

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS
LICENSING AND CERTIFICATION DIVISION
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 Alcohol and Drug Programs.

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

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COMMENTS?

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

LEGEND

CALIFORNIA DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS 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: <ul style="list-style-type: none">o RES - Indicates facility licensed by the Department of Alcohol and Drug Programs (ADP), the licensing authority for 24-hour residential nonmedical alcoholism or drug abuse recovery or treatment facilities serving adults.o NON - Indicates a nonresidential program which has voluntarily applied to ADP for alcohol and/ or drug certification.o DETOX - Indicates a free standing, 24-hour nonmedical detoxification facility licensed by ADP.o RES-DETOX - Indicates a facility licensed by ADP to provide 24-hour residential nonmedical alcohol and/or drug recovery, treatment, and detoxification services for adults.o DHS - Indicates licensure by the Department of Health Services, the licensing authority for medical alcohol and drug recovery or treatment facilities whose programs are certified by ADP. Typically, these are Chemical Dependency Recovery Hospitals.o DSS - Indicates licensure by the Department of Social Services, the licensing authority for residential facilities for individuals in need of care and supervision whose programs are certified by ADP. Typically, these are group homes.o COR - Indicates the facility is under the jurisdiction of the Department of Corrections (locked facility) whose program is certified by ADP.
Resident Capacity:	Indicates the maximum number of residents authorized by ADP to receive recovery, treatment, or detoxification services at any one time in the residential facility.
Total Occupancy:	Designates the maximum number of residential facility participants plus any dependent children, staff, or volunteers who may be housed in the facility. This occupancy is approved by the State or local fire authority.

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

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

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

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

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

As of: 06/13/2013

Alameda County

Program Name: ALAMEDA FAMILY SERVICES	Record ID: 010091AN
Legal Name: ALAMEDA FAMILY SERVICES	Service Type: NON
Address: 2325 CLEMENT AVENUE	Resident Capacity: 0
City, State: ALAMEDA, CA 94501	Total Occupancy: 0
Phone #: (510)629-6300	Target Population: 1.1
	Expiration Date 04/30/2014
Program Name: AXIS COMMUNITY HEALTH CENTER	Record ID: 010046BN
Legal Name: AXIS COMMUNITY HEALTH CENTER, INC.	Service Type: NON
Address: 6666 OWENS DRIVE	Resident Capacity: 0
City, State: PLEASANTON, CA 94588	Total Occupancy: 0
Phone #: (925)462-1755	Target Population: 1.1
Fax #: (925)249-0253	Expiration Date 09/30/2013
Program Name: AXIS COMMUNITY HEALTH DRUG AND ALCOHOL PROGRAM	Record ID: 010046DN
Legal Name: AXIS COMMUNITY HEALTH, INC.	Service Type: NON
Address: 446 LINDBERGH AVENUE	Resident Capacity: 0
City, State: LIVERMORE, CA 94551	Total Occupancy: 0
Phone #: (925)462-1755	Target Population: 1.1
Fax #: (925)417-1503	Expiration Date 01/31/2015
Program Name: ORCHID WOMEN'S RECOVERY CENTER	Record ID: 010006AN
Legal Name: BI-BETT	Service Type: RES
Address: 1342 EAST 27TH STREET	Resident Capacity: 12
City, State: OAKLAND, CA 94606	Total Occupancy: 12
Phone #: (510)535-0611	Target Population: 1.4
Fax #: (510)535-1358	Expiration Date 04/30/2014
Program Name: ORCHID WOMEN'S RECOVERY CENTER	Record ID: 010006CN
Legal Name: BI-BETT	Service Type: RES
Address: 1392 EAST 27TH STREET	Resident Capacity: 6
City, State: OAKLAND, CA 94606	Total Occupancy: 6
Phone #: (510)535-0611	Target Population: 1.4
Fax #: (510)535-1358	Expiration Date 06/30/2014
Program Name: EAST OAKLAND RECOVERY CENTER	Record ID: 010006DN
Legal Name: BI-BETT	Service Type: NON
Address: 7200 BANCROFT AVENUE, SUITE 176	Resident Capacity: 0
City, State: OAKLAND, CA 94605	Total Occupancy: 0
Phone #: (510)568-2432	Target Population: 1.1
Fax #: () -	Expiration Date 05/31/2013
Program Name: FOUNTAIN RECOVERY	Record ID: 010095AP
Legal Name: BROTHER AND SISTER PARTNERSHIP	Service Type: RES
Address: 5053 PAVO COURT	Resident Capacity: 6
City, State: LIVERMORE, CA 94551	Total Occupancy: 6
Phone #: (925)292-5583	Target Population: 1.1
Fax #: (925)292-5583	Expiration Date 09/30/2014

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

As of: 06/13/2013

Alameda County

Program Name: CALPEP	Record ID: 010099AN
Legal Name: CALPEP	Service Type: NON
Address: 2811 ADELINE STREET	Resident Capacity: 0
City, State: OAKLAND, CA 94608	Total Occupancy: 0
Phone #: (510)874-7850	Target Population: 1.1
Fax #: (510)874-6775	Expiration Date 05/31/2014
Program Name: C.U.R.A., INC. OUTPATIENT PROGRAM	Record ID: 010010BN
Legal Name: CARNALES UNIDOS REFORMANDO ADICTOS INCORPORATE	Service Type: NON
Address: 37471 GLENMOOR DRIVE	Resident Capacity: 0
City, State: FREMONT, CA 94536	Total Occupancy: 0
Phone #: (510)713-3213	Target Population: 1.1
Fax #: (510)713-3213	Expiration Date 09/30/2014
Program Name: C.U.R.A., INC.	Record ID: 010010AN
Legal Name: CARNALES UNIDOS REFORMANDO ADICTOS INCORPORATED	Service Type: RES
Address: 37437 GLENMOOR DRIVE	Resident Capacity: 51
City, State: FREMONT, CA 94536	Total Occupancy: 51
Phone #: (510)713-3200	Target Population: 1.1
Fax #: (510)713-0684	Expiration Date 01/31/2014
Program Name: EAST BAY COMMUNITY RECOVERY PROJECT - NONRESIDENTIAL	Record ID: 010025CN
Legal Name: EAST BAY COMMUNITY RECOVERY PROJECT	Service Type: NON
Address: 2577 SAN PABLO AVENUE	Resident Capacity: 0
City, State: OAKLAND, CA 94612	Total Occupancy: 0
Phone #: (510)446-7180	Target Population: 1.1
Fax #: (510)832-0606	Expiration Date 07/31/2014
Program Name: PROJECT PRIDE RESIDENTIAL PROGRAM FOR WOMEN & CHILDREN	Record ID: 010025BN
Legal Name: EAST BAY COMMUNITY RECOVERY PROJECT	Service Type: RES
Address: 2545 SAN PABLO AVENUE	Resident Capacity: 20
City, State: OAKLAND, CA 94612	Total Occupancy: 40
Phone #: (510)446-7150	Target Population: 1.4
Fax #: (510)832-0626	Expiration Date 07/31/2014
Program Name: EAST BAY COMMUNITY RECOVERY PROJECT	Record ID: 010025DN
Legal Name: EAST BAY COMMUNITY RECOVERY PROJECT	Service Type: NON
Address: 22971 SUTRO STREET, SUITE A	Resident Capacity: 0
City, State: HAYWARD, CA 94541	Total Occupancy: 0
Phone #: (510)728-8600	Target Population: 1.1
Fax #: (510)728-8605	Expiration Date 05/31/2015
Program Name: HEALTHY OAKLAND	Record ID: 010096AN
Legal Name: HEALTHY COMMUNITIES, INC.	Service Type: NON
Address: 2580 SAN PABLO AVENUE	Resident Capacity: 0
City, State: OAKLAND, CA 94612	Total Occupancy: 0
Phone #: (510)444-9655	Target Population: 1.1
Fax #: (510)444-9955	Expiration Date 07/31/2013

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Alameda County

Program Name: PROJECT EDEN, A PROGRAM OF HORIZON SERVICES, INC	Record ID: 010001CN
Legal Name: HORIZON SERVICES, INC.	Service Type: NON
Address: 22646 SECOND STREET	Resident Capacity: 0
City, State: HAYWARD, CA 94541	Total Occupancy: 0
Phone #: (510)247-8200	Target Population: 1.5
Fax #: (510)247-8202	Expiration Date 09/30/2014
Program Name: CHERRY HILL DETOXIFICATION SERVICES PROGRAM	Record ID: 010001DN
Legal Name: HORIZON SERVICES, INC.	Service Type: RES-DETOX
Address: 2035 FAIRMONT DRIVE	Resident Capacity: 32
City, State: SAN LEANDRO, CA 94578	Total Occupancy: 32
Phone #: (866)866-7496	Target Population: 1.1
Fax #: (510)351-7630	Expiration Date 01/31/2014
Program Name: CRONIN HOUSE	Record ID: 010001BN
Legal Name: HORIZON SERVICES, INCORPORATED	Service Type: RES
Address: 2595 DEPOT ROAD	Resident Capacity: 40
City, State: HAYWARD, CA 94545	Total Occupancy: 44
Phone #: (510)784-5874	Target Population: 1.1
Fax #: (510)784-9194	Expiration Date 02/28/2014
Program Name: CHRYSALIS	Record ID: 010001AN
Legal Name: HORIZON SERVICES, INCORPORATED	Service Type: RES
Address: 3837, 3839, 3841, 3843, 3845 AND 3847 TELEGRAPH AVENUE	Resident Capacity: 27
City, State: OAKLAND, CA 94609	Total Occupancy: 27
Phone #: (510)450-1190	Target Population: 1.3
Fax #: (510)455-3520	Expiration Date 10/31/2013
Program Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE OF ALAMED	Record ID: 010002AN
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE OF ALAMED	Service Type: RES
Address: 425 VERNON STREET	Resident Capacity: 20
City, State: OAKLAND, CA 94610	Total Occupancy: 20
Phone #: (510)419-1040	Target Population: 1.2
Fax #: (510)535-2346	Expiration Date 08/31/2014
Program Name: SI SE PUEDE	Record ID: 010002DN
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE OF ALAMED	Service Type: NON
Address: 1315 FRUITVALE AVENUE	Resident Capacity: 0
City, State: OAKLAND, CA 94601	Total Occupancy: 0
Phone #: (510)536-4760	Target Population: 1.1
Fax #: (510)535-6312	Expiration Date 10/31/2014
Program Name: MUJERES CON ESPERANZA/WOMEN'S SERVICES ENHANCEMENT PR	Record ID: 010002EN
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE OF ALAMED	Service Type: NON
Address: 3315 INTERNATIONAL BOULEVARD	Resident Capacity: 0
City, State: OAKLAND, CA 94601	Total Occupancy: 0
Phone #: (510)536-4764	Target Population: 1.3
Fax #: (510)535-2346	Expiration Date 10/31/2014

State of California Department of Alcohol and Drug Programs
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Alameda County

Program Name: MAGNOLIA WOMEN'S RECOVERY PROGRAM Legal Name: MAGNOLIA WOMEN'S RECOVERY PROGRAM, INC. Address: 682 BRIERGATE WAY City, State: HAYWARD, CA 94544 Phone #: (510)487-2910 Fax #: (510)487-2916	Record ID: 010081AN Service Type: RES Resident Capacity: 6 Total Occupancy: 12 Target Population: 1.4 Expiration Date 09/30/2013
Program Name: NATIVE AMERICAN HEALTH CENTER, INC. Legal Name: NATIVE AMERICAN HEALTH CENTER, INC. Address: 3124 INTERNATIONAL BOULEVARD, 4TH FLOOR City, State: OAKLAND, CA 94601 Phone #: (510)437-9024 Fax #: (510)437-9574	Record ID: 010090AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2014
Program Name: OPTIONS RECOVERY SERVICES Legal Name: OPTIONS RECOVERY SERVICES Address: 1931 CENTER STREET City, State: BERKELEY, CA 94704 Phone #: (510)666-9552 Fax #: (510)666-0987	Record ID: 010066AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2013
Program Name: OPTIONS- OAKLAND DRUG FREE OUTPATIENT PROGRAM Legal Name: OPTIONS RECOVERY SERVICES Address: 610 16TH STREET, SUITE 312, 314, 315, AND 318 City, State: OAKLAND, CA 94612 Phone #: (510)836-9900 Fax #: (510)836-9902	Record ID: 010066CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 07/31/2014
Program Name: SECOND CHANCE PHOENIX PROGRAM Legal Name: SECOND CHANCE, INC. Address: 6330 THORNTON AVENUE City, State: NEWARK, CA 94560 Phone #: (510)792-4357 Fax #: (510)745-1693	Record ID: 010061DN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.4 Expiration Date 05/31/2013
Program Name: SECOND CHANCE, INC. Legal Name: SECOND CHANCE, INC. Address: 107 JACKSON STREET City, State: HAYWARD, CA 94544 Phone #: (510)886-8696 Fax #: (510)745-1693	Record ID: 010061GN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2013
Program Name: SECOND CHANCE, (TRI-CITIES) INC. Legal Name: SECOND CHANCE, INC. Address: 6330 THORNTON AVENUE City, State: NEWARK, CA 94560 Phone #: (510)792-4357 Fax #: (510)745-1693	Record ID: 010061AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2013

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Alameda County

Program Name: FREEDOM HOUSE	Record ID: 010041AN
Legal Name: SEVENTH STEP FOUNDATION, INC.	Service Type: RES
Address: 475 MEDFORD AVENUE	Resident Capacity: 32
City, State: HAYWARD, CA 94541	Total Occupancy: 32
Phone #: (510)278-0230	Target Population: 1.1
Fax #: (510)278-8054	Expiration Date 05/31/2013
Program Name: TERRA FIRMA DIVERSION/EDUCATIONAL SERVICES	Record ID: 010079AP
Legal Name: TERRA FIRMA DIVERSION EDUCATIONAL SERVICES	Service Type: NON
Address: 30086 MISSION BOULEVARD	Resident Capacity: 0
City, State: HAYWARD, CA 94544	Total Occupancy: 0
Phone #: (510)675-9362	Target Population: 1.1
Fax #: (510)675-9468	Expiration Date 08/31/2013
Program Name: FRIENDSHIP HOUSE AMERICAN INDIAN LODGE	Record ID: 010062AN
Legal Name: THE FRIENDSHIP HOUSE ASSOCIATION OF AMERICAN INDIANS	Service Type: RES
Address: 1818 38TH AVENUE AND 1815 39TH AVENUE	Resident Capacity: 5
City, State: OAKLAND, CA 94601	Total Occupancy: 11
Phone #: (510)535-7100	Target Population: 1.4
Fax #: (510)535-3445	Expiration Date 02/28/2015
Program Name: NEW BRIDGE FOUNDATION	Record ID: 010013BN
Legal Name: THE NEW BRIDGE FOUNDATION, INC.	Service Type: NON
Address: 1816 AND 1820 SCENIC AVENUE	Resident Capacity: 0
City, State: BERKELEY, CA 94709	Total Occupancy: 0
Phone #: (510)548-7270	Target Population: 1.1
Fax #: (510)548-1060	Expiration Date 07/31/2014
Program Name: NEW BRIDGE FOUNDATION	Record ID: 010013AN
Legal Name: THE NEW BRIDGE FOUNDATION, INC.	Service Type: RES-DETOX
Address: 1816 AND 1820 SCENIC AVENUE	Resident Capacity: 93
City, State: BERKELEY, CA 94709	Total Occupancy: 93
Phone #: (510)548-7270	Target Population: 1.1
Fax #: (510)526-6200	Expiration Date 05/31/2014
Program Name: MANDELA II	Record ID: 010011DN
Legal Name: THE SOLID FOUNDATION	Service Type: RES
Address: 3408 ANDOVER STREET	Resident Capacity: 10
City, State: OAKLAND, CA 94609	Total Occupancy: 20
Phone #: (510)428-0457	Target Population: 1.4
	Expiration Date 08/31/2013
Program Name: KELLER HOUSE	Record ID: 010011CN
Legal Name: THE SOLID FOUNDATION	Service Type: RES
Address: 353 ATHOL AVENUE	Resident Capacity: 8
City, State: OAKLAND, CA 94606	Total Occupancy: 16
Phone #: (510)251-2001	Target Population: 1.4
	Expiration Date 07/31/2013

State of California Department of Alcohol and Drug Programs
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Alameda County

Program Name: ALAMEDA HOUSE Legal Name: THE SOLIDARITY FELLOWSHIP, INC. Address: 34401 AND 34413 BLACKSTONE WAY City, State: FREMONT, CA 94555 Phone #: (510)796-7120	Record ID: 010019AN Service Type: RES Resident Capacity: 12 Total Occupancy: 12 Target Population: 1.2 Expiration Date 05/31/2014
Program Name: WEST OAKLAND HEALTH COUNCIL TRANSITIONAL HOUSING Legal Name: THE WEST OAKLAND HEALTH COUNCIL Address: 451 28TH STREET City, State: OAKLAND, CA 94609 Phone #: (510)273-4908 Fax #: (510)273-4908	Record ID: 010005IN Service Type: RES Resident Capacity: 23 Total Occupancy: 23 Target Population: 1.2 Expiration Date 02/28/2014
Program Name: WEST OAKLAND OUTPATIENT SUBSTANCE ABUSE SERVICES Legal Name: THE WEST OAKLAND HEALTH COUNCIL Address: 451 28TH STREET City, State: OAKLAND, CA 94609 Phone #: (510)273-4908 Fax #: (510)433-1526	Record ID: 010005HN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2014
Program Name: COMMUNITY RECOVERY CENTER Legal Name: THE WEST OAKLAND HEALTH COUNCIL Address: 7501 INTERNATIONAL BOULEVARD City, State: OAKLAND, CA 94621 Phone #: (510)430-1771 Fax #: (510)569-4965	Record ID: 010005FN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 10/31/2014
Program Name: WEST OAKLAND HEALTH COUNCIL Legal Name: WEST OAKLAND HEALTH COUNCIL Address: 700 ADELINE STREET City, State: OAKLAND, CA 94607 Phone #: (510)273-4908 Fax #: (510)465-4873	Record ID: 010005JN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.3 Expiration Date 09/30/2014
Program Name: WOMEN ON THE WAY RECOVERY CENTER Legal Name: WOMEN ON THE WAY RECOVERY CENTER Address: 20424 HAVILAND AVENUE City, State: HAYWARD, CA 94541 Phone #: (510)276-3661 Fax #: (510)278-7933	Record ID: 010072AN Service Type: RES Resident Capacity: 10 Total Occupancy: 10 Target Population: 1.3 Expiration Date 03/31/2014

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

As of: 06/13/2013

Alpine County

No licensed or certified facilities at this time.

Please check with a neighboring county for services.

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

As of: 06/13/2013

Amador County

Program Name: AMADOR COUNTY ALCOHOL AND DRUG SERVICES

Record ID: 030001AN

Legal Name: AMADOR COUNTY

Service Type: NON

Address: 10877 CONDUCTOR BOULEVARD

Resident Capacity: 0

City, State: SUTTER CREEK, CA 95685

Total Occupancy: 0

Phone #: (209)223-6412 Fax #: (209)223-3460

Target Population: 1.1

Expiration Date 05/31/2015

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

As of: 06/13/2013

Butte County

Program Name: ESPLANADE HOUSE OUTPATIENT ALCOHOL AND DRUG PROGRAM Legal Name: COMMUNITY ACTION AGENCY OF BUTTE COUNTY, INC. Address: 181 EAST SHASTA AVENUE City, State: CHICO, CA 95973 Phone #: (530)891-2977 Fax #: (530)879-3426	Record ID: 040022AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2014
Program Name: TRI COUNTY TREATMENT Legal Name: JULIE CHAPMAN Address: 1961 PINE STREET City, State: OROVILLE, CA 95965 Phone #: (530)533-5272 Fax #: (530)533-5821	Record ID: 040024AP Service Type: RES-DETOX Resident Capacity: 19 Total Occupancy: 19 Target Population: 1.2 Expiration Date 08/31/2013
Program Name: TRI-COUNTY TREATMENT OUTPATIENT PROGRAM Legal Name: JULIE CHAPMAN Address: 2740 ORO DAM BOULEVARD City, State: OROVILLE, CA 95966 Phone #: (530)533-5272 Fax #: (530)533-5821	Record ID: 040024BP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 10/31/2014
Program Name: NORTHERN VALLEY INDIAN HEALTH, INC Legal Name: NORTHERN VALLEY INDIAN HEALTH, INC. Address: 845 WEST EAST AVENUE City, State: CHICO, CA 95926 Phone #: (530)934-4348 Fax #: (530)934-7688	Record ID: 040018AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2015
Program Name: NORTHERN CALIFORNIA TREATMENT SERVICES (OROVILLE OUTPA Legal Name: OROVILLE ECONOMIC & COMMUNITY DEVELOPMENT CORPORATI Address: 3114 MYERS STREET City, State: OROVILLE, CA 95966 Phone #: (530)533-7664 Fax #: (530)533-7664	Record ID: 040029AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2014
Program Name: ROSEBEN HOUSE Legal Name: OROVILLE ECONOMIC & COMMUNITY DEVELOPMENT CORPORATI Address: 3275 ROSEBEN AVENUE City, State: OROVILLE, CA 95966 Phone #: (530)533-7664	Record ID: 040029CN Service Type: RES Resident Capacity: 14 Total Occupancy: 14 Target Population: 1.2 Expiration Date 01/31/2015
Program Name: CHICO RECOVERY CENTER Legal Name: RON W. RON W. SMITH Address: 2057 FOREST AVENUE, SUITE 5 City, State: CHICO, CA 95928 Phone #: (530)343-6566 Fax #: (530)343-6715	Record ID: 040021AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.7 Expiration Date 04/30/2014

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

As of: 06/13/2013

Butte County

Program Name: SKYWAY HOUSE	Record ID: 040006DN
Legal Name: SKYWAY HOUSE	Service Type: NON
Address: 40 LANDING CIRCLE, SUITES 1 AND 3	Resident Capacity: 0
City, State: CHICO, CA 95973	Total Occupancy: 0
Phone #: (530)898-8326	Target Population: 1.1
Fax #: (530)898-0239	Expiration Date 07/31/2015
Program Name: SKYWAY HOUSE-LASSEN RETREAT	Record ID: 040006CN
Legal Name: SKYWAY HOUSE	Service Type: RES
Address: 4133 HIGHWAY 32	Resident Capacity: 30
City, State: CHICO, CA 95973	Total Occupancy: 30
Phone #: (530)893-3698	Target Population: 1.1
Fax #: (530)872-5563	Expiration Date 10/31/2013
Program Name: SKYWAY HOUSE-SHASTA RETREAT	Record ID: 040006GN
Legal Name: SKYWAY HOUSE	Service Type: RES
Address: 3105 ESPLANADE	Resident Capacity: 22
City, State: CHICO, CA 95973	Total Occupancy: 22
Phone #: (530)534-0550	Target Population: 1.1
Fax #: (530)898-0239	Expiration Date 12/31/2013
Program Name: THERAPEUTIC SOLUTIONS	Record ID: 040030AP
Legal Name: THERAPEUTIC SOLUTIONS PROFESSIONAL CORPORATION	Service Type: NON
Address: 3255 ESPLANADE	Resident Capacity: 0
City, State: CHICO, CA 95973	Total Occupancy: 0
Phone #: (530)899-3150	Target Population: 1.1
Fax #: (530)899-3160	Expiration Date 10/31/2013

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 06/13/2013

Calaveras County

Program Name: CHANGING ECHOES	Record ID: 050002AN
Legal Name: CHANGING ECHOES, INC.	Service Type: RES-DETOX
Address: 7632 POOL STATION ROAD	Resident Capacity: 32
City, State: ANGELS CAMP, CA 95222	Total Occupancy: 32
Phone #: (209)785-3666	Target Population: 1.1
	Expiration Date 09/30/2013

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

As of: 06/13/2013

Colusa County

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

State of California Department of Alcohol and Drug Programs
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Certified Alcohol and Drug Programs

As of: 06/13/2013

Contra Costa County

Program Name: ALCOHOL & DRUG ABUSE COUNCIL OF CONTRA COSTA, INC.	Record ID: 070042AN
Legal Name: ALCOHOL & DRUG ABUSE COUNCIL OF CONTRA COSTA, INC.	Service Type: NON
Address: 2020 NORTH BROADWAY, SUITE 101, 103,105, AND 209	Resident Capacity: 0
City, State: WALNUT CREEK, CA 94596	Total Occupancy: 0
Phone #: (925)932-8100	Target Population: 1.5
Fax #: (925)932-8392	Expiration Date 01/31/2015
Program Name: NEVIN HOUSE	Record ID: 070036AN
Legal Name: ANKA BEHAVIORAL HEALTH, INCORPORATED	Service Type: DSS
Address: 3215 AND 3221 NEVIN HOUSE	Resident Capacity: 0
City, State: RICHMOND, CA 94808	Total Occupancy: 0
Phone #: (510)232-7633	Target Population: 1.1
Fax #: (510)215-2432	
Program Name: HOPE CONCORD	Record ID: 070045AN
Legal Name: ANKA BEHAVIORAL HEALTH, INCORPORATED	Service Type: NON
Address: 1470 ENEA CIRCLE, SUITE 1500	Resident Capacity: 0
City, State: CONCORD, CA 94520	Total Occupancy: 0
Phone #: (925)825-4700	Target Population: 1.1
Fax #: (925)429-6470	Expiration Date 03/31/2014
Program Name: GATEWAY ALCOHOL AND DRUG SERVICES	Record ID: 070043AN
Legal Name: BAY AREA COMMUNITY RESOURCES, INC.	Service Type: NON
Address: 13201 SAN PABLO AVENUE	Resident Capacity: 0
City, State: SAN PABLO, CA 94806	Total Occupancy: 0
Phone #: (510)235-2887	Target Population: 1.1
	Expiration Date 05/31/2013
Program Name: GAADDS CENTRAL/ACFF	Record ID: 070001XN
Legal Name: BI-BETT	Service Type: NON
Address: 2290 DIAMOND BOULEVARD, SUITE 202	Resident Capacity: 0
City, State: CONCORD, CA 94520	Total Occupancy: 0
Phone #: (925)685-7418	Target Population: 1.1
Fax #: (925)685-7005	Expiration Date 04/30/2015
Program Name: SERENITY HOUSE	Record ID: 070001DN
Legal Name: BI-BETT	Service Type: RES
Address: 11440 MARSH CREEK ROAD	Resident Capacity: 6
City, State: CLAYTON, CA 94517	Total Occupancy: 6
Phone #: (925)672-5700	Target Population: 1.2
	Expiration Date 03/31/2014
Program Name: EAST COUNTY WOLLAM PERINATAL AND RESIDENTIAL	Record ID: 070001VN
Legal Name: BI-BETT	Service Type: RES
Address: 34 DAVI AVENUE	Resident Capacity: 6
City, State: PITTSBURG, CA 94565	Total Occupancy: 6
Phone #: (925)427-1384	Target Population: 1.4
Fax #: (925)458-8996	Expiration Date 04/30/2014

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Contra Costa County

Program Name: EAST COUNTY GAADDS/ACFF	Record ID: 070001UN
Legal Name: BI-BETT	Service Type: NON
Address: 1251 CALIFORNIA STREET, SUITE 600	Resident Capacity: 0
City, State: PITTSBURG, CA 94565	Total Occupancy: 0
Phone #: (925)439-5161	Target Population: 1.1
Fax #: (925)439-0322	Expiration Date 12/31/2014
Program Name: EAST COUNTY WOLLAM PERINATAL	Record ID: 070001TN
Legal Name: BI-BETT	Service Type: RES
Address: 32 DAVI AVENUE	Resident Capacity: 6
City, State: PITTSBURG, CA 94565	Total Occupancy: 6
Phone #: (925)427-1384	Target Population: 1.3
Fax #: (925)458-8996	Expiration Date 12/31/2014
Program Name: EAST COUNTY WOLLAM HOUSE - PERINATAL	Record ID: 070001SN
Legal Name: BI-BETT	Service Type: RES
Address: 22 DAVI AVENUE	Resident Capacity: 6
City, State: PITTSBURG, CA 94565	Total Occupancy: 6
Phone #: (925)427-1384	Target Population: 1.4
	Expiration Date 12/31/2014
Program Name: EAST COUNTY COMMUNITY WOMEN'S CENTER	Record ID: 070001RN
Legal Name: BI-BETT	Service Type: RES-DETOX
Address: 2, 4, 12 AND 14 DAVI AVENUE	Resident Capacity: 15
City, State: PITTSBURG, CA 94565	Total Occupancy: 15
Phone #: (925)427-1384	Target Population: 1.3
	Expiration Date 12/31/2014
Program Name: FREDERIC OZANAM CENTER--AUNTIE EM'S	Record ID: 070001QN
Legal Name: BI-BETT	Service Type: RES
Address: 2830 PROSPECT STREET	Resident Capacity: 6
City, State: CONCORD, CA 94518	Total Occupancy: 6
Phone #: (925)676-4840	Target Population: 1.3
	Expiration Date 10/31/2014
Program Name: FREDERIC OZANAM CENTER--EMERALD CITY	Record ID: 070001NN
Legal Name: BI-BETT	Service Type: RES
Address: 2950 PROSPECT STREET	Resident Capacity: 5
City, State: CONCORD, CA 94518	Total Occupancy: 5
Phone #: (925)676-4840	Target Population: 1.3
	Expiration Date 10/31/2014
Program Name: FREDERIC OZANAM CENTER--RAINBOW VILLAGE	Record ID: 070001LN
Legal Name: BI-BETT	Service Type: RES
Address: 2901 PROSPECT STREET	Resident Capacity: 4
City, State: CONCORD, CA 94518	Total Occupancy: 4
Phone #: (925)676-4840	Target Population: 1.3
Fax #: (925)676-1315	Expiration Date 10/31/2014

State of California Department of Alcohol and Drug Programs
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Contra Costa County

Program Name: FREDERIC OZANAM CENTER - CRYSTAL PALACE Legal Name: BI-BETT Address: 1390 SANTA CLARA STREET City, State: CONCORD, CA 94518 Phone #: (925)676-4840	Record ID: 070001KN Service Type: RES Resident Capacity: 4 Total Occupancy: 4 Target Population: 1.3 Expiration Date 10/31/2014
Program Name: OAKNOLLS Legal Name: BI-BETT Address: 11460 MARSH CREEK ROAD City, State: CLAYTON, CA 94517 Phone #: (925)672-5700	Record ID: 070001JN Service Type: RES Resident Capacity: 5 Total Occupancy: 5 Target Population: 1.2 Expiration Date 03/31/2014
Program Name: PUEBLOS DEL SOL Legal Name: BI-BETT Address: 2090 COMMERCE AVENUE City, State: CONCORD, CA 94520 Phone #: (925)798-7250	Record ID: 070001CN Service Type: RES-DETOX Resident Capacity: 20 Total Occupancy: 22 Target Population: 1.2 Expiration Date 04/30/2014
Program Name: FREDERIC OZANAM CENTER Legal Name: BI-BETT Address: 2931 PROSPECT STREET City, State: CONCORD, CA 94518 Phone #: (925)676-4840	Record ID: 070001BN Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.3 Expiration Date 10/31/2014
Program Name: DIABLO VALLEY RANCH Legal Name: BI-BETT Address: 11540 MARSH CREEK ROAD City, State: CLAYTON, CA 94517 Phone #: (925)672-5700	Record ID: 070001AN Service Type: RES Resident Capacity: 58 Total Occupancy: 59 Target Population: 1.2 Expiration Date 03/31/2014
Program Name: WEST GAADDS Legal Name: BI-BETT Address: 3726 BARRETT AVENUE City, State: RICHMOND, CA 94804 Phone #: (925)685-7418 Fax #: (958)685-7005	Record ID: 070001DDN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2014
Program Name: SUNRISE HOUSE I Legal Name: BI-BETT Address: 2309 PLATT DRIVE City, State: MARTINEZ, CA 94553 Phone #: (925)229-2318 Fax #: (925)370-2912	Record ID: 070001AAN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 07/31/2014

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Contra Costa County

Program Name: EAST COUNTY WOLLAM PERINATAL Legal Name: BI-BETT Address: 24 DAVI AVENUE City, State: PITTSBURG, CA 94565 Phone #: (925)427-1384 Fax #: (925)458-8996	Record ID: 070001ZN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 02/28/2015
Program Name: SUNRISE HOUSE 3 Legal Name: BI-BETT Address: 2359 PINNACLE DRIVE City, State: MARTINEZ, CA 94553 Phone #: (925)825-7049	Record ID: 070001CCN Service Type: RES Resident Capacity: 6 Total Occupancy: 7 Target Population: 1.2 Expiration Date 07/31/2014
Program Name: STEP/AHEAD ADOLESCENT OUTPATIENT DRUG TREATMENT PROGR Legal Name: COMMUNITY HEALTH FOR ASIAN AMERICANS Address: 207 37TH STREET City, State: RICHMOND, CA 94805 Phone #: (510)237-5777 Fax #: (510)233-4545	Record ID: 070041AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 12/31/2013
Program Name: DISCOVERY HOUSE Legal Name: CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT Address: 4645 PACHECO BOULEVARD City, State: MARTINEZ, CA 94553 Phone #: (925)646-9270	Record ID: 070012BN Service Type: RES Resident Capacity: 40 Total Occupancy: 40 Target Population: 1.2 Expiration Date 10/31/2013
Program Name: COLE HOUSE Legal Name: J. COLE RECOVERY HOMES, INC. Address: 1408 A STREET City, State: ANTIOCH, CA 94509 Phone #: (925)978-2873 Fax #: (925)757-0411	Record ID: 070034AP Service Type: RES Resident Capacity: 16 Total Occupancy: 17 Target Population: 1.2 Expiration Date 03/31/2014
Program Name: WEST COUNTY HUMAN DEVELOPMENT CENTER Legal Name: NEIGHBORHOOD HOUSE OF NORTH RICHMOND Address: 820 23RD STREET, 2ND FLOOR City, State: RICHMOND, CA 94804 Phone #: (510)233-1270	Record ID: 070004AN Service Type: RES-DETOX Resident Capacity: 50 Total Occupancy: 120 Target Population: 1.1 Expiration Date 04/30/2014
Program Name: NEW LEAF TREATMENT CENTER Legal Name: NEW LEAF PARTNERS Address: 251 LAFAYETTE CIRCLE, SUITE 150 City, State: LAFAYETTE, CA 94549 Phone #: (925)284-5200 Fax #: (925)284-5204	Record ID: 070035AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.8 Expiration Date 12/31/2014

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Contra Costa County

Program Name: REACH PROJECT Legal Name: R.E.A.C.H. PROJECT Address: 3385 MAIN STREET SUITE B City, State: OAKLEY, CA 94561 Phone #: (925)754-3673	Record ID: 070024CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 05/31/2014
Program Name: REACH PROJECT Legal Name: R.E.A.C.H. PROJECT Address: 1915 D STREET City, State: ANTIOCH, CA 94509 Phone #: (925)754-3673	Record ID: 070024AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.7 Expiration Date 06/30/2013
Program Name: REACH PROJECT Legal Name: R.E.A.C.H. PROJECT Address: 9100 BRENTWOOD BOULEVARD City, State: BRENTWOOD, CA 94513 Phone #: (925)809-7920 Fax #: (925)754-2002	Record ID: 070024BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2014
Program Name: CROSSROADS TREATMENT CENTER I - OUTPATIENT DAY/EVE Legal Name: RECOVERY MANAGEMENT SERVICES, INC. Address: 2449 PACHECO STREET City, State: CONCORD, CA 94520 Phone #: (925)682-5704 Fax #: (925)685-4546	Record ID: 070018LN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2013
Program Name: CROSSROADS RECOVERY CENTER III Legal Name: RECOVERY MANAGEMENT SERVICES, INC. Address: 2118 EAST STREET City, State: CONCORD, CA 94520 Phone #: (925)682-5704	Record ID: 070018CN Service Type: RES Resident Capacity: 11 Total Occupancy: 12 Target Population: 1.2 Expiration Date 01/31/2015
Program Name: CROSSROADS RECOVERY CENTER IV Legal Name: RECOVERY MANAGEMENT SERVICES, INC. Address: 2080 EAST STREET City, State: CONCORD, CA 94520 Phone #: (925)682-5704	Record ID: 070018DN Service Type: RES-DETOX Resident Capacity: 9 Total Occupancy: 10 Target Population: 1.3 Expiration Date 01/31/2015
Program Name: CROSSROADS TREATMENT CENTER I Legal Name: RECOVERY MANAGEMENT SERVICES, INC. Address: 2449 PACHECO STREET City, State: CONCORD, CA 94520 Phone #: (925)682-5704	Record ID: 070018HN Service Type: RES-DETOX Resident Capacity: 10 Total Occupancy: 10 Target Population: 1.2 Expiration Date 11/30/2013

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Contra Costa County

Program Name: GMG BEHAVIORAL HEALTH SERVICES	Record ID: 070044AP
Legal Name: RICHARD I. GRACER, M.D., A PROFESSIONAL CORPORATION	Service Type: NON
Address: 5401 NORRIS CANYON ROAD, SUITE 102	Resident Capacity: 0
City, State: SAN RAMON, CA 94583	Total Occupancy: 0
Phone #: (925)277-1100	Target Population: 1.1
Fax #: (925)277-1358	Expiration Date 10/31/2014
Program Name: ELENA HOPKINS' TRANSITION HOUSE	Record ID: 070008JN
Legal Name: UJIMA FAMILY RECOVERY SERVICES	Service Type: RES
Address: 1515 24TH STREET	Resident Capacity: 4
City, State: RICHMOND, CA 94806	Total Occupancy: 7
Phone #: (510)236-3134	Target Population: 1.4
Fax #: (510)236-3151	Expiration Date 02/28/2015
Program Name: LA CASA UJIMA	Record ID: 070008DN
Legal Name: UJIMA FAMILY RECOVERY SERVICES	Service Type: RES
Address: 919 MELLUS STREET	Resident Capacity: 3
City, State: MARTINEZ, CA 94533	Total Occupancy: 6
Phone #: (925)229-4065	Target Population: 1.4
Fax #: (925)229-0233	Expiration Date 02/28/2015
Program Name: UJIMA EAST - INTENSIVE DAY TREATMENT PROGRAM	Record ID: 070008EN
Legal Name: UJIMA FAMILY RECOVERY SERVICES	Service Type: NON
Address: 369 EAST LELAND ROAD	Resident Capacity: 0
City, State: PITTSBURG, CA 94565	Total Occupancy: 0
Phone #: (925)427-9100	Target Population: 1.4
	Expiration Date 02/28/2015
Program Name: THE RECTORY WOMEN'S RECOVERY CENTER	Record ID: 070008HN
Legal Name: UJIMA FAMILY RECOVERY SERVICES	Service Type: RES
Address: 1916 CHURCH LANE	Resident Capacity: 3
City, State: SAN PABLO, CA 94806	Total Occupancy: 6
Phone #: (510)236-3134	Target Population: 1.1
Fax #: (510)236-3151	Expiration Date 02/28/2015
Program Name: THE RECTORY WOMEN'S RECOVERY CENTER	Record ID: 070008AN
Legal Name: UJIMA FAMILY RECOVERY SERVICES	Service Type: RES
Address: 1901 CHURCH LANE	Resident Capacity: 12
City, State: SAN PABLO, CA 94806	Total Occupancy: 21
Phone #: (510)236-3134	Target Population: 1.4
	Expiration Date 02/28/2015
Program Name: LA CASA UJIMA	Record ID: 070008BN
Legal Name: UJIMA FAMILY RECOVERY SERVICES	Service Type: RES
Address: 904 MELLUS STREET	Resident Capacity: 12
City, State: MARTINEZ, CA 94533	Total Occupancy: 18
Phone #: (925)229-4065	Target Population: 1.4
Fax #: (925)229-0233	Expiration Date 02/28/2015

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Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

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Contra Costa County

Program Name: UJIMA WEST OUTPATIENT TREATMENT PROGRAM

Record ID: 070008CN

Legal Name: UJIMA FAMILY RECOVERY SERVICES

Service Type: NON

Address: 3939 BISSELL AVENUE

Resident Capacity: 0

City, State: RICHMOND, CA 94805

Total Occupancy: 0

Phone #: (510)215-2280

Target Population: 1.4

Expiration Date 02/28/2015

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Del Norte County

Program Name: DEL NORTE HEALTH AND HUMAN SERVICES/ALCOHOL AND OTHER Legal Name: DEL NORTE COUNTY HEALTH AND HUMAN SERVICES Address: 540 H STREET City, State: CRESCENT CITY, CA 95531 Phone #: (707)464-4813 Fax #: (707)465-1442	Record ID: 080003AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 10/31/2013
Program Name: JORDAN RECOVERY CENTER Legal Name: JORDAN RECOVERY CENTER Address: 1246 JORDAN STREET City, State: CRESCENT CITY, CA 95531 Phone #: (707)464-7849 Fax #: (707)465-6522	Record ID: 080004AN Service Type: RES Resident Capacity: 14 Total Occupancy: 14 Target Population: 1.2 Expiration Date 10/31/2013
Program Name: JORDAN RECOVERY CENTER Legal Name: JORDAN RECOVERY CENTERS Address: 1256 JORDAN STREET City, State: CRESCENT CITY, CA 95531 Phone #: (707)464-7849 Fax #: (707)465-6522	Record ID: 080004BN Service Type: RES Resident Capacity: 14 Total Occupancy: 14 Target Population: 1.2 Expiration Date 07/31/2014
Program Name: JORDAN RECOVERY CENTER - TRILLIUM HOUSE Legal Name: JORDAN RECOVERY CENTERS Address: 949 C STREET City, State: CRESCENT CITY, CA 95531 Phone #: (707)464-7849 Fax #: (707)465-6522	Record ID: 080004CN Service Type: RES Resident Capacity: 12 Total Occupancy: 12 Target Population: 1.3 Expiration Date 04/30/2014

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El Dorado County

Program Name: EDCA LIFESKILLS	Record ID: 090009AN
Legal Name: EL DORADO COUNCIL ON ALCOHOLISM	Service Type: NON
Address: 893 SPRING STREET	Resident Capacity: 0
City, State: PLACERVILLE, CA 95667	Total Occupancy: 0
Phone #: (530)622-8193	Target Population: 1.1
	Expiration Date 11/30/2013
Program Name: NARCONON PINECONE GROVE	Record ID: 090018AN
Legal Name: NARCONON OF NORTHERN CALIFORNIA	Service Type: RES
Address: 1364 RUTH HAVEN LANE	Resident Capacity: 15
City, State: PLACERVILLE, CA 95667	Total Occupancy: 18
Phone #: (530)295-5550	Target Population: 1.1
Fax #: (530)295-5551	Expiration Date 09/30/2014
Program Name: NARCONON EMERALD PINES	Record ID: 090018CN
Legal Name: NARCONON OF NORTHERN CALIFORNIA	Service Type: RES-DETOX
Address: 586 GLORENE AVENUE	Resident Capacity: 70
City, State: SOUTH LAKE TAHOE, CA 96150	Total Occupancy: 75
Phone #: (800)556-8885	Target Population: 1.1
	Expiration Date 09/30/2014
Program Name: NARCONON PINECONE GROVE	Record ID: 090018BN
Legal Name: NARCONON OF NORTHERN CALIFORNIA	Service Type: NON
Address: 1364 RUTH HAVEN LANE	Resident Capacity: 0
City, State: PLACERVILLE, CA 95667	Total Occupancy: 0
Phone #: (530)295-5550	Target Population: 1.1
	Expiration Date 09/30/2014
Program Name: NEW MORNING YOUTH AND FAMILY SERVICES	Record ID: 090005AN
Legal Name: NEW MORNING YOUTH AND FAMILY SERVICES, INC.	Service Type: NON
Address: 6765 GREEN VALLEY ROAD	Resident Capacity: 0
City, State: PLACERVILLE, CA 95667	Total Occupancy: 0
Phone #: (530)622-5551	Target Population: 1.5
	Expiration Date 12/31/2014
Program Name: PROGRESS HOUSE WOMEN AND CHILDREN'S FACILITY	Record ID: 090002BN
Legal Name: PROGRESS HOUSE, INC.	Service Type: RES
Address: 5607 MOUNT MURPHY ROAD	Resident Capacity: 16
City, State: GARDEN VALLEY, CA 95633	Total Occupancy: 36
Phone #: (530)333-9460	Target Population: 1.4
Fax #: (530)333-1019	Expiration Date 05/31/2014
Program Name: PROGRESS HOUSE PERINATAL FACILITY	Record ID: 090002FN
Legal Name: PROGRESS HOUSE, INC.	Service Type: RES
Address: 5494 PONY EXPRESS TRAIL, HOUSE 1,2,3,4 AND 5	Resident Capacity: 16
City, State: CAMINO, CA 95709	Total Occupancy: 28
Phone #: (530)644-3758	Target Population: 1.4
Fax #: (530)644-3782	Expiration Date 05/31/2014

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El Dorado County

Program Name: PROGRESS HOUSE MEN'S FACILITY Legal Name: PROGRESS HOUSE, INC. Address: 838 BEACH COURT ROAD City, State: COLOMA, CA 95613 Phone #: (530)626-7252	Record ID: 090002AN Service Type: RES Resident Capacity: 20 Total Occupancy: 20 Target Population: 1.2 Expiration Date 05/31/2014
Program Name: PROGRESS HOUSE OUTPATIENT SERVICES Legal Name: PROGRESS HOUSE, INC. Address: 2844 COLOMA STREET City, State: PLACERVILLE, CA 95667 Phone #: (530)642-1715	Record ID: 090002CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2014
Program Name: SHINGLE SPRINGS TRIBAL HEALTH PROGRAM Legal Name: SHINGLE SPRINGS RANCHERIA Address: 5168 HONPIE ROAD City, State: PLACERVILLE, CA 95667 Phone #: (530)387-4975 Fax #: (530)672-8057	Record ID: 090017AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2014
Program Name: SIERRA RECOVERY CENTER Legal Name: SIERRA RECOVERY CENTER Address: 2677 REAVES STREET City, State: SOUTH LAKE TAHOE, CA 96150 Phone #: (530)541-5190 Fax #: (530)542-3194	Record ID: 090003AN Service Type: RES Resident Capacity: 14 Total Occupancy: 14 Target Population: 1.1 Expiration Date 12/31/2014
Program Name: SIERRA RECOVERY CENTER Legal Name: SIERRA RECOVERY CENTER Address: 1137 EMERALD BAY ROAD City, State: SOUTH LAKE TAHOE, CA 96150 Phone #: (530)541-5190 Fax #: (530)542-3194	Record ID: 090003BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 12/31/2014
Program Name: SIERRA RECOVERY CENTER Legal Name: SIERRA RECOVERY CENTER Address: 931 MACINAW AVENUE City, State: SOUTH LAKE TAHOE, CA 96150 Phone #: (530)541-5190 Fax #: (530)542-3194	Record ID: 090003CN Service Type: RES Resident Capacity: 11 Total Occupancy: 11 Target Population: 1.1 Expiration Date 12/31/2014
Program Name: TAHOE TURNING POINT Legal Name: TAHOE TURNING POINT Address: 2494 LAKE TAHOE BOULEVARD, SUITE B1, B2, AND B5 City, State: SOUTH LAKE TAHOE, CA 96150 Phone #: (530)577-5340 Fax #: (530)577-5323	Record ID: 090014DN Service Type: DSS Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5

State of California Department of Alcohol and Drug Programs
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El Dorado County

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

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

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Certified Alcohol and Drug Programs

As of: 06/13/2013

Fresno County

Program Name: ANTIOCH SUBSTANCE ABUSE PROGRAMS Legal Name: ANTIOCH SUBSTANCE ABUSE PROGRAMS Address: 3838 NORTH WEST AVENUE City, State: FRESNO, CA 93705 Phone #: (559)307-3482 Fax #: (559)294-0303	Record ID: 100090AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2014
Program Name: CENTRAL CALIFORNIA RECOVERY, INC. Legal Name: CENTRAL CALIFORNIA RECOVERY, INCORPORATED Address: 1100 WEST SHAW #122 City, State: FRESNO, CA 93711 Phone #: (559)681-1947 Fax #: (559)486-6294	Record ID: 100087AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 12/31/2014
Program Name: COMPREHENSIVE ADDICTION PROGRAMS, INC. Legal Name: COMPREHENSIVE ADDICTION PROGRAMS, INC. Address: 2445 WEST WHITESBRIDGE ROAD City, State: FRESNO, CA 93706 Phone #: (559)264-5096	Record ID: 100003AN Service Type: RES-DETOX Resident Capacity: 68 Total Occupancy: 68 Target Population: 1.1 Expiration Date 11/30/2013
Program Name: DELTA CARE, INC. Legal Name: DELTA CARE, INC. Address: 4705 NORTH SONORA AVENUE, SUITE 113A City, State: FRESNO, CA 93722 Phone #: (559)289-6785	Record ID: 100082AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2013
Program Name: DUNAMIS INC., GROUP HOME Legal Name: DUNAMIS INC., GROUP HOME Address: 4991 EAST MCKINLEY AVENUE, SUITE 112 AND 113 City, State: FRESNO, CA 93727 Phone #: (281)782-5887	Record ID: 100091AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: ** Expiration Date 06/30/2014
Program Name: ELEVENTH HOUR REHABILITATION PROGRAMS-NONRESIDENTIAL Legal Name: ELEVENTH HOUR REHABILITATION PROGRAMS Address: 5639 EAST PARK CIRCLE DRIVE City, State: FRESNO, CA 93727 Phone #: (559)454-1819 Fax #: (559)454-1928	Record ID: 100009FP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2013
Program Name: ELEVENTH HOUR REHABILITATION PROGRAMS Legal Name: ELEVENTH HOUR REHABILITATION PROGRAMS Address: 334 SHAW AVENUE, SUITE 100 City, State: CLOVIS, CA 93612 Phone #: (559)454-1819 Fax #: (559)454-1928	Record ID: 100009GP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2014

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

As of: 06/13/2013

Fresno County

Program Name: EMINENCE HEALTHCARE, INC.	Record ID: 100063CP
Legal Name: EMINENCE HEALTHCARE, INC.	Service Type: NON
Address: 1700 ANCHOR AVENUE, ROOM 503 AND 505	Resident Capacity: 0
City, State: ORANGE COVE, CA 93646	Total Occupancy: 0
Phone #: (559)221-8100	Target Population: 1.5
Fax #: (559)221-8101	Expiration Date 04/30/2014
Program Name: EMINENCE HEALTHCARE, INC.	Record ID: 100063AP
Legal Name: EMINENCE HEALTHCARE, INC.	Service Type: NON
Address: 3125 WRIGHT STREET	Resident Capacity: 0
City, State: SELMA, CA 93662	Total Occupancy: 0
Phone #: (559)221-8100	Target Population: 1.4
Fax #: (559)221-8101	Expiration Date 05/31/2014
Program Name: EMINENCE HEALTHCARE, INC.	Record ID: 100063DP
Legal Name: EMINENCE HEALTHCARE, INC.	Service Type: NON
Address: 740 WEST NORTH AVENUE, ROOMS 707 AND E5	Resident Capacity: 0
City, State: REEDLEY, CA 93654	Total Occupancy: 0
Phone #: (559)221-8100	Target Population: 1.5
Fax #: (559)221-8101	Expiration Date 03/31/2014
Program Name: EMINENCE HEALTHCARE, INC.	Record ID: 100063EP
Legal Name: EMINENCE HEALTHCARE, INC.	Service Type: NON
Address: 750 VAN NESS AVENUE	Resident Capacity: 0
City, State: COALINGA, CA 93210	Total Occupancy: 0
Phone #: (559)221-8100	Target Population: 1.5
Fax #: (559)221-8101	Expiration Date 03/31/2014
Program Name: EMINENCE HEALTHCARE, INC.	Record ID: 100063BP
Legal Name: EMINENCE HEALTHCARE, INC.	Service Type: NON
Address: 603 3RD STREET, ROOM 6 AND 2025A	Resident Capacity: 0
City, State: PARLIER, CA 93648	Total Occupancy: 0
Phone #: (559)221-8100	Target Population: 1.5
Fax #: (559)221-8101	Expiration Date 03/31/2014
Program Name: PATHWAYS TO RECOVERY	Record ID: 100081AN
Legal Name: FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH	Service Type: NON
Address: 515 SOUTH CEDAR AVENUE	Resident Capacity: 0
City, State: FRESNO, CA 93702	Total Occupancy: 0
Phone #: (559)600-6068	Target Population: 1.3
Fax #: (559)453-8916	Expiration Date 08/31/2013
Program Name: NUESTRA CASA RECOVERY HOME	Record ID: 100006AN
Legal Name: FRESNO COUNTY HISPANIC COMMISSION ON ALCOHOL AND DRUG	Service Type: RES
Address: 1414 WEST KEARNEY BOULEVARD	Resident Capacity: 16
City, State: FRESNO, CA 93706	Total Occupancy: 18
Phone #: (559)485-0501	Target Population: 1.2
Fax #: (559)485-1313	Expiration Date 02/28/2014

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Fresno County

Program Name: FRESNO NEW CONNECTIONS, INC.	Record ID: 100039AN
Legal Name: FRESNO NEW CONNECTIONS, INC.	Service Type: NON
Address: 4411 NORTH CEDAR, SUITE 108	Resident Capacity: 0
City, State: FRESNO, CA 93726	Total Occupancy: 0
Phone #: (559)248-1548	Target Population: 1.1
Fax #: (559)248-1530	Expiration Date 11/30/2014
Program Name: THE AVANTI PROGRAM	Record ID: 100026AN
Legal Name: KINGS VIEW	Service Type: NON
Address: 1822 JENSEN AVENUE, SUITE 102	Resident Capacity: 0
City, State: SANGER, CA 93657	Total Occupancy: 0
Phone #: (559)875-6300	Target Population: 1.1
	Expiration Date 08/31/2014
Program Name: FRESNO CENTER FOR CHANGE	Record ID: 100042AN
Legal Name: MENTAL HEALTH SYSTEMS, INC.	Service Type: NON
Address: 2550 WEST CLINTON AVENUE, BUILDING A	Resident Capacity: 0
City, State: FRESNO, CA 93705	Total Occupancy: 0
Phone #: (858)573-2600	Target Population: 1.1
	Expiration Date 05/31/2015
Program Name: FRESNO FIRST	Record ID: 100042CN
Legal Name: MENTAL HEALTH SYSTEMS, INC.	Service Type: RES
Address: 2550 WEST CLINTON AVENUE	Resident Capacity: 95
City, State: FRESNO, CA 93705	Total Occupancy: 120
Phone #: (858)573-2600	Target Population: 1.4
Fax #: (559)441-0354	Expiration Date 09/30/2014
Program Name: FLOYD FARROW SUBSTANCE ABUSE UNIT	Record ID: 100042EN
Legal Name: MENTAL HEALTH SYSTEMS, INC.	Service Type: NON
Address: 3333 EAST AMERICAN AVENUE, BUILDING 707 AND 709	Resident Capacity: 0
City, State: FRESNO, CA 93725	Total Occupancy: 0
Phone #: (559)600-4876	Target Population: 1.1
Fax #: (559)495-3650	Expiration Date 07/31/2014
Program Name: FAMILY & YOUTH ALTERNATIVES	Record ID: 100042DN
Legal Name: MENTAL HEALTH SYSTEMS, INC.	Service Type: NON
Address: 3122 NORTH MILLBROOK AVENUE, SUITE A	Resident Capacity: 0
City, State: FRESNO, CA 93703	Total Occupancy: 0
Phone #: (559)225-9117	Target Population: 1.1
Fax #: (559)600-4876	Expiration Date 04/30/2014
Program Name: PANACEA SERVICES, INC. - COMPREHENSIVE DRUG AND ALCOHOL	Record ID: 100052CP
Legal Name: PANACEA SERVICES, INC.	Service Type: NON
Address: 3152 NORTH MILLBROOK, SUITES D AND E	Resident Capacity: 0
City, State: FRESNO, CA 93703	Total Occupancy: 0
Phone #: (559)241-0364	Target Population: 1.1
Fax #: (559)241-0342	Expiration Date 01/31/2015

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Fresno County

Program Name: PROMESA BEHAVIORAL HEALTH	Record ID: 100043AN
Legal Name: PROMESA BEHAVIORAL HEALTH	Service Type: NON
Address: 2910-2920 EAST OLIVE STREET	Resident Capacity: 0
City, State: FRESNO, CA 93701	Total Occupancy: 0
Phone #: (559)439-5437	Target Population: 1.1
Fax #: (559)981-5539	Expiration Date 04/30/2013
Program Name: TOUCHSTONE RECOVERY CENTER	Record ID: 100076AP
Legal Name: RICHARD V. GUZZETTA, M.D.	Service Type: NON
Address: 724 MEDICAL CENTER DRIVE EAST, SUITE 103	Resident Capacity: 0
City, State: CLOVIS, CA 93611	Total Occupancy: 0
Phone #: (559)298-6711	Target Population: 1.1
Fax #: (559)298-6609	Expiration Date 06/30/2014
Program Name: HERNDON RECOVERY CENTER RESIDENTIAL	Record ID: 100074BP
Legal Name: SATNAM S. ATWAL , M.D.	Service Type: RES-DETOX
Address: 2631 EAST JORDAN AVENUE	Resident Capacity: 6
City, State: FRESNO, CA 93720	Total Occupancy: 6
Phone #: (559)298-5111	Target Population: 1.1
Fax #: (559)298-3111	Expiration Date 05/31/2014
Program Name: HERNDON RECOVERY CENTER	Record ID: 100074AP
Legal Name: SATNAM S. ATWAL, M.D	Service Type: NON
Address: 7055 NORTH CHESTNUT, SUITE 101	Resident Capacity: 0
City, State: FRESNO, CA 93720	Total Occupancy: 0
Phone #: (559)298-5111	Target Population: 1.5
Fax #: (559)298-3111	Expiration Date 02/28/2014
Program Name: TURTLE LODGE	Record ID: 100007AN
Legal Name: SIERRA TRIBAL CONSORTIUM, INC.	Service Type: RES-DETOX
Address: 610 WEST MCKINLEY AVENUE	Resident Capacity: 22
City, State: FRESNO, CA 93728	Total Occupancy: 37
Phone #: (559)445-2691	Target Population: 1.1
	Expiration Date 05/31/2013
Program Name: SPIRIT OF WOMAN OF CALIFORNIA	Record ID: 100036AN
Legal Name: SPIRIT OF WOMAN OF CALIFORNIA, INC.	Service Type: RES
Address: 327 WEST BELMONT AVENUE	Resident Capacity: 63
City, State: FRESNO, CA 93728	Total Occupancy: 215
Phone #: (559)244-4353	Target Population: 1.4
	Expiration Date 03/31/2014
Program Name: KING OF KINGS PREGNANT AND POST PARTUM OUTPATIENT PROG	Record ID: 100024BN
Legal Name: THE KING OF KINGS COMMUNITY CENTER	Service Type: NON
Address: 2302 MARTIN LUTHER KING BOULEVARD	Resident Capacity: 0
City, State: FRESNO, CA 93706	Total Occupancy: 0
Phone #: (559)486-8200	Target Population: 1.3
Fax #: (559)268-9559	Expiration Date 06/30/2014

