421-7120	Target Population: 1.1
	Expiration Date 01/31/2014
Program Name: CEDAR HOUSE LIFE CHANGE CENTER	Record ID: 360002CN
Legal Name: SOCIAL SCIENCE SERVICES, INC.	Service Type: NON
Address: 18612 SANTA ANA AVENUE	Resident Capacity: 0
City, State: BLOOMINGTON, CA 92316	Total Occupancy: 0
Phone #: (909)421-7120	Target Population: 1.1
	Expiration Date 01/31/2014
Program Name: ST. JOHN OF GOD HEALTH CARE SERVICES	Record ID: 360003IN
Legal Name: ST. JOHN OF GOD HEALTH CARE SERVICES	Service Type: NON
Address: 15534 6TH STREET	Resident Capacity: 0
City, State: VICTORVILLE, CA 92392	Total Occupancy: 0
Phone #: (760)241-4917 Fax #: (760)241-8911	Target Population: 1.1
	Expiration Date 11/30/2013
Program Name: ST. JOHN OF GOD HEALTH CARE SERVICES	Record ID: 360003HN
Legal Name: ST. JOHN OF GOD HEALTH CARE SERVICES	Service Type: RES-DETOX
Address: 13333 PALMDALE ROAD	Resident Capacity: 66
City, State: VICTORVILLE, CA 92392	Total Occupancy: 82
Phone #: (760)241-4917	Target Population: 1.1
	Expiration Date 05/31/2014

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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

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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

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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

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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

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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 FAC 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

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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

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Program Name: ESCONDIDO COMMUNITY SOBERING SERVICES	Record ID: 370093BN
Legal Name: INTERFAITH COMMUNITY SERVICES, INC.	Service Type: RES
Address: 1717, 1719, 1721, AND 1723 WASHINGTON AVENUE AND 582 ASTI	Resident Capacity: 22
City, State: ESCONDIDO, CA 92057	Total Occupancy: 22
Phone #: (760)489-6380 Fax #: (760)747-0764	Target Population: 1.1
	Expiration Date 07/31/2015
Program Name: HOME STRETCH RESIDENTIAL IN RECOVERY	Record ID: 370079AP
Legal Name: KANADA LLC	Service Type: RES
Address: 4989 EL CAJON BOULEVARD	Resident Capacity: 12
City, State: SAN DIEGO, CA 92115	Total Occupancy: 17
Phone #: (619)287-2588 Fax #: (619)583-1712	Target Population: 1.2
	Expiration Date 09/30/2015
Program Name: NEW HORIZON RECOVERY	Record ID: 370130AP
Legal Name: MARTINA COFFELT	Service Type: RES
Address: 417 SANDALWOOD COURT	Resident Capacity: 6
City, State: ENCINITAS, CA 92024	Total Occupancy: 8
Phone #: (760)635-3977	Target Population: 1.1
	Expiration Date 03/31/2015
Program Name: MCALISTER INSTITUTE GROUP HOME - SOUTH	Record ID: 370045VN
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.	Service Type: DSS
Address: 2315 BAR BIT ROAD	Resident Capacity: 0
City, State: SPRING VALLEY, CA 91978	Total Occupancy: 0
Phone #: (619)337-3830 Fax #: (619)442-1101	Target Population: 1.3
Program Name: MCALISTER INSTITUTE EAST REGION SOUTH TEEN RECOVERY CEN	Record ID: 370045ALN
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.	Service Type: NON
Address: 7800 UNIVERSITY AVENUE, SUITE A-1	Resident Capacity: 0
City, State: LA MESA, CA 91941	Total Occupancy: 0
Phone #: (619)465-4349 Fax #: (619)465-4739	Target Population: 1.5
	Expiration Date 01/31/2015
Program Name: NORTH COASTAL REGIONAL RECOVERY CENTER	Record ID: 370045AN
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.	Service Type: NON
Address: 2821 OCEANSIDE BOULEVARD	Resident Capacity: 0
City, State: OCEANSIDE, CA 92054	Total Occupancy: 0
Phone #: (760)721-2781 Fax #: () -	Target Population: 1.1
	Expiration Date 04/30/2014
Program Name: MCALISTER INSTITUTE SOUTH BAY WOMENS RECOVERY CENTER	Record ID: 370045BN
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.	Service Type: NON
Address: 2414 HOOVER AVENUE, SUITES A.B.C	Resident Capacity: 0
City, State: NATIONAL CITY, CA 91950	Total Occupancy: 0
Phone #: (619)336-1226	Target Population: 1.3
	Expiration Date 04/30/2014

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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

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Program Name: MCALISTER INSTITUTE EAST REGION NORTH TEEN RECOVERY CEN	Record ID: 370045AMN
Legal Name: MCALISTER INSTITUTE FOR TREATMENT AND EDUCATION, INC.	Service Type: NON
Address: 550 FESLER STREET, SUITE G-3	Resident Capacity: 0
City, State: EL CAJON, CA 92020	Total Occupancy: 0
Phone #: (619)588-5361 Fax #: (619)588-5421	Target Population: 1.5
	Expiration Date 04/30/2015
Program Name: MCALISTER INSTITUTE NORTH RURAL TEEN RECOVERY CENTER - N	Record ID: 370045AIN
Legal Name: MCALISTER INSTITUTE FOR TREATMENT AND EDUCATION, INC.	Service Type: NON
Address: 720 NINTH STREET, ROOMS 3 AND 10	Resident Capacity: 0
City, State: RAMONA, CA 92065	Total Occupancy: 0
Phone #: (760)787-4300	Target Population: 1.5
	Expiration Date 06/30/2015
Program Name: MCALISTER INSTITUTE NORTH RURAL TEEN RECOVERY CENTER	Record ID: 370045AHN
Legal Name: MCALISTER INSTITUTE FOR TREATMENT AND EDUCATION, INC.	Service Type: NON
Address: 323 HUNTER STREET	Resident Capacity: 0
City, State: RAMONA, CA 92065	Total Occupancy: 0
Phone #: (760)788-6520	Target Population: 1.5
	Expiration Date 06/30/2015
Program Name: MCALISTER INSTITUTE SOUTH BAY REGIONAL RECOVERY CENTE	Record ID: 370045ABN
Legal Name: MCALISTER INSTITUTE FOR TREATMENT AND EDUCATION, INC.	Service Type: NON
Address: 1180 3RD AVENUE, SUITES C-3, C-4 AND C-5	Resident Capacity: 0
City, State: CHULA VISTA, CA 91911	Total Occupancy: 0
Phone #: (619)691-8164	Target Population: 1.8
	Expiration Date 02/28/2015
Program Name: SOUTH COUNTY CENTER FOR CHANGE	Record ID: 370069QN
Legal Name: MENTAL HEALTH SYSTEMS, INC.	Service Type: NON
Address: 1515 PALM AVENUE, SUITE A	Resident Capacity: 0
City, State: SAN DIEGO, CA 92154	Total Occupancy: 0
Phone #: (858)573-2600 Fax #: (858)573-5144	Target Population: 1.1
	Expiration Date 03/31/2015
Program Name: CENTRAL EAST REGIONAL RECOVERY CENTER	Record ID: 370069XN
Legal Name: MENTAL HEALTH SYSTEMS, INC.	Service Type: NON
Address: 6244 EL CAJON BOULEVARD, SUITES 15, 16, 17, 18 & 21	Resident Capacity: 0
City, State: SAN DIEGO, CA 92115	Total Occupancy: 0
Phone #: (858)573-2600 Fax #: (858)573-2600	Target Population: 1.1
	Expiration Date 06/30/2015
Program Name: PROVIDENCE PLACE	Record ID: 370069AN
Legal Name: MENTAL HEALTH SYSTEMS, INC.	Service Type: RES
Address: 4850 AND 4890 67TH STREET	Resident Capacity: 84
City, State: SAN DIEGO, CA 92115	Total Occupancy: 96
Phone #: (858)689-2633	Target Population: 1.4
	Expiration Date 04/30/2014

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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

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Program Name: HARMONY WEST WOMEN'S RECOVERY CENTER	Record ID: 370069MN
Legal Name: MENTAL HEALTH SYSTEMS, INC.	Service Type: NON
Address: 6154 MISSION GORGE BOULEVARD, SUITES 115 AND 120	Resident Capacity: 0
City, State: SAN DIEGO, CA 92120	Total Occupancy: 0
Phone #: (619)461-0015 Fax #: (619)461-3920	Target Population: 1.3
	Expiration Date 01/31/2015
Program Name: MID-COAST REGIONAL RECOVERY CENTER	Record ID: 370069IN
Legal Name: MENTAL HEALTH SYSTEMS, INC.	Service Type: NON
Address: 3340 KEMPER STREET, SUITES 105 AND 207	Resident Capacity: 0
City, State: SAN DIEGO, CA 92110	Total Occupancy: 0
Phone #: (619)276-1207 Fax #: (619)276-1207	Target Population: 1.1
	Expiration Date 01/31/2015
Program Name: NOSOTROS	Record ID: 370014BN
Legal Name: METROPOLITAN AREA ADVISORY COMMITTEE ON ANTI-POVERTY	Service Type: RES
Address: 73 NORTH 2ND AVENUE	Resident Capacity: 17
City, State: CHULA VISTA, CA 91910	Total Occupancy: 17
Phone #: (619)426-4801 Fax #: (619)426-0034	Target Population: 1.2
	Expiration Date 09/30/2015
Program Name: CASA DE MILAGROS	Record ID: 370014AN
Legal Name: METROPOLITAN AREA ADVISORY COMMITTEE ON ANTI-POVERTY	Service Type: RES
Address: 1127 SOUTH 38TH STREET	Resident Capacity: 18
City, State: SAN DIEGO, CA 92113	Total Occupancy: 18
Phone #: (619)262-4002	Target Population: 1.3
	Expiration Date 09/30/2015
Program Name: NARCONON JLB RANCH	Record ID: 370087BN
Legal Name: NARCONON FRESH START	Service Type: RES-DETOX
Address: 35955 HIGHWAY 79	Resident Capacity: 6
City, State: WARNER SPRINGS, CA 92086	Total Occupancy: 8
Phone #: (760)782-0471 Fax #: (760)782-0695	Target Population: 1.1
	Expiration Date 11/30/2014
Program Name: SUNSHINE SUMMIT LODGE	Record ID: 370087AN
Legal Name: NARCONON FRESH START	Service Type: RES-DETOX
Address: 35025 HIGHWAY 79, BUILDINGS B-J	Resident Capacity: 30
City, State: WARNER SPRINGS, CA 92086	Total Occupancy: 45
Phone #: (760)782-0471 Fax #: (760)782-0695	Target Population: 1.1
	Expiration Date 03/31/2014
Program Name: NATIONAL CROSSROADS/PROJECT S.T.A.R.	Record ID: 370061AP
Legal Name: NATIONAL CROSSROADS, INC.	Service Type: RES
Address: 4991 IMPERIAL AVENUE	Resident Capacity: 3
City, State: SAN DIEGO, CA 92113	Total Occupancy: 16
Phone #: (619)262-0868	Target Population: 1.4
	Expiration Date 01/31/2015

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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 ALCOHOL 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

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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

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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

