

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

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

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

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

COMMENTS?

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

LEGEND

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

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

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

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

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

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

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

As of 7/9/2015

Alameda County

Program Name: **CHRYSALIS**

Legal Name: HORIZON SERVICES, INCORPORATED

Address: 3837, 3839, 3841, 3843, 3845 AND 3847 TELEGRAPH AVENUE

City, State Zip: OAKLAND, CA 94609

Phone: (510)450-1190

Fax: (510)455-3520

Record ID: 010001AN

Service Type: RES

Resident Capacity: 16

Total Occupancy: 16

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 10/31/2015

Program Name: **CRONIN HOUSE**

Legal Name: HORIZON SERVICES, INCORPORATED

Address: 2595 DEPOT ROAD

City, State Zip: HAYWARD, CA 94545

Phone: (510)784-5874

Fax: (510)784-9194

Record ID: 010001BN

Service Type: RES

Resident Capacity: 34

Total Occupancy: 34

Target Population: 1.1 --- CO-ED

Expiration Date: 02/29/2016

Program Name: **PROJECT EDEN**

Legal Name: HORIZON SERVICES, INCORPORATED

Address: 22646 2ND STREET

City, State Zip: HAYWARD, CA 94541

Phone: (510)247-8200

Fax: (510)247-8202

Record ID: 010001CN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 9/30/2016

Program Name: **CHERRY HILL DETOXIFICATION SERVICES PROGRAM**

Legal Name: HORIZON SERVICES, INCORPORATED

Address: 2035 FAIRMONT DRIVE

City, State Zip: SAN LEANDRO, CA 94578

Phone: (866)866-7496

Fax: (510)351-7630

Record ID: 010001DN

Service Type: RES-DETOX

Resident Capacity: 32

Total Occupancy: 32

Target Population: 1.1 --- CO-ED

Expiration Date: 01/31/2016

Program Name: **EL CHANTE**

Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE OF ALAMEDA COUNTY

Address: 425 VERNON STREET

City, State Zip: OAKLAND, CA 94610

Phone: (510)419-1040

Fax: (510)535-2346

Record ID: 010002AN

Service Type: RES

Resident Capacity: 20

Total Occupancy: 20

Target Population: 1.2 --- MEN ONLY

Expiration Date: 08/31/2016

Program Name: **Latino Family Services Center**

Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE OF ALAMEDA COUNTY

Address: 1315 FRUITVALE AVENUE

City, State Zip: OAKLAND, CA 94601

Phone: (510)536-4760

Fax: (510)535-6312

Record ID: 010002DN

Service Type: NON

Target Population: 1.2 --- MEN ONLY

Expiration Date: 10/31/2016

Program Name: **MUJERES CON ESPERANZA/WOMEN'S SERVICES ENHANCEMENT PROGRAM**

Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE OF ALAMEDA COUNTY

Address: 3315 INTERNATIONAL BOULEVARD
City, State Zip: OAKLAND, CA 94601

Phone: (510)536-4764 Fax: (510)535-2346

Record ID: 010002EN

Service Type: NON

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 10/31/2016

Program Name: **COMMUNITY RECOVERY CENTER EAST**

Legal Name: THE WEST OAKLAND HEALTH COUNCIL

Address: 7501 INTERNATIONAL BOULEVARD

City, State Zip: OAKLAND, CA 94621

Phone: (510)430-1771 Fax: (510)569-4965

Record ID: 010005FN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2016

Program Name: **WEST OAKLAND OUTPATIENT SUBSTANCE ABUSE SERVICES**

Legal Name: THE WEST OAKLAND HEALTH COUNCIL

Address: 451 28TH STREET

City, State Zip: OAKLAND, CA 94609

Phone: (510)273-4908 Fax: (510)433-1526

Record ID: 010005HN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2016

Program Name: **WEST OAKLAND HEALTH COUNCIL TRANSITIONAL HOUSING**

Legal Name: THE WEST OAKLAND HEALTH COUNCIL

Address: 451 28TH STREET

City, State Zip: OAKLAND, CA 94609

Phone: (510)273-4908 Fax: (510)273-4908

Record ID: 010005IN

Service Type: RES

Resident Capacity: 23

Total Occupancy: 23

Target Population: 1.2 --- MEN ONLY

Expiration Date: 02/29/2016

Program Name: **WEST OAKLAND HEALTH COUNCIL**

Legal Name: THE WEST OAKLAND HEALTH COUNCIL

Address: 700 ADELINE STREET

City, State Zip: OAKLAND, CA 94607

Phone: (510)273-4908 Fax: (510)465-4873

Record ID: 010005JN

Service Type: NON

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 9/30/2016

Program Name: **ORCHID WOMEN'S RECOVERY CENTER**

Legal Name: BI-BETT

Address: 1342 EAST 27TH STREET

City, State Zip: OAKLAND, CA 94606

Phone: (510)535-0611 Fax: (510)535-1358

Record ID: 010006AN

Service Type: RES

Resident Capacity: 12

Total Occupancy: 12

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 04/30/2016

Program Name: **EAST OAKLAND RECOVERY CENTER**

Legal Name: BI-BETT

Address: 7200 BANCROFT AVENUE, SUITE 176

City, State Zip: OAKLAND, CA 94605

Phone: (510)568-2432

Record ID: 010006DN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2015

Program Name: **C.U.R.A., INC.**

Legal Name: CARNALES UNIDOS REFORMANDO ADICTOS INCORPORATE

Address: 37437 GLENMOOR DRIVE

City, State Zip: FREMONT, CA 94536

Phone: (510)713-3200 Fax: (510)713-0684

Record ID: 010010AN

Service Type: RES
Resident Capacity: 51
Total Occupancy: 51
Target Population: 1.1 --- CO-ED
Expiration Date: 01/31/2016

Program Name: **C.U.R.A., INC. OUTPATIENT PROGRAM**

Legal Name: CARNALES UNIDOS REFORMANDO ADICTOS INCORPORATE

Address: 37471 GLENMOOR DRIVE

City, State Zip: FREMONT, CA 94536

Phone: (510)713-3213

Fax: (510)713-3202

Record ID: 010010BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 9/30/2016

Program Name: **NEW BRIDGE FOUNDATION**

Legal Name: THE NEW BRIDGE FOUNDATION, INC.

Address: 1816 AND 1820 SCENIC AVENUE

City, State Zip: BERKELEY, CA 94709

Phone: (510)548-7270

Fax: (510)526-6200

Record ID: 010013AN

Service Type: RES-DETOX

Resident Capacity: 93

Total Occupancy: 93

Target Population: 1.1 --- CO-ED

Expiration Date: 05/31/2016

Program Name: **NEW BRIDGE FOUNDATION**

Legal Name: THE NEW BRIDGE FOUNDATION, INC.

Address: 1816 AND 1820 SCENIC AVENUE

City, State Zip: BERKELEY, CA 94709

Phone: (510)548-7270

Fax: (510)548-1060

Record ID: 010013BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 7/31/2016

Program Name: **AIDS PROJECT OF THE EAST BAY**

Legal Name: AIDS PROJECT OF THE EAST BAY

Address: 1320 WEBSTER STREET
City, State Zip: OAKLAND, CA 94612

Phone: (510)663-7951
Record ID: 010014AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2017

Program Name: **ALAMEDA HOUSE**

Legal Name: THE SOLIDARITY FELLOWSHIP, INC.
Address: 34401 AND 34413 BLACKSTONE WAY
City, State Zip: FREMONT, CA 94555

Phone: (510)796-7120
Record ID: 010019AN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 14
Target Population: 1.2 --- MEN ONLY
Expiration Date: 05/31/2016

Program Name: **PROJECT PRIDE RESIDENTIAL PROGRAM FOR WOMEN & CHILDREN**

Legal Name: EAST BAY COMMUNITY RECOVERY PROJECT
Address: 2545 SAN PABLO AVENUE
City, State Zip: OAKLAND, CA 94612

Phone: (510)446-7150 Fax: (510)832-0626
Record ID: 010025BN
Service Type: RES
Resident Capacity: 20
Total Occupancy: 40
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 07/31/2016

Program Name: **EAST BAY COMMUNITY RECOVERY PROJECT - NONRESIDENTIAL**

Legal Name: EAST BAY COMMUNITY RECOVERY PROJECT
Address: 2577 SAN PABLO AVENUE
City, State Zip: OAKLAND, CA 94612

Phone: (510)446-7180 Fax: (510)832-0606
Record ID: 010025CN
Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 7/31/2016

Program Name: **EAST BAY COMMUNITY RECOVERY PROJECT**

Legal Name: EAST BAY COMMUNITY RECOVERY PROJECT

Address: 22971 SUTRO STREET, SUITE A

City, State Zip: HAYWARD, CA 94541

Phone: (510)728-8600

Fax: (510)728-8605

Record ID: 010025DN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2015

Program Name: **AXIS COMMUNITY HEALTH CENTER**

Legal Name: AXIS COMMUNITY HEALTH, INC.

Address: 6666 OWENS DRIVE

City, State Zip: PLEASANTON, CA 94588

Phone: (925)462-1755

Fax: (925)485-1265

Record ID: 010046BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 9/30/2015

Program Name: **AXIS COMMUNITY HEALTH DRUG AND ALCOHOL PROGRAM**

Legal Name: AXIS COMMUNITY HEALTH, INC.

Address: 446 LINDBERGH AVENUE

City, State Zip: LIVERMORE, CA 94551

Phone: (925)249-3180

Fax: (925)417-1503

Record ID: 010046DN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 1/31/2017

Program Name: **SECOND CHANCE (TRI-CITIES), INC.**

Legal Name: SECOND CHANCE, INC.

Address: 6330 THORNTON AVENUE, SUITE B AND C

City, State Zip: NEWARK, CA 94560

Phone: (510)792-4357

Fax: (510)745-1693

Record ID: 010061AN

Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: **SECOND CHANCE PHOENIX PROGRAM**

Legal Name: SECOND CHANCE, INC.

Address: 6330 THORNTON AVENUE, SUITE A

City, State Zip: NEWARK, CA 94560

Phone: (510)792-4357 Fax: (510)745-1693

Record ID: 010061DN

Service Type: NON

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 5/31/2017

Program Name: **SECOND CHANCE, INC.**

Legal Name: SECOND CHANCE, INC.

Address: 107 JACKSON STREET

City, State Zip: HAYWARD, CA 94544

Phone: (510)886-8696 Fax: (510)745-1693

Record ID: 010061GN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2015

Program Name: **FRIENDSHIP HOUSE AMERICAN INDIAN LODGE**

Legal Name: THE FRIENDSHIP HOUSE ASSOCIATION OF AMERICAN INDIANS

Address: 1818 38TH AVENUE AND 1815 39TH AVENUE

City, State Zip: OAKLAND, CA 94601

Phone: (510)535-7100 Fax: (510)535-3445

Record ID: 010062AN

Service Type: RES

Resident Capacity: 9

Total Occupancy: 20

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 02/28/2017

Program Name: **OPTIONS RECOVERY SERVICES**

Legal Name: OPTIONS RECOVERY SERVICES

Address: 1931 CENTER STREET

City, State Zip: BERKELEY, CA 94704

Phone: (510)666-9552 Fax: (510)666-0987
Record ID: 010066AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: **OPTIONS- OAKLAND DRUG FREE OUTPATIENT PROGRAM**
Legal Name: OPTIONS RECOVERY SERVICES
Address: 610 16TH STREET, SUITE 312, 314, 315, 318, AND 319
City, State Zip: OAKLAND, CA 94612-1284

Phone: (510)836-9900 Fax: (510)836-9902
Record ID: 010066CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2016

Program Name: **MEN ON THE WAY**
Legal Name: WOMEN ON THE WAY RECOVERY CENTER
Address: 20424 HAVILAND AVENUE
City, State Zip: HAYWARD, CA 94541

Phone: (510)276-3661 Fax: (510)278-7933
Record ID: 010072AN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.2 --- MEN ONLY
Expiration Date: 03/31/2016

Program Name: **TERRA FIRMA DIVERSION/EDUCATIONAL SERVICES**
Legal Name: TERRA FIRMA DIVERSION/EDUCATIONAL SERVICES
Address: 30086 MISSION BOULEVARD
City, State Zip: HAYWARD, CA 94544

Phone: (510)675-9362 Fax: (510)675-9468
Record ID: 010079AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2015

Program Name: **MAGNOLIA WOMEN'S RECOVERY PROGRAM**

Legal Name: MAGNOLIA WOMEN'S RECOVERY PROGRAMS, INC.

Address: 682 BRIERGATE WAY

City, State Zip: HAYWARD, CA 94544

Phone: (510)487-2910

Fax: (510)487-2916

Record ID: 010081AN

Service Type: RES

Resident Capacity: 6

Total Occupancy: 12

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 09/30/2015

Program Name: **MAGNOLIA WOMEN'S RECOVERY PROGRAMS, INC.**

Legal Name: MAGNOLIA WOMEN'S RECOVERY PROGRAMS, INC.

Address: 3408 ANDOVER STREET

City, State Zip: OAKLAND, CA 94606

Phone: (510)547-1531

Record ID: 010081CN

Service Type: RES

Resident Capacity: 10

Total Occupancy: 20

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 02/28/2017

Program Name: **NATIVE AMERICAN HEALTH CENTER, INC.**

Legal Name: NATIVE AMERICAN HEALTH CENTER, INC.

Address: 3124 INTERNATIONAL BOULEVARD, 4TH FLOOR

City, State Zip: OAKLAND, CA 94601

Phone: (510)434-5421

Fax: (510)437-9574

Record ID: 010090AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2016

Program Name: **ALAMEDA FAMILY SERVICES**

Legal Name: ALAMEDA FAMILY SERVICES

Address: 2325 CLEMENT AVENUE

City, State Zip: ALAMEDA, CA 94501

Phone: (510)629-6300

Record ID: 010091AN

Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2016

Program Name: **FOUNTAIN RECOVERY**
Legal Name: BROTHER AND SISTER PARTNERSHIP
Address: 5053 PAVO COURT
City, State Zip: LIVERMORE, CA 94551

Phone: (925)292-5583 Fax: (925)292-5583
Record ID: 010095AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2016

Program Name: **HEALTHY OAKLAND**
Legal Name: HEALTHY COMMUNITIES, INC.
Address: 2580 SAN PABLO AVENUE
City, State Zip: OAKLAND, CA 94612

Phone: (510)444-9655 Fax: (510)444-9955
Record ID: 010096AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2015

Program Name: **CAL-PEP**
Legal Name: CAL-PEP
Address: 2811 ADELIN STREET
City, State Zip: OAKLAND, CA 94608

Phone: (510)874-7850 Fax: (510)874-6775
Record ID: 010099AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2016

Program Name: **SANTA CATARINA HOUSE LLC**
Legal Name: SANTA CATARINA HOUSE LLC
Address: 1080 CRAGMONT AVENUE
City, State Zip: BERKELEY, CA 94708

Phone: (510)847-5382

Fax: (510)847-5382

Record ID: 010100AP

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 02/28/2017

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

As of 7/9/2015

Alpine County

No licensed or certified facilities at this time.

Please check with a neighboring county for services.

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

As of 7/9/2015

Amador County

Program Name: **AMADOR COUNTY BEHAVIORAL HEALTH SERVICES**

Legal Name: AMADOR COUNTY BEHAVIORAL HEALTH SERVICES

Address: 10877 CONDUCTOR BOULEVARD

City, State Zip: SUTTER CREEK, CA 95685

Phone: (209)223-6412

Fax: (209)223-3460

Record ID: 030001AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2017

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

As of 7/9/2015

Butte County

Program Name: **SERENITY BY SKYWAY HOUSE**

Legal Name: SKYWAY HOUSE

Address: 6000 COHASSET ROAD

City, State Zip: CHICO, CA 95973-8861

Phone: (530)893-3698

Record ID: 040006CN

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2015

Program Name: **SKYWAY HOUSE**

Legal Name: SKYWAY HOUSE

Address: 40 LANDING CIRCLE, SUITES 1 AND 3

City, State Zip: CHICO, CA 95973-7901

Phone: (530)898-8326

Fax: (530)898-0239

Record ID: 040006DN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 7/31/2015

Program Name: **SKYWAY HOUSE-SHASTA RETREAT**

Legal Name: SKYWAY HOUSE

Address: 3105 ESPLANADE

City, State Zip: CHICO, CA 95973-0202

Phone: (530)342-3046

Fax: (530)898-0239

Record ID: 040006GN

Service Type: RES

Resident Capacity: 22

Total Occupancy: 22

Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2015

Program Name: **NORTHERN VALLEY INDIAN HEALTH, INC**

Legal Name: NORTHERN VALLEY INDIAN HEALTH, INC.

Address: 845 WEST EAST AVENUE

City, State Zip: CHICO, CA 95926-2002

Phone: (530)934-4348

Fax: (530)934-7688

Record ID: 040018AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2017

Program Name: **ESPLANADE HOUSE OUTPATIENT ALCOHOL AND DRUG PROGRAM**

Legal Name: COMMUNITY ACTION AGENCY OF BUTTE COUNTY, INC.

Address: 181 EAST SHASTA AVENUE

City, State Zip: CHICO, CA 95973-0523

Phone: (530)891-2977

Fax: (530)879-3426

Record ID: 040022AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2014

Program Name: **TRI-COUNTY TREATMENT RESIDENTIAL FACILITY**

Legal Name: JULIE CHAPMAN

Address: 1961 PINE STREET

City, State Zip: OROVILLE, CA 95965-5811

Phone: (530)533-5272

Fax: (530)533-5821

Record ID: 040024AP

Service Type: RES

Resident Capacity: 19

Total Occupancy: 19

Target Population: 1.2 --- MEN ONLY

Expiration Date: 08/31/2015

Program Name: **TRI-COUNTY TREATMENT OUTPATIENT PROGRAM**

Legal Name: JULIE CHAPMAN

Address: 2740 ORO DAM BOULEVARD

City, State Zip: OROVILLE, CA 95966-5117

Phone: (530)533-5272

Fax: (530)533-5821

Record ID: 040024BP

Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2014

Program Name: **THERAPEUTIC SOLUTIONS**

Legal Name: THERAPEUTIC SOLUTIONS PROFESSIONAL CORPORATION

Address: 3255 ESPLANADE

City, State Zip: CHICO, CA 95973-0255

Phone: (530)899-3150 Fax: (530)899-3160

Record ID: 040030AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2015

Program Name: **CHICO RECOVERY CENTER**

Legal Name: RUTH ELLEN WALLACE

Address: 2057 FOREST AVENUE, SUITE 5

City, State Zip: CHICO, CA 95928-7627

Phone: (530)343-6566 Fax: (530)343-6715

Record ID: 040031AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2016

Program Name: **LIFELINE RECOVERY L.L.C.**

Legal Name: LIFELINE RECOVERY L.L.C.

Address: 5075 LINCOLN BOULEVARD

City, State Zip: OROVILLE , CA 95966-6927

Phone: (530)282-4357 Fax: (530)282-4948

Record ID: 040032AP

Service Type: RES

Resident Capacity: 24

Total Occupancy: 24

Target Population: 1.2 --- MEN ONLY

Expiration Date: 03/31/2017

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

As of 7/9/2015

Calaveras County

Program Name: **CHANGING ECHOES**

Legal Name: CHANGING ECHOES, INC.

Address: 7632 POOL STATION ROAD

City, State Zip: ANGELS CAMP, CA 95222

Phone: (209)785-3666

Record ID: 050002AN

Service Type: RES-DETOX

Resident Capacity: 32

Total Occupancy: 32

Target Population: 1.1 --- CO-ED

Expiration Date: 09/30/2015

Program Name: **THE LAKES TREATMENT CENTER**

Legal Name: THE LAKES TREATMENT CENTER, INC.

Address: 7260 O'BYRNES FERRY ROAD

City, State Zip: COPPEROPOLIS, CA 95228

Phone: (209)785-8200

Fax: (209)785-8202

Record ID: 050005AP

Service Type: RES-DETOX

Resident Capacity: 76

Total Occupancy: 80

Target Population: 1.1 --- CO-ED

Expiration Date: 07/31/2016

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

As of 7/9/2015

Colusa County

Program Name: **COUNTY OF COLUSA DEPARTMENT OF BEHAVIORAL HEALTH**

Legal Name: COUNTY OF COLUSA DEPARTMENT OF BEHAVIORAL HEALTH

Address: 162 EAST CARSON STREET, SUITE B

City, State Zip: COLUSA, CA 95932-2880

Phone: (530)458-0525

Fax: (530)458-8028

Record ID: 060001FN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 3/31/2016

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

As of 7/9/2015

Contra Costa County

Program Name: **SUNRISE HOUSE**

Legal Name: BI-BETT

Address: 2309 PLATT DRIVE

City, State Zip: MARTINEZ, CA 94553

Phone: (925)229-2318

Fax: (925)370-2912

Record ID: 070001AAN

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.2 --- MEN ONLY

Expiration Date: 07/31/2016

Program Name: **SUNRISE HOUSE II**

Legal Name: BI-BETT

Address: 2359 PINNACLE DRIVE

City, State Zip: MARTINEZ, CA 94553

Phone: (925)229-2318

Record ID: 070001ABN

Service Type: RES

Resident Capacity: 6

Total Occupancy: 7

Target Population: 1.2 --- MEN ONLY

Expiration Date: 07/31/2016

Program Name: **WEST GAADDS**

Legal Name: BI-BETT

Address: 3726 BARRETT AVENUE

City, State Zip: RICHMOND, CA 94804

Phone: (925)685-7418

Fax: (958)685-7005

Record ID: 070001ACN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2016

Program Name: **DIABLO VALLEY RANCH**

Legal Name: BI-BETT

Address: 11540 MARSH CREEK ROAD

City, State Zip: CLAYTON, CA 94517

Phone: (925)672-5700

Record ID: 070001AN

Service Type: RES

Resident Capacity: 58

Total Occupancy: 59

Target Population: 1.2 --- MEN ONLY

Expiration Date: 03/31/2016

Program Name: **FREDERIC OZANAM CENTER**

Legal Name: BI-BETT

Address: 2931 PROSPECT STREET

City, State Zip: CONCORD, CA 94518

Phone: (925)676-4840

Record ID: 070001BN

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 10/31/2016

Program Name: **PUEBLOS DEL SOL**

Legal Name: BI-BETT

Address: 2090 COMMERCE AVENUE

City, State Zip: CONCORD, CA 94520

Phone: (925)798-7250

Record ID: 070001CN

Service Type: RES-DETOX

Resident Capacity: 20

Total Occupancy: 20

Target Population: 1.2 --- MEN ONLY

Expiration Date: 04/30/2016

Program Name: **SERENITY HOUSE**

Legal Name: BI-BETT

Address: 11440 MARSH CREEK ROAD

City, State Zip: CLAYTON, CA 94517

Phone: (925)672-5700

Record ID: 070001DN

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.2 --- MEN ONLY

Expiration Date: 03/31/2016

Program Name: **OAKNOLLS**

Legal Name: BI-BETT

Address: 11460 MARSH CREEK ROAD

City, State Zip: CLAYTON, CA 94517

Phone: (925)672-5700

Record ID: 070001JN

Service Type: RES

Resident Capacity: 5

Total Occupancy: 5

Target Population: 1.2 --- MEN ONLY

Expiration Date: 03/31/2016

Program Name: **FREDERIC OZANAM CENTER - CRYSTAL PALACE**

Legal Name: BI-BETT

Address: 1390 SANTA CLARA STREET

City, State Zip: CONCORD, CA 94518

Phone: (925)676-4840

Record ID: 070001KN

Service Type: RES

Resident Capacity: 4

Total Occupancy: 4

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 10/31/2016

Program Name: **FREDERIC OZANAM CENTER--RAINBOW VILLAGE**

Legal Name: BI-BETT

Address: 2901 PROSPECT STREET

City, State Zip: CONCORD, CA 94518

Phone: (925)676-4840

Fax: (925)676-1315

Record ID: 070001LN

Service Type: RES
Resident Capacity: 4
Total Occupancy: 4
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 10/31/2016

Program Name: **FREDERIC OZANAM CENTER--EMERALD CITY**

Legal Name: BI-BETT

Address: 2950 PROSPECT STREET

City, State Zip: CONCORD, CA 94518

Phone: (925)676-4840

Record ID: 070001NN

Service Type: RES

Resident Capacity: 5
Total Occupancy: 5
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 10/31/2016

Program Name: **FREDERIC OZANAM CENTER--AUNTIE EM'S**

Legal Name: BI-BETT

Address: 2830 PROSPECT STREET

City, State Zip: CONCORD, CA 94518

Phone: (925)676-4840

Fax: (925)676-1315

Record ID: 070001QN

Service Type: RES

Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 10/31/2016

Program Name: **EAST COUNTY COMMUNITY WOMEN'S CENTER**

Legal Name: BI-BETT

Address: 2, 4, 12 AND 14 DAVI AVENUE

City, State Zip: PITTSBURG, CA 94565

Phone: (925)427-1384

Record ID: 070001RN

Service Type: RES-DETOX

Resident Capacity: 15
Total Occupancy: 15
Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 12/31/2016

Program Name: **EAST COUNTY WOLLAM**

Legal Name: BI-BETT

Address: 22 DAVI AVENUE

City, State Zip: PITTSBURG, CA 94565

Phone: (925)427-1384

Record ID: 070001SN

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 12/31/2016

Program Name: **EAST COUNTY WOLLAM**

Legal Name: BI-BETT

Address: 32 DAVI AVENUE

City, State Zip: PITTSBURG, CA 94565

Phone: (925)427-1384

Fax: (925)458-8996

Record ID: 070001TN

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 12/31/2016

Program Name: **EAST COUNTY GAADDS/ACFF**

Legal Name: BI-BETT

Address: 1251 CALIFORNIA STREET, SUITE 600

City, State Zip: PITTSBURG, CA 94565

Phone: (925)439-5161

Fax: (925)439-0322

Record ID: 070001UN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2016

Program Name: **EAST COUNTY WOLLAM PERINATAL AND RESIDENTIAL**

Legal Name: BI-BETT

Address: 34 DAVI AVENUE

City, State Zip: PITTSBURG, CA 94565

Phone: (925)427-1384 Fax: (925)458-8996

Record ID: 070001VN

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 04/30/2016

Program Name: **GAADDS CENTRAL/ACFF**

Legal Name: BI-BETT

Address: 2290 DIAMOND BOULEVARD, SUITE 202

City, State Zip: CONCORD, CA 94520

Phone: (925)685-7418 Fax: (925)685-7005

Record ID: 070001XN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2017

Program Name: **EAST COUNTY WOLLAM**

Legal Name: BI-BETT

Address: 24 DAVI AVENUE

City, State Zip: PITTSBURG, CA 94565

Phone: (925)427-1384 Fax: (925)427-4217

Record ID: 070001ZN

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 02/28/2017

Program Name: **WEST COUNTY HUMAN DEVELOPMENT CENTER**

Legal Name: NEIGHBORHOOD HOUSE OF NORTH RICHMOND

Address: 820 23RD STREET, 2ND FLOOR

City, State Zip: RICHMOND, CA 94804

Phone: (510)233-1270

Record ID: 070004AN

Service Type: RES-DETOX

Resident Capacity: 40

Total Occupancy: 40

Target Population: 1.2 --- MEN ONLY

Expiration Date: 04/30/2016

Program Name: **THE RECTORY WOMEN'S RECOVERY CENTER**

Legal Name: UJIMA FAMILY RECOVERY SERVICES

Address: 1901 CHURCH LANE

City, State Zip: SAN PABLO, CA 94806

Phone: (510)236-3134

Record ID: 070008AN

Service Type: RES

Resident Capacity: 12

Total Occupancy: 21

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 02/28/2017

Program Name: **LA CASA UJIMA**

Legal Name: UJIMA FAMILY RECOVERY SERVICES

Address: 904 MELLUS STREET

City, State Zip: MARTINEZ, CA 94553

Phone: (925)229-0230

Fax: (925)229-0233

Record ID: 070008BN

Service Type: RES

Resident Capacity: 12

Total Occupancy: 18

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 02/28/2017

Program Name: **UJIMA WEST OUTPATIENT TREATMENT PROGRAM**

Legal Name: UJIMA FAMILY RECOVERY SERVICES

Address: 12960 SAN PABLO AVENUE

City, State Zip: RICHMOND, CA 94805

Phone: (510)215-2280

Fax: (925)215-2283

Record ID: 070008CN

Service Type: NON

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 2/28/2017

Program Name: **LA CASA UJIMA**

Legal Name: UJIMA FAMILY RECOVERY SERVICES

Address: 919 MELLUS STREET

City, State Zip: MARTINEZ, CA 94553

Phone: (925)229-0230

Fax: (925)229-0233

Record ID: 070008DN

Service Type: RES

Resident Capacity: 3

Total Occupancy: 6

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 02/28/2017

Program Name: **UJIMA EAST - INTENSIVE DAY TREATMENT PROGRAM**

Legal Name: UJIMA FAMILY RECOVERY SERVICES

Address: 180 EAST LELAND AVENUE, SUITES A & B

City, State Zip: PITTSBURG, CA 94565

Phone: (925)427-9100

Record ID: 070008EN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 2/28/2015

Program Name: **THE RECTORY WOMEN'S RECOVERY CENTER**

Legal Name: UJIMA FAMILY RECOVERY SERVICES

Address: 1916 CHURCH LANE

City, State Zip: SAN PABLO, CA 94806

Phone: (510)236-3134

Fax: (510)236-3151

Record ID: 070008HN

Service Type: RES

Resident Capacity: 3

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 02/28/2017

Program Name: **ELENA HOPKINS' TRANSITION HOUSE**

Legal Name: UJIMA FAMILY RECOVERY SERVICES

Address: 1515 24TH STREET

City, State Zip: RICHMOND, CA 94806

Phone: (510)236-3134

Fax: (510)236-3151

Record ID: 070008JN

Service Type: RES

Resident Capacity: 4

Total Occupancy: 7
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 02/28/2015

Program Name: **DISCOVERY HOUSE**

Legal Name: CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT

Address: 4645 PACHECO BOULEVARD

City, State Zip: MARTINEZ, CA 94553

Phone: (925)646-9270

Record ID: 070012BN

Service Type: RES

Resident Capacity: 40

Total Occupancy: 40

Target Population: 1.2 --- MEN ONLY

Expiration Date: 10/31/2015

Program Name: **CROSSROADS TREATMENT CENTER**

Legal Name: RECOVERY MANAGEMENT SERVICES, INC.

Address: 2080 & 2118 EAST STREET, 2449 Pacheco St

City, State Zip: CONCORD, CA 94520

Phone: (925)682-5704

Record ID: 070018CN

Service Type: RES

Resident Capacity: 30

Total Occupancy: 33

Target Population: 1.2 --- MEN ONLY

Expiration Date: 01/31/2017

Program Name: **CROSSROADS TREATMENT CENTER I - OUTPATIENT DAY/EVENING**

Legal Name: RECOVERY MANAGEMENT SERVICES, INC.

Address: 2449 PACHECO STREET

City, State Zip: CONCORD, CA 94520

Phone: (925)682-5704 Fax: (925)685-7835

Record ID: 070018LN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2015

Program Name: **REACH PROJECT**

Legal Name: R.E.A.C.H. PROJECT

Address: 1915 D STREET
City, State Zip: ANTIOCH, CA 94509

Phone: (925)754-3673
Record ID: 070024AN
Service Type: NON
Target Population: 1.7 --- FAMILIES
Expiration Date: 6/30/2015

Program Name: **REACH PROJECT**

Legal Name: R.E.A.C.H. PROJECT
Address: 9100 BRENTWOOD BOULEVARD
City, State Zip: BRENTWOOD, CA 94513

Phone: (925)809-7920 Fax: (925)754-2002
Record ID: 070024BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2016

Program Name: **REACH PROJECT**

Legal Name: R.E.A.C.H. PROJECT
Address: 3385 MAIN STREET, SUITE B
City, State Zip: OAKLEY, CA 94561

Phone: (925)754-3673
Record ID: 070024CN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 5/31/2016

Program Name: **COLE HOUSE**

Legal Name: J. COLE RECOVERY HOMES, INC.
Address: 1408 A STREET
City, State Zip: ANTIOCH, CA 94509

Phone: (925)978-2873 Fax: (925)757-0411
Record ID: 070034AP
Service Type: RES
Resident Capacity: 16
Total Occupancy: 17
Target Population: 1.2 --- MEN ONLY
Expiration Date: 03/31/2016

Program Name: **NEW LEAF TREATMENT CENTER**

Legal Name: NEW LEAF PARTNERS

Address: 251 LAFAYETTE CIRCLE, SUITE 150

City, State Zip: LAFAYETTE, CA 94549

Phone: (925)284-5200

Fax: (925)284-5204

Record ID: 070035AP

Service Type: NON

Target Population: 1.8 --- DUAL DIAGNOSIS

Expiration Date: 12/31/2014

Program Name: **NEVIN HOUSE**

Legal Name: ANKA BEHAVIORAL HEALTH, INCORPORATED

Address: 3215 AND 3221 NEVIN AVENUE

City, State Zip: RICHMOND, CA 94808

Phone: (510)232-7633

Fax: (510)215-2432

Record ID: 070036AN

Service Type: DSS

Target Population: 1.1 --- CO-ED

Expiration Date: 2/28/2015

Program Name: **STEP/AHEAD ADOLESCENT OUTPATIENT DRUG TREATMENT PROGRAM**

Legal Name: COMMUNITY HEALTH FOR ASIAN AMERICANS

Address: 207 37TH STREET

City, State Zip: RICHMOND, CA 94805

Phone: (510)237-5777

Fax: (510)233-4545

Record ID: 070041AN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 12/31/2015

Program Name: **ALCOHOL & DRUG ABUSE COUNCIL OF CONTRA COSTA, INC.**

Legal Name: ALCOHOL AND DRUG ABUSE COUNCIL OF CONTRA COSTA, INC.

Address: 2020 NORTH BROADWAY, SUITE 101, 103,105, AND 209

City, State Zip: WALNUT CREEK, CA 94596

Phone: (925)932-8100

Fax: (925)932-8392

Record ID: 070042AN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 1/31/2015

Program Name: **GATEWAY ALCOHOL AND DRUG SERVICES**

Legal Name: BAY AREA COMMUNITY RESOURCES, INC.

Address: 13201 SAN PABLO AVENUE, SUITE 206

City, State Zip: SAN PABLO, CA 94806

Phone: (510)235-2887

Record ID: 070043AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2015

Program Name: **GMG BEHAVIORAL HEALTH SERVICES**

Legal Name: RICHARD I. GRACER, M.D., A PROFESSIONAL CORPORATION

Address: 4 CROW CANYON COURT, SUITE 210

City, State Zip: SAN RAMON, CA 94583

Phone: (925)277-1100

Fax: (925)277-1358

Record ID: 070044AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2016

Program Name: **HOPE CONCORD**

Legal Name: ANKA BEHAVIORAL HEALTH, INCORPORATED

Address: 1470 ENEA CIRCLE, SUITE 1500

City, State Zip: CONCORD, CA 94520

Phone: (925)825-4700

Fax: (925)429-6470

Record ID: 070045AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 3/31/2016

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

As of 7/9/2015

Del Norte County

Program Name: **DEL NORTE HEALTH AND HUMAN SERVICES/ALCOHOL AND OTHER
DRUG PROGRAMS**

Legal Name: DEL NORTE COUNTY HEALTH AND HUMAN SERVICES

Address: 1279 2ND STREET, SUITE C

City, State Zip: CRESCENT CITY, CA 95531

Phone: (707)464-4813

Fax: (707)465-1442

Record ID: 080003AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2015

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

As of 7/9/2015

El Dorado County

Program Name: **PROGRESS HOUSE MEN'S FACILITY**

Legal Name: PROGRESS HOUSE, INC.

Address: 838 BEACH COURT ROAD

City, State Zip: COLOMA, CA 95613

Phone: (530)626-7252

Record ID: 090002AN

Service Type: RES

Resident Capacity: 20

Total Occupancy: 20

Target Population: 1.2 --- MEN ONLY

Expiration Date: 05/31/2016

Program Name: **PROGRESS HOUSE WOMEN AND CHILDREN'S FACILITY**

Legal Name: PROGRESS HOUSE, INC.

Address: 5607 MOUNT MURPHY ROAD

City, State Zip: GARDEN VALLEY, CA 95633

Phone: (530)333-9460 Fax: (530)333-1019

Record ID: 090002BN

Service Type: RES

Resident Capacity: 16

Total Occupancy: 36

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 05/31/2016

Program Name: **PROGRESS HOUSE OUTPATIENT SERVICES**

Legal Name: PROGRESS HOUSE, INC.

Address: 2844 COLOMA STREET

City, State Zip: PLACERVILLE, CA 95667

Phone: (530)642-1715

Record ID: 090002CN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2016

Program Name: **PROGRESS HOUSE PERINATAL FACILITY**

Legal Name: PROGRESS HOUSE, INC.

Address: 5494 PONY EXPRESS TRAIL, HOUSE 1,2,3,4 AND 5

City, State Zip: CAMINO, CA 95709

Phone: (530)644-3758

Fax: (530)644-3782

Record ID: 090002FN

Service Type: RES

Resident Capacity: 16

Total Occupancy: 28

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 05/31/2016

Program Name: **NEW MORNING YOUTH AND FAMILY SERVICES**

Legal Name: NEW MORNING YOUTH AND FAMILY SERVICES, INC.

Address: 6765 GREEN VALLEY ROAD

City, State Zip: PLACERVILLE, CA 95667-8984

Phone: (530)622-5551

Record ID: 090005AN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 12/31/2014

Program Name: **TAHOE YOUTH AND FAMILY SERVICES**

Legal Name: TAHOE YOUTH AND FAMILY SERVICES

Address: 1021 FREMONT AVENUE

City, State Zip: SOUTH LAKE TAHOE, CA 96150-8136

Phone: (530)541-2445

Record ID: 090006AN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 2/28/2015

Program Name: **EDCA LIFESKILLS**

Legal Name: EDCA LIFESKILLS

Address: 893 SPRING STREET

City, State Zip: PLACERVILLE, CA 95667-4437

Phone: (530)622-8193

Fax: (530)622-4017

Record ID: 090009AN

Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2015

Program Name: **TAHOE TURNING POINT**
Legal Name: TAHOE TURNING POINT
Address: 2494 LAKE TAHOE BOULEVARD, SUITES B1, B2, AND B5
City, State Zip: SOUTH LAKE TAHOE, CA 96150-7142

Phone: (530)577-5340 Fax: (530)577-5323
Record ID: 090014DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2015

Program Name: **TAHOE TURNING POINT PLACERVILLE COMMUNITY COUNSELING CENTER**
Legal Name: TAHOE TURNING POINT
Address: 344 PLACERVILLE DRIVE
City, State Zip: PLACERVILLE, CA 95667

Phone: (530)545-2321
Record ID: 090014FN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: **NARCONON PINECONE GROVE**
Legal Name: HALCYON HORIZONS, INCORPORATED
Address: 1667 COVEY DRIVE
City, State Zip: PLACERVILLE, CA 95667

Phone: (530)295-5550 Fax: (530)295-5551
Record ID: 090018AN
Service Type: RES
Resident Capacity: 21
Total Occupancy: 26
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2016

Program Name: **NARCONON EMERALD PINES**
Legal Name: HALCYON HORIZONS, INCORPORATED
Address: 586 GLORENE AVENUE

City, State Zip: SOUTH LAKE TAHOE, CA 96150-3907

Phone: (800)556-8885

Record ID: 090018CN

Service Type: RES-DETOX

Resident Capacity: 70

Total Occupancy: 75

Target Population: 1.1 --- CO-ED

Expiration Date: 09/30/2016

Program Name: **WEST SLOPE RECOVERY, INC.**

Legal Name: WEST SLOPE RECOVERY, INC.

Address: 2986 COLOMA STREET

City, State Zip: PLACERVILLE, CA 95667

Phone: (530)545-9377

Record ID: 090021AN

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.2 --- MEN ONLY

Expiration Date: 09/30/2016

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

As of 7/9/2015

Fresno County

Program Name: **COMPREHENSIVE ADDICTION PROGRAMS, INC.**

Legal Name: COMPREHENSIVE ADDICTION PROGRAMS, INCORPORATED

Address: 2445 WEST WHITESBRIDGE ROAD

City, State Zip: FRESNO, CA 93706

Phone: (559)264-5096

Record ID: 100003AN

Service Type: RES-DETOX

Resident Capacity: 68

Total Occupancy: 68

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2017

Program Name: **NUESTRA CASA RECOVERY HOME**

Legal Name: FRESNO COUNTY HISPANIC COMMISSION ON ALCOHOL AND DRUG
ABUSE SERVICES, INC.

Address: 1414 WEST KEARNEY BOULEVARD

City, State Zip: FRESNO, CA 93706

Phone: (559)485-0501

Fax: (559)485-1313

Record ID: 100006AN

Service Type: RES

Resident Capacity: 16

Total Occupancy: 18

Target Population: 1.2 --- MEN ONLY

Expiration Date: 02/29/2016

Program Name: **TURTLE LODGE**

Legal Name: SIERRA TRIBAL CONSORTIUM, INC.

Address: 610 WEST MCKINLEY AVENUE

City, State Zip: FRESNO, CA 93728

Phone: (559)445-2691

Record ID: 100007AN

Service Type: RES-DETOX

Resident Capacity: 22

Total Occupancy: 37
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2017

Program Name: **ELEVENTH HOUR REHABILITATION PROGRAMS**
Legal Name: ELEVENTH HOUR REHABILITATION PROGRAMS
Address: 334 SHAW AVENUE, SUITE 100
City, State Zip: CLOVIS, CA 93612

Phone: (559)322-1819 Fax: (559)454-1928
Record ID: 100009GP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: **WESTCARE CALIFORNIA**
Legal Name: WESTCARE CALIFORNIA, INC.
Address: 2772 SOUTH MARTIN LUTHER KING BOULEVARD
City, State Zip: FRESNO, CA 93706

Phone: (559)265-4800 Fax: (559)265-4808
Record ID: 100010FN
Service Type: RES-DETOX
Resident Capacity: 215
Total Occupancy: 265
Target Population: 1.9 --- CO-ED/CHILDREN
Expiration Date: 01/31/2016

Program Name: **WESTCARE CALIFORNIA, INC.**
Legal Name: WESTCARE CALIFORNIA, INC.
Address: 611 EAST BELMONT
City, State Zip: FRESNO, CA 93701

Phone: (559)237-3420 Fax: (559)213-1935
Record ID: 100010IN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016

Program Name: **KING OF KINGS MEN'S RECOVERY HOME**
Legal Name: THE KING OF KINGS COMMUNITY CENTER
Address: 2267 SOUTH GENEVA AVENUE
City, State Zip: FRESNO, CA 93706

Phone: (559)266-6449
Record ID: 100024AN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.2 --- MEN ONLY
Expiration Date: 06/30/2016

Program Name: **KING OF KINGS OUTPATIENT AND PERINATAL SERVICES PROGRAM**
Legal Name: THE KING OF KINGS COMMUNITY CENTER
Address: 2302 MARTIN LUTHER KING BOULEVARD
City, State Zip: FRESNO, CA 93706-4135

Phone: (559)268-9559 Fax: (559)268-9559
Record ID: 100024BN
Service Type: NON
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 6/30/2016

Program Name: **THE AVANTI PROGRAM**
Legal Name: KINGS VIEW
Address: 1822 JENSEN AVENUE, SUITE 102
City, State Zip: SANGER, CA 93657

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

Program Name: **QUEST HOUSE**
Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.
Address: 2731 WEST OLIVE AVENUE
City, State Zip: FRESNO, CA 93728

Phone: (559)233-5096 Fax: (559)233-5099
Record ID: 100028EN
Service Type: RES
Resident Capacity: 30
Total Occupancy: 30
Target Population: 1.1 --- CO-ED
Expiration Date: 02/28/2017

Program Name: **SPIRIT OF WOMAN OF CALIFORNIA**

Legal Name: SPIRIT OF WOMAN OF CALIFORNIA, INC.

Address: 327 WEST BELMONT AVENUE

City, State Zip: FRESNO, CA 93728

Phone: (559)233-4353

Record ID: 100036AN

Service Type: RES

Resident Capacity: 63

Total Occupancy: 215

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 03/31/2016

Program Name: **FRESNO NEW CONNECTION, INC.**

Legal Name: FRESNO NEW CONNECTION, INC.

Address: 4411 NORTH CEDAR AVENUE, SUITE 108

City, State Zip: FRESNO, CA 93726

Phone: (559)248-1548

Fax: (559)248-1530

Record ID: 100039AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2016

Program Name: **FRESNO FIRST**

Legal Name: MENTAL HEALTH SYSTEMS, INC.

Address: 2550 WEST CLINTON AVENUE

City, State Zip: FRESNO, CA 93705-4201

Phone: (858)573-2600

Fax: (559)441-0354

Record ID: 100042CN

Service Type: RES

Resident Capacity: 95

Total Occupancy: 120

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 09/30/2016

Program Name: **FAMILY & YOUTH ALTERNATIVES**

Legal Name: MENTAL HEALTH SYSTEMS, INC.

Address: 3122 NORTH MILLBROOK AVENUE, SUITE A

City, State Zip: FRESNO, CA 93703

Phone: (858)573-2600

Fax: (559)600-4876

Record ID: 100042DN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2016

Program Name: **FLOYD FARROW SUBSTANCE ABUSE UNIT**

Legal Name: MENTAL HEALTH SYSTEMS, INC.

Address: 3333 EAST AMERICAN AVENUE, BUILDING 707 AND 709

City, State Zip: FRESNO, CA 93725

Phone: (559)600-4876

Fax: (559)495-3650

Record ID: 100042EN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 7/31/2016

Program Name: **PROMESA BEHAVIORIAL HEALTH OUTPATIENT DRUG AND ALCOHOL PROGRAM**

Legal Name: PROMESA BEHAVIORIAL HEALTH

Address: 2910-2920 E OLIVE

City, State Zip: FRESNO, CA 93701

Phone: (559)981-5534

Fax: (559)320-5893

Record ID: 100043BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2016

Program Name: **PANACEA SERVICES, INC. - COMPREHENSIVE DRUG AND ALCOHOL TREATMENT (CDAT)**

Legal Name: PANACEA SERVICES, INC.

Address: 3152 NORTH MILLBROOK, SUITES D AND E

City, State Zip: FRESNO, CA 93703

Phone: (559)241-0364

Fax: (559)241-0342

Record ID: 100052CP

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 1/31/2017

Program Name: **EMINENCE HEALTHCARE, INC.**

Legal Name: EMINENCE HEALTHCARE, INC.

Address: 3125 WRIGHT STREET
City, State Zip: SELMA, CA 93662

Phone: (559)917-1635 Fax: (559)917-1635

Record ID: 100063AP

Service Type: NON

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 5/31/2016

Program Name: **EMINENCE HEALTHCARE, INC.**

Legal Name: EMINENCE HEALTHCARE, INC.

Address: 603 3RD STREET, ROOM 6 AND 2025A

City, State Zip: PARLIER, CA 93648

Phone: (559)917-1635 Fax: (559)917-1635

Record ID: 100063BP

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 3/31/2016

Program Name: **EMINENCE HEALTHCARE, INC.**

Legal Name: EMINENCE HEALTHCARE, INC.

Address: 1700 ANCHOR AVENUE, ROOM 503 AND 505

City, State Zip: ORANGE COVE, CA 93646

Phone: (559)917-1635 Fax: (559)917-1635

Record ID: 100063CP

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 4/30/2016

Program Name: **EMINENCE HEALTHCARE, INC.**

Legal Name: EMINENCE HEALTHCARE, INC.

Address: 740 WEST NORTH AVENUE, ROOMS 707 AND E5

City, State Zip: REEDLEY, CA 93654

Phone: (559)917-1635 Fax: (559)221-8101

Record ID: 100063DP

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 3/31/2016

Program Name: **EMINENCE HEALTHCARE, INC.**

Legal Name: EMINENCE HEALTHCARE, INC.

Address: 750 VAN NESS AVENUE

City, State Zip: COALINGA, CA 93210

Phone: (559)917-1635

Fax: (559)917-1635

Record ID: 100063EP

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 3/31/2016

Program Name: **UNIVERSAL HEALTH NETWORK AND SYSTEMS, INC.**

Legal Name: UNIVERSAL HEALTH NETWORK AND SYSTEMS, INC.

Address: 3170 NORTH CHESTNUT AVENUE, SUITE 105

City, State Zip: FRESNO, CA 93703

Phone: (559)252-5150

Fax: (559)252-5156

Record ID: 100066AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 2/28/2017

Program Name: **UNIVERSAL HEALTH NETWORK AND SYSTEMS, INC.**

Legal Name: UNIVERSAL HEALTH NETWORK AND SYSTEMS, INC.

Address: 625 AND 627 EAST KEATS AVENUE

City, State Zip: FRESNO, CA 93710-7000

Phone: (559)252-5150

Fax: (559)252-5156

Record ID: 100066BP

Service Type: RES-DETOX

Resident Capacity: 12

Total Occupancy: 12

Target Population: 1.9 --- CO-ED/CHILDREN

Expiration Date: 05/31/2017

Program Name: **HERNDON RECOVERY CENTER**

Legal Name: SATNAM S. ATWAL, MD

Address: 7055 NORTH CHESTNUT AVENUE, SUITE 101

City, State Zip: FRESNO, CA 93720

Phone: (559)298-5111

Fax: (559)298-3111

Record ID: 100074AP

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 2/29/2016

Program Name: **HERNDON RECOVERY CENTER RESIDENTIAL**

Legal Name: SATNAM S. ATWAL, MD

Address: 2631 EAST JORDAN AVENUE

City, State Zip: FRESNO, CA 93720

Phone: (559)298-5111

Fax: (559)298-3111

Record ID: 100074BP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 05/31/2016

Program Name: **TOUCHSTONE RECOVERY CENTER**

Legal Name: RICHARD V. GUZZETTA, M.D.

Address: 724 MEDICAL CENTER DRIVE EAST, SUITE 103

City, State Zip: CLOVIS, CA 93611

Phone: (559)298-6711

Fax: (559)298-6609

Record ID: 100076AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 6/30/2016

Program Name: **PATHWAYS TO RECOVERY**

Legal Name: FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

Address: 515 SOUTH CEDAR AVENUE

City, State Zip: FRESNO, CA 93702

Phone: (559)600-6068

Fax: (559)453-8916

Record ID: 100081AN

Service Type: NON

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 8/31/2017

Program Name: **DELTA CARE, INC.**

Legal Name: DELTA CARE, INC.

Address: 4705 NORTH SONORA AVENUE, SUITE 113A

City, State Zip: FRESNO, CA 93722

Phone: (559)289-6785

Record ID: 100082AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015

Program Name: **CENTRAL CALIFORNIA RECOVERY, INC.**
Legal Name: CENTRAL CALIFORNIA RECOVERY, INCORPORATED
Address: 1100 WEST SHAW AVENUE
SUITE #130
City, State Zip: FRESNO, CA 93711-3708

Phone: (559)681-1947 Fax: (559)486-6294
Record ID: 100087AN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 12/31/2016

Program Name: **DUNAMIS INC., GROUP HOME**
Legal Name: DUNAMIS, INC. GROUP HOME
Address: 4991 EAST MCKINLEY AVENUE, SUITE 112 AND 113
City, State Zip: FRESNO, CA 93727

Phone: (281)782-5887
Record ID: 100091AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2016

Program Name: **ASI COUNSELING AND PROFESSIONAL SERVICES, INC.**
Legal Name: ASI COUNSELING AND PROFESSIONAL SERVICES, INC.
Address: 2005 NORTH WISHON
City, State Zip: FRESNO, CA 93704

Phone: (559)499-1011
Record ID: 100092AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2016

Program Name: **TRANSITIONS CHILDRENS SERVICES: OUTPATIENT & CONTINUING CARE SERVICES**
Legal Name: TRANSITIONS CHILDREN'S SERVICES
Address: 1945 N. HELM AVENUE, SUITE 101

City, State Zip: FRESNO, CA 93727

Phone: (559)222-5437

Fax: (559)222-5445

Record ID: 100093AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2015

Program Name: **FIRST STEPS RECOVERY**

Legal Name: TRUE NORTH DETOX, LLC

Address: 22051 OAK HILL LANE

City, State Zip: CLOVIS, CA 93619

Phone: (559)580-0895

Fax: (360)323-7285

Record ID: 100094AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 8

Target Population: 1.1 --- CO-ED

Expiration Date: 07/31/2016

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

As of 7/9/2015

Glenn County

Program Name: **GLENN COUNTY SUBSTANCE ABUSE PROGRAM**

Legal Name: GLENN COUNTY HEALTH SERVICES

Address: 1187 EAST SOUTH STREET

City, State Zip: ORLAND, CA 95963-1640

Phone: (530)865-1146

Fax: (530)865-6483

Record ID: 110001AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2015

Program Name: **NORTHERN VALLEY INDIAN HEALTH, INC.**

Legal Name: NORTHERN VALLEY INDIAN HEALTH, INC.

Address: 207 NORTH BUTTE STREET

City, State Zip: WILLOWS, CA 95988

Phone: (530)934-4348

Fax: (530)934-7688

Record ID: 110002AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2017

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

As of 7/9/2015

Humboldt County

Program Name: **HUMBOLDT RECOVERY CENTER**

Legal Name: HUMBOLDT RECOVERY CENTER, INCORPORATED

Address: 1303 11TH STREET AND 1024 N STREET

City, State Zip: EUREKA, CA 95501

Phone: (707)443-4237

Record ID: 120001AN

Service Type: RES

Resident Capacity: 21

Total Occupancy: 21

Target Population: 1.2 --- MEN ONLY

Expiration Date: 10/31/2015

Program Name: **HUMBOLDT RECOVERY CENTER**

Legal Name: HUMBOLDT RECOVERY CENTER, INCORPORATED

Address: 905 L STREET, AND 1116 AND 1120 9TH STREET

City, State Zip: EUREKA, CA 95502

Phone: (707)443-0514

Fax: (707)443-0514

Record ID: 120001BN

Service Type: RES

Resident Capacity: 21

Total Occupancy: 23

Target Population: 1.2 --- MEN ONLY

Expiration Date: 01/31/2017

Program Name: **HUMBOLDT RECOVERY CENTER**

Legal Name: HUMBOLDT RECOVERY CENTER, INCORPORATED

Address: 944 N STREET AND 1219 10TH STREET

City, State Zip: EUREKA, CA 95501

Phone: (707)443-0514

Fax: (707)443-0514

Record ID: 120001DN

Service Type: RES

Resident Capacity: 16

Total Occupancy: 18

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 02/28/2017

Program Name: **CROSSROADS**

Legal Name: NORTH COAST SUBSTANCE ABUSE COUNCIL

Address: 1205 AND 1210 MYRTLE AVENUE

City, State Zip: EUREKA, CA 95501

Phone: (707)445-0869

Fax: (707)445-0826

Record ID: 120005AN

Service Type: RES

Resident Capacity: 22

Total Occupancy: 22

Target Population: 1.1 --- CO-ED

Expiration Date: 01/31/2016

Program Name: **SINGING TREES RECOVERY CENTER**

Legal Name: SINGING TREES RECOVERY CENTER

Address: 2061 HIGHWAY 101

City, State Zip: GARBERVILLE, CA 95542

Phone: (707)247-3495

Fax: (707)247-3334

Record ID: 120008AP

Service Type: RES-DETOX

Resident Capacity: 20

Total Occupancy: 23

Target Population: 1.1 --- CO-ED

Expiration Date: 02/29/2016

Program Name: **ALCOHOL/DRUG CARE SERVICE/LEE BROWN TRMT CENTER/BONNIE BROWN TRMT CENTER**

Legal Name: ALCOHOL/DRUG CARE SERVICE'S, INC.

Address: 1321, 1335 C STREET AND 217 14TH STREET

City, State Zip: EUREKA, CA 95501

Phone: (707)445-1391

Record ID: 120009AN

Service Type: RES-DETOX

Resident Capacity: 21

Total Occupancy: 25

Target Population: 1.1 --- CO-ED

Expiration Date: 06/30/2015

Program Name: **J STREET PROGRAM**

Legal Name: ALCOHOL/DRUG CARE SERVICE'S, INC.

Address: 1742 J STREET

City, State Zip: EUREKA, CA 95501

Phone: (707)444-2232

Fax: (000)000-0000

Record ID: 120009CN

Service Type: RES

Resident Capacity: 6

Total Occupancy: 8

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 03/31/2016

Program Name: **OUTPATIENT TREATMENT SERVICES**

Legal Name: HUMBOLDT COUNTY ALCOHOL AND OTHER DRUG PROGRAMS

Address: 720 WOOD STREET, ROOMS

112,115,116,117,118,119,121,123,127,128,130

City, State Zip: EUREKA, CA 95501

Phone: (707)476-4070

Fax: (707)446-3776

Record ID: 120010AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2015

Program Name: **HEALTHY MOMS PROGRAM**

Legal Name: HUMBOLDT COUNTY ALCOHOL & OTHER DRUG PROGRAMS

Address: 2910 H STREET

City, State Zip: EUREKA, CA 95501

Phone: (707)441-5220

Record ID: 120011AN

Service Type: NON

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 9/30/2015

Program Name: **UNITED INDIAN HEALTH SERVICES, INC.-CHILD & FAMILY SERVICES DEPT.**

Legal Name: UNITED INDIAN HEALTH SERVICES, INC.

Address: 1600 WEEOT WAY

City, State Zip: ARCATA, CA 95521

Phone: (707)825-5060

Fax: (707)825-6753

Record ID: 120015AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2015

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

As of 7/9/2015

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 7/9/2015

Inyo County

Program Name: **ALPINE RECOVERY CENTER**

Legal Name: ROBERT B. DIBBLE

Address: 375 EAST LINE STREET

City, State Zip: BISHOP, CA 93514

Phone: (760)873-4357

Record ID: 140001AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2015

Program Name: **INYO COUNTY**

Legal Name: INYO COUNTY HEALTH AND HUMAN SERVICES

Address: 162 GROVE STREET

City, State Zip: BISHOP, CA 93514

Phone: (760)873-6533

Fax: (760)873-3277

Record ID: 140002AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 6/30/2016

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

As of 7/9/2015

Kern County

Program Name: **SERENITY HOUSE**

Legal Name: KERN COUNTY HISPANIC COMMISSION ON ALCOHOL AND DRUG
ABUSE SERVICES

Address: 1131 SOUTH H STREET

City, State Zip: BAKERSFIELD, CA 93304

Phone: (661)634-9737

Fax: (661)397-5143

Record ID: 150003EN

Service Type: RES

Resident Capacity: 10

Total Occupancy: 10

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 03/31/2016

Program Name: **ALMA DEL CAMINO NUEVO**

Legal Name: KERN COUNTY HISPANIC COMMISSION ON ALCOHOL AND DRUG
ABUSE SERVICES, INC.

Address: 1400 EASTON DRIVE, SUITE 151

City, State Zip: BAKERSFIELD, CA 93309

Phone: (661)634-9877

Fax: (661)864-0198

Record ID: 150003HN

Service Type: NON

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 4/30/2017

Program Name: **JASON'S RETREAT**

Legal Name: BAKERSFIELD RECOVERY SERVICES INC.

Address: 600 BERNARD ST AND 2000 BAKER ST.

City, State Zip: BAKERSFIELD, CA 93305

Phone: (661)325-1817

Record ID: 150004AN

Service Type: RES-DETOX

Resident Capacity: 44

Total Occupancy: 49

Target Population: 1.1 --- CO-ED

Expiration Date: 02/28/2015

Program Name: **JASON'S RETREAT**

Legal Name: BAKERSFIELD RECOVERY SERVICES INC.

Address: 504 BERNARD STREET

City, State Zip: BAKERSFIELD, CA 93305

Phone: (661)637-2187

Record ID: 150004CN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 2/28/2017

Program Name: **CAPISTRANO LINCOLN STREET RETREAT**

Legal Name: BAKERSFIELD RECOVERY SERVICES INC.

Address: 708 LINCOLN STREET

City, State Zip: BAKERSFIELD, CA 93305

Phone: (661)869-1795 Fax: (661)869-1794

Record ID: 150004GN

Service Type: RES

Resident Capacity: 14

Total Occupancy: 26

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 09/30/2015

Program Name: **BROTHERHOOD CENTER**

Legal Name: COMMUNITY SERVICE ORGANIZATION, BEHAVIORAL HEALTH PROGRAMS

Address: 1124 BAKER STREET

City, State Zip: BAKERSFIELD, CA 93305

Phone: (661)327-9376

Record ID: 150011BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 7/31/2016

Program Name: **DE COLORES CENTER**

Legal Name: COMMUNITY SERVICE ORGANIZATION, BEHAVIORAL HEALTH PROGRAMS

Address: 10420 MAIN STREET

City, State Zip: LAMONT, CA 96241

Phone: (661)845-3753
Record ID: 150011CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2016

Program Name: **KEN KENEMER SUBSTANCE ABUSE TREATMENT CENTER**
Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.
Address: 1100 UNION AVENUE
City, State Zip: BAKERSFIELD, CA 93307

Phone: (661)861-6111 Fax: (661)861-6161
Record ID: 150013BN
Service Type: RES
Resident Capacity: 75
Total Occupancy: 75
Target Population: 1.1 --- CO-ED
Expiration Date: 01/31/2017

Program Name: **KENEMER OUTPATIENT PROGRAM**
Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.
Address: 1101 UNION AVENUE, SUITE 100
City, State Zip: BAKERSFIELD, CA 93307

Phone: (661)631-1483 Fax: (661)325-0528
Record ID: 150013CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015

Program Name: **AEGIS INSTITUTE, INC., ODF TREATMENT PROGRAMS**
Legal Name: AEGIS INSTITUTE, INC.
Address: 501 WEST COLUMBUS STREET
City, State Zip: BAKERSFIELD, CA 93301

Phone: (661)328-0245 Fax: (661)631-0876
Record ID: 150017CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2016

Program Name: **THE NAPD GENESIS PROGRAM (NEW ADVANCES FOR PEOPLE WITH DISABILITIES)**

Legal Name: NEW ADVANCES FOR PEOPLE WITH DISABILITIES
Address: 1909 16TH STREET
City, State Zip: BAKERSFIELD, CA 93301

Phone: (661)325-3003 Fax: (661)325-2344
Record ID: 150025AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/29/2016

Program Name: **WESTCARE CALIFORNIA**

Legal Name: WESTCARE CALIFORNIA, INC.
Address: 2901 & 2909 SOUTH H STREET
City, State Zip: BAKERSFIELD, CA 93304

Phone: (661)398-4303 Fax: (661)398-4306
Record ID: 150029AN
Service Type: RES
Resident Capacity: 53
Total Occupancy: 53
Target Population: 1.1 --- CO-ED
Expiration Date: 01/31/2016

Program Name: **WESTCARE BAKERSFIELD OUTPATIENT**

Legal Name: WESTCARE CALIFORNIA, INC.
Address: 2901 SOUTH H STREET
City, State Zip: BAKERSFIELD, CA 93304

Phone: (661)398-4303 Fax: (661)398-4306
Record ID: 150029DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: **WOMEN OF WORTH RECOVERY HOUSE**

Legal Name: RODNEY L. BOHANNON, JR.
Address: 2500 OLMO COURT
City, State Zip: BAKERSFIELD, CA 93309

Phone: (661)832-8075 Fax: (661)832-8075
Record ID: 150055AP
Service Type: RES

Resident Capacity: 12
Total Occupancy: 13
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 11/30/2016

Program Name: **CASA AURORA**
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 1932 JESSIE STREET
City, State Zip: BAKERSFIELD, CA 93305-4114

Phone: (661)321-9086
Record ID: 150060CN
Service Type: NON
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 11/30/2015

Program Name: **ACTION FAMILY COUNSELING, INC.**
Legal Name: ACTION FAMILY COUNSELING, INC.
Address: 3801 BUCK OWENS BOULEVARD, SUITES 105 - 107
City, State Zip: BAKERSFIELD, CA 93308

Phone: (661)325-4357 Fax: (661)325-4345
Record ID: 150062AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/29/2016

Program Name: **ACTION FAMILY COUNSELING, INC.**
Legal Name: ACTION FAMILY COUNSELING, INC.
Address: 407 HELEN WAY, 9301 OPAL STREET AND 512 STABLE AVENUE
City, State Zip: BAKERSFIELD, CA 93307

Phone: (800)367-8336 Fax: (661)297-9701
Record ID: 150062BP
Service Type: RES
Resident Capacity: 30
Total Occupancy: 30
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2016

Program Name: **PATHFINDERS GUIDANCE CENTER**
Legal Name: CHOSEN ONES YOUTH HOMES, INC.
Address: 730 21ST STREET

City, State Zip: BAKERSFIELD, CA 93301

Phone: (661)829-5930

Fax: (661)427-0386

Record ID: 150065AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 1/31/2015

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

As of 7/9/2015

Kings County

Program Name: **ALCOHOL AND DRUG EDUCATION AND COUNSELING CENTER**

Legal Name: KINGS VIEW

Address: 1393 BAILEY DRIVE, ROOMS 106, 149, 198 AND 207

City, State Zip: HANFORD, CA 93230

Phone: (559)582-4481

Fax: (559)582-6547

Record ID: 160004AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2017

Program Name: **CHAMPIONS RECOVERY ALTERNATIVE PROGRAMS, INC.**

Legal Name: CHAMPIONS RECOVERY ALTERNATIVE PROGRAMS, INC.

Address: 623, 629, + 700 NORTH IRWIN STREET

City, State Zip: HANFORD, CA 93230

Phone: (559)583-9300

Fax: (559)583-9307

Record ID: 160005AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 8/31/2015

Program Name: **HANNAH'S HOUSE**

Legal Name: CHAMPIONS RECOVERY ALTERNATIVE PROGRAMS, INC.

Address: 222 WEST KEITH STREET

City, State Zip: HANFORD, CA 93230

Phone: (559)583-7800

Fax: (559)583-7890

Record ID: 160005BN

Service Type: RES

Resident Capacity: 15

Total Occupancy: 20

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 07/31/2016

Program Name: **SAMUEL'S HOUSE**

Legal Name: CHAMPIONS RECOVERY ALTERNATIVE PROGRAMS, INC.

Address: 11517 15TH AVENUE

City, State Zip: Hanford, CA 93230

Phone: (559)583-7800

Fax: (559)583-9307

Record ID: 160005CN

Service Type: RES

Resident Capacity: 49

Total Occupancy: 49

Target Population: 1.2 --- MEN ONLY

Expiration Date: 02/28/2017

Program Name: **AARON'S HOUSE**

Legal Name: CHAMPIONS RECOVERY ALTERNATIVE PROGRAMS, INC.

Address: 110 E. LANGE STREET, UNITS A & B

City, State Zip: HANFORD, CA 93230

Phone: (559)583-9300

Record ID: 160005DN

Service Type: RES

Resident Capacity: 12

Total Occupancy: 12

Target Population: 1.2 --- MEN ONLY

Expiration Date: 02/28/2017

Program Name: **WESTCARE**

Legal Name: WESTCARE CALIFORNIA, INC.

Address: 410 EAST 7TH STREET, SUITES #5, #7 AND #9

City, State Zip: HANFORD, CA 93230

Phone: (559)251-4800

Record ID: 160006CN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 5/31/2016

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

As of 7/9/2015

Lake County

Program Name: **CLEARLAKE CLINIC**

Legal Name: LAKE COUNTY ALCOHOL AND OTHER DRUG SERVICES

Address: 7000-B SOUTH CENTER DRIVE

City, State Zip: CLEARLAKE, CA 95422

Phone: (707)994-7090

Fax: (707)994-7164

Record ID: 170002BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2016

Program Name: **LAKE COUNTY DIVISION OF ALCOHOL AND OTHER DRUG SERVICES**

Legal Name: LAKE COUNTY ALCOHOL AND OTHER DRUG SERVICES

Address: 6302 13TH AVENUE

City, State Zip: LUCERNE, CA 95458

Phone: (707)274-9101

Fax: (707)274-9132

Record ID: 170002CN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 8/31/2015

Program Name: **HILLTOP RECOVERY SERVICES**

Legal Name: HILLTOP RECOVERY SERVICES

Address: 10155 SOCRATES MINE ROAD

City, State Zip: MIDDLETOWN, CA 95461

Phone: (707)987-9972

Fax: (707)987-2591

Record ID: 170011AN

Service Type: RES

Resident Capacity: 61

Total Occupancy: 67

Target Population: 1.1 --- CO-ED

Expiration Date: 05/31/2017

Program Name: **HILLTOP RECOVERY FOR WOMEN**

Legal Name: HILLTOP RECOVERY SERVICES

Address: 3937 FOOTHILL DRIVE

City, State Zip: LUCERNE, CA 95458

Phone: (707)274-8171

Fax: (707)274-8327

Record ID: 170011CN

Service Type: RES

Resident Capacity: 6

Total Occupancy: 8

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 12/31/2016

Program Name: **HILLTOP RECOVERY INTENSIVE OUTPATIENT PROGRAM**

Legal Name: HILLTOP RECOVERY SERVICES

Address: 6300 EAST HIGHWAY 20

City, State Zip: LUCERNE, CA 95458

Phone: (707)274-5610

Fax: (707)274-8327

Record ID: 170011DN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2016

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

As of 7/9/2015

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 7/9/2015

Los Angeles County

Program Name: **ANTELOPE VALLEY REHABILITATION CENTER - ACTON**

Legal Name: LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH

Address: 30500 ARRASTRE CANYON ROAD

City, State Zip: ACTON, CA 93510

Phone: (661)269-0062

Record ID: 190001AN

Service Type: RES

Resident Capacity: 309

Total Occupancy: 309

Target Population: 1.1 --- CO-ED

Expiration Date: 02/29/2016

Program Name: **ANTELOPE VALLEY REHABILITATION CENTERS - HIGH DESERT
RECOVERY SERVICES**

Legal Name: LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH

Address: 44900 NORTH 60TH STREET WEST

City, State Zip: LANCASTER, CA 93536

Phone: (661)945-8458 Fax: (661)266-1772

Record ID: 190001CN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 6/30/2015

Program Name: **ALCOHOLISM CENTER FOR WOMEN**

Legal Name: ALCOHOLISM CENTER FOR WOMEN

Address: 1147 SOUTH ALVARADO STREET

City, State Zip: LOS ANGELES, CA 90006

Phone: (213)381-8500 Fax: (213)381-9410

Record ID: 190002AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 2/28/2017

Program Name: **ALCOHOLISM CENTER FOR WOMEN**

Legal Name: ALCOHOLISM CENTER FOR WOMEN

Address: 1135 SOUTH ALVARADO STREET

City, State Zip: LOS ANGELES, CA 90006

Phone: (213)381-8500

Fax: (213)381-8525

Record ID: 190002BN

Service Type: RES

Resident Capacity: 32

Total Occupancy: 32

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 02/28/2017

Program Name: **BEACON HOUSE**

Legal Name: THE BEACON HOUSE ASSOCIATION OF SAN PEDRO

Address: 1003 SOUTH BEACON STREET

City, State Zip: SAN PEDRO, CA 90731

Phone: (310)514-4940

Record ID: 190006AN

Service Type: RES

Resident Capacity: 18

Total Occupancy: 18

Target Population: 1.2 --- MEN ONLY

Expiration Date: 03/31/2016

Program Name: **LIGHTHOUSE**

Legal Name: THE BEACON HOUSE ASSOCIATION OF SAN PEDRO

Address: 132 WEST 10TH STREET

City, State Zip: SAN PEDRO, CA 90731

Phone: (310)514-4940

Record ID: 190006BN

Service Type: RES

Resident Capacity: 20

Total Occupancy: 20

Target Population: 1.2 --- MEN ONLY

Expiration Date: 03/31/2016

Program Name: **MCMILLEN HOUSE**

Legal Name: THE BEACON HOUSE ASSOCIATION OF SAN PEDRO

Address: 1012 SOUTH PALOS VERDES STREET

City, State Zip: SAN PEDRO, CA 90731

Phone: (310)514-4940

Fax: (310)331-0070

Record ID: 190006DN

Service Type: RES

Resident Capacity: 25

Total Occupancy: 25

Target Population: 1.2 --- MEN ONLY

Expiration Date: 03/31/2016

Program Name: **CHANNEL VIEW HOUSE**

Legal Name: THE BEACON HOUSE ASSOCIATION OF SAN PEDRO

Address: 124 WEST 11TH STREET

City, State Zip: SAN PEDRO, CA 90731

Phone: (310)514-4940

Record ID: 190006EN

Service Type: RES

Resident Capacity: 27

Total Occupancy: 27

Target Population: 1.2 --- MEN ONLY

Expiration Date: 03/31/2016

Program Name: **PROPER HOUSE**

Legal Name: THE BEACON HOUSE ASSOCIATION OF SAN PEDRO

Address: 1021 S. BEACON STREET

City, State Zip: SAN PEDRO, CA 90731

Phone: (310)514-4940

Fax: (310)831-0070

Record ID: 190006GN

Service Type: RES

Resident Capacity: 15

Total Occupancy: 15

Target Population: 1.2 --- MEN ONLY

Expiration Date: 07/31/2015

Program Name: **HOLLYWOOD FAMILY RECOVERY CENTER**

Legal Name: BEHAVIORAL HEALTH SERVICES, INC.