State of California Department of Alcohol and Drug Programs
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Fresno County

Program Name: KING OF KINGS MEN'S RECOVERY HOME Legal Name: THE KING OF KINGS COMMUNITY CENTER Address: 2267 SOUTH GENEVA AVENUE City, State: FRESNO, CA 93706 Phone #: (559)266-6449	Record ID: 100024AN Service Type: RES Resident Capacity: 10 Total Occupancy: 10 Target Population: 1.2 Expiration Date 06/30/2014
Program Name: TURNING POINT SATU AFTERCARE Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC. Address: 1638 L STREET City, State: FRESNO, CA 93721 Phone #: (559)233-2663 Fax #: (559)268-2245	Record ID: 100028BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.2 Expiration Date 03/31/2015
Program Name: QUEST HOUSE Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC. Address: 2731 WEST OLIVE AVENUE City, State: FRESNO, CA 93728 Phone #: (559)233-5096 Fax #: (559)233-5099	Record ID: 100028EN Service Type: RES Resident Capacity: 30 Total Occupancy: 30 Target Population: 1.1 Expiration Date 02/28/2015
Program Name: UNIVERSAL HEALTH NETWORK AND SYSTEMS, INC. Legal Name: UNIVERSAL HEALTH NETWORK AND SYSTEMS, INC. Address: 625 AND 627 EAST KEATS AVENUE City, State: FRESNO, CA 93710 Phone #: (559)252-5150 Fax #: (559)252-5156	Record ID: 100066BP Service Type: RES-DETOX Resident Capacity: 12 Total Occupancy: 12 Target Population: 1.9 Expiration Date 05/31/2013
Program Name: UNIVERSAL HEALTH NETWORK AND SYSTEMS, INC. Legal Name: UNIVERSAL HEALTH NETWORK AND SYSTEMS, INC. Address: 3170 NORTH CHESTNUT, SUITE 105 City, State: FRESNO, CA 93703 Phone #: (559)252-5150 Fax #: (559)252-5156	Record ID: 100066AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 02/28/2015
Program Name: WESTCARE CALIFORNIA Legal Name: WESTCARE CALIFORNIA, INC. Address: 2772 SOUTH MARTIN LUTHER KING BOULEVARD City, State: FRESNO, CA 93706 Phone #: (559)265-4800 Fax #: (559)265-4808	Record ID: 100010FN Service Type: RES-DETOX Resident Capacity: 299 Total Occupancy: 349 Target Population: 1.9 Expiration Date 01/31/2014
Program Name: WESTCARE FAMILY FOUNDATIONS PROGRAM Legal Name: WESTCARE CALIFORNIA, INC. Address: 2855 WEST WHITESBRIDGE ROAD City, State: FRESNO, CA 93706 Phone #: (559)251-4800 Fax #: (559)453-6969	Record ID: 100010JN Service Type: RES Resident Capacity: 60 Total Occupancy: 120 Target Population: 1.3 Expiration Date 09/30/2013

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
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Fresno County

Program Name: WESTCARE CALIFORNIA, INC.	Record ID: 100010IN
Legal Name: WESTCARE CALIFORNIA, INC.	Service Type: NON
Address: 611 EAST BELMONT	Resident Capacity: 0
City, State: FRESNO, CA 93701	Total Occupancy: 0
Phone #: (559)237-3420	Target Population: 1.1
Fax #: (559)213-1935	Expiration Date 11/30/2014
Program Name: WESTCARE CALIFORNIA - ADOLESCENT SERVICES	Record ID: 100010GN
Legal Name: WESTCARE CALIFORNIA, INC.	Service Type: NON
Address: 808 10TH STREET	Resident Capacity: 0
City, State: FRESNO, CA 93702	Total Occupancy: 0
Phone #: (559)237-3420	Target Population: 1.5
Fax #: (559)453-6969	Expiration Date 02/28/2015

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Licensed Residential Facilities and/or
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Glenn County

Program Name: GLENN COUNTY SUBSTANCE ABUSE PROGRAM	Record ID: 110001AN
Legal Name: GLENN COUNTY HEALTH SERVICES	Service Type: NON
Address: 1187 EAST SOUTH STREET	Resident Capacity: 0
City, State: ORLAND, CA 95963	Total Occupancy: 0
Phone #: (530)865-1146	Target Population: 1.1
Fax #: (530)865-6483	Expiration Date 05/31/2015
Program Name: NORTHERN VALLEY INDIAN HEALTH, INC.	Record ID: 110002AN
Legal Name: NORTHERN VALLEY INDIAN HEALTH, INC.	Service Type: NON
Address: 207 NORTH BUTTE STREET	Resident Capacity: 0
City, State: WILLOWS, CA 95988	Total Occupancy: 0
Phone #: (530)934-4348	Target Population: 1.1
Fax #: (530)934-9688	Expiration Date 05/31/2013

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Humboldt County

Program Name: J STREET PROGRAM	Record ID: 120009CN
Legal Name: ALCOHOL/DRUG CARE SERVICES, INC.	Service Type: RES
Address: 1742 J STREET	Resident Capacity: 6
City, State: EUREKA, CA 95501	Total Occupancy: 8
Phone #: (707)444-2232	Target Population: 1.1
Fax #: (000)000-0000	Expiration Date 03/31/2014
Program Name: ALCOHOL/DRUG CARE SERVICE/LEE BROWN TRMT CENTER/BONNII	Record ID: 120009AN
Legal Name: ALCOHOL/DRUG CARE SERVICES, INC.	Service Type: RES-DETOX
Address: 1321, 1335 C STREET AND 217 14TH STREET	Resident Capacity: 21
City, State: EUREKA, CA 95501	Total Occupancy: 25
Phone #: (707)445-1391	Target Population: 1.1
	Expiration Date 06/30/2013
Program Name: HEALTHY MOMS PROGRAM	Record ID: 120011AN
Legal Name: HUMBOLDT COUNTY ALCOHOL & OTHER DRUG PROGRAMS	Service Type: NON
Address: 2910 H STREET	Resident Capacity: 0
City, State: EUREKA, CA 95501	Total Occupancy: 0
Phone #: (707)441-4620	Target Population: 1.4
	Expiration Date 09/30/2013
Program Name: OUTPATIENT TREATMENT SERVICES	Record ID: 120010AN
Legal Name: HUMBOLDT COUNTY ALCOHOL AND OTHER DRUG PROGRAMS	Service Type: NON
Address: 720 WOOD STREET, ROOMS 112,115,116,117,118,119,121,123,127,12	Resident Capacity: 0
City, State: EUREKA, CA 95501	Total Occupancy: 0
Phone #: (707)476-4054	Target Population: 1.1
Fax #: (707)476-4070	Expiration Date 12/31/2013
Program Name: HUMBOLDT RECOVERY CENTER	Record ID: 120001AN
Legal Name: HUMBOLDT RECOVERY CENTER, INCORPORATED	Service Type: RES
Address: 1303 11TH STREET AND 1024 N STREET	Resident Capacity: 21
City, State: EUREKA, CA 95501	Total Occupancy: 21
Phone #: (707)443-4237	Target Population: 1.2
	Expiration Date 10/31/2013
Program Name: HUMBOLDT RECOVERY CENTER	Record ID: 120001DN
Legal Name: HUMBOLDT RECOVERY CENTER, INCORPORATED	Service Type: RES
Address: 944 N STREET AND 1219 10TH STREET	Resident Capacity: 18
City, State: EUREKA, CA 95501	Total Occupancy: 18
Phone #: (707)443-0514	Target Population: 1.3
Fax #: (707)443-0514	Expiration Date 02/28/2015
Program Name: HUMBOLDT RECOVERY CENTER	Record ID: 120001BN
Legal Name: HUMBOLDT RECOVERY CENTER, INCORPORATED	Service Type: RES
Address: 905 L STREET, AND 1116 AND 1120 9TH STREET	Resident Capacity: 23
City, State: EUREKA, CA 95502	Total Occupancy: 23
Phone #: (707)443-0514	Target Population: 1.2
Fax #: (707)443-0514	Expiration Date 01/31/2015

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Humboldt County

Program Name: CROSSROADS	Record ID: 120005AN
Legal Name: NORTH COAST SUBSTANCE ABUSE COUNCIL	Service Type: RES
Address: 1205 AND 1210 MYRTLE AVENUE	Resident Capacity: 22
City, State: EUREKA, CA 95501	Total Occupancy: 22
Phone #: (707)445-0860	Target Population: 1.1
Fax #: (707)445-0820	Expiration Date 01/31/2014
Program Name: SINGING TREES RECOVERY CENTER	Record ID: 120008AP
Legal Name: SINGING TREES RECOVERY CENTER	Service Type: RES-DETOK
Address: 2061 HIGHWAY 101	Resident Capacity: 20
City, State: GARBerville, CA 95542	Total Occupancy: 23
Phone #: (707)247-3495	Target Population: 1.1
Fax #: (707)247-3334	Expiration Date 02/28/2014
Program Name: UNITED INDIAN HEALTH SERVICES, INC.-CHILD & FAMILY SERVICE	Record ID: 120015AN
Legal Name: UNITED INDIAN HEALTH SERVICES, INC.	Service Type: NON
Address: 1600 WEEOT WAY	Resident Capacity: 0
City, State: ARCATA, CA 95521	Total Occupancy: 0
Phone #: (707)825-5060	Target Population: 1.1
Fax #: (707)825-6753	Expiration Date 10/31/2013

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Imperial County

No licensed or certified facilities at this time.

Please check with a neighboring county for services.

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Inyo County

Program Name: INYO COUNTY Record ID: 140002AN
Legal Name: INYO COUNTY HEALTH AND HUMAN SERVICES Service Type: NON
Address: 162 GROVE STREET Resident Capacity: 0
City, State: BISHOP, CA 93514 Total Occupancy: 0
Phone #: (760)873-6533 Target Population: 1.1
Fax #: (760)873-3277 Expiration Date 06/30/2014

Program Name: ALPINE RECOVERY CENTER Record ID: 140001AP
Legal Name: ROBERT B. DIBBLE Service Type: NON
Address: 375 EAST LINE STREET Resident Capacity: 0
City, State: BISHOP, CA 93514 Total Occupancy: 0
Phone #: (760)873-4357 Target Population: 1.1
Expiration Date 12/31/2013

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Kern County

Program Name: ACTION FAMILY COUNSELING, INC.	Record ID: 150062BP
Legal Name: ACTION FAMILY COUNSELING, INC.	Service Type: RES
Address: 407 HELEN WAY, 9301 OPAL STREET AND 512 STABLE AVENUE	Resident Capacity: 30
City, State: BAKERSFIELD, CA 93307	Total Occupancy: 30
Phone #: (800)367-8336	Target Population: 1.1
Fax #: (661)297-9701	Expiration Date 04/30/2014
Program Name: ACTION FAMILY COUNSELING, INC.	Record ID: 150062AP
Legal Name: ACTION FAMILY COUNSELING, INC.	Service Type: NON
Address: 3801 BUCK OWENS BOULEVARD, SUITES 105 - 107	Resident Capacity: 0
City, State: BAKERSFIELD, CA 93308	Total Occupancy: 0
Phone #: (661)325-4357	Target Population: 1.1
Fax #: (661)325-4345	Expiration Date 02/28/2014
Program Name: AEGIS INSTITUTE, INC., ODF TREATMENT PROGRAMS	Record ID: 150017CN
Legal Name: AEGIS INSTITUTE, INC.	Service Type: NON
Address: 501 WEST COLUMBUS STREET	Resident Capacity: 0
City, State: BAKERSFIELD, CA 93301	Total Occupancy: 0
Phone #: (661)328-0245	Target Population: 1.1
Fax #: (661)631-0876	Expiration Date 01/31/2014
Program Name: CAPISTRANO LINCOLN STREET RETREAT	Record ID: 150004GN
Legal Name: BAKERSFIELD RECOVERY SERVICES, INC.	Service Type: RES
Address: 708 LINCOLN STREET	Resident Capacity: 12
City, State: BAKERSFIELD, CA 93305	Total Occupancy: 24
Phone #: (661)869-1795	Target Population: 1.4
Fax #: (661)869-1794	Expiration Date 09/30/2013
Program Name: JASON'S RETREAT	Record ID: 150004AN
Legal Name: BAKERSFIELD RECOVERY SERVICES, INC.	Service Type: RES-DETOX
Address: 600 BERNARD ST AND 2000 BAKER ST.	Resident Capacity: 44
City, State: BAKERSFIELD, CA 93305	Total Occupancy: 49
Phone #: (661)325-1817	Target Population: 1.9
	Expiration Date 02/28/2015
Program Name: JASON'S RETREAT	Record ID: 150004CN
Legal Name: BAKERSFIELD RECOVERY SERVICES, INC.	Service Type: NON
Address: 504 BERNARD STREET	Resident Capacity: 0
City, State: BAKERSFIELD, CA 93385	Total Occupancy: 0
Phone #: (661)637-2187	Target Population: 1.1
	Expiration Date 02/28/2015
Program Name: PATHFINDERS GUIDANCE CENTER	Record ID: 150065AN
Legal Name: CHOSEN ONES YOUTH HOMES, INC.	Service Type: NON
Address: 730 21ST STREET	Resident Capacity: 0
City, State: BAKERSFIELD, CA 93301	Total Occupancy: 0
Phone #: (661)829-5930	Target Population: 1.1
Fax #: (661)427-0386	Expiration Date 01/31/2015

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Kern County

Program Name: BROTHERHOOD CENTER	Record ID: 150011BN
Legal Name: COMMUNITY SERVICE ORGANIZATION, BEHAVIORAL HEALTH PRO	Service Type: NON
Address: 1124 BAKER STREET	Resident Capacity: 0
City, State: BAKERSFIELD, CA 93305	Total Occupancy: 0
Phone #: (661)327-9376	Target Population: 1.1
	Expiration Date 07/31/2014
Program Name: DE COLORES CENTER	Record ID: 150011CN
Legal Name: COMMUNITY SERVICE ORGANIZATION, BEHAVIORAL HEALTH PRO	Service Type: NON
Address: 10420 MAIN STREET	Resident Capacity: 0
City, State: LAMONT, CA 96241	Total Occupancy: 0
Phone #: (661)845-3753	Target Population: 1.1
	Expiration Date 07/31/2014
Program Name: SERENITY HOUSE	Record ID: 150003EN
Legal Name: KERN COUNTY HISPANIC COMMISSION ON ALCOHOL AND DRUG AI	Service Type: RES
Address: 1131 SOUTH H STREET	Resident Capacity: 10
City, State: BAKERSFIELD, CA 93304	Total Occupancy: 10
Phone #: (661)634-9737	Target Population: 1.3
Fax #: (661)397-5143	Expiration Date 03/31/2014
Program Name: ALMA DEL CAMINO NUEVO	Record ID: 150003HN
Legal Name: KERN COUNTY HISPANIC COMMISSION ON ALCOHOL AND DRUG AI	Service Type: NON
Address: 2024 20TH STREET	Resident Capacity: 0
City, State: BAKERSFIELD, CA 93301	Total Occupancy: 0
Phone #: (661)634-9877	Target Population: 1.3
Fax #: (661)864-0198	Expiration Date 04/30/2015
Program Name: CASA AURORA	Record ID: 150060CN
Legal Name: MENTAL HEALTH SYSTEMS, INC.	Service Type: NON
Address: 1932 JESSIE STREET	Resident Capacity: 0
City, State: BAKERSFIELD, CA 93305	Total Occupancy: 0
Phone #: (661)321-9086	Target Population: 1.3
	Expiration Date 11/30/2013
Program Name: THE NAPD GENESIS PROGRAM (NEW ADVANCES FOR PEOPLE WITH	Record ID: 150025AN
Legal Name: NEW ADVANCES FOR PEOPLE WITH DISABILITIES	Service Type: NON
Address: 1909 16TH STREET	Resident Capacity: 0
City, State: BAKERSFIELD, CA 93301	Total Occupancy: 0
Phone #: (661)325-3003	Target Population: 1.1
Fax #: (661)325-2344	Expiration Date 02/28/2014
Program Name: PANACEA SERVICES, INC.-KERN UNION RMSC	Record ID: 150066BP
Legal Name: PANACEA SERVICES, INC.	Service Type: RES
Address: 505 UNION AVENUE	Resident Capacity: 65
City, State: BAKERSFIELD, CA 93307	Total Occupancy: 78
Phone #: (661)374-4984	Target Population: 1.1
Fax #: (661)374-4984	Expiration Date 02/28/2014

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Kern County

Program Name: KERN RMSC Legal Name: PANACEA SERVICES, INC. Address: 2105 F STREET City, State: BAKERSFIELD, CA 93301 Phone #: (661)401-4091 Fax #: (000)000-0000	Record ID: 150066AP Service Type: RES Resident Capacity: 25 Total Occupancy: 25 Target Population: 1.1 Expiration Date 07/31/2013
Program Name: WOMEN OF WORTH RECOVERY HOUSE Legal Name: RODNEY L. BOHANNON, JR. Address: 2500 OLMO COURT City, State: BAKERSFIELD, CA 93309 Phone #: (661)832-8075 Fax #: (661)832-8075	Record ID: 150055AP Service Type: RES Resident Capacity: 12 Total Occupancy: 13 Target Population: 1.3 Expiration Date 11/30/2014
Program Name: KENNEMER OUTPATIENT PROGRAM Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC. Address: 1101 UNION AVENUE City, State: BAKERSFIELD, CA 93307 Phone #: (661)631-1483 Fax #: (661)325-0528	Record ID: 150013CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2015
Program Name: KEN KENNEMER SUBSTANCE ABUSE TREATMENT CENTER Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC. Address: 1100 UNION AVENUE City, State: BAKERSFIELD, CA 93307 Phone #: (661)861-6111 Fax #: (661)861-6161	Record ID: 150013BN Service Type: RES Resident Capacity: 25 Total Occupancy: 25 Target Population: 1.1 Expiration Date 01/31/2015
Program Name: WESTCARE BAKERSFIELD OUTPATIENT Legal Name: WESTCARE CALIFORNIA, INC. Address: 2901 SOUTH H STREET City, State: BAKERSFIELD, CA 93304 Phone #: (661)398-4303 Fax #: (661)398-4306	Record ID: 150029DN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 12/31/2014
Program Name: WESTCARE CALIFORNIA Legal Name: WESTCARE CALIFORNIA, INC. Address: 2901, 2909 & 2913 SOUTH H STREET City, State: BAKERSFIELD, CA 93304 Phone #: (661)398-4303 Fax #: (661)398-4306	Record ID: 150029AN Service Type: RES Resident Capacity: 65 Total Occupancy: 65 Target Population: 1.1 Expiration Date 01/31/2014

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Kings County

Program Name: CHAMPIONS RECOVERY ALTERNATIVE PROGRAMS, INC.	Record ID: 160005AN
Legal Name: CHAMPIONS RECOVERY ALTERNATIVE PROGRAMS, INC.	Service Type: NON
Address: 700 NORTH IRWIN STREET	Resident Capacity: 0
City, State: HANFORD, CA 93230	Total Occupancy: 0
Phone #: (559)583-9300	Target Population: 1.1
Fax #: (559)583-9307	Expiration Date 08/31/2013
Program Name: HANNAH'S HOUSE	Record ID: 160005BN
Legal Name: CHAMPIONS RECOVERY ALTERNATIVE PROGRAMS, INC.	Service Type: RES
Address: 222 WEST KEITH STREET	Resident Capacity: 15
City, State: HANFORD, CA 93230	Total Occupancy: 20
Phone #: (559)583-7800	Target Population: 1.3
Fax #: (559)583-7890	Expiration Date 07/31/2014
Program Name: ALCOHOL AND DRUG EDUCATION COUNSELING CENTER	Record ID: 160004AN
Legal Name: KINGS VIEW	Service Type: NON
Address: 1393 BAILEY DRIVE, ROOMS 106, 149, 198 AND 207	Resident Capacity: 0
City, State: HANFORD, CA 93230	Total Occupancy: 0
Phone #: (559)582-4481	Target Population: 1.1
Fax #: (559)582-6547	Expiration Date 05/31/2013
Program Name: WESTCARE	Record ID: 160006CN
Legal Name: WESTCARE CALIFORNIA, INC.	Service Type: NON
Address: 410 EAST 7TH STREET, SUITES #5, #7 AND #9	Resident Capacity: 0
City, State: HANFORD, CA 93230	Total Occupancy: 0
Phone #: (559)584-8100	Target Population: 1.5
	Expiration Date 05/31/2014

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Lake County

Program Name: HILLTOP RECOVERY SERVICES	Record ID: 170011AN
Legal Name: HILLTOP RECOVERY SERVICES	Service Type: RES
Address: 10155 SOCRATES MINE ROAD	Resident Capacity: 61
City, State: MIDDLETON, CA 95461	Total Occupancy: 67
Phone #: (707)987-9972	Target Population: 1.2
Fax #: (707)987-2591	Expiration Date 05/31/2013
Program Name: HILLTOP RECOVERY FOR WOMEN	Record ID: 170011CN
Legal Name: HILLTOP RECOVERY SERVICES	Service Type: RES
Address: 3937 FOOTHILL DRIVE	Resident Capacity: 6
City, State: LUCERNE, CA 95458	Total Occupancy: 8
Phone #: (707)274-8171	Target Population: 1.3
Fax #: (707)987-2591	Expiration Date 12/31/2014
Program Name: LAKE COUNTY DIVISION OF ALCOHOL AND OTHER DRUG SERVICE	Record ID: 170002CN
Legal Name: LAKE COUNTY ALCOHOL AND OTHER DRUG SERVICES	Service Type: NON
Address: 6302 13TH AVENUE	Resident Capacity: 0
City, State: LUCERNE, CA 95458	Total Occupancy: 0
Phone #: (707)274-9101	Target Population: 1.1
Fax #: (707)274-9132	Expiration Date 08/31/2013
Program Name: CLEARLAKE CLINIC	Record ID: 170002BN
Legal Name: LAKE COUNTY ALCOHOL AND OTHER DRUG SERVICES	Service Type: NON
Address: 7000-B SOUTH CENTER DRIVE	Resident Capacity: 0
City, State: CLEARLAKE, CA 95422	Total Occupancy: 0
Phone #: (707)274-9101	Target Population: 1.1
Fax #: (707)263-9336	Expiration Date 11/30/2014

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Lassen County

No licensed or certified facilities at this time.

Please check with a neighboring county for services.

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
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Los Angeles County

Program Name: ONE80 CENTER	Record ID: 190704AP
Legal Name: 1775 SUMMITRIDGE DRIVE, LLC	Service Type: RES-DETOX
Address: 1771 AND 1775 SUMMITRIDGE DRIVE	Resident Capacity: 12
City, State: LOS ANGELES, CA 90210	Total Occupancy: 12
Phone #: (888)588-4180	Target Population: 1.1
Fax #: (888)588-4080	Expiration Date 02/28/2015
Program Name: 2ND CHANCE FOR RECOVERY	Record ID: 190653BN
Legal Name: 2ND CHANCE FOR RECOVERY, INC.	Service Type: NON
Address: 2116 & 2118 S. CENTRAL AVENUE	Resident Capacity: 0
City, State: LOS ANGELES, CA 90011	Total Occupancy: 0
Phone #: (818)590-0111	Target Population: 1.1
Fax #: (866)754-1323	Expiration Date 05/31/2014
Program Name: 2ND CHANCE FOR RECOVERY	Record ID: 190653AN
Legal Name: 2ND CHANCE FOR RECOVERY, INC.	Service Type: NON
Address: 600 E 7TH STREET, SUITE 104 & 105	Resident Capacity: 0
City, State: LOS ANGELES, CA 90021	Total Occupancy: 0
Phone #: (818)590-0111	Target Population: 1.1
	Expiration Date 07/31/2014
Program Name: ABSOLUTE REHABILITATION CENTER, INC.	Record ID: 190528AN
Legal Name: 6280 SEVILLE AVENUE	Service Type: NON
Address: 6208 SEVILLE AVENUE	Resident Capacity: 0
City, State: HUNTINGTON PARK, CA 90255	Total Occupancy: 0
Phone #: (323)589-5880	Target Population: 1.1
Fax #: (818)461-9274	Expiration Date 06/30/2014
Program Name: PASSAGES 8	Record ID: 190650AP
Legal Name: 6390 MEADOWS COURT, LLC	Service Type: RES
Address: 6390 MEADOWS COURT	Resident Capacity: 6
City, State: MALIBU, CA 90265	Total Occupancy: 6
Phone #: (310)589-2880	Target Population: 1.1
	Expiration Date 09/30/2014
Program Name: PASSAGES 9	Record ID: 190652AP
Legal Name: 6390A MEADOWS COURT, LLC	Service Type: RES
Address: 6390 MEADOWS COURT (REAR GUEST HOUSE)	Resident Capacity: 5
City, State: MALIBU, CA 90265	Total Occupancy: 5
Phone #: (310)589-2880	Target Population: 1.2
	Expiration Date 09/30/2014
Program Name: A HOME FOR US	Record ID: 190449AN
Legal Name: A HOME FOR US CORPORATION	Service Type: NON
Address: 2918 WEST VERNON AVENUE	Resident Capacity: 0
City, State: LOS ANGELES, CA 90008	Total Occupancy: 0
Phone #: (323)296-5449	Target Population: 1.1
	Expiration Date 09/30/2014

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Los Angeles County

Program Name: ABLE FAMILY SUPPORT Legal Name: ABLE FAMILY SUPPORT, INC. Address: 14418 CHASE STREET, #200 City, State: PANORAMA CITY, CA 91402 Phone #: (818)830-9500 Fax #: (818)830-7005	Record ID: 190734CP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 12/31/2014
Program Name: ABLE FAMILY SUPPORT Legal Name: ABLE FAMILY SUPPORT, INC. Address: 1034-1036 W. 97TH STREET City, State: LOS ANGELES, CA 90044 Phone #: (310)500-8902 Fax #: (818)830-9500	Record ID: 190734BP Service Type: RES Resident Capacity: 16 Total Occupancy: 16 Target Population: 1.3 Expiration Date 02/28/2014
Program Name: ABLE FAMILY SUPPORT Legal Name: ABLE FAMILY SUPPORT, INC. Address: 904 E. KING BOULEVARD City, State: LOS ANGELES, CA 90011 Phone #: (310)500-8902 Fax #: (818)830-9500	Record ID: 190734AP Service Type: RES Resident Capacity: 16 Total Occupancy: 16 Target Population: 1.3 Expiration Date 02/28/2014
Program Name: ABSOLUTE CONTROL TRANSITIONAL COUNSELING CENTER Legal Name: ABSOLUTE CONTROL TRANSITIONAL COUNSELING CENTER Address: 3111 WINONA AVENUE, SUITE 201 City, State: BURBANK, CA 91504 Phone #: (626)792-8797 Fax #: (626)792-8798	Record ID: 190462AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2015
Program Name: ACTION FAMILY COUNSELING, INC. ADULT RESIDENTIAL UNIT Legal Name: ACTION FAMILY COUNSELING INC. Address: 30010 BOUQUET CANYON ROAD City, State: SANTA CLARITA, CA 91390 Phone #: (800)367-8336 Fax #: (661)297-9701	Record ID: 190315HP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 03/31/2014
Program Name: ACTION FAMILY COUNSELING, INC. Legal Name: ACTION FAMILY COUNSELING, INC. Address: 23502 LYONS AVENUE, SUITE 301A City, State: NEWHALL, CA 91321 Phone #: (661)297-9716 Fax #: (661)297-9701	Record ID: 190315FP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.8 Expiration Date 02/28/2014
Program Name: ACTION FAMILY COUNSELING, INC. Legal Name: ACTION FAMILY COUNSELING, INC. Address: 3813 EAST COLORADO BOULEVARD City, State: PASADENA, CA 91107 Phone #: (626)792-8106 Fax #: (626)792-8206	Record ID: 190315EP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2015

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Program Name: ACTION FAMILY COUNSELING, INC.	Record ID: 190315GP
Legal Name: ACTION FAMILY COUNSELING, INC.	Service Type: NON
Address: 37230 37TH STREET EAST, ROOM 216	Resident Capacity: 0
City, State: PALMDALE, CA 93550	Total Occupancy: 0
Phone #: (818)445-5263	Target Population: 1.5
	Expiration Date 01/31/2014
Program Name: ACTION FAMILY COUNSELING, INC.	Record ID: 190315IP
Legal Name: ACTION FAMILY COUNSELING, INC.	Service Type: NON
Address: 520 W. PALMDALE BOULEVARD, SUITE P	Resident Capacity: 0
City, State: PALMDALE, CA 93551	Total Occupancy: 0
Phone #: (661)285-1400	Target Population: 1.1
Fax #: (661)285-1414	Expiration Date 06/30/2014
Program Name: ACTION FAMILY CENTER	Record ID: 190315AP
Legal Name: ACTION FAMILY COUNSELING, INC.	Service Type: NON
Address: 11372 VENTURA BOULEVARD #200	Resident Capacity: 0
City, State: STUDIO CITY, CA 91604	Total Occupancy: 0
Phone #: (818)763-9556	Target Population: 1.1
Fax #: (818)763-9568	Expiration Date 08/31/2013
Program Name: ACTION FAMILY COUNSELING	Record ID: 190315DP
Legal Name: ACTION FAMILY COUNSELING, INC.	Service Type: DSS
Address: 30035 BOUQUET CANYON	Resident Capacity: 0
City, State: SAUGUS, CA 91350	Total Occupancy: 0
Phone #: (661)297-9716	Target Population: 1.5
Fax #: (661)297-9701	
Program Name: ONE80 CENTER - HOUDINI	Record ID: 190771AP
Legal Name: ADDICTION TREATMENT CENTERS OF AMERICA, INC.	Service Type: RES-DETOX
Address: 2400 LAUREL CANYON BOULEVARD	Resident Capacity: 6
City, State: LOS ANGELES, CA 90046	Total Occupancy: 6
Phone #: (888)588-4180	Target Population: 1.1
Fax #: (888)588-4080	Expiration Date 03/31/2015
Program Name: ALCOHOL AND SUBSTANCE ABUSE PROGRAM, INC.	Record ID: 190569AP
Legal Name: ALCOHOL AND SUBSTANCE ABUSE PROGRAM, INC.	Service Type: RES
Address: 1082 & 1092 NEW YORK AVENUE	Resident Capacity: 6
City, State: ALTADENA, CA 91001	Total Occupancy: 6
Phone #: (818)421-7890	Target Population: 1.1
Fax #: (626)797-5415	Expiration Date 10/31/2013
Program Name: ALCOHOLISM CENTER FOR WOMEN	Record ID: 190002AN
Legal Name: ALCOHOLISM CENTER FOR WOMEN, INC.	Service Type: NON
Address: 1147 SOUTH ALVARADO STREET	Resident Capacity: 0
City, State: LOS ANGELES, CA 90006	Total Occupancy: 0
Phone #: (213)381-8500	Target Population: 1.3
	Expiration Date 02/28/2015

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Los Angeles County

Program Name: ALCOHOLISM CENTER FOR WOMEN Legal Name: ALCOHOLISM CENTER FOR WOMEN, INC. Address: 1135 SOUTH ALVARADO STREET City, State: LOS ANGELES, CA 90006 Phone #: (213)381-8500 Fax #: (213)381-8525	Record ID: 190002BN Service Type: RES Resident Capacity: 32 Total Occupancy: 32 Target Population: 1.3 Expiration Date 02/28/2015
Program Name: ANTELOPE VALLEY COUNCIL ON ALCOHOLISM AND DRUG DEPENE Legal Name: ALCOHOLISM COUNCIL OF ANTELOPE VALLEY/NCA Address: 311 EAST AVENUE K-4 City, State: LANCASTER, CA 93535 Phone #: (661)948-5046 Fax #: (661)948-5049	Record ID: 190376AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 02/28/2015
Program Name: ALLIED DRUG AND ALCOHOL TREATMENT CENTER, INC. Legal Name: ALLIED DRUG AND ALCOHOL TREATMENT CENTER, INC. Address: 9913 NORTH COMMERCE AVENUE City, State: TUJUNGA, CA 91042 Phone #: (818)302-5158 Fax #: (818)831-1089	Record ID: 190682AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/01/2014
Program Name: ALTERNATIVE OPTIONS INTENSIVE OUTPATIENT PROGRAM FOR AI Legal Name: ALTERNATIVE OPTIONS COUNSELING CENTER, INC. Address: 17326 EDWARDS ROAD, SUITE A115 City, State: CERRITOS, CA 90703 Phone #: (562)921-5701 Fax #: (562)921-5703	Record ID: 190340BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2013
Program Name: AMERICA SUPPORT GROUP, INC. DRUG AND ALCOHOL REHABILITA Legal Name: AMERICA SUPPORT GROUP, INC. Address: 15222 ERIEL AVENUE City, State: GARDENA, CA 90249 Phone #: (310)355-1635 Fax #: (310)292-9212	Record ID: 190587AN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 09/30/2014
Program Name: AMERICAN DRUG RECOVERY PROGRAM, INC. Legal Name: AMERICAN DRUG RECOVERY PROGRAM, INC. Address: 2724 WEST FLORENCE AVENUE City, State: LOS ANGELES, CA 90043 Phone #: (323)759-3464 Fax #: (323)759-3427	Record ID: 190530AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2014
Program Name: AMERICAN HEALTH AND EDUCATION CLINICS Legal Name: AMERICAN HEALTH AND EDUCATION CLINICS, LLC Address: 3209 NORTH ALAMEDA STREET, SUITE C City, State: COMPTON, CA 90222 Phone #: (310)537-2273 Fax #: (310)537-2139	Record ID: 190422AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2014

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Program Name: AMERICAN HOPE HEALTH CARE SERVICES, INC.	Record ID: 190686AN
Legal Name: AMERICAN HOPE HEALTH CARE SERVICES, INC.	Service Type: NON
Address: 1644 WILSHIRE BOULEVARD, SUITE 206	Resident Capacity: 0
City, State: LOS ANGELES, CA 90017	Total Occupancy: 0
Phone #: (310)650-2271	Target Population: 1.1
	Expiration Date 06/30/2014
Program Name: AMERICAN INDIAN CHANGING SPIRITS	Record ID: 190239AN
Legal Name: AMERICAN INDIAN CHANGING SPIRITS	Service Type: RES
Address: 2120 WILLIAMS STREET, BUILDINGS 1 & 2	Resident Capacity: 32
City, State: LONG BEACH, CA 90810	Total Occupancy: 32
Phone #: (562)388-8118	Target Population: 1.2
Fax #: (562)799-1807	Expiration Date 03/31/2014
Program Name: ANOTHER CHANCE HEALTH SERVICES, INC.	Record ID: 190599AP
Legal Name: ANOTHER CHANCE HEALTH SERVICES, INC./JACQUELYN DENISE H.	Service Type: NON
Address: 363 WEST COMPTON BOULEVARD	Resident Capacity: 0
City, State: COMPTON, CA 90220	Total Occupancy: 0
Phone #: (310)631-2408	Target Population: 1.1
Fax #: (310)631-2400	Expiration Date 10/31/2014
Program Name: APAIT HEALTH CENTER	Record ID: 190767AN
Legal Name: APAIT HEALTH CENTER	Service Type: NON
Address: 1730 W OLYMPIC BLVD., SUITE 300	Resident Capacity: 0
City, State: LOS ANGELES, CA 90015	Total Occupancy: 0
Phone #: (213)553-1830	Target Population: 1.1
Fax #: (213)553-1833	Expiration Date 03/31/2015
Program Name: ARMS OF GRACE HUMANITARIAN SERVICES, ADPCC	Record ID: 190435AN
Legal Name: ARMS OF GRACE HUMANITARIAN SERVICES, ADPCC	Service Type: NON
Address: 2821 CRENSHAW BOULEVARD, SUITE 100	Resident Capacity: 0
City, State: LOS ANGELES, CA 90016	Total Occupancy: 0
Phone #: (323)730-8088	Target Population: 1.8
Fax #: (323)730-8099	Expiration Date 07/31/2014
Program Name: ARTEMIS HILL RECOVERY	Record ID: 190763AP
Legal Name: ARTEMIS HILL RECOVERY, INC.	Service Type: RES-DETOX
Address: 1858 LEES AVENUE	Resident Capacity: 6
City, State: LONG BEACH, CA 90815	Total Occupancy: 6
Phone #: (562)431-8459	Target Population: 1.3
	Expiration Date 11/30/2014
Program Name: ASIAN-AMERICAN DRUG ABUSE PROGRAM	Record ID: 190112DN
Legal Name: ASIAN AMERICAN DRUG ABUSE PROGRAM, INC.	Service Type: NON
Address: 520 NORTH LA BREA, SUITE 209	Resident Capacity: 0
City, State: INGLEWOOD, CA 90302	Total Occupancy: 0
Phone #: (323)294-4932	Target Population: 1.1
Fax #: (323)294-2533	Expiration Date 02/28/2015

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Program Name: ASIAN-AMERICAN DRUG ABUSE PROGRAM Legal Name: ASIAN-AMERICAN DRUG ABUSE PROGRAM Address: 1088 SOUTH LA BREA AVENUE City, State: LOS ANGELES, CA 90019 Phone #: (323)294-4932	Record ID: 190112CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2015
Program Name: ASIAN-AMERICAN DRUG ABUSE PROGRAM Legal Name: ASIAN-AMERICAN DRUG ABUSE PROGRAM, INC. Address: 5318 SOUTH CRENSHAW BOULEVARD City, State: LOS ANGELES, CA 90043 Phone #: (323)293-6284	Record ID: 190112AN Service Type: RES Resident Capacity: 27 Total Occupancy: 27 Target Population: 1.1 Expiration Date 01/31/2014
Program Name: ATLANTIC RECOVERY SERVICES - NORTH Legal Name: ATLANTIC RECOVERY SERVICES Address: 1909 ATLANTIC AVENUE City, State: LONG BEACH, CA 90806 Phone #: (562)436-3533 Fax #: (562)436-0982	Record ID: 190229FN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 05/31/2013
Program Name: ATLANTIC RECOVERY SERVICES - SOUTHGATE Legal Name: ATLANTIC RECOVERY SERVICES Address: 9722 SAN ANTONIO AVENUE City, State: SOUTH GATE, CA 90280 Phone #: (562)436-3533 Fax #: (562)436-0982	Record ID: 190229GN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 05/31/2013
Program Name: AVA Legal Name: ATLANTIC RECOVERY SERVICES Address: 1020 EAST PALMDALE BOULEVARD, #101C City, State: PALMDALE, CA 93550 Phone #: (562)436-3533 Fax #: (562)436-1007	Record ID: 190229ABN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 10/31/2013
Program Name: ATLANTIC RECOVERY SERVICES RESIDENTIAL I Legal Name: ATLANTIC RECOVERY SERVICES Address: 1417 EAST 9TH STREET City, State: LONG BEACH, CA 90813 Phone #: (562)436-3533 Fax #: (562)436-0982	Record ID: 190229BN Service Type: RES Resident Capacity: 4 Total Occupancy: 4 Target Population: 1.8 Expiration Date 12/31/2014
Program Name: ATLANTIC RECOVERY SERVICES RESIDENTIAL II Legal Name: ATLANTIC RECOVERY SERVICES Address: 1415 A EAST 9TH STREET City, State: LONG BEACH, CA 90813 Phone #: (562)436-3533 Fax #: (562)436-0982	Record ID: 190229CN Service Type: RES Resident Capacity: 4 Total Occupancy: 4 Target Population: 1.8 Expiration Date 12/31/2014

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Program Name: ATLANTIC RECOVERY SERVICES RESIDENTIAL III Legal Name: ATLANTIC RECOVERY SERVICES Address: 1415 B EAST 9TH STREET City, State: LONG BEACH, CA 90813 Phone #: (562)436-3533 Fax #: (562)436-0982	Record ID: 190229DN Service Type: RES Resident Capacity: 4 Total Occupancy: 4 Target Population: 1.8 Expiration Date 12/31/2014
Program Name: ATLANTIC RECOVERY SERVICES Legal Name: ATLANTIC RECOVERY SERVICES Address: 944 PACIFIC AVENUE City, State: LONG BEACH, CA 90813 Phone #: (562)436-3533	Record ID: 190229AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.7 Expiration Date 08/31/2013
Program Name: CHARTER OAK RECOVERY CENTER Legal Name: AURORA CHARTER OAK, LLC Address: 1161 EAST COVINA BOULEVARD, BUILDING C City, State: COVINA, CA 91724 Phone #: (626)966-1632	Record ID: 190551AP Service Type: RES Resident Capacity: 12 Total Occupancy: 12 Target Population: 1.1 Expiration Date 11/30/2014
Program Name: THE VILLA AT LAS ENCINAS Legal Name: AURORA LAS ENCINAS, LLC Address: 2900 EAST DEL MAR BOULEVARD - GABLES AND NASH BUILDIN City, State: PASADENA, CA 91107 Phone #: (626)356-2653 Fax #: (626)792-2919	Record ID: 190429AP Service Type: RES Resident Capacity: 38 Total Occupancy: 38 Target Population: 1.1 Expiration Date 08/31/2014
Program Name: AUTHENTIC RECOVERY CENTER Legal Name: AUTHENTIC RECOVERY, LLC Address: 2203 OVERLAND AVENUE City, State: LOS ANGELES, CA 90064 Phone #: (310)497-7236 Fax #: (310)474-1906	Record ID: 190577AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 08/31/2013
Program Name: AUTHENTIC RECOVERY CENTER Legal Name: AUTHENTIC RECOVERY, LLC Address: 2207 PELHAM AVENUE City, State: LOS ANGELES, CA 90064 Phone #: (310)401-4692 Fax #: (310)474-2199	Record ID: 190577BP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 03/31/2014
Program Name: AVALON MALIBU Legal Name: AVALON BY THE SEA Address: 32430 PACIFIC COAST HIGHWAY City, State: MALIBU, CA 90265 Phone #: (310)589-0777	Record ID: 190752AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 09/30/2014

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Program Name: AVALON-CARVER COMMUNITY CENTER Legal Name: AVALON-CARVER COMMUNITY CENTER Address: 4920 SOUTH AVALON BOULEVARD City, State: LOS ANGELES, CA 90011 Phone #: (323)232-4391 Fax #: (323)234-1008	Record ID: 190702AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 02/28/2015
Program Name: BASEN ALCOHOL AND DRUG PROGRAM Legal Name: BASEN, INC. Address: 460 EAST CARSON PLAZA DRIVE, SUITE 106 City, State: CARSON, CA 90746 Phone #: (310)532-6030	Record ID: 190574AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 08/31/2013
Program Name: BE TRANSFORMED, INC. Legal Name: BE TRANSFORMED, INC. Address: 1414 SOUTH ATLANTIC BOULEVARD City, State: LOS ANGELES, CA 90022 Phone #: (323)683-6299 Fax #: (323)981-0858	Record ID: 190675AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2013
Program Name: HOLLYWOOD FAMILY RECOVERY CENTER Legal Name: BEHAVIORAL HEALTH SERVICES, INC. Address: 6838 SUNSET BOULEVARD City, State: HOLLYWOOD, CA 90028 Phone #: (323)461-3161	Record ID: 190007AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2013
Program Name: NATIONAL COUNCIL ON ALCOHOLISM & DRUG DEPENDENCE OF TF Legal Name: BEHAVIORAL HEALTH SERVICES, INC. Address: 1334 POST AVENUE City, State: TORRANCE, CA 90501 Phone #: (310)328-1460 Fax #: (310)328-1964	Record ID: 190007RN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2013
Program Name: FLOSSIE LEWIS CENTER Legal Name: BEHAVIORAL HEALTH SERVICES, INC. Address: 351 EAST 6TH STREET City, State: LONG BEACH, CA 90802 Phone #: (562)435-7350 Fax #: (562)435-4532	Record ID: 190007TN Service Type: RES Resident Capacity: 5 Total Occupancy: 6 Target Population: 1.3 Expiration Date 07/31/2014
Program Name: FLOSSIE LEWIS CENTER Legal Name: BEHAVIORAL HEALTH SERVICES, INC. Address: 341 EAST 6TH STREET City, State: LONG BEACH, CA 90802 Phone #: (562)435-7350 Fax #: (562)435-4532	Record ID: 190007UN Service Type: RES Resident Capacity: 12 Total Occupancy: 12 Target Population: 1.3 Expiration Date 07/31/2014

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Program Name: AMERICAN RECOVERY CENTER-DETOX Legal Name: BEHAVIORAL HEALTH SERVICES, INC. Address: 2180 WEST VALLEY BOULEVARD, FLOOR 200 City, State: POMONA, CA 91768 Phone #: (909)865-2336	Record ID: 190007IN Service Type: DHS Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.4
Program Name: SOUTH BAY RECOVERY CENTER Legal Name: BEHAVIORAL HEALTH SERVICES, INC. Address: 15519 CRENSHAW BOULEVARD City, State: GARDENA, CA 90249 Phone #: (310)679-9031	Record ID: 190007HN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2013
Program Name: PACIFICA HOUSE Legal Name: BEHAVIORAL HEALTH SERVICES, INC. Address: 2501 WEST EL SEGUNDO BOULEVARD City, State: HAWTHORNE, CA 90250 Phone #: (323)754-2816	Record ID: 190007GN Service Type: RES Resident Capacity: 58 Total Occupancy: 68 Target Population: 1.1 Expiration Date 09/30/2013
Program Name: PATTERNS Legal Name: BEHAVIORAL HEALTH SERVICES, INC. Address: 12917 CERISE AVENUE City, State: HAWTHORNE, CA 90250 Phone #: (310)675-4431	Record ID: 190007FN Service Type: RES Resident Capacity: 23 Total Occupancy: 35 Target Population: 1.4 Expiration Date 09/30/2013
Program Name: WILMINGTON COMMUNITY RECOVERY CENTER Legal Name: BEHAVIORAL HEALTH SERVICES, INC. Address: 1318A AND 1314B NORTH AVALON BOULEVARD City, State: WILMINGTON, CA 90744 Phone #: (310)549-2710	Record ID: 190007CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2013
Program Name: INGLEWOOD COMMUNITY RECOVERY CENTER Legal Name: BEHAVIORAL HEALTH SERVICES, INC. Address: 404 EDGEWOOD STREET City, State: INGLEWOOD, CA 90302 Phone #: (310)673-5750 Fax #: (310)673-1236	Record ID: 190007BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2013
Program Name: JOINT EFFORTS Legal Name: BEHAVIORAL HEALTH SERVICES, INC. Address: 590 WEST 8TH STREET City, State: SAN PEDRO, CA 90731 Phone #: (310)831-2358 Fax #: (310)831-2830	Record ID: 190007QN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2015

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Program Name: AMERICAN RECOVERY CENTER Legal Name: BEHAVIORAL HEALTH SERVICES, INC. Address: 2180 WEST VALLEY BOULEVARD, FLOORS 100, 300 AND 400 City, State: POMONA, CA 91768 Phone #: (909)865-2336	Record ID: 190007MN Service Type: RES Resident Capacity: 123 Total Occupancy: 123 Target Population: 1.5 Expiration Date 02/28/2015
Program Name: REDGATE MEMORIAL RECOVERY CENTER Legal Name: BEHAVIORAL HEALTH SERVICES, INC. Address: 1775 CHESTNUT AVENUE City, State: LONG BEACH, CA 90813 Phone #: (562)599-8444	Record ID: 190007LN Service Type: DHS Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1
Program Name: LINCOLN HEIGHTS FAMILY RECOVERY CENTER Legal Name: BEHAVIORAL HEALTH SERVICES, INC. Address: 4099 NORTH MISSION ROAD City, State: LOS ANGELES, CA 90032 Phone #: (323)221-1746	Record ID: 190007KN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2013
Program Name: BOYLE HEIGHTS FAMILY RECOVERY CENTER Legal Name: BEHAVIORAL HEALTH SERVICES, INC. Address: 3421 OLYMPIC BOULEVARD City, State: LOS ANGELES, CA 90023 Phone #: (323)262-1786 Fax #: (323)262-2659	Record ID: 190007JN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2013
Program Name: AMERICAN RECOVERY CENTER OUTPATIENT PROGRAM Legal Name: BEHAVIORAL HEALTH SERVICES, INC. Address: 2180 WEST VALLEY BOULEVARD City, State: POMONA, CA 91766 Phone #: (909)865-2336 Fax #: (909)865-1831	Record ID: 190007ON Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2013
Program Name: FLOSSIE LEWIS CENTER Legal Name: BEHAVIORAL HEALTH SERVICES, INC. Address: 615 ELM AVENUE City, State: LONG BEACH, CA 90802 Phone #: (562)435-7350 Fax #: (562)435-4532	Record ID: 190007SN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.3 Expiration Date 02/28/2015
Program Name: BEIT T'SHUVAH Legal Name: BEIT T'SHUVAH Address: 8831 VENICE BOULEVARD City, State: LOS ANGELES, CA 90034 Phone #: (310)204-5200 Fax #: (310)204-8908	Record ID: 190326AN Service Type: RES Resident Capacity: 98 Total Occupancy: 120 Target Population: 1.1 Expiration Date 12/31/2013

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Program Name: JOURNEY MALIBU II Legal Name: BELLA LA VITA COMPANY Address: 26190 INGLESIDE WAY City, State: MALIBU, CA 90265 Phone #: (310)456-6916 Fax #: (310)317-6166	Record ID: 190688BP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 05/31/2014
Program Name: JOURNEY MALIBU Legal Name: BELLA LA VITA COMPANY Address: 22516 CARBON MESA City, State: MALIBU, CA 90265 Phone #: (310)456-6916 Fax #: (310)317-6166	Record ID: 190688AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 10/31/2014
Program Name: ADVANCES IN MENTAL HEALTH AND ADDICTIONS Legal Name: BENJAMIN A. STEPANOFF - SOLE PROPRIETOR Address: 5199 E. PACIFIC COAST HIGHWAY SUITE 208 City, State: LONG BEACH, CA 90804 Phone #: (562)365-2020 Fax #: (562)239-3135	Record ID: 190736AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 12/31/2014
Program Name: BERNIE'S LIL WOMEN CENTER, INC. Legal Name: BERNIE'S LIL WOMEN CENTER Address: 11905 SOUTH CENTRAL AVENUE, SUITE 200 & 206 City, State: LOS ANGELES, CA 90059 Phone #: (213)280-1012 Fax #: (323)249-9026	Record ID: 190472DN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 01/31/2014
Program Name: BERNIE'S LIL WOMEN CENTER Legal Name: BERNIE'S LIL WOMEN CENTER Address: 1115 EAST ALONDRA BOULEVARD City, State: COMPTON, CA 90221 Phone #: (213)280-1012	Record ID: 190472AN Service Type: RES Resident Capacity: 5 Total Occupancy: 11 Target Population: 1.3 Expiration Date 03/31/2015
Program Name: BERNIE'S LIL WOMEN CENTER Legal Name: BERNIE'S LIL WOMEN CENTER, INC. Address: 11905 SOUTH CENTRAL AVENUE, SUITE 205 City, State: LOS ANGELES, CA 90059 Phone #: (213)280-1012 Fax #: (323)563-7087	Record ID: 190472BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.8 Expiration Date 12/31/2013
Program Name: BETTER CHOICE CENTER Legal Name: BETTER CHOICE CENTER Address: 13858 1/2 CHASE STREET City, State: PANORAMA CITY, CA 91402 Phone #: (818)810-5848	Record ID: 190699AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2015

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Program Name: INSTITUTE FOR WOMEN'S HEALTH	Record ID: 190285AN
Legal Name: BIENVENIDOS CHILDREN'S CENTER, INC.	Service Type: NON
Address: 501 AND 503 SOUTH ATLANTIC BOULEVARD	Resident Capacity: 0
City, State: LOS ANGELES, CA 90022	Total Occupancy: 0
Phone #: (323)268-5442	Target Population: 1.3
Fax #: (323)728-3483	Expiration Date 05/31/2013
Program Name: BLESSED DRUG AND ALCOHOL TREATMENT AND RESEARCH PROG	Record ID: 190402AP
Legal Name: BLESSED DRUG AND ALCOHOL TREATMENT AND RESEARCH PROG	Service Type: NON
Address: 8407 SOUTH VERNON	Resident Capacity: 0
City, State: LOS ANGELES, CA 90044	Total Occupancy: 0
Phone #: (323)971-1325	Target Population: 1.1
	Expiration Date 10/31/2013
Program Name: BLESSED HEALTH SERVICES, INC.	Record ID: 190632AN
Legal Name: BLESSED HEALTH SERVICES, INC.	Service Type: NON
Address: 3756 SANTA ROSALIA DRIVE, SUITE # 523A	Resident Capacity: 0
City, State: LOS ANGELES, CA 90008	Total Occupancy: 0
Phone #: (562)552-6776	Target Population: 1.5
	Expiration Date 10/31/2013
Program Name: BLUEPRINT DEVELOPMENT CENTER	Record ID: 190749AN
Legal Name: BLUEPRINT DEVELOPMENT CENTER	Service Type: RES
Address: 2501 SYCAMORE LANE	Resident Capacity: 6
City, State: PALMDALE, CA 93551	Total Occupancy: 6
Phone #: (661)480-0742	Target Population: 1.1
	Expiration Date 06/30/2014
Program Name: AXIS RESIDENTIAL TREATMENT CENTER - WEST	Record ID: 190727AP
Legal Name: BRAD KEITH	Service Type: RES-DETOX
Address: 4024 HURON AVENUE	Resident Capacity: 12
City, State: CULVER CITY, CA 90232	Total Occupancy: 12
Phone #: (310)435-6298	Target Population: 1.1
Fax #: (310)453-9532	Expiration Date 08/31/2013
Program Name: BRIGHTER BEGINNINGS DRUG AND ALCOHOL REHABILITATION FA	Record ID: 190571AP
Legal Name: BRIGHTER BEGINNINGS DRUG AND ALCOHOL REHABILITATION FA	Service Type: NON
Address: 8729 SOUTH WESTERN AVENUE	Resident Capacity: 0
City, State: LOS ANGELES, CA 90047	Total Occupancy: 0
Phone #: (323)750-9510	Target Population: 1.5
	Expiration Date 05/31/2013
Program Name: CALIFORNIA CARE CORP.	Record ID: 190558BP
Legal Name: CALIFORNIA CARE CORP.	Service Type: NON
Address: 5930 S. MAIN STREET, SUITE 104	Resident Capacity: 0
City, State: LOS ANGELES, CA 90003	Total Occupancy: 0
Phone #: (818)551-0026	Target Population: 1.1
Fax #: (818)551-0027	Expiration Date 05/31/2014

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Program Name: CALIFORNIA CARE CORPORATION	Record ID: 190558AP
Legal Name: CALIFORNIA CARE CORPORATION	Service Type: NON
Address: 501 E. HARVARD STREET, UNIT A	Resident Capacity: 0
City, State: GLENDALE, CA 91205	Total Occupancy: 0
Phone #: (818)551-0026	Target Population: 1.1
Fax #: (818)551-0027	Expiration Date 01/31/2015
Program Name: PASADENA CLINIC	Record ID: 190690AN
Legal Name: CALIFORNIA DRUG COUNSELING, INC.	Service Type: NON
Address: 659,671 EAST WALNUT STREET, 226 N. EL MOLINO AVE.	Resident Capacity: 0
City, State: PASADENA, CA 91101	Total Occupancy: 0
Phone #: (626)844-0410	Target Population: 1.1
Fax #: () -	Expiration Date 06/30/2014
Program Name: CALIFORNIA DRUG TREATMENT PROGRAM, INC.	Record ID: 190396AP
Legal Name: CALIFORNIA DRUG TREATMENT PROGRAM, INC.	Service Type: NON
Address: 9001 SOUTH VERMONT AVENUE	Resident Capacity: 0
City, State: LOS ANGELES, CA 90044	Total Occupancy: 0
Phone #: (323)756-9933	Target Population: 1.1
Fax #: (323)756-9515	Expiration Date 09/30/2013
Program Name: CALIFORNIA HEALTH, ALCOHOL & DRUG EDUCATION PROGRAM IN	Record ID: 190738AN
Legal Name: CALIFORNIA HEALTH, ALCOHOL & DRUG EDUCATION PROGRAM IN	Service Type: NON
Address: 3756 SANTA ROSALIA DR. STE #423	Resident Capacity: 0
City, State: LOS ANGELES, CA 90008	Total Occupancy: 0
Phone #: (323)294-7662	Target Population: 1.1
Fax #: (323)294-7703	Expiration Date 02/28/2014
Program Name: SAN GABRIEL VALLEY CENTER	Record ID: 190065HN
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABU	Service Type: NON
Address: 11046 VALLEY MALL	Resident Capacity: 0
City, State: EL MONTE, CA 91731	Total Occupancy: 0
Phone #: (626)813-0288	Target Population: 1.7
Fax #: (626)813-0928	Expiration Date 01/31/2014
Program Name: A BETTER ME DEPENDENCY DRUG COURT	Record ID: 190065MN
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABU	Service Type: NON
Address: 3514 WEST BEVERLY BOULEVARD	Resident Capacity: 0
City, State: MONTEBELLO, CA 90640	Total Occupancy: 0
Phone #: (323)721-9213	Target Population: 1.1
Fax #: (323)721-1802	Expiration Date 07/31/2013
Program Name: MENTAL HEALTH AND ADDICTION SERVICES FOR ADOLESCENTS	Record ID: 190065JN
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABU	Service Type: NON
Address: 2309 DALY STREET	Resident Capacity: 0
City, State: LOS ANGELES, CA 90031	Total Occupancy: 0
Phone #: (323)222-4591	Target Population: 1.1
Fax #: (323)222-4614	Expiration Date 03/31/2014

