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.

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

COMMENTS?

We are always looking for ways to improve this document. If you have any comments or suggestions, please e-mail them to 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:

- 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.
- NON - Indicates a nonresidential program which has voluntarily applied to ADP for alcohol and/ or drug certification.
- DETOX - Indicates a free standing, 24-hour nonmedical detoxification facility licensed by ADP.
- 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.
- 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.
- 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.
- 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.

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

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

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

As of 11/1/2015 **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: 09/30/2016

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: 04/30/2016

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: 09/30/2016

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 Fax: (510)568-3912
Record ID: **010006DN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2017

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: 09/30/2016

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: 07/31/2016

Program Name: **NEW BRIDGE FOUNDATION, INC.**
Legal Name: THE NEW BRIDGE FOUNDATION, INC.
Address: 2323 HEARST AVENUE
City, State Zip: BERKELEY, CA 94709
Phone: (510)526-6200 Fax: (510)665-3176
Record ID: **010013CN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2017

Program Name: **AIDS PROJECT OF THE EAST BAY**
Legal Name: AIDS PROJECT OF THE EAST BAY
Address: 1320 WEBSTER STREET
City, State Zip: OAKLAND, CA 94612
Phone: (510)663-7951
Record ID: **010014AN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2017

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: 07/31/2016

Program Name: **HAYWARD OUTPATIENT PROGRAM**
Legal Name: EAST BAY COMMUNITY RECOVERY PROJECT
Address: 22971 SUTRO STREET
City, State Zip: HAYWARD, CA 94541
Phone: (510)728-8600 Fax: (510)728-8600
Record ID: **010025EN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2017

Program Name: **WISTAR MEN'S R & R PROGRAM, INC.**
Legal Name: WISTAR R AND R PROGRAM, INC.
Address: 9735 EMPIRE ROAD
City, State Zip: OAKLAND, CA 94603
Phone: (510)568-9288 Fax: (510)562-1549
Record ID: **010032EN**
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 06/30/2017

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: 09/30/2017

Program Name: **AXIS COMMUNITY HEALTH DRUG AND ALCOHOL PROGRAM**
Legal Name: AXIS COMMUNITY HEALTH, INC.
Address: 446 LINDBERGH AVENUE
City, State Zip: LIVERMORE, CA 94551
Phone: (925)249-3180 Fax: (925)417-1503
Record ID: **010046DN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 01/31/2017

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: 05/31/2017

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: 05/31/2017

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: 05/31/2017

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: 07/31/2016

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: 08/31/2017

Program Name: **MAGNOLIA WOMEN'S RECOVERY PROGRAM**
Legal Name: MAGNOLIA WOMEN'S RECOVERY PROGRAMS, INC.
Address: 682 BRIERGATE WAY
City, State Zip: HAYWARD, CA 94544
Phone: (510)487-2910 Fax: (510)487-2916
Record ID: **010081AN**
Service Type: RES
Resident Capacity: 6
Total Occupancy: 12
Target Population: 1.14 --- WOMEN/CHILD/DUAL
Expiration Date: 09/30/2017

Program Name: **MAGNOLIA WOMEN'S RECOVERY PROGRAMS, INC.**
Legal Name: MAGNOLIA WOMEN'S RECOVERY PROGRAMS, INC.
Address: 3408 ANDOVER STREET
City, State Zip: OAKLAND, 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: 04/30/2016

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: 04/30/2016

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: 07/31/2015

Program Name: **CAL-PEP**
Legal Name: CAL-PEP
Address: 2811 ADELINE 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: 05/31/2016

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 11/1/2015 **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 11/1/2015 **Amador County**

Program Name:	**AMADOR COUNTY BEHAVIORAL HEALTH SERVICES**
Legal Name:	AMADOR COUNTY BEHAVIORAL HEALTH SERVICES
Address:	10877 CONDUCTOR BOULEVARD, SUITE 300
City, State Zip:	SUTTER CREEK, CA 95685
Phone:	(209)223-6412 Fax: (209)223-3460
Record ID:	**030001AN**
Service Type:	NON
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 11/1/2015 **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-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 X1267 Fax: (530)934-7688
Record ID: **040018AN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2017

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

Program Name: **TRI-COUNTY TREATMENT RESIDENTIAL FACILITY**
Legal Name: JULIE CHAPMAN
Address: 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: 08/31/2017

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: 10/31/2016

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: 04/30/2016

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

Program Name:	**SKYWAY HOUSE OUTPATIENT PROGRAM**
Legal Name:	SKYWAY HOUSE, LLC
Address:	40 LANDING CIRCLE, SUITE 1 & 3
City, State Zip:	CHICO, CA 95973
Phone:	(530)898-8326 Fax: (530)898-0239
Record ID:	**040033AP**
Service Type:	NON
Target Population:	1.1 --- CO-ED
Expiration Date:	07/31/2017

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

As of 11/1/2015 **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
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 11/1/2015 **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:	03/31/2016

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

As of 11/1/2015 **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**
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: 04/30/2017

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: 02/28/2017

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 ROAD, SUITES A & B
City, State Zip: PITTSBURG, CA 94565
Phone: (925)427-9100 Fax: (925)427-9102
Record ID: **070008EN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 02/28/2017

Program Name: **THE RECTORY WOMEN'S RECOVERY CENTER**
Legal Name: UJIMA FAMILY RECOVERY SERVICES
Address: 1916 CHURCH LANE
City, State Zip: SAN PABLO, 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: **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: 10/31/2017

Program Name: **CROSSROADS TREATMENT CENTER**
Legal Name: RECOVERY MANAGEMENT SERVICES, INC.
Address: 2080 & 2118 EAST STREET, 2449 PACHECO STREET
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**
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: 06/30/2017

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: 03/31/2016

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: 05/31/2016

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: **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: **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 Fax: (415)755-2228
Record ID: **070043AN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2017

Program Name: **GMG BEHAVIORAL HEALTH SERVICES**
Legal Name: RICHARD I. GRACER, M.D., A PROFESSIONAL CORPORATION
Address: 4 CROW CANYON COURT, SUITE 210
City, State Zip: SAN RAMON, 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: 03/31/2016

Program Name: **DIABLO VALLEY DRUG AND ALCOHOL SERVICES**
Legal Name: DIABLO VALLEY DRUG AND ALCOHOL SERVICES INC.
Address: 100 PARK PLACE, SUITE 120
City, State Zip: SAN RAMON, CA 94583
Phone: (925)289-1430 Fax: (925)277-1557
Record ID: **070046AP**
Service Type: NON-DETOX
Target Population: 1.1 --- CO-ED
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 11/1/2015 **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:	10/31/2017

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

As of 11/1/2015 **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: 05/31/2016

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

Program Name: **TAHOE YOUTH AND FAMILY SERVICES**
Legal Name: TAHOE YOUTH AND FAMILY SERVICES
Address: 1021 FREMONT AVENUE
City, State Zip: SOUTH LAKE TAHOE, CA 96150-8136
Phone: (530)541-2445
Record ID: **090006AN**
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 02/28/2017

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: 09/30/2016

Program Name: **ELEVATE ADDICTION SERVICES - PLACERVILLE**
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: **ELEVATE ADDICTION SERVICES - SOUTH LAKE TAHOE**
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 11/1/2015 **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: 09/30/2016

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: 06/30/2016

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: 08/31/2016

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: **FIRST STREET CENTER OUTPATIENT PROGRAM**
Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.
Address: 3636 NORTH FIRST STREET, SUITE 135
City, State Zip: FRESNO, CA 93726-6818
Phone: (559)225-1464
Record ID: **100028HN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2017

Program Name: **SPIRIT OF WOMAN OF CALIFORNIA**
Legal Name: SPIRIT OF WOMAN OF CALIFORNIA, INC.
Address: 327 WEST BELMONT AVENUE
City, State Zip: FRESNO, 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: 04/30/2016

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: 07/31/2016

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: 05/31/2016

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: 01/31/2017

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: 05/31/2016

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: 03/31/2016

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: 04/30/2016

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: 03/31/2016

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: 03/31/2016

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: 02/28/2017

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: 02/29/2016

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: 06/30/2016

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: 08/31/2017

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: 05/31/2017

Program Name: **CENTRAL CALIFORNIA RECOVERY, INC.**
Legal Name: CENTRAL CALIFORNIA RECOVERY, INCORPORATED
Address: 1100 WEST SHAW AVENUE, SUITE 130
City, State Zip: FRESNO, 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: 06/30/2016

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: 08/31/2016

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: 10/31/2017

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

Program Name:	**THE LIVING CENTER OF FRESNO, INC.**
Legal Name:	THE LIVING CENTERS OF FRESNO, INC.
Address:	4576 E. SHIELDS AVENUE
City, State Zip:	FRESNO, CA 93726
Phone:	(831)345-5024
Record ID:	**100095AP**
Service Type:	RES-DETOX
Resident Capacity:	16
Total Occupancy:	16
Target Population:	1.1 --- CO-ED
Expiration Date:	07/31/2017

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

As of 11/1/2015 **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)934-6582 Fax: (530)934-6592
Record ID:	**110001AN**
Service Type:	NON
Target Population:	1.1 --- CO-ED
Expiration Date:	05/31/2017

Program Name:	**NORTHERN VALLEY INDIAN HEALTH, INC.**
Legal Name:	NORTHERN VALLEY INDIAN HEALTH, INC.
Address:	207 NORTH BUTTE STREET
City, State Zip:	WILLOWS, CA 95988
Phone:	(530) 934-4348 Fax: (530)934-7688
Record ID:	**110002AN**
Service Type:	NON
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 11/1/2015 **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:	10/31/2017

Program Name:	**HUMBOLDT RECOVERY CENTER**
Legal Name:	HUMBOLDT RECOVERY CENTER, INCORPORATED
Address:	905 L STREET, AND 1116 AND 1120 9TH STREET
City, State Zip:	EUREKA, 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 SERVICES RESIDENTIAL TREATMENT PROGRAM**
Legal Name: ALCOHOL/DRUG CARE SERVICE'S, INC.
Address: 1321, 1335 C STREET AND 217 14TH STREET
City, State Zip: EUREKA, 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: 06/30/2017

Program Name: **ADCS WOMEN'S RESIDENTIAL TREATMENT PROGRAM**
Legal Name: ALCOHOL/DRUG CARE SERVICE'S, INC.
Address: 1742 J STREET
City, State Zip: EUREKA, 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:	09/30/2017

Program Name:	**UNITED INDIAN HEALTH SERVICES, INC.-CHILD & FAMILY SERVICES DEPT.**
Legal Name:	UNITED INDIAN HEALTH SERVICES, INC.
Address:	1600 WEEOT WAY
City, State Zip:	ARCATA, 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 11/1/2015 **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 11/1/2015 **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: 06/30/2016

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

As of 11/1/2015 **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:	04/30/2017

Program Name: **JASON'S RETREAT**
Legal Name: BAKERSFIELD RECOVERY SERVICES INC.
Address: 600 BERNARD STREET AND 2000 BAKER STREET
City, State Zip: BAKERSFIELD, CA 93305
Phone: (661)325-1817
Record ID: **150004AN**
Service Type: RES-DETOX
Resident Capacity: 54
Total Occupancy: 59
Target Population: 1.1 --- CO-ED
Expiration Date: 02/28/2017

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: 02/28/2017

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: 07/31/2016

Program Name: **DE COLORES CENTER**
Legal Name: COMMUNITY SERVICE ORGANIZATION,
BEHAVIORAL HEALTH PROGRAMS
Address: 10420 MAIN STREET
City, State Zip: LAMONT, CA 93241
Phone: (661)845-3753
Record ID: **150011CN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2016

Program Name: **KEN KENNEMER SUBSTANCE ABUSE TREATMENT CENTER**
Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.
Address: 1100 UNION AVENUE
City, State Zip: BAKERSFIELD, 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: **KENNEMER OUTPATIENT PROGRAM**
Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.
Address: 1101 UNION AVENUE, SUITE 100
City, State Zip: BAKERSFIELD, CA 93307
Phone: (661)631-1483 Fax: (661)325-0528
Record ID: **150013CN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2017

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: 01/31/2016

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: 02/29/2016

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: 02/29/2016

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:	**PROFESSIONAL GROUP**
Legal Name:	S&T PROFESSIONAL GROUP, INC.
Address:	1415 18TH STREET, SUITES 307, 309 & 312
City, State Zip:	BAKERSFIELD, CA 93301
Phone:	(661)324-1982 Fax: (661)324-1220
Record ID:	**150067AP**
Service Type:	NON
Target Population:	1.1 --- CO-ED
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 11/1/2015 **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: 05/31/2017

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: 08/31/2017

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: **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: 05/31/2016

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

As of 11/1/2015 **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: 08/31/2017

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: 05/31/2016

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

As of 11/1/2015 **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 11/1/2015 **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)940-3549 Fax: (661)266-1772
Record ID:	**190001CN**
Service Type:	NON
Target Population:	1.1 --- CO-ED
Expiration Date:	06/30/2015

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: 02/28/2017

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: 07/31/2017

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: 09/30/2015

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)549-2715
Record ID: **190007CN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2017

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: 09/30/2017

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: 09/30/2017

Program Name: **AMERICAN RECOVERY CENTER-DETOX**
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.
Address: 2180 WEST VALLEY BOULEVARD, FLOOR 200
City, State Zip: POMONA, CA 91768
Phone: (909)865-2336
Record ID: **190007IN**
Service Type: NON-DETOX
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2017

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: 09/30/2015

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: 09/30/2017

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 Fax: (562)591-6134
Record ID: **190007LN**
Service Type: DPH
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: **AMERICAN RECOVERY CENTER**
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.
Address: 2180 WEST VALLEY BOULEVARD, FLOORS 100, 300 AND 400
City, State Zip: POMONA, 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: 09/30/2017

Program Name: **JOINT EFFORTS**
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.
Address: 590 WEST 8TH STREET
City, State Zip: SAN PEDRO, CA 90731
Phone: (310)831-2356 Fax: (310)831-2830
Record ID: **190007QN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2017

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: 07/31/2016

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: 84
Total Occupancy: 84
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2017

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: 08/31/2015

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: 05/31/2016

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: **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: 04/30/2017

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: 16314, 16316, 16316-1/2, 16318, 16318-1/2, 16322, 16322-1/2, AND 16322-7/8 CORNUTA AVENUE
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: 1.8 --- DUAL DIAGNOSIS
Expiration Date: 06/30/2016

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: 1.8 --- DUAL DIAGNOSIS
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: 05/31/2017

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 (310)396-6974
Record ID: **190016KN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2016

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: 05/31/2017

Program Name: **GRANDVIEW FOUNDATION, INC. - RESIDENTIAL**
Legal Name: GRANDVIEW FOUNDATION, INC.
Address: 1230 NORTH MARENGO AVENUE & 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, BUILDING 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)744-1688 Fax: (213)744-8186
Record ID: **190023HN**
Service Type: NON
Target Population: 1.2 --- MEN ONLY
Expiration Date: 04/30/2017

Program Name: **HOUSE OF HOPE**
Legal Name: HOUSE OF HOPE FOUNDATION, INC.
Address: 221, 223, 225, 227, 229, 235 WEST 9TH STREET
AND 917 PALOS VERDES STREET, APARTMENT C AND D
City, State Zip: SAN PEDRO, 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: 07/31/2017

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: 1.2 --- MEN ONLY
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: 04/30/2016

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: 02/28/2017

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, INC.**
INTEGRATED BEHAVIORAL HEALTHCARE SYSTEMS
Legal Name: HIS SHELTERING ARMS INC.
Address: 112 WEST 111TH STREET AND 11101 SOUTH MAIN STREET
City, State Zip: LOS ANGELES, CA 90061
Phone: (323)755-6646 Fax: (323)777-2209
Record ID: **190064BN**
Service Type: RES
Resident Capacity: 49
Total Occupancy: 69
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 05/31/2017