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Program Name: ST. VINCENT DE PAUL VILLAGE RECOVERY SERVICES	Record ID: 370110AN
Legal Name: ST. VINCENT DE PAUL VILLAGE, INC.	Service Type: NON
Address: 1501 IMPERIAL AVENUE (SEE COMMENTS BELOW)	Resident Capacity: 0
City, State: SAN DIEGO, CA 92101	Total Occupancy: 0
Phone #: (619)233-8500 Fax #: (619)231-9542	Target Population: 1.1
	Expiration Date 07/31/2014
Program Name: TENDER LOVING MERCY	Record ID: 370126AN
Legal Name: TENDER LOVING MERCY, INC.	Service Type: NON
Address: 1907 APPLE STREET, SUITES 8, 9, AND 10	Resident Capacity: 0
City, State: OCEANSIDE, CA 92054	Total Occupancy: 0
Phone #: (760)757-7833 Fax #: (760)757-7814	Target Population: 1.1
	Expiration Date 11/30/2015
Program Name: CHOICES IN RECOVERY - ALCOHOL AND DRUG ABUSE OUTPATIENT	Record ID: 370039JN
Legal Name: THE BETHESDA RECOVERY CENTER	Service Type: NON
Address: 733 SOUTH SANTA FE AVENUE	Resident Capacity: 0
City, State: VISTA, CA 92083	Total Occupancy: 0
Phone #: (760)945-5290	Target Population: 1.1
	Expiration Date 02/28/2015
Program Name: CHOICES IN RECOVERY/NEW HOUSE	Record ID: 370039KN
Legal Name: THE BETHESDA RECOVERY CENTER	Service Type: RES
Address: 747 MELROSE PLACE	Resident Capacity: 6
City, State: VISTA, CA 92084	Total Occupancy: 8
Phone #: (760)945-5290	Target Population: 1.1
	Expiration Date 04/30/2015
Program Name: CHOICES IN RECOVERY/HUMBLE HOUSE	Record ID: 370039MN
Legal Name: THE BETHESDA RECOVERY CENTER	Service Type: RES
Address: 248 HILL DRIVE	Resident Capacity: 6
City, State: VISTA, CA 92083	Total Occupancy: 8
Phone #: (760)945-5290 Fax #: (760)945-7765	Target Population: 1.1
	Expiration Date 04/30/2015
Program Name: CHOICES IN RECOVERY/HILL HOUSE	Record ID: 370039LN
Legal Name: THE BETHESDA RECOVERY CENTER	Service Type: RES
Address: 1135 NORTH DRIVE	Resident Capacity: 6
City, State: VISTA, CA 92083	Total Occupancy: 8
Phone #: (760)945-5290	Target Population: 1.1
	Expiration Date 04/30/2015
Program Name: CHOICES IN RECOVERY/FOUNDATION HOUSE	Record ID: 370039IN
Legal Name: THE BETHESDA RECOVERY CENTER	Service Type: RES-DETOX
Address: 619 CIVIC CENTER DRIVE	Resident Capacity: 6
City, State: VISTA, CA 92083	Total Occupancy: 8
Phone #: (760)945-5290	Target Population: 1.1
	Expiration Date 09/30/2014

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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

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Program Name: HEARTLAND HOUSE	Record ID: 370003AN
Legal Name: THE TWELFTH STEP HOUSE OF SAN DIEGO	Service Type: RES
Address: 5855 AND 5860 STREAMVIEW DRIVE	Resident Capacity: 28
City, State: SAN DIEGO, CA 92105	Total Occupancy: 28
Phone #: (619)287-5460	Target Population: 1.2
	Expiration Date 09/30/2015
Program Name: THE WAY BACK	Record ID: 370011AN
Legal Name: THE WAY BACK	Service Type: RES
Address: 2516 A STREET	Resident Capacity: 27
City, State: SAN DIEGO, CA 92102	Total Occupancy: 29
Phone #: (619)235-0592 Fax #: (619)235-0593	Target Population: 1.2
	Expiration Date 02/28/2014
Program Name: TRADITION ONE MEN'S FACILITY	Record ID: 370012AN
Legal Name: TRADITION ONE	Service Type: RES
Address: 4104, 4114 AND 4124 DELTA STREET	Resident Capacity: 46
City, State: SAN DIEGO, CA 92113	Total Occupancy: 49
Phone #: (619)264-0141 Fax #: () -	Target Population: 1.2
	Expiration Date 02/28/2014
Program Name: THE TRAINING CENTER	Record ID: 370104AN
Legal Name: TRAINING CENTER EPHESIANS 4:11-16	Service Type: RES
Address: 525 GRAND AVENUE	Resident Capacity: 56
City, State: SPRING VALLEY, CA 91977	Total Occupancy: 56
Phone #: (619)327-5400 Fax #: (619)327-5410	Target Population: 1.2
	Expiration Date 11/30/2015
Program Name: UPAC ASIAN/PACIFIC ISLANDER, ADULT ALCOHOL AND DRUG TRE/	Record ID: 370071AN
Legal Name: UNION OF PAN ASIAN COMMUNITIES	Service Type: NON
Address: 3288 EL CAJON BOULEVARD, SUITE 3, 6, 10, 11, 12, AND 13	Resident Capacity: 0
City, State: SAN DIEGO, CA 92104	Total Occupancy: 0
Phone #: (619)521-5720 Fax #: (619)521-5728	Target Population: 1.1
	Expiration Date 12/31/2014
Program Name: UCSD CO-OCCURRING DISORDERS TREATMENT AND RECOVERY PR	Record ID: 370077AN
Legal Name: UNIVERSITY OF CALIFORNIA, SAN DIEGO	Service Type: NON
Address: 140 ARBOR DRIVE	Resident Capacity: 0
City, State: SAN DIEGO, CA 92103	Total Occupancy: 0
Phone #: (619)543-6309 Fax #: (619)298-6723	Target Population: 1.1
	Expiration Date 05/31/2015
Program Name: VALLEY CREEK VISION, LLC	Record ID: 370133AP
Legal Name: VALLEY CREEK VISION, LLC	Service Type: RES-DETOX
Address: 14928 RANCH CREEK LANE	Resident Capacity: 6
City, State: VALLEY CENTER, CA 92082	Total Occupancy: 6
Phone #: (310)266-9194 Fax #: (818)286-9525	Target Population: 1.1
	Expiration Date 04/30/2015

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Program Name: VETERANS VILLAGE OF SAN DIEGO REHABILITATION CENTER	Record ID: 370010BN
Legal Name: VIETNAM VETERANS OF SAN DIEGO	Service Type: RES
Address: 4115, 4125, 4137, AND 4141 PACIFIC HIGHWAY	Resident Capacity: 185
City, State: SAN DIEGO, CA 92110	Total Occupancy: 185
Phone #: (619)497-0142	Target Population: 1.1
	Expiration Date 06/30/2014
Program Name: VETERANS VILLAGE OF SAN DIEGO NEW RESOLVE PROGRAM	Record ID: 370010CN
Legal Name: VIETNAM VETERANS OF SAN DIEGO	Service Type: NON
Address: 1207 SOUTH ESCONDIDO BOULEVARD	Resident Capacity: 0
City, State: ESCONDIDO, CA 92025	Total Occupancy: 0
Phone #: (760)745-7829 Fax #: (760)740-2090	Target Population: 1.1
	Expiration Date 04/30/2015
Program Name: DKA PARENTCARE FAMILY RECOVERY CENTER	Record ID: 370072AN
Legal Name: VISTA HILL FOUNDATION	Service Type: NON
Address: 4990 WILLIAMS AVENUE	Resident Capacity: 0
City, State: LA MESA, CA 91942	Total Occupancy: 0
Phone #: (619)698-1663 Fax #: (619)698-1665	Target Population: 1.10
	Expiration Date 03/31/2015
Program Name: PARENTCARE CENTRAL FAMILY RECOVERY CENTER	Record ID: 370072CN
Legal Name: VISTA HILL FOUNDATION	Service Type: NON
Address: 4125 ALPHA STREET	Resident Capacity: 0
City, State: SAN DIEGO, CA 92113	Total Occupancy: 0
Phone #: (619)266-0166	Target Population: 1.3
	Expiration Date 08/31/2015
Program Name: RENAISSANCE TREATMENT CENTER	Record ID: 370007CN
Legal Name: VOLUNTEERS OF AMERICA, SOUTHWEST CALIFORNIA, INC.	Service Type: RES-DETOX
Address: 2300 EAST 7TH STREET	Resident Capacity: 120
City, State: NATIONAL CITY, CA 91950	Total Occupancy: 120
Phone #: (619)561-9808	Target Population: 1.8
	Expiration Date 04/30/2014
Program Name: VOLUNTEERS OF AMERICA, SOUTHWEST CALIFORNIA	Record ID: 370007AN
Legal Name: VOLUNTEERS OF AMERICA, SOUTHWEST CALIFORNIA, INCORPORA	Service Type: RES
Address: 120 ELM STREET, SUITE 200 (2ND FLOOR ONLY)	Resident Capacity: 50
City, State: SAN DIEGO, CA 92101	Total Occupancy: 50
Phone #: (619)232-5171	Target Population: 1.2
	Expiration Date 10/31/2015
Program Name: AMIGOS SOBRIOS	Record ID: 370007BN
Legal Name: VOLUNTEERS OF AMERICA, SOUTHWEST CALIFORNIA, INCORPORA	Service Type: RES
Address: 741 ELEVENTH AVENUE	Resident Capacity: 18
City, State: SAN DIEGO, CA 92101	Total Occupancy: 18
Phone #: (619)791-2730 Fax #: (619)232-0968	Target Population: 1.2
	Expiration Date 10/31/2015

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Program Name: ARA FIRST STEP HOME	Record ID: 380003AN
Legal Name: ALCOHOLICS REHABILITATION ASSOCIATION OF SAN FRANCISCO,	Service Type: RES
Address: 1035 HAIGHT STREET	Resident Capacity: 48
City, State: SAN FRANCISCO, CA 94117	Total Occupancy: 48
Phone #: (415)863-3661	Target Population: 1.1
	Expiration Date 02/28/2014
Program Name: ASIAN AMERICAN RESIDENTIAL RECOVERY SERVICES	Record ID: 380020AN
Legal Name: ASIAN AMERICAN RECOVERY SERVICES, INC.	Service Type: RES
Address: 2024 HAYES STREET	Resident Capacity: 26
City, State: SAN FRANCISCO, CA 94117	Total Occupancy: 26
Phone #: (415)750-5111	Target Population: 1.1
	Expiration Date 02/28/2014
Program Name: PROJECT ADAPT	Record ID: 380020BN
Legal Name: ASIAN AMERICAN RECOVERY SERVICES, INC.	Service Type: NON
Address: 2020 HAYES STREET	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94117	Total Occupancy: 0
Phone #: (415)750-5125	Target Population: 1.2
	Expiration Date 09/30/2014
Program Name: YOUTH SERVICES OF SAN FRANCISCO	Record ID: 380020DN
Legal Name: ASIAN AMERICAN RECOVERY SERVICES, INC.	Service Type: NON
Address: 2166 HAYES STREET, SUITE 302	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94117	Total Occupancy: 0
Phone #: (415)776-1001 Fax #: (415)776-1066	Target Population: 1.5
	Expiration Date 01/31/2014
Program Name: LEE WOODWARD COUNSELING CENTER FOR WOMEN	Record ID: 380020CN
Legal Name: ASIAN AMERICAN RECOVERY SERVICES, INC.	Service Type: NON
Address: 2166 HAYES STREET, SUITE 303 & 303-A	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94117	Total Occupancy: 0
Phone #: (415)776-1001 Fax #: (415)776-1066	Target Population: 1.3
	Expiration Date 06/30/2014
Program Name: ASIAN AND PACIFIC ISLANDER WELLNESS CENTER, INC.	Record ID: 380098AN
Legal Name: ASIAN AND PACIFIC ISLANDER WELLNESS CENTER, INC.	Service Type: NON
Address: 730 POLK STREET, 4TH FLOOR	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94109	Total Occupancy: 0
Phone #: (415)292-3400 Fax #: (415)292-3404	Target Population: 1.1
	Expiration Date 07/31/2015
Program Name: FERGUSON PLACE	Record ID: 380001CN
Legal Name: BAKER PLACES, INC.	Service Type: RES
Address: 1249 SCOTT STREET	Resident Capacity: 12
City, State: SAN FRANCISCO, CA 94115	Total Occupancy: 12
Phone #: (415)922-9104 Fax #: (415)922-1427	Target Population: 1.1
	Expiration Date 01/31/2015