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Program Name: LATINOS RECOVERY HOME	Record ID: 190065CN
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABU	Service Type: RES
Address: 2436 WABASH AVENUE	Resident Capacity: 6
City, State: LOS ANGELES, CA 90033	Total Occupancy: 6
Phone #: (323)780-8756	Target Population: 1.2
Fax #: () -	Expiration Date 06/30/2014
Program Name: LATINAS RECOVERY HOME	Record ID: 190065EN
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABU	Service Type: RES
Address: 327 NORTH SAINT LOUIS STREET	Resident Capacity: 6
City, State: LOS ANGELES, CA 90063	Total Occupancy: 6
Phone #: (323)261-7810	Target Population: 1.3
	Expiration Date 06/30/2014
Program Name: MUJERES RECOVERY HOME	Record ID: 190065AN
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABU	Service Type: RES
Address: 530 NORTH AVENUE 54	Resident Capacity: 6
City, State: LOS ANGELES, CA 90042	Total Occupancy: 6
Phone #: (323)254-2423	Target Population: 1.3
	Expiration Date 06/30/2014
Program Name: LATINO FAMILY ALCOHOL AND DRUG SERVICES	Record ID: 190065IN
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABU	Service Type: NON
Address: 5801 EAST BEVERLY BOULEVARD	Resident Capacity: 0
City, State: LOS ANGELES, CA 90022	Total Occupancy: 0
Phone #: (323)722-4529	Target Population: 1.1
Fax #: (323)722-4450	Expiration Date 10/31/2013
Program Name: CALIFORNIA PEOPLE COUNSELING CENTER	Record ID: 190755BP
Legal Name: CALIFORNIA PEOPLE COUNSELING CENTER	Service Type: NON
Address: 4928 LANKERSHIM BOULEVARD	Resident Capacity: 0
City, State: NORTH HOLLYWOOD, CA 91601	Total Occupancy: 0
Phone #: (818)763-7919	Target Population: **
Fax #: (818)763-7997	Expiration Date 08/31/2014
Program Name: CAMBODIAN ASSOCIATION OF AMERICA, COMMUNITY PREVENTIO	Record ID: 190358AN
Legal Name: CAMBODIAN ASSOCIATION OF AMERICA	Service Type: NON
Address: 2501 ATLANTIC AVENUE	Resident Capacity: 0
City, State: LONG BEACH, CA 90806	Total Occupancy: 0
Phone #: (562)424-6105	Target Population: 1.1
Fax #: (562)988-1475	Expiration Date 11/30/2014
Program Name: BROWN SCAPULAR PROGRAM	Record ID: 190099EN
Legal Name: CANON HUMAN SERVICES CENTERS, INC.	Service Type: RES
Address: 9705 SOUTH HOLMES STREET	Resident Capacity: 43
City, State: LOS ANGELES, CA 90002	Total Occupancy: 43
Phone #: (323)249-9097	Target Population: 1.2
Fax #: (323)249-9121	Expiration Date 02/28/2014

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Program Name: BROWN SCAPULAR PROGRAM Legal Name: CANON HUMAN SERVICES CENTERS, INC. Address: 9705 SOUTH HOLMES AVENUE City, State: LOS ANGELES, CA 90002 Phone #: (323)249-9097 Fax #: (323)249-9121	Record ID: 190099DN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2014
Program Name: CASA DE LAS AMIGAS-THE JON DUDLEY OUTPATIENT CENTER Legal Name: CASA DE LAS AMIGAS Address: 744 EAST WALNUT AVENUE City, State: PASADENA, CA 91101 Phone #: (626)792-2770 Fax #: (626)792-5826	Record ID: 190012BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.3 Expiration Date 06/30/2014
Program Name: CASA DE LAS AMIGAS SUB-ACUTE DETOXIFICATION Legal Name: CASA DE LAS AMIGAS Address: 169 NORTH OAK KNOLL AVENUE City, State: PASADENA, CA 91101 Phone #: (626)792-2270 Fax #: (626)792-5826	Record ID: 190012DN Service Type: RES-DETOX Resident Capacity: 3 Total Occupancy: 3 Target Population: 1.3 Expiration Date 09/30/2014
Program Name: CASA DE LAS AMIGAS Legal Name: CASA DE LAS AMIGAS Address: 160 NORTH EL MOLINO AVENUE AND 173 NORTH OAK KNOLL A City, State: PASADENA, CA 91101 Phone #: (626)792-2770 Fax #: (626)792-5826	Record ID: 190012CN Service Type: RES Resident Capacity: 34 Total Occupancy: 34 Target Population: 1.3 Expiration Date 03/31/2014
Program Name: CENTER FOR INTEGRATED FAMILY AND HEALTH SERVICES (THE FA Legal Name: CENTER FOR INTEGRATED FAMILY AND HEALTH SERVICES, INC. Address: 540 SOUTH EREMLAND DRIVE, SUITES A-D City, State: COVINA, CA 91723 Phone #: (626)967-5103 Fax #: (626)967-1339	Record ID: 190442AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 07/31/2014
Program Name: CENTER FOR MINDFUL CHANGE Legal Name: CENTER FOR MINDFUL CHANGE Address: 26066 MULHOLLAND HIGHWAY City, State: CALABASAS, CA 91302 Phone #: (310)663-7163	Record ID: 190744AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 03/31/2014
Program Name: CENTER FOR NEW IMAGE, INC. Legal Name: CENTER FOR NEW IMAGE, INC. Address: 4708 CRENSHAW BOULEVARD, SUITE 101-105 City, State: LOS ANGELES, CA 90043 Phone #: (332)293-9722 Fax #: (323)359-2325	Record ID: 190639AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2014

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Program Name: CHABAD RESIDENTIAL TREATMENT CENTER Legal Name: CHABAD OF CALIFORNIA Address: 5675 WEST OLYMPIC BOULEVARD City, State: LOS ANGELES, CA 90036 Phone #: (310)208-7511	Record ID: 190087CN Service Type: RES Resident Capacity: 44 Total Occupancy: 44 Target Population: 1.2 Expiration Date 03/31/2015
Program Name: CHANGE LANES YOUTH SUPPORT SERVICES Legal Name: CHANGE LANES Address: 1122 WEST AVENUE L-12, SUITE #102 City, State: LANCASTER, CA 93534 Phone #: (661)948-2555 Fax #: (661)948-2511	Record ID: 190726AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2013
Program Name: CHANGING STEPS Legal Name: CHANGING STEPS Address: 5151 SOUTH WESTERN AVENUE City, State: LOS ANGELES, CA 90067 Phone #: (818)997-6876 Fax #: (818)997-6828	Record ID: 190532AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2014
Program Name: CHANGING STEPS Legal Name: CHANGING STEPS Address: 9527 LANGDON AVENUE City, State: NORTH HILLS, CA 91343 Phone #: (818)810-5500	Record ID: 190532BN Service Type: RES Resident Capacity: 12 Total Occupancy: 12 Target Population: 1.3 Expiration Date 01/31/2015
Program Name: CHAPMAN HOUSE Legal Name: CHAPMAN HOUSE, INC. Address: 834 PACIFIC AVENUE City, State: LONG BEACH, CA 90813 Phone #: (562)495-3404 Fax #: (714)288-6130	Record ID: 190706AP Service Type: RES Resident Capacity: 37 Total Occupancy: 37 Target Population: 1.1 Expiration Date 06/30/2014
Program Name: CALIFORNIA GRADUATE INSTITUTE COUNSELING CENTER SUBSTA Legal Name: CHICAGO SCHOOL OF PROFESSIONAL PSYCHOLOGY, SOUTHERN CA Address: 1145 GAYLEY AVENUE, 3RD FLOOR, SUITE 322 City, State: LOS ANGELES, CA 90024 Phone #: (310)208-4240 Fax #: (310)208-0684	Record ID: 190284AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2013
Program Name: ALCOHOL & DRUG PROGRAM Legal Name: CHILD & FAMILY CENTER Address: 21545 CENTER POINTE PARKWAY City, State: SANTA CLARITA, CA 91350 Phone #: (661)259-9439 Fax #: (661)250-8755	Record ID: 190459AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 02/28/2015

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Program Name: SUBSTANCE ABUSE PREVENTION AND TREATMENT PROGRAM, DIV	Record ID: 190473AN
Legal Name: CHILDRENS HOSPITAL LOS ANGELES	Service Type: NON
Address: 5000 SUNSET BOULEVARD, 5TH FLOOR, SUITE 540	Resident Capacity: 0
City, State: LOS ANGELES, CA 90027	Total Occupancy: 0
Phone #: (323)361-3911	Target Population: 1.5
Fax #: (323)913-7951	Expiration Date 05/31/2013
Program Name: CIRCLE OF FRIENDS OUTPATIENT SERVICES INC.	Record ID: 190272CP
Legal Name: CIRCLE OF FRIENDS OUTPATIENT SERVICES INC.	Service Type: NON
Address: 5220 W. WASHINGTON BLVD. SUITE 203	Resident Capacity: 0
City, State: LOS ANGELES, CA 90016	Total Occupancy: 0
Phone #: (323)934-9465	Target Population: 1.2
	Expiration Date 02/28/2014
Program Name: CIRCLE OF FRIENDS OUTPATIENT SERVICES, INC.	Record ID: 190272BP
Legal Name: CIRCLE OF FRIENDS OUTPATIENT SERVICES, INC.	Service Type: NON
Address: 2429 PACIFIC AVE.	Resident Capacity: 0
City, State: LONG BEACH, CA 90806	Total Occupancy: 0
Phone #: (562)595-7150	Target Population: 1.8
	Expiration Date 02/28/2014
Program Name: CIRCLE OF FRIENDS OUTPATIENT SERVICES, INC.	Record ID: 190272AP
Legal Name: CIRCLE OF FRIENDS OUTPATIENT SERVICES, INC.	Service Type: NON
Address: 715 NORTH RIDGEWOOD PLACE	Resident Capacity: 0
City, State: LOS ANGELES, CA 90038	Total Occupancy: 0
Phone #: (323)465-5888	Target Population: 1.1
Fax #: (323)465-3223	Expiration Date 06/30/2013
Program Name: CIRCLE OF HELP FOUNDATION	Record ID: 190483AN
Legal Name: CIRCLE OF HELP FOUNDATION	Service Type: NON
Address: 1011 GOODRICH BOULEVARD	Resident Capacity: 0
City, State: LOS ANGELES, CA 90022	Total Occupancy: 0
Phone #: (323)888-9191	Target Population: 1.5
Fax #: (213)365-9178	Expiration Date 06/30/2015
Program Name: CITY OF PASADENA RECOVERY CENTER	Record ID: 190041AN
Legal Name: CITY OF PASADENA PUBLIC HEALTH DEPARTMENT	Service Type: NON
Address: 1845 NORTH FAIR OAKS AVENUE	Resident Capacity: 0
City, State: PASADENA, CA 91103	Total Occupancy: 0
Phone #: (626)744-6001	Target Population: 1.1
Fax #: (626)744-6096	Expiration Date 10/31/2013
Program Name: WOMEN'S RECOVERY HOME	Record ID: 190016FN
Legal Name: CLARE FOUNDATION, INC.	Service Type: RES
Address: 844 PICO BOULEVARD	Resident Capacity: 40
City, State: SANTA MONICA, CA 90405	Total Occupancy: 40
Phone #: (310)314-6200	Target Population: 1.3
	Expiration Date 07/31/2014

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Program Name: MEN'S RECOVERY HOME Legal Name: CLARE FOUNDATION, INC. Address: 1871 NINTH STREET City, State: SANTA MONICA, CA 90404 Phone #: (310)314-6200 Fax #: (310)314-6527	Record ID: 190016AN Service Type: RES Resident Capacity: 71 Total Occupancy: 71 Target Population: 1.2 Expiration Date 07/31/2014
Program Name: CLARE FOUNDATION INTENSIVE OUTPATIENT PROGRAM Legal Name: CLARE FOUNDATION, INC. Address: 1020 PICO BOULEVARD City, State: SANTA MONICA, CA 90405 Phone #: (310)314-6200 Fax #: (310)396-6974	Record ID: 190016HN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2013
Program Name: SANTA MONICA RECOVERY CENTER Legal Name: CLARE FOUNDATION, INC. Address: 905 AND 907 PICO BOULEVARD City, State: SANTA MONICA, CA 90405 Phone #: (310)314-6200	Record ID: 190016BN Service Type: RES-DETOX Resident Capacity: 49 Total Occupancy: 49 Target Population: 1.1 Expiration Date 07/31/2014
Program Name: CLEARVIEW TREATMENT PROGRAM Legal Name: CLEARVIEW CENTERS LLC Address: 2432 WALNUT AVENUE City, State: VENICE, CA 90291 Phone #: (310)448-8822 Fax #: (310)474-6115	Record ID: 190438AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 06/30/2014
Program Name: CLEARVIEW TREATMENT PROGRAMS Legal Name: CLEARVIEW CENTERS LLC Address: 2432 1/2 WALNUT AVENUE City, State: VENICE, CA 90291 Phone #: (310)448-8822 Fax #: (310)474-6115	Record ID: 190438BP Service Type: RES-DETOX Resident Capacity: 3 Total Occupancy: 3 Target Population: 1.1 Expiration Date 06/30/2014
Program Name: CLEARVIEW TREATMENT PROGRAMS Legal Name: CLEARVIEW CENTERS, LLC Address: 2427 WALNUT AVENUE City, State: VENICE, CA 90291 Phone #: (310)448-8822 Fax #: (310)448-8833	Record ID: 190438DP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 11/30/2013
Program Name: CLEARVIEW TREATMENT PROGRAMS Legal Name: CLEARVIEW CENTERS, LLC Address: 2435 GLYNDON AVENUE City, State: VENICE, CA 90291 Phone #: (310)305-2691 Fax #: (310)305-2693	Record ID: 190438CP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 08/31/2014

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Program Name: CLIFFSIDE MALIBU	Record ID: 190474AP
Legal Name: CLIFFSIDE MALIBU	Service Type: RES-DETOX
Address: 30060 ANDROMEDA LANE	Resident Capacity: 6
City, State: MALIBU, CA 90265	Total Occupancy: 6
Phone #: (310)589-2800	Target Population: 1.1
Fax #: (310)589-2802	Expiration Date 06/30/2015
Program Name: CLIFFSIDE MALIBU II	Record ID: 190658AP
Legal Name: CLIFFSIDE MALIBU II	Service Type: RES-DETOX
Address: 5853 BUSCH DRIVE	Resident Capacity: 6
City, State: MALIBU, CA 90265	Total Occupancy: 6
Phone #: (800)332-9202	Target Population: 1.1
Fax #: (310)457-1272	Expiration Date 02/28/2015
Program Name: CLINICA MONSEÑOR OSCAR A. ROMERO	Record ID: 190368AN
Legal Name: CLINICA MSR. OSCAR A. ROMERO	Service Type: NON
Address: 2032 MARENKO STREET	Resident Capacity: 0
City, State: LOS ANGELES, CA 90033	Total Occupancy: 0
Phone #: (323)987-1030	Target Population: 1.1
Fax #: (323)266-2541	Expiration Date 11/30/2014
Program Name: VAN NUYS ALCOHOL AND DRUG TREATMENT PROGRAM	Record ID: 190327AP
Legal Name: COMMUNITY ALCOHOL AND DRUG TREATMENT FOUNDATION	Service Type: NON
Address: 15015 OXNARD STREET	Resident Capacity: 0
City, State: VAN NUYS, CA 91411	Total Occupancy: 0
Phone #: (818)787-4151	Target Population: 1.2
Fax #: (818)787-2840	Expiration Date 11/30/2013
Program Name: CIVIGENICS, INC., LONG BEACH FACILITY	Record ID: 190606AP
Legal Name: COMMUNITY EDUCATION CENTERS, INC.	Service Type: RES
Address: 2233 EAST 69TH STREET	Resident Capacity: 112
City, State: LONG BEACH, CA 90805	Total Occupancy: 112
Phone #: (562)663-0711	Target Population: 1.2
Fax #: (562)602-0811	Expiration Date 05/31/2014
Program Name: COMPASSION CARE CENTER, INC.	Record ID: 190700AN
Legal Name: COMPASSION CARE CENTER, INC.	Service Type: NON
Address: 2614 CRENSHAW BOULEVARD	Resident Capacity: 0
City, State: LOS ANGELES, CA 90016	Total Occupancy: 0
Phone #: (310)230-5574	Target Population: 1.1
	Expiration Date 10/31/2014
Program Name: MASADA HOMES SUBSTANCE ABUSE SERVICES	Record ID: 190471AN
Legal Name: COUNSELING AND RESEARCH ASSOCIATES DBA MASADA HOMES	Service Type: NON
Address: 130 WEST VICTORIA STREET	Resident Capacity: 0
City, State: GARDENA, CA 90248	Total Occupancy: 0
Phone #: (310)715-2020	Target Population: 1.5
Fax #: (310)660-0494	Expiration Date 09/30/2013

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Program Name: CREATIVE CARE - MALIBU Legal Name: CREATIVE CARE, INC. Address: 5927 TRANCAS CANYON ROAD City, State: MALIBU, CA 90265 Phone #: (818)223-9334	Record ID: 190226AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 02/28/2015
Program Name: CREATIVE CARE Legal Name: CREATIVE CARE, INC. Address: 5941 TRANCAS CANYON City, State: MALIBU, CA 90265 Phone #: (310)589-9834 Fax #: (310)589-5547	Record ID: 190226CP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 05/31/2014
Program Name: CREATIVE CARE Legal Name: CREATIVE CARE, INC. Address: 5909 TRANCAS CANYON ROAD City, State: MALIBU, CA 90265 Phone #: (310)589-9834 Fax #: (310)589-5547	Record ID: 190226BP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 02/28/2015
Program Name: CREATIVE CARE Legal Name: CREATIVE CARE, INC. Address: 5947 TRANCAS CANYON ROAD City, State: MALIBU, CA 90265 Phone #: (310)589-9834 Fax #: (310)589-5547	Record ID: 190226DP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 12/31/2013
Program Name: SOCORRO Legal Name: CRI-HELP, INC. Address: 2010 NORTH LINCOLN PARK AVENUE City, State: LINCOLN HEIGHTS, CA 90031 Phone #: (323)222-1440	Record ID: 190095MN Service Type: RES Resident Capacity: 78 Total Occupancy: 78 Target Population: 1.1 Expiration Date 05/31/2015
Program Name: SOCORRO Legal Name: CRI-HELP, INC. Address: 2029 KEITH STREET City, State: LOS ANGELES, CA 90031 Phone #: (323)222-6509	Record ID: 190095NN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2015
Program Name: CRI-HELP - OUTPATIENT Legal Name: CRI-HELP, INC. Address: 8330 LANKERSHIM BOULEVARD City, State: NORTH HOLLYWOOD, CA 91605 Phone #: (818)985-8323	Record ID: 190095KN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 12/31/2013

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Program Name: CRI-HELP	Record ID: 190095AN
Legal Name: CRI-HELP, INC.	Service Type: RES-DETOX
Address: 11027 BURBANK BOULEVARD	Resident Capacity: 135
City, State: NORTH HOLLYWOOD, CA 91601	Total Occupancy: 135
Phone #: (818)985-8323	Target Population: 1.1
Fax #: (818)506-7066	Expiration Date 12/31/2013
Program Name: CROSSROADS	Record ID: 190205AN
Legal Name: CROSSROADS, INCORPORATED	Service Type: RES
Address: 1269 NORTH HARVARD AVENUE	Resident Capacity: 6
City, State: CLAREMONT, CA 91711	Total Occupancy: 7
Phone #: (909)626-7847	Target Population: 1.3
Fax #: (909)626-7867	Expiration Date 09/30/2013
Program Name: CRYSTAL HOPE MEDICAL SERVICES, INC.	Record ID: 190630AN
Legal Name: CRYSTAL HOPE MEDICAL SERVICES, INC.	Service Type: NON
Address: 1300 WEST OLYMPIC BOULEVARD, SUITE 320	Resident Capacity: 0
City, State: LOS ANGELES, CA 90015	Total Occupancy: 0
Phone #: (310)529-3006	Target Population: 1.5
	Expiration Date 11/30/2014
Program Name: LAWS SUPPORT CENTER	Record ID: 190423AN
Legal Name: DANNY LAWS	Service Type: NON
Address: 2707 WEST 54TH STREET	Resident Capacity: 0
City, State: LOS ANGELES, CA 90043	Total Occupancy: 0
Phone #: (323)294-5204	Target Population: 1.1
Fax #: (323)294-5204	Expiration Date 03/31/2014
Program Name: DARE U TO CARE OUTREACH MINISTRY	Record ID: 190182DN
Legal Name: DARE U TO CARE OUTREACH MINISTRY	Service Type: NON
Address: 316 WEST 120TH STREET	Resident Capacity: 0
City, State: LOS ANGELES, CA 90061	Total Occupancy: 0
Phone #: (310)515-5039	Target Population: 1.1
Fax #: (310)515-6837	Expiration Date 08/31/2013
Program Name: DARE U TO CARE DRUG/ALCOHOL TREATMENT PROGRAM	Record ID: 190182EN
Legal Name: DARE U TO CARE OUTREACH MINISTRY	Service Type: RES
Address: 316 WEST 120TH STREET	Resident Capacity: 22
City, State: LOS ANGELES, CA 90061	Total Occupancy: 23
Phone #: (310)515-5039	Target Population: 1.1
Fax #: (310)515-6837	Expiration Date 09/30/2013
Program Name: DAVID & MARGARET YOUTH AND FAMILY SERVICES RECOVERY PI	Record ID: 190641AN
Legal Name: DAVID & MARGARET HOME, INC.	Service Type: DSS
Address: 1350 THIRD STREET	Resident Capacity: 0
City, State: LA VERNE, CA 91750	Total Occupancy: 0
Phone #: (909)596-5921	Target Population: 1.5
Fax #: (909)596-3954	

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Program Name: DESIGN FOR LIVING RECOVERY SERVICES # 2 Legal Name: DESIGN FOR LIVING Address: 44319 11TH STREET EAST City, State: LANCASTER, CA 93535 Phone #: (661)942-1026 Fax #: (661)949-8131	Record ID: 190463CN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 05/31/2015
Program Name: DESIGN FOR LIVING COMMUNITY SERVICES Legal Name: DESIGN FOR LIVING Address: 43423 DIVISION ST. STE. #107 City, State: LANCASTER, CA 93535 Phone #: (661)874-4680	Record ID: 190463DN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 12/31/2013
Program Name: DESIGN FOR LIVING RECOVERY SERVICES Legal Name: DESIGN FOR LIVING Address: 1066 EAST AVENUE J City, State: LANCASTER, CA 93535 Phone #: (661)729-8155 Fax #: (661)949-8131	Record ID: 190463BN Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 04/30/2015
Program Name: CYCLES OF CHANGE RECOVERY SERVICES Legal Name: DESIGN FOR LIVING BEHAVIOR HEALTH, INC. Address: 43858 BEECH AVENUE City, State: LANCASTER, CA 93534 Phone #: (661)729-8155 Fax #: (661)949-8131	Record ID: 190735AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 12/31/2013
Program Name: DICTA SUBSTANCE ABUSE TREATMENT CENTER Legal Name: DICTA HEALTH SERVICES, INC. Address: 323 NORTH PRAIRIE, SUITE 315 City, State: INGLEWOOD, CA 90301 Phone #: (310)673-4117 Fax #: (310)673-4118	Record ID: 190545AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2015
Program Name: DIDI HIRSCH COMMUNITY MENTAL HEALTH CENTER, OUTPATIENT Legal Name: DIDI HIRSCH PSYCHIATRIC SERVICE Address: 11133 WASHINGTON BOULEVARD City, State: CULVER CITY, CA 90230 Phone #: (310)895-2300	Record ID: 190092BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 07/31/2014
Program Name: DIDI HIRSCH MENTAL HEALTH SERVICES- YOUTH SUBSTANCE ABU Legal Name: DIDI HIRSCH PSYCHIATRIC SERVICE, INC. Address: 12420 VENICE BOULEVARD, SUITE 200 City, State: LOS ANGELES, CA 90066 Phone #: (310)751-1200 Fax #: (310)398-0312	Record ID: 190092CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 12/31/2013

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Program Name: DIDI HIRSCH PSYCHIATRIC SERVICES	Record ID: 190092DN
Legal Name: DIDI HIRSCH PSYCHIATRIC SERVICES	Service Type: NON
Address: 1540 COLORADO STREET	Resident Capacity: 0
City, State: GLENDALE, CA 91205	Total Occupancy: 0
Phone #: (818)244-7257	Target Population: 1.1
Fax #: (818)244-5431	Expiration Date 06/30/2014
Program Name: DIDI HIRSCH MENTAL HEALTH SERVICES	Record ID: 190092EN
Legal Name: DIDI HIRSCH PSYCHIATRIC SERVICES	Service Type: NON
Address: 323 NORTH PRAIRIE AVENUE	Resident Capacity: 0
City, State: INGLEWOOD, CA 90301	Total Occupancy: 0
Phone #: (310)677-7808	Target Population: 1.1
	Expiration Date 12/31/2014
Program Name: DIVINE HEALTHCARE SERVICES, INC.	Record ID: 190604AN
Legal Name: DIVINE HEALTHCARE SERVICES, INC.	Service Type: NON
Address: 405 WEST MANCHESTER BOULEVARD, SUITE A	Resident Capacity: 0
City, State: INGLEWOOD, CA 90301	Total Occupancy: 0
Phone #: (310)672-3820	Target Population: 1.5
	Expiration Date 05/31/2014
Program Name: DIXON RECOVERY INSTITUTE, INC 2	Record ID: 190622CN
Legal Name: DIXON RECOVERY INSTITUTE, INC.	Service Type: NON
Address: 500 EAST CARSON PLAZA DRIVE, STE, 103	Resident Capacity: 0
City, State: CARSON, CA 90746	Total Occupancy: 0
Phone #: (323)988-3744	Target Population: 1.1
	Expiration Date 06/30/2014
Program Name: DIXON RECOVERY INSTITUTE, INC.	Record ID: 190622AN
Legal Name: DIXON RECOVERY INSTITUTE, INC.	Service Type: NON
Address: 4715 CRENSHAW BOULEVARD	Resident Capacity: 0
City, State: LOS ANGELES, CA 90043	Total Occupancy: 0
Phone #: (323)244-5677	Target Population: 1.1
Fax #: (866)582-9013	Expiration Date 02/28/2014
Program Name: AM/PM VAN NUYS BUDGET SCHOOL - ESCUELA LATINA	Record ID: 190294AP
Legal Name: DRIVER SAFETY SCHOOLS, INC.	Service Type: NON
Address: 6740 KESTER AVENUE, SUITE 206	Resident Capacity: 0
City, State: VAN NUYS, CA 91405	Total Occupancy: 0
Phone #: (818)787-7878	Target Population: 1.1
Fax #: (310)575-0500	Expiration Date 06/30/2015
Program Name: SOVEREIGN HEALTH OF CALIFORNIA	Record ID: 190762AP
Legal Name: DUAL DIAGNOSIS TREATMENT CENTER, INC.	Service Type: NON
Address: 6167 BRISTOL PARKWAY, SUITE 100	Resident Capacity: 0
City, State: CULVER CITY, CA 90230	Total Occupancy: 0
Phone #: (949)276-5553	Target Population: 1.1
Fax #: (949)498-2619	Expiration Date 01/31/2015

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Program Name: PANORAMA HEALTH CARE CENTER Legal Name: EAST VALLEY PANORAMA, INC. Address: 14555 HAMLIN STREET, SUITE 2B AND 4 City, State: VAN NUYS, CA 91411 Phone #: (818)371-5097 Fax #: (818)371-8437	Record ID: 190677AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2014
Program Name: EATON CANYON TREATMENT CENTER Legal Name: EATON CANYON RECOVERY SERVICES, INC. Address: 3323 EAST FAIRPOINT STREET City, State: PASADENA, CA 91107 Phone #: (626)798-0150 Fax #: (626)798-8685	Record ID: 190521AP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 03/31/2014
Program Name: CRENSHAW NEW LIFE COMMUNITY CENTER Legal Name: ECONOMIC SERVICES INCORPORATED Address: 5144 CRENSHAW BLVD. City, State: LOS ANGELES, CA 90043 Phone #: (323)702-3543	Record ID: 190739AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2014
Program Name: EGGLESTON SUBSTANCE ABUSE AND EDUCATION PROGRAM Legal Name: EGGLESTON YOUTH CENTER, INC. Address: 13001 RAMONA BOULEVARD, SUITE E AND J City, State: IRWINDALE, CA 91706 Phone #: (626)786-5020	Record ID: 190716AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 02/28/2015
Program Name: EHRMAN SUBSIDIARY CORP., DBA PROMISES TREATMENT CENTER Legal Name: EHRMAN SUBSIDIARY CORP., DBA PROMISES TREATMENT CENTER Address: 20781 BIG ROCK DRIVE City, State: MALIBU, CA 90265 Phone #: (424)644-0473 Fax #: (310)456-3553	Record ID: 190666AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 07/31/2013
Program Name: DAY TREATMENT AND OUTPATIENT ALCOHOL AND/OR OTHER DRUG Legal Name: EL PROYECTO DEL BARRIO Address: 9140 VAN NUYS BOULEVARD, SUITES 104-107, 201, 203, AND 208 City, State: PANORAMA CITY, CA 91402 Phone #: (818)895-2206 Fax #: (818)895-0824	Record ID: 190236BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 07/31/2013
Program Name: ELIJAH'S HOUSE TREATMENT CENTER Legal Name: ELIJAH'S HOUSE TX CORP. Address: 1617 ASHBURY DRIVE City, State: PASADENA, CA 91104 Phone #: (626)394-9565 Fax #: (626)696-3242	Record ID: 190769AP Service Type: RES Resident Capacity: 10 Total Occupancy: 10 Target Population: 1.1 Expiration Date 01/31/2015

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Program Name: AMITY FOUNDATION Legal Name: EPIDAURUS Address: 3750 SOUTH GRAND AVENUE City, State: LOS ANGELES, CA 90007 Phone #: (213)743-9078 Fax #: (213)744-9858	Record ID: 190259CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2015
Program Name: AMITY FOUNDATION Legal Name: EPIDAURUS Address: 3745 & 3750 SOUTH GRAND AVENUE, VARIOUS ROOMS (LISTED City, State: LOS ANGELES, CA 90007 Phone #: (213)743-9078 Fax #: (213)748-5102	Record ID: 190259AN Service Type: RES Resident Capacity: 187 Total Occupancy: 187 Target Population: 1.1 Expiration Date 05/31/2013
Program Name: EQUILIBRIUM HEALTH SERVICES, INC. Legal Name: EQUILIBRIUM HEALTH SERVICES, INC. Address: 14535 HAMLIN STREET City, State: VAN NUYS, CA 91411 Phone #: (818)997-1930	Record ID: 190643AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 05/31/2014
Program Name: ETTIE LEE YOUTH AND FAMILY SERVICES DRUG/ALCOHOL TREATMENT Legal Name: ETTIE LEE HOMES, INC. Address: 160 EAST HOLT City, State: POMONA, CA 91767 Phone #: (909)620-2521 Fax #: (909)620-9793	Record ID: 190673AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2015
Program Name: FFC SUBSTANCE ABUSE DISORDER TREATMENT PROGRAM Legal Name: FAMILIES FOR CHILDREN, INC. Address: 2504 W. MANCHESTER BOULEVARD City, State: INGLEWOOD, CA 90305 Phone #: (323)750-5855 Fax #: (310)750-5885	Record ID: 190730AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2013
Program Name: FAMILY SERVICE OF LONG BEACH Legal Name: FAMILY SERVICE OF LONG BEACH Address: 1043 PINE AVENUE City, State: LONG BEACH, CA 90813 Phone #: (562)436-3358 Fax #: (562)435-4861	Record ID: 190275BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 10/31/2013
Program Name: FAMILY SERVICE OF LONG BEACH Legal Name: FAMILY SERVICE OF LONG BEACH Address: 16704 CLARK STREET City, State: BELLFLOWER, CA 90706 Phone #: (562)867-1737 Fax #: (562)435-4861	Record ID: 190275AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 08/31/2013

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Program Name: FAMILY UNITED-N-NEW BEGINNINGS	Record ID: 190669AP
Legal Name: FAMILY UNITED-N-NEW BEGINNINGS	Service Type: NON
Address: 11616 HAWTHORNE BOULEVARD, SUITE 202	Resident Capacity: 0
City, State: HAWTHORNE, CA 90250	Total Occupancy: 0
Phone #: (310)467-5142	Target Population: 1.1
Fax #: (323)299-0058	Expiration Date 06/30/2014
Program Name: PASSAGES NORTHEAST	Record ID: 190516BP
Legal Name: FEDERAL RECOVERY SYSTEMS, LLC	Service Type: RES-DETOX
Address: 6428 - B MEADOWS COURT	Resident Capacity: 6
City, State: MALIBU, CA 90265	Total Occupancy: 6
Phone #: (310)589-2880	Target Population: 1.1
Fax #: (310)589-2858	Expiration Date 12/31/2013
Program Name: PASSAGES EAST	Record ID: 190516AP
Legal Name: FEDERAL RECOVERY SYSTEMS, LLC	Service Type: RES-DETOX
Address: 6439 (B) SYCAMORE MEADOWS DRIVE	Resident Capacity: 5
City, State: MALIBU, CA 90265	Total Occupancy: 5
Phone #: (310)589-2880	Target Population: 1.1
Fax #: (310)589-2858	Expiration Date 12/31/2013
Program Name: FIRST TO SERVE	Record ID: 190342AN
Legal Name: FIRST TO SERVE	Service Type: RES
Address: 1017 WEST 50TH STREET	Resident Capacity: 24
City, State: LOS ANGELES, CA 90037	Total Occupancy: 24
Phone #: (323)758-4670	Target Population: 1.1
Fax #: (323)758-4011	Expiration Date 04/30/2014
Program Name: FIRST TO SERVE, INC.	Record ID: 190342CN
Legal Name: FIRST TO SERVE, INC.	Service Type: RES
Address: 4052 BUDLONG	Resident Capacity: 28
City, State: LOS ANGELES, CA 90037	Total Occupancy: 28
Phone #: (323)296-0747	Target Population: 1.1
Fax #: (323)758-4011	Expiration Date 10/31/2014
Program Name: FLORENCE DRUG AND ALCOHOL TREATMENT CENTER	Record ID: 190672AP
Legal Name: FLORENCE DRUG AND ALCOHOL TREATMENT CENTER, INC.	Service Type: NON
Address: 407 EAST FLORENCE AVENUE	Resident Capacity: 0
City, State: INGLEWOOD, CA 90302	Total Occupancy: 0
Phone #: (424)750-9037	Target Population: 1.1
	Expiration Date 05/31/2013
Program Name: MY NEW LIFE	Record ID: 190724AP
Legal Name: FOOJAN ZEINE, MARRIAGE AND FAMILY THERAPIST, A PROFESSIONAL	Service Type: NON
Address: 5536 TAMPA AVENUE	Resident Capacity: 0
City, State: TARZANA, CA 91356	Total Occupancy: 0
Phone #: (818)648-2140	Target Population: 1.1
Fax #: (818)757-7106	Expiration Date 10/31/2013

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Program Name: FOUNTAIN HOPE SUBSTANCE ABUSE AND EDUCATION PROGRAM	Record ID: 190697AN
Legal Name: FOUNTAIN HOPE & HELP FOR YOUTH	Service Type: NON
Address: 2930 WEST IMPERIAL HIGHWAY, SUITE 510	Resident Capacity: 0
City, State: INGLEWOOD, CA 90303	Total Occupancy: 0
Phone #: (323)755-5632	Target Population: 1.1
Fax #: (323)755-5630	Expiration Date 04/30/2013
Program Name: FRED BROWN'S RECOVERY SERVICES	Record ID: 190135JN
Legal Name: FRED BROWN'S RECOVERY SERVICES, INC.	Service Type: RES
Address: 276 WEST 14TH STREET	Resident Capacity: 4
City, State: SAN PEDRO, CA 90731	Total Occupancy: 4
Phone #: (310)519-8723	Target Population: 1.2
Fax #: (310)519-9428	Expiration Date 02/28/2014
Program Name: FRED BROWN'S RECOVERY SERVICES	Record ID: 190135IN
Legal Name: FRED BROWN'S RECOVERY SERVICES, INC.	Service Type: RES
Address: 278 WEST 14TH STREET	Resident Capacity: 6
City, State: SAN PEDRO, CA 90731	Total Occupancy: 6
Phone #: (310)519-8723	Target Population: 1.2
Fax #: (310)519-9428	Expiration Date 02/28/2014
Program Name: FRED BROWN'S RECOVERY SERVICES, INC.	Record ID: 190135EN
Legal Name: FRED BROWN'S RECOVERY SERVICES, INC.	Service Type: RES
Address: 856 WEST 19TH STREET	Resident Capacity: 12
City, State: SAN PEDRO, CA 90731	Total Occupancy: 12
Phone #: (310)548-1196	Target Population: 1.1
Fax #: (310)519-9428	Expiration Date 11/30/2013
Program Name: FRED BROWN'S RECOVERY SERVICES, INC.	Record ID: 190135CN
Legal Name: FRED BROWN'S RECOVERY SERVICES, INC.	Service Type: RES
Address: 270 WEST 14TH STREET	Resident Capacity: 14
City, State: SAN PEDRO, CA 90731	Total Occupancy: 14
Phone #: (310)519-8723	Target Population: 1.2
Fax #: (310)519-9428	Expiration Date 11/30/2014
Program Name: FRED BROWN'S RECOVERY SERVICES	Record ID: 190135MN
Legal Name: FRED BROWN'S RECOVERY SERVICES, INC.	Service Type: NON
Address: 270 WEST 14TH STREET, #3	Resident Capacity: 0
City, State: SAN PEDRO, CA 90731	Total Occupancy: 0
Phone #: (310)519-8723	Target Population: 1.1
Fax #: (310)519-9428	Expiration Date 10/31/2013
Program Name: FREE N ONE - A DRUG AND ALCOHOL FREE PROGRAM	Record ID: 190447BN
Legal Name: FREE N ONE - A DRUG AND ALCOHOL FREE PROGRAM	Service Type: NON
Address: 5838 OVERHILL DRIVE, SUITE 3	Resident Capacity: 0
City, State: LOS ANGELES, CA 90043	Total Occupancy: 0
Phone #: (323)295-0009	Target Population: 1.1
	Expiration Date 04/30/2014

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Program Name: GATE OF RECOVERY Legal Name: GATE OF RECOVERY Address: 1800 BRIDGEgate STREET, SUITE 204 City, State: WESTLAKE VILLAGE, CA 91361 Phone #: (805)777-7595 Fax #: (805)777-9249	Record ID: 190743AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2014
Program Name: GB MEDICAL SERVICES, INC. Legal Name: GB MEDICAL SERVICES, INC. Address: 3505 LONG BEACH BOULEVARD, SUITE 1F City, State: LONG BEACH, CA 90807 Phone #: (562)988-3436 Fax #: (562)988-3439	Record ID: 190542AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2015
Program Name: POMONA POSITIVE STEPS Legal Name: GENE CARE, INC. Address: 324 PALOMA DR. City, State: POMONA, CA 91767 Phone #: (909)623-7000 Fax #: (909)623-7041	Record ID: 190737AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2014
Program Name: GIFT OF HOPE & HEALING, INC. Legal Name: GIFT OF HOPE & HEALING, INC. Address: 8455 SOUTH VAN NESS AVENUE City, State: INGLEWOOD, CA 90305 Phone #: (323)565-2043 Fax #: (323)565-2044	Record ID: 190576AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2014
Program Name: GLENDALE ADVENTIST ALCOHOL AND DRUG SERVICES Legal Name: GLENDALE ADVENTIST MEDICAL CENTER Address: 335 MISSION ROAD City, State: GLENDALE, CA 91205 Phone #: (818)242-3116 Fax #: (818)242-5759	Record ID: 190082BN Service Type: RES-DETOX Resident Capacity: 24 Total Occupancy: 24 Target Population: 1.1 Expiration Date 06/30/2014
Program Name: GLORIOUS MANOR, INC., II Legal Name: GLORIOUS MANOR, INC., II Address: 2703 EAST 7TH STREET City, State: LONG BEACH, CA 90804 Phone #: (562)843-6028	Record ID: 190519AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 04/30/2014
Program Name: SYLMAR HEALTH AND REHABILITATION Legal Name: GOLDEN STATE HEALTH CENTERS, INC. Address: 12220 FOOTHILL BOULEVARD City, State: SYLMAR, CA 91342 Phone #: (818)834-5082 Fax #: (818)834-5082	Record ID: 190427AP Service Type: DHS Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1

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Program Name: GORETTI HEALTH SERVICES	Record ID: 190559AN
Legal Name: GORETTI HEALTH SERVICES, INC.	Service Type: NON
Address: 14623 HAWTHORNE BOULEVARD, SUITE 306	Resident Capacity: 0
City, State: LAWNDALE, CA 90260	Total Occupancy: 0
Phone #: (310)973-0100	Target Population: 1.1
Fax #: (310)973-0099	Expiration Date 11/30/2014
Program Name: GRANDVIEW HOUSE	Record ID: 190022BN
Legal Name: GRANDVIEW FOUNDATION, INC.	Service Type: RES
Address: 225 GRANDVIEW STREET	Resident Capacity: 22
City, State: PASADENA, CA 91104	Total Occupancy: 24
Phone #: (626)797-1124	Target Population: 1.2
Fax #: (626)398-5984	Expiration Date 03/31/2015
Program Name: MARENGO FACILITY	Record ID: 190022AN
Legal Name: GRANDVIEW FOUNDATION, INC.	Service Type: RES
Address: 1230 NORTH MARENGO AVENUE	Resident Capacity: 19
City, State: PASADENA, CA 91103	Total Occupancy: 19
Phone #: (626)797-1124	Target Population: 1.2
	Expiration Date 03/31/2015
Program Name: GRANDVIEW FOUNDATION, INC.	Record ID: 190022EN
Legal Name: GRANDVIEW FOUNDATION, INC.	Service Type: NON
Address: 1230 NORTH MARENGO AVENUE	Resident Capacity: 0
City, State: PASADENA, CA 91103	Total Occupancy: 0
Phone #: (626)797-1124	Target Population: 1.1
Fax #: (626)398-9674	Expiration Date 12/31/2013
Program Name: PASSAGES C	Record ID: 190283CP
Legal Name: GRASSHOPPER HOUSE, LLC	Service Type: RES-DETOX
Address: 6439 SYCAMORE MEADOWS COURT	Resident Capacity: 6
City, State: MALIBU, CA 90265	Total Occupancy: 6
Phone #: (310)589-2880	Target Population: 1.1
	Expiration Date 08/31/2013
Program Name: PASSAGES	Record ID: 190283FP
Legal Name: GRASSHOPPER HOUSE, LLC	Service Type: RES-DETOX
Address: 6447 SYCAMORE MEADOWS	Resident Capacity: 6
City, State: MALIBU, CA 90265	Total Occupancy: 6
Phone #: (310)589-2880	Target Population: 1.1
Fax #: (310)589-2858	Expiration Date 05/31/2015
Program Name: PASSAGES	Record ID: 190283AP
Legal Name: GRASSHOPPER HOUSE, LLC	Service Type: RES-DETOX
Address: 6428 MEADOWS COURT	Resident Capacity: 6
City, State: MALIBU, CA 90265	Total Occupancy: 6
Phone #: (310)589-2880	Target Population: 1.1
Fax #: (310)392-7710	Expiration Date 07/31/2013

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Program Name: PASSAGES VISTA HOUSE Legal Name: GRASSHOPPER HOUSE, LLC Address: 6380 MEADOWS COURT City, State: MALIBU, CA 90265 Phone #: (310)589-2880	Record ID: 190283DP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 12/31/2013
Program Name: GREENFIELDS HEALTH SERVICES, INC. Legal Name: GREENFIELDS HEALTH SERVICES, INC. Address: 637 EAST ALBERTONI STREET, SUITE 109 City, State: CARSON, CA 90746 Phone #: (310)532-0063 Fax #: (310)626-9754	Record ID: 190600AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 03/31/2014
Program Name: H&H TESTING OUTPATIENT Legal Name: H&H TESTING OUTPATIENT Address: 10801 NATIONAL BOULEVARD SUITE 579 City, State: LOS ANGELES, CA 90064 Phone #: (310)266-3957	Record ID: 190750AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2015
Program Name: HARBOR AREA SUBSTANCE ABUSE TREATMENT CENTER Legal Name: HACC, INC. Address: 599 WEST 9TH STREET City, State: SAN PEDRO, CA 90731 Phone #: (310)831-0331 Fax #: (310)831-0004	Record ID: 190586AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 11/30/2013
Program Name: HANNAH'S FIRST STEP TREATMENT CENTER Legal Name: HANNA'S HOUSE Address: 5900 SOUTH EASTERN AVENUE, SUITE 142 City, State: COMMERCE, CA 90040 Phone #: (323)278-6501 Fax #: (323)278-6515	Record ID: 190678AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 10/31/2014
Program Name: HARBOUR AREA HALFWAY HOUSES, INC. Legal Name: HARBOUR AREA HALFWAY HOUSES, INC. Address: 940 DAWSON AVENUE City, State: LONG BEACH, CA 90804 Phone #: (562)434-0036 Fax #: (562)434-5196	Record ID: 190454AN Service Type: RES Resident Capacity: 15 Total Occupancy: 15 Target Population: 1.3 Expiration Date 03/31/2015
Program Name: HARMONY PLACE Legal Name: HARMONY PLACE, INC. Address: 23041 AND 23041-A HATTERAS STREET City, State: WOODLAND HILLS, CA 91367 Phone #: (818)226-4100 Fax #: (310)457-9784	Record ID: 190336CP Service Type: RES-DETOX Resident Capacity: 12 Total Occupancy: 12 Target Population: 1.1 Expiration Date 02/28/2015

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Program Name: HEALTH RIGHT 360 Legal Name: HEALTH RIGHT 360 Address: 2307 WEST 6TH STREET City, State: LOS ANGELES, CA 90057 Phone #: (415)970-7500	Record ID: 190728BN Service Type: RES Resident Capacity: 186 Total Occupancy: 186 Target Population: 1.2 Expiration Date 09/30/2014
Program Name: HEALTH RIGHT 360 Legal Name: HEALTH RIGHT 360 Address: 12423 DAHLIA AVENUE City, State: EL MONTE, CA 91732 Phone #: (415)970-7500 Fax #: (415)970-7518	Record ID: 190728AN Service Type: RES Resident Capacity: 72 Total Occupancy: 102 Target Population: 1.4 Expiration Date 08/31/2013
Program Name: HEALTH RIGHT 360 Legal Name: HEALTH RIGHT 360 Address: 145 WEST 22ND STREET City, State: LOS ANGELES, CA 90007 Phone #: (415)970-7500 Fax #: () -	Record ID: 190728CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 07/31/2013
Program Name: HEALTHCARE SERVICES, INC. Legal Name: HEALTHCARE SERVICES, INC. Address: 1231 SOUTH ALVARADO STREET City, State: LOS ANGELES, CA 90006 Phone #: (213)908-5238 Fax #: (213)908-5283	Record ID: 190411DP Service Type: RES Resident Capacity: 34 Total Occupancy: 34 Target Population: 1.2 Expiration Date 05/31/2013
Program Name: THE LIGHTHOUSE EL MONTE Legal Name: HEALTHCARE SERVICES, INC. Address: 3131 SANTA ANITA AVENUE, #116 City, State: EL MONTE, CA 91732 Phone #: (714)384-3339 Fax #: (719)384-3879	Record ID: 190411CP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2015
Program Name: HEALTHCARE SERVICES, INC. Legal Name: HEALTHCARE SERVICES, INC. Address: 1223 ALVARADO STREET City, State: LOS ANGELES, CA 90006 Phone #: (213)908-5238 Fax #: (213)908-5283	Record ID: 190411EP Service Type: RES Resident Capacity: 36 Total Occupancy: 36 Target Population: 1.2 Expiration Date 11/30/2013
Program Name: HELP CENTER, INC. Legal Name: HELP MINISTRY FELLOWSHIP Y.E.T. Address: 3756 SANTA ROSALIA DRIVE, SUITE 219 City, State: LOS ANGELES, CA 90008 Phone #: (213)840-3490	Record ID: 190707AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2013

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Program Name: HELPFUL HANDS DRUG AND ALCOHOL OUTPATIENT PROGRAM, INC	Record ID: 190770AN
Legal Name: HELPFUL HANDS DRUG AND ALCOHOL OUTPATIENT PROGRAM, INC	Service Type: NON
Address: 1249 S. LA BREA AVENUE	Resident Capacity: 0
City, State: LOS ANGELES, CA 90019	Total Occupancy: 0
Phone #: (323)931-4647	Target Population: 1.1
Fax #: (323)931-4748	Expiration Date 02/28/2015
Program Name: HELPING KIDS TO RECOVER, INC.	Record ID: 190503AN
Legal Name: HELPING KIDS TO RECOVER, INC.	Service Type: NON
Address: 637 EAST ALBERTONI STREET, SUITE 200, 201 AND 203	Resident Capacity: 0
City, State: CARSON, CA 90746	Total Occupancy: 0
Phone #: (310)217-0616	Target Population: 1.1
Fax #: (310)217-0545	Expiration Date 05/31/2014
Program Name: HELPLINE YOUTH COUNSELING, INC.	Record ID: 190386AN
Legal Name: HELPLINE YOUTH COUNSELING	Service Type: NON
Address: 12440 EAST FIRESTONE BOULEVARD, SUITE 1000	Resident Capacity: 0
City, State: NORWALK, CA 90650	Total Occupancy: 0
Phone #: (562)864-3722	Target Population: 1.1
Fax #: (562)864-4596	Expiration Date 05/31/2014
Program Name: HERITAGE HOUSE OF HOPE, INC.	Record ID: 190633AN
Legal Name: HERITAGE HOUSE OF HOPE, INC.	Service Type: NON
Address: 1210 SOUTH LA BREA AVENUE, SUITE A	Resident Capacity: 0
City, State: INGLEWOOD, CA 90301	Total Occupancy: 0
Phone #: (310)678-5886	Target Population: 1.5
Fax #: (310)677-2741	Expiration Date 08/31/2013
Program Name: HIS SHELTERING ARMS, INC.	Record ID: 190064CN
Legal Name: HIS SHELTERING ARMS, INC.	Service Type: NON
Address: 11101 SOUTH MAIN STREET	Resident Capacity: 0
City, State: LOS ANGELES, CA 90061	Total Occupancy: 0
Phone #: (323)755-6646	Target Population: 1.4
Fax #: (323)777-2209	Expiration Date 08/31/2013
Program Name: HIS SHELTERING ARMS FAMILY SERVICES CENTER	Record ID: 190064BN
Legal Name: HIS SHELTERING ARMS, INC.	Service Type: RES
Address: 112 WEST 111TH STREET AND 11101 SOUTH MAIN STREET	Resident Capacity: 65
City, State: LOS ANGELES, CA 90061	Total Occupancy: 69
Phone #: (323)755-6646	Target Population: 1.4
Fax #: (323)777-2209	Expiration Date 05/31/2013
Program Name: HIS SHELTERING ARMS	Record ID: 190064AN
Legal Name: HIS SHELTERING ARMS, INC.	Service Type: RES
Address: 10615 AVALON BOULEVARD	Resident Capacity: 21
City, State: LOS ANGELES, CA 90003	Total Occupancy: 21
Phone #: (323)755-6646	Target Population: 1.1
	Expiration Date 05/31/2013

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Program Name: HOLLYWOOD RECOVERY TREATMENT CENTER Legal Name: HOLLYWOOD RECOVERY TREATMENT CENTER Address: 12500 RIVERSIDE DR. #211 City, State: STUDIO CITY, CA 91607 Phone #: (818)207-1007	Record ID: 190731AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 10/31/2013
Program Name: HOLY ADDICTION CARE CENTER, INC. Legal Name: HOLY ADDICTION CARE CENTER, INC. Address: 111 NORTH GLENDALE BOULEVARD, SUITE B City, State: LOS ANGELES, CA 90026 Phone #: (213)481-8279 Fax #: (213)481-9944	Record ID: 190685AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2014
Program Name: HOME FROM HOME COUNSELING AND TREATMENT PROGRAM Legal Name: HOME FROM HOME, INC. Address: 4125 SOUTH STREET City, State: LAKEWOOD, CA 90711 Phone #: (562)531-0266	Record ID: 190646AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 07/31/2013
Program Name: INTEGRATED TREATMENT PROGRAM FOR CO-OCCURRING DISORDERS Legal Name: HOMELESS HEALTH CARE LOS ANGELES Address: 2330 BEVERLY BOULEVARD City, State: LOS ANGELES, CA 90057 Phone #: (213)744-0724 Fax #: (213)748-2432	Record ID: 190246AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2014
Program Name: HOPE ALIVE COUNSELING CENTERS LLC Legal Name: HOPE ALIVE COUNSELING CENTERS LLC Address: 11157 ATLANTIC AVENUE City, State: LYNWOOD, CA 90262 Phone #: (310)710-2280	Record ID: 190753BP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 08/31/2014
Program Name: HOPE ALIVE COUNSELING CENTERS LLC Legal Name: HOPE ALIVE COUNSELING CENTERS LLC Address: 16625 GRAND AVENUE City, State: BELLFLOWER, CA 90706 Phone #: (310)710-2280	Record ID: 190753AP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.3 Expiration Date 08/31/2014
Program Name: HOUSE OF HOPE FOUNDATION, INC. Legal Name: HOUSE OF HOPE FOUNDATION, INC. Address: 205 WEST NINTH STREET City, State: SAN PEDRO, CA 90731 Phone #: (310)521-9209 Fax #: (310)521-9241	Record ID: 190025GN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.3 Expiration Date 07/31/2013

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Program Name: HOUSE OF HOPE	Record ID: 190025AN
Legal Name: HOUSE OF HOPE FOUNDATION, INC.	Service Type: RES
Address: SEE BELOW FOR CURRENT ADDRESSES	Resident Capacity: 24
City, State: SAN PEDRO, CA 90731	Total Occupancy: 24
Phone #: (310)831-9411	Target Population: 1.3
	Expiration Date 03/31/2014
Program Name: HUMAN POTENTIAL CONSULTANTS, LLC	Record ID: 190523AP
Legal Name: HUMAN POTENTIAL CONSULTANTS, LLC	Service Type: NON
Address: 3598 MARTIN LUTHER KING JR. BOULEVARD	Resident Capacity: 0
City, State: LYNWOOD, CA 90262	Total Occupancy: 0
Phone #: (310)756-1560 Fax #: (310)756-1560	Target Population: 1.1
	Expiration Date 06/30/2014
Program Name: I-ADARP, (INTER-AGENCY DRUG ABUSE RECOVERY PROGRAM)	Record ID: 190321AN
Legal Name: I-ADARP	Service Type: NON
Address: 6911 HAYVENHURST AVE, SUITE 101	Resident Capacity: 0
City, State: VAN NUYS, CA 91406	Total Occupancy: 0
Phone #: (818)994-7454 Fax #: (818)994-1767	Target Population: 1.4
	Expiration Date 10/31/2013
Program Name: IDEAL CARE AND HEALTH SERVICES, INC.	Record ID: 190544AN
Legal Name: IDEAL CARE AND HEALTH SERVICES, INC.	Service Type: NON
Address: 4 VILLAGE LOOP ROAD, B-10	Resident Capacity: 0
City, State: POMONA, CA 91766	Total Occupancy: 0
Phone #: (909)865-0191 Fax #: (909)865-0193	Target Population: 1.1
	Expiration Date 11/30/2014
Program Name: JARS OF CLAY TREATMENT CENTER II, INC.	Record ID: 190680AN
Legal Name: JARS OF CLAY TREATMENT CENTER II, INC.	Service Type: NON
Address: 3860 CRENSHAW BOULEVARD, SUITE 229	Resident Capacity: 0
City, State: LOS ANGELES, CA 90008	Total Occupancy: 0
Phone #: (310)918-4298 Fax #: (310)918-4298	Target Population: 1.1
	Expiration Date 03/31/2015
Program Name: JEWISH FAMILY SERVICE OF LOS ANGELES, ALCOHOL DRUG ACTIO	Record ID: 190072BN
Legal Name: JEWISH FAMILY SERVICE OF LOS ANGELES	Service Type: NON
Address: 8838 WEST PICO BOULEVARD	Resident Capacity: 0
City, State: LOS ANGELES, CA 90035	Total Occupancy: 0
Phone #: (310)247-1180 Fax #: (310)858-8582	Target Population: 1.1
	Expiration Date 05/31/2015
Program Name: MINI HOUSE RESIDENTIAL TREATMENT	Record ID: 190718AN
Legal Name: JWCH INSTITUTE, INC.	Service Type: RES
Address: 303 EAST 52ND STREET	Resident Capacity: 31
City, State: LOS ANGELES, CA 90011	Total Occupancy: 31
Phone #: (323)813-0200 Fax #: (323)813-0207	Target Population: 1.4
	Expiration Date 04/30/2013