Program Name: **HIS SHELTERING ARMS, INC.-**
INTEGRATED BEHAVIORIAL HEALTHCARE SYSTEMS
Legal Name: HIS SHELTERING ARMS INC.
Address: 11101 SOUTH MAIN STREET, SUITE 115
City, State Zip: LOS ANGELES, CA 90061-1925
Phone: (323)755-6646 Fax: (323)777-2209
Record ID: **190064CN**
Service Type: NON
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 08/31/2017

Program Name: **MUJERES RECOVERY HOME**
Legal Name: CA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE, INC.
Address: 530 NORTH AVENUE 54
City, State Zip: LOS ANGELES, 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: **LATINOS RECOVERY HOME**
Legal Name: CA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE, INC.
Address: 2436 WABASH AVENUE
City, State Zip: LOS ANGELES, CA 90033
Phone: (323)780-8756 Fax: (323)780-8333
Record ID: **190065CN**
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 06/30/2016

Program Name: **LATINAS RECOVERY HOME**
Legal Name: CA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE, INC.
Address: 327 NORTH SAINT LOUIS STREET
City, State Zip: LOS ANGELES, 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: CA 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: 01/31/2016

Program Name: **LATINO FAMILY ALCOHOL AND DRUG SERVICES**
Legal Name: CA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE, INC.
Address: 3316-3320 WEST BEVERLY BOULEVARD
City, State Zip: MONTEBELLO, 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: CA 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: 03/31/2016

Program Name: **SAFE REFUGE**
Legal Name: SAFE REFUGE
Address: 3111, 3113, 3115, 3119, 3125, AND 3131 EAST SEVENTH ST. APTS 1, 3, 4, 5, 6;
719 APTS 1-10, 727 & 729 OBISPO AVE; AND 718, 728, 728A, 728 1/2 FREEMAN 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: 1.1 --- CO-ED
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: 05/31/2017

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: 07/31/2016

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: 02/29/2016

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: 03/31/2017

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
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: NON
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 Fax: (818)975-5013
Record ID: **190085GN**
Service Type: NON
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 06/30/2017

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: 03/31/2017

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: 03/31/2017

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: 05/31/2017

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: 02/29/2016

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: DSS
Target Population: 1.1 --- CO-ED
Expiration Date: 03/31/2017

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: 07/31/2016

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: 06/30/2016

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
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)564-4240 Fax: (626)577-4250
Record ID: **190094GN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2017

Program Name: **PRINCIPLES, INC., D.B.A. IMPACT**
Legal Name: PRINCIPLES, INC.
Address: 333 SOUTH CENTRAL AVENUE
City, State Zip: LOS ANGELES, CA 90013
Phone: (213)625-5009 Fax: (213)577-4250
Record ID: **190094HN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2016

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: 05/31/2017

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: 01/31/2016

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: 01/31/2016

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: 01/31/2016

Program Name: **ALLEN HOUSE**
Legal Name: LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE
Address: 10425 SOUTH PAINTER AVENUE
City, State Zip: SANTA FE SPRINGS, 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: **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: 01/31/2016

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: **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: 09/30/2015

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: 05/31/2017

Program Name: **ASIAN-AMERICAN DRUG ABUSE PROGRAM**
Legal Name: ASIAN AMERICAN DRUG ABUSE PROGRAM, INC.
Address: 520 NORTH LA BREA, SUITE 209
City, State Zip: INGLEWOOD, CA 90302
Phone: (323)294-4932 Fax: (323)294-2533
Record ID: **190112DN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 02/28/2017

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: 07/31/2016

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: 02/28/2017

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: 06/30/2017

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: 08/31/2017

Program Name: **WOMAN TO WOMAN RESIDENTIAL PROGRAM**
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE- LONG BEACH AREA
Address: 431 W. 9TH STREET
City, State Zip: LONG BEACH, 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 & 304
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: 05/31/2017

Program Name: **DARE U TO CARE OUTREACH MINISTRY**
Legal Name: DARE U TO CARE OUTREACH MINISTRY
Address: 316 WEST 120TH STREET
City, State Zip: LOS ANGELES, CA 90061
Phone: (323)777-2372 Fax: (323)777-2488
Record ID: **190182DN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2017

Program Name: **DARE U TO CARE DRUG/ALCOHOL TREATMENT PROGRAM**
Legal Name: DARE U TO CARE OUTREACH MINISTRY
Address: 316 WEST 120TH STREET
City, State Zip: LOS ANGELES, CA 90061
Phone: (323)777-2372 Fax: (323)777-2488
Record ID: **190182EN**
Service Type: RES
Resident Capacity: 20
Total Occupancy: 21
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2017

Program Name: **NEW FOUND LIFE**
Legal Name: NEW FOUND LIFE, INC.
Address: 2211, 2213, 2135 AND 2137 EAST OCEAN BOULEVARD
City, State Zip: LONG BEACH, 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 AVENUE, 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 BOULEVARDD, BUILDING 257 AND 11303 WILSHIRE BOULEVARD, BUILDING 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: 03/31/2017

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: (213)553-1822
Record ID: **190210EN**
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 07/31/2017

Program Name: **CREATIVE CARE - MALIBU**
Legal Name: CREATIVE CARE, INC.
Address: 5909, 5927, 5941 AND 5947 TRANCAS CANYON ROAD
City, State Zip: MALIBU, 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: 07/31/2017

Program Name: **SHIELDS NON-RESIDENTIAL ADOLESCENT TREATMENT PROGRAM**
Legal Name: SHIELDS FOR FAMILIES
Address: 3209 NORTH ALAMEDA STREET, SUITE D
City, State Zip: COMPTON, CA 90222
Phone: (323)242-5000 Fax: (323)242-5011
Record ID: **190238AN**
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 05/31/2016

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: 03/31/2017

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: 03/31/2017

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: 05/31/2017

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: 03/31/2017

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: **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: 07/31/2016

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: 03/31/2016

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 91103-1840
Phone: (626)345-9992 Fax: (626)345-9995
Record ID: **190250AP**
Service Type: RES
Resident Capacity: 88
Total Occupancy: 98
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016

Program Name: **PACIFIC CLINICS SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES**
Legal Name: PACIFIC CLINICS
Address: 11721 A TELEGRAPH ROAD
City, State Zip: SANTA FE SPRINGS, 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: 08/31/2017

Program Name: **AMITY FOUNDATION-AMISTAD DE LOS ANGELES**
Legal Name: EPIDAURUS
Address: 3735, 3739 AND 3745 SOUTH GRAND AVENUE
City, State Zip: LOS ANGELES, 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: 01/31/2017

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: 05/31/2017

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: 05/31/2017

Program Name: **SOUTH BAY HUMAN SERVICES**
Legal Name: SOUTH BAY HUMAN SERVICES COALITION, INC.
Address: 2370 WEST CARSON STREET, SUITE 136
City, State Zip: TORRANCE, CA 90501
Phone: (310)328-0780 Fax: (310)328-0175
Record ID: **190268AN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2017

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 90265-4492
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: 07/31/2017

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
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: 05/31/2017

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: 05/31/2017

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: 05/31/2017

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: 06/30/2017

Program Name: **TWIN TOWN TREATMENT CENTERS - TORRANCE**
Legal Name: TWIN TOWN CORPORATION
Address: 20300 S. VERMONT AVENUE, SUITE 245
City, State Zip: TORRANCE, CA 90502
Phone: (310)787-1335 Fax: (310)787-1809
Record ID: **190290AP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 02/28/2017

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: 02/28/2017

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: 05/31/2017

Program Name: **AM/PM VAN NUYS BUDGET SCHOOL - ESCUELA LATINA**
Legal Name: DRIVER SAFETY SCHOOLS, INC.
Address: 6740 KESTER AVENUE, SUITE 206
City, State Zip: VAN NUYS, CA 91405
Phone: (818)787-7878 Fax: (310)575-0500
Record ID: **190294AP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2017

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: 08/31/2017

Program Name: **MATRIX INSTITUTE**
Legal Name: MATRIX INSTITUTE ON ADDICTIONS
Address: 1849 SAWTELLE BOULEVARD, SUITE 100
City, State Zip: LOS ANGELES, CA 90025
Phone: (310)478-8305 Fax: (310)478-8639
Record ID: **190297BN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2017

Program Name: **ACTION FAMILY COUNSELING, INC-RANCH**
Legal Name: ACTION FAMILY COUNSELING, INC.
Address: 30035 BOUQUET CANYON ROAD
City, State Zip: SAUGUS, CA 91350
Phone: (661)297-9716 Fax: (661)297-9701
Record ID: **190315DP**
Service Type: DSS
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 08/31/2016

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: 03/31/2017

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: 02/29/2016

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 91016-6420
Phone: (626)205-2518 Fax: (626)386-5250
Record ID: **190316BP**
Service Type: NON
Target Population: 1.13 --- CO-ED/CHILD/DUAL
Expiration Date: 08/31/2017

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: 05/31/2017

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: 04/30/2016

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: 08/31/2016

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: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2016

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: 02/28/2017

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: 03/31/2017

Program Name: **HELPLINE YOUTH COUNSELING**
Legal Name: HELPLINE YOUTH COUNSELING
Address: 14181 TELEGRAPH ROAD, WEST WING
City, State Zip: WHITTIER, CA 90604
Phone: (562)273-0722 Fax: (562)946-3641
Record ID: **190386AN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2016

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: 1.1 --- CO-ED
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: 03/31/2016

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: 6
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: 07/31/2016

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: 03/31/2017

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: 02/28/2017

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: **190462AN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 03/31/2017

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: 09/30/2015

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: 05/31/2017

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: 06/30/2017

Program Name: **INGLEWOOD AREA ALCOHOL AND DRUG PROGRAM**
Legal Name: LEWIS PROFESSIONAL SERVICES FOUNDATION, INCORPORATED
Address: 400 SOUTH LA BREA, SUITE # 102, 103, 104, 200, 202, 203, 204 AND 205
City, State Zip: INGELWOOD, CA 90301
Phone: (310)674-6267 Fax: (310)673-5904
Record ID: **190480AP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 03/31/2016

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: 07/31/2016

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: 01/31/2016

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: 05/31/2016

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: 02/29/2016

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: 03/31/2017

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: 08/31/2016

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: 04/30/2016

Program Name: **WEINGART CENTER ASSOCIATION/EPIC**
Legal Name: WEINGART CENTER ASSOCIATION
Address: 554 AND 566 SOUTH SAN PEDRO STREET, 4TH, 7TH AND 8TH FLOOR
City, State Zip: LOS ANGELES, 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: 06/30/2017

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: 06/30/2017

Program Name: **MALIBU BEACH RECOVERY CENTER - IOP**
Legal Name: MALIBU BEACH RECOVERY CENTER, LLC
Address: 15415 W. SUNSET BOULEVARD, SUITE 200
City, State Zip: PACIFIC PALISADES, CA 90272
Phone: (310)589-2407 Fax: (818)301-2519
Record ID: **190562BP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2016

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
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2016

Program Name: **MALIBU BEACH RECOVERY CENTER**
Legal Name: MALIBU BEACH RECOVERY CENTER, LLC
Address: 4322 ESCONDIDO DRIVE
City, State Zip: MALIBU, CA 90265
Phone: (424)235-2348
Record ID: **190562EP**
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2017

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: 08/31/2015

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: 08/31/2017

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: 07/31/2017

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: 03/31/2016

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: 01/31/2016

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: 05/31/2016

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: 03/31/2016

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: 07/31/2016

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: 02/29/2016

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: 02/28/2017

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: 02/28/2017

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: 05/31/2017

Program Name: **MILESTONES 1, THE RANCH MALIBU VENTURE 1**
Legal Name: THE RANCH MALIBU VENTURE 1
Address: 200 VERA CANYON ROAD
City, State Zip: MALIBU, 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: 07/31/2016

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: 05/31/2014

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: 09/30/2016

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: 06/30/2016

Program Name: **ETTIE LEE YOUTH AND FAMILY SERVICES DRUG/ ALCOHOL TREATMENT PROGRAMS**
Legal Name: ETTIE LEE HOMES, INC.
Address: 160 EAST HOLT
City, State Zip: POMONA, CA 91767
Phone: (909)620-2521 Fax: (909)620-9793
Record ID: **190673AN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2017

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

Program Name: **HOLY ADDICTION CARE CENTER, INC.**
Legal Name: HOLY ADDICTION CARE CENTER, INC.
Address: 111 NORTH GLENDALE BOULEVARD, SUITE B
City, State Zip: LOS ANGELES, 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: 05/31/2017

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: 1.1 --- CO-ED
Expiration Date: 10/31/2016

Program Name: **JOURNEY MALIBU II**
Legal Name: BELLA LA VITA COMPANY
Address: 26190 INGLESIDE WAY
City, State Zip: MALIBU, 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: 06/30/2016

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: 06/30/2016

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
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: 02/28/2017

Program Name: **THE HILLS TREATMENT CENTER, LLC**
Legal Name: THE HILLS TREATMENT CENTER, LLC
Address: 8147, 8171 AND 8207 MULHOLLAND DRIVE, AND
8507 WILLOW GLEN ROAD
City, State Zip: LOS ANGELES, 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: 05/31/2015

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: 04/30/2017

Program Name: **PACIFICA RECOVERY, INC.**
Legal Name: PACIFICA RECOVERY, INC.
Address: 415 WEST FOOTHILL BOULEVARD, SUITES 210 AND 211
City, State Zip: CLAREMONT, CA 91711
Phone: (919)447-5081 Fax: (919)447-5974
Record ID: **190712AP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 02/28/2017

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: 03/31/2017

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: 02/28/2017

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: 04/30/2017

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 Fax: (310)608-1406
Record ID: **190718BN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 03/31/2017

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: 09/30/2015

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: 06/30/2017

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: 06/30/2017

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: 08/31/2015

Program Name: **LA FUENTE HOLLYWOOD TREATMENT CENTER LLC**
Legal Name: LA FUENTE HOLLYWOOD TREATMENT CENTER LLC
Address: 5718 5718 1/2 FOUNTAIN AVENUE
City, State Zip: LOS ANGELES, CA 90028
Phone: (323)464-2947 Fax: (323)464-2947
Record ID: **190725AP**
Service Type: RES-DETOX
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.10 --- CO-ED/YOUTH
Expiration Date: 09/30/2017

Program Name: **AXIS RESIDENTIAL TREATMENT CENTER - WEST**
Legal Name: AXIS RESIDENTIAL TREATMENT CENTER-WEST
Address: 4022 HURON AVENUE
City, State Zip: CULVER CITY, 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: 09/30/2017

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: 08/31/2017

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: 07/31/2017

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: 04/30/2016

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: 04/30/2016

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: 03/31/2016

Program Name: **SCHARP - OASIS HOUSE**
Legal Name: SOUTHERN CALIFORNIA HEALTH & REHABILITATION PROGRAM
Address: 5201 S. VERMONT AVENUE
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: 06/30/2016

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: 04/30/2016

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: 01/31/2017

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: 07/31/2016

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 AND 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: 09/30/2016

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: 08/31/2016

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: 08/31/2016

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: 1.13 --- CO-ED/CHILD/DUAL
Expiration Date: 09/30/2016

Program Name: **REBOS**
Legal Name: LIVING REBOS, LLC
Address: 1772 S ROBERTSON BOULEVARD
City, State Zip: LOS ANGELES, CA 90035
Phone: (310)694-5590
Record ID: **190759AP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2016

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: 09/30/2016

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: (424)207-2220 Fax: (424)207-2217
Record ID: **190762AP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 01/31/2017

Program Name: **SOVEREIGN HEALTH OF LOS ANGELES I**
Legal Name: DUAL DIAGNOSIS TREATMENT CENTER, INC.
Address: 12832 SHORT AVENUE
City, State Zip: LOS ANGELES, CA 90066
Phone: (949)923-7895
Record ID: **190762BP**
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2017

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: 02/28/2017

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: **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: 01/31/2017