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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

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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

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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

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Program Name: TREATMENT PROGRAMS	Record ID: 380059AN
Legal Name: HORIZONS UNLIMITED OF SAN FRANCISCO, INC.	Service Type: NON
Address: 440 POTRERO AVENUE	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94110	Total Occupancy: 0
Phone #: (415)487-6700	Target Population: 1.5
	Expiration Date 02/28/2015
Program Name: THE IRIS PROJECT	Record ID: 380021AN
Legal Name: IRIS CENTER: WOMEN'S COUNSELING AND RECOVERY SERVICES	Service Type: NON
Address: 12 GOUGH STREET	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94103	Total Occupancy: 0
Phone #: (415)864-2364	Target Population: 1.3
	Expiration Date 07/31/2014
Program Name: JELANI, INC.'S FAMILY PROGRAM	Record ID: 380045DN
Legal Name: JELANI, INC.	Service Type: RES
Address: 1638 AND 1640 KIRKWOOD STREET	Resident Capacity: 12
City, State: SAN FRANCISCO, CA 94124	Total Occupancy: 24
Phone #: (415)468-5100 Fax #: (415)822-5943	Target Population: 1.1
	Expiration Date 01/31/2015
Program Name: JELANI HOUSE	Record ID: 380045AN
Legal Name: JELANI, INC.	Service Type: RES
Address: 1601 QUESADA AVENUE	Resident Capacity: 16
City, State: SAN FRANCISCO, CA 94124	Total Occupancy: 42
Phone #: (415)822-5977 Fax #: (415)822-5943	Target Population: 1.4
	Expiration Date 06/30/2014
Program Name: CASA QUETZAL	Record ID: 380055AN
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES O	Service Type: RES
Address: 635 BRUNSWICK STREET	Resident Capacity: 9
City, State: SAN FRANCISCO, CA 94112	Total Occupancy: 9
Phone #: (415)337-4065	Target Population: 1.2
	Expiration Date 10/31/2015
Program Name: AVIVA HOUSE	Record ID: 380055BN
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES O	Service Type: RES
Address: 1724-1726 BRYANT STREET	Resident Capacity: 5
City, State: SAN FRANCISCO, CA 94110	Total Occupancy: 9
Phone #: (650)244-1444 Fax #: (650)244-1447	Target Population: 1.3
	Expiration Date 03/31/2014
Program Name: EPIPHANY RESIDENTIAL PROGRAM	Record ID: 380081CN
Legal Name: MOUNT ST. JOSEPH - ST. ELIZABETH	Service Type: RES
Address: 100 MASONIC AVENUE	Resident Capacity: 18
City, State: SAN FRANCISCO, CA 94118	Total Occupancy: 38
Phone #: (415)750-1033 Fax #: (415)750-1032	Target Population: 1.4
	Expiration Date 11/30/2013

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Program Name: EPIPHANY HOUSE	Record ID: 380081BN
Legal Name: MOUNT ST. JOSEPH - ST. ELIZABETH	Service Type: RES
Address: 1615 BRODERICK STREET	Resident Capacity: 14
City, State: SAN FRANCISCO, CA 94115	Total Occupancy: 22
Phone #: (415)409-6003 Fax #: (415)351-4051	Target Population: 1.4
	Expiration Date 11/30/2013
Program Name: NCADA-BA OUTPATIENT TREATMENT PROGRAM	Record ID: 380103AN
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND OTHER DRUG ADDICTIO	Service Type: NON
Address: 944 MARKET STREET, 3RD FLOOR	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94102	Total Occupancy: 0
Phone #: (415)296-9900 Fax #: (415)296-0626	Target Population: 1.1
	Expiration Date 11/30/2014
Program Name: NATIVE AMERICAN HEALTH CENTER	Record ID: 380094AN
Legal Name: NATIVE AMERICAN HEALTH CENTER, INC.	Service Type: NON
Address: 160 CAPP STREET, 2ND FLOOR	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94110	Total Occupancy: 0
Phone #: (415)503-1046 Fax #: (415)503-7081	Target Population: 1.5
	Expiration Date 05/31/2014
Program Name: ZAP PROGRAM	Record ID: 380057AN
Legal Name: POTRERO HILL NEIGHBORHOOD HOUSE	Service Type: NON
Address: 953 DE HARO STREET	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94107	Total Occupancy: 0
Phone #: (415)826-8080 Fax #: (415)826-5252	Target Population: 1.5
	Expiration Date 11/30/2014
Program Name: SAGE'S TRAUMA AND RECOVERY CENTER	Record ID: 380063AN
Legal Name: SAGE PROJECT, INC.	Service Type: NON
Address: 68 12TH STREET, SUITE 2B	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94103	Total Occupancy: 0
Phone #: (415)905-5050 Fax #: (415)358-2729	Target Population: 1.1
	Expiration Date 05/31/2015
Program Name: POST RELEASE EDUCATION PROGRAM (P.R.E.P.)	Record ID: 380083BN
Legal Name: SAN FRANCISCO SHERIFF'S DEPARTMENT	Service Type: NON
Address: 70 OAK GROVE	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94107	Total Occupancy: 0
Phone #: (415)575-6450 Fax #: (415)575-6452	Target Population: 1.1
	Expiration Date 05/31/2015
Program Name: STEPPING STONE	Record ID: 380032AN
Legal Name: SAN FRANCISCO WOMEN'S REHABILITATION FOUNDATION, INCORP	Service Type: RES
Address: 255 10TH AVENUE	Resident Capacity: 13
City, State: SAN FRANCISCO, CA 94118	Total Occupancy: 13
Phone #: (415)751-5921 Fax #: (415)751-5130	Target Population: 1.3
	Expiration Date 08/31/2014

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Program Name: FR. ALFRED CENTER	Record ID: 380017CN
Legal Name: ST. ANTHONY FOUNDATION	Service Type: RES
Address: 291 10TH STREET	Resident Capacity: 80
City, State: SAN FRANCISCO, CA 94103	Total Occupancy: 80
Phone #: (415)592-2880 Fax #: (415)252-0537	Target Population: 1.2
	Expiration Date 03/31/2014
Program Name: FRIENDSHIP HOUSE	Record ID: 380004AN
Legal Name: THE FRIENDSHIP HOUSE ASSOCIATION OF AMERICAN INDIANS	Service Type: RES
Address: 56 JULIAN AVENUE, 1ST, 2ND AND 3RD FLOORS	Resident Capacity: 80
City, State: SAN FRANCISCO, CA 94103	Total Occupancy: 80
Phone #: (415)865-0964 Fax #: (415)865-5428	Target Population: 1.1
	Expiration Date 10/31/2015
Program Name: GOOD SHEPHERD GRACENTER	Record ID: 380040BN
Legal Name: THE GOOD SHEPHERD GRACENTER OF SAN FRANCISCO	Service Type: RES
Address: 250 AMHERST STREET	Resident Capacity: 13
City, State: SAN FRANCISCO, CA 94134	Total Occupancy: 13
Phone #: (415)337-1938 Fax #: (415)586-0355	Target Population: 1.3
	Expiration Date 06/30/2014
Program Name: HARM REDUCTION THERAPY CENTER	Record ID: 380082AN
Legal Name: THE HARM REDUCTION THERAPY CENTER	Service Type: NON
Address: 45 FRANKLIN STREET, SUITE 320	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94102	Total Occupancy: 0
Phone #: (415)252-0669 Fax #: (415)252-0669	Target Population: 1.1
	Expiration Date 08/31/2015
Program Name: THE METROPOLITAN FRESH START HOUSE	Record ID: 380084AN
Legal Name: THE METROPOLITAN FRESH START HOUSE	Service Type: RES
Address: 316 LELAND AVENUE	Resident Capacity: 15
City, State: SAN FRANCISCO, CA 94134	Total Occupancy: 15
Phone #: (415)585-8808 Fax #: (415)585-1837	Target Population: 1.2
	Expiration Date 02/28/2014
Program Name: FAMILY DAY TREATMENT PROGRAM	Record ID: 380008BN
Legal Name: THE MISSION COUNCIL ON ALCOHOL ABUSE FOR THE SPANISH SPE	Service Type: NON
Address: 474 VALENCIA STREET, SUITES 115 AND 135	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94103	Total Occupancy: 0
Phone #: (415)864-0554 Fax #: (415)701-1868	Target Population: 1.7
	Expiration Date 01/31/2015
Program Name: LATINO FAMILY ALCOHOLISM COUNSELING CENTER	Record ID: 380008AN
Legal Name: THE MISSION COUNCIL ON ALCOHOL ABUSE FOR THE SPANISH SPE	Service Type: NON
Address: 154-A CAPP STREET	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94110	Total Occupancy: 0
Phone #: (415)826-6767 Fax #: (415)826-1408	Target Population: 1.1
	Expiration Date 08/31/2015

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Program Name: THE SALVATION ARMY - HARBOR HOUSE	Record ID: 380006EN
Legal Name: THE SALVATION ARMY	Service Type: RES
Address: 407 NINTH STREET	Resident Capacity: 30
City, State: SAN FRANCISCO, CA 94103	Total Occupancy: 82
Phone #: (415)503-3029 Fax #: (415)252-6159	Target Population: 1.9
	Expiration Date 08/31/2014
Program Name: HARBOR LIGHT ALCOHOL SERVICES CENTER	Record ID: 380006AN
Legal Name: THE SALVATION ARMY	Service Type: RES-DETOX
Address: 1275 HARRISON STREET	Resident Capacity: 118
City, State: SAN FRANCISCO, CA 94103	Total Occupancy: 118
Phone #: (415)503-3000	Target Population: 1.1
	Expiration Date 04/30/2014
Program Name: THE STONEWALL PROJECT	Record ID: 380096AN
Legal Name: THE SAN FRANCISCO AIDS FOUNDATION	Service Type: NON
Address: 1035 MARKET STREET, SUITE 400	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94103	Total Occupancy: 0
Phone #: (415)487-3100 Fax #: (415)558-9657	Target Population: 1.2
	Expiration Date 03/31/2014
Program Name: STIMULANT TREATMENT OUTPATIENT PROGRAM (STOP)	Record ID: 380061AN
Legal Name: UNIVERISTY OF CALIFORNIA, SAN FRANCISCO	Service Type: NON
Address: 982 MISSION STREET	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94103	Total Occupancy: 0
Phone #: (415)597-8000 Fax #: (415)597-8004	Target Population: 1.1
	Expiration Date 05/31/2015

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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