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Program Name: SOLUTION FAMILY RESOURCE CENTER Legal Name: JWCH INSTITUTE, INC. Address: 1218 EAST COMPTON BOULEVARD City, State: COMPTON, CA 90221 Phone #: (310)608-1505	Record ID: 190718BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2015
Program Name: KB RECOVERY Legal Name: KEVIN BABAYAN Address: 15722 TUPPER STREET City, State: NORTH HILLS, CA 91343 Phone #: (818)891-3639 Fax #: (818)892-9471	Record ID: 190527AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 06/30/2014
Program Name: KLEAN WEST HOLLYWOOD Legal Name: KLEAN W. HOLLYWOOD, LLC Address: 846 HILLDALE AVENUE City, State: WEST HOLLYWOOD, CA 90069 Phone #: (310)740-4843 Fax #: (310)338-0680	Record ID: 190692DP Service Type: RES Resident Capacity: 4 Total Occupancy: 4 Target Population: 1.1 Expiration Date 12/31/2014
Program Name: KLEAN WEST HOLLYWOOD Legal Name: KLEAN W. HOLLYWOOD, LLC Address: 850 HILLDALE AVENUE City, State: WEST HOLLYWOOD, CA 90069 Phone #: (310)740-4843 Fax #: (310)338-0680	Record ID: 190692GP Service Type: RES Resident Capacity: 4 Total Occupancy: 4 Target Population: 1.1 Expiration Date 12/31/2014
Program Name: KLEAN WEST HOLLYWOOD Legal Name: KLEAN W. HOLLYWOOD, LLC Address: 842 HILLDALE AVENUE City, State: WEST HOLLYWOOD, CA 90069 Phone #: (310)740-4843 Fax #: (310)338-0688	Record ID: 190692FP Service Type: RES Resident Capacity: 3 Total Occupancy: 3 Target Population: 1.1 Expiration Date 12/31/2014
Program Name: KLEAN WEST HOLLYWOOD Legal Name: KLEAN W. HOLLYWOOD, LLC Address: 852, 852 1/2, AND 854 HILLDALE AVENUE City, State: WEST HOLLYWOOD, CA 90069 Phone #: (310)740-4843 Fax #: (310)338-0680	Record ID: 190692EP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 12/31/2014
Program Name: KLEAN WEST HOLLYWOOD Legal Name: KLEAN W. HOLLYWOOD, LLC Address: 840 HILLDALE AVENUE City, State: WEST HOLLYWOOD, CA 90069 Phone #: (310)740-4843 Fax #: (310)358-0680	Record ID: 190692BP Service Type: RES-DETOX Resident Capacity: 3 Total Occupancy: 3 Target Population: 1.1 Expiration Date 12/31/2014

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Program Name: KLEAN WEST HOLLYWOOD Legal Name: KLEAN W. HOLLYWOOD, LLC Address: 844 HILLDALE AVENUE City, State: WEST HOLLYWOOD, CA 90069 Phone #: (310)740-4843 Fax #: (310)338-0680	Record ID: 190692CP Service Type: RES-DETOX Resident Capacity: 3 Total Occupancy: 3 Target Population: 1.1 Expiration Date 12/31/2014
Program Name: KLEAN WEST HOLLYWOOD Legal Name: KLEAN W. HOLLYWOOD, LLC Address: 848 HILLDALE AVENUE City, State: WEST HOLLYWOOD, CA 90069 Phone #: (310)740-4843 Fax #: (310)358-0680	Record ID: 190692AP Service Type: RES-DETOX Resident Capacity: 3 Total Occupancy: 3 Target Population: 1.1 Expiration Date 12/31/2014
Program Name: LA FUENTE HOLLYWOOD TREATMENT CENTER LLC Legal Name: LA FUENTE HOLLYWOOD TREATMENT CENTER, LLC Address: 5718 FOUNTAIN AVENUE City, State: LOS ANGELES, CA 90028 Phone #: (323)464-2947 Fax #: (323)464-2947	Record ID: 190725AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 09/30/2013
Program Name: THE LAVELLE CENTER Legal Name: LAVELLE YOUTH HOMES Address: 652 E. MANCHESTER BOULEVARD City, State: INGLEWOOD, CA 90301 Phone #: (310)677-2569 Fax #: (310)677-9429	Record ID: 190584AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2014
Program Name: INGLEWOOD AREA ALCOHOL AND DRUG PROGRAM Legal Name: LEWIS PROFESSIONAL SERVICES Address: 400 SOUTH LA BREA, SUITE # 102, 103, 104, 200, 202, 203, 204 AND City, State: INGLEWOOD, CA 90301 Phone #: (310)674-6267 Fax #: (310)673-5904	Record ID: 190480AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2014
Program Name: LIFE SUBSTANCE ABUSE TREATMENT CENTER Legal Name: LIFE HEALTH SERVICES, INC. Address: 3701 WEST STOCKER STREET, SUITE 401 City, State: LOS ANGELES, CA 90008 Phone #: (323)299-4000	Record ID: 190538AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2013
Program Name: LIGHTHOUSE ALCOHOL AND DRUG TREATMENT SERVICES Legal Name: LIGHTHOUSE OF L.A., INC. Address: 2930 WEST IMPERIAL HIGHWAY, SUITE 200M City, State: INGLEWOOD, CA 90303 Phone #: (310)908-3641	Record ID: 190529AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2014

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Program Name: LITTLE HOUSE, INC.	Record ID: 190029AN
Legal Name: LITTLE HOUSE, INC.	Service Type: RES
Address: 9718 HARVARD STREET	Resident Capacity: 28
City, State: BELLFLOWER, CA 90706	Total Occupancy: 34
Phone #: (562)925-2777	Target Population: 1.3
Fax #: (562)925-7572	Expiration Date 09/30/2013
Program Name: LIVE AGAIN RECOVERY HOMES	Record ID: 190079CN
Legal Name: LIVE AGAIN MINISTRIES	Service Type: RES
Address: 45304 NEWTREE AVENUE	Resident Capacity: 6
City, State: LANCASTER, CA 93534	Total Occupancy: 6
Phone #: (661)951-0180	Target Population: 1.2
Fax #: (661)270-1341	Expiration Date 01/31/2014
Program Name: LIVE AGAIN RECOVERY HOME - CAMP CISQUITO	Record ID: 190079BN
Legal Name: LIVE AGAIN MINISTRIES	Service Type: RES
Address: 38215 NORTH SAN FRANCISQUITO CANYON ROAD	Resident Capacity: 40
City, State: SAUGUS, CA 91350	Total Occupancy: 40
Phone #: (661)270-0025	Target Population: 1.2
	Expiration Date 09/30/2013
Program Name: LIVING PROOF RECOVERY CENTER	Record ID: 190316BP
Legal Name: LIVING PROOF RECOVERY CENTER	Service Type: NON
Address: 41 EAST FOOTHILL BOULEVARD, SUITE 102	Resident Capacity: 0
City, State: ARCADIA, CA 91006	Total Occupancy: 0
Phone #: (626)205-2518	Target Population: 1.1
Fax #: (626)446-5910	Expiration Date 08/31/2013
Program Name: REBOS	Record ID: 190759AP
Legal Name: LIVING REBOS, LLC	Service Type: NON
Address: 10533 WASHINGTON BOULEVARD	Resident Capacity: 0
City, State: LOS ANGELES, CA 90232	Total Occupancy: 0
Phone #: (310)694-3277	Target Population: 1.1
	Expiration Date 08/31/2014
Program Name: STORK CLUB - OPTIONS FOR RECOVERY AT HARBOR UCLA RESEAR	Record ID: 190351AN
Legal Name: LOS ANGELES BIOMEDICAL RESEARCH INSTITUTE AT HARBOR-UCI	Service Type: NON
Address: 1124 WEST CARSON STREET, BUILDING N-33	Resident Capacity: 0
City, State: TORRANCE, CA 90502	Total Occupancy: 0
Phone #: (310)222-5410	Target Population: 1.3
Fax #: (310)787-7742	Expiration Date 08/31/2014
Program Name: ALLEN HOUSE	Record ID: 190100KN
Legal Name: LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE	Service Type: RES
Address: 11121 BLOOMFIELD AVENUE	Resident Capacity: 55
City, State: SANTA FE SPRINGS, CA 90670	Total Occupancy: 55
Phone #: (562)906-2685	Target Population: 1.1
	Expiration Date 06/30/2013

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Program Name: NEW VISIONS Legal Name: LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE Address: 10425 SOUTH PAINTER AVENUE City, State: SANTA FE SPRINGS, CA 90670 Phone #: (562)944-1303 Fax #: (562)236-9899	Record ID: 190100IN Service Type: RES Resident Capacity: 55 Total Occupancy: 55 Target Population: 1.1 Expiration Date 11/30/2014
Program Name: OUTPATIENT FAMILY CENTER Legal Name: LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE Address: 11015 BLOOMFIELD AVENUE City, State: SANTA FE SPRINGS, CA 90670 Phone #: (562)906-2676	Record ID: 190100BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2014
Program Name: OUTPATIENT SERVICES Legal Name: LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE Address: 470 EAST THIRD STREET SUITE A AND B City, State: LOS ANGELES, CA 90013 Phone #: (213)626-6411 Fax #: (562)906-2676	Record ID: 190100EN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2014
Program Name: LOS ANGELES COUNSELING PROGRAM Legal Name: LOS ANGELES COUNSELING CENTER Address: 4855 SANTA MONICA BOULEVARD # 108 City, State: LOS ANGELES, CA 90029 Phone #: (323)913-3371	Record ID: 190756AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 08/31/2014
Program Name: ANTELOPE VALLEY REHABILITATION CENTER - ACTON Legal Name: LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH Address: 30500 ARRASTRE CANYON ROAD City, State: ACTON, CA 93510 Phone #: (661)269-0062	Record ID: 190001AN Service Type: RES Resident Capacity: 309 Total Occupancy: 309 Target Population: 1.1 Expiration Date 02/28/2014
Program Name: ANTELOPE VALLEY REHABILITATION CENTERS - HIGH DESERT REC Legal Name: LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH Address: 44900 NORTH 60TH STREET WEST City, State: LANCASTER, CA 93536 Phone #: (661)945-8458 Fax #: (661)266-1772	Record ID: 190001CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2013
Program Name: LOS ANGELES DRUG TREATMENT CENTER Legal Name: LOS ANGELES DRUG TREATMENT CENTER, INC. Address: 3211 WEST IMPERIAL HIGHWAY City, State: INGLEWOOD, CA 90303 Phone #: (310)419-9616 Fax #: (310)590-1357	Record ID: 190561AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2015

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Program Name: LOS ANGELES NEW LIFE CENTER, INC.	Record ID: 190720AN
Legal Name: LOS ANGELES NEW LIFE CENTER, INC.	Service Type: NON
Address: 1828 SOUTH WESTERN AVENUE, SUITE #21	Resident Capacity: 0
City, State: LOS ANGELES, CA 90006	Total Occupancy: 0
Phone #: (323)734-3677	Target Population: 1.8
Fax #: (323)734-4972	Expiration Date 10/31/2013
Program Name: SEASONS IN MALIBU	Record ID: 190655AP
Legal Name: LUXURY REHAB GROUP, LLC	Service Type: RES-DETOX
Address: 6021 GALAHAD ROAD	Resident Capacity: 6
City, State: MALIBU, CA 90265	Total Occupancy: 6
Phone #: (424)234-2044	Target Population: 1.1
Fax #: (818)337-0365	Expiration Date 04/30/2013
Program Name: MACLAY REHABILITATION CORPORATION, INC.	Record ID: 190338AN
Legal Name: MACLAY REHABILITATION CORPORATION, INC.	Service Type: RES
Address: 13770 SAYRE STREET	Resident Capacity: 28
City, State: SYLMAR, CA 91342	Total Occupancy: 28
Phone #: (818)362-5615	Target Population: 1.2
Fax #: (310)473-5508	Expiration Date 04/30/2014
Program Name: MALIBU BEACH RECOVERY CENTER	Record ID: 190562AP
Legal Name: MALIBU BEACH RECOVERY CENTER, LLC	Service Type: RES-DETOX
Address: 1752 CORRAL CANYON ROAD	Resident Capacity: 6
City, State: MALIBU, CA 90265	Total Occupancy: 6
Phone #: (310)589-2407	Target Population: 1.1
Fax #: (818)301-2519	Expiration Date 06/30/2013
Program Name: MALIBU BEACH RECOVERY CENTER - BRENTWOOD HOUSE	Record ID: 190562CP
Legal Name: MALIBU BEACH RECOVERY CENTER, LLC	Service Type: RES
Address: 101 SOUTH SALTAIR AVENUE	Resident Capacity: 6
City, State: LOS ANGELES, CA 90049	Total Occupancy: 6
Phone #: (310)589-2407	Target Population: 1.1
Fax #: (818)301-2519	Expiration Date 09/13/2014
Program Name: MALIBU BEACH RECOVERY CENTER - IOP	Record ID: 190562BP
Legal Name: MALIBU BEACH RECOVERY CENTER, LLC	Service Type: NON
Address: 10940 WILSHIRE BOULEVARD, SUITE 1600	Resident Capacity: 0
City, State: LOS ANGELES, CA 90024	Total Occupancy: 0
Phone #: (310)589-2407	Target Population: 1.1
Fax #: (818)301-2519	Expiration Date 09/30/2014
Program Name: INSPIRE MALIBU	Record ID: 190729AP
Legal Name: MALIBU CALIFORNIA MODEL DRUG TREATMENT CENTER, INC.	Service Type: NON
Address: 30101 AGOURA COURT, SUITE 103	Resident Capacity: 0
City, State: AGOURA HILLS, CA 91301	Total Occupancy: 0
Phone #: (818)922-4779	Target Population: 1.8
Fax #: (818)879-9013	Expiration Date 10/31/2013

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Program Name: MALIBU HORIZON CORPORATION Legal Name: MALIBU HORIZON CORPORATION Address: 33239 MULHOLLAND HIGHWAY City, State: MALIBU, CA 90265 Phone #: (818)889-4444 Fax #: (818)889-4003	Record ID: 190460BP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 10/31/2013
Program Name: MALIBU HORIZON CORPORATION Legal Name: MALIBU HORIZON CORPORATION Address: 265 SOUTH WESTLAKE BOULEVARD City, State: MALIBU, CA 90265 Phone #: (818)889-4444 Fax #: (818)889-4021	Record ID: 190460AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.8 Expiration Date 12/31/2014
Program Name: SUMMIT MALIBU Legal Name: MALIBU LIGHTHOUSE TREATMENT CENTER, LLC DBA SUMMIT MAI Address: 28011 PAQUET PLACE City, State: MALIBU, CA 90265 Phone #: (310)457-0787 Fax #: (310)457-8067	Record ID: 190612BP Service Type: RES-DETOX Resident Capacity: 7 Total Occupancy: 7 Target Population: 1.1 Expiration Date 05/31/2014
Program Name: ROYAL PALMS RECOVERY HOME Legal Name: MARY LIND RECOVERY CENTERS Address: 360 SOUTH WESTLAKE AVENUE City, State: LOS ANGELES, CA 90057 Phone #: (213)483-9201	Record ID: 190008BN Service Type: RES Resident Capacity: 135 Total Occupancy: 135 Target Population: 1.2 Expiration Date 12/31/2014
Program Name: BIMINI RECOVERY CENTER Legal Name: MARY LIND RECOVERY CENTERS Address: 155 SOUTH BIMINI PLACE City, State: LOS ANGELES, CA 90004 Phone #: (213)388-5423 Fax #: (213)388-1317	Record ID: 190008AN Service Type: RES Resident Capacity: 86 Total Occupancy: 86 Target Population: 1.1 Expiration Date 07/31/2013
Program Name: RENA B. RECOVERY HOME Legal Name: MARY LIND RECOVERY CENTERS Address: 4439, 4445 AND 4455 BURNS AVENUE City, State: LOS ANGELES, CA 90029 Phone #: (323)664-8940	Record ID: 190008CN Service Type: RES Resident Capacity: 100 Total Occupancy: 100 Target Population: 1.1 Expiration Date 12/31/2013
Program Name: RENA B. RECOVERY CENTER Legal Name: MARY LIND RECOVERY CENTERS Address: 4445 BURNS AVENUE City, State: LOS ANGELES, CA 90029 Phone #: (213)382-4241 Fax #: (213)382-0136	Record ID: 190008FN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 08/31/2013

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Program Name: MATRIX INSTITUTE	Record ID: 190297AN
Legal Name: MATRIX INSTITUTE ON ADDICTIONS	Service Type: NON
Address: 20350 VENTURA BOULEVARD, SUITE 230	Resident Capacity: 0
City, State: WOODLAND HILLS, CA 91364	Total Occupancy: 0
Phone #: (818)226-6070	Target Population: 1.1
Fax #: (818)654-2580	Expiration Date 08/31/2013
Program Name: MATRIX INSTITUTE ON ADDICTIONS	Record ID: 190297CN
Legal Name: MATRIX INSTITUTE ON ADDICTIONS	Service Type: NON
Address: 5220 WEST WASHINGTON BOULEVARD, SUITE 200	Resident Capacity: 0
City, State: LOS ANGELES, CA 90016	Total Occupancy: 0
Phone #: (323)933-9186	Target Population: 1.1
Fax #: (323)933-7146	Expiration Date 04/30/2015
Program Name: MATRIX INSTITUTE	Record ID: 190297BN
Legal Name: MATRIX INSTITUTE ON ADDICTIONS	Service Type: NON
Address: 1849 SAWTELLE BOULEVARD, SUITE 100	Resident Capacity: 0
City, State: WEST LOS ANGELES, CA 90025	Total Occupancy: 0
Phone #: (310)478-8305	Target Population: 1.10
Fax #: (310)207-4404	Expiration Date 08/31/2013
Program Name: MAXIN HEALTH CARE SERVICES, INC.	Record ID: 190591AN
Legal Name: MAXIN HEALTH CARE SERVICES, INC.	Service Type: NON
Address: 3756 SANTA ROSALIA DRIVE, SUITE 326A	Resident Capacity: 0
City, State: LOS ANGELES, CA 90008	Total Occupancy: 0
Phone #: (310)941-2276	Target Population: 1.5
	Expiration Date 03/31/2014
Program Name: MCINTYRE HOUSE	Record ID: 190420AN
Legal Name: MCINTYRE HOUSE	Service Type: RES
Address: 544 NORTH KENMORE AVENUE	Resident Capacity: 16
City, State: LOS ANGELES, CA 90004	Total Occupancy: 24
Phone #: (323)662-0855	Target Population: 1.2
Fax #: (323)622-0842	Expiration Date 06/30/2014
Program Name: MEDI-CURE HEALTH SERVICES, INC.	Record ID: 190636AN
Legal Name: MEDI-CURE HEALTH SERVICES, INC.	Service Type: NON
Address: 3756 SANTA ROSALIA DRIVE # 417	Resident Capacity: 0
City, State: LOS ANGELES, CA 90008	Total Occupancy: 0
Phone #: (323)295-1136	Target Population: 1.5
Fax #: (323)295-1071	Expiration Date 10/31/2014
Program Name: MELA COUNSELING SERVICES CENTER, INC.	Record ID: 190713AN
Legal Name: MELA COUNSELING SERVICES CENTER, INC.	Service Type: NON
Address: 5723 WHITTIER BOULEVARD	Resident Capacity: 0
City, State: LOS ANGELES, CA 90022	Total Occupancy: 0
Phone #: (323)721-6855	Target Population: 1.1
	Expiration Date 03/31/2013

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Program Name: MJB RECOVERY, INC.	Record ID: 190288BN
Legal Name: MJB TRANSITIONAL RECOVERY, INC.	Service Type: NON
Address: 11152 SOUTH MAIN STREET	Resident Capacity: 0
City, State: LOS ANGELES, CA 90061	Total Occupancy: 0
Phone #: (323)777-2491	Target Population: 1.1
Fax #: (323)777-0426	Expiration Date 10/31/2013
Program Name: MOTIVATIONAL RECOVERY SERVICES, INC.	Record ID: 190751AN
Legal Name: MOTIVATIONAL RECOVERY SERVICES, INC.	Service Type: NON
Address: 1130 WEST OLIVE AVENUE SUITE B	Resident Capacity: 0
City, State: BURBANK, CA 91506	Total Occupancy: 0
Phone #: (800)937-5732	Target Population: 1.1
	Expiration Date 07/31/2014
Program Name: MOUNT ZION COUNSELING SERVICES, INC.	Record ID: 190654AN
Legal Name: MOUNT ZION COUNSELING SERVICES, INC.	Service Type: NON
Address: 8814 S. WESTERN AVENUE	Resident Capacity: 0
City, State: LOS ANGELES, CA 90047	Total Occupancy: 0
Phone #: (323)908-1982	Target Population: 1.5
Fax #: (323)908-0484	Expiration Date 06/30/2013
Program Name: NATIONAL COUNCIL ON ALCOHOLISM & DRUG DEPENDENCE OF EA	Record ID: 190241CN
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM & DRUG DEPENDENCE OF EA	Service Type: NON
Address: 4626 NORTH GRAND AVENUE	Resident Capacity: 0
City, State: COVINA, CA 91724	Total Occupancy: 0
Phone #: (626)331-5316	Target Population: 1.1
Fax #: (626)332-2219	Expiration Date 03/31/2014
Program Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF	Record ID: 190241BN
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF	Service Type: NON
Address: 656 NORTH PARK AVENUE	Resident Capacity: 0
City, State: POMONA, CA 91768	Total Occupancy: 0
Phone #: (909)629-4084	Target Population: 1.1
Fax #: (909)629-4086	Expiration Date 07/31/2014
Program Name: TEENAGE ALCOHOL AND DRUG PROGRAM/ADULT ALCOHOL AND D	Record ID: 190049AN
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF	Service Type: NON
Address: 6166 VESPER AVENUE	Resident Capacity: 0
City, State: VAN NUYS, CA 91411	Total Occupancy: 0
Phone #: (818)997-0414	Target Population: 1.5
Fax #: (818)997-0851	Expiration Date 04/30/2014
Program Name: TEENAGE ALCOHOL AND DRUG PROGRAM/ADULT ALCOHOL AND D	Record ID: 190049BN
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF	Service Type: NON
Address: 24460 LYONS AVENUE	Resident Capacity: 0
City, State: SANTA CLARITA, CA 91321	Total Occupancy: 0
Phone #: (616)253-9400	Target Population: 1.1
Fax #: (818)997-0851	Expiration Date 02/28/2015

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Program Name: WOMAN TO WOMAN RESIDENTIAL PROGRAM	Record ID: 190178AN
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE- LC	Service Type: RES
Address: 431 W. 9TH STREET	Resident Capacity: 10
City, State: LONG BEACH, CA 90813	Total Occupancy: 13
Phone #: (562)426-8262	Target Population: 1.4
Fax #: (562)426-5283	Expiration Date 03/31/2015
Program Name: LONG BEACH REGIONAL DRUG COURT PROGRAM	Record ID: 190178CN
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE-LC	Service Type: NON
Address: 780 ATLANTIC AVENUE	Resident Capacity: 0
City, State: LONG BEACH, CA 90813	Total Occupancy: 0
Phone #: (562)624-9757	Target Population: 1.1
	Expiration Date 05/31/2013
Program Name: NEW BEGINNING TREATMENT CENTER OUTPATIENT	Record ID: 190456AP
Legal Name: NEW BEGINNING TREATMENT CENTER OUTPATIENT	Service Type: NON
Address: 22030 SHERMAN WAY, SUITE 115	Resident Capacity: 0
City, State: CANOGA PARK, CA 91303	Total Occupancy: 0
Phone #: (818)340-0230	Target Population: 1.1
Fax #: (818)340-0228	Expiration Date 10/31/2014
Program Name: NEW CHOICE RECOVERY TREATMENT CENTER, INC.	Record ID: 190597AP
Legal Name: NEW CHOICE RECOVERY TREATMENT CENTER, INC.	Service Type: NON
Address: 5436 SOUTH BROADWAY	Resident Capacity: 0
City, State: LOS ANGELES, CA 90037	Total Occupancy: 0
Phone #: (323)234-6261	Target Population: 1.1
	Expiration Date 06/30/2014
Program Name: NEW DIRECTIONS	Record ID: 190209AN
Legal Name: NEW DIRECTIONS, INC.	Service Type: RES-DETOX
Address: 11301 WILSHIRE BLVD., BLDG. 257 AND 11303 WILSHIRE BLVD.,	Resident Capacity: 119
City, State: LOS ANGELES, CA 90073	Total Occupancy: 119
Phone #: (310)914-4045	Target Population: 1.2
	Expiration Date 10/31/2013
Program Name: NEW DIRECTIONS WOMEN'S PROGRAM	Record ID: 190209BN
Legal Name: NEW DIRECTIONS, INC.	Service Type: RES
Address: 12536 MITCHELL AVENUE	Resident Capacity: 8
City, State: LOS ANGELES, CA 90066	Total Occupancy: 8
Phone #: (310)398-0191	Target Population: 1.3
Fax #: (310)398-0191	Expiration Date 09/30/2014
Program Name: NEW FOUND LIFE	Record ID: 190184AP
Legal Name: NEW FOUND LIFE, INC.	Service Type: RES
Address: 2211, 2213, 2135 AND 2137 EAST OCEAN BOULEVARD	Resident Capacity: 30
City, State: LONG BEACH, CA 90803	Total Occupancy: 30
Phone #: (562)434-4060	Target Population: 1.1
Fax #: (562)987-3924	Expiration Date 12/31/2013

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Program Name: NEW HOPE DRUG AND ALCOHOL TREATMENT PROGRAM Legal Name: NEW HOPE DRUG AND ALCOHOL TREATMENT PROGRAM, INC. Address: 1841 AND 1841 1/2 WEST IMPERIAL HIGHWAY City, State: LOS ANGELES, CA 90047 Phone #: (323)750-2850 Fax #: (323)750-0851	Record ID: 190504AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 02/28/2014
Program Name: NEW HORIZON ADVANCEMENT CENTER Legal Name: NEW HORIZON ADVANCEMENT CENTER Address: 8604 LANKERSHIM BOULEVARD City, State: SUN VALLEY, CA 91352 Phone #: (818)768-1600 Fax #: (818)768-1680	Record ID: 190742AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 02/28/2014
Program Name: NEW PERCEPTIONS Legal Name: NEW PERCEPTIONS DRUG AND ALCOHOL PROGRAM Address: 17813 MALDEN STREET City, State: NORTHRIDGE, CA 91325 Phone #: (818)885-9596 Fax #: (818)885-9595	Record ID: 190416AP Service Type: RES-DETOX Resident Capacity: 10 Total Occupancy: 12 Target Population: 1.1 Expiration Date 08/31/2014
Program Name: CLEAR PATH (COUNSELING CENTER) Legal Name: NEW RESOURCE INSTITUTE Address: 1315 NORTH BULLIS ROAD, SUITE 8 City, State: COMPTON, CA 90221 Phone #: (310)635-8822 Fax #: (310)635-8828	Record ID: 190461AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 05/31/2015
Program Name: VICTORY HOUSE/AWARE PROGRAM Legal Name: NEW WAY FOUNDATION, INC. Address: 207 NORTH VICTORY BOULEVARD City, State: BURBANK, CA 91502 Phone #: (818)842-9416	Record ID: 190058AN Service Type: RES Resident Capacity: 50 Total Occupancy: 50 Target Population: 1.2 Expiration Date 07/31/2014
Program Name: NEW WAY AWARE RECOVERY PROGRAM Legal Name: NEW WAY FOUNDATION, INC. Address: 844 NORTH HOLLYWOOD WAY City, State: BURBANK, CA 91505 Phone #: (818)842-9446 Fax #: (818)848-0130	Record ID: 190058BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2015
Program Name: OASIS WOMEN'S RECOVERING COMMUNITY Legal Name: OASIS WOMEN'S RECOVERING COMMUNITY Address: 13832 POLK STREET City, State: SYLMAR, CA 91342 Phone #: (818)362-0986 Fax #: (818)833-0922	Record ID: 190155BN Service Type: RES Resident Capacity: 14 Total Occupancy: 14 Target Population: 1.3 Expiration Date 08/31/2013

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Program Name: OCEANSIDE MALIBU	Record ID: 190687AP
Legal Name: OCEANSIDE TRANSITIONAL LIVING IN MALIBU, INC.	Service Type: RES-DETOX
Address: 21022 PACIFIC COAST HIGHWAY	Resident Capacity: 6
City, State: MALIBU, CA 90265	Total Occupancy: 6
Phone #: (310)456-3355	Target Population: 1.1
Fax #: (310)456-3305	Expiration Date 05/31/2015
Program Name: OKULI COUNSELING SERVICES	Record ID: 190520AN
Legal Name: OKULI EAGLE'S NEST FOUNDATION, INC.	Service Type: NON
Address: 1315 NORTH BULLIS ROAD, SUITE 12	Resident Capacity: 0
City, State: COMPTON, CA 90221	Total Occupancy: 0
Phone #: (310)609-2303	Target Population: 1.1
	Expiration Date 04/30/2014
Program Name: OMEGA SUBSTANCE ABUSE AND EDUCATION PROGRAM	Record ID: 190705AN
Legal Name: OMEGA HEALTH AND EDUCATIONAL SERVICES, INC.	Service Type: NON
Address: 3870 CRENSHAW BOULEVARD, SUITE 213	Resident Capacity: 0
City, State: LOS ANGELES, CA 90008	Total Occupancy: 0
Phone #: (310)854-1003	Target Population: 1.1
	Expiration Date 06/30/2013
Program Name: ONATE CARE CENTER	Record ID: 190747AN
Legal Name: ONATE CARE CENTER	Service Type: NON
Address: 301 N. PRAIRIE AVENUE, SUITE 501	Resident Capacity: 0
City, State: INGLEWOOD, CA 90302	Total Occupancy: 0
Phone #: (323)603-1945	Target Population: 1.1
	Expiration Date 04/30/2014
Program Name: OPEN ARMS MEN'S CENTER	Record ID: 190518AN
Legal Name: OPEN ARMS MEN'S CENTER, INC.	Service Type: NON
Address: 11502 SOUTH VERMONT AVENUE	Resident Capacity: 0
City, State: LOS ANGELES, CA 90044	Total Occupancy: 0
Phone #: (323)755-2742	Target Population: 1.1
	Expiration Date 04/30/2014
Program Name: OVERCOMERS REHABILITATION CENTER, INC.	Record ID: 190668AN
Legal Name: OVERCOMERS REHABILITATION CENTER, INC.	Service Type: NON
Address: 4110 CRENSHAW BOULEVARD	Resident Capacity: 0
City, State: LOS ANGELES, CA 90008	Total Occupancy: 0
Phone #: (310)505-8045	Target Population: 1.1
Fax #: () -	Expiration Date 10/31/2014
Program Name: PACIFIC LODGE YOUTH SERVICES, INC.	Record ID: 190711AN
Legal Name: PACIFIC LODGE YOUTH SERVICES, INC.	Service Type: NON
Address: 22030 SHERMAN WAY, SUITE 215	Resident Capacity: 0
City, State: CANOGA PARK, CA 91303	Total Occupancy: 0
Phone #: (818)347-1577	Target Population: 1.1
Fax #: (818)883-5452	Expiration Date 04/30/2015

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Program Name: PACIFIC VIEW RECOVERY CENTER Legal Name: PACIFIC VIEW RECOVERY CENTER Address: 643 PACIFIC STREET, UNIT 3 City, State: SANTA MONICA, CA 90405 Phone #: (760)641-3972 Fax #: (310)202-7604	Record ID: 190776AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 04/30/2015
Program Name: PACIFIC VIEW RECOVERY CENTER Legal Name: PACIFIC VIEW RECOVERY CENTER Address: 643 PACIFIC STREET, UNIT 1 City, State: SANTA MONICA, CA 90405 Phone #: (760)641-3972 Fax #: (310)202-7604	Record ID: 190776BP Service Type: RES-DETOX Resident Capacity: 4 Total Occupancy: 4 Target Population: 1.1 Expiration Date 04/30/2015
Program Name: PACIFICA RECOVERY, INC. Legal Name: PACIFICA RECOVERY, INC. Address: 415 WEST FOOTHILL BLVD. SUITE #210, 230, 231, 232, AND 236 City, State: CLAREMONT, CA 91711 Phone #: (919)447-5081 Fax #: (919)447-5974	Record ID: 190712AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 02/28/2015
Program Name: PACIFIC CLINICS SUBSTANCE ABUSE AND MENTAL HEALTH SERVIC Legal Name: PACIFICS CLINICS Address: 11721 A TELEGRAPH ROAD City, State: SANTA FE SPRINGS, CA 90670 Phone #: (562)949-8455 Fax #: (562)949-4807	Record ID: 190254KN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 08/31/2013
Program Name: PALM HOUSE RECOVERY HOME Legal Name: PALM HOUSE, INCORPORATED Address: 2515 EAST JEFFERSON STREET City, State: CARSON, CA 90810 Phone #: (310)830-7803	Record ID: 190040AN Service Type: RES Resident Capacity: 20 Total Occupancy: 20 Target Population: 1.2 Expiration Date 07/31/2014
Program Name: PASADENA RECOVERY CENTER Legal Name: PASADENA RECOVERY CENTER, INC. Address: 1811 NORTH RAYMOND AVENUE City, State: PASADENA, CA 91103 Phone #: (626)345-9992 Fax #: (626)345-9995	Record ID: 190250AP Service Type: RES Resident Capacity: 88 Total Occupancy: 98 Target Population: 1.1 Expiration Date 10/31/2014
Program Name: SEA VIEW REHABILITATION CENTER Legal Name: PAUL AND MAVASH MORADY Address: 5606 SEA VIEW DRIVE City, State: MALIBU, CA 90265 Phone #: (310)968-9235 Fax #: (818)338-3585	Record ID: 190715AP Service Type: RES-DETOX Resident Capacity: 2 Total Occupancy: 2 Target Population: 1.1 Expiration Date 12/31/2014

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Program Name: PAVILLION HEALTHCARE SERVICES, INC.	Record ID: 190578AN
Legal Name: PAVILLION HEALTHCARE SERVICES, INC.	Service Type: NON
Address: 20930 SOUTH BONITA STREET, SUITE Y	Resident Capacity: 0
City, State: CARSON, CA 90746	Total Occupancy: 0
Phone #: (310)532-3464	Target Population: 1.1
Fax #: (310)532-6276	Expiration Date 11/30/2013
Program Name: PAX HOUSE	Record ID: 190732AP
Legal Name: PAX HOUSE, LLC	Service Type: RES
Address: 324 WAPELLO STREET	Resident Capacity: 12
City, State: ALTADENA, CA 91001	Total Occupancy: 12
Phone #: (626)398-3897	Target Population: 1.1
Fax #: () -	Expiration Date 10/31/2014
Program Name: CASTLE SUBSTANCE ABUSE PROGRAM-OUTPATIENT	Record ID: 190013BN
Legal Name: PEOPLE COORDINATED SERVICES OF SOUTHERN CALIFORNIA	Service Type: NON
Address: 3021 SOUTH VERNONT AVENUE	Resident Capacity: 0
City, State: LOS ANGELES, CA 90007	Total Occupancy: 0
Phone #: (323)732-9124	Target Population: 1.1
	Expiration Date 10/31/2013
Program Name: CASTLE SUBSTANCE ABUSE PROGRAM - WEST	Record ID: 190013AN
Legal Name: PEOPLE COORDINATED SERVICES OF SOUTHERN CALIFORNIA	Service Type: RES
Address: 1319 SOUTH MANHATTAN PLACE	Resident Capacity: 62
City, State: LOS ANGELES, CA 90019	Total Occupancy: 62
Phone #: (323)735-7059	Target Population: 1.1
	Expiration Date 10/31/2013
Program Name: CASTLE SUBSTANCE ABUSE PROGRAM - EAST	Record ID: 190013CN
Legal Name: PEOPLE COORDINATED SERVICES OF SOUTHERN CALIFORNIA	Service Type: RES
Address: 4771 SOUTH MAIN STREET	Resident Capacity: 61
City, State: LOS ANGELES, CA 90037	Total Occupancy: 61
Phone #: (323)735-7059	Target Population: 1.1
	Expiration Date 10/31/2013
Program Name: NEW DIRECTIONS	Record ID: 190253AP
Legal Name: PERLA, RICHARD J.	Service Type: NON
Address: 11530 LA MIRADA BLVD	Resident Capacity: 0
City, State: LA MIRADA, CA 90638	Total Occupancy: 0
Phone #: (562)943-6000	Target Population: 1.1
Fax #: (562)944-5573	Expiration Date 04/30/2015
Program Name: PHOENIX HOUSE ACADEMY OUTPATIENT CENTER	Record ID: 190115DN
Legal Name: PHOENIX HOUSES OF LOS ANGELES	Service Type: NON
Address: 11600 ELDRIDGE AVENUE	Resident Capacity: 0
City, State: LAKEVIEW TERRACE, CA 91342	Total Occupancy: 0
Phone #: (818)686-3000	Target Population: 1.1
	Expiration Date 02/28/2015

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Program Name: PHOENIX HOUSE - VENICE Legal Name: PHOENIX HOUSES OF LOS ANGELES, INC. Address: 503 OCEAN FRONT WALK City, State: VENICE, CA 90291 Phone #: (310)392-3070	Record ID: 190115AN Service Type: RES Resident Capacity: 53 Total Occupancy: 53 Target Population: 1.2 Expiration Date 12/31/2013
Program Name: PHOENIX HOUSE: OUTPATIENT SERVICES Legal Name: PHOENIX HOUSES OF LOS ANGELES, INC. Address: 503 OCEAN FRONT WALK City, State: VENICE, CA 90291 Phone #: (310)392-3070 Fax #: (310)392-9068	Record ID: 190115CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.2 Expiration Date 12/31/2013
Program Name: PHOENIX HOUSES OF LOS ANGELES Legal Name: PHOENIX HOUSES OF LOS ANGELES, INC. Address: 11600 ELDRIDGE AVENUE City, State: LAKE VIEW TERRACE, CA 91342 Phone #: (818)686-3013	Record ID: 190115BN Service Type: DSS Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1
Program Name: PLAZA COMMUNITY SERVICES Legal Name: PLAZA COMMUNITY CENTER Address: 5255 POMONA BOULEVARD, SUITES 2 AND 5A City, State: LOS ANGELES, CA 90022 Phone #: (323)888-2530 Fax #: (323)726-3510	Record ID: 190582AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 07/31/2015
Program Name: CLEAN AND FREE CORPORATION Legal Name: POM-POM'S CASTLE Address: 5135 SOUTH WESTERN AVENUE City, State: LOS ANGELES, CA 90062 Phone #: (323)202-8432	Record ID: 190329AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2014
Program Name: POMONA ALCOHOL & DRUG RECOVERY CENTER, INC. Legal Name: POMONA ALCOHOL & DRUG RECOVERY CENTER, INC. Address: 558 NORTH TOWNE AVENUE City, State: POMONA, CA 91767 Phone #: (909)622-2273	Record ID: 190234AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.7 Expiration Date 12/31/2014
Program Name: POMONA COMMUNITY CRISIS CENTER Legal Name: POMONA COMMUNITY CRISIS CENTER Address: 232 AND 240 EAST MONTEREY AVENUE City, State: POMONA, CA 91767 Phone #: (909)623-1588	Record ID: 190409AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2013

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Program Name: POSITIVE STEPS, INC.	Record ID: 190289AP
Legal Name: POSITIVE STEPS, INC.	Service Type: NON
Address: 5230 NORTH CLARK AVENUE, SUITE 18	Resident Capacity: 0
City, State: LAKEWOOD, CA 90712	Total Occupancy: 0
Phone #: (562)804-2700	Target Population: 1.1
Fax #: (562)496-2104	Expiration Date 06/30/2013
Program Name: PRIDE HEALTH SERVICES	Record ID: 190212AN
Legal Name: PRIDE HEALTH SERVICES	Service Type: NON
Address: 8619 SOUTH CRENSHAW BOULEVARD	Resident Capacity: 0
City, State: INGLEWOOD, CA 90305	Total Occupancy: 0
Phone #: (310)677-9019	Target Population: 1.1
Fax #: (310)677-9401	Expiration Date 01/31/2014
Program Name: PRIDE HEALTH SERVICES--VERMONT CENTER	Record ID: 190212BN
Legal Name: PRIDE HEALTH SERVICES	Service Type: NON
Address: 8904 SOUTH VERMONT AVENUE	Resident Capacity: 0
City, State: LOS ANGELES, CA 90044	Total Occupancy: 0
Phone #: (323)753-5950	Target Population: 1.5
Fax #: (323)753-6020	Expiration Date 11/30/2014
Program Name: IMPACT DRUG AND ALCOHOL TREATMENT CENTER	Record ID: 190094AN
Legal Name: PRINCIPLES, INC.	Service Type: RES
Address: 1680 NORTH FAIR OAKS AVENUE	Resident Capacity: 130
City, State: PASADENA, CA 91103	Total Occupancy: 130
Phone #: (626)798-0884	Target Population: 1.1
Fax #: (626)798-6970	Expiration Date 10/31/2013
Program Name: PRINCIPLES, INC., D.B.A. IMPACT	Record ID: 190094HN
Legal Name: PRINCIPLES, INC.	Service Type: NON
Address: 333 SOUTH CENTRAL AVENUE	Resident Capacity: 0
City, State: LOS ANGELES, CA 90013	Total Occupancy: 0
Phone #: (213)625-5009	Target Population: 1.1
Fax #: (213)577-4250	Expiration Date 09/30/2014
Program Name: IMPACT OUTPATIENT/AFTERCARE PROGRAM	Record ID: 190094GN
Legal Name: PRINCIPLES, INC.	Service Type: NON
Address: 2623 FOOTHILL BOULEVARD, SUITE 104	Resident Capacity: 0
City, State: PASADENA, CA 91107	Total Occupancy: 0
Phone #: (626)798-0884	Target Population: 1.1
Fax #: (626)798-6970	Expiration Date 07/31/2013
Program Name: PRIORITY HEALTH CARE SERVICES, INC.	Record ID: 190631AN
Legal Name: PRIORITY HEALTH CARE SERVICES, INC.	Service Type: NON
Address: 2023 WEST COMPTON BOULEVARD	Resident Capacity: 0
City, State: COMPTON, CA 90220	Total Occupancy: 0
Phone #: (310)763-7000	Target Population: 1.5
	Expiration Date 04/30/2015

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Program Name: PROGRESSIONS TLC, LLC Legal Name: PROGRESSIONS TLC, LLC Address: 5510 WILBUR AVENUE City, State: TARZANA, CA 91356 Phone #: (818)324-2507 Fax #: (888)310-4278	Record ID: 190768AP Service Type: RES-DETOX Resident Capacity: 12 Total Occupancy: 12 Target Population: 1.1 Expiration Date 01/31/2015
Program Name: PROMISES TREATMENT CENTERS II Legal Name: PROMAL2, INC. Address: 20723 ROCKCROFT DRIVE City, State: MALIBU, CA 90265 Phone #: (310)390-2340	Record ID: 190624AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 12/31/2014
Program Name: PROMAL4, INC., D.B.A. PROMISES TREATMENT CENTERS IV Legal Name: PROMAL4, INC. Address: 20729 ROCKCROFT DRIVE City, State: MALIBU, CA 90265 Phone #: (310)390-2340 Fax #: (310)741-3062	Record ID: 190617AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 12/31/2014
Program Name: PROMINENCE TREATMENT CENTER:INTENSIVE OUTPATIENT PROG Legal Name: PROMINENCE CORPORATION Address: 4505 LAS VIRGENES ROAD, SUITE # 207 City, State: CALABASAS, CA 91302 Phone #: (818)878-6900 Fax #: (818)878-6902	Record ID: 190722BP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2013
Program Name: PROMINENCE TREATMENT CENTER Legal Name: PROMINENCE CORPORATION Address: 2150 COLD CANYON ROAD City, State: CALABASAS, CA 91302 Phone #: (818)395-6144 Fax #: (818)878-6902	Record ID: 190722AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 06/30/2013
Program Name: PROTOTYPES OUTPATIENT SERVICES Legal Name: PROTOTYPES, A CENTER FOR INNOVATION IN HEALTH, MENTAL HF Address: 831 EAST ARROW HIGHWAY, WEST WING City, State: POMONA, CA 91767 Phone #: (909)398-4383 Fax #: (909)398-4383	Record ID: 190101CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.13 Expiration Date 01/31/2014
Program Name: PROTOTYPES WOMEN'S CENTER Legal Name: PROTOTYPES, A CENTER FOR INNOVATION IN HEALTH, MENTAL HF Address: 845 EAST ARROW HIGHWAY City, State: POMONA, CA 91767 Phone #: (909)624-1233	Record ID: 190101AN Service Type: RES Resident Capacity: 160 Total Occupancy: 250 Target Population: 1.4 Expiration Date 07/31/2014

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Program Name: PROTOTYPES S.T.A.R. HOUSE/DOMESTIC VIOLENCE PROGRAM	Record ID: 190101DN
Legal Name: PROTOTYPES, CENTERS FOR INNOVATION IN HEALTH, MENTAL HE	Service Type: RES
Address: 1000 N. ALAMEDA STREET, SUITE 390	Resident Capacity: 34
City, State: LOS ANGELES, CA 90012	Total Occupancy: 34
Phone #: (213)542-3838	Target Population: 1.3
Fax #: (213)225-0085	Expiration Date 02/28/2015
Program Name: R.I.G.H.T. PROGRAM	Record ID: 190513AP
Legal Name: R.I.G.H.T. PROGRAM	Service Type: NON
Address: 1704 WEST MANCHESTER AVENUE, SUITE 103	Resident Capacity: 0
City, State: LOS ANGELES, CA 90047	Total Occupancy: 0
Phone #: (323)751-4778	Target Population: 1.1
Fax #: (323)295-7703	Expiration Date 01/31/2014
Program Name: RECOVERY AT SEA	Record ID: 190741AN
Legal Name: RECOVERY AT SEA, NPC	Service Type: NON
Address: 700 ANCHORAGE ROAD, YACHT CENTER CH-03	Resident Capacity: 0
City, State: WILMINGTON, CA 90744	Total Occupancy: 0
Phone #: (310)834-7606	Target Population: 1.1
Fax #: (310)834-7610	Expiration Date 03/31/2014
Program Name: REMAH HEALTH SERVICES	Record ID: 190515AN
Legal Name: REMAH HEALTH SERVICES, INC.	Service Type: NON
Address: 8929 SOUTH SEPULVEDA BLVD. #401	Resident Capacity: 0
City, State: LOS ANGELES, CA 90045	Total Occupancy: 0
Phone #: (310)670-0911	Target Population: 1.1
	Expiration Date 05/31/2014
Program Name: RENEW INTEGRATED PROGRAM-2, INC.	Record ID: 190484BP
Legal Name: RENEW INTEGRATED PROGRAM-2, INC.	Service Type: NON
Address: 928 SOUTH PALOS VERDES STREET	Resident Capacity: 0
City, State: SAN PEDRO, CA 90731	Total Occupancy: 0
Phone #: (562)426-3300	Target Population: 1.1
Fax #: (562)637-3244	Expiration Date 02/28/2014
Program Name: NOW & FOREVER FOUNDATION	Record ID: 190324AP
Legal Name: RESEDA SUBSTANCE ABUSE TREATMENT CENTER, INC.	Service Type: NON
Address: 8745 PARTHENIA PLACE, UNIT 4	Resident Capacity: 0
City, State: NORTH HILLS, CA 91343	Total Occupancy: 0
Phone #: (818)895-5002	Target Population: 1.1
Fax #: (818)895-5502	Expiration Date 11/30/2013
Program Name: RICKMAN RECOVERY CENTERS	Record ID: 190062BP
Legal Name: RICKMAN RECOVERY CENTER	Service Type: NON
Address: 1274 EAST CENTER COURT, SUITE 112	Resident Capacity: 0
City, State: COVINA, CA 91724	Total Occupancy: 0
Phone #: (626)962-3203	Target Population: 1.1
	Expiration Date 05/31/2014

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Program Name: RIDGEVIEW RANCH Legal Name: RIDGEVIEW DRIVE RANCH, LLC Address: 3085 RIDGEVIEW DRIVE City, State: ALTADENA, CA 91001 Phone #: (626)482-3478	Record ID: 190627AP Service Type: RES Resident Capacity: 10 Total Occupancy: 10 Target Population: 1.1 Expiration Date 02/28/2014
Program Name: MENLO HOUSE RESIDENTIAL Legal Name: SADLER HEALTH CARE, INC. Address: 1731 SOUTH MENLO AVENUE City, State: LOS ANGELES, CA 90006 Phone #: (323)724-0019 Fax #: (323)724-0019	Record ID: 190279CP Service Type: RES Resident Capacity: 30 Total Occupancy: 30 Target Population: 1.2 Expiration Date 12/31/2014
Program Name: SANTA ANITA FAMILY SERVICE Legal Name: SANTA ANITA FAMILY SERVICE Address: 605 SOUTH MYRTLE AVENUE City, State: MONROVIA, CA 91016 Phone #: (626)359-9358 Fax #: (626)358-7647	Record ID: 190301AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2013
Program Name: SANTA ANITA FAMILY SERVICE Legal Name: SANTA ANITA FAMILY SERVICE Address: 121 SOUTH SANTA ANITA STREET City, State: SAN GABRIEL, CA 91776 Phone #: (626)350-4400 Fax #: (626)350-4499	Record ID: 190301CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 08/31/2013
Program Name: PROMISES TREATMENT CENTERS III Legal Name: SBAR2, INC. Address: 3743 SOUTH BARRINGTON AVENUE City, State: LOS ANGELES, CA 90066 Phone #: (310)390-2340	Record ID: 190623AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 12/31/2014
Program Name: SEASIDE RECOVERY CENTER, LLC II Legal Name: SEASIDE RECOVERY CENTER, LLC Address: 30380 MORNING VIEW DRIVE City, State: MALIBU, CA 90265 Phone #: (310)344-4030 Fax #: (818)337-0365	Record ID: 190695BP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 8 Target Population: 1.1 Expiration Date 05/31/2014
Program Name: SEASIDE RECOVERY CENTER, LLC I Legal Name: SEASIDE RECOVERY CENTER, LLC Address: 6380 SEA STAR DRIVE City, State: MALIBU, CA 90265 Phone #: (424)235-2015 Fax #: (818)337-0365	Record ID: 190695AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 8 Target Population: 1.1 Expiration Date 05/31/2014

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Program Name: SEEKING PEACEFUL SOLUTIONS, INC.	Record ID: 190547AN
Legal Name: SEEKING PEACEFUL SOLUTIONS, INC.	Service Type: NON
Address: 8724 SOUTH VERNON AVENUE	Resident Capacity: 0
City, State: LOS ANGELES, CA 90044	Total Occupancy: 0
Phone #: (323)753-1314	Target Population: 1.1
Fax #: (323)753-6619	Expiration Date 12/31/2014
Program Name: SEPULVEDA REHABILITATION CENTER	Record ID: 190499AP
Legal Name: SEPULVEDA REHABILITATION CENTER	Service Type: NON
Address: 7633 VAN NUYS BOULEVARD	Resident Capacity: 0
City, State: PANORAMA CITY, CA 91405	Total Occupancy: 0
Phone #: (818)782-7288	Target Population: 1.1
	Expiration Date 02/28/2014
Program Name: ST. PAUL CENTER ALCOHOL AND DRUG PROGRAM	Record ID: 190757AN
Legal Name: SET THE CAPTIVES FREE DELIVERANCE MINISTRIES	Service Type: NON
Address: 1039 WEST FLORENCE AVENUE	Resident Capacity: 0
City, State: LOS ANGELES, CA 90044	Total Occupancy: 0
Phone #: (323)776-1504	Target Population: 1.1
Fax #: (323)755-3959	Expiration Date 08/31/2014
Program Name: ARK OUTPATIENT DRUG FREE SERVICES/DRUG COURT	Record ID: 190238CN
Legal Name: SHIELDS FOR FAMILIES	Service Type: NON
Address: 11705 DEPUTY YAMAMOTO PLACE, SUITE A	Resident Capacity: 0
City, State: LYNWOOD, CA 90262	Total Occupancy: 0
Phone #: (323)357-6930	Target Population: 1.1
Fax #: (323)569-1979	Expiration Date 03/31/2015
Program Name: SHIELDS NON-RESIDENTIAL ADOLESCENT TREATMENT PROGRAM	Record ID: 190238AN
Legal Name: SHIELDS FOR FAMILIES	Service Type: NON
Address: 3209 NORTH ALAMEDA STREET, SUITE D	Resident Capacity: 0
City, State: COMPTON, CA 90222	Total Occupancy: 0
Phone #: (323)242-5000	Target Population: 1.5
Fax #: (323)242-5011	Expiration Date 05/31/2014
Program Name: EXODUS FAMILY DAY TREATMENT PROGRAM	Record ID: 190238EN
Legal Name: SHIELDS FOR FAMILIES	Service Type: NON
Address: 1500 EAST KAY STREET, UNITS (SEE COMMENTS SECTION)	Resident Capacity: 0
City, State: COMPTON, CA 90221	Total Occupancy: 0
Phone #: (310)898-2450	Target Population: 1.7
Fax #: (310)898-2452	Expiration Date 05/31/2015
Program Name: EDEN DUAL DIAGNOSIS PROGRAM	Record ID: 190238FN
Legal Name: SHIELDS FOR FAMILIES	Service Type: NON
Address: 2620 INDUSTRY WAY, SUITE A	Resident Capacity: 0
City, State: LYNWOOD, CA 90262	Total Occupancy: 0
Phone #: (323)242-5000	Target Population: 1.7
Fax #: (323)242-5011	Expiration Date 03/31/2015

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Program Name: SHIELDS FOR FAMILIES - MT. CARMEL TREATMENT CENTER Legal Name: SHIELDS FOR FAMILIES Address: 801 WEST 70TH STREET City, State: LOS ANGELES, CA 90044 Phone #: (323)759-0340	Record ID: 190238GN Service Type: RES Resident Capacity: 46 Total Occupancy: 46 Target Population: 1.1 Expiration Date 03/31/2014
Program Name: SHIELDS FOR FAMILIES-TAMAR VILLAGE Legal Name: SHIELDS FOR FAMILIES Address: 1315 NORTH BULLIS ROAD, SUITES 1,2,5 AND 9 City, State: COMPTON, CA 90221 Phone #: (310)668-9081 Fax #: (310)668-9087	Record ID: 190238HN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.3 Expiration Date 05/31/2014
Program Name: GENESIS FAMILY DAY TREATMENT PROGRAM Legal Name: SHIELDS FOR FAMILIES Address: 12021 SOUTH WILMINGTON AVENUE, LOT C City, State: LOS ANGELES, CA 90059 Phone #: (310)668-8260	Record ID: 190238DN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.7 Expiration Date 03/31/2015
Program Name: SILVER CROSS HEALTH SERVICES, INC. Legal Name: SILVER CROSS HEALTH SERVICES, INC. Address: 13079 ARTESIA BOULEVARD, SUITE B106 City, State: CERRITOS, CA 90703 Phone #: (562)916-3509 Fax #: (562)404-3083	Record ID: 190766AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.4 Expiration Date 12/31/2014
Program Name: SINGLETON HOUSING PROJECT, INC. Legal Name: SINGLETON HOUSING PROJECT, INC. Address: 1897 WEST JEFFERSON, SUITE A City, State: LOS ANGELES, CA 90018 Phone #: (323)735-2390	Record ID: 190581AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2014
Program Name: SOBA TREATMENT CENTER Legal Name: SOBALIVING, LLC DBA SOBA Address: 22699 PACIFIC COAST HIGHWAY City, State: MALIBU, CA 90265 Phone #: (866)547-6451	Record ID: 190664AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 04/30/2015
Program Name: SOBER COLLEGE OUTPATIENT SERVICES Legal Name: SOBER COLLEGE ENVIRNMENTS, LLC Address: 6233 VARIEL AVENUE City, State: LOS ANGELES, CA 91367 Phone #: (818)274-0304 Fax #: (818)274-0309	Record ID: 190772AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2015

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Program Name: SOBER LIFE, INC.	Record ID: 190621AP
Legal Name: SOBER LIFE, INC.	Service Type: NON
Address: 5419 WEST SUNSET BOULEVARD, SUITE 7	Resident Capacity: 0
City, State: LOS ANGELES, CA 90027	Total Occupancy: 0
Phone #: (323)465-3777	Target Population: 1.1
Fax #: (323)465-3773	Expiration Date 03/31/2014
Program Name: MID VALLEY OUTPATIENT SERVICES	Record ID: 190081HN
Legal Name: SOCIAL MODEL RECOVERY SERVICES	Service Type: NON
Address: 4610 SANTA ANITA AVENUE, UNIT D	Resident Capacity: 0
City, State: EL MONTE, CA 91731	Total Occupancy: 0
Phone #: (626)453-3432	Target Population: 1.1
Fax #: (626)456-8331	Expiration Date 03/31/2015
Program Name: THE RIVER COMMUNITY	Record ID: 190081AN
Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.	Service Type: RES
Address: 223 EAST ROWLAND STREET	Resident Capacity: 38
City, State: COVINA, CA 91723	Total Occupancy: 38
Phone #: (626)910-1202	Target Population: 1.8
	Expiration Date 03/31/2014
Program Name: SOCIAL MODEL RECOVERY SYSTEMS (PCADD)	Record ID: 190081EN
Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.	Service Type: NON
Address: 1245 EAST WALNUT STREET, SUITE 101, 103, 107, 109, 115, 117 AN	Resident Capacity: 0
City, State: PASADENA, CA 91106	Total Occupancy: 0
Phone #: (626)795-9127	Target Population: 1.5
Fax #: (626)795-0979	Expiration Date 10/31/2014
Program Name: RIVER COMMUNITY DAY TREATMENT	Record ID: 190081BN
Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.	Service Type: NON
Address: 510 SOUTH SECOND AVENUE, SUITE 6 AND 7	Resident Capacity: 0
City, State: COVINA, CA 91723	Total Occupancy: 0
Phone #: (626)974-8122	Target Population: 1.1
	Expiration Date 10/31/2013
Program Name: MARIPOSA RECOVERY HOME	Record ID: 190081GN
Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.	Service Type: RES
Address: 453 SOUTH INDIANA STREET	Resident Capacity: 13
City, State: LOS ANGELES, CA 90063	Total Occupancy: 15
Phone #: (323)266-7726	Target Population: 1.4
	Expiration Date 10/31/2014
Program Name: OMNI CENTER	Record ID: 190081FN
Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.	Service Type: RES
Address: 3426 AND 3430 COGSWELL ROAD	Resident Capacity: 18
City, State: EL MONTE, CA 91732	Total Occupancy: 18
Phone #: (626)453-3400	Target Population: 1.2
	Expiration Date 02/28/2014