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: 02/28/2017

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: 07/31/2017

Program Name: **PACIFIC VIEW RECOVERY CENTER**
Legal Name: PACIFIC VIEW RECOVERY CENTER
Address: 643 PACIFIC STREET, UNITS 1, 2, 3 AND 4
City, State Zip: SANTA MONICA, 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 BOULEVARD, 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: 02/29/2016

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: 04/30/2016

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: 06/30/2016

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: 09/30/2015

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: 06/30/2016

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: 09/30/2015

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: 05/31/2016

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
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2017

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: 09/30/2016

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: 09/30/2017

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: 02/29/2016

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: 06/30/2016

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: 06/30/2016

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: 05/31/2016

Program Name: **NEW START DAY TREATMENT AND I.O.P.PROGRAM**
Legal Name: A NEW START TREATMENT AND RECOVERY CENTER, LLC
Address: 10401 VENICE BOULEVARD, SUITE 250
City, State Zip: LOS ANGELES, CA 90034
Phone: (310)636-1819 Fax: (310)287-1949
Record ID: **190798AP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2016

Program Name: **A NEW START TREATMENT AND RECOVERY CENTER, LLC**
Legal Name: A NEW START TREATMENT AND RECOVERY CENTER, LLC
Address: 11241, 11243 & 11245 LUCERNE AVENUE
City, State Zip: CULVER CITY, 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: 06/30/2016

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: 08/31/2016

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: 07/31/2016

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: 06/30/2016

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: 02/28/2017

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: 06/30/2016

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: 1.1 --- CO-ED
Expiration Date: 10/31/2016

Program Name: **SOBER STAGES INC. OUTPATIENT PROGRAM**
Legal Name: STAGES INCORPORATED OUTPATIENT PROGRAM
Address: 19562 VENTURA BOULEVARD, SUITE 233
City, State Zip: TARZANA, CA 91356
Phone: (818)705-6363 Fax: (818)705-4449
Record ID: **190813AP**
Service Type: NON
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: 09/30/2016

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: **SERENITY FOR LIFE**
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: 11503 GLADHILL ROAD
City, State Zip: WHITTIER, CA 90604
Phone: (844)273-7773
Record ID: **190824AP**
Service Type: RES-DETOX
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: 01/31/2017

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: 02/28/2017

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: 02/28/2017

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: 02/28/2017

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: 03/31/2017

Program Name: **SEA CHANGE SANTA MONICA**
Legal Name: SEA CHANGE SANTA MONICA, L.P.
Address: 1831 WILSHIRE BOULEVARD, #C
City, State Zip: SANTA MONICA, CA 90403
Phone: (818)823-3310 Fax: (310)998-8696
Record ID: **190831AP**
Service Type: NON-DETOX
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2017

Program Name: **AWAKENINGS**
Legal Name: AGOURA NEUROFEEDBACK, INC.
Address: 29720 ROADSIDE DRIVE, #200
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: 02/28/2017

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: **PASSAGES MALIBU PHP LLC.**
Legal Name: PASSAGES MALIBU PHP, LLC
Address: 1728 ABBOT KINNEY BOULEVARD, #103
City, State Zip: VENICE, CA 90291
Phone: (310)589-2880 Fax: (310)589-2869
Record ID: **190835AP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2017

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: 03/31/2017

Program Name: **HILLSMAN CENTER**
Legal Name: LMPG FOUNDATION, LLC
Address: 1440 E. 41ST STREET
City, State Zip: LOS ANGELES, CA 90011
Phone: (323)231-2585 Fax: (323)231-8771
Record ID: **190838AP**
Service Type: RES
Resident Capacity: 34
Total Occupancy: 40
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2017

Program Name: **HOPE'S LANDING**
Legal Name: HOPE'S LANDING
Address: 3849 CHATWIN AVENUE
City, State Zip: LONG BEACH, CA 90808
Phone: (949)467-9213 Fax: (888)588-4998
Record ID: **190840AP**
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2017

Program Name: **HOPE'S LANDING**
Legal Name: HOPE'S LANDING
Address: 3550 FELA AVENUE
City, State Zip: LONG BEACH, CA 90808
Phone: (949)467-9213 Fax: (888)588-4998
Record ID: **190840BP**
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2017

Program Name: **A NEW SOLUTION**
Legal Name: CHANGING STEPS NETWORK INC.
Address: 942 W. 12TH STREET
City, State Zip: SAN PEDRO, CA 90731
Phone: (323)202-8432
Record ID: **190841BP**
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2017

Program Name: **DESTINATIONS TO RECOVERY**
Legal Name: DESTINATIONS TO RECOVERY
Address: 21051 WARNER CENTER LANE, SUITE 220
City, State Zip: WOODLAND HILLS, CA 91367
Phone: (310)728-2125 Fax: (310)728-2125
Record ID: **190842AP**
Service Type: NON
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 08/31/2017

Program Name: **VALLEY RECOVERY TREATMENT**
Legal Name: CALIFORNIA RECOVERY CENTERS LLC
Address: 23304 HAPPY VALLEY DRIVE
City, State Zip: NEWHALL, CA 91311
Phone: (818)404-6505 Fax: (818)348-4401
Record ID: **190843AP**
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2017

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

Program Name: **SOVEREIGN HEALTH OF LOS ANGELES II**
Legal Name: SATYA HEALTH OF CALIFORNIA, INC.
Address: 5919 W. 74TH STREET
City, State Zip: LOS ANGELES, CA 90045
Phone: (424)227-2783
Record ID: **190845AP**
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2017

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: 05/31/2017

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: **CALIFORNIA NEW LIFE DETOX AND RECOVERY HOMES, INC.**
Legal Name: CALIFORNIA NEW LIFE DETOX AND RECOVERY HOMES, INC.
Address: 18134 CHASE STREET
City, State Zip: NORTHRIDGE, CA 91325
Phone: (310)617-5912 Fax: (818)974-9264
Record ID: **190851AP**
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2017

Program Name: **ALTA TREATMENT CENTERS, INC.**
Legal Name: ALTA TREATMENT CENTERS, INC.
Address: 5435 NORTH BALBOA BOULEVARD, SUITE 103
City, State Zip: ENCINO, CA 91316
Phone: (844)663-7465
Record ID: **190852AP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2017

Program Name: **REFUGE RECOVERY CENTERS**
Legal Name: REFUGE RECOVERY HOUSE, LLC
Address: 4302 W. MELROSE AVENUE, SUITE 5C
City, State Zip: LOS ANGELES, CA 90029-3511
Phone: (363)660-0735
Record ID: **190853AP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2017

Program Name: **SERVICE INDUSTRIES OUTPATIENT SERVICES**
Legal Name: SERVICE INDUSTRIES, INC.
Address: 2500 OVERLAND AVENUE, #D
City, State Zip: LOS ANGELES, CA 90064-3333
Phone: (323)477-2130 Fax: (310)253-9801
Record ID: **190856AP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2017

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

Program Name: **RESTORE HEALTH AND WELLNESS CENTER, LLC**
Legal Name: RESTORE HEALTH AND WELLNESS CENTER, LLC
Address: 16530 VENTURA BOULEVARD, SUITE 200
City, State Zip: ENCINO, CA 91436
Phone: (888)519-1570 Fax: (818)574-3990
Record ID: **190858AP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2017

Program Name: **RECOVERY MALIBU, INC.**
Legal Name: RECOVERY MALIBU, INC.
Address: 30044 ANDROMEDA LANE
City, State Zip: MALIBU, CA 90265-4215
Phone: (424)235-2221
Record ID: **190859AP**
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2017

Program Name: **FIRSTPOINT BEHAVIORAL AND ADDICTION COUNSELING, INC.**
Legal Name: FIRSTPOINT BEHAVIORAL AND ADDICTION COUNSELING, INC.
Address: 22330 HAWTHORNE BOULEVARD, SUITE 204
City, State Zip: TORRANCE, CA 90505
Phone: (610)617-5912 Fax: (310)317-7505
Record ID: **190860AP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2017

Program Name: **1 METHOD CENTER**
Legal Name: 1 METHOD, LLC
Address: 10254 BANNOCKBURN DRIVE
City, State Zip: LOS ANGELES, CA 90064
Phone: (310)837-7330 Fax: (310)837-7376
Record ID: **190862AP**
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2017

Program Name: **CLEAR RECOVERY CENTER**
Legal Name: CLEAR INC.
Address: 201 HERONDO STREET
City, State Zip: REDONDO BEACH, CA 90277
Phone: (310)346-2676
Record ID: **190863AP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2017

Program Name: **BETTY FORD CENTER - WEST LOS ANGELES**
Legal Name: HAZELDEN BETTY FORD FOUNDATION
Address: 10700 SANTA MONICA BOULEVARD, SUITE 310
City, State Zip: LOS ANGELES, CA 90025
Phone: (310)307-7053 Fax: (310)446-1818
Record ID: **190864AN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2017

Program Name: **JAHI FAMILY SERVICES, INC.**
Legal Name: JAHI FAMILY SERVICES, INC.
Address: 9001 S. VERMONT STREET
City, State Zip: LOS ANGELES, CA 90044
Phone: (323)779-5244 Fax: (929)757-5244
Record ID: **190866AP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2017

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

Program Name: **MIRACLES IN ACTION**
Legal Name: MIRACLES IN ACTION, LLC
Address: 290 E VERDUGO AVENUE, #105
City, State Zip: BURBANK, CA 91502
Phone: (818)429-9103
Record ID: **190873AP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2017

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

Program Name: **LA VENTANA TRETAMENT PROGRAMS**
Legal Name: RYLIST, INC.
Address: 1243 7TH STREET, SUITE B AND C
City, State Zip: SANTA MONICA, CA 90401
Phone: (805)777-3873
Record ID: **190886AP**
Service Type: NON
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 11/1/2015 **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 11/1/2015 **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:	08/31/2017

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:	08/31/2017

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: 08/31/2017

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 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: 06/30/2017

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: 05/31/2017

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: 07/31/2017

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: 07/31/2017

Program Name: **BAYSIDE MARIN OUTPATIENT PROGRAM**
Legal Name: BAYSIDE MARIN, INC.
Address: 718 4TH 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: 07/31/2017

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: 07/31/2017

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: 05/31/2017

Program Name: **MARIN OUTPATIENT AND RECOVERY SERVICES**
Legal Name: MARIN SERVICES FOR MEN
Address: 710 C STREET, SUITE 7A & 8
City, State Zip: SAN RAFAEL, CA 94901
Phone: (415)485-6736 Fax: (415)236-1830
Record ID: **210033AN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 01/31/2016

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: 06/30/2017

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: 07/31/2016

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: 06/30/2016

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 11/1/2015 **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:	07/31/2015

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

As of 11/1/2015 **Mendocino County**

Program Name:	**UKIAH RECOVERY CENTER**
Legal Name:	FORD STREET PROJECT
Address:	201 BRUSH STREET, BUILDINGS 201A, 201B, AND 201C
City, State Zip:	UKIAH, CA 95482
Phone:	(707)462-1934
Record ID:	**230004AN**
Service Type:	RES
Resident Capacity:	40
Total Occupancy:	40
Target Population:	1.1 --- CO-ED
Expiration Date:	06/30/2017

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:	01/31/2017

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: 05/31/2017

Program Name: **MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY BEHAVIORIAL HEALTH & RECOVERY**
Legal Name: MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY
Address: 1120 SOUTH DORA STREET, MULTIPLE CERTIFIED ROOMS
City, State Zip: UKIAH, 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: 07/31/2016

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: 07/31/2016

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: 04/30/2016

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

As of 11/1/2015 **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: 07/31/2017

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: 02/29/2016

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: 04/30/2016

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

As of 11/01/2015 **Modoc County**

No licensed or certified facilities at this time.

Please check with a neighboring county for services.

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

As of 11/01/2015 **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 11/1/2015 **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: 07/31/2017

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
Resident Capacity: 54
Total Occupancy: 54
Target Population: 1.2 --- MEN ONLY
Expiration Date: 11/30/2017

Program Name: **SUN STREET CENTERS OUTPATIENT PROGRAM**
Legal Name: SUN STREET CENTERS
Address: 12 SUN STREET
City, State Zip: SALINAS, CA 93901
Phone: (831)753-6001 Fax: (831)753-5169
Record ID: **270003BN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2017

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: 01/31/2017

Program Name: **VALLEY HEALTH ASSOCIATES**
Legal Name: VALLEY HEALTH ASSOCIATES
Address: 411 cENTER sTREET
City, State Zip: GONZALES, CA 93926
Phone: (831)674-1795 Fax: (831)674-1795
Record ID: **270011CN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2016

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

Program Name:	**THE CAMP RECOVERY CENTER INTENSIVE OUTPATIENT MONTEREY**
Legal Name:	THE CAMP RECOVERY CENTERS, L.P.
Address:	6 HARRIS COURT
City, State Zip:	MONTEREY, CA 93940-5754
Phone:	(831)438-1868 Fax: (831)438-2789
Record ID:	**270019AP**
Service Type:	NON
Target Population:	1.1 --- CO-ED
Expiration Date:	07/31/2017

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

As of 11/1/2015 **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:	**DUFFY'S NAPA VALLEY**
Legal Name:	DUFFY'S MYRTLEDALE
Address:	2436 FOOTHILL BOULEVARD, SUITE E
City, State Zip:	CALISTOGA, CA 94515
Phone:	(707)942-6888 Fax: (707)942-4819
Record ID:	**280002CP**
Service Type:	NON
Target Population:	1.1 --- CO-ED
Expiration Date:	07/31/2017

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: 07/31/2016

Program Name: **WOODLAND HOUSE**
Legal Name: ST. HELENA HOSPITAL
Address: 5 WOODLAND ROAD
City, State Zip: ST. HELENA, CA 94574
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: 01/31/2017

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: 04/30/2017

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 11/1/2015 **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: 06/30/2016

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:	06/30/2016

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 11/1/2015 **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: 02/28/2017

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: 04/30/2016

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: 04/30/2016

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: 04/30/2016

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: 04/30/2016

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: 10/31/2017

Program Name: **NEW DIRECTIONS FOR WOMEN, INC.**
Legal Name: NEW DIRECTIONS FOR WOMEN, INC.
Address: 2601 AND 2607 WILLO LANE
City, State Zip: COSTA MESA, 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: CA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE, INC.
Address: 9842 13TH STREET
City, State Zip: GARDEN GROVE, CA 92844
Phone: (714)531-4624 Fax: (916)443-1732
Record ID: **300010AN**
Service Type: RES-DETOX
Resident Capacity: 150
Total Occupancy: 150
Target Population: 1.2 --- MEN ONLY
Expiration Date: 07/31/2016

Program Name: **CASA ELENA RECOVERY HOME**
Legal Name: CA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE, INC.
Address: 832 SOUTH ANAHEIM BOULEVARD
City, State Zip: ANAHEIM, 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: CA 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: 07/31/2016

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 AVENUE
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: 05/31/2017

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: 05/31/2016

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: 07/31/2017

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: 07/31/2017

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: 07/31/2017

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: 07/31/2017

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 STREET
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: 06/30/2017

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: 08/31/2017

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: 09/30/2017

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 ROAD
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: 09/30/2016

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: 1.3 --- WOMEN ONLY
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: **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: 01/31/2016

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: 01/31/2017

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: 05/31/2016

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: 08/31/2017

Program Name: **COVENANT HILLS TREATMENT CENTERS, INC.**
Legal Name: PACIFIC HILLS TREATMENT CENTERS, INC.
Address: 34248 VIA SANTA ROSA, APARTMENTS A, B, AND C
City, State Zip: CAPISTRANO BEACH, 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)248-5335
Record ID: **300074DP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: **HUNTINGTON HARBOR HOUSE**
Legal Name: NARCONON FRESH START
Address: 17123 ROUNDHILL DRIVE
City, State Zip: HUNTINGTON BEACH, 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: 02/29/2016

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: 04/30/2016

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: 1.1 --- CO-ED
Expiration Date: 09/30/2016