Address: 6838 SUNSET BOULEVARD

City, State Zip: HOLLYWOOD, CA 90028

Phone: (323)461-3817

Fax: (323)461-5683

Record ID: 190007AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 9/30/2015

Program Name: **WILMINGTON COMMUNITY RECOVERY CENTER**

Legal Name: BEHAVIORAL HEALTH SERVICES, INC.

Address: 1318A AND 1314B NORTH AVALON BOULEVARD

City, State Zip: WILMINGTON, CA 90744

Phone: (310)549-2710

Record ID: 190007CN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 9/30/2015

Program Name: **PATTERNS**

Legal Name: BEHAVIORAL HEALTH SERVICES, INC.

Address: 12917 CERISE AVENUE

City, State Zip: HAWTHORNE, CA 90250

Phone: (310)675-4431

Record ID: 190007FN

Service Type: RES

Resident Capacity: 23

Total Occupancy: 35

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 09/30/2015

Program Name: **PACIFICA HOUSE**

Legal Name: BEHAVIORAL HEALTH SERVICES, INC.

Address: 2501 WEST EL SEGUNDO BOULEVARD

City, State Zip: HAWTHORNE, CA 90250

Phone: (323)754-2816 Fax: (323)754-2828

Record ID: 190007GN

Service Type: RES

Resident Capacity: 58

Total Occupancy: 68

Target Population: 1.1 --- CO-ED

Expiration Date: 09/30/2015

Program Name: **SOUTH BAY RECOVERY CENTER**

Legal Name: BEHAVIORAL HEALTH SERVICES, INC.

Address: 15519 CRENSHAW BOULEVARD

City, State Zip: GARDENA, CA 90249

Phone: (310)679-9031

Record ID: 190007HN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 9/30/2015

Program Name: **AMERICAN RECOVERY CENTER-DETOX**

Legal Name: BEHAVIORAL HEALTH SERVICES, INC.

Address: 2180 WEST VALLEY BOULEVARD, FLOOR 200

City, State Zip: POMONA, CA 91768

Phone: (909)865-2336

Record ID: 190007IN

Service Type: DPH

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 9/30/2015

Program Name: **BOYLE HEIGHTS FAMILY RECOVERY CENTER**

Legal Name: BEHAVIORAL HEALTH SERVICES, INC.

Address: 3421 OLYMPIC BOULEVARD

City, State Zip: LOS ANGELES, CA 90023

Phone: (323)262-1786 Fax: (323)262-2659

Record ID: 190007JN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 9/30/2015

Program Name: **LINCOLN HEIGHTS FAMILY RECOVERY CENTER**

Legal Name: BEHAVIORAL HEALTH SERVICES, INC.

Address: 4099 NORTH MISSION ROAD

City, State Zip: LOS ANGELES, CA 90032

Phone: (323)221-1746

Record ID: 190007KN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 9/30/2015

Program Name: **REDGATE MEMORIAL RECOVERY CENTER**

Legal Name: BEHAVIORAL HEALTH SERVICES, INC.

Address: 1775 CHESTNUT AVENUE
City, State Zip: LONG BEACH, CA 90813

Phone: (562)599-8444
Record ID: 190007LN
Service Type: DPH
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: **AMERICAN RECOVERY CENTER**

Legal Name: BEHAVIORAL HEALTH SERVICES, INC.

Address: 2180 WEST VALLEY BOULEVARD, FLOORS 100, 300 AND 400
City, State Zip: POMONA, CA 91768

Phone: (909)865-2336
Record ID: 190007MN
Service Type: RES
Resident Capacity: 123
Total Occupancy: 123
Target Population: 1.1 --- CO-ED
Expiration Date: 02/28/2017

Program Name: **AMERICAN RECOVERY CENTER OUTPATIENT PROGRAM**

Legal Name: BEHAVIORAL HEALTH SERVICES, INC.

Address: 2180 WEST VALLEY BOULEVARD
City, State Zip: POMONA, CA 91766

Phone: (909)865-2336 Fax: (909)865-1831
Record ID: 190007ON
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2015

Program Name: **JOINT EFFORTS**

Legal Name: BEHAVIORAL HEALTH SERVICES, INC.

Address: 590 WEST 8TH STREET
City, State Zip: SAN PEDRO, CA 90731

Phone: (310)831-2358 Fax: (310)831-2830
Record ID: 190007QN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2017

Program Name: **NATIONAL COUNCIL ON ALCOHOLISM & DRUG DEPENDENCE OF THE SOUTH BAY**

Legal Name: BEHAVIORAL HEALTH SERVICES, INC.

Address: 1334 POST AVENUE

City, State Zip: TORRANCE, CA 90501

Phone: (310)328-1460 Fax: (310)328-1964

Record ID: 190007RN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2015

Program Name: **FLOSSIE LEWIS CENTER**

Legal Name: BEHAVIORIAL HEALTH SERVICES, INC.

Address: 351 EAST 6TH STREET

City, State Zip: LONG BEACH, CA 90802

Phone: (562)435-7350 Fax: (562)435-4532

Record ID: 190007SN

Service Type: RES

Resident Capacity: 27

Total Occupancy: 27

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 02/28/2015

Program Name: **FLOSSIE LEWIS CENTER**

Legal Name: BEHAVIORAL HEALTH SERVICES, INC.

Address: 351 EAST 6TH STREET

City, State Zip: LONG BEACH, CA 90802

Phone: (562)435-7350 Fax: (562)435-4532

Record ID: 190007TN

Service Type: RES

Resident Capacity: 5

Total Occupancy: 6

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 07/31/2014

Program Name: **BIMINI RECOVERY CENTER**

Legal Name: MARY LIND RECOVERY CENTERS

Address: 155 SOUTH BIMINI PLACE

City, State Zip: LOS ANGELES, CA 90004

Phone: (213)388-5423
Record ID: 190008AN
Service Type: RES
Resident Capacity: 86
Total Occupancy: 86
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2015

Program Name: **ROYAL PALMS RECOVERY HOME**
Legal Name: MARY LIND RECOVERY CENTERS
Address: 360 SOUTH WESTLAKE AVENUE
City, State Zip: LOS ANGELES, CA 90057

Phone: (213)483-9201
Record ID: 190008BN
Service Type: RES
Resident Capacity: 115
Total Occupancy: 115
Target Population: 1.2 --- MEN ONLY
Expiration Date: 12/31/2015

Program Name: **RENA B. RECOVERY HOME**
Legal Name: MARY LIND RECOVERY CENTERS
Address: 4439, 4445 AND 4455 BURNS AVENUE
City, State Zip: LOS ANGELES, CA 90029

Phone: (323)664-8940
Record ID: 190008CN
Service Type: RES
Resident Capacity: 76
Total Occupancy: 76
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2015

Program Name: **RENA B. RECOVERY CENTER**
Legal Name: MARY LIND RECOVERY CENTERS
Address: 4445 BURNS AVENUE
City, State Zip: LOS ANGELES, CA 90029

Phone: (213)382-4241 Fax: (213)382-0136
Record ID: 190008FN
Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 8/31/2015

Program Name: **THE BISHOP GOODEN HOME**

Legal Name: THE GOODEN CENTER

Address: 191 NORTH EL MOLINO AVENUE

City, State Zip: PASADENA, CA 91101

Phone: (626)356-0078

Fax: (626)795-2844

Record ID: 190009AN

Service Type: RES

Resident Capacity: 19

Total Occupancy: 19

Target Population: 1.2 --- MEN ONLY

Expiration Date: 03/31/2016

Program Name: **DRUG AND ALCOHOL COUNSELING SERVICES**

Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.

Address: 11500 PARAMOUNT BOULEVARD

City, State Zip: DOWNEY, CA 90241

Phone: (562)923-4545

Fax: (562)862-0918

Record ID: 190011AAN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2016

Program Name: **DRUG COURT**

Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.

Address: 7346 PAINTER AVENUE

City, State Zip: WHITTIER, CA 90602

Phone: (562)923-4545

Fax: (562)862-0918

Record ID: 190011AEN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2015

Program Name: **SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.
RESIDENTIAL**

Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.

Address: 11501 DOLAN

City, State Zip: DOWNEY, CA 90241

Phone: (562)923-7894

Fax: (562)923-3593

Record ID: 190011AFN

Service Type: RES-DETOX

Resident Capacity: 47

Total Occupancy: 57

Target Population: 1.1 --- CO-ED

Expiration Date: 04/30/2016

Program Name: **SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS/PARAMOUNT COUNSELING SERVICES**

Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.

Address: 16247 COLORADO AVENUE

City, State Zip: PARAMOUNT, CA 90273

Phone: (562)923-4545

Fax: (562)862-0918

Record ID: 190011AGN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 8/31/2016

Program Name: **ANGEL STEP INN - WALK-IN RESOURCE CENTER**

Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.

Address: 9047 WASHINGTON BOULEVARD

City, State Zip: PICO RIVERA, CA 90660

Phone: (562)949-5358

Record ID: 190011AHN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2017

Program Name: **CASA LIBRE - OUTPATIENT FAMILY CENTER**

Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.

Address: 6635 FLORENCE AVENUE, SUITE 101

City, State Zip: BELL GARDENS, CA 90201

Phone: (562)927-1656

Fax: (562)927-4346

Record ID: 190011AIN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2017

Program Name: **FOLEY HOUSE**

Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.

Address: 10501, 10505, 10511, 10517, AND 10519 MILLS AVENUE

City, State Zip: WHITTIER, CA 90604

Phone: (562)944-7953

Fax: (562)944-7953

Record ID: 190011AN

Service Type: RES-DETOX

Resident Capacity: 20

Total Occupancy: 30

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 03/31/2016

Program Name: **AWAKENINGS**

Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.

Address: 12322 CLEARGLEN, APARTMENT 1, 2, 3 AND 4

City, State Zip: WHITTIER, CA 90604

Phone: (562)947-3835

Fax: (562)943-1235

Record ID: 190011KN

Service Type: RES

Resident Capacity: 20

Total Occupancy: 20

Target Population: 1.1 --- CO-ED

Expiration Date: 03/31/2016

Program Name: **LA CASITA DE LAS MAMAS OF DOWNEY**

Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.

Address: 10603, 10615 AND 10621 DOWNEY AVENUE

City, State Zip: DOWNEY, CA 90241

Phone: (562)622-2268

Fax: (562)861-6517

Record ID: 190011ON

Service Type: RES

Resident Capacity: 18

Total Occupancy: 26

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 03/31/2016

Program Name: **ANGEL STEP TOO**

Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.

Address: SEE BELOW IN THE COMMENT SECTION

City, State Zip: BELLFLOWER, CA 90706

Phone: (562)461-9272
Record ID: 190011VN
Service Type: RES
Resident Capacity: 30
Total Occupancy: 54
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 11/30/2015

Program Name: **CASA DE LAS AMIGAS-THE JON DUDLEY OUTPATIENT CENTER**
Legal Name: CASA DE LAS AMIGAS
Address: 744 EAST WALNUT AVENUE
City, State Zip: PASADENA, CA 91101

Phone: (626)792-2770 Fax: (626)792-5826
Record ID: 190012BN
Service Type: NON
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 6/30/2016

Program Name: **CASA DE LAS AMIGAS**
Legal Name: CASA DE LAS AMIGAS
Address: 160 NORTH EL MOLINO AVENUE AND 173 NORTH OAK KNOLL AVENUE
City, State Zip: PASADENA, CA 91101

Phone: (626)792-2770 Fax: (626)792-5826
Record ID: 190012CN
Service Type: RES-DETOX
Resident Capacity: 34
Total Occupancy: 34
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 03/31/2016

Program Name: **CASTLE SUBSTANCE ABUSE PROGRAM - WEST**
Legal Name: PEOPLE COORDINATED SERVICES OF SOUTHERN CALIFORNIA
Address: 1319 SOUTH MANHATTAN PLACE
City, State Zip: LOS ANGELES, CA 90019

Phone: (323)735-7059
Record ID: 190013AN
Service Type: RES
Resident Capacity: 52
Total Occupancy: 52

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2015

Program Name: **CASTLE SUBSTANCE ABUSE PROGRAM-OUTPATIENT**

Legal Name: PEOPLE COORDINATED SERVICES OF SOUTHERN CALIFORNIA

Address: 3021 SOUTH VERMONT AVENUE

City, State Zip: LOS ANGELES, CA 90007

Phone: (323)732-9124

Record ID: 190013BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2015

Program Name: **CASTLE SUBSTANCE ABUSE PROGRAM - EAST**

Legal Name: PEOPLE COORDINATED SERVICES OF SOUTHERN CALIFORNIA

Address: 4771 SOUTH MAIN STREET

City, State Zip: LOS ANGELES, CA 90037

Phone: (323)735-7059

Record ID: 190013CN

Service Type: RES

Resident Capacity: 52

Total Occupancy: 52

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2015

Program Name: **SANTA MONICA RECOVERY CENTER**

Legal Name: CLARE FOUNDATION, INC.

Address: 905 AND 907 PICO BOULEVARD

City, State Zip: SANTA MONICA, CA 90405

Phone: (310)314-6200

Record ID: 190016BN

Service Type: RES-DETOX

Resident Capacity: 49

Total Occupancy: 49

Target Population: 1.1 --- CO-ED

Expiration Date: 07/31/2016

Program Name: **WOMEN'S RECOVERY HOME**

Legal Name: CLARE FOUNDATION, INC.

Address: 844 PICO BOULEVARD

City, State Zip: SANTA MONICA, CA 90405

Phone: (310)450-7073

Record ID: 190016FN

Service Type: RES-DETOX

Resident Capacity: 40

Total Occupancy: 40

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 07/31/2016

Program Name: **CLARE FOUNDATION INTENSIVE OUTPATIENT PROGRAM**

Legal Name: CLARE FOUNDATION, INC.

Address: 1020 PICO BOULEVARD

City, State Zip: SANTA MONICA, CA 90405

Phone: (310)314-6200

Fax: (310)396-6974

Record ID: 190016HN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2015

Program Name: **CONSCIOUS RECOVERY BY CLARE**

Legal Name: CLARE FOUNDATION, INC.

Address: 1334 LINCOLN BOULEVARD

City, State Zip: SANTA MONICA, CA 90401

Phone: (310)314-6200

Fax: (310)396-6974

Record ID: 190016KN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 6/30/2016

Program Name: **PICO OUTPATIENT**

Legal Name: CLARE FOUNDATION, INC.

Address: 1002 PICO BOULEVARD

City, State Zip: SANTA MONICA, CA 90405

Phone: (310)314-6200

Fax: (310)314-6221

Record ID: 190016LN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2017

Program Name: **GRANDVIEW FOUNDATION, INC. - RESIDENTIAL**

Legal Name: GRANDVIEW FOUNDATION, INC.

Address: 1230 NORTH MARENGO AVENUE AND 225 GRANDVIEW STREET

City, State Zip: PASADENA, CA 91103

Phone: (626)797-1124

Fax: (626)398-9674

Record ID: 190022AN

Service Type: RES

Resident Capacity: 19

Total Occupancy: 19

Target Population: 1.2 --- MEN ONLY

Expiration Date: 03/31/2017

Program Name: **GRANDVIEW FOUNDATION, INC.**

Legal Name: GRANDVIEW FOUNDATION, INC.

Address: 1230 NORTH MARENGO AVENUE

City, State Zip: PASADENA, CA 91103

Phone: (626)797-1124

Fax: (626)398-9674

Record ID: 190022EN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2015

Program Name: **HOPE HARBOR CENTER**

Legal Name: THE SALVATION ARMY

Address: 3107 SOUTH GRAND AVENUE

City, State Zip: LOS ANGELES, CA 90007

Phone: (213)626-4786

Fax: (213)626-0717

Record ID: 190023AN

Service Type: RES

Resident Capacity: 58

Total Occupancy: 58

Target Population: 1.2 --- MEN ONLY

Expiration Date: 04/30/2016

Program Name: **THE SALVATION ARMY BELL SHELTER--WELLNESS CENTER**

Legal Name: THE SALVATION ARMY

Address: 5600 RICKENBACKER ROAD, BUILDING 2A-B

City, State Zip: BELL, CA 90201

Phone: (323)263-1206

Fax: (323)263-8543

Record ID: 190023CN

Service Type: RES

Resident Capacity: 100

Total Occupancy: 100

Target Population: 1.1 --- CO-ED

Expiration Date: 08/31/2015

Program Name: **THE SALVATION ARMY HAVEN**

Legal Name: THE SALVATION ARMY

Address: 11301 WILSHIRE BOULEVARD, BLDG. 212, SECOND FLOOR

City, State Zip: LOS ANGELES, CA 90073

Phone: (310)478-3711

Record ID: 190023DN

Service Type: RES

Resident Capacity: 60

Total Occupancy: 65

Target Population: 1.1 --- CO-ED

Expiration Date: 09/30/2015

Program Name: **THE SALVATION ARMY HOPE HARBOR CENTER**

Legal Name: THE SALVATION ARMY

Address: 3107 SOUTH GRAND AVENUE

City, State Zip: LOS ANGELES, CA 90007

Phone: (213)744-8186

Fax: (213)744-8186

Record ID: 190023HN

Service Type: NON

Target Population: 1.2 --- MEN ONLY

Expiration Date: 4/30/2015

Program Name: **HOUSE OF HOPE**

Legal Name: HOUSE OF HOPE FOUNDATION, INC.

Address: 221, 223, 225, 227, 229, 235 WEST 9TH STREET,
AND 917 PALOS VERDES STREET, APT C AND D

City, State Zip: SAN PEDRO, CA 90731

Phone: (310)831-9411

Fax: (310)831-5796

Record ID: 190025AN

Service Type: RES

Resident Capacity: 24

Total Occupancy: 24

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 03/31/2016

Program Name: **HOUSE OF HOPE FOUNDATION, INC.**

Legal Name: HOUSE OF HOPE FOUNDATION, INC.

Address: 205 WEST 9TH STREET

City, State Zip: SAN PEDRO, CA 90731

Phone: (310)521-9209

Fax: (310)521-9241

Record ID: 190025GN

Service Type: NON

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 7/31/2015

Program Name: **JAN CLAYTON CENTER**

Legal Name: VOLUNTEERS OF AMERICA OF LOS ANGELES

Address: 4969 SUNSET BOULEVARD

City, State Zip: LOS ANGELES, CA 90027

Phone: (323)660-8042

Fax: (323)660-9265

Record ID: 190027AN

Service Type: RES-DETOX

Resident Capacity: 48

Total Occupancy: 48

Target Population: 1.1 --- CO-ED

Expiration Date: 02/29/2016

Program Name: **VOA OF CENTRAL CITY RECOVERY SERVICES**

Legal Name: VOLUNTEERS OF AMERICA OF LOS ANGELES

Address: 515 EAST 6TH STREET, 9TH FLOOR

City, State Zip: LOS ANGELES, CA 90021

Phone: (323)660-8042

Fax: (213)622-6831

Record ID: 190027BN

Service Type: RES-DETOX

Resident Capacity: 48

Total Occupancy: 48

Target Population: 1.1 --- CO-ED

Expiration Date: 02/29/2016

Program Name: **VS-21**

Legal Name: VOLUNTEERS OF AMERICA OF LOS ANGELES

Address: 622 SOUTH WALL STREET, BUILDING C

City, State Zip: LOS ANGELES, CA 90014

Phone: (213)623-8580
Record ID: 190027FN
Service Type: RES
Resident Capacity: 80
Total Occupancy: 80
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2015

Program Name: **HOMELESS VETERANS CORRECTIONAL REHABILITATION / VS90**
Legal Name: VOLUNTEERS OF AMERICA OF LOS ANGELES
Address: 1765 SOUTH LA CIENEGA BOULEVARD
City, State Zip: LOS ANGELES, CA 90035

Phone: (213)201-0690
Record ID: 190027HN
Service Type: RES
Resident Capacity: 50
Total Occupancy: 50
Target Population: 1.2 --- MEN ONLY
Expiration Date: 12/31/2016

Program Name: **LITTLE HOUSE, INC.**
Legal Name: LITTLE HOUSE
Address: 9718 HARVARD STREET
City, State Zip: BELLFLOWER, CA 90706-3699

Phone: (562)925-2777 Fax: (562)925-7572
Record ID: 190029AN
Service Type: RES
Resident Capacity: 28
Total Occupancy: 34
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 09/30/2015

Program Name: **PALM HOUSE RECOVERY HOME**
Legal Name: PALM HOUSE, INCORPORATED
Address: 2515 EAST JEFFERSON STREET
City, State Zip: CARSON, CA 90810

Phone: (310)830-7803
Record ID: 190040AN
Service Type: RES

Resident Capacity: 16
Total Occupancy: 16
Target Population: 1.2 --- MEN ONLY
Expiration Date: 07/31/2016

Program Name: **CITY OF PASADENA RECOVERY CENTER**
Legal Name: PASADENA PUBLIC HEALTH DEPARTMENT
Address: 1845 NORTH FAIR OAKS AVENUE
City, State Zip: PASADENA, CA 91103

Phone: (626)744-6001 Fax: (626)744-6096
Record ID: 190041AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2015

Program Name: **TEENAGE ALCOHOL AND DRUG PROGRAM/ADULT ALCOHOL AND DRUG PROGRAM**
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF THE SAN FERNANDO VALLEY
Address: 6166 VESPER AVENUE
City, State Zip: VAN NUYS, CA 91411

Phone: (818)997-0414 Fax: (818)997-0851
Record ID: 190049AN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 4/30/2016

Program Name: **TEENAGE ALCOHOL AND DRUG PROGRAM/ADULT ALCOHOL AND DRUG PROGRAM**
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF THE SAN FERNANDO VALLEY
Address: 24460 LYONS AVENUE
City, State Zip: SANTA CLARITA, CA 91321

Phone: (616)253-9400 Fax: (818)997-0851
Record ID: 190049BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2015

Program Name: **VICTORY HOUSE/AWARE PROGRAM**
Legal Name: NEW WAY FOUNDATION, INC.

Address: 207 NORTH VICTORY BOULEVARD
City, State Zip: BURBANK, CA 91502

Phone: (818)842-9416
Record ID: 190058AN
Service Type: RES
Resident Capacity: 50
Total Occupancy: 50
Target Population: 1.2 --- MEN ONLY
Expiration Date: 07/31/2016

Program Name: **RICKMAN RECOVERY CENTERS**
Legal Name: RICKMAN RECOVERY CENTER
Address: 1433 E. ROUTE 66, SUITE F
City, State Zip: GLENDORA, CA 91740

Phone: (626)962-3203
Record ID: 190062BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2016

Program Name: **HIS SHELTERING ARMS FAMILY SERVICES CENTER**
Legal Name: HIS SHELTERING ARMS INC.
Address: 112 WEST 111TH STREET AND 11101 SOUTH MAIN STREET
City, State Zip: LOS ANGELES, CA 90061

Phone: (323)755-6646 Fax: (323)777-2209
Record ID: 190064BN
Service Type: RES
Resident Capacity: 65
Total Occupancy: 69
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 05/31/2015

Program Name: **HIS SHELTERING ARMS, INC.**
Legal Name: HIS SHELTERING ARMS INC.
Address: 11101 SOUTH MAIN STREET, SUITE 115
City, State Zip: LOS ANGELES, CA 90061

Phone: (323)755-6646 Fax: (323)777-2209
Record ID: 190064CN

Service Type: NON
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 8/31/2015

Program Name: **MUJERES RECOVERY HOME**

Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE,
INC.

Address: 530 NORTH AVENUE 54
City, State Zip: LOS ANGELES, CA 90042

Phone: (323)254-2423

Record ID: 190065AN

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 06/30/2016

Program Name: **LATINAS RECOVERY HOME**

Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE,
INC.

Address: 327 NORTH SAINT LOUIS STREET
City, State Zip: LOS ANGELES, CA 90063

Phone: (323)261-7810

Record ID: 190065EN

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 06/30/2016

Program Name: **SAN GABRIEL VALLEY CENTER**

Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE,
INC.

Address: 11046 VALLEY MALL
City, State Zip: EL MONTE, CA 91731

Phone: (626)813-0288 Fax: (626)813-0928

Record ID: 190065HN

Service Type: NON

Target Population: 1.7 --- FAMILIES

Expiration Date: 1/31/2016

Program Name: **LATINO FAMILY ALCOHOL AND DRUG SERVICES**

Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE, INC.

Address: 3316-3320 WEST BEVERLY BOULEVARD

City, State Zip: MONTEBELLO, CA 90640

Phone: (323)722-4529 Fax: (323)722-4450

Record ID: 190065IN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2015

Program Name: **MENTAL HEALTH AND ADDICTION SERVICES FOR ADOLESCENTS**

Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE, INC.

Address: 2309 DALY STREET

City, State Zip: LOS ANGELES, CA 90031

Phone: (323)222-4591 Fax: (323)222-4614

Record ID: 190065JN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 3/31/2016

Program Name: **JEWISH FAMILY SERVICE OF LOS ANGELES, ALCOHOL DRUG ACTION PROGRAM**

Legal Name: JEWISH FAMILY SERVICE OF LOS ANGELES

Address: 8838 WEST PICO BOULEVARD

City, State Zip: LOS ANGELES, CA 90035

Phone: (310)247-1180 Fax: (310)858-8582

Record ID: 190072BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2015

Program Name: **SAFE REFUGE**

Legal Name: SAFE REFUGE

Address: 3111, 3113, 3115, 3119, 3125, AND 3131 EAST SEVENTH STREET, APTS 1, 3, 4, 5 & 6; 719 APTS 1-10, 727, & 729 OBISPO AVENUE; AND 718, 728, 728 -A, & 728 1/2 FREEMAN AVENUE

City, State Zip: LONG BEACH, CA 90804

Phone: (562)987-5722 Fax: (562)987-4586

Record ID: 190077AHN

Service Type: RES
Resident Capacity: 92
Total Occupancy: 92
Target Population:
Expiration Date: 10/31/2016

Program Name: **SAFE REFUGE**
Legal Name: SAFE REFUGE
Address: 3125, 3137 AND 3139 EAST SEVENTH STREET
City, State Zip: LONG BEACH, CA 90804

Phone: (562)987-5722
Record ID: 190077CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015

Program Name: **SAFE REFUGE**
Legal Name: SAFE REFUGE
Address: 1046 REDONDO AVENUE
City, State Zip: LONG BEACH, CA 90804

Phone: (562)987-5722 Fax: (562)987-4586
Record ID: 190077RN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2016

Program Name: **LIVE AGAIN RECOVERY HOME - CAMP CISQUITO**
Legal Name: LIVE AGAIN MINISTRIES
Address: 38215 NORTH SAN FRANCISQUITO CANYON ROAD
City, State Zip: SAUGUS, CA 91350

Phone: (661)270-0025
Record ID: 190079BN
Service Type: RES
Resident Capacity: 15
Total Occupancy: 15
Target Population: 1.2 --- MEN ONLY
Expiration Date: 09/30/2015

Program Name: **LIVE AGAIN RECOVERY HOMES**
Legal Name: LIVE AGAIN MINISTRIES

Address: 45304 NEWTREE AVENUE
City, State Zip: LANCASTER, CA 93534

Phone: (661)951-0180 Fax: (661)270-1341

Record ID: 190079CN

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.2 --- MEN ONLY

Expiration Date: 01/31/2016

Program Name: **THE RIVER COMMUNITY**

Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.

Address: 23701 EAST ROWLAND STREET

City, State Zip: AZUSA, CA 91702

Phone: (626)910-1202

Record ID: 190081AN

Service Type: RES

Resident Capacity: 38

Total Occupancy: 38

Target Population: 1.8 --- DUAL DIAGNOSIS

Expiration Date: 03/31/2016

Program Name: **RIVER COMMUNITY DAY TREATMENT**

Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.

Address: 510 SOUTH SECOND AVENUE, SUITE 6 AND 7

City, State Zip: COVINA, CA 91723-3017

Phone: (626)974-8122

Record ID: 190081BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2015

Program Name: **SOCIAL MODEL RECOVERY SYSTEMS (PCADD)**

Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.

Address: 1245 EAST WALNUT STREET, SUITE 101, 103, 107, 109,
115, 117 AND 118

City, State Zip: PASADENA, CA 91106

Phone: (626)795-9127 Fax: (626)795-0979

Record ID: 190081EN

Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016

Program Name: **OMNI CENTER**

Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.

Address: 3426 AND 3430 COGSWELL ROAD

City, State Zip: EL MONTE, CA 91732

Phone: (626)453-3400

Record ID: 190081FN

Service Type: RES

Resident Capacity: 18

Total Occupancy: 18

Target Population: 1.2 --- MEN ONLY

Expiration Date: 02/28/2016

Program Name: **MARIPOSA RECOVERY HOME**

Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.

Address: 453 SOUTH INDIANA STREET

City, State Zip: LOS ANGELES, CA 90063

Phone: (323)266-7726

Record ID: 190081GN

Service Type: RES

Resident Capacity: 13

Total Occupancy: 15

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 10/31/2016

Program Name: **MID VALLEY OUTPATIENT SERVICES**

Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.

Address: 3131 SANTA ANITA AVENUE, SUITE 112B

City, State Zip: EL MONTE, CA 91733

Phone: (626)453-3432 Fax: (626)456-8331

Record ID: 190081HN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 3/31/2017

Program Name: **STEPPING STONES HOME I & II**

Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.
Address: 17719 AND 17727 EAST CYPRESS STREET
City, State Zip: COVINA, CA 91722

Phone: (626)967-2677 Fax: (626)858-4923

Record ID: 190081IN

Service Type: RES

Resident Capacity: 18

Total Occupancy: 23

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 01/31/2016

Program Name: **GLENDALE ADVENTIST ALCOHOL AND DRUG SERVICES**

Legal Name: GLENDALE ADVENTIST MEDICAL CENTER

Address: 335 MISSION ROAD

City, State Zip: GLENDALE, CA 91205

Phone: (818)242-3116 Fax: (818)242-5759

Record ID: 190082BN

Service Type: RES-DETOX

Resident Capacity: 24

Total Occupancy: 24

Target Population: 1.1 --- CO-ED

Expiration Date: 06/30/2016

Program Name: **TARZANA TREATMENT CENTER**

Legal Name: TARZANA TREATMENT CENTERS, INC.

Address: 18646 OXNARD STREET, SOUTH AND WEST WINGS

City, State Zip: TARZANA, CA 91356

Phone: (818)996-1051 Fax: (818)654-3906

Record ID: 190085AN

Service Type: RES-DETOX

Resident Capacity: 152

Total Occupancy: 152

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2015

Program Name: **TARZANA TREATMENT CENTER - LONG BEACH**

Legal Name: TARZANA TREATMENT CENTERS, INC.

Address: 2101 MAGNOLIA AVENUE

City, State Zip: LONG BEACH, CA 90806

Phone: (562)218-1868

Fax: (562)596-0346

Record ID: 190085BN

Service Type: RES-DETOX

Resident Capacity: 84

Total Occupancy: 109

Target Population: 1.9 --- CO-ED/CHILDREN

Expiration Date: 11/30/2015

Program Name: **TARZANA TREATMENT CENTER - DETOX**

Legal Name: TARZANA TREATMENT CENTERS, INC.

Address: 18646 OXNARD STREET, DETOXIFICATION UNIT

City, State Zip: TARZANA, CA 91356

Phone: (818)996-1051

Fax: (818)654-3906

Record ID: 190085DN

Service Type: DPH

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2015

Program Name: **TARZANA TREATMENT CENTER OUTPATIENT SERVICES**

Legal Name: TARZANA TREATMENT CENTERS, INC.

Address: 18646 OXNARD STREET

City, State Zip: TARZANA, CA 91356

Phone: (818)996-1051

Fax: (818)654-3906

Record ID: 190085FN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2015

Program Name: **OUTPATIENT ANTELOPE VALLEY DAY TREATMENT SERVICES**

Legal Name: TARZANA TREATMENT CENTERS, INC.

Address: 44447 NORTH 10TH STREET WEST, BUILDING #A

City, State Zip: LANCASTER, CA 93534

Phone: (661)726-2630

Record ID: 190085GN

Service Type: NON

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 6/30/2015

Program Name: **TARZANA TREATMENT CENTER - NORTHRIDGE**

Legal Name: TARZANA TREATMENT CENTERS, INC.

Address: 18700 OXNARD STREET
City, State Zip: TARZANA, CA 91356

Phone: (818)996-1051
Record ID: 190085HN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2017

Program Name: **TARZANA TREATMENT CENTER YOUTH SERVICES - LANCASTER**
Legal Name: TARZANA TREATMENT CENTERS, INC.
Address: 44443 NORTH TENTH STREET WEST
City, State Zip: LANCASTER, CA 93535

Phone: (661)726-2630 Fax: (661)726-2635
Record ID: 190085JN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2017

Program Name: **TARZANA TREATMENT CENTER**
Legal Name: TARZANA TREATMENT CENTERS, INC.
Address: 7101 BAIRD AVENUE
City, State Zip: RESEDA, CA 91335

Phone: (818)342-5897
Record ID: 190085KN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: **TARZANA TREATMENT CENTER - LANCASTER**
Legal Name: TARZANA TREATMENT CENTERS, INC.
Address: 44447 NORTH 10TH STREET WEST, BUILDING #B
City, State Zip: LANCASTER, CA 93534

Phone: (661)726-2630 Fax: (661)726-2635
Record ID: 190085LN
Service Type: RES-DETOX
Resident Capacity: 40
Total Occupancy: 51
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2015

Program Name: **TARZANA TREATMENT CENTERS, INC.**

Legal Name: TARZANA TREATMENT CENTERS, INC.

Address: 5190 ATLANTIC AVENUE

City, State Zip: LONG BEACH, CA 90806

Phone: (818)428-4111

Record ID: 190085NN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2016

Program Name: **TARZANA TREATMENT CENTERS**

Legal Name: TARZANA TREATMENT CENTERS, INC.

Address: 44459 10TH STREET WEST

City, State Zip: LANCASTER, CA 93534

Phone: (818)996-1051 Fax: (818)996-3051

Record ID: 190085ON

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 2/29/2016

Program Name: **TARZANA TREATMENT CENTERS - LANCASTER**

Legal Name: TARZANA TREATMENT CENTERS, INC.

Address: 44447 NORTH 10TH STREET WEST, BUILDING #C

City, State Zip: LANCASTER, CA 93534

Phone: (661)726-2630 Fax: (661)726-2635

Record ID: 190085PN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 3/31/2017

Program Name: **CHABAD RESIDENTIAL TREATMENT CENTER**

Legal Name: CHABAD OF CALIFORNIA

Address: 5675 WEST OLYMPIC BOULEVARD

City, State Zip: LOS ANGELES, CA 90036

Phone: (323)965-1365 Fax: (323)965-0444

Record ID: 190087CN

Service Type: RES

Resident Capacity: 44

Total Occupancy: 44
Target Population: 1.1 --- CO-ED
Expiration Date: 03/31/2017

Program Name: **VIA AVANTA PROGRAM**
Legal Name: DIDI HIRSCH PSYCHIATRIC SERVICE
Address: 11643 GLENOAKS BOULEVARD
City, State Zip: PACOIMA, CA 91331

Phone: (310)390-6612
Record ID: 190092AN
Service Type: RES
Resident Capacity: 70
Total Occupancy: 70
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 07/31/2016

Program Name: **DIDI HIRSCH COMMUNITY MENTAL HEALTH CENTER, OUTPATIENT
SUBSTANCE ABUSE SERVICES**
Legal Name: DIDI HIRSCH PSYCHIATRIC SERVICE
Address: 11133 WASHINGTON BOULEVARD
City, State Zip: CULVER CITY, CA 90230

Phone: (310)895-2300
Record ID: 190092BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2016

Program Name: **DIDI HIRSCH MENTAL HEALTH SERVICES- YOUTH SUBSTANCE
ABUSE SERVICES PROGRAM**
Legal Name: DIDI HIRSCH PSYCHIATRIC SERVICE
Address: 12420 VENICE BOULEVARD, SUITE 200
City, State Zip: LOS ANGELES, CA 90066

Phone: (310)751-1200 Fax: (310)398-0312
Record ID: 190092CN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 12/31/2015

Program Name: **DIDI HIRSCH PSYCHIATRIC SERVICE**
Legal Name: DIDI HIRSCH PSYCHIATRIC SERVICE

Address: 1540 COLORADO STREET
City, State Zip: GLENDALE, CA 91205-1514

Phone: (818)244-7257 Fax: (818)244-5431

Record ID: 190092DN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 6/30/2016

Program Name: **DIDI HIRSCH MENTAL HEALTH SERVICES**

Legal Name: DIDI HIRSCH PSYCHIATRIC SERVICE

Address: 323 NORTH PRAIRIE AVENUE, SUITE 350

City, State Zip: INGLEWOOD, CA 90301

Phone: (310)677-7808

Record ID: 190092EN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2016

Program Name: **IMPACT DRUG AND ALCOHOL TREATMENT CENTER**

Legal Name: PRINCIPLES, INC.

Address: 1680 NORTH FAIR OAKS AVENUE

City, State Zip: PASADENA, CA 91103

Phone: (626)798-0884 Fax: (626)798-6970

Record ID: 190094AN

Service Type: RES-DETOX

Resident Capacity: 130

Total Occupancy: 130

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2015

Program Name: **IMPACT OUTPATIENT/AFTERCARE PROGRAM**

Legal Name: PRINCIPLES, INC.

Address: 1450 NORTH LAKE AVENUE, SUITE 200

City, State Zip: PASADENA, CA 91104

Phone: (626)798-0884 Fax: (626)798-6970

Record ID: 190094GN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 7/31/2015

Program Name: **PRINCIPLES, INC., D.B.A. IMPACT**

Legal Name: PRINCIPLES, INC.

Address: 333 SOUTH CENTRAL AVENUE

City, State Zip: LOS ANGELES, CA 90013

Phone: (213)625-5009

Fax: (213)577-4250

Record ID: 190094HN

Service Type: NON

Target Population:

Expiration Date: 9/30/2016

Program Name: **CRI-HELP**

Legal Name: CRI-HELP, INC.

Address: 11027 BURBANK BOULEVARD

City, State Zip: NORTH HOLLYWOOD, CA 91601

Phone: (818)985-8323

Fax: (818)506-7066

Record ID: 190095AN

Service Type: RES-DETOX

Resident Capacity: 135

Total Occupancy: 135

Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2015

Program Name: **CRI-HELP - OUTPATIENT**

Legal Name: CRI-HELP, INC.

Address: 8330 LANKERSHIM BOULEVARD

City, State Zip: NORTH HOLLYWOOD, CA 91605

Phone: (818)985-8323

Record ID: 190095KN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2015

Program Name: **SOCORRO**

Legal Name: CRI-HELP, INC.

Address: 2010 NORTH LINCOLN PARK AVENUE

City, State Zip: LINCOLN HEIGHTS, CA 90031

Phone: (323)222-1440

Record ID: 190095MN

Service Type: RES
Resident Capacity: 78
Total Occupancy: 78
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2017

Program Name: **SOCORRO**
Legal Name: CRI-HELP, INC.
Address: 2029 KEITH STREET
City, State Zip: LOS ANGELES, CA 90031

Phone: (323)222-6509
Record ID: 190095NN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: **BROWN SCAPULAR PROGRAM**
Legal Name: CANON HUMAN SERVICES CENTERS, INC.
Address: 9705 SOUTH HOLMES AVENUE
City, State Zip: LOS ANGELES, CA 90002

Phone: (323)249-9097 Fax: (323)249-9121
Record ID: 190099DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2016

Program Name: **BROWN SCAPULAR PROGRAM**
Legal Name: CANON HUMAN SERVICES CENTERS, INC.
Address: 9705 SOUTH HOLMES STREET
City, State Zip: LOS ANGELES, CA 90002

Phone: (323)249-9097 Fax: (323)249-9121
Record ID: 190099EN
Service Type: RES
Resident Capacity: 43
Total Occupancy: 43
Target Population: 1.2 --- MEN ONLY
Expiration Date: 02/29/2016

Program Name: **OUTPATIENT FAMILY CENTER**
Legal Name: LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE

Address: 11015 BLOOMFIELD AVENUE
City, State Zip: SANTA FE SPRINGS, CA 90670-4601

Phone: (562)906-2676
Record ID: 190100BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2016

Program Name: **OUTPATIENT SERVICES**

Legal Name: LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE
Address: 470 EAST THIRD STREET, SUITES A AND B
City, State Zip: LOS ANGELES, CA 90013

Phone: (213)626-6411 Fax: (562)906-2676
Record ID: 190100EN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2016

Program Name: **NEW VISION**

Legal Name: LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE
Address: 10425 SOUTH PAINTER AVENUE
City, State Zip: SANTA FE SPRINGS, CA 90670

Phone: (562)944-1303 Fax: (562)236-9899
Record ID: 190100IN
Service Type: RES
Resident Capacity: 55
Total Occupancy: 55
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016

Program Name: **ALLEN HOUSE**

Legal Name: LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE
Address: 11121 BLOOMFIELD AVENUE
City, State Zip: SANTA FE SPRINGS, CA 90670-4601

Phone: (562)906-2685
Record ID: 190100KN
Service Type: RES
Resident Capacity: 55
Total Occupancy: 65

Target Population: 1.1 --- CO-ED

Expiration Date: 06/30/2015

Program Name: **PROTOTYPES WOMEN'S CENTER**

Legal Name: PROTOTYPES, CENTERS FOR INNOVATION IN HEALTH, MENTAL
HEALTH AND SOCIAL SERVICES

Address: 845 EAST ARROW HIGHWAY

City, State Zip: POMONA, CA 91767

Phone: (909)624-1233

Record ID: 190101AN

Service Type: RES-DETOX

Resident Capacity: 164

Total Occupancy: 254

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 07/31/2016

Program Name: **PROTOTYPES OUTPATIENT SERVICES**

Legal Name: PROTOTYPES, CENTERS FOR INNOVATION IN HEALTH, MENTAL
HEALTH AND SOCIAL SERVICES

Address: 831 EAST ARROW HIGHWAY, WEST WING

City, State Zip: POMONA, CA 91767

Phone: (909)398-4383 Fax: (213)542-3846

Record ID: 190101CN

Service Type: NON

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

Expiration Date: 1/31/2016

Program Name: **PROTOTYPES S.T.A.R. HOUSE/DOMESTIC VIOLENCE PROGRAM**

Legal Name: PROTOTYPES, CENTERS FOR INNOVATION IN HEALTH, MENTAL
HEALTH AND SOCIAL SERVICES

Address: 1000 N. ALAMEDA STREET, SUITE 390

City, State Zip: LOS ANGELES, CA 90012

Phone: (213)542-3838 Fax: (213)225-0085

Record ID: 190101DN

Service Type: RES-DETOX

Resident Capacity: 34

Total Occupancy: 34

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 02/28/2017

Program Name: **BRICKS/KICK**

Legal Name: THE HILLSMAN DRUG AND ALCOHOL CENTER

Address: 1440 EAST 41ST STREET

City, State Zip: LOS ANGELES, CA 90011

Phone: (323)231-2585

Record ID: 190102AN

Service Type: RES

Resident Capacity: 42

Total Occupancy: 42

Target Population: 1.1 --- CO-ED

Expiration Date: 03/31/2015

Program Name: **SUNRISE COMMUNITY COUNSELING CENTER**

Legal Name: SUNRISE COMMUNITY COUNSELING CENTER

Address: 537 SOUTH ALVARADO STREET

City, State Zip: LOS ANGELES, CA 90057-2903

Phone: (213)207-2770

Fax: (213)207-2773

Record ID: 190110CN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 9/30/2015

Program Name: **VAN NESS RECOVERY HOUSE**

Legal Name: VAN NESS RECOVERY HOUSE

Address: 1919 NORTH BEACHWOOD DRIVE

City, State Zip: LOS ANGELES, CA 90068

Phone: (323)463-4266

Record ID: 190111AN

Service Type: RES

Resident Capacity: 20

Total Occupancy: 20

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2016

Program Name: **ASIAN AMERICAN DRUG ABUSE PROGRAM**

Legal Name: ASIAN AMERICAN DRUG ABUSE PROGRAM, INC.

Address: 5318 SOUTH CRENSHAW BOULEVARD

City, State Zip: LOS ANGELES, CA 90043

Phone: (323)293-6291

Record ID: 190112AN
Service Type: RES
Resident Capacity: 29
Total Occupancy: 31
Target Population: 1.1 --- CO-ED
Expiration Date: 01/31/2016

Program Name: **ASIAN AMERICAN DRUG ABUSE PROGRAM**
Legal Name: ASIAN AMERICAN DRUG ABUSE PROGRAM, INC.
Address: 1088 SOUTH LA BREA AVENUE
City, State Zip: LOS ANGELES, CA 90019

Phone: (323)295-0262 Fax: (323)295-2375
Record ID: 190112CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015

Program Name: **ASIAN-AMERICAN DRUG ABUSE PROGRAM**
Legal Name: ASIAN AMERICAN DRUG ABUSE PROGRAM, INC.
Address: 520 NORTH LA BREA, SUITE 209
City, State Zip: INGLEWOOD, CA 90302

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

Program Name: **ASIAN AMERICAN DRUG ABUSE PROGRAM, INC.**
Legal Name: ASIAN AMERICAN DRUG ABUSE PROGRAM, INC.
Address: 13931 SOUTH VAN NESS AVENUE
City, State Zip: GARDENIA, CA 90249

Phone: (310)768-8018 Fax: (310)768-4170
Record ID: 190112EN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2015

Program Name: **PHOENIX HOUSE - VENICE**
Legal Name: PHOENIX HOUSES OF LOS ANGELES, INC.
Address: 503 OCEAN FRONT WALK

City, State Zip: VENICE, CA 90291

Phone: (310)392-3070

Record ID: 190115AN

Service Type: RES

Resident Capacity: 53

Total Occupancy: 53

Target Population: 1.2 --- MEN ONLY

Expiration Date: 12/31/2015

Program Name: **PHOENIX HOUSES OF LOS ANGELES**

Legal Name: PHOENIX HOUSES OF LOS ANGELES, INC.

Address: 11600 ELDRIDGE AVENUE

City, State Zip: LAKE VIEW TERRACE, CA 91342

Phone: (818)686-3013

Record ID: 190115BN

Service Type: DSS

Target Population: 1.1 --- CO-ED

Expiration Date: 7/31/2016

Program Name: **PHOENIX HOUSE: OUTPATIENT SERVICES**

Legal Name: PHOENIX HOUSES OF LOS ANGELES, INC.

Address: 503 OCEAN FRONT WALK

City, State Zip: VENICE, CA 90291

Phone: (310)392-3070

Fax: (310)392-9068

Record ID: 190115CN

Service Type: NON

Target Population: 1.2 --- MEN ONLY

Expiration Date: 12/31/2015

Program Name: **PHOENIX HOUSE ACADEMY OUTPATIENT CENTER**

Legal Name: PHOENIX HOUSES OF LOS ANGELES, INC

Address: 11600 ELDRIDGE AVENUE

City, State Zip: LAKE VIEW TERRACE, CA 91342

Phone: (818)686-3000

Record ID: 190115DN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 2/28/2017

Program Name: **FRED BROWN'S RECOVERY SERVICES, INC.**

Legal Name: FRED BROWN'S RECOVERY SERVICES, INC.

Address: 270 WEST 14TH STREET

City, State Zip: SAN PEDRO, CA 90731

Phone: (310)519-8723

Fax: (310)519-9428

Record ID: 190135CN

Service Type: RES

Resident Capacity: 14

Total Occupancy: 14

Target Population: 1.2 --- MEN ONLY

Expiration Date: 11/30/2016

Program Name: **FRED BROWN'S RECOVERY SERVICES, INC.**

Legal Name: FRED BROWN'S RECOVERY SERVICES, INC.

Address: 856 WEST 19TH STREET

City, State Zip: SAN PEDRO, CA 90731

Phone: (310)548-1196

Fax: (310)519-9428

Record ID: 190135EN

Service Type: RES

Resident Capacity: 12

Total Occupancy: 12

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2015

Program Name: **FRED BROWN'S RECOVERY SERVICES**

Legal Name: FRED BROWN'S RECOVERY SERVICES, INC.

Address: 278 WEST 14TH STREET

City, State Zip: SAN PEDRO, CA 90731

Phone: (310)519-8723

Fax: (310)519-9428

Record ID: 190135IN

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.2 --- MEN ONLY

Expiration Date: 02/29/2016

Program Name: **FRED BROWN'S RECOVERY SERVICES**

Legal Name: FRED BROWN'S RECOVERY SERVICES, INC.

Address: 276 WEST 14TH STREET

City, State Zip: SAN PEDRO, CA 90731

Phone: (310)519-8723 Fax: (310)519-9428

Record ID: 190135JN

Service Type: RES

Resident Capacity: 4

Total Occupancy: 4

Target Population: 1.2 --- MEN ONLY

Expiration Date: 02/29/2016

Program Name: **FRED BROWN'S RECOVERY SERVICES**

Legal Name: FRED BROWN'S RECOVERY SERVICES, INC.

Address: 270 WEST 14TH STREET, #3

City, State Zip: SAN PEDRO, CA 90731

Phone: (310)519-8723 Fax: (310)519-9428

Record ID: 190135MN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2015

Program Name: **S. H. A. W. L. HOUSE**

Legal Name: SUPPORT FOR HARBOR AREA WOMEN'S LIVES

Address: 936 SOUTH CENTRE STREET

City, State Zip: SAN PEDRO, CA 90731

Phone: (310)521-9310

Record ID: 190147AN

Service Type: RES

Resident Capacity: 13

Total Occupancy: 13

Target Population: 1.12 --- WOMEN/YOUTH

Expiration Date: 06/30/2015

Program Name: **OASIS WOMEN'S RECOVERING COMMUNITY**

Legal Name: OASIS WOMEN'S RECOVERING COMMUNITY

Address: 13832 POLK STREET

City, State Zip: SYLMAR, CA 91342

Phone: (818)362-0986 Fax: (818)833-0922

Record ID: 190155BN

Service Type: RES

Resident Capacity: 14

Total Occupancy: 14

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 08/31/2015

Program Name: **WOMAN TO WOMAN RESIDENTIAL PROGRAM**

Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE-
LONG BEACH AREA

Address: 431 W. 9TH STREET

City, State Zip: LONG BEACH, CA 90813

Phone: (562)426-8262

Fax: (562)426-5283

Record ID: 190178AN

Service Type: RES

Resident Capacity: 10

Total Occupancy: 13

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 03/31/2017

Program Name: **LONG BEACH REGIONAL DRUG COURT PROGRAM**

Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE-LONG
BEACH AREA

Address: 4201 LONG BEACH BOULEVARD, SUITE 300

City, State Zip: LONG BEACH, CA 90807

Phone: (562)624-9757

Record ID: 190178CN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2015

Program Name: **DARE U TO CARE OUTREACH MINISTRY**

Legal Name: DARE U TO CARE OUTREACH MINISTRY

Address: 316 WEST 120TH STREET

City, State Zip: LOS ANGELES, CA 90061

Phone: (310)515-5039

Fax: (310)515-6837

Record ID: 190182DN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 8/31/2015

Program Name: **DARE U TO CARE DRUG/ALCOHOL TREATMENT PROGRAM**

Legal Name: DARE U TO CARE OUTREACH MINISTRY

Address: 316 WEST 120TH STREET

City, State Zip: LOS ANGELES, CA 90061

Phone: (323)777-2372

Fax: (310)515-6837

Record ID: 190182EN

Service Type: RES

Resident Capacity: 22

Total Occupancy: 23

Target Population: 1.1 --- CO-ED

Expiration Date: 09/30/2015

Program Name: **NEW FOUND LIFE**

Legal Name: NEW FOUND LIFE, INC.

Address: 2211, 2213, 2135 AND 2137 EAST OCEAN BOULEVARD

City, State Zip: LONG BEACH, CA 90803-2440

Phone: (562)434-4060

Fax: (562)987-3924

Record ID: 190184AP

Service Type: RES

Resident Capacity: 30

Total Occupancy: 30

Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2015

Program Name: **WESTSIDE RESIDENCE HALL**

Legal Name: UNITED STATES VETERANS INITIATIVE

Address: 733 SOUTH HINDRY AVE., ROOMS 202-205, 207-211, 301-304,
408, 507, AND 510

City, State Zip: INGLEWOOD, CA 90301

Phone: (310)348-7600

Fax: (310)641-2661

Record ID: 190188AN

Service Type: RES

Resident Capacity: 162

Total Occupancy: 162

Target Population: 1.2 --- MEN ONLY

Expiration Date: 04/30/2016

Program Name: **CROSSROADS**

Legal Name: CROSSROADS, INCORPORATED

Address: 1269 NORTH HARVARD AVENUE

City, State Zip: CLAREMONT, CA 91711

Phone: (909)626-7847

Fax: (909)626-7867

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

Program Name: **NEW DIRECTIONS**

Legal Name: NEW DIRECTIONS, INC.

Address: 11301 WILSHIRE BLVD., BLDG. 257 AND 11303 WILSHIRE BLVD.,
BLDG. 116

City, State Zip: LOS ANGELES, CA 90073

Phone: (310)914-4045

Record ID: 190209AN

Service Type: RES-DETOX

Resident Capacity: 95
Total Occupancy: 95
Target Population: 1.2 --- MEN ONLY
Expiration Date: 10/31/2015

Program Name: **SSG HOP-ICS**

Legal Name: SPECIAL SERVICE FOR GROUPS, INC.

Address: 5715 SOUTH BROADWAY

City, State Zip: LOS ANGELES, CA 90037

Phone: (323)948-0444 Fax: (323)948-0443

Record ID: 190210BN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 3/31/2017

Program Name: **PACIFIC ASIAN ALCOHOL AND DRUG PROGRAM**

Legal Name: SPECIAL SERVICE FOR GROUPS, INC.

Address: 2001 BEVERLY BOULEVARD, SUITE 201

City, State Zip: LOS ANGELES, CA 90057

Phone: (213)413-1622 Fax: (213)413-5456

Record ID: 190210CN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 12/31/2016

Program Name: **SSG Weber Community Center**

Legal Name: SPECIAL SERVICE FOR GROUPS, INC.

Address: 5849 SOUTH CROCKER STREET

City, State Zip: LOS ANGELES, CA 90003

Phone: (323)234-4445

Fax: (323)234-4477

Record ID: 190210EN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 7/31/2015

Program Name: **CREATIVE CARE - MALIBU**

Legal Name: CREATIVE CARE, INC.

Address: 5909, 5927, 5941 AND 5947 TRANCAS CANYON ROAD

City, State Zip: MALIBU, CA 90265

Phone: (818)223-9334

Record ID: 190226AP

Service Type: RES-DETOX

Resident Capacity: 24

Total Occupancy: 24

Target Population: 1.1 --- CO-ED

Expiration Date: 02/28/2017

Program Name: **POMONA ALCOHOL & DRUG RECOVERY CENTER, INC.**

Legal Name: POMONA ALCOHOL & DRUG RECOVERY CENTER, INC.

Address: 558 NORTH TOWNE AVENUE

City, State Zip: POMONA, CA 91767

Phone: (909)622-2273

Record ID: 190234AN

Service Type: NON

Target Population: 1.7 --- FAMILIES

Expiration Date: 12/31/2016

Program Name: **DAY TREATMENT AND OUTPATIENT ALCOHOL AND/OR OTHER DRUG SERVICES**

Legal Name: EL PROYECTO DEL BARRIO, INC.

Address: 9140 VAN NUYS BOULEVARD, SUITES 104-107, 201, 203, AND 208-211

City, State Zip: PANORAMA CITY, CA 91402

Phone: (818)895-2206

Fax: (818)895-0824

Record ID: 190236BN

Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2015

Program Name: **SHIELDS NON-RESIDENTIAL ADOLESCENT TREATMENT PROGRAM**

Legal Name: SHIELDS FOR FAMILIES

Address: 3209 NORTH ALAMEDA STREET, SUITE D

City, State Zip: COMPTON, CA 90222

Phone: (323)242-5000 Fax: (323)242-5011

Record ID: 190238AN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 5/31/2016

Program Name: **ARK OUTPATIENT DRUG FREE SERVICES/DRUG COURT**

Legal Name: SHIELDS FOR FAMILIES

Address: 11705 DEPUTY YAMAMOTO PLACE, SUITE A

City, State Zip: LYNWOOD, CA 90262

Phone: (323)357-6930 Fax: (323)569-1979

Record ID: 190238CN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 3/31/2017

Program Name: **GENESIS FAMILY DAY TREATMENT PROGRAM**

Legal Name: SHIELDS FOR FAMILIES

Address: 12021 SOUTH WILMINGTON AVENUE, LOT C

City, State Zip: LOS ANGELES, CA 90059

Phone: (310)668-8260

Record ID: 190238DN

Service Type: NON

Target Population: 1.7 --- FAMILIES

Expiration Date: 3/31/2017

Program Name: **EXODUS FAMILY DAY TREATMENT PROGRAM**

Legal Name: SHIELDS FOR FAMILIES

Address: 1500 EAST KAY STREET, UNITS 100, 1704, 1708, 1710, 1712,
1714, 1716, 1720, 1736, 1740, 1746 AND 1762

City, State Zip: COMPTON, CA 90221

Phone: (310)898-2450 Fax: (310)898-2452

Record ID: 190238EN
Service Type: NON
Target Population: 1.7 --- FAMILIES
Expiration Date: 5/31/2015

Program Name: **EDEN DUAL DIAGNOSIS PROGRAM**
Legal Name: SHIELDS FOR FAMILIES
Address: 2620 INDUSTRY WAY, SUITE A
City, State Zip: LYNWOOD, CA 90262

Phone: (323)242-5000 Fax: (323)242-5011
Record ID: 190238FN
Service Type: NON
Target Population: 1.7 --- FAMILIES
Expiration Date: 3/31/2017

Program Name: **SHIELDS FOR FAMILIES - MT. CARMEL TREATMENT CENTER**
Legal Name: SHIELDS FOR FAMILIES
Address: 801 WEST 70TH STREET
City, State Zip: LOS ANGELES, CA 90044

Phone: (323)759-0340
Record ID: 190238GN
Service Type: RES
Resident Capacity: 46
Total Occupancy: 46
Target Population: 1.1 --- CO-ED
Expiration Date: 03/31/2016

Program Name: **SHIELDS FOR FAMILIES-TAMAR VILLAGE**
Legal Name: SHIELDS FOR FAMILIES
Address: 1315 NORTH BULLIS ROAD, SUITES 1, 2, 5 AND 9
City, State Zip: COMPTON, CA 90221

Phone: (310)668-9081 Fax: (310)668-9087
Record ID: 190238HN
Service Type: NON
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 5/31/2014

Program Name: **AMERICAN INDIAN CHANGING SPIRITS**
Legal Name: AMERICAN INDIAN CHANGING SPIRITS
Address: 2120 WILLIAMS STREET, BUILDING 1

City, State Zip: LONG BEACH, CA 90810

Phone: (562)388-8118 Fax: (562)799-1807

Record ID: 190239AN

Service Type: RES

Resident Capacity: 16

Total Occupancy: 16

Target Population: 1.2 --- MEN ONLY

Expiration Date: 03/31/2016

Program Name: **NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF EAST SAN GABRIEL AND POMON**

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

Address: 656 NORTH PARK AVENUE

City, State Zip: POMONA, CA 91768

Phone: (909)629-4084 Fax: (909)629-4086

Record ID: 190241BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 7/31/2016

Program Name: **NATIONAL COUNCIL ON ALCOHOLISM & DRUG DEPENDENCE OF EAST SAN GABRIEL & POMONA**

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

Address: 4626 NORTH GRAND AVENUE

City, State Zip: COVINA, CA 91724

Phone: (626)331-5316 Fax: (626)332-2219

Record ID: 190241CN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 3/31/2016

Program Name: **INTEGRATED TREATMENT PROGRAM FOR CO-OCCURRING DISORDERS**

Legal Name: HOMELESS HEALTH CARE LOS ANGELES

Address: 2330 BEVERLY BOULEVARD

City, State Zip: LOS ANGELES, CA 90057

Phone: (213)744-0724 Fax: (213)748-2432

Record ID: 190246AN

Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: **SPIRITT FAMILY SERVICES**

Legal Name: SPIRITT FAMILY SERVICES

Address: 8000 PAINTER AVENUE

City, State Zip: WHITTIER, CA 90602

Phone: (562)903-7000 Fax: (502)903-7707

Record ID: 190247BN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 12/31/2016

Program Name: **SPIRITT FAMILY SERVICES**

Legal Name: SPIRITT FAMILY SERVICES

Address: 2000 TYLER AVENUE

City, State Zip: SOUTH EL MONTE, CA 91733

Phone: (626)442-4788

Record ID: 190247CN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 12/31/2016

Program Name: **SPIRITT FAMILY SERVICES**

Legal Name: SPIRITT FAMILY SERVICES

Address: 147 SOUTH SIXTH AVENUE

City, State Zip: LA PUENTE, CA 91746

Phone: (626)968-0041

Record ID: 190247DN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 12/31/2016

Program Name: **PASADENA RECOVERY CENTER**

Legal Name: PASADENA RECOVERY CENTER, INC.

Address: 1811 NORTH RAYMOND AVENUE

City, State Zip: PASADENA, CA 91103

Phone: (626)345-9992 Fax: (626)345-9995

Record ID: 190250AP
Service Type: RES-DETOX
Resident Capacity: 88
Total Occupancy: 98
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016

Program Name: **PACIFIC CLINICS SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES**

Legal Name: PACIFIC CLINICS
Address: 11721 A TELEGRAPH ROAD
City, State Zip: SANTA FE SPRINGS, CA 90670-3691

Phone: (562)949-8455 Fax: (562)949-4807

Record ID: 190254KN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2015

Program Name: **AMITY FOUNDATION-AMISTAD DE LOS ANGELES**

Legal Name: EPIDAURUS
Address: 3735, 3739 AND 3745 SOUTH GRAND AVENUE
City, State Zip: LOS ANGELES, CA 90007

Phone: (213)743-9078 Fax: (213)748-5102

Record ID: 190259AN
Service Type: RES
Resident Capacity: 184
Total Occupancy: 184
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2017

Program Name: **AMITY FOUNDATION**

Legal Name: EPIDAURUS
Address: 3750 SOUTH GRAND AVENUE
City, State Zip: LOS ANGELES, CA 90007

Phone: (213)743-9078 Fax: (866)763-2186

Record ID: 190259CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2017

Program Name: **THE HIGH ROAD PROGRAM**

Legal Name: THE HIGH ROAD PROGRAM

Address: 700 SOUTH ARROYO PARKWAY

City, State Zip: PASADENA, CA 91105

Phone: (626)793-6159

Fax: (626)795-9540

Record ID: 190262AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2017

Program Name: **THE HIGH ROAD PROGRAM**

Legal Name: THE HIGH ROAD PROGRAM

Address: 14430 SHERMAN WAY

City, State Zip: VAN NUYS, CA 91405

Phone: (818)785-9119

Fax: (818)785-2150

Record ID: 190262BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2015

Program Name: **SOUTH BAY HUMAN SERVICES**

Legal Name: SOUTH BAY HUMAN SERVICES COALITION, INC.

Address: 2370 WEST CARSON STREET, SUITE 136

City, State Zip: TORRANCE, CA 90501

Phone: (310)328-0780

Fax: (310)328-0175

Record ID: 190268AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2015

Program Name: **MENLO HOUSE RESIDENTIAL**

Legal Name: SADLER HEALTHCARE, INC.

Address: 1731 SOUTH MENLO AVENUE

City, State Zip: LOS ANGELES, CA 90006

Phone: (323)734-3284

Fax: (323)724-0019

Record ID: 190279CP

Service Type: RES

Resident Capacity: 30

Total Occupancy: 30

Target Population: 1.2 --- MEN ONLY

Expiration Date: 12/31/2016

Program Name: **MARIPOSA HOUSE**

Legal Name: SADLER HEALTHCARE, INC.

Address: 220 N. NORMANDIE AVENUE

City, State Zip: LOS ANGELES, CA 90004

Phone: (213)220-4482

Record ID: 190279DP

Service Type: RES

Resident Capacity: 48

Total Occupancy: 48

Target Population: 1.2 --- MEN ONLY

Expiration Date: 03/31/2017

Program Name: **PASSAGES**

Legal Name: GRASSHOPPER HOUSE LLC

Address: 6428 MEADOWS COURT

City, State Zip: MALIBU, CA 90265

Phone: (310)589-2880

Fax: (310)392-7710

Record ID: 190283AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 07/31/2015

Program Name: **PASSAGES C**

Legal Name: GRASSHOPPER HOUSE LLC

Address: 6439 SYCAMORE MEADOWS COURT

City, State Zip: MALIBU, CA 90265

Phone: (310)589-2880

Record ID: 190283CP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 08/31/2015

Program Name: **PASSAGES VISTA HOUSE**

Legal Name: GRASSHOPPER HOUSE LLC
Address: 6380 MEADOWS COURT
City, State Zip: MALIBU, CA 90265

Phone: (310)589-2880
Record ID: 190283DP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2015

Program Name: **PASSAGES**

Legal Name: GRASSHOPPER HOUSE LLC
Address: 6447 SYCAMORE MEADOWS
City, State Zip: MALIBU, CA 90265

Phone: (310)589-2880 Fax: (310)589-2858
Record ID: 190283FP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2015

Program Name: **BIENVENIDOS COMMUNITY HEALTH CENTER**

Legal Name: BIENVENIDOS COMMUNITY HEALTH CENTER
Address: 501-507 SOUTH ATLANTIC BOULEVARD
City, State Zip: LOS ANGELES, CA 90022

Phone: (323)268-5442 Fax: (323)728-3483
Record ID: 190285AN
Service Type: NON
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 5/31/2015

Program Name: **THE NESS COUNSELING CENTER**

Legal Name: THE NESS COUNSELING CENTER, INC.
Address: 8512 WHITWORTH DRIVE
City, State Zip: LOS ANGELES, CA 90035

Phone: (310)360-8512 Fax: (310)360-8510
Record ID: 190286AN

Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: **MJB RECOVERY, INC.**
Legal Name: MJB TRANSITIONAL RECOVERY, INC.
Address: 11152 SOUTH MAIN STREET
City, State Zip: LOS ANGELES, CA 90061

Phone: (323)777-2491 Fax: (323)777-0426
Record ID: 190288BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2015

Program Name: **POSITIVE STEPS, INC.**
Legal Name: POSITIVE STEPS, INC.
Address: 5230 NORTH CLARK AVENUE, SUITE 18
City, State Zip: LAKEWOOD, CA 90712

Phone: (562)804-2700 Fax: (562)496-2104
Record ID: 190289AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2015

Program Name: **TWIN TOWN TREATMENT CENTERS - TORRANCE**
Legal Name: TWIN TOWN CORPORATION
Address: 20300 S. VERMONT AVENUE, SUITE 245
City, State Zip: TORRANCE, CA 90502

Phone: (310)787-1335 Fax: (310)787-1809
Record ID: 190290AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017

Program Name: **TWIN TOWN TREATMENT CENTERS - NORTH HOLLYWOOD**
Legal Name: TWIN TOWN CORPORATION
Address: 6180 LAUREL CANYON BOULEVARD, SUITE 275
City, State Zip: NORTH HOLLYWOOD, CA 91606

Phone: (818)985-0560 Fax: (818)985-7193

Record ID: 190290BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017

Program Name: **TWIN TOWN TREATMENT CENTERS, WEST HOLLYWOOD**
Legal Name: TWIN TOWN CORPORATION
Address: 8739 SANTA MONICA BOULEVARD
City, State Zip: WEST HOLLYWOOD, CA 90069

Phone: (310)623-1477 Fax: (310)854-0134
Record ID: 190290CP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015

Program Name: **AM/PM VAN NUYS BUDGET SCHOOL - ESCUELA LATINA**
Legal Name: DRIVER SAFETY SCHOOLS, INC.
Address: 6740 KESTER AVENUE, SUITE 206
City, State Zip: VAN NUYS, CA 91405

Phone: (818)787-7878 Fax: (310)575-0500
Record ID: 190294AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2015

Program Name: **MATRIX INSTITUTE**
Legal Name: MATRIX INSTITUTE ON ADDICTIONS
Address: 20350 VENTURA BOULEVARD, SUITE 230
City, State Zip: WOODLAND HILLS, CA 91364

Phone: (818)226-6070 Fax: (818)654-2580
Record ID: 190297AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2015

Program Name: **MATRIX INSTITUTE**
Legal Name: MATRIX INSTITUTE ON ADDICTIONS
Address: 1849 SAWTELLE BOULEVARD, SUITE 100
City, State Zip: WEST LOS ANGELES, CA 90025

Phone: (310)478-8305

Fax: (310)207-4404

Record ID: 190297BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 8/31/2015

Program Name: **ACTION FAMILY COUNSELING, INC-RANCH**

Legal Name: ACTION FAMILY COUNSELING, INC.

Address: 30035 BOUQUET CANYON ROAD

City, State Zip: SAUGUS, CA 91350

Phone: (661)297-9716

Fax: (661)297-9701

Record ID: 190315DP

Service Type: RES

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 8/31/2016

Program Name: **ACTION FAMILY COUNSELING, INC.**

Legal Name: ACTION FAMILY COUNSELING, INC.

Address: 3813 EAST COLORADO BOULEVARD

City, State Zip: PASADENA, CA 91107

Phone: (818)445-5263

Fax: (626)792-8206

Record ID: 190315EP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 3/31/2015

Program Name: **ACTION FAMILY COUNSELING, INC.**

Legal Name: ACTION FAMILY COUNSELING, INC.

Address: 23502 LYONS AVENUE, SUITE 301A

City, State Zip: NEWHALL, CA 91321

Phone: (661)297-9716

Fax: (661)297-9701

Record ID: 190315FP

Service Type: NON

Target Population: 1.8 --- DUAL DIAGNOSIS

Expiration Date: 2/29/2016

Program Name: **ACTION FAMILY COUNSELING, INC., ADULT RESIDENTIAL UNIT**

Legal Name: ACTION FAMILY COUNSELING, INC.

Address: 30010 BOUQUET CANYON ROAD

City, State Zip: SANTA CLARITA, CA 91390

Phone: (800)367-8336

Fax: (661)297-9701

Record ID: 190315HP

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 03/31/2016

Program Name: **LIVING PROOF RECOVERY CENTER**

Legal Name: LIVING PROOF RECOVERY CENTER

Address: 324 W. FOOTHILL BOULEVARD

City, State Zip: MONROVIA, CA 91016

Phone: (626)205-2518

Fax: (626)446-5910

Record ID: 190316BP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 8/31/2015

Program Name: **I-ADARP, (INTER-AGENCY DRUG ABUSE RECOVERY PROGRAM)**

Legal Name: I-ADARP

Address: 8330 LANKERSHIM BOULEVARD

City, State Zip: NORTH HOLLYWOOD, CA 91605

Phone: (818)994-7454

Fax: (818)994-1767

Record ID: 190321AN

Service Type: NON

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 10/31/2015

Program Name: **NOW & FOREVER FOUNDATION**

Legal Name: RESEDA SUBSTANCE ABUSE TREATMENT CENTER INC.

Address: 8745 PARTHENIA PLACE, UNIT 4

City, State Zip: NORTH HILLS, CA 91343

Phone: (818)895-5002

Fax: (818)895-5502

Record ID: 190324AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2015

Program Name: **BEIT T'SHUVAH**

Legal Name: BEIT T'SHUVAH
Address: 8831 VENICE BOULEVARD
City, State Zip: LOS ANGELES, CA 90034

Phone: (310)204-5200 Fax: (310)204-8908
Record ID: 190326AN
Service Type: RES
Resident Capacity: 98
Total Occupancy: 120
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2015

Program Name: **HARMONY PLACE**
Legal Name: HARMONY PLACE, INC.
Address: 23041 HATTERAS STREET
City, State Zip: WOODLAND HILLS, CA 91367

Phone: (818)226-4100 Fax: (310)457-9784
Record ID: 190336CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 02/28/2017

Program Name: **ALTERNATIVE OPTIONS INTENSIVE OUTPATIENT PROGRAM FOR
ALCOHOL & SUBSTANCE ABUSE**
Legal Name: ALTERNATIVE OPTIONS COUNSELING CENTER, INC.
Address: 17326 EDWARDS ROAD, SUITE A115
City, State Zip: CERRITOS, CA 90703

Phone: (562)921-5701 Fax: (562)921-5703
Record ID: 190340BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015

Program Name: **FIRST TO SERVE**
Legal Name: FIRST TO SERVE
Address: 1017 WEST 50TH STREET
City, State Zip: LOS ANGELES, CA 90037

Phone: (323)758-4670 Fax: (323)758-4011

Record ID: 190342AN
Service Type: RES
Resident Capacity: 24
Total Occupancy: 24
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2016

Program Name: **FIRST TO SERVE, INC.**

Legal Name: FIRST TO SERVE
Address: 4052 BUDLONG AVENUE
City, State Zip: LOS ANGELES, CA 90037

Phone: (323)296-0747 Fax: (323)758-4011

Record ID: 190342CN
Service Type: RES
Resident Capacity: 28
Total Occupancy: 28
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016

Program Name: **VALLEY COMMUNITY HEALTHCARE DRUG AND ALCOHOL TREATMENT PROGRAM**

Legal Name: VALLEY COMMUNITY HEALTHCARE
Address: 6801 COLDWATER CANYON AVENUE
City, State Zip: NORTH HOLLYWOOD, CA 91605-5104

Phone: (818)763-1718 Fax: (818)763-7231

Record ID: 190349AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2016

Program Name: **STORK CLUB - OPTIONS FOR RECOVERY AT HARBOR UCLA RESEARCH AND EDUCATION INSTITUT**

Legal Name: LOS ANGELES BIOMEDICAL RESEARCH INSTITUTE AT HARBOR-UCLA MEDICAL CENTER
Address: 1124 WEST CARSON STREET, BUILDING N-33
City, State Zip: TORRANCE, CA 90502

Phone: (310)222-5410 Fax: (310)787-7742

Record ID: 190351AN
Service Type: NON
Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 8/31/2016

Program Name: **CAMBODIAN ASSOCIATION OF AMERICA, COMMUNITY PREVENTION AND RECOVERY PROGRAM**

Legal Name: CAMBODIAN ASSOCIATION OF AMERICA

Address: 2501 ATLANTIC AVENUE

City, State Zip: LONG BEACH, CA 90806

Phone: (562)424-6105

Fax: (562)988-1475

Record ID: 190358AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2016

Program Name: **STUDIO 12 RESIDENTIAL/DETOX FACILITY**

Legal Name: STUDIO 12

Address: 12406 MAGNOLIA BOULEVARD

City, State Zip: VALLEY VILLAGE, CA 91607

Phone: (818)761-7374

Fax: (818)761-7377

Record ID: 190361AN

Service Type: RES-DETOX

Resident Capacity: 15

Total Occupancy: 15

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2015

Program Name: **ROBERT SUNDANCE FAMILY WELLNESS CENTER**

Legal Name: UNITED AMERICAN INDIAN INVOLVEMENT, INC.