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Program Name: SOUTH BAY HUMAN SERVICES Legal Name: SOUTH BAY HUMAN SERVICES COALITION, INC. Address: 2370 WEST CARSON STREET, SUITE 136 City, State: TORRANCE, CA 90501 Phone #: (310)328-0780 Fax #: (310)328-0175	Record ID: 190268AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2015
Program Name: SCHARP - OASIS HOUSE Legal Name: SOUTH CENTRAL HEALTH AND REHABILITATION PROGRAM Address: 5201 SOUTH VERNON AVENUE City, State: LOS ANGELES, CA 90037 Phone #: (323)751-2677 Fax #: (323)751-0971	Record ID: 190745AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2014
Program Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS/PARAMOUNT Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC. Address: 16247 COLORADO AVENUE City, State: PARAMOUNT, CA 90273 Phone #: (562)923-4545 Fax #: (562)862-0918	Record ID: 190011AGN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 08/31/2014
Program Name: ANGEL STEP TOO Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC. Address: SEE BELOW IN THE COMMENT SECTION City, State: BELLFLOWER, CA 90706 Phone #: (562)461-9272	Record ID: 190011VN Service Type: RES Resident Capacity: 30 Total Occupancy: 54 Target Population: 1.4 Expiration Date 11/30/2013
Program Name: LA CASITA DE LAS MAMAS OF DOWNEY Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC. Address: 10603 DOWNEY AVENUE City, State: DOWNEY, CA 90241 Phone #: (562)622-2268	Record ID: 190011RN Service Type: RES Resident Capacity: 6 Total Occupancy: 7 Target Population: 1.4 Expiration Date 03/31/2014
Program Name: LA CASITA DE LAS MAMAS OF DOWNEY Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC. Address: 10621 DOWNEY AVENUE City, State: DOWNEY, CA 90241 Phone #: (562)622-2268 Fax #: (562)861-6517	Record ID: 190011PN Service Type: RES Resident Capacity: 6 Total Occupancy: 10 Target Population: 1.4 Expiration Date 03/31/2014
Program Name: LA CASITA DE LAS MAMAS OF DOWNEY Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC. Address: 10615 DOWNEY AVENUE City, State: DOWNEY, CA 90241 Phone #: (562)622-2268 Fax #: (562)861-6517	Record ID: 190011ON Service Type: RES Resident Capacity: 6 Total Occupancy: 9 Target Population: 1.4 Expiration Date 03/31/2014

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Program Name: AWAKENINGS	Record ID: 190011NN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES
Address: 12322 CLEARGLEN, APARTMENT 4	Resident Capacity: 4
City, State: WHITTIER, CA 90604	Total Occupancy: 4
Phone #: (562)947-3835	Target Population: 1.1
	Expiration Date 03/31/2014
Program Name: AWAKENINGS	Record ID: 190011MN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES
Address: 12322 CLEARGLEN, APARTMENT 3	Resident Capacity: 4
City, State: WHITTIER, CA 90604	Total Occupancy: 4
Phone #: (562)947-3835	Target Population: 1.1
	Expiration Date 03/31/2014
Program Name: SOUTHERN CA ALCOHOL & DRUG PROGRAMS: ANGEL STEP INN - W	Record ID: 190011AHN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: NON
Address: 9047 WASHINGTON BOULEVARD	Resident Capacity: 0
City, State: PICO RIVERA, CA 90660	Total Occupancy: 0
Phone #: (562)949-5358	Target Population: 1.1
	Expiration Date 04/30/2015
Program Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC. RE	Record ID: 190011AFN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES
Address: 11501 DOLAN	Resident Capacity: 47
City, State: DOWNEY, CA 90241	Total Occupancy: 57
Phone #: (562)923-7894	Target Population: 1.1
Fax #: (562)923-3593	Expiration Date 04/30/2014
Program Name: CASA LIBRE - OUTPATIENT FAMILY CENTER	Record ID: 190011IIN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: NON
Address: 6635 FLORENCE AVENUE, SUITE 101	Resident Capacity: 0
City, State: BELL GARDENS, CA 90201	Total Occupancy: 0
Phone #: (562)927-1656	Target Population: 1.1
Fax #: (562)927-4346	Expiration Date 04/30/2015
Program Name: DRUG COURT	Record ID: 190011AEN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: NON
Address: 7346 PAINTER AVENUE	Resident Capacity: 0
City, State: WHITTIER, CA 90602	Total Occupancy: 0
Phone #: (562)923-4545	Target Population: 1.1
Fax #: (562)862-0918	Expiration Date 11/30/2013
Program Name: AWAKENINGS	Record ID: 190011LN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES
Address: 12322 CLEARGLEN, APARTMENT 2	Resident Capacity: 6
City, State: WHITTIER, CA 90604	Total Occupancy: 6
Phone #: (562)947-3835	Target Population: 1.1
	Expiration Date 03/31/2014

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Program Name: AWAKENINGS	Record ID: 190011KN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES
Address: 12322 CLEARGLEN, APARTMENT 1	Resident Capacity: 6
City, State: WHITTIER, CA 90604	Total Occupancy: 6
Phone #: (562)947-3835	Target Population: 1.1
	Expiration Date 03/31/2014
Program Name: FOLEY HOUSE	Record ID: 190011AN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES
Address: 10501, 10505, 10511, 10517, AND 10519 MILLS AVENUE	Resident Capacity: 20
City, State: WHITTIER, CA 90604	Total Occupancy: 30
Phone #: (562)944-7953	Target Population: 1.4
Fax #: (562)944-7953	Expiration Date 03/31/2014
Program Name: DRUG AND ALCOHOL COUNSELING SERVICES	Record ID: 190011AAN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: NON
Address: 11500 PARAMOUNT BOULEVARD	Resident Capacity: 0
City, State: DOWNEY, CA 90241	Total Occupancy: 0
Phone #: (562)923-4545	Target Population: 1.1
Fax #: (562)862-0918	Expiration Date 05/31/2014
Program Name: SOUTHLAND OUTPATIENT RECOVERY CENTER	Record ID: 190651AP
Legal Name: SOUTHLAND OUTPATIENT RECOVERY CENTER	Service Type: NON
Address: 920 N. LONG BEACH BOULEVARD	Resident Capacity: 0
City, State: COMPTON, CA 90221	Total Occupancy: 0
Phone #: (562)537-3396	Target Population: 1.5
	Expiration Date 03/31/2015
Program Name: SOUTHWEST SUBSTANCE ABUSE TREATMENT CENTER	Record ID: 190615AN
Legal Name: SOUTHWEST CARE, INC.	Service Type: NON
Address: 2930 WEST IMPERIAL HIGHWAY, SUITE 511	Resident Capacity: 0
City, State: INGLEWOOD, CA 90303	Total Occupancy: 0
Phone #: (323)777-0444	Target Population: **
	Expiration Date 07/31/2014
Program Name: SOUTHWEST TREATMENT CENTER	Record ID: 190610AN
Legal Name: SOUTHWEST TREATMENT CENTER, INC.	Service Type: NON
Address: 369 WEST COMPTON BOULEVARD	Resident Capacity: 0
City, State: COMPTON, CA 90220	Total Occupancy: 0
Phone #: (323)445-9393	Target Population: 1.5
	Expiration Date 03/31/2013
Program Name: PACIFIC ASIAN ALCOHOL AND DRUG PROGRAM	Record ID: 190210CN
Legal Name: SPECIAL SERVICE FOR GROUPS, INC.	Service Type: NON
Address: 2001 WEST BEVERLY BOULEVARD, SUITE 201	Resident Capacity: 0
City, State: LOS ANGELES, CA 90057	Total Occupancy: 0
Phone #: (213)413-1622	Target Population: 1.5
Fax #: (213)413-5456	Expiration Date 12/31/2014

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Program Name: INTEGRATED CARE SYSTEM/YOUNG PEOPLE'S OPPORTUNITY FOR L	Record ID: 190210BN
Legal Name: SPECIAL SERVICE FOR GROUPS, INC.	Service Type: NON
Address: 5715 SOUTH BROADWAY	Resident Capacity: 0
City, State: LOS ANGELES, CA 90037	Total Occupancy: 0
Phone #: (323)948-0444	Target Population: 1.5
Fax #: (323)948-0443	Expiration Date 03/31/2015
Program Name: SPECIAL SERVICE FOR GROUPS/HOPICS FAMILY CENTER	Record ID: 190210EN
Legal Name: SPECIAL SERVICE FOR GROUPS, INC.	Service Type: NON
Address: 5849 SOUTH CROCKER STREET	Resident Capacity: 0
City, State: LOS ANGELES, CA 90003	Total Occupancy: 0
Phone #: (323)234-4445	Target Population: 1.5
Fax #: (323)234-4477	Expiration Date 07/31/2015
Program Name: ALTERNATIVES RECOVERY	Record ID: 190721AP
Legal Name: SPENCER RECOVERY CENTER	Service Type: NON
Address: 2530 HYPERION AVENUE	Resident Capacity: 0
City, State: LOS ANGELES, CA 90027	Total Occupancy: 0
Phone #: (949)313-5223	Target Population: 1.1
	Expiration Date 09/30/2013
Program Name: SPIRITT FAMILY SERVICES	Record ID: 190247DN
Legal Name: SPIRITT FAMILY SERVICES	Service Type: NON
Address: 147 SOUTH SIXTH AVENUE	Resident Capacity: 0
City, State: LA PUENTE, CA 91746	Total Occupancy: 0
Phone #: (626)968-0041	Target Population: 1.1
	Expiration Date 12/31/2014
Program Name: SPIRITT FAMILY SERVICES	Record ID: 190247CN
Legal Name: SPIRITT FAMILY SERVICES	Service Type: NON
Address: 2000 TYLER AVENUE	Resident Capacity: 0
City, State: SOUTH EL MONTE, CA 91733	Total Occupancy: 0
Phone #: (626)442-4788	Target Population: 1.1
	Expiration Date 12/31/2014
Program Name: SPIRITT FAMILY SERVICES	Record ID: 190247BN
Legal Name: SPIRITT FAMILY SERVICES	Service Type: NON
Address: 13135 BARTON ROAD	Resident Capacity: 0
City, State: SANTA FE SPRINGS, CA 90605	Total Occupancy: 0
Phone #: (562)903-7000	Target Population: 1.1
Fax #: (502)903-7707	Expiration Date 12/31/2014
Program Name: STEPPING STONES HOME I & II	Record ID: 190118BN
Legal Name: STEPPING STONES HOME	Service Type: RES
Address: 17719 AND 17727 EAST CYPRESS STREET	Resident Capacity: 18
City, State: COVINA, CA 91722	Total Occupancy: 23
Phone #: (626)967-2677	Target Population: 1.3
Fax #: (626)858-4923	Expiration Date 01/31/2014

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Program Name: STILLWATERS RECOVERY HOMES Legal Name: STILLWATERS SOBER LIVING HOMES, LLC Address: 45128 LOMA VISTA DRIVE City, State: LANCASTER, CA 93535 Phone #: (661)946-1105 Fax #: (661)951-7631	Record ID: 190689AP Service Type: RES Resident Capacity: 6 Total Occupancy: 11 Target Population: 1.2 Expiration Date 10/31/2014
Program Name: STILLWATERS RECOVERY HOMES Legal Name: STILLWATERS SOBER LIVING HOMES, LLC Address: 45134 LOMA VISTA DRIVE City, State: LANCASTER, CA 93535 Phone #: (661)946-1105 Fax #: (661)951-7631	Record ID: 190689BP Service Type: RES Resident Capacity: 6 Total Occupancy: 9 Target Population: 1.2 Expiration Date 10/31/2014
Program Name: STUDIO 12 RESIDENTIAL/DETOX FACILITY Legal Name: STUDIO 12 Address: 12406 MAGNOLIA BOULEVARD City, State: VALLEY VILLAGE, CA 91607 Phone #: (818)761-7374 Fax #: (818)761-7377	Record ID: 190361AN Service Type: RES-DETOX Resident Capacity: 15 Total Occupancy: 15 Target Population: 1.1 Expiration Date 11/30/2013
Program Name: A NEW DAY CENTER - OUTPATIENT PROGRAM Legal Name: SUBSTANCE ABUSE FOUNDATION OF LONG BEACH INC. Address: 3125, 3137 AND 3139 EAST SEVENTH STREET City, State: LONG BEACH, CA 90804 Phone #: (562)987-5722	Record ID: 190077CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2015
Program Name: SUBSTANCE ABUSE FOUNDATION Legal Name: SUBSTANCE ABUSE FOUNDATION OF LONG BEACH INC. Address: 1046 REDONDO AVENUE City, State: LONG BEACH, CA 90804 Phone #: (562)987-5722 Fax #: (562)987-4586	Record ID: 190077RN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 07/31/2014
Program Name: SOBRIETY HOUSE OF LONG BEACH Legal Name: SUBSTANCE ABUSE FOUNDATION OF LONG BEACH, INC. Address: VARIOUS ADDRESSES (SEE BELOW) City, State: LONG BEACH, CA 90804 Phone #: (562)987-5722 Fax #: (562)987-4586	Record ID: 190077AHN Service Type: RES-DETOX Resident Capacity: 92 Total Occupancy: 92 Target Population: 1.1 Expiration Date 10/31/2014
Program Name: SUBSTANCE ABUSE SPECIALISTS, INC. Legal Name: SUBSTANCE ABUSE SPECIALISTS, INC. Address: 8134 VAN NUYS BOULEVARD, SUITE 200 City, State: PANORAMA CITY, CA 91402 Phone #: (818)908-3820 Fax #: (818)908-3844	Record ID: 190719AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 08/31/2013

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Program Name: SUNRISE COMMUNITY COUNSELING CENTER Legal Name: SUNRISE COMMUNITY COUNSELING CENTER Address: 537 SOUTH ALVARADO STREET City, State: LOS ANGELES, CA 90057 Phone #: (213)207-2770 Fax #: (213)207-2773	Record ID: 190110CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2013
Program Name: SUNRISE COMMUNITY COUNSELING BELL GARDENS Legal Name: SUNRISE COMMUNITY COUNSELING CENTER Address: 6320 EAST FLORENCE AVENUE, #F City, State: BELL GARDENS, CA 90201 Phone #: (562)927-2962 Fax #: (562)927-2968	Record ID: 190110DN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 10/31/2014
Program Name: SUNSET MALIBU Legal Name: SUNSET MALIBU Address: 30042 ANDROMEDA LANE City, State: MALIBU, CA 90265 Phone #: (800)332-9202 Fax #: (310)589-2226	Record ID: 190575BP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 01/31/2014
Program Name: S. H. A. W. L. HOUSE Legal Name: SUPPORT FOR HARBOR AREA WOMEN'S LIVES Address: 936 SOUTH CENTRE STREET City, State: SAN PEDRO, CA 90731 Phone #: (310)521-9310	Record ID: 190147AN Service Type: RES Resident Capacity: 13 Total Occupancy: 13 Target Population: 1.3 Expiration Date 06/30/2015
Program Name: TARZANA TREATMENT CENTER Legal Name: TARZANA TREATMENT CENTER, INC. Address: 7101 BAIRD AVENUE City, State: RESEDA, CA 91335 Phone #: (818)342-5897	Record ID: 190085KN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2015
Program Name: TARZANA TREATMENT CENTER YOUTH SERVICES - LANCASTER Legal Name: TARZANA TREATMENT CENTER, INC. Address: 44443 NORTH TENTH STREET WEST City, State: LANCASTER, CA 93535 Phone #: (661)726-2630 Fax #: (661)726-2635	Record ID: 190085JN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 03/31/2015
Program Name: TARZANA TREATMENT CENTER - LONG BEACH Legal Name: TARZANA TREATMENT CENTER, INC. Address: 2101-45 MAGNOLIA AVENUE City, State: LONG BEACH, CA 90806 Phone #: (562)218-1868 Fax #: (562)596-0346	Record ID: 190085BN Service Type: RES-DETOX Resident Capacity: 84 Total Occupancy: 109 Target Population: 1.9 Expiration Date 11/30/2013

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Program Name: TARZANA TREATMENT CENTER - NORTHRIDGE Legal Name: TARZANA TREATMENT CENTER, INC. Address: 18700 OXNARD STREET City, State: TARZANA, CA 91356 Phone #: (818)996-1051	Record ID: 190085HN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 03/31/2015
Program Name: TARZANA TREATMENT CENTER - LANCASTER Legal Name: TARZANA TREATMENT CENTER, INC. Address: 44447 NORTH 10TH STREET WEST, BUILDING #B City, State: LANCASTER, CA 93534 Phone #: (661)726-2630 Fax #: (661)726-2635	Record ID: 190085LN Service Type: RES-DETOX Resident Capacity: 40 Total Occupancy: 51 Target Population: 1.10 Expiration Date 10/31/2013
Program Name: OUTPATIENT ANTELOPE VALLEY DAY TREATMENT SERVICES Legal Name: TARZANA TREATMENT CENTER, INC. Address: 44447 NORTH 10TH STREET WEST, BUILDING #A City, State: LANCASTER, CA 93534 Phone #: (661)726-2630	Record ID: 190085GN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.3 Expiration Date 06/30/2015
Program Name: TARZANA TREATMENT CENTER Legal Name: TARZANA TREATMENT CENTERS, INC. Address: 18646 OXNARD STREET, SOUTH AND WEST WINGS City, State: TARZANA, CA 91356 Phone #: (818)996-1051 Fax #: (818)654-3906	Record ID: 190085AN Service Type: RES-DETOX Resident Capacity: 152 Total Occupancy: 152 Target Population: 1.10 Expiration Date 11/30/2013
Program Name: TARZANA TREATMENT CENTERS Legal Name: TARZANA TREATMENT CENTERS, INC. Address: 44459 10TH STREET WEST City, State: LANCASTER, CA 93534 Phone #: (818)996-1051 Fax #: (818)996-3051	Record ID: 190085ON Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 02/28/2014
Program Name: TARZANA TREATMENT CENTERS - LANCASTER Legal Name: TARZANA TREATMENT CENTERS, INC. Address: 44447 NORTH 10TH STREET WEST, BUILDING #C City, State: LANCASTER, CA 93534 Phone #: (661)726-2630 Fax #: (661)726-2635	Record ID: 190085PN Service Type: DSS Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5
Program Name: TARZANA TREATMENT CENTERS, INC. Legal Name: TARZANA TREATMENT CENTERS, INC. Address: 5190 ATLANTIC AVENUE City, State: LONG BEACH, CA 90806 Phone #: (818)428-4111	Record ID: 190085NN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 12/31/2014

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Program Name: TARZANA TREATMENT CENTER OUTPATIENT SERVICES Legal Name: TARZANA TREATMENT CENTERS, INC. Address: 18646 OXNARD STREET City, State: TARZANA, CA 91356 Phone #: (818)996-1051 Fax #: (818)654-3906	Record ID: 190085FN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2013
Program Name: TARZANA TREATMENT CENTER - DETOX Legal Name: TARZANA TREATMENT CENTERS, INC. Address: 18646 OXNARD STREET, DETOXIFICATION UNIT City, State: TARZANA, CA 91356 Phone #: (818)996-1051 Fax #: (818)654-3906	Record ID: 190085DN Service Type: DHS Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1
Program Name: PROPER HOUSE Legal Name: THE BEACON HOUSE ASSOCIATION OF SAN PEDRO Address: 1021 S. BEACON STREET City, State: SAN PEDRO, CA 90731 Phone #: (310)514-4940 Fax #: (310)831-0070	Record ID: 190006GN Service Type: RES Resident Capacity: 15 Total Occupancy: 15 Target Population: 1.2 Expiration Date 07/31/2013
Program Name: CHANNEL VIEW HOUSE Legal Name: THE BEACON HOUSE ASSOCIATION OF SAN PEDRO Address: 124 WEST 11TH STREET City, State: SAN PEDRO, CA 90731 Phone #: (310)514-4940	Record ID: 190006EN Service Type: RES Resident Capacity: 27 Total Occupancy: 27 Target Population: 1.2 Expiration Date 03/31/2014
Program Name: PALOS VERDES HOUSE Legal Name: THE BEACON HOUSE ASSOCIATION OF SAN PEDRO Address: 1012 SOUTH PALOS VERDES STREET City, State: SAN PEDRO, CA 90731 Phone #: (310)514-4940 Fax #: (310)331-0070	Record ID: 190006DN Service Type: RES Resident Capacity: 25 Total Occupancy: 25 Target Population: 1.2 Expiration Date 03/31/2014
Program Name: BEACON HOUSE Legal Name: THE BEACON HOUSE ASSOCIATION OF SAN PEDRO Address: 1003 SOUTH BEACON STREET City, State: SAN PEDRO, CA 90731 Phone #: (310)514-4940	Record ID: 190006AN Service Type: RES Resident Capacity: 18 Total Occupancy: 18 Target Population: 1.2 Expiration Date 03/31/2014
Program Name: LIGHTHOUSE Legal Name: THE BEACON HOUSE ASSOCIATION OF SAN PEDRO Address: 126-134 WEST 10TH STREET City, State: SAN PEDRO, CA 90731 Phone #: (310)514-4940	Record ID: 190006BN Service Type: RES Resident Capacity: 20 Total Occupancy: 20 Target Population: 1.2 Expiration Date 03/31/2014

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Program Name: THE CANYON AT PEACE PARK Legal Name: THE CANYON AT PEACE PARK Address: 2890 KANAN DUME ROAD City, State: MALIBU, CA 90265 Phone #: (310)457-3209 Fax #: (310)457-4440	Record ID: 190441BP Service Type: RES-DETOX Resident Capacity: 10 Total Occupancy: 10 Target Population: 1.1 Expiration Date 05/31/2014
Program Name: THE CANYON AT PEACE PARK Legal Name: THE CANYON AT PEACE PARK Address: 2900 KANAN DUME ROAD City, State: MALIBU, CA 90265 Phone #: (310)457-3209 Fax #: (310)457-4440	Record ID: 190441AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 05/31/2014
Program Name: THE CANYON AT SANTA MONICA Legal Name: THE CANYON AT SANTA MONICA, LLC Address: 12304 SANTA MONICA BOULEVARD, SUITE #112 City, State: LOS ANGELES, CA 90025 Phone #: (310)259-6256	Record ID: 190746AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2014
Program Name: H.O.W. HOUSE Legal Name: THE CENTER FOR RECOVERY FROM COMPULSIVITIES, INC. Address: 14100 1/2 GLENGYLE STREET City, State: WHITTIER, CA 90604 Phone #: (562)777-1222 Fax #: (562)906-1222	Record ID: 190450BN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 09/30/2014
Program Name: H.O.W. HOUSE Legal Name: THE CENTER FOR RECOVERY FROM COMPULSIVITIES, INC. Address: 14100 GLENGYLE STREET City, State: WHITTIER, CA 90604 Phone #: (562)777-1222 Fax #: (562)906-1222	Record ID: 190450AN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 09/30/2014
Program Name: THE CONTROL CENTER, INC. Legal Name: THE CONTROL CENTER, INC. Address: 9777 WILSHIRE BLVD., SUITE 704 City, State: BEVERLY HILLS, CA 90212 Phone #: (310)271-8700 Fax #: (310)271-8703	Record ID: 190723AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 08/31/2013
Program Name: THE DISCOVERY HOUSE RESIDENTIAL TREATMENT Legal Name: THE DISCOVERY HOUSE LLC Address: 6957 ENFIELD AVENUE AND 6956 BERTRAND AVENUE City, State: RESEDA, CA 91332 Phone #: (805)228-2826 Fax #: (805)419-4516	Record ID: 190764AP Service Type: RES-DETOX Resident Capacity: 28 Total Occupancy: 28 Target Population: 1.1 Expiration Date 01/31/2015

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Program Name: THE BISHOP GOODEN HOME Legal Name: THE GOODEN CENTER Address: 191 NORTH EL MOLINO AVENUE City, State: PASADENA, CA 91101 Phone #: (626)356-0078 Fax #: (626)795-2844	Record ID: 190009AN Service Type: RES Resident Capacity: 19 Total Occupancy: 19 Target Population: 1.2 Expiration Date 03/31/2014
Program Name: THE HIGH ROAD PROGRAM Legal Name: THE HIGH ROAD PROGRAM Address: 14430 SHERMAN WAY City, State: VAN NUYS, CA 91405 Phone #: (818)785-9119 Fax #: (818)785-2150	Record ID: 190262BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2015
Program Name: THE HIGH ROAD PROGRAM Legal Name: THE HIGH ROAD PROGRAM Address: 44823 DATE AVENUE City, State: LANCASTER, CA 93534 Phone #: (661)942-2241 Fax #: (661)942-7040	Record ID: 190262CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2013
Program Name: THE HIGH ROAD PROGRAM Legal Name: THE HIGH ROAD PROGRAM Address: 700 SOUTH ARROYO PARKWAY City, State: PASADENA, CA 91105 Phone #: (626)793-6159 Fax #: (626)795-9540	Record ID: 190262AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2015
Program Name: THE HILLS TREATMENT CENTER, LLC Legal Name: THE HILLS TREATMENT CENTER, LLC Address: 8147, 8171 AND 8207 MULHOLLAND DRIVE City, State: LOS ANGELES, CA 90046 Phone #: (323)791-5489 Fax #: (877)729-8207	Record ID: 190703AP Service Type: RES-DETOX Resident Capacity: 15 Total Occupancy: 15 Target Population: 1.1 Expiration Date 10/31/2014
Program Name: BRICKS/KICK Legal Name: THE HILLSMAN DRUG AND ALCOHOL CENTER Address: 1440 EAST 41ST STREET City, State: LOS ANGELES, CA 90011 Phone #: (323)231-2585	Record ID: 190102AN Service Type: RES Resident Capacity: 42 Total Occupancy: 42 Target Population: 1.1 Expiration Date 03/31/2015
Program Name: THE NESS COUNSELING CENTER Legal Name: THE NESS COUNSELING CENTER, INC. Address: 8512 WHITWORTH DRIVE City, State: LOS ANGELES, CA 90035 Phone #: (310)360-8512 Fax #: (310)360-8510	Record ID: 190286AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2015

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Program Name: THE NEW YOU CENTER, INC.	Record ID: 190525AN
Legal Name: THE NEW YOU CENTER, INC.	Service Type: NON
Address: 1030 WEST FLORENCE AVENUE	Resident Capacity: 0
City, State: LOS ANGELES, CA 90044	Total Occupancy: 0
Phone #: (323)750-7580	Target Population: 1.5
	Expiration Date 08/31/2014
Program Name: THE PROMISES FOUNDATION	Record ID: 190748AN
Legal Name: THE PROMISES FOUNDATION	Service Type: NON
Address: 4419 INGLEWOOD BLVD.	Resident Capacity: 0
City, State: LOS ANGELES, CA 90066	Total Occupancy: 0
Phone #: (310)390-3700 Fax #: (310)733-5469	Target Population: 1.4
Program Name: MILESTONES 1, THE RANCH MALIBU VENTURE 1	Record ID: 190649AP
Legal Name: THE RANCH MALIBU VENTURE 1	Service Type: RES
Address: 200 VERA CANYON ROAD	Resident Capacity: 6
City, State: MALIBU, CA 90265	Total Occupancy: 6
Phone #: (818)879-9110 Fax #: (818)879-9011	Target Population: 1.1
	Expiration Date 04/30/2015
Program Name: MILESTONES 2, THE RANCH MALIBU VENTURE 1	Record ID: 190649BP
Legal Name: THE RANCH MALIBU VENTURE 1	Service Type: RES
Address: 221 VERA CANYON ROAD	Resident Capacity: 6
City, State: MALIBU, CA 90265	Total Occupancy: 6
Phone #: (818)879-9110 Fax #: (818)879-9011	Target Population: 1.1
	Expiration Date 04/30/2015
Program Name: THE SALVATION ARMY HOPE HARBOR CENTER	Record ID: 190023HN
Legal Name: THE SALVATION ARMY	Service Type: NON
Address: 3107 SOUTH GRAND AVENUE	Resident Capacity: 0
City, State: LOS ANGELES, CA 90007	Total Occupancy: 0
Phone #: (213)744-8186 Fax #: (213)744-8186	Target Population: 1.2
	Expiration Date 04/30/2015
Program Name: THE SALVATION ARMY BELL SHELTER--WELLNESS CENTER	Record ID: 190023CN
Legal Name: THE SALVATION ARMY	Service Type: RES
Address: 5600 RICKENBACKER ROAD, BUILDING 2A-B	Resident Capacity: 100
City, State: BELL, CA 90201	Total Occupancy: 100
Phone #: (323)263-1206 Fax #: (323)263-8543	Target Population: 1.1
	Expiration Date 08/31/2013
Program Name: THE SALVATION ARMY HAVEN	Record ID: 190023DN
Legal Name: THE SALVATION ARMY	Service Type: RES
Address: 11301 WILSHIRE BOULEVARD, BLDG. 212, SECOND FLOOR	Resident Capacity: 60
City, State: LOS ANGELES, CA 90073	Total Occupancy: 65
Phone #: (310)478-3711 Fax #: () -	Target Population: 1.1
	Expiration Date 09/30/2013

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Program Name: HOPE HARBOR CENTER Legal Name: THE SALVATION ARMY Address: 3107 SOUTH GRAND AVENUE City, State: LOS ANGELES, CA 90007 Phone #: (213)626-4786 Fax #: (213)626-0717	Record ID: 190023AN Service Type: RES Resident Capacity: 58 Total Occupancy: 58 Target Population: 1.2 Expiration Date 04/30/2014
Program Name: THE SOLUTIONS ALCOHOL & DRUG RECOVERY FOUNDATION, INC. Legal Name: THE SOLUTIONS ALCOHOL & DRUG RECOVERY FOUNDATION, INC. Address: 3210 WEST JEFFERSON BOULEVARD City, State: LOS ANGELES, CA 90018 Phone #: (626)848-2660	Record ID: 190592AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2014
Program Name: WOMEN'S ODYSSEY ORGANIZATION Legal Name: THE WOMEN'S ODYSSEY ORGANIZATION, INC. Address: 20830 PARTHENIA STREET City, State: CANOGA PARK, CA 91306 Phone #: (818)998-8972	Record ID: 190151AN Service Type: RES Resident Capacity: 10 Total Occupancy: 14 Target Population: 1.3 Expiration Date 09/30/2013
Program Name: TOMORROW'S PROMISES Legal Name: TOMORROW'S PROMISES Address: 6843 LENNOX AVENUE City, State: VAN NUYS, CA 91405 Phone #: (818)782-2470 Fax #: (818)949-8742	Record ID: 190693AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 02/28/2015
Program Name: TOTAL FAMILY SUPPORT CLINIC - LONG BEACH Legal Name: TOTAL FAMILY SUPPORT CLINIC Address: 3501 ATLANTIC AVENUE City, State: LONG BEACH, CA 90807 Phone #: (562)981-1501 Fax #: (562)981-1502	Record ID: 190366BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 02/28/2015
Program Name: TOTAL FAMILY SUPPORT CLINIC Legal Name: TOTAL FAMILY SUPPORT CLINIC Address: 13788 FOOTHILL BOULEVARD, UNITS 6-9 City, State: SYLMAR, CA 91342 Phone #: (818)833-9789 Fax #: (818)833-9790	Record ID: 190366AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.7 Expiration Date 11/30/2014
Program Name: TOTAL FAMILY SUPPORT CLINIC Legal Name: TOTAL FAMILY SUPPORT CLINIC Address: 830 SOUTH OLIVE STREET City, State: LOS ANGELES, CA 90014 Phone #: (213)213-0581 Fax #: (213)213-0580	Record ID: 190366CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 02/28/2015

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Program Name: COASTAL RECOVERY CENTER Legal Name: TRANSCULTURAL HEALTH DEVELOPEMENT, INC. Address: 117 EAST HARRY BRIDGES BOULEVARD City, State: WILMINGTON, CA 90744 Phone #: (310)549-8383 Fax #: (310)549-9304	Record ID: 190511BP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2015
Program Name: HELPING HANDS RECOVERY CENTER Legal Name: TRANSITIONAL MINISTRY OF CHRIST Address: 9118 SOUTH BROADWAY BOULEVARD City, State: LOS ANGELES, CA 90003 Phone #: (323)757-1819	Record ID: 190648AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 05/31/2014
Program Name: TRINITY PLUS ALCOHOL AND DRUG TREATMENT PROGRAM Legal Name: TRINITY PLUS HEALTHCARE SERVICES Address: 2500 WILSHIRE BOULEVARD, SUITE 922 City, State: LOS ANGELES, CA 90057 Phone #: (213)487-9800 Fax #: (213)487-9801	Record ID: 190517AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2014
Program Name: TURNING POINT ALCOHOL AND DRUG EDUCATION PROGRAM Legal Name: TURNING POINT ALCOHOL AND DRUG EDUCATION PROGRAM, INC. Address: 3756 SANTA ROSALIA DRIVE, SUITE 617 City, State: LOS ANGELES, CA 90008 Phone #: (323)810-3153	Record ID: 190758AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: ** Expiration Date 09/30/2014
Program Name: TWIN TOWN TREATMENT CENTERS, WEST HOLLYWOOD Legal Name: TWIN TOWN CORPORATION Address: 8739 SANTA MONICA BOULEVARD City, State: WEST HOLLYWOOD, CA 90069 Phone #: (310)623-1477 Fax #: (310)854-0134	Record ID: 190290CP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2015
Program Name: TWIN TOWN TREATMENT CENTERS - NORTH HOLLYWOOD Legal Name: TWIN TOWN CORPORATION Address: 6180 LAUREL CANYON BOULEVARD, SUITE 275 City, State: NORTH HOLLYWOOD, CA 91606 Phone #: (818)985-0560 Fax #: (818)985-7193	Record ID: 190290BP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.7 Expiration Date 02/28/2015
Program Name: TWIN TOWN TREATMENT CENTERS - TORRANCE Legal Name: TWIN TOWN CORPORATION Address: 2171 TORRANCE BOULEVARD, SUITE 8 City, State: TORRANCE, CA 90501 Phone #: (310)787-1335 Fax #: (310)787-1809	Record ID: 190290AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.7 Expiration Date 02/28/2015

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Program Name: U-TURN ALCOHOL AND DRUG EDUCATION PROGRAM	Record ID: 190455AN
Legal Name: U-TURN ALCOHOL AND DRUG EDUCATION PROGRAM, INC.	Service Type: NON
Address: 3761 WEST STOCKER STREET, SUITE 105 AND 105B	Resident Capacity: 0
City, State: LOS ANGELES, CA 90008	Total Occupancy: 0
Phone #: (323)294-4261	Target Population: 1.1
Fax #: (323)294-7261	Expiration Date 10/31/2014
Program Name: ULTIMATE LIFESTYLE CENTER	Record ID: 190583AN
Legal Name: ULTIMATE LIFESTYLE CENTER	Service Type: NON
Address: 5012 SOUTH LA BREA AVENUE, SUITES 2 - 5	Resident Capacity: 0
City, State: LOS ANGELES, CA 90056	Total Occupancy: 0
Phone #: (323)290-0200	Target Population: 1.1
Fax #: (323)290-0200	Expiration Date 05/31/2014
Program Name: ROBERT SUNDANCE FAMILY WELLNESS CENTER	Record ID: 190364AN
Legal Name: UNITED AMERICAN INDIAN INVOLVEMENT, INC.	Service Type: NON
Address: 1125 WEST 6TH STREET, SUITES 103 AND 303	Resident Capacity: 0
City, State: LOS ANGELES, CA 90017	Total Occupancy: 0
Phone #: (213)202-3970	Target Population: 1.1
Fax #: (213)202-3977	Expiration Date 09/30/2014
Program Name: WESTSIDE RESIDENCE HALL	Record ID: 190188AN
Legal Name: UNITED STATES VETERANS INITIATIVE, INC.	Service Type: RES
Address: 733 SOUTH HINDRY AVE., ROOMS 202-205, 207-211, 301-304, 408, 410	Resident Capacity: 162
City, State: INGLEWOOD, CA 90301	Total Occupancy: 162
Phone #: (310)348-7600	Target Population: 1.2
Fax #: (310)641-2661	Expiration Date 04/30/2014
Program Name: VETERANS IN PROGRESS	Record ID: 190188CN
Legal Name: UNITED STATES VETERANS INITIATIVE, INC.	Service Type: RES
Address: 2160 WEST WILLIAMS STREET	Resident Capacity: 44
City, State: LONG BEACH, CA 90810	Total Occupancy: 44
Phone #: (562)388-7982	Target Population: 1.2
Fax #: (562)388-7991	Expiration Date 04/30/2014
Program Name: ADVANCE WOMEN'S PROGRAM	Record ID: 190188DN
Legal Name: UNITED STATES VETERANS INITIATIVE, INC.	Service Type: RES
Address: 2281 WEST WILLIAMS STREET	Resident Capacity: 35
City, State: LONG BEACH, CA 90810	Total Occupancy: 45
Phone #: (562)388-8015	Target Population: 1.3
Fax #: (562)388-7991	Expiration Date 04/30/2014
Program Name: VALLEY COMMUNITY CLINIC DRUG AND ALCOHOL TREATMENT PF	Record ID: 190349AN
Legal Name: VALLEY COMMUNITY CLINIC	Service Type: NON
Address: 6801 COLDWATER CANYON AVENUE	Resident Capacity: 0
City, State: NORTH HOLLYWOOD, CA 91605	Total Occupancy: 0
Phone #: (818)763-1718	Target Population: 1.1
Fax #: (818)763-7231	Expiration Date 04/30/2014

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Program Name: VALLEY WOMEN'S CENTER	Record ID: 190502AN
Legal Name: VALLEY WOMEN'S CENTER, INC.	Service Type: NON
Address: 22110 ROSCOE BOULEVARD, SUITE 204	Resident Capacity: 0
City, State: CANOGA PARK, CA 91304	Total Occupancy: 0
Phone #: (818)713-8700	Target Population: 1.1
Fax #: (818)713-8585	Expiration Date 01/31/2014
Program Name: VAN NESS RECOVERY HOUSE	Record ID: 190111AN
Legal Name: VAN NESS RECOVERY HOUSE	Service Type: RES
Address: 1919 NORTH BEACHWOOD DRIVE	Resident Capacity: 20
City, State: LOS ANGELES, CA 90068	Total Occupancy: 20
Phone #: (323)463-4266	Target Population: 1.1
	Expiration Date 10/31/2014
Program Name: VIP DRUG AND ALCOHOL EDUCATION CENTER	Record ID: 190635AN
Legal Name: VIP DRUG AND ALCOHOL EDUCATION CENTER, INC.	Service Type: NON
Address: 18417 NORDHOFF STREET, UNIT D	Resident Capacity: 0
City, State: NORTHRIDGE, CA 91325	Total Occupancy: 0
Phone #: (818)734-2761	Target Population: 1.5
	Expiration Date 09/30/2014
Program Name: VISIONS TREATMENT CENTERS, LLC	Record ID: 190760AP
Legal Name: VISIONS TREATMENT CENTERS, LLC	Service Type: NON
Address: 171 A. BARRINGTON PLACE AND 115 BARRINGTON PLACE	Resident Capacity: 0
City, State: LOS ANGELES, CA 90049	Total Occupancy: 0
Phone #: (310)476-0033	Target Population: 1.1
	Expiration Date 09/30/2014
Program Name: HOMELESS VETERANS CORRECTIONAL REHABILITATION / VS90	Record ID: 190027HN
Legal Name: VOLUNTEERS OF AMERICA	Service Type: RES
Address: 1765 SOUTH LA CIENEGA BOULEVARD	Resident Capacity: 50
City, State: LOS ANGELES, CA 90035	Total Occupancy: 50
Phone #: (213)201-0690	Target Population: 1.2
Fax #: () -	Expiration Date 12/31/2014
Program Name: VS-21	Record ID: 190027FN
Legal Name: VOLUNTEERS OF AMERICA OF LOS ANGELES	Service Type: RES
Address: 622 SOUTH WALL STREET, BUILDING C	Resident Capacity: 80
City, State: LOS ANGELES, CA 90014	Total Occupancy: 80
Phone #: (213)623-8580	Target Population: 1.1
	Expiration Date 09/30/2013
Program Name: JAN CLAYTON CENTER	Record ID: 190027AN
Legal Name: VOLUNTEERS OF AMERICA OF LOS ANGELES	Service Type: RES
Address: 4969 SUNSET BOULEVARD	Resident Capacity: 48
City, State: LOS ANGELES, CA 90027	Total Occupancy: 48
Phone #: (323)660-8042	Target Population: 1.1
Fax #: (323)660-9265	Expiration Date 02/28/2014

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Program Name: VOA OF CENTRAL CITY RECOVERY SERVICES Legal Name: VOLUNTEERS OF AMERICA OF LOS ANGELES Address: 515 EAST 6TH STREET, 9TH FLOOR City, State: LOS ANGELES, CA 90021 Phone #: (323)660-8042 Fax #: (213)622-6831	Record ID: 190027BN Service Type: RES-DETOX Resident Capacity: 48 Total Occupancy: 48 Target Population: 1.1 Expiration Date 02/28/2014
Program Name: HOUSE OF UHURU Legal Name: WATTS HEALTHCARE CORPORATION Address: 8005 SOUTH FIGUEROA STREET City, State: LOS ANGELES, CA 90003 Phone #: (323)568-5400 Fax #: (323)752-8031	Record ID: 190377BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.4 Expiration Date 03/31/2015
Program Name: HOUSE OF UHURU Legal Name: WATTS HEALTHCARE CORPORATION--THE HOUSE OF UHURU Address: 8005 SOUTH FIGUEROA STREET City, State: LOS ANGELES, CA 90003 Phone #: (323)568-5400 Fax #: (323)752-8031	Record ID: 190377AN Service Type: RES Resident Capacity: 66 Total Occupancy: 66 Target Population: 1.1 Expiration Date 03/31/2015
Program Name: WEINGART CENTER ASSOCIATION/EPIC Legal Name: WEINGART CENTER ASSOCIATION Address: 566 SOUTH SAN PEDRO STREET City, State: LOS ANGELES, CA 90013 Phone #: (213)689-2122 Fax #: (213)623-0408	Record ID: 190541AN Service Type: RES Resident Capacity: 85 Total Occupancy: 85 Target Population: 1.1 Expiration Date 01/31/2015
Program Name: WEINGART CENTER ASSOCIATION Legal Name: WEINGART CENTER ASSOCIATION Address: 566 SOUTH SAN PEDRO STREET, 2ND FLOOR City, State: LOS ANGELES, CA 90013 Phone #: (213)689-2153 Fax #: (213)623-0408	Record ID: 190541BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2013
Program Name: WEST COAST COUNSELING CENTER Legal Name: WEST COAST COUNSELING SERVICES, INC. Address: 2008 PACIFIC AVENUE City, State: LONG BEACH, CA 90806 Phone #: (562)424-6531 Fax #: (562)424-5071	Record ID: 190593AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 05/31/2014
Program Name: WEST COAST DRUG AND ALCOHOL EDUCATION PROGRAM Legal Name: WEST COAST DRUG AND ALCOHOL EDUCATION PROGRAM Address: 6850 VAN NUYS BOULEVARD, SUITE 125 City, State: VAN NUYS, CA 91405 Phone #: (818)908-1740	Record ID: 190546AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2014

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Program Name: WEST COAST OUTPATIENT SERVICES, INC.	Record ID: 190684AP
Legal Name: WEST COAST OUTPATIENT SERVICES, INC.	Service Type: NON
Address: 401 EAST HILLCREST BOULEVARD	Resident Capacity: 0
City, State: INGLEWOOD, CA 90301	Total Occupancy: 0
Phone #: (310)350-9852	Target Population: 1.1
Fax #: (310)671-5602	Expiration Date 10/31/2014
Program Name: PROMISES RESIDENTIAL TREATMENT CENTERS	Record ID: 190625CP
Legal Name: WESTSIDE SOBER LIVING CENTERS, INC.	Service Type: RES-DETOX
Address: 3743 1/2 SOUTH BARRINGTON AVENUE	Resident Capacity: 6
City, State: LOS ANGELES, CA 90066	Total Occupancy: 6
Phone #: (310)390-2340	Target Population: 1.1
	Expiration Date 12/31/2014
Program Name: PROMISES TREATMENT CENTERS - OUTPATIENT PROGRAM	Record ID: 190625FP
Legal Name: WESTSIDE SOBER LIVING CENTERS, INC.	Service Type: NON
Address: 2045 SOUTH BARRINGTON AVENUE SUITE B	Resident Capacity: 0
City, State: LOS ANGELES, CA 90025	Total Occupancy: 0
Phone #: (310)268-7717	Target Population: 1.1
Fax #: (310)479-3520	Expiration Date 02/28/2015
Program Name: PROMISES TREATMENT CENTERS VI	Record ID: 190625EP
Legal Name: WESTSIDE SOBER LIVING CENTERS, INC.	Service Type: RES-DETOX
Address: 20713 ROCKCROFT DRIVE	Resident Capacity: 6
City, State: MALIBU, CA 90265	Total Occupancy: 6
Phone #: (562)741-6471	Target Population: 1.1
Fax #: (562)741-6488	Expiration Date 01/31/2015
Program Name: PROFESSIONALS TREATMENT AT PROMISES	Record ID: 190625GP
Legal Name: WESTSIDE SOBER LIVING CENTERS, INC.	Service Type: NON
Address: 2515 WILSHIRE BOULEVARD	Resident Capacity: 0
City, State: SANTA MONICA, CA 90403	Total Occupancy: 0
Phone #: (424)744-5160	Target Population: 1.1
Fax #: (310)943-3389	Expiration Date 02/28/2015
Program Name: PROMISES RESIDENTIAL TREATMENT CENTERS	Record ID: 190625AP
Legal Name: WESTSIDE SOBER LIVING CENTERS, INC.	Service Type: RES-DETOX
Address: 20725 ROCKCROFT DRIVE	Resident Capacity: 6
City, State: MALIBU, CA 90265	Total Occupancy: 6
Phone #: (310)390-2340	Target Population: 1.1
	Expiration Date 12/31/2014
Program Name: WINGS OF RECOVERY	Record ID: 190434AN
Legal Name: WINGS OF REFUGE	Service Type: NON
Address: 5777 WEST CENTURY BOULEVARD, SUITE 910	Resident Capacity: 0
City, State: LOS ANGELES, CA 90045	Total Occupancy: 0
Phone #: (310)670-6767	Target Population: 1.1
Fax #: (310)670-2626	Expiration Date 06/30/2014

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 06/13/2013

Los Angeles County

Program Name: YOU CAN ALCOHOL AND DRUG COUNSELING AND EDUCATION PRC	Record ID: 190656AN
Legal Name: YOU CAN HEALTH SERVICES	Service Type: NON
Address: 600 WEST MANCHESTER BOULEVARD, SUITE 5	Resident Capacity: 0
City, State: LOS ANGELES, CA 90044	Total Occupancy: 0
Phone #: (310)349-9778	Target Population: 1.5
	Expiration Date 09/30/2014
Program Name: YOUR EMPOWERING SOLUTIONS	Record ID: 190605AP
Legal Name: YOUR EMPOWERING SOLUTIONS	Service Type: NON
Address: 4020 PALOS VERDES DRIVE NORTH, # 201	Resident Capacity: 0
City, State: ROLLING HILLS ESTATE, CA 90274	Total Occupancy: 0
Phone #: (310)541-6350	Target Population: 1.1
Fax #: (310)541-6497	Expiration Date 03/31/2014

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

As of: 06/13/2013

Madera County

No licensed or certified facilities at this time.

Please check with a neighboring county for services.

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

As of: 06/13/2013

Marin County

Program Name: ALTA MIRA RECOVERY PROGRAMS Legal Name: ALTA MIRA RECOVERY CENTERS, LLC Address: 110 HARRISON AVENUE City, State: SAUSALITO, CA 94965 Phone #: (415)332-1350 Fax #: (415)275-7201	Record ID: 210040DP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 02/28/2015
Program Name: ALTA MIRA RECOVERY PROGRAMS Legal Name: ALTA MIRA RECOVERY CENTERS, LLC Address: 25 SANTA ROSA City, State: SAUSALITO, CA 94965 Phone #: (415)332-1350 Fax #: (415)275-7201	Record ID: 210040CP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 02/28/2015
Program Name: ALTA MIRA RECOVERY PROGRAMS Legal Name: ALTA MIRA RECOVERY CENTERS, LLC Address: 125 BUCKLEY AVENUE City, State: SAUSALITO, CA 94965 Phone #: (415)332-1350 Fax #: (415)275-7201	Record ID: 210040AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 02/28/2015
Program Name: ALTA MIRA RECOVERY PROGRAMS Legal Name: ALTA MIRA RECOVERY CENTERS, LLC Address: 126 HARRISON AVENUE City, State: SAUSALITO, CA 94965 Phone #: (415)332-1350 Fax #: (415)275-7201	Record ID: 210040EP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 02/28/2015
Program Name: ALTA MIRA RECOVERY PROGRAMS Legal Name: ALTA MIRA RECOVERY CENTERS, LLC Address: 135 BUCKLEY AVENUE City, State: SAUSALITO, CA 94965 Phone #: (415)332-1350 Fax #: (415)275-7201	Record ID: 210040BP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 02/28/2015
Program Name: POSITIVE CHANGES Legal Name: BAY AREA COMMUNITY RESOURCES Address: 103 SHORELINE PARKWAY, SUITE 101 & 102 City, State: SAN RAFAEL, CA 94901 Phone #: (415)485-3304 Fax #: (415)755-2270	Record ID: 210020AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 10/31/2014
Program Name: BAY AREA COMMUNITY RESOURCES Legal Name: BAY AREA COMMUNITY RESOURCES, INC. Address: 171 CARLOS DRIVE City, State: SAN RAFAEL, CA 94903 Phone #: (415)444-5580 Fax #: (415)444-5598	Record ID: 210005BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 10/31/2014

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

As of: 06/13/2013

Marin County

Program Name: BAYSIDE MARIN III Legal Name: BAYSIDE MARIN, LLC Address: 47 TWEED TERRACE City, State: SAN RAFAEL, CA 94901 Phone #: (415)721-2000 Fax #: (415)454-3535	Record ID: 210030DP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 07/31/2013
Program Name: BAYSIDE MARIN I Legal Name: BAYSIDE MARIN, LLC Address: 191 BAYVIEW DRIVE City, State: SAN RAFAEL, CA 94901 Phone #: (415)721-2000	Record ID: 210030BP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 07/31/2013
Program Name: BAYSIDE MARIN OUTPATIENT PROGRAM Legal Name: BAYSIDE MARIN, LLC Address: 718 FOURTH STREET City, State: SAN RAFAEL, CA 94901 Phone #: (415)459-2000	Record ID: 210030CP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 07/31/2013
Program Name: BAYSIDE MARIN II Legal Name: BAYSIDE MARIN, LLC Address: 189 BAYVIEW DRIVE City, State: SAN RAFAEL, CA 94901 Phone #: (415)721-2000	Record ID: 210030AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 07/31/2013
Program Name: THE HELEN VINE RECOVERY CENTER Legal Name: BUCKELEW PROGRAMS, INC. Address: 301 SMITH RANCH ROAD City, State: SAN RAFAEL, CA 94903 Phone #: (415)492-0818	Record ID: 210017DN Service Type: RES-DETOX Resident Capacity: 26 Total Occupancy: 26 Target Population: 1.1 Expiration Date 03/31/2015
Program Name: CENTER POINT LIFELINK PROGRAM Legal Name: CENTER POINT, INC. Address: 39 MARY STREET City, State: SAN RAFAEL, CA 94901 Phone #: (415)456-6655 Fax #: (415)492-8844	Record ID: 210002IN Service Type: RES Resident Capacity: 20 Total Occupancy: 20 Target Population: 1.4 Expiration Date 01/31/2014
Program Name: CENTER POINT LIFELINK PROGRAM Legal Name: CENTER POINT, INC. Address: 519 BELLE STREET City, State: SAN RAFAEL, CA 94901 Phone #: (415)454-7777 Fax #: (415)492-8844	Record ID: 210002JN Service Type: RES Resident Capacity: 12 Total Occupancy: 12 Target Population: 1.1 Expiration Date 01/31/2014

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

As of: 06/13/2013

Marin County

Program Name: REILLY HOUSE	Record ID: 210002LN
Legal Name: CENTER POINT, INC.	Service Type: RES
Address: 812 D STREET	Resident Capacity: 12
City, State: SAN RAFAEL, CA 94901	Total Occupancy: 12
Phone #: (415)454-2413	Target Population: 1.1
Fax #: (415)454-0355	Expiration Date 04/30/2014
Program Name: THE VILLAGE	Record ID: 210002FN
Legal Name: CENTER POINT, INC.	Service Type: RES
Address: 1477-1483 LINCOLN AVENUE	Resident Capacity: 44
City, State: SAN RAFAEL, CA 94901	Total Occupancy: 44
Phone #: (415)454-9444	Target Population: 1.4
	Expiration Date 08/31/2013
Program Name: CENTER POINT - THE MANOR	Record ID: 210002BN
Legal Name: CENTER POINT, INC.	Service Type: RES
Address: 603 D STREET	Resident Capacity: 40
City, State: SAN RAFAEL, CA 94901	Total Occupancy: 40
Phone #: (415)454-9444	Target Population: 1.1
Fax #: (415)492-8844	Expiration Date 08/31/2013
Program Name: CENTER POINT OUTPATIENT SERVICES	Record ID: 210002GN
Legal Name: CENTER POINT, INC.	Service Type: NON
Address: 1601 SECOND STREET, SUITE 104	Resident Capacity: 0
City, State: SAN RAFAEL, CA 94901	Total Occupancy: 0
Phone #: (415)456-6655	Target Population: 1.1
Fax #: (415)492-8844	Expiration Date 08/31/2013
Program Name: CENTER POINT AT NEW BEGINNINGS CENTER	Record ID: 210002MN
Legal Name: CENTER POINT, INC.	Service Type: NON
Address: 1399 NORTH HAMILTON PARKWAY	Resident Capacity: 0
City, State: NOVATO, CA 94949	Total Occupancy: 0
Phone #: (415)492-4444	Target Population: 1.1
Fax #: (415)492-8844	Expiration Date 02/28/2015
Program Name: CENTER POINT AT MILL STREET	Record ID: 210002NN
Legal Name: CENTER POINT, INC.	Service Type: NON
Address: 199 MILL STREET	Resident Capacity: 0
City, State: SAN RAFAEL, CA 94901	Total Occupancy: 0
Phone #: (415)492-4444	Target Population: 1.1
Fax #: (415)492-8844	Expiration Date 02/28/2015
Program Name: CENTER POINT RESIDENTIAL PROGRAM	Record ID: 210002KN
Legal Name: CENTER POINT, INC.	Service Type: RES
Address: 207 1ST STREET	Resident Capacity: 8
City, State: SAN RAFAEL, CA 94901	Total Occupancy: 8
Phone #: (415)454-9444	Target Population: 1.1
Fax #: (415)492-8844	Expiration Date 03/31/2014

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

As of: 06/13/2013

Marin County

Program Name: FAMILY SERVICE AGENCY SERVICES FOR ADDITION RECOVERY	Record ID: 210023AN
Legal Name: FAMILY SERVICE AGENCY OF MARIN COUNTY	Service Type: NON
Address: 555 NORTHGATE DRIVE, SUITE 100	Resident Capacity: 0
City, State: SAN RAFAEL, CA 94903	Total Occupancy: 0
Phone #: (415)491-5700	Target Population: 1.1
Fax #: (415)491-5750	Expiration Date 09/30/2013
Program Name: HENRY OHLHOFF NORTH	Record ID: 210012AN
Legal Name: HENRY OHLHOFF HOUSE	Service Type: RES
Address: 5394 NAVÉ DRIVE	Resident Capacity: 30
City, State: NOVATO, CA 94949	Total Occupancy: 32
Phone #: (415)883-2494	Target Population: 1.2
	Expiration Date 12/31/2013
Program Name: REFLECTIONS	Record ID: 210038AP
Legal Name: LIVING AT REFLECTIONS, LLC	Service Type: RES
Address: 1191 SIMMONS LANE	Resident Capacity: 6
City, State: NOVATO, CA 94945	Total Occupancy: 6
Phone #: (415)895-6146	Target Population: 1.1
	Expiration Date 01/31/2014
Program Name: MARIN OUTPATIENT AND RECOVERY SERVICES	Record ID: 210033AN
Legal Name: MARIN SERVICES FOR MEN, INCORPORATED	Service Type: NON
Address: 1005 A STREET, SUITE 209	Resident Capacity: 0
City, State: SAN RAFAEL, CA 94901	Total Occupancy: 0
Phone #: (415)485-6736	Target Population: 1.1
Fax #: (415)236-1830	Expiration Date 01/31/2014
Program Name: MOUNTAINVIEW RECOVERY CENTER	Record ID: 210037AP
Legal Name: NORTH BAY RECOVERY CENTER, LLC.	Service Type: NON
Address: 55 SHAVER STREET, SUITE 200	Resident Capacity: 0
City, State: SAN RAFAEL, CA 94901	Total Occupancy: 0
Phone #: (415)454-4357	Target Population: 1.2
Fax #: (415)454-4329	Expiration Date 10/31/2013
Program Name: SERENITY KNOLLS	Record ID: 210011AP
Legal Name: SERENITY KNOLLS	Service Type: RES-DETOX
Address: 145 TAMAL ROAD	Resident Capacity: 30
City, State: FOREST KNOLLS, CA 94933	Total Occupancy: 32
Phone #: (415)488-0400	Target Population: 1.1
	Expiration Date 04/30/2014

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

As of: 06/13/2013

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: MARIPOSA, CA 95338
Phone #: (209)966-2000 Fax #: (209)966-8251

Record ID: 220002AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 07/31/2013

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

As of: 06/13/2013

Mendocino County

Program Name: FORD STREET PROJECT	Record ID: 230004AN
Legal Name: FORD STREET PROJECT	Service Type: RES-DETOX
Address: 139 FORD STREET, RTP, APTS. A & B AND LIBRARY BUILDING	Resident Capacity: 32
City, State: UKIAH, CA 95482	Total Occupancy: 32
Phone #: (707)462-1934	Target Population: 1.1
	Expiration Date 06/30/2015
Program Name: FORD STREET PROJECT, INC.	Record ID: 230004BN
Legal Name: FORD STREET PROJECT, INC.	Service Type: NON
Address: 139 FORD STREET	Resident Capacity: 0
City, State: UKIAH, CA 95482	Total Occupancy: 0
Phone #: (707)462-1934	Target Population: 1.1
Fax #: (707)468-9860	Expiration Date 01/31/2015
Program Name: MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY, AI	Record ID: 230006HN
Legal Name: MENDOCINO COUNTY	Service Type: NON
Address: 1120 SOUTH DORA STREET, SEE BELOW FOR CERTIFIED ROOMS	Resident Capacity: 0
City, State: UKIAH, CA 95482	Total Occupancy: 0
Phone #: (707)472-2637	Target Population: 1.1
Fax #: (707)463-6321	Expiration Date 10/31/2013
Program Name: MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY, AI	Record ID: 230006GN
Legal Name: MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY, AI	Service Type: NON
Address: 790 SOUTH FRANKLIN STREET, SUITE B	Resident Capacity: 0
City, State: FORT BRAGG, CA 95437	Total Occupancy: 0
Phone #: (707)472-2605	Target Population: 1.1
Fax #: (707)472-2605	Expiration Date 05/31/2013
Program Name: YUKI TRAILS HUMAN SERVICE PROGRAM - A DEPARTMENT OF ROL	Record ID: 230007AN
Legal Name: ROUND VALLEY INDIAN HEALTH CENTER, INC.	Service Type: NON
Address: 23000 HENDERSON ROAD	Resident Capacity: 0
City, State: COVELO, CA 95428	Total Occupancy: 0
Phone #: (707)983-6648	Target Population: 1.1
Fax #: (707)983-6649	Expiration Date 04/30/2014

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

As of: 06/13/2013

Merced County

Program Name: THE ROSE JULIA RIORDAN TRANQUILITY VILLAGE	Record ID: 240001EN
Legal Name: COMMUNITY SOCIAL MODEL ADVOCATES, INC.	Service Type: RES
Address: 509, 527, 559, 569, 579 AND 589 MENDOCINO COURT	Resident Capacity: 42
City, State: ATWATER, CA 95301	Total Occupancy: 62
Phone #: (209)357-5261	Target Population: 1.4
Fax #: (209)357-5279	Expiration Date 11/30/2014
Program Name: DAVE RIORDAN'S "HOBIE HOUSE"	Record ID: 240001BN
Legal Name: COMMUNITY/SOCIAL MODEL ADVOCATES, INC.	Service Type: RES
Address: 1299 AND 1301 YOSEMITE PARKWAY, 1931 AND 1941 HIGHLAND	Resident Capacity: 25
City, State: MERCED, CA 95340	Total Occupancy: 26
Phone #: (209)722-6335	Target Population: 1.2
	Expiration Date 08/31/2014
Program Name: THE CENTER	Record ID: 240003BN
Legal Name: MERCED COUNTY (DEPARTMENT OF MENTAL HEALTH - ALCOHOL	Service Type: NON
Address: 3305 NORTH G STREET	Resident Capacity: 0
City, State: MERCED, CA 95340	Total Occupancy: 0
Phone #: (209)381-6880	Target Population: 1.1
Fax #: (209)723-6220	Expiration Date 02/28/2014
Program Name: RECOVERY ASSISTANCE FOR TEENS (R.A.F.T.)	Record ID: 240003AN
Legal Name: MERCED COUNTY DEPARTMENT OF MENTAL HEALTH - ALCOHOL A	Service Type: NON
Address: 3313 NORTH G STREET, SUITE B	Resident Capacity: 0
City, State: MERCED, CA 95340	Total Occupancy: 0
Phone #: (209)381-6808	Target Population: 1.5
Fax #: (209)725-3810	Expiration Date 07/31/2013
Program Name: MERCED COUNTY SACPA DRUG TREATMENT PROGRAM	Record ID: 240003CN
Legal Name: MERCED COUNTY DEPARTMENT OF MENTAL HEALTH ALCOHOL AT	Service Type: NON
Address: 3090 M STREET	Resident Capacity: 0
City, State: MERCED, CA 95340	Total Occupancy: 0
Phone #: (209)381-6852	Target Population: 1.1
Fax #: (209)385-3174	Expiration Date 04/30/2014

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

As of: 06/13/2013

Modoc County

Program Name: MODOC COUNTY BEHAVIORAL HEALTH

Legal Name: MODOC COUNTY HEALTH SERVICES

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

City, State: ALTURUS, CA 96101

Phone #: (530)233-6319 Fax #: (530)233-5311

Record ID: 250001AN

Service Type: NON

Resident Capacity: 0

Total Occupancy: 0

Target Population: 1.1

Expiration Date 05/31/2013

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

As of: 06/13/2013

Mono County

No licensed or certified facilities at this time.