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: 06/30/2017

Program Name: **CHANGES FOR RECOVERY**
Legal Name: MILTON MUCKER
Address: 302 NORTH TUSTIN AVENUE, SUITES 100 AND 102
City, State Zip: SANTA ANA, CA 92705
Phone: (714)541-4007 Fax: (714)541-2779
Record ID: **300097CP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 02/29/2016

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: 01/31/2016

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: 01/31/2016

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: 01/31/2016

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: 01/31/2017

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: 05/31/2017

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: 01/31/2017

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: 08/31/2016

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: 04/30/2017

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: 08/31/2016

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: 01/31/2017

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: 03/31/2016

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: 03/31/2017

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: (888)941-9048 Fax: (949)646-5296
Record ID: **300121FN**
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.2 --- MEN ONLY
Expiration Date: 08/31/2017

Program Name: **YELLOWSTONE WOMEN'S FIRST STEP HOUSE, INC.**
Legal Name: YELLOWSTONE WOMEN'S FIRST STEP HOUSE, INC.
Address: 2001 HARBOR BOULEVARD, SUITE 200
City, State Zip: COSTA MESA, 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: 03/31/2016

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: 02/28/2017

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: 06/30/2017

Program Name: **TWIN TOWN TREATMENT CENTERS, MISSION VIEJO**
Legal Name: TWIN TOWN CORPORATION
Address: 27281 LAS RAMBLAS STREET, SUITE 140
City, State Zip: MISSION VIEJO, CA 92691
Phone: (949)540-0170 Fax: (949)540-0173
Record ID: **300128DP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2017

Program Name: **CENTER FOR ALCOHOL AND DRUG ABUSE TREATMENT BODY MIND SPIRIT IOP**
Legal Name: WILLIAM W. MARTIN, PH.D, LICENSED CLINICAL PSYCHOLOGIST, A PROFESSIONAL COROPORATION
Address: 665 CAMINO DE LOS MARES, SUITE 104
City, State Zip: SAN CLEMENTE, CA 92673
Phone: (949)248-7377 Fax: (866)805-2796
Record ID: **300135AP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2016

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: 08/31/2017

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: 05/31/2015

Program Name: **SEACLIFF RECOVERY CENTER**
Legal Name: RIGHT NOW RECOVERY, LLC
Address: 225 7TH STREET, APARTMENT 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: 09/30/2017

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: 03/31/2017

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: 08/31/2017

Program Name: **SAFE HARBOR'S CHERISH DETOX, INC.**
Legal Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.
Address: 22372 HARWICH LANE
City, State Zip: HUNTINGTON BEACH, CA 92646
Phone: (714)785-2079
Record ID: **300154FP**
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 10/31/2016

Program Name: **SAFE HARBOR TREATMENT CENTER FOR WOMEN, RECOVERY 1**
Legal Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.
Address: 671, 675, 679 & 687 GOVERNOR STREET
City, State Zip: COSTA MESA, CA 92627
Phone: (714)785-2079 Fax: (714)242-6775
Record ID: **300154GP**
Service Type: RES
Resident Capacity: 7
Total Occupancy: 7
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 07/31/2017

Program Name: **SAFE HARBOR TREATMENT CENTER FOR WOMEN, RECOVERY**
Legal Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.
Address: 670 CAPITAL STREET
City, State Zip: COSTA MESA, CA 92627
Phone: (714)785-2079 Fax: (714)242-6775
Record ID: **300154KP**
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 07/31/2017

Program Name: **SAFE HARBOR TREATMENT CENTER FOR WOMEN, RECOVERY**
Legal Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.
Address: 2220 POMONA AVENUE
City, State Zip: COSTA MESA, CA 92627
Phone: (714)785-2079 Fax: (714)242-6775
Record ID: **300154LP**
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 07/31/2017

Program Name: **SOUTH COAST COUNSELING AND PSYCHOLOGICAL SERVICES**
Legal Name: WEL-MOR PSYCHOLOGY GROUP, INC.
Address: 2900 BRISTOL STREET, SUITE E 103
City, State Zip: COSTA MESA, 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: 04/30/2016

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: 02/28/2017

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: 03/31/2016

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: 04/30/2017

Program Name: **BALBOA HORIZONS RECOVERY SERVICES**
Legal Name: BALBOA HORIZONS RECOVERY SERVICES
Address: 2868 ROYAL PALM DRIVE, #A, B, C, D
City, State Zip: COSTA MESA, CA 92626-3830
Phone: (714)258-7865
Record ID: **300165FP**
Service Type: RES-DETOX
Resident Capacity: 28
Total Occupancy: 28
Target Population: 1.2 --- MEN ONLY
Expiration Date: 09/30/2017

Program Name: **MORNINGSIDE RECOVERY**
Legal Name: MORNINGSIDE RECOVERY, LLC
Address: 1400 REYNOLDS AVENUE, SUITE 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: 03/31/2016

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)874-1332 Fax: (949)276-0045
Record ID: **300173AP**
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: **CAPO BY THE SEA**
Legal Name: CAPO BY THE SEA, INC.
Address: 27130 B-PASEO ESPADA, SUITE 521 & 522
City, State Zip: SAN JUAN CAPISTRANO, CA 92675
Phone: (949)874-1332
Record ID: **300173CP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 02/28/2017

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 AND 435-1/2 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: 12
Total Occupancy: 12
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: 05/31/2016

Program Name: **HEALTHCARE SERVICES, INC., THE LIGHTHOUSE**
Legal Name: HEALTHCARE SERVICES, INC.
Address: 1300 AND 1320 WEST PEARL STREET, UNITS A, B, C & D
City, State Zip: ANAHEIM, 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: 09/30/2016

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: 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: **OCEAN HILLS RECOVERY, INC.**
Legal Name: OCEAN HILLS RECOVERY, INC.
Address: 33402 PALO ALTO STREET
City, State Zip: DANA POINT, CA 92629
Phone: (949)429-5106
Record ID: **300208BP**
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2017

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: 03/31/2017

Program Name: **ACM RECOVERY A DIVISION OF ASSOCIATES IN COUSELING AND MEDIATION**
Legal Name: ASSOCIATES IN COUNSELING & MEDIATION
Address: 265 SOUTH ANITA DRIVE, SUITE 117
City, State Zip: ORANGE, CA 92868
Phone: (714)554-1404 Fax: (714)978-1087
Record ID: **300213AP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2017

Program Name: **ACM RECOVERY A DIVISION OF ASSOCIATES IN COUNSELING & MEDIATION**
Legal Name: ASSOCIATES IN COUNSELING & MEDIATION
Address: 25201 PASEO DE ALICIA, SUITE 100
City, State Zip: LAGUNA HILLS, CA 92653
Phone: (714)554-1404 Fax: (949)859-6658
Record ID: **300213BP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2017

Program Name: **ACM RECOVERY A DIVISION OF ASSOCIATES IN COUNSELING & MEDIATION**
Legal Name: ASSOCIATES IN COUNSELING & MEDIATION
Address: 960 WEST 17TH STREET, SUITE B, C
City, State Zip: SANTA ANA, CA 92706
Phone: (714)547-1404 Fax: (714)550-4677
Record ID: **300213CP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2017

Program Name: **SOVEREIGN HEALTH OF CALIFORNIA**
Legal Name: DUAL DIAGNOSIS TREATMENT CENTER, INC.
Address: 1211 PUERTA DEL SOL, SUITE 120
City, State Zip: SAN CLEMENTE, CA 92673
Phone: (949)276-5553 Fax: (949)498-2619
Record ID: **300217AP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2016

Program Name: **SOVEREIGN BY THE SEA II**
Legal Name: DUAL DIAGNOSIS TREATMENT CENTER, INC.
Address: 29371 LAS CRUCES
City, State Zip: LAGUNA NIGUEL, CA 92677
Phone: (949)481-1086
Record ID: **300217CP**
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2017

Program Name: **SOVEREIGN HEALTH ACASO**
Legal Name: DUAL DIAGNOSIS TREATMENT CENTER, INC.
Address: 29372 VIA ACASO DRIVE
City, State Zip: LAGUNA NIGUEL, CA 92677
Phone: (948)481-1086
Record ID: **300217DP**
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2017

Program Name: **SAFE HARBOR'S CAPELLA I**
Legal Name: SAFE HARBOR'S CAPELLA, INC.
Address: 546, 548, 550A, 550B BERNARD STREET
City, State Zip: COSTA MESA, CA 92627
Phone: (714)323-8294 Fax: (714)242-6775
Record ID: **300221AP**
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 10/31/2016

Program Name: **CASA BELLA RECOVERY**
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: **CASA BELLA RECOVERY COUNSELING & THERAPY**
Legal Name: CASA BELLA RECOVERY INTERNATIONAL INC.
Address: 3284 PACIFIC COAST HIGHWAY, SUITE N
City, State Zip: DANA POINT, CA 92629
Phone: (949)275-7581
Record ID: **300222BP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2017

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: 02/28/2017

Program Name: **PROTOTYPES' MOTHER AND CHILD RESIDENTIAL HOMES AT THE T**
Legal Name: PROTOTYPES, CENTERS FOR INNOVATION IN HEALTH, MENTAL
Address: 15405 LANSDOWNE ROAD, BUILDING 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: 01/31/2017

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: 06/30/2017

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: 1111 BAYSIDE DRIVE, SUITE 150
City, State Zip: COSTA MESA, CA 92627
Phone: (949)721-4091 Fax: (949)719-2998
Record ID: **300233DP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 03/31/2016

Program Name: **NEWPORT ACADEMY**
Legal Name: MONROE OPERATIONS, LLC
Address: 1655 NORTH HUNTERS WAY, BUILDING 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: 07/31/2016

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: 07/31/2016

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: (949)441-5133 Fax: (888)588-4998
Record ID: **300235AP**
Service Type: RES
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: 10/31/2016

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: 04/30/2016

Program Name: **SURE HAVEN**
Legal Name: SURE HAVEN
Address: 3072 & 3073 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: **SURE HAVEN**
Legal Name: SURE HAVEN
Address: 324 HAMILTON STREET, UNIT B
City, State Zip: COSTA MESA, CA 92626
Phone: (828)773-4477
Record ID: **300235KP**
Service Type: RES
Resident Capacity:
Total Occupancy:
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2016

Program Name: **SURE HAVEN**
Legal Name: SURE HAVEN
Address: 3044 GRANT AVENUE
City, State Zip: COSTA MESA, CA 92626
Phone: (949)333-0882 Fax: (888)588-4998
Record ID: **300235RP**
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2017

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

Program Name: **SOVEREIGN BY THE SEA II**
Legal Name: SATYA HEALTH OF CALIFORNIA, INC.
Address: 105 AVENIDA PALA
City, State Zip: SAN CLEMENTE, 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: 19322 BEACH BOULEVARD
City, State Zip: HUNTINGTON BEACH , CA 92648
Phone: (949)515-9191 Fax: (949)515-9193
Record ID: **300237AP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 01/31/2016

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: 02/29/2016

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: 06/30/2016

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: 528 16TH 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: 02/28/2017

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: 01/31/2017

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:	**SIMPLE RECOVERY INC.**
Legal Name:	SIMPLE RECOVERY INC.
Address:	20621 PAISLEY LANE
City, State Zip:	HUNTINGTON BEACH, CA 92646
Phone:	(714)406-1911 Fax: (714)646-3100
Record ID:	**300247DP**
Service Type:	RES
Resident Capacity:	6
Total Occupancy:	6
Target Population:	1.1 --- CO-ED
Expiration Date:	09/30/2017

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: 03/31/2017

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: **STEPHOUSE RECOVERY CENTER**
Legal Name: THE STEPHOUSE RECOVERY, INC.
Address: 10529 SLATER AVENUE
City, State Zip: FOUNTAIN VALLEY, CA 92708
Phone: (888)923-7623 Fax: (657)845-7531
Record ID: **300251CP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2017

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: 01/31/2017

Program Name: **TREE HOUSE RECOVERY (THR)**
Legal Name: SOBER SANCTUARIES, INC.
Address: 1956 POMONA AVENUE
City, State Zip: COSTA MESA, CA 92627
Phone: (855)447-8733 Fax: (714)968-2752
Record ID: **300253AP**
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 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: 02/28/2017

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: **SOBERTEC**
Legal Name: SOBERTEC LLC
Address: 655 CAMINO DE LOS MARES, SUITE 120
City, State Zip: SAN CLEMENTE, CA 92673-2809
Phone: (949)344-6166 Fax: (949)441-7165
Record ID: **300254CP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2017

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: 05/31/2017

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 BEHAVIORAL 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: 09/30/2017

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

Program Name: **SOUTHERN CALIFORNIA RECOVERY CENTERS**
Legal Name: TML RECOVERY, LLC
Address: 24470 DEL PRADO AVENUE, SUITE B
City, State Zip: DANA POINT, CA 92629
Phone: (800)410-6552
Record ID: **300265AP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 02/29/2016

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: 05/31/2017

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: 04/30/2016

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: 04/30/2016

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: 02/29/2016

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: 04/30/2016

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: 04/30/2016

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: **SOCAL DETOX**
Legal Name: SOCAL DETOX LLC
Address: 835 AVENIDA SALVADOR
City, State Zip: SAN CLEMENTE, CA 92672
Phone: (888)590-0777 Fax: (360)323-7285
Record ID: **300290BP**
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2017

Program Name: **SPENCER RECOVERY CENTERS**
Legal Name: COAST TO COAST REFERRAL CENTER, INC.
Address: 1337 GAVIOTA DRIVE
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: 04/30/2016

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: 07/31/2016

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: 03/31/2017

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: 09/30/2016

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, LLC
Address: 3230 E. IMPERIAL HIGHWAY, SUITE 312
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: 02/28/2017

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: 01/31/2017

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: 04/30/2017

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: 02/28/2017

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: **MONARCH SHORES**
Legal Name: SUNSHINE BEHAVIORAL HEALTH LLC
Address: 1564 SKYLINE
City, State Zip: LAGUNA BEACH, CA 92651
Phone: (949)698-2249 Fax: (949)388-2234
Record ID: **300311CP**
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2017

Program Name: **MONARCH SHORES**
Legal Name: SUNSHINE BEHAVIORAL HEALTH LLC
Address: 33762 AVENIDA CALITA
City, State Zip: SAN JUAN CAPISTRANO, CA 92675
Phone: (949)698-2249
Record ID: **300311DP**
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2017

Program Name: **PILLARS RECOVERY, LLC**
Legal Name: PILLARS RECOVERY, LLC
Address: 304 MARGUERITE AVENUE
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: **PILLARS RECOVERY**
Legal Name: PILLARS RECOVERY, LLC
Address: 28772 TOP OF THE WORLD
City, State Zip: LAGUNA BEACH, CA 92651
Phone: (949)610-9360
Record ID: **300312BP**
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2017

Program Name: **ADDICTION HEALTH ALLIANCE**
Legal Name: ADDICTION HEALTH ALLIANCE, LLC
Address: 605 AVENIDA LOS FLORES
City, State Zip: SAN CLEMENTE, CA 92672
Phone: (949)306-9511 Fax: (949)542-3878
Record ID: **300314AP**
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 09/30/2017

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: 04/30/2017

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: **ROCK SOLID RECOVERY**
Legal Name: ROCK SOLID RECOVERY
Address: 11851 WISTERIA AVENUE
City, State Zip: FOUNTAIN VALLEY, CA 92708
Phone: (949)467-9213 Fax: (888)588-4998
Record ID: **300316BP**
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2017

Program Name: **ROCK SOLID RECOVERY**
Legal Name: ROCK SOLID RECOVERY
Address: 2062 S. RENE DRIVE
City, State Zip: SANTA ANA, CA 92704
Phone: (949)467-9213 Fax: (888)588-4998
Record ID: **300316CP**
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2017

Program Name: **ROCK SOLID RECOVERY**
Legal Name: ROCK SOLID RECOVERY
Address: 3011 S. RENE DRIVE
City, State Zip: SANTA ANA, CA 92704
Phone: (949)467-9213 Fax: (888)588-4998
Record ID: **300316DP**
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2017