Address: 1125 WEST 6TH STREET, SUITES 103 AND 303

City, State Zip: LOS ANGELES, CA 90017

Phone: (213)202-3970

Fax: (213)202-3977

Record ID: 190364AN

Service Type: RES

Target Population: 1.1 --- CO-ED

Expiration Date: 9/30/2016

Program Name: **CLINICA MSR. OSCAR A. ROMERO**

Legal Name: CLINICA MSR. OSCAR A ROMERO

Address: 2032 MARENGO STREET

City, State Zip: LOS ANGELES, CA 90033

Phone: (213)989-7700

Fax: (323)266-2541

Record ID: 190368AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2016

Program Name: **ANTELOPE VALLEY COUNCIL ON ALCOHOLISM AND DRUG
DEPENDENCY**

Legal Name: ALCOHOLISM COUNCIL OF ANTELOPE VALLEY/NCA.

Address: 311 EAST AVENUE K-4

City, State Zip: LANCASTER, CA 93535

Phone: (661)948-5046

Fax: (661)948-5049

Record ID: 190376AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 2/28/2017

Program Name: **HOUSE OF UHURU**

Legal Name: WATTS HEALTHCARE CORPORATION

Address: 8005 SOUTH FIGUEROA STREET

City, State Zip: LOS ANGELES, CA 90003

Phone: (323)568-5400

Fax: (323)752-8031

Record ID: 190377AN

Service Type: RES

Resident Capacity: 66

Total Occupancy: 66

Target Population: 1.1 --- CO-ED

Expiration Date: 03/31/2017

Program Name: **HOUSE OF UHURU**

Legal Name: WATTS HEALTHCARE CORPORATION

Address: 8005 SOUTH FIGUEROA STREET

City, State Zip: LOS ANGELES, CA 90003

Phone: (323)568-5400

Fax: (323)752-8031

Record ID: 190377BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 3/31/2017

Program Name: **HELPLINE YOUTH COUNSELING**

Legal Name: HELPLINE YOUTH COUNSELING

Address: 12440 EAST FIRESTONE BOULEVARD, SUITE 1000

City, State Zip: NORWALK, CA 90650

Phone: (562)864-3722

Fax: (562)864-4596

Record ID: 190386AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2016

Program Name: **CALIFORNIA DRUG TREATMENT PROGRAM, INC.**

Legal Name: CALIFORNIA DRUG TREATMENT PROGRAM, INC.

Address: 9001 SOUTH VERMONT AVENUE

City, State Zip: LOS ANGELES, CA 90044

Phone: (323)756-9933

Record ID: 190396AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 9/30/2015

Program Name: **BLESSED DRUG AND ALCOHOL TREATMENT AND RESEARCH PROGRAM, INC.**

Legal Name: BLESSED DRUG & ALCOHOL TREATMENT & RESEARCH PROGRAM, INC.

Address: 8407 SOUTH VERMONT

City, State Zip: LOS ANGELES, CA 90044

Phone: (323)971-1325

Record ID: 190402AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2015

Program Name: **POMONA COMMUNITY CRISIS CENTER**

Legal Name: POMONA COMMUNITY CRISIS CENTER

Address: 232 AND 240 EAST MONTEREY AVENUE

City, State Zip: POMONA, CA 91767

Phone: (909)623-1588

Record ID: 190409AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2015

Program Name: **NEW PERCEPTIONS**

Legal Name: NEW PERCEPTIONS, INC.

Address: 17813 MALDEN STREET

City, State Zip: NORTHRIDGE, CA 91325

Phone: (818)885-9596

Fax: (818)885-9595

Record ID: 190416AP

Service Type: RES-DETOX

Resident Capacity: 10

Total Occupancy: 12

Target Population:

Expiration Date: 08/31/2016

Program Name: **MCINTYRE HOUSE**

Legal Name: MCINTYRE HOUSE

Address: 544 NORTH KENMORE AVENUE

City, State Zip: LOS ANGELES, CA 90004

Phone: (323)662-0855

Fax: (323)622-0842

Record ID: 190420AN

Service Type: RES

Resident Capacity: 16

Total Occupancy: 19

Target Population: 1.2 --- MEN ONLY

Expiration Date: 06/30/2016

Program Name: **LAWS SUPPORT CENTER**

Legal Name: LAWS SUPPORT CENTER

Address: 2707 WEST 54TH STREET

City, State Zip: LOS ANGELES, CA 90043

Phone: (323)294-5204

Fax: (323)294-5204

Record ID: 190423AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 3/31/2016

Program Name: **CLEARVIEW TREATMENT PROGRAMS**

Legal Name: CLEARVIEW CENTERS, LLC

Address: 2432 AND 2432 1/2 WALNUT AVENUE

City, State Zip: VENICE, CA 90291

Phone: (310)448-8822

Fax: (310)474-6115

Record ID: 190438AP

Service Type: RES-DETOX

Resident Capacity: 9

Total Occupancy: 9

Target Population: 1.1 --- CO-ED

Expiration Date: 06/30/2016

Program Name: **CLEARVIEW TREATMENT PROGRAMS**

Legal Name: CLEARVIEW CENTERS, LLC

Address: 2435 GLYNDON AVENUE

City, State Zip: VENICE, CA 90291

Phone: (310)305-2691

Fax: (310)305-2693

Record ID: 190438CP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 08/31/2016

Program Name: **CLEARVIEW TREATMENT PROGRAMS**

Legal Name: CLEARVIEW CENTERS, LLC

Address: 2427 WALNUT AVENUE

City, State Zip: VENICE, CA 90291

Phone: (310)448-8822

Fax: (310)448-8833

Record ID: 190438DP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 0

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2015

Program Name: **THE CANYON AT PEACE PARK**

Legal Name: THE CANYON AT PEACE PARK

Address: 2890 AND 2900 KANAN DUME ROAD

City, State Zip: MALIBU, CA 90265

Phone: (310)457-3209

Fax: (310)457-4440

Record ID: 190441AP

Service Type: RES-DETOX

Resident Capacity: 16
Total Occupancy: 16
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2016

Program Name: **CENTER FOR INTEGRATED FAMILY AND HEALTH SERVICES (THE FAMILY CENTER)**

Legal Name: CENTER FOR INTEGRATED FAMILY AND HEALTH SERVICES, INCORPORATED

Address: 540 SOUTH EREMLAND DRIVE, SUITES A-D
City, State Zip: COVINA, CA 91723

Phone: (626)967-5103 Fax: (626)967-1339

Record ID: 190442AN

Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2016

Program Name: **H.O.W. HOUSE**

Legal Name: THE CENTER FOR RECOVERY FROM COMPULSIVITIES, INC.

Address: 14100 1/4 GLENGYLE STREET
City, State Zip: WHITTIER, CA 90604-2434

Phone: (562)777-1222 Fax: (562)906-1222

Record ID: 190450AN

Service Type: RES

Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 09/30/2016

Program Name: **HARBOUR AREA HALFWAY HOUSES, INC.**

Legal Name: HARBOUR AREA HALF-WAY HOUSES, INC.

Address: 940 DAWSON AVENUE
City, State Zip: LONG BEACH, CA 90804

Phone: (562)434-0036 Fax: (562)434-5196

Record ID: 190454AN

Service Type: RES

Resident Capacity: 15
Total Occupancy: 15
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 03/31/2015

Program Name: **ALCOHOL & DRUG PROGRAM**

Legal Name: CHILD & FAMILY CENTER

Address: 21545 CENTRE POINTE PARKWAY

City, State Zip: SANTA CLARITA, CA 91350

Phone: (661)259-9439

Fax: (661)250-8755

Record ID: 190459AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 2/28/2017

Program Name: **ABSOLUTE CONTROL TRANSITIONAL COUNSELING CENTER**

Legal Name: ABSOLUTE CONTROL TRANSITIONAL COUNSELING CENTER INC.

Address: 3111 WINONA AVENUE, SUITE 201

City, State Zip: BURBANK, CA 91504

Phone: (626)792-8797

Fax: (626)792-8798

Record ID: 190462AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 3/31/2015

Program Name: **DESIGN FOR LIVING RECOVERY SERVICES**

Legal Name: DESIGN FOR LIVING

Address: 1066 EAST AVENUE J

City, State Zip: LANCASTER, CA 93535

Phone: (661)729-8155

Fax: (661)949-8131

Record ID: 190463BN

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 04/30/2015

Program Name: **DESIGN FOR LIVING COMMUNITY SERVICES**

Legal Name: DESIGN FOR LIVING

Address: 104 EAST AVENUE K-4, SUITE B

City, State Zip: LANCASTER, CA 93535

Phone: (661)874-4680

Fax: (661)793-7231

Record ID: 190463DN

Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2015

Program Name: **MASADA HOMES SUBSTANCE ABUSE SERVICES**
Legal Name: COUNSELING AND RESEARCH ASSOCIATES
Address: 130 WEST VICTORIA STREET
City, State Zip: GARDENA, CA 90248

Phone: (310)715-2020 Fax: (310)660-0494
Record ID: 190471AN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 9/30/2015

Program Name: **BERNIE'S LIL WOMEN CENTER, INC.**
Legal Name: BERNIE'S LIL WOMEN CENTER
Address: 11905 SOUTH CENTRAL AVENUE, SUITE 205
City, State Zip: LOS ANGELES, CA 90059

Phone: (213)280-1012 Fax: (323)563-7087
Record ID: 190472BN
Service Type: NON
Target Population: 1.8 --- DUAL DIAGNOSIS
Expiration Date: 12/31/2015

Program Name: **SUBSTANCE ABUSE PREVENTION AND TREATMENT PROGRAM, DIV.
OF ADOLESCENT MED., CHILD**

Legal Name: CHILDREN'S HOSPITAL LOS ANGELES
Address: 5000 SUNSET BOULEVARD, 7TH FLOOR, SUITE 701
City, State Zip: LOS ANGELES, CA 90027

Phone: (323)361-2463 Fax: (323)913-7951
Record ID: 190473AN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 5/31/2015

Program Name: **CLIFFSIDE MALIBU**
Legal Name: CLIFFSIDE MALIBU
Address: 30060 ANDROMEDA LANE
City, State Zip: MALIBU, CA 90265

Phone: (310)589-2800

Fax: (310)589-2802

Record ID: 190474AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 06/30/2015

Program Name: **INGLEWOOD AREA ALCOHOL AND DRUG PROGRAM**

Legal Name: LEWIS PROFESSIONAL SERVICES FOUNDATION, INCORPORATED

Address: 400 SOUTH LA BREA, SUITE # 102, 103, 104, 200, 202, 203, 204 AND 205

City, State Zip: INGELWOOD, CA 90301

Phone: (310)674-6267

Fax: (310)673-5904

Record ID: 190480AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 3/31/2016

Program Name: **CIRCLE OF HELP FOUNDATION**

Legal Name: CIRCLE OF HELP FOUNDATION

Address: 1011 GOODRICH BOULEVARD

City, State Zip: LOS ANGELES, CA 90022

Phone: (323)888-9191

Fax: (213)365-9178

Record ID: 190483AN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 6/30/2015

Program Name: **WE CAN HELP FOUNDATION**

Legal Name: WE CAN HELP FOUNDATION

Address: 8455 S. VAN NESS AVENUE

City, State Zip: INGLEWOOD, CA 90305

Phone: (213)268-9768

Fax: (424)264-5205

Record ID: 190494BN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 7/31/2016

Program Name: **VALLEY WOMEN'S CENTER**

Legal Name: VALLEY WOMEN'S CENTER, INC.

Address: 22110 ROSCOE BOULEVARD, SUITE 204
City, State Zip: CANOGA PARK, CA 91304

Phone: (818)713-8700 Fax: (818)713-8585

Record ID: 190502AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 1/31/2016

Program Name: **HELPING KIDS TO RECOVER, INC.**

Legal Name: HELPING KIDS TO RECOVER, INC.

Address: 637 EAST ALBERTONI STREET, SUITE 200, 201 AND 203

City, State Zip: CARSON, CA 90746

Phone: (310)217-0616 Fax: (310)217-0545

Record ID: 190503AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2016

Program Name: **NEW HOPE DRUG AND ALCOHOL TREATMENT PROGRAM**

Legal Name: NEW HOPE DRUG AND ALCOHOL TREATMENT PROGRAM, INC.

Address: 1841 AND 1841 1/2 WEST IMPERIAL HIGHWAY

City, State Zip: LOS ANGELES, CA 90047

Phone: (323)750-2850 Fax: (323)750-0851

Record ID: 190504AN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 2/29/2016

Program Name: **COASTAL RECOVERY CENTER**

Legal Name: TRANSCULTURAL HEALTH DEVELOPMENT, INC.

Address: 117 EAST HARRY BRIDGES BOULEVARD

City, State Zip: WILMINGTON, CA 90744

Phone: (310)549-8383 Fax: (310)549-9304

Record ID: 190511BP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 3/31/2017

Program Name: **PASSAGES EAST**

Legal Name: FEDERAL RECOVERY SYSTEMS LLC
Address: 6439 (B) SYCAMORE MEADOWS DRIVE
City, State Zip: MALIBU, CA 90265

Phone: (310)589-2880 Fax: (310)589-2858
Record ID: 190516AP
Service Type: RES-DETOX
Resident Capacity: 5
Total Occupancy: 5
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2015

Program Name: **PASSAGES NORTHEAST**

Legal Name: FEDERAL RECOVERY SYSTEMS LLC
Address: 6428 - B MEADOWS COURT
City, State Zip: MALIBU, CA 90265

Phone: (310)589-2880 Fax: (310)589-2858
Record ID: 190516BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2015

Program Name: **EATON CANYON TREATMENT CENTER**

Legal Name: EATON CANYON RECOVERY SERVICES, INC.
Address: 3323 EAST FAIRPOINT STREET
City, State Zip: PASADENA, CA 91107

Phone: (626)798-0150 Fax: (626)798-8685
Record ID: 190521AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 9
Target Population: 1.1 --- CO-ED
Expiration Date: 03/31/2016

Program Name: **THE NEW YOU CENTER, INC.**

Legal Name: THE NEW YOU CENTER, INC.
Address: 1030 WEST FLORENCE AVENUE
City, State Zip: LOS ANGELES, CA 90044

Phone: (323)750-7580

Fax: (323)758-6095

Record ID: 190525AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 8/31/2016

Program Name: **KB RECOVERY**

Legal Name: KEVIN BABAYAN

Address: 15722 TUPPER STREET

City, State Zip: NORTH HILLS, CA 91343

Phone: (818)891-3639

Fax: (818)892-9471

Record ID: 190527AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 06/30/2016

Program Name: **AMERICAN DRUG RECOVERY PROGRAM, INC.**

Legal Name: AMERICAN DRUG RECOVERY PROGRAM, INC.

Address: 2724 WEST FLORENCE AVENUE

City, State Zip: LOS ANGELES, CA 90043

Phone: (323)759-3464

Fax: (323)759-3427

Record ID: 190530AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2016

Program Name: **LIFE SUBSTANCE ABUSE TREATMENT CENTER**

Legal Name: LIFE HEALTH SERVICES, INC.

Address: 3701 WEST STOCKER STREET, SUITE 401

City, State Zip: LOS ANGELES, CA 90008

Phone: (323)299-4000

Record ID: 190538AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 6/30/2015

Program Name: **WEINGART CENTER ASSOCIATION/EPIC**

Legal Name: WEINGART CENTER ASSOCIATION

Address: 554 AND 566 SOUTH SAN PEDRO STREET
4TH, 7TH AND 8TH FLOOR
City, State Zip: LOS ANGELES, CA 90013

Phone: (213)689-2122 Fax: (213)623-0408
Record ID: 190541AN
Service Type: RES
Resident Capacity: 85
Total Occupancy: 85
Target Population: 1.1 --- CO-ED
Expiration Date: 01/31/2017

Program Name: **WEINGART CENTER ASSOCIATION**
Legal Name: WEINGART CENTER ASSOCIATION
Address: 566 SOUTH SAN PEDRO STREET, MEZANNINE
City, State Zip: LOS ANGELES, CA 90013

Phone: (213)689-2153 Fax: (213)623-0408
Record ID: 190541BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2015

Program Name: **SEEKING PEACEFUL SOLUTIONS, INC.**
Legal Name: SEEKING PEACEFUL SOLUTIONS
Address: 8724 SOUTH VERMONT AVENUE
City, State Zip: LOS ANGELES, CA 90044

Phone: (323)753-1314 Fax: (323)753-6619
Record ID: 190547AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: **CHARTER OAK RECOVERY CENTER**
Legal Name: AURORA CHARTER OAK - LOS ANGELES, LLC
Address: 1161 EAST COVINA BOULEVARD, BUILDING C
City, State Zip: COVINA, CA 91724

Phone: (626)966-1632
Record ID: 190551AP
Service Type: RES

Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016

Program Name: **MALIBU BEACH RECOVERY CENTER**
Legal Name: MALIBU BEACH RECOVERY CENTER, LLC
Address: 1752 CORRAL CANYON ROAD
City, State Zip: MALIBU, CA 90265

Phone: (310)589-2407 Fax: (818)301-2519
Record ID: 190562AP
Service Type: RES-DETOX

Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2015

Program Name: **MALIBU BEACH RECOVERY CENTER - IOP**
Legal Name: MALIBU BEACH RECOVERY CENTER, LLC
Address: 15415 W. SUNSET BOULEVARD, SUITE 200
City, State Zip: PACIFIC PALISADES, CA 90272

Phone: (310)589-2407 Fax: (818)301-2519
Record ID: 190562BP
Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: **MALIBU BEACH RECOVERY CENTER - BRENTWOOD HOUSE**
Legal Name: MALIBU BEACH RECOVERY CENTER, LLC
Address: 101 SOUTH SALTAIR AVENUE
City, State Zip: LOS ANGELES, CA 90049

Phone: (310)589-2407 Fax: (818)301-2519
Record ID: 190562CP
Service Type: RES-DETOX

Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 09/30/2016

Program Name: **ALCOHOL AND SUBSTANCE ABUSE PROGRAM, INC.**

Legal Name: ALCOHOL AND SUBSTANCE ABUSE PROGRAMS, INC.
Address: 1084 & 1092 NEW YORK DRIVE
City, State Zip: ALTADENA, CA 91001

Phone: (818)421-7890 Fax: (626)797-5415
Record ID: 190569AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2015

Program Name: **BASEN ALCOHOL AND DRUG PROGRAM**
Legal Name: BASEN, INC.
Address: 460 EAST CARSON PLAZA DRIVE, SUITE 106
City, State Zip: CARSON, CA 90746

Phone: (310)532-6030
Record ID: 190574AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2015

Program Name: **SUNSET MALIBU**
Legal Name: SUNSET MALIBU
Address: 30042 ANDROMEDA LANE
City, State Zip: MALIBU, CA 90265

Phone: (800)332-9202 Fax: (310)589-2226
Record ID: 190575BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 01/31/2016

Program Name: **AUTHENTIC RECOVERY CENTER**
Legal Name: AUTHENTIC RECOVERY, LLC
Address: 2203 OVERLAND AVENUE
City, State Zip: LOS ANGELES, CA 90064

Phone: (310)497-7236 Fax: (310)474-1906
Record ID: 190577AP

Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2015

Program Name: **AUTHENTIC RECOVERY CENTER**

Legal Name: AUTHENTIC RECOVERY, LLC

Address: 2207 PELHAM AVENUE

City, State Zip: LOS ANGELES, CA 90064

Phone: (310)401-4692

Fax: (310)474-2199

Record ID: 190577BP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 03/31/2016

Program Name: **PLAZA COMMUNITY SERVICES**

Legal Name: PLAZA COMMUNITY CENTER, A CALIFORNIA NONPROFIT RELIGIOUS CORPORATION

Address: 5255 POMONA BOULEVARD, SUITES 2 AND 5A

City, State Zip: LOS ANGELES, CA 90022

Phone: (323)888-2530

Fax: (323)726-3510

Record ID: 190582AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 7/31/2015

Program Name: **HARBOR AREA SUBSTANCE ABUSE TREATMENT CENTER**

Legal Name: HACC INC.

Address: 599 WEST 9TH STREET

City, State Zip: SAN PEDRO, CA 90731

Phone: (310)831-0331

Fax: (310)831-0004

Record ID: 190586AP

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 11/30/2015

Program Name: **MAXIN HEALTH CARE SERVICES, INC.**

Legal Name: MAXIN HEALTH CARE SERVICES, INC.
Address: 3756 SANTA ROSALIA DRIVE, SUITE 326A
City, State Zip: LOS ANGELES, CA 90008

Phone: (310)941-2276
Record ID: 190591AN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 3/31/2016

Program Name: **THE SOLUTIONS ALCOHOL & DRUG RECOVERY FOUNDATION, INC.**
Legal Name: THE SOLUTIONS ALCOHOL & DRUG RECOVERY FOUNDATION, INC.
Address: 3210 WEST JEFFERSON BOULEVARD
City, State Zip: LOS ANGELES, CA 90018

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

Program Name: **DIVINE HEALTHCARE SERVICES, INC.**
Legal Name: DIVINE HEALTHCARE SERVICES, INC.
Address: 405 WEST MANCHESTER BOULEVARD, SUITE A
City, State Zip: INGLEWOOD, CA 90301

Phone: (310)672-3820
Record ID: 190604AN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 5/31/2016

Program Name: **YOUR EMPOWERING SOLUTIONS**
Legal Name: YOUR EMPOWERING SOLUTIONS
Address: 4020 PALOS VERDES DRIVE NORTH, SUITE 201
City, State Zip: ROLLING HILLS ESTATE, CA 90274

Phone: (310)541-6350 Fax: (310)541-6497
Record ID: 190605AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2016

Program Name: **CIVIGENICS, INC., LONG BEACH FACILITY**

Legal Name: COMMUNITY EDUCATION CENTERS, INC., DBA CALIFORNIA AS CEC
INTL., INC.

Address: 2233 EAST 69TH STREET

City, State Zip: LONG BEACH, CA 90805

Phone: (562)663-0711

Fax: (562)602-0811

Record ID: 190606AP

Service Type: RES

Resident Capacity: 112

Total Occupancy: 112

Target Population: 1.2 --- MEN ONLY

Expiration Date: 05/31/2016

Program Name: **SUMMIT MALIBU**

Legal Name: MALIBU LIGHTHOUSE TREATMENT CENTER, LLC

Address: 28011 PAQUET PLACE

City, State Zip: MALIBU, CA 90265

Phone: (310)457-0787

Fax: (310)457-8067

Record ID: 190612BP

Service Type: RES-DETOX

Resident Capacity: 7

Total Occupancy: 7

Target Population: 1.1 --- CO-ED

Expiration Date: 05/31/2016

Program Name: **SUMMIT MALIBU LOWER**

Legal Name: MALIBU LIGHTHOUSE TREATMENT CENTER, LLC

Address: 28215 VIA ACERO

City, State Zip: MALIBU, CA 90265

Phone: (310)457-0787

Record ID: 190612CP

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 09/30/2016

Program Name: **SOUTHWEST SUBSTANCE ABUSE TREATMENT CENTER**

Legal Name: SOUTHWEST CARE, INC.

Address: 2930 WEST IMPERIAL HIGHWAY, SUITE 511

City, State Zip: INGLEWOOD, CA 90303

Phone: (323)777-0444

Record ID: 190615AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 7/31/2016

Program Name: **PROMISES TREATMENT CENTERS IV**

Legal Name: PROMAL4, INC.

Address: 20729 ROCKCROFT DRIVE

City, State Zip: MALIBU, CA 90265

Phone: (310)390-2340

Fax: (310)741-3062

Record ID: 190617AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2016

Program Name: **DIXON RECOVERY INSTITUTE, INC.**

Legal Name: DIXON RECOVERY INSTITUTE, INC.

Address: 4715 CRENSHAW BOULEVARD

City, State Zip: LOS ANGELES, CA 90043

Phone: (323)244-5677

Fax: (866)582-9013

Record ID: 190622AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 2/29/2016

Program Name: **PROMISES TREATMENT CENTERS III**

Legal Name: SBAR2 INC.

Address: 3743 SOUTH BARRINGTON AVENUE

City, State Zip: LOS ANGELES, CA 90066

Phone: (310)390-2340

Record ID: 190623AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2016

Program Name: **PROMISES TREATMENT CENTERS II**

Legal Name: PROMAL2 INC.

Address: 20723 ROCKCROFT DRIVE

City, State Zip: MALIBU, CA 90265

Phone: (310)390-2340

Record ID: 190624AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2016

Program Name: **PROMISES RESIDENTIAL TREATMENT CENTERS**

Legal Name: WESTSIDE SOBER LIVING CENTERS, INC.

Address: 20725 ROCKCROFT DRIVE

City, State Zip: MALIBU, CA 90265

Phone: (310)390-2340

Record ID: 190625AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2016

Program Name: **PROMISES RESIDENTIAL TREATMENT CENTERS**

Legal Name: WESTSIDE SOBER LIVING CENTERS, INC.

Address: 3743 1/2 SOUTH BARRINGTON AVENUE

City, State Zip: LOS ANGELES, CA 90066

Phone: (310)390-2340

Record ID: 190625CP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2016

Program Name: **PROMISES TREATMENT CENTERS VI**

Legal Name: WESTSIDE SOBER LIVING CENTERS, INC.

Address: 20713 ROCKCROFT DRIVE
City, State Zip: MALIBU, CA 90265

Phone: (562)741-6471 Fax: (562)741-6488

Record ID: 190625EP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 01/31/2017

Program Name: **PROMISES TREATMENT CENTERS - OUTPATIENT PROGRAM**

Legal Name: WESTSIDE SOBER LIVING CENTERS, INC.

Address: 2045 SOUTH BARRINGTON AVENUE SUITE B

City, State Zip: LOS ANGELES, CA 90025

Phone: (310)268-7717 Fax: (310)479-3520

Record ID: 190625FP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 2/28/2015

Program Name: **PROFESSIONALS TREATMENT AT PROMISES**

Legal Name: WESTSIDE SOBER LIVING CENTERS, INC.

Address: 2515 WILSHIRE BOULEVARD

City, State Zip: SANTA MONICA, CA 90403

Phone: (424)744-5155 Fax: (310)943-3389

Record ID: 190625GP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 2/28/2017

Program Name: **RIDGEVIEW RANCH**

Legal Name: RIDGEVIEW DRIVE RANCH, LLC

Address: 3085 RIDGEVIEW DRIVE

City, State Zip: ALTADENA, CA 91001

Phone: (626)482-3478 Fax: (626)791-1592

Record ID: 190627AP

Service Type: RES

Resident Capacity: 10

Total Occupancy: 10

Target Population: 1.1 --- CO-ED

Expiration Date: 02/29/2016

Program Name: **RIDGEVIEW RANCH II**

Legal Name: RIDGEVIEW DRIVE RANCH, LLC

Address: 3323 MARENGO AVENUE

City, State Zip: ALTADENA, CA 91001

Phone: (626)765-9600

Fax: (626)765-9605

Record ID: 190627BP

Service Type: RES

Resident Capacity: 6

Total Occupancy: 10

Target Population: 1.1 --- CO-ED

Expiration Date: 08/31/2016

Program Name: **BLESSED HEALTH SERVICES, INC.**

Legal Name: BLESSED HEALTH SERVICES, INC.

Address: 3756 SANTA ROSALIA DRIVE, SUITE # 523A

City, State Zip: LOS ANGELES, CA 90008

Phone: (562)313-5432

Fax: (323)290-1501

Record ID: 190632AN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 10/31/2015

Program Name: **MEDI-CURE HEALTH SERVICES, INC.**

Legal Name: MEDI-CURE HEALTH SERVICES, INC.

Address: 3756 SANTA ROSALIA DRIVE # 417

City, State Zip: LOS ANGELES, CA 90008

Phone: (323)295-1136

Fax: (323)295-1071

Record ID: 190636AN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 10/31/2016

Program Name: **DAVID & MARGARET YOUTH AND FAMILY SERVICES RECOVERY PROGRAM**

Legal Name: DAVID AND MARGARET HOME, INC.

Address: 1350 THIRD STREET

City, State Zip: LA VERNE, CA 91750

Phone: (909)596-5921 Fax: (909)596-3954

Record ID: 190641AN

Service Type: DSS

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 5/31/2015

Program Name: **HOME FROM HOME COUNSELING AND TREATMENT PROGRAM**

Legal Name: HOME FROM HOME, INC.

Address: 4201 LONG BEACH BOULEVARD, SUITE 200

City, State Zip: LONG BEACH, CA 90807

Phone: (562)682-3858

Record ID: 190646AN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 7/31/2015

Program Name: **HELPING HANDS RECOVERY CENTER**

Legal Name: TRANSITIONAL MINISTRY OF CHRIST

Address: 9118 SOUTH BROADWAY BOULEVARD

City, State Zip: LOS ANGELES, CA 90003

Phone: (323)757-1819

Record ID: 190648AN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 5/31/2016

Program Name: **MILESTONES 1, THE RANCH MALIBU VENTURE 1**

Legal Name: THE RANCH MALIBU VENTURE 1

Address: 200 VERA CANYON ROAD

City, State Zip: MALIBU, CA 90265

Phone: (818)879-9110 Fax: (818)879-9011

Record ID: 190649AP

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 04/30/2017

Program Name: **MILESTONES 2, THE RANCH MALIBU VENTURE 1**

Legal Name: THE RANCH MALIBU VENTURE 1

Address: 221 VERA CANYON ROAD

City, State Zip: MALIBU, CA 90265

Phone: (818)879-9110

Fax: (818)879-9011

Record ID: 190649BP

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 04/30/2017

Program Name: **PASSAGES 8**

Legal Name: 6390/6390A MEADOWS COURT LLC

Address: 6390 MEADOWS COURT

City, State Zip: MALIBU, CA 90265

Phone: (310)589-2880

Record ID: 190650AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 09/30/2016

Program Name: **PASSAGES 9**

Legal Name: 6390A MEADOWS COURT LLC

Address: 6390 MEADOWS COURT (REAR GUEST HOUSE)

City, State Zip: MALIBU, CA 90265

Phone: (310)589-2880

Record ID: 190652AP

Service Type: RES-DETOX

Resident Capacity: 5

Total Occupancy: 5

Target Population: 1.1 --- CO-ED

Expiration Date: 09/30/2016

Program Name: **2ND CHANCE FOR RECOVERY**

Legal Name: 2ND CHANCE FOR RECOVERY, INC.

Address: 600 E 7TH STREET, SUITE 104 & 105

City, State Zip: LOS ANGELES, CA 90021

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

Program Name: **2ND CHANCE FOR RECOVERY**
Legal Name: 2ND CHANCE FOR RECOVERY, INC.
Address: 2116 & 2118 S. CENTRAL AVENUE
City, State Zip: LOS ANGELES, CA 90011

Phone: (818)590-0111 Fax: (866)754-1323
Record ID: 190653BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2014

Program Name: **MOUNT ZION COUNSELING SERVICES, INC.**
Legal Name: MOUNT ZION COUNSELING SERVICES, INC.
Address: 8814 S. WESTERN AVENUE
City, State Zip: LOS ANGELES, CA 90047

Phone: (310)569-1192 Fax: (323)908-0484
Record ID: 190654AN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 6/30/2015

Program Name: **SEASONS IN MALIBU**
Legal Name: LUXURY REHAB GROUP LLC
Address: 6021 GALAHAD ROAD
City, State Zip: MALIBU, CA 90265

Phone: (424)234-2044 Fax: (818)337-0365
Record ID: 190655AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2017

Program Name: **Seasons Agoura**
Legal Name: LUXURY REHAB GROUP LLC

Address: 5850 Lapworth Drive
City, State Zip: Agoura Hills, CA 91301

Phone: (747)222-7802 Fax: (424)235-2017

Record ID: 190655CP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 06/30/2017

Program Name: **YOU CAN ALCOHOL AND DRUG COUNSELING AND EDUCATION PROGRAM**

Legal Name: YOU CAN HEALTH SERVICES

Address: 600 WEST MANCHESTER AVENUE, SUITE 5

City, State Zip: LOS ANGELES, CA 90044

Phone: (310)349-9778

Record ID: 190656AN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 9/30/2016

Program Name: **CLIFFSIDE MALIBU II**

Legal Name: CLIFFSIDE MALIBU II

Address: 5853 BUSCH DRIVE

City, State Zip: MALIBU, CA 90265

Phone: (800)332-9202 Fax: (310)457-1272

Record ID: 190658AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 02/28/2017

Program Name: **SOBA TREATMENT CENTER**

Legal Name: SOBALIVING LLC

Address: 22677 PACIFIC COAST HIGHWAY

City, State Zip: MALIBU, CA 90265

Phone: (310)457-5250

Record ID: 190664AP

Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2017

Program Name: **PROMISES TREATMENT CENTERS V**

Legal Name: EHRMAN SUBSIDIARY CORP.

Address: 20781 BIG ROCK DRIVE

City, State Zip: MALIBU, CA 90265

Phone: (424)644-0473

Fax: (310)456-3553

Record ID: 190666AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 07/31/2015

Program Name: **FAMILY UNITED-N-NEW BEGINNINGS**

Legal Name: FAMILY UNITED-N-NEW BEGINNINGS

Address: 11616 HAWTHORNE BOULEVARD, SUITE 202

City, State Zip: HAWTHORNE, CA 90250

Phone: (310)467-5142

Fax: (323)299-0058

Record ID: 190669AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 6/30/2016

Program Name: **FLORENCE DRUG AND ALCOHOL TREATMENT CENTER**

Legal Name: FLORENCE DRUG & ALCOHOL TREATMENT CENTER, INC.

Address: 9671 SUNLAND BOULEVARD, #2A

City, State Zip: SUNLAND, CA 91040

Phone: (424)750-9037

Record ID: 190672AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2015

Program Name: **ETTIE LEE YOUTH AND FAMILY SERVICES DRUG/ALCOHOL
TREATMENT PROGRAM**

Legal Name: ETTIE LEE HOMES, INC.

Address: 160 EAST HOLT

City, State Zip: POMONA, CA 91767

Phone: (909)620-2521

Fax: (909)620-9793

Record ID: 190673AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2015

Program Name: **HANNAH'S FIRST STEP TREATMENT CENTER**

Legal Name: HANNA'S HOUSE

Address: 5900 SOUTH EASTERN AVENUE, SUITE 186 & 188

City, State Zip: COMMERCE, CA 90040

Phone: (323)278-6501

Fax: (323)278-6515

Record ID: 190678AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2014

Program Name: **HOLY ADDICTION CARE CENTER, INC.**

Legal Name: HOLY ADDICTION CARE CENTER, INC.

Address: 111 NORTH GLENDALE BOULEVARD, SUITE B

City, State Zip: LOS ANGELES, CA 90026

Phone: (213)481-8279

Fax: (213)481-9944

Record ID: 190685AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2016

Program Name: **OCEANSIDE MALIBU**

Legal Name: OCEANSIDE TRANSITIONAL LIVING IN MALIBU, INC.

Address: 21022 PACIFIC COAST HIGHWAY

City, State Zip: MALIBU, CA 90265

Phone: (310)456-3355

Fax: (310)456-3305

Record ID: 190687AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 05/31/2015

Program Name: **JOURNEY MALIBU**

Legal Name: BELLA LA VITA COMPANY

Address: 22516 CARBON MESA

City, State Zip: MALIBU, CA 90265

Phone: (310)456-6916

Fax: (310)317-6166

Record ID: 190688AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population:

Expiration Date: 10/31/2016

Program Name: **JOURNEY MALIBU II**

Legal Name: BELLA LA VITA COMPANY

Address: 26190 INGLESIDE WAY

City, State Zip: MALIBU, CA 90265

Phone: (310)456-6916

Fax: (310)317-6166

Record ID: 190688BP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 05/31/2016

Program Name: **PASADENA CLINIC**

Legal Name: CALIFORNIA DRUG COUNSELING, INC.

Address: 659 EAST WALNUT STREET

City, State Zip: PASADENA, CA 91101

Phone: (626)844-0410

Record ID: 190690AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 6/30/2016

Program Name: **KLEAN WEST HOLLYWOOD**

Legal Name: KLEAN W. HOLLYWOOD, LLC

Address: 840, 842, 844, 846, 848, 850, 852, 852 1/2, 854 HILLDALE AVENUE

City, State Zip: WEST HOLLYWOOD, CA 90069

Phone: (310)895-7095

Fax: (310)358-0680

Record ID: 190692AP

Service Type: RES-DETOX

Resident Capacity: 26

Total Occupancy: 26

Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2016

Program Name: **KLEAN W. HOLLYWOOD OUTPATIENT**

Legal Name: KLEAN W. HOLLYWOOD, LLC

Address: 9000 SUNSET BOULEVARD, SUITE 650-B

City, State Zip: WEST HOLLYWOOD, CA 90069

Phone: (310)922-2264

Record ID: 190692HP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 6/30/2016

Program Name: **SEASIDE RECOVERY CENTER, LLC I**

Legal Name: SEASIDE RECOVERY CENTER LLC

Address: 6380 SEA STAR DRIVE

City, State Zip: MALIBU, CA 90265

Phone: (424)235-2015

Fax: (818)337-0365

Record ID: 190695AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 8

Target Population: 1.1 --- CO-ED

Expiration Date: 05/31/2016

Program Name: **AVALON-CARVER COMMUNITY CENTER**

Legal Name: AVALON-CARVER COMMUNITY CENTER

Address: 4920 SOUTH AVALON BOULEVARD

City, State Zip: LOS ANGELES, CA 90011

Phone: (323)232-4391

Fax: (323)234-1008

Record ID: 190702AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 2/28/2015

Program Name: **THE HILLS TREATMENT CENTER, LLC**
Legal Name: THE HILLS TREATMENT CENTER, LLC
Address: 8147, 8171 AND 8207 MULHOLLAND DRIVE
AND 8507 WILLOW GLEN ROAD
City, State Zip: LOS ANGELES, CA 90046

Phone: (323)791-5489 Fax: (877)729-8207
Record ID: 190703AP
Service Type: RES-DETOX
Resident Capacity: 21
Total Occupancy: 21
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016

Program Name: **CHAPMAN HOUSE**
Legal Name: CHAPMAN HOUSE, INC.
Address: 834 PACIFIC AVENUE
City, State Zip: LONG BEACH, CA 90813

Phone: (562)495-3404 Fax: (714)288-6130
Record ID: 190706AP
Service Type: RES
Resident Capacity: 37
Total Occupancy: 37
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2016

Program Name: **HELP CENTER, INC.**
Legal Name: HELP CENTER, INC.
Address: 3756 SANTA ROSALIA DRIVE, SUITE 219
City, State Zip: LOS ANGELES, CA 90008

Phone: (213)840-3490
Record ID: 190707AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015

Program Name: **PACIFIC LODGE YOUTH SERVICES, INC.**
Legal Name: PACIFIC LODGE YOUTH SERVICES, INC.
Address: 22030 SHERMAN WAY, SUITE 215
City, State Zip: CANOGA PARK, CA 91303

Phone: (818)347-1577 Fax: (818)883-5452
Record ID: 190711AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2015

Program Name: **PACIFICA RECOVERY, INC.**
Legal Name: PACIFICA RECOVERY, INC.
Address: 415 WEST FOOTHILL BLVD., SUITES #210 and 211
City, State Zip: CLAREMONT, CA 91711

Phone: (919)447-5081 Fax: (919)447-5974
Record ID: 190712AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017

Program Name: **MELA COUNSELING SERVICES CENTER, INC.**
Legal Name: MELA COUNSELING SERVICES CENTER, INC.
Address: 5723 WHITTIER BOULEVARD
City, State Zip: LOS ANGELES, CA 90022-4222

Phone: (323)721-6855 Fax: (323)721-8631
Record ID: 190713AN
Service Type: NON
Target Population: 1.10 --- CO-ED/YOUTH
Expiration Date: 3/31/2017

Program Name: **EGGLESTON SUBSTANCE ABUSE AND EDUCATION PROGRAM**
Legal Name: EGGLESTON YOUTH CENTERS, INC.
Address: 13001 RAMONA BOULEVARD, SUITES E AND J
City, State Zip: IRWINDALE, CA 91706

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

Program Name: **MINI HOUSE RESIDENTIAL TREATMENT**
Legal Name: JWCH INSTITUTE, INC.
Address: 303 EAST 52ND STREET

City, State Zip: LOS ANGELES, CA 90011

Phone: (323)813-0200 Fax: (323)813-0207

Record ID: 190718AN

Service Type: RES

Resident Capacity: 31

Total Occupancy: 31

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 04/30/2015

Program Name: **SOLUTION FAMILY RESOURCE CENTER**

Legal Name: JWCH INSTITUTE, INC.

Address: 1218 EAST COMPTON BOULEVARD

City, State Zip: COMPTON, CA 90221

Phone: (310)608-1505

Record ID: 190718BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 3/31/2015

Program Name: **LOS ANGELES NEW LIFE CENTER, INC.**

Legal Name: LOS ANGELES NEW LIFE CENTER, INC.

Address: 1818 SOUTH WESTERN AVENUE, SUITE #300

City, State Zip: LOS ANGELES, CA 90006

Phone: (323)734-3677 Fax: (323)734-4972

Record ID: 190720AN

Service Type: NON

Target Population: 1.8 --- DUAL DIAGNOSIS

Expiration Date: 10/31/2015

Program Name: **ALTERNATIVES RECOVERY**

Legal Name: SPENCER RECOVERY CENTERS, INC.

Address: 2530 HYPERION AVENUE

City, State Zip: LOS ANGELES, CA 90027

Phone: (949)313-5223

Record ID: 190721AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 9/30/2015

Program Name: **PROMINENCE TREATMENT CENTER**

Legal Name: PROMINENCE CORPORATION

Address: 2150 COLD CANYON ROAD

City, State Zip: CALABASAS, CA 91302

Phone: (818)591-6869

Fax: (818)914-6279

Record ID: 190722AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 12

Target Population: 1.1 --- CO-ED

Expiration Date: 06/30/2015

Program Name: **MALIBU CANYON REHABILITATION**

Legal Name: PROMINENCE CORPORATION

Address: 4505 LAS VIRGENES ROAD, SUITE # 205 & 207

City, State Zip: CALABASAS, CA 91302-1956

Phone: (818)878-6900

Fax: (818)878-6902

Record ID: 190722BP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 6/30/2015

Program Name: **THE CONTROL CENTER, INC.**

Legal Name: CONTROL CENTER, INC.

Address: 8383 WILSHIRE BOULEVARD, SUITE 228

City, State Zip: BEVERLY HILLS, CA 90211-2433

Phone: (310)271-8700

Fax: (310)271-8703

Record ID: 190723AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 8/31/2015

Program Name: **LA FUENTE HOLLYWOOD TREATMENT CENTER LLC**

Legal Name: LA FUENTE HOLLYWOOD TREATMENT CENTER LLC

Address: 5718 FOUNTAIN AVENUE

City, State Zip: LOS ANGELES, CA 90028

Phone: (323)464-2947

Fax: (323)464-2947

Record ID: 190725AP

Service Type: RES-DETOX

Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.10 --- CO-ED/YOUTH
Expiration Date: 09/30/2015

Program Name: **AXIS RESIDENTIAL TREATMENT CENTER - WEST**

Legal Name: BRAD KEITH
Address: 4022 HURON AVENUE
City, State Zip: CULVER CITY, CA 90232

Phone: (310)838-3640 Fax: (310)453-9532

Record ID: 190727AP

Service Type: RES-DETOX

Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2015

Program Name: **HEALTHRIGHT 360**

Legal Name: HEALTHRIGHT 360
Address: 12423 DAHLIA AVENUE
City, State Zip: EL MONTE, CA 91732

Phone: (626)258-0324 Fax: (415)970-7518

Record ID: 190728AN

Service Type: RES

Resident Capacity: 72
Total Occupancy: 102
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2015

Program Name: **HEALTHRIGHT 360**

Legal Name: HEALTHRIGHT 360
Address: 2307 WEST 6TH STREET
City, State Zip: LOS ANGELES, CA 90057

Phone: (415)970-7500

Record ID: 190728BN

Service Type: RES

Resident Capacity: 200
Total Occupancy: 200
Target Population: 1.2 --- MEN ONLY
Expiration Date: 09/30/2016

Program Name: **HEALTHRIGHT 360**

Legal Name: HEALTHRIGHT 360

Address: 145 WEST 22ND STREET

City, State Zip: LOS ANGELES, CA 90007

Phone: (415)970-7500

Record ID: 190728CN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 7/31/2017

Program Name: **INSPIRE MALIBU**

Legal Name: MALIBU CALIFORNIA MODEL DRUG TREATMENT CENTER, INC.

Address: 30101 AGOURA COURT, SUITE 103

City, State Zip: AGOURA HILLS, CA 91301

Phone: (818)922-4779

Fax: (818)879-9013

Record ID: 190729AP

Service Type: NON

Target Population: 1.8 --- DUAL DIAGNOSIS

Expiration Date: 10/31/2015

Program Name: **INSPIRE MALIBU**

Legal Name: MALIBU CALIFORNIA MODEL DRUG TREATMENT CENTER, INC.

Address: 3875 KANAN ROAD

City, State Zip: AGOURA HILLS, CA 91301

Phone: (818)532-6243

Fax: (818)532-6244

Record ID: 190729BP

Service Type: RES-DETOX

Resident Capacity: 11

Total Occupancy: 11

Target Population: 1.1 --- CO-ED

Expiration Date: 04/30/2016

Program Name: **INSPIRE MALIBU**

Legal Name: MALIBU CALIFORNIA MODEL DRUG TREATMENT CENTER, INC.

Address: 33239 Mulholland Highway

City, State Zip: Malibu, CA 90265

Phone: (818)532-6243

Fax: (818)532-6244

Record ID: 190729DP

Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 03/31/2017

Program Name: **FFC SUBSTANCE ABUSE DISORDER TREATMENT PROGRAM**

Legal Name: FAMILIES FOR CHILDREN INC.

Address: 2504 W. MANCHESTER BOULEVARD

City, State Zip: INGLEWOOD, CA 90305

Phone: (323)750-5855

Fax: (310)750-5885

Record ID: 190730AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2015

Program Name: **PAX HOUSE**

Legal Name: PAX HOUSE LLC

Address: 324 WAPELLO STREET

City, State Zip: ALTADENA, CA 91001

Phone: (626)398-3897

Record ID: 190732AP

Service Type: RES-DETOX

Resident Capacity: 12

Total Occupancy: 12

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2016

Program Name: **PAX HOUSE**

Legal Name: PAX HOUSE LLC

Address: 1372 EAST WALNUT STREET, SUITE B

City, State Zip: PASADENA, CA 91106

Phone: (323)821-6226

Fax: (626)243-4425

Record ID: 190732BP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2016

Program Name: **CYCLES OF CHANGE RECOVERY SERVICES**

Legal Name: DESIGN FOR LIVING BEHAVIOR HEALTH, INC.

Address: 43858 BEECH AVENUE
City, State Zip: LANCASTER, CA 93534

Phone: (661)729-8155 Fax: (661)949-8131

Record ID: 190735AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2015

Program Name: **CYCLES OF CHANGE II**

Legal Name: DESIGN FOR LIVING BEHAVIOR HEALTH, INC.

Address: 36451 EL CAMINO DRIVE

City, State Zip: PALMDALE, CA 93551

Phone: (818)489-3779

Record ID: 190735BP

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 04/30/2016

Program Name: **CYCLES OF CHANGE RECOVERY SERVICES**

Legal Name: DESIGN FOR LIVING BEHAVIOR HEALTH, INC.

Address: 1805 WEST AVENUE K, SUITE 202

City, State Zip: LANCASTER, CA 93534

Phone: (661)948-8390 Fax: (661)948-8184

Record ID: 190735CP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2016

Program Name: **CYCLES OF CHANGE III**

Legal Name: DESIGN FOR LIVING BEHAVIOR HEALTH, INC.

Address: 42210 61ST STREET WEST

City, State Zip: LANCASTER, CA 93536

Phone: (661)846-2662

Record ID: 190735DP

Service Type: RES-DETOX

Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 02/28/2017

Program Name: **ADVANCES IN MENTAL HEALTH AND ADDICTIONS TREATMENT, INC.**
Legal Name: ADVANCES IN MENTAL HEALTH AND ADDICTIONS TREATMENT, INC.
Address: 5199 E. PACIFIC COAST HIGHWAY, SUITE 330N
City, State Zip: LONG BEACH, CA 90804

Phone: (562)365-2020 Fax: (562)239-3135
Record ID: 190736AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: **VANTAGE POINT RECOVERY**
Legal Name: GATE OF RECOVERY INC.
Address: 1800 BRIDGEGATE STREET, SUITE 204 AND
1840 BRIDGEGATE STREET, SUITE 1
City, State Zip: WESTLAKE VILLAGE, CA 91361

Phone: (805)777-7595 Fax: (805)777-9249
Record ID: 190743AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2016

Program Name: **SCHARP - OASIS HOUSE**
Legal Name: SOUTHERN CALIFORNIA HEALTH & REHABILITATION PROGRAM
Address: 5201 S. VERMONT AVE.
City, State Zip: LOS ANGELES, CA 90037

Phone: (323)751-2677 Fax: (323)751-0971
Record ID: 190745AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2016

Program Name: **THE CANYON AT SANTA MONICA**
Legal Name: THE CANYON AT SANTA MONICA, LLC
Address: 12304 SANTA MONICA BOULEVARD, SUITE #112

City, State Zip: LOS ANGELES, CA 90025

Phone: (310)259-6256

Record ID: 190746AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2016

Program Name: **BLUEPRINT DEVELOPMENT CENTER**

Legal Name: BLUEPRINT DEVELOPMENT CENTER

Address: 2501 SYCAMORE LANE

City, State Zip: PALMDALE, CA 93551

Phone: (661)480-0742

Record ID: 190749AN

Service Type: RES

Resident Capacity: 6

Total Occupancy: 7

Target Population: 1.1 --- CO-ED

Expiration Date: 06/30/2016

Program Name: **H & H TESTING OUTPATIENT**

Legal Name: H & H TESTING, INC.

Address: 10801 NATIONAL BOULEVARD, SUITE 251, 420 AND 579

City, State Zip: LOS ANGELES, CA 90064

Phone: (310)266-3957

Record ID: 190750AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 1/31/2017

Program Name: **MOTIVATIONAL RECOVERY SERVICES, INC.**

Legal Name: MOTIVATIONAL RECOVERY SERVICES, INC.

Address: 2116-2118 S. CENTRAL AVENUE

City, State Zip: LOS ANGELES, CA 90001

Phone: (818)226-6959

Record ID: 190751AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 7/31/2016

Program Name: **AVALON MALIBU**

Legal Name: AVALON BY THE SEA, INC. WHICH WILL DO BUSINESS IN CALIFORNIA
AS MALIBU INTEGRATA

Address: 32430 PACIFIC COAST HIGHWAY

City, State Zip: MALIBU, CA 90265

Phone: (310)589-0777

Record ID: 190752AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 09/30/2016

Program Name: **AVALON MALIBU**

Legal Name: AVALON BY THE SEA, INC. WHICH WILL DO BUSINESS IN CALIFORNIA
AS MALIBU INTEGRATA

Address: 29350 PACIFIC COAST HIGHWAY, #9 & #11

City, State Zip: MALIBU, CA 90265

Phone: (310)589-0777

Record ID: 190752CP

Service Type: NON-DETOX

Target Population: 1.1 --- CO-ED

Expiration Date: 9/30/2016

Program Name: **HOPE ALIVE COUNSELING CENTERS, LLC**

Legal Name: HOPE ALIVE COUNSELING CENTERS, LLC

Address: 4242 LYNWOOD AVENUE

City, State Zip: LYNWOOD, CA 90262

Phone: (310)710-2280

Record ID: 190753AP

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 08/31/2016

Program Name: **HOPE ALIVE COUNSELING CENTERS, LLC**

Legal Name: HOPE ALIVE COUNSELING CENTERS, LLC

Address: 11157 ATLANTIC AVENUE

City, State Zip: LYNWOOD, CA 90262

Phone: (310)710-2280

Record ID: 190753BP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 8/31/2016

Program Name: **ST. PAUL CENTER ALCOHOL AND DRUG PROGRAM**

Legal Name: SET THE CAPTIVES FREE DELIVERANCE MINSTRIES

Address: 1039 WEST FLORENCE AVENUE

City, State Zip: LOS ANGELES, CA 90044-2511

Phone: (323)776-1504

Fax: (323)755-3959

Record ID: 190757AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 8/31/2016

Program Name: **TURNING POINT ALCOHOL AND DRUG EDUCATION PROGRAM**

Legal Name: TURNING POINT ALCOHOL AND DRUG EDUCATION PROGRAM, INC.

Address: 3756 SANTA ROSALIA DRIVE, SUITE 617

City, State Zip: LOS ANGELES, CA 90008

Phone: (323)810-3153

Record ID: 190758AN

Service Type: NON

Target Population: ** --- UNKNOWN

Expiration Date: 9/30/2016

Program Name: **REBOS**

Legal Name: LIVING REBOS, LLC

Address: 10533 WASHINGTON BOULEVARD

City, State Zip: CULVER CITY, CA 90232

Phone: (310)694-5590

Record ID: 190759AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 8/31/2016

Program Name: **VISIONS TREATMENT CENTERS, LLC**

Legal Name: VISIONS TREATMENT CENTERS, LLC

Address: 119 BARRINGTON WALK AND 115 BARRINGTON WALK
City, State Zip: LOS ANGELES, CA 90049

Phone: (310)476-0033

Record ID: 190760AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 9/30/2016

Program Name: **SOVEREIGN HEALTH OF CALIFORNIA**

Legal Name: DUAL DIAGNOSIS TREATMENT CENTER, INC.

Address: 6167 BRISTOL PARKWAY, SUITE 100

City, State Zip: CULVER CITY, CA 90230

Phone: (949)276-5553 Fax: (949)498-2619

Record ID: 190762AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 1/31/2015

Program Name: **ARTEMIS HILL RECOVERY**

Legal Name: ARTEMIS HILL RECOVERY INC.

Address: 1858 LEES AVENUE

City, State Zip: LONG BEACH, CA 90815

Phone: (562)431-8459

Record ID: 190763AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 11/30/2016

Program Name: **THE DISCOVERY HOUSE RESIDENTIAL TREATMENT**

Legal Name: THE DISCOVERY HOUSE LLC

Address: 6957 ENFIELD AVENUE, AND 6956 BERTRAND AVENUE, AND
6953 ENFIELD AVENUE

City, State Zip: RESEDA, CA 91332

Phone: (805)228-2826 Fax: (805)419-4516

Record ID: 190764AP

Service Type: RES-DETOX

Resident Capacity: 34

Total Occupancy: 34
Target Population: 1.1 --- CO-ED
Expiration Date: 01/31/2017

Program Name: **TDH FAMILY CONSULTING OUTPATIENT HEALTHCARE SERVICES**

Legal Name: THE DISCOVERY HOUSE, LLC

Address: 17635 VANOWEN STREET

City, State Zip: VAN NUYS, CA 91406

Phone: (805)228-2826 Fax: (818)401-9387

Record ID: 190764DP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 2/28/2017

Program Name: **SILVER CROSS HEALTH SERVICES INC**

Legal Name: SILVER CROSS HEALTH SERVICES INC

Address: 13079 ARTESIA BOULEVARD, SUITE B106

City, State Zip: CERRITOS, CA 90703

Phone: (562)916-3509 Fax: (562)404-3083

Record ID: 190766AN

Service Type: NON

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 12/31/2016

Program Name: **APAIT HEALTH CENTER**

Legal Name: APAIT HEALTH CENTER

Address: 1730 W OLYMPIC BLVD., SUITE 300

City, State Zip: LOS ANGELES, CA 90015

Phone: (213)375-3830 Fax: (213)553-1833

Record ID: 190767AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 3/31/2015

Program Name: **PROGRESSIONS TLC, LLC**

Legal Name: PROGRESSIONS TLC, LLC

Address: 5510 WILBUR AVENUE

City, State Zip: TARZANA, CA 91356

Phone: (818)324-2507 Fax: (888)310-4278

Record ID: 190768AP
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1 --- CO-ED
Expiration Date: 01/31/2015

Program Name: **ELIJAH'S HOUSE TREATMENT CENTER**
Legal Name: ELIJAH'S HOUSE TX CORP.
Address: 1617 ASBURY DRIVE
City, State Zip: PASADENA, CA 91104

Phone: (626)394-9565 Fax: (626)696-3242
Record ID: 190769AP
Service Type: RES
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.1 --- CO-ED
Expiration Date: 01/31/2017

Program Name: **HELPFUL HANDS DRUG AND ALCOHOL OUTPATIENT PROGRAM, INC.**
Legal Name: HELPFUL HANDS DRUG AND ALCOHOL OUTPATIENT PROGRAM, INC.
Address: 1249 S. LA BREA AVENUE
City, State Zip: LOS ANGELES, CA 90019

Phone: (323)931-4647 Fax: (323)931-4748
Record ID: 190770AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2015

Program Name: **THE BEACH HOUSE**
Legal Name: JAMES & BENTZ, INC.
Address: 31450 BROAD BEACH ROAD
City, State Zip: MALIBU, CA 90265

Phone: (424)644-0808 Fax: (424)644-0990
Record ID: 190773AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2015

Program Name: **EXODUS RECOVERY INTEGRATED CLINIC**

Legal Name: EXODUS RECOVERY, INC.

Address: 1920 MARENGO STREET

City, State Zip: LOS ANGELES, CA 90033

Phone: (310)945-3350

Fax: (310)840-7023

Record ID: 190774AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 7/31/2017

Program Name: **HOLLYWOOD DETOX CENTER**

Legal Name: HARMONY HOLLYWOOD LLC

Address: 830 AND 832 NORTH MARIPOSA AVENUE

City, State Zip: LOS ANGELES, CA 90029

Phone: (323)450-2205

Fax: (323)488-9616

Record ID: 190775AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 08/31/2015

Program Name: **PACIFIC VIEW RECOVERY CENTER**

Legal Name: PACIFIC VIEW RECOVERY CENTER

Address: 643 PACIFIC STREET , UNITS 1, 2, 3 AND 4

City, State Zip: SANTA MONICA, CA 90405

Phone: (760)641-3972

Fax: (310)202-7604

Record ID: 190776AP

Service Type: RES

Resident Capacity: 20

Total Occupancy: 20

Target Population: 1.1 --- CO-ED

Expiration Date: 04/30/2017

Program Name: **1736 FAMILY CRISIS CENTER**

Legal Name: 1736 FAMILY CRISIS CENTER

Address: 21707 HAWTHORNE BLVD., SUITE 300

City, State Zip: TORRANCE, CA 90503

Phone: (310)543-9900
Record ID: 190777AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/29/2016

Program Name: **1736 FAMILY CRISIS CENTER**
Legal Name: 1736 FAMILY CRISIS CENTER
Address: 2116 ARLINGTON AVENUE, SUITE 200
City, State Zip: LOS ANGELES, CA 90018

Phone: (310)543-9900
Record ID: 190777BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2016

Program Name: **KOOL LIVING RECOVERY CENTER**
Legal Name: KOOL LIVING, INC.
Address: 20138 ELK WOOD STREET
City, State Zip: WINNETKA, CA 91306

Phone: (951)427-4807 Fax: (818)961-6155
Record ID: 190778AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2015

Program Name: **KOOL LIVING, INC.**
Legal Name: KOOL LIVING, INC.
Address: 20944 SHERMAN WAY #206 B
City, State Zip: CANOGA PARK, CA 91303

Phone: (866)921-3778 Fax: (747)202-0622
Record ID: 190778BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2016

Program Name: **CORNERSTONE OUTPATIENT TREATMENT PROGRAM**
Legal Name: SAN FERNANDO VALLEY COMMUNITY MENTAL HEALTH CENTER,

INCORPORATED

Address: 5950 CEDROS STREET
City, State Zip: VAN NUYS, CA 91411

Phone: (818)901-4836 Fax: (818)376-0044

Record ID: 190780AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 9/30/2015

Program Name: **NEW ERA HEALTH CARE SERVICES INC**

Legal Name: NEW ERA HEALTH CARE SERVICES INC

Address: 14540 RAMONA BOULEVARD, STE 212

City, State Zip: BALDWIN PARK, CA 91706

Phone: (951)867-0138

Record ID: 190781AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2015

Program Name: **WB COMMUNITY LEARNING CENTER, INC.**

Legal Name: W.B. COMMUNITY LEARNING CENTER

Address: 3425 W. MANCHESTER BOULEVARD #106

City, State Zip: INGLEWOOD, CA 90305

Phone: (323)778-7254 Fax: (323)777-1025

Record ID: 190782AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 6/30/2016

Program Name: **NATIONWIDE DRUG AND ALCOHOL COUNSELING, INC.**

Legal Name: NATIONWIDE DRUG AND ALCOHOL COUNSELING, INC.

Address: 1040 ELM AVENUE, #310

City, State Zip: LONG BEACH, CA 90813

Phone: (310)704-6683

Record ID: 190784AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 9/30/2015

Program Name: **COMPATIOR, INC.**

Legal Name: COMPATIOR, INC.

Address: 9637 CALIFORNIA AVENUE

City, State Zip: SOUTH GATE, CA 90280

Phone: (323)378-2009

Record ID: 190785AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2016

Program Name: **ACADIA MALIBU**

Legal Name: ACADIA MALIBU, INC.

Address: 5922 Philip Avenue

City, State Zip: MALIBU, CA 90265

Phone: (310)457-4417

Fax: (310)494-0442

Record ID: 190786AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 09/30/2015

Program Name: **ACADIA MALIBU OUTPATIENT**

Legal Name: ACADIA MALIBU, INC.

Address: 29350 PACIFIC COAST HIGHWAY #2B

City, State Zip: MALIBU, CA 90265

Phone: (370)579-5192

Record ID: 190786BP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 9/30/2016

Program Name: **BREATHE LIFE HEALING CENTER**

Legal Name: BREATHE WEHO TREATMENT SERVICES LLC

Address: 8730 WEST SUNSET BOULEVARD EAST TOWER, 5TH FLOOR

City, State Zip: WEST HOLLYWOOD, CA 90069

Phone: (800)929-5904

Fax: (800)763-1597

Record ID: 190788AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 9/30/2015

Program Name: **SAN FERNANDO VALLEY TREATMENT CENTER**

Legal Name: ACTIVE RECOVERY CENTER, INC.

Address: 6316 ETIWANDA AVENUE

City, State Zip: TARZANA, CA 91335

Phone: (877)444-1190

Fax: (877)485-1444

Record ID: 190790AP

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 11/30/2015

Program Name: **BOWLAY REHABILITATION CENTER**

Legal Name: 700 S. SILVER RIDGE LLC.

Address: 425 EAST HYDE PARK BOULEVARD, SUITE B

City, State Zip: INGLEWOOD, CA 90302

Phone: (818)259-5312

Record ID: 190791AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 2/29/2016

Program Name: **BRIDGES RECOVERY CENTER**

Legal Name: LLMS, LLC

Address: 15214 LEADWELL STREET

City, State Zip: VAN NUYS, CA 91405

Phone: (818)465-3988

Record ID: 190792AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 02/29/2016

Program Name: **REHOBOTH DRUG AND ALCOHOL PREVENTION CENTER**

Legal Name: REHOBOTH DRUG AND ALCOHOL PREVENTION CENTER

Address: 716 W. COMPTON BOULEVARD

City, State Zip: COMPTON, CA 90220

Phone: (310)663-0789

Record ID: 190793AN

Service Type: NON

Target Population: 1.8 --- DUAL DIAGNOSIS

Expiration Date: 6/30/2016

Program Name: **GROWTH EXTENDED, INC.**

Legal Name: GROWTH EXTENDED, INC.

Address: 15743 COVELLO STREET

City, State Zip: LAKE BALBOA, CA 91406

Phone: (888)549-8884

Record ID: 190794AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 07/31/2016

Program Name: **DESIGN FOR CHANGE**

Legal Name: DESIGN FOR CHANGE

Address: 1066 EAST AVENUE J & 44319 11TH STREET EAST

City, State Zip: LANCASTER, CA 93535

Phone: (661)942-1026 Fax: (661)948-8131

Record ID: 190795AP

Service Type: RES-DETOX

Resident Capacity: 12

Total Occupancy: 12

Target Population: 1.1 --- CO-ED

Expiration Date: 06/30/2016

Program Name: **RENAISSANCE SOUTH LA, INC.**

Legal Name: RENAISSANCE SOUTH LA, INC.

Address: 19401 S. VERMONT AVENUE, SUITE C-100

City, State Zip: TORRANCE, CA 90502

Phone: (855)700-7752 Fax: (310)961-5414

Record ID: 190796AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 6/30/2016

Program Name: **CAREFORWARD HEALTH**

Legal Name: CAREFORWARD HEALTH, LLC

Address: 9730 WILSHIRE BOULEVARD SUITE 109

City, State Zip: BEVERLY HILLS, CA 90212

Phone: (310)463-5521

Fax: (424)201-2696

Record ID: 190797AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2016

Program Name: **NEW START DAY TREATMENT AND I.O.P.PROGRAM**

Legal Name: A NEW START TREATMENT AND RECOVERY CENTER, LLC

Address: 10401 VENICE BLVD. SUITE 250

City, State Zip: LOS ANGELES, CA 90034

Phone: (310)636-1819

Fax: (310)287-1949

Record ID: 190798AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 10/30/2016

Program Name: **A NEW START TREATMENT AND RECOVERY CENTER, LLC**

Legal Name: A NEW START TREATMENT AND RECOVERY CENTER, LLC

Address: 11241, 11243 & 11245 LUCERNE AVENUE

City, State Zip: Culver City, CA 90230

Phone: (310)636-1819

Fax: (310)636-1820

Record ID: 190798CP

Service Type: RES-DETOX

Resident Capacity: 18

Total Occupancy: 18

Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2016

Program Name: **PROGRESS IN MOTION, INC. TREATMENT CENTER**

Legal Name: PROGRESS IN MOTION INC.

Address: 8035 OAKDALE AVENUE

City, State Zip: WINNETKA, CA 91306

Phone: (818)564-1744

Record ID: 190802AN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016

Program Name: **VALLEY HOPE OUTPATIENT**
Legal Name: FERNANDO RODRIGUEZ
Address: 14416 FRIAR STREET, SUITE C
City, State Zip: VAN NUYS, CA 91401

Phone: (818)902-1100 Fax: (818)902-1300
Record ID: 190803AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2016

Program Name: **THE VILLAGE FAMILY SERVICES**
Legal Name: THE VILLAGE FAMILY SERVICES
Address: 6736 LAUREL CANYON BOULEVARD, SUITE 200
City, State Zip: NORTH HOLLYWOOD, CA 91606

Phone: (818)755-8786 Fax: (818)755-8789
Record ID: 190804AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2016

Program Name: **THE HARP RESIDENTIAL**
Legal Name: HARP, LLC, THE
Address: 22662 CALIFA STREET
City, State Zip: WOODLAND HILLS, CA 91367

Phone: (888)508-1179
Record ID: 190805AP
Service Type: RES-DETOX
Resident Capacity: 10
Total Occupancy: 20
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2016

Program Name: **CENTRAL CITY COMMUNITY HEALTH CENTER, INC.**

Legal Name: CENTRAL CITY COMMUNITY HEALTH CENTER, INC.

Address: 5970 S. CENTRAL AVENUE

City, State Zip: LOS ANGELES, CA 90022

Phone: (323)724-0019

Fax: (323)724-3539

Record ID: 190806AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 7/31/2016

Program Name: **THE VILLA TREATMENT CENTER**

Legal Name: THE VILLA TREATMENT CENTER, LLC

Address: 5051 HOOD DRIVE

City, State Zip: WOODLAND HILLS, CA 91364

Phone: (818)571-8946

Fax: (818)906-2435

Record ID: 190807AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 09/30/2016

Program Name: **BIENESTAR DRUG TREATMENT PROGRAM**

Legal Name: BIENESTAR HUMAN SERVICES, INC.

Address: 8134 VAN NUYS BOULEVARD, SUITE 200

City, State Zip: PANORAMA CITY, CA 91402

Phone: (818)908-3820

Record ID: 190808AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 6/30/2015

Program Name: **COMMUNITY RECOVERY LOS ANGELES**

Legal Name: COMMUNITY RECOVERY

Address: 22231 MULHOLLAND HIGHWAY, SUITE 211

City, State Zip: CALABASAS, CA 91302

Phone: (818)635-9380

Fax: (818)635-9380

Record ID: 190809AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 2/28/2017

Program Name: **BLVD CENTERS**

Legal Name: BLVD CENTERS, INC.

Address: 1776 NORTH HIGHLAND AVENUE

City, State Zip: LOS ANGELES, CA 90028

Phone: (855)277-5363

Fax: (424)332-1135

Record ID: 190810AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 6/30/2016

Program Name: **FREEHAB**

Legal Name: THE TEEN PROJECT, INC.

Address: 8140 SUNLAND BOULEVARD

City, State Zip: SUN VALLEY, CA 91352

Phone: (888)483-3646

Fax: (949)589-1234

Record ID: 190811AN

Service Type: RES

Resident Capacity: 74

Total Occupancy: 74

Target Population: 1.1 --- CO-ED

Expiration Date: 07/31/2016

Program Name: **LOS ANGELES LGBT CENTER**

Legal Name: LOS ANGELES LGBT CENTER

Address: 1625 N. SCHRADER BOULEVARD, SUITE 106, 114K, 202A, 402 & 405

City, State Zip: LOS ANGELES, CA 90028

Phone: (323)993-7448

Fax: (323)308-4041

Record ID: 190812AN

Service Type: NON

Target Population: ** --- UNKNOWN

Expiration Date: 10/31/2016

Program Name: **SOBER STAGES INC. OUTPATIENT PROGRAM**

Legal Name: STAGES INCORPORATED OUTPATIENT PROGRAM

Address: 19562 VENTURA BOULEVARD, SUITE 233

City, State Zip: TARZANA, CA 91356

Phone: (818)705-6363

Fax: (818)705-4449

Record ID: 190813AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: **PAT MOORE DETOX, LLC**
Legal Name: PAT MOORE DETOX, LLC
Address: 4938 RUBIO AVENUE
City, State Zip: ENCINO, CA 91436

Phone: (949)646-2830
Record ID: 190814AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2016

Program Name: **CLIFFSIDE MALIBU IOP**
Legal Name: CLIFFSIDE MALIBU IOP
Address: 28990 WEST PACIFIC COAST HIGHWAY, SUITE 203
City, State Zip: MALIBU, CA 90265

Phone: (310)457-3999 Fax: (310)457-6047
Record ID: 190815AP
Service Type: NON
Target Population: 1.8 --- DUAL DIAGNOSIS
Expiration Date: 9/30/2016

Program Name: **HAVEN HOUSE**
Legal Name: HAVEN HOUSE, INC.
Address: 2252 HILLSBORO AVENUE
City, State Zip: LOS ANGELES, CA 90034

Phone: (310)266-3957
Record ID: 190816AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: **UNITED COMMUNITY SUPPORT CENTER, INC.**

Legal Name: UNITED COMMUNITY SUPPORT CENTER, INC.