Please check with a neighboring county for services.

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

As of: 06/13/2013

Monterey County

Program Name: BEACON HOUSE	Record ID: 270001AN
Legal Name: BEACON HOUSE	Service Type: RES-DETOX
Address: 468 PINE AVENUE	Resident Capacity: 22
City, State: PACIFIC GROVE, CA 93950	Total Occupancy: 22
Phone #: (831)372-2334	Target Population: 1.1
	Expiration Date 03/31/2014
Program Name: GENESIS RESIDENTIAL CENTER	Record ID: 270004AN
Legal Name: COMMUNITY HUMAN SERVICES	Service Type: RES-DETOX
Address: 1140, 1146, AND 1152 SONOMA AVENUE	Resident Capacity: 36
City, State: SEASIDE, CA 93955	Total Occupancy: 42
Phone #: (831)899-2436	Target Population: 1.1
Fax #: (831)658-3815	Expiration Date 11/30/2013
Program Name: DOOR TO HOPE	Record ID: 270002AN
Legal Name: DOOR TO HOPE	Service Type: RES
Address: 165 CLAY STREET	Resident Capacity: 14
City, State: SALINAS, CA 93901	Total Occupancy: 14
Phone #: (831)422-6226	Target Population: 1.3
Fax #: (831)758-5127	Expiration Date 03/31/2014
Program Name: NUEVA ESPERANZA	Record ID: 270002BN
Legal Name: DOOR TO HOPE	Service Type: RES
Address: 325 CALIFORNIA STREET	Resident Capacity: 6
City, State: SALINAS, CA 93901	Total Occupancy: 16
Phone #: (831)422-2636	Target Population: 1.3
Fax #: (831)758-5127	Expiration Date 03/31/2014
Program Name: DOOR TO HOPE	Record ID: 270002CN
Legal Name: DOOR TO HOPE, INC.	Service Type: NON
Address: 130 GABILAN STREET	Resident Capacity: 0
City, State: SALINAS, CA 93901	Total Occupancy: 0
Phone #: (831)758-0181	Target Population: 1.1
Fax #: (831)758-5127	Expiration Date 07/31/2013
Program Name: SUN STREET CENTER	Record ID: 270003AN
Legal Name: SUN STREET CENTERS	Service Type: RES-DETOX
Address: 8 SUN STREET	Resident Capacity: 54
City, State: SALINAS, CA 93901	Total Occupancy: 54
Phone #: (831)753-5145	Target Population: 1.2
	Expiration Date 11/30/2013
Program Name: SUN STREET CENTERS OUTPATIENT PROGRAM	Record ID: 270003BN
Legal Name: SUN STREET CENTERS	Service Type: NON
Address: 12 SUN STREET	Resident Capacity: 0
City, State: SALINAS, CA 93901	Total Occupancy: 0
Phone #: (831)753-6001	Target Population: 1.1
Fax #: (831)753-5169	Expiration Date 05/31/2015

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

As of: 06/13/2013

Monterey County

Program Name: VALLEY HEALTH ASSOCIATES	Record ID: 270011AN
Legal Name: VALLEY HEALTH ASSOCIATES	Service Type: NON
Address: 338 MONTEREY STREET	Resident Capacity: 0
City, State: SALINAS, CA 93901	Total Occupancy: 0
Phone #: (831)424-6655	Target Population: 1.1
Fax #: (831)424-9717	Expiration Date 10/31/2014
Program Name: VALLEY HEALTH ASSOCIATES	Record ID: 270011CN
Legal Name: VALLEY HEALTH ASSOCIATES	Service Type: NON
Address: 495 EL CAMINO REAL, SUITE K	Resident Capacity: 0
City, State: GREENFIELD, CA 93927	Total Occupancy: 0
Phone #: (831)674-1795	Target Population: 1.1
Fax #: (831)674-1795	Expiration Date 05/31/2014
Program Name: VALLEY HEALTH ASSOCIATES	Record ID: 270011BN
Legal Name: VALLEY HEALTH ASSOCIATES	Service Type: NON
Address: 114 WEBSTER STREET	Resident Capacity: 0
City, State: MONTEREY, CA 93940	Total Occupancy: 0
Phone #: (831)372-8392	Target Population: 1.1
Fax #: (831)674-1795	Expiration Date 01/31/2015

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

As of: 06/13/2013

Napa County

Program Name: ALTERNATIVES FOR BETTER LIVING Legal Name: ALTERNATIVES FOR BETTER LIVING Address: 701 SCHOOL STREET City, State: NAPA, CA 94559 Phone #: (707)226-1248 Fax #: (707)226-8011	Record ID: 280010AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 01/31/2015
Program Name: DUFFY'S MYRTLEDALE Legal Name: DUFFY'S MYRTLEDALE Address: 3076 MYRTLEDALE ROAD City, State: CALISTOGA, CA 94515 Phone #: (707)942-6888	Record ID: 280002AP Service Type: RES-DETOX Resident Capacity: 49 Total Occupancy: 49 Target Population: 1.1 Expiration Date 10/31/2013
Program Name: DUFFY'S NAPA VALLEY Legal Name: DUFFY'S MYRTLEDALE Address: 3088 MYRTLEDALE ROAD City, State: CALISTOGA, CA 94515 Phone #: (707)942-6761	Record ID: 280002BP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 12/31/2014
Program Name: WOLFE CENTER Legal Name: LOYD WOLFE JUVENILE JUSTICE NETWORK Address: 2310 FIRST STREET City, State: NAPA, CA 94559 Phone #: (707)255-1855 Fax #: (707)255-5621	Record ID: 280016AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2014
Program Name: MCALISTER INSTITUTE RESIDENTIAL PROGRAM Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC. Address: 2100 NAPA VALLEJO HIGHWAY BLDG. 253 M1/M2 City, State: NAPA, CA 94558 Phone #: (619)442-0277 Fax #: (619)442-1101	Record ID: 280017AN Service Type: RES-DETOX Resident Capacity: 55 Total Occupancy: 55 Target Population: 1.1 Expiration Date 11/30/2013
Program Name: NAPA COUNTY ALCOHOL AND DRUG PROGRAMS Legal Name: NAPA COUNTY HEALTH AND HUMAN SERVICES Address: 2344 OLD SONOMA ROAD, BUILDINGS A,B, C, F, AND J City, State: NAPA, CA 94559 Phone #: (707)253-4721	Record ID: 280003BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 07/31/2014
Program Name: COLD SPRINGS Legal Name: PACIFICA PAIN MANAGEMENT SERVICES, INC. Address: 415 COLD SPRINGS ROAD City, State: ANGWIN, CA 94508 Phone #: (707)965-3538 Fax #: (707)965-1962	Record ID: 280015AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 7 Target Population: 1.1 Expiration Date 01/31/2014

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 06/13/2013

Napa County

Program Name: ST. HELENA RECOVERY CENTER	Record ID: 280009BN
Legal Name: ST. HELENA HOSPITAL	Service Type: RES-DETOX
Address: 10 WOODLAND ROAD	Resident Capacity: 30
City, State: ST. HELENA, CA 94574	Total Occupancy: 30
Phone #: (707)967-5720	Target Population: 1.1
Fax #: (707)963-5627	Expiration Date 11/30/2014
Program Name: WOODLAND HOUSE	Record ID: 280009AN
Legal Name: ST. HELENA HOSPITAL	Service Type: RES
Address: 5 WOODLAND ROAD	Resident Capacity: 13
City, State: ST. HELENA, CA 94576	Total Occupancy: 13
Phone #: (707)967-5720	Target Population: 1.1
Fax #: (707)967-5627	Expiration Date 12/31/2014

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

As of: 06/13/2013

Nevada County

Program Name: COMMUNITY RECOVERY RESOURCES	Record ID: 290002AN
Legal Name: COMMUNITY RECOVERY RESOURCES	Service Type: NON
Address: 180 SIERRA COLLEGE DRIVE	Resident Capacity: 0
City, State: GRASS VALLEY, CA 95945	Total Occupancy: 0
Phone #: (530)273-9541	Target Population: 1.10
Fax #: (530)273-7740	Expiration Date 06/30/2014
Program Name: COMMUNITY RECOVERY RESOURCES	Record ID: 290002DN
Legal Name: COMMUNITY RECOVERY RESOURCES	Service Type: NON
Address: 10015 PALISADES DRIVE, SUITE 1	Resident Capacity: 0
City, State: TRUCKEE, CA 96161	Total Occupancy: 0
Phone #: (530)587-8194	Target Population: 1.1
	Expiration Date 06/30/2014
Program Name: HOPE HOUSE/SERENITY HOUSE	Record ID: 290002BN
Legal Name: COMMUNITY RECOVERY RESOURCES	Service Type: RES-DETOX
Address: 159 BRENTWOOD DRIVE	Resident Capacity: 40
City, State: GRASS VALLEY, CA 95945	Total Occupancy: 50
Phone #: (530)271-1140	Target Population: 1.9
Fax #: (530)273-7740	Expiration Date 01/31/2015
Program Name: PROGRESS HOUSE	Record ID: 290006AN
Legal Name: PROGRESS HOUSE, INC.	Service Type: RES
Address: 145 BOST AVENUE	Resident Capacity: 19
City, State: NEVADA CITY, CA 95959	Total Occupancy: 19
Phone #: (530)265-9045	Target Population: 1.2
Fax #: (530)478-7977	Expiration Date 06/30/2014

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Program Name: 21ST CENTURY WELLNESS, INC.	Record ID: 300211AP
Legal Name: 21ST CENTURY WELLNESS, INC.	Service Type: NON
Address: 23861 EL TORO ROAD, 7TH FLOOR	Resident Capacity: 0
City, State: LAKE FOREST, CA 92630	Total Occupancy: 0
Phone #: (949)900-8260	Target Population: 1.1
	Expiration Date 03/31/2015
Program Name: HARMONY HEALS, INC.	Record ID: 300250AP
Legal Name: A NEW START CORP	Service Type: NON
Address: 23173 LA CADENA DRIVE	Resident Capacity: 0
City, State: LAGUNA HILLS, CA 92653	Total Occupancy: 0
Phone #: (949)837-2751	Target Population: 1.1
Fax #: (949)600-7113	Expiration Date 03/31/2015
Program Name: ABLE TO CHANGE RECOVERY, INC.	Record ID: 300118BP
Legal Name: ABLE TO CHANGE RECOVERY, INC.	Service Type: NON
Address: 31461 RANCHO VIEJO ROAD, #105	Resident Capacity: 0
City, State: SAN JUAN CAPISTRANO, CA 92675	Total Occupancy: 0
Phone #: (949)493-6800	Target Population: 1.8
Fax #: (949)493-6832	Expiration Date 01/31/2015
Program Name: ABLE TO CHANGE RECOVERY, INC.	Record ID: 300118AP
Legal Name: ABLE TO CHANGE RECOVERY, INC.	Service Type: RES
Address: 28522 AVENIDA PLACIDA	Resident Capacity: 6
City, State: SAN JUAN CAPISTRANO, CA 92675	Total Occupancy: 6
Phone #: (949)388-1780	Target Population: 1.1
Fax #: (949)388-1620	Expiration Date 02/28/2015
Program Name: ABLE TO CHANGE RECOVERY, INC.	Record ID: 300118CP
Legal Name: ABLE TO CHANGE RECOVERY, INC.	Service Type: RES
Address: 23492 WHITE DOVE AVENUE	Resident Capacity: 6
City, State: LAKE FOREST, CA 92630	Total Occupancy: 6
Phone #: (949)715-1731	Target Population: 1.1
Fax #: (949)493-6832	Expiration Date 01/31/2014
Program Name: ACTION CONSULTANTS/ THERAPY	Record ID: 300104DP
Legal Name: ACTION CONSULTANTS/ THERAPY	Service Type: NON
Address: 2651 E. CHAPMAN AVENUE, SUITE 109	Resident Capacity: 0
City, State: FULLERTON, CA 92831	Total Occupancy: 0
Phone #: (949)645-7484	Target Population: 1.1
Fax #: (949)645-0565	Expiration Date 01/31/2014
Program Name: ACTION CONSULTANTS/ THERAPY	Record ID: 300104CP
Legal Name: ACTION CONSULTANTS/ THERAPY	Service Type: NON
Address: 2124 MAIN STREET, SUITE 120	Resident Capacity: 0
City, State: HUNTINGTON BEACH, CA 92648	Total Occupancy: 0
Phone #: (949)645-7484	Target Population: 1.1
Fax #: (949)645-0565	Expiration Date 01/31/2014

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Program Name: ACTION CONSULTANTS/THERAPY Legal Name: ACTION CONSULTANTS/THERAPY Address: 1670 SANTA ANA AVENUE, SUITE C, F, & N City, State: COSTA MESA, CA 92627 Phone #: (949)645-7484 Fax #: (949)645-0565	Record ID: 300104BP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.7 Expiration Date 01/31/2014
Program Name: ADELANTE RECOVERY CENTER, INC. Legal Name: ADELANTE RECOVERY CENTER, INC. Address: 49 MONTECITO DRIVE City, State: CORONA DEL MAR, CA 92625 Phone #: (949)887-4448 Fax #: (949)706-9769	Record ID: 300206AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 02/28/2014
Program Name: SEACLIFF RECOVERY CENTER Legal Name: ADRIENNE STRATTON, DARRYL FUJIHARA, MARC KASSOFF Address: 225 7TH STREET City, State: HUNTINGTON BEACH, CA 92648 Phone #: (714)960-0078	Record ID: 300152AP Service Type: RES Resident Capacity: 16 Total Occupancy: 17 Target Population: 1.1 Expiration Date 09/30/2013
Program Name: SOUTH ORANGE COUNTY DETOX TREATMENT Legal Name: ALEXANDRA ROSE CORPORATION Address: 4009 CALLE ABRIL City, State: SAN CLEMENTE, CA 92673 Phone #: (949)584-5957	Record ID: 300245AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 01/31/2015
Program Name: CHEMICAL DEPENDENCY INTERVENTION PROGRAM Legal Name: ALTA INSTITUTE, INCORPORATED Address: 1440 NORTH HARBOR BOULEVARD, SUITE 725 City, State: FULLERTON, CA 92835 Phone #: (714)680-0241 Fax #: (714)680-9538	Record ID: 300111AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2014
Program Name: ANAMIKA RECOVERY CENTER Legal Name: ANAMIKA RECOVERY CENTER, INC. Address: 144 SOUTH PERALTA HILLS DRIVE City, State: ANAHEIM, CA 92807 Phone #: (714)974-4673 Fax #: (714)974-4674	Record ID: 300200AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 7 Target Population: 1.1 Expiration Date 02/28/2014
Program Name: ACM RECOVERY A DIVISION OF ASSOCIATES IN COUNSELING & ME Legal Name: ASSOCIATES IN COUNSELING AND MEDIATION Address: 25201 PASEO DE ALICIA, SUITE 100 City, State: LAGUNA HILLS, CA 92653 Phone #: (949)699-3413 Fax #: (949)859-6658	Record ID: 300213BP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2015

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Program Name: ACM RECOVERY A DIVISION OF ASSOCIATES IN COUNSELING & ME Legal Name: ASSOCIATES IN COUNSELING AND MEDIATION Address: 324 WEST 4TH STREET, SUITE D City, State: SANTA ANA, CA 92701 Phone #: (714)547-1404 Fax #: (714)550-4677	Record ID: 300213CP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2015
Program Name: ACM RECOVERY A DIVISION OF ASSOCIATES IN COUSELING AND M Legal Name: ASSOCIATES IN COUNSELING AND MEDIATION, INC. Address: 265 SOUTH ANITA DRIVE, SUITE 117 City, State: ORANGE, CA 92868 Phone #: (714)978-1090 Fax #: (714)978-1087	Record ID: 300213AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2015
Program Name: BALBOA HORIZONS RECOVERY SERVICES Legal Name: BALBOA HORIZONS RECOVERY SERVICES Address: 2384 NEWPORT BOULEVARD City, State: COSTA MESA, CA 92627 Phone #: (949)675-3406 Fax #: (949)675-3916	Record ID: 300165BP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2014
Program Name: BALBOA HORIZONS RECOVERY SERVICES Legal Name: BALBOA HORIZONS RECOVERY SERVICES Address: 1132 WEST BALBOA BOULEVARD City, State: NEWPORT BEACH, CA 92661 Phone #: (949)675-3406 Fax #: (949)722-8125	Record ID: 300165AP Service Type: RES Resident Capacity: 11 Total Occupancy: 11 Target Population: 1.3 Expiration Date 05/31/2013
Program Name: BREAKAWAY PROGRAM Legal Name: BREAKAWAY HEALTH CORPORATION Address: 3151 AIRWAY AVENUE, SUITE D-1, N-1 AND N-2 City, State: COSTA MESA, CA 92626 Phone #: (714)847-7585 Fax #: (714)848-5410	Record ID: 300065AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 01/31/2014
Program Name: BRIDGE TEEN RECOVERY, LLC Legal Name: BRIDGE TEEN RECOVERY LLC Address: 23151 VERDUGO DRIVE, SUITE 115 City, State: LAGUNA HILLS, CA 92653 Phone #: (949)716-4623 Fax #: (949)716-4633	Record ID: 300230AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 06/30/2015
Program Name: CALIFORNIA DIVERSION INTERVENTION FOUNDATION Legal Name: CALIFORNIA DIVERSION INTERVENTION FOUNDATION Address: 1095 NORTH MAIN STREET, SUITE C City, State: ORANGE, CA 92867 Phone #: (714)633-0502	Record ID: 300125BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2014

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Program Name: UNIDOS RECOVERY HOME	Record ID: 300010AN
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABU	Service Type: RES-DETOX
Address: 9842 WEST 13TH STREET, SUITE B	Resident Capacity: 64
City, State: GARDEN GROVE, CA 92844	Total Occupancy: 64
Phone #: (714)531-4624	Target Population: 1.2
	Expiration Date 07/31/2014
Program Name: CASA ELENA RECOVERY HOME	Record ID: 300010BN
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABU	Service Type: RES
Address: 832 SOUTH ANAHEIM BOULEVARD	Resident Capacity: 6
City, State: ANAHEIM, CA 92801	Total Occupancy: 6
Phone #: (714)722-5580	Target Population: 1.3
	Expiration Date 07/31/2014
Program Name: LA FAMILIA ALCOHOL AND DRUG SERVICES	Record ID: 300010DN
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABU	Service Type: NON
Address: 1905 NORTH COLLEGE AVENUE	Resident Capacity: 0
City, State: SANTA ANA, CA 92701	Total Occupancy: 0
Phone #: (714)479-0120	Target Population: 1.1
Fax #: (714)479-0153	Expiration Date 07/31/2014
Program Name: K.C. SERVICES	Record ID: 300107DN
Legal Name: CALIFORNIA KOREAN COMMUNITY SERVICES, INC.	Service Type: NON
Address: 1050 AND 1060 BROOKHURST	Resident Capacity: 0
City, State: FULLERTON, CA 92833	Total Occupancy: 0
Phone #: (714)449-1339	Target Population: 1.1
Fax #: (714)449-1289	Expiration Date 04/30/2013
Program Name: CAPO BY THE SEA	Record ID: 300173AP
Legal Name: CAPO BY THE SEA, INC.	Service Type: RES-DETOX
Address: 26682 AVENIDA LAS PALMAS	Resident Capacity: 6
City, State: CAPISTRANO BEACH, CA 92624	Total Occupancy: 8
Phone #: (800)424-8569	Target Population: 1.1
Fax #: (949)276-0045	Expiration Date 10/31/2013
Program Name: CASA BELLA RECOVERY	Record ID: 300222AP
Legal Name: CASA BELLA RECOVERY INTERNATIONAL, INC.	Service Type: RES-DETOX
Address: 31365 MONTEREY STREET	Resident Capacity: 6
City, State: LAGUNA BEACH, CA 92651	Total Occupancy: 6
Phone #: (949)275-7581	Target Population: 1.1
	Expiration Date 04/30/2014
Program Name: CHAPMAN HOUSE	Record ID: 300105IP
Legal Name: CHAPMAN HOUSE, INC.	Service Type: RES-DETOX
Address: 14511 - 14512 CARFAX DRIVE	Resident Capacity: 44
City, State: TUSTIN, CA 92780	Total Occupancy: 44
Phone #: (714)288-9779	Target Population: 1.1
Fax #: (714)288-6130	Expiration Date 10/31/2013

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Program Name: CHAPMAN HOUSE	Record ID: 300105BP
Legal Name: CHAPMAN HOUSE, INC.	Service Type: NON
Address: 1412 EAST CHAPMAN AVENUE	Resident Capacity: 0
City, State: ORANGE, CA 92866	Total Occupancy: 0
Phone #: (714)288-9779	Target Population: 1.1
Fax #: (714)538-9779	Expiration Date 12/31/2013
Program Name: CHAPTERS CAPISTRANO	Record ID: 300239AP
Legal Name: CHAPTERS CAPISTRANO, LLC	Service Type: RES-DETOX
Address: 1525 BUENA VISTA, UNITS A, B AND C	Resident Capacity: 10
City, State: SAN CLEMENTE, CA 92672	Total Occupancy: 10
Phone #: (949)973-0700	Target Population: 1.1
Fax #: (503)228-8711	Expiration Date 04/30/2014
Program Name: C.A.R.E. COUNSELING CENTER	Record ID: 300113BN
Legal Name: CHILD ABUSE RECOVERY, ETC.	Service Type: NON
Address: 1614 EAST 17TH STREET, SUITE D	Resident Capacity: 0
City, State: SANTA ANA, CA 92701	Total Occupancy: 0
Phone #: (714)836-9900	Target Population: 1.1
Fax #: (717)836-9090	Expiration Date 12/31/2014
Program Name: SPENCER RECOVERY CENTERS	Record ID: 300088GN
Legal Name: COAST TO COAST REFERRAL CENTER, INC.	Service Type: RES-DETOX
Address: 1337 GAVIOTA	Resident Capacity: 6
City, State: LAGUNA BEACH, CA 92651	Total Occupancy: 6
Phone #: (949)376-3705	Target Population: 1.1
Fax #: (949)376-6862	Expiration Date 08/31/2014
Program Name: COLLEGE COMMUNITY SERVICES/CALWORKS (CCS/CW)	Record ID: 300106BP
Legal Name: COLLEGE COMMUNITY SERVICES	Service Type: NON
Address: 501 NORTH BROOKHURST STREET, SUITES 300B AND 320	Resident Capacity: 0
City, State: ANAHEIM, CA 92801	Total Occupancy: 0
Phone #: (714)490-7711	Target Population: 1.1
Fax #: (714)490-7717	Expiration Date 01/31/2015
Program Name: COLLEGE COMMUNITY SERVICES/CALWORKS-WEST	Record ID: 300106DP
Legal Name: COLLEGE COMMUNITY SERVICES	Service Type: NON
Address: 13950 MILTON AVENUE, #306	Resident Capacity: 0
City, State: WESTMINSTER, CA 92683	Total Occupancy: 0
Phone #: (714)793-1290	Target Population: 1.1
Fax #: (714)490-7717	Expiration Date 01/31/2015
Program Name: COLLEGE COMMUNITY SERVICES/CALWORKS/CAMINO NUEVO	Record ID: 300106CP
Legal Name: COLLEGE COMMUNITY SERVICES	Service Type: NON
Address: 1200 NORTH MAIN STREET, SUITE 630	Resident Capacity: 0
City, State: SANTA ANA, CA 92701	Total Occupancy: 0
Phone #: (714)824-8150	Target Population: 1.1
Fax #: (714)824-8151	Expiration Date 05/31/2015

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

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Program Name: SOVEREIGN HEALTH OF CALIFORNIA Legal Name: DUAL DIAGNOSIS TREATMENT CENTER, INC. Address: 209 AVENIDA FABRICANTE City, State: SAN CLEMENTE, CA 92672 Phone #: (949)369-1300 Fax #: (949)498-2619	Record ID: 300217AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2014
Program Name: SOVEREIGN BY THE SEA I Legal Name: DUAL DIAGNOSIS TREATMENT CENTER, INC. Address: 601 CALLE REAL City, State: SAN CLEMENTE, CA 92673 Phone #: (949)388-7886 Fax #: (949)265-0446	Record ID: 300217BP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 01/31/2014
Program Name: ENCOMPASS RECOVERY Legal Name: ENCOMPASS TREATMENT SERVICES, LLC Address: 27122A PASEO ESPADA, SUITE 924 City, State: SAN JUAN CAPISTRANO, CA 92675 Phone #: (949)218-4102 Fax #: (509)463-7115	Record ID: 300248AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 12/31/2014
Program Name: FOUR FORTY-NINE RECOVERY, INC. Legal Name: FOUR FORTY-NINE, INC. Address: 1401 NORTH EL CAMINO REAL, SUITES 102, 104 & 106 City, State: SAN CLEMENTE, CA 92672 Phone #: (855)449-4490 Fax #: (949)429-0767	Record ID: 300242AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2014
Program Name: ALTERNATIVE OPTIONS Legal Name: GEORGE W. BERNIER, PH.D. Address: 101 SOUTH KRAEMER BOULEVARD, SUITE # 110 City, State: PLACENTIA, CA 92870 Phone #: (714)995-0359	Record ID: 300186AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2014
Program Name: GET REAL RECOVERY INC. Legal Name: GET REAL RECOVERY INC. Address: 30290 RANCHO VIEJO ROAD, SUITE 204 City, State: SAN JUAN CAPISTRANO, CA 92675 Phone #: (949)481-8152 Fax #: (949)481-8152	Record ID: 300252AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2015
Program Name: CACTUS GARDENS Legal Name: HALF-WAY HOME, INC. Address: 13222 CHAPMAN AVENUE City, State: GARDEN GROVE, CA 92650 Phone #: (714)703-9492 Fax #: (714)968-5867	Record ID: 300114AN Service Type: RES Resident Capacity: 25 Total Occupancy: 25 Target Population: 1.2 Expiration Date 12/31/2014

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Program Name: OPPORTUNITY HOUSE Legal Name: HALF-WAY HOME, INC. Address: 13212 CHAPMAN AVENUE City, State: GARDEN GROVE, CA 92650 Phone #: (714)971-9327 Fax #: (714)968-5867	Record ID: 300114BN Service Type: RES Resident Capacity: 25 Total Occupancy: 25 Target Population: 1.2 Expiration Date 12/31/2014
Program Name: HEALTHCARE SERVICES Legal Name: HEALTHCARE SERVICES, INC. Address: 1340 PEARL STREET City, State: ANAHEIM, CA 92801 Phone #: (714)292-9959 Fax #: (714)384-3876	Record ID: 300188CP Service Type: RES-DETOX Resident Capacity: 21 Total Occupancy: 21 Target Population: 1.1 Expiration Date 05/31/2014
Program Name: HEALTHCARE SERVICES, INC., THE LIGHTHOUSE Legal Name: HEALTHCARE SERVICES, INC. Address: 1300 AND 1310 WEST PEARL STREET AND 1320 WEST PEARL ST., City, State: ANAHEIM, CA 92801 Phone #: (714)384-3970 Fax #: (714)384-3876	Record ID: 300188AP Service Type: RES Resident Capacity: 72 Total Occupancy: 72 Target Population: 1.1 Expiration Date 05/31/2014
Program Name: HER GUARDIAN ANGEL Legal Name: HER GUARDIAN ANGEL Address: 714 ADAMS AVENUE, SUITE 205 City, State: HUNTINGTON BEACH, CA 92648 Phone #: (714)960-5604 Fax #: (714)960-5693	Record ID: 300243AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.3 Expiration Date 04/30/2014
Program Name: HOPE BY THE SEA, INC. Legal Name: HOPE BY THE SEA, INC. Address: 27432 CALLE ARROYO City, State: SAN JUAN CAPISTRANO, CA 92675 Phone #: (949)218-2690 Fax #: (949)218-1597	Record ID: 300149BP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2013
Program Name: HOPE BY THE SEA, INC. Legal Name: HOPE BY THE SEA, INC. Address: 28371 VIA ANZAR City, State: SAN JUAN CAPISTRANO, CA 92675 Phone #: (949)218-2690 Fax #: (949)218-1957	Record ID: 300149AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 8 Target Population: 1.1 Expiration Date 08/31/2013
Program Name: HOPE HOUSE Legal Name: HOPE HOUSE CORPORATION Address: 710 AND 714 NORTH ANAHEIM BOULEVARD City, State: ANAHEIM, CA 92805 Phone #: (714)776-7490 Fax #: (714)776-8650	Record ID: 300034AN Service Type: RES Resident Capacity: 56 Total Occupancy: 56 Target Population: 1.1 Expiration Date 11/30/2013

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Program Name: JUST ONE RECOVERY Legal Name: JUST ONE RECOVERY Address: 264 N. CLEVELAND City, State: ORANGE, CA 92866 Phone #: (714)588-0226 Fax #: (714)628-9884	Record ID: 300234AN Service Type: RES-DETOX Resident Capacity: 4 Total Occupancy: 4 Target Population: 1.2 Expiration Date 01/31/2014
Program Name: DEE'S HOUSE Legal Name: KIM HUNKLE Address: 18886 SANTA MARTA STREET City, State: FOUNTAIN VALLEY, CA 92708 Phone #: (714)478-0975 Fax #: (714)374-6873	Record ID: 300223AP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.3 Expiration Date 05/31/2014
Program Name: K. C. SERVICES Legal Name: KOREAN COMMUNITY SERVICES, INC. Address: 7281 GARDEN GROVE BOULEVARD, SUITE H City, State: GARDEN GROVE, CA 92844 Phone #: (714)539-4544	Record ID: 300107EN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 08/31/2014
Program Name: K. C. SERVICES Legal Name: KOREAN COMMUNITY SERVICES, INC. Address: 14795 JEFFREY ROAD, SUITE 207 City, State: IRVINE, CA 92680 Phone #: (949)654-9163	Record ID: 300107CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 08/31/2014
Program Name: NEW START DETOX Legal Name: LIBERTY HOUSING SERVICES, INC. Address: 906 DORMAN STREET City, State: SANTA ANA, CA 92701 Phone #: (714)486-3691	Record ID: 300249AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 12/31/2014
Program Name: MARIPOSA WOMEN AND FAMILY CENTER Legal Name: MARIPOSA WOMEN AND FAMILY CENTER Address: 29222 RANCHO VIEJO ROAD, #122 City, State: SAN JUAN CAPISTRANO, CA 92675 Phone #: (949)429-6888 Fax #: (949)429-6868	Record ID: 300005BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 02/28/2015
Program Name: MARIPOSA WOMEN AND FAMILY CENTER Legal Name: MARIPOSA WOMEN AND FAMILY CENTER Address: 812 TOWN AND COUNTRY ROAD City, State: ORANGE, CA 92868 Phone #: (714)547-6494	Record ID: 300005AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.4 Expiration Date 12/31/2013

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Program Name: MIRAMAR HEALTH, INC.	Record ID: 300182BP
Legal Name: MIRAMAR HEALTH, INC.	Service Type: RES-DETOX
Address: 435 DAHLIA AVENUE	Resident Capacity: 6
City, State: NEWPORT BEACH, CA 92625	Total Occupancy: 6
Phone #: (949)497-9189	Target Population: 1.1
Fax #: (949)554-1285	Expiration Date 05/31/2014
Program Name: MIRAMAR HEALTH, INC.	Record ID: 300182CP
Legal Name: MIRAMAR HEALTH, INC.	Service Type: RES-DETOX
Address: 435-1/2 DAHLIA AVENUE	Resident Capacity: 6
City, State: NEWPORT BEACH, CA 92625	Total Occupancy: 6
Phone #: (949)497-9189	Target Population: 1.1
Fax #: (949)554-1285	Expiration Date 05/31/2014
Program Name: MIRAMAR RECOVERY	Record ID: 300182AP
Legal Name: MIRAMAR HEALTH, INC.	Service Type: RES-DETOX
Address: 339 JASMINE STREET	Resident Capacity: 6
City, State: LAGUNA BEACH, CA 92651	Total Occupancy: 6
Phone #: (888)300-3210	Target Population: 1.1
Fax #: (949)370-0711	Expiration Date 01/31/2014
Program Name: NEWPORT ACADEMY	Record ID: 300233AP
Legal Name: MONROE OPERATIONS, LLC	Service Type: NON
Address: 811 N. RANCH WOOD TRAIL	Resident Capacity: 0
City, State: ORANGE, CA 92869	Total Occupancy: 0
Phone #: (714)288-0872	Target Population: 1.5
Fax #: (714)288-2045	Expiration Date 11/30/2013
Program Name: NEWPORT ACADEMY	Record ID: 300233BP
Legal Name: MONROE OPERATIONS, LLC	Service Type: NON
Address: 1655 HUNTERS WAY	Resident Capacity: 0
City, State: ORANGE, CA 92869	Total Occupancy: 0
Phone #: (714)288-9052	Target Population: 1.5
Fax #: (714)288-2099	Expiration Date 11/30/2013
Program Name: MORNINGSIDE RECOVERY	Record ID: 300168IP
Legal Name: MORNINGSIDE RECOVERY	Service Type: NON
Address: 1545 NEWPORT BOULEVARD	Resident Capacity: 0
City, State: COSTA MESA, CA 92627	Total Occupancy: 0
Phone #: (949)675-0006	Target Population: 1.1
Fax #: (949)675-0007	Expiration Date 03/31/2014
Program Name: CHANGES FOR RECOVERY	Record ID: 300097CP
Legal Name: MUCKER, MILTON	Service Type: NON
Address: 302 NORTH TUSTIN AVENUE, SUITES 100 AND 102	Resident Capacity: 0
City, State: SANTA ANA, CA 92705	Total Occupancy: 0
Phone #: (714)541-4007	Target Population: 1.1
Fax #: (714)541-2779	Expiration Date 02/28/2014

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Program Name: THE RECOVERY CENTER Legal Name: NANCY CLARK AND ASSOCIATES, INC. Address: 1110 VICTORIA STREET City, State: COSTA MESA, CA 92627 Phone #: (949)646-2340	Record ID: 300067AP Service Type: RES Resident Capacity: 38 Total Occupancy: 41 Target Population: 1.1 Expiration Date 02/28/2015
Program Name: RELAPSE PREVENTION PROGRAM Legal Name: NANCY CLARK AND ASSOCIATES, INC. Address: 471 OLD NEWPORT ROAD, SUITE 101 City, State: NEWPORT BEACH, CA 92663 Phone #: (949)631-0550 Fax #: (949)631-4589	Record ID: 300115AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2015
Program Name: HUNTINGTON HARBOR HOUSE Legal Name: NARCONON SOUTHERN CALIFORNIA Address: 17123 ROUNDHILL DRIVE City, State: 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 Expiration Date 02/28/2014
Program Name: NATIONAL THERAPEUTIC SERVICES, INC., THE JOSHUA HOUSE Legal Name: NATIONAL THERAPEUTIC SERVICES, INC. Address: 2571 ORANGE AVENUE, UNITS A AND B City, State: COSTA MESA, CA 92627 Phone #: (714)432-0727 Fax #: (949)650-4334	Record ID: 300207EP Service Type: RES Resident Capacity: 8 Total Occupancy: 10 Target Population: 1.1 Expiration Date 05/31/2013
Program Name: NATIONAL THERAPEUTIC SERVICES, INC., DBA THE JOSHUA HOUSE Legal Name: NATIONAL THERAPEUTIC SERVICES, INC. Address: 354 BROADWAY City, State: COSTA MESA, CA 92627 Phone #: (949)650-4334 Fax #: (949)650-5171	Record ID: 300207CP Service Type: RES Resident Capacity: 6 Total Occupancy: 8 Target Population: 1.1 Expiration Date 05/31/2013
Program Name: THE JOSHUA HOUSE Legal Name: NATIONAL THERAPEUTIC SERVICES, INC. Address: 2417 ORANGE AVENUE, UNITS 101A, 101B, 101C, 102A, 201B & 20 City, State: COSTA MESA, CA 92627 Phone #: (949)650-4334 Fax #: (949)650-5171	Record ID: 300207FP Service Type: RES Resident Capacity: 21 Total Occupancy: 22 Target Population: 1.1 Expiration Date 06/30/2014
Program Name: NATIONAL THERAPEUTIC SERVICES, DBA THE JOSHUA HOUSE Legal Name: NATIONAL THERAPEUTIC SERVICES, INC. Address: 235 EAST 18TH STREET, UNITS A,B,C AND 241 EAST 18TH STREET City, State: COSTA MESA, CA 92627 Phone #: (949)650-4334 Fax #: (949)650-5171	Record ID: 300207GP Service Type: RES Resident Capacity: 23 Total Occupancy: 24 Target Population: 1.1 Expiration Date 10/31/2014

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Program Name: THE RAP CENTER Legal Name: NATIONAL THERAPEUTIC SERVICES, INC. Address: 1040 17TH STREET City, State: COSTA MESA, CA 92627 Phone #: (714)432-0727 Fax #: (949)650-5171	Record ID: 300207BP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 10/31/2014
Program Name: NATIONAL THERAPEUTIC SERVICES, INC., DBA THE JOSHUA HOUSE Legal Name: NATIONAL THERAPEUTIC SERVICES, INC. Address: 329 ROCHESTER STREET, UNITS A & B City, State: COSTA MESA, CA 92627 Phone #: (949)650-4334 Fax #: (949)650-5171	Record ID: 300207DP Service Type: RES Resident Capacity: 6 Total Occupancy: 8 Target Population: 1.1 Expiration Date 05/31/2013
Program Name: THE JOSHUA HOUSE Legal Name: NATIONAL THERAPEUTIC SERVICES, INC. Address: 209 EAST 18TH STREET City, State: COSTA MESA, CA 92627 Phone #: (714)432-0727 Fax #: (949)650-5171	Record ID: 300207AP Service Type: RES-DETOX Resident Capacity: 12 Total Occupancy: 12 Target Population: 1.1 Expiration Date 10/31/2014
Program Name: THE JOSHUA HOUSE Legal Name: NATIONAL THERAPEUTIC SERVICES, INC. Address: 271 WALNUT STREET City, State: COSTA MESA, CA 92627 Phone #: (949)650-4334 Fax #: (949)650-5171	Record ID: 300207JP Service Type: RES Resident Capacity: 10 Total Occupancy: 11 Target Population: 1.1 Expiration Date 02/28/2014
Program Name: THE JOSHUA HOUSE Legal Name: NATIONAL THERAPEUTIC SERVICES, INC. Address: 171 UNITS A&B, AND 175, UNITS A&B, ROCHESTER City, State: COSTA MESA, CA 92627 Phone #: (949)650-4334 Fax #: (949)650-5171	Record ID: 300207IP Service Type: RES Resident Capacity: 20 Total Occupancy: 21 Target Population: 1.1 Expiration Date 02/28/2014
Program Name: NATIONAL THERAPEUTIC SERVICES, INC., THE JOSHUA HOUSE Legal Name: NATIONAL THERAPEUTIC SERVICES, INC., THE JOSHUA HOUSE Address: 175 VIRGINIA PLACE City, State: COSTA MESA, CA 92627 Phone #: (949)650-4334 Fax #: (949)650-5171	Record ID: 300207HP Service Type: RES Resident Capacity: 6 Total Occupancy: 8 Target Population: 1.1 Expiration Date 02/28/2014
Program Name: NEW DIRECTIONS FOR WOMEN OUTPATIENT PROGRAM Legal Name: NEW DIRECTIONS FOR WOMEN, INC. Address: 2603 WILLO LANE City, State: COSTA MESA, CA 92627 Phone #: (949)548-5546 Fax #: (949)548-5328	Record ID: 300007JN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.3 Expiration Date 02/28/2014

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Program Name: NEW DIRECTIONS FOR WOMEN/PROGRAM FOR WOMEN WITH CHILI Legal Name: NEW DIRECTIONS FOR WOMEN, INC. Address: 334 UNIVERSITY AVENUE City, State: COSTA MESA, CA 92627 Phone #: (949)548-5546 Fax #: (949)548-3292	Record ID: 300007FN Service Type: RES Resident Capacity: 6 Total Occupancy: 12 Target Population: 1.4 Expiration Date 10/31/2013
Program Name: NEW DIRECTIONS FOR WOMEN, INC. Legal Name: NEW DIRECTIONS FOR WOMEN, INC. Address: 2607 WILLO LANE City, State: COSTA MESA, CA 92627 Phone #: (949)548-5546 Fax #: (949)548-5328	Record ID: 300007GN Service Type: RES-DETOX Resident Capacity: 18 Total Occupancy: 18 Target Population: 1.8 Expiration Date 11/30/2013
Program Name: NEW LIFE SPIRIT RECOVERY, INC. Legal Name: NEW LIFE SPIRIT RECOVERY, INC. Address: 18652 FLORIDA STREET, SUITE 200 City, State: HUNTINGTON BEACH, CA 92648 Phone #: (714)841-1906	Record ID: 300190AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2014
Program Name: NEW METHOD WELLNESS Legal Name: NEW METHOD WELLNESS Address: 34652 VIA CATALINA City, State: CAPISTRANO BEACH, CA 92624 Phone #: (949)951-1824 Fax #: (949)472-4352	Record ID: 300229BP Service Type: RES-DETOX Resident Capacity: 9 Total Occupancy: 10 Target Population: 1.1 Expiration Date 09/30/2014
Program Name: NEW METHOD WELLNESS, INC. Legal Name: NEW METHOD WELLNESS, INC. Address: 31473 RANCHO VIEJO, SUITE 101 City, State: SAN JUAN CAPISTRANO, CA 92675 Phone #: (949)951-1824 Fax #: (949)472-4352	Record ID: 300229AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2015
Program Name: NEWPORT BEACH RECOVERY CENTER Legal Name: NEWPORT BEACH RECOVERY CENTER Address: 207 28TH STREET City, State: NEWPORT BEACH, CA 92663 Phone #: (714)887-3806 Fax #: (949)612-7968	Record ID: 300240AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.3 Expiration Date 02/28/2014
Program Name: NEWPORT HARBOR RECOVERY Legal Name: NEWPORT HARBOR RECOVERY SERVICES, INC. Address: 382 HAMILTON STREET, UNITS A & B City, State: COSTA MESA, CA 92627 Phone #: (949)645-5775 Fax #: (949)645-7222	Record ID: 300112BN Service Type: RES Resident Capacity: 12 Total Occupancy: 15 Target Population: 1.2 Expiration Date 11/30/2014

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Program Name: OASIS TREATMENT CENTER	Record ID: 300025AP
Legal Name: OASIS TREATMENT CENTER, INC.	Service Type: RES
Address: 222 WEST BALL ROAD	Resident Capacity: 16
City, State: ANAHEIM, CA 92805	Total Occupancy: 16
Phone #: (714)991-4673	Target Population: 1.1
	Expiration Date 02/28/2014
Program Name: OCEAN HILLS RECOVERY, INC.	Record ID: 300208AP
Legal Name: OCEAN HILLS RECOVERY, INC.	Service Type: RES-DETOX
Address: 33242 CHRISTINA DRIVE	Resident Capacity: 6
City, State: DANA POINT, CA 92629	Total Occupancy: 6
Phone #: (949)388-0112 Fax #: (949)388-4625	Target Population: 1.1
	Expiration Date 03/31/2015
Program Name: OCEAN RECOVERY BAY STREET	Record ID: 300144EP
Legal Name: OCEAN RECOVERY L.L.C.	Service Type: RES
Address: 1217 WEST BAY AVENUE	Resident Capacity: 6
City, State: NEWPORT BEACH, CA 92661	Total Occupancy: 7
Phone #: (949)723-2388 Fax #: (949)723-1288	Target Population: 1.3
	Expiration Date 03/31/2015
Program Name: SOLUTIONS BY THE SEA	Record ID: 300144AP
Legal Name: OCEAN RECOVERY L.L.C.	Service Type: RES
Address: 1601 WEST BALBOA BOULEVARD	Resident Capacity: 16
City, State: NEWPORT BEACH, CA 92663	Total Occupancy: 16
Phone #: (949)723-2388	Target Population: 1.3
	Expiration Date 12/31/2014
Program Name: OCEAN RECOVERY 1115	Record ID: 300144BP
Legal Name: OCEAN RECOVERY, L.L.C.	Service Type: RES
Address: 1115 WEST BALBOA BOULEVARD	Resident Capacity: 22
City, State: NEWPORT BEACH, CA 92661	Total Occupancy: 22
Phone #: (949)675-3764 Fax #: (949)723-1288	Target Population: 1.2
	Expiration Date 12/31/2014
Program Name: ORANGE COUNTY BAR FOUNDATION STOP SHORT OF ADDICTION	Record ID: 300164AN
Legal Name: ORANGE COUNTY BAR FOUNDATION, INC.	Service Type: NON
Address: 313 NORTH BIRCH, 2ND FLOOR	Resident Capacity: 0
City, State: SANTA ANA, CA 92701	Total Occupancy: 0
Phone #: (714)480-1925 Fax #: (714)480-1933	Target Population: 1.5
	Expiration Date 02/28/2015
Program Name: ORANGE COUNTY REHAB	Record ID: 300169BP
Legal Name: ORANGE COUNTY DETOX, INC.	Service Type: RES-DETOX
Address: 546 HAMILTON STREET	Resident Capacity: 6
City, State: COSTA MESA, CA 92627	Total Occupancy: 6
Phone #: (949)548-0801 Fax #: (949)548-0804	Target Population: 1.1
	Expiration Date 08/31/2014

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Program Name: ORANGE COUNTY HEALTH AND PSYCHOLOGY ASSOCIATES	Record ID: 300226AN
Legal Name: ORANGE COUNTY HEALTH AND PSYCHOLOGY ASSOCIATES (OCHP/	Service Type: NON
Address: 62 DISCOVERY, SUITE 100	Resident Capacity: 0
City, State: IRVINE, CA 92618	Total Occupancy: 0
Phone #: (949)551-4182	Target Population: 1.1
Fax #: (949)551-6406	Expiration Date 02/28/2015
Program Name: ORANGE COUNTY RECOVERY SERVICES	Record ID: 300237AP
Legal Name: ORANGE COUNTY RECOVERY SERVICES, LLC	Service Type: NON
Address: 1011 BRIOSO DR. SUITE 103	Resident Capacity: 0
City, State: COSTA MESA, CA 92627	Total Occupancy: 0
Phone #: (949)515-9191	Target Population: 1.1
Fax #: (949)515-9193	Expiration Date 01/31/2014
Program Name: PACE RECOVERY CENTER, LLC	Record ID: 300244AP
Legal Name: PACE RECOVERY CENTER, LLC	Service Type: RES
Address: 209 22ND STREET	Resident Capacity: 6
City, State: HUNTINGTON BEACH, CA 92648	Total Occupancy: 6
Phone #: (714)274-9239	Target Population: 1.2
	Expiration Date 07/31/2014
Program Name: PACE RECOVERY CENTER II	Record ID: 300244BP
Legal Name: PACE RECOVERY CENTERS, LLC	Service Type: RES
Address: 628 13TH STREET	Resident Capacity: 6
City, State: HUNTINGTON BEACH, CA 92648	Total Occupancy: 6
Phone #: (714)369-2137	Target Population: 1.2
	Expiration Date 02/28/2015
Program Name: PACE RECOVERY CENTER INTENSIVE OUTPATIENT PROGRAM	Record ID: 300244CP
Legal Name: PACE RECOVERY CENTERS, LLC	Service Type: NON
Address: 180 NEWPORT CENTER DRIVE	Resident Capacity: 0
City, State: NEWPORT BEACH, CA 92660	Total Occupancy: 0
Phone #: (949)922-4513	Target Population: 1.2
	Expiration Date 02/28/2015
Program Name: PACIFIC CLINICS SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES	Record ID: 300117AN
Legal Name: PACIFIC CLINICS	Service Type: NON
Address: 655 CAMINO DE LOS MARES, SUITE 120	Resident Capacity: 0
City, State: SAN CLEMENTE, CA 92673	Total Occupancy: 0
Phone #: (949)487-1015	Target Population: 1.1
Fax #: (949)487-2840	Expiration Date 05/31/2013
Program Name: PACIFIC CLINICS SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES	Record ID: 300117BN
Legal Name: PACIFIC CLINICS	Service Type: NON
Address: 13950 MILTON STREET, SUITE 303	Resident Capacity: 0
City, State: WESTMINSTER, CA 92683	Total Occupancy: 0
Phone #: (714)379-4484	Target Population: 1.1
Fax #: (714)379-5009	Expiration Date 05/31/2013

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Program Name: PACIFIC HILLS TREATMENT CENTER	Record ID: 300074CP
Legal Name: PACIFIC HILLS TREATMENT CENTER, INC.	Service Type: RES
Address: 34248 VIA SANTA ROSA, APARTMENTS A, B, AND C	Resident Capacity: 12
City, State: CAPISTRANO BEACH, CA 92624	Total Occupancy: 12
Phone #: (949)489-8121	Target Population: 1.3
Fax #: (949)369-7261	Expiration Date 11/30/2014
Program Name: PACIFIC HILLS TREATMENT CENTERS, INC.	Record ID: 300074DP
Legal Name: PACIFIC HILLS TREATMENT CENTERS, INC.	Service Type: NON
Address: 27442 CALLE ARROYO, SUITE B	Resident Capacity: 0
City, State: SAN JUAN CAPISTRANO, CA 92675	Total Occupancy: 0
Phone #: (949)489-8121	Target Population: 1.1
Fax #: () -	Expiration Date 10/31/2013
Program Name: PACIFIC HILLS TREATMENT CENTERS	Record ID: 300074BP
Legal Name: PACIFIC HILLS TREATMENT CENTERS, INC.	Service Type: RES
Address: 217 AND 219 AVENIDA MONTEREY	Resident Capacity: 24
City, State: SAN CLEMENTE, CA 92672	Total Occupancy: 24
Phone #: (949)248-5335	Target Population: 1.2
Fax #: (949)248-4275	Expiration Date 08/31/2013
Program Name: PACIFIC SHORES RECOVERY	Record ID: 300238AP
Legal Name: PACIFIC SHORES RECOVERY, LLC	Service Type: RES
Address: 3309 CLAY STREET	Resident Capacity: 6
City, State: NEWPORT BEACH, CA 92663	Total Occupancy: 7
Phone #: (949)574-2510	Target Population: 1.1
Fax #: (949)722-1135	Expiration Date 01/31/2014
Program Name: PAT MOORE FOUNDATION	Record ID: 300136NN
Legal Name: PAT MOORE FOUNDATION	Service Type: RES-DETOX
Address: 2614 WEST COLOMBINE STREET, UNIT A	Resident Capacity: 6
City, State: SANTA ANA, CA 92704	Total Occupancy: 6
Phone #: (949)285-3991	Target Population: 1.1
Fax #: (949)764-9288	Expiration Date 11/30/2014
Program Name: PAT MOORE FOUNDATION	Record ID: 300136MN
Legal Name: PAT MOORE FOUNDATION	Service Type: RES-DETOX
Address: 1918 WEST HALL AVENUE	Resident Capacity: 6
City, State: SANTA ANA, CA 92704	Total Occupancy: 6
Phone #: (714)546-2200	Target Population: 1.2
Fax #: (949)764-9288	Expiration Date 10/31/2013
Program Name: PAT MOORE FOUNDATION	Record ID: 300136ON
Legal Name: PAT MOORE FOUNDATION	Service Type: RES-DETOX
Address: 2614 WEST COLOMBINE STREET, UNIT B	Resident Capacity: 6
City, State: SANTA ANA, CA 92704	Total Occupancy: 6
Phone #: (949)285-3991	Target Population: 1.1
Fax #: (949)764-9288	Expiration Date 11/30/2014