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Program Name: SAN JOAQUIN COUNTY RECOVERY HOUSE	Record ID: 390002AN
Legal Name: SAN JOAQUIN COUNTY SUBSTANCE ABUSE SERVICES	Service Type: RES-DETOX
Address: 500 WEST HOSPITAL ROAD-RECOVERY HOUSE	Resident Capacity: 69
City, State: FRENCH CAMP, CA 95231	Total Occupancy: 69
Phone #: (209)468-6857	Target Population: 1.1
	Expiration Date 04/30/2014
Program Name: SERVICE FIRST OUTPATIENT PROGRAM	Record ID: 390017AN
Legal Name: SERVICE FIRST OF NORTHERN CALIFORNIA	Service Type: NON
Address: 1222 MONACO COURT, SUITE 28	Resident Capacity: 0
City, State: STOCKTON, CA 95207	Total Occupancy: 0
Phone #: (209)644-6327 Fax #: (209)644-6308	Target Population: 1.1
	Expiration Date 11/30/2013
Program Name: SERVICE FIRST OUTPATIENT PROGRAM	Record ID: 390017BN
Legal Name: SERVICE FIRST OF NORTHERN CALIFORNIA	Service Type: NON
Address: 445 W. WEBER AVENUE, SUITE 130	Resident Capacity: 0
City, State: STOCKTON, CA 95203	Total Occupancy: 0
Phone #: (209)644-4829	Target Population: 1.1
	Expiration Date 03/31/2014
Program Name: STOCKTON CIRCLE OF FRIENDS ADULT PROGRAM	Record ID: 390032AN
Legal Name: STOCKTON CIRCLE OF FRIENDS ADULT PROGRAMS	Service Type: RES
Address: 501 AND 503 SOUTH PERSHING STREET	Resident Capacity: 18
City, State: STOCKTON, CA 95203	Total Occupancy: 18
Phone #: (209)513-5042	Target Population: 1.2
	Expiration Date 06/30/2015
Program Name: VALLEY COMMUNITY COUNSELING SERVICES	Record ID: 390029AN
Legal Name: VALLEY COMMUNITY COUNSELING SERVICES, INC.	Service Type: NON
Address: 110 NORTH SHERMAN AVENUE	Resident Capacity: 0
City, State: MANTECA, CA 95336	Total Occupancy: 0
Phone #: (209)823-1911	Target Population: **
	Expiration Date 01/31/2015
Program Name: VALLEY COMMUNITY COUNSELING SERVICES	Record ID: 390029BN
Legal Name: VALLEY COMMUNITY COUNSELING SERVICES, INC.	Service Type: NON
Address: 1300 WEST LODI AVENUE, SUITE G1+ G2	Resident Capacity: 0
City, State: LODI, CA 95242	Total Occupancy: 0
Phone #: (209)334-2126 Fax #: (209)369-8406	Target Population: 1.1
	Expiration Date 01/31/2015
Program Name: VALLEY COMMUNITY COUNSELING SERVICES	Record ID: 390029CN
Legal Name: VALLEY COMMUNITY COUNSELING SERVICES, INC.	Service Type: NON
Address: 19 EAST 6TH STREET	Resident Capacity: 0
City, State: TRACY, CA 95376	Total Occupancy: 0
Phone #: (209)835-8583 Fax #: (209)835-2910	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: 03/17/2014

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
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As of: 03/17/2014

San Mateo County

Program Name: OUTPATIENT DRUG AND ALCOHOL SERVICES FOR ASIANS (ODASA)	Record ID: 410028BN
Legal Name: ASIAN AMERICAN RECOVERY SERVICES, INC.	Service Type: NON
Address: 6181 MISSION STREET	Resident Capacity: 0
City, State: DALY CITY, CA 94014	Total Occupancy: 0
Phone #: (415)337-0140	Target Population: 1.1
	Expiration Date 11/30/2014
Program Name: ASIAN AMERICAN RECOVERY SERVICES INC./YOUTH SERVICES OF	Record ID: 410028CN
Legal Name: ASIAN AMERICAN RECOVERY SERVICES, INC.	Service Type: NON
Address: 1115 MISSION ROAD	Resident Capacity: 0
City, State: SOUTH SAN FRANCISCO, CA 94080	Total Occupancy: 0
Phone #: (650)243-4850 Fax #: (650)243-4851	Target Population: 1.5
	Expiration Date 05/31/2014
Program Name: THE SEQUOIA CENTER	Record ID: 410032HP
Legal Name: CHEMICAL DATA SERVICES CORPORATION	Service Type: RES-DETOX
Address: 483 LINCOLN AVENUE	Resident Capacity: 8
City, State: REDWOOD CITY, CA 94061	Total Occupancy: 8
Phone #: (650)364-5504 Fax #: (650)261-3977	Target Population: 1.1
	Expiration Date 08/31/2015
Program Name: THE SEQUOIA CENTER	Record ID: 410032DP
Legal Name: CHEMICAL DATA SERVICES CORPORATION	Service Type: RES
Address: 481 LINCOLN AVENUE	Resident Capacity: 11
City, State: REDWOOD CITY, CA 94061	Total Occupancy: 11
Phone #: (650)364-5504 Fax #: (650)261-3977	Target Population: 1.1
	Expiration Date 05/31/2014
Program Name: THE SEQUOIA CENTER	Record ID: 410032BP
Legal Name: CHEMICAL DATA SERVICES CORPORATION	Service Type: NON
Address: 650 MAIN STREET	Resident Capacity: 0
City, State: REDWOOD CITY, CA 94063	Total Occupancy: 0
Phone #: (650)364-5504	Target Population: 1.1
	Expiration Date 01/31/2015
Program Name: EL CENTRO DE LIBERTAD/THE FREEDOM CENTER	Record ID: 410026DN
Legal Name: EL CENTRO DE LIBERTAD	Service Type: NON
Address: 225 SOUTH CABRILLO HIGHWAY, BUILDING D, SUITE # 105	Resident Capacity: 0
City, State: HALF MOON BAY, CA 94019	Total Occupancy: 0
Phone #: (650)560-9995 Fax #: (650)560-9991	Target Population: 1.1
	Expiration Date 01/31/2015
Program Name: THE FREEDOM CENTER	Record ID: 410026CN
Legal Name: EL CENTRO DE LIBERTAD	Service Type: NON
Address: 500 ALLERTON STREET	Resident Capacity: 0
City, State: REDWOOD CITY, CA 94063	Total Occupancy: 0
Phone #: (650)599-9955 Fax #: (950)599-9273	Target Population: 1.1
	Expiration Date 02/28/2015

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San Mateo County

Program Name: FREE AT LAST	Record ID: 410027IN
Legal Name: FREE AT LAST: COMMUNITY RECOVERY AND REHABILITATION SEF	Service Type: NON
Address: 1796 BAY ROAD	Resident Capacity: 0
City, State: EAST PALO ALTO, CA 94303	Total Occupancy: 0
Phone #: (650)462-6999 Fax #: () -	Target Population: 1.1
	Expiration Date 04/30/2015
Program Name: WALKER HOUSE	Record ID: 410027AN
Legal Name: FREE AT LAST: COMMUNITY RECOVERY AND REHABILITATION SEF	Service Type: RES
Address: 1095 WEEKS AVENUE	Resident Capacity: 6
City, State: EAST PALO ALTO, CA 94303	Total Occupancy: 6
Phone #: (650)462-4603 Fax #: (650)462-3589	Target Population: 1.2
	Expiration Date 08/31/2015
Program Name: WILLIAMS HOUSE II	Record ID: 410027MN
Legal Name: FREE AT LAST: COMMUNITY RECOVERY AND REHABILITATION SEF	Service Type: RES
Address: 1085-B WEEKS STREET	Resident Capacity: 6
City, State: EAST PALO ALTO, CA 94303	Total Occupancy: 6
Phone #: (650)462-6999 Fax #: (650)462-1055	Target Population: 1.2
	Expiration Date 08/31/2014
Program Name: MALAIKA HOUSE	Record ID: 410027BN
Legal Name: FREE AT LAST: COMMUNITY RECOVERY AND REHABILITATION SEF	Service Type: RES
Address: 819 & 823 JAMIE LANE	Resident Capacity: 10
City, State: EAST PALO ALTO, CA 94303	Total Occupancy: 14
Phone #: (650)462-6983	Target Population: 1.4
	Expiration Date 08/31/2015
Program Name: WILLIAMS HOUSE I	Record ID: 410027LN
Legal Name: FREE AT LAST:COMMUNITY RECOVERY AND REHABILITATION SER	Service Type: RES
Address: 1085-A WEEKS STREET	Resident Capacity: 6
City, State: EAST PALO ALTO, CA 94303	Total Occupancy: 6
Phone #: (650)462-6999 Fax #: (650)462-1055	Target Population: 1.2
	Expiration Date 08/31/2014
Program Name: PALM AVENUE SOCIAL MODEL DETOXIFICATION	Record ID: 410003AN
Legal Name: HORIZON SERVICES, INCORPORATED	Service Type: RES-DETOX
Address: 2251 PALM AVENUE	Resident Capacity: 15
City, State: SAN MATEO, CA 94403	Total Occupancy: 15
Phone #: (650)513-6500 Fax #: (650)513-6506	Target Population: 1.1
	Expiration Date 02/28/2014
Program Name: JERICHO PROJECT	Record ID: 410041BN
Legal Name: JERICHO PROJECT	Service Type: RES
Address: 163 DEL PRADO DRIVE	Resident Capacity: 24
City, State: DALY CITY, CA 94015	Total Occupancy: 24
Phone #: (650)994-9832 Fax #: (650)994-1191	Target Population: 1.2
	Expiration Date 03/31/2015

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San Mateo County

Program Name: JERICHO PROJECT	Record ID: 410041CN
Legal Name: JERICHO PROJECT	Service Type: RES
Address: 193 DEL PRADO DRIVE	Resident Capacity: 12
City, State: DALY CITY, CA 94015	Total Occupancy: 12
Phone #: (650)994-9832 Fax #: (650)994-1191	Target Population: 1.2
	Expiration Date 03/31/2015
Program Name: CASA LOS HERMANOS	Record ID: 410020HN
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES O	Service Type: RES
Address: 693 7TH AVENUE	Resident Capacity: 6
City, State: SAN BRUNO, CA 94006	Total Occupancy: 6
Phone #: (415)468-9020 Fax #: (415)468-1740	Target Population: 1.2
	Expiration Date 12/31/2013
Program Name: CASA ADELITA	Record ID: 410020FN
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES O	Service Type: RES
Address: 160 TEHAMA COURT	Resident Capacity: 6
City, State: SAN BRUNO, CA 94066	Total Occupancy: 6
Phone #: (650)244-1444 Fax #: (650)244-1447	Target Population: 1.3
	Expiration Date 02/28/2014
Program Name: CASA AZTLAN RECOVERY HOME	Record ID: 410020DN
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES O	Service Type: RES
Address: 660 MACARTHUR AVENUE	Resident Capacity: 9
City, State: REDWOOD CITY, CA 94065	Total Occupancy: 9
Phone #: (650)355-7573	Target Population: 1.2
	Expiration Date 04/30/2015
Program Name: LATINO COMMISSION-ENTRE FAMILIA OUTPATIENT	Record ID: 410020IN
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES O	Service Type: NON
Address: 301 GRAND AVENUE, SUITE 301	Resident Capacity: 0
City, State: SOUTH SAN FRANCISCO, CA 94080	Total Occupancy: 0
Phone #: (650)244-1444 Fax #: (650)244-1447	Target Population: 1.1
	Expiration Date 11/30/2013
Program Name: CASA MARIA RECOVERY HOME	Record ID: 410020AN
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES O	Service Type: RES
Address: 300 ROLLING HILLS AVENUE	Resident Capacity: 9
City, State: SAN MATEO, CA 94003	Total Occupancy: 9
Phone #: (650)244-1444	Target Population: 1.3
	Expiration Date 04/30/2015
Program Name: OUR COMMON GROUND EPA	Record ID: 410012CN
Legal Name: OUR COMMON GROUND, INC.	Service Type: RES
Address: 2560 PULGAS AVENUE	Resident Capacity: 32
City, State: EAST PALO ALTO, CA 94303	Total Occupancy: 32
Phone #: (650)325-6466	Target Population: 1.1
	Expiration Date 08/31/2014