Address: 1543 EAST PALMDALE BOULEVARD, UNIT D

City, State Zip: PALMDALE, CA 93550

Phone: (661)225-9500

Record ID: 190817AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2016

Program Name: **A STEP IN THE RIGHT DIRECTION INTENSIVE OUTPATIENT PROGRAM**

Legal Name: A STEP IN THE RIGHT DIRECTION

Address: 9535 RESEDA BOULEVARD, SUITE 300

City, State Zip: NORTHRIDGE, CA 91324

Phone: (818)231-1400

Record ID: 190818AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2016

Program Name: **NEW DIRECTIONS ALCOHOL & DRUG SERVICES, INC.**

Legal Name: NEW DIRECTIONS ALCOHOL AND DRUG SERVICES, INC.

Address: 42257 6TH STREET WEST, SUITE 307

City, State Zip: LANCASTER, CA 93534

Phone: (661)942-2255 Fax: (661)949-1480

Record ID: 190819AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2016

Program Name: **LAT INTENSIVE OUTPATIENT PROGRAMS, INC.**

Legal Name: LAT OUTPATIENT PROGRAMS INC.

Address: 11936 WEST JEFFERSON BOULEVARD, Suite #D

City, State Zip: CULVER CITY, CA 90230

Phone: (310)572-7700 Fax: (310)572-7003

Record ID: 190820AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2016

Program Name: **ULTERIOR LIFE-STYLES**

Legal Name: ULTERIOR LIFE-STYLES

Address: 817 ATLANTIC AVENUE

City, State Zip: LONG BEACH, CA 90813

Phone: (562)951-3900

Fax: (562)951-9700

Record ID: 190821AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2016

Program Name: **CLUB SOBA**

Legal Name: SOBA CHEVIOT HILLS LLC

Address: 3384 MOTOR AVENUE

City, State Zip: LOS ANGELES, CA 90034

Phone: (310)457-5250

Record ID: 190822AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2016

Program Name: **CROSSROADS RECOVERY CENTERS**

Legal Name: DIVINE REHABILITATION, EDUCATION, & HOUSING NETWORK

Address: 12608 PARK STREET

City, State Zip: CERRITOS, CA 90703

Phone: (844)273-7773

Record ID: 190824AP

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 02/28/2017

Program Name: **FIT METHOD, INC.**

Legal Name: FIT METHOD, INC.

Address: 12011 SAN VICENTE BOULEVARD, SUITE 510

City, State Zip: LOS ANGELES, CA 90049

Phone: (866)244-8269
Record ID: 190825AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2017

Program Name: **MALIBU BALANCE DAY TREATMENT**
Legal Name: MALIBU BALANCE DAY TREATMENT, INC.
Address: 4505 LAS VIRGENES ROAD, SUITE 202
City, State Zip: Calabasas, CA 91302

Phone: (818)398-0622
Record ID: 190826AP
Service Type: NON-DETOX
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017

Program Name: **WESTSIDE TREATMENT**
Legal Name: WESTSIDE TREATMENT, LLC
Address: 11150 W. OLYMPIC BOULEVARD, #760
City, State Zip: LOS ANGELES, CA 90064

Phone: (800)648-3906
Record ID: 190827AP
Service Type: NON-DETOX
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017

Program Name: **NOVA VITAE TREATMENT CENTER**
Legal Name: ALLEN YADEGAR
Address: 5985 TOPANGA CANYON BOULEVARD
City, State Zip: WOODLAND HILLS, CA 91367

Phone: (818)422-3442
Record ID: 190828AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017

Program Name: **ALTERNATIVES BEHAVIORAL HEALTH, LLC**
Legal Name: ALTERNATIVES BEHAVIORAL HEALTH, LLC
Address: 822 S. ROBERTSON BOULEVARD, SUITE 300

City, State Zip: LOS ANGELES, CA 90035

Phone: (888)532-9617

Fax: (888)739-6925

Record ID: 190829AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 3/31/2017

Program Name: **AWAKENINGS**

Legal Name: AGOURA NEUROFEEDBACK, INC.

Address: 28310 ROADSIDE DRIVE, #235, 240, 254, 255

City, State Zip: AGOURA HILLS, CA 91301

Phone: (310)848-5418

Fax: (858)348-8097

Record ID: 190833AP

Service Type: NON-DETOX

Target Population: 1.1 --- CO-ED

Expiration Date: 2/28/2017

Program Name: **HILLS TREATMENT CORP.**

Legal Name: MALIBU HILLS TREATMENT CORP.

Address: 265 WESTLAKE BOULEVARD

City, State Zip: MALIBU, CA 90265

Phone: (818)706-9000

Fax: (818)706-9009

Record ID: 190834BP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 05/31/2017

Program Name: **REVIVE DETOX**

Legal Name: REVIVE DETOX

Address: 360 N. VISTA STREET

City, State Zip: LOS ANGELES, CA 90036

Phone: (818)462-3824

Fax: (310)226-8486

Record ID: 190836AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 02/28/2017

Program Name: **LOS ANGELES ATHLETIC ALTERNATIVE PROGRAM**
Legal Name: LOS ANGELES ATHLETIC ALTERNATIVE PROGRAM
Address: 8450 HIGUERA STREET
City, State Zip: Culver City, CA 90232

Phone: (310)364-0601 Fax: (310)204-6864
Record ID: 190837AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2017

Program Name: **INFINITY MALIBU**
Legal Name: INFINITY MALIBU, LLC
Address: 27475 WINDING WAY
City, State Zip: MALIBU, CA 90265

Phone: (818)465-3988 Fax: (818)465-3998
Record ID: 190846AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2017

Program Name: **CALIFORNIA DETOX CLINIC**
Legal Name: SHELDON CHO MEDICAL CORP.
Address: 3545 WILSHIRE BOULEVARD, SUITE 109
City, State Zip: LOS ANGELES, CA 90010

Phone: (213)995-2500 Fax: (213)386-8285
Record ID: 190847AP
Service Type: NON-DETOX
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: **FOREFRONT HEALTH OF BEVERLY HILLS**
Legal Name: SOUTHERN CALIFORNIA RECOVERY LLC, DBA
FOREFRONT HEALTH OF BEVERLY HILLS
Address: 1771 SUMMITRIDGE DRIVE

City, State Zip: BEVERLY HILLS, CA 90210

Phone: (561)578-8600

Fax: (561)578-8601

Record ID: 190848AP

Service Type: RES-DETOX

Resident Capacity: 11

Total Occupancy: 11

Target Population: 1.1 --- CO-ED

Expiration Date: 05/31/2017

Program Name: **CLIFFSIDE MALIBU 3**

Legal Name: CLIFFSIDE MALIBU 3

Address: 30010 ANDROMEDA LANE

City, State Zip: MALIBU, CA 90265

Phone: (310)457-3460

Fax: (310)257-3469

Record ID: 190850AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 02/28/2017

Program Name: **ACCESS MALIBU**

Legal Name: ACCESS MALIBU, INC.

Address: 5247 HORIZON DRIVE

City, State Zip: MALIBU, CA 90265-4215

Phone: (424)738-3780

Record ID: 190857AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 04/30/2017

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

As of 7/9/2015

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 7/9/2015

Marin County

Program Name: **CENTER POINT - THE MANOR**

Legal Name: CENTER POINT, INC.

Address: 603 D STREET

City, State Zip: SAN RAFAEL, CA 94901

Phone: (415)454-9444

Fax: (415)492-8844

Record ID: 210002BN

Service Type: RES

Resident Capacity: 40

Total Occupancy: 40

Target Population: 1.1 --- CO-ED

Expiration Date: 08/31/2015

Program Name: **THE VILLAGE**

Legal Name: CENTER POINT, INC.

Address: 1477-1483 LINCOLN AVENUE

City, State Zip: SAN RAFAEL, CA 94901

Phone: (415)454-9444

Record ID: 210002FN

Service Type: RES

Resident Capacity: 44

Total Occupancy: 44

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 08/31/2015

Program Name: **CENTER POINT OUTPATIENT SERVICES**

Legal Name: CENTER POINT, INC.

Address: 1601 SECOND STREET, SUITE 104

City, State Zip: SAN RAFAEL, CA 94901

Phone: (415)456-6655

Fax: (415)492-8844

Record ID: 210002GN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 8/31/2015

Program Name: **CENTER POINT LIFELINK PROGRAM**

Legal Name: CENTER POINT, INC.

Address: 519 BELLE STREET

City, State Zip: SAN RAFAEL, CA 94901

Phone: (415)456-6655

Fax: (415)492-8844

Record ID: 210002JN

Service Type: RES

Resident Capacity: 12

Total Occupancy: 12

Target Population: 1.1 --- CO-ED

Expiration Date: 01/31/2016

Program Name: **CENTER POINT RESIDENTIAL PROGRAM**

Legal Name: CENTER POINT, INC.

Address: 207 1ST STREET

City, State Zip: SAN RAFAEL, CA 94901

Phone: (415)454-9444

Fax: (415)492-8844

Record ID: 210002KN

Service Type: RES

Resident Capacity: 8

Total Occupancy: 8

Target Population: 1.1 --- CO-ED

Expiration Date: 03/31/2016

Program Name: **CENTER POINT AT NEW BEGINNINGS CENTER**

Legal Name: CENTER POINT, INC.

Address: 1399 NORTH HAMILTON PARKWAY

City, State Zip: NOVATO, CA 94949

Phone: (415)492-4444

Fax: (415)492-8844

Record ID: 210002MN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 2/28/2017

Program Name: **CENTER POINT AT MILL STREET**

Legal Name: CENTER POINT, INC.

Address: 190 MILL STREET

City, State Zip: SAN RAFAEL, CA 94901

Phone: (415)492-4444

Fax: (415)492-8844

Record ID: 210002NN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 2/28/2017

Program Name: **CENTER POINT ALLIANCE IN RECOVERY-AIR**

Legal Name: CENTER POINT, INC.

Address: 3270 KERNER BOULEVARD, 2ND FLOOR, SUITE B

City, State Zip: SAN RAFAEL, CA 94901

Phone: (415)492-4444

Fax: (415)492-8844

Record ID: 210002ON

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 7/31/2015

Program Name: **BAY AREA COMMUNITY RESOURCES**

Legal Name: BAY AREA COMMUNITY RESOURCES, INC.

Address: 171 CARLOS DRIVE

City, State Zip: SAN RAFAEL, CA 94903

Phone: (415)444-5580

Fax: (415)444-5598

Record ID: 210005BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2016

Program Name: **BAY AREA COMMUNITY RESOURCES--IN CUSTODY PROGRAM**

Legal Name: BAY AREA COMMUNITY RESOURCES, INC.

Address: 13 PETER BEHR DRIVE

City, State Zip: SAN RAFAEL, CA 94903

Phone: (415)755-2328

Fax: (415)755-2228

Record ID: 210005CN

Service Type: NON

Target Population: 1.2 --- MEN ONLY

Expiration Date: 5/31/2015

Program Name: **POSITIVE CHANGES**

Legal Name: BAY AREA COMMUNITY RESOURCES, INC.

Address: 3240 KERNER BOULEVARD ROOMS 40135 & 40136

City, State Zip: SAN RAFAEL, CA 94901

Phone: (415)485-3304

Fax: (415)755-2270

Record ID: 210005DN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2016

Program Name: **SERENITY KNOLLS**

Legal Name: SERENITY KNOLLS

Address: 145 TAMAL ROAD

City, State Zip: FOREST KNOLLS, CA 94933

Phone: (415)488-0400

Fax: (415)488-1955

Record ID: 210011AP

Service Type: RES-DETOX

Resident Capacity: 30

Total Occupancy: 32

Target Population: 1.1 --- CO-ED

Expiration Date: 04/30/2016

Program Name: **THE HELEN VINE RECOVERY CENTER**

Legal Name: BUCKELEW PROGRAMS

Address: 301 SMITH RANCH ROAD

City, State Zip: SAN RAFAEL, CA 94903

Phone: (415)492-0818

Record ID: 210017DN

Service Type: RES-DETOX

Resident Capacity: 26

Total Occupancy: 26

Target Population: 1.1 --- CO-ED

Expiration Date: 03/31/2017

Program Name: **BAYSIDE MARIN II**

Legal Name: BAYSIDE MARIN, INC.

Address: 189 BAYVIEW DRIVE

City, State Zip: SAN RAFAEL, CA 94901

Phone: (415)721-2000

Record ID: 210030AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 07/31/2015

Program Name: **BAYSIDE MARIN I**

Legal Name: BAYSIDE MARIN, INC.

Address: 191 BAYVIEW DRIVE

City, State Zip: SAN RAFAEL, CA 94901

Phone: (415)721-2000

Record ID: 210030BP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 07/31/2015

Program Name: **BAYSIDE MARIN OUTPATIENT PROGRAM**

Legal Name: BAYSIDE MARIN, INC.

Address: 718 FOURTH STREET

City, State Zip: SAN RAFAEL, CA 94901

Phone: (415)721-2000

Record ID: 210030CP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 7/31/2015

Program Name: **BAYSIDE MARIN III**

Legal Name: BAYSIDE MARIN, INC.

Address: 47 TWEED TERRACE

City, State Zip: SAN RAFAEL, CA 94901

Phone: (415)721-2000

Fax: (415)454-3535

Record ID: 210030DP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 07/31/2015

Program Name: **BAYSIDE MARIN IV**

Legal Name: BAYSIDE MARIN, INC

Address: 180 BAYVIEW DRIVE

City, State Zip: SAN RAFAEL, CA 94901

Phone: (415)721-2000

Fax: (415)454-3535

Record ID: 210030FP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 05/31/2015

Program Name: **MARIN OUTPATIENT AND RECOVERY SERVICES**

Legal Name: MARIN SERVICES FOR MEN

Address: 710 C Street, Suite 7A & 8

City, State Zip: SAN RAFAEL, CA 94901

Phone: (415)485-6736

Fax: (415)236-1830

Record ID: 210033AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 1/31/2016

Program Name: **MOUNTAINVIEW RECOVERY CENTER**

Legal Name: NORTH BAY RECOVERY CENTER, LLC.

Address: 55 SHAVER STREET, SUITE 200

City, State Zip: SAN RAFAEL, CA 94901

Phone: (415)454-4357

Fax: (415)454-4329

Record ID: 210037AP

Service Type: NON

Target Population: 1.2 --- MEN ONLY

Expiration Date: 10/31/2015

Program Name: **REFLECTIONS**

Legal Name: LIVING AT REFLECTIONS, LLC

Address: 1191 SIMMONS LANE

City, State Zip: NOVATO, CA 94945

Phone: (415)895-6146

Record ID: 210038AP

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 01/31/2016

Program Name: **HUCKLEBERRY YOUTH PROGRAMS**

Legal Name: HUCKLEBERRY YOUTH PROGRAMS, INC.

Address: 361 THIRD STREET, SUITE G

City, State Zip: SAN RAFAEL, CA 94901

Phone: (415)258-4944

Record ID: 210039AN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 10/31/2016

Program Name: **ALTA MIRA RECOVERY PROGRAMS**

Legal Name: ALTA MIRA RECOVERY CENTERS, LLC

Address: 125 BULKLEY AVENUE

City, State Zip: SAUSALITO, CA 94965

Phone: (415)332-1350

Fax: (415)275-7201

Record ID: 210040AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 02/28/2017

Program Name: **ALTA MIRA RECOVERY PROGRAMS**

Legal Name: ALTA MIRA RECOVERY CENTERS, LLC

Address: 135 BULKLEY AVENUE

City, State Zip: SAUSALITO, CA 94965

Phone: (415)332-1350

Fax: (415)275-7201

Record ID: 210040BP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 02/28/2017

Program Name: **ALTA MIRA RECOVERY PROGRAMS**

Legal Name: ALTA MIRA RECOVERY CENTERS, LLC

Address: 25 SANTA ROSA

City, State Zip: SAUSALITO, CA 94965

Phone: (415)332-1350

Fax: (415)339-6084

Record ID: 210040CP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 02/28/2017

Program Name: **ALTA MIRA RECOVERY PROGRAMS**

Legal Name: ALTA MIRA RECOVERY CENTERS, LLC

Address: 110 HARRISON AVENUE

City, State Zip: SAUSALITO, CA 94965

Phone: (415)332-1350

Fax: (415)275-7201

Record ID: 210040DP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 02/28/2017

Program Name: **ALTA MIRA RECOVERY PROGRAMS**

Legal Name: ALTA MIRA RECOVERY CENTERS, LLC

Address: 126 HARRISON AVENUE

City, State Zip: SAUSALTO, CA 94965

Phone: (415)332-1350

Fax: (415)275-7201

Record ID: 210040EP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 02/28/2017

Program Name: **ALTA MIRA OUTPATIENT SERVICES**

Legal Name: ALTA MIRA RECOVERY CENTERS, LLC

Address: 591 REDWOOD HIGHWAY, SUITE 5220

City, State Zip: MILL VALLEY, CA 94941

Phone: (415)339-6084

Fax: (415)520-2404

Record ID: 210040FP

Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2017

Program Name: **STEPS TO FREEDOM, LLC**
Legal Name: STEPS TO FREEDOM, LLC
Address: 21 TAMAL VISTA BOULEVARD, #226
City, State Zip: CORTE MADERA, CA 94925

Phone: (415)945-0923
Record ID: 210041AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2016

Program Name: **MARIN TREATMENT CENTER**
Legal Name: MARIN TREATMENT CENTER
Address: 1466 LINCOLN AVENUE
City, State Zip: SAN RAFAEL, CA 94901

Phone: (415)457-3755 Fax: (415)457-9516
Record ID: 210042AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2016

Program Name: **MUIR WOOD ADOLESCENT & FAMILY SERVICES OUTPATIENT**
Legal Name: MUIR WOOD ADOLESCENT & FAMILY SERVICES, LLC
Address: 591 REDWOOD HIGHWAY, SUITES 5220 & 5260
City, State Zip: MILL VALLEY, CA 94941

Phone: (415)275-7228
Record ID: 210043AP
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 11/30/2016

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

As of 7/9/2015

Mariposa County

Program Name: **MARIPOSA COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES**

Legal Name: MARIPOSA COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES

Address: 5362 AND 5362-A LEMEE LANE

City, State Zip: MARIPOSA, CA 95338

Phone: (209)966-2000

Fax: (209)966-8251

Record ID: 220002AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 7/31/2015

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

As of 7/9/2015

Mendocino County

Program Name: **FORD STREET PROJECT**

Legal Name: FORD STREET PROJECT

Address: 139 FORD STREET, RTP, APTS. A & B AND LIBRARY BUILDING

City, State Zip: UKIAH, CA 95482

Phone: (707)462-1934

Record ID: 230004AN

Service Type: RES

Resident Capacity: 32

Total Occupancy: 32

Target Population:

Expiration Date: 06/30/2015

Program Name: **FORD STREET PROJECT**

Legal Name: FORD STREET PROJECT

Address: 139 FORD STREET

City, State Zip: UKIAH, CA 95482

Phone: (707)462-1934

Fax: (707)468-9860

Record ID: 230004BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 1/31/2017

Program Name: **MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY,
ALCOHOL AND OTHER DRUG PROGRA**

Legal Name: MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY

Address: 790 SOUTH FRANKLIN STREET, SUITE B

City, State Zip: FORT BRAGG, CA 95437

Phone: (707)472-2605

Fax: (707)472-2605

Record ID: 230006GN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2015

Program Name: **MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY
BEHAVIORIAL HEALTH & RECOVERY**

Legal Name: MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY

Address: 1120 SOUTH DORA STREET, MULTIPLE CERTIFIED ROOMS

City, State Zip: UKIAH, CA 95482

Phone: (707)472-2637

Fax: (707)472-2768

Record ID: 230006HN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2015

Program Name: **MENDOCINO COUNTY HHSA - CHILDREN'S AND FAMILY SERVICES**

Legal Name: MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY

Address: 727 S. STATE STREET

City, State Zip: UKIAH, CA 95482

Phone: (707)472-2605

Fax: (707)472-2657

Record ID: 230006KN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 7/31/2016

Program Name: **WILLITS INTEGRATED SERVICES CENTER (WISC)**

Legal Name: MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY

Address: 221 B LENORE STREET

City, State Zip: WILLITS, CA 95490

Phone: (707)472-2605

Fax: (707)472-2657

Record ID: 230006LN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 7/31/2016

Program Name: **YUKI TRAILS HUMAN SERVICE PROGRAM - A DEPARTMENT OF
ROUND VALLEY INDIAN HEALTH C**

Legal Name: ROUND VALLEY INDIAN HEALTH CENTER, INC.

Address: 23000 HENDERSON ROAD

City, State Zip: COVELO, CA 95428

Phone: (707)983-6648

Fax: (707)983-6649

Record ID: 230007AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2016

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

As of 7/9/2015

Merced County

Program Name: **DAVE RIORDAN'S 'HOBIE HOUSE'**

Legal Name: COMMUNITY/SOCIAL MODEL ADVOCATES, INC.

Address: 1299 AND 1301 YOSEMITE PARKWAY, 1931 AND 1941 HIGHLAND
AVENUE

City, State Zip: MERCED, CA 95340

Phone: (209)722-6335

Record ID: 240001BN

Service Type: RES

Resident Capacity: 25

Total Occupancy: 26

Target Population: 1.2 --- MEN ONLY

Expiration Date: 08/31/2016

Program Name: **THE ROSE JULIA RIORDAN TRANQUILITY VILLAGE**

Legal Name: COMMUNITY/SOCIAL MODEL ADVOCATES, INC.

Address: 509, 527, 559, 569, 579 AND 589 MENDOCINO COURT

City, State Zip: ATWATER, CA 95301

Phone: (209)357-5261

Fax: (209)357-5279

Record ID: 240001EN

Service Type: RES

Resident Capacity: 42

Total Occupancy: 62

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 11/30/2016

Program Name: **RECOVERY ASSISTANCE FOR TEENS (R.A.F.T.)**

Legal Name: MERCED COUNTY DEPARTMENT OF MENTAL HEALTH - ALCOHOL AND
DRUG SERVICES

Address: 3313 NORTH G STREET, SUITE B

City, State Zip: MERCED, CA 95340

Phone: (209)381-6808

Fax: (209)725-3810

Record ID: 240003AN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 7/31/2017

Program Name: **THE CENTER**

Legal Name: MERCED COUNTY DEPARTMENT OF MENTAL HEALTH - ALCOHOL AND
DRUG SERVICES

Address: 3305 NORTH G STREET

City, State Zip: MERCED, CA 95340

Phone: (209)381-6880

Fax: (209)723-6220

Record ID: 240003BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 2/29/2016

Program Name: **MERCED COUNTY SACPA DRUG TREATMENT PROGRAM**

Legal Name: MERCED COUNTY DEPARTMENT OF MENTAL HEALTH-ALCOHOL AND
DRUG SERVICES

Address: 3090 M STREET

City, State Zip: MERCED, CA 95340

Phone: (209)381-6852

Fax: (209)385-3174

Record ID: 240003CN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2016

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

As of 7/9/2015

Modoc County

Program Name: **MODOC COUNTY BEHAVIORAL HEALTH**

Legal Name: MODOC COUNTY HEALTH SERVICES

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

City, State Zip: ALTURAS, CA 96101-3457

Phone: (530)233-6319

Fax: (530)233-5311

Record ID: 250001AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2015

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

As of 7/9/2015

Mono County

No licensed or certified facilities at this time.

Please check with a neighboring county for services.

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

As of 7/9/2015

Monterey County

Program Name: **BEACON HOUSE**

Legal Name: BEACON HOUSE

Address: 468 PINE AVENUE

City, State Zip: PACIFIC GROVE, CA 93950

Phone: (831)372-2334

Record ID: 270001AN

Service Type: RES-DETOX

Resident Capacity: 22

Total Occupancy: 22

Target Population: 1.1 --- CO-ED

Expiration Date: 03/31/2016

Program Name: **DOOR TO HOPE**

Legal Name: DOOR TO HOPE

Address: 165 CLAY STREET

City, State Zip: SALINAS, CA 93901

Phone: (831)422-6226

Fax: (831)758-5127

Record ID: 270002AN

Service Type: RES

Resident Capacity: 14

Total Occupancy: 14

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 03/31/2016

Program Name: **NUEVA ESPERANZA**

Legal Name: DOOR TO HOPE

Address: 325 CALIFORNIA STREET

City, State Zip: SALINAS, CA 93901

Phone: (831)422-2636

Fax: (831)758-5127

Record ID: 270002BN

Service Type: RES

Resident Capacity: 6

Total Occupancy: 16

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 03/31/2016

Program Name: **DOOR TO HOPE**

Legal Name: DOOR TO HOPE

Address: 130 WEST GABILAN STREET

City, State Zip: SALINAS, CA 93901

Phone: (831)758-0181

Fax: (831)758-5127

Record ID: 270002CN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 7/31/2015

Program Name: **SUN STREET CENTERS, MEN'S RESIDENTIAL**

Legal Name: SUN STREET CENTERS

Address: 8 SUN STREET

City, State Zip: SALINAS, CA 93901

Phone: (831)753-5145

Record ID: 270003AN

Service Type: RES-DETOX

Resident Capacity: 54

Total Occupancy: 54

Target Population: 1.2 --- MEN ONLY

Expiration Date: 11/30/2015

Program Name: **SUN STREET CENTERS OUTPATIENT PROGRAM**

Legal Name: SUN STREET CENTERS

Address: 12 SUN STREET

City, State Zip: SALINAS, CA 93901

Phone: (831)753-6001

Fax: (831)753-5169

Record ID: 270003BN

Service Type: NON

Target Population:

Expiration Date: 5/31/2017

Program Name: **GENESIS RESIDENTIAL CENTER**

Legal Name: COMMUNITY HUMAN SERVICES

Address: 1140, 1146, AND 1152 SONOMA AVENUE

City, State Zip: SEASIDE, CA 93955

Phone: (831)899-2436

Fax: (831)658-3815

Record ID: 270004AN

Service Type: RES-DETOX

Resident Capacity: 36

Total Occupancy: 42

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2015

Program Name: **VALLEY HEALTH ASSOCIATES**

Legal Name: VALLEY HEALTH ASSOCIATES

Address: 338 MONTEREY STREET

City, State Zip: SALINAS, CA 93901

Phone: (831)424-6655

Fax: (831)424-9717

Record ID: 270011AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2016

Program Name: **VALLEY HEALTH ASSOCIATES**

Legal Name: VALLEY HEALTH ASSOCIATES

Address: 114 WEBSTER STREET

City, State Zip: MONTEREY, CA 93940

Phone: (831)372-8392

Fax: (831)674-1795

Record ID: 270011BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 1/31/2017

Program Name: **VALLEY HEALTH ASSOCIATES**

Legal Name: VALLEY HEALTH ASSOCIATES

Address: 495 EL CAMINO REAL, SUITE K

City, State Zip: GREENFIELD, CA 93927

Phone: (831)674-1795

Fax: (831)674-1795

Record ID: 270011CN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2016

Program Name: **MONTEREY INSTITUTE OF MENTAL HEALTH**

Legal Name: MONTEREY INSTITUTE LICENSED CLINICAL SOCIAL WORKER, INC.

Address: 398 FOAM STREET, SUITE 200
City, State Zip: MONTEREY, CA 93940

Phone: (831)747-1727

Record ID: 270012AP

Service Type: NON-DETOX

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2016

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

As of 7/9/2015

Napa County

Program Name: **DUFFY'S MYRTLEDALE**

Legal Name: DUFFY'S MYRTLEDALE

Address: 3058, 3076 & 3088 MYRTLEDALE ROAD

City, State Zip: CALISTOGA, CA 94515-1052

Phone: (707)942-6888

Record ID: 280002AP

Service Type: RES-DETOX

Resident Capacity: 61

Total Occupancy: 61

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2015

Program Name: **NAPA COUNTY ALCOHOL AND DRUG PROGRAMS**

Legal Name: NAPA COUNTY HEALTH AND HUMAN SERVICES

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

City, State Zip: NAPA, CA 94559-3708

Phone: (707)253-4721

Record ID: 280003BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 7/31/2016

Program Name: **WOODLAND HOUSE**

Legal Name: ST. HELENA HOSPITAL

Address: 5 WOODLAND ROAD

City, State Zip: ST. HELENA, CA 94574

Phone: (707)963-6311

Fax: (707)967-5627

Record ID: 280009AN

Service Type: RES

Resident Capacity: 13

Total Occupancy: 13

Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2016

Program Name: **ST. HELENA RECOVERY CENTER**

Legal Name: ST. HELENA HOSPITAL

Address: 10 WOODLAND ROAD

City, State Zip: ST. HELENA, CA 94574-9554

Phone: (707)963-6486

Fax: (707)967-5627

Record ID: 280009BN

Service Type: RES-DETOX

Resident Capacity: 30

Total Occupancy: 30

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2016

Program Name: **ALTERNATIVES FOR BETTER LIVING**

Legal Name: ALTERNATIVES FOR BETTER LIVING

Address: 701 SCHOOL STREET

City, State Zip: NAPA, CA 94559-2829

Phone: (707)226-1248

Fax: (707)226-8011

Record ID: 280010AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 1/31/2015

Program Name: **ALDEA BEHAVIORAL HEALTH SERVICES**

Legal Name: ALDEA, INC.

Address: 2310 1ST STREET

City, State Zip: NAPA, CA 94559

Phone: (707)255-1855

Fax: (707)255-5621

Record ID: 280013BN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 4/30/2017

Program Name: **COLD SPRINGS**

Legal Name: PACIFICA PAIN MANAGEMENT SERVICES, INC.

Address: 415 COLD SPRINGS ROAD

City, State Zip: ANGWIN, CA 94508-9657

Phone: (707)963-1493

Fax: (707)963-1463

Record ID: 280015AP

Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.1 --- CO-ED
Expiration Date: 01/31/2016

Program Name: **MCALISTER INSTITUTE RESIDENTIAL PROGRAM**

Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.

Address: 2100 NAPA VALLEJO HIGHWAY, BUILDING 253

City, State Zip: NAPA, CA 94558-6293

Phone: (707)257-7395

Fax: (619)442-1101

Record ID: 280017AN

Service Type: RES-DETOX

Resident Capacity: 55

Total Occupancy: 61

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2015

Program Name: **DR. WALLS DETOX AND RECOVERY PREP PROGRAM**

Legal Name: NORMAN WALL D.O. "INC."

Address: 1437 THIRD STREET

City, State Zip: CALISTOGA, CA 94515-1421

Phone: (888)896-9664

Record ID: 280018AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 09/30/2016

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

As of 7/9/2015

Nevada County

Program Name: **GRASS VALLEY SERVICE CENTER**

Legal Name: COMMUNITY RECOVERY RESOURCES

Address: 180 SIERRA COLLEGE DRIVE

City, State Zip: GRASS VALLEY, CA 95945-5768

Phone: (530)273-9541

Fax: (530)273-7740

Record ID: 290002AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 6/30/2016

Program Name: **HOPE HOUSE/SERENITY HOUSE**

Legal Name: COMMUNITY RECOVERY RESOURCES

Address: 159 BRENTWOOD DRIVE

City, State Zip: GRASS VALLEY, CA 95945-5768

Phone: (530)273-9541

Fax: (530)271-7036

Record ID: 290002BN

Service Type: RES-DETOX

Resident Capacity: 40

Total Occupancy: 52

Target Population: 1.9 --- CO-ED/CHILDREN

Expiration Date: 01/31/2017

Program Name: **TRUCKEE SERVICE CENTER**

Legal Name: COMMUNITY RECOVERY RESOURCES

Address: 10015 PALISADES DRIVE, SUITE 1

City, State Zip: TRUCKEE, CA 96161-1941

Phone: (530)587-8194

Fax: (530)587-5617

Record ID: 290002DN

Service Type: NON

Target Population: 1.10 --- CO-ED/YOUTH

Expiration Date: 6/30/2016

Program Name: **PROGRESS HOUSE**

Legal Name: PROGRESS HOUSE, INC.
Address: 145 BOST AVENUE
City, State Zip: NEVADA CITY, CA 95959-3249

Phone: (530)626-9240 Fax: (530)626-8992

Record ID: 290006AN

Service Type: RES

Resident Capacity: 16

Total Occupancy: 18

Target Population: 1.2 --- MEN ONLY

Expiration Date: 06/30/2016

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

As of 7/9/2015

Orange County

Program Name: **MARIPOSA WOMEN AND FAMILY CENTER**

Legal Name: MARIPOSA WOMEN AND FAMILY CENTER

Address: 812 TOWN AND COUNTRY ROAD

City, State Zip: ORANGE, CA 92868

Phone: (714)547-6494

Record ID: 300005AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2015

Program Name: **MARIPOSA WOMEN AND FAMILY CENTER**

Legal Name: MARIPOSA WOMEN AND FAMILY CENTER

Address: 29222 RANCHO VIEJO ROAD, #122

City, State Zip: SAN JUAN CAPISTRANO, CA 92675

Phone: (949)547-6494

Fax: (949)429-6868

Record ID: 300005BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 2/28/2017

Program Name: **ALCOHOL AND DRUG ABUSE SERVICES - SANTA ANA**

Legal Name: COUNTY OF ORANGE HEALTH CARE AGENCY

Address: 1200 NORTH MAIN STREET, SUITES 100B AND 301

City, State Zip: SANTA ANA, CA 92701

Phone: (714)834-2860

Record ID: 300006BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2016

Program Name: **ALCOHOL AND DRUG ABUSE SERVICES - WESTMINSTER**

Legal Name: COUNTY OF ORANGE HEALTH CARE AGENCY

Address: 14140 BEACH BOULEVARD, ROOM 120 AND 200

City, State Zip: WESTMINSTER, CA 92683

Phone: (714)834-2860

Record ID: 300006DN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2016

Program Name: **ALISO VIEJO ALCOHOL & DRUG ABUSE SERVICES**

Legal Name: COUNTY OF ORANGE HEALTH CARE AGENCY

Address: 5 MAREBLU, SUITES 100 AND 200

City, State Zip: ALISO VIEJO, CA 92656

Phone: (714)834-2860

Record ID: 300006GN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2016

Program Name: **ALCOHOL AND DRUG ABUSE SERVICES - NEWPORT/MESA**

Legal Name: COUNTY OF ORANGE HEALTH CARE AGENCY

Address: 3115 REDHILL AVENUE

City, State Zip: COSTA MESA, CA 92626

Phone: (714)834-2860

Record ID: 300006IN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2016

Program Name: **ALCOHOL AND DRUG ABUSE SERVICES - ANAHEIM**

Legal Name: COUNTY OF ORANGE HEALTH CARE AGENCY

Address: 2035 BALL ROAD, SUITES 100A AND 100P

City, State Zip: ANAHEIM, CA 92805

Phone: (714)517-6175

Fax: (714)667-3968

Record ID: 300006LN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2016

Program Name: **NEW DIRECTIONS FOR WOMEN/PROGRAM FOR WOMEN WITH CHILDREN**

Legal Name: NEW DIRECTIONS FOR WOMEN, INC.

Address: 334 UNIVERSITY AVENUE

City, State Zip: COSTA MESA, CA 92627

Phone: (949)313-1192

Record ID: 300007FN

Service Type: RES

Resident Capacity: 6

Total Occupancy: 12

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 10/31/2015

Program Name: **NEW DIRECTIONS FOR WOMEN, INC.**

Legal Name: NEW DIRECTIONS FOR WOMEN, INC.

Address: 2601 AND 2607 WILLO LANE

City, State Zip: COSTA MESA, CA 92627

Phone: (949)313-1192

Record ID: 300007GN

Service Type: RES-DETOX

Resident Capacity: 24

Total Occupancy: 24

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 11/30/2015

Program Name: **NEW DIRECTIONS FOR WOMEN**

Legal Name: NEW DIRECTIONS FOR WOMEN, INC.

Address: 2614 WILLO LANE

City, State Zip: COSTA MESA, CA 92627

Phone: (949)313-1192 Fax: (949)269-9233

Record ID: 300007KN

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 07/31/2016

Program Name: **NEW DIRECTIONS FOR WOMEN**

Legal Name: NEW DIRECTIONS FOR WOMEN, INC.

Address: 2603 WILLO LANE

City, State Zip: COSTA MESA, CA 92627

Phone: (949)313-1192

Record ID: 300007LN

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 03/31/2017

Program Name: **UNIDOS RECOVERY HOME**

Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE,
INC.

Address: 9842 13TH STREET, SUITE B

City, State Zip: GARDEN GROVE, CA 92844

Phone: (916)443-5473

Fax: (916)443-1732

Record ID: 300010AN

Service Type: RES-DETOX

Resident Capacity: 64

Total Occupancy: 64

Target Population: 1.2 --- MEN ONLY

Expiration Date: 07/31/2016

Program Name: **CASA ELENA RECOVERY HOME**

Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE,
INC.

Address: 832 SOUTH ANAHEIM BOULEVARD

City, State Zip: ANAHEIM, CA 92801

Phone: (714)722-5580

Record ID: 300010BN

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 07/31/2016

Program Name: **LA FAMILIA ALCOHOL AND DRUG SERVICES**

Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE,
INC.

Address: 1905 NORTH COLLEGE AVENUE

City, State Zip: SANTA ANA, CA 92701

Phone: (714)479-0120

Fax: (714)479-0153

Record ID: 300010DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2016

Program Name: **SOUTH COAST COUNSELING, INC.**
Legal Name: SOUTH COAST COUNSELING, INC.
Address: 693 PLUMER STREET
City, State Zip: COSTA MESA, CA 92627-2720

Phone: (949)642-0180
Record ID: 300012BN
Service Type: RES
Resident Capacity: 16
Total Occupancy: 16
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2016

Program Name: **ROQUE CENTER**
Legal Name: ROQUE CENTER, INC.
Address: 10936 DALE
City, State Zip: STANTON, CA 90680

Phone: (714)839-0607
Record ID: 300015AN
Service Type: RES-DETOX
Resident Capacity: 24
Total Occupancy: 24
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2016

Program Name: **THE VILLA**
Legal Name: THE VILLA CENTER, INC.
Address: 910 NORTH FRENCH STREET
City, State Zip: SANTA ANA, CA 92701

Phone: (714)547-3301 Fax: (714)547-1249
Record ID: 300016AN
Service Type: RES
Resident Capacity: 15
Total Occupancy: 15
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 01/31/2016

Program Name: **THE VILLA ANNEX**

Legal Name: THE VILLA CENTER, INC.

Address: 311 EAST WASHINGTON STREET

City, State Zip: SANTA ANA, CA 92701

Phone: (714)547-3301

Fax: (714)547-1249

Record ID: 300016CN

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 01/31/2016

Program Name: **THE VILLA ANNEX II**

Legal Name: THE VILLA CENTER, INC.

Address: 519 EAST WASHINGTON AVENUE

City, State Zip: SANTA ANA, CA 92701

Phone: (714)547-3301

Fax: (714)547-1249

Record ID: 300016DN

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 05/31/2016

Program Name: **CORNERSTONE 1**

Legal Name: RECOVERY HOMES OF AMERICA, INC.

Address: 13682 YORBA STREET

City, State Zip: TUSTIN, CA 92780-1831

Phone: (714)730-5399

Record ID: 300017AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 8

Target Population: 1.1 --- CO-ED

Expiration Date: 05/31/2016

Program Name: **CORNERSTONE OF SOUTHERN CALIFORNIA 3**

Legal Name: RECOVERY HOMES OF AMERICA, INC.

Address: 427 SOUTH YORBA STREET

City, State Zip: ORANGE, CA 92869

Phone: (714)730-5399

Record ID: 300017BP

Service Type: RES

Resident Capacity: 6

Total Occupancy: 7

Target Population: 1.1 --- CO-ED

Expiration Date: 05/31/2016

Program Name: **CORNERSTONE OF SOUTHERN CALIFORNIA 7**

Legal Name: RECOVERY HOMES OF AMERICA, INC.

Address: 13681 ROSALIND STREET

City, State Zip: TUSTIN, CA 92780

Phone: (714)730-5399

Fax: (714)710-7100

Record ID: 300017CP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 7

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 05/31/2016

Program Name: **CORNERSTONE OF SOUTHERN CALIFORNIA 4**

Legal Name: RECOVERY HOMES OF AMERICA, INC.

Address: 13671 ROSALIND STREET

City, State Zip: TUSTIN, CA 92780-1831

Phone: (714)730-5399

Fax: (714)710-7100

Record ID: 300017DP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 8

Target Population: 1.1 --- CO-ED

Expiration Date: 05/31/2016

Program Name: **CORNERSTONE OF SOUTHERN CALIFORNIA OUTPATIENT SERVICES**

Legal Name: RECOVERY HOMES OF AMERICA, INC.

Address: 1950 EAST 17TH STREET, SUITE 150

City, State Zip: SANTA ANA, CA 92705

Phone: (714)547-4300

Record ID: 300017FP

Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2016

Program Name: **CORNERSTONE #2**

Legal Name: RECOVERY HOMES OF AMERICA, INC.
Address: 13022 YORBA STREET
City, State Zip: SANTA ANA, CA 92705

Phone: (714)730-5399 Fax: (714)730-3505
Record ID: 300017GP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2015

Program Name: **CORNERSTONE #5**

Legal Name: RECOVERY HOMES OF AMERICA, INC.
Address: 2641 OLD GRAND
City, State Zip: SANTA ANA, CA 92701

Phone: (714)730-5399 Fax: (714)730-3505
Record ID: 300017HP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2015

Program Name: **CORNERSTONE RECOVERY HOME #6**

Legal Name: RECOVERY HOMES OF AMERICA, INC.
Address: 13861 ESPLANADE AVENUE
City, State Zip: SANTA ANA, CA 92705

Phone: (714)547-4300
Record ID: 300017IP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2015

Program Name: **CORNERSTONE #9**

Legal Name: RECOVERY HOMES OF AMERICA, INC.

Address: 2217 NORTH WRIGHT STREET

City, State Zip: SANTA ANA, CA 92780

Phone: (714)730-5399

Fax: (714)730-3505

Record ID: 300017JP

Service Type: RES

Resident Capacity: 6

Total Occupancy: 8

Target Population: 1.1 --- CO-ED

Expiration Date: 07/31/2015

Program Name: **CORNERSTONE RECOVERY HOME Y-11**

Legal Name: RECOVERY HOMES OF AMERICA, INC.

Address: 880 S. YORBA STREET

City, State Zip: ORANGE, CA 92869-5052

Phone: (714)730-5399

Fax: (714)730-3505

Record ID: 300017KP

Service Type: RES

Resident Capacity: 6

Total Occupancy: 10

Target Population: 1.2 --- MEN ONLY

Expiration Date: 03/31/2016

Program Name: **CORNERSTONE RECOVERY HOME M-10**

Legal Name: RECOVERY HOMES OF AMERICA, INC.

Address: 3310 E. MAPLE AVENUE

City, State Zip: ORANGE, CA 92869

Phone: (714)730-5399

Record ID: 300017LP

Service Type: RES

Resident Capacity: 6

Total Occupancy: 9

Target Population: 1.1 --- CO-ED

Expiration Date: 03/31/2016

Program Name: **CORNERSTONE RECOVERY HOME - HOUSE 12**

Legal Name: RECOVERY HOMES OF AMERICA, INC.

Address: 581 SOUTH PROSPECT

City, State Zip: ORANGE, CA 92869

Phone: (714)730-5399
Record ID: 300017NP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.2 --- MEN ONLY
Expiration Date: 03/31/2016

Program Name: **CORNERSTONE OF SOUTHERN CALIFORNIA 8**
Legal Name: RECOVERY HOMES OF AMERICA, INC.
Address: 13672 YORBA STREET
City, State Zip: TUSTIN, CA 92780

Phone: (714)730-5399
Record ID: 300017OP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2016

Program Name: **CORNERSTONE RECOVERY HOME #14**
Legal Name: RECOVERY HOMES OF AMERICA, INC.
Address: 1612 EAST FRUIT STREET
City, State Zip: SANTA ANA, CA 92701

Phone: (714)730-5399 Fax: (714)730-3505
Record ID: 300017PP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 10
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2015

Program Name: **CORNERSTONE RECOVERY HOME 15**
Legal Name: RECOVERY HOMES OF AMERICA, INC.
Address: 700 SOUTH YORBA STREET
City, State Zip: ORANGE, CA 92869

Phone: (714)730-5399 Fax: (714)730-3505
Record ID: 300017SP
Service Type: RES

Resident Capacity: 6
Total Occupancy: 10
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2016

Program Name: **CORNERSTONE RECOVERY HOME 16**
Legal Name: RECOVERY HOMES OF AMERICA, INC.
Address: 235 SOUTH PROSPECT
City, State Zip: ORANGE, CA 92869

Phone: (714)730-5399 Fax: (714)730-5399
Record ID: 300017TP
Service Type: RES

Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 08/31/2016

Program Name: **CORNERSTONE RECOVERY HOME 17**
Legal Name: RECOVERY HOMES OF AMERICA, INC.
Address: 225 SOUTH PROSPECT
City, State Zip: ORANGE, CA 92869

Phone: (714)730-5399 Fax: (714)730-3505
Record ID: 300017UP
Service Type: RES

Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2016

Program Name: **CORNERSTONE RECOVERY HOME #18**
Legal Name: RECOVERY HOMES OF AMERICA, INC.
Address: 757 SOUTH YORBA STREET
City, State Zip: ORANGE, CA 92869

Phone: (714)730-5399 Fax: (714)730-3505
Record ID: 300017VP
Service Type: RES

Resident Capacity: 6
Total Occupancy: 9
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2015

Program Name: **CORNERSTONE #19**

Legal Name: RECOVERY HOMES OF AMERICA, INC.

Address: 3735 EAST SPRING STREET

City, State Zip: ORANGE, CA 92869

Phone: (714)730-5399

Fax: (714)730-3505

Record ID: 300017WP

Service Type: RES

Resident Capacity: 6

Total Occupancy: 8

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 09/30/2016

Program Name: **CORNERSTONE RECOVERY HOMES**

Legal Name: RECOVERY HOMES OF AMERICA, INC.

Address: 249 SOUTH PROSPECT STREET

City, State Zip: ORANGE, CA 92869

Phone: (714)730-5399

Record ID: 300017XP

Service Type: RES

Resident Capacity: 6

Total Occupancy: 7

Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2015

Program Name: **CORNERSTONE RECOVERY HOMES**

Legal Name: RECOVERY HOMES OF AMERICA, INC.

Address: 591 SOUTH PROSPECT STREET

City, State Zip: ORANGE, CA 92869

Phone: (714)730-5399

Record ID: 300017YP

Service Type: RES

Resident Capacity: 6

Total Occupancy: 7

Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2015

Program Name: **COOPER FELLOWSHIP**

Legal Name: COOPER FELLOWSHIP, INC.

Address: 401,405,409,413,417, AND 421 NORTH COOPER STREET

City, State Zip: SANTA ANA, CA 92703

Phone: (714)554-1152 Fax: (714)265-4870

Record ID: 300029AN

Service Type: RES

Resident Capacity: 60

Total Occupancy: 60

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2015

Program Name: **PHOENIX HOUSE ORANGE COUNTY, INC.**

Legal Name: PHOENIX HOUSE ORANGE COUNTY, INC.

Address: 1207 EAST FRUIT STREET
BUILDINGS A, B2, B3, C, D, E & F

City, State Zip: SANTA ANA, CA 92701

Phone: (714)953-9373

Record ID: 300033AN

Service Type: RES

Resident Capacity: 100

Total Occupancy: 100

Target Population: 1.1 --- CO-ED

Expiration Date: 08/31/2016

Program Name: **PHOENIX HOUSE ORANGE COUNTY**

Legal Name: PHOENIX HOUSE ORANGE COUNTY, INC.

Address: 1207 EAST FRUIT STREET, BUILDING B1

City, State Zip: SANTA ANA, CA 92701

Phone: (714)953-9373

Record ID: 300033CN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 9/30/2015

Program Name: **HOPE HOUSE INC.**

Legal Name: HOPE HOUSE CORPORATION

Address: 710 AND 714 NORTH ANAHEIM BOULEVARD

City, State Zip: ANAHEIM, CA 92805

Phone: (714)776-7490 Fax: (714)776-8650

Record ID: 300034AN

Service Type: RES

Resident Capacity: 56
Total Occupancy: 56
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2015

Program Name: **GERRY HOUSE**

Legal Name: STRAIGHT TALK CLINIC, INCORPORATED

Address: 1225-1227 WEST 6TH STREET

City, State Zip: SANTA ANA, CA 92703

Phone: (714)972-1402

Record ID: 300040AN

Service Type: RES

Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2015

Program Name: **WOODGLEN RECOVERY JUNCTION**

Legal Name: WOODGLEN RECOVERY JUNCTION INCORPORATED

Address: 771 WEST ORANGETHORPE AVENUE

City, State Zip: FULLERTON, CA 92832

Phone: (714)879-6916

Record ID: 300042AN

Service Type: RES

Resident Capacity: 24
Total Occupancy: 24
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2015

Program Name: **WOODGLEN RECOVERY JUNCTION**

Legal Name: WOODGLEN RECOVERY JUNCTION INCORPORATED

Address: 751 WEST ORANGETHORPE AVENUE

City, State Zip: FULLERTON, CA 92832

Phone: (714)879-6916 Fax: (714)578-2960

Record ID: 300042BN

Service Type: RES-DETOX

Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 02/29/2016

Program Name: **DAYLIGHT AGAIN**

Legal Name: WOODGLEN RECOVERY JUNCTION INCORPORATED

Address: 329 EAST COMMONWEALTH AVENUE

City, State Zip: FULLERTON, CA 92832

Phone: (714)879-6916

Fax: (714)578-2960

Record ID: 300042CN

Service Type: RES

Resident Capacity: 16

Total Occupancy: 16

Target Population: 1.1 --- CO-ED

Expiration Date: 01/31/2016

Program Name: **SOBER LIVING BY THE SEA**

Legal Name: SOBER LIVING BY THE SEA, INC.

Address: 4138 PATRICE

City, State Zip: NEWPORT BEACH, CA 92663

Phone: (949)673-6696

Fax: (949)723-2829

Record ID: 300044ACP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 7

Target Population: 1.1 --- CO-ED

Expiration Date: 07/31/2016

Program Name: **THE ROSE OF NEWPORT BEACH**

Legal Name: SOBER LIVING BY THE SEA, INC.

Address: 6110 WEST OCEAN FRONT

City, State Zip: NEWPORT BEACH, CA 92663

Phone: (949)673-6696

Fax: (949)723-2829

Record ID: 300044AFP

Service Type: RES

Resident Capacity: 6

Total Occupancy: 7

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 09/30/2015

Program Name: **THE LANDING AT NEWPORT BEACH**

Legal Name: SOBER LIVING BY THE SEA, INC.

Address: 4711 SEASHORE DRIVE

City, State Zip: NEWPORT BEACH, CA 92663

Phone: (949)673-6696 Fax: (949)723-2829

Record ID: 300044AGP

Service Type: RES

Resident Capacity: 6

Total Occupancy: 7

Target Population: 1.2 --- MEN ONLY

Expiration Date: 09/30/2015

Program Name: **SOBER LIVING BY THE SEA**

Legal Name: SOBER LIVING BY THE SEA, INC.

Address: 1901 NEWPORT BOULEVARD, SUITE 149

City, State Zip: COSTA MESA, CA 92627

Phone: (949)673-6696 Fax: (949)675-4285

Record ID: 300044AHP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 9/30/2016

Program Name: **THE ROSE OF NEWPORT BEACH**

Legal Name: SOBER LIVING BY THE SEA, INC.

Address: 6111 SEASHORE DRIVE

City, State Zip: NEWPORT BEACH, CA 92663

Phone: (949)673-6696 Fax: (949)723-2829

Record ID: 300044SP

Service Type: RES

Resident Capacity: 6

Total Occupancy: 7

Target Population:

Expiration Date: 07/31/2016

Program Name: **HERITAGE HOUSE**

Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.

Address: 2212 A-D & 2218 A-D PLACENTIA AVENUE

City, State Zip: COSTA MESA, CA 92627

Phone: (949)646-2271

Record ID: 300054AN

Service Type: RES-DETOX

Resident Capacity: 16

Total Occupancy: 31
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 06/30/2016

Program Name: **HERITAGE HOUSE NORTH**

Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.

Address: 315, 319, AND 321 NORTH STATE COLLEGE BOULEVARD

City, State Zip: ANAHEIM, CA 92806-2925

Phone: (562)923-4545 Fax: (714)687-9927

Record ID: 300054IN

Service Type: RES

Resident Capacity: 21

Total Occupancy: 44

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 12/31/2016

Program Name: **HERITAGE HOUSE VILLAGE**

Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.

Address: 405 SOUTH ROSE STREET

City, State Zip: ANAHEIM, CA 92805

Phone: (562)923-4545 Fax: (714)999-6915

Record ID: 300054KN

Service Type: RES-DETOX

Resident Capacity: 17

Total Occupancy: 45

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 04/30/2016

Program Name: **BREAKAWAY PROGRAM**

Legal Name: BREAKAWAY HEALTH CORPORATION

Address: 3151 AIRWAY AVENUE, SUITE D-1

City, State Zip: COSTA MESA, CA 92626

Phone: (714)847-7585 Fax: (714)848-5410

Record ID: 300065AP

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 1/31/2016

Program Name: **THE RECOVERY CENTER**

Legal Name: NANCY CLARK AND ASSOCIATES, INC.

Address: 1110 VICTORIA STREET
City, State Zip: COSTA MESA, CA 92627

Phone: (949)631-0550

Record ID: 300067AP

Service Type: RES

Resident Capacity: 38

Total Occupancy: 41

Target Population: 1.1 --- CO-ED

Expiration Date: 02/28/2017

Program Name: **RELAPSE PREVENTION PROGRAM**

Legal Name: NANCY CLARK AND ASSOCIATES, INC.

Address: 471 OLD NEWPORT ROAD, SUITE 101

City, State Zip: NEWPORT BEACH, CA 92663

Phone: (949)631-0550

Fax: (949)631-4589

Record ID: 300067BP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 1/31/2017

Program Name: **TOUCHSTONES**

Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.

Address: 525 NORTH PARKER

City, State Zip: ORANGE, CA 92868

Phone: (714)639-5546

Record ID: 300070AN

Service Type: DSS

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2016

Program Name: **COVENANT HILLS TREATMENT CENTERS**

Legal Name: PACIFIC HILLS TREATMENT CENTERS, INC.

Address: 217 AND 219 AVENIDA MONTEREY

City, State Zip: SAN CLEMENTE, CA 92672

Phone: (949)248-5335

Fax: (949)248-4275

Record ID: 300074BP

Service Type: RES

Resident Capacity: 24

Total Occupancy: 24

Target Population: 1.1 --- CO-ED

Expiration Date: 08/31/2015

Program Name: **COVENANT HILLS TREATMENT CENTERS, INC.**

Legal Name: PACIFIC HILLS TREATMENT CENTERS, INC.

Address: 34248 VIA SANTA ROSA, APARTMENTS A, B, AND C

City, State Zip: CAPISTRANO BEACH, CA 92624

Phone: (949)489-8121

Fax: (949)369-7261

Record ID: 300074CP

Service Type: RES

Resident Capacity: 12

Total Occupancy: 12

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 11/30/2016

Program Name: **COVENANT HILLS TREATMENT CENTERS.**

Legal Name: PACIFIC HILLS TREATMENT CENTERS, INC.

Address: 27442 CALLE ARROYO, SUITE B

City, State Zip: SAN JUAN CAPISTRANO, CA 92675

Phone: (949)369-2915

Record ID: 300074DP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2015

Program Name: **HUNTINGTON HARBOR HOUSE**

Legal Name: NARCONON FRESH START

Address: 17123 ROUNDHILL DRIVE

City, State Zip: HUNTINGTON BEACH, CA 92649

Phone: (949)675-8988

Record ID: 300077AN

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 10

Target Population: 1.1 --- CO-ED

Expiration Date: 02/28/2016

Program Name: **SPENCER RECOVERY CENTER**

Legal Name: SPENCER RECOVERY CENTERS, INC.

Address: 1316 SOUTH COAST HIGHWAY

City, State Zip: LAGUNA BEACH, CA 92651

Phone: (949)376-3705

Record ID: 300088AP

Service Type: RES-DETOX

Resident Capacity: 28

Total Occupancy: 28

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2015

Program Name: **SPENCER RECOVERY CENTERS, INC,**

Legal Name: SPENCER RECOVERY CENTERS, INC.

Address: 1337 GAVIOTA, UNIT B AND C

City, State Zip: LAGUNA BEACH, CA 92651

Phone: (949)376-3705

Fax: (949)376-6862

Record ID: 300088JP

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2016

Program Name: **SPENCER RECOVERY CENTERS, INC.**

Legal Name: SPENCER RECOVERY CENTERS, INC.

Address: 665 CAMINO DE LOS MARES, SUITE 104C

City, State Zip: SAN CLEMENTE, CA 92673

Phone: (949)313-5224

Record ID: 300088LP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2016

Program Name: **THE GARY CENTER**

Legal Name: THE GARY CENTER

Address: 341 S. HILLCREST STREET

City, State Zip: LA HABRA, CA 90631

Phone: (562)691-3263

Record ID: 300093AN

Service Type: NON

Target Population:

Expiration Date: 9/30/2016

Program Name: **THE GARY CENTER SUBSTANCE ABUSE COUNSELING SYSTEMS**

Legal Name: THE GARY CENTER

Address: 1525 EAST 17TH STREET, SUITE B

City, State Zip: SANTA ANA, CA 92705

Phone: (562)691-3263

Fax: (562)690-5063

Record ID: 300093BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 6/30/2015

Program Name: **CHANGES FOR RECOVERY**

Legal Name: MILTON MUCKER

Address: 302 NORTH TUSTIN AVENUE, SUITES 100 AND 102

City, State Zip: SANTA ANA, CA 92705

Phone: (714)541-4007

Fax: (714)541-2779

Record ID: 300097CP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 2/29/2016

Program Name: **ACTION CONSULTANTS/THERAPY**

Legal Name: ACTION CONSULTANTS/THERAPY

Address: 1670 SANTA ANA AVENUE, SUITE C, F, & N

City, State Zip: COSTA MESA, CA 92627

Phone: (949)645-7484

Fax: (949)645-0565

Record ID: 300104BP

Service Type: NON

Target Population: 1.7 --- FAMILIES

Expiration Date: 1/31/2016

Program Name: **ACTION CONSULTANTS/THERAPY**

Legal Name: ACTION CONSULTANTS/THERAPY

Address: 2124 MAIN STREET, SUITE 120

City, State Zip: HUNTINGTON BEACH, CA 92648

Phone: (949)645-7484

Fax: (949)645-0565

Record ID: 300104CP

Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2016

Program Name: **ACTION CONSULTANTS/THERAPY**
Legal Name: ACTION CONSULTANTS/THERAPY
Address: 2651 E. CHAPMAN AVENUE, SUITE 109
City, State Zip: FULLERTON, CA 92831-3738

Phone: (949)645-7484 Fax: (949)645-0565
Record ID: 300104DP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2016

Program Name: **CHAPMAN HOUSE**
Legal Name: CHAPMAN HOUSE, INC.
Address: 1412 EAST CHAPMAN AVENUE
City, State Zip: ORANGE, CA 92866

Phone: (714)288-9779 Fax: (714)538-9779
Record ID: 300105BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2015

Program Name: **CHAPMAN HOUSE, INC.**
Legal Name: CHAPMAN HOUSE, INC.
Address: 14511 - 14512 CARFAX DRIVE
City, State Zip: TUSTIN, CA 92780

Phone: (714)288-9779 Fax: (714)288-6130
Record ID: 300105IP
Service Type: RES-DETOX
Resident Capacity: 44
Total Occupancy: 44
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2015

Program Name: **COLLEGE COMMUNITY SERVICES/CALWORKS (CCS/CW)**
Legal Name: COLLEGE COMMUNITY SERVICES
Address: 501 NORTH BROOKHURST STREET, SUITES 300B AND 320
City, State Zip: ANAHEIM, CA 92801

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

Program Name: **COLLEGE COMMUNITY SERVICES/CALWORKS/CAMINO NUEVO**
Legal Name: COLLEGE COMMUNITY SERVICES
Address: 1200 NORTH MAIN STREET, SUITE 630
City, State Zip: SANTA ANA, CA 92701

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

Program Name: **COLLEGE COMMUNITY SERVICES/CALWORKS-WEST**
Legal Name: COLLEGE COMMUNITY SERVICES
Address: 13950 MILTON AVENUE, #306
City, State Zip: WESTMINSTER, CA 92683

Phone: (714)793-1290 Fax: (714)490-7717
Record ID: 300106DP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2017

Program Name: **K. C. SERVICES**
Legal Name: KOREAN COMMUNITY SERVICES, INC.
Address: 14795 JEFFREY ROAD, SUITE 207
City, State Zip: IRVINE, CA 92618

Phone: (949)654-9163
Record ID: 300107CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2016

Program Name: **K.C. SERVICES**
Legal Name: KOREAN COMMUNITY SERVICES, INC.
Address: 1050 AND 1060 BROOKHURST

City, State Zip: FULLERTON, CA 92833

Phone: (714)449-1339

Fax: (714)449-1289

Record ID: 300107DN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2017

Program Name: **K. C. SERVICES**

Legal Name: KOREAN COMMUNITY SERVICES, INC.

Address: 7281 GARDEN GROVE BOULEVARD, SUITE H

City, State Zip: GARDEN GROVE, CA 92844

Phone: (714)539-4544

Record ID: 300107EN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 8/31/2016

Program Name: **ABLE TO CHANGE RECOVERY, INC.**

Legal Name: ABLE TO CHANGE RECOVERY, INC.

Address: 28522 AVENIDA PLACIDA

City, State Zip: SAN JUAN CAPISTRANO, CA 92675

Phone: (949)388-1780

Fax: (949)388-1620

Record ID: 300118AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 8

Target Population: 1.1 --- CO-ED

Expiration Date: 02/28/2017

Program Name: **ABLE TO CHANGE RECOVERY, INC.**

Legal Name: ABLE TO CHANGE RECOVERY, INC.

Address: 31461 RANCHO VIEJO ROAD, #105

City, State Zip: SAN JUAN CAPISTRANO, CA 92675

Phone: (949)493-6800

Fax: (949)493-6832

Record ID: 300118BP

Service Type: NON

Target Population: 1.8 --- DUAL DIAGNOSIS

Expiration Date: 1/31/2017

Program Name: **ABLE TO CHANGE RECOVERY, INC.**

Legal Name: ABLE TO CHANGE RECOVERY, INC.

Address: 23492 WHITE DOVE AVENUE

City, State Zip: LAKE FOREST, CA 92630

Phone: (949)493-6800

Fax: (949)493-6832

Record ID: 300118CP

Service Type: RES

Resident Capacity: 6

Total Occupancy: 8

Target Population: 1.1 --- CO-ED

Expiration Date: 01/31/2016

Program Name: **CENTER FOR THE TREATMENT OF ADDICTION, INC.**

Legal Name: THE CENTER FOR THE TREATMENT OF ADDICTION, INC.

Address: 104 NORTH RAYMOND AVENUE, SUITE A-2

City, State Zip: FULLERTON, CA 92831

Phone: (714)992-1677

Fax: (714)992-4906

Record ID: 300119HP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 3/31/2016

Program Name: **NEW BEGINNING FELLOWSHIP CENTER**

Legal Name: THE NEW BEGINNING FELLOWSHIP CENTER

Address: 16581 BROOKHURST

City, State Zip: FOUNTAIN VALLEY, CA 92706

Phone: (714)839-2515

Fax: (714)839-5501

Record ID: 300120BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 3/31/2017

Program Name: **YELLOWSTONE, WROC**

Legal Name: YELLOWSTONE WOMEN'S FIRST STEP HOUSE, INC.

Address: 3132 BOSTON WAY

City, State Zip: COSTA MESA, CA 92626

Phone: (888)941-9048

Fax: (714)646-5296

Record ID: 300121AN

Service Type: RES

Resident Capacity: 15
Total Occupancy: 15
Target Population: 1.2 --- MEN ONLY
Expiration Date: 03/31/2017

Program Name: **YELLOWSTONE (WOMEN'S RECOVERY OF CALIFORNIA)**

Legal Name: YELLOWSTONE WOMEN'S FIRST STEP HOUSE, INC.

Address: 154 & 160 EAST BAY STREET

City, State Zip: COSTA MESA, CA 92627-2147

Phone: (949)646-5296 Fax: (888)941-9048

Record ID: 300121BN

Service Type: RES-DETOX

Resident Capacity: 12
Total Occupancy: 14
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2017

Program Name: **THE YELLOWSTONE BRIDGE**

Legal Name: YELLOWSTONE WOMEN'S FIRST STEP HOUSE, INC.

Address: 2028 FULLERTON AVENUE # A

City, State Zip: COSTA MESA, CA 92627

Phone: (949)646-4494 Fax: (949)646-5296

Record ID: 300121FN

Service Type: RES

Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.2 --- MEN ONLY
Expiration Date: 08/31/2015

Program Name: **YELLOWSTONE WOMEN'S FIRST STEP HOUSE, INC.**

Legal Name: YELLOWSTONE WOMEN'S FIRST STEP HOUSE, INC.

Address: 2001 HARBOR BOULEVARD, SUITE 200

City, State Zip: COSTA MESA, CA 92626

Phone: (888)941-9048 Fax: (949)646-5296

Record ID: 300121HN

Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2015

Program Name: **CALIFORNIA DIVERSION INTERVENTION FOUNDATION**

Legal Name: CALIFORNIA DIVERSION INTERVENTION FOUNDATION

Address: 1095 NORTH MAIN STREET, SUITE C

City, State Zip: ORANGE, CA 92867-5459

Phone: (714)633-0502

Fax: (714)633-9249

Record ID: 300125BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 3/31/2016

Program Name: **TWIN TOWN TREATMENT CENTERS - LOS ALAMITOS**

Legal Name: TWIN TOWN CORPORATION

Address: 4388 EAST KATELLA AVENUE

City, State Zip: LOS ALAMITOS, CA 90720

Phone: (562)594-8844

Fax: (562)493-1280

Record ID: 300128AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 2/28/2017

Program Name: **TWIN TOWN TREATMENT CENTERS, ORANGE**

Legal Name: TWIN TOWN CORPORATION

Address: 705 WEST LA VETA AVENUE, SUITE 208

City, State Zip: ORANGE, CA 92868

Phone: (714)532-9295

Record ID: 300128CP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 6/30/2015

Program Name: **TWIN TOWN TREATMENT CENTERS, MISSION VIEJO**

Legal Name: TWIN TOWN CORPORATION

Address: 27281 LAS RAMBLAS STREET, SUITE 140

City, State Zip: MISSION VIEJO, CA 92691

Phone: (949)540-0170

Fax: (949)540-0173

Record ID: 300128DP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 6/30/2015

Program Name: **CENTER FOR ALCOHOL AND DRUG ABUSE TREATMENT BODY MIND SPIRIT IOP**

Legal Name: WILLIAM W. MARTIN, PH.D, LICENSED CLINICAL PSYCHOLOGIST, A PROFESSIONAL COROPORATION

Address: 665 CAMINO DE LOS MARES, SUITE 104

City, State Zip: SAN CLEMENTE, CA 92673

Phone: (949)248-7377 Fax: (866)805-2796

Record ID: 300135AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2016

Program Name: **PAT MOORE FOUNDATION**

Legal Name: THE PAT MOORE FOUNDATION

Address: 2560 NEWPORT BOULEVARD, UNITS 1-22 AND 2568 NEWPORT BOULEVARD

City, State Zip: COSTA MESA, CA 92627

Phone: (714)546-2200 Fax: (949)764-9288

Record ID: 300136JN

Service Type: RES-DETOX

Resident Capacity: 76

Total Occupancy: 76

Target Population: 1.1 --- CO-ED

Expiration Date: 07/31/2016

Program Name: **PAT MOORE FOUNDATION**

Legal Name: THE PAT MOORE FOUNDATION

Address: 1905 WEST HALL AVENUE

City, State Zip: SANTA ANA, CA 92704

Phone: (714)546-2200 Fax: (949)764-9288

Record ID: 300136LN

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.2 --- MEN ONLY

Expiration Date: 10/31/2015

Program Name: **PAT MOORE FOUNDATION**

Legal Name: THE PAT MOORE FOUNDATION

Address: 1918 WEST HALL AVENUE

City, State Zip: SANTA ANA, CA 92704

Phone: (714)546-2200

Fax: (949)764-9288

Record ID: 300136MN

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.2 --- MEN ONLY

Expiration Date: 10/31/2015

Program Name: **PAT MOORE FOUNDATION**

Legal Name: THE PAT MOORE FOUNDATION

Address: 2614 WEST COLOMBINE STREET, UNIT A

City, State Zip: SANTA ANA, CA 92704

Phone: (714)546-2200

Fax: (949)764-9288

Record ID: 300136NN

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2016

Program Name: **PAT MOORE FOUNDATION**

Legal Name: THE PAT MOORE FOUNDATION

Address: 2614 WEST COLOMBINE STREET, UNIT B

City, State Zip: SANTA ANA, CA 92704

Phone: (714)546-2200

Fax: (949)764-9288

Record ID: 300136ON

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2016

Program Name: **PAT MOORE FOUNDATION**

Legal Name: THE PAT MOORE FOUNDATION

Address: 2105 W. ADAMS STREET

City, State Zip: SANTA ANA, CA 92704

Phone: (714)546-2200

Fax: (949)764-9288

Record ID: 300136RN

Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: **SOLUTIONS FOR RECOVERY**
Legal Name: SOLUTIONS FOR RECOVERY, INC.
Address: 31931 PASEO TERRAZA
City, State Zip: SAN JUAN CAPISTRANO, CA 92675

Phone: (949)874-1332 Fax: (949)661-1264
Record ID: 300143BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
Expiration Date: 02/29/2016

Program Name: **SOLUTIONS BY THE SEA**
Legal Name: OCEAN RECOVERY L.L.C.
Address: 1601 WEST BALBOA BOULEVARD
City, State Zip: NEWPORT BEACH, CA 92663

Phone: (949)723-2388
Record ID: 300144AP
Service Type: RES
Resident Capacity: 16
Total Occupancy: 16
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 12/31/2016

Program Name: **OCEAN RECOVERY 1115**
Legal Name: OCEAN RECOVERY, L.L.C.
Address: 1115 WEST BALBOA BOULEVARD
City, State Zip: NEWPORT BEACH, CA 92661

Phone: (949)675-3764 Fax: (949)723-1288
Record ID: 300144BP
Service Type: RES
Resident Capacity: 22
Total Occupancy: 22
Target Population: 1.2 --- MEN ONLY

Expiration Date: 12/31/2016

Program Name: **HOPE BY THE SEA, INC.**

Legal Name: HOPE BY THE SEA, INC.

Address: 28371 VIA ANZAR

City, State Zip: SAN JUAN CAPISTRANO, CA 92675

Phone: (949)218-2690

Fax: (949)218-1957

Record ID: 300149AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 8

Target Population: 1.1 --- CO-ED

Expiration Date: 08/31/2015

Program Name: **HOPE BY THE SEA, INC.**

Legal Name: HOPE BY THE SEA, INC.

Address: 27432 CALLE ARROYO

City, State Zip: SAN JUAN CAPISTRANO, CA 92675

Phone: (949)218-2690

Fax: (949)218-1597

Record ID: 300149BP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2015

Program Name: **SEACLIFF RECOVERY CENTER**

Legal Name: RIGHT NOW RECOVERY, LLC

Address: 225 7TH STREET APT. 1

City, State Zip: HUNTINGTON BEACH, CA 92648

Phone: (714)960-0078

Record ID: 300152AP

Service Type: RES

Resident Capacity: 6

Total Occupancy: 7

Target Population: 1.1 --- CO-ED

Expiration Date: 09/30/2015

Program Name: **SEACLIFF RECOVERY CENTER**

Legal Name: RIGHT NOW RECOVERY, LLC

Address: 18682 BEACH BOULEVARD, SUITE 255

City, State Zip: HUNTINGTON BEACH , CA 92648

Phone: (714)960-0078

Record ID: 300152BP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 3/31/2017

Program Name: **SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.**

Legal Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.

Address: 240 KNOX STREET

City, State Zip: COSTA MESA, CA 92627

Phone: (949)645-1026

Fax: (949)645-1026

Record ID: 300154AP

Service Type: RES

Resident Capacity: 8

Total Occupancy: 8

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2015

Program Name: **SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.**

Legal Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.

Address: 236 KNOX STREET

City, State Zip: COSTA MESA, CA 92627

Phone: (949)645-1026

Fax: (949)645-1026

Record ID: 300154BP

Service Type: RES

Resident Capacity: 8

Total Occupancy: 8

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 02/29/2016

Program Name: **SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC., 3**

Legal Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.

Address: 930 MAGELLAN STREET

City, State Zip: COSTA MESA, CA 92626

Phone: (949)645-1026

Fax: (714)242-6775

Record ID: 300154CP

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 10/31/2016

Program Name: **SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.**
Legal Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.
Address: 934 MAGELLAN STREET
City, State Zip: COSTA MESA, CA 92626

Phone: (949)645-1026 Fax: (714)242-6775

Record ID: 300154DP

Service Type: RES

Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 08/31/2015

Program Name: **SAFE HARBOR'S CHERISH DETOX, INC.**
Legal Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.
Address: 22372 HARWICH LANE
City, State Zip: HUNTINGTON BEACH, CA 92646

Phone:

Record ID: 300154FP

Service Type: RES-DETOX

Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 10/31/2016

Program Name: **SOUTH COAST COUNSELING AND PSYCHOLOGICAL SERVICES**
Legal Name: WEL-MOR PSYCHOLOGY GROUP, INC.
Address: 2900 BRISTOL STREET, SUITE E 103
City, State Zip: COSTA MESA, CA 92626

Phone: (714)540-9070 Fax: (714)549-4525

Record ID: 300162AP

Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016

Program Name: **SOUTH COAST COUNSELING AND PSYCHOLOGICAL SERVICES**
Legal Name: WEL-MOR PSYCHOLOGY GROUP, INC.