Program Name: **ROCK SOLID RECOVERY**
Legal Name: ROCK SOLID RECOVERY
Address: 1218 WEST SANTA ANA BOULEVARD
City, State Zip: SANTA ANA, CA 92603
Phone: (949)467-9213 Fax: (888)588-4998
Record ID: **300316FP**
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2017

Program Name: **ROCK SOLID RECOVERY**
Legal Name: ROCK SOLID RECOVERY
Address: 18781 DEEP WELL ROAD
City, State Zip: SANTA ANA, CA 92705
Phone: (949)467-9213
Record ID: **300316JP**
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2017

Program Name: **SO CAL TREATMENT**
Legal Name: TRINA TIMANUS
Address: 1246 E. TURIN AVENUE
City, State Zip: ANAHEIM, CA 92805
Phone: (714)381-0342
Record ID: **300317AP**
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2017

Program Name: **OCEANFRONT RECOVERY**
Legal Name: OCEANFRONT RECOVERY AT LAGUNA BEACH, LLC
Address: 900 GLENNEYRE STREET, SUITE T
City, State Zip: LAGUNA BEACH, CA 92651
Phone: (414)614-7244 Fax: (949)715-7037
Record ID: **300318AP**
Service Type: NON
Target Population: 1.2 --- MEN ONLY
Expiration Date: 04/30/2017

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: **ADVANCES IN MENTAL HEALTH AND ADDICTIONS TREATMENT, INC.**
Legal Name: ADVANCES IN MENTAL HEALTH AND ADDICTIONS TREATMENT, INC.
Address: 18672 FLORIDA STREET, #100
City, State Zip: HUNTINGTON BEACH, CA 92648
Phone: (714)596-6400 Fax: (714)596-4900
Record ID: **300320AP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2017

Program Name: **ORANGE COUNTY RECOVERY**
Legal Name: STEPHEN AND AMBER KNIGHT
Address: 18632 BEACH BOULEVARD, SUITE 240
City, State Zip: HUNTINGTON BEACH, CA 92648
Phone: (714)418-6053
Record ID: **300321AP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2017

Program Name: **BALBOA RECOVERY**
Legal Name: KEVIN CULLEN
Address: 430 31ST STREET, SUITE B
City, State Zip: NEWPORT BEACH, CA 92663
Phone: (949)723-2388 Fax: (949)723-1288
Record ID: **300322AP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2017

Program Name: **WAVELENGTHS RECOVERY**
Legal Name: WAVELENGTHS RECOVERY, INC.
Address: 101 HUNTINGTON STREET
City, State Zip: HUNTINGTON BEACH, CA 92648
Phone: (657)845-4168
Record ID: **300323AP**
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2017

Program Name: **SOUTH SHORES DETOX, LLC**
Legal Name: SOUTH SHORES , LLC
Address: 27568 VISTA DE DONS
City, State Zip: DANA POINT, CA 92624
Phone: (949)289-2138 Fax: (949)289-2138
Record ID: **300324AP**
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2017

Program Name: **FIRST LIGHT RECOVERY**
Legal Name: FIRST LIGHT RECOVERY, LLC
Address: 140 AVENIDA ALGODON, UNIT B & C
City, State Zip: SAN CLEMENTE, CA 92672
Phone: (949)973-0700
Record ID: **300325AP**
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2017

Program Name: **CASA CAPRI**
Legal Name: CASA CAPRI LLC
Address: 188 EAST 17TH STREET, SUITE 201 B
City, State Zip: COSTA MESA, CA 92627
Phone: (949)861-0576
Record ID: **300326AP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2017

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: 03/31/2017

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

Program Name: **TRES VISTAS RECOVERY**
Legal Name: PAIN RECOVERY MEDICAL GROUP, INC.
Address: 243 AVENIDA LA CUESTA
City, State Zip: SAN CLEMENTE, CA 92673
Phone: (949)310-6824
Record ID: **300328AP**
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2017

Program Name: **SOLMAR RETREAT**
Legal Name: HOAG NEUROBEHAVIORAL HEALTH, LLC
Address: 1 HOAG DRIVE
City, State Zip: NEWPORT BEACH, CA 92663-4162
Phone: (949)764-5656 Fax: (949)764-8185
Record ID: **300329AP**
Service Type: RES
Resident Capacity: 21
Total Occupancy: 21
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2017

Program Name: **AFFINITY RECOVERY**
Legal Name: AFFINITY GROUP LLC
Address: 31952 PASEO TERRAZA
City, State Zip: SAN JUAN CAPISTRANO, CA 92675
Phone: (714)422-0119 Fax: (888)276-0605
Record ID: **300330AP**
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2017

Program Name: **AFFINITY RECOVERY**
Legal Name: AFFINITY GROUP LLC
Address: 1911 KINGS ROAD
City, State Zip: NEWPORT BEACH, CA 92663
Phone: (949)321-8151 Fax: (888)276-0605
Record ID: **300330BP**
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2017

Program Name: **COMPASS RECOVERY**
Legal Name: COMPASS RECOVERY, INC.
Address: 3151 AIRWAY AVENUE, F105-B
City, State Zip: COSTA MESA, CA 92626
Phone: (714)540-1716 Fax: (714)540-1716
Record ID: **300331AP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2017

Program Name: **COMPASS RECOVERY**
Legal Name: COMPASS RECOVERY, INC.
Address: 9431 ALDERBURY STREET
City, State Zip: CYPRESS, CA 90630-2855
Phone: (714)828-1759 Fax: (714)282-1759
Record ID: **300331BP**
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2017

Program Name: **KOOL LIVING RECOVERY CENTER**
Legal Name: KOOL LIVING, INC.
Address: 26421 VIA CALIFORNIA
City, State Zip: CAPISTRANO BEACH, CA 92624
Phone: (949)542-4032 Fax: (747)202-0622
Record ID: **300332AP**
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2017

Program Name: **KOOL LIVING RECOVERY CENTER**
Legal Name: KOOL LIVING, INC.
Address: 4014 CALLE BIENVENIDOS
City, State Zip: SAN CLEMENTE, CA 92672
Phone: (949)481-3826 Fax: (747)202-0622
Record ID: **300332BP**
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2017

Program Name: **WHOLE LIFE RECOVERY**
Legal Name: WHOLE LIFE RECOVERY, LLC
Address: 32122 CAMINO CAPISTRANO SUITE 100
City, State Zip: SAN JUAN CAPISTRANO, CA 92675
Phone: (888)963-8921
Record ID: **300334AP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2017

Program Name: **LUMINANCE HEALTH GROUP, INC.**
Legal Name: LUMINANCE HEALTH GROUP, INC.
Address: 1804 VIA SAGE
City, State Zip: SAN CLEMENTE, CA 92672
Phone: (949)248-4645
Record ID: **300337AP**
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2017

Program Name: **WECARE RECOVERY SYSTEMS**
Legal Name: WECARE LLC
Address: 2525 W. WOODLAND DRIVE
City, State Zip: ANAHEIM, CA 92801
Phone: (714)821-1064 Fax: (714)459-7393
Record ID: **300338AP**
Service Type: NON-DETOX
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2017

Program Name: **A BETTER LIFE RECOVERY**
Legal Name: A BETTER LIFE RECOVERY LLC
Address: 27126 PASEO ESPADA,
SUITES 1621-1623
City, State Zip: SAN JUAN CAPISTRANO, CA 92687
Phone: (949)313-7443 Fax: (949)579-2876
Record ID: **300342AP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2017

Program Name: **TURNING POINT TREATMENT CENTER**
Legal Name: TURNING POINT TREATMENT CENTER, INC.
Address: 28111 SOMERSET
City, State Zip: MISSION VIEJO, CA 92692
Phone: (949)215-3775 Fax: (949)215-3776
Record ID: **300346AP**
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2017

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

As of 11/1/2015 **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:	09/30/2015

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: 01/31/2016

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: 02/29/2016

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: 6
Total Occupancy: 13
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 06/30/2017

Program Name: **HOPE HELP AND HEALING**
Legal Name: HOPE HELP AND HEALING
Address: 11960 HERITAGE OAKS PLACE, SUITE 20
City, State Zip: AUBURN, 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: 05/31/2016

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: DSS
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 11/30/2016

Program Name: **KOINONIA GROUP HOME #2**
Legal Name: KOINONIA FOSTER HOMES, INC.
Address: 6331 KING ROAD
City, State Zip: LOOMIS, CA 95650-8801
Phone: (916)652-0171 Fax: (916)652-3979
Record ID: **310012BN**
Service Type: DSS
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 11/30/2016

Program Name: **KOINONIA GROUP HOME #3**
Legal Name: KOINONIA FOSTER HOMES, INC.
Address: 5440 PARAGON STREET
City, State Zip: ROCKLIN, CA 95677-2217
Phone: (916)652-0171 Fax: (916)652-3979
Record ID: **310012CN**
Service Type: DSS
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 11/30/2016

Program Name: **KOINONIA GROUP HOME #4**
Legal Name: KOINONIA FOSTER HOMES, INC.
Address: 8200 KING ROAD
City, State Zip: LOOMIS, CA 95650-8813
Phone: (916)652-0171 Fax: (916)652-3979
Record ID: **310012DN**
Service Type: DSS
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 11/30/2016

Program Name: **AUBURN CAMPUS-OUTPATIENT PROGRAM**
Legal Name: COMMUNITY RECOVERY RESOURCES
Address: 12183 LOCKSLEY LANE, SUITES 101, 102, 103 & 104
City, State Zip: AUBURN, CA 95602-2050
Phone: (530)885-1961 Fax: (916)797-8979
Record ID: **310019AN**
Service Type: NON
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 09/30/2015

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: 1.9 --- CO-ED/CHILDREN
Expiration Date: 05/31/2017

Program Name: **ROSEVILLE CAMPUS**
Legal Name: COMMUNITY RECOVERY RESOURCES
Address: 730 SUNRISE AVENUE, SUITES 201, 250, 260, 261, & 271
City, State Zip: ROSEVILLE, CA 95661-4553
Phone: (916)782-3737 Fax: (916)782-3739
Record ID: **310019EN**
Service Type: NON
Target Population: 1.9 --- CO-ED/CHILDREN
Expiration Date: 05/31/2017

Program Name: **SIERRA NATIVE ALLIANCE - WHITE BISON PROGRAM (WBP)**
Legal Name: NATIVE ALLIANCE OF THE SIERRA NEVADA FOOTHILLS
Address: 610 AUBURN RAVINE ROAD
City, State Zip: AUBURN, 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: 07/31/2016

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: 05/31/2016

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:	05/31/2017

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

As of 11/01/2015 **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 11/1/2015 **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:	07/31/2017

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: 05/31/2016

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
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: 07/31/2017

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: 05/31/2017

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: 05/31/2017

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: 08/31/2017

Program Name: **VALLEY-WIDE COUNSELING SERVICES**
Legal Name: MFI RECOVERY CENTER
Address: 1604 SOUTH SANTA FE AVENUE, SUITE 403
City, State Zip: SAN JACINTO, CA 92583
Phone: (951)654-2026 Fax: (951)654-9927
Record ID: **330013QN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2017

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: 07/31/2017

Program Name: **LA VISTA, A PROGRAM OF MFI RECOVERY CENTER**
Legal Name: MFI RECOVERY CENTER
Address: 2220/2220A GIRARD STREET & 294 E. MIDWAY AVENUE
City, State Zip: SAN JACINTO, 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: 05/31/2016

Program Name: **RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM**
Legal Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM
Address: 2085 RUSTIN AVENUE
City, State Zip: RIVERSIDE, CA 92507
Phone: (951)955-2105
Record ID: **330023CN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2016

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: 05/31/2016

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: 05/31/2016

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: 05/31/2016

Program Name: **DESERT DRUG COURT**
Legal Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM
Address: 68-615 PEREZ ROAD, SUITE 3A, 4A, 5A, 6A AND 7A
City, State Zip: CATHEDRAL CITY, CA 92234
Phone: (760)770-2213 Fax: (760)770-2240
Record ID: **330023HN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2016

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: 02/28/2017

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-DETOX
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: 06/30/2017

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: 06/30/2017

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: 12/31/2016

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: 12/31/2016

Program Name: **THE WYLIE CENTER**
Legal Name: THE CAROLYN E. WYLIE CENTER FOR CHILDREN, YOUTH & FAMILIES
Address: 4164 BROCKTON AVENUE
City, State Zip: RIVERSIDE, CA 92501
Phone: (951)683-5193 Fax: (909)683-6019
Record ID: **330065AN**
Service Type: NON
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 02/28/2016

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: 1.2 --- MEN ONLY
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: 06/30/2016

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: 06/30/2016

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: 06/30/2016

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: 07/31/2016

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: 06/30/2016

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: 05/31/2017

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: 03/31/2016

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: 08/31/2016

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.**
Legal Name: FORTERUS HEALTH CARE SERVICES, INC.
Address: 36866 PEBLEY COURT
City, State Zip: WINCHESTER, CA 92596
Phone: (951)894-8620 Fax: (951)848-9402
Record ID: **330098DP**
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 9
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2017

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)894-8620 Fax: (951)848-9402
Record ID: **330098EP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2017

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: **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: 07/31/2016

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: 09/30/2016

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)464-2611 Fax: (760)969-4179
Record ID: **330112BP**
Service Type: RES
Resident Capacity: 36
Total Occupancy: 36
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2017

Program Name: **IRECOVER TREATMENT CENTER, SERENITY PALMS**
Legal Name: IRECOVER TREATMENT CENTERS INC.
Address: 37066 BANKSIDE DRIVE
City, State Zip: CATHEDRAL CITY, CA 92234
Phone: (760)275-6677 Fax: (406)784-3994
Record ID: **330113AP**
Service Type: RES-DETOX
Resident Capacity: 24
Total Occupancy: 24
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2015

Program Name: **ADDICTION THERAPEUTIC SERVICES**
Legal Name: J. HERNDONS, LLC
Address: 559 S. PALM CANYON DRIVE, SUITE B 101
City, State Zip: PALM SPRINGS, CA 92264
Phone: (760)778-6120 Fax: (760)778-6122
Record ID: **330114AP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2017

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-DETOX
Resident Capacity: 28
Total Occupancy: 32
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2015

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: **DAY BY DAY IOP, INC.**
Legal Name: DAY BY DAY-IOP, INC.
Address: 41655 DATE STREET, SUITE 100
City, State Zip: MURRIETA, CA 92562
Phone: (866)920-1275 Fax: (866)920-1275
Record ID: **330118AP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2016

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: **SECOND 2 NONE RECOVERY SERVICES**
Legal Name: OPTIMAL METABOLIC SOLUTIONS, LLC
Address: 40165 MURRIETA HOT SPRINGS ROAD, SUITE I
City, State Zip: MURRIETA, CA 92563
Phone: (951)461-1800
Record ID: **330123AP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2016

Program Name: **RIVERSIDE COUNTY SUBSTANCE USE PROGRAM, DBA TEMECULA**
Legal Name: RIVERSIDE COUNTY MENTAL HEALTH DEPARTMENT
Address: 40925 COUNTY CENTER DRIVE, SUITE #200
City, State Zip: TEMECULA, CA 92590
Phone: (951)600-6360 Fax: (951)600-6365
Record ID: **330124BN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 01/31/2017

Program Name: **RIVERSIDE COUNTY SUBSTANCE USE PROGRAM,**
DBA DESERT HOT SPRINGS SUBSTANCE USE PROGRAM
Legal Name: RIVERSIDE COUNTY MENTAL HEALTH DEPARTMENT
Address: 14320 PALM DRIVE
City, State Zip: DESERT HOT SPRINGS, CA 92240
Phone: (760)773-6767 Fax: (760)773-6760
Record ID: **330124CN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2017