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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

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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

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San Mateo County

Program Name: HOPE HOUSE	Record ID: 410013AN
Legal Name: SAN MATEO COUNTY SERVICE LEAGUE	Service Type: RES
Address: 3789 HOOVER STREET	Resident Capacity: 10
City, State: REDWOOD CITY, CA 94063	Total Occupancy: 14
Phone #: (650)363-8735 Fax #: (650)363-8701	Target Population: 1.4
	Expiration Date 11/30/2013
Program Name: HOPE HOUSE III	Record ID: 410013BN
Legal Name: SAN MATEO COUNTY SERVICE LEAGUE	Service Type: RES
Address: 3787-A AND 3787-B HOOVER STREET	Resident Capacity: 6
City, State: REDWOOD CITY, CA 94063	Total Occupancy: 6
Phone #: (650)363-8735 Fax #: (650)363-8701	Target Population: 1.3
	Expiration Date 05/31/2015
Program Name: SITIKE COUNSELING CENTER	Record ID: 410023AN
Legal Name: SITIKE	Service Type: NON
Address: 306 SPRUCE AVENUE	Resident Capacity: 0
City, State: SOUTH SAN FRANCISCO, CA 94080	Total Occupancy: 0
Phone #: (650)589-9305	Target Population: 1.1
	Expiration Date 10/31/2014
Program Name: FIRST CHANCE SOUTH	Record ID: 410038DN
Legal Name: STARVISTA	Service Type: NON
Address: 826 MAHLER ROAD	Resident Capacity: 0
City, State: BURLINGAME, CA 94010	Total Occupancy: 0
Phone #: (650)595-8165 Fax #: (650)595-8167	Target Population: 1.1
	Expiration Date 01/31/2014
Program Name: WOMEN'S ENRICHMENT CENTER	Record ID: 410038EN
Legal Name: STARVISTA	Service Type: NON
Address: 335 QUARRY ROAD	Resident Capacity: 0
City, State: SAN CARLOS, CA 94070	Total Occupancy: 0
Phone #: (650)591-3636 Fax #: (650)591-3600	Target Population: 1.1
	Expiration Date 01/31/2014
Program Name: ARCHWAY	Record ID: 410038AN
Legal Name: STARVISTA	Service Type: NON
Address: 609 PRICE AVENUE, ROOMS 101, 107, 201, 205, 206 AND 208	Resident Capacity: 0
City, State: REDWOOD CITY, CA 94063	Total Occupancy: 0
Phone #: (650)366-8433 Fax #: (650)366-8455	Target Population: 1.1
	Expiration Date 01/31/2014
Program Name: INSIGHTS	Record ID: 410038BN
Legal Name: STARVISTA	Service Type: NON
Address: 333 GELLERT BOULEVARD #206	Resident Capacity: 0
City, State: DALY CITY, CA 94015	Total Occupancy: 0
Phone #: (650)755-0858 Fax #: (650)755-1754	Target Population: 1.1
	Expiration Date 01/31/2014

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San Mateo County

Program Name: MISSION HOUSE	Record ID: 410017AN
Legal Name: THE SOLIDARITY FELLOWSHIP, INC.	Service Type: RES
Address: 1679 SOUTH NORFOLK STREET	Resident Capacity: 6
City, State: SAN MATEO, CA 94402	Total Occupancy: 6
Phone #: (650)341-3803 Fax #: (650)341-3803	Target Population: 1.2
	Expiration Date 03/31/2014
Program Name: HILLSIDE HOUSE ONE	Record ID: 410002IN
Legal Name: WOMEN'S RECOVERY ASSOCIATION OF SAN MATEO COUNTY, INC.	Service Type: RES
Address: 27 NORTH HUMBOLDT STREET, UNIT A AND UNIT B	Resident Capacity: 5
City, State: SAN MATEO, CA 94401	Total Occupancy: 11
Phone #: (650)348-6603 Fax #: (650)342-0454	Target Population: 1.3
	Expiration Date 09/30/2015
Program Name: WOMEN'S RECOVERY ASSOCIATION - THE CENTER	Record ID: 410002CN
Legal Name: WOMEN'S RECOVERY ASSOCIATION OF SAN MATEO COUNTY, INC.	Service Type: NON
Address: 1818 GILBRETH ROAD, SUITE 230	Resident Capacity: 0
City, State: BURLINGAME, CA 94010	Total Occupancy: 0
Phone #: (650)348-6603	Target Population: 1.3
	Expiration Date 02/28/2014
Program Name: LAUREL HOUSE	Record ID: 410002BN
Legal Name: WOMEN'S RECOVERY ASSOCIATION OF SAN MATEO COUNTY, INC.	Service Type: RES
Address: 900 LAUREL AVENUE	Resident Capacity: 12
City, State: SAN MATEO, CA 94401	Total Occupancy: 13
Phone #: (650)347-8808	Target Population: 1.3
	Expiration Date 02/28/2014
Program Name: THE ELMS	Record ID: 410002AN
Legal Name: WOMEN'S RECOVERY ASSOCIATION OF SAN MATEO COUNTY, INC.	Service Type: RES
Address: 202 EAST BELLEVUE AVENUE	Resident Capacity: 15
City, State: SAN MATEO, CA 94401	Total Occupancy: 15
Phone #: (650)343-8401	Target Population: 1.3
	Expiration Date 02/28/2014

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As of: 03/17/2014

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

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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

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Santa Barbara County

Program Name: SANCTUARY PSYCHIATRIC CENTERS	Record ID: 420026AN
Legal Name: SANCTUARY HOUSE OF SANTA BARBARA, INC.	Service Type: NON
Address: 222 WEST VALERIO, REAR BUILDING	Resident Capacity: 0
City, State: SANTA BARBARA, CA 93101	Total Occupancy: 0
Phone #: (805)569-2785 Fax #: (805)563-1977	Target Population: 1.1
	Expiration Date 05/31/2015
Program Name: COTTAGE RESIDENTIAL CENTER	Record ID: 420017AN
Legal Name: SANTA BARBARA COTTAGE HOSPITAL	Service Type: RES
Address: 316 MONTECITO STREET	Resident Capacity: 24
City, State: SANTA BARBARA, CA 93101	Total Occupancy: 24
Phone #: (805)569-7815 Fax #: (805)569-8314	Target Population: 1.1
	Expiration Date 06/30/2015
Program Name: PROJECT RECOVERY - ADULT OUTPATIENT TREATMENT PROGRAM	Record ID: 420022AN
Legal Name: SANTA BARBARA COUNCIL ON ALCOHOLISM AND DRUG ABUSE	Service Type: NON
Address: 133 EAST HALEY STREET	Resident Capacity: 0
City, State: SANTA BARBARA, CA 93101	Total Occupancy: 0
Phone #: (805)564-6057	Target Population: 1.1
	Expiration Date 05/31/2015
Program Name: BETHEL HOUSE	Record ID: 420016BN
Legal Name: SANTA BARBARA RESCUE MISSION	Service Type: RES
Address: 24 WEST ARRELLEGA STREET	Resident Capacity: 24
City, State: SANTA BARBARA, CA 93101	Total Occupancy: 25
Phone #: (805)966-1316 Fax #: (805)966-7495	Target Population: 1.3
	Expiration Date 02/28/2015
Program Name: SANTA BARBARA RESCUE MISSION - RECOVERY PROGRAM	Record ID: 420016AN
Legal Name: SANTA BARBARA RESCUE MISSION	Service Type: RES
Address: 535 EAST YANONALI STREET, A	Resident Capacity: 49
City, State: SANTA BARBARA, CA 93103	Total Occupancy: 49
Phone #: (805)966-1316 Fax #: (805)966-7495	Target Population: 1.2
	Expiration Date 02/28/2015
Program Name: RECOVERY SANTA BARBARA OUTPATIENT SERVICES	Record ID: 420016CN
Legal Name: SANTA BARBARA RESCUE MISSION	Service Type: NON
Address: 535 EAST YANONALI STREET, B	Resident Capacity: 0
City, State: SANTA BARBARA, CA 93103	Total Occupancy: 0
Phone #: (805)966-1316 Fax #: (805)966-7495	Target Population: 1.1
	Expiration Date 03/31/2014
Program Name: THE TIDES SANTA BARBARA	Record ID: 420035AP
Legal Name: THE TIDES SANTA BARBARA, LLC	Service Type: RES-DETOX
Address: 5277 AUSTIN ROAD	Resident Capacity: 6
City, State: SANTA BARBARA, CA 93111	Total Occupancy: 6
Phone #: (805)845-4320 Fax #: (888)552-0299	Target Population: 1.1
	Expiration Date 10/31/2015

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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

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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

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Program Name: INDIAN HEALTH CENTER OF SANTA CLARA VALLEY-OUTPATIENT A	Record ID: 430047CN
Legal Name: INDIAN HEALTH CENTER OF SANTA CLARA VALLEY	Service Type: NON
Address: 602 EAST SANTA CLARA STREET, SUITE 230	Resident Capacity: 0
City, State: SAN JOSE, CA 95112	Total Occupancy: 0
Phone #: (408)350-2400 Fax #: (408)350-2411	Target Population: 1.1
	Expiration Date 11/30/2014
Program Name: LIFE CHOICES	Record ID: 430049AN
Legal Name: LIFECHOICES TREATMENT SERVICES, INC.	Service Type: RES-DETOX
Address: 1157 EAST TAYLOR STREET	Resident Capacity: 31
City, State: SAN JOSE, CA 95112	Total Occupancy: 31
Phone #: (408)971-0118 Fax #: (408)998-4337	Target Population: 1.2
	Expiration Date 02/28/2014
Program Name: LIFECHOICES TREATMENT SERVICES	Record ID: 430049BN
Legal Name: LIFECHOICES TREATMENT SERVICES, INC.	Service Type: NON
Address: 586 N. FIRST STREET, # 228	Resident Capacity: 0
City, State: SAN JOSE, CA 95112	Total Occupancy: 0
Phone #: (408)971-7811 Fax #: (408)998-4337	Target Population: 1.2
	Expiration Date 09/30/2015
Program Name: LIONROCK RECOVERY	Record ID: 430074AP
Legal Name: LIONROCK BEHAVIORAL HEALTH, INC.	Service Type: NON
Address: 621 E CAMPBELL AVENUE #17	Resident Capacity: 0
City, State: CAMPBELL, CA 95008	Total Occupancy: 0
Phone #: (760)994-4990 Fax #: (866)899-8670	Target Population: 1.1
	Expiration Date 08/31/2015
Program Name: NEW LIFE RECOVERY CENTERS, INC.	Record ID: 430053BP
Legal Name: NEW LIFE RECOVERY CENTERS, INC.	Service Type: NON
Address: 1101 PARK AVENUE	Resident Capacity: 0
City, State: SAN JOSE, CA 95126	Total Occupancy: 0
Phone #: (408)297-1182 Fax #: (408)297-7450	Target Population: 1.1
	Expiration Date 05/31/2015
Program Name: NEW LIFE RECOVERY CENTERS	Record ID: 430053AP
Legal Name: NEW LIFE RECOVERY CENTERS, INC.	Service Type: RES
Address: 473 NORTH SAN PEDRO	Resident Capacity: 18
City, State: SAN JOSE, CA 95110	Total Occupancy: 18
Phone #: (408)297-1182 Fax #: (408)297-7450	Target Population: 1.1
	Expiration Date 04/30/2014
Program Name: NEW LIFE RECOVERY CENTERS, INC.	Record ID: 430053CP
Legal Name: NEW LIFE RECOVERY CENTERS, INC.	Service Type: RES
Address: 166 CLAYTON AVENUE	Resident Capacity: 6
City, State: SAN JOSE, CA 95110	Total Occupancy: 6
Phone #: (408)975-0454 Fax #: (408)230-0395	Target Population: 1.1
	Expiration Date 01/31/2014