Address: 5130 EAST LA PALMA, SUITE 212
City, State Zip: ANAHEIM, CA 92807

Phone: (714)540-9070 Fax: (714)549-4525

Record ID: 300162BP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2016

Program Name: **SOUTH COAST COUNSELING AND PSYCHOLOGICAL SERVICES**

Legal Name: WEL-MOR PSYCHOLOGY GROUP, INC.

Address: 25401 Cabot Road, Suite 114

City, State Zip: Laguna Hills, CA 92653

Phone: (714)540-9070 Fax: (714)549-4525

Record ID: 300162CP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2016

Program Name: **SOUTH COAST COUNSELING & PSYCHOLOGICAL SERVICES**

Legal Name: WEL-MOR PSYCHOLOGY GROUP, INC.

Address: 1440 NORTH HARBOR BOULEVARD, SUITE #725

City, State Zip: FULLERTON, CA 92835

Phone: (714)540-9070 Fax: (714)549-4525

Record ID: 300162DP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2016

Program Name: **ORANGE COUNTY BAR FOUNDATION STOP SHORT OF ADDICTION**

Legal Name: ORANGE COUNTY BAR FOUNDATION, INC.

Address: 313 NORTH BIRCH, 2ND FLOOR

City, State Zip: SANTA ANA, CA 92701

Phone: (714)480-1925 Fax: (714)480-1933

Record ID: 300164AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 2/28/2017

Program Name: **BALBOA HORIZONS RECOVERY SERVICES**

Legal Name: BALBOA HORIZONS RECOVERY SERVICES
Address: 1132 WEST BALBOA BOULEVARD
City, State Zip: NEWPORT BEACH, CA 92661

Phone: (949)675-3406 Fax: (949)722-8125

Record ID: 300165AP

Service Type: RES

Resident Capacity: 11

Total Occupancy: 11

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 05/31/2017

Program Name: **BALBOA HORIZONS RECOVERY SERVICES**

Legal Name: BALBOA HORIZONS RECOVERY SERVICES

Address: 2384 NEWPORT BOULEVARD

City, State Zip: COSTA MESA, CA 92627

Phone: (949)675-3406 Fax: (949)675-3916

Record ID: 300165BP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 3/31/2016

Program Name: **BALBOA HORIZONS RECOVERY SERVICES**

Legal Name: BALBOA HORIZONS RECOVERY SERVICES

Address: 192 and 198 TULIP LANE

City, State Zip: COSTA MESA, CA 92627

Phone: (949)515-4140

Record ID: 300165CP

Service Type: RES

Resident Capacity: 26

Total Occupancy: 26

Target Population: 1.2 --- MEN ONLY

Expiration Date: 07/31/2016

Program Name: **BALBOA HORIZONS RECOVERY SERVICES**

Legal Name: BALBOA HORIZONS RECOVERY SERVICES

Address: 2379 ORANGE AVENUE, #A, B & C

City, State Zip: Costa Mesa, CA 92627

Phone: (949)247-8867

Record ID: 300165DP
Service Type: RES
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.2 --- MEN ONLY
Expiration Date: 09/30/2016

Program Name: **BALBOA HORIZONS RECOVERY SERVICES**
Legal Name: BALBOA HORIZONS RECOVERY SERVICES
Address: 129 Cabrillo Street
City, State Zip: Costa Mesa, CA 92627-3053

Phone: (949)515-4140 Fax: (949)515-4150
Record ID: 300165EP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2017

Program Name: **MORNINGSIDE RECOVERY**
Legal Name: MORNINGSIDE RECOVERY, LLC
Address: 1400 REYNOLDS AVENUE
STE 125/150
City, State Zip: IRVINE, CA 92614

Phone: (949)675-0006
Record ID: 300168IP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2016

Program Name: **ORANGE COUNTY REHAB**
Legal Name: ORANGE COUNTY DETOX, INC.
Address: 546 HAMILTON STREET
City, State Zip: COSTA MESA, CA 92627

Phone: (949)548-0801 Fax: (949)548-0804
Record ID: 300169BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2016

Program Name: **CAPO BY THE SEA**

Legal Name: CAPO BY THE SEA, INC.

Address: 26682 AVENIDA LAS PALMAS

City, State Zip: CAPISTRANO BEACH, CA 92624

Phone: (949)276-0043

Fax: (949)276-0045

Record ID: 300173AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 8

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2015

Program Name: **CAPO BY THE SEA**

Legal Name: CAPO BY THE SEA, INC.

Address: 31461 RANCH VIEJO ROAD, #205

City, State Zip: SAN JUAN CAPISTRANO, CA 92675

Phone: (949)874-1332

Record ID: 300173CP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 2/28/2017

Program Name: **MIRAMAR RECOVERY**

Legal Name: MIRAMAR HEALTH, INC.

Address: 339 JASMINE STREET

City, State Zip: LAGUNA BEACH, CA 92651

Phone: (888)300-3210

Fax: (949)370-0711

Record ID: 300182AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 01/31/2016

Program Name: **MIRAMAR HEALTH, INC.**

Legal Name: MIRAMAR HEALTH, INC.

Address: 435 DAHLIA AVENUE

City, State Zip: NEWPORT BEACH, CA 92625

Phone: (949)497-9189

Fax: (949)554-1285

Record ID: 300182BP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 05/31/2016

Program Name: **ALTERNATIVE OPTIONS**

Legal Name: ALTERNATIVE OPTIONS COUNSELING CENTER, INC.

Address: 101 SOUTH KRAEMER BOULEVARD, SUITE # 110

City, State Zip: PLACENTIA, CA 92870

Phone: (714)995-0359

Record ID: 300186AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2016

Program Name: **HEALTHCARE SERVICES, INC., THE LIGHTHOUSE**

Legal Name: HEALTHCARE SERVICES, INC.

Address: 1300 AND 1320 WEST PEARL ST., UNITS A, B, C & D

City, State Zip: ANAHEIM, CA 92801

Phone: (714)384-3970

Fax: (714)384-3876

Record ID: 300188AP

Service Type: RES

Resident Capacity: 33

Total Occupancy: 33

Target Population: 1.1 --- CO-ED

Expiration Date: 05/31/2016

Program Name: **HEALTHCARE SERVICES**

Legal Name: HEALTHCARE SERVICES, INC.

Address: 1340 PEARL STREET

City, State Zip: ANAHEIM, CA 92801

Phone: (714)871-9841

Fax: (714)384-3876

Record ID: 300188CP

Service Type: RES-DETOX

Resident Capacity: 21

Total Occupancy: 21

Target Population: 1.1 --- CO-ED

Expiration Date: 05/31/2016

Program Name: **DR. WILLA'S HOUSE**

Legal Name: PHYSICIANS NUTRACEUTICAL RESEARCH, INC.

Address: 140 AVENIDA ALGODON, UNIT A, B AND C

City, State Zip: SAN CLEMENTE, CA 92672

Phone: (888)508-3371

Fax: (949)675-9106

Record ID: 300189AP

Service Type: RES-DETOX

Resident Capacity: 18

Total Occupancy: 18

Target Population: 1.1 --- CO-ED

Expiration Date: 07/31/2016

Program Name: **NEW LIFE SPIRIT RECOVERY, INC.**

Legal Name: NEW LIFE SPIRIT RECOVERY, INC.

Address: 18652 FLORIDA STREET, SUITE 200

City, State Zip: HUNTINGTON BEACH, CA 92648

Phone: (714)841-1906

Record ID: 300190AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 9/30/2016

Program Name: **ANAMIKA RECOVERY CENTER**

Legal Name: ANAMIKA RECOVERY CENTER, INC.

Address: 144 SOUTH PERALTA HILLS DRIVE

City, State Zip: ANAHEIM, CA 92807

Phone: (714)974-4673

Fax: (714)974-4674

Record ID: 300200AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 02/29/2016

Program Name: **DOMUS RETREAT**

Legal Name: DOMUS RETREAT, LLC

Address: 270 SOUTH ORANGE ACRES DRIVE

City, State Zip: ANAHEIM HILLS, CA 92807

Phone: (714)685-1033
Record ID: 300203AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 02/29/2016

Program Name: **ADELANTE RECOVERY CENTER, INC.**
Legal Name: ADELANTE RECOVERY CENTER, INC.
Address: 49 MONTECITO DRIVE
City, State Zip: CORONA DEL MAR, CA 92625

Phone: (949)887-4448 Fax: (949)706-9769
Record ID: 300206AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 02/29/2016

Program Name: **NORTHBOUND TREATMENT SERVICES**
Legal Name: NATIONAL THERAPEUTIC SERVICES, INC.
Address: 209 AND 211 EAST 18TH STREET
City, State Zip: COSTA MESA, CA 92627

Phone: (714)432-0727 Fax: (949)650-5171
Record ID: 300207AP
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016

Program Name: **THE RAP CENTER**
Legal Name: NATIONAL THERAPEUTIC SERVICES, INC.
Address: 1040 WEST 17TH STREET
City, State Zip: COSTA MESA, CA 92627

Phone: (714)432-0727 Fax: (949)650-5171
Record ID: 300207BP
Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2016

Program Name: **NORTHBOUND TREATMENT SERVICES**

Legal Name: NATIONAL THERAPEUTIC SERVICES, INC.

Address: 354 BROADWAY

City, State Zip: COSTA MESA, CA 92627

Phone: (949)650-4334

Fax: (949)650-5171

Record ID: 300207CP

Service Type: RES

Resident Capacity: 6

Total Occupancy: 8

Target Population: 1.1 --- CO-ED

Expiration Date: 05/31/2017

Program Name: **THE JOSHUA HOUSE**

Legal Name: NATIONAL THERAPEUTIC SERVICES, INC.

Address: 2417 ORANGE AVENUE, UNITS 101A, 101B, 101C, 102A, 201B & 201C

City, State Zip: COSTA MESA, CA 92627

Phone: (949)650-4334

Fax: (949)650-5171

Record ID: 300207FP

Service Type: RES

Resident Capacity: 21

Total Occupancy: 22

Target Population: 1.1 --- CO-ED

Expiration Date: 06/30/2016

Program Name: **NORTHBOUND TREATMENT SERVICES**

Legal Name: NATIONAL THERAPEUTIC SERVICES, INC.

Address: 235 EAST 18TH STREET, UNITS A,B,C AND 241 EAST 18TH STREET,
UNITS A, B,C

City, State Zip: COSTA MESA, CA 92627

Phone: (949)650-4334

Fax: (949)650-5171

Record ID: 300207GP

Service Type: RES

Resident Capacity: 23

Total Occupancy: 24

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2016

Program Name: **NORTHBOUND TREATMENT SERVICES**

Legal Name: NATIONAL THERAPEUTIC SERVICES, INC.

Address: 175 VIRGINIA PLACE

City, State Zip: COSTA MESA, CA 92627

Phone: (949)650-4334

Fax: (949)650-5171

Record ID: 300207HP

Service Type: RES

Resident Capacity: 6

Total Occupancy: 8

Target Population: 1.1 --- CO-ED

Expiration Date: 02/29/2016

Program Name: **NORTHBOUND TREATMENT SERVICES**

Legal Name: NATIONAL THERAPEUTIC SERVICES, INC.

Address: 171 UNITS A&B, AND 175, UNITS A&B, ROCHESTER

City, State Zip: COSTA MESA, CA 92627

Phone: (949)650-4334

Fax: (949)650-5171

Record ID: 300207IP

Service Type: RES

Resident Capacity: 20

Total Occupancy: 21

Target Population: 1.1 --- CO-ED

Expiration Date: 02/29/2016

Program Name: **NORTHBOUND TREATMENT SERVICES**

Legal Name: NATIONAL THERAPEUTIC SERVICES, INC.

Address: 271 WALNUT STREET

City, State Zip: COSTA MESA, CA 92627

Phone: (949)650-4334

Fax: (949)650-5171

Record ID: 300207JP

Service Type: RES

Resident Capacity: 10

Total Occupancy: 10

Target Population: 1.1 --- CO-ED

Expiration Date: 02/29/2016

Program Name: **NORTHBOUND TREATMENT SERVICES**

Legal Name: NATIONAL THERAPEUTIC SERVICES, INC.

Address: 125 & 131 E. WILSON STREET, UNITS 1,2,3

City, State Zip: COSTA MESA, CA 92627

Phone: (949)650-4334
Record ID: 300207KP
Service Type: RES
Resident Capacity: 26
Total Occupancy: 26
Target Population: 1.1 --- CO-ED
Expiration Date: 03/31/2017

Program Name: **OCEAN HILLS RECOVERY, INC.**
Legal Name: OCEAN HILLS RECOVERY, INC.
Address: 33242 CHRISTINA DRIVE
City, State Zip: DANA POINT, CA 92629

Phone: (949)388-0112 Fax: (949)388-4625
Record ID: 300208AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 03/31/2017

Program Name: **21ST CENTURY WELLNESS, INC.**
Legal Name: 21ST CENTURY WELLNESS, INC.
Address: 23792 ROCKFIELD BOULEVARD, #100
City, State Zip: LAKE FOREST, CA 92630

Phone: (949)900-8260
Record ID: 300211AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2015

Program Name: **ACM RECOVERY A DIVISION OF ASSOCIATES IN COUSELING AND MEDIATION**
Legal Name: ASSOCIATES IN COUNSELING & MEDIATION
Address: 265 SOUTH ANITA DRIVE, SUITE 117
City, State Zip: ORANGE, CA 92868

Phone: (714)978-1090 Fax: (714)978-1087
Record ID: 300213AP
Service Type: NON
Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2015

Program Name: **ACM RECOVERY A DIVISION OF ASSOCIATES IN COUNSELING & MEDIATION**

Legal Name: ASSOCIATES IN COUNSELING & MEDIATION

Address: 25201 PASEO DE ALICIA, SUITE 100

City, State Zip: LAGUNA HILLS, CA 92653

Phone: (949)699-3413

Fax: (949)859-6658

Record ID: 300213BP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2015

Program Name: **ACM RECOVERY A DIVISION OF ASSOCIATES IN COUNSELING & MEDIATION**

Legal Name: ASSOCIATES IN COUNSELING & MEDIATION

Address: 960 WEST 17TH STREET, # B, C

City, State Zip: SANTA ANA, CA 92701

Phone: (714)547-1404

Fax: (714)550-4677

Record ID: 300213CP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2015

Program Name: **ENVOY CARE CENTER**

Legal Name: TOCHI FAMILY CHILDREN'S CENTER

Address: 520 NORTH BROOKHURST STREET, SUITE 222

City, State Zip: ANAHEIM, CA 92801

Phone: (714)884-1884

Record ID: 300215AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2014

Program Name: **SOVEREIGN HEALTH OF CALIFORNIA**

Legal Name: DUAL DIAGNOSIS TREATMENT CENTER, INC.

Address: 1211 PUERTA DEL SOL, SUITE 120

City, State Zip: SAN CLEMENTE, CA 92673

Phone: (949)276-5553

Fax: (949)498-2619

Record ID: 300217AP
Service Type: NON
Target Population: 1.2 --- MEN ONLY
Expiration Date: 4/30/2016

Program Name: **SAFE HARBOR'S CAPELLA I**
Legal Name: SAFE HARBOR'S CAPELLA, INC.
Address: 546, 548, 550A, 550B BERNARD STREET
City, State Zip: COSTA MESA, CA 92627

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

Program Name: **CASA BELLA RECOVERY**
Legal Name: CASA BELLA RECOVERY INTERNATIONAL INC.
Address: 31365 MONTEREY STREET
City, State Zip: LAGUNA BEACH, CA 92651

Phone: (949)275-7581
Record ID: 300222AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2016

Program Name: **DEE'S HOUSE**
Legal Name: KIM HUNKLE
Address: 18886 SANTA MARTA STREET
City, State Zip: FOUNTAIN VALLEY, CA 92708

Phone: (714)374-6873 Fax: (714)374-6873
Record ID: 300223AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 05/31/2016

Program Name: **ORANGE COUNTY HEALTH AND PSYCHOLOGY ASSOCIATES**
Legal Name: ORANGE COUNTY HEALTH & PSYCHOLOGY ASSOCIATES (OCHPA)
Address: 62 DISCOVERY, SUITE 100
City, State Zip: IRVINE, CA 92618

Phone: (949)551-4182 Fax: (949)551-6406
Record ID: 300226AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2015

Program Name: **PROTOTYPES' MOTHER AND CHILD RESIDENTIAL HOMES AT THE T**
Legal Name: PROTOTYPES, CENTERS FOR INNOVATION IN HEALTH, MENTAL
Address: 15405 LANSDOWNE ROAD, BLDG, F&G
City, State Zip: TUSTIN, CA 92782

Phone: (714)566-2886 Fax: (714)566-2887
Record ID: 300227AN
Service Type: RES
Resident Capacity: 15
Total Occupancy: 49
Target Population: 1.13 --- CO-ED/CHILD/DUAL
Expiration Date: 02/28/2017

Program Name: **NEW METHOD WELLNESS, INC.**
Legal Name: NEW METHOD WELLNESS, INC.
Address: 31473 RANCHO VIEJO, SUITE 101
City, State Zip: SAN JUAN CAPISTRANO, CA 92675

Phone: (949)463-0924 Fax: (949)472-4352
Record ID: 300229AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2017

Program Name: **NEW METHOD WELLNESS**
Legal Name: NEW METHOD WELLNESS, INC.
Address: 313 CALLE VILLARIO
City, State Zip: SAN CLEMENTE, CA 92627

Phone: (949)951-1824 Fax: (949)472-4352
Record ID: 300229BP

Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2016

Program Name: **BRIDGE TEEN RECOVERY, LLC**
Legal Name: BRIDGE TEEN RECOVERY LLC
Address: 23151 VERDUGO DRIVE, SUITE 115
City, State Zip: LAGUNA HILLS, CA 92653

Phone: (949)716-4623 Fax: (949)716-4633
Record ID: 300230AP
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 6/30/2017

Program Name: **NEWPORT ACADEMY**
Legal Name: MONROE OPERATIONS, LLC
Address: 811 N. RANCH WOOD TRAIL
City, State Zip: ORANGE, CA 92869

Phone: (714)288-0872 Fax: (714)288-2045
Record ID: 300233AP
Service Type: DSS
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 11/30/2015

Program Name: **NEWPORT ACADEMY**
Legal Name: MONROE OPERATIONS, LLC
Address: 1655 N. HUNTERS WAY
City, State Zip: ORANGE, CA 92869

Phone: (714)288-9052 Fax: (714)288-2099
Record ID: 300233BP
Service Type: DSS
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 11/30/2015

Program Name: **NEWPORT ACADEMY INTENSIVE OUTPATIENT & DAY TREATMENT PROGRAM**
Legal Name: MONROE OPERATIONS, LLC
Address: 485 E. 17TH STREET, SUITES 200 + 245

City, State Zip: COSTA MESA, CA 92627

Phone: (949)719-2872 Fax: (949)719-2998

Record ID: 300233DP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 3/31/2016

Program Name: **NEWPORT ACADEMY**

Legal Name: MONROE OPERATIONS, LLC

Address: 1655 NORTH HUNTERS WAY
BULIDING 3

City, State Zip: ORANGE, CA 92869

Phone: (714)288-9052 Fax: (714)288-2099

Record ID: 300233EP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 7/31/2016

Program Name: **NEWPORT ACADEMY**

Legal Name: MONROE OPERATIONS, LLC

Address: 811 NORTH RANCH WOOD TRAIL
BUILDING 3

City, State Zip: ORANGE, CA 92869

Phone: (714)288-0872 Fax: (714)288-2045

Record ID: 300233FP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 7/31/2016

Program Name: **JUST ONE RECOVERY**

Legal Name: JUST ONE RECOVERY

Address: 264 N. CLEVELAND STREET

City, State Zip: ORANGE, CA 92866

Phone: (714)538-8085 Fax: (714)628-9884

Record ID: 300234AP

Service Type: RES-DETOX

Resident Capacity: 4

Total Occupancy: 4

Target Population: 1.2 --- MEN ONLY

Expiration Date: 01/31/2016

Program Name: **SURE HAVEN LLC**

Legal Name: SURE HAVEN

Address: 973 ARBOR STREET

City, State Zip: COSTA MESA, CA 92626

Phone: (800)852-4465

Fax: (888)588-4998

Record ID: 300235AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2015

Program Name: **SURE HAVEN**

Legal Name: SURE HAVEN

Address: 1811 GISLER STREET

City, State Zip: COSTA MESA, CA 92626

Phone: (800)852-4465

Fax: (888)588-4998

Record ID: 300235BP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 01/31/2016

Program Name: **SURE HAVEN DBA ROCK SOLID RECOVERY**

Legal Name: SURE HAVEN

Address: 2068 WALLACE AVENUE, UNIT A&B

City, State Zip: COSTA MESA, CA 92626

Phone: (800)852-4465

Fax: (888)588-4998

Record ID: 300235CP

Service Type: RES-DETOX

Resident Capacity: 12

Total Occupancy: 12

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2014

Program Name: **SURE HAVEN**

Legal Name: SURE HAVEN

Address: 725 CENTER STREET, UNITS A AND B
City, State Zip: COSTA MESA, CA 92626

Phone: (800)852-4465 Fax: (888)588-4998

Record ID: 300235DP

Service Type: RES-DETOX

Resident Capacity: 12

Total Occupancy: 12

Target Population: 1.1 --- CO-ED

Expiration Date: 01/31/2017

Program Name: **SURE HAVEN**

Legal Name: SURE HAVEN

Address: 1143 CHARLESTON

City, State Zip: COSTA MESA, CA 92626

Phone: (949)467-9213 Fax: (888)588-4998

Record ID: 300235EP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 04/30/2016

Program Name: **SURE HAVEN**

Legal Name: SURE HAVEN

Address: 1954 PLACENTIA AVENUE #209

City, State Zip: COSTA MESA, CA 92627

Phone: (949)467-9213 Fax: (888)588-4998

Record ID: 300235FP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2016

Program Name: **SURE HAVEN**

Legal Name: SURE HAVEN

Address: 3072 MADISON AVENUE

City, State Zip: COSTA MESA, CA 92626

Phone: (828)773-4477

Record ID: 300235GP

Service Type: RES-DETOX

Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2016

Program Name: **SURE HAVEN - BOSTON**

Legal Name: SURE HAVEN

Address: 3145 BOSTON WAY

City, State Zip: COSTA MESA, CA 92626

Phone: (828)773-4477

Record ID: 300235IP

Service Type: RES-DETOX

Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2016

Program Name: **SOVEREIGN BY THE SEA II**

Legal Name: SATYA HEALTH OF CALIFORNIA, INC.

Address: 105 AVENIDA PALA

City, State Zip: SAN CLEMENTE, CA 92672

Phone: (949)545-6853 Fax: (949)265-0446

Record ID: 300236AP

Service Type: RES-DETOX

Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 01/31/2016

Program Name: **ORANGE COUNTY RECOVERY SERVICES**

Legal Name: ORANGE COUNTY RECOVERY SERVICES, LLC

Address: 1011 BRIOSO DR. SUITE 103

City, State Zip: COSTA MESA, CA 92627

Phone: (949)515-9191 Fax: (949)515-9193

Record ID: 300237AP

Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2016

Program Name: **PACIFIC SHORES RECOVERY**

Legal Name: PACIFIC SHORES RECOVERY, LLC

Address: 3309 CLAY STREET

City, State Zip: NEWPORT BEACH, CA 92663

Phone: (949)574-2510

Fax: (949)722-1135

Record ID: 300238AP

Service Type: RES

Resident Capacity: 6

Total Occupancy: 7

Target Population: 1.1 --- CO-ED

Expiration Date: 01/31/2016

Program Name: **CHAPTERS CAPISTRANO**

Legal Name: CHAPTERS CAPISTRANO, LLC

Address: 1525 BUENA VISTA, UNITS A, B AND C

City, State Zip: SAN CLEMENTE, CA 92672

Phone: (949)545-6237

Fax: (503)228-8711

Record ID: 300239AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 04/30/2016

Program Name: **CHAPTERS CAPISTRANO**

Legal Name: CHAPTERS CAPISTRANO, LLC

Address: 222 AVENIDA LA CUESTA

City, State Zip: SAN CLEMENTE, CA 92672

Phone: (949)698-2249

Record ID: 300239BP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 09/30/2016

Program Name: **NEWPORT BEACH RECOVERY CENTER**

Legal Name: NEWPORT BEACH RECOVERY CENTER

Address: 207 28TH STREET

City, State Zip: NEWPORT BEACH, CA 92663

Phone: (714)887-3806

Fax: (949)612-7968

Record ID: 300240AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 02/28/2016

Program Name: **BROADWAY TREATMENT CENTERS**

Legal Name: PHILLIP AGUILAR

Address: 301 S. ARCHER STREET

City, State Zip: ANAHEIM, CA 92804

Phone: (714)400-4573

Fax: (714)778-0030

Record ID: 300241AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 03/31/2016

Program Name: **FOUR FORTY-NINE RECOVERY, INC.**

Legal Name: FOUR FORTY-NINE, INC.

Address: 1401 NORTH EL CAMINO REAL, SUITES 102, 104 & 106

City, State Zip: SAN CLEMENTE, CA 92672

Phone: (855)449-4490

Fax: (949)429-0767

Record ID: 300242AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 6/30/2016

Program Name: **PACE RECOVERY CENTER, LLC**

Legal Name: PACE RECOVERY CENTER, LLC

Address: 209 22ND STREET

City, State Zip: HUNTINGTON BEACH, CA 92648

Phone: (714)274-9239

Record ID: 300244AP

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.2 --- MEN ONLY

Expiration Date: 07/31/2016

Program Name: **PACE RECOVERY CENTER II**

Legal Name: PACE RECOVERY CENTER, LLC

Address: 628 13TH STREET

City, State Zip: HUNTINGTON BEACH, CA 92648

Phone: (714)369-2137

Record ID: 300244BP

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.2 --- MEN ONLY

Expiration Date: 02/28/2017

Program Name: **PACE RECOVERY CENTER INTENSIVE OUTPATIENT PROGRAM**

Legal Name: PACE RECOVERY CENTER, LLC

Address: 180 NEWPORT CENTER DRIVE

City, State Zip: NEWPORT BEACH, CA 92660

Phone: (949)922-4513

Record ID: 300244CP

Service Type: NON

Target Population: 1.2 --- MEN ONLY

Expiration Date: 2/28/2017

Program Name: **PACE RECOVERY CENTER**

Legal Name: PACE RECOVERY CENTER, LLC

Address: 414 11TH STREET

City, State Zip: HUNTINGTON BEACH, CA 92648-4508

Phone: (714)369-6504

Record ID: 300244DP

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.2 --- MEN ONLY

Expiration Date: 09/30/2016

Program Name: **SOUTH ORANGE COUNTY DETOX TREATMENT**

Legal Name: ALEXANDRA ROSE CORPORATION

Address: 4009 CALLE ABRIL

City, State Zip: SAN CLEMENTE, CA 92673

Phone: (714)785-2512

Fax: (949)481-4949

Record ID: 300245AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 01/31/2017

Program Name: **WINDWARD WAY RECOVERY**

Legal Name: WINDWARD WAY RECOVERY LLC

Address: 2318 NEWPORT BOULEVARD

City, State Zip: COSTA MESA, CA 92627

Phone: (877)713-2669

Record ID: 300246AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 1/31/2017

Program Name: **SIMPLE RECOVERY INC.**

Legal Name: SIMPLE RECOVERY INC.

Address: 9531 NETHERWAY DRIVE

City, State Zip: HUNTINGTON BEACH, CA 92646

Phone: (714)367-4090

Record ID: 300247AP

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.2 --- MEN ONLY

Expiration Date: 12/31/2016

Program Name: **SIMPLE RECOVERY, INC.**

Legal Name: SIMPLE RECOVERY INC.

Address: 20112 VIVA CIRCLE

City, State Zip: HUNTINGTON BEACH, CA 92646

Phone: (949)646-3600

Record ID: 300247CP

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 09/30/2016

Program Name: **ENCOMPASS RECOVERY**

Legal Name: ENCOMPASS TREATMENT SERVICES, LLC

Address: 27122A PASEO ESPADA, SUITE 924

City, State Zip: SAN JUAN CAPISTRANO, CA 92675

Phone: (949)218-4102

Fax: (509)463-7115

Record ID: 300248AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2016

Program Name: **NEW START DETOX**

Legal Name: LIBERTY HOUSING SERVICES, INC.

Address: 906 DORMAN STREET

City, State Zip: SANTA ANA, CA 92701

Phone: (714)486-3691

Record ID: 300249AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2016

Program Name: **NEW START DETOX**

Legal Name: LIBERTY HOUSING SERVICES, INC.

Address: 13832 GLENMERE DRIVE

City, State Zip: SANTA ANA, CA 92705

Phone: (714)833-3133

Record ID: 300249BP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.2 --- MEN ONLY

Expiration Date: 09/30/2016

Program Name: **HARMONY HEALS, INC.**

Legal Name: HARMONY HEALS, INC.

Address: 23173 LA CADENA DRIVE

City, State Zip: LAGUNA HILLS, CA 92653

Phone: (949)837-2751 Fax: (949)600-7113

Record ID: 300250AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 3/31/2017

Program Name: **STEPHOUSE RECOVERY CENTER**

Legal Name: THE STEPHOUSE RECOVERY, INC.

Address: 1601 BAKER STREET

City, State Zip: COSTA MESA, CA 92626

Phone: (714)969-2889 Fax: (714)969-2889

Record ID: 300251BP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 05/31/2017

Program Name: **GET REAL RECOVERY INC.**

Legal Name: GET REAL RECOVERY INC.

Address: 30290 RANCHO VIEJO ROAD, SUITE 204

City, State Zip: SAN JUAN CAPISTRANO, CA 92675

Phone: (949)481-8152 Fax: (949)481-8152

Record ID: 300252AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 1/31/2017

Program Name: **TREE HOUSE RECOVERY (THR)**

Legal Name: SOBER SANCTUARIES, INC.

Address: 218-A AND 218-B CABRILLO STREET

City, State Zip: COSTA MESA, CA 92627

Phone: (714)968-2700 Fax: (714)968-2752

Record ID: 300253AP

Service Type: RES

Resident Capacity: 12

Total Occupancy: 12

Target Population: 1.2 --- MEN ONLY

Expiration Date: 01/31/2017

Program Name: **SOBERTEC LLC**

Legal Name: SOBERTEC LLC

Address: 1402 N. EL CAMINO REAL

City, State Zip: SAN CLEMENTE, CA 92672

Phone: (949)498-4321

Fax: (949)490-4323

Record ID: 300254AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 2/28/2017

Program Name: **SOBERTEC LLC**

Legal Name: SOBERTEC LLC

Address: 610 AVENIDA ACAPULCO

City, State Zip: SAN CLEMENTE, CA 92672

Phone: (714)658-3773

Record ID: 300254BP

Service Type: RES-DETOX

Resident Capacity: 8

Total Occupancy: 8

Target Population: 1.1 --- CO-ED

Expiration Date: 09/30/2016

Program Name: **REFLECTIONS RECOVERY, LLC**

Legal Name: REFLECTIONS RECOVERY LLC

Address: 17165 NEWHOPE STREET, SUITES K, L, & M

City, State Zip: FOUNTAIN VALLEY, CA 92708

Phone: (714)708-2950

Fax: (714)708-2966

Record ID: 300255AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 3/31/2015

Program Name: **SERENITY SHORES RECOVERY CENTER**

Legal Name: GENESIS HEALTHCARE NETWORK, INC.

Address: 1901 NEWPORT BOULEVARD, 280

City, State Zip: COSTA MESA, CA 92627

Phone: (949)574-4837

Fax: (949)574-4860

Record ID: 300259AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: **ZEN RECOVERY PATH**
Legal Name: ZEN RECOVERY, LLC
Address: 126 E. 16TH STREET
City, State Zip: COSTA MESA, CA 92627

Phone: (800)759-1930 Fax: (714)242-1975
Record ID: 300260AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2015

Program Name: **SOUTH COAST BEHAVIORIAL HEALTH**
Legal Name: SOUTH COAST BEHAVIORIAL HEALTH GUESTHOUSE, INC
Address: 3151 AIRWAY AVENUE, N1-N2
City, State Zip: COSTA MESA, CA 92626

Phone: (866)811-5249
Record ID: 300261AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2015

Program Name: **APOLLO RECOVERY**
Legal Name: ARTEMIS HILL RECOVERY INC.
Address: 17429 SANTA LUCIA STREET
City, State Zip: FOUNTAIN VALLEY, CA 92708

Phone: (866)725-9252 Fax: (562)431-0840
Record ID: 300262AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 10/31/2015

Program Name: **SOUTHERN CALIFORNIA RECOVERY CENTERS**
Legal Name: TML RECOVERY, LLC
Address: 24470 DEL PRADO AVENUE, SUITE B

City, State Zip: DANA POINT, CA 92629

Phone: (800)410-6552

Record ID: 300265AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 2/29/2016

Program Name: **LIGHTHOUSE TREATMENT CENTER**

Legal Name: WINDSTONE ADDICTION CENTERS, INC.

Address: 1310 W. PEARL STREET

City, State Zip: ANAHEIM, CA 92801

Phone: (714)780-1174

Fax: (714)780-1124

Record ID: 300266AP

Service Type: RES-DETOX

Resident Capacity: 22

Total Occupancy: 22

Target Population: 1.1 --- CO-ED

Expiration Date: 05/31/2016

Program Name: **SURF CITY RECOVERY**

Legal Name: SURF CITY RECOVERY

Address: 18090 BEACH BOULEVARD, SUITE 5

City, State Zip: HUNTINGTON BEACH, CA 92648

Phone: (949)209-7765

Record ID: 300267AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2015

Program Name: **CASA RECOVERY**

Legal Name: CASA RECOVERY, INC.

Address: 25102 SOUTHPORT STREET

City, State Zip: LAGUNA HILLS, CA 92653

Phone: (888)928-2272

Fax: (949)284-2574

Record ID: 300268AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2015

Program Name: **CASA RECOVERY**

Legal Name: CASA RECOVERY, INC.

Address: 31877 DEL OBISPO STREET, SUITE 104

City, State Zip: SAN JUAN CAPISTRANO, CA 92675

Phone: (888)928-2272

Fax: (949)284-0574

Record ID: 300268BP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2017

Program Name: **HOTEL CALIFORNIA BY THE SEA, LLC**

Legal Name: HOTEL CALIFORNIA BY THE SEA, LLC

Address: 4504 SEASHORE DRIVE

City, State Zip: NEWPORT BEACH, CA 92663

Phone: (800)762-6717

Fax: (949)629-3883

Record ID: 300270AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 01/31/2016

Program Name: **HOTEL CALIFORNIA BY THE SEA**

Legal Name: HOTEL CALIFORNIA BY THE SEA, LLC

Address: 230 EAST 17TH STREET SUITE 201

City, State Zip: COSTA MESA, CA 92627

Phone: (800)762-6717

Fax: (949)629-3883

Record ID: 300270BP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2016

Program Name: **HOTEL CALIFORNIA BY THE SEA, LLC**

Legal Name: HOTEL CALIFORNIA BY THE SEA, LLC

Address: 1509 ORANGE AVENUE, A and B

City, State Zip: COSTA MESA, CA 92627

Phone: (808)762-6717

Fax: (949)629-3883

Record ID: 300270CP

Service Type: RES-DETOX

Resident Capacity: 12

Total Occupancy: 12

Target Population: 1.1 --- CO-ED

Expiration Date: 07/31/2016

Program Name: **LAGUNA BEACH RECOVERY CENTER, LLC**

Legal Name: LAGUNA BEACH RECOVERY CENTER LLC

Address: 1755 PARK AVENUE

City, State Zip: LAGUNA BEACH, CA 92651

Phone: (949)494-4090

Fax: (949)494-4092

Record ID: 300271BP

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.2 --- MEN ONLY

Expiration Date: 12/31/2015

Program Name: **LAGUNA BEACH RECOVERY CENTER LLC**

Legal Name: LAGUNA BEACH RECOVERY CENTER LLC

Address: 2575 TEMPLE HILLS

City, State Zip: LAGUNA BEACH, CA 92652

Phone: (949)494-4090

Record ID: 300271CP

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 12/31/2016

Program Name: **A MISSION FOR MICHAEL, INC.**

Legal Name: A MISSION FOR MICHAEL, INC.

Address: 647 CAMINO DE LOS MARES, SUITE 201

City, State Zip: SAN CLEMENTE, CA 92673

Phone: (949)489-0950

Fax: (949)489-0959

Record ID: 300272AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2016

Program Name: **PACIFIC PALMS RECOVERY**

Legal Name: PACIFIC PALMS RECOVERY, LLC

Address: 3551 CAMINO MIRA COSTA, SUITE T

City, State Zip: SAN CLEMENTE, CA 92672

Phone: (949)943-5188

Fax: (949)542-8565

Record ID: 300273AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 2/29/2016

Program Name: **PAT MOORE DETOX LLC**

Legal Name: PAT MOORE DETOX, LLC

Address: 536 HAMILTON STREET, UNITS A, B, & C

City, State Zip: COSTA MESA, CA 92627

Phone: (714)546-2200

Fax: (749)764-9288

Record ID: 300274AP

Service Type: RES

Resident Capacity: 18

Total Occupancy: 18

Target Population: 1.2 --- MEN ONLY

Expiration Date: 02/29/2016

Program Name: **TURNING PAGES RECOVERY**

Legal Name: TURNING PAGES RECOVERY, LLC

Address: 5772 BOLSA AVENUE SUITE 210

City, State Zip: HUNTINGTON BEACH, CA 92649

Phone: (714)373-4800

Fax: (714)373-4809

Record ID: 300275AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2016

Program Name: **SOLID LANDINGS**

Legal Name: SOLID LANDINGS BEHAVIORAL HEALTH, INC.

Address: 1055 CHEYENNE STREET

City, State Zip: COSTA MESA, CA 92626

Phone: (949)467-9213

Fax: (888)588-4998

Record ID: 300276AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2016

Program Name: **SOLID LANDINGS BEHAVIORAL HEALTH, INC.**
Legal Name: SOLID LANDINGS BEHAVIORAL HEALTH, INC.
Address: 1231 ST. GERTRUDE
City, State Zip: SANTA ANA, CA 92707

Phone: (949)467-9213 Fax: (888)588-4998
Record ID: 300276BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2016

Program Name: **SOLID LANDINGS BEHAVIORAL HEALTH, INC.**
Legal Name: SOLID LANDINGS BEHAVIORAL HEALTH, INC.
Address: 382 HAMILTON STREET, Units A & B
City, State Zip: COSTA MESA, CA 92627

Phone: (949)467-9213
Record ID: 300276CP
Service Type: RES
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016

Program Name: **HARMONY HEALS DETOX**
Legal Name: COMPLETE RESURGENCY, LLC
Address: 31957 AND 31959 VIRGINIA WAY
City, State Zip: LAGUNA BEACH, CA 92651

Phone: (949)837-2751 Fax: (949)600-7113
Record ID: 300277AP
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 12

Target Population: 1.1 --- CO-ED

Expiration Date: 04/30/2016

Program Name: **EMBRACE RECOVERY**

Legal Name: EMBRACE RECOVERY, LLC

Address: 23232 PERALTA DRIVE, SUITE 219

City, State Zip: LAGUNA HILLS, CA 92653

Phone: (949)525-3696

Record ID: 300288AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2016

Program Name: **SOCAL DETOX**

Legal Name: SOCAL DETOX LLC

Address: 1703 AVENIDA SALVADOR

City, State Zip: SAN CLEMENTE, CA 92672

Phone: (888)590-0777

Fax: (360)323-7285

Record ID: 300290AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 04/30/2016

Program Name: **SPENCER RECOVERY CENTERS**

Legal Name: COAST TO COAST REFERRAL CENTER, INC.

Address: 1337 GAVIOTA

City, State Zip: LAGUNA BEACH, CA 92651

Phone: (949)376-3705

Fax: (949)376-6862

Record ID: 300291AN

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 08/31/2016

Program Name: **COAST TO COAST REFERRAL CENTER**

Legal Name: COAST TO COAST REFERRAL CENTER, INC.

Address: 665 CAMINO DE LOS MARES, SUITE 104B

City, State Zip: SAN CLEMENTE, CA 92673

Phone: (949)313-5224

Record ID: 300291BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2016

Program Name: **WJW TREATMENT CENTERS**

Legal Name: CACTUS GARDENS OPPORTUNITY HOUSE, INC.

Address: 13222 & 13212 CHAPMAN AVENUE

City, State Zip: GARDEN GROVE, CA 92840

Phone: (714)703-9492

Fax: (714)740-2030

Record ID: 300292AN

Service Type: RES

Resident Capacity: 50

Total Occupancy: 50

Target Population: 1.2 --- MEN ONLY

Expiration Date: 03/31/2016

Program Name: **NSIGHT OUTPATIENT PROGRAM**

Legal Name: INSIGHT PSYCHOLOGY AND ADDICTION INC.

Address: 3151 AIRWAY AVENUE, SUITE U-1

City, State Zip: COSTA MESA, CA 92626

Phone: (888)256-2201

Fax: (949)203-0402

Record ID: 300293AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 7/31/2016

Program Name: **COMMUNITY REHAB**

Legal Name: TRINITY REHAB GROUP, LLC.

Address: 129 W PALMYRA AVENUE

City, State Zip: ORANGE, CA 92866

Phone: (714)797-1264

Fax: (714)970-1965

Record ID: 300294AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 07/31/2016

Program Name: **AKUA MIND & BODY**

Legal Name: AKUA MIND & BODY, INC.

Address: 1119 SUNFLOWER AVENUE

City, State Zip: COSTA MESA, CA 92626

Phone: (949)279-1376

Record ID: 300297AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 09/30/2016

Program Name: **AKUA MIND & BODY**

Legal Name: AKUA MIND & BODY, INC.

Address: 20271 SW BIRCH STREET, SUITE 202

City, State Zip: NEWPORT BEACH, CA 92660

Phone: (714)557-2350

Fax: (714)947-4058

Record ID: 300297BP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 3/31/2017

Program Name: **CROSSROADS RECOVERY CENTERS**

Legal Name: DIVINE REHABILITATION, EDUCATION, & HOUSING NETWORK

Address: 402 EAST LA HABRA BOULEVARD

City, State Zip: LA HABRA, CA 90631

Phone: (877)293-0722

Record ID: 300298AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 9/30/2016

Program Name: **SECOND CHANCE ADDICTION RECOVERY CENTER INC.**

Legal Name: SECOND CHANCE ADDICTION RECOVERY CENTER, INC.

Address: 1335 SOUTH EUCLID STREET

City, State Zip: ANAHIEM, CA 92802

Phone: (714)215-4371
Record ID: 300299AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016

Program Name: **ADDICTION RECOVERY REHAB**
Legal Name: RECOVERY BAY REHABILITATION CENTER, LLC
Address: 18912 PATRICIAN DRIVE
City, State Zip: VILLA PARK, CA 92861

Phone: (949)289-0350
Record ID: 300300AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 02/28/2017

Program Name: **GRANT ME THE COURAGE RECOVERY**
Legal Name: GRANT ME THE COURAGE RECOVERY
Address: 111 S. KRAEMER BOULEVARD, SUITE D
City, State Zip: BREA, CA 92821

Phone: (714)674-0000 Fax: (866)653-9110
Record ID: 300302AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017

Program Name: **CLEAN PATH RECOVERY**
Legal Name: CLEAN PATH RECOVERY, LLC
Address: 2200 HARBOR BOULEVARD, SUITE C-210
City, State Zip: COSTA MESA, CA 92627

Phone: (949)734-7432
Record ID: 300303AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: **HEALING PATH RECOVERY**
Legal Name: HEALING PATH RECOVERY, A PROFESSIONAL CORPORATION

Address: 366 SAN MIGUEL DRIVE, SUITE 310
City, State Zip: NEWPORT BEACH, CA 92660

Phone: (619)929-7956
Record ID: 300304AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2017

Program Name: **Sober Partners Beach House**

Legal Name: Partners Project Inc.
Address: 517 14th Street
City, State Zip: Huntington Beach , CA 92647

Phone: (855)997-2786
Record ID: 300305AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 12/31/2016

Program Name: **Sober Partners Waterfront Recovery Center**

Legal Name: Partners Project Inc.
Address: 3101 West Coast Highway Suite 200
City, State Zip: Newport Beach, CA 92663

Phone: (855)997-2786
Record ID: 300305BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2017

Program Name: **California Coast Detox and Rehab**

Legal Name: NDR Pacific, Inc
Address: 24482 Caracas Street
City, State Zip: Dana Point, CA 92629

Phone: (949)218-8174
Record ID: 300306AP
Service Type: RES-DETOX
Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 02/28/2017

Program Name: **Faith By The Sea**
Legal Name: FAITH BY THE SEA, INC.
Address: 655 Camino De Los Mares
Suite 118
City, State Zip: San Clemente, CA 92673

Phone: (949)813-8083 Fax: (949)542-8481
Record ID: 300309AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 2/28/2017

Program Name: **Monarch Shores**
Legal Name: SUNSHINE BEHAVIORAL HEALTH LLC
Address: 34575 Camino Capistrano
City, State Zip: Dana Point, CA 92629

Phone: (949)698-2249
Record ID: 300311AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 02/28/2017

Program Name: **Monarch Shores**
Legal Name: SUNSHINE BEHAVIORAL HEALTH LLC
Address: 35072 Camino Capistrano
City, State Zip: Dana Point, CA 92624

Phone: (949)276-4095 Fax: (949)388-2234
Record ID: 300311BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2017

Program Name: **PILLARS RECOVERY, LLC**

Legal Name: PILLARS RECOVERY, LLC
Address: 304 MARGUERITE
City, State Zip: CORONA DEL MAR, CA 92625

Phone: (949)220-7341
Record ID: 300312AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 02/28/2017

Program Name: **BEACHSIDE RECOVERY LLC**
Legal Name: BEACHSIDE RECOVERY LLC
Address: 24662 SANTA CLARA AVENUE
City, State Zip: DANA POINT, CA 92629

Phone: (949)393-4070
Record ID: 300315AP
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2017

Program Name: **BEACHSIDE RECOVERY LLC**
Legal Name: BEACHSIDE RECOVERY LLC
Address: 16812 RED HILL AVENUE, SUITE A
City, State Zip: IRVINE, CA 92606

Phone: (949)220-0903
Record ID: 300315BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2017

Program Name: **ROCK SOLID RECOVERY**
Legal Name: ROCK SOLID RECOVERY
Address: 2038 ARTESIA STREET
City, State Zip: SANTA ANA, CA 92704

Phone: (949)467-9213 Fax: (888)588-4998

Record ID: 300316AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2017

Program Name: **OCEANFRONT RECOVERY**

Legal Name: OCEANFRONT RECOVERY AT LAGUNA BEACH, LLC

Address: 900 GLENNEYRE STREET, SUITE T

City, State Zip: LAGUNA BEACH, CA 92651

Phone: (414)614-7244

Fax: (949)715-7037

Record ID: 300318AP

Service Type: NON

Target Population: 1.2 --- MEN ONLY

Expiration Date: 4/30/2017

Program Name: **HILLSIDE LAGUNA BEACH**

Legal Name: HILLSIDE LAGUNA BEACH LLC

Address: 2516 TEMPLE HILLS DRIVE

City, State Zip: LAGUNA BEACH, CA 92651

Phone: (949)607-7702

Fax: (877)333-5207

Record ID: 300319AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 05/31/2017

Program Name: **REFLECTIONS RECOVERY CENTER**

Legal Name: REFLECTIONS RECOVERY LLC

Address: 17165 NEWHOPE STREET, SUITE M

City, State Zip: FOUNTAIN VALLEY, CA 92708

Phone: (714)708-2950

Fax: (714)708-2966

Record ID: 300327AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 3/31/2017

Program Name: **Reflections Recovery Center**

Legal Name: Reflections Recovery LLC

Address: 337 16th Place

City, State Zip: Costa Mesa, CA 92627

Phone: (714)708-2950

Fax: (714)708-2966

Record ID: 300327BP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 05/31/2017

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

As of 7/9/2015

Placer County

Program Name: **PLACER COUNTY ALCOHOL AND OTHER DRUG TREATMENT PROGRAM**

Legal Name: COUNTY OF PLACER, DEPARTMENT OF HEALTH & HUMAN SERVICES,
ADULT SYSTEM OF CARE

Address: 101 CIRBY HILLS DRIVE

City, State Zip: ROSEVILLE, CA 95678

Phone: (916)787-8800

Fax: (916)787-8857

Record ID: 310002AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 9/30/2015

Program Name: **PLACER COUNTY ALCOHOL AND OTHER DRUG TREATMENT PROGRAM**

Legal Name: COUNTY OF PLACER, DEPARTMENT OF HEALTH & HUMAN SERVICES,
ADULT SYSTEM OF CARE

Address: 11512 B AVENUE

City, State Zip: AUBURN, CA 95603

Phone: (530)889-7240

Fax: (530)889-7293

Record ID: 310002BN

Service Type: NON

Target Population: 1.8 --- DUAL DIAGNOSIS

Expiration Date: 11/30/2015

Program Name: **SIERRA MENTAL WELLNESS GROUP**

Legal Name: SIERRA MENTAL WELLNESS GROUP

Address: 333 SUNRISE AVENUE, SUITE 701

City, State Zip: ROSEVILLE, CA 95661-3482

Phone: (916)783-5207

Fax: (916)783-9145

Record ID: 310003AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 1/31/2016

Program Name: **NEW LEAF COUNSELING SERVICES**

Legal Name: JAMES HARDWICK

Address: 1254 HIGH STREET

City, State Zip: AUBURN, CA 95603-5015

Phone: (530)889-9195

Fax: (530)889-9197

Record ID: 310007AP

Service Type: NON

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 2/29/2016

Program Name: **NEW LEAF WOMEN AND WOMEN WITH CHILDREN - MEADOWVIEW HOUSE**

Legal Name: JAMES HARDWICK

Address: 5055 MEADOWVIEW LANE

City, State Zip: AUBURN, CA 95603-9129

Phone: (530)823-9827

Fax: (530)889-9197

Record ID: 310007BP

Service Type: RES

Resident Capacity: 9

Total Occupancy: 15

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 06/30/2015

Program Name: **HOPE HELP AND HEALING**

Legal Name: HOPE HELP AND HEALING

Address: 11960 HERITAGE OAKS PLACE, SUITE 20

City, State Zip: AUBURN, CA 95603-2403

Phone: (530)885-4249

Fax: (530)885-6191

Record ID: 310010CN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2016

Program Name: **TRUE STEP**

Legal Name: HOPE HELP AND HEALING

Address: 318 LINCOLN WAY, #B

City, State Zip: AUBURN, CA 95603

Phone: (530)885-4249

Fax: (530)885-6191

Record ID: 310010DN

Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.2 --- MEN ONLY
Expiration Date: 09/30/2016

Program Name: **KOINONIA GROUP HOME #1**
Legal Name: KOINONIA FOSTER HOMES, INC.
Address: 3880 OAK TREE LANE
City, State Zip: LOOMIS, CA 95650-9316

Phone: (916)652-0171 Fax: (916)652-3979
Record ID: 310012AN
Service Type: RES
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 11/30/2016

Program Name: **KOINONIA GROUP HOME #2**
Legal Name: KOINONIA FOSTER HOMES, INC.
Address: 6331 KING ROAD
City, State Zip: LOOMIS, CA 95650-8801

Phone: (916)652-0171 Fax: (916)652-3979
Record ID: 310012BN
Service Type: DSS
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 11/30/2016

Program Name: **KOINONIA GROUP HOME #3**
Legal Name: KOINONIA FOSTER HOMES, INC.
Address: 5440 PARAGON STREET
City, State Zip: ROCKLIN, CA 95677-2217

Phone: (916)652-0171 Fax: (916)652-3979
Record ID: 310012CN
Service Type: RES
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 11/30/2016

Program Name: **KOINONIA GROUP HOME #4**
Legal Name: KOINONIA FOSTER HOMES, INC.
Address: 8200 KING ROAD
City, State Zip: LOOMIS, CA 95650-8813

Phone: (916)652-0171 Fax: (916)652-3979

Record ID: 310012DN

Service Type: DSS

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 11/30/2016

Program Name: **AUBURN CAMPUS-OUTPATIENT PROGRAM**

Legal Name: COMMUNITY RECOVERY RESOURCES

Address: 12183 LOCKSLEY LANE, SUITES 101, 102, 103 & 104

City, State Zip: AUBURN, CA 95602-2050

Phone: (530)885-1961 Fax: (916)797-8979

Record ID: 310019AN

Service Type: NON

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 9/30/2015

Program Name: **AUBURN CAMPUS RESIDENTIAL PROGRAM**

Legal Name: COMMUNITY RECOVERY RESOURCES

Address: 12105 & 12125 SHALE RIDGE ROAD

City, State Zip: AUBURN, CA 95602

Phone: (530)885-1917 Fax: (530)273-7740

Record ID: 310019BN

Service Type: RES-DETOX

Resident Capacity: 30

Total Occupancy: 30

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2015

Program Name: **LINCOLN SERVICE CENTER**

Legal Name: COMMUNITY RECOVERY RESOURCES

Address: 1530 3RD STREET, SUITE 212

City, State Zip: LINCOLN, CA 95648-2500

Phone: (916)434-8927 Fax: (916)434-0678

Record ID: 310019CN

Service Type: NON

Target Population: 1.10 --- CO-ED/YOUTH

Expiration Date: 5/31/2015

Program Name: **ROSEVILLE CAMPUS**

Legal Name: COMMUNITY RECOVERY RESOURCES

Address: 730 SUNRISE AVENUE, SUITES 201, 210, 211, 221, 231, 250A, 250B AND
266

City, State Zip: ROSEVILLE, CA 95661-4553

Phone: (916)782-3737 Fax: (916)782-3739

Record ID: 310019EN

Service Type: NON

Target Population: 1.10 --- CO-ED/YOUTH

Expiration Date: 5/31/2015

Program Name: **SIERRA NATIVE ALLIANCE - WHITE BISON PROGRAM (WBP)**

Legal Name: NATIVE ALLIANCE OF THE SIERRA NEVADA FOOTHILLS

Address: 610 Auburn Ravire Road

City, State Zip: AUBURN, CA 95603-3930

Phone: (530)888-8767 Fax: (530)888-8757

Record ID: 310020AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 7/31/2016

Program Name: **PES-EBS. INC.**

Legal Name: PE-EBS.INC

Address: 340 LINCOLN STREET

City, State Zip: ROSEVILLE, CA 95603-9067

Phone: (530)888-1010 Fax: (530)888-9065

Record ID: 310021AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2016

Program Name: **NEW LEAF COUNSELING SERVICES HOFFMAN HOUSE**

Legal Name: JAMES N HARDWICK

Address: 199 HOFFMAN AVENUE

City, State Zip: AUBURN, CA 95603

Phone: (530)885-9067 Fax: (530)885-2534

Record ID: 310022AP

Service Type: RES

Resident Capacity: 9

Total Occupancy: 15

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 05/31/2015

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

As of 7/9/2015

Plumas County

No licensed or certified facilities at this time.

Please check with a neighboring county for services.

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

As of 7/9/2015

Riverside County

Program Name: **ABC RECOVERY CENTERS**

Legal Name: A.B.C. RECOVERY CENTER, INC.

Address: 44-404, 44-374 PALM STREET and 44-435 BISKRA STREET

City, State Zip: INDIO, CA 92201

Phone: (760)342-6616

Record ID: 330001AN

Service Type: RES-DETOX

Resident Capacity: 67

Total Occupancy: 67

Target Population: 1.9 --- CO-ED/CHILDREN

Expiration Date: 06/30/2016

Program Name: **ABC RECOVERY CENTER OUTPATIENT PROGRAM**

Legal Name: A.B.C. RECOVERY CENTER, INC.

Address: 82353 INDIO BLVD.

City, State Zip: INDIO, CA 92201

Phone: (760)342-6616

Fax: (760)347-8276

Record ID: 330001BN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 7/31/2015

Program Name: **THE RANCH**

Legal Name: THE RANCH RECOVERY CENTERS, INC.

Address: 7885 ANNANDALE AVENUE

City, State Zip: DESERT HOT SPRINGS, CA 92240-1419

Phone: (760)329-2924

Record ID: 330003AN

Service Type: RES-DETOX

Resident Capacity: 46

Total Occupancy: 46

Target Population: 1.2 --- MEN ONLY

Expiration Date: 06/30/2016

Program Name: **HACIENDA VALDEZ**

Legal Name: THE RANCH RECOVERY CENTERS, INC.

Address: 12890 QUINTA WAY

City, State Zip: DESERT HOT SPRINGS, CA 92240-4852

Phone: (760)329-2959

Fax: (760)329-2953

Record ID: 330003BN

Service Type: RES-DETOX

Resident Capacity: 35

Total Occupancy: 35

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 06/30/2016

Program Name: **MEN'S SUBSTANCE ABUSE RECOVERY HOME**

Legal Name: WHITESIDE MANOR

Address: 2709 AND 2743 ORANGE STREET

City, State Zip: RIVERSIDE, CA 92501

Phone: (951)686-9454

Fax: (951)686-2303

Record ID: 330004AN

Service Type: RES-DETOX

Resident Capacity: 26

Total Occupancy: 26

Target Population: 1.2 --- MEN ONLY

Expiration Date: 05/31/2016

Program Name: **MEN'S ANNEX**

Legal Name: WHITESIDE MANOR

Address: 2759 ORANGE STREET

City, State Zip: RIVERSIDE, CA 92501

Phone: (951)686-9454

Fax: (951)686-2303

Record ID: 330004DN

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.2 --- MEN ONLY

Expiration Date: 05/31/2016

Program Name: **JANET STREET**

Legal Name: WHITESIDE MANOR

Address: 8605, 8567 AND 8589 JANET STREET

City, State Zip: RIVERSIDE, CA 92501

Phone: (951)686-9454 Fax: (951)686-2303

Record ID: 330004ON

Service Type: RES-DETOX

Resident Capacity: 18

Total Occupancy: 18

Target Population: 1.2 --- MEN ONLY

Expiration Date: 04/30/2016

Program Name: **CHALLEN APARTMENTS**

Legal Name: WHITESIDE MANOR

Address: 5919, 5925, 5929 AND 5935 CHALLEN AVENUE

City, State Zip: RIVERSIDE, CA 92501

Phone: (951)686-9454 Fax: (951)686-2303

Record ID: 330004QN

Service Type: RES-DETOX

Resident Capacity: 12

Total Occupancy: 12

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 03/31/2016

Program Name: **WILSHIRE HOUSE**

Legal Name: WHITESIDE MANOR

Address: 2452 AND 2456 WILSHIRE

City, State Zip: RIVERSIDE, CA 92501

Phone: (951)686-9454 Fax: (951)686-2303

Record ID: 330004TN

Service Type: RES-DETOX

Resident Capacity: 14

Total Occupancy: 14

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 11/30/2016

Program Name: **PALM AVENUE WOMEN'S PROGRAM**

Legal Name: WHITESIDE MANOR

Address: 4750 PALM AVENUE

City, State Zip: RIVERSIDE, CA 92501

Phone: (951)686-9454 Fax: (951)686-2303

Record ID: 330004WN

Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 10/31/2015

Program Name: **FIRST STEP HOUSE**

Legal Name: RIVERSIDE RECOVERY RESOURCES

Address: 40329, 40331, 40333,-A AND 40333-B STETSON AVENUE

City, State Zip: HEMET, CA 92544

Phone: (951)658-4466

Record ID: 330009CN

Service Type: RES-DETOX

Resident Capacity: 22

Total Occupancy: 22

Target Population: 1.2 --- MEN ONLY

Expiration Date: 01/31/2016

Program Name: **OMEGA/ BETA PROGRAM LAKE ELSINORE**

Legal Name: RIVERSIDE RECOVERY RESOURCES

Address: 600 THIRD STREET, SUITE C

City, State Zip: LAKE ELSINORE, CA 92530

Phone: (951)674-5354

Record ID: 330009ON

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2016

Program Name: **OMEGA PROGRAM**

Legal Name: RIVERSIDE RECOVERY RESOURCES

Address: 3757 ELIZABETH STREET

City, State Zip: RIVERSIDE, CA 92506

Phone: (951)684-2813

Fax: (909)788-4803

Record ID: 330009QN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2015

Program Name: **MFI RECOVERY CENTER-WOODCREST**

Legal Name: MFI RECOVERY CENTER

Address: 17270 ROOSEVELT STREET
City, State Zip: RIVERSIDE, CA 92508

Phone: (951)780-2541 Fax: (951)780-5809

Record ID: 330013AN

Service Type: RES-DETOX

Resident Capacity: 56

Total Occupancy: 56

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2015

Program Name: **A WOMAN'S PLACE**

Legal Name: MFI RECOVERY CENTER

Address: 4295 BROCKTON AVENUE

City, State Zip: RIVERSIDE, CA 92501

Phone: (951)341-0251 Fax: (951)341-5316

Record ID: 330013GN

Service Type: RES-DETOX

Resident Capacity: 38

Total Occupancy: 64

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 07/31/2015

Program Name: **MFI RECOVERY CENTER**

Legal Name: MFI RECOVERY CENTER

Address: 5870 ARLINGTON AVENUE

City, State Zip: RIVERSIDE, CA 92504

Phone: (951)683-6596 Fax: (951)683-4239

Record ID: 330013IN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2017

Program Name: **MFI RECOVERY CENTER**

Legal Name: MFI RECOVERY CENTER

Address: 2781 WEST RAMSEY STREET, SUITES 1, 2, & 3

City, State Zip: BANNING, CA 92220

Phone: (951)849-3896 Fax: (951)849-0506

Record ID: 330013JN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2017

Program Name: **MFI RECOVERY CENTER**

Legal Name: MFI RECOVERY CENTER

Address: 4440 UNIVERSITY AVENUE #3, #5, #7, #9, #11 AND #13

City, State Zip: RIVERSIDE, CA 92501

Phone: (951)683-6596

Fax: (951)683-4239

Record ID: 330013KN

Service Type: RES

Resident Capacity: 18

Total Occupancy: 18

Target Population: 1.2 --- MEN ONLY

Expiration Date: 08/31/2015

Program Name: **VALLEY-WIDE COUNSELING SERVICES**

Legal Name: MFI RECOVERY CENTER

Address: 1604 SOUTH SANTA FE AVENUE #403

City, State Zip: SAN JACINTO, CA 92583

Phone: (951)654-2026

Fax: (951)654-9927

Record ID: 330013QN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 6/30/2017

Program Name: **MFI RECOVERY CENTER**

Legal Name: MFI RECOVERY CENTER

Address: 24885 WHITEWOOD ROAD, #105

City, State Zip: MURRIETA, CA 92563

Phone: (951)698-8558

Fax: (951)698-8883

Record ID: 330013RN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 7/31/2015

Program Name: **LA VISTA, A PROGRAM OF MFI RECOVERY CENTER**

Legal Name: MFI RECOVERY CENTER

Address: 2220/2220A GIRARD STREET & 294 E. MIDWAY AVENUE

City, State Zip: SAN JACINTO, CA 92562

Phone: (951)683-6596

Fax: (951)658-6686

Record ID: 330013SN

Service Type: RES-DETOX

Resident Capacity: 29

Total Occupancy: 29

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 10/31/2016

Program Name: **MICHAEL'S HOUSE**

Legal Name: PALM SPRINGS TREATMENT CENTERS, LLC

Address: 430 SOUTH CAHUILLA ROAD

City, State Zip: PALM SPRINGS, CA 92262

Phone: (760)320-5486

Fax: (760)778-6020

Record ID: 330014BP

Service Type: RES-DETOX

Resident Capacity: 30

Total Occupancy: 30

Target Population: 1.1 --- CO-ED

Expiration Date: 08/31/2016

Program Name: **PALM SPRINGS SERENITY RETREAT**

Legal Name: PALM SPRINGS TREATMENT CENTERS, LLC

Address: 2095 NORTH INDIAN CANYON DRIVE

City, State Zip: PALM SPRINGS, CA 92262

Phone: (760)416-7951

Fax: (760)416-1330

Record ID: 330014CP

Service Type: RES-DETOX

Resident Capacity: 30

Total Occupancy: 30

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2016

Program Name: **MICHAEL'S HOUSE**

Legal Name: PALM SPRINGS TREATMENT CENTERS, LLC

Address: 1910 SOUTH CAMINO REAL

City, State Zip: PALM SPRINGS, CA 92264

Phone: (760)320-3433

Record ID: 330014DP

Service Type: RES-DETOX

Resident Capacity: 60

Total Occupancy: 110
Target Population: 1.1 --- CO-ED
Expiration Date: 03/31/2016

Program Name: **MICHAEL'S HOUSE INTENSIVE OUTPATIENT**
Legal Name: PALM SPRINGS TREATMENT CENTERS, LLC
Address: 515 NORTH PALM CANYON DRIVE, BUILDING H
City, State Zip: PALM SPRINGS, CA 92262

Phone: (760)325-0100 Fax: (760)778-6020
Record ID: 330014EP
Service Type: NON
Target Population: 1.8 --- DUAL DIAGNOSIS
Expiration Date: 11/30/2016

Program Name: **SOROPTIMIST HOUSE OF HOPE #1**
Legal Name: SOROPTIMIST HOUSE OF HOPE, INC.
Address: 13525 CIELO AZUL WAY
City, State Zip: DESERT HOT SPRINGS, CA 92240

Phone: (951)849-9491
Record ID: 330016AN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 02/29/2016

Program Name: **METCALF RECOVERY RANCH**
Legal Name: VARP, INC.
Address: 9826 18TH AVENUE
City, State Zip: BLYTHE, CA 92225

Phone: (760)922-8625 Fax: (760)922-6717
Record ID: 330020AN
Service Type: RES
Resident Capacity: 20
Total Occupancy: 20
Target Population: 1.2 --- MEN ONLY
Expiration Date: 06/30/2016

Program Name: **RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM**
Legal Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM

Address: 650 NORTH STATE STREET
City, State Zip: HEMET, CA 92543

Phone: (951)791-3350 Fax: (951)791-3353

Record ID: 330023BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2016

Program Name: **RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM**

Legal Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM

Address: 1827 ATLANTA AVENUE, SUITE D-1

City, State Zip: RIVERSIDE, CA 92507

Phone: (951)955-2105

Record ID: 330023CN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2016

Program Name: **RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM**

Legal Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM

Address: 623 NORTH MAIN STREET, SUITE D-11

City, State Zip: CORONA, CA 91720

Phone: (951)737-2962

Record ID: 330023DN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2016

Program Name: **RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM**

Legal Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM

Address: 83-912 AVENUE 45, SUITE 9

City, State Zip: INDIO, CA 92201

Phone: (760)347-0754 Fax: (760)347-8507

Record ID: 330023EN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2016

Program Name: **RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM**

Legal Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM

Address: 1297 WEST HOBSON WAY

City, State Zip: BLYTHE, CA 92225-1423

Phone: (760)921-5000

Fax: (760)921-5010

Record ID: 330023FN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2016

Program Name: **HILL ALCOHOL & DRUG TREATMENT**

Legal Name: COMMUNITY SOLUTIONS, INC.

Address: 41877 North Enterprise Circle #100

City, State Zip: Temecula, CA 92590

Phone: (951)719-3684

Fax: (951)719-3684

Record ID: 330032BP

Service Type: NON-DETOX

Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2016

Program Name: **CASA LAS PALMAS RECOVERY HOME**

Legal Name: RIVERSIDE COUNTY LATINO COMMISSION ON ALCOHOL AND DRUG
ABUSE SERVICES, INC.

Address: 83-844 HOPI AVENUE

City, State Zip: INDIO, CA 92201

Phone: (760)347-9442

Record ID: 330037AN

Service Type: RES

Resident Capacity: 7

Total Occupancy: 7

Target Population: 1.2 --- MEN ONLY

Expiration Date: 07/31/2016

Program Name: **CASA CECILIA RECOVERY HOME**

Legal Name: RIVERSIDE COUNTY LATINO COMMISSION ON ALCOHOL AND DRUG
ABUSE SERVICES, INC.

Address: 83-385 ROSA AVENUE

City, State Zip: THERMAL, CA 92274

Phone: (760)398-2008

Fax: (760)342-8022

Record ID: 330037BN

Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 05/31/2016

Program Name: **RIVERSIDE COUNTY LATINO COMMISSION COUNSELING CENTER**
Legal Name: RIVERSIDE COUNTY LATINO COMMISSION ON ALCOHOL AND DRUG
ABUSE SERVICES, INC.
Address: 1612 FIRST STREET
City, State Zip: COACHELLA, CA 92236

Phone: (760)398-9000 Fax: (760)398-9790
Record ID: 330037DN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 2/28/2017

Program Name: **LIFE'S JOURNEY**
Legal Name: LIFE'S JOURNEY CENTER, INC.
Address: 291 EAST CAMINO MONTE VISTA
City, State Zip: PALM SPRINGS, CA 92262

Phone: (760)864-6363 Fax: (760)864-6360
Record ID: 330040AP
Service Type: RES-DETOX
Resident Capacity: 8
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2016

Program Name: **10 ACRE RANCH, INC.**
Legal Name: 10 ACRE RANCH, INC.
Address: 5953 GRAND AVENUE
City, State Zip: RIVERSIDE, CA 92504

Phone: (951)784-7081 Fax: (951)784-7084
Record ID: 330042BN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 10/31/2015

Program Name: **THE HIGH ROAD PROGRAM**

Legal Name: THE HIGH ROAD PROGRAM

Address: 3579 ARLINGTON AVENUE, SUITE 200

City, State Zip: RIVERSIDE, CA 92506

Phone: (951)781-6762

Record ID: 330050AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 6/30/2015

Program Name: **THE AWARENESS PROGRAM**

Legal Name: AWARENESS PROGRAM, INC.

Address: 45-550 GRACE STREET

City, State Zip: INDIO, CA 92201

Phone: (760)342-1233 Fax: (760)342-5344

Record ID: 330051AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 6/30/2015

Program Name: **SUNRISE RECOVERY RANCH**

Legal Name: SOBER LIVING BY THE SEA, INC.

Address: 6690 LIMONITE FRONTAGE ROAD

City, State Zip: RIVERSIDE, CA 92509

Phone: (951)328-0146 Fax: (951)328-0175

Record ID: 330056AP

Service Type: NON

Target Population: 1.2 --- MEN ONLY

Expiration Date: 12/31/2014

Program Name: **SUNRISE RECOVERY RANCH**

Legal Name: SOBER LIVING BY THE SEA, INC.

Address: 6690 LIMONITE FRONTAGE ROAD

City, State Zip: RIVERSIDE, CA 92509

Phone: (951)328-0146

Record ID: 330056BP

Service Type: RES-DETOX

Resident Capacity: 13

Total Occupancy: 13
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2016

Program Name: **SUNRISE RECOVERY RANCH**
Legal Name: SOBER LIVING BY THE SEA. INC.
Address: 6798 LIMONITE FRONTAGE ROAD
City, State Zip: RIVERSIDE, CA 92509

Phone: (951)328-0146
Record ID: 330056CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2014

Program Name: **SUNRISE RECOVERY RANCH**
Legal Name: SOBER LIVING BY THE SEA, INC.
Address: 6770 LIMONITE FRONTAGE RANCH
City, State Zip: RIVERSIDE, CA 92509

Phone: (951)328-0146
Record ID: 330056DP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2014

Program Name: **THE WYLIE CENTER**
Legal Name: THE CAROLYN E. WYLIE CENTER FOR CHILDREN, YOUTH & FAMILIES
Address: 4164 BROCKTON AVENUE
City, State Zip: RIVERSIDE, CA 92501

Phone: (951)683-5193 Fax: (909)683-6019
Record ID: 330065AN
Service Type: NON
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 2/28/2016

Program Name: **AXIOM COUNSELING TEAM**
Legal Name: AXIOM COUNSELING TEAM

Address: 6887 MAGNOLIA AVENUE
City, State Zip: RIVERSIDE, CA 92506

Phone: (951)369-5260 Fax: (951)787-0562

Record ID: 330069AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2016

Program Name: **U. S. VETS SUBSTANCE ABUSE TREATMENT PROGRAM/VETERANS IN PROGRESS I**

Legal Name: UNITED STATES VETERANS INITIATIVE

Address: 15105 6TH STREET, ROOMS 323-326

City, State Zip: MARCH ARB, CA 92518

Phone: (951)653-9799

Record ID: 330075AN

Service Type: RES

Resident Capacity: 12

Total Occupancy: 12

Target Population: ** --- UNKNOWN

Expiration Date: 11/30/2015

Program Name: **RIVERSIDE CENTER FOR CHANGE**

Legal Name: MENTAL HEALTH SYSTEMS, INC.