Program Name: **RIVERSIDE COUNTY SUBSTANCE USE PROGRAM, DBA LAKE ELSINORE SUBSTANCE USE PROGRAM**
Legal Name: RIVERSIDE COUNTY MENTAL HEALTH DEPARTMENT
Address: 31760 CASINO DRIVE, SUITE 200
City, State Zip: LAKE ELSINORE, CA 92530
Phone: (951)474-4649 Fax: (951)471-4687
Record ID: **330124DN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2017

Program Name: **RIVERSIDE COUNTY SUBSTANCE USE PROGRAM, DBA BANNING SUBSTANCE USE PROGRAM**
Legal Name: RIVERSIDE COUNTY MENTAL HEALTH DEPARTMENT
Address: 1330 W. RAMSEY STREET
City, State Zip: BANNING, CA 92220
Phone: (951)849-7142 Fax: (951)849-1762
Record ID: **330124EN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2017

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: 04/30/2017

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: 04/30/2017

Program Name: **HEARTH STONE HOUSE**
Legal Name: HEARTH STONE HOUSE, INC
Address: 44500 SAN PASCAUL AVENUE
City, State Zip: PALM DESERT, CA 92260
Phone: (760)779-1999 Fax: (760)799-8999
Record ID: **330134AP**
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2017

Program Name: **CALIFORNIA HIGHLANDS ADDICTION TREATMENT**
Legal Name: CALIFORNIA ADDICTION TREATMENT CENTER LLC
Address: 15986 S. HIGHLAND SPRINGS AVENUE
City, State Zip: BANNING, CA 92220
Phone: (213)787-5755 Fax: (909)245-1090
Record ID: **330135AP**
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: **IMMANUEL HOUSE AOD RECOVERY PROGRAM**
Legal Name: IMMANUEL SOBRIETY INC
Address: 24999 BRODIAEA AVENUE
City, State Zip: MORENO VALLEY, CA 92553
Phone: (951)242-2451 Fax: (951)653-5505
Record ID: **330136AN**
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2 --- MEN ONLY
Expiration Date: 07/31/2017

Program Name: **BEST NEW LIFE RECOVERY**
Legal Name: BROOKE ELIZABETH BEST-FREEMAN
Address: 36881 DOREEN DRIVE
City, State Zip: MURRIETA, CA 92563
Phone: (951)545-4606
Record ID: **330137AP**
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2017

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: 05/31/2017

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

As of 11/1/2015 **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)442-4519 Fax: (916)442-3577
Record ID: **340002BN**
Service Type: RES
Resident Capacity: 24
Total Occupancy: 26
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 11/30/2016

Program Name: **MI CASA RECOVERY HOME**
Legal Name: MEXICAN AMERICAN ADDICTION PROGRAM, INC.
Address: 2515 48TH AVENUE
City, State Zip: SACRAMENTO, CA 95822-3810
Phone: (916)394-2323 Fax: (916)394-2480
Record ID: **340004BN**
Service Type: RES
Resident Capacity: 16
Total Occupancy: 16
Target Population: 1.2 --- MEN ONLY
Expiration Date: 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: 07/31/2016

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: 04/30/2017

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: 02/28/2017

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: 09/30/2016

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: 01/31/2016

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: 03/31/2016

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: 06/30/2017

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: 06/30/2016

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: **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: 01/31/2017

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: 07/31/2017

Program Name: **CARES ALCOHOL AND OTHER DRUG OUTPATIENT PROGRAM**
Legal Name: THE CENTER FOR A.I.D.S. RESEARCH, EDUCATION AND SERVICES - SACRAMENTO
Address: 1500 21ST STREET
City, State Zip: SACRAMENTO, 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: 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: 02/28/2017

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: 05/31/2016

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: 01/31/2017

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
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: 04/30/2016

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: 07/31/2015

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: 08/31/2016

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: 01/31/2016

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: 02/29/2016

Program Name: **TOWNS HEALTH SERVICES**
Legal Name: TOWNS HEALTH SERVICES, INC.
Address: 750 SPAANS DRIVE, 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: 03/31/2016

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: 12/31/2016

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: 1.2 --- MEN ONLY
Expiration Date: 08/31/2016

Program Name: **GATEWAY HOUSE**
Legal Name: SACRAMENTO RECOVERY HOUSE, INC.
Address: 4049 MILLER WAY
City, State Zip: SACRAMENTO, CA 95817-1332
Phone: (916)451-9312 Fax: (916)451-8014
Record ID: **340103BN**
Service Type: RES
Resident Capacity: 16
Total Occupancy: 18
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 05/31/2016

Program Name: **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: 09/30/2015

Program Name: **VALLEY RECOVERY CENTER OF CALFORNIA**
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: 16
Target Population: 1.2 --- MEN ONLY
Expiration Date: 06/30/2017

Program Name: **CEDAR POINT RECOVERY**
Legal Name: CEDAR POINT RECOVERY, LLC
Address: 8950 CAL CENTER DRIVE, SUITE 160
City, State Zip: SACRAMENTO, CA 95826
Phone: (916)273-4543 Fax: (916)376-7467
Record ID: **340109AP**
Service Type: NON-DETOX
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name:	**CEDAR POINT RECOVERY**
Legal Name:	CEDAR POINT RECOVERY, LLC
Address:	1099 STEWART ROAD
City, State Zip:	SACRAMENTO, CA 95864-5303
Phone:	(844)262-0337 Fax: (916)514-9307
Record ID:	**340109BP**
Service Type:	RES-DETOX
Resident Capacity:	6
Total Occupancy:	10
Target Population:	1.1 --- CO-ED
Expiration Date:	10/31/2017

Program Name:	**CEDAR POINT RETREAT**
Legal Name:	CEDAR POINT RECOVERY, LLC
Address:	131 DAWN RIVER WAY
City, State Zip:	FOLSOM, CA 95630
Phone:	(844)262-0338 Fax: (916)597-2556
Record ID:	**340109CP**
Service Type:	RES-DETOX
Resident Capacity:	6
Total Occupancy:	8
Target Population:	1.1 --- CO-ED
Expiration Date:	10/31/2017

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

As of 11/1/2015 **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:	04/30/2017

Program Name:	**BRIGHT FUTURE RECOVERY, INC.**
Legal Name:	BRIGHT FUTURE RECOVERY, INC.
Address:	1000 FAIRVIEW ROAD
City, State Zip:	HOLLISTER, CA 95023
Phone:	(831)245-7736
Record ID:	**350002AP**
Service Type:	RES-DETOX
Resident Capacity:	6
Total Occupancy:	6
Target Population:	1.1 --- CO-ED
Expiration Date:	06/03/2017

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

As of 11/1/2015 **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: 05/31/2017

Program Name: **INLAND VALLEY RECOVERY SERVICES –**
SAN BERNARDINO RECOVERY CENTER
Legal Name: INLAND VALLEY DRUG AND ALCOHOL RECOVERY SERVICES
Address: 939 N. D STREET, BUILDINGS A & B AND 955 N. D STREET
City, State Zip: SAN BERNARDINO, CA 92410
Phone: (909)889-6519 Fax: (909)889-6560
Record ID: **360001ABN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2016

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: 01/31/2016

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: 09/30/2015

Program Name: **PINE RIDGE TREATMENT CENTERS, INC. - SAN BERNARDINO**
Legal Name: PINE RIDGE TREATMENT CENTER, INCORPORATED
Address: 1881 COMMERCENTER EAST, SUITE 220
City, State Zip: SAN BERNARDINO, CA 92408
Phone: (909)890-0294
Record ID: **360007CP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2015

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: 05/31/2017

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: (760)243-7151
Record ID: **360030BN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2015

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: 03/31/2017

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: 01/31/2017

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: 03/31/2017

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: 09/30/2015

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: 04/30/2016

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: 09/30/2015

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: 01/31/2017

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: 08/31/2017

Program Name: **YUCCA VALLEY CENTER FOR CHANGE**
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 58945 BUSINESS CENTER DRIVE, SUITES J, N & P
City, State Zip: YUCCA VALLEY, CA 92284
Phone: (909)872-0223 Fax: (909)872-1686
Record ID: **360033ON**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2015

Program Name: **JOSHUA TREE CENTER FOR CHANGE**
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 61607 29 PALMS HIGHWAY, SUITE C & D
City, State 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: 08/31/2017

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: 06/30/2016

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: 05/31/2017

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: 09/30/2015

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: 03/31/2016

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: 02/28/2017

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 TERRANCE, CA 92313
Phone: (951)864-1097 Fax: (951)849-9633
Record ID: **360058AN**
Service Type: NON
Target Population: 1.8 --- DUAL DIAGNOSIS
Expiration Date: 04/30/2017

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: 06/30/2017

Program Name: **NEW CREATION ADDICTION TREATMENT CENTER**
Legal Name: G AND C SWAN INC.
Address: 11646 ENCANTO 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 AVENUE
City, State Zip: RANCHO CUCOMUNGA, CA 91786
Phone: (909)241-7219 Fax: (909)985-2316
Record ID: **360075DP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2017

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: 04/30/2017

Program Name: **ABOVE IT ALL TREATMENT CENTER**
Legal Name: HI-LAND MOUNTAIN HOMES, INC
Address: 23739 LAKE DRIVE
City, State Zip: CRESTLINE, CA 92325
Phone: (202)294-1554
Record ID: **360082DP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2017

Program Name: **SERENITY LODGE**
Legal Name: ROCK RIDGE RESOURCES, INC.
Address: 974, 985, 986, 977 AND 995 MEADOWBROOK ROAD
City, State Zip: CREST PARK, 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: 03/31/2017

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: 03/31/2016

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: 09/30/2016

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: 06/30/2017

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 11/1/2015 **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:	06/30/2017

Program Name:	**HEARTLAND HOUSE**
Legal Name:	THE TWELFTH STEP HOUSE OF SAN DIEGO
Address:	5855 AND 5860 STREAMVIEW DRIVE
City, State Zip:	SAN DIEGO, 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:	09/30/2017

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: 08/31/2017

Program Name: **SERENITY TOO**
Legal Name: HEALTHRIGHT 360
Address: 130 SOUTH FIG STREET
City, State Zip: ESCONDIDO, CA 92025
Phone: (760)747-1015
Record ID: **370005EN**
Service Type: NON
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 03/31/2017

Program Name: **SERENITY CENTER**
Legal Name: HEALTHRIGHT 360
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 Fax: (619)233-3990
Record ID: **370013AN**
Service Type: RES
Resident Capacity: 20
Total Occupancy: 21
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 07/31/2017

Program Name: **CASA DE MILAGROS**
Legal Name: METROPOLITAN AREA ADVISORY COMMITTEE ON ANTI-POVERTY OF SAN DIEGO COUNTY, INC.
Address: 1127 SOUTH 38TH STREET
City, State Zip: SAN DIEGO, 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
Fax: (619)445-9028
Record ID: **370030BN**
Service Type: DSS
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 02/28/2017

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: 04/30/2017

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: 02/28/2017

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: 02/28/2017

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: 08/31/2017

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: 04/30/2017

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: 04/30/2016

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: 04/30/2016

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: 04/30/2016

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: 04/30/2017

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: 02/28/2017

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: 05/31/2016

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: 03/31/2016

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: 03/31/2016

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: 02/28/2017

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: 02/28/2017

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: 02/28/2017

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: 02/28/2017

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: 01/31/2017

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: 01/31/2017

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: 03/31/2017

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: (619)287-4146
Record ID: **370069XN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2017

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: 01/31/2016

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: 07/31/2017

Program Name: **UPAC, ADULT AND ADOLESCENT ALCOHOL AND DRUG TREATMENT PROGRAMS**
Legal Name: UNION OF PAN ASIAN COMMUNITIES
Address: 3288 EL CAJON BOULEVARD, SUITE 3, 6, 10, 11, 12, AND 13
City, State Zip: SAN DIEGO, 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: 03/31/2017

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 Fax: (619)698-1665
Record ID: **370072CN**
Service Type: NON
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 08/31/2017

Program Name: **VISTA HILL BRIDGES TEEN RECOVERY CENTER**
Legal Name: VISTA HILL FOUNDATION
Address: 220 EUCLID AVENUE, SUITE 40 AND 50
City, State Zip: SAN DIEGO, CA 92114
Phone: (858)518-2192 Fax: (858)874-1849
Record ID: **370072DN**
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 09/30/2017

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: 06/30/2017

Program Name: **UCSD CO-OCCURRING DISORDERS TREATMENT AND RECOVERY PROGRAM**
Legal Name: UNIVERSITY OF CALIFORNIA, SAN DIEGO
Address: 140 ARBOR DRIVE
City, State Zip: SAN DIEGO, CA 92103
Phone: (619)543-6309 Fax: (619)298-6723
Record ID: **370077AN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2017

Program Name: **SAN DIEGO RESCUE MISSION MEN'S CENTER RECOVERY PROGRAM**
Legal Name: SAN DIEGO RESCUE MISSION, INC.
Address: 120 ELM STREET, 3RD AND 4TH FLOOR
City, State Zip: SAN DIEGO, 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: 02/29/2016

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 STREET
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: 06/30/2017

Program Name: **CALVARY RANCH CHRISTIAN DRUG AND ALCOHOL RECOVERY FACILITY**
Legal Name: GOD'S HOUSE MINISTRIES, INCORPORATED
Address: 13610 WILLOW ROAD
City, State Zip: LAKESIDE, 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: 01/31/2017

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: 09/30/2015

Program Name: **CAPALINA CLINIC**
Legal Name: SAN DIEGO HEALTH ALLIANCE
Address: 1560 CAPALINA STREET
City, State Zip: SAN MARCOS, CA 92069
Phone: (760)744-2104 Fax: (760)744-1382
Record ID: **370108AP**
Service Type: NON-DETOX
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016

Program Name: **FASHION VALLEY CLINIC**
Legal Name: SAN DIEGO HEALTH ALLIANCE
Address: 7020 FRIARS ROAD
City, State Zip: SAN DIEGO, CA 92108
Phone: (619)718-9890 Fax: (619)718-9897
Record ID: **370108CP**
Service Type: NON-DETOX
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2016

Program Name: **ST. VINCENT DE PAUL VILLAGE RECOVERY SERVICES**
Legal Name: ST. VINCENT DE PAUL VILLAGE, INC.
Address: 1501 IMPERIAL AVENUE, JOAN KROC BUILDING (RSP OFFICES AND COMMUNITY ROOM ONLY), VHM ROOM 106 AND 104 AND VHM COMMUNITY ROOM 128
City, State Zip: SAN DIEGO, 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: 07/31/2016

Program Name: **SAN DIEGO TREATMENT AND RECOVERY CENTER**
Legal Name: JC SERVICE AND ENTERPRISES, INC.
Address: 6244 EL CAJON BOULEVARD, SUITE 26
City, State Zip: SAN DIEGO, CA 92115
Phone: (619)559-8242
Record ID: **370111AP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2017

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: (858)204-1304 Fax: (858)274-8700
Record ID: **370116BP**
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 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: 04/30/2015

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: **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: **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: 05/31/2016

Program Name: **TRUE LIFE CENTER FOR WELLBEING, INC.**
Legal Name: TRUE LIFE CENTER FOR WELLBEING, INC.
Address: 4520 EXECUTIVE DRIVE, SUITE 225
City, State Zip: SAN DIEGO, CA 92121
Phone: (858)349-4116
Record ID: **370137AP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2016

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: 08/31/2016

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: 09/30/2016

Program Name: **SOLUTIONS FOR RECOVERY**
Legal Name: FAMILY HEALTH CENTERS OF SAN DIEGO, INC.
Address: 3928 ILLINOIS STREET, SUITES 101 & 103
City, State Zip: SAN DIEGO, CA 92104
Phone: (619)876-4462
Record ID: **370142AN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 12/31/2016

Program Name: **SOLUTIONS FOR RECOVERY**
Legal Name: FAMILY HEALTH CENTERS OF SAN DIEGO, INC.
Address: 1250 6TH AVENUE
City, State Zip: SAN DIEGO, CA 92101
Phone: (619)876-4462 Fax: (619)450-6267
Record ID: **370142BN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 03/31/2017