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Program Name: PAT MOORE FOUNDATION Legal Name: PAT MOORE FOUNDATION Address: 1905 WEST HALL AVENUE City, State: SANTA ANA, CA 92704 Phone #: (714)546-2200 Fax #: (949)764-9288	Record ID: 300136LN Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 10/31/2013
Program Name: PAT MOORE FOUNDATION Legal Name: PAT MOORE FOUNDATION Address: 2105 W. ADAMS STREET City, State: SANTA ANA, CA 92704 Phone #: (714)546-2200 Fax #: (949)764-9288	Record ID: 300136RN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 12/31/2014
Program Name: PAT MOORE FOUNDATION Legal Name: PAT MOORE FOUNDATION Address: 2560 NEWPORT BOULEVARD, UNITS 1-22 AND 2568 NEWPORT B City, State: COSTA MESA, CA 92627 Phone #: (714)546-2200 Fax #: (949)764-9288	Record ID: 300136JN Service Type: RES-DETOX Resident Capacity: 76 Total Occupancy: 76 Target Population: 1.1 Expiration Date 07/31/2014
Program Name: BROADWAY TREATMENT CENTER Legal Name: PHILLIP AGUILAR Address: 301 S. ARCHER STREET City, State: ANAHEIM, CA 92804 Phone #: (714)400-4573 Fax #: (714)778-0030	Record ID: 300241AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 03/31/2014
Program Name: PHOENIX HOUSE Legal Name: PHOENIX HOUSE ORANGE COUNTY, INC. Address: 1207 EAST FRUIT STREET, BUILDINGS C-E City, State: SANTA ANA, CA 92701 Phone #: (714)953-9373	Record ID: 300033BN Service Type: DSS Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1
Program Name: PHOENIX HOUSE Legal Name: PHOENIX HOUSE ORANGE COUNTY, INC. Address: 1207 EAST FRUIT STREET, BUILDING B City, State: SANTA ANA, CA 92701 Phone #: (714)953-9373	Record ID: 300033CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2013
Program Name: PHOENIX HOUSE Legal Name: PHOENIX HOUSE ORANGE COUNTY, INC. Address: 1207 EAST FRUIT STREET, BUILDINGS A & F City, State: SANTA ANA, CA 92701 Phone #: (714)953-9373	Record ID: 300033AN Service Type: RES Resident Capacity: 100 Total Occupancy: 100 Target Population: 1.1 Expiration Date 08/31/2014

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Program Name: DR. WILLA'S HOUSE Legal Name: PHYSICIANS NUTRACEUTICAL RESEARCH INC. Address: 140 AVENIDA ALGODON, UNIT C City, State: SAN CLEMENTE, CA 92672 Phone #: (888)508-3371 Fax #: (888)508-3372	Record ID: 300189CP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 07/31/2014
Program Name: DR. WILLA'S HOUSE Legal Name: PHYSICIANS NUTRACEUTICAL RESEARCH, INC. Address: 140 AVENIDA ALGODON, UNIT A City, State: SAN CLEMENTE, CA 92672 Phone #: (888)508-3371 Fax #: (888)508-3372	Record ID: 300189AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 07/31/2014
Program Name: DR. WILLA'S HOUSE Legal Name: PHYSICIANS NUTRACEUTICAL RESEARCH, INC. Address: 140 AVENIDA ALGODON, UNIT B City, State: SAN CLEMENTE, CA 92672 Phone #: (888)508-3371 Fax #: (888)508-3372	Record ID: 300189BP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 07/31/2014
Program Name: PROTOTYPES' MOTHER AND CHILD RESIDENTIAL HOMES AT THE T Legal Name: PROTOTYPES, CENTERS FOR INNOVATION IN HEALTH, MENTAL Address: 15405 LANSDOWNE ROAD, BLDG, F&G City, State: TUSTIN, CA 92782 Phone #: (714)566-2886 Fax #: (714)566-2887	Record ID: 300227AN Service Type: RES Resident Capacity: 15 Total Occupancy: 49 Target Population: 1.4 Expiration Date 02/28/2015
Program Name: PUR DETOX Legal Name: PUR DETOX, INC. Address: 25071 ALICIA DRIVE City, State: DANA POINT, CA 92629 Phone #: (949)480-3440 Fax #: (888)803-3869	Record ID: 300198AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 08/31/2013
Program Name: CORNERSTONE RECOVERY HOME #6 Legal Name: RECOVERY HOMES OF AMERICA, INC. Address: 13861 ESPLANADE City, State: SANTA ANA, CA 92705 Phone #: (714)547-4300	Record ID: 300017IP Service Type: RES Resident Capacity: 6 Total Occupancy: 7 Target Population: 1.2 Expiration Date 07/31/2013
Program Name: CORNERSTONE OF SOUTHERN CALIFORNIA OUTPATIENT SERVICE Legal Name: RECOVERY HOMES OF AMERICA, INC. Address: 1950 EAST 17TH STREET, SUITE 150 City, State: SANTA ANA, CA 92705 Phone #: (714)547-4300	Record ID: 300017FP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2014

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Program Name: CORNERSTONE #2	Record ID: 300017GP
Legal Name: RECOVERY HOMES OF AMERICA, INC.	Service Type: RES
Address: 13022 YORBA STREET	Resident Capacity: 6
City, State: SANTA ANA, CA 92705	Total Occupancy: 7
Phone #: (714)730-5399	Target Population: 1.2
Fax #: (714)730-3505	Expiration Date 07/31/2013
Program Name: CORNERSTONE RECOVERY HOME 17	Record ID: 300017UP
Legal Name: RECOVERY HOMES OF AMERICA, INC.	Service Type: RES
Address: 225 SOUTH PROSPECT	Resident Capacity: 6
City, State: ORANGE, CA 92869	Total Occupancy: 8
Phone #: (714)730-5399	Target Population: 1.3
Fax #: (714)730-3505	Expiration Date 08/31/2014
Program Name: CORNERSTONE #5	Record ID: 300017HP
Legal Name: RECOVERY HOMES OF AMERICA, INC.	Service Type: RES
Address: 2641 OLD GRAND	Resident Capacity: 6
City, State: SANTA ANA, CA 92701	Total Occupancy: 8
Phone #: (714)730-5399	Target Population: 1.2
Fax #: (714)730-3505	Expiration Date 07/31/2013
Program Name: CORNERSTONE #9	Record ID: 300017JP
Legal Name: RECOVERY HOMES OF AMERICA, INC.	Service Type: RES
Address: 2217 NORTH WRIGHT STREET	Resident Capacity: 6
City, State: SANTA ANA, CA 92780	Total Occupancy: 8
Phone #: (714)730-5399	Target Population: 1.3
Fax #: (714)730-3505	Expiration Date 07/31/2013
Program Name: CORNERSTONE RECOVERY HOME Y-11	Record ID: 300017KP
Legal Name: RECOVERY HOMES OF AMERICA, INC.	Service Type: RES
Address: 880 YORBA STREET	Resident Capacity: 6
City, State: ORANGE, CA 92869	Total Occupancy: 10
Phone #: (714)730-5399	Target Population: 1.2
Fax #: (714)730-3505	Expiration Date 03/31/2014
Program Name: CORNERSTONE RECOVERY HOME M-10	Record ID: 300017LP
Legal Name: RECOVERY HOMES OF AMERICA, INC.	Service Type: RES
Address: 3310 MAPLE AVENUE	Resident Capacity: 6
City, State: ORANGE, CA 92869	Total Occupancy: 9
Phone #: (714)730-5399	Target Population: 1.2
	Expiration Date 03/31/2014
Program Name: CORNERSTONE RECOVERY HOME - HOUSE 12	Record ID: 300017NP
Legal Name: RECOVERY HOMES OF AMERICA, INC.	Service Type: RES
Address: 581 SOUTH PROSPECT	Resident Capacity: 6
City, State: ORANGE, CA 92869	Total Occupancy: 8
Phone #: (714)730-5399	Target Population: 1.2
	Expiration Date 03/31/2014

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Program Name: CORNERSTONE OF SOUTHERN CALIFORNIA 8	Record ID: 300017OP
Legal Name: RECOVERY HOMES OF AMERICA, INC.	Service Type: RES-DETOX
Address: 13672 YORBA STREET	Resident Capacity: 6
City, State: TUSTIN, CA 92780	Total Occupancy: 8
Phone #: (714)730-5399	Target Population: 1.1
	Expiration Date 05/31/2014
Program Name: CORNERSTONE RECOVERY HOME #14	Record ID: 300017PP
Legal Name: RECOVERY HOMES OF AMERICA, INC.	Service Type: RES
Address: 1612 EAST FRUIT STREET	Resident Capacity: 6
City, State: SANTA ANA, CA 92701	Total Occupancy: 10
Phone #: (714)730-5399 Fax #: (714)730-3505	Target Population: 1.3
	Expiration Date 06/30/2013
Program Name: CORNERSTONE RECOVERY HOME 15	Record ID: 300017SP
Legal Name: RECOVERY HOMES OF AMERICA, INC.	Service Type: RES
Address: 700 SOUTH YORBA STREET	Resident Capacity: 6
City, State: ORANGE, CA 92869	Total Occupancy: 10
Phone #: (714)730-5399 Fax #: (714)730-3505	Target Population: 1.3
	Expiration Date 04/30/2014
Program Name: CORNERSTONE RECOVERY HOME 16	Record ID: 300017TP
Legal Name: RECOVERY HOMES OF AMERICA, INC.	Service Type: RES
Address: 235 SOUTH PROSPECT	Resident Capacity: 6
City, State: ORANGE, CA 92869	Total Occupancy: 8
Phone #: (714)730-5399 Fax #: (714)730-5399	Target Population: 1.3
	Expiration Date 08/31/2014
Program Name: CORNERSTONE RECOVERY HOME #18	Record ID: 300017VP
Legal Name: RECOVERY HOMES OF AMERICA, INC.	Service Type: RES
Address: 757 SOUTH YORBA STREET	Resident Capacity: 6
City, State: ORANGE, CA 92869	Total Occupancy: 9
Phone #: (714)730-5399 Fax #: (714)730-3505	Target Population: 1.3
	Expiration Date 08/31/2013
Program Name: CORNERSTONE RECOVERY HOMES	Record ID: 300017YP
Legal Name: RECOVERY HOMES OF AMERICA, INC.	Service Type: RES
Address: 591 SOUTH PROSPECT STREET	Resident Capacity: 6
City, State: ORANGE, CA 92869	Total Occupancy: 7
Phone #: (714)730-5399	Target Population: 1.1
	Expiration Date 12/31/2013
Program Name: CORNERSTONE OF SOUTHERN CALIFORNIA 4	Record ID: 300017DP
Legal Name: RECOVERY HOMES OF AMERICA, INC.	Service Type: RES-DETOX
Address: 13671 ROSALIND STREET	Resident Capacity: 6
City, State: TUSTIN, CA 92780	Total Occupancy: 8
Phone #: (714)730-5399 Fax #: (714)710-7100	Target Population: 1.1
	Expiration Date 05/31/2014

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Program Name: CORNERSTONE RECOVERY HOMES	Record ID: 300017XP
Legal Name: RECOVERY HOMES OF AMERICA, INC.	Service Type: RES
Address: 249 SOUTH PROSPECT STREET	Resident Capacity: 6
City, State: ORANGE, CA 92869	Total Occupancy: 7
Phone #: (714)730-5399	Target Population: 1.1
	Expiration Date 12/31/2013
Program Name: CORNERSTONE #19	Record ID: 300017WP
Legal Name: RECOVERY HOMES OF AMERICA, INC.	Service Type: RES
Address: 3735 EAST SPRING STREET	Resident Capacity: 6
City, State: ORANGE, CA 92869	Total Occupancy: 8
Phone #: (714)730-5399	Target Population: 1.3
Fax #: (714)730-3505	Expiration Date 09/30/2014
Program Name: CORNERSTONE 1	Record ID: 300017AP
Legal Name: RECOVERY HOMES OF AMERICA, INC.	Service Type: RES
Address: 13682 YORBA STREET	Resident Capacity: 6
City, State: TUSTIN, CA 92780	Total Occupancy: 8
Phone #: (714)730-5399	Target Population: 1.1
	Expiration Date 05/31/2014
Program Name: CORNERSTONE OF SOUTHERN CALIFORNIA 3	Record ID: 300017BP
Legal Name: RECOVERY HOMES OF AMERICA, INC.	Service Type: RES
Address: 427 SOUTH YORBA STREET	Resident Capacity: 6
City, State: ORANGE, CA 92869	Total Occupancy: 7
Phone #: (714)730-5399	Target Population: 1.2
	Expiration Date 05/31/2014
Program Name: CORNERSTONE OF SOUTHERN CALIFORNIA 7	Record ID: 300017CP
Legal Name: RECOVERY HOMES OF AMERICA, INC.	Service Type: RES-DETOX
Address: 13681 ROSALIND STREET	Resident Capacity: 6
City, State: TUSTIN, CA 92780	Total Occupancy: 7
Phone #: (714)730-5399	Target Population: 1.3
Fax #: (714)710-7100	Expiration Date 05/31/2014
Program Name: REFLECTIONS RECOVERY, LLC	Record ID: 300255AP
Legal Name: REFLECTIONS RECOVERY, LLC	Service Type: NON
Address: 185 E PAULARINO STREET, SUITE C-201	Resident Capacity: 0
City, State: COSTA MESA, CA 92626	Total Occupancy: 0
Phone #: (714)708-2950	Target Population: 1.1
Fax #: (714)708-2966	Expiration Date 03/31/2015
Program Name: ROQUE CENTER	Record ID: 300015AN
Legal Name: ROQUE CENTER, INC.	Service Type: RES-DETOX
Address: 9842 WEST A 13TH STREET	Resident Capacity: 88
City, State: GARDEN GROVE, CA 92844	Total Occupancy: 88
Phone #: (714)839-0607	Target Population: 1.1
	Expiration Date 07/31/2014

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Program Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN	Record ID: 300154AP
Legal Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN	Service Type: RES
Address: 240 KNOX STREET	Resident Capacity: 8
City, State: COSTA MESA, CA 92627	Total Occupancy: 8
Phone #: (949)645-1026	Target Population: 1.1
Fax #: (949)645-1026	Expiration Date 11/30/2013
Program Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC., 3	Record ID: 300154CP
Legal Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.	Service Type: RES
Address: 930 MAGELLAN STREET	Resident Capacity: 6
City, State: COSTA MESA, CA 92626	Total Occupancy: 6
Phone #: (949)645-1026	Target Population: 1.3
Fax #: (714)242-6775	Expiration Date 10/31/2014
Program Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.	Record ID: 300154BP
Legal Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.	Service Type: RES
Address: 236 KNOX STREET	Resident Capacity: 8
City, State: COSTA MESA, CA 92627	Total Occupancy: 8
Phone #: (949)645-1026	Target Population: 1.3
Fax #: (949)645-1026	Expiration Date 02/28/2014
Program Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.	Record ID: 300154DP
Legal Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.	Service Type: RES
Address: 934 MAGELLAN STREET	Resident Capacity: 6
City, State: COSTA MESA, CA 92626	Total Occupancy: 6
Phone #: (949)645-1026	Target Population: 1.3
Fax #: (714)242-6775	Expiration Date 08/31/2013
Program Name: SAFE HARBOR'S CAPELLA I	Record ID: 300221AP
Legal Name: SAFE HARBOR'S CAPELLA, LLC	Service Type: RES
Address: 546 BERNARD STREET	Resident Capacity: 6
City, State: COSTA MESA, CA 92627	Total Occupancy: 6
Phone #: (714)323-8294	Target Population: 1.3
Fax #: (714)242-6775	Expiration Date 10/31/2014
Program Name: SAFE HARBOR'S CAPELLA II	Record ID: 300221DP
Legal Name: SAFE HARBOR'S CAPELLA, LLC	Service Type: RES
Address: 548 BERNARD STREET	Resident Capacity: 6
City, State: COSTA MESA, CA 92627	Total Occupancy: 6
Phone #: (714)323-8294	Target Population: 1.3
Fax #: (714)242-6775	Expiration Date 10/31/2014
Program Name: SAFE HARBOR'S CAPELLA III	Record ID: 300221CP
Legal Name: SAFE HARBOR'S CAPELLA, LLC	Service Type: RES
Address: 550B BERNARD STREET	Resident Capacity: 6
City, State: COSTA MESA, CA 92627	Total Occupancy: 6
Phone #: (714)323-8294	Target Population: 1.3
Fax #: (714)242-6775	Expiration Date 10/31/2014

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Program Name: SAFE HARBOR'S CAPELLA Legal Name: SAFE HARBOR'S CAPELLA, LLC Address: 550A BERNARD STREET City, State: COSTA MESA, CA 92627 Phone #: (714)323-8294 Fax #: (714)242-6775	Record ID: 300221BP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.3 Expiration Date 10/31/2014
Program Name: SOVEREIGN BY THE SEA II Legal Name: SATYA HEALTH OF CALIFORNIA, INC. Address: 105 AVENIDA PALA City, State: SAN CLEMENTE, CA 92672 Phone #: (949)545-6853 Fax #: (949)265-0446	Record ID: 300236AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 01/31/2014
Program Name: SERENITY NEW LIFE Legal Name: SERENITY LIFE COUNSELING, INC. Address: 450 EAST RIVERBOAT WAY City, State: ORANGE, CA 92865 Phone #: (714)533-2900 Fax #: (714)533-2904	Record ID: 300218BP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 06/30/2013
Program Name: SERENITY LIFE COUNSELING Legal Name: SERENITY LIFE COUNSELING, INC. Address: 2024 WEST LINCOLN AVENUE, SUITES 6 AND 7 City, State: ANAHEIM, CA 92801 Phone #: (714)533-2900 Fax #: (714)276-0567	Record ID: 300218AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2014
Program Name: SIMPLE RECOVERY, INC. Legal Name: SIMPLE RECOVERY, INC. Address: 9531 NETHERWAY DRIVE City, State: HUNTINGTON BEACH, CA 92646 Phone #: (509)481-1261	Record ID: 300247AP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 12/31/2014
Program Name: SOBER LIVING BY THE SEA Legal Name: SOBER LIVING BY THE SEA, INC. Address: 3980 SEASHORE DRIVE City, State: NEWPORT BEACH, CA 92663 Phone #: (949)673-6696 Fax #: (949)723-2829	Record ID: 300044XP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 07/31/2014
Program Name: SOBER LIVING BY THE SEA Legal Name: SOBER LIVING BY THE SEA, INC. Address: 1901 NEWPORT BOULEVARD, SUITE 149 City, State: COSTA MESA, CA 92627 Phone #: (949)673-6696 Fax #: (949)675-4285	Record ID: 300044HHP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2014

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Program Name: THE ROSE OF NEWPORT BEACH Legal Name: SOBER LIVING BY THE SEA, INC. Address: 6111 SEASHORE DRIVE City, State: NEWPORT BEACH, CA 92663 Phone #: (949)673-6696 Fax #: (949)723-2829	Record ID: 300044SP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.3 Expiration Date 07/31/2014
Program Name: SOBER LIVING BY THE SEA Legal Name: SOBER LIVING BY THE SEA, INC. Address: 4138 PATRICE City, State: NEWPORT BEACH, CA 92663 Phone #: (949)673-6696 Fax #: (949)723-2829	Record ID: 300044CCP Service Type: RES Resident Capacity: 6 Total Occupancy: 7 Target Population: 1.1 Expiration Date 07/31/2014
Program Name: SOBER LIVING BY THE SEA Legal Name: SOBER LIVING BY THE SEA, INC. Address: 5101 RIVER, UNIT B City, State: NEWPORT BEACH, CA 92663 Phone #: (949)673-6696 Fax #: (949)723-2829	Record ID: 300044UP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 07/31/2014
Program Name: THE LANDING AT NEWPORT BEACH Legal Name: SOBER LIVING BY THE SEA, INC. Address: 4711 SEASHORE DRIVE City, State: NEWPORT BEACH, CA 92663 Phone #: (949)673-6696 Fax #: (949)723-2829	Record ID: 300044GGP Service Type: RES Resident Capacity: 6 Total Occupancy: 7 Target Population: 1.2 Expiration Date 09/30/2013
Program Name: SOBER LIVING BY THE SEA Legal Name: SOBER LIVING BY THE SEA, INC. Address: 4800 SEASHORE DRIVE, UNITS A & B City, State: NEWPORT BEACH, CA 92663 Phone #: (949)673-6696 Fax #: (949)723-2829	Record ID: 300044DDP Service Type: RES Resident Capacity: 10 Total Occupancy: 12 Target Population: 1.1 Expiration Date 07/31/2014
Program Name: THE ROSE OF NEWPORT BEACH Legal Name: SOBER LIVING BY THE SEA, INC. Address: 6110 WEST OCEAN FRONT City, State: NEWPORT BEACH, CA 92663 Phone #: (949)673-6696 Fax #: (949)723-2829	Record ID: 300044FFP Service Type: RES Resident Capacity: 6 Total Occupancy: 7 Target Population: 1.3 Expiration Date 09/30/2013
Program Name: THE VICTORIAN HOUSE Legal Name: SOBER LIVING BY THE SEA, INC. Address: 505 29TH STREET City, State: NEWPORT BEACH, CA 92663 Phone #: (949)673-6696 Fax #: (949)723-2829	Record ID: 300044EEP Service Type: RES Resident Capacity: 6 Total Occupancy: 7 Target Population: 1.3 Expiration Date 07/31/2014

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Program Name: TREE HOUSE RECOVERY (THR)	Record ID: 300253AP
Legal Name: SOBER SANCTUARIES INC.	Service Type: RES
Address: 218-A AND 218-B CABRILLO STREET	Resident Capacity: 12
City, State: COSTA MESA, CA 92627	Total Occupancy: 12
Phone #: (714)968-2700	Target Population: 1.2
Fax #: (714)968-2752	Expiration Date 01/31/2015
Program Name: SOBERTEC LLC	Record ID: 300254AP
Legal Name: SOBERTEC LLC	Service Type: NON
Address: 1402 N. EL CAMINO REAL	Resident Capacity: 0
City, State: SAN CLEMENTE, CA 92672	Total Occupancy: 0
Phone #: (949)498-4321	Target Population: 1.1
Fax #: (949)490-4323	Expiration Date 02/28/2015
Program Name: TOUCHSTONES	Record ID: 300070AN
Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.	Service Type: DSS
Address: 525 NORTH PARKER	Resident Capacity: 0
City, State: ORANGE, CA 92868	Total Occupancy: 0
Phone #: (714)639-5546	Target Population: 1.1
Program Name: SOLUTIONS FOR RECOVERY	Record ID: 300143BP
Legal Name: SOLUTIONS FOR RECOVERY, INC.	Service Type: RES-DETOX
Address: 31931 PASEO TERRAZA	Resident Capacity: 6
City, State: SAN JUAN CAPISTRANO, CA 92675	Total Occupancy: 8
Phone #: (949)874-1332	Target Population: 1.1
Fax #: (949)661-1264	Expiration Date 02/28/2014
Program Name: SOUTH COAST COUNSELING	Record ID: 300012BN
Legal Name: SOUTH COAST COUNSELING, INC.	Service Type: RES
Address: 693 PLUMER STREET	Resident Capacity: 16
City, State: COSTA MESA, CA 92627	Total Occupancy: 16
Phone #: (949)642-0180	Target Population: 1.1
	Expiration Date 04/30/2014
Program Name: HERITAGE HOUSE	Record ID: 300054HN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES
Address: 2212-C PLACENTIA AVENUE	Resident Capacity: 3
City, State: COSTA MESA, CA 92627	Total Occupancy: 6
Phone #: (949)646-2271	Target Population: 1.4
	Expiration Date 06/30/2014
Program Name: HERITAGE HOUSE V	Record ID: 300054EN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES
Address: 2218-C PLACENTIA AVENUE	Resident Capacity: 3
City, State: COSTA MESA, CA 92627	Total Occupancy: 6
Phone #: (949)646-2271	Target Population: 1.4
	Expiration Date 06/30/2014

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Program Name: HERITAGE HOUSE IV	Record ID: 300054DN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES
Address: 2218-B PLACENTIA AVENUE	Resident Capacity: 3
City, State: COSTA MESA, CA 92627	Total Occupancy: 6
Phone #: (949)646-2271	Target Population: 1.4
	Expiration Date 06/30/2014
Program Name: HERITAGE HOUSE III	Record ID: 300054CN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES
Address: 2212-D PLACENTIA AVENUE	Resident Capacity: 3
City, State: COSTA MESA, CA 92627	Total Occupancy: 6
Phone #: (949)646-2271	Target Population: 1.4
	Expiration Date 06/30/2014
Program Name: HERITAGE HOUSE	Record ID: 300054AN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES
Address: 2212-A PLACENTIA AVENUE	Resident Capacity: 1
City, State: COSTA MESA, CA 92627	Total Occupancy: 3
Phone #: (949)646-2271	Target Population: 1.4
	Expiration Date 06/30/2014
Program Name: HERITAGE HOUSE NORTH	Record ID: 300054IN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES
Address: 315, 319, AND 321 NORTH STATE COLLEGE BOULEVARD	Resident Capacity: 21
City, State: ANAHEIM, CA 92806	Total Occupancy: 44
Phone #: (562)923-4545	Target Population: 1.4
Fax #: (714)687-9927	Expiration Date 12/31/2014
Program Name: HERITAGE HOUSE II	Record ID: 300054BN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES
Address: 2212-B PLACENTIA AVENUE	Resident Capacity: 3
City, State: COSTA MESA, CA 92627	Total Occupancy: 6
Phone #: (949)646-2271	Target Population: 1.4
	Expiration Date 06/30/2014
Program Name: HERITAGE HOUSE VILLAGE	Record ID: 300054KN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INCORP	Service Type: RES
Address: 405 SOUTH ROSE STREET	Resident Capacity: 17
City, State: ANAHEIM, CA 92805	Total Occupancy: 45
Phone #: (562)923-4545	Target Population: 1.3
Fax #: (714)999-6915	Expiration Date 04/30/2014
Program Name: SPENCER RECOVERY CENTERS, INC,	Record ID: 300088JP
Legal Name: SPENCER RECOVERY CENTERS, INC.	Service Type: RES
Address: 1337 B GAVIOTA	Resident Capacity: 3
City, State: LAGUNA BEACH, CA 92651	Total Occupancy: 3
Phone #: (949)376-3705	Target Population: 1.1
Fax #: (949)376-6862	Expiration Date 11/30/2014

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Program Name: SPENCER RECOVERY CENTER Legal Name: SPENCER RECOVERY CENTERS, INC. Address: 1316 SOUTH COAST HIGHWAY City, State: LAGUNA BEACH, CA 92651 Phone #: (949)376-3705	Record ID: 300088AP Service Type: RES-DETOX Resident Capacity: 28 Total Occupancy: 28 Target Population: 1.1 Expiration Date 11/30/2013
Program Name: SPENCER RECOVERY CENTERS, INC. Legal Name: SPENCER RECOVERY CENTERS, INC. Address: 1337 C GAVIOTA City, State: LAGUNA BEACH, CA 92651 Phone #: (949)376-3705 Fax #: (949)376-3701	Record ID: 300088KP Service Type: RES Resident Capacity: 3 Total Occupancy: 3 Target Population: 1.1 Expiration Date 11/30/2014
Program Name: GERRY HOUSE Legal Name: STRAIGHT TALK CLINIC, INCORPORATED Address: 1225-1227 WEST 6TH STREET City, State: SANTA ANA, CA 92703 Phone #: (714)972-1402	Record ID: 300040AN Service Type: RES Resident Capacity: 12 Total Occupancy: 12 Target Population: 1.1 Expiration Date 09/30/2013
Program Name: SURE HAVEN Legal Name: SURE HAVEN Address: 725 CENTER STREET, UNITS A AND B City, State: COSTA MESA, CA 92626 Phone #: (800)852-4465 Fax #: (888)588-4998	Record ID: 300235DP Service Type: RES-DETOX Resident Capacity: 12 Total Occupancy: 12 Target Population: 1.1 Expiration Date 01/31/2015
Program Name: SURE HAVEN LLC Legal Name: SURE HAVEN LLC Address: 1811 GISLER STREET City, State: COSTA MESA, CA 92626 Phone #: (800)852-4465 Fax #: (888)588-4998	Record ID: 300235BP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.3 Expiration Date 01/31/2014
Program Name: SURE HAVEN LLC DBA ROCK SOLID RECOVERY Legal Name: SURE HAVEN LLC DBA ROCK SOLID RECOVERY Address: 2068 WALLACE AVENUE, UNIT A&B City, State: COSTA MESA, CA 92626 Phone #: (800)852-4465 Fax #: (888)588-4998	Record ID: 300235CP Service Type: RES-DETOX Resident Capacity: 12 Total Occupancy: 12 Target Population: 1.1 Expiration Date 10/31/2014
Program Name: SURE HAVEN, LLC Legal Name: SURE HAVEN, LLC Address: 973 ARBOR STREET City, State: COSTA MESA, CA 92626 Phone #: (800)852-4465 Fax #: (888)588-4998	Record ID: 300235AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 11/30/2013

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Orange County

Program Name: CENTER FOR THE TREATMENT OF ADDICTION, INC.	Record ID: 300119HP
Legal Name: THE CENTER FOR THE TREATMENT OF ADDICTION, INC.	Service Type: NON
Address: 104 NORTH RAYMOND AVENUE, SUITE A-2	Resident Capacity: 0
City, State: FULLERTON, CA 92831	Total Occupancy: 0
Phone #: (714)992-1677	Target Population: 1.1
Fax #: (714)992-4906	Expiration Date 03/31/2014
Program Name: THE GARY CENTER FOR SUBSTANCE ABUSE COUNSELING SYSTEM	Record ID: 300093BN
Legal Name: THE GARY CENTER	Service Type: NON
Address: 1525 17TH #B	Resident Capacity: 0
City, State: SANTA ANA, CA 92705	Total Occupancy: 0
Phone #: (562)691-3263	Target Population: 1.1
Fax #: (562)690-5063	Expiration Date 06/30/2013
Program Name: THE GARY CENTER	Record ID: 300093AN
Legal Name: THE GARY CENTER	Service Type: DHS
Address: 341 HILLCREST STREET	Resident Capacity: 0
City, State: LA HABRA, CA 90631	Total Occupancy: 0
Phone #: (562)691-3263	Target Population: 1.1
Program Name: NEW BEGINNING FELLOWSHIP CENTER	Record ID: 300120BN
Legal Name: THE NEW BEGINNING FELLOWSHIP CENTER	Service Type: NON
Address: 16581 BROOKHURST	Resident Capacity: 0
City, State: FOUNTAIN VALLEY, CA 92706	Total Occupancy: 0
Phone #: (714)839-2515	Target Population: 1.1
Fax #: (714)839-5501	Expiration Date 03/31/2015
Program Name: STEPHOUSE RECOVERY CENTER	Record ID: 300251AP
Legal Name: THE STEPHOUSE RECOVERY, INC.	Service Type: NON
Address: 10529 SLATER AVENUE	Resident Capacity: 0
City, State: FOUNTAIN VALLEY, CA 92708	Total Occupancy: 0
Phone #: (714)394-3494	Target Population: 1.1
Fax #: (714)969-2889	Expiration Date 03/31/2015
Program Name: THE VILLA	Record ID: 300016AN
Legal Name: THE VILLA CENTER, INC.	Service Type: RES
Address: 910 NORTH FRENCH STREET	Resident Capacity: 15
City, State: SANTA ANA, CA 92701	Total Occupancy: 15
Phone #: (714)547-3301	Target Population: 1.3
Fax #: (714)547-1249	Expiration Date 01/31/2014
Program Name: THE VILLA ANNEX	Record ID: 300016CN
Legal Name: THE VILLA CENTER, INC.	Service Type: RES
Address: 311 EAST WASHINGTON STREET	Resident Capacity: 6
City, State: SANTA ANA, CA 92701	Total Occupancy: 6
Phone #: (714)547-3301	Target Population: 1.3
Fax #: (714)547-1249	Expiration Date 01/31/2014

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Program Name: THE VILLA ANNEX II Legal Name: THE VILLA CENTER, INC. Address: 519 EAST WASHINGTON City, State: SANTA ANA, CA 92701 Phone #: (714)547-3301 Fax #: (714)547-1249	Record ID: 300016DN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.3 Expiration Date 05/31/2014
Program Name: ENVOY CARE CENTER Legal Name: TOCHI FAMILY CHILDREN'S CENTER Address: 520 NORTH BROOKHURST STREET, SUITE 222 City, State: ANAHEIM, CA 92801 Phone #: (714)884-1884	Record ID: 300215AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 12/31/2014
Program Name: TURNING POINT TREATMENT CENTER Legal Name: TURNING POINT TREATMENT CENTER, LLC Address: 23181 TIAGUA City, State: MISSION VIEJO, CA 92692 Phone #: (949)444-8393 Fax #: (949)680-2906	Record ID: 300196AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 8 Target Population: 1.1 Expiration Date 04/30/2015
Program Name: TWIN TOWN TREATMENT CENTERS - LOS ALAMITOS Legal Name: TWIN TOWN CORPORATION Address: 4388 EAST KATELLA AVENUE City, State: LOS ALAMITOS, CA 90720 Phone #: (562)594-8844 Fax #: (562)493-1280	Record ID: 300128AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.7 Expiration Date 02/28/2015
Program Name: TWIN TOWN TREATMENT CENTERS, ORANGE Legal Name: TWIN TOWN CORPORATION Address: 705 WEST LA VETA AVENUE, SUITE 208 City, State: ORANGE, CA 92868 Phone #: (714)532-9295 Fax #: () -	Record ID: 300128CP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2013
Program Name: TWIN TOWN TREATMENT CENTERS, MISSION VIEJO Legal Name: TWIN TOWN CORPORATION CALIFORNIA Address: 27281 LAS RAMBLAS STREET, SUITE 140 City, State: MISSION VIEJO, CA 92691 Phone #: (949)540-0170 Fax #: (949)540-0173	Record ID: 300128DP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2013
Program Name: SOUTH COAST COUNSELING AND PSYCHOLOGICAL SERVICES Legal Name: WEL-MOR PSYCHOLOGY GROUP, INC. Address: 5130 EAST LA PALMA, SUITE 212 City, State: ANAHEIM, CA 92807 Phone #: (714)540-9070 Fax #: (714)549-4525	Record ID: 300162BP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 10/31/2014

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Program Name: SOUTH COAST COUNSELING AND PSYCHOLOGICAL SERVICES Legal Name: WEL-MOR PSYCHOLOGY GROUP, INC. Address: 26041 CAPE DRIVE, SUITE 130 City, State: LAGUNA NIGUEL, CA 92677 Phone #: (714)540-9070 Fax #: (714)549-4525	Record ID: 300162CP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 10/31/2014
Program Name: SOUTH COAST COUNSELING AND PSYCHOLOGICAL SERVICES Legal Name: WEL-MOR PSYCHOLOGY GROUP, INC. Address: 2900 BRISTOL STREET, SUITE E 103 City, State: COSTA MESA, CA 92626 Phone #: (714)540-9070 Fax #: (714)549-4525	Record ID: 300162AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 10/31/2014
Program Name: WEST COAST DETOX SERVICES, INC. Legal Name: WEST COAST DETOX, INC. Address: 6381 YALE CIRCLE City, State: HUNTINGTON BEACH, CA 92647 Phone #: (949)673-6696 Fax #: (949)723-2829	Record ID: 300228AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 02/28/2015
Program Name: CENTER FOR ALCOHOL AND DRUG ABUSE SERVICES Legal Name: WILLIAM W. MARTIN, PH.D Address: 31899 DEL OBISPO, SUITE 150 City, State: SAN JUAN CAPISTRANO, CA 92675 Phone #: (949)248-7377 Fax #: (866)805-2796	Record ID: 300135AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2014
Program Name: WINDWARD WAY RECOVERY Legal Name: WINDWARD WAY RECOVERY LLC Address: 188 E. 17TH STREET, SUITE 201B City, State: COSTA MESA, CA 92627 Phone #: (949)903-1053	Record ID: 300246AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2015
Program Name: WOODGLEN RECOVERY JUNCTION Legal Name: WOODGLEN RECOVERY JUNCTION, INCORPORATED Address: 771 WEST ORANGETHORPE AVENUE City, State: FULLERTON, CA 92832 Phone #: (714)879-6916	Record ID: 300042AN Service Type: RES Resident Capacity: 24 Total Occupancy: 24 Target Population: 1.1 Expiration Date 10/31/2013
Program Name: DAYLIGHT AGAIN Legal Name: WOODGLEN RECOVERY JUNCTION, INCORPORATED Address: 329 EAST COMMONWEALTH AVENUE City, State: FULLERTON, CA 92832 Phone #: (714)879-6916 Fax #: (714)578-2960	Record ID: 300042CN Service Type: RES Resident Capacity: 16 Total Occupancy: 16 Target Population: 1.1 Expiration Date 01/31/2014

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Program Name: WOODGLEN RECOVERY JUNCTION	Record ID: 300042BN
Legal Name: WOODGLEN RECOVERY JUNCTION, INCORPORATED	Service Type: RES-DETOX
Address: 751 WEST ORANGETHORPE AVENUE	Resident Capacity: 6
City, State: FULLERTON, CA 92832	Total Occupancy: 6
Phone #: (714)879-6916	Target Population: 1.1
Fax #: (714)578-2960	Expiration Date 02/28/2014
Program Name: YELLOWSTONE (WOMEN'S RECOVERY OF CALIFORNIA)	Record ID: 300121BN
Legal Name: YELLOWSTONE WOMEN'S FIRST STEP HOUSE, INC.	Service Type: RES-DETOX
Address: 154 EAST BAY STREET	Resident Capacity: 6
City, State: COSTA MESA, CA 92627	Total Occupancy: 7
Phone #: (949)646-5296	Target Population: 1.1
Fax #: (888)941-9048	Expiration Date 05/31/2013
Program Name: THE YELLOWSTONE BRIDGE	Record ID: 300121FN
Legal Name: YELLOWSTONE WOMEN'S FIRST STEP HOUSE, INC.	Service Type: RES
Address: 2028 FULLERTON AVENUE # A	Resident Capacity: 6
City, State: COSTA MESA, CA 92627	Total Occupancy: 7
Phone #: (949)646-4494	Target Population: 1.2
Fax #: (949)646-5296	Expiration Date 08/31/2013
Program Name: YELLOWSTONE, WROC	Record ID: 300121AN
Legal Name: YELLOWSTONE WOMEN'S FIRST STEP HOUSE, INC.	Service Type: RES
Address: 3132 BOSTON WAY	Resident Capacity: 15
City, State: COSTA MESA, CA 92626	Total Occupancy: 15
Phone #: (888)941-9048	Target Population: 1.2
Fax #: (714)646-5296	Expiration Date 03/31/2015

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Placer County

Program Name: SIERRA COUNCIL Legal Name: COMMUNITY RECOVERY RESOURCES Address: 11416 C AVENUE City, State: AUBURN, CA 95603 Phone #: (530)885-1961 Fax #: (530)885-0713	Record ID: 310019DN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2015
Program Name: SIERRA COUNCIL Legal Name: COMMUNITY RECOVERY RESOURCES Address: 406 SUNRISE AVENUE, #310A City, State: ROSEVILLE, CA 95661 Phone #: (916)782-3737 Fax #: (916)782-3739	Record ID: 310019EN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2015
Program Name: PLACER COUNTY MOTHERS IN RECOVERY (PCMIR) Legal Name: COMMUNITY RECOVERY RESOURCES Address: 11427 D AVENUE, SUITE #203B City, State: AUBURN, CA 95603 Phone #: (530)889-8701 Fax #: (916)797-8979	Record ID: 310019AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.4 Expiration Date 09/30/2013
Program Name: SIERRA COUNCIL Legal Name: COMMUNITY RECOVERY RESOURCES Address: 1530 3RD STREET, SUITE 212 City, State: LINCOLN, CA 95648 Phone #: (916)434-8927 Fax #: (916)434-0678	Record ID: 310019CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2015
Program Name: SIERRA COUNCIL SOUTH PLACER RESIDENTIAL/DETOXIFICATION T Legal Name: COMMUNITY RECOVERY RESOURCES Address: 11417 D AVENUE City, State: AUBURN, CA 95603 Phone #: (530)885-1917 Fax #: (530)885-1169	Record ID: 310019BN Service Type: RES Resident Capacity: 25 Total Occupancy: 25 Target Population: 1.1 Expiration Date 11/30/2013
Program Name: FULL CIRCLE TREATMENT CENTER Legal Name: FULL CIRCLE TREATMENT CENTER Address: 730 SUNRISE AVENUE, SUITE 250 City, State: ROSEVILLE, CA 95661 Phone #: (916)787-4357	Record ID: 310017AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 07/31/2014
Program Name: TRUE STEP Legal Name: HOPE HELP AND HEALING Address: 318 LINCOLN WAY, #B City, State: AUBURN, CA 95603 Phone #: (530)885-4249 Fax #: (530)885-6191	Record ID: 310010DN Service Type: RES Resident Capacity: 6 Total Occupancy: 7 Target Population: 1.2 Expiration Date 09/30/2014

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Program Name: HOPE HELP AND HEALING Legal Name: HOPE HELP AND HEALING Address: 11960 HERITAGE OAKS PLACE, SUITE 20 City, State: AUBURN, CA 95603 Phone #: (530)885-4249 Fax #: (530)885-6191	Record ID: 310010CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2014
Program Name: NEW LEAF COUNSELING SERVICES Legal Name: JAMES HARDWICK Address: 1254 HIGH STREET City, State: AUBURN, CA 95603 Phone #: (530)889-9195	Record ID: 310007AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.3 Expiration Date 02/28/2014
Program Name: NEW LEAF WOMEN AND WOMEN WITH CHILDREN - MEADOWVIEW Legal Name: JAMES HARDWICK Address: 5055 MEADOWVIEW LANE City, State: AUBURN, CA 95603 Phone #: (530)823-9827 Fax #: (530)889-9197	Record ID: 310007BP Service Type: RES Resident Capacity: 6 Total Occupancy: 11 Target Population: 1.4 Expiration Date 06/30/2013
Program Name: NEW LEAF COUNSELING SERVICES HOFFMAN HOUSE Legal Name: JAMES N HARDWICK Address: 199 HOFFMAN AVENUE City, State: AUBURN, CA 95603 Phone #: (530)885-9067 Fax #: (530)885-2534	Record ID: 310022AP Service Type: RES Resident Capacity: 6 Total Occupancy: 12 Target Population: 1.3 Expiration Date 05/31/2015
Program Name: KOINONIA GROUP HOME #1 Legal Name: KOINONIA FOSTER HOMES, INC. Address: 3880 OAK TREE LANE City, State: LOOMIS, CA 95650 Phone #: (916)652-0171 Fax #: (916)652-3979	Record ID: 310012AN Service Type: DSS Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5
Program Name: KOINONIA GROUP HOME #4 Legal Name: KOINONIA FOSTER HOMES, INC. Address: 8200 KING ROAD City, State: LOOMIS, CA 95650 Phone #: (916)652-0171 Fax #: (916)652-3979	Record ID: 310012DN Service Type: DSS Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5
Program Name: KOINONIA GROUP HOME #3 Legal Name: KOINONIA FOSTER HOMES, INC. Address: 5440 PARAGON STREET City, State: ROCKLIN, CA 95677 Phone #: (916)652-0171 Fax #: (916)652-3979	Record ID: 310012CN Service Type: DSS Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5

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Program Name: KINO	Record ID: 310012BN
Legal Name: KINO FOSTER HOMES, INC.	Service Type: DSS
Address: 6331 KING ROAD	Resident Capacity: 0
City, State: LOOMIS, CA 95650	Total Occupancy: 0
Phone #: (916)652-0171	Target Population: 1.5
Fax #: (916)652-3979	
Program Name: SIERRA NATIVE ALLIANCE - WHITE BISON PROGRAM (WBP)	Record ID: 310020AN
Legal Name: NATIVE ALLIANCE OF THE SIERRA NEVADA FOOTHILLS	Service Type: NON
Address: 3885 RICHARDSON DRIVE, SUITES 314, 316, 318 AND 320	Resident Capacity: 0
City, State: AUBURN, CA 95602	Total Occupancy: 0
Phone #: (530)888-8767	Target Population: 1.1
Fax #: (888)789-4844	Expiration Date 07/31/2014
Program Name: PES-EBS.INC.	Record ID: 310021AP
Legal Name: PE-EBS.INC.	Service Type: NON
Address: 340 LINCOLN STREET	Resident Capacity: 0
City, State: ROSEVILLE, CA 95603	Total Occupancy: 0
Phone #: (530)888-1010	Target Population: 1.1
Fax #: (530)888-9065	Expiration Date 05/31/2014
Program Name: PLACER COUNTY ALCOHOL AND OR OTHER DRUG TREATMENT PRC	Record ID: 310013BN
Legal Name: PLACER COUNTY ALCOHOL AND OR OTHER DRUG TREATMENT PRC	Service Type: NON
Address: 11512 B AVENUE	Resident Capacity: 0
City, State: AUBURN, CA 95603	Total Occupancy: 0
Phone #: (530)889-7240	Target Population: 1.8
Fax #: (530)889-7293	Expiration Date 11/30/2013
Program Name: PROGRESS HOUSE WOMEN AND CHILDREN'S FACILITY	Record ID: 310005BN
Legal Name: PROGRESS HOUSE, INC.	Service Type: RES
Address: 34248 EAST TOWLE ROAD	Resident Capacity: 10
City, State: ALTA, CA 95701	Total Occupancy: 14
Phone #: (530)626-9240	Target Population: 1.4
	Expiration Date 10/31/2014
Program Name: SIERRA MENTAL WELLNESS GROUP	Record ID: 310003CN
Legal Name: SIERRA MENTAL WELLNESS GROUP	Service Type: NON
Address: 2690 LAKE FOREST ROAD, SUITE 202	Resident Capacity: 0
City, State: TAHOE CITY, CA 96145	Total Occupancy: 0
Phone #: (530)581-4054	Target Population: 1.1
	Expiration Date 01/31/2014
Program Name: SIERRA MENTAL WELLNESS GROUP	Record ID: 310003AN
Legal Name: SIERRA MENTAL WELLNESS GROUP	Service Type: NON
Address: 333 SUNRISE AVENUE, SUITE 701	Resident Capacity: 0
City, State: ROSEVILLE, CA 95661	Total Occupancy: 0
Phone #: (916)783-5207	Target Population: 1.1
Fax #: (916)783-9145	Expiration Date 01/31/2014

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Plumas County

No licensed or certified facilities at this time.

Please check with a neighboring county for services.

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Riverside County

Program Name: 10 ACRE RANCH, INC.	Record ID: 330042BN
Legal Name: 10 ACRE RANCH, INC.	Service Type: RES
Address: 5953 GRAND AVENUE	Resident Capacity: 6
City, State: RIVERSIDE, CA 92504	Total Occupancy: 6
Phone #: (951)784-7081	Target Population: 1.2
Fax #: (951)784-7084	Expiration Date 10/31/2013
Program Name: ABC RECOVERY CENTERS	Record ID: 330001AN
Legal Name: A.B.C. RECOVERY CENTER, INC.	Service Type: RES-DETOX
Address: 44-404, 44-374 PALM STREET and 44-435 BISKRA STREET	Resident Capacity: 86
City, State: INDIO, CA 92201	Total Occupancy: 89
Phone #: (760)342-6616	Target Population: 1.1
	Expiration Date 06/30/2014
Program Name: ABC RECOVERY CENTER OUTPATIENT PROGRAM	Record ID: 330001BN
Legal Name: A.B.C. RECOVERY CENTER, INC.	Service Type: NON
Address: 82353 INDIO BLVD.	Resident Capacity: 0
City, State: INDIO, CA 92201	Total Occupancy: 0
Phone #: (760)342-6616	Target Population: 1.5
Fax #: (760)347-8276	Expiration Date 07/31/2013
Program Name: A BETTER TOMORROW	Record ID: 330071BP
Legal Name: ABTTC	Service Type: NON
Address: 41640 CORNING PLACE, SUITES 101, 102, 104, 105 AND 106	Resident Capacity: 0
City, State: MURRIETA, CA 92562	Total Occupancy: 0
Phone #: (800)517-4849	Target Population: 1.1
Fax #: (800)401-8464	Expiration Date 01/31/2014
Program Name: A BETTER TOMORROW	Record ID: 330071GP
Legal Name: ABTTC, INC.	Service Type: RES-DETOX
Address: 36866 PEBLEY COURT	Resident Capacity: 6
City, State: WINCHESTER, CA 92596	Total Occupancy: 9
Phone #: (800)517-4849	Target Population: 1.1
Fax #: (800)401-8464	Expiration Date 05/31/2014
Program Name: A BETTER TOMORROW	Record ID: 330071AP
Legal Name: ABTTC, INC.	Service Type: RES-DETOX
Address: 40465 ERICA AVENUE	Resident Capacity: 6
City, State: MURRIETA, CA 92562	Total Occupancy: 8
Phone #: (800)517-4849	Target Population: 1.8
Fax #: (800)401-8464	Expiration Date 09/30/2013
Program Name: THE AWARENESS PROGRAM	Record ID: 330051AP
Legal Name: AWARENESS PROGRAM, INC.	Service Type: NON
Address: 45-550 GRACE STREET	Resident Capacity: 0
City, State: INDIO, CA 92201	Total Occupancy: 0
Phone #: (760)342-1233	Target Population: 1.1
Fax #: (760)342-5344	Expiration Date 06/30/2013

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Riverside County

Program Name: AXIOM COUNSELING TEAM Legal Name: AXIOM COUNSELING TEAM Address: 6887 MAGNOLIA AVENUE City, State: RIVERSIDE, CA 92506 Phone #: (951)369-5260 Fax #: (951)787-0562	Record ID: 330069AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 10/31/2014
Program Name: AXIS RESIDENTIAL TREATMENT CENTER Legal Name: AXIS RESIDENTIAL TREATMENT CENTER (ARTC) Address: 75450 FAIRWAY DRIVE City, State: INDIAN WELLS, CA 92210 Phone #: (310)435-6298 Fax #: (310)202-7604	Record ID: 330082AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 09/30/2014
Program Name: BIG BEAR RECOVERY CENTER Legal Name: BIG BEAR RECOVERY CENTER Address: 16891 ALITA DRIVE City, State: RIVERSIDE, CA 92504 Phone #: (951)398-7110 Fax #: (951)398-7135	Record ID: 330110AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 12/31/2014
Program Name: DESERT PALMS Legal Name: CATHEDRAL CITY PALMS, LLC Address: 67580 JONES ROAD City, State: CATHEDRAL CITY, CA 92234 Phone #: (760)969-4150 Fax #: (760)969-4179	Record ID: 330109AP Service Type: RES-DETOX Resident Capacity: 46 Total Occupancy: 46 Target Population: 1.1 Expiration Date 10/31/2014
Program Name: CLEAR DETOX CENTER Legal Name: CLEAR DETOX CENTER, INC. Address: 25014 RIVERVIEW LANE City, State: MURRIETA, CA 92562 Phone #: (213)344-8804 Fax #: (949)200-7555	Record ID: 330104AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 08/31/2013
Program Name: HILL ALCOHOL & DRUG TREATMENT Legal Name: COMMUNITY SOLUTIONS, INC. Address: 42145 LYNDIE LANE, SUITE 108 City, State: TEMECULA, CA 92592 Phone #: (951)676-8241 Fax #: (951)676-8281	Record ID: 330032BP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 12/31/2014
Program Name: SOUTHERN CALIFORNIA DETOX Legal Name: DAVID JOHNSON Address: 42012 DAHLIA WAY City, State: TEMECULA, CA 92591 Phone #: (714)854-2026	Record ID: 330105AP Service Type: RES-DETOX Resident Capacity: 4 Total Occupancy: 6 Target Population: **

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Riverside County

Program Name: CENTER FOR HOPE	Record ID: 330111AN
Legal Name: FIRST BAPTIST CHURCH OF CALIMESA DBA NEWLIFE CHRISTIAN F	Service Type: NON
Address: 940 2ND STREET	Resident Capacity: 0
City, State: CALIMESA, CA 92320	Total Occupancy: 0
Phone #: (909)795-9716	Target Population: 1.1
	Expiration Date 03/31/2015
Program Name: FORTERUS HEALTH CARE SERVICES, INC.	Record ID: 330098BP
Legal Name: FORTERUS HEALTH CARE SERVICES, INC.	Service Type: RES-DETOX
Address: 30852 HIGHLAND VISTA CIRCLE	Resident Capacity: 6
City, State: TEMECULA, CA 92591	Total Occupancy: 9
Phone #: (800)517-4849	Target Population: 1.1
Fax #: (800)401-8464	Expiration Date 06/30/2014
Program Name: NEW BEGINNINGS ADDICTION & RECOVERY CENTER	Record ID: 330097AN
Legal Name: GROUP HOME SUPPORT SERVICES, INC.	Service Type: NON
Address: 245 NORTH MURRAY STREET	Resident Capacity: 0
City, State: BANNING, CA 92220	Total Occupancy: 0
Phone #: (951)849-8812	Target Population: 1.1
Fax #: (951)755-8915	Expiration Date 09/30/2014
Program Name: IMMACULATE CARE CENTER, INC.	Record ID: 330108AN
Legal Name: IMMACULATE CARE CENTER, INC.	Service Type: NON
Address: 24384 SUNNYMEAD BOULEVARD, SUITE # 240	Resident Capacity: 0
City, State: MORENO VALLEY, CA 92553	Total Occupancy: 0
Phone #: (951)243-9303	Target Population: 1.5
Fax #: (951)243-3006	Expiration Date 12/31/2014
Program Name: LIFE'S JOURNEY	Record ID: 330040AP
Legal Name: LIFE'S JOURNEY CENTER, INC.	Service Type: RES-DETOX
Address: 291 EAST CAMINO MONTE VISTA	Resident Capacity: 30
City, State: PALM SPRINGS, CA 92262	Total Occupancy: 30
Phone #: (760)864-6363	Target Population: 1.1
	Expiration Date 06/30/2014
Program Name: INDIO CENTER FOR CHANGE	Record ID: 330078CN
Legal Name: MENTAL HEALTH SYSTEMS, INC.	Service Type: NON
Address: 68100 RAMON ROAD, SUITE B10	Resident Capacity: 0
City, State: CATHEDRAL CITY, CA 92234	Total Occupancy: 0
Phone #: (760)321-0870	Target Population: 1.1
Fax #: (760)321-0916	Expiration Date 06/30/2014
Program Name: RIVERSIDE CENTER FOR CHANGE	Record ID: 330078AN
Legal Name: MENTAL HEALTH SYSTEMS, INC.	Service Type: NON
Address: 3576 ARLINGTON AVENUE, SUITE 102 & 104	Resident Capacity: 0
City, State: RIVERSIDE, CA 92506	Total Occupancy: 0
Phone #: (951)782-9577	Target Population: 1.1
Fax #: (951)782-9521	Expiration Date 06/30/2014

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Program Name: HEMET CENTER FOR CHANGE Legal Name: MENTAL HEALTH SYSTEMS, INC. Address: 950 NORTH STATE STREET, SUITE A City, State: HEMET, CA 92543 Phone #: (951)929-9838 Fax #: (951)929-9831	Record ID: 330078BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2014
Program Name: MHS BEAUMONT Legal Name: MENTAL HEALTH SYSTEMS, INC. Address: 210 WEST 6TH STREET City, State: BEAUMONT, CA 92223 Phone #: (951)845-0176 Fax #: (951)845-7513	Record ID: 330078DN Service Type: RES Resident Capacity: 70 Total Occupancy: 81 Target Population: 1.4 Expiration Date 09/30/2014
Program Name: MFI RECOVERY CENTER-WOODCREST Legal Name: MFI RECOVERY CENTER Address: 17270 ROOSEVELT STREET City, State: RIVERSIDE, CA 92508 Phone #: (951)780-2541 Fax #: (951)780-5809	Record ID: 330013AN Service Type: RES-DETOX Resident Capacity: 56 Total Occupancy: 56 Target Population: 1.1 Expiration Date 11/30/2013
Program Name: MFI RECOVERY CENTER Legal Name: MFI RECOVERY CENTER Address: 5870 ARLINGTON AVENUE City, State: RIVERSIDE, CA 92504 Phone #: (951)683-6596 Fax #: (951)683-4239	Record ID: 330013IN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2015
Program Name: MFI RECOVERY CENTER Legal Name: MFI RECOVERY CENTER Address: 2781 WEST RAMSEY STREET, SUITES 1, 2, & 3 City, State: BANNING, CA 92220 Phone #: (951)849-3896 Fax #: (951)849-0506	Record ID: 330013JN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2013
Program Name: VALLEY-WIDE COUNSELING SERVICES Legal Name: MFI RECOVERY CENTER Address: 1604 SOUTH SANTA FE AVENUE #403 City, State: SAN JACINTO, CA 92583 Phone #: (951)654-2026 Fax #: (951)654-9927	Record ID: 330013QN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 06/30/2013
Program Name: A WOMAN'S PLACE Legal Name: MFI RECOVERY CENTER Address: 4295 BROCKTON AVENUE City, State: RIVERSIDE, CA 92501 Phone #: (951)341-0251 Fax #: (951)341-5316	Record ID: 330013GN Service Type: RES-DETOX Resident Capacity: 38 Total Occupancy: 64 Target Population: 1.4 Expiration Date 07/31/2013