Address: 3576 ARLINGTON AVENUE, SUITE 102 & 104

City, State Zip: RIVERSIDE, CA 92506

Phone: (951)782-9577 Fax: (951)782-9521

Record ID: 330078AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 6/30/2016

Program Name: **HEMET CENTER FOR CHANGE**

Legal Name: MENTAL HEALTH SYSTEMS, INC.

Address: 950 NORTH STATE STREET, SUITE A

City, State Zip: HEMET, CA 92543

Phone: (951)929-9838 Fax: (951)929-9831

Record ID: 330078BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 6/30/2016

Program Name: **INDIO CENTER FOR CHANGE**

Legal Name: MENTAL HEALTH SYSTEMS, INC.

Address: 68100 RAMON ROAD, SUITE B9 & B10

City, State Zip: CATHEDRAL CITY, CA 92234

Phone: (760)321-0870

Fax: (760)321-0916

Record ID: 330078CN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 6/30/2016

Program Name: **MHS BEAUMONT**

Legal Name: MENTAL HEALTH SYSTEMS, INC.

Address: 210 WEST 6TH STREET

City, State Zip: BEAUMONT, CA 92223-2102

Phone: (951)845-0176

Fax: (951)845-7513

Record ID: 330078DN

Service Type: RES

Resident Capacity: 70

Total Occupancy: 81

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 09/30/2016

Program Name: **TEMECULA VALLEY TREATMENT CENTER**

Legal Name: WCHS, INC.

Address: 40700 CALIFORNIA OAKS ROAD, SUITES 201, 202 AND 203

City, State Zip: MURRIETA, CA 92562

Phone: (951)894-5072

Fax: (951)894-7324

Record ID: 330081AP

Service Type: NON-DETOX

Target Population: 1.1 --- CO-ED

Expiration Date: 7/31/2016

Program Name: **DESERT TREATMENT CLINIC**

Legal Name: WCHS, INC.

Address: 1330 NORTH INDIAN CANYON DRIVE, SUITES A, B AND C

City, State Zip: PALM SPRINGS, CA 92262

Phone: (760)322-9065

Fax: (760)322-8916

Record ID: 330081CP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 6/30/2016

Program Name: **RIVERSIDE TREATMENT CENTER**

Legal Name: WCHS, INC.

Address: 1021 WEST LA CADENA

City, State Zip: RIVERSIDE, CA 92501

Phone: (951)784-8010

Fax: (951)784-2859

Record ID: 330081DP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2016

Program Name: **BRAD KEITH - AXIS RESIDENTIAL TREATMENT CENTER (ARTC)**

Legal Name: AXIS RESIDENTIAL TREATMENT CENTER

Address: 75450 FAIRWAY DRIVE

City, State Zip: INDIAN WELLS, CA 92210

Phone: (760)346-2989

Fax: (310)202-7604

Record ID: 330082AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 09/30/2016

Program Name: **SPENCER RECOVERY CENTERS**

Legal Name: SPENCER RECOVERY CENTERS, INC.

Address: 1276 NORTH PALM CANYON DRIVE, #204

City, State Zip: PALM SPRINGS, CA 92262

Phone: (760)778-4876

Record ID: 330086AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2015

Program Name: **PALM SPRINGS RECOVERY**

Legal Name: SPENCER RECOVERY CENTERS, INC.

Address: 1404 NORTH PALM CANYON DRIVE

City, State Zip: PALM SPRINGS, CA 92262

Phone: (949)376-3705

Fax: (949)376-6862

Record ID: 330086BP

Service Type: RES

Resident Capacity: 32

Total Occupancy: 32

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2016

Program Name: **SUN RAY ADDICTIONS COUNSELING AND EDUCATION**

Legal Name: SUN RAY ADDICTIONS COUNSELING AND EDUCATION, INC.

Address: 950 NORTH STATE STREET, SUITE D

City, State Zip: HEMET, CA 92543

Phone: (951)652-3560

Fax: (951)929-2780

Record ID: 330094AN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 3/31/2016

Program Name: **NEW BEGINNINGS ADDICTION & RECOVERY CENTER**

Legal Name: GROUP HOME SUPPORT SERVICES, INC.

Address: 245 NORTH MURRAY STREET

City, State Zip: BANNING, CA 92220

Phone: (951)849-8812

Fax: (951)755-8915

Record ID: 330097AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 8/31/2016

Program Name: **FORTERUS HEALTH CARE SERVICES, INC.**

Legal Name: FORTERUS HEALTH CARE SERVICES, INC.

Address: 30852 HIGHLAND VISTA CIRCLE

City, State Zip: 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 --- CO-ED

Expiration Date: 06/30/2016

Program Name: **FORTERUS HEALTH CARE SERVICES, INC.-SICILY HOME**

Legal Name: FORTERUS HEALTH CARE SERVICES, INC.

Address: 36340 SICILY LANE

City, State Zip: WINCHESTER, CA 92596

Phone: (951)894-8620

Fax: (951)848-9402

Record ID: 330098CP

Service Type: RES

Resident Capacity: 6

Total Occupancy: 9

Target Population: 1.1 --- CO-ED

Expiration Date: 05/31/2017

Program Name: **FORTERUS HEALTH CARE SERVICES, INC.**

Legal Name: FORTERUS HEALTH CARE SERVICES, INC.

Address: 36866 PEBLEY COURT

City, State Zip: WINCHESTER, CA 92596

Phone: (951)837-2401

Fax: (951)848-9402

Record ID: 330098DP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 9

Target Population: 1.1 --- CO-ED

Expiration Date: 08/31/2015

Program Name: **FORTERUS HEALTH CARE SERVICES, INC.**

Legal Name: FORTERUS HEALTH CARE SERVICES, INC.

Address: 41640 CORNING PLACE

City, State Zip: MURRIETA, CA 92562

Phone: (951)837-2401

Fax: (951)848-9402

Record ID: 330098EP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 8/31/2015

Program Name: **FORTERUS HEALTH CARE SERVICES, INC.**

Legal Name: FORTERUS HEALTH CARE SERVICES, INC.

Address: 40465 ERICA AVENUE

City, State Zip: MURRIETA, CA 92562

Phone: (916)837-2401

Fax: (916)848-9402

Record ID: 330098FP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 9

Target Population: 1.1 --- CO-ED

Expiration Date: 09/30/2015

Program Name: **FORTERUS HEALTH CARE SERVICES, INC.**

Legal Name: FORTERUS HEALTH CARE SERVICES, INC.

Address: 41126 ENGLEMANN OAK STREET

City, State Zip: MURRIETA, CA 92562

Phone: (951)894-8641

Record ID: 330098GP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2016

Program Name: **FORTERUS HEALTH CARE SERVICES, INC.**

Legal Name: FORTERUS HEALTH CARE SERVICES, INC.

Address: 23698 ST. RAPHAEL DRIVE

City, State Zip: MURRIETA, CA 92596

Phone: (951)894-8641

Fax: (951)848-9402

Record ID: 330098HP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2016

Program Name: **FORTERUS HEALTH CARE SERVICES, INC.**

Legal Name: FORTERUS HEALTH CARE SERVICES, INC.

Address: 29336 ARIEL STREET

City, State Zip: MURRIETA, CA 92563

Phone: (951)894-8641

Fax: (951)848-9402

Record ID: 330098IP

Service Type: RES-DETOX

Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: **FORTERUS HEALTH CARE SERVICES, INC.**
Legal Name: FORTERUS HEALTH CARE SERVICES, INC.
Address: 40734 SYMERON WAY
City, State Zip: MURRIETA, CA 92562

Phone: (951)894-8641 Fax: (951)848-9402
Record ID: 330098JP
Service Type: RES-DETOX

Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: **SUNRISE ALCOHOL & DRUGS REHABS. CENTER**
Legal Name: SUNRISE ALCOHOL & DRUGS REHAB CENTER
Address: 12125 DAY STREET, SUITE E315
City, State Zip: MORENO VALLEY, CA 92557

Phone: (661)400-0852
Record ID: 330099AN
Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015

Program Name: **RANCH CREEK RECOVERY**
Legal Name: RANCH CREEK RECOVERY, INC.
Address: 27600 SUNDAY DRIVE
City, State Zip: 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 --- CO-ED
Expiration Date: 01/31/2017

Program Name: **RANCH CREEK RECOVERY OUTPATIENT**

Legal Name: RANCH CREEK RECOVERY, INC.
Address: 43264 BUSINESS PARK DRIVE #101
City, State Zip: TEMECULA, CA 92590

Phone: (951)676-9111 Fax: (951)506-6445
Record ID: 330100BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2016

Program Name: **PHYSICIANS FOR HEALTHY HOSPITALS, INC. / HEMET VALLEY RECOVERY CENTER**

Legal Name: PHYSICIANS FOR HEALTHY HOSPITALS, INC.
Address: 371 NORTH WESTON PLACE
City, State Zip: HEMET, CA 92543

Phone: (951)765-4900 Fax: (951)765-4764
Record ID: 330101AP
Service Type: RES
Resident Capacity: 16
Total Occupancy: 16
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016

Program Name: **CLEAR DETOX CENTER**

Legal Name: CLEAR DETOX CENTER, INC.
Address: 25014 RIVERVIEW LANE
City, State Zip: MURRIETA, CA 92562

Phone: (213)344-8804 Fax: (949)200-7555
Record ID: 330104AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2015

Program Name: **SOUTHERN CALIFORNIA DETOX**

Legal Name: DAVID JOHNSON
Address: 42012 DAHLIA WAY
City, State Zip: TEMECULA, CA 92591

Phone: (714)854-2026

Record ID: 330105AP
Service Type: RES-DETOX
Resident Capacity: 4
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2016

Program Name: **SPIRIT AND TRUTH COUNSELING CENTER**
Legal Name: SPIRIT AND TRUTH COUNSELING CENTER, INC.
Address: 640 N. SAN JACINTO STREET, SUITE A
City, State Zip: HEMET, CA 92543

Phone: (951)658-2299
Record ID: 330106AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: **DESERT PALMS RECOVERY**
Legal Name: BEHAVIORAL HEALTH SOLUTIONS OF CALIFORNIA LLC
Address: 67580 JONES ROAD
City, State Zip: CATHEDRAL CITY, CA 92234

Phone: (760)969-4150 Fax: (760)969-4179
Record ID: 330112AP
Service Type: RES-DETOX
Resident Capacity: 36
Total Occupancy: 36
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2015

Program Name: **IReCOVER TREATMENT CENTER, SERENITY PALMS**
Legal Name: IReCOVER TREATMENT CENTERS INC.
Address: 37066 BANKSIDE DRIVE
City, State Zip: CATHEDRAL CITY, CA 92234

Phone: (760)275-6677 Fax: (406)784-3994
Record ID: 330113AP
Service Type: RES
Resident Capacity: 24
Total Occupancy: 24
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2015

Program Name: **AJ'S AMETHYST HOUSE**

Legal Name: B II A J OUR HOUSE, LLC

Address: 1119 W. 7TH STREET

City, State Zip: SAN JACINTO, CA 92582

Phone: (951)654-1089

Fax: (951)654-7868

Record ID: 330115AP

Service Type: RES

Resident Capacity: 28

Total Occupancy: 32

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 12/31/2015

Program Name: **KEN SEELEY COMMUNITIES**

Legal Name: INTERVENTION911

Address: 501 N CANTERA CIRCLE

City, State Zip: PALM SPRINGS, CA 92262

Phone: (760)778-7911

Fax: (323)932-0078

Record ID: 330116AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2015

Program Name: **BELLA MONTE RECOVERY**

Legal Name: BELLA MONTE RECOVERY LLC

Address: 68111 CALLE TIENDAS

City, State Zip: DESERT HOT SPRINGS, CA 92240

Phone: (760)676-5125

Fax: (760)676-5129

Record ID: 330117AP

Service Type: RES

Resident Capacity: 38

Total Occupancy: 38

Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2015

Program Name: **2 SHINE AGAIN**

Legal Name: 2 SHINE AGAIN INC.

Address: 37347 AVENIDA CHAPALA

City, State Zip: TEMECULA, CA 92592

Phone: (951)303-3056

Record ID: 330119AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 8

Target Population: 1.1 --- CO-ED

Expiration Date: 04/30/2016

Program Name: **RIVERSIDE COUNTY SUBSTANCE USE PROGRAM, DBA TEMECULA**

Legal Name: RIVERSIDE COUNTY MENTAL HEALTH DEPARTMENT

Address: 40925 COUNTY CENTER DRIVE, SUITE #200

City, State Zip: TEMECULA, CA 92590

Phone: (951)600-6360

Fax: (951)600-6365

Record ID: 330124BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 1/31/2017

Program Name: **DIAMOND RECOVERY SERVICES**

Legal Name: RNR RECOVERY, INC.

Address: 29204 SHIPWRIGHT DRIVE

City, State Zip: MENIFEE, CA 92585

Phone: (877)904-9105

Record ID: 330126AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 04/30/2017

Program Name: **BLUESTONE RECOVERY, INC.**

Legal Name: BLUESTONE RECOVERY, INC.

Address: 1660 CHICAGO AVENUE, #M-11

City, State Zip: RIVERSIDE, CA 92507

Phone: (951)536-2213

Record ID: 330127AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2016

Program Name: **SOUTH CALIFORNIA ROAD TO RECOVERY**

Legal Name: MALIBU BEHAVIORAL HEALTH SERVICES, INC.

Address: 7057 GASKIN PLACE

City, State Zip: Riverside, CA 92506

Phone: (949)397-5056

Record ID: 330128AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 06/30/2017

Program Name: **THE CENTER FOR LIFE CHANGE**

Legal Name: THE CENTER FOR LIFE CHANGE, INC.

Address: 43397 BUSINESS PARK DRIVE, SUITE D6

City, State Zip: TEMECULA, CA 92590

Phone: (951)775-4000

Record ID: 330129AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2017

Program Name: **WEST COAST RECOVERY CENTER, LLC**

Legal Name: WEST COAST RECOVERY CENTER, LLC

Address: 950 NORTH STATE STREET, SUITE C

City, State Zip: HEMET, CA 92543

Phone: (951)223-4786

Fax: (951)929-8555

Record ID: 330130AP

Service Type: NON-DETOX

Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2017

Program Name: **THE KILOBY CENTER FOR RECOVERY, INC.**

Legal Name: THE KILOBY CENTER FOR RECOVERY, INC.

Address: 71-777 SAN JACINTO DRIVE, SUITE 102

City, State Zip: Rancho Mirage, CA 92270

Phone: (442)666-8526

Record ID: 330138AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2017

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

As of 7/9/2015

Sacramento County

Program Name: **ALPHA OAKS**

Legal Name: ASSOCIATED REHABILITATION PROGRAM FOR WOMEN, INC.

Address: 8400 FAIR OAKS BOULEVARD

City, State Zip: CARMICHAEL, CA 95608-2502

Phone: (916)944-3920

Fax: (916)944-7740

Record ID: 340001AN

Service Type: RES-DETOX

Resident Capacity: 23

Total Occupancy: 23

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 05/31/2016

Program Name: **CORNERSTONE**

Legal Name: ASSOCIATED REHABILITATION PROGRAM FOR WOMEN, INC.

Address: 6348 and 6350 APPIAN WAY

City, State Zip: CARMICHAEL, CA 95608-0724

Phone: (916)966-5102

Fax: (916)966-9362

Record ID: 340001BN

Service Type: RES

Resident Capacity: 12

Total Occupancy: 12

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 04/30/2016

Program Name: **ALTUA**

Legal Name: RIVER CITY RECOVERY CENTER, INC.

Address: 12490 ALTA MESA ROAD

City, State Zip: HERALD, CA 95638-8409

Phone: (209)748-2470

Record ID: 340002AN

Service Type: RES

Resident Capacity: 55

Total Occupancy: 55

Target Population: 1.2 --- MEN ONLY

Expiration Date: 07/31/2016

Program Name: **STARLIGHT**

Legal Name: RIVER CITY RECOVERY CENTER, INC.

Address: 2218 E STREET

City, State Zip: SACRAMENTO, CA 95816

Phone: (916)442-3979

Fax: (916)442-3577

Record ID: 340002BN

Service Type: RES

Resident Capacity: 24

Total Occupancy: 24

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 11/30/2014

Program Name: **GRACE HOUSE**

Legal Name: RIVER CITY RECOVERY CENTER, INC.

Address: 2217 G STREET

City, State Zip: SACRAMENTO, CA 95816

Phone: (916)442-3979

Record ID: 340002CN

Service Type: RES

Resident Capacity: 15

Total Occupancy: 15

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 11/30/2014

Program Name: **MI CASA RECOVERY HOME**

Legal Name: MEXICAN AMERICAN ADDICTION PROGRAM, INC.

Address: 2515 48TH AVENUE

City, State Zip: SACRAMENTO, CA 95822-3810

Phone: (916)394-2328

Fax: (916)394-2457

Record ID: 340004BN

Service Type: RES

Resident Capacity: 16

Total Occupancy: 16

Target Population: 1.2 --- MEN ONLY

Expiration Date: 07/31/2016

Program Name: **MAAP COUNSELING CENTER**

Legal Name: MEXICAN AMERICAN ADDICTION PROGRAM, INC.

Address: 3612 MADISON AVENUE, SUITE 29

City, State Zip: NORTH HIGHLANDS, CA 95660-5068

Phone: (916)394-3489

Fax: (916)231-9172

Record ID: 340004CN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 7/31/2016

Program Name: **MAAP COUNSELING CENTER**

Legal Name: MEXICAN AMERICAN ADDICTION PROGRAM, INC.

Address: 4241 FLORIN ROAD, SUITES 52, 55, 75, 80, 85 AND 110

City, State Zip: SACRAMENTO, CA 95823-2535

Phone: (916)394-3489

Fax: (916)394-2480

Record ID: 340004DN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2015

Program Name: **MAAP INC., SACRAMENTO YOUTH PROJECT**

Legal Name: MEXICAN AMERICAN ADDICTION PROGRAM, INC.

Address: 3628 MADISON AVENUE, SUITE 21

City, State Zip: NORTH HIGHLANDS, CA 95660-5071

Phone: (916)331-4500

Fax: (916)331-4501

Record ID: 340004EN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 2/28/2015

Program Name: **SOBRIETY BRINGS A CHANGE**

Legal Name: SOBRIETY BRINGS A CHANGE

Address: 4825 J STREET, SUITE 120

City, State Zip: SACRAMENTO, CA 95819-3747

Phone: (916)454-4242

Record ID: 340008AN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 9/30/2016

Program Name: **OAK HOUSE TREATMENT PROGRAM II**

Legal Name: OAK HOUSE CORPORATION

Address: 7919 AND 7987 OAK AVENUE

City, State Zip: CITRUS HEIGHTS, CA 95610-2512

Phone: (916)721-9699

Record ID: 340013AP

Service Type: RES-DETOX

Resident Capacity: 15

Total Occupancy: 16

Target Population: 1.1 --- CO-ED

Expiration Date: 02/29/2016

Program Name: **ALTERNATIVE HOUSE**

Legal Name: WELLSPACE HEALTH

Address: 1550 JULIESSE AVENUE

City, State Zip: SACRAMENTO, CA 95815-1803

Phone: (916)921-6598

Record ID: 340015AN

Service Type: RES-DETOX

Resident Capacity: 48

Total Occupancy: 48

Target Population: 1.1 --- CO-ED

Expiration Date: 02/29/2016

Program Name: **CRISIS INTAKE AND COUNSELING CENTER**

Legal Name: WELLSPACE HEALTH

Address: 1820 J STREET

City, State Zip: SACRAMENTO, CA 95811-3010

Phone: (916)325-5556 Fax: (916)444-5620

Record ID: 340015CN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 1/31/2016

Program Name: **SOUTH VALLEY CENTER (SVC)**

Legal Name: WELLSPACE HEALTH

Address: 8233 EAST STOCKTON BOULEVARD, SUITE D

City, State Zip: SACRAMENTO, CA 95828-8203

Phone: (916)368-3080 Fax: (916)368-3076

Record ID: 340015FN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2016

Program Name: **WELLSPACE HEALTH RESIDENTIAL**

Legal Name: WELLSPACE HEALTH
Address: 7586 STOCKTON BOULEVARD
City, State Zip: SACRAMENTO, CA 95823-3923

Phone: (916)737-5555

Record ID: 340015IN
Service Type: RES
Resident Capacity: 16
Total Occupancy: 16
Target Population: 1.2 --- MEN ONLY
Expiration Date: 09/30/2016

Program Name: **OPTIONS FOR RECOVERY - RESIDENTIAL TREATMENT PROGRAM**

Legal Name: VOLUNTEERS OF AMERICA NORTHERN CALIFORNIA AND NORTHERN NEVADA, INC.
Address: 1001 GRAND AVENUE
City, State Zip: SACRAMENTO, CA 95838-3512

Phone: (916)929-1951 Fax: (916)929-5116

Record ID: 340018AN
Service Type: RES-DETOX
Resident Capacity: 16
Total Occupancy: 28
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 11/30/2016

Program Name: **D & A DETOX CENTER**

Legal Name: D & A DETOX CENTER
Address: 2721 BARBERA WAY
City, State Zip: RANCHO CORDOVA, CA 95670-4804

Phone: (916)364-7660

Record ID: 340035CN
Service Type: RES-DETOX
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.1 --- CO-ED

Expiration Date: 03/31/2016

Program Name: **D & A TREATMENT CENTER**

Legal Name: D & A DETOX CENTER

Address: 10157 LA ALEGRIA DRIVE

City, State Zip: RANCHO CORDOVA, CA 95670-3109

Phone: (916)361-2833

Fax: (916)364-5389

Record ID: 340035FN

Service Type: RES

Resident Capacity: 10

Total Occupancy: 10

Target Population: 1.2 --- MEN ONLY

Expiration Date: 06/30/2015

Program Name: **D & A MEN'S DETOX**

Legal Name: D & A DETOX CENTER

Address: 10590 MALAGA WAY

City, State Zip: RANCHO CORDOVA, CA 95670-3749

Phone: (916)361-9867

Fax: (916)369-7154

Record ID: 340035GN

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.2 --- MEN ONLY

Expiration Date: 02/28/2015

Program Name: **ANOTHER CHOICE, ANOTHER CHANCE**

Legal Name: ANOTHER CHOICE, ANOTHER CHANCE

Address: 7000 FRANKLIN BOULEVARD, SUITE 625

City, State Zip: SACRAMENTO, CA 95823

Phone: (916)388-9418

Record ID: 340037AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 6/30/2016

Program Name: **SACRAMENTO COUNTY DRUG COURT**

Legal Name: COUNTY OF SACRAMENTO PROBATION DEPARTMENT

Address: 3201 FLORIN-PERKINS ROAD

City, State Zip: SACRAMENTO, CA 95826-3900

Phone: (916)875-1171
Record ID: 340038AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016

Program Name: **NEW DAWN RECOVERY CENTER**
Legal Name: CDT SERVICE CORPORATION
Address: 6371 AUBURN BOULEVARD, SUITE A
City, State Zip: CITRUS HEIGHTS, CA 95621-5275

Phone: (916)723-1319
Record ID: 340039AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016

Program Name: **NEW DAWN RECOVERY CENTERS**
Legal Name: CDT SERVICE CORPORATION
Address: 6039, 6043, AND 6045 ROLOFF WAY
City, State Zip: ORANGEVALE, CA 95662-4544

Phone: (916)989-1675 Fax: (916)989-8164
Record ID: 340039BP
Service Type: RES
Resident Capacity: 18
Total Occupancy: 18
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2015

Program Name: **NEW DAWN RECOVERY CENTERS**
Legal Name: CDT SERVICE CORPORATION
Address: 8780 & 8782 SHERRY DRIVE
City, State Zip: ORANGEVALE, CA 95662-4534

Phone: (916)989-1675 Fax: (916)989-8164
Record ID: 340039CP
Service Type: RES-DETOX
Resident Capacity: 11
Total Occupancy: 11
Target Population: 1.1 --- CO-ED
Expiration Date: 02/28/2017

Program Name: **NEW DAWN RECOVERY CENTERS**

Legal Name: CDT SERVICE CORPORATION

Address: 9960 BUSINESS PARK DRIVE, SUITE 160

City, State Zip: SACRAMENTO, CA 95827-1733

Phone: (916)989-1675

Record ID: 340039EP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2015

Program Name: **MERCY PERINATAL RECOVERY NETWORK (PRN)**

Legal Name: DIGNITY HEALTH

Address: 650 HOWE AVENUE, SUITES 504, 530 AND 560

City, State Zip: SACRAMENTO, CA 95825-4697

Phone: (916)614-2240 Fax: (916)564-3160

Record ID: 340040BN

Service Type: NON

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 3/31/2015

Program Name: **THE PROMISE HOUSE**

Legal Name: BRIDGES PROFESSIONAL TREATMENT SERVICES

Address: 2727 P STREET

City, State Zip: SACRAMENTO, CA 95816-6403

Phone: (916)452-3073

Record ID: 340041BN

Service Type: RES-DETOX

Resident Capacity: 28

Total Occupancy: 28

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 10/31/2015

Program Name: **BRIDGES OUTPATIENT TREATMENT SERVICES**

Legal Name: BRIDGES PROFESSIONAL TREATMENT SERVICES

Address: 3600 POWER INN ROAD, SUITE D

City, State Zip: SACRAMENTO, CA 95826-3826

Phone: (916)453-2704 Fax: (916)453-2708

Record ID: 340041CN

Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2015

Program Name: **Bridges Residential**

Legal Name: BRIDGES PROFESSIONAL TREATMENT SERVICES

Address: 1731 P STREET

City, State Zip: SACRAMENTO, CA 95814-6104

Phone: (916)450-0700 Fax: (916)930-0554

Record ID: 340041DN

Service Type: RES

Resident Capacity: 28

Total Occupancy: 28

Target Population: 1.2 --- MEN ONLY

Expiration Date: 07/31/2015

Program Name: **CARES ALCOHOL AND OTHER DRUG OUTPATIENT PROGRAM**

Legal Name: THE CENTER FOR A.I.D.S. RESEARCH, EDUCATION AND SERVICES -
SACRAMENTO

Address: 1500 21ST STREET

City, State Zip: SACRAMENTO, CA 95814-5216

Phone: (916)443-3299 Fax: (916)325-1980

Record ID: 340042BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2015

Program Name: **SACRAMENTO AREA EMERGENCY HOUSING CENTER**

Legal Name: SACRAMENTO AREA EMERGENCY HOUSING CENTER

Address: 2925 34TH STREET

City, State Zip: SACRAMENTO, CA 95817-3113

Phone: (916)454-2120

Record ID: 340045AN

Service Type: NON

Target Population: 1.7 --- FAMILIES

Expiration Date: 2/28/2015

Program Name: **SACRAMENTO AREA EMERGENCY HOUSING CENTER**

Legal Name: SACRAMENTO AREA EMERGENCY HOUSING CENTER

Address: 4516 PARKER AVENUE

City, State Zip: SACRAMENTO, CA 95820-4029

Phone: (916)455-2120

Record ID: 340045BN

Service Type: NON

Target Population: 1.7 --- FAMILIES

Expiration Date: 2/28/2015

Program Name: **CENTER POINT**

Legal Name: CENTER POINT, INC.

Address: 11228 FAIR OAKS BOULEVARD

City, State Zip: FAIR OAKS, CA 95628-5139

Phone: (916)962-2800

Fax: (916)962-2824

Record ID: 340048AN

Service Type: RES

Resident Capacity: 31

Total Occupancy: 35

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 09/30/2015

Program Name: **NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE
SACRAMENTO REGION AFFILIATE**

Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE INC.
SACRAMENTO REGION AFFILIATE

Address: 1446 ETHAN WAY

City, State Zip: SACRAMENTO, CA 95825-2214

Phone: (916)922-5110

Record ID: 340052BN

Service Type: NON

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 5/31/2016

Program Name: **SACRAMENTO VETERANS RESOURCE CENTER**

Legal Name: VIETNAM VETERANS OF CALIFORNIA, INC.

Address: 7270 EAST SOUTHGATE DRIVE, BUILDING 4

City, State Zip: SACRAMENTO, CA 95823-2621

Phone: (916)393-8387

Fax: (916)393-8389

Record ID: 340058AN

Service Type: RES

Resident Capacity: 22

Total Occupancy: 22
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2015

Program Name: **KOINONIA GROUP HOME #5**
Legal Name: KOINONIA FOSTER HOMES, INC.
Address: 4232 BIG CLOUD WAY
City, State Zip: ANTELOPE, CA 95843-2406

Phone: (916)652-0171 Fax: (916)652-3979
Record ID: 340063AN
Service Type: DSS
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 10/31/2016

Program Name: **COMPREHENSIVE DRUG AND ALCOHOL TREATMENT (CDAT)**
Legal Name: PANACEA SERVICES, INC.
Address: 3336 BRADSHAW ROAD, SUITE 315
City, State Zip: SACRAMENTO, CA 95827-2600

Phone: (916)854-4564
Record ID: 340064AP
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 1/31/2015

Program Name: **CLEAN & SOBER DETOX**
Legal Name: CLEAN & SOBER DETOX, A CALIFORNIA NONPROFIT CORPORATION
Address: 8946 MADISON AVENUE
City, State Zip: FAIR OAKS, CA 95628-4010

Phone: (916)965-3386 Fax: (916)536-1393
Record ID: 340067AN
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2015

Program Name: **AZURE ACRES IOP**
Legal Name: THE CAMP RECOVERY CENTERS, L.P.
Address: 5777 MADISON AVENUE, SUITE 1210
City, State Zip: SACRAMENTO, CA 95841-3314

Phone: (916)338-0400 Fax: (916)338-3589
Record ID: 340078AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2015

Program Name: **SACRAMENTO TREATMENT CLINIC**
Legal Name: TREATMENT ASSOCIATES, INC.
Address: 7225 EAST SOUTHGATE DRIVE, SUITE D
City, State Zip: SACRAMENTO, CA 95823-2651

Phone: (760)710-0951 Fax: (916)394-1010
Record ID: 340080AP
Service Type: NON-DETOX
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016

Program Name: **SACRAMENTO NATIVE AMERICAN HEALTH CENTER**
Legal Name: SACRAMENTO NATIVE AMERICAN HEALTH CENTER, INC.
Address: 2020 J STREET
City, State Zip: SACRAMENTO, CA 95814-3120

Phone: (916)341-0575 Fax: (916)341-0574
Record ID: 340082AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2016

Program Name: **STRATEGIES FOR CHANGE OUTPATIENT**
Legal Name: STRATEGIES FOR CHANGE
Address: 4441 AUBURN BOULEVARD, SUITE E
City, State Zip: SACRAMENTO, CA 95841-4139

Phone: (916)473-5764 Fax: (916)473-5766
Record ID: 340084AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2015

Program Name: **STRATEGIES FOR CHANGE**
Legal Name: STRATEGIES FOR CHANGE
Address: 4343 WILLIAMSBOURGH DRIVE

City, State Zip: SACRAMENTO, CA 95823-2006

Phone: (916)395-3552

Record ID: 340084BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 8/31/2016

Program Name: **SIERRA VISTA HOSPITAL OUTPATIENT CD PROGRAM**

Legal Name: BHC SIERRA VISTA HOSPITAL, INC.

Address: 8009 BRUCEVILLE ROAD #100

City, State Zip: SACRAMENTO, CA 95823-2332

Phone: (916)288-0300

Fax: (916)689-5517

Record ID: 340090AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 1/31/2016

Program Name: **CLEAN & SOBER RECOVERY HOME**

Legal Name: CLEAN & SOBER RECOVERY SERVICES, INC.

Address: 5820 CHESTNUT AVENUE

City, State Zip: ORANGEVALE, CA 95662-4807

Phone: (916)990-0190

Fax: (916)990-0193

Record ID: 340093AP

Service Type: RES

Resident Capacity: 24

Total Occupancy: 24

Target Population: 1.1 --- CO-ED

Expiration Date: 03/31/2016

Program Name: **PATHWAYS RECOVERY**

Legal Name: PATHWAYS RECOVERY

Address: 6538 GREY OAK COURT

City, State Zip: CITRUS HEIGHTS, CA 95621-1024

Phone: (916)735-8377

Fax: (877)494-5088

Record ID: 340098AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 02/28/2016

Program Name: **TOWNS HEALTH SERVICES**

Legal Name: TOWNS HEALTH SERVICES, INC.

Address: 750 SPAANS ROAD, SUIT C, D AND F

City, State Zip: GALT, CA 95632-8609

Phone: (916)612-2452

Fax: (209)744-9910

Record ID: 340100AP

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 3/31/2016

Program Name: **PREPARING PEOPLE FOR SUCCESS**

Legal Name: PREPARING PEOPLE FOR SUCCESS

Address: 1513 SPORTS DRIVE, SUITE 100

City, State Zip: SACRAMENTO, CA 95834-1904

Phone: (916)807-6768

Fax: (916)515-9334

Record ID: 340102AN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 12/31/2014

Program Name: **SACRAMENTO RECOVERY HOUSE**

Legal Name: SACRAMENTO RECOVERY HOUSE, INC.

Address: 1914 22ND STREET

City, State Zip: SACRAMENTO, CA 95816-7109

Phone: (916)455-6258

Record ID: 340103AN

Service Type: RES

Resident Capacity: 16

Total Occupancy: 16

Target Population:

Expiration Date: 08/31/2016

Program Name: **GATEWAY HOUSE**

Legal Name: SACRAMENTO RECOVERY HOUSE, INC.

Address: 4049 MILLER WAY

City, State Zip: SACRAMENTO, CA 95817-1332

Phone: (916)451-9312

Fax: (916)451-8014

Record ID: 340103BN
Service Type: RES
Resident Capacity: 16
Total Occupancy: 18
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 05/31/2016

Program Name: **PACIFIC HARBOR TREATMENT**
Legal Name: PACIFIC HARBOR TREATMENT, INC.
Address: 3485 BERETANIA WAY
City, State Zip: SACRAMENTO, CA 95834-2548

Phone: (916)285-0885
Record ID: 340104AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 9
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2015

Program Name: **VERITAS COUNSELING CDIOP**
Legal Name: VERITAS COUNSELING CDIOP
Address: 3137 DWIGHT ROAD, SUITE 600
City, State Zip: ELK GROVE, CA 95758-6472

Phone: (916)422-1319 Fax: (916)422-1321
Record ID: 340105AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2015

Program Name: **SUMMIT BHC SACRAMENTO, LLC**
Legal Name: SUMMIT BHC SACRAMENTO, LLC
Address: 2221 FAIR OAKS BOULEVARD
City, State Zip: SACRAMENTO, CA 95825-5501

Phone: (916)514-8500
Record ID: 340106AP
Service Type: RES-DETOX
Resident Capacity: 48
Total Occupancy: 48
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2016

Program Name: **AMERICAN HEALTH SERVICES, LLC;**
DBA: TERRA LOMA RESIDENTIAL DETOX

Legal Name: AMERICAN HEALTH SERVICES LLC

Address: 10087 TERRA LOMA DRIVE

City, State Zip: RANCHO CORDOVA, CA 95670

Phone: (916)368-7074

Record ID: 340107AP

Service Type: RES-DETOX

Resident Capacity: 16

Total Occupancy: 1

Target Population: 1.2 --- MEN ONLY

Expiration Date: 06/30/2017

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

As of 7/9/2015

San Benito County

Program Name: **SAN BENITO COUNTY SUBSTANCE ABUSE PROGRAM**

Legal Name: SAN BENITO COUNTY BEHAVIORAL HEALTH DEPARTMENT

Address: 1131 SAN FELIPE ROAD

City, State Zip: HOLLISTER, CA 95023

Phone: (831)636-4020

Fax: (831)636-4015

Record ID: 350001AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2017

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

As of 7/9/2015

San Bernardino County

Program Name: **RECOVERY CENTER**

Legal Name: INLAND VALLEY DRUG AND ALCOHOL RECOVERY SERVICES

Address: 916/SUITE A AND 934/SUITES A&B NORTH MOUNTAIN AVENUE

City, State Zip: UPLAND, CA 91786

Phone: (909)949-4667

Record ID: 360001AAN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2015

Program Name: **INLAND VALLEY RECOVERY SERVICES - SAN BERNARDINO
RECOVERY CENTER**

Legal Name: INLAND VALLEY DRUG AND ALCOHOL RECOVERY SERVICES

Address: 939 N. D STREET, BUILDINGS A & B AND 955 N. D STREET

City, State Zip: SAN BERNARDINO, CA 92410

Phone: (909)889-6519

Fax: (909)889-6560

Record ID: 360001ABN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2016

Program Name: **WOMEN'S AND MEN'S RESIDENTIAL SERVICES**

Legal Name: INLAND VALLEY DRUG AND ALCOHOL RECOVERY SERVICES

Address: 1260 ARROW HIGHWAY, BUILDING C

City, State Zip: UPLAND, CA 91786

Phone: (909)932-1069

Fax: (909)932-1087

Record ID: 360001ZN

Service Type: RES-DETOX

Resident Capacity: 65

Total Occupancy: 75

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 02/29/2016

Program Name: **CEDAR HOUSE LIFE CHANGE CENTER**

Legal Name: SOCIAL SCIENCE SERVICES, INC.

Address: 18612 SANTA ANA AVENUE

City, State Zip: BLOOMINGTON, CA 92316

Phone: (909)421-7120

Record ID: 360002CN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 1/31/2016

Program Name: **CEDAR HOUSE LIFE CHANGE CENTER**

Legal Name: SOCIAL SCIENCE SERVICES, INC.

Address: 18612 SANTA ANA AVENUE

City, State Zip: BLOOMINGTON, CA 92316

Phone: (909)421-7120

Record ID: 360002DN

Service Type: RES-DETOX

Resident Capacity: 125

Total Occupancy: 125

Target Population: 1.1 --- CO-ED

Expiration Date: 01/31/2016

Program Name: **CEDAR HOUSE LIFE CHANGE CENTER**

Legal Name: SOCIAL SCIENCE SERVICES, INC.

Address: 10888 MAPLE AVENUE

City, State Zip: BLOOMINGTON, CA 92316

Phone: (909)873-0478

Fax: (909)421-7128

Record ID: 360002FN

Service Type: RES

Resident Capacity: 11

Total Occupancy: 26

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 10/31/2015

Program Name: **ST. JOHN OF GOD HEALTH CARE SERVICES**

Legal Name: ST. JOHN OF GOD HEALTH CARE SERVICES

Address: 13333 PALMDALE ROAD

City, State Zip: VICTORVILLE, CA 92392

Phone: (760)241-4917

Record ID: 360003HN
Service Type: RES-DETOX
Resident Capacity: 66
Total Occupancy: 82
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2016

Program Name: **ST. JOHN OF GOD HEALTH CARE SERVICES**
Legal Name: ST. JOHN OF GOD HEALTH CARE SERVICES
Address: 15534 6TH STREET
City, State Zip: VICTORVILLE, CA 92392

Phone: (760)241-4917 Fax: (760)241-8911
Record ID: 360003IN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2015

Program Name: **HARRIS HOUSE**
Legal Name: VARP, INC.
Address: 907 WEST RIALTO AVENUE
City, State Zip: SAN BERNARDINO, CA 92410

Phone: (909)381-4053
Record ID: 360004AN
Service Type: RES
Resident Capacity: 20
Total Occupancy: 22
Target Population: 1.2 --- MEN ONLY
Expiration Date: 08/31/2016

Program Name: **GIBSON HOUSE FOR MEN**
Legal Name: VARP, INC.
Address: 1078 NORTH D STREET
City, State Zip: SAN BERNARDINO, CA 92410

Phone: (909)381-3774
Record ID: 360004BN
Service Type: RES
Resident Capacity: 58
Total Occupancy: 61
Target Population: 1.2 --- MEN ONLY
Expiration Date: 08/31/2016

Program Name: **GIBSON HOUSE RECOVERY CENTER FOR WOMEN**

Legal Name: VARP, INC.

Address: 384 11TH STREET

City, State Zip: SAN BERNARDINO, CA 92410

Phone: (909)888-6956

Record ID: 360004FN

Service Type: RES

Resident Capacity: 58

Total Occupancy: 67

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 08/31/2016

Program Name: **PINE RIDGE TREATMENT CENTER**

Legal Name: PINE RIDGE TREATMENT CENTER, INCORPORATED

Address: 2727 HIGHLAND DRIVE

City, State Zip: RUNNING SPRINGS, CA 92382

Phone: (909)867-7028

Record ID: 360007AP

Service Type: RES

Resident Capacity: 24

Total Occupancy: 24

Target Population: 1.2 --- MEN ONLY

Expiration Date: 09/30/2015

Program Name: **PINE RIDGE TREATMENT CENTERS, INC. - VICTORVILLE**

Legal Name: PINE RIDGE TREATMENT CENTER, INCORPORATED

Address: 15367 BONANZA ROAD, #A

City, State Zip: VICTORVILLE, CA 92392

Phone: (760)955-1012 Fax: (760)955-4811

Record ID: 360007BP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 9/30/2015

Program Name: **PINE RIDGE TREATMENT CENTERS, INC. - SAN BERNARDINO**

Legal Name: PINE RIDGE TREATMENT CENTER, INCORPORATED

Address: 1881 COMMERCENTER EAST, SUITE 220

City, State Zip: SAN BERNARDINO, CA 92408

Phone: (909)890-0294
Record ID: 360007CP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2015

Program Name: **PINE RIDGE TREATMENT CENTER - LUCERNE VALLEY**
Legal Name: PINE RIDGE TREATMENT CENTERS, INCORPORATED
Address: 9401 CRYSTAL CREEK ROAD
City, State Zip: LUCERNE VALLEY, CA 92356

Phone: (760)248-9199
Record ID: 360007DP
Service Type: RES-DETOX
Resident Capacity: 24
Total Occupancy: 24
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2016

Program Name: **INLAND BEHAVIORAL AND HEALTH SERVICES, INC.**
Legal Name: INLAND BEHAVIORAL AND HEALTH SERVICES, INC.
Address: 1963 NORTH E STREET
City, State Zip: SAN BERNARDINO, CA 92405

Phone: (909)881-6146 Fax: (909)881-0111
Record ID: 360015AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2015

Program Name: **MATRIX INSTITUTE ON ADDICTIONS**
Legal Name: MATRIX INSTITUTE ON ADDICTIONS
Address: 11777 SEBASTIAN WAY, SUITES 102 A & B
City, State Zip: RANCHO CUCAMONGA, CA 91730

Phone: (909)989-9724
Record ID: 360020AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: **DAP RECOVERY HOME**
Legal Name: DRUG ALTERNATIVE PROGRAM

Address: 11805 AND 11816 ARLISS LANE
City, State Zip: GRAND TERRACE, CA 92313

Phone: (909)783-1094
Record ID: 360021BN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.2 --- MEN ONLY
Expiration Date: 08/31/2015

Program Name: **HIGH DESERT CHILD ADOLESCENT AND FAMILY SERVICES CENTER**
Legal Name: HIGH DESERT CHILD ADOLESCENT AND FAMILY SERVICES CENTER,
INCORPORATED
Address: 16248 VICTOR STREET
City, State Zip: VICTORVILLE, CA 92395

Phone: (760)243-7151 Fax: (760)952-1432
Record ID: 360030AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2015

Program Name: **HIGH DESERT CHILD ADOLESCENT AND FAMILY SERVICES CENTER,
INC.**
Legal Name: HIGH DESERT CHILD ADOLESCENT AND FAMILY SERVICES CENTER,
INCORPORATED
Address: 225 BARSTOW ROAD
City, State Zip: BARSTOW, CA 92311

Phone: (000)000-0000 Fax: (000)000-0000
Record ID: 360030BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2015

Program Name: **PRIDE**
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 1874 BUSINESS CENTER DRIVE, SUITE B
City, State Zip: SAN BERNARDINO, CA 92408

Phone: (858)573-2600 Fax: (858)573-5144
Record ID: 360033AN
Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 3/31/2017

Program Name: **VICTOR VALLEY CENTER FOR CHANGE**

Legal Name: MENTAL HEALTH SYSTEMS, INC.

Address: 15770 MOJAVE DRIVE, SUITES K & L

City, State Zip: VICTORVILLE, CA 92394

Phone: (858)573-2600

Fax: (858)573-5144

Record ID: 360033BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 1/31/2017

Program Name: **REDLANDS CENTER FOR CHANGE**

Legal Name: MENTAL HEALTH SYSTEMS, INC.

Address: 802 WEST COLTON AVENUE, SUITE C

City, State Zip: REDLANDS, CA 92374

Phone: (858)573-2600

Fax: (909)335-1701

Record ID: 360033DN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 3/31/2017

Program Name: **CENTRAL VALLEY REGIONAL RECOVERY CENTER**

Legal Name: MENTAL HEALTH SYSTEMS, INC.

Address: 1076 SANTO ANTONIO DRIVE, SUITES B,C & D

City, State Zip: COLTON, CA 92324

Phone: (858)573-2600

Fax: (909)433-9830

Record ID: 360033HN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 9/30/2015

Program Name: **NEEDLES CENTER FOR CHANGE**

Legal Name: MENTAL HEALTH SYSTEMS, INC.

Address: 300 H STREET

City, State Zip: NEEDLES, CA 92363

Phone: (858)573-2600

Fax: (858)573-5144

Record ID: 360033IN

Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2016

Program Name: **FONTANA CENTER FOR CHANGE**

Legal Name: MENTAL HEALTH SYSTEMS, INC.

Address: 1076 SANTO ANTONIO DRIVE, SUITES B & D, ROOMS 2, 4 & 9
City, State Zip: COLTON, CA 92324

Phone: (858)573-2600 Fax: (858)573-5144

Record ID: 360033JN

Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2015

Program Name: **SAN BERNARDINO CENTER FOR CHANGE**

Legal Name: MENTAL HEALTH SYSTEMS, INC.

Address: 1874 BUSINESS CENTER DRIVE, SUITE A
City, State Zip: SAN BERNARDINO, CA 92408

Phone: (858)573-2600 Fax: (909)386-0529

Record ID: 360033MN

Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2017

Program Name: **BIG BEAR CENTER FOR CHANGE**

Legal Name: MENTAL HEALTH SYSTEMS, INC.

Address: 41945 BIG BEAR BOULEVARD, SUITE 208
City, State Zip: BIG BEAR LAKE, CA 92315

Phone: (909)872-0223 Fax: (909)872-1686

Record ID: 360033NN

Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2015

Program Name: **JOSHUA TREE CENTER FOR CHANGE**

Legal Name: MENTAL HEALTH SYSTEMS, INC.

Address: 61607 29 PALMS HIGHWAY, SUITE C & D
City, State Zip: JOSHUA TREE, CA 92252

Phone: (909)872-0223 Fax: (909)872-1686

Record ID: 360033PN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2015

Program Name: **RIM FAMILY SERVICES**
Legal Name: RIM FAMILY SERVICES, INC.
Address: 28545 HIGHWAY 18
City, State Zip: SKYFOREST, CA 92385

Phone: (909)336-1800 Fax: (909)336-0990
Record ID: 360036AN
Service Type: NON
Target Population: 1.7 --- FAMILIES
Expiration Date: 6/30/2016

Program Name: **RIALTO BEHAVIORAL ADDICTION TREATMENT SERVICES**
Legal Name: SAN BERNARDINO COUNTY BEHAVIORAL HEALTH DEPARTMENT
Address: 850 E. FOOTHILL BOULEVARD, SUITE A, SECTIONS A-F
City, State Zip: RIALTO, CA 92376

Phone: (909)421-9465 Fax: (909)421-9457
Record ID: 360050AN
Service Type: NON
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 5/31/2017

Program Name: **SAN BERNARDINO COUNTY - BARSTOW ADS**
Legal Name: SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
Address: 1841 E. MAIN STREET
City, State Zip: BARSTOW, CA 92311

Phone: (760)255-5700 Fax: (760)256-5092
Record ID: 360050EN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2015

Program Name: **MARIPOSA COMMUNITY COUNSELING**
Legal Name: SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
Address: 303 E. VANDERBILT WAY
City, State Zip: ONTARIO, CA 92415

Phone: (909)933-6341

Fax: (909)933-6355

Record ID: 360050HN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 3/31/2016

Program Name: **SUPERVISED TREATMENT AFTER RELEASE PROGRAM (STAR)**

Legal Name: SAN BERNARDINO COUNTY BEHAVIORAL HEALTH DEPARTMENT

Address: 1330 EAST COOLEY DRIVE, ROOMS 106, 119, 129, 131, 137, 200,
201, 203, 205, 206, LOBBY AND CLERICAL AREA

City, State Zip: COLTON, CA 92324

Phone: (909)423-0750

Fax: (909)423-0760

Record ID: 360050IN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2015

Program Name: **RANCHO COMMUNITY RE-ENTRY COUNSELING PROGRAM**

Legal Name: COUNTY OF SAN BERNARDINO, DEPARTMENT OF BEHAVIORAL
HEALTH

Address: 9478 ETIWANDA AVENUE

City, State Zip: RANCHO CUCAMONGA, CA 91739-9662

Phone: (909)463-7556

Record ID: 360050JN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 2/28/2017

Program Name: **RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC. (SAN
MANUEL CLINIC)**

Legal Name: RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC.

Address: 11980 Mount Vernon Avenue

City, State Zip: Grand Terrace, CA 92313

Phone: (951)864-1097

Fax: (951)849-9633

Record ID: 360058AN

Service Type: NON

Target Population: 1.8 --- DUAL DIAGNOSIS

Expiration Date: 4/30/2015

Program Name: **COLTON CLINICAL SERVICES**

Legal Name: WCHS, INC.

Address: 2275 EAST COOLEY DRIVE
City, State Zip: COLTON, CA 92324

Phone: (909)370-1777 Fax: (909)370-1776

Record ID: 360066AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2016

Program Name: **TIME FOR CHANGE FOUNDATION**

Legal Name: TIME FOR CHANGE FOUNDATION

Address: 1255 EAST HIGHLAND AVENUE, SUITE 211

City, State Zip: SAN BERNARDINO, CA 92404

Phone: (909)886-2994 Fax: (909)886-0218

Record ID: 360071AN

Service Type: NON

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 6/30/2015

Program Name: **NEW CREATION ADDICTION TREATMENT CENTER**

Legal Name: G AND C SWAN INC.

Address: 23950 PRADO LANE

City, State Zip: COLTON, CA 92324

Phone: (909)981-6121 Fax: (909)944-0192

Record ID: 360075AP

Service Type: RES-DETOX

Resident Capacity: 10

Total Occupancy: 10

Target Population: 1.1 --- CO-ED

Expiration Date: 04/30/2016

Program Name: **HIS HOUSE**

Legal Name: G AND C SWAN INC.

Address: 239 AND 215 WEST 9TH STREET, #I, J AND K, AND 227 NORTH PALM AVENUE

City, State Zip: UPLAND, CA 91786

Phone: (909)981-6121 Fax: (909)944-0192

Record ID: 360075BP

Service Type: RES-DETOX

Resident Capacity: 30

Total Occupancy: 31
Target Population: 1.2 --- MEN ONLY
Expiration Date: 04/30/2016

Program Name: **HIS HOUSE**

Legal Name: G AND C SWAN INC.
Address: 1354 CARLOS PLACE
City, State Zip: ONTARIO, CA 91764

Phone: (909)519-0767 Fax: (909)944-0192

Record ID: 360075CP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.2 --- MEN ONLY

Expiration Date: 12/31/2016

Program Name: **NEW CREATION ADDICTION TREATMENT CENTER**

Legal Name: G AND C SWAN INC.
Address: 9531 Pittsburgh Ave
City, State Zip: Rancho Cucamonga, CA 91786

Phone: (909)241-7219 Fax: (909)985-2316

Record ID: 360075DP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 6/30/2015

Program Name: **HOH RECOVERY SERVICES**

Legal Name: HOUSE OF HOPE HOUSE OF FAITH, INC.
Address: 11625 CORNELL STREET
City, State Zip: ADELANTO, CA 92301

Phone: (760)403-3531 Fax: (760)530-0817

Record ID: 360076BN

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.2 --- MEN ONLY

Expiration Date: 02/29/2016

Program Name: **MERITO HOUSE RESIDENTIAL TREATMENT FOR MEN**

Legal Name: ALAN W. STEELE

Address: 5779 and 5789 Merito Avenue
City, State Zip: SAN BERNARDINO, CA 92404

Phone: (909)810-8840 Fax: (909)886-0148

Record ID: 360079BP

Service Type: RES-DETOX

Resident Capacity: 9

Total Occupancy: 9

Target Population: 1.2 --- MEN ONLY

Expiration Date: 01/31/2016

Program Name: **ABOVE IT ALL DRUG AND TREATMENT CENTER AT LAKE
ARROWHEAD-ALDER**

Legal Name: HI-LAND MOUNTAIN HOMES, INC.

Address: 256 ALDER LANE

City, State Zip: CEDAR GLEN, CA 92321

Phone: (909)338-1234

Record ID: 360082BP

Service Type: RES-DETOX

Resident Capacity: 5

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2016

Program Name: **ABOVE IT ALL DRUG AND ALCOHOL TREATMENT CENTER AT LAKE
ARROWHEAD**

Legal Name: HI-LAND MOUNTAIN HOME, INC.

Address: 971 KUFFEL CANYON

City, State Zip: SKY FOREST, CA 92385

Phone: (909)337-3366 Fax: (909)337-0242

Record ID: 360082CP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2017

Program Name: **MOSLEY COUNSELING CENTER, LLC**

Legal Name: MOSLEY COUNSELING CENTER, LLC

Address: 2130 NORTH ARROWHEAD AVENUE, SUITE 103C

City, State Zip: SAN BERNARDINO, CA 92405

Phone: (909)252-3183 Fax: (909)723-8290

Record ID: 360089AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2014

Program Name: **SERENITY LODGE**

Legal Name: ROCK RIDGE RESOURCES, INC.

Address: 974, 985, 986, 977 AND 995 MEADOWBROOK ROAD
City, State Zip: CREST PARK, CA 92326

Phone: (800)936-3143 Fax: (951)744-8632

Record ID: 360091AP

Service Type: RES

Resident Capacity: 30

Total Occupancy: 30

Target Population: 1.2 --- MEN ONLY

Expiration Date: 03/31/2015

Program Name: **CORRECTIONAL HEALTHCARE COMPANIES**

Legal Name: CORRECTIONAL HEALTHCARE COMPANIES, INC.

Address: 353 W. 6TH STREET
City, State Zip: SAN BERNARDINO, CA 92401

Phone: (909)521-8789 Fax: (909)888-7179

Record ID: 360093ap

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 3/31/2016

Program Name: **REFUGE TREATMENT CENTER**

Legal Name: REFUGE TREATMENT CENTER, INC.

Address: 1366 YELLOWSTONE DRIVE
City, State Zip: LAKE ARROWHEAD, CA 92352

Phone: (909)435-9021

Record ID: 360094AP

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.2 --- MEN ONLY

Expiration Date: 03/31/2016

Program Name: **NEW CREATION**

Legal Name: NEW CREATION BEHAVIORAL HEALTHCARE FOUNDATION
Address: 2511 S MCCARTY DRIVE
City, State Zip: COLTON, CA 92324

Phone: (909)519-0767 Fax: (909)985-2316
Record ID: 360096AN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2016

Program Name: **MERITO HOUSE**
Legal Name: MERITO HOUSE, LLC
Address: 911 CHURCH STREET
City, State Zip: REDLANDS, CA 92372

Phone: (909)981-6121 Fax: (909)985-2316
Record ID: 360098AP
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.2 --- MEN ONLY
Expiration Date: 11/30/2016

Program Name: **BENCHMARK TRANSITIONS**
Legal Name: BENCHMARK YOUNG ADULT SCHOOL, INC.
Address: 1400 BARTON ROAD, UNITS 201, 307, 502, 508,
612, 1913, 2016, 2207, 2208, 2608, 2610, 2801, 2907 and 2909
City, State Zip: REDLANDS, CA 92373

Phone: (800)474-4848 Fax: (909)748-6424
Record ID: 360099AP
Service Type: RES-DETOX
Resident Capacity: 48
Total Occupancy: 48
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016

Program Name: **BENCHMARK TRANSITIONS**
Legal Name: BENCHMARK YOUNG ADULT SCHOOL, INC.
Address: 1971 ESSEX COURT
City, State Zip: REDLANDS, CA 92373

Phone: (800)474-4848
Record ID: 360099BP
Service Type: NON-DETOX
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: **HIDDEN HOPE RESIDENTIAL TREATMENT**

Legal Name: LDR ENTERPRISE
Address: 12640 14TH STREET
City, State Zip: YUCAIPA, CA 92399

Phone: (909)277-5045 Fax: (909)795-4472
Record ID: 360100AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 09/30/2016

Program Name: **HOPE SPRINGS CALIFORNIA**

Legal Name: HOPE SPRINGS CALIFORNIA LLC
Address: 31851 MISTLETOE DRIVE
City, State Zip: RUNNING SPRINGS, CA 92382

Phone: (909)991-8257
Record ID: 360102AP
Service Type: RES-DETOX
Resident Capacity: 5
Total Occupancy: 7
Target Population: 1.2 --- MEN ONLY
Expiration Date: 03/31/2017

Program Name: **HOPE SPRINGS CALIFORNIA**

Legal Name: HOPE SPRINGS CALIFORNIA LLC
Address: 29099 HOSPITAL ROAD, SUITE 103 & 104
City, State Zip: LAKE ARROWHEAD, CA 92352

Phone: (909)499-4766 Fax: (909)337-5353
Record ID: 360102BP
Service Type: NON
Target Population: 1.2 --- MEN ONLY

Expiration Date: 6/30/2017

Program Name: **Revival Recovery Services**

Legal Name: REVIVAL RECOVERY SERVICES

Address: 12350 Indian River Drive

City, State Zip: Apple Valley, CA 92308

Phone: (760)887-1632

Fax: (760)961-8173

Record ID: 360103AN

Service Type: RES

Resident Capacity: 6

Total Occupancy: 7

Target Population: 1.2 --- MEN ONLY

Expiration Date: 06/30/2017

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

As of 7/9/2015

San Diego County

Program Name: **CROSSROADS FOUNDATION**

Legal Name: THE CROSSROADS FOUNDATION

Address: 3594 FOURTH AVENUE

City, State Zip: SAN DIEGO, CA 92103

Phone: (619)296-1151

Record ID: 370002AN

Service Type: RES

Resident Capacity: 20

Total Occupancy: 22

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 06/30/2015

Program Name: **HEARTLAND HOUSE**

Legal Name: THE TWELFTH STEP HOUSE OF SAN DIEGO

Address: 5855 AND 5860 STREAMVIEW DRIVE

City, State Zip: SAN DIEGO, CA 92105

Phone: (619)287-5460

Record ID: 370003AN

Service Type: RES

Resident Capacity: 28

Total Occupancy: 28

Target Population: 1.2 --- MEN ONLY

Expiration Date: 09/30/2015

Program Name: **SAN DIEGO FREEDOM RANCH**

Legal Name: SAN DIEGO FREEDOM RANCH, INC.

Address: 1777 BUCKMAN SPRINGS ROAD

City, State Zip: CAMPO, CA 91906

Phone: (619)478-5696

Record ID: 370004AN

Service Type: RES

Resident Capacity: 50

Total Occupancy: 60

Target Population: 1.2 --- MEN ONLY

Expiration Date: 10/31/2015

Program Name: **JR RANCH**

Legal Name: SAN DIEGO FREEDOM RANCH, INC.

Address: 1765 BUCKMAN SPRINGS ROAD

City, State Zip: CAMPO, CA 91906

Phone: (619)478-5696

Fax: (619)479-2404

Record ID: 370004BN

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.2 --- MEN ONLY

Expiration Date: 08/31/2015

Program Name: **SERENITY CENTER**

Legal Name: NORTH COUNTY SERENITY HOUSE, INC.

Address: 1341 NORTH ESCONDIDO BOULEVARD

City, State Zip: ESCONDIDO, CA 92026

Phone: (760)747-1015

Record ID: 370005GN

Service Type: RES

Resident Capacity: 120

Total Occupancy: 140

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 05/31/2016

Program Name: **PATHFINDERS**

Legal Name: PATHFINDERS OF SAN DIEGO

Address: 2952 AND 2980 CEDAR STREET, AND 1530 DALE STREET

City, State Zip: SAN DIEGO, CA 92102

Phone: (619)239-7370

Record ID: 370006AN

Service Type: RES

Resident Capacity: 42

Total Occupancy: 44

Target Population: 1.2 --- MEN ONLY

Expiration Date: 07/31/2016

Program Name: **AMIGOS SOBRIOS**

Legal Name: VOLUNTEERS OF AMERICA, SOUTHWEST CALIFORNIA,
INCORPORATION

Address: 741 ELEVENTH AVENUE

City, State Zip: SAN DIEGO, CA 92101

Phone: (619)791-2730

Fax: (619)232-0968

Record ID: 370007BN

Service Type: RES

Resident Capacity: 18

Total Occupancy: 18

Target Population: 1.2 --- MEN ONLY

Expiration Date: 10/31/2015

Program Name: **RENAISSANCE TREATMENT CENTER**

Legal Name: VOLUNTEERS OF AMERICA, SOUTHWEST CALIFORNIA,
INCORPORATION

Address: 2300 EAST 7TH STREET

City, State Zip: NATIONAL CITY, CA 91950

Phone: (619)791-2730

Record ID: 370007CN

Service Type: RES-DETOX

Resident Capacity: 120

Total Occupancy: 120

Target Population: 1.8 --- DUAL DIAGNOSIS

Expiration Date: 04/30/2016

Program Name: **STEPPING STONE OF SAN DIEGO**

Legal Name: THE STEPPING STONE OF SAN DIEGO

Address: 3767 CENTRAL AVENUE

City, State Zip: SAN DIEGO, CA 92105

Phone: (619)584-4010

Fax: (619)521-1701

Record ID: 370008DN

Service Type: RES

Resident Capacity: 26

Total Occupancy: 31

Target Population: 1.8 --- DUAL DIAGNOSIS

Expiration Date: 05/31/2016

Program Name: **THE FELLOWSHIP CENTER**

Legal Name: THE FELLOWSHIP CENTER, INC.

Address: 737 AND 745 EAST GRAND AVENUE, 726 AND 736 EAST 2ND AVENUE,
AND 123 SOUTH ELM STREET

City, State Zip: ESCONDIDO, CA 92025

Phone: (760)745-8478

Fax: (760)745-6852

Record ID: 370009AN

Service Type: RES-DETOX

Resident Capacity: 113

Total Occupancy: 113

Target Population: 1.2 --- MEN ONLY

Expiration Date: 07/31/2016

Program Name: **VETERANS VILLAGE OF SAN DIEGO REHABILITATION CENTER**

Legal Name: VIETNAM VETERANS OF SAN DIEGO

Address: 4115, 4125, 4137, AND 4141 PACIFIC HIGHWAY

City, State Zip: SAN DIEGO, CA 92110

Phone: (619)497-0142

Record ID: 370010BN

Service Type: RES

Resident Capacity: 185

Total Occupancy: 185

Target Population: 1.1 --- CO-ED

Expiration Date: 06/30/2016

Program Name: **THE WAY BACK**

Legal Name: THE WAY BACK

Address: 2516 A STREET

City, State Zip: SAN DIEGO, CA 92102-2199

Phone: (619)235-0592

Fax: (619)235-0593

Record ID: 370011AN

Service Type: RES

Resident Capacity: 27

Total Occupancy: 29

Target Population: 1.2 --- MEN ONLY

Expiration Date: 02/29/2016

Program Name: **TRADITION ONE MEN'S FACILITY**

Legal Name: TRADITION ONE

Address: 4104, 4114 AND 4124 DELTA STREET

City, State Zip: SAN DIEGO, CA 92113

Phone: (619)264-0141

Record ID: 370012AN

Service Type: RES
Resident Capacity: 46
Total Occupancy: 49
Target Population: 1.2 --- MEN ONLY
Expiration Date: 02/29/2016

Program Name: **TURNING POINT**

Legal Name: THE TURNING POINT HOME OF SAN DIEGO
Address: 1315 25TH STREET
City, State Zip: SAN DIEGO, CA 92102

Phone: (619)233-0067

Record ID: 370013AN

Service Type: RES

Resident Capacity: 20
Total Occupancy: 21
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 07/31/2015

Program Name: **CASA DE MILAGROS**

Legal Name: METROPOLITAN AREA ADVISORY COMMITTEE ON ANTI-POVERTY OF
SAN DIEGO COUNTY, INC.

Address: 1127 SOUTH 38TH STREET
City, State Zip: SAN DIEGO, CA 92113

Phone: (619)262-4002

Record ID: 370014AN

Service Type: RES

Resident Capacity: 18
Total Occupancy: 18
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 09/30/2015

Program Name: **NOSOTROS**

Legal Name: METROPOLITAN AREA ADVISORY COMMITTEE ON ANTI-POVERTY OF
SAN DIEGO COUNTY, INC.

Address: 73 NORTH 2ND AVENUE
City, State Zip: CHULA VISTA, CA 91910

Phone: (619)426-4801 Fax: (619)426-0034

Record ID: 370014BN

Service Type: RES

Resident Capacity: 17

Total Occupancy: 17
Target Population: 1.2 --- MEN ONLY
Expiration Date: 09/30/2015

Program Name: **HOUSE OF METAMORPHOSIS**
Legal Name: HOUSE OF METAMORPHOSIS, INC.
Address: 2970 MARKET STREET
City, State Zip: SAN DIEGO, CA 92102

Phone: (619)236-9492 Fax: (619)236-9127
Record ID: 370021AN
Service Type: RES
Resident Capacity: 64
Total Occupancy: 64
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2015

Program Name: **HOUSE OF METAMORPHOSIS TRANSITIONAL LIVING FACILITY**
Legal Name: HOUSE OF METAMORPHOSIS, INC.
Address: 2867 C Street & 2871 C Street
City, State Zip: SAN DIEGO, CA 92102

Phone: (619)236-9217 Fax: (619)232-0855
Record ID: 370021KN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1 --- CO-ED
Expiration Date: 03/31/2017

Program Name: **SHORT TERM I--MARLBOROUGH**
Legal Name: CRASH, INC.
Address: 4161 MARLBOROUGH AVENUE
City, State Zip: SAN DIEGO, CA 92105

Phone: (619)282-7274
Record ID: 370024IN
Service Type: RES
Resident Capacity: 50
Total Occupancy: 50
Target Population: 1.2 --- MEN ONLY
Expiration Date: 03/31/2017

Program Name: **GOLDEN HILL HOUSE II**

Legal Name: CRASH, INC.

Address: 726 F STREET

City, State Zip: SAN DIEGO, CA 92101

Phone: (619)239-9691

Fax: (619)239-0909

Record ID: 370024KN

Service Type: RES

Resident Capacity: 63

Total Occupancy: 63

Target Population: 1.1 --- CO-ED

Expiration Date: 05/31/2016

Program Name: **GOLDEN HILL HOUSE**

Legal Name: CRASH, INC.

Address: 2410 E STREET

City, State Zip: SAN DIEGO, CA 92102

Phone: (619)234-3346

Fax: (619)234-3357

Record ID: 370024LN

Service Type: RES

Resident Capacity: 43

Total Occupancy: 43

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 04/30/2017

Program Name: **PEMARRO**

Legal Name: GROUP CONSCIENCE

Address: 1482 KINGS VILLA ROAD

City, State Zip: RAMONA, CA 92065

Phone: (760)789-8070

Fax: (760)789-8078

Record ID: 370025AN

Service Type: RES-DETOX

Resident Capacity: 10

Total Occupancy: 10

Target Population: 1.1 --- CO-ED

Expiration Date: 05/31/2016

Program Name: **PHOENIX HOUSE SAN DIEGO**

Legal Name: PHOENIX HOUSE SAN DIEGO, INC.

Address: 23981 SHERILTON VALLEY ROAD

City, State Zip: DESCANSO, CA 91916

Phone: Fax: (619)445-9028

Record ID: 370030BN

Service Type: DSS

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 2/28/2017

Program Name: **PHOENIX HOUSE CARLSBAD TEEN RECOVERY CENTER**

Legal Name: PHOENIX HOUSE SAN DIEGO, INC.

Address: 785 GRAND AVENUE,
SUITE 212, 214, 216 & 220

City, State Zip: CARLSBAD, CA 92008

Phone: (760)729-2830 Fax: (760)729-2798

Record ID: 370030CN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2017

Program Name: **CHOICES IN RECOVERY/FOUNDATION HOUSE**

Legal Name: THE BETHESDA RECOVERY CENTER

Address: 619 CIVIC CENTER DRIVE

City, State Zip: VISTA, CA 92083

Phone: (760)945-5290

Record ID: 370039IN

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 8

Target Population: 1.1 --- CO-ED

Expiration Date: 09/30/2016

Program Name: **CHOICES IN RECOVERY - ALCOHOL AND DRUG ABUSE OUTPATIENT TREATMENT PROGRAM**

Legal Name: THE BETHESDA RECOVERY CENTER

Address: 733 SOUTH SANTA FE AVENUE

City, State Zip: VISTA, CA 92083

Phone: (760)945-5290

Record ID: 370039JN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 2/28/2017

Program Name: **CHOICES IN RECOVERY/NEW HOUSE**

Legal Name: THE BETHESDA RECOVERY CENTER

Address: 747 MELROSE PLACE

City, State Zip: VISTA, CA 92083

Phone: (760)945-5290

Record ID: 370039KN

Service Type: RES

Resident Capacity: 6

Total Occupancy: 8

Target Population: 1.1 --- CO-ED

Expiration Date: 04/30/2017

Program Name: **CHOICES IN RECOVERY/HILL HOUSE**

Legal Name: THE BETHESDA RECOVERY CENTER

Address: 1135 NORTH DRIVE

City, State Zip: VISTA, CA 92083

Phone: (760)945-5290

Record ID: 370039LN

Service Type: RES

Resident Capacity: 6

Total Occupancy: 8

Target Population: 1.1 --- CO-ED

Expiration Date: 04/30/2017

Program Name: **CHOICES IN RECOVERY/HUMBLE HOUSE**

Legal Name: THE BETHESDA RECOVERY CENTER

Address: 248 HILL DRIVE

City, State Zip: VISTA, CA 92083

Phone: (760)945-5290

Fax: (760)945-7765

Record ID: 370039MN

Service Type: RES

Resident Capacity: 6

Total Occupancy: 8

Target Population: 1.1 --- CO-ED

Expiration Date: 04/30/2017

Program Name: **MCALISTER INSTITUTE SOUTH BAY REGIONAL RECOVERY CENTER**

Legal Name: MCALISTER INSTITUTE FOR TREATMENT AND EDUCATION, INC.

Address: 1180 3RD AVENUE, SUITES C-3, C-4 AND C-5

City, State Zip: CHULA VISTA, CA 91911

Phone: (619)691-8164

Record ID: 370045ABN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 2/28/2017

Program Name: **MCALISTER INSTITUTE SOUTH BAY EAST TEEN RECOVERY CENTER**

Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.

Address: 2429 FENTON ROAD, BUILDING #5

City, State Zip: CHULA VISTA, CA 91914

Phone: (619)482-9300

Fax: (619)482-9333

Record ID: 370045ADN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 11/30/2015

Program Name: **NORTH CENTRAL TEEN RECOVERY CENTER**

Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.

Address: 7867 CONVOY COURT, BUILDING #5, SUITE 302

City, State Zip: SAN DIEGO, CA 92117

Phone: (858)277-4633

Fax: (858)277-4933

Record ID: 370045AEN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 8/31/2015

Program Name: **MCALISTER INSTITUTE NORTH RURAL TEEN RECOVERY CENTER**

Legal Name: MCALISTER INSTITUTE FOR TREATMENT AND EDUCATION, INC.

Address: 323 HUNTER STREET

City, State Zip: RAMONA, CA 92065

Phone: (760)788-6520

Record ID: 370045AHN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 6/30/2015

Program Name: **MCALISTER INSTITUTE NORTH RURAL TEEN RECOVERY CENTER -
MONTECITO SCHOOL SITE**

Legal Name: MCALISTER INSTITUTE FOR TREATMENT AND EDUCATION, INC.

Address: 720 NINTH STREET, ROOMS 3 AND 10

City, State Zip: RAMONA, CA 92065

Phone: (760)787-4300

Record ID: 370045AIN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 6/30/2015

Program Name: **MCALISTER INSTITUTE EAST REGION SOUTH TEEN RECOVERY CENTER**

Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.

Address: 7800 UNIVERSITY AVENUE, SUITE A-1

City, State Zip: LA MESA, CA 91941

Phone: (619)465-4349

Fax: (619)465-4739

Record ID: 370045ALN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 1/31/2017

Program Name: **MCALISTER INSTITUTE EAST REGION NORTH TEEN RECOVERY CENTER**

Legal Name: MCALISTER INSTITUTE FOR TREATMENT AND EDUCATION, INC.

Address: 550 FESLER STREET, SUITE G-3

City, State Zip: EL CAJON, CA 92020

Phone: (619)588-5361

Fax: (619)588-5421

Record ID: 370045AMN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 4/30/2017

Program Name: **NORTH COASTAL REGIONAL RECOVERY CENTER**

Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.