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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

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Program Name: POSITIVE PROGRESSION, INC.	Record ID: 430065AN
Legal Name: POSITIVE PROGRESSIONS RESIDENTIAL TREATMENT CENTERS, INC	Service Type: RES-DETOX
Address: 1721 LOLLIE COURT	Resident Capacity: 6
City, State: SAN JOSE, CA 95124	Total Occupancy: 6
Phone #: (408)723-7653	Target Population: 1.1
	Expiration Date 08/31/2015
Program Name: NINTH STREET HOUSE	Record ID: 430051AN
Legal Name: PROJECT NINETY	Service Type: RES
Address: 561 SOUTH 9TH STREET	Resident Capacity: 16
City, State: SAN JOSE, CA 95112	Total Occupancy: 18
Phone #: (650)579-7881 Fax #: (650)579-2640	Target Population: 1.1
	Expiration Date 11/30/2013
Program Name: PROJECT NINETY THIRD STREET HOUSE	Record ID: 430051BN
Legal Name: PROJECT NINETY	Service Type: RES
Address: 792 SOUTH THIRD STREET	Resident Capacity: 10
City, State: SAN JOSE, CA 95112	Total Occupancy: 10
Phone #: (650)579-7882 Fax #: (650)579-2640	Target Population: 1.1
	Expiration Date 05/31/2014
Program Name: WILLOW HOME	Record ID: 430018AP
Legal Name: SAAVEDRA, CARLOS	Service Type: RES
Address: 808 PALM STREET	Resident Capacity: 16
City, State: SAN JOSE, CA 95110	Total Occupancy: 17
Phone #: (408)294-5072 Fax #: (408)288-7005	Target Population: 1.2
	Expiration Date 10/31/2013
Program Name: SUMMIT ESTATE RECOVERY CENTER	Record ID: 430077AP
Legal Name: SUMMIT ESTATE, INC.	Service Type: RES-DETOX
Address: 399 OLD MILL POND ROAD	Resident Capacity: 6
City, State: LOS GATOS, CA 95033	Total Occupancy: 6
Phone #: (650)733-4711 Fax #: (877)230-5007	Target Population: 1.1
Program Name: SUPPORT SYSTEMS HOMES, INC.	Record ID: 430027IP
Legal Name: SUPPORT SYSTEMS HOMES, INC.	Service Type: RES
Address: 398 S. 12TH STREET	Resident Capacity: 22
City, State: SAN JOSE, CA 95112	Total Occupancy: 22
Phone #: (408)370-9688 Fax #: (408)370-3487	Target Population: 1.1
	Expiration Date 09/11/2015
Program Name: SUPPORT SYSTEMS HOMES ALCOHOL AND DRUG TREATMENT CEN'	Record ID: 430027HP
Legal Name: SUPPORT SYSTEMS HOMES, INC.	Service Type: RES-DETOX
Address: 264 NORTH MORRISON AVENUE	Resident Capacity: 32
City, State: SAN JOSE, CA 95126	Total Occupancy: 32
Phone #: (408)370-9688 Fax #: (408)370-3487	Target Population: 1.1
	Expiration Date 01/31/2015

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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

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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

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Program Name: FENIX OUTPATIENT SERVICES	Record ID: 440001EN
Legal Name: SANTA CRUZ COMMUNITY COUNSELING CENTER, INC.	Service Type: NON
Address: 18 ALEXANDER STREET	Resident Capacity: 0
City, State: WATSONVILLE, CA 95076	Total Occupancy: 0
Phone #: (831)722-5915 Fax #: (831)722-8311	Target Population: 1.1
	Expiration Date 12/31/2014
Program Name: SI SE PUEDE	Record ID: 440008LN
Legal Name: SANTA CRUZ COMMUNITY COUNSELING CENTER, INC.	Service Type: RES
Address: 161 MILES LANE	Resident Capacity: 23
City, State: WATSONVILLE, CA 95076	Total Occupancy: 23
Phone #: (831)423-3890	Target Population: 1.2
	Expiration Date 06/30/2014
Program Name: SANTA CRUZ RESIDENTIAL RECOVERY	Record ID: 440008AN
Legal Name: SANTA CRUZ COMMUNITY COUNSELING CENTER, INC.	Service Type: RES
Address: 125 RIGG STREET, 121-A WEEKS STREET AND 121-B WEEKS STRI	Resident Capacity: 39
City, State: SANTA CRUZ, CA 95060	Total Occupancy: 39
Phone #: (831)423-3890	Target Population: 1.1
	Expiration Date 06/30/2014
Program Name: ALTO COUNSELING CENTER - NORTH	Record ID: 440008HN
Legal Name: SANTA CRUZ COMMUNITY COUNSELING CENTER, INC.	Service Type: NON
Address: 271 WATER STREET	Resident Capacity: 0
City, State: SANTA CRUZ, CA 95060	Total Occupancy: 0
Phone #: (831)427-5290	Target Population: 1.1
	Expiration Date 04/30/2014
Program Name: THE CAMP RECOVERY CENTERS-SECTION II	Record ID: 440011BP
Legal Name: THE CAMP RECOVERY CENTER, L.P.	Service Type: DSS
Address: 3192 GLEN CANYON ROAD	Resident Capacity: 0
City, State: SCOTTS VALLEY, CA 95066	Total Occupancy: 0
Phone #: (831)438-1868	Target Population: 1.5
Program Name: THE CAMP	Record ID: 440011AP
Legal Name: THE CAMP RECOVERY CENTERS, L.P.	Service Type: RES-DETOX
Address: 3192 GLEN CANYON ROAD	Resident Capacity: 56
City, State: SCOTTS VALLEY, CA 95066	Total Occupancy: 60
Phone #: (831)438-1868	Target Population: 1.10
	Expiration Date 09/30/2015

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Program Name: REDEEMED RECOVERY SERVICES	Record ID: 450008AN
Legal Name: CHURCH OF THE REDEEMED OF REDDING, CALIFORNIA	Service Type: NON
Address: 844 BUTTE STREET	Resident Capacity: 0
City, State: REDDING, CA 96001	Total Occupancy: 0
Phone #: (530)241-5518 Fax #: (530)244-4086	Target Population: 1.1
	Expiration Date 10/31/2015
Program Name: EMPIRE OUTPATIENT SERVICES	Record ID: 450001CN
Legal Name: EMPIRE HOTEL EHARC. INC.	Service Type: NON
Address: 1263 CALIFORNIA STREET	Resident Capacity: 0
City, State: REDDING, CA 96001	Total Occupancy: 0
Phone #: (530)244-7074 Fax #: (530)244-7065	Target Population: 1.13
	Expiration Date 08/31/2014
Program Name: EMPIRE RECOVERY CENTER	Record ID: 450001AN
Legal Name: EMPIRE HOTEL, EHARC, INC.	Service Type: RES-DETOX
Address: 1237 CALIFORNIA STREET	Resident Capacity: 42
City, State: REDDING, CA 96001	Total Occupancy: 42
Phone #: (530)243-7470 Fax #: (530)243-7477	Target Population: 1.1
	Expiration Date 05/31/2015
Program Name: EMPIRE RECOVERY CENTER	Record ID: 450001BN
Legal Name: EMPIRE HOTEL, EHARC, INC.	Service Type: NON
Address: 5014 SHASTA DAM BOULEVARD	Resident Capacity: 0
City, State: SHASTA LAKE, CA 96019	Total Occupancy: 0
Phone #: (530)275-1076 Fax #: (530)275-3717	Target Population: 1.1
	Expiration Date 04/30/2015
Program Name: WILDERNESS RECOVERY CENTER	Record ID: 450004AN
Legal Name: HILLCREST COMMUNITY SERVICES, INC.	Service Type: DSS
Address: 19650 COVE ROAD	Resident Capacity: 0
City, State: MONTGOMERY CREEK, CA 96065	Total Occupancy: 0
Phone #: (530)337-6724	Target Population: 1.5
Program Name: ANDERSON OUTPATIENT PROGRAM	Record ID: 450012AN
Legal Name: RIGHT ROAD RECOVERY PROGRAMS, INC.	Service Type: NON
Address: 2110 FERRY STREET	Resident Capacity: 0
City, State: ANDERSON, CA 96007	Total Occupancy: 0
Phone #: (530)365-8523	Target Population: 1.1
	Expiration Date 05/31/2015
Program Name: SHASTA RECOVERY CENTER	Record ID: 450010AP
Legal Name: SMITH, RON W.	Service Type: NON
Address: 2115 HOWARD STREET, SUITE C	Resident Capacity: 0
City, State: ANDERSON, CA 96007	Total Occupancy: 0
Phone #: (530)365-1160 Fax #: (530)343-6715	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: 03/17/2014

Shasta County

Program Name: THE ROCK RECOVERY & WELLNESS CENTER, INC.	Record ID: 450023AP
Legal Name: THE ROCK RECOVERY & WELLNESS CENTER, INC.	Service Type: RES
Address: 755 LAKE BLVD.	Resident Capacity: 6
City, State: REDDING, CA 96003	Total Occupancy: 8
Phone #: (530)229-1704 Fax #: (530)229-1890	Target Population: 1.2
	Expiration Date 11/30/2013
Program Name: CHEMICAL DEPENDENCY INTENSIVE OUTPATIENT PROGRAM	Record ID: 450011AP
Legal Name: THOMAS J. ANDREWS, M.D., INC.	Service Type: NON
Address: 2885 CHURN CREEK ROAD, SUITE A	Resident Capacity: 0
City, State: REDDING, CA 96002	Total Occupancy: 0
Phone #: (530)221-7474 Fax #: (530)226-6329	Target Population: 1.1
	Expiration Date 05/31/2015
Program Name: VOTC, INC. RESIDENTIAL TREATMENT PROGRAM	Record ID: 450020AN
Legal Name: VOTC, INC.	Service Type: RES
Address: 3640, 3642, 3644, 3646, 3650, 3652 EL PORTAL DRIVE AND 3647 RIC	Resident Capacity: 24
City, State: REDDING, CA 96002	Total Occupancy: 36
Phone #: (530)722-1114 Fax #: (530)722-1115	Target Population: 1.4
	Expiration Date 09/30/2014
Program Name: VISIONS OF THE CROSS	Record ID: 450020DN
Legal Name: VOTC, INC.	Service Type: RES
Address: 3617 RICARDO AVENUE #6,7&8	Resident Capacity: 10
City, State: SHASTA, CA 96002	Total Occupancy: 16
Phone #: (530)722-1114 Fax #: (530)722-1115	Target Population: 1.4
	Expiration Date 12/12/2015
Program Name: VOTC, INC.	Record ID: 450020BN
Legal Name: VOTC, INC.	Service Type: NON
Address: 3617 RICARDO AVENUE, #1	Resident Capacity: 0
City, State: REDDING, CA 96002	Total Occupancy: 0
Phone #: (530)722-1114 Fax #: (530)722-1115	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*

Sierra County

As of: 03/17/2014

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: 03/17/2014

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: 03/17/2014

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

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Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