Program Name: **SOUTHERN CALIFORNIA RECOVERY CENTER - ENCINITAS**
Legal Name: DR RECOVERY ENCINITAS, LLC
Address: 609 S. VULCAN AVENUE, SUITE 301
City, State Zip: ENCINITAS, CA 92024
Phone: (800)410-6552
Record ID: **370143AP**
Service Type: NON
Target Population: 1.2 --- MEN ONLY
Expiration Date: 09/30/2016

Program Name: **RECOVERY WORKS SAN DIEGO**
Legal Name: CLARK E. SMITH, M.D., A MEDICAL CORPORATION
Address: 9820 WILLOW CREEK ROAD, #295
City, State Zip: SAN DIEGO, CA 92131
Phone: (858)530-9112
Record ID: **370144AP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 03/31/2017

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: 02/28/2017

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: 02/28/2017

Program Name: **SHERIDAN GARDENS**
Legal Name: SIERRA ASSET MANAGEMENT, LLC
Address: 2021 SHERIDAN ROAD
City, State Zip: ENCINITAS, CA 92024
Phone: (949)285-7616 Fax: (949)660-0632
Record ID: **370147AP**
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2017

Program Name:	**PRESENT MOMENTS RECOVERY**
Legal Name:	WINDRIVER ROCOVREY, 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 11/1/2015 **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: 08/31/2016

Program Name: **LATINO FAMILY ALCOHOLISM COUNSELING CENTER**
Legal Name: THE MISSION COUNCIL ON ALCOHOL ABUSE
FOR THE SPANISH SPEAKING
Address: 154-A CAPP STREET
City, State Zip: SAN FRANCISCO, CA 94110
Phone: (415)826-6767 Fax: (415)826-1408
Record ID: **380008AN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2017

Program Name: **FAMILY DAY TREATMENT PROGRAM**
Legal Name: THE MISSION COUNCIL ON ALCOHOL ABUSE
FOR THE SPANISH SPEAKING
Address: 154-A CAPP STREET
City, State Zip: SAN FRANCISCO, CA 94110
Phone: (415)826-6767 Fax: (415)701-1868
Record ID: **380008BN**
Service Type: NON
Target Population: 1.7 --- FAMILIES
Expiration Date: 01/31/2017

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: 03/31/2016

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: 11/30/2017

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: 09/30/2017

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: 07/31/2017

Program Name: **HEALTHRIGHT 360**
Legal Name: HEALTHRIGHT 360
Address: 815 BUENA VISTA WEST
City, State Zip: SAN FRANCISCO, CA 94117
Phone: (415)970-7500 Fax: (415)437-6823
Record ID: **380016ALN**
Service Type: RES-DETOX
Resident Capacity: 108
Total Occupancy: 108
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2016

Program Name: **ASIAN AMERICAN RESIDENTIAL RECOVERY SERVICES**
Legal Name: HEALTHRIGHT 360
Address: 2024 HAYES STREET
City, State Zip: SAN FRANCISCO, CA 94117
Phone: (415)750-5111
Record ID: **380016AON**
Service Type: RES
Resident Capacity: 26
Total Occupancy: 26
Target Population: 1.1 --- CO-ED
Expiration Date: 02/29/2016

Program Name: **AARS-PROJECT ADAPT**
Legal Name: HEALTHRIGHT 360
Address: 2020 HAYES STREET
City, State Zip: SAN FRANCISCO, CA 94117
Phone: (415)750-5125
Record ID: **380016AQN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2016

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: 06/30/2016

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: 01/31/2016

Program Name: **GOOD SHEPHERD GRACENTER**
Legal Name: THE GOOD SHEPHERD GRACENTER OF SAN FRANCISCO
Address: 250 AMHERST STREET
City, State Zip: SAN FRANCISCO, 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: **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: 02/28/2017

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: 05/31/2017

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: 08/31/2015

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: 05/31/2017

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: 10/31/2017

Program Name: **NATIVE AMERICAN HEALTH CENTER**
Legal Name: NATIVE AMERICAN HEALTH CENTER, INC.
Address: 160 CAPP STREET, 2ND FLOOR
City, State Zip: SAN FRANCISCO, CA 94110
Phone: (415)503-1046 Fax: (415)503-7081
Record ID: **380094AN**
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 05/31/2016

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: 03/31/2016

Program Name: **ASIAN AND PACIFIC ISLANDER WELLNESS CENTER, INC.**
Legal Name: ASIAN AND PACIFIC ISLANDER WELLNESS CENTER, INC.
Address: 730 POLK STREET, 4TH FLOOR
City, State Zip: SAN FRANCISCO, CA 94109
Phone: (415)292-3400 Fax: (415)292-3404
Record ID: **380098AN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2015

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: 01/31/2016

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:	07/31/2016

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

As of 11/1/2015 **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:	09/30/2016

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: 79
Total Occupancy: 79
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: 02/29/2016

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 129
City, State Zip: STOCKTON, CA 95203
Phone: (209)644-4829
Record ID: **390017BN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 03/31/2016

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: 01/31/2017

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: 01/31/2017

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: 01/31/2017

Program Name: **PACIFIC VALLEY RECOVERY CENTER, INCORPORATED**
Legal Name: PACIFIC VALLEY RECOVERY CENTER, INCORPORATED
Address: 1125 N. HUNTER STREET, SUITE 14-A
City, State Zip: STOCKTON, CA 95202
Phone: (209)817-5720 Fax: (209)468-8342
Record ID: **390030AN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2017

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: 06/30/2017

Program Name:	**PACIFIC CENTER FOR ADDICTION SERVICES, INC.**
Legal Name:	PACIFIC CENTER FOR ADDICTION SERVICES, INC.
Address:	808 NORTH CENTER STREET
City, State Zip:	STOCKTON, CA 95202
Phone:	(209)482-5671
Record ID:	**390036AN**
Service Type:	NON
Target Population:	1.1 --- CO-ED
Expiration Date:	09/30/2016

Program Name:	**SOUTH STOCKTON CIRCLE OF FRIENDS ADULT ALCOHOL AND DRUG TREATMENT FACILITY**
Legal Name:	WAYNE B. RICHARDSON
Address:	1484 CARPENTER ROAD
City, State Zip:	STOCKTON, CA 95206
Phone:	(209)513-5042 Fax: (209)513-5042
Record ID:	**390037AP**
Service Type:	RES
Resident Capacity:	6
Total Occupancy:	6
Target Population:	1.2 --- MEN ONLY
Expiration Date:	07/31/2017

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

As of 11/1/2015 **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:	01/31/2016

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:	06/30/2016

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: 06/30/2016

Program Name: **CENTRAL COAST FREEDOM CENTER**
Legal Name: ARTEMIS HILL RECOVERY INC.
Address: 6005 CAPISTRANO AVENUE, SUITE C & D
City, State Zip: ATASCADERO, CA 93422
Phone: (805)461-1519
Record ID: **400005AP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2017

Program Name: **CENTRAL COAST FREEDOM HOUSE**
Legal Name: ARTEMIS HILL RECOVERY INC.
Address: 5755 DOLORES AVENUE
City, State Zip: ATASCADERO, CA 93422
Phone: (805)460-7313 Fax: (562)598-4386
Record ID: **400005BP**
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

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

As of 11/1/2015 **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
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 9TH AVE
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 9TH 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: 05/31/2015

Program Name: **WORKING MAN'S PROGRAM**
Legal Name: PROJECT NINETY
Address: 247 A DELAWARE STREET
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: **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: 03/31/2017

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: 03/31/2017

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: SERVICES LEAGUE OF SAN MATEO COUNTY
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: 16
Total Occupancy: 20
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 05/31/2017

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: **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: 02/28/2017

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: 01/31/2017

Program Name: **WALKER HOUSE/ WILLIAMS HOUSE I AND II**
Legal Name: FREE AT LAST: COMMUNITY RECOVERY AND REHABILITATION SERVICES
Address: 1085-A, 1085-B AND 1095 WEEKS STREET
City, State Zip: EAST PALO ALTO, 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: 08/31/2017

Program Name: **MALAIKA HOUSE**
Legal Name: FREE AT LAST: COMMUNITY RECOVERY AND REHABILITATION SERVICES
Address: 819 & 823 JAMIE LANE
City, State Zip: EAST PALO ALTO, 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: 08/31/2017

Program Name: **FREE AT LAST**
Legal Name: FREE AT LAST: COMMUNITY RECOVERY AND REHABILITATION SERVICES
Address: 1796 BAY ROAD
City, State Zip: EAST PALO ALTO, CA 94303
Phone: (650)462-6999
Record ID: **410027IN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2017

Program Name: **ARCHWAY**
Legal Name: STARVISTA
Address: 609 PRICE AVENUE, ROOMS 101, 107, 201, 205, 206 AND 208
City, State Zip: REDWOOD CITY, CA 94063
Phone: (650)366-8433 Fax: (650)366-8455
Record ID: **410038AN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 01/31/2016

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: 01/31/2016

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: 01/31/2016

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: 01/31/2016

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: 05/31/2016

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: 02/29/2016

Program Name: **WRA, HILLSIDE HOUSE ONE**
Legal Name: HEALTHRIGHT 360
Address: 27 NORTH HUMBOLDT STREET, UNIT A & UNIT B
City, State Zip: SAN MATEO, CA 94401
Phone: (415)762-1559
Record ID: **410043DN**
Service Type: RES
Resident Capacity: 5
Total Occupancy: 11
Target Population: 1.4 --- WOMEN/CHILDREN
Expiration Date: 09/30/2017

Program Name: **WRA, LAUREL HOUSE**
Legal Name: HEALTHRIGHT 360
Address: 900 LAUREL AVENUE
City, State Zip: SAN MATEO, CA 94401
Phone: (650)347-8808
Record ID: **410043FN**
Service Type: RES
Resident Capacity: 12
Total Occupancy: 13
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 02/29/2016

Program Name:	**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:	07/31/2016

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

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

As of 11/1/2015 **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: 05/31/2016

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: 09/30/2016

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: 03/31/2016

Program Name: **COTTAGE RESIDENTIAL CENTER**
Legal Name: SANTA BARBARA COTTAGE HOSPITAL
Address: 316 MONTECITO STREET
City, State Zip: SANTA BARBARA, CA 93101
Phone: (805)569-7815 Fax: (805)569-8314
Record ID: **420017AN**
Service Type: RES
Resident Capacity: 24
Total Occupancy: 24
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2017

Program Name: **PROJECT RECOVERY - ADULT OUTPATIENT TREATMENT PROGRAM**
Legal Name: COUNCIL ON ALCOHOLISM AND DRUG ABUSE
Address: 133 EAST HALEY STREET
City, State Zip: SANTA BARBARA, CA 93101
Phone: (805)564-6057
Record ID: **420022AN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2017

Program Name: **DANIEL BRYANT YOUTH AND FAMILY TREATMENT CENTER**
Legal Name: COUNCIL ON ALCOHOLISM AND DRUG ABUSE
Address: 1111 GARDEN STREET
City, State Zip: SANTA BARBARA, CA 93101
Phone: (805)730-7575 Fax: (805)730-7503
Record ID: **420022BN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2017

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: 05/31/2017

Program Name: **PROJECT RECOVERY RESIDENTIAL DETOX PROGRAM**
Legal Name: COUNCIL ON ALCOHOLISM AND DRUG ABUSE
Address: 1020 PLACIDO AVENUE
City, State Zip: SANTA BARBARA, 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: 06/30/2017

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: 06/30/2017

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: 06/30/2017

Program Name: **SANCTUARY CENTERS OF SANTA BARBARA, INC.**
Legal Name: SANCTUARY CENTERS OF SANTA BARBARA, INC.
Address: 222 WEST VALERIO, REAR BUILDING
City, State Zip: SANTA BARBARA, CA 93101
Phone: (805)569-2785 Fax: (805)563-1977
Record ID: **420026AN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2017

Program Name: **COAST VALLEY SUBSTANCE ABUSE TREATMENT CENTER**
Legal Name: COAST VALLEY WORSHIP CENTER
Address: 1414 S. MILLER STREET, SUITE 10 11
City, State Zip: SANTA MARIA, CA 93454
Phone: (805)739-1512 Fax: (805)739-2855
Record ID: **420030AN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 03/31/2017

Program Name: **COAST VALLEY SUBSTANCE ABUSE TREATMENT CENTER**
Legal Name: COAST VALLEY WORSHIP CENTER
Address: 133 NORTH F STREET
City, State Zip: SANTA MARIA, CA 93436
Phone: (805)735-7525
Record ID: **420030BN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2016

Program Name: **SANTA MARIA CENTER FOR CHANGE**
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 201 SOUTH MILLER, SUITES 107 & 108
City, State Zip: SANTA MARIA, CA 93454
Phone: (805)925-9811 Fax: (805)925-9706
Record ID: **420031BN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 06/30/2016

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:	16
Total Occupancy:	16
Target Population:	1.1 --- CO-ED
Expiration Date:	03/31/2017

Program Name:	**CHANGES**
Legal Name:	AMERICAN RIVIERA LLC
Address:	403 EAST MONTECITO STREET, THIRD FLOOR
City, State Zip:	SANTA BARBARA, CA 93101
Phone:	(805)883-1155 Fax: (805)883-1188
Record ID:	**420037AP**
Service Type:	NON
Target Population:	1.1 --- CO-ED
Expiration Date:	09/30/2017

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

As of 11/1/2015 **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 9, 220, AND 270
City, State Zip:	SANTA CLARA, CA 95050
Phone:	(408)244-1834 Fax: (408)244-5123
Record ID:	**430016BN**
Service Type:	NON
Target Population:	1.1 --- CO-ED
Expiration Date:	05/31/2017

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: 03/31/2016

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
Resident Capacity: 64
Total Occupancy: 64
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2017

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: 05/31/2017

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: 1.2 --- MEN ONLY
Expiration Date: 08/31/2017

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: 01/31/2017

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: 09/30/2015

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: 01/31/2017

Program Name: **CALWORKS DUAL DIAGNOSIS PROGRAM**
Legal Name: THE GARDNER FAMILY CARE CORPORATION
Address: 160 EAST VIRGINIA STREET, SUITE 280
City, State Zip: SAN JOSE, CA 95112
Phone: (408)287-6200 Fax: (408)998-1535
Record ID: **430045AN**
Service Type: NON
Target Population: 1.8 --- DUAL DIAGNOSIS
Expiration Date: 05/31/2017

Program Name: **PROYECTO PRIMAVERA ADULT OUTPATIENT PROGRAM**
Legal Name: THE GARDNER FAMILY CARE CORPORATION
Address: 614 TULLY ROAD
City, State Zip: SAN JOSE, CA 95111
Phone: (408)977-1591 Fax: (408)977-1136
Record ID: **430045BN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2017

Program Name: **FAMILY AND CHILDREN SERVICES—**
SUBSTANCE ABUSE TREATMENT PROGRAM
Legal Name: FAMILY AND CHILDREN SERVICES
Address: 950 WEST JULIAN STREET
City, State Zip: SAN JOSE, CA 95126
Phone: (408)292-9353 Fax: (408)288-6201
Record ID: **430046AN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2017

Program Name: **FAMILY & CHILDREN SERVICES**
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: 09/30/2017

Program Name: **FAMILY & CHILDREN SERVICES – SUBSTANCE ABUSE TREATMENT PROGRAM**
Legal Name: FAMILY AND CHILDREN SERVICES
Address: 2226 N. FIRST STREET
City, State Zip: SAN JOSE, CA 95131
Phone: (650)326-6576 Fax: (650)326-1340
Record ID: **430046CN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 10/31/2017

Program Name: **FAMILY AND CHILDREN SERVICES – SUBSTANCE ABUSE TREATMENT PROGRAM**
Legal Name: FAMILY AND CHILDREN SERVICES
Address: 2218 NORTH 1ST STREET
City, State Zip: SAN JOSE, CA 95131-2007
Phone: (650)326-6576 Fax: (408)943-8155
Record ID: **430046DN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 01/31/2017