Address: 2821 OCEANSIDE BOULEVARD

City, State Zip: OCEANSIDE, CA 92054

Phone: (760)721-2781

Record ID: 370045AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2016

Program Name: **CENTRAL NORTH TEEN RECOVERY CENTER**

Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.

Address: 4001 EL CAJON BOULEVARD, #206, 207

City, State Zip: SAN DIEGO, CA 92105

Phone: (619)280-2300

Record ID: 370045ANN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 12/31/2016

Program Name: **CENTRAL SOUTH EAST TEEN RECOVERY CENTER**

Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.

Address: 1212 SOUTH 43RD STREET, SUITES # C, D, E

City, State Zip: SAN DIEGO, CA 92113

Phone: (619)263-7768

Record ID: 370045AON

Service Type: NON-DETOX

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 12/31/2016

Program Name: **MCALISTER INSTITUTE SOUTH BAY WOMENS RECOVERY CENTER**

Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.

Address: 2414 HOOVER AVENUE, SUITES A.B.C

City, State Zip: NATIONAL CITY, CA 91950

Phone: (619)336-1226

Record ID: 370045BN

Service Type: NON

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 4/30/2016

Program Name: **EAST COUNTY REGIONAL RECOVERY CENTER**

Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.

Address: 1365 NORTH JOHNSON AVENUE, SUITES 111 AND 113

City, State Zip: EL CAJON, CA 92020

Phone: (619)440-4801

Record ID: 370045DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2016

Program Name: **MCALISTER INSTITUTE - LEMON GROVE FACILITY**
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.
Address: 2049 SKYLINE DRIVE
City, State Zip: LEMON GROVE, CA 91945

Phone: (619)465-7303
Record ID: 370045FN
Service Type: RES-DETOX
Resident Capacity: 140
Total Occupancy: 180
Target Population: 1.9 --- CO-ED/CHILDREN
Expiration Date: 04/30/2016

Program Name: **MCALISTER INSTITUTE GROUP HOME-EAST**
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.
Address: 2219 ODESSA COURT
City, State Zip: LEMON GROVE, CA 91945

Phone: (619)498-0827
Record ID: 370045MN
Service Type: DSS
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 11/30/2016

Program Name: **MCALISTER INSTITUTE GROUP HOME NORTH**
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.
Address: 3744 SANTA YNEZ
City, State Zip: OCEANSIDE, CA 92056

Phone: (760)806-1495 Fax: (619)442-1101
Record ID: 370045QN
Service Type: DSS
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 4/30/2017

Program Name: **EAST COUNTY REGIONAL RECOVERY CENTER**
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.
Address: 1385 NORTH JOHNSON AVENUE, SUITES 102/103

City, State Zip: EL CAJON, CA 92020

Phone: (619)441-2493

Record ID: 370045TN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 2/28/2017

Program Name: **MCALISTER INSTITUTE GROUP HOME - SOUTH**

Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.

Address: 2315 BAR BIT ROAD

City, State Zip: SPRING VALLEY, CA 91978

Phone: (619)337-3830 Fax: (619)442-1101

Record ID: 370045VN

Service Type: DSS

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 5/31/2016

Program Name: **SCRIPPS DRUG AND ALCOHOL TREATMENT PROGRAM**

Legal Name: SCRIPPS HEALTH

Address: 9609 WAPLES STREET

City, State Zip: SAN DIEGO, CA 92121

Phone: (858)626-4300

Record ID: 370057CN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 3/31/2016

Program Name: **AMITY FOUNDATION OF CALIFORNIA**

Legal Name: EPIDaurus

Address: 2260 WATSON WAY

City, State Zip: VISTA, CA 92083

Phone: (760)599-1892 Fax: (760)599-1884

Record ID: 370059AN

Service Type: RES

Resident Capacity: 60

Total Occupancy: 68

Target Population: 1.2 --- MEN ONLY

Expiration Date: 12/31/2016

Program Name: **REBUILD**

Legal Name: REBUILD

Address: 2103 EL CAMINO REAL, SUITE 205

City, State Zip: OCEANSIDE, CA 92054

Phone: (760)721-6241

Record ID: 370068AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 3/31/2016

Program Name: **EAST COUNTY CENTER FOR CHANGE**

Legal Name: MENTAL HEALTH SYSTEMS, INC.

Address: 545 NORTH MAGNOLIA AVENUE

City, State Zip: EL CAJON, CA 92020-3608

Phone: (619)588-1989

Fax: (619)579-0947

Record ID: 370069BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 2/28/2017

Program Name: **NORTH COUNTY CENTER FOR CHANGE**

Legal Name: MENTAL HEALTH SYSTEMS, INC.

Address: 504 WEST VISTA WAY

City, State Zip: VISTA, CA 92083

Phone: (760)940-1836

Fax: (760)940-1274

Record ID: 370069CN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 2/28/2017

Program Name: **NORTH INLAND REGIONAL RECOVERY CENTER**

Legal Name: MENTAL HEALTH SYSTEMS, INC.

Address: 200 EAST WASHINGTON AVE., SUITE 100

City, State Zip: ESCONDIDO, CA 92025-1806

Phone: (760)741-7708

Fax: (760)741-5421

Record ID: 370069DN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 2/28/2017

Program Name: **TEEN RECOVERY PROGRAM - NORTH INLAND**

Legal Name: MENTAL HEALTH SYSTEMS, INC.

Address: 340 RANCHEROS DRIVE, SUITE 166

City, State Zip: SAN MARCOS, CA 92069

Phone: (760)744-3672

Fax: (760)744-6182

Record ID: 370069FN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 2/28/2017

Program Name: **MID-COAST REGIONAL RECOVERY CENTER**

Legal Name: MENTAL HEALTH SYSTEMS, INC.

Address: 3340 KEMPER STREET, SUITES 105 AND 207

City, State Zip: SAN DIEGO, CA 92110

Phone: (619)276-1207

Fax: (619)276-1207

Record ID: 370069IN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 1/31/2017

Program Name: **HARMONY WEST WOMEN'S RECOVERY CENTER**

Legal Name: MENTAL HEALTH SYSTEMS, INC.

Address: 6154 MISSION GORGE ROAD, SUITES 115 AND 120

City, State Zip: SAN DIEGO, CA 92120

Phone: (619)285-1718

Fax: (619)461-3920

Record ID: 370069MN

Service Type: NON

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 1/31/2017

Program Name: **SOUTH COUNTY CENTER FOR CHANGE**

Legal Name: MENTAL HEALTH SYSTEMS, INC.

Address: 1172 3rd Avenue, Suite D1

City, State Zip: SAN DIEGO, CA 91911

Phone: (858)573-2600

Fax: (858)573-5144

Record ID: 370069QN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 3/31/2017

Program Name: **FAMILY RECOVERY CENTER**

Legal Name: MENTAL HEALTH SYSTEMS, INC.

Address: 1100 SPORTFISHER DRIVE

City, State Zip: OCEANSIDE, CA 92054

Phone: (858)573-2600

Fax: (760)439-4779

Record ID: 370069TN

Service Type: RES

Resident Capacity: 55

Total Occupancy: 90

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 05/31/2016

Program Name: **CENTRAL EAST REGIONAL RECOVERY CENTER**

Legal Name: MENTAL HEALTH SYSTEMS, INC.

Address: 6244 EL CAJON BOULEVARD, SUITES 15, 16, 17, 18 & 21

City, State Zip: SAN DIEGO, CA 92115

Phone: (619)287-8225

Fax: (858)573-2600

Record ID: 370069XN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 6/30/2015

Program Name: **SAN DIEGO CENTER FOR CHANGE**

Legal Name: MENTAL HEALTH SYSTEMS, INC.

Address: 3340 KEMPER STREET, SUITE 101, 103, 104, & 205

City, State Zip: SAN DIEGO, CA 92110

Phone: (619)758-1433

Fax: (619)758-9823

Record ID: 370069YN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 1/31/2016

Program Name: **MHS RE-ENTRY TREATMENT PROGRAM**

Legal Name: MENTAL HEALTH SYSTEMS, INC.

Address: 2136 EL CAJON BOULEVARD

City, State Zip: SAN DIEGO, CA 92104

Phone: (619)291-1881

Fax: (619)291-7347

Record ID: 370069ZN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 7/31/2015

Program Name: **UPAC ASIAN/PACIFIC ISLANDER, ADULT ALCOHOL AND DRUG TREATMENT PROGRAM**

Legal Name: UNION OF PAN ASIAN COMMUNITIES
Address: 3288 EL CAJON BOULEVARD, SUITE 3, 6, 10, 11, 12, AND 13
City, State Zip: SAN DIEGO, CA 92104

Phone: (619)521-5720 Fax: (619)521-5728

Record ID: 370071AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: **DKA PARENTCARE FAMILY RECOVERY CENTER**

Legal Name: VISTA HILL FOUNDATION
Address: 4990 WILLIAMS AVENUE
City, State Zip: LA MESA, CA 91942

Phone: (619)698-1663 Fax: (619)698-1665

Record ID: 370072AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2017

Program Name: **PARENTCARE CENTRAL FAMILY RECOVERY CENTER**

Legal Name: VISTA HILL FOUNDATION
Address: 4125 ALPHA STREET
City, State Zip: SAN DIEGO, CA 92113

Phone: (619)266-0166

Record ID: 370072CN
Service Type: NON
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 8/31/2015

Program Name: **CASA RAPHAEL**

Legal Name: ALPHA PROJECT FOR THE HOMELESS
Address: 975 AND 993 POSTAL WAY
City, State Zip: VISTA, CA 92083

Phone: (760)630-9922

Fax: (760)630-9996

Record ID: 370073AN

Service Type: RES

Resident Capacity: 150

Total Occupancy: 150

Target Population: 1.2 --- MEN ONLY

Expiration Date: 06/30/2015

Program Name: **PSYCARE INTENSIVE OUTPATIENT PROGRAM**

Legal Name: PSYCARE ASSOCIATES, A PROFESSIONAL MEDICAL CORPORATION

Address: 15611 POMERADO ROAD, SUITE 535

City, State Zip: POWAY, CA 92064

Phone: (858)279-1223

Fax: (858)467-6933

Record ID: 370074AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 6/30/2015

Program Name: **UCSD CO-OCCURRING DISORDERS TREATMENT AND RECOVERY PROGRAM**

Legal Name: UNIVERSITY OF CALIFORNIA, SAN DIEGO

Address: 140 ARBOR DRIVE

City, State Zip: SAN DIEGO, CA 92103

Phone: (619)543-6309

Fax: (619)298-6723

Record ID: 370077AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2015

Program Name: **SAN DIEGO RESCUE MISSION MEN'S CENTER RECOVERY PROGRAM**

Legal Name: SAN DIEGO RESCUE MISSION, INC.

Address: 120 ELM STREET, 3RD AND 4TH FLOOR

City, State Zip: SAN DIEGO, CA 92101

Phone: (619)687-3720

Fax: (619)234-4101

Record ID: 370080CN

Service Type: RES

Resident Capacity: 188

Total Occupancy: 188

Target Population: 1.2 --- MEN ONLY

Expiration Date: 01/31/2017

Program Name: **NEW ENTRA CASA**

Legal Name: NEW ENTRA CASA CORPORATION

Address: 3575 PERSHING AVENUE

City, State Zip: SAN DIEGO, CA 92104

Phone: (619)294-4526

Fax: (619)294-4526

Record ID: 370083AN

Service Type: RES

Resident Capacity: 6

Total Occupancy: 7

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 04/30/2016

Program Name: **SUNSHINE SUMMIT LODGE**

Legal Name: NARCONON FRESH START

Address: 35025 HIGHWAY 79, BUILDINGS A-J

City, State Zip: WARNER SPRINGS, CA 92086

Phone: (760)782-0471

Fax: (760)782-0695

Record ID: 370087AN

Service Type: RES-DETOX

Resident Capacity: 30

Total Occupancy: 45

Target Population: 1.1 --- CO-ED

Expiration Date: 03/31/2016

Program Name: **NARCONON JLB RANCH**

Legal Name: NARCONON FRESH START

Address: 35955 HIGHWAY 79

City, State Zip: WARNER SPRINGS, CA 92086

Phone: (760)782-0471

Fax: (760)782-0695

Record ID: 370087BN

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 8

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2016

Program Name: **SAN DIEGO YOUTH AND COMMUNITY SERVICES TEEN OPTIONS**

Legal Name: SAN DIEGO YOUTH SERVICES

Address: 3660 FAIRMOUNT AVENUE
City, State Zip: SAN DIEGO, CA 92105

Phone: (619)521-2250 Fax: (619)521-5944

Record ID: 370090EN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 2/29/2016

Program Name: **ESCONDIDO COMMUNITY SOBERING SERVICES**

Legal Name: INTERFAITH COMMUNITY SERVICES, INC.

Address: 1717, 1719, 1721, AND 1723 WASHINGTON AVENUE AND 582 ASTER ST.

City, State Zip: ESCONDIDO, CA 92057

Phone: (760)489-6380 Fax: (760)747-0764

Record ID: 370093BN

Service Type: RES

Resident Capacity: 22

Total Occupancy: 22

Target Population: 1.1 --- CO-ED

Expiration Date: 07/31/2015

Program Name: **THE LIGHTHOUSE COMMUNITY**

Legal Name: HEALTHCARE SERVICES, INC.

Address: 3880 ROSECRANS BOULEVARD

City, State Zip: SAN DIEGO, CA 92110

Phone: (619)515-0243 Fax: (619)235-0678

Record ID: 370094AP

Service Type: RES

Resident Capacity: 98

Total Occupancy: 98

Target Population: 1.1 --- CO-ED

Expiration Date: 06/30/2015

Program Name: **CALVARY RANCH CHRISTIAN DRUG AND ALCOHOL RECOVERY FACILITY**

Legal Name: GOD'S HOUSE MINISTRIES, INCORPORATED

Address: 13610 WILLOW ROAD

City, State Zip: LAKESIDE, CA 92040

Phone: (619)561-2599 Fax: (619)561-4673

Record ID: 370098AN

Service Type: RES
Resident Capacity: 20
Total Occupancy: 20
Target Population: 1.2 --- MEN ONLY
Expiration Date: 05/31/2016

Program Name: **LASTING RECOVERY**

Legal Name: FARKAS & SAALINGER, PSYCHOLOGY CORP
Address: 6046 CORNERSTONE COURT WEST
SUITES 103, 105,107, 108, 110,111,112,113,114,115,127&128
City, State Zip: SAN DIEGO, CA 92121

Phone: (858)453-4315 Fax: (858)453-5690
Record ID: 370101AP
Service Type: NON
Target Population: 1.8 --- DUAL DIAGNOSIS
Expiration Date: 1/31/2017

Program Name: **THE TRAINING CENTER**

Legal Name: TRAINING CENTER EPHESIANS 4:11-16
Address: 525 GRAND AVENUE
City, State Zip: SPRING VALLEY, CA 91977

Phone: (619)327-5400 Fax: (619)327-5410
Record ID: 370104AN
Service Type: RES
Resident Capacity: 56
Total Occupancy: 56
Target Population: 1.2 --- MEN ONLY
Expiration Date: 11/30/2015

Program Name: **REJUVE-NATIONS OUTPATIENTS FACILITY, INC.**

Legal Name: REJUVE-NATIONS OUTPATIENTS FACILITY, INC.
Address: 4101 UNIVERSITY AVENUE
SUITES E204-E205
City, State Zip: SAN DIEGO, CA 92195

Phone: (619)602-9405 Fax: (951)657-7180
Record ID: 370105AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2015

Program Name: **PALOMAR FAMILY COUNSELING SERVICE, INC. DRUG AND ALCOHOL PROGRAM**

Legal Name: PALOMAR FAMILY COUNSELING SERVICE, INC.

Address: 1002 EAST GRAND AVENUE

City, State Zip: ESCONDIDO, CA 92025

Phone: (760)741-2660 Fax: (760)741-2647

Record ID: 370107AN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 9/30/2015

Program Name: **CAPALINA CLINIC**

Legal Name: SAN DIEGO HEALTH ALLIANCE

Address: 1560 CAPALINA STREET

City, State Zip: SAN MARCOS, CA 92069

Phone: (760)744-2104 Fax: (760)744-1382

Record ID: 370108AP

Service Type: NON-DETOX

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2016

Program Name: **FASHION VALLEY CLINIC**

Legal Name: SAN DIEGO HEALTH ALLIANCE

Address: 7020 FRIARS ROAD

City, State Zip: SAN DIEGO, CA 92108

Phone: (619)718-9890 Fax: (619)718-9897

Record ID: 370108CP

Service Type: RES-DETOX

Target Population: 1.1 --- CO-ED

Expiration Date: 8/31/2016

Program Name: **ST. VINCENT DE PAUL VILLAGE RECOVERY SERVICES**

Legal Name: ST. VINCENT DE PAUL VILLAGE, INC.

Address: 1501 IMPERIAL AVENUE, JOAN KROC BUILDING (RSP OFFICES AND COMMUNITY ROOM ONLY), VHM ROOM 106 AND VHM COMMUNITY ROOM

City, State Zip: SAN DIEGO, CA 92101-7600

Phone: (619)233-8500 Fax: (619)231-9542

Record ID: 370110AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 7/31/2016

Program Name: **SOLEDAD HOUSE**

Legal Name: ABC SOBER LIVING, LLC

Address: 5330 SOLEDAD MOUNTAIN ROAD

City, State Zip: SAN DIEGO, CA 92109

Phone: (619)925-1879

Fax: (858)274-8700

Record ID: 370116AP

Service Type: RES

Resident Capacity: 6

Total Occupancy: 7

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 05/31/2017

Program Name: **SOLEDAD HOUSE II**

Legal Name: ABC SOBER LIVING, LLC

Address: 5214 SOLEDAD MOUNTAIN ROAD

City, State Zip: SAN DIEGO, CA 92109

Phone: (619)925-1879

Record ID: 370116BP

Service Type: RES

Resident Capacity: 6

Total Occupancy: 7

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 08/31/2017

Program Name: **SAN DIEGO AMERICAN INDIAN HEALTH CENTER**

Legal Name: SAN DIEGO AMERICAN INDIAN HEALTH CENTER

Address: 2602 FIRST AVENUE, SUITE 100

City, State Zip: SAN DIEGO, CA 92103

Phone: (619)234-2158

Fax: (619)234-1979

Record ID: 370120AN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 4/30/2015

Program Name: **THE ATON CENTER**

Legal Name: ATON CENTER, INC.

Address: 3250 COUNTRY ROSE CIRCLE

City, State Zip: ENCINITAS, CA 92024

Phone: (858)759-5017

Fax: (858)759-5016

Record ID: 370122AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 7

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2016

Program Name: **ATON CENTER**

Legal Name: ATON CENTER, INC.

Address: 3238 COUNTRY ROSE CIRCLE

City, State Zip: ENCINITAS, CA 92024

Phone: (858)759-5017

Fax: (858)759-5016

Record ID: 370122CP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 8

Target Population: 1.1 --- CO-ED

Expiration Date: 03/31/2016

Program Name: **SAN DIEGO ADDICTION TREATMENT CENTER, INC.**

Legal Name: SAN DIEGO ADDICTION TREATMENT CENTER, INC.

Address: 2456 E STREET

City, State Zip: SAN DIEGO, CA 92102

Phone: (800)517-4849

Fax: (800)401-8464

Record ID: 370129AP

Service Type: RES-DETOX

Resident Capacity: 36

Total Occupancy: 36

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2016

Program Name: **NEW HORIZON RECOVERY**

Legal Name: MARTINA COFFELT

Address: 417 SANDALWOOD COURT

City, State Zip: ENCINITAS, CA 92024

Phone: (760)652-5835

Record ID: 370130AP

Service Type: RES

Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
Expiration Date: 03/31/2015

Program Name: **EXODUS CENTRAL ADULT DRUG PROGRAM**

Legal Name: EXODUS RECOVERY, INC.

Address: 4308 30TH STREET, SUITE A

City, State Zip: SAN DIEGO, CA 92104-1314

Phone: (619)528-1752 Fax: (619)529-1758

Record ID: 370131AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 6/30/2015

Program Name: **REUNION SAN DIEGO**

Legal Name: PRACTICAL RECOVERY, INC.

Address: 2821 LANGE AVENUE

City, State Zip: SAN DIEGO, CA 92122

Phone: (858)246-6310 Fax: (858)455-0141

Record ID: 370132AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 05/31/2017

Program Name: **RESTORATION INN**

Legal Name: PRACTICAL RECOVERY, INC.

Address: 5497 BLOCH STREET

City, State Zip: UNIVERSITY CITY, CA 92122

Phone: (858)888-5398 Fax: (858)455-0141

Record ID: 370132BP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 01/31/2016

Program Name: **VALLEY CREEK VISION, LLC**

Legal Name: VALLEY CREEK VISION, LLC
Address: 14928 RANCH CREEK LANE
City, State Zip: VALLEY CENTER, CA 92082

Phone: (310)266-9194 Fax: (818)286-9525
Record ID: 370133AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2015

Program Name: **A BETTER PLACE TREATMENT AND RECOVERY CENTER, LLC**

Legal Name: A BETTER PLACE RESIDENTIAL TREATMENT AND RECOVERY
CENTER, LLC

Address: 7061 AND 7065 CENTRAL AVENUE
City, State Zip: LEMON GROVE, CA 91945

Phone: (619)261-7153 Fax: (619)512-4409
Record ID: 370134AP
Service Type: RES
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.2 --- MEN ONLY
Expiration Date: 07/31/2016

Program Name: **WEST COAST RECOVERY CENTERS**

Legal Name: WEST COAST MEN'S, LLC

Address: 516 SOUTH THE STRAND, UNIT B
City, State Zip: OCEANSIDE, CA 92054

Phone: (760)580-3549
Record ID: 370135AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 07/31/2016

Program Name: **PACIFIC BAY RECOVERY**

Legal Name: PACIFIC BAY RECOVERY INC

Address: 1501 5TH AVENUE, SUITE #100
City, State Zip: SAN DIEGO, CA 92101

Phone: (619)461-3717
Record ID: 370136AP
Service Type: NON
Target Population: 1.8 --- DUAL DIAGNOSIS
Expiration Date: 5/30/2016

Program Name: **TRUE LIFE CENTER FOR WELLBEING, INC.**
Legal Name: TRUE LIFE CENTER FOR WELLBEING, INC.
Address: 4520 EXECUTIVE DRIVE, SUITE 225
City, State Zip: SAN DIEGO, CA 92121

Phone: (858)349-4116
Record ID: 370137AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2016

Program Name: **APEX RECOVERY**
Legal Name: APEX RECOVERY, LLC
Address: 4251 NABAL DRIVE
City, State Zip: LA MESA, CA 91941

Phone: (888)485-2246
Record ID: 370138AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2016

Program Name: **GENESIS RECOVERY, INC.**
Legal Name: GENESIS RECOVERY, INC.
Address: 24352 FEATHERSTONE CANYON ROAD
City, State Zip: LAKESIDE, CA 92040

Phone: (760)717-6076
Record ID: 370139AN
Service Type: RES
Resident Capacity: 24
Total Occupancy: 26
Target Population: 1.2 --- MEN ONLY
Expiration Date: 09/30/2016

Program Name: **CONFIDENTIAL RECOVERY**

Legal Name: COMMUNITY BEHAVIORAL HEALTH SOLUTIONS, INC.

Address: 7071 CONSOLIDATED WAY

City, State Zip: SAN DIEGO, CA 92121

Phone: (858)449-3898

Record ID: 370140AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 8/31/2016

Program Name: **PRACTICAL RECOVERY IOP**

Legal Name: PRACTICAL RECOVERY PSYCHOLOGY GROUP, INC.

Address: 8950 VILLA LA JOLLA DRIVE, SUITE B214

City, State Zip: LA JOLLA, CA 92037-1708

Phone: (858)546-1100

Record ID: 370141AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 9/30/2016

Program Name: **SOLUTIONS FOR RECOVERY**

Legal Name: FAMILY HEALTH CENTERS OF SAN DIEGO, INC.

Address: 3928 ILLINOIS STREET, SUITES 101 & 103

City, State Zip: SAN DIEGO, CA 92104

Phone: (619)876-4462

Record ID: 370142AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2016

Program Name: **SOUTHERN CALIFORNIA RECOVERY CENTER - ENCINITAS**

Legal Name: DR RECOVERY ENCINITAS, LLC

Address: 609 S. VULCAN AVENUE, SUITE 301

City, State Zip: ENCINITAS, CA 92024

Phone: (800)410-6552

Record ID: 370143AP

Service Type: NON

Target Population: 1.2 --- MEN ONLY

Expiration Date: 9/30/2016

Program Name: **BRISAS IOP**

Legal Name: MIND & BODY TREATMENT AND RESEARCH INSTITUTE, P.C.

Address: 1150 SILVERADO STREET, SUITE 100

City, State Zip: LA JOLLA, CA 92037

Phone: (858)222-8777

Fax: (858)222-8801

Record ID: 370145AP

Service Type: NON-DETOX

Target Population: 1.1 --- CO-ED

Expiration Date: 2/28/2017

Program Name: **FOUNDATIONS OF SAN DIEGO**

Legal Name: FOUNDATIONS SAN DIEGO, LLC

Address: 3930 FOURTH AVENUE, SUITE 301

City, State Zip: SAN DIEGO, CA 92103

Phone: (619)849-6010

Record ID: 370146AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 2/28/2017

Program Name: **SHERIDAN GARDENS**

Legal Name: SIERRA ASSET MANAGEMENT, LLC

Address: 2021 SHERIDAN ROAD

City, State Zip: ENCINITAS, CA 92024

Phone: (949)285-7616

Record ID: 370147AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 7

Target Population: 1.2 --- MEN ONLY

Expiration Date: 04/30/2017

Program Name: **PRESENT MOMENTS RECOVERY**

Legal Name: WINDRIVER RECOVERY, LLC

Address: 1809 WINDRIVER STREET

City, State Zip: SAN MARCOS, CA 92078

Phone: (619)363-4767

Record ID: 370148AP

Service Type: RES

Resident Capacity: 6

Total Occupancy: 7

Target Population: 1.2 --- MEN ONLY

Expiration Date: 04/30/2017

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

As of 7/9/2015

San Francisco County

Program Name: **ACCEPTANCE PLACE**

Legal Name: BAKER PLACES, INC.

Address: 1326 4TH AVENUE

City, State Zip: SAN FRANCISCO, CA 94122

Phone: (415)682-2080

Fax: (415)626-2398

Record ID: 380001BN

Service Type: RES

Resident Capacity: 10

Total Occupancy: 10

Target Population: 1.2 --- MEN ONLY

Expiration Date: 01/31/2016

Program Name: **FERGUSON PLACE**

Legal Name: BAKER PLACES, INC.

Address: 1249 SCOTT STREET

City, State Zip: SAN FRANCISCO, CA 94115

Phone: (415)922-9104

Fax: (415)922-1427

Record ID: 380001CN

Service Type: RES

Resident Capacity: 12

Total Occupancy: 12

Target Population: 1.1 --- CO-ED

Expiration Date: 01/31/2017

Program Name: **JOE HEALY DETOXIFICATION PROGRAM**

Legal Name: BAKER PLACES, INC.

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

City, State Zip: SAN FRANCISCO, CA 94102

Phone: (415)553-4490

Record ID: 380001IN

Service Type: RES-DETOX

Resident Capacity: 31

Total Occupancy: 31

Target Population: 1.1 --- CO-ED

Expiration Date: 09/30/2016

Program Name: **ARA FIRST STEP HOME**

Legal Name: ALCOHOLICS REHABILITATION ASSOCIATION OF SAN FRANCISCO, INC.

Address: 1035 HAIGHT STREET

City, State Zip: SAN FRANCISCO, CA 94117

Phone: (415)863-3661

Record ID: 380003AN

Service Type: RES

Resident Capacity: 48

Total Occupancy: 48

Target Population: 1.1 --- CO-ED

Expiration Date: 02/29/2016

Program Name: **FRIENDSHIP HOUSE**

Legal Name: THE FRIENDSHIP HOUSE ASSOCIATION OF AMERICAN INDIANS

Address: 56 JULIAN AVENUE, 1ST, 2ND AND 3RD FLOORS

City, State Zip: SAN FRANCISCO, CA 94103

Phone: (415)865-0964

Fax: (415)865-5428

Record ID: 380004AN

Service Type: RES

Resident Capacity: 80

Total Occupancy: 80

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2015

Program Name: **GOLDEN GATE FOR SENIORS**

Legal Name: COMMUNITY AWARENESS & TREATMENT SERVICES, INC.

Address: 637 SOUTH VAN NESS AVENUE

City, State Zip: SAN FRANCISCO, CA 94110

Phone: (415)626-7553

Record ID: 380005AN

Service Type: RES

Resident Capacity: 19

Total Occupancy: 20

Target Population: 1.1 --- CO-ED

Expiration Date: 07/31/2016

Program Name: **HARBOR LIGHT ALCOHOL SERVICES CENTER**

Legal Name: THE SALVATION ARMY

Address: 1275 HARRISON STREET

City, State Zip: SAN FRANCISCO, CA 94103

Phone: (415)503-3000

Record ID: 380006AN

Service Type: RES-DETOX

Resident Capacity: 118

Total Occupancy: 118

Target Population: 1.1 --- CO-ED

Expiration Date: 04/30/2016

Program Name: **THE SALVATION ARMY - HARBOR HOUSE**

Legal Name: THE SALVATION ARMY

Address: 407 NINTH STREET

City, State Zip: SAN FRANCISCO, CA 94103

Phone: (415)503-3029

Fax: (415)252-6159

Record ID: 380006EN

Service Type: RES

Resident Capacity: 30

Total Occupancy: 82

Target Population: 1.1 --- CO-ED

Expiration Date: 08/31/2014

Program Name: **LATINO FAMILY ALCOHOLISM COUNSELING CENTER**

Legal Name: THE MISSION COUNCIL ON ALCOHOL ABUSE FOR THE SPANISH
SPEAKING

Address: 154-A CAPP STREET

City, State Zip: SAN FRANCISCO, CA 94110

Phone: (415)826-6767

Fax: (415)826-1408

Record ID: 380008AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 8/31/2015

Program Name: **FAMILY DAY TREATMENT PROGRAM**

Legal Name: THE MISSION COUNCIL ON ALCOHOL ABUSE FOR THE SPANISH
SPEAKING

Address: 154-A CAPP STREET

City, State Zip: SAN FRANCISCO, CA 94110

Phone: (415)826-6767 Fax: (415)701-1868

Record ID: 380008BN

Service Type: NON

Target Population: 1.7 --- FAMILIES

Expiration Date: 1/31/2017

Program Name: **HENRY OHLHOFF HOUSE**

Legal Name: HENRY OHLHOFF HOUSE

Address: 601 STEINER STREET AND 625 STEINER STREET

City, State Zip: SAN FRANCISCO, CA 94117

Phone: (415)621-4388 Fax: (415)626-0170

Record ID: 380013AN

Service Type: RES

Resident Capacity: 52

Total Occupancy: 52

Target Population: 1.2 --- MEN ONLY

Expiration Date: 10/31/2015

Program Name: **HENRY OHLHOFF OUTPATIENT PROGRAMS**

Legal Name: HENRY OHLHOFF HOUSE

Address: 2191 MARKET STREET, SUITE A

City, State Zip: SAN FRANCISCO, CA 94114

Phone: (415)575-1100 Fax: (415)575-1106

Record ID: 380013BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 3/31/2016

Program Name: **HEALTHRIGHT 360**

Legal Name: HEALTHRIGHT 360

Address: 1735 MISSION STREET

City, State Zip: SAN FRANCISCO, CA 94103

Phone: (415)970-7500 Fax: (415)746-1968

Record ID: 380016ACN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2015

Program Name: **HEALTHRIGHT 360**

Legal Name: HEALTHRIGHT 360

Address: 1318 GATEVIEW STREET, TREASURE ISLAND UNITS A-F
City, State Zip: SAN FRANCISCO, CA 94130

Phone: (415)970-7500 Fax: (415)437-6823

Record ID: 380016ADN

Service Type: RES

Resident Capacity: 54

Total Occupancy: 54

Target Population: 1.1 --- CO-ED

Expiration Date: 07/31/2016

Program Name: **HEALTHRIGHT 360**

Legal Name: HEALTHRIGHT 360

Address: 890 HAYES STREET
City, State Zip: SAN FRANCISCO, CA 94117

Phone: (415)970-7500

Record ID: 380016AFN

Service Type: RES

Resident Capacity: 115

Total Occupancy: 115

Target Population: 1.1 --- CO-ED

Expiration Date: 04/30/2016

Program Name: **HEALTHRIGHT 360**

Legal Name: HEALTHRIGHT 360

Address: 1442 CHINOOK COURT, UNITS A,B,C AND D
City, State Zip: SAN FRANCISCO, CA 94130

Phone: (415)970-7500

Record ID: 380016AGN

Service Type: RES

Resident Capacity: 15

Total Occupancy: 15

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 03/31/2016

Program Name: **HEALTHRIGHT 360**

Legal Name: HEALTHRIGHT 360

Address: 214 HAIGHT STREET
City, State Zip: SAN FRANCISCO, CA 94102

Phone: (415)762-3700

Fax: (415)989-4910

Record ID: 380016AHN

Service Type: RES

Resident Capacity: 64

Total Occupancy: 64

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 03/31/2017

Program Name: **HEALTHRIGHT 360**

Legal Name: HEALTHRIGHT 360

Address: 1601 DONNER AVENUE #3

City, State Zip: SAN FRANCISCO, CA 94124

Phone: (415)970-7500

Fax: (415)970-7518

Record ID: 380016AJN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 9/30/2015

Program Name: **HEALTHRIGHT 360**

Legal Name: HEALTHRIGHT 360

Address: 2261 AND 2263 BRYANT STREET

City, State Zip: SAN FRANCISCO, CA 94110

Phone: (415)970-7500

Fax: (415)000-0000

Record ID: 380016AKN

Service Type: RES

Resident Capacity: 16

Total Occupancy: 25

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 07/31/2015

Program Name: **HEALTHRIGHT 360**

Legal Name: HEALTHRIGHT 360

Address: 815 BUENA VISTA WEST

City, State Zip: SAN FRANCISCO, CA 94117

Phone: (415)970-7500

Fax: (415)437-6823

Record ID: 380016ALN

Service Type: RES-DETOX

Resident Capacity: 108

Total Occupancy: 108

Target Population: 1.1 --- CO-ED

Expiration Date: 06/30/2016

Program Name: **ASIAN AMERICAN RESIDENTIAL RECOVERY SERVICES**

Legal Name: HEALTHRIGHT 360

Address: 2024 HAYES STREET

City, State Zip: SAN FRANCISCO, CA 94117

Phone: (415)750-5111

Record ID: 380016AON

Service Type: RES

Resident Capacity: 26

Total Occupancy: 26

Target Population: 1.1 --- CO-ED

Expiration Date: 02/29/2016

Program Name: **AARS-PROJECT ADAPT**

Legal Name: HEALTHRIGHT 360

Address: 2020 HAYES STREET

City, State Zip: SAN FRANCISCO, CA 94117

Phone: (415)750-5125

Record ID: 380016AQN

Service Type: RES

Target Population: 1.1 --- CO-ED

Expiration Date: 9/30/2016

Program Name: **LEE WOODWARD COUNSELING CENTER FOR WOMEN**

Legal Name: HEALTHRIGHT 360

Address: 2166 HAYES STREET, SUITE 303 & 303-A

City, State Zip: SAN FRANCISCO, CA 94117

Phone: (415)776-1001 Fax: (415)776-1066

Record ID: 380016ARN

Service Type: NON

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 6/30/2016

Program Name: **FR. ALFRED CENTER**

Legal Name: ST. ANTHONY FOUNDATION

Address: 291 10TH STREET

City, State Zip: SAN FRANCISCO, CA 94103

Phone: (415)592-2880 Fax: (415)252-0537

Record ID: 380017CN
Service Type: RES
Resident Capacity: 80
Total Occupancy: 80
Target Population: 1.2 --- MEN ONLY
Expiration Date: 03/31/2016

Program Name: **YOUTH SERVICES OF SAN FRANCISCO**

Legal Name: HEALTHRIGHT 360

Address: 2166 HAYES STREET, SUITE 302

City, State Zip: SAN FRANCISCO, CA 94117

Phone: (415)776-1001

Fax: (415)776-1066

Record ID: 380020DN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 1/31/2016

Program Name: **STEPPING STONE**

Legal Name: SAN FRANCISCO WOMEN'S REHABILITATION FOUNDATION,
INCORPORATED

Address: 255 10TH AVENUE

City, State Zip: SAN FRANCISCO, CA 94118

Phone: (415)751-5921

Fax: (415)751-5130

Record ID: 380032AN

Service Type: RES

Resident Capacity: 14

Total Occupancy: 14

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 08/31/2016

Program Name: **SUPPORTIVE LIVING PROGRAM (SLP)**

Legal Name: CENTER ON JUVENILE AND CRIMINAL JUSTICE

Address: 1671 25TH AVENUE

City, State Zip: SAN FRANCISCO, CA 94122

Phone: (415)661-5777

Fax: (415)621-5466

Record ID: 380035BN

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.2 --- MEN ONLY

Expiration Date: 10/31/2014

Program Name: **SUPPORTIVE LIVING PROGRAM**

Legal Name: CENTER ON JUVENILE AND CRIMINAL JUSTICE

Address: 1163 GOETTINGEN STREET

City, State Zip: SAN FRANCISCO, CA 94134-2117

Phone: (415)508-1542

Fax: (415)621-5466

Record ID: 380035CN

Service Type: RES

Resident Capacity: 10

Total Occupancy: 10

Target Population: 1.2 --- MEN ONLY

Expiration Date: 10/31/2014

Program Name: **GOOD SHEPHERD GRACENTER**

Legal Name: THE GOOD SHEPHERD GRACENTER OF SAN FRANCISCO

Address: 250 AMHERST STREET

City, State Zip: SAN FRANCISCO, CA 94134

Phone: (415)337-1938

Fax: (415)586-0355

Record ID: 380040BN

Service Type: RES

Resident Capacity: 13

Total Occupancy: 13

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 06/30/2016

Program Name: **JELANI HOUSE**

Legal Name: JELANI, INC.

Address: 1601 QUESADA AVENUE

City, State Zip: SAN FRANCISCO, CA 94124

Phone: (415)822-5977

Fax: (415)822-5943

Record ID: 380045AN

Service Type: RES

Resident Capacity: 16

Total Occupancy: 42

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 06/30/2016

Program Name: **JELANI, INC.'S FAMILY PROGRAM**

Legal Name: JELANI, INC.

Address: 1638 AND 1640 KIRKWOOD STREET
City, State Zip: SAN FRANCISCO, CA 94124

Phone: (415)468-5100 Fax: (415)822-5943

Record ID: 380045DN

Service Type: RES

Resident Capacity: 12

Total Occupancy: 24

Target Population: 1.1 --- CO-ED

Expiration Date: 01/31/2017

Program Name: **CASA QUETZAL**

Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES OF
SAN MATEO COUNTY, INC.

Address: 635 BRUNSWICK STREET

City, State Zip: SAN FRANCISCO, CA 94112

Phone: (415)337-4065

Record ID: 380055AN

Service Type: RES

Resident Capacity: 9

Total Occupancy: 9

Target Population: 1.2 --- MEN ONLY

Expiration Date: 10/31/2015

Program Name: **AVIVA HOUSE**

Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES OF
SAN MATEO COUNTY, INC.

Address: 1724-1726 BRYANT STREET

City, State Zip: SAN FRANCISCO, CA 94110

Phone: (650)244-1444 Fax: (650)244-1447

Record ID: 380055BN

Service Type: RES

Resident Capacity: 5

Total Occupancy: 9

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 03/31/2016

Program Name: **ZAP PROGRAM**

Legal Name: POTRERO HILL NEIGHBORHOOD HOUSE

Address: 953 DE HARO STREET

City, State Zip: SAN FRANCISCO, CA 94107

Phone: (415)826-8080 Fax: (415)826-5252

Record ID: 380057AN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 11/30/2014

Program Name: **HORIZONS UNLIMITED OF SAN FRANCISCO, INC.**

Legal Name: HORIZONS UNLIMITED OF SAN FRANCISCO, INC.

Address: 440 POTRERO AVENUE

City, State Zip: SAN FRANCISCO, CA 94110

Phone: (415)487-6700

Record ID: 380059AN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 2/28/2017

Program Name: **STIMULANT TREATMENT OUTPATIENT PROGRAM (STOP)**

Legal Name: UNIVERISTY OF CALIFORNIA, SAN FRANCISCO

Address: 982 MISSION STREET

City, State Zip: SAN FRANCISCO, CA 94103

Phone: (415)597-8000 Fax: (415)597-8004

Record ID: 380061AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2015

Program Name: **SAGE'S TRAUMA AND RECOVERY CENTER**

Legal Name: SAGE PROJECT, INC.

Address: 68 12TH STREET, SUITE 2B

City, State Zip: SAN FRANCISCO, CA 94103

Phone: (415)905-5050 Fax: (415)358-2729

Record ID: 380063AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2015

Program Name: **EPIPHANY HOUSE**

Legal Name: MOUNT ST. JOSEPH - ST. ELIZABETH

Address: 1615 BRODERICK STREET

City, State Zip: SAN FRANCISCO, CA 94115

Phone: (415)409-6003 Fax: (415)351-4051

Record ID: 380081BN

Service Type: RES

Resident Capacity: 14

Total Occupancy: 22

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 11/30/2015

Program Name: **EPIPHANY RESIDENTIAL PROGRAM**

Legal Name: MOUNT ST. JOSEPH - ST. ELIZABETH

Address: 100 MASONIC AVENUE

City, State Zip: SAN FRANCISCO, CA 94118

Phone: (415)750-1033 Fax: (415)750-1032

Record ID: 380081CN

Service Type: RES

Resident Capacity: 18

Total Occupancy: 38

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 11/30/2015

Program Name: **HARM REDUCTION THERAPY CENTER**

Legal Name: THE HARM REDUCTION THERAPY CENTER

Address: 45 FRANKLIN STREET, SUITE 320

City, State Zip: SAN FRANCISCO, CA 94102

Phone: (415)252-0669 Fax: (415)252-0669

Record ID: 380082AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 8/31/2015

Program Name: **POST RELEASE EDUCATION PROGRAM (P.R.E.P.)**

Legal Name: SAN FRANCISCO SHERIFF'S DEPARTMENT

Address: 70 OAK GROVE

City, State Zip: SAN FRANCISCO, CA 94107

Phone: (415)575-6450 Fax: (415)575-6452

Record ID: 380083BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2015

Program Name: **SUBSTANCE ABUSE PROGRAM**

Legal Name: CURRY SENIOR CENTER

Address: 315 TURK STREET

City, State Zip: SAN FRANCISCO, CA 94102

Phone: (415)885-2274

Fax: (415)885-2344

Record ID: 380091AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2015

Program Name: **NATIVE AMERICAN HEALTH CENTER**

Legal Name: NATIVE AMERICAN HEALTH CENTER, INC.

Address: 160 CAPP STREET, 2ND FLOOR

City, State Zip: SAN FRANCISCO, CA 94110

Phone: (415)503-1046

Fax: (415)503-7081

Record ID: 380094AN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 5/31/2016

Program Name: **THE STONEWALL PROJECT**

Legal Name: THE SAN FRANCISCO AIDS FOUNDATION

Address: 1035 MARKET STREET, SUITE 400

City, State Zip: SAN FRANCISCO, CA 94103

Phone: (415)487-3100

Fax: (415)558-9657

Record ID: 380096AN

Service Type: NON

Target Population: 1.2 --- MEN ONLY

Expiration Date: 3/31/2016

Program Name: **GLIDE HEALTH SERVICES RECOVERY PROGRAM**

Legal Name: BOARD OF TRUSTEES OF THE GLIDE FOUNDATION

Address: 330 ELLIS STREET

City, State Zip: SAN FRANCISCO, CA 94102

Phone: (415)674-6140

Fax: (415)885-8515

Record ID: 380097AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2015

Program Name: **ASIAN AND PACIFIC ISLANDER WELLNESS CENTER, INC.**

Legal Name: ASIAN AND PACIFIC ISLANDER WELLNESS CENTER, INC.

Address: 730 POLK STREET, 4TH FLOOR

City, State Zip: SAN FRANCISCO, CA 94109

Phone: (415)292-3400

Fax: (415)292-3404

Record ID: 380098AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 7/31/2015

Program Name: **BAYVIEW HUNTERS POINT FOUNDATION YOUTH SERVICES PROGRAM**

Legal Name: BAYVIEW HUNTERS POINT FOUNDATION FOR COMMUNITY IMPROVEMENT

Address: 5015 THIRD STREET

City, State Zip: SAN FRANCISCO, CA 94124

Phone: (415)822-1585

Fax: (415)822-6443

Record ID: 380101DN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 11/30/2016

Program Name: **BAYSIDE MARIN, INC. DBA BAYSIDE SAN FRANCISCO**

Legal Name: CRC HEALTH GROUP, INC.

Address: 450 SUTTER STREET, SUITE 300

City, State Zip: SAN FRANCISCO, CA 94108

Phone: (415)721-2000

Record ID: 380102AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 1/31/2016

Program Name: **NCADA-BA OUTPATIENT TREATMENT PROGRAM**

Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND OTHER DRUG ADDICTIONS - BAY AREA, INC.

Address: 1170 MARKET STREET, 6TH FLOOR

City, State Zip: SAN FRANCISCO, CA 94102

Phone: (415)296-9900

Fax: (415)296-0626

Record ID: 380103AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2016

Program Name: **FOUNDATIONS SAN FRANCISCO**

Legal Name: FRN OUTPATIENT SAN FRANCISCO LLC

Address: 55 FRANCISCO STREET, SUITE # 405

City, State Zip: SAN FRANCISCO, CA 94133

Phone: (415)218-1370

Record ID: 380104AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2015

Program Name: **UCSF ALLIANCE HEALTH PROJECT**

Legal Name: THE REGENTS OF THE UNIVERSITY OF CALIFORNIA

Address: 1930 MARKET STREET

City, State Zip: SAN FRANCISCO, CA 94102

Phone: (415)476-3902

Fax: (415)476-3655

Record ID: 380105AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 7/31/2016

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

As of 7/9/2015

San Joaquin County

Program Name: **SAN JOAQUIN COUNTY RECOVERY HOUSE**

Legal Name: SAN JOAQUIN COUNTY OFFICE OF SUBSTANCE ABUSE SERVICES

Address: 500 WEST HOSPITAL ROAD-RECOVERY HOUSE

City, State Zip: FRENCH CAMP, CA 95231

Phone: (209)468-6857

Record ID: 390002AN

Service Type: RES-DETOX

Resident Capacity: 69

Total Occupancy: 69

Target Population: 1.1 --- CO-ED

Expiration Date: 04/30/2016

Program Name: **CHEMICAL DEPENDENCY COUNSELING CENTER**

Legal Name: SAN JOAQUIN COUNTY BEHAVIORAL HEALTH SERVICES' SUBSTANCE
ABUSE SERVICES

Address: 620 NORTH AURORA STREET, SUITES 1, 3, 3A, AND S2-9

City, State Zip: STOCKTON, CA 95202

Phone: (209)468-3720

Fax: (209)468-8640

Record ID: 390002DN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 9/30/2016

Program Name: **FAMILY TIES**

Legal Name: SAN JOAQUIN COUNTY BEHAVIORAL HEALTH SERVICES' SUBSTANCE
ABUSE SERVICES

Address: 500 WEST HOSPITAL ROAD

City, State Zip: FRENCH CAMP, CA 95231

Phone: (209)468-6213

Fax: (209)468-7032

Record ID: 390002EN

Service Type: RES

Resident Capacity: 28

Total Occupancy: 53

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 01/31/2016

Program Name: **THREE RIVERS INDIAN LODGE**

Legal Name: NATIVE DIRECTIONS, INC.

Address: 13505 SOUTH UNION ROAD

City, State Zip: MANTECA, CA 95336

Phone: (209)858-2421

Record ID: 390003AN

Service Type: RES

Resident Capacity: 20

Total Occupancy: 20

Target Population: 1.2 --- MEN ONLY

Expiration Date: 05/31/2017

Program Name: **NEW DIRECTIONS**

Legal Name: ALCOHOL AND DRUG AWARENESS PROGRAM

Address: 1981 CHEROKEE ROAD

City, State Zip: STOCKTON, CA 95205

Phone: (209)870-6500

Fax: (209)982-1216

Record ID: 390007BN

Service Type: RES-DETOX

Resident Capacity: 95

Total Occupancy: 95

Target Population: 1.1 --- CO-ED

Expiration Date: 02/29/2016

Program Name: **NEW DIRECTIONS**

Legal Name: ALCOHOL AND DRUG AWARENESS PROGRAM

Address: 1981 CHEROKEE ROAD

City, State Zip: STOCKTON, CA 95205

Phone: (209)870-6500

Record ID: 390007CN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 2/29/2016

Program Name: **SERVICE FIRST OUTPATIENT PROGRAM**

Legal Name: SERVICE FIRST OF NORTHERN CALIFORNIA

Address: 1222 MONACO COURT, SUITE 28

City, State Zip: STOCKTON, CA 95207

Phone: (209)644-6327

Fax: (209)644-6327

Record ID: 390017AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2015

Program Name: **SERVICE FIRST OUTPATIENT PROGRAM**

Legal Name: SERVICE FIRST OF NORTHERN CALIFORNIA

Address: 445 W. WEBER AVENUE, SUITE 130

City, State Zip: STOCKTON, CA 95203

Phone: (209)644-4829

Record ID: 390017BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 3/31/2016

Program Name: **VALLEY COMMUNITY COUNSELING SERVICES**

Legal Name: VALLEY COMMUNITY COUNSELING SERVICES, INC.

Address: 129 E. Center Street

City, State Zip: MANTECA, CA 95336

Phone: (209)823-1911

Record ID: 390029AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 1/31/2017

Program Name: **VALLEY COMMUNITY COUNSELING SERVICES**

Legal Name: VALLEY COMMUNITY COUNSELING SERVICES, INC.

Address: 1300 WEST LODI AVENUE, SUITE G1+ G2

City, State Zip: LODI, CA 95242

Phone: (209)334-2126

Fax: (209)369-8406

Record ID: 390029BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 1/31/2017

Program Name: **VALLEY COMMUNITY COUNSELING SERVICES**

Legal Name: VALLEY COMMUNITY COUNSELING SERVICES, INC.

Address: 19 EAST 6TH STREET

City, State Zip: TRACY, CA 95376

Phone: (209)835-8583

Fax: (209)835-2910

Record ID: 390029CN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 1/31/2017

Program Name: **PACIFIC VALLEY RECOVERY CENTER, INCORPORATED**

Legal Name: PACIFIC VALLEY RECOVERY CENTER, INCORPORATED

Address: 33 EAST MAGNOLIA STREET, SUITE 14

City, State Zip: STOCKTON, CA 95202

Phone: (209)817-5720

Fax: (209)468-8342

Record ID: 390030AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2017

Program Name: **FRESH BEGINNING, INC.**

Legal Name: FRESH BEGINNING, INC.

Address: 72 WEST 11TH STREET, SUITE A

City, State Zip: TRACY, CA 95376

Phone: (209)830-7400

Fax: (209)833-8386

Record ID: 390031AN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 11/30/2015

Program Name: **STOCKTON CIRCLE OF FRIENDS ADULT PROGRAM**

Legal Name: STOCKTON CIRCLE OF FRIENDS ADULT PROGRAMS

Address: 501 AND 503 SOUTH PERSHING STREET

City, State Zip: STOCKTON, CA 95203

Phone: (209)513-5042

Record ID: 390032AN

Service Type: RES

Resident Capacity: 18

Total Occupancy: 18

Target Population: 1.2 --- MEN ONLY

Expiration Date: 06/30/2015

Program Name: **PACIFIC CENTER FOR ADDICTION SERVICES, INC.**

Legal Name: PACIFIC CENTER FOR ADDICTION SERVICES, INC.

Address: 808 NORTH CENTER STREET

City, State Zip: STOCKTON, CA 95202

Phone: (209)482-5671

Record ID: 390036AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 9/30/2016

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

As of 7/9/2015

San Luis Obispo County

Program Name: **SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL SERVICES**

Legal Name: SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL SERVICES

Address: 2180 JOHNSON AVENUE, ROOMS 101-148 AND BLUE ROOM

City, State Zip: SAN LUIS OBISPO, CA 93401

Phone: (805)781-4275

Record ID: 400003AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 1/31/2016

Program Name: **SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL SERVICES**

Legal Name: SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL SERVICES

Address: 3556 EL CAMINO REAL

City, State Zip: ATASCADERO, CA 93422

Phone: (805)461-6080

Fax: (805)461-6114

Record ID: 400003BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 6/30/2016

Program Name: **SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL SERVICES**

Legal Name: SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL SERVICES

Address: 1523 LONGBRANCH AVENUE

City, State Zip: GROVER BEACH, CA 93433

Phone: (805)473-7080

Fax: (805)473-7188

Record ID: 400003DN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 6/30/2016

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

As of 7/9/2015

San Mateo County

Program Name: **PALM AVENUE SOCIAL MODEL DETOXIFICATION**

Legal Name: HORIZON SERVICES, INCORPORATED

Address: 2251 PALM AVENUE

City, State Zip: SAN MATEO, CA 94403

Phone: (650)513-6500

Fax: (650)513-6506

Record ID: 410003AN

Service Type: RES-DETOX

Resident Capacity: 15

Total Occupancy: 15

Target Population: 1.1 --- CO-ED

Expiration Date: 02/29/2016

Program Name: **JAMES O'TOOLE CENTER**

Legal Name: PROJECT NINETY

Address: 15 NINTH AVENUE

City, State Zip: SAN MATEO, CA 94401

Phone: (650)579-7881

Fax: (650)579-2640

Record ID: 410005AN

Service Type: RES

Resident Capacity: 28

Total Occupancy: 28

Target Population: 1.2 --- MEN ONLY

Expiration Date: 10/31/2015

Program Name: **BETTS HOUSE**

Legal Name: PROJECT NINETY

Address: 23 AND 29 NORTH GRANT STREET

City, State Zip: SAN MATEO, CA 94401

Phone: (650)579-7881

Fax: (650)579-2640

Record ID: 410005CN

Service Type: RES

Resident Capacity: 10

Total Occupancy: 11

Target Population: 1.2 --- MEN ONLY

Expiration Date: 10/31/2015

Program Name: **CARNER HOUSE**

Legal Name: PROJECT NINETY

Address: 1451 YOUNG STREET

City, State Zip: SAN MATEO, CA 94401

Phone: (650)579-7881

Fax: (650)579-2640

Record ID: 410005GN

Service Type: RES

Resident Capacity: 6

Total Occupancy: 7

Target Population: 1.2 --- MEN ONLY

Expiration Date: 10/31/2015

Program Name: **SIMMONS HOUSE**

Legal Name: PROJECT NINETY

Address: 31 NINTH AVENUE

City, State Zip: SAN MATEO, CA 94401

Phone: (650)579-7881

Fax: (650)579-2640

Record ID: 410005JN

Service Type: RES

Resident Capacity: 6

Total Occupancy: 8

Target Population: 1.2 --- MEN ONLY

Expiration Date: 10/31/2015

Program Name: **ELLIOTT CENTER**

Legal Name: PROJECT NINETY

Address: 314 BADEN AVENUE

City, State Zip: SOUTH SAN FRANCISCO, CA 94080

Phone: (650)579-7881

Fax: (650)579-2640

Record ID: 410005MN

Service Type: RES

Resident Capacity: 8

Total Occupancy: 10

Target Population: 1.2 --- MEN ONLY

Expiration Date: 10/31/2016

Program Name: **BRENNER HOUSE**

Legal Name: PROJECT NINETY
Address: 535 BADEN AVENUE
City, State Zip: SOUTH SAN FRANCISCO, CA 94080

Phone: (650)579-7881
Record ID: 410005RN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.2 --- MEN ONLY
Expiration Date: 10/31/2016

Program Name: **PROJECT NINETY**
Legal Name: PROJECT NINETY
Address: 195 SPRUCE AVENUE
City, State Zip: SOUTH SAN FRANCISCO, CA 94080

Phone: (650)616-8959 Fax: (650)579-2640
Record ID: 410005TN
Service Type: RES
Resident Capacity: 5
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2016

Program Name: **PROJECT NINETY**
Legal Name: PROJECT NINETY
Address: 416 2ND AVENUE
City, State Zip: SAN MATEO, CA 94401

Phone: (650)579-7881 Fax: (650)579-2640
Record ID: 410005VN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015

Program Name: **WORKING MAN'S PROGRAM**
Legal Name: PROJECT NINETY
Address: 247 DELAWARE AVENUE, #A
City, State Zip: SAN MATEO, CA 94401

Phone: (650)579-7882 Fax: (650)579-2640
Record ID: 410005WN

Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.2 --- MEN ONLY
Expiration Date: 05/31/2016

Program Name: **PROJECT NINETY, KLEINHEINZ HOUSE**

Legal Name: PROJECT NINETY
Address: 114 DELAWARE STREET
City, State Zip: SAN MATEO, CA 94401

Phone: (650)696-9925 Fax: (650)579-2640

Record ID: 410005XN

Service Type: RES
Resident Capacity: 6
Total Occupancy: 9
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2015

Program Name: **PYRAMID ALTERNATIVES**

Legal Name: PYRAMID ALTERNATIVES COUNSELING AND EDUCATION, INC.
Address: 480 MANOR PLAZA
City, State Zip: PACIFICA, CA 94044

Phone: (650)355-8787

Record ID: 410006AN

Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2015

Program Name: **PYRAMID ALTERNATIVES**

Legal Name: PYRAMID ALTERNATIVES COUNSELING AND EDUCATION, INC.
Address: 1590 EL CAMINO REAL
City, State Zip: SAN BRUNO, CA 94066

Phone: (650)355-8787

Record ID: 410006CN

Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2015

Program Name: **OUR COMMON GROUND EPA**

Legal Name: OUR COMMON GROUND, INC.

Address: 2560 PULGAS AVENUE
City, State Zip: EAST PALO ALTO, CA 94303

Phone: (650)325-6466
Record ID: 410012CN
Service Type: RES
Resident Capacity: 32
Total Occupancy: 32
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2016

Program Name: **HOPE HOUSE**

Legal Name: SAN MATEO COUNTY SERVICE LEAGUE
Address: 3789 HOOVER STREET
City, State Zip: REDWOOD CITY, CA 94063

Phone: (650)363-8735 Fax: (650)363-8701
Record ID: 410013AN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 14
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 11/30/2015

Program Name: **HOPE HOUSE III**

Legal Name: SAN MATEO COUNTY SERVICE LEAGUE
Address: 3787-A AND 3787-B HOOVER STREET
City, State Zip: REDWOOD CITY, CA 94063

Phone: (650)363-8735 Fax: (650)363-8701
Record ID: 410013BN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 05/31/2015

Program Name: **MISSION HOUSE**

Legal Name: THE SOLIDARITY FELLOWSHIP, INC.
Address: 1679 SOUTH NORFOLK STREET
City, State Zip: SAN MATEO, CA 94402

Phone: (650)333-9183 Fax: (650)341-3803

Record ID: 410017AN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 03/31/2016

Program Name: **CASA MARIA RECOVERY HOME**

Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES OF
SAN MATEO COUNTY, INC.

Address: 300 ROLLING HILLS AVENUE
City, State Zip: SAN MATEO, CA 94403

Phone: (650)244-1444

Record ID: 410020AN
Service Type: RES
Resident Capacity: 9
Total Occupancy: 5
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 04/30/2017

Program Name: **CASA AZTLAN RECOVERY HOME**

Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES OF
SAN MATEO COUNTY, INC.

Address: 660 MACARTHUR AVENUE
City, State Zip: REDWOOD CITY, CA 94065

Phone: (650)355-7573

Record ID: 410020DN
Service Type: RES
Resident Capacity: 9
Total Occupancy: 9
Target Population: 1.2 --- MEN ONLY
Expiration Date: 04/30/2017

Program Name: **CASA ADELITA**

Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES OF
SAN MATEO COUNTY, INC.

Address: 160 TEHAMA COURT
City, State Zip: SAN BRUNO, CA 94066

Phone: (650)244-1444 Fax: (650)244-1447

Record ID: 410020FN

Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 02/29/2016

Program Name: **CASA LOS HERMANOS**

Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES OF
SAN MATEO COUNTY, INC.

Address: 693 7TH AVENUE

City, State Zip: SAN BRUNO, CA 94006

Phone: (415)468-9020

Fax: (415)468-1740

Record ID: 410020HN

Service Type: RES

Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 12/31/2015

Program Name: **LATINO COMMISSION-ENTRE FAMILIA OUTPATIENT**

Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES OF
SAN MATEO COUNTY, INC.

Address: 301 GRAND AVENUE, SUITE 301

City, State Zip: SOUTH SAN FRANCISCO, CA 94080

Phone: (650)244-1444

Fax: (650)244-1447

Record ID: 410020IN

Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2015

Program Name: **SITIKE COUNSELING CENTER**

Legal Name: SITIKE

Address: 306 SPRUCE AVENUE

City, State Zip: SOUTH SAN FRANCISCO, CA 94080

Phone: (650)589-9305

Record ID: 410023AN

Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016

Program Name: **THE FREEDOM CENTER**

Legal Name: EL CENTRO DE LIBERTAD/THE FREEDOM CENTER, INC.

Address: 500 ALLERTON STREET

City, State Zip: REDWOOD CITY, CA 94063

Phone: (650)599-9955

Fax: (950)599-9273

Record ID: 410026CN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 2/28/2017

Program Name: **EL CENTRO DE LIBERTAD/THE FREEDOM CENTER**

Legal Name: EL CENTRO DE LIBERTAD/THE FREEDOM CENTER, INC.

Address: 225 SOUTH CABRILLO HIGHWAY, BUILDING D, SUITE # 105

City, State Zip: HALF MOON BAY, CA 94019

Phone: (650)560-9995

Fax: (650)560-9991

Record ID: 410026DN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 1/31/2017

Program Name: **WALKER HOUSE**

Legal Name: FREE AT LAST: COMMUNITY RECOVERY AND REHABILITATION SERVICES

Address: 1095 WEEKS STREET

City, State Zip: EAST PALO ALTO, CA 94303

Phone: (650)462-4603

Fax: (650)462-3589

Record ID: 410027AN

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.2 --- MEN ONLY

Expiration Date: 08/31/2015

Program Name: **MALAIKA HOUSE**

Legal Name: FREE AT LAST: COMMUNITY RECOVERY AND REHABILITATION SERVICES

Address: 819 & 823 JAMIE LANE

City, State Zip: EAST PALO ALTO, CA 94303

Phone: (650)462-6983

Record ID: 410027BN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 14
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 08/31/2015

Program Name: **FREE AT LAST**

Legal Name: FREE AT LAST: COMMUNITY RECOVERY AND REHABILITATION SERVICES

Address: 1796 BAY ROAD
City, State Zip: EAST PALO ALTO, CA 94303

Phone: (650)462-6999

Record ID: 410027IN

Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2017

Program Name: **WILLIAMS HOUSE I & II**

Legal Name: FREE AT LAST:COMMUNITY RECOVERY AND REHABILITATION SERVICES

Address: 1085-A AND 1085-B WEEKS STREET
City, State Zip: EAST PALO ALTO, CA 94303

Phone: (650)462-6999 Fax: (650)462-1055

Record ID: 410027LN

Service Type: RES

Resident Capacity: 6
Total Occupancy: 6
Target Population:
Expiration Date: 08/31/2016

Program Name: **ARCHWAY**

Legal Name: STARVISTA

Address: 609 PRICE AVENUE, ROOMS 101, 107, 201, 205, 206 AND 208
City, State Zip: REDWOOD CITY, CA 94063

Phone: (650)366-8433 Fax: (650)366-8455

Record ID: 410038AN

Service Type: NON

Target Population: 1.1 --- CO-ED
Expiration Date: 1/31/2016

Program Name: **INSIGHTS**

Legal Name: STARVISTA

Address: 333 GELLERT BOULEVARD #206

City, State Zip: DALY CITY, CA 94015

Phone: (650)755-0858

Fax: (650)755-1754

Record ID: 410038BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 1/31/2016

Program Name: **FIRST CHANCE SOUTH**

Legal Name: STARVISTA

Address: 826 MAHLER ROAD

City, State Zip: BURLINGAME, CA 94010

Phone: (650)595-8165

Fax: (650)595-8167

Record ID: 410038DN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 1/31/2016

Program Name: **WOMEN'S ENRICHMENT CENTER**

Legal Name: STARVISTA

Address: 335 QUARRY ROAD

City, State Zip: SAN CARLOS, CA 94070

Phone: (650)591-3636

Fax: (650)591-3600

Record ID: 410038EN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 1/31/2016

Program Name: **JERICHO PROJECT**

Legal Name: JERICHO PROJECT

Address: 163 AND 193 DEL PRADO DRIVE

City, State Zip: DALY CITY, CA 94015

Phone: (650)994-9832

Fax: (650)994-1191

Record ID: 410041BN

Service Type: RES

Resident Capacity: 24

Total Occupancy: 24
Target Population: 1.2 --- MEN ONLY
Expiration Date: 03/31/2017

Program Name: **JERICHO PROJECT**
Legal Name: JERICHO PROJECT
Address: 470 VALLEY DRIVE
City, State Zip: BRISBANE, CA 94005

Phone: (415)656-1700
Record ID: 410041DN
Service Type: NON
Target Population: 1.2 --- MEN ONLY
Expiration Date: 10/31/2016

Program Name: **OUTPATIENT DRUG AND ALCOHOL SERVICES FOR ASIANS (ODASA)**
Legal Name: HEALTHRIGHT 360
Address: 6181 MISSION STREET
City, State Zip: DALY CITY, CA 94014

Phone: (415)337-0140
Record ID: 410043AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016

Program Name: **HEALTHRIGHT 360 - AARS YOUTH SERVICES OF SAN MATEO**
Legal Name: HEALTHRIGHT 360
Address: 1115 MISSION ROAD
City, State Zip: SOUTH SAN FRANCISCO, CA 94080

Phone: (650)243-4850 Fax: (650)243-4851
Record ID: 410043BN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 5/31/2016

Program Name: **HealthRIGHT 360 - Women's Recovery Association Outpatient - The Center**
Legal Name: HEALTHRIGHT 360
Address: 1818 Gilbreth Road
Suite 230
City, State Zip: Burlingame, CA 94010

Phone: (650)348-6603
Record ID: 410043CN
Service Type: NON
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 2/29/2016

Program Name: **WRA, HILLSDIE HOUSE ONE**

Legal Name: HEALTHRIGHT 360
Address: 27 NORTH HUMBOLDT STREET, UNIT A 7 UNIT B
City, State Zip: SAN MATEO, CA 94401

Phone: (415)762-1559
Record ID: 410043DN
Service Type: RES
Resident Capacity: 5
Total Occupancy: 11
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 09/30/2015

Program Name: **WRA, LAUEL HOUSE**

Legal Name: HEALTHRIGHT 360
Address: 900 LAUREL AVENUE
City, State Zip: SAN MATEO, CA 94401

Phone: (650)347-8808
Record ID: 410043FN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 13
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 02/29/2016

Program Name: **HEALTHRIGHT 360**

Legal Name: HEALTHRIGHT 360
Address: 2015 PIONEER COURT, SUITE B
City, State Zip: SAN MATEO, CA 94403

Phone: (415)762-3700
Record ID: 410043GN
Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 7/31/2016

Program Name: **STILLPATH RETREAT CENTER PROGRAM**

Legal Name: STILLPATH RETREAT CENTER LLC

Address: 16350 SKYLINE BOULEVARD

City, State Zip: WOODSIDE, CA 94062

Phone: (415)233-0178

Fax: (888)866-1940

Record ID: 410044BP

Service Type: RES-DETOX

Resident Capacity: 52

Total Occupancy: 52

Target Population: 1.1 --- CO-ED

Expiration Date: 05/31/2017

Program Name: **THE SEQUOIA CENTER**

Legal Name: CHEMICAL DATA SERVICES CORPORATION

Address: 481 & 483 LINCOLN AVENUE

City, State Zip: REDWOOD CITY, CA 94061

Phone: (650)364-5504

Record ID: 410045AP

Service Type: RES

Resident Capacity: 19

Total Occupancy: 19

Target Population: 1.1 --- CO-ED

Expiration Date: 03/31/2016

Program Name: **THE SEQUOIA CENTER INTENSIVE OUTPATIENT PROGRAM**

Legal Name: CHEMICAL DATA SERVICES CORPORATION

Address: 609 PRICE STREET, SUITE #102 & #106

City, State Zip: REDWOOD CITY, CA 94064

Phone: (650)400-7146

Record ID: 410045BP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 3/31/2016

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

As of 7/9/2015

Santa Barbara County

Program Name: **RECOVERY POINT ACUTE CARE**

Legal Name: GOOD SAMARITAN SHELTER

Address: 401 'B' W.MORRISON AVENUE

City, State Zip: SANTA MARIA, CA 93458

Phone: (805)347-3338

Record ID: 420010BN

Service Type: RES-DETOX

Resident Capacity: 12

Total Occupancy: 12

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2016

Program Name: **ANOTHER ROAD DETOX PROGRAM**

Legal Name: GOOD SAMARITAN SHELTER

Address: 113 SOUTH M STREET

City, State Zip: LOMPOC, CA 93436

Phone: (805)736-0357

Fax: (805)346-8656

Record ID: 420010DN

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2016

Program Name: **TURNING POINT**

Legal Name: GOOD SAMARITAN SHELTER

Address: 604 WEST OCEAN AVENUE

City, State Zip: LOMPOC, CA 93436

Phone: (805)736-0357

Fax: (805)737-0389

Record ID: 420010EN

Service Type: NON

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 11/30/2016

Program Name: **RECOVERY POINT OUTPATIENT PROGRAM**

Legal Name: GOOD SAMARITAN SHELTER

Address: 245 E. INGER DRIVE, SUITE 103B

City, State Zip: SANTA MARIA, CA 93454

Phone: (805)346-8185

Fax: (805)346-8656

Record ID: 420010FN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2016

Program Name: **CASA DE FAMILIA TREATMENT CENTER**

Legal Name: GOOD SAMARITAN SHELTER

Address: 403 'B' WEST MORRISON

City, State Zip: SANTA MARIA, CA 93454

Phone: (805)354-0815

Record ID: 420010GN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2016

Program Name: **LOMPOC RECOVERY CENTER**

Legal Name: GOOD SAMARITAN SHELTER

Address: 104 SOUTH C STREET, SUITE A

City, State Zip: LOMPOC, CA 93436

Phone: (805)332-3647

Record ID: 420010HN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 9/30/2016

Program Name: **SANTA BARBARA RESCUE MISSION - RECOVERY PROGRAM**

Legal Name: SANTA BARBARA RESCUE MISSION

Address: 535 EAST YANONALI STREET, A

City, State Zip: SANTA BARBARA, CA 93103

Phone: (805)966-1316

Fax: (805)966-7495

Record ID: 420016AN

Service Type: RES

Resident Capacity: 49

Total Occupancy: 49
Target Population: 1.2 --- MEN ONLY
Expiration Date: 02/28/2017

Program Name: **BETHEL HOUSE**

Legal Name: SANTA BARBARA RESCUE MISSION

Address: 24 WEST ARRELLEGA STREET

City, State Zip: SANTA BARBARA, CA 93101

Phone: (805)966-1316 Fax: (805)966-7495

Record ID: 420016BN

Service Type: RES

Resident Capacity: 24

Total Occupancy: 25

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 02/28/2017

Program Name: **RECOVERY SANTA BARBARA OUTPATIENT SERVICES**

Legal Name: SANTA BARBARA RESCUE MISSION

Address: 535 EAST YANONALI STREET, B

City, State Zip: SANTA BARBARA, CA 93103

Phone: (805)966-1316 Fax: (805)966-7495

Record ID: 420016CN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 3/31/2016

Program Name: **COTTAGE RESIDENTIAL CENTER**

Legal Name: SANTA BARBARA COTTAGE HOSPITAL

Address: 316 MONTECITO STREET

City, State Zip: SANTA BARBARA, CA 93101

Phone: (805)569-7815 Fax: (805)569-8314

Record ID: 420017AN

Service Type: RES

Resident Capacity: 24

Total Occupancy: 24

Target Population:

Expiration Date: 06/30/2015

Program Name: **PROJECT RECOVERY - ADULT OUTPATIENT TREATMENT PROGRAM**

Legal Name: SANTA BARBARA COUNCIL ON ALCOHOLISM AND DRUG ABUSE

Address: 133 EAST HALEY STREET
City, State Zip: SANTA BARBARA, CA 93101

Phone: (805)564-6057
Record ID: 420022AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015

Program Name: **DANIEL BRYANT YOUTH AND FAMILY TREATMENT CENTER**
Legal Name: COUNCIL ON ALCOHOLISM AND DRUG ABUSE
Address: 1111 GARDEN STREET
City, State Zip: SANTA BARBARA, CA 93101

Phone: (805)730-7575 Fax: (805)730-7503
Record ID: 420022BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015

Program Name: **PC1000**
Legal Name: COUNCIL ON ALCOHOLISM AND DRUG ABUSE
Address: 232 EAST CANON PERDIDO STREET
City, State Zip: SANTA BARBARA, CA 93101

Phone: (805)963-1433 Fax: (805)963-1720
Record ID: 420022DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015

Program Name: **PROJECT RECOVERY RESIDENTIAL DETOX PROGRAM**
Legal Name: COUNCIL ON ALCOHOLISM AND DRUG ABUSE
Address: 1020 PLACIDO AVENUE
City, State Zip: SANTA BARBARA, CA 93103

Phone: (805)963-1836 Fax: (805)963-8849
Record ID: 420022EN
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2015

Program Name: **CASA SERENA RESIDENTIAL RECOVERY PROGRAM**

Legal Name: CASA SERENA

Address: 1515 BATH STREET

City, State Zip: SANTA BARBARA, CA 93101

Phone: (805)564-8701

Fax: (805)966-6695

Record ID: 420024AN

Service Type: RES

Resident Capacity: 18

Total Occupancy: 18

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 06/30/2015

Program Name: **CASA SERENA RESIDENTIAL RECOVERY PROGRAM**

Legal Name: CASA SERENA

Address: 1922 AND 1924 CASTILLO STREET

City, State Zip: SANTA BARBARA, CA 93101

Phone: (805)687-6318

Fax: (805)966-6695

Record ID: 420024BN

Service Type: RES

Resident Capacity: 8

Total Occupancy: 8

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 06/30/2015

Program Name: **CASA SERENA RESIDENTIAL RECOVERY PROGRAM**

Legal Name: CASA SERENA

Address: 147 OLIVER ROAD

City, State Zip: SANTA BARBARA, CA 93105

Phone: (805)965-1625

Fax: (805)966-6695

Record ID: 420024CN

Service Type: RES

Resident Capacity: 6

Total Occupancy: 12

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 06/30/2015

Program Name: **SANCTUARY PSYCHIATRIC CENTERS**

Legal Name: SANCTUARY HOUSE OF SANTA BARBARA, INC.