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Solano County

Program Name: GENESIS HOUSE II	Record ID: 480005BN
Legal Name: GENESIS HOUSE, INC.	Service Type: RES
Address: 133 RENIDA STREET	Resident Capacity: 12
City, State: VALLEJO, CA 94591	Total Occupancy: 12
Phone #: (707)552-5295	Target Population: 1.2
	Expiration Date 06/30/2015
Program Name: RIO VISTA CARE	Record ID: 480012AN
Legal Name: RIO VISTA CARE, INC.	Service Type: NON
Address: 125 SACRAMENTO STREET	Resident Capacity: 0
City, State: RIO VISTA, CA 94571	Total Occupancy: 0
Phone #: (707)374-5243 Fax #: (707)374-5381	Target Population: 1.1
	Expiration Date 08/31/2014
Program Name: THE HOUSE OF ACTS II	Record ID: 480010BN
Legal Name: THE HOUSE OF ACTS/SUBSTANCE ABUSE PROGRAM	Service Type: RES
Address: 115 TERI COURT	Resident Capacity: 10
City, State: VALLEJO, CA 94589	Total Occupancy: 10
Phone #: (707)643-8316 Fax #: (707)553-8146	Target Population: 1.2
	Expiration Date 06/30/2014
Program Name: THE HOUSE OF ACTS ALCOHOL & SUBSTANCE ABUSE TREATMENT	Record ID: 480010DN
Legal Name: THE HOUSE OF ACTS/SUBSTANCE ABUSE PROGRAM	Service Type: RES
Address: 844 5TH STREET	Resident Capacity: 8
City, State: VALLEJO, CA 94589	Total Occupancy: 8
Phone #: (707)553-1042 Fax #: (707)553-8146	Target Population: 1.3
	Expiration Date 08/31/2014
Program Name: THE HOUSE OF ACTS/SUBSTANCE ABUSE PROGRAM	Record ID: 480010AN
Legal Name: THE HOUSE OF ACTS/SUBSTANCE ABUSE PROGRAM	Service Type: RES
Address: 627 GRANT STREET	Resident Capacity: 10
City, State: VALLEJO, CA 94590	Total Occupancy: 10
Phone #: (707)553-1042 Fax #: (707)553-8146	Target Population: 1.2
	Expiration Date 02/28/2015
Program Name: PROJECT AURORA/ADAPT	Record ID: 480007DN
Legal Name: YOUTH AND FAMILY SERVICES, INC.	Service Type: NON
Address: 408 TENNESSEE STREET	Resident Capacity: 0
City, State: VALLEJO, CA 94590	Total Occupancy: 0
Phone #: (707)554-2397 Fax #: (707)554-2634	Target Population: 1.7
	Expiration Date 01/31/2014
Program Name: YOUTH AND FAMILY SERVICES OUTPATIENT ALCOHOL AND DRUG	Record ID: 480007EN
Legal Name: YOUTH AND FAMILY SERVICES, INC.	Service Type: NON
Address: 490 CHADBOURNE ROAD, SUITE C	Resident Capacity: 0
City, State: FAIRFIELD, CA 94534	Total Occupancy: 0
Phone #: (707)427-6640 Fax #: (707)427-6649	Target Population: 1.1
	Expiration Date 10/31/2014

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Sonoma County

Program Name: ATHENA HOUSE	Record ID: 490010AN
Legal Name: CALIFORNIA HUMAN DEVELOPMENT CORPORATION	Service Type: RES
Address: 3555 SONOMA HIGHWAY	Resident Capacity: 40
City, State: SANTA ROSA, CA 95409	Total Occupancy: 44
Phone #: (707)526-3150 Fax #: (707)526-3250	Target Population: 1.3
	Expiration Date 06/30/2015
Program Name: CASA CALMECAC	Record ID: 490010HN
Legal Name: CALIFORNIA HUMAN DEVELOPMENT CORPORATION	Service Type: RES
Address: 1705, 1705-A AND 1711 RIDLEY STREET	Resident Capacity: 18
City, State: SANTA ROSA, CA 95403	Total Occupancy: 18
Phone #: (707)573-1590 Fax #: (707)595-1150	Target Population: 1.2
	Expiration Date 02/28/2014
Program Name: CALIFORNIA HUMAN DEVELOPMENT CORPORATION EARLY INTER'	Record ID: 490010EN
Legal Name: CALIFORNIA HUMAN DEVELOPMENT CORPORATION	Service Type: NON
Address: 3315 AIRWAY DRIVE	Resident Capacity: 0
City, State: SANTA ROSA, CA 95403	Total Occupancy: 0
Phone #: (707)523-2242	Target Population: 1.1
	Expiration Date 09/30/2015
Program Name: CAMPOBELLO CHEMICAL DEPENDENCY RECOVERY CENTER	Record ID: 490002AP
Legal Name: CAMPOBELLO CHEMICAL DEPENDENCY RECOVERY CENTER, INC.	Service Type: RES-DETOX
Address: 3250 GUERNEVILLE ROAD	Resident Capacity: 25
City, State: SANTA ROSA, CA 95401	Total Occupancy: 25
Phone #: (707)579-4066 Fax #: (707)579-1603	Target Population: 1.1
	Expiration Date 08/31/2014
Program Name: CAMPOBELLO OUTPATIENT CENTER	Record ID: 490002BP
Legal Name: CAMPOBELLO CHEMICAL DEPENDENCY RECOVERY CENTER, INC.	Service Type: NON
Address: 2448 GUERNEVILLE ROAD, SUITE 400	Resident Capacity: 0
City, State: SANTA ROSA, CA 95403	Total Occupancy: 0
Phone #: (707)546-1547 Fax #: (707)546-1557	Target Population: 1.1
	Expiration Date 02/28/2014
Program Name: DRUG ABUSE ALTERNATIVES CENTER - DRUG COURT	Record ID: 490009LN
Legal Name: DRUG ABUSE ALTERNATIVES CENTER	Service Type: NON
Address: 2400 COUNTY CENTER DRIVE, SUITE B	Resident Capacity: 0
City, State: SANTA ROSA, CA 95403	Total Occupancy: 0
Phone #: (707)566-0170 Fax #: (707)568-5445	Target Population: 1.1
	Expiration Date 05/31/2014
Program Name: TURNING POINT - ARROWOOD	Record ID: 490009RN
Legal Name: DRUG ABUSE ALTERNATIVES CENTER	Service Type: RES
Address: 440 ARROWOOD DRIVE	Resident Capacity: 112
City, State: SANTA ROSA, CA 95407	Total Occupancy: 112
Phone #: (707)284-2950 Fax #: (707)284-2955	Target Population: 1.1
	Expiration Date 05/31/2015

**State of California, Department of Health Care Services
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As of: 03/17/2014

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

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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

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Sonoma County

As of: 03/17/2014

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
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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

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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

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Stanislaus County

Program Name:	TURLOCK REGIONAL SERVICES	Record ID:	500014BN
Legal Name:	STANISLAUS COUNTY BEHAVIORAL HEALTH AND RECOVERY SERV	Service Type:	NON
Address:	2101 GEER ROAD, SUITE 120	Resident Capacity:	0
City, State:	TURLOCK, CA 95380	Total Occupancy:	0
Phone #:	(209)664-8044	Fax #:	(209)664-9294
		Target Population:	1.1
		Expiration Date:	10/31/2014
Program Name:	WEST MODESTO REGIONAL SERVICES	Record ID:	500014EN
Legal Name:	STANISLAUS COUNTY BEHAVIORAL HEALTH AND RECOVERY SERV	Service Type:	NON
Address:	500 NORTH 9TH STREET, BUILDING A AND B	Resident Capacity:	0
City, State:	MODESTO, CA 95354	Total Occupancy:	0
Phone #:	(209)558-4598	Fax #:	(209)558-4586
		Target Population:	1.1
		Expiration Date:	10/31/2014
Program Name:	THE LIVING CENTERS OF CALIFORNIA, INC	Record ID:	500013HP
Legal Name:	THE LIVING CENTERS OF CALIFORNIA, INC	Service Type:	NON
Address:	1009 MCHENRY, SUITE E	Resident Capacity:	0
City, State:	MODESTO, CA 95350	Total Occupancy:	0
Phone #:	(209)575-2017	Fax #:	(209)575-2017
		Target Population:	1.1
		Expiration Date:	09/30/2015

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Sutter County

Program Name: FEATHER RIVER MEN'S CENTER	Record ID: 510006AN
Legal Name: FEATHER RIVER MEN'S CENTER, INC.	Service Type: RES
Address: 2465 BIRCH STREET	Resident Capacity: 15
City, State: LIVE OAK, CA 95953	Total Occupancy: 20
Phone #: (530)695-8006	Target Population: 1.2
	Expiration Date 11/30/2013
Program Name: FIRST STEPS PERINATAL DAY TREATMENT PROGRAM	Record ID: 510002CN
Legal Name: SUTTER-YUBA MENTAL HEALTH SERVICES	Service Type: NON
Address: 1251 EAST ONSTOTT ROAD	Resident Capacity: 0
City, State: YUBA CITY, CA 95991	Total Occupancy: 0
Phone #: (530)822-7263 Fax #: (530)822-7267	Target Population: 1.3
	Expiration Date 11/30/2014
Program Name: OPTIONS FOR CHANGE SUBSTANCE ABUSE PROGRAM	Record ID: 510002BN
Legal Name: SUTTER-YUBA MENTAL HEALTH SERVICES	Service Type: NON
Address: 1965 LIVE OAK BOULEVARD	Resident Capacity: 0
City, State: YUBA CITY, CA 95991	Total Occupancy: 0
Phone #: (530)822-7200 Fax #: (530)822-7108	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: 03/17/2014

Tehama County

Program Name: BONDAGE BREAKER RECOVERY SERVICE	Record ID: 520003AN
Legal Name: BONDAGE BREAKER RECOVERY SERVICE	Service Type: RES
Address: 224 ASH STREET	Resident Capacity: 8
City, State: RED BLUFF, CA 96080	Total Occupancy: 8
Phone #: (530)529-0634	Target Population: 1.2
	Expiration Date 04/30/2014
Program Name: TEHAMA COUNTY HEALTH AGENCY DRUG AND ALCOHOL DIVISION	Record ID: 520002BN
Legal Name: TEHAMA COUNTY HEALTH AGENCY	Service Type: NON
Address: 275 SOLANO STREET	Resident Capacity: 0
City, State: CORNING, CA 96021	Total Occupancy: 0
Phone #: (530)824-4890 Fax #: (530)824-8443	Target Population: 1.1
	Expiration Date 05/31/2015
Program Name: TEHAMA COUNTY HEALTH AGENCY DRUG AND ALCOHOL DIVISIO	Record ID: 520002AN
Legal Name: TEHAMA COUNTY HEALTH AGENCY	Service Type: NON
Address: 1850 WALNUT STREET	Resident Capacity: 0
City, State: RED BLUFF, CA 96080	Total Occupancy: 0
Phone #: (530)527-7893 Fax #: (530)527-0766	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*