Program Name: **INDIAN HEALTH CENTER OF SANTA CLARA VALLEY- OUTPATIENT ALCOHOL & OTHER DRUG PROGR**
Legal Name: INDIAN HEALTH CENTER OF SANTA CLARA VALLEY
Address: 602 EAST SANTA CLARA STREET, SUITE 230
City, State Zip: SAN JOSE, CA 95112
Phone: (408)350-2400 Fax: (408)350-2411
Record ID: **430047CN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 11/30/2016

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)271-0199 Fax: (408)297-7450
Record ID: **430053BP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2017

Program Name: **NEW LIFE RECOVERY CENTERS, INC.**
Legal Name: NEW LIFE RECOVERY CENTERS, INC.
Address: 166 CLAYTON AVENUE
City, State Zip: SAN JOSE, 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: 08/31/2017

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: 05/31/2016

Program Name: **EMQ FAMILIESFIRST OUTPATIENT ADOLESCENT SUBSTANCE ABUSE**
Legal Name: FAMILIESFIRST, INC.
Address: 251 LLEWELLYN AVENUE
City, State Zip: CAMPBELL, CA 95008
Phone: (408)379-3796
Record ID: **430070AN**
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 11/30/2015

Program Name: **PARISI HOUSE ON THE HILL, INC.**
Legal Name: PARISI HOUSE ON THE HILL, INC.
Address: 9501 AND 9505 MALECH ROAD
City, State Zip: SAN JOSE, CA 95138
Phone: (408)281-6570 Fax: (408)463-1116
Record ID: **430071AN**
Service Type: RES
Resident Capacity: 20
Total Occupancy: 42
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 05/31/2017

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: 08/31/2017

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: 10/31/2017

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: 02/29/2016

Program Name: **CENTRAL TREATMENT & RECOVERY**
Legal Name: SANTA CLARA COUNTY, DEPARTMENT OF ALCOHOL AND DRUG SERVICES
Address: 976 LENZEN AVENUE, 1ST FLOOR, SUITE 1900
City, State Zip: SAN JOSE, 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: 09/30/2016

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: 09/30/2016

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: 03/31/2016

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 11/1/2015 **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:	08/31/2016

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: 04/30/2016

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: 04/30/2017

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:	02/28/2017

Program Name:	**SOBRIETY WORKS**
Legal Name:	RIKKI RAP, INC.
Address:	8030 SOQUEL AVENUE, SUITE 103
City, State Zip:	SANTA CRUZ, CA 95060
Phone:	(831)476-1747 Fax: (831)685-1703
Record ID:	**440012AP**
Service Type:	NON
Target Population:	1.1 --- CO-ED
Expiration Date:	09/30/2015

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

As of 11/1/2015 **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:	05/31/2017

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:	1.1 --- CO-ED
Expiration Date:	08/31/2016

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: 01/31/2016

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: **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: 05/31/2017

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: 05/31/2017

Program Name: **VOTC, INC. RESIDENTIAL TREATMENT PROGRAM**
Legal Name: VOTC, INC.
Address: 3640, 3642, 3644, 3646, 3650, 3652 EL PORTAL DRIVE
AND 3647 RICARDO AVENUE
City, State Zip: REDDING, 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:	11/30/2017

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

As of 11/1/2015 **Sierra County**

Program Name:	**SIERRA COUNTY HUMAN SERVICES**
Legal Name:	SIERRA COUNTY HUMAN SERVICES
Address:	704 MILL STREET
City, State Zip:	LOYALTON, CA 96118
Phone:	(530)993-6748 Fax: (530)993-6759
Record ID:	**460001AN**
Service Type:	NON
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 11/1/2015 **Siskiyou County**

Program Name: **SISKIYOU COUNTY BEHAVIORAL HEALTH**
Legal Name: SISKIYOU COUNTY HEALTH & HUMAN SERVICES AGENCY
Address: 2060 CAMPUS DRIVE
City, State Zip: YREKA, CA 96097-9538
Phone: (530)841-4890 Fax: (530)841-4881
Record ID: **470002AN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2017

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: 06/30/2016

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

As of 11/1/2015 **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: **RECOVERY CONNECTION**
Legal Name: BI-BETT
Address: 604 BROADWAY STREET
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: 05/31/2017

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: 06/30/2017

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: 06/30/2017

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: 01/31/2016

Program Name: **THE HOUSE OF ACTS/SUBSTANCE ABUSE PROGRAM**
Legal Name: THE HOUSE OF ACTS/SUBSTANCE ABUSE PROGRAM
Address: 627 GRANT STREET
City, State Zip: VALLEJO, CA 94590-7228
Phone: (707)553-1042 Fax: (707)553-8146
Record ID: **480010AN**
Service Type: RES
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.2 --- MEN ONLY
Expiration Date: 02/28/2017

Program Name: **THE HOUSE OF ACTS II**
Legal Name: THE HOUSE OF ACTS/SUBSTANCE ABUSE PROGRAM
Address: 115 TERI COURT
City, State Zip: VALLEJO, 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 94571-1848
Phone: (707)374-5243 Fax: (707)374-5381
Record ID: **480012AN**
Service Type: NON
Target Population: 1.10 --- CO-ED/YOUTH
Expiration Date: 08/31/2016

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: 03/31/2017

Program Name: **ANKA BEHAVIORAL HEALTH, INC.**
Legal Name: ANKA BEHAVIORAL HEALTH, INCORPORATED
Address: 251 GEORGIA STREET
City, State Zip: VALLEJO, CA 94590
Phone: (925)265-6055 Fax: (707)558-8196
Record ID: **480023AN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2017

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 11/1/2015 **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:	02/29/2016

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: 04/30/2016

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: 05/31/2016

Program Name: **TURNING POINT - ARROWOOD**
Legal Name: DRUG ABUSE ALTERNATIVES CENTER
Address: 440 ARROWOOD DRIVE
City, State Zip: SANTA ROSA, CA 95407
Phone: (707)571-2233 Fax: (707)284-2955
Record ID: **490009RN**
Service Type: RES
Resident Capacity: 112
Total Occupancy: 112
Target Population: 1.1 --- CO-ED
Expiration Date: 05/31/2017

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: 06/30/2017

Program Name: **CALIFORNIA HUMAN DEVELOPMENT CORPORATION EARLY INTERVENTION AND OUT-PATIENT TREA**
Legal Name: CALIFORNIA HUMAN DEVELOPMENT CORPORATION
Address: 3315 AIRWAY DRIVE
City, State Zip: SANTA ROSA, CA 95403
Phone: (707)523-2242
Record ID: **490010EN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 09/30/2017

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: 09/30/2016

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: 09/30/2016

Program Name: **R HOUSE OUTPATIENT DRUG FREE MEDI-CAL**
Legal Name: 'R' HOUSE
Address: 2626 DUTTON MEADOW
City, State Zip: SANTA ROSA, CA 95407
Phone: (707)571-2215 Fax: (707)568-3792
Record ID: **490011GN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2017

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: 01/31/2016

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: 04/30/2017

Program Name: **FIVE SISTERS RANCH, INC.**
Legal Name: FIVE SISTERS RANCH, INC.
Address: 1000 LONGHORN LANE
City, State Zip: PETALUMA, CA 94952
Phone: (707)776-0755 Fax: (415)686-2263
Record ID: **490035AP**
Service Type: RES
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.3 --- WOMEN ONLY
Expiration Date: 05/31/2017

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, LLC
Address: 1733 SKILLMAN LANE
City, State Zip: PETALUMA, CA 94952
Phone: (310)903-1155 Fax: (707)555-5401
Record ID: **490038AP**
Service Type: DSS
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 08/31/2017

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

As of 11/1/2015 **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:	44
Total Occupancy:	44
Target Population:	1.1 --- CO-ED
Expiration Date:	07/31/2017

Program Name:	**STANISLAUS RECOVERY CENTER - ADULT NON-RESIDENTIAL**
Legal Name:	STANISLAUS COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES
Address:	1904 RICHLAND AVENUE
City, State Zip:	CERES, CA 95307
Phone:	(209)541-2121 Fax: (209)525-6291
Record ID:	**500002FN**
Service Type:	NON
Target Population:	1.1 --- CO-ED
Expiration Date:	07/31/2017

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: 07/31/2017

Program Name: **NIRVANA DRUG AND ALCOHOL TREATMENT INSTITUTE**
Legal Name: NIRVANA DRUG AND ALCOHOL TREATMENT PROGRAM
Address: 1100 KANSAS AVENUE, SUITE B-C
City, State Zip: MODESTO, CA 95351
Phone: (209)579-1151 Fax: (209)579-9605
Record ID: **500009CN**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 07/31/2016

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: 09/30/2017

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: 02/28/2017

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: 09/30/2015

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: 08/31/2017

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

As of 11/1/2015 **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: 06/30/2017

Program Name: **FIRST STEPS PERINATAL DAY TREATMENT PROGRAM**
Legal Name: SUTTER-YUBA MENTAL HEALTH SERVICES
Address: 1251 EAST ONSTOTT ROAD
City, State Zip: YUBA CITY, 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: 11/30/2016

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 11/1/2015 **Tehama County**

Program Name:	**TEHAMA COUNTY HEALTH SERVICES AGENCY DRUG AND ALCOHOL DIVISION**
Legal Name:	TEHAMA COUNTY HEALTH SERVICES AGENCY
Address:	1850 WALNUT STREET, BUILDING G
City, State Zip:	RED BLUFF, CA 96080
Phone:	(530)527-7893 Fax: (530)527-0766
Record ID:	**520002AN**
Service Type:	NON
Target Population:	1.1 --- CO-ED
Expiration Date:	04/30/2017

Program Name:	**TEHAMA COUNTY HEALTH SERVICES AGENCY DRUG AND ALCOHOL DIVISION - SOUTH COUNTY**
Legal Name:	TEHAMA COUNTY HEALTH SERVICES AGENCY
Address:	275 SOLANO STREET
City, State Zip:	CORNING, CA 96021
Phone:	(530)824-4890 Fax: (530)824-8443
Record ID:	**520002BN**
Service Type:	NON
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 11/1/2015 **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:	02/28/2017

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

As of 11/1/2015 **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: 02/28/2017

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: 02/28/2017

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: 02/28/2017

Program Name: **TURNING POINT YOUTH SERVICES**
Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.
Address: 220 NORTH LOCUST STREET
City, State Zip: VISALIA, CA 93291
Phone: (559)627-1385 Fax: (559)636-2105
Record ID: **540005BN**
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 06/30/2017

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: 32
Total Occupancy: 32
Target Population: 1.2 --- MEN ONLY
Expiration Date: 03/31/2016

Program Name: **COURAGE TO CHANGE, INC.**
Legal Name: COURAGE TO CHANGE
Address: 1230 N. ANDERSON ROAD
City, State Zip: EXETER, CA 93221
Phone: (559)594-4855 Fax: (559)594-0086
Record ID: **540014BN**
Service Type: NON
Target Population: 1.5 --- YOUTH/ADOLESCENT
Expiration Date: 07/31/2017

Program Name: **RECOVERY RESOURCES**
Legal Name: RICK AND JERRI THOMPSON, D.B.A., RECOVERY RESOURCES
Address: 2222 WEST SUNNYSIDE, SUITE 2
City, State Zip: VISALIA, CA 93277
Phone: (559)625-8176 Fax: (559)625-8179
Record ID: **540020AP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 04/30/2017

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: 02/29/2016

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: 05/31/2016

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: 05/31/2016

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: 08/31/2016

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: 05/31/2016

Program Name: **LIVING RECOVERY SERVICES**
Legal Name: LIVING RECOVERY SERVICES
Address: 625 N MAIN STREET
City, State Zip: PORTERVILLE, CA 93257
Phone: (559)306-4589
Record ID: **540036AP**
Service Type: NON
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 11/1/2015 **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 11/1/2015 **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-A, 125-B, 125-C & 125-D 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: 24
Total Occupancy: 24
Target Population: 1.2 --- MEN ONLY
Expiration Date: 05/31/2017

Program Name: **PDAP OF VENTURA COUNTY, INCORPORATED**
Legal Name: PDAP OF VENTURA COUNTY, INCORPORATED
Address: 450 ROSEWOOD AVENUE, SUITE 215
City, State Zip: CAMARILLO, CA 93010-5914
Phone: (805)482-1265
Record ID: **560015BN**
Service Type: NON
Target Population: 1.7 --- FAMILIES
Expiration Date: 06/30/2017

Program Name: **PROTOTYPES WOMEN'S CENTER - VENTURA**
Legal Name: PROTOTYPES, CENTERS FOR INNOVATION IN HEALTH, MENTAL HEALTH AND SOCIAL SERVICES
Address: 2150 NORTH VICTORIA AVENUE
City, State Zip: OXNARD, 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: 09/30/2017

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: 06/30/2017

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: 08/31/2016

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: 06/30/2016

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: 06/30/2016

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: 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: 11/30/2017

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: **LA VENTANA TREATMENT PROGRAMS**
Legal Name: RYLIST, INC.
Address: 1771 COUNTRY OAKS LANE
City, State Zip: THOUSAND OAKS, CA 91362
Phone: (805)370-5440 Fax: (805)371-4038
Record ID: **560038HP**
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2017

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: 08/31/2017

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
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1 --- CO-ED
Expiration Date: 08/31/2017

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: 04/30/2016

Program Name: **PCI - WESTLAKE CENTERS - IOP**
Legal Name: MIRIAM HAMIDEH, PH.D, CLINICAL PSYCHOLOGIST, INC
Address: 5743 CORSA AVENUE, SUITE 223
City, State Zip: WESTLAKE VILLAGE, CA 91362
Phone: (805)236-9692
Record ID: **560046AP**
Service Type: NON
Target Population: 1.1 --- CO-ED
Expiration Date: 01/31/2017

Program Name: **DESTINATIONS TO RECOVERY**
Legal Name: DESTINATIONS TO RECOVERY
Address: 1304 E. MAIN STREET
City, State Zip: VENTURA, CA 93001
Phone: (818)737-2221 Fax: (805)256-3287
Record ID: **560047AP**
Service Type: NON
Target Population: 1.13 --- CO-ED/CHILD/DUAL
Expiration Date: 06/30/2017

Program Name:	**NARCONON OJAI**
Legal Name:	NARCONON PACIFIC COAST
Address:	9950 SULPHUR MOUNTAIN ROAD
City, State Zip:	OJAI, CA 93023
Phone:	(760)668-4609
Record ID:	**560048AN**
Service Type:	RES-DETOX
Resident Capacity:	6
Total Occupancy:	8
Target Population:	1.1 --- CO-ED
Expiration Date:	08/31/2017

Program Name:	**PURE RECOVERY**
Legal Name:	PURE RECOVERY CALIFORNIA, INC.
Address:	5427 REEF WAY
City, State Zip:	OXNARD, CA 93035
Phone:	(805)263-6296
Record ID:	**560049AP**
Service Type:	RES-DETOX
Resident Capacity:	6
Total Occupancy:	6
Target Population:	1.1 --- CO-ED
Expiration Date:	08/31/2017

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

As of 11/1/2015 **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:	01/31/2016

Program Name:	**CACHE CREEK LODGE**
Legal Name:	CACHE CREEK LODGE, INC.
Address:	421, 435, AND 441 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:	40
Total Occupancy:	40
Target Population:	1.2 --- MEN ONLY
Expiration Date:	07/31/2017

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: 08/31/2017

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: 01/31/2017

Program Name: **PROGRESS HOUSE YOLO COUNTY WOMEN AND CHILDREN'S FACILITY**
Legal Name: PROGRESS HOUSE, INC.
Address: 15450 COUNTY ROAD 99, BUILDING A AND 15430 COUNTY ROAD 99, BUILDING B
City, State Zip: WOODLAND, 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 11/1/2015 **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 FAMILIES**
Legal Name: COUNTY OF YUBA PROBATION FOR OUR RECOVERY (F.O.R) FAMILIES
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: 06/30/2017

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