Address: 222 WEST VALERIO, REAR BUILDING

City, State Zip: SANTA BARBARA, CA 93101

Phone: (805)569-2785 Fax: (805)563-1977

Record ID: 420026AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2015

Program Name: **COAST VALLEY SUBSTANCE ABUSE TREATMENT CENTER**

Legal Name: COAST VALLEY WORSHIP CENTER

Address: 1125 E. CLARK AVENUE, SUITE A2

City, State Zip: SANTA MARIA, CA 93455

Phone: (805)739-1512 Fax: (805)739-2855

Record ID: 420030AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 3/31/2015

Program Name: **COAST VALLEY SUBSTANCE ABUSE TREATMENT CENTER**

Legal Name: COAST VALLEY WORSHIP CENTER

Address: 133 NORTH F STREET

City, State Zip: LOMPOC, CA 93436

Phone: (805)735-7525

Record ID: 420030BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 8/31/2016

Program Name: **SANTA MARIA CENTER FOR CHANGE**

Legal Name: MENTAL HEALTH SYSTEMS, INC.

Address: 201 SOUTH MILLER, SUITE 108

City, State Zip: SANTA MARIA, CA 93454

Phone: (805)925-9811 Fax: (805)925-9706

Record ID: 420031BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 6/30/2016

Program Name: **RECOVERY ROAD MEDICAL CENTER**

Legal Name: RECOVERY ROAD MEDICAL CENTER, INC.

Address: 3891 STATE STREET, SUITE 205
City, State Zip: SANTA BARBARA, CA 93105

Phone: (805)962-7800 Fax: (805)962-9002

Record ID: 420034AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2016

Program Name: **THE TIDES SANTA BARBARA**

Legal Name: THE TIDES SANTA BARBARA, LLC

Address: 5277 AUSTIN ROAD

City, State Zip: SANTA BARBARA, CA 93111

Phone: (805)845-4320 Fax: (888)552-0299

Record ID: 420035AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2015

Program Name: **THE OAKS - A RESIDENTIAL TREATMENT PROGRAM
AT THE CHAMPION CENTER**

Legal Name: THE OAKS - A RESIDENTIAL TREATMENT PROGRAM
AT THE CHAMPION CENTER

Address: 303 SOUTH C STREET

City, State Zip: LOMPOC, CA 93436

Phone: (805)737-3321 Fax: (805)737-3304

Record ID: 420036AP

Service Type: RES

Resident Capacity:

Total Occupancy: 16

Target Population: 1.1 --- CO-ED

Expiration Date: 03/31/2017

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

As of 7/9/2015

Santa Clara County

Program Name: **PATHWAY HOUSE**

Legal Name: PATHWAY SOCIETY

Address: 102 SOUTH 11TH STREET

City, State Zip: SAN JOSE, CA 95112

Phone: (408)998-5191

Fax: (408)506-1194

Record ID: 430016AN

Service Type: RES

Resident Capacity: 65

Total Occupancy: 65

Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2015

Program Name: **PATHWAY OUTPATIENT CENTER**

Legal Name: PATHWAY SOCIETY

Address: 1659 SCOTT BOULEVARD, SUITE 5, 22, AND 32

City, State Zip: SANTA CLARA, CA 95050

Phone: (408)244-1834

Record ID: 430016BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2015

Program Name: **PATHWAY SOCIETY**

Legal Name: PATHWAY SOCIETY

Address: 16433 MONTEREY STREET, SUITE 140

City, State Zip: MORGAN HILL, CA 95037

Phone: (408)782-6300

Fax: (408)782-6363

Record ID: 430016DN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 3/31/2016

Program Name: **MARIPOSA LODGE**

Legal Name: PATHWAY SOCIETY
Address: 9500 MALECH ROAD
City, State Zip: SAN JOSE, CA 95151

Phone: (408)281-6542 Fax: (408)463-0794
Record ID: 430016FN
Service Type: RES-DETOX
Resident Capacity: 64
Total Occupancy: 64
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2015

Program Name: **HORIZON SOUTH**

Legal Name: HORIZON SERVICES, INCORPORATED
Address: 650 SOUTH BASCOM AVENUE
City, State Zip: SAN JOSE, CA 95128

Phone: (408)295-6675 Fax: (408)295-8544
Record ID: 430021AN
Service Type: RES-DETOX
Resident Capacity: 41
Total Occupancy: 41
Target Population: 1.2 --- MEN ONLY
Expiration Date: 08/31/2016

Program Name: **SUPPORT SYSTEMS HOMES OUTPATIENT AND DAY TREATMENT PROGRAM**

Legal Name: SUPPORT SYSTEMS HOMES, INC.
Address: 173 NORTH MORRISON AVENUE
City, State Zip: SAN JOSE, CA 95126

Phone: (408)370-9688 Fax: (408)370-3487
Record ID: 430027GP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2017

Program Name: **SUPPORT SYSTEMS HOMES ALCOHOL AND DRUG TREATMENT CENTER**

Legal Name: SUPPORT SYSTEMS HOMES, INC.
Address: 264 NORTH MORRISON AVENUE
City, State Zip: SAN JOSE, CA 95126

Phone: (408)370-9688

Fax: (408)370-3487

Record ID: 430027HP

Service Type: RES-DETOX

Resident Capacity: 32

Total Occupancy: 32

Target Population: 1.1 --- CO-ED

Expiration Date: 01/31/2017

Program Name: **SUPPORT SYSTEMS HOMES, INC.**

Legal Name: SUPPORT SYSTEMS HOMES, INC.

Address: 398 S. 12TH STREET

City, State Zip: SAN JOSE, CA 95112

Phone: (408)370-9688

Fax: (408)370-3487

Record ID: 430027IP

Service Type: RES

Resident Capacity: 22

Total Occupancy: 22

Target Population: 1.1 --- CO-ED

Expiration Date: 08/31/2015

Program Name: **SUPPORT SYSTEMS HOMES, INC.**

Legal Name: SUPPORT SYSTEMS HOMES, INC.

Address: 1271 & 1281 FLEMING AVENUE

City, State Zip: SAN JOSE, CA 95127

Phone: (408)370-9688

Fax: (408)370-3487

Record ID: 430027JP

Service Type: RES

Resident Capacity: 27

Total Occupancy: 27

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2015

Program Name: **ADOLESCENT COUNSELING SERVICES**

Legal Name: ADOLESCENT COUNSELING SERVICES

Address: 1717 EMBARCADERO ROAD, SUITE 4000

City, State Zip: PALO ALTO, CA 94303

Phone: (650)424-0852

Record ID: 430032AN

Service Type: NON

Target Population: 1.7 --- FAMILIES

Expiration Date: 1/31/2015

Program Name: **THE CAMP - OUTPATIENT SERVICES**

Legal Name: THE CAMP RECOVERY CENTERS, L.P.

Address: 256 EAST HAMILTON AVENUE, SUITE I

City, State Zip: CAMPBELL, CA 95008

Phone: (408)866-8167

Record ID: 430034AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 9/30/2015

Program Name: **SUMMIT RANCH**

Legal Name: ADVENT GROUP MINISTRIES, INC.

Address: 1200 WEST EDMUNDSON AVENUE

City, State Zip: MORGAN HILL, CA 95037

Phone: (408)779-1492 Fax: (408)604-0162

Record ID: 430038CN

Service Type: DSS

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 11/30/2016

Program Name: **LAUREL HOME**

Legal Name: ADVENT GROUP MINISTRIES, INC.

Address: 865 BLACK WALNUT COURT

City, State Zip: MORGAN HILL, CA 95037

Phone: (408)779-5841 Fax: (408)604-0162

Record ID: 430038DN

Service Type: DSS

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 11/30/2016

Program Name: **GATEWAY HOME**

Legal Name: ADVENT GROUP MINISTRIES, INC.

Address: 1960 CHURCH AVENUE

City, State Zip: SAN MARTIN, CA 95046

Phone: (408)683-2099 Fax: (425)686-0776

Record ID: 430038EN

Service Type: DSS

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 11/30/2016

Program Name: **AMICUS HOUSE, INC.**

Legal Name: AMICUS HOUSE, INC.

Address: 466 SOUTH BUENA VISTA AVENUE

City, State Zip: SAN JOSE, CA 95126

Phone: (408)294-2277

Record ID: 430041AP

Service Type: RES

Resident Capacity: 14

Total Occupancy: 14

Target Population: 1.1 --- CO-ED

Expiration Date: 08/31/2016

Program Name: **ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT**

Legal Name: THE ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT OF SANTA CLARA COUNTY, INC.

Address: 2400 MOORPARK AVENUE, SUITES 111, 205, 210, 300, AND, 301

City, State Zip: SAN JOSE, CA 95128

Phone: (408)975-2730

Fax: (408)975-2745

Record ID: 430042AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 1/31/2015

Program Name: **CALWORKS DUAL DIAGNOSIS PROGRAM**

Legal Name: THE GARDNER FAMILY CARE CORPORATION

Address: 160 EAST VIRGINIA STREET, SUITE 280

City, State Zip: SAN JOSE, CA 95112

Phone: (408)287-6200

Fax: (408)998-1535

Record ID: 430045AN

Service Type: NON

Target Population: 1.8 --- DUAL DIAGNOSIS

Expiration Date: 5/31/2015

Program Name: **PROYECTO PRIMAVERA ADULT OUTPATIENT PROGRAM**

Legal Name: THE GARDNER FAMILY CARE CORPORATION

Address: 614 TULLY ROAD

City, State Zip: SAN JOSE, CA 95111

Phone: (408)977-1591 Fax: (408)977-1136
Record ID: 430045BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015

Program Name: **FAMILY AND CHILDREN SERVICES--SUBSTANCE ABUSE TREATMENT PROGRAM**

Legal Name: FAMILY AND CHILDREN SERVICES
Address: 950 WEST JULIAN STREET
City, State Zip: SAN JOSE, CA 95126

Phone: (408)288-6200 Fax: (408)288-6201
Record ID: 430046AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015

Program Name: **FAMILY & CHILDREN SERVICES - SUBSTANCE ABUSE TREATMENT PROGRAM**

Legal Name: FAMILY AND CHILDREN SERVICES
Address: 375 CAMBRIDGE AVENUE
City, State Zip: PALO ALTO, CA 94306

Phone: (650)326-6576 Fax: (650)326-1340
Record ID: 430046BN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2015

Program Name: **FAMILY & CHILDREN SERVICES - SUBSTANCE ABUSE TREATMENT PROGRAM**

Legal Name: FAMILY AND CHILDREN SERVICES
Address: 2226 N. FIRST STREET
City, State Zip: SAN JOSE, CA 95131

Phone: (650)326-6576 Fax: (650)326-1340
Record ID: 430046CN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2015

Program Name: **FAMILY & CHILDREN SERVICES - SUBSTANCE ABUSE TREATMENT PROGRAM**

Legal Name: FAMILY AND CHILDREN SERVICES

Address: 2218 N. FIRST STREET

City, State Zip: SAN JOSE, CA 95131-2007

Phone: (650)326-6576

Fax: (650)326-1340

Record ID: 430046DN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 1/31/2015

Program Name: **INDIAN HEALTH CENTER OF SANTA CLARA VALLEY-OUTPATIENT ALCOHOL & OTHER DRUG PROGR**

Legal Name: INDIAN HEALTH CENTER OF SANTA CLARA VALLEY

Address: 602 EAST SANTA CLARA STREET, SUITE 230

City, State Zip: SAN JOSE, CA 95112

Phone: (408)350-2400

Fax: (408)350-2411

Record ID: 430047CN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2014

Program Name: **NINTH STREET HOUSE**

Legal Name: PROJECT NINETY

Address: 561 SOUTH 9TH STREET

City, State Zip: SAN JOSE, CA 95112

Phone: (650)579-7881

Fax: (650)579-2640

Record ID: 430051AN

Service Type: RES

Resident Capacity: 16

Total Occupancy: 18

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2015

Program Name: **PROJECT NINETY THIRD STREET HOUSE**

Legal Name: PROJECT NINETY

Address: 792 SOUTH THIRD STREET

City, State Zip: SAN JOSE, CA 95112

Phone: (650)579-7882

Fax: (650)579-2640

Record ID: 430051BN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 12
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2016

Program Name: **NEW LIFE RECOVERY CENTERS**
Legal Name: NEW LIFE RECOVERY CENTERS, INC.
Address: 473 NORTH SAN PEDRO
City, State Zip: SAN JOSE, CA 95110-2229

Phone: (408)297-1182 Fax: (408)297-7450
Record ID: 430053AP
Service Type: RES-DETOX
Resident Capacity: 18
Total Occupancy: 18
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2016

Program Name: **NEW LIFE RECOVERY CENTERS, INC.**
Legal Name: NEW LIFE RECOVERY CENTERS, INC.
Address: 1101 PARK AVENUE
City, State Zip: SAN JOSE, CA 95126

Phone: (408)297-1182 Fax: (408)297-7450
Record ID: 430053BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2015

Program Name: **NEW LIFE RECOVERY CENTERS, INC.**
Legal Name: NEW LIFE RECOVERY CENTERS, INC.
Address: 166 CLAYTON AVENUE
City, State Zip: SAN JOSE, CA 95110-2210

Phone: (408)975-0454 Fax: (408)230-0395
Record ID: 430053CP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 01/31/2016

Program Name: **HOUSE OF DAWN**
Legal Name: OPERATION DAWN
Address: 5034 PAGE MILL DRIVE
City, State Zip: SAN JOSE, CA 95111-4055

Phone: (408)362-0121
Record ID: 430059AN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.2 --- MEN ONLY
Expiration Date: 11/30/2016

Program Name: **POSITIVE PROGRESSION, INC.**
Legal Name: POSITIVE PROGRESSIONS RESIDENTIAL TREATMENT CENTERS, INC
Address: 1721 LOLLIE COURT
City, State Zip: SAN JOSE, CA 95124

Phone: (408)476-4888
Record ID: 430065AN
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2015

Program Name: **ADI-OUTPATIENT**
Legal Name: ADI- OP, INC.
Address: 1900 CAMDEN AVENUE, SUITE 202 AND 205
City, State Zip: SAN JOSE, CA 95124

Phone: (408)879-7581 Fax: (408)879-7587
Record ID: 430068AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2016

Program Name: **EMQ FAMILIESFIRST OUTPATIENT ADOLESCENT SUBSTANCE ABUSE**
Legal Name: FAMILIESFIRST, INC.
Address: 251 LLEWELLYN AVENUE
City, State Zip: CAMPBELL, CA 95008

Phone: (408)379-3796
Record ID: 430070AN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 11/30/2015

Program Name: **PARISI HOUSE ON THE HILL, INC.**
Legal Name: PARISI HOUSE ON THE HILL, INC.
Address: 9501 AND 9505 MALECH ROAD
City, State Zip: SAN JOSE, CA 95138

Phone: (408)281-6570 Fax: (408)463-1116
Record ID: 430071AN
Service Type: RES
Resident Capacity: 20
Total Occupancy: 42
Target Population:
Expiration Date: 05/31/2017

Program Name: **LIONROCK RECOVERY**
Legal Name: LIONROCK BEHAVIORAL HEALTH, INC.
Address: 621 E CAMPBELL AVENUE #17
City, State Zip: CAMPBELL, CA 95008

Phone: (760)994-4990 Fax: (866)899-8670
Record ID: 430074AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2015

Program Name: **GREENDALE HOUSE**
Legal Name: GREENDALE HOUSE
Address: 401 GREENDALE WAY
City, State Zip: SAN JOSE, CA 95129

Phone: (408)455-2944 Fax: (408)248-0972
Record ID: 430076AP
Service Type: RES
Resident Capacity: 14
Total Occupancy: 14
Target Population: 1.2 --- MEN ONLY
Expiration Date: 03/31/2016

Program Name: **SUMMIT ESTATE RECOVERY CENTER**

Legal Name: SUMMIT ESTATE, INC.

Address: 399 OLD MILL POND ROAD

City, State Zip: LOS GATOS, CA 95033

Phone: (650)733-4711

Fax: (877)230-5007

Record ID: 430077AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2015

Program Name: **SUMMIT ESTATE OUTPATIENT**

Legal Name: SUMMIT ESTATE, INC.

Address: 20640 3RD STREET

City, State Zip: SARATOGA, CA 95070

Phone: (408)469-4734

Fax: (408)469-4734

Record ID: 430077BP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 2/29/2016

Program Name: **CENTRAL TREATMENT & RECOVERY**

Legal Name: SANTA CLARA COUNTY, DEPARTMENT OF ALCOHOL AND DRUG SERVICES

Address: 976 LENZEN AVENUE, 1ST FLOOR, STE. 1900

City, State Zip: SAN JOSE, CA 95126-2737

Phone: (408)792-5656

Fax: (408)947-8719

Record ID: 430078AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 9/30/2016

Program Name: **ASIAN AMERICAN RECOVERY SERVICES, A HEALTHRIGHT 360 PROGRAM**

Legal Name: HEALTHRIGHT 360

Address: 1340 TULLY ROAD, SUITE 301 & 304

City, State Zip: SAN JOSE, CA 95122-3056

Phone: (408)271-3900

Fax: (415)865-0119

Record ID: 430079AN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: **ASIAN AMERICAN RECOVERY SERVICES, A HEALTHRIGHT 360 PROGRAM**

Legal Name: HEALTHRIGHT 360
Address: 542 VALLEY WAY
City, State Zip: MILPITAS, CA 95035

Phone: (408)271-3900
Record ID: 430079BN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 3/31/2016

Program Name: **Genesis Project**

Legal Name: TRUTH RECOVERY FOUNDATION, INC.
Address: 810 Palm Street
City, State Zip: San Jose, CA 95110

Phone: (408)500-6229
Record ID: 430080AN
Service Type: RES
Resident Capacity: 16
Total Occupancy: 16
Target Population: 1.2 --- MEN ONLY
Expiration Date: 04/30/2017

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

As of 7/9/2015

Santa Cruz County

Program Name: **ALTO COUNSELING CENTER-SOUTH**

Legal Name: ENCOMPASS COMMUNITY SERVICES

Address: 585 AUTO CENTER DRIVE

City, State Zip: WASTONVILLE, CA 95076

Phone: (831)722-5915

Fax: (831)722-8311

Record ID: 440001EN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2016

Program Name: **OUT-PATIENT CLIENT SERVICES**

Legal Name: JANUS OF SANTA CRUZ

Address: 200 SEVENTH AVENUE, SUITE 150

City, State Zip: SANTA CRUZ, CA 95062

Phone: (831)462-1060

Record ID: 440003AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 8/31/2016

Program Name: **RESIDENTIAL TREATMENT CENTER & SPECIAL CARE UNIT**

Legal Name: JANUS OF SANTA CRUZ

Address: 200 SEVENTH AVENUE

City, State Zip: SANTA CRUZ, CA 95062

Phone: (831)462-1060

Record ID: 440003BN

Service Type: RES-DETOX

Resident Capacity: 24

Total Occupancy: 24

Target Population: 1.1 --- CO-ED

Expiration Date: 08/31/2016

Program Name: **MONDANARO-BASKIN CENTER FOR WOMEN & CHILDREN**

Legal Name: JANUS OF SANTA CRUZ
Address: 516 CHESTNUT STREET
City, State Zip: SANTA CRUZ, CA 95060

Phone: (831)423-9015
Record ID: 440003DN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 24
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 08/31/2016

Program Name: **SANTA CRUZ RESIDENTIAL RECOVERY**

Legal Name: ENCOMPASS COMMUNITY SERVICES
Address: 125 RIGG STREET
City, State Zip: SANTA CRUZ, CA 95060

Phone: (831)423-2003
Record ID: 440008AN
Service Type: RES
Resident Capacity: 30
Total Occupancy: 30
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2016

Program Name: **ALTO COUNSELING CENTER - NORTH**

Legal Name: ENCOMPASS COMMUNITY SERVICES
Address: 716 OCEAN STREET, SUITES 170, 200, 230
City, State Zip: SANTA CRUZ, CA 95060-2126

Phone: (831)427-5290
Record ID: 440008HN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2016

Program Name: **SI SE PUEDE**

Legal Name: ENCOMPASS COMMUNITY SERVICES
Address: 161 MILES LANE
City, State Zip: WATSONVILLE, CA 95076

Phone: (831)423-3890
Record ID: 440008LN

Service Type: RES
Resident Capacity: 23
Total Occupancy: 23
Target Population: 1.2 --- MEN ONLY
Expiration Date: 06/30/2016

Program Name: **NARCONON REDWOOD CLIFFS**
Legal Name: HALCYON HORIZONS, INCORPORATED
Address: 9C MAREA AVENUE
City, State Zip: LA SELVA BEACH, CA 95076

Phone: (831)768-7190 Fax: (831)768-7194
Record ID: 440009CN
Service Type: RES-DETOX
Resident Capacity: 49
Total Occupancy: 49
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: **NARCONON REDWOOD CLIFFS**
Legal Name: HALCYON HORIZONS, INCORPORATED
Address: 9057 SOQUEL DRIVE, BUILDING B, SUITE EE
City, State Zip: APTOS, CA 95003

Phone: (831)768-7190 Fax: (831)768-7194
Record ID: 440009DN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: **NEW LIFE CENTER**
Legal Name: NEW LIFE COMMUNITY SERVICES, INC.
Address: 707 AND 717 FAIR AVENUE
City, State Zip: SANTA CRUZ, CA 95060

Phone: (831)427-1007
Record ID: 440010AN
Service Type: RES
Resident Capacity: 38
Total Occupancy: 57
Target Population: 1.7 --- FAMILIES
Expiration Date: 04/30/2015

Program Name: **THE CAMP**

Legal Name: THE CAMP RECOVERY CENTERS, L.P.

Address: 3192 GLEN CANYON ROAD

City, State Zip: SCOTTS VALLEY, CA 95066

Phone: (831)438-1868

Record ID: 440011AP

Service Type: RES-DETOX

Resident Capacity: 56

Total Occupancy: 60

Target Population: 1.1 --- CO-ED

Expiration Date: 09/30/2015

Program Name: **THE CAMP RECOVERY CENTERS-SECTION II**

Legal Name: THE CAMP RECOVERY CENTERS, L.P.

Address: 3192 GLEN CANYON ROAD

City, State Zip: SCOTTS VALLEY, CA 95066-4916

Phone: (831)438-1868

Record ID: 440011BP

Service Type: DSS

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 2/28/2017

Program Name: **SOBRIETY WORKS**

Legal Name: RIKKI RAP, INC.

Address: 105-F POST OFFICE DRIVE

City, State Zip: APTOS, CA 95003

Phone: (831)476-1747

Fax: (831)685-1703

Record ID: 440012AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 9/30/2015

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

As of 7/9/2015

Shasta County

Program Name: **EMPIRE RECOVERY CENTER**

Legal Name: EMPIRE HOTEL, EHARC, INC.

Address: 1237 CALIFORNIA STREET

City, State Zip: REDDING, CA 96001

Phone: (530)243-7470

Fax: (530)243-7477

Record ID: 450001AN

Service Type: RES

Resident Capacity: 42

Total Occupancy: 42

Target Population: 1.1 --- CO-ED

Expiration Date: 05/31/2015

Program Name: **EMPIRE RECOVERY CENTER**

Legal Name: EMPIRE HOTEL, EHARC, INC.

Address: 5014 SHASTA DAM BOULEVARD

City, State Zip: SHASTA LAKE, CA 96019

Phone: (530)275-1076

Fax: (530)275-3717

Record ID: 450001BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2015

Program Name: **EMPIRE OUTPATIENT SERVICES**

Legal Name: EMPIRE HOTEL, EHARC, INC.

Address: 1263 CALIFORNIA STREET

City, State Zip: REDDING, CA 96001

Phone: (530)244-7074

Fax: (530)244-7065

Record ID: 450001CN

Service Type: NON

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

Expiration Date: 8/31/2016

Program Name: **WILDERNESS RECOVERY CENTER**

Legal Name: HILLCREST COMMUNITY SERVICES, INC.

Address: 19650 COVE ROAD

City, State Zip: MONTGOMERY CREEK, CA 96065

Phone: (530)337-6724

Record ID: 450004AN

Service Type: DSS

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 1/31/2016

Program Name: **REDEEMED RECOVERY SERVICES**

Legal Name: CHURCH OF THE REDEEMED OF REDDING, CALIFORNIA

Address: 844 BUTTE STREET

City, State Zip: REDDING, CA 96001

Phone: (530)241-5518

Fax: (530)244-4086

Record ID: 450008AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2015

Program Name: **SHASTA RECOVERY CENTER**

Legal Name: SMITH, RON W.

Address: 2115 HOWARD STREET, SUITE C

City, State Zip: ANDERSON, CA 96007

Phone: (530)365-1160

Fax: (530)343-6715

Record ID: 450010AP

Service Type: NON

Target Population: 1.7 --- FAMILIES

Expiration Date: 5/31/2015

Program Name: **CHEMICAL DEPENDENCY INTENSIVE OUTPATIENT PROGRAM**

Legal Name: THOMAS J. ANDREWS, M.D., INC.

Address: 2885 CHURN CREEK ROAD, SUITE A

City, State Zip: REDDING, CA 96002

Phone: (530)221-7474

Fax: (530)226-6329

Record ID: 450011AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2015

Program Name: **ANDERSON OUTPATIENT PROGRAM**

Legal Name: RIGHT ROAD RECOVERY PROGRAMS, INC.

Address: 2110 FERRY STREET

City, State Zip: ANDERSON, CA 96007

Phone: (530)365-8523

Record ID: 450012AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2015

Program Name: **VOTC, INC. RESIDENTIAL TREATMENT PROGRAM**

Legal Name: VOTC, INC.

Address: 3640, 3642, 3644, 3646, 3650, 3652 EL PORTAL DRIVE AND 3647
RICARDO AVENUE

City, State Zip: REDDING, CA 96002

Phone: (530)722-1114 Fax: (530)722-1115

Record ID: 450020AN

Service Type: RES

Resident Capacity: 24

Total Occupancy: 36

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 09/30/2016

Program Name: **VOTC, INC.**

Legal Name: VOTC, INC.

Address: 3617 RICARDO AVENUE, #1

City, State Zip: REDDING, CA 96002

Phone: (530)722-1114 Fax: (530)722-1115

Record ID: 450020BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2016

Program Name: **VISIONS OF THE CROSS**

Legal Name: VOTC, INC.

Address: 3617 RICARDO AVENUE #6,7&8

City, State Zip: REDDING, CA 96002

Phone: (530)722-1114 Fax: (530)722-1115

Record ID: 450020DN

Service Type: RES

Resident Capacity: 10

Total Occupancy: 16

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 11/30/2015

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

As of 7/9/2015

Sierra County

Program Name: **SIERRA COUNTY HUMAN SERVICES**

Legal Name: SIERRA COUNTY HUMAN SERVICES

Address: 704 MILL STREET

City, State Zip: LOYALTON, CA 96118-3501

Phone: (530)993-6748

Fax: (530)993-6759

Record ID: 460001AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2015

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

As of 7/9/2015

Siskiyou County

Program Name: **ALCOHOL AND OTHER DRUG SERVICES**

Legal Name: SISKIYOU COUNTY HUMAN SERVICES AGENCY

Address: 2060 CAMPUS DRIVE

City, State Zip: YREKA, CA 96097

Phone: (530)841-4890

Fax: (530)841-4881

Record ID: 470002AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2015

Program Name: **KARUK HEALTH CLINIC**

Legal Name: KARUK TRIBE

Address: 1519 SOUTH OREGON STREET

City, State Zip: YREKA, CA 96097

Phone: (530)842-9200

Fax: (530)841-5150

Record ID: 470003AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 6/30/2016

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

As of 7/9/2015

Solano County

Program Name: **SOUTHERN SOLANO ALCOHOL COUNCIL**

Legal Name: BI-BETT

Address: 419 PENNSYLVANIA STREET

City, State Zip: VALLEJO, CA 94590

Phone: (707)643-2715

Fax: (707)643-8536

Record ID: 480002BN

Service Type: RES-DETOX

Resident Capacity: 9

Total Occupancy: 9

Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2015

Program Name: **SHAMIA RECOVERY CENTER**

Legal Name: BI-BETT

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

City, State Zip: VALLEJO, CA 94590

Phone: (707)644-2577

Fax: (707)644-2577

Record ID: 480002CN

Service Type: RES

Resident Capacity: 16

Total Occupancy: 16

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 11/30/2015

Program Name: **SHAMIA RECOVERY CENTER**

Legal Name: BI-BETT

Address: 109A OHIO STREET

City, State Zip: VALLEJO, CA 94590

Phone: (707)644-2577

Fax: (707)644-5501

Record ID: 480002EN

Service Type: RES

Resident Capacity: 4

Total Occupancy: 4

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 10/31/2014

Program Name: **RECOVERY CONNECTION**

Legal Name: BI-BETT

Address: 604 BROADWAY

City, State Zip: VALLEJO, CA 94590

Phone: (707)643-2748

Fax: (707)558-8047

Record ID: 480002GN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2015

Program Name: **GENESIS HOUSE**

Legal Name: GENESIS HOUSE, INC.

Address: 1149 WARREN AVENUE

City, State Zip: VALLEJO, CA 94591

Phone: (707)552-5295

Record ID: 480005AN

Service Type: RES

Resident Capacity: 19

Total Occupancy: 19

Target Population: 1.1 --- CO-ED

Expiration Date: 06/30/2015

Program Name: **GENESIS HOUSE II**

Legal Name: GENESIS HOUSE, INC.

Address: 133 RENIDA STREET

City, State Zip: VALLEJO, CA 94591

Phone: (707)552-5295

Record ID: 480005BN

Service Type: RES

Resident Capacity: 12

Total Occupancy: 12

Target Population: 1.2 --- MEN ONLY

Expiration Date: 06/30/2015

Program Name: **PROJECT AURORA/ADAPT**

Legal Name: YOUTH AND FAMILY SERVICES, INC.

Address: 408 TENNESSEE STREET

City, State Zip: VALLEJO, CA 94590

Phone: (707)554-2397

Fax: (707)554-2634

Record ID: 480007DN

Service Type: NON

Target Population: 1.7 --- FAMILIES

Expiration Date: 1/31/2016

Program Name: **YOUTH AND FAMILY SERVICES OUTPATIENT ALCOHOL AND DRUG PROGRAMS**

Legal Name: YOUTH AND FAMILY SERVICES, INC.

Address: 490 CHADBOURNE ROAD, SUITE C

City, State Zip: FAIRFIELD, CA 94534

Phone: (707)427-6640

Fax: (707)427-6649

Record ID: 480007EN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2014

Program Name: **THE HOUSE OF ACTS/SUBSTANCE ABUSE PROGRAM**

Legal Name: THE HOUSE OF ACTS/SUBSTANCE ABUSE PROGRAM

Address: 627 GRANT STREET

City, State Zip: VALLEJO, CA 94590

Phone: (707)553-1042

Fax: (707)553-8146

Record ID: 480010AN

Service Type: RES

Resident Capacity: 10

Total Occupancy: 10

Target Population: 1.1 --- CO-ED

Expiration Date: 02/28/2015

Program Name: **THE HOUSE OF ACTS II**

Legal Name: THE HOUSE OF ACTS/SUBSTANCE ABUSE PROGRAM

Address: 115 TERI COURT

City, State Zip: VALLEJO, CA 94589

Phone: (707)643-8316

Fax: (707)553-8146

Record ID: 480010BN

Service Type: RES

Resident Capacity: 10

Total Occupancy: 10

Target Population: 1.2 --- MEN ONLY

Expiration Date: 06/30/2016

Program Name: **THE HOUSE OF ACTS ALCOHOL & SUBSTANCE ABUSE TREATMENT PROGRAM**

Legal Name: THE HOUSE OF ACTS/SUBSTANCE ABUSE PROGRAM

Address: 844 5TH STREET

City, State Zip: VALLEJO, CA 94589

Phone: (707)553-1042

Fax: (707)553-8146

Record ID: 480010DN

Service Type: RES

Resident Capacity: 8

Total Occupancy: 8

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 08/31/2016

Program Name: **RIO VISTA CARE**

Legal Name: RIO VISTA CARE, INC.

Address: 125 SACRAMENTO STREET

City, State Zip: RIO VISTA, CA 94571

Phone: (707)374-5243

Fax: (707)374-5381

Record ID: 480012AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 8/31/2016

Program Name: **ARCHWAY RECOVERY SERVICES, INC.**

Legal Name: ARCHWAY RECOVERY SERVICES, INC.

Address: 1525 UNION AVENUE

City, State Zip: FAIRFIELD, CA 94533

Phone: (707)435-1804

Fax: (707)435-9807

Record ID: 480022AN

Service Type: RES

Resident Capacity: 13

Total Occupancy: 13

Target Population: 1.2 --- MEN ONLY

Expiration Date: 03/31/2015

Program Name: **ANKA BEHAVIORAL HEALTH, INC.**

Legal Name: ANKA BEHAVIORAL HEALTH, INCORPORATED

Address: 251 GEORGIA STREET
City, State Zip: VALLEJO, CA 94590

Phone: (707)558-8195 Fax: (707)558-8196

Record ID: 480023AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2015

Program Name: **A WISE RETREAT**

Legal Name: LOCKLIND AND ASSOCIATES, LLC

Address: 4749 GEORGIA STREET

City, State Zip: VALLEJO, CA 94591

Phone: (707)712-7733 Fax: (916)647-0510

Record ID: 480034AP

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 05/31/2016

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

As of 7/9/2015

Sonoma County

Program Name: **CAMPOBELLO CHEMICAL DEPENDENCY RECOVERY CENTER**

Legal Name: CAMPOBELLO CHEMICAL DEPENDENCY RECOVERY CENTER, INC.

Address: 3250 GUERNEVILLE ROAD

City, State Zip: SANTA ROSA, CA 95401

Phone: (707)579-4066

Fax: (707)579-1603

Record ID: 490002AP

Service Type: RES-DETOX

Resident Capacity: 25

Total Occupancy: 25

Target Population: 1.1 --- CO-ED

Expiration Date: 08/31/2016

Program Name: **CAMPOBELLO OUTPATIENT CENTER**

Legal Name: CAMPOBELLO CHEMICAL DEPENDENCY RECOVERY CENTER, INC.

Address: 2448 GUERNEVILLE ROAD, SUITE 400

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

Phone: (707)546-1547

Fax: (707)546-1557

Record ID: 490002BP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 2/29/2016

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

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

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

City, State Zip: SANTA ROSA, CA 95404

Phone: (707)527-0412

Fax: (707)527-6048

Record ID: 490004EN

Service Type: RES

Resident Capacity: 20

Total Occupancy: 32

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 02/29/2016

Program Name: **OUTPATIENT TREATMENT PROGRAM**

Legal Name: DRUG ABUSE ALTERNATIVES CENTER

Address: 2403 PROFESSIONAL DRIVE, SUITE 101

City, State Zip: SANTA ROSA, CA 95403

Phone: (707)571-2233

Fax: (707)571-2238

Record ID: 490009BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2015

Program Name: **PERINATAL DAY TREATMENT**

Legal Name: DRUG ABUSE ALTERNATIVES CENTER

Address: 2400 COUNTY CENTER DRIVE SUITE B

City, State Zip: SANTA ROSA, CA 95403

Phone: (707)566-0170

Fax: (707)526-3155

Record ID: 490009EN

Service Type: NON

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 4/30/2016

Program Name: **DRUG ABUSE ALTERNATIVES CENTER - DRUG COURT**

Legal Name: DRUG ABUSE ALTERNATIVES CENTER

Address: 2400 COUNTY CENTER DRIVE, SUITE B

City, State Zip: SANTA ROSA, CA 95403

Phone: (707)566-0170

Fax: (707)568-5445

Record ID: 490009LN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2016

Program Name: **TURNING POINT - ARROWOOD**

Legal Name: DRUG ABUSE ALTERNATIVES CENTER

Address: 440 ARROWOOD DRIVE

City, State Zip: SANTA ROSA, CA 95407

Phone: (707)284-2950

Fax: (707)284-2955

Record ID: 490009RN

Service Type: RES

Resident Capacity: 112

Total Occupancy: 112
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2015

Program Name: **TURNING POINT ORENDA DETOX**
Legal Name: DRUG ABUSE ALTERNATIVES CENTER
Address: 1430 NEOTOMAS AVENUE
City, State Zip: SANTA ROSA, CA 95405

Phone: (707)565-7460 Fax: (707)565-7488
Record ID: 490009SN
Service Type: RES-DETOX
Resident Capacity: 30
Total Occupancy: 30
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2016

Program Name: **ATHENA HOUSE**
Legal Name: CALIFORNIA HUMAN DEVELOPMENT CORPORATION
Address: 3555 SONOMA HIGHWAY
City, State Zip: SANTA ROSA, CA 95409

Phone: (707)526-3150 Fax: (707)526-3250
Record ID: 490010AN
Service Type: RES
Resident Capacity: 40
Total Occupancy: 44
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 06/30/2015

Program Name: **CALIFORNIA HUMAN DEVELOPMENT CORPORATION EARLY INTERVENTION AND OUT-PATIENT TREA**
Legal Name: CALIFORNIA HUMAN DEVELOPMENT CORPORATION
Address: 3315 AIRWAY DRIVE
City, State Zip: SANTA ROSA, CA 95403

Phone: (707)523-2242
Record ID: 490010EN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2015

Program Name: **CASA CALMECAC**

Legal Name: CALIFORNIA HUMAN DEVELOPMENT CORPORATION
Address: 1705, 1705-A AND 1711 RIDLEY STREET
City, State Zip: SANTA ROSA, CA 95403

Phone: (707)573-1590 Fax: (707)528-3385
Record ID: 490010HN
Service Type: RES
Resident Capacity: 18
Total Occupancy: 18
Target Population: 1.2 --- MEN ONLY
Expiration Date: 02/29/2016

Program Name: **BOYS FACILITY**

Legal Name: 'R' HOUSE
Address: 429 SPEERS ROAD
City, State Zip: SANTA ROSA, CA 95409

Phone: (707)322-5895
Record ID: 490011AN
Service Type: DSS
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2016

Program Name: **WINDING CREEK GIRLS' FACILITY**

Legal Name: 'R' HOUSE
Address: 152 MIDDLE RINCON ROAD
City, State Zip: SANTA ROSA, CA 95409

Phone: (707)539-2948
Record ID: 490011EN
Service Type: DSS
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 9/30/2016

Program Name: **R HOUSE OUTPATIENT DRUG FREE MEDI-CAL**

Legal Name: 'R' HOUSE
Address: 1207 AND 1211 CLEVELAND AVENUE
City, State Zip: SANTA ROSA, CA 95401

Phone: (707)571-2215 Fax: (707)568-3792
Record ID: 490011GN
Service Type: NON
Target Population: 1.1 --- CO-ED

Expiration Date: 8/31/2015

Program Name: **AZURE ACRES**

Legal Name: THE CAMP RECOVERY CENTERS, L.P.

Address: 2264 GREEN HILL ROAD

City, State Zip: SEBASTOPOL, CA 95472

Phone: (707)823-3385

Record ID: 490021AP

Service Type: RES-DETOX

Resident Capacity: 28

Total Occupancy: 28

Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2015

Program Name: **AZURE ACRES IOP**

Legal Name: THE CAMP RECOVERY CENTERS, L.P.

Address: 420 MENDOCINO AVENUE, SUITE 101

City, State Zip: SANTA ROSA, CA 95401

Phone: (707)823-3385

Fax: (707)823-7519

Record ID: 490021BP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 1/31/2016

Program Name: **MOUNTAIN VISTA FARM**

Legal Name: NEW VISTAS RECOVERY, INC.

Address: 3020 WARM SPRINGS ROAD

City, State Zip: GLEN ELLEN, CA 95442

Phone: (707)996-6716

Fax: (707)996-6647

Record ID: 490025AP

Service Type: RES-DETOX

Resident Capacity: 30

Total Occupancy: 30

Target Population: 1.1 --- CO-ED

Expiration Date: 04/30/2016

Program Name: **SONOMA COUNTY INDIAN HEALTH PROJECT/BEHAVIOR HEALTH**

Legal Name: SONOMA COUNTY INDIAN HEALTH PROJECT, INC.

Address: 144 STONY POINT ROAD, 2ND FLOOR

City, State Zip: SANTA ROSA, CA 95401

Phone: (707)521-4550

Fax: (707)544-1092

Record ID: 490032AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2015

Program Name: **FIVE SISTERS RANCH, INC.**

Legal Name: FIVE SISTERS RANCH, INC.

Address: 1000 LONGHORN LANE

City, State Zip: PETALUMA, CA 94952

Phone: (707)776-0755

Fax: (415)686-2263

Record ID: 490035AP

Service Type: RES

Resident Capacity: 6

Total Occupancy: 8

Target Population:

Expiration Date: 05/31/2015

Program Name: **OLYMPIA HOUSE**

Legal Name: SONOMA RECOVERY SERVICES, LLC

Address: 11207 VALLEY FORD ROAD

City, State Zip: PETALUMA, CA 94952

Phone: (415)795-7609

Record ID: 490036AP

Service Type: RES-DETOX

Resident Capacity: 24

Total Occupancy: 24

Target Population: 1.1 --- CO-ED

Expiration Date: 08/31/2016

Program Name: **MUIR WOOD ADOLESCENT & FAMILY SERVICES**

Legal Name: MUIR WOOD ADOLESCENT & FAMILY SERVICES, LLC

Address: 1733 SKILLMAN LANE

City, State Zip: PETALUMA, CA 94952

Phone: (310)903-1155

Fax: (707)559-5401

Record ID: 490037AP

Service Type: DSS

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 9/30/2015

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

As of 7/9/2015

Stanislaus County

Program Name: **STANISLAUS RECOVERY CENTER**

Legal Name: STANISLAUS COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES

Address: 1904 RICHLAND AVENUE, ADULT TREATMENT BUILDING

City, State Zip: CERES, CA 95307

Phone: (209)541-2912

Record ID: 500002EN

Service Type: RES-DETOX

Resident Capacity: 52

Total Occupancy: 52

Target Population: 1.1 --- CO-ED

Expiration Date: 07/31/2015

Program Name: **STANISLAUS RECOVERY CENTER - ADULT NON-RESIDENTIAL**

Legal Name: STANISLAUS COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES

Address: 1904 RICHLAND AVENUE

City, State Zip: CERES, CA 95307

Phone: (209)541-2121

Fax: (209)525-6291

Record ID: 500002FN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 7/31/2015

Program Name: **NEW HOPE RECOVERY HOUSE**

Legal Name: GENE RADINO

Address: 823 EAST ORANGEBURG AVENUE

City, State Zip: MODESTO, CA 95350

Phone: (209)527-9797

Fax: (209)527-9825

Record ID: 500004AP

Service Type: RES-DETOX

Resident Capacity: 40

Total Occupancy: 40

Target Population: 1.1 --- CO-ED

Expiration Date: 09/30/2016

Program Name: **RECOVERY SYSTEMS ASSOCIATES**

Legal Name: GENE RADINO

Address: 823 EAST ORANGEBURG

City, State Zip: MODESTO, CA 95350

Phone: (209)527-2046

Record ID: 500004BP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 7/31/2015

Program Name: **NIRVANA DRUG AND ALCOHOL TREATMENT INSTITUTE**

Legal Name: NIRVANA DRUG AND ALCOHOL TREATMENT PROGRAM

Address: 1100 KANSAS AVENUE, SUITE B-C

City, State Zip: MODESTO, CA 95351

Phone: (209)579-1151

Fax: (209)579-9605

Record ID: 500009CN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 7/31/2016

Program Name: **NIRVANA DRUG AND ALCOHOL TREATMENT INSTITUTE**

Legal Name: NIRVANA DRUG AND ALCOHOL TREATMENT PROGRAM

Address: 1028 RENO AVENUE

City, State Zip: MODESTO, CA 95351

Phone: (209)579-1103

Fax: (209)578-1085

Record ID: 500009EN

Service Type: RES-DETOX

Resident Capacity: 30

Total Occupancy: 30

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2016

Program Name: **NIRVANA DRUG AND ALCOHOL WOMEN OF HOPE**

Legal Name: NIRVANA DRUG AND ALCOHOL TREATMENT PROGRAM

Address: 1116 ALICE STREET & 1116 1/2 ALICE STREET

City, State Zip: MODESTO, CA 95351

Phone: (209)578-3132

Record ID: 500009GN
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 04/30/2016

Program Name: **NIRVANA DRUG AND ALCOHOL TREATMENT PROGRAM**
Legal Name: NIRVANA DRUG AND ALCOHOL TREATMENT PROGRAM
Address: 1040 RENO AVENUE
City, State Zip: MODESTO, CA 95351

Phone: (209)579-1103 Fax: (209)578-1085
Record ID: 500009IN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 10/31/2015

Program Name: **NIRVANA DRUG AND ALCOHOL TREATMENT INSTITUTE**
Legal Name: NIRVANA DRUG AND ALCOHOL TREATMENT PROGRAM
Address: 1100 KANSAS AVENUE, SUITE 'D'
City, State Zip: MODESTO, CA 95351

Phone: (209)579-1151 Fax: (209)579-9605
Record ID: 500009JN
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2015

Program Name: **THE LAST RESORT**
Legal Name: ADOLESCENCE'S LAST RESORT
Address: 218 EAST ORANGEBURG AVENUE
City, State Zip: MODESTO, CA 95350

Phone: (209)523-6900 Fax: (209)523-6909
Record ID: 500010AN
Service Type: DSS
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 2/28/2017

Program Name: **THE LAST RESORT**

Legal Name: ADOLESCENCE'S LAST RESORT
Address: 3125 MC HENRY AVENUE, SUITE D
City, State Zip: MODESTO, CA 95350

Phone: (209)523-6910 Fax: (209)523-6912
Record ID: 500010BN
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 12/31/2016

Program Name: **THE LIVING CENTERS OF CALIFORNIA, INC**
Legal Name: THE LIVING CENTERS OF CALIFORNIA, INC.
Address: 1009 MCHENRY, SUITE E
City, State Zip: MODESTO, CA 95350

Phone: (209)575-2017 Fax: (209)575-2017
Record ID: 500013HP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 9/30/2015

Program Name: **BREAKTHROUGHS OUTPATIENT TREATMENT**
Legal Name: DOROTHY FRANKLIN
Address: 2125 WYLIE DRIVE, SUITE 3
City, State Zip: MODESTO, CA 95355

Phone: (209)529-1855
Record ID: 500024AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2015

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

As of 7/9/2015

Sutter County

Program Name: **OPTIONS FOR CHANGE SUBSTANCE ABUSE PROGRAM**

Legal Name: SUTTER-YUBA MENTAL HEALTH SERVICES

Address: 1965 LIVE OAK BOULEVARD

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

Phone: (530)822-7200

Fax: (530)822-7108

Record ID: 510002BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 6/30/2015

Program Name: **FIRST STEPS PERINATAL DAY TREATMENT PROGRAM**

Legal Name: SUTTER-YUBA MENTAL HEALTH SERVICES

Address: 1251 EAST ONSTOTT ROAD

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

Phone: (530)822-7263

Fax: (530)822-7267

Record ID: 510002CN

Service Type: NON

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 11/30/2014

Program Name: **FEATHER RIVER MEN'S CENTER**

Legal Name: FEATHER RIVER MEN'S CENTER

Address: 2465 BIRCH STREET

City, State Zip: LIVE OAK, CA 95953-2609

Phone: (530)695-8006

Record ID: 510006AN

Service Type: RES

Resident Capacity: 15

Total Occupancy: 20

Target Population: 1.2 --- MEN ONLY

Expiration Date: 11/30/2015

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

As of 7/9/2015

Tehama County

Program Name: **TEHAMA COUNTY HEALTH AGENCY DRUG AND ALCOHOL DIVISION**

Legal Name: TEHAMA COUNTY HEALTH AGENCY

Address: 1850 WALNUT STREET

City, State Zip: RED BLUFF, CA 96080

Phone: (530)527-7893

Fax: (530)527-0766

Record ID: 520002AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2015

Program Name: **TEHAMA COUNTY HEALTH AGENCY DRUG AND ALCOHOL DIVISION -
SOUTH COUNTY**

Legal Name: TEHAMA COUNTY HEALTH AGENCY

Address: 275 SOLANO STREET

City, State Zip: CORNING, CA 96021

Phone: (530)824-4890

Fax: (530)824-8443

Record ID: 520002BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2015

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

As of 7/9/2015

Trinity County

Program Name: **TRINITY COUNTY ALCOHOL AND OTHER DRUG SERVICES**

Legal Name: TRINITY COUNTY ALCOHOL AND OTHER DRUG SERVICES

Address: 1450 MAIN STREET

City, State Zip: WEAVERVILLE, CA 96093

Phone: (530)623-1362

Fax: (530)623-4448

Record ID: 530001AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 2/28/2015

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

As of 7/9/2015

Tulare County

Program Name: **PAAR CENTER WEST**

Legal Name: PORTERVILLE HALFWAY HOUSE

Address: 182 WEST BELLEVIEW AVENUE

City, State Zip: PORTERVILLE, CA 93257

Phone: (559)781-0107

Record ID: 540001CN

Service Type: RES

Resident Capacity: 12

Total Occupancy: 14

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 07/31/2017

Program Name: **THE PAAR CENTER**

Legal Name: PORTERVILLE HALFWAY HOUSE

Address: 509 NORTH EL GRANITO STREET

City, State Zip: PORTERVILLE, CA 93257

Phone: (559)781-0107

Fax: (559)781-7521

Record ID: 540001FN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 2/28/2017

Program Name: **THE PAAR CENTER**

Legal Name: PORTERVILLE HALFWAY HOUSE

Address: 218, 232 and 237 W. BELLEVIEW AVENUE; 509 N. EL GRANITO

City, State Zip: PORTERVILLE, CA 93257

Phone: (559)781-0107

Fax: (559)781-7521

Record ID: 540001HN

Service Type: RES-DETOX

Resident Capacity: 45

Total Occupancy: 48

Target Population: 1.2 --- MEN ONLY

Expiration Date: 11/30/2016

Program Name: **TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY - FAMILY CARE DIVISION**

Legal Name: TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY

Address: 942 S. SANTA FE STREET

City, State Zip: VISALIA, CA 93292

Phone: (559)636-4000

Record ID: 540002HN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 2/28/2017

Program Name: **TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY - FAMILY CARE DIVISION**

Legal Name: TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY

Address: 1055 WEST HENDERSON STREET, SUITE 2

City, State Zip: PORTERVILLE, CA 93257

Phone: (559)788-1200

Record ID: 540002IN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 2/28/2015

Program Name: **TURNING POINT YOUTH SERVICES**

Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.

Address: 220 NORTH LOCUST STREET

City, State Zip: VISALIA, CA 93291

Phone: (559)627-1385 Fax: (559)636-2105

Record ID: 540005BN

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 6/30/2017

Program Name: **TURNING POINT VISALIA RE-ENTRY CENTER**

Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.

Address: 1845 SOUTH COURT STREET

City, State Zip: VISALIA, CA 93277

Phone: (559)732-5550 Fax: (559)732-5574

Record ID: 540005DN

Service Type: RES
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.2 --- MEN ONLY
Expiration Date: 03/31/2016

Program Name: **RECOVERY RESOURCES**

Legal Name: RICK AND JERRI THOMPSON, D.B.A., RECOVERY RESOURCES
Address: 2222 WEST SUNNYSIDE, SUITE 2
City, State Zip: VISALIA, CA 93277

Phone: (559)625-8176 Fax: (559)625-8179
Record ID: 540020AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 4/30/2017

Program Name: **ALTERNATIVE SERVICES**

Legal Name: ALTERNATIVE SERVICES, INC.
Address: 215 NORTH D STREET
City, State Zip: PORTERVILLE, CA 93257

Phone: (559)783-2402 Fax: (559)782-4681
Record ID: 540024AP
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 2/29/2016

Program Name: **ALTERNATIVE SERVICES**

Legal Name: ALTERNATIVE SERVICES, INC.
Address: 2380 W. WHITENDALE AVENUE
City, State Zip: VISALIA, CA 93227

Phone: (559)651-8090 Fax: (559)651-8099
Record ID: 540024DP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2016

Program Name: **ALTERNATIVE SERVICES**

Legal Name: ALTERNATIVE SERVICES, INC.
Address: 125 SOUTH M STREET
City, State Zip: TULARE, CA 93274

Phone: (559)685-8283
Record ID: 540024EP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 5/31/2016

Program Name: **SRS RECOVERY SERVICES**
Legal Name: SRS RECOVERY SERVICES, LLC
Address: 515 WEST MURRAY, SUITES B & C
City, State Zip: VISALIA, CA 93291

Phone: (559)636-2091 Fax: (559)636-9452
Record ID: 540028AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2015

Program Name: **SRS RECOVERY SERVICES**
Legal Name: SRS RECOVERY SERVICES, LLC
Address: 130 EAST MILL AVENUE
City, State Zip: PORTERVILLE, CA 93257

Phone: (559)789-9881 Fax: (559)789-9877
Record ID: 540028BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2015

Program Name: **NEW HOPE**
Legal Name: CENTRAL VALLEY RECOVERY SERVICES, INC.
Address: 212 NORTH STEVENSON STREET
City, State Zip: VISALIA, CA 93291

Phone: (559)625-2995 Fax: (559)625-3808
Record ID: 540031AN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 06/30/2016

Program Name: **PINE RECOVERY CENTER**

Legal Name: CENTRAL VALLEY RECOVERY SERVICES, INC.
Address: 120 WEST SCHOOL AVENUE
City, State Zip: VISALIA, CA 93291

Phone: (559)625-4100 Fax: (559)625-3808
Record ID: 540031BN
Service Type: RES-DETOX
Resident Capacity: 27
Total Occupancy: 27
Target Population: 1.2 --- MEN ONLY
Expiration Date: 08/31/2015

Program Name: **NEW VISIONS FOR WOMEN**

Legal Name: CENTRAL VALLEY RECOVERY SERVICES, INC.
Address: 1425-A EAST WALNUT AVENUE
City, State Zip: VISALIA, CA 93277-6432

Phone: (559)625-4072 Fax: (559)625-3808
Record ID: 540031CN
Service Type: RES-DETOX
Resident Capacity: 23
Total Occupancy: 23
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 05/31/2016

Program Name: **MOTHERING HEIGHTS**

Legal Name: CENTRAL VALLEY RECOVERY SERVICES, INC.
Address: 705 SOUTH COURT STREET
City, State Zip: VISALIA, CA 93277

Phone: (559)625-2995 Fax: (559)625-3808
Record ID: 540031DN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 23
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 10/31/2015

Program Name: **NEW HEIGHTS**

Legal Name: CENTRAL VALLEY RECOVERY SERVICES, INC.
Address: 1731 W. WALNUT AVENUE
City, State Zip: VISALIA, CA 93277

Phone: (559)732-4885

Fax: (559)625-3808

Record ID: 540031EN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 8/31/2016

Program Name: **COMMUNITY ALCOHOL AND DRUG REHABILITATION EFFORT
C.A.D.R.E., INC.**

Legal Name: COMMUNITY ALCOHOL AND DRUG REHABILITATION EFFORT, INC.

Address: 2380 W. WHITENDALE AVENUE #B

City, State Zip: VISALIA, CA 93277

Phone: (559)651-8090

Record ID: 540035AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2016

Program Name: **LIVING RECOVERY SERVICES**

Legal Name: LIVING RECOVERY SERVICES

Address: 625 N MAIN STREET

City, State Zip: PORTERVILLE, CA 93257

Phone:

Record ID: 540036AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2017

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

As of 7/9/2015

Tuolumne County

Program Name: **THE RANCH**

Legal Name: MAYNORD'S CHEMICAL DEPENDENCY RECOVERY CENTER

Address: 19325 CHEROKEE ROAD

City, State Zip: TUOLUMNE, CA 95379

Phone: (209)928-3737

Fax: (209)928-1152

Record ID: 550001AP

Service Type: RES-DETOX

Resident Capacity: 30

Total Occupancy: 30

Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2015

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

As of 7/9/2015

Ventura County

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

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

Address: 3150 EAST LOS ANGELES AVENUE

City, State Zip: SIMI VALLEY, CA 93063

Phone: (805)577-1724

Record ID: 560003AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2015

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

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

Address: 24 EAST MAIN STREET

City, State Zip: VENTURA, CA 93001

Phone: (805)652-6919 Fax: (805)652-0868

Record ID: 560003BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2015

Program Name: **OXNARD CENTER**

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

Address: 1911 WILLIAMS DRIVE

City, State Zip: OXNARD, CA 93036

Phone: (805)981-9200

Record ID: 560003CN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2016

Program Name: **A NEW START FOR MOMS**

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

Address: 1911 WILLIAMS DRIVE, SUITE 140

City, State Zip: OXNARD, CA 93036

Phone: (805)981-9250

Record ID: 560003DN

Service Type: NON

Target Population: 1.3 --- WOMEN ONLY

Expiration Date: 10/31/2016

Program Name: **FILLMORE ADP CENTER**

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

Address: 828 WEST VENTURA STREET, SUITE 250

City, State Zip: FILLMORE, CA 93015

Phone: (805)524-8644

Record ID: 560003GN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2015

Program Name: **KHEPERA HOUSE**

Legal Name: KHEPERA HOUSE

Address: 108 WEST HARRISON AVENUE

City, State Zip: VENTURA, CA 93001

Phone: (805)653-2596

Record ID: 560004DN

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.2 --- MEN ONLY

Expiration Date: 09/30/2016

Program Name: **KHEPERA HOUSE**

Legal Name: KHEPERA HOUSE

Address: 277 A AND B WEST HARRISON AVENUE

City, State Zip: VENTURA, CA 93001

Phone: (805)648-9762
Record ID: 560004EN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 09/30/2016

Program Name: **KHEPERA HOUSE**
Legal Name: KHEPERA HOUSE
Address: 125-C WEST HARRISON STREET
City, State Zip: VENTURA, CA 93001

Phone: (805)653-2596 Fax: (805)648-9762
Record ID: 560004JN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 05/31/2015

Program Name: **KHEPERA HOUSE**
Legal Name: KHEPERA HOUSE
Address: 125-A WEST HARRISON STREET
City, State Zip: VENTURA, CA 93001

Phone: (805)653-2596 Fax: (805)648-9762
Record ID: 560004KN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 05/31/2015

Program Name: **KHEPERA HOUSE**
Legal Name: KHEPERA HOUSE
Address: 125-B WEST HARRISON STREET
City, State Zip: VENTURA, CA 93001

Phone: (805)653-2596 Fax: (805)648-9762
Record ID: 560004LN
Service Type: RES-DETOX
Resident Capacity: 6

Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 05/31/2015

Program Name: **KHEPERA HOUSE**
Legal Name: KHEPERA HOUSE
Address: 125-D WEST HARRISON STREET
City, State Zip: VENTURA, CA 93001

Phone: (805)653-2596 Fax: (805)648-9762
Record ID: 560004MN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 05/31/2015

Program Name: **PDAP OF VENTURA COUNTY, INCORPORATED**
Legal Name: PDAP OF VENTURA COUNTY, INCORPORATED
Address: 450 ROSEWOOD AVENUE, SUITE 215
City, State Zip: CAMARILLO, CA 93010-5914

Phone: (805)482-1265
Record ID: 560015BN
Service Type: NON
Target Population: 1.7 --- FAMILIES
Expiration Date: 6/30/2015

Program Name: **PROTOTYPES WOMEN'S CENTER - VENTURA**
Legal Name: PROTOTYPES, CENTERS FOR INNOVATION IN HEALTH, MENTAL
HEALTH AND SOCIAL SERVICES
Address: 2150 NORTH VICTORIA AVENUE
City, State Zip: OXNARD, CA 93036

Phone: (805)382-6296
Record ID: 560019CN
Service Type: RES-DETOX
Resident Capacity: 56
Total Occupancy: 85
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 09/30/2015

Program Name: **ACTION FAMILY COUNSELING CENTERS - SIMI VALLEY**

Legal Name: ACTION FAMILY COUNSELING, INC.

Address: 4380 APRICOT ROAD

City, State Zip: SIMI VALLEY, CA 93063

Phone: (805)584-3258

Fax: (661)297-9701

Record ID: 560026AP

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 11/30/2016

Program Name: **ACTION FAMILY COUNSELING CENTERS - OXNARD**

Legal Name: ACTION FAMILY COUNSELING, INC.

Address: 5850 THILLE STREET, SUITE # 108

City, State Zip: VENTURA, CA 93003

Phone: (805)278-8992

Fax: (661)297-9701

Record ID: 560026BP

Service Type: NON

Target Population: 1.5 --- YOUTH/ADOLESCENT

Expiration Date: 11/30/2016

Program Name: **ACTION FAMILY COUNSELING, INC. ADULT RESIDENTIAL TREATMENT
- PIRU**

Legal Name: ACTION FAMILY COUNSELING, INC.

Address: 691 MAIN STREET

City, State Zip: PIRU, CA 93040

Phone: (805)521-1250

Fax: (850)521-1425

Record ID: 560026DP

Service Type: RES

Resident Capacity: 22

Total Occupancy: 22

Target Population: 1.1 --- CO-ED

Expiration Date: 09/30/2016

Program Name: **INTERVENTION INSTITUTE**

Legal Name: LAURIE SANDERS

Address: 870 HAMPSHIRE ROAD, SUITE A

City, State Zip: THOUSAND OAKS, CA 91361

Phone: (805)379-3611

Fax: (805)446-4470

Record ID: 560027AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 6/30/2015

Program Name: **ALTERNATIVE ACTION PROGRAMS**

Legal Name: DENNIS M. GIROUX & ASSOCIATES, INC.

Address: 314 WEST FOURTH STREET

City, State Zip: OXNARD, CA 93030

Phone: (805)988-1112

Fax: (805)988-4883

Record ID: 560028AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 8/31/2016

Program Name: **GENESIS PROGRAMS, INC.**

Legal Name: GENESIS PROGRAMS, INC.

Address: 1732 PALMA DRIVE, SUITE 208

City, State Zip: VENTURA, CA 93003

Phone: (805)650-3094

Fax: (805)650-3097

Record ID: 560032AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 6/30/2016

Program Name: **GENESIS PROGRAMS, INC.**

Legal Name: GENESIS PROGRAMS, INC.

Address: 145 HODENCAMP ROAD, SUITE 207

City, State Zip: THOUSAND OAKS, CA 91360

Phone: (805)497-6169

Fax: (805)497-6179

Record ID: 560032BP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 6/30/2016

Program Name: **CASA DE VIDA, INC.**

Legal Name: CASA DE VIDA INC.

Address: 531 WEST BARD ROAD

City, State Zip: OXNARD, CA 93033

Phone: (805)486-8401

Fax: (805)486-8401

Record ID: 560035AN

Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 06/30/2016

Program Name: **PASSAGES VENTURA**

Legal Name: PASSAGES SILVER STRAND LLC
Address: 224 EAST CLARA STREET
City, State Zip: PORT HUENEME, CA 93041

Phone: (805)283-4737 Fax: (805)488-9000
Record ID: 560036AP
Service Type: RES-DETOX
Resident Capacity: 90
Total Occupancy: 90
Target Population: 1.1 --- CO-ED
Expiration Date: 03/31/2017

Program Name: **PASSAGES VENTURA**

Legal Name: PASSAGES SILVER STRAND LLC
Address: 241 MARKET STREET
City, State Zip: PORT HUENEME, CA 93041

Phone: (805)283-4737 Fax: (805)488-9000
Record ID: 560036BP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2015

Program Name: **LA VENTANA TREATMENT PROGRAMS**

Legal Name: RYLIST, INC.
Address: 275 EAST HILLCREST DRIVE #120 AND 125
City, State Zip: THOUSAND OAKS, CA 91360

Phone: (805)777-3873
Record ID: 560038AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 3/31/2017

Program Name: **LA VENTANA TREATMENT PROGRAMS**

Legal Name: RYLIST, INC.

Address: 1408 E THOUSAND OAKS BOULEVARD, SUITE 100
City, State Zip: THOUSAND OAKS, CA 91362

Phone: (805)644-5745 Fax: (818)975-5076

Record ID: 560038BP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 11/30/2015

Program Name: **LA VENTANA TREATMENT PROGRAMS**

Legal Name: RYLIST, INC

Address: 385 N. CONEJO SCHOOL ROAD

City, State Zip: THOUSAND OAKS, CA 91362

Phone: (805)379-0565

Record ID: 560038DP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 09/30/2016

Program Name: **LA VENTANA TREATMENT PROGRAMS**

Legal Name: RYLIST, INC.

Address: 395 N. CONEJO SCHOOL ROAD

City, State Zip: THOUSAND OAKS, CA 91362

Phone: (805)659-2309 Fax: (818)975-5076

Record ID: 560038FP

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 04/30/2016

Program Name: **LA VENTANA TREATMENT PROGRAMS**

Legal Name: RYLIST, INC

Address: 1154 CARDIFF CIRCLE

City, State Zip: THOUSAND OAKS, CA 91362

Phone: (805)379-4883

Record ID: 560038GP

Service Type: RES-DETOX

Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2017

Program Name: **PSYCHOLOGICAL SERVICES FOR FAMILIES**
Legal Name: PSYCHOLOGICAL SERVICES FOR FAMILIES
Address: 410 NORTH A STREET
City, State Zip: OXNARD, CA 93030

Phone: (805)701-1040 Fax: (805)487-2255
Record ID: 560039AP
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 8/31/2015

Program Name: **A WILDWOOD RECOVERY**
Legal Name: A WILDWOOD RECOVERY
Address: 360 CAMINO DE CELESTE
City, State Zip: THOUSAND OAKS, CA 91360

Phone: (805)493-5741 Fax: (805)493-5047
Record ID: 560040AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2015

Program Name: **COMMUNITY RECOVERY CENTER**
Legal Name: VENTURA RECOVERY CENTER, INC.
Address: 166 SIESTA AVENUE
City, State Zip: THOUSAND OAKS, CA 91360

Phone: (805)499-8383 Fax: (805)494-4898
Record ID: 560041AP
Service Type: RES-DETOX
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2016

Program Name: **THE LAKE HOUSE**

Legal Name: SHERWOOD CORPORATE HOUSING LLC

Address: 890 LAKE SHERWOOD DRIVE

City, State Zip: LAKE SHERWOOD, CA 91361

Phone: (805)371-8870

Record ID: 560042AP

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2015

Program Name: **ENGAGE RECOVERY, INC.**

Legal Name: ENGAGE RECOVERY, INC.

Address: 650 HAMPSHIRE ROAD SUITES 104, 204, 212

City, State Zip: WESTLAKE VILLAGE, CA 91361

Phone: (805)497-0605

Fax: (805)371-4862

Record ID: 560043AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 4/30/2016

Program Name: **CENTER FOR CHANGE AND GROWTH**

Legal Name: CENTER FOR CHANGE AND GROWTH LLC

Address: 2975 HILLCREST DRIVE, SUITE 406

City, State Zip: WESTLAKE VILLAGE, CA 91632

Phone: (805)494-6982

Fax: (805)494-6982

Record ID: 560044AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 5/31/2016

Program Name: **PCI - WESTLAKE CENTERS - IOP**

Legal Name: MIRIAM HAMIDEH, PH.D, CLINICAL PSYCHOLOGIST, INC

Address: 5743 CORSA AVENUE, SUITE 223

City, State Zip: WESTLAKE VILLAGE, CA 91362

Phone: (805)236-9692

Record ID: 560046AP

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 1/31/2017

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

As of 7/9/2015

Yolo County

Program Name: **YOLO COUNTY DRUG AND ALCOHOL EDUCATION**

Legal Name: COUNTY OF YOLO ALCOHOL, DRUG AND MENTAL HEALTH SERVICES

Address: 137 NORTH COTTONWOOD STREET

City, State Zip: WOODLAND, CA 95695-6664

Phone: (530)666-8630

Fax: (530)666-8663

Record ID: 570001DN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 1/31/2016

Program Name: **CACHE CREEK LODGE**

Legal Name: CACHE CREEK LODGE, INC.

Address: 421, 435, 441 AND 453 ASPEN STREET

City, State Zip: WOODLAND, CA 95695-2665

Phone: (530)662-5727

Fax: (530)892-1831

Record ID: 570004BN

Service Type: RES

Resident Capacity: 45

Total Occupancy: 45

Target Population: 1.2 --- MEN ONLY

Expiration Date: 07/31/2015

Program Name: **WALTER'S HOUSE**

Legal Name: YOLO WAYFARER CENTER (CHRISTIAN MISSION)

Address: 285 4TH STREET

City, State Zip: WOODLAND, CA 95695

Phone: (530)662-2699

Fax: (530)662-6918

Record ID: 570008AN

Service Type: RES

Resident Capacity: 44

Total Occupancy: 44

Target Population: 1.1 --- CO-ED

Expiration Date: 08/31/2015

Program Name: **FOURTH AND HOPE OUTPATIENT PROGRAM**

Legal Name: YOLO WAYFARER CENTER (CHRISTIAN MISSION)

Address: 207 FOURTH STREET

City, State Zip: WOODLAND, CA 95695-3501

Phone: (530)867-5010

Fax: (530)662-6918

Record ID: 570008BN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 1/31/2015

Program Name: **PROGRESS HOUSE YOLO COUNTY WOMEN AND CHILDREN'S FACILITY**

Legal Name: PROGRESS HOUSE, INC.

Address: 15450 COUNTY ROAD 99, BUILDING A AND 15430 COUNTY ROAD 99,
BUILDING B

City, State Zip: WOODLAND, CA 95695-9339

Phone: (530)626-9240

Fax: (530)668-8528

Record ID: 570009AN

Service Type: RES

Resident Capacity: 12

Total Occupancy: 27

Target Population: 1.4 --- WOMEN/CHILDREN

Expiration Date: 06/30/2016

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

As of 7/9/2015

Yuba County

Program Name: **PATHWAYS I**

Legal Name: MIDVALLEY RECOVERY FACILITIES, INCORPORATED

Address: 2 9TH STREET

City, State Zip: MARYSVILLE, CA 95901-5362

Phone: (530)742-6670

Fax: (530)674-4544

Record ID: 580001BN

Service Type: RES-DETOX

Resident Capacity: 23

Total Occupancy: 23

Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2015

Program Name: **PATHWAYS III**

Legal Name: MIDVALLEY RECOVERY FACILITIES, INCORPORATED

Address: 2 9TH STREET

City, State Zip: MARYSVILLE, CA 95901-5362

Phone: (530)742-6670

Fax: (530)674-4544

Record ID: 580001DN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 12/31/2015

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

Legal Name: COUNTY OF YUBA PROBATION DEPARTMENT

Address: #8-7TH STREET

City, State Zip: MARYSVILLE, CA 95901

Phone: (530)749-7316

Fax: (530)743-7042

Record ID: 580002AN

Service Type: NON

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

Expiration Date: 6/30/2015

Program Name: **THE SALVATION ARMY DEPOT FAMILY CRISIS CENTER**

Legal Name: THE SALVATION ARMY
Address: 410 J STREET
City, State Zip: MARYSVILLE, CA 95901-5629

Phone: (530)216-4530

Fax: (530)742-0893

Record ID: 580005AN

Service Type: NON

Target Population: 1.1 --- CO-ED

Expiration Date: 10/31/2015