Trinity County

As of: 03/17/2014

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: 03/17/2014

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: 03/17/2014

Tulare County

Program Name: MOTHERING HEIGHTS	Record ID: 540031DN
Legal Name: CENTRAL VALLEY RECOVERY SERVICES, INC.	Service Type: RES
Address: 705 SOUTH COURT STREET	Resident Capacity: 10
City, State: VISALIA, CA 93277	Total Occupancy: 23
Phone #: (559)625-2995 Fax #: (559)625-3808	Target Population: 1.4
	Expiration Date 10/31/2013
Program Name: COMMUNITY ALCOHOL AND DRUG REHABILITATION EFFORT C.A.D	Record ID: 540035AN
Legal Name: COMMUNITY ALCOHOL AND DRUG REHABILITATION EFFORT, INC.	Service Type: NON
Address: 2380 W. WHITENDALE AVENUE #B	Resident Capacity: 0
City, State: VISALIA, CA 93277	Total Occupancy: 0
Phone #: (559)651-8090	Target Population: 1.1
	Expiration Date 05/31/2014
Program Name: THE PAAR CENTER	Record ID: 540001HN
Legal Name: PORTERVILLE HALFWAY HOUSE	Service Type: RES-DETOX
Address: 218 W. BELLEVIEW AVENUE; 509 N. EL GRANITO	Resident Capacity: 45
City, State: PORTERVILLE, CA 93257	Total Occupancy: 48
Phone #: (559)781-0107 Fax #: () -	Target Population: 1.2
	Expiration Date 11/30/2014
Program Name: THE PAAR CENTER	Record ID: 540001FN
Legal Name: PORTERVILLE HALFWAY HOUSE	Service Type: NON
Address: 509 NORTH EL GRANITO STREET	Resident Capacity: 0
City, State: PORTERVILLE, CA 93257	Total Occupancy: 0
Phone #: (559)781-0107 Fax #: (559)781-7521	Target Population: 1.1
	Expiration Date 02/28/2015
Program Name: PAAR CENTER WEST	Record ID: 540001CN
Legal Name: PORTERVILLE HALFWAY HOUSE	Service Type: RES
Address: 182 WEST BELLEVIEW AVENUE	Resident Capacity: 12
City, State: PORTERVILLE, CA 93257	Total Occupancy: 14
Phone #: (559)781-0107	Target Population: 1.3
	Expiration Date 07/31/2015
Program Name: RECOVERY RESOURCES	Record ID: 540020AP
Legal Name: RICK AND JERRI THOMPSON, D.B.A., RECOVERY RESOURCES	Service Type: NON
Address: 2222 WEST SUNNYSIDE, SUITE 2	Resident Capacity: 0
City, State: VISALIA, CA 93277	Total Occupancy: 0
Phone #: (559)625-8176 Fax #: (559)625-8179	Target Population: 1.1
	Expiration Date 04/30/2015
Program Name: SRS RECOVERY SERVICES	Record ID: 540028AP
Legal Name: SRS RECOVERY SERVICES, LLC	Service Type: NON
Address: 515 WEST MURRAY, SUITES B & C	Resident Capacity: 0
City, State: VISALIA, CA 93291	Total Occupancy: 0
Phone #: (559)636-2091 Fax #: (559)636-9452	Target Population: 1.1
	Expiration Date 12/31/2013

**State of California, Department of Health Care Services
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As of: 03/17/2014

Tulare County

Program Name: SRS RECOVERY SERVICES	Record ID: 540028BP
Legal Name: SRS RECOVERY SERVICES, LLC	Service Type: NON
Address: 130 EAST MILL AVENUE	Resident Capacity: 0
City, State: PORTERVILLE, CA 93257	Total Occupancy: 0
Phone #: (559)789-9881 Fax #: (559)789-9877	Target Population: 1.1
	Expiration Date 12/31/2013
Program Name: TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY - FAMIL	Record ID: 540002HN
Legal Name: TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY	Service Type: NON
Address: 942 S. SANTA FE STREET	Resident Capacity: 0
City, State: VISALIA, CA 93292	Total Occupancy: 0
Phone #: (559)636-4000	Target Population: 1.1
	Expiration Date 02/28/2015
Program Name: TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY - FAMIL	Record ID: 540002JN
Legal Name: TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY	Service Type: NON
Address: 1066 NORTH ALTA	Resident Capacity: 0
City, State: DINUBA, CA 93618	Total Occupancy: 0
Phone #: (559)737-4660	Target Population: 1.1
	Expiration Date 02/28/2015
Program Name: TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY - FAMIL	Record ID: 540002IN
Legal Name: TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY	Service Type: NON
Address: 1055 WEST HENDERSON STREET, SUITE 2	Resident Capacity: 0
City, State: PORTERVILLE, CA 93257	Total Occupancy: 0
Phone #: (559)788-1200	Target Population: 1.1
	Expiration Date 02/28/2015
Program Name: TURNING POINT YOUTH SERVICES	Record ID: 540005BN
Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.	Service Type: NON
Address: 220 NORTH LOCUST STREET	Resident Capacity: 0
City, State: VISALIA, CA 93291	Total Occupancy: 0
Phone #: (559)627-1385 Fax #: (559)636-2105	Target Population: 1.5
	Expiration Date 06/30/2015
Program Name: TURNING POINT VISALIA RE-ENTRY CENTER	Record ID: 540005DN
Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.	Service Type: RES
Address: 1845 SOUTH COURT STREET, DORM ROOMS #5 AND #6	Resident Capacity: 12
City, State: VISALIA, CA 93277	Total Occupancy: 12
Phone #: (559)732-5550 Fax #: (559)732-5574	Target Population: 1.2
	Expiration Date 03/31/2014

*State of California, Department of Health Care Services
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Tuolumne County

As of: 03/17/2014

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
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As of: 03/17/2014

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

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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
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As of: 03/17/2014

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: 03/17/2014

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
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As of: 03/17/2014

Ventura County

Program Name: FILLMORE ADP CENTER	Record ID: 560003GN
Legal Name: VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT ALCOHOL	Service Type: NON
Address: 828 WEST VENTURA STREET, SUITE 250	Resident Capacity: 0
City, State: FILLMORE, CA 93015	Total Occupancy: 0
Phone #: (805)524-8644	Target Population: 1.1
	Expiration Date 11/30/2013
Program Name: OXNARD CENTER	Record ID: 560003CN
Legal Name: VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT, ALCOHOL	Service Type: NON
Address: 1911 WILLIAMS DRIVE	Resident Capacity: 0
City, State: OXNARD, CA 93036	Total Occupancy: 0
Phone #: (805)981-9200	Target Population: 1.1
	Expiration Date 10/31/2014
Program Name: A NEW START FOR MOMS	Record ID: 560003DN
Legal Name: VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT, ALCOHOL	Service Type: NON
Address: 1911 WILLIAMS DRIVE, SUITE 140	Resident Capacity: 0
City, State: OXNARD, CA 93036	Total Occupancy: 0
Phone #: (805)981-9250	Target Population: 1.3
	Expiration Date 10/31/2014
Program Name: COMMUNITY RECOVERY CENTER	Record ID: 560041AP
Legal Name: VENTURA RECOVERY CENTER, INC.	Service Type: RES-DETOX
Address: 166 SIESTA AVENUE	Resident Capacity: 10
City, State: THOUSAND OAKS, CA 91360	Total Occupancy: 10
Phone #: (805)499-8383 Fax #: (805)494-4898	Target Population: 1.1
	Expiration Date 08/31/2014
Program Name: VENTURA RECOVERY CENTER OUTPATIENT SERVICES	Record ID: 560041BP
Legal Name: VENTURA RECOVERY CENTER, INC.	Service Type: NON
Address: 2975 E. HILLCREST DRIVE, SUITE 406	Resident Capacity: 0
City, State: WESTLAKE VILLAGE, CA 91362	Total Occupancy: 0
Phone #: (800)247-6111 Fax #: (805)494-4898	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: 03/17/2014

Yolo County

Program Name: CACHE CREEK LODGE	Record ID: 570004BN
Legal Name: CACHE CREEK LODGE, INC.	Service Type: RES
Address: 421, 435, 441 AND 453 ASPEN STREET	Resident Capacity: 45
City, State: WOODLAND, CA 95695	Total Occupancy: 45
Phone #: (530)662-5727 Fax #: (530)892-1831	Target Population: 1.1
	Expiration Date 07/31/2015
Program Name: YOLO COUNTY DRUG AND ALCOHOL EDUCATION	Record ID: 570001DN
Legal Name: COUNTY OF YOLO ALCOHOL, DRUG AND MENTAL HEALTH SERVIC	Service Type: NON
Address: 137 NORTH COTTONWOOD STREET, SUITE 1510	Resident Capacity: 0
City, State: WOODLAND, CA 95695	Total Occupancy: 0
Phone #: (530)666-8658 Fax #: (530)666-8663	Target Population: 1.1
	Expiration Date 01/31/2014
Program Name: PROGRESS HOUSE YOLO COUNTY WOMEN AND CHILDREN'S FACILI	Record ID: 570009AN
Legal Name: PROGRESS HOUSE ,INC.	Service Type: RES
Address: 15450 COUNTY ROAD 99, BUILDING A AND 15430 COUNTY ROAL	Resident Capacity: 12
City, State: WOODLAND, CA 95695	Total Occupancy: 31
Phone #: (530)668-9627 Fax #: (530)668-8528	Target Population: 1.4
	Expiration Date 06/30/2014
Program Name: WALTER'S HOUSE	Record ID: 570008AN
Legal Name: YOLO WAYFARER CENTER (CHRISTIAN MISSION)	Service Type: RES
Address: 285 4TH STREET	Resident Capacity: 44
City, State: WOODLAND, CA 95695	Total Occupancy: 44
Phone #: (530)662-2699 Fax #: (530)662-6918	Target Population: 1.1
	Expiration Date 08/31/2015
Program Name: FOURTH AND HOPE OUTPATIENT PROGRAM	Record ID: 570008BN
Legal Name: YOLO WAYFARER CENTER (CHRISTIAN MISSION)	Service Type: NON
Address: 207 FOURTH STREET	Resident Capacity: 0
City, State: WOODLAND, CA 95695	Total Occupancy: 0
Phone #: (530)867-5010 Fax #: (530)662-6918	Target Population: 1.1
	Expiration Date 01/31/2015

*State of California, Department of Health Care Services
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As of: 03/17/2014

Yuba County

Program Name: FOR OUR RECOVERING (F.O.R.) FAMILIES	Record ID: 580002AN
Legal Name: COUNTY OF YUBA PROBATION DEPARTMENT	Service Type: NON
Address: #8-7TH STREET	Resident Capacity: 0
City, State: MARYSVILLE, CA 95901	Total Occupancy: 0
Phone #: (530)749-7316 Fax #: (530)743-7042	Target Population: 1.13
	Expiration Date 06/30/2015
Program Name: PATHWAYS III	Record ID: 580001DN
Legal Name: MIDVALLEY RECOVERY FACILITIES, INCORPORATED	Service Type: NON
Address: 2 9TH STREET	Resident Capacity: 0
City, State: MARYSVILLE, CA 95901	Total Occupancy: 0
Phone #: (530)742-6670	Target Population: 1.1
	Expiration Date 12/31/2013
Program Name: PATHWAYS I	Record ID: 580001BN
Legal Name: MIDVALLEY RECOVERY FACILITIES, INCORPORATED	Service Type: RES-DETOX
Address: 2 - 9TH STREET	Resident Capacity: 23
City, State: MARYSVILLE, CA 95901	Total Occupancy: 23
Phone #: (530)674-4530	Target Population: 1.1
	Expiration Date 12/31/2013
Program Name: THE SALVATION ARMY DEPOT FAMILY CRISIS CENTER	Record ID: 580005AN
Legal Name: THE SALVATION ARMY	Service Type: NON
Address: 410 J STREET	Resident Capacity: 0
City, State: MARYSVILLE, CA 95901	Total Occupancy: 0
Phone #: (530)216-4530 Fax #: (530)742-0893	Target Population: 1.1
	Expiration Date 10/31/2013