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Program Name: LA VISTA, A PROGRAM OF MFI RECOVERY CENTER	Record ID: 330013SN
Legal Name: MFI RECOVERY CENTER, INC.	Service Type: RES-DETOX
Address: 2220/2220A GIRARD STREET & 294 E. MIDWAY AVENUE	Resident Capacity: 30
City, State: SAN JACINTO, CA 92562	Total Occupancy: 30
Phone #: (951)925-8450	Target Population: 1.3
Fax #: (951)658-6686	Expiration Date 10/31/2014
Program Name: MFI RECOVERY CENTER, INC.	Record ID: 330013PN
Legal Name: MFI RECOVERY CENTER, INC.	Service Type: RES
Address: 4440 UNIVERSITY AVENUE # 9	Resident Capacity: 4
City, State: RIVERSIDE, CA 92501	Total Occupancy: 4
Phone #: (951)683-6596	Target Population: 1.3
Fax #: (951)683-4239	Expiration Date 08/31/2013
Program Name: MFI RECOVERY CENTER	Record ID: 330013RN
Legal Name: MFI RECOVERY CENTER, INC.	Service Type: NON
Address: 24885 WHITEWOOD ROAD, #105	Resident Capacity: 0
City, State: MURRIETA, CA 92563	Total Occupancy: 0
Phone #: (951)698-8558	Target Population: 1.5
Fax #: (951)698-8883	Expiration Date 07/31/2015
Program Name: MFI RECOVERY CENTER, INC.	Record ID: 330013NN
Legal Name: MFI RECOVERY CENTER, INC.	Service Type: RES
Address: 4440 UNIVERSITY AVENUE # 11	Resident Capacity: 4
City, State: RIVERSIDE, CA 92501	Total Occupancy: 4
Phone #: (951)683-6596	Target Population: 1.3
Fax #: (951)683-4239	Expiration Date 08/31/2013
Program Name: MFI RECOVERY CENTER, INC.	Record ID: 330013MN
Legal Name: MFI RECOVERY CENTER, INC.	Service Type: RES
Address: 4440 UNIVERSITY AVENUE # 13	Resident Capacity: 2
City, State: RIVERSIDE, CA 92501	Total Occupancy: 2
Phone #: (951)683-6596	Target Population: 1.3
Fax #: (951)683-4239	Expiration Date 08/31/2013
Program Name: MFI RECOVERY CENTER, INC.	Record ID: 330013LN
Legal Name: MFI RECOVERY CENTER, INC.	Service Type: RES
Address: 4440 UNIVERSITY AVENUE # 7	Resident Capacity: 2
City, State: RIVERSIDE, CA 92501	Total Occupancy: 2
Phone #: (951)683-6596	Target Population: 1.3
Fax #: (951)683-4239	Expiration Date 08/31/2013
Program Name: MFI RECOVERY CENTER, INC.	Record ID: 330013KN
Legal Name: MFI RECOVERY CENTER, INC.	Service Type: RES
Address: 4440 UNIVERSITY AVENUE # 5	Resident Capacity: 2
City, State: RIVERSIDE, CA 92501	Total Occupancy: 2
Phone #: (951)683-6596	Target Population: 1.3
Fax #: (951)683-4239	Expiration Date 08/31/2013

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Program Name: MFI RECOVERY CENTER, INC.	Record ID: 330013ON
Legal Name: MFI RECOVERY CENTER, INC.	Service Type: RES
Address: 4440 UNIVERSITY AVENUE # 3	Resident Capacity: 4
City, State: RIVERSIDE, CA 92501	Total Occupancy: 4
Phone #: (951)683-6596	Target Population: 1.3
Fax #: (951)683-4239	Expiration Date 08/31/2013
Program Name: MICHAEL'S HOUSE	Record ID: 330014BP
Legal Name: PALM SPRINGS TREATMENT CENTER, LLC	Service Type: RES-DETOX
Address: 430 SOUTH CAHUILLA ROAD	Resident Capacity: 30
City, State: PALM SPRINGS, CA 92262	Total Occupancy: 30
Phone #: (760)320-5486	Target Population: 1.1
Fax #: (760)778-6020	Expiration Date 08/31/2014
Program Name: PALM SPRINGS SERENITY RETREAT	Record ID: 330014CP
Legal Name: PALM SPRINGS TREATMENT CENTERS, LLC	Service Type: RES-DETOX
Address: 2095 NORTH INDIAN CANYON DRIVE	Resident Capacity: 30
City, State: PALM SPRINGS, CA 92262	Total Occupancy: 30
Phone #: (760)416-7951	Target Population: 1.1
Fax #: (760)416-1330	Expiration Date 10/31/2014
Program Name: MICHAEL'S HOUSE	Record ID: 330014DP
Legal Name: PALM SPRINGS TREATMENT CENTERS, LLC	Service Type: RES-DETOX
Address: 1910 SOUTH CAMINO REAL	Resident Capacity: 60
City, State: PALM SPRINGS, CA 92264	Total Occupancy: 110
Phone #: (760)320-3433	Target Population: 1.1
	Expiration Date 03/31/2014
Program Name: MICHAEL'S HOUSE INTENSIVE OUTPATIENT	Record ID: 330014EP
Legal Name: PALM SPRINGS TREATMENT CENTERS, LLC.	Service Type: NON
Address: 515 NORTH PALM CANYON DRIVE, BUILDING H	Resident Capacity: 0
City, State: PALM SPRINGS, CA 92262	Total Occupancy: 0
Phone #: (760)325-0100	Target Population: 1.8
Fax #: (760)778-6020	Expiration Date 11/30/2014
Program Name: PEAK HEALTH SERVICES, INC.	Record ID: 330102AN
Legal Name: PEAK HEALTH SERVICES, INC.	Service Type: NON
Address: 301 EAST FLORIDA AVENUE. STE. E	Resident Capacity: 0
City, State: HEMET, CA 92543	Total Occupancy: 0
Phone #: (213)909-5887	Target Population: 1.1
	Expiration Date 05/31/2013
Program Name: PERRIS VALLEY RECOVERY PROGRAMS, INC.	Record ID: 330038AN
Legal Name: PERRIS VALLEY RECOVERY PROGRAMS, INC.	Service Type: NON
Address: 236 EAST THIRD STREET, SUITE B	Resident Capacity: 0
City, State: PERRIS, CA 92570	Total Occupancy: 0
Phone #: (951)657-2960	Target Population: 1.1
	Expiration Date 03/31/2015

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Program Name: PHYSICIANS FOR HEALTHY HOSPITALS, INC. / HEMET VALLEY RECOVERY CENTER	Record ID: 330101AP
Legal Name: PHYSICIANS FOR HEALTHY HOSPITALS, INC.	Service Type: RES
Address: 371 NORTH WESTON PLACE	Resident Capacity: 16
City, State: HEMET, CA 92543	Total Occupancy: 16
Phone #: (951)765-4900	Target Population: 1.1
Fax #: (951)765-4764	Expiration Date 11/30/2014
Program Name: PINE RIDGE TREATMENT CENTERS - PALM DESERT	Record ID: 330035AP
Legal Name: PINE RIDGE TREATMENT CENTER, INCORPORATED	Service Type: NON
Address: 77-682 COUNTRY CLUB DRIVE, SUITE F3	Resident Capacity: 0
City, State: PALM DESERT, CA 92211	Total Occupancy: 0
Phone #: (760)568-5468	Target Population: 1.1
Fax #: (760)568-5228	Expiration Date 09/30/2013
Program Name: RANCH CREEK RECOVERY	Record ID: 330100AP
Legal Name: RANCH CREEK RECOVERY, INC.	Service Type: RES
Address: 27600 SUNDAY DRIVE	Resident Capacity: 6
City, State: TEMECULA, CA 92590	Total Occupancy: 6
Phone #: (951)676-9111	Target Population: 1.1
Fax #: (951)571-4841	Expiration Date 01/31/2015
Program Name: RIVERSIDE COUNTY LATINO COMMISSION COUNSELING CENTER	Record ID: 330037DN
Legal Name: RIVERSIDE COUNTY LATINO COMMISSION ON ALCOHOL & DRUG ABUSE	Service Type: NON
Address: 1612 FIRST STREET	Resident Capacity: 0
City, State: COACHELLA, CA 92236	Total Occupancy: 0
Phone #: (760)398-9000	Target Population: 1.5
Fax #: (760)398-9790	Expiration Date 02/28/2015
Program Name: CASA LAS PALMAS RECOVERY HOME	Record ID: 330037AN
Legal Name: RIVERSIDE COUNTY LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE	Service Type: RES
Address: 83-844 HOPI AVENUE	Resident Capacity: 7
City, State: INDIO, CA 92201	Total Occupancy: 7
Phone #: (760)347-9442	Target Population: 1.2
	Expiration Date 07/31/2014
Program Name: CASA CECILIA RECOVERY HOME	Record ID: 330037BN
Legal Name: RIVERSIDE COUNTY LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE	Service Type: RES
Address: 83-385 ROSA AVENUE	Resident Capacity: 6
City, State: THERMAL, CA 92274	Total Occupancy: 7
Phone #: (760)398-2008	Target Population: 1.3
Fax #: (760)342-8022	Expiration Date 05/31/2014
Program Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM	Record ID: 330023BN
Legal Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM	Service Type: NON
Address: 650 NORTH STATE STREET	Resident Capacity: 0
City, State: HEMET, CA 92543	Total Occupancy: 0
Phone #: (951)791-3350	Target Population: 1.1
Fax #: (951)791-3353	Expiration Date 05/31/2014

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Program Name: DESERT DRUG COURT	Record ID: 330023HN
Legal Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM	Service Type: NON
Address: 68-615 PEREZ ROAD, SUITE 6A	Resident Capacity: 0
City, State: CATHEDRAL CITY, CA 92234	Total Occupancy: 0
Phone #: (760)770-2213	Target Population: 1.1
Fax #: (760)770-2240	Expiration Date 05/31/2014
Program Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM	Record ID: 330023DN
Legal Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM	Service Type: NON
Address: 623 NORTH MAIN STREET, SUITE D-11	Resident Capacity: 0
City, State: CORONA, CA 91720	Total Occupancy: 0
Phone #: (951)737-2962	Target Population: 1.1
	Expiration Date 05/31/2014
Program Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM	Record ID: 330023EN
Legal Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM	Service Type: NON
Address: 83-912 AVENUE 45, SUITE 9	Resident Capacity: 0
City, State: INDIO, CA 92201	Total Occupancy: 0
Phone #: (760)347-0754	Target Population: 1.1
Fax #: (760)347-8507	Expiration Date 05/31/2014
Program Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM	Record ID: 330023FN
Legal Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM	Service Type: NON
Address: 1297 WEST HOBSONWAY	Resident Capacity: 0
City, State: BLYTHE, CA 92225	Total Occupancy: 0
Phone #: (760)921-5000	Target Population: 1.1
Fax #: (760)921-5010	Expiration Date 05/31/2014
Program Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM	Record ID: 330023CN
Legal Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM	Service Type: NON
Address: 1827 ATLANTA AVENUE, SUITE D-1	Resident Capacity: 0
City, State: RIVERSIDE, CA 92507	Total Occupancy: 0
Phone #: (951)955-2105	Target Population: 1.1
	Expiration Date 05/31/2014
Program Name: OMEGA PROGRAM	Record ID: 330009QN
Legal Name: RIVERSIDE RECOVERY RESOURCES	Service Type: NON
Address: 3757 ELIZABETH STREET	Resident Capacity: 0
City, State: RIVERSIDE, CA 92506	Total Occupancy: 0
Phone #: (951)788-8211	Target Population: 1.1
Fax #: (909)788-4803	Expiration Date 11/30/2013
Program Name: OMEGA / BETA PROGRAM OF PERRIS	Record ID: 330009PN
Legal Name: RIVERSIDE RECOVERY RESOURCES	Service Type: NON
Address: 2055 N. PERRIS BOULEVARD, SUITE 5	Resident Capacity: 0
City, State: PERRIS, CA 92571	Total Occupancy: 0
Phone #: (951)940-6061	Target Population: 1.1
	Expiration Date 05/31/2014

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Program Name: OMEGA/ BETA PROGRAM LAKE ELSINORE	Record ID: 330009ON
Legal Name: RIVERSIDE RECOVERY RESOURCES	Service Type: NON
Address: 600 THIRD STREET, SUITE C	Resident Capacity: 0
City, State: LAKE ELSINORE, CA 92530	Total Occupancy: 0
Phone #: (951)674-7354	Target Population: 1.1
	Expiration Date 05/31/2014
Program Name: FIRST STEP HOUSE	Record ID: 330009EN
Legal Name: RIVERSIDE RECOVERY RESOURCES	Service Type: RES
Address: 40333-B STETSON AVENUE	Resident Capacity: 6
City, State: HEMET, CA 92544	Total Occupancy: 6
Phone #: (951)658-4466	Target Population: 1.2
	Expiration Date 01/31/2014
Program Name: FIRST STEP HOUSE	Record ID: 330009DN
Legal Name: RIVERSIDE RECOVERY RESOURCES	Service Type: RES
Address: 40331 STETSON AVENUE	Resident Capacity: 6
City, State: HEMET, CA 92544	Total Occupancy: 6
Phone #: (951)658-4466	Target Population: 1.2
	Expiration Date 01/31/2014
Program Name: FIRST STEP HOUSE	Record ID: 330009CN
Legal Name: RIVERSIDE RECOVERY RESOURCES	Service Type: RES-DETOX
Address: 40329 STETSON AVENUE	Resident Capacity: 4
City, State: HEMET, CA 92544	Total Occupancy: 4
Phone #: (951)658-4466	Target Population: 1.2
	Expiration Date 01/31/2014
Program Name: OUR HOUSE	Record ID: 330009RN
Legal Name: RIVERSIDE RECOVERY RESOURCES	Service Type: RES
Address: 1119 W. 7TH STREET	Resident Capacity: 28
City, State: SAN JACINTO, CA 92582	Total Occupancy: 32
Phone #: (951)766-7969	Target Population: 1.3
Fax #: (951)765-5692	Expiration Date 02/28/2014
Program Name: FIRST STEP HOUSE	Record ID: 330009FN
Legal Name: RIVERSIDE RECOVERY RESOURCES	Service Type: RES
Address: 40333-A STETSON AVENUE	Resident Capacity: 6
City, State: HEMET, CA 92544	Total Occupancy: 6
Phone #: (951)658-4466	Target Population: 1.2
	Expiration Date 01/31/2014
Program Name: SUNRISE RECOVERY RANCH	Record ID: 330056DP
Legal Name: SOBER LIVING BY THE SEA, INC.	Service Type: RES-DETOX
Address: 6770 LIMONITE FRONTAGE RANCH	Resident Capacity: 6
City, State: RIVERSIDE, CA 92509	Total Occupancy: 6
Phone #: (951)328-0146	Target Population: 1.1

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Program Name: SUNRISE RECOVERY RANCH Legal Name: SOBER LIVING BY THE SEA, INC. Address: 6690 LIMONITE FRONTAGE ROAD City, State: RIVERSIDE, CA 92509 Phone #: (951)328-0146 Fax #: (951)328-0175	Record ID: 330056AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.2 Expiration Date 12/31/2014
Program Name: SUNRISE RECOVERY RANCH Legal Name: SOBER LIVING BY THE SEA, INC. Address: 6690 LIMONITE FRONTAGE ROAD City, State: RIVERSIDE, CA 92509 Phone #: (951)328-0146	Record ID: 330056BP Service Type: RES-DETOX Resident Capacity: 13 Total Occupancy: 13 Target Population: 1.1 Expiration Date 07/31/2014
Program Name: SUNRISE RECOVERY RANCH Legal Name: SOBER LIVING BY THE SEA, INC. Address: 6798 LIMONITE FRONTAGE ROAD City, State: RIVERSIDE, CA 92509 Phone #: (951)328-0146	Record ID: 330056CP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 12/31/2014
Program Name: SOROPTIMIST HOUSE OF HOPE #1 Legal Name: SOROPTIMIST HOUSE OF HOPE, INC. Address: 13525 CIELO AZUL WAY City, State: DESERT HOT SPRINGS, CA 92240 Phone #: (951)849-9491	Record ID: 330016AN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.3 Expiration Date 02/28/2014
Program Name: SPENCER RECOVERY CENTERS Legal Name: SPENCER RECOVERY CENTERS, INC. Address: 1276 NORTH PALM CANYON DRIVE, #204 City, State: PALM SPRINGS, CA 92262 Phone #: (760)778-4876	Record ID: 330086AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2013
Program Name: PALM SPRINGS RECOVERY Legal Name: SPENCER RECOVERY CENTERS, INC. Address: 1404 NORTH PALM CANYON DRIVE City, State: PALM SPRINGS, CA 92262 Phone #: (949)376-3705 Fax #: (949)376-6862	Record ID: 330086BP Service Type: RES Resident Capacity: 32 Total Occupancy: 32 Target Population: 1.1 Expiration Date 11/30/2014
Program Name: SPIRIT AND TRUTH COUNSELING CENTER Legal Name: SPIRIT AND TRUTH COUNSELING CENTER, INC. Address: 640 N. SAN JACINTO STREET, SUITE A City, State: HEMET, CA 92543 Phone #: (951)906-1424	Record ID: 330106AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2014

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Program Name: SUN RAY ADDICTIONS COUNSELING AND EDUCATION Legal Name: SUN RAY ADDICTIONS COUNSELING AND EDUCATION Address: 950 NORTH STATE STREET, SUITE D City, State: HEMET, CA 92543 Phone #: (951)652-3560 Fax #: (951)929-2780	Record ID: 330094AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 03/31/2014
Program Name: SUNRISE ALCOHOL & DRUGS REHAB CENTER Legal Name: SUNRISE ALCOHOL & DRUGS REHAB CENTER Address: 12125 DAY STREET, SUITE E315 City, State: MORENO VALLEY, CA 92557 Phone #: (661)400-0852	Record ID: 330099AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2015
Program Name: THE WYLIE CENTER Legal Name: THE CAROLYN E. WYLIE CENTER FOR CHILDREN, YOUTH AND FAM Address: 4164 BROCKTON AVENUE City, State: RIVERSIDE, CA 92501 Phone #: (951)683-5193 Fax #: (909)683-6019	Record ID: 330065AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.4 Expiration Date 02/28/2014
Program Name: THE HIGH ROAD PROGRAM Legal Name: THE HIGH ROAD PROGRAM Address: 3579 ARLINGTON AVENUE, SUITE 200 City, State: RIVERSIDE, CA 92506 Phone #: (951)781-6762	Record ID: 330050AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2013
Program Name: HACIENDA VALDEZ Legal Name: THE RANCH RECOVERY CENTERS, INC. Address: 12890 QUINTA WAY City, State: DESERT HOT SPRINGS, CA 92240 Phone #: (760)329-2959 Fax #: (760)329-2953	Record ID: 330003BN Service Type: RES-DETOX Resident Capacity: 35 Total Occupancy: 35 Target Population: 1.3 Expiration Date 06/30/2014
Program Name: THE RANCH Legal Name: THE RANCH RECOVERY CENTERS, INC. Address: 7885 ANNANDALE AVENUE City, State: DESERT HOT SPRINGS, CA 92240 Phone #: (760)329-2924	Record ID: 330003AN Service Type: RES-DETOX Resident Capacity: 46 Total Occupancy: 46 Target Population: 1.2 Expiration Date 06/30/2014
Program Name: U. S. VETS SUBSTANCE ABUSE TREATMENT PROGRAM/VETERANS I Legal Name: UNITED STATES VETERANS INITIATIVE, INC. Address: 15105 6TH STREET, ROOMS 323-326 City, State: MARCH ARB, CA 92518 Phone #: (951)653-9799 Fax #: (951)656-6890	Record ID: 330075AN Service Type: RES Resident Capacity: 12 Total Occupancy: 12 Target Population: 1.2 Expiration Date 11/30/2013

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Program Name: METCALF RECOVERY RANCH	Record ID: 330020AN
Legal Name: VARP, INC.	Service Type: RES
Address: 9826 18TH AVENUE	Resident Capacity: 20
City, State: BLYTHE, CA 92225	Total Occupancy: 20
Phone #: (760)922-8625	Target Population: 1.2
Fax #: (760)922-6717	Expiration Date 06/30/2014
Program Name: RIVERSIDE TREATMENT CENTER	Record ID: 330081DP
Legal Name: WCHS, INC.	Service Type: NON
Address: 1021 WEST LA CADENA	Resident Capacity: 0
City, State: RIVERSIDE, CA 92501	Total Occupancy: 0
Phone #: (951)784-8010	Target Population: 1.1
Fax #: (951)784-2859	Expiration Date 11/30/2014
Program Name: TEMECULA VALLEY TREATMENT CENTER	Record ID: 330081AP
Legal Name: WCHS, INC.	Service Type: NON
Address: 40700 CALIFORNIA OAKS ROAD, SUITES 201, 202 AND 203	Resident Capacity: 0
City, State: MURRIETA, CA 92562	Total Occupancy: 0
Phone #: (951)894-5072	Target Population: 1.1
Fax #: (951)894-7324	Expiration Date 07/31/2014
Program Name: DESERT TREATMENT CLINIC	Record ID: 330081CP
Legal Name: WCHS, INC.	Service Type: NON
Address: 1330 NORTH INDIAN CANYON DRIVE, SUITES A, B AND C	Resident Capacity: 0
City, State: PALM SPRINGS, CA 92262	Total Occupancy: 0
Phone #: (760)322-9065	Target Population: 1.1
Fax #: (760)322-8916	Expiration Date 06/30/2014
Program Name: WILSHIRE HOUSE	Record ID: 330004TN
Legal Name: WHITESIDE MANOR	Service Type: RES-DETOX
Address: 2452 AND 2456 WILSHIRE	Resident Capacity: 14
City, State: RIVERSIDE, CA 92501	Total Occupancy: 14
Phone #: (951)686-9454	Target Population: 1.3
Fax #: (951)686-2303	Expiration Date 11/30/2014
Program Name: WHITESIDE MANOR OUTPATIENT PROGRAM	Record ID: 330004UN
Legal Name: WHITESIDE MANOR	Service Type: NON
Address: 1660 CHICAGO AVENUE, SUITE M-5	Resident Capacity: 0
City, State: RIVERSIDE, CA 92507	Total Occupancy: 0
Phone #: (951)788-9515	Target Population: 1.1
Fax #: (909)686-2303	Expiration Date 07/31/2013
Program Name: JANET STREET	Record ID: 330004ON
Legal Name: WHITESIDE MANOR	Service Type: RES-DETOX
Address: 8567 AND 8589 JANET STREET	Resident Capacity: 18
City, State: RIVERSIDE, CA 92501	Total Occupancy: 18
Phone #: (951)686-9454	Target Population: 1.2
Fax #: (951)686-2303	Expiration Date 04/30/2014

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Program Name: MEN'S ANNEX	Record ID: 330004DN
Legal Name: WHITESIDE MANOR	Service Type: RES
Address: 2759 ORANGE STREET	Resident Capacity: 6
City, State: RIVERSIDE, CA 92501	Total Occupancy: 6
Phone #: (951)686-9454	Target Population: 1.2
Fax #: (951)686-2303	Expiration Date 05/31/2014
Program Name: MEN'S SUBSTANCE ABUSE RECOVERY HOME	Record ID: 330004AN
Legal Name: WHITESIDE MANOR	Service Type: RES-DETOX
Address: 2709 AND 2743 ORANGE STREET	Resident Capacity: 26
City, State: RIVERSIDE, CA 92501	Total Occupancy: 26
Phone #: (951)686-9454	Target Population: 1.2
Fax #: (951)686-2303	Expiration Date 05/31/2014
Program Name: CHALLEN APARTMENTS	Record ID: 330004QN
Legal Name: WHITESIDE MANOR	Service Type: RES-DETOX
Address: 5919, 5925, 5929 AND 5935 CHALLEN AVENUE	Resident Capacity: 12
City, State: RIVERSIDE, CA 92501	Total Occupancy: 12
Phone #: (951)686-9454	Target Population: 1.3
Fax #: (951)686-2303	Expiration Date 03/31/2014
Program Name: PALM AVENUE WOMEN'S PROGRAM	Record ID: 330004WN
Legal Name: WHITESIDE MANOR, INC.	Service Type: RES-DETOX
Address: 4750 PALM AVENUE	Resident Capacity: 12
City, State: RIVERSIDE, CA 92501	Total Occupancy: 12
Phone #: (951)686-9454	Target Population: 1.3
Fax #: (951)686-2303	Expiration Date 10/31/2013

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Program Name: ANOTHER CHOICE, ANOTHER CHANCE Legal Name: ANOTHER CHOICE, ANOTHER CHANCE Address: 5450 POWER INN ROAD, SUITE B City, State: SACRAMENTO, CA 95820 Phone #: (916)429-7977	Record ID: 340037AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2014
Program Name: CORNERSTONE Legal Name: ASSOCIATED REHABILITATION PROGRAM FOR WOMEN, INC. Address: 6350 APPIAN WAY City, State: CARMICHAEL, CA 95608 Phone #: (916)966-5102 Fax #: (916)966-9362	Record ID: 340001CN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.8 Expiration Date 04/30/2014
Program Name: CORNERSTONE Legal Name: ASSOCIATED REHABILITATION PROGRAM FOR WOMEN, INC. Address: 6348 APPIAN WAY City, State: CARMICHAEL, CA 95608 Phone #: (916)966-5102 Fax #: (916)966-9362	Record ID: 340001BN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.8 Expiration Date 04/30/2014
Program Name: ALPHA OAKS Legal Name: ASSOCIATED REHABILITATION PROGRAM FOR WOMEN, INC. Address: 8400 FAIR OAKS BOULEVARD City, State: CARMICHAEL, CA 95608 Phone #: (916)944-3920	Record ID: 340001AN Service Type: RES-DETOX Resident Capacity: 23 Total Occupancy: 23 Target Population: 1.3 Expiration Date 05/31/2014
Program Name: SIERRA VISTA HOSPITAL OUTPATIENT CD PROGRAM Legal Name: BHC SIERRA VISTA HOSPITAL, INC., D.B.A. SIERRA VISTA HOSPITA Address: 8009 BRUCEVILLE ROAD #100 City, State: SACRAMENTO, CA 95823 Phone #: (916)288-0300 Fax #: (916)689-5517	Record ID: 340090AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2014
Program Name: PROMISE HOUSE II Legal Name: BRIDGES PROFESSIONAL TREATMENT SERVICES Address: 1731 P STREET City, State: SACRAMENTO, CA 95814 Phone #: (916)450-0700 Fax #: (916)930-0554	Record ID: 340041DN Service Type: RES Resident Capacity: 28 Total Occupancy: 28 Target Population: 1.4 Expiration Date 07/31/2013
Program Name: BRIDGES OUTPATIENT TREATMENT SERVICES Legal Name: BRIDGES PROFESSIONAL TREATMENT SERVICES, INC. Address: 3600 POWER INN ROAD, SUITE D City, State: SACRAMENTO, CA 95826 Phone #: (916)453-2704 Fax #: (916)453-2708	Record ID: 340041CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2015

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Program Name: BRIDGES, INC., "THE PROMISE HOUSE"	Record ID: 340041BN
Legal Name: BRIDGES PROFESSIONAL TREATMENT SERVICES, INC.	Service Type: RES-DETOX
Address: 2727 P STREET	Resident Capacity: 28
City, State: SACRAMENTO, CA 95816	Total Occupancy: 28
Phone #: (916)452-3073	Target Population: 1.4
	Expiration Date 10/31/2013
Program Name: NEW DAWN RECOVERY CENTERS	Record ID: 340039CP
Legal Name: CDT SERVICE CORPORATION	Service Type: RES-DETOX
Address: 8780 & 8782 SHERRY DRIVE	Resident Capacity: 12
City, State: ORANGEVALE, CA 95662	Total Occupancy: 14
Phone #: (916)989-1675	Target Population: 1.1
Fax #: (916)989-8164	Expiration Date 02/28/2015
Program Name: NEW DAWN RECOVERY CENTERS	Record ID: 340039DP
Legal Name: CDT SERVICE CORPORATION	Service Type: NON
Address: 7011 SYLVAN ROAD, SUITE D	Resident Capacity: 0
City, State: CITRUS HEIGHTS, CA 95610	Total Occupancy: 0
Phone #: (916)723-4335	Target Population: 1.5
Fax #: (916)723-4339	Expiration Date 05/31/2013
Program Name: NEW DAWN RECOVERY CENTER	Record ID: 340039AP
Legal Name: CDT SERVICE CORPORATION	Service Type: NON
Address: 7447 ANTELOPE ROAD, SUITE 103	Resident Capacity: 0
City, State: CITRUS HEIGHTS, CA 95621	Total Occupancy: 0
Phone #: (916)723-1319	Target Population: 1.1
	Expiration Date 11/30/2014
Program Name: NEW DAWN RECOVERY CENTERS	Record ID: 340039EP
Legal Name: CDT SERVICE CORPORATION	Service Type: NON
Address: 9960 BUSINESS PARK DRIVE, SUITE 160	Resident Capacity: 0
City, State: SACRAMENTO, CA 95827	Total Occupancy: 0
Phone #: (916)989-1675	Target Population: 1.1
	Expiration Date 10/31/2013
Program Name: NEW DAWN RECOVERY CENTERS	Record ID: 340039FP
Legal Name: CDT SERVICE CORPORATION	Service Type: NON
Address: 2410 FAIR OAKS BOULEVARD, SUITE 226	Resident Capacity: 0
City, State: SACRAMENTO, CA 95825	Total Occupancy: 0
Phone #: (916)969-4300	Target Population: 1.10
Fax #: (916)729-3059	Expiration Date 07/31/2014
Program Name: NEW DAWN RECOVERY CENTER	Record ID: 340039BP
Legal Name: CDT SERVICE CORPORATION	Service Type: RES
Address: 6039, 6043, AND 6045 ROLOFF WAY	Resident Capacity: 18
City, State: ORANGEVALE, CA 95662	Total Occupancy: 18
Phone #: (916)989-1675	Target Population: 1.1
Fax #: (916)989-8164	Expiration Date 11/30/2013

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Program Name: CENTER POINT	Record ID: 340048AN
Legal Name: CENTER POINT, INC.	Service Type: RES
Address: 11228 FAIR OAKS BOULEVARD	Resident Capacity: 31
City, State: FAIR OAKS, CA 94609	Total Occupancy: 31
Phone #: (916)962-2800	Target Population: 1.1
Fax #: (916)962-2824	Expiration Date 09/30/2013
Program Name: CENTER POINT FAIR OAKS OUTPATIENT	Record ID: 340048BN
Legal Name: CENTER POINT, INC.	Service Type: NON
Address: 11228 FAIR OAKS BLVD.	Resident Capacity: 0
City, State: FAIR OAKS, CA 94609	Total Occupancy: 0
Phone #: (916)962-2800	Target Population: 1.1
Fax #: (916)962-2824	Expiration Date 03/31/2014
Program Name: CLEAN & SOBER DETOX	Record ID: 340067AN
Legal Name: CLEAN & SOBER DETOX, A CALIFORNIA NONPROFIT CORPORATION	Service Type: RES-DETOX
Address: 8946 MADISON AVENUE	Resident Capacity: 6
City, State: FAIR OAKS, CA 95628	Total Occupancy: 7
Phone #: (916)965-3386	Target Population: 1.1
Fax #: (916)536-1393	Expiration Date 10/31/2013
Program Name: CLEAN & SOBER RECOVERY HOME	Record ID: 340093AP
Legal Name: CLEAN & SOBER RECOVERY SERVICES, INC.	Service Type: RES
Address: 5820 CHESTNUT AVENUE	Resident Capacity: 24
City, State: ORANGEVALE, CA 95662	Total Occupancy: 24
Phone #: (916)990-0190	Target Population: 1.1
	Expiration Date 03/31/2014
Program Name: SACRAMENTO COUNTY DRUG COURT	Record ID: 340038AN
Legal Name: COUNTY OF SACRAMENTO PROBATION DEPARTMENT	Service Type: NON
Address: 3201 FLORIN-PERKINS ROAD	Resident Capacity: 0
City, State: SACRAMENTO, CA 95826	Total Occupancy: 0
Phone #: (916)875-0665	Target Population: 1.1
	Expiration Date 10/31/2014
Program Name: D & A TREATMENT CENTER	Record ID: 340035FN
Legal Name: D & A DETOX CENTER	Service Type: RES
Address: 10157 LA ALEGRIA DRIVE	Resident Capacity: 10
City, State: RANCHO CORDOVA, CA 95670	Total Occupancy: 10
Phone #: (916)361-2833	Target Population: 1.2
Fax #: (916)364-5389	Expiration Date 06/30/2013
Program Name: D & A DETOX CENTER	Record ID: 340035CN
Legal Name: D & A DETOX CENTER	Service Type: RES-DETOX
Address: 2721 BARBERA WAY	Resident Capacity: 10
City, State: RANCHO CORDOVA, CA 95670	Total Occupancy: 10
Phone #: (916)364-7660	Target Population: 1.1
	Expiration Date 03/31/2014

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Program Name: D & A MEN'S DETOX Legal Name: D & A DETOX CENTER Address: 10590 MALAGA WAY City, State: RANCHO CORDOVA, CA 95670 Phone #: (916)364-3540 Fax #: (916)369-7154	Record ID: 340035GN Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 02/28/2015
Program Name: FOCUS HEALTHCARE OF CALIFORNIA, LLC Legal Name: FOCUS HEALTHCARE OF CALIFORNIA, LLC Address: 2221 FAIR OAKS BOULEVARD City, State: SACRAMENTO, CA 95825 Phone #: (916)514-8501	Record ID: 340101AP Service Type: RES-DETOX Resident Capacity: 48 Total Occupancy: 48 Target Population: 1.1 Expiration Date 08/31/2014
Program Name: 12 WAYS TO SUCCESS Legal Name: JUVENILES AT RISK Address: 7600 GREENHAVEN DRIVE, SUITE 202 City, State: SACRAMENTO, CA 95831 Phone #: (916)422-2556 Fax #: (916)541-3579	Record ID: 340070AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.7 Expiration Date 01/31/2015
Program Name: KOINONIA GROUP HOME #5 Legal Name: KOINONIA FOSTER HOMES, INC. Address: 4232 BIG CLOUD WAY City, State: ANTELOPE, CA 95843 Phone #: (916)652-0171 Fax #: (916)652-3979	Record ID: 340063AN Service Type: DSS Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5
Program Name: MERCY PERINATAL RECOVERY NETWORK (PRN) Legal Name: MERCY HEALTHCARE SACRAMENTO Address: 650 HOWE AVENUE, SUITES 504, 530 AND 560 City, State: SACRAMENTO, CA 95825 Phone #: (916)614-2240 Fax #: (916)564-3160	Record ID: 340040BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.3 Expiration Date 03/31/2015
Program Name: MAAP COUNSELING CENTER Legal Name: MEXICAN AMERICAN ALCOHOLISM PROGRAM, INC. Address: 4241 FLORIN ROAD, SUITES 52, 55, 75 AND 80 City, State: SACRAMENTO, CA 95823 Phone #: (916)394-3489	Record ID: 340004DN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2013
Program Name: MI CASA RECOVERY HOME Legal Name: MEXICAN AMERICAN ALCOHOLISM PROGRAM, INC. Address: 2515 48TH AVENUE City, State: SACRAMENTO, CA 95822 Phone #: (916)394-2328 Fax #: (916)394-2457	Record ID: 340004BN Service Type: RES Resident Capacity: 20 Total Occupancy: 20 Target Population: 1.2 Expiration Date 07/31/2014

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Program Name: MAAP INC., SACRAMENTO YOUTH PROJECT Legal Name: MEXICAN AMERICAN ALCOHOLISM PROGRAM, INC. Address: 3628 MADISON AVENUE, SUITE 21 City, State: NORTH HIGHLANDS, CA 95660 Phone #: (916)331-4500 Fax #: (916)331-4501	Record ID: 340004EN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 02/28/2015
Program Name: MAAP COUNSELING CENTER Legal Name: MEXICAN AMERICAN ALCOHOLISM PROGRAM, INC. Address: 3612 MADISON AVENUE, SUITE 29 City, State: NORTH HIGHLANDS, CA 95660 Phone #: (916)394-3489 Fax #: (916)231-9172	Record ID: 340004CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 07/31/2014
Program Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE SA Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE IN Address: 2143 HURLEY WAY, SUITE 101 AND 150 City, State: SACRAMENTO, CA 95825 Phone #: (916)922-5110	Record ID: 340052BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.3 Expiration Date 05/31/2014
Program Name: NATIONAL EDUCATIONAL ENRICHMENT DEVELOPMENT SERVICES Legal Name: NATIONAL-EDUCATIONAL-ENRICHMENT-DEVELOPMENT-SERVICES Address: 1104 CORPORATE WAY, SUITE 109 City, State: SACRAMENTO, CA 95831 Phone #: (916)395-4427 Fax #: (916)395-4428	Record ID: 340073AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.8 Expiration Date 03/31/2015
Program Name: OAK HOUSE TREATMENT PROGRAM II Legal Name: OAK HOUSE CORPORATION Address: 7919 OAK AVENUE City, State: CITRUS HEIGHTS, CA 95610 Phone #: (916)721-9699	Record ID: 340013AP Service Type: RES-DETOX Resident Capacity: 9 Total Occupancy: 10 Target Population: 1.2 Expiration Date 02/28/2014
Program Name: OAK HOUSE I Legal Name: OAK HOUSE CORPORATION Address: 7987 OAK AVENUE City, State: CITRUS HEIGHTS, CA 95610 Phone #: (916)721-9699 Fax #: (916)721-5302	Record ID: 340013BP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 03/31/2014
Program Name: PANACEA, INC. - COMPREHENSIVE DRUG AND ALCOHOL TREATMENT Legal Name: PANACEA, INC. Address: 3336 BRADSHAW ROAD, SUITE 315 City, State: SACRAMENTO, CA 95827 Phone #: (916)854-4564	Record ID: 340064AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2015

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Program Name: PATHWAYS RECOVERY Legal Name: PATHWAYS RECOVERY Address: 6538 GREY OAK COURT City, State: CITRUS HEIGHTS, CA 95621 Phone #: (916)735-8377 Fax #: (916)404-4174	Record ID: 340098AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 02/28/2014
Program Name: PREPARING PEOPLE FOR SUCCESS Legal Name: PREPARING PEOPLE FOR SUCCESS Address: 1513 SPORTS DRIVE, SUITE 100 City, State: SACRAMENTO, CA 95834 Phone #: (916)807-6768 Fax #: (916)515-9334	Record ID: 340102AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 12/31/2014
Program Name: STARLIGHT Legal Name: RIVER CITY RECOVERY CENTER, INC. Address: 2218 E STREET City, State: SACRAMENTO, CA 95816 Phone #: (916)442-3979 Fax #: (916)442-3577	Record ID: 340002BN Service Type: RES Resident Capacity: 24 Total Occupancy: 24 Target Population: 1.3 Expiration Date 11/30/2014
Program Name: GRACE HOUSE Legal Name: RIVER CITY RECOVERY CENTER, INC. Address: 2217 G STREET City, State: SACRAMENTO, CA 95816 Phone #: (916)442-3979	Record ID: 340002CN Service Type: RES Resident Capacity: 15 Total Occupancy: 15 Target Population: 1.3 Expiration Date 11/30/2014
Program Name: ALTUA Legal Name: RIVER CITY RECOVERY CENTER, INC. Address: 12490 ALTA MESA ROAD City, State: HERALD, CA 95638 Phone #: (209)748-2470	Record ID: 340002AN Service Type: RES Resident Capacity: 55 Total Occupancy: 55 Target Population: 1.2 Expiration Date 07/31/2014
Program Name: SACRAMENTO AREA EMERGENCY HOUSING CENTER Legal Name: SACRAMENTO AREA EMERGENCY HOUSING CENTER Address: 4516 PARKER AVENUE City, State: SACRAMENTO, CA 95816 Phone #: (916)455-2160	Record ID: 340045BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.7 Expiration Date 02/28/2015
Program Name: SACRAMENTO AREA EMERGENCY HOUSING CENTER Legal Name: SACRAMENTO AREA EMERGENCY HOUSING CENTER Address: 2925 34TH STREET City, State: SACRAMENTO, CA 95817 Phone #: (916)454-2120	Record ID: 340045AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.7 Expiration Date 02/28/2015

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Program Name: SACRAMENTO NATIVE AMERICAN HEALTH CENTER Legal Name: SACRAMENTO NATIVE AMERICAN HEALTH CENTER, INC. Address: 2020 J STREET City, State: SACRAMENTO, CA 95814 Phone #: (916)341-0575 Fax #: (916)341-0574	Record ID: 340082AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2014
Program Name: GATEWAY HOUSE Legal Name: SACRAMENTO RECOVERY HOUSE, INC. Address: 4049 MILLER WAY City, State: SACRAMENTO, CA 95817 Phone #: (916)451-9312 Fax #: (916)451-8014	Record ID: 340103BN Service Type: RES Resident Capacity: 18 Total Occupancy: 18 Target Population: 1.3 Expiration Date 05/31/2014
Program Name: SACRAMENTO RECOVERY HOUSE Legal Name: SACRAMENTO RECOVERY HOUSE, INC. Address: 1914 22ND STREET City, State: SACRAMENTO, CA 95816 Phone #: (916)455-6258	Record ID: 340103AN Service Type: RES Resident Capacity: 17 Total Occupancy: 18 Target Population: 1.2 Expiration Date 08/31/2014
Program Name: SIERRA STONEGATE Legal Name: SIERRA STONEGATE Address: 4140 BUCHANON DRIVE City, State: FAIR OAKS, CA 95628 Phone #: (530)705-0547 Fax #: (916)933-0505	Record ID: 340099AP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 12/31/2012
Program Name: SOBRIETY BRINGS A CHANGE Legal Name: SOBRIETY BRINGS A CHANGE Address: 4825 J STREET, SUITE 120 City, State: SACRAMENTO, CA 95819 Phone #: (916)454-4242	Record ID: 340008AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2014
Program Name: STRATEGIES FOR CHANGE OUTPATIENT Legal Name: STRATEGIES FOR CHANGE Address: 4441 AUBURN BOULEVARD, SUITE E City, State: SACRAMENTO, CA 95841 Phone #: (916)473-5764 Fax #: (916)473-5766	Record ID: 340084AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.10 Expiration Date 07/31/2013
Program Name: STRATEGIES FOR CHANGE Legal Name: STRATEGIES FOR CHANGE Address: 4343 WILLIAMSBOURGH DRIVE City, State: SACRAMENTO, CA 95823 Phone #: (916)395-3552	Record ID: 340084BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.10 Expiration Date 08/31/2014

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Program Name: AZURE ACRES IOP Legal Name: THE CAMP RECOVERY CENTERS, LP Address: 5777 MADISON AVENUE, SUITE 1210 City, State: SACRAMENTO, CA 95841 Phone #: (916)338-0400 Fax #: (916)338-3589	Record ID: 340078AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 10/31/2013
Program Name: CARES ALCOHOL AND OTHER DRUG OUTPATIENT PROGRAM Legal Name: THE CENTER FOR A.I.D.S. RESEARCH, EDUCATION AND SERVICES - Address: 1500 21ST STREET City, State: SACRAMENTO, CA 95814 Phone #: (916)443-3299 Fax #: (916)325-1980	Record ID: 340042BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 10/31/2013
Program Name: CRISIS INTAKE AND COUNSELING CENTER Legal Name: THE EFFORT, INC. Address: 1820 J STREET City, State: SACRAMENTO, CA 95811 Phone #: (916)325-5556	Record ID: 340015CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2014
Program Name: THE EFFORT SOUTH VALLEY CENTER (SVC) Legal Name: THE EFFORT, INC. Address: 8233 EAST STOCKTON BOULEVARD, SUITE D City, State: SACRAMENTO, CA 95828 Phone #: (916)368-3080 Fax #: (916)368-3076	Record ID: 340015FN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2014
Program Name: ALTERNATIVE HOUSE Legal Name: THE EFFORT, INC. Address: 1550 JULIESSE AVENUE City, State: SACRAMENTO, CA 95815 Phone #: (916)921-6598	Record ID: 340015AN Service Type: RES-DETOX Resident Capacity: 48 Total Occupancy: 48 Target Population: 1.1 Expiration Date 02/28/2014
Program Name: TOWNS HEALTH SERVICES Legal Name: TOWNS HEALTH SERVICES, INC. Address: 750 SPAANS ROAD, SUITES C AND F City, State: GALT, CA 95632 Phone #: (510)302-8755 Fax #: (209)745-2746	Record ID: 340100AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 03/31/2014
Program Name: SACRAMENTO TREATMENT CLINIC Legal Name: TREATMENT ASSOCIATES, INC. Address: 7225 EAST SOUTHGATE DRIVE, SUITE D City, State: SACRAMENTO, CA 95823 Phone #: (916)394-1000 Fax #: (916)394-1010	Record ID: 340080AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2014

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Program Name: SACRAMENTO VETERANS RESOURCE CENTER	Record ID: 340058AN
Legal Name: VIETNAM VETERANS OF CALIFORNIA, INC.	Service Type: RES
Address: 7270 EAST SOUTHGATE DRIVE, BUILDING 4	Resident Capacity: 22
City, State: SACRAMENTO, CA 95823	Total Occupancy: 22
Phone #: (916)393-8387	Target Population: 1.1
Fax #: (916)393-8389	Expiration Date 11/30/2013
Program Name: OPTIONS FOR RECOVERY - RESIDENTIAL TREATMENT PROGRAM	Record ID: 340018AN
Legal Name: VOLUNTEERS OF AMERICA NORTHERN CALIFORNIA & NORTHERN	Service Type: RES-DETOX
Address: 1001 GRAND AVENUE	Resident Capacity: 26
City, State: SACRAMENTO, CA 95838	Total Occupancy: 38
Phone #: (916)929-1951	Target Population: 1.4
Fax #: (916)929-5116	Expiration Date 11/30/2014

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San Benito County

Program Name: SAN BENITO COUNTY SUBSTANCE ABUSE PROGRAM

Record ID: 350001AN

Legal Name: SAN BENITO COUNTY

Service Type: NON

Address: 1131 SAN FELIPE ROAD

Resident Capacity: 0

City, State: HOLLISTER, CA 95023

Total Occupancy: 0

Phone #: (831)636-4020 Fax #: (831)636-4015

Target Population: 1.1

Expiration Date 04/30/2015

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Program Name: A & D SERVICES INCORPORATED Legal Name: A & D SERVICES, INC. Address: 582 WEST VALLEY BOULEVARD, SUITE 12 City, State: COLTON, CA 92324 Phone #: (909)434-5512	Record ID: 360084AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2013
Program Name: MERITO HOUSE RESIDENTIAL TREATMENT FOR MEN Legal Name: ALAN W. STEELE Address: 911 N. CHURCH STREET City, State: REDLANDS, CA 92373 Phone #: (909)335-2069 Fax #: (909)881-3431	Record ID: 360079BP Service Type: RES Resident Capacity: 9 Total Occupancy: 9 Target Population: 1.2 Expiration Date 01/31/2014
Program Name: CASA DE SAN BERNARDINO-ODF PROGRAM Legal Name: CASA DE SAN BERNARDINO, INC. Address: 735 NORTH D STREET City, State: SAN BERNARDINO, CA 92401 Phone #: (909)381-5507	Record ID: 360013AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2014
Program Name: RANCHO COMMUNITY RE-ENTRY COUNSELING PROGRAM Legal Name: COUNTY OF SAN BERNARDINO, DEPARTMENT OF BEHAVIORAL HE Address: 9478 ETIWANDA AVENUE City, State: RANCHO CUCAMONGA, CA 91739 Phone #: (909)463-7556	Record ID: 360050JN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 02/28/2015
Program Name: DAP RECOVERY HOME Legal Name: DRUG ALTERNATIVE PROGRAM Address: 11810 KINGSTON STREET City, State: GRAND TERRACE, CA 92313 Phone #: (909)783-1094	Record ID: 360021BN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 08/31/2013
Program Name: HIS HOUSE Legal Name: G & C SWAN INC. Address: 239 WEST 9TH STREET City, State: UPLAND, CA 91786 Phone #: (909)981-6121 Fax #: (909)944-0192	Record ID: 360075BP Service Type: RES-DETOX Resident Capacity: 12 Total Occupancy: 13 Target Population: 1.2 Expiration Date 04/30/2014
Program Name: NEW CREATION ADDICTION TREATMENT CENTER Legal Name: G & C SWAN INC. Address: 23950 PRADO LANE City, State: COLTON, CA 92324 Phone #: (909)981-6121 Fax #: (909)944-0192	Record ID: 360075AP Service Type: RES Resident Capacity: 10 Total Occupancy: 10 Target Population: 1.1 Expiration Date 04/30/2014

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Program Name: HIS HOUSE Legal Name: G & C SWANSON INC. Address: 1354 CARLOS PLACE City, State: ONTARIO, CA 91764 Phone #: (909)519-0767 Fax #: (909)944-0192	Record ID: 360075CP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 7 Target Population: 1.2 Expiration Date 12/31/2014
Program Name: GOPEC BEHAVIORAL CENTER Legal Name: GOPEC BEHAVIORAL CENTER Address: 363 WEST 6TH STREET City, State: SAN BERNARDINO, CA 92401 Phone #: (909)889-0300 Fax #: () -	Record ID: 360083AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 03/31/2015
Program Name: GROUP HOME SUPPORT SERVICES, INC. DBA NEW BEGINNINGS ADI Legal Name: GROUP HOME SUPPORT SERVICES, INC. DBA NEW BEGINNINGS ADI Address: 9637 ARROW ROUTE HIGHWAY, BUILDING 4 SUITE A City, State: RANCHO CUCAMONGA, CA 91730 Phone #: (909)945-2555 Fax #: (909)945-2855	Record ID: 360085AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 02/28/2013
Program Name: HASE AND ASSOCIATES SYSTEMS, INCORPORATED (HASI) Legal Name: HASE AND ASSOCIATES SYSTEMS, INCORPORATED Address: 353 WEST SIXTH STREET City, State: SAN BERNARDINO, CA 92401 Phone #: (909)888-0149 Fax #: (909)888-7179	Record ID: 360052BP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 02/28/2014
Program Name: ABOVE IT ALL DRUG AND ALCOHOL TREATMENT CENTER AT LAKE Legal Name: HI LAND MOUNTAIN HOME, INC. Address: 971 KUFFEL CANYON City, State: SKY FOREST, CA 92385 Phone #: (909)337-3366 Fax #: (909)337-0242	Record ID: 360082CP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2015
Program Name: ABOVE IT ALL ALCOHOL AND DRUG TREATMENT CENTER AT LAKE Legal Name: HI-LAND MOUNTAIN HOMES INC. Address: 27482 NORTHBAY ROAD City, State: LAKE ARROWHEAD, CA 92352 Phone #: (800)307-8939 Fax #: (909)337-0242	Record ID: 360082AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 05/31/2014
Program Name: ABOVE IT ALL DRUG AND TREATMENT CENTER AT LAKE ARROWHEAD Legal Name: HI-LAND MOUTAIN HOMES, INC. Address: 256 ALDER LANE City, State: CEDAR GLEN, CA 92321 Phone #: (909)338-1234	Record ID: 360082BP Service Type: DETOX Resident Capacity: 5 Total Occupancy: 6 Target Population: 1.1 Expiration Date 12/31/2014

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Program Name: HIGH DESERT CHILD ADOLESCENT AND FAMILY SERVICES CENTE Record ID: 360030AN
Legal Name: HIGH DESERT CHILD ADOLESCENT AND FAMILY SERVICES CENTE Service Type: NON
Address: 16248 VICTOR STREET Resident Capacity: 0
City, State: VICTORVILLE, CA 92395 Total Occupancy: 0
Phone #: (760)243-7151 Target Population: 1.1
Fax #: (760)952-1432 Expiration Date 10/31/2013

Program Name: HOUSE OF HOPE Record ID: 360076BN
Legal Name: HOUSE OF HOPE HOUSE OF FAITH, INC. Service Type: RES
Address: 11625 CORNELL STREET Resident Capacity: 6
City, State: ADELANTO, CA 92301 Total Occupancy: 6
Phone #: (760)403-3531 Target Population: 1.2
Fax #: (760)530-0817 Expiration Date 02/28/2014

Program Name: INLAND BEHAVIORAL AND HEALTH SERVICES, INC. Record ID: 360015AN
Legal Name: INLAND BEHAVIORAL AND HEALTH SERVICES, INC. Service Type: NON
Address: 1963 NORTH E STREET Resident Capacity: 0
City, State: SAN BERNARDINO, CA 92405 Total Occupancy: 0
Phone #: (909)881-6146 Target Population: 1.1
Fax #: (909)881-0111 Expiration Date 11/30/2013

Program Name: RECOVERY CENTER Record ID: 360001AAN
Legal Name: INLAND VALLEY DRUG AND ALCOHOL RECOVERY SERVICES Service Type: NON
Address: 916/SUITE A AND 934/SUITES A&B NORTH MOUNTAIN AVENUE Resident Capacity: 0
City, State: UPLAND, CA 91786 Total Occupancy: 0
Phone #: (909)949-4667 Target Population: 1.1
Expiration Date 05/31/2015

Program Name: WOMEN'S AND MEN'S RESIDENTIAL SERVICES Record ID: 360001ZN
Legal Name: INLAND VALLEY DRUG AND ALCOHOL RECOVERY SERVICES Service Type: RES-DETOX
Address: 1260 ARROW HIGHWAY, BUILDING C Resident Capacity: 65
City, State: UPLAND, CA 91786 Total Occupancy: 75
Phone #: (909)932-1069 Target Population: 1.4
Fax #: (909)932-1087 Expiration Date 02/28/2014

Program Name: INLAND VALLEY RECOVERY SERVICES - SAN BERNARDINO RECOV Record ID: 360001ABN
Legal Name: INLAND VALLEY DRUG AND ALCOHOL RECOVERY SERVICES DBA: Service Type: NON
Address: 939 N. D STREET Resident Capacity: 0
City, State: SAN BERNARDINO, CA 92410 Total Occupancy: 0
Phone #: (909)889-6519 Target Population: 1.1
Fax #: (909)889-6560 Expiration Date 04/30/2014

Program Name: LAKE GREGORY TREATMENT CENTER Record ID: 360072BP
Legal Name: JACK GREEN Service Type: RES-DETOX
Address: 373 EMERALD DRIVE Resident Capacity: 6
City, State: LAKE ARROWHEAD, CA 92352 Total Occupancy: 6
Phone #: (310)753-6866 Target Population: 1.1
Fax #: (909)744-8048 Expiration Date 01/31/2015

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Program Name: LAKE ARROWHEAD TREATMENT CENTER Legal Name: JACK GREEN Address: 975 NADELHORN STREET City, State: LAKE ARROWHEAD, CA 92352 Phone #: (909)336-4442 Fax #: (909)866-2775	Record ID: 360072AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 10/31/2013
Program Name: SOVEREIGN HEALTH LAKE ARROWHEAD Legal Name: JACK GREEN Address: 28914 HOOK CREEK ROAD City, State: CEDAR GLEN, CA 92321 Phone #: (909)782-9438 Fax #: (909)744-8048	Record ID: 360072DP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 10/31/2014
Program Name: MATRIX INSTITUTE ON ADDICTIONS Legal Name: MATRIX INSTITUTE ON ADDICTIONS Address: 11777 SEBASTIAN WAY, SUITES 102 A & B City, State: RANCHO CUCAMONGA, CA 91730 Phone #: (909)989-9724	Record ID: 360020AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2015
Program Name: PRIDE Legal Name: MENTAL HEALTH SYSTEMS, INC. Address: 1874 BUSINESS CENTER DRIVE, SUITE B City, State: SAN BERNARDINO, CA 92408 Phone #: (858)573-2600 Fax #: (858)573-5144	Record ID: 360033AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2015
Program Name: SAN BERNARDINO CENTER FOR CHANGE Legal Name: MENTAL HEALTH SYSTEMS, INC. Address: 1874 BUSINESS CENTER DRIVE, SUITE A City, State: SAN BERNARDINO, CA 92408 Phone #: (858)573-2600 Fax #: (909)386-0529	Record ID: 360033MN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2015
Program Name: NEEDLES CENTER FOR CHANGE Legal Name: MENTAL HEALTH SYSTEMS, INC. Address: 300 H STREET City, State: NEEDLES, CA 92363 Phone #: (858)573-2600 Fax #: (858)573-5144	Record ID: 360033IN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2014
Program Name: FONTANA CENTER FOR CHANGE Legal Name: MENTAL HEALTH SYSTEMS, INC. Address: 1076 SANTO ANTONIO ROAD, SUITES B & D, ROOMS 2, 4 & 9 City, State: COLTON, CA 92324 Phone #: (909)433-9824 Fax #: (909)433-9824	Record ID: 360033JN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2013

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Program Name: VICTOR VALLEY CENTER FOR CHANGE Legal Name: MENTAL HEALTH SYSTEMS, INC. Address: 15770 MOJAVE DRIVE, SUITES K & L City, State: VICTORVILLE, CA 92394 Phone #: (858)573-2600 Fax #: (858)573-5144	Record ID: 360033BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2015
Program Name: CENTRAL VALLEY REGIONAL RECOVERY CENTER Legal Name: MENTAL HEALTH SYSTEMS, INC. Address: 1076 SANTO ANTONIO AVENUE, SUITES B,C & D City, State: COLTON, CA 92324 Phone #: (909)433-9824 Fax #: (909)433-9830	Record ID: 360033HN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2013
Program Name: REDLANDS CENTER FOR CHANGE Legal Name: MENTAL HEALTH SYSTEMS, INC. Address: 802 WEST COLTON AVENUE, SUITE C City, State: REDLANDS, CA 92374 Phone #: (858)573-2600 Fax #: (909)335-1701	Record ID: 360033DN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2015
Program Name: MORONGO BASIN MENTAL HEALTH SERVICES ASSOCIATION, INC./F Legal Name: MORONGO BASIN MENTAL HEALTH SERVICES ASSOCIATION, INC. Address: 225 BARSTOW ROAD City, State: BARSTOW, CA 92311 Phone #: (760)255-1083	Record ID: 360006HN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2013
Program Name: MORONGO BASIN MENTAL HEALTH SERVICES ASSOCIATION, INC./F Legal Name: MORONGO BASIN MENTAL HEALTH SERVICES, INC. Address: 41945 BIG BEAR BOULEVARD, SUITE 208 City, State: BIG BEAR LAKE, CA 92315 Phone #: (909)878-0101 Fax #: (909)878-0105	Record ID: 360006GN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2013
Program Name: MOSLEY COUNSELING CENTER, LLC Legal Name: MOSLEY COUNSELING CENTER, LLC Address: 2130 NORTH ARROWHEAD AVENUE, SUITE 103C City, State: SAN BERNARDINO, CA 92405 Phone #: (909)252-3183 Fax #: (909)723-8290	Record ID: 360089AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2014
Program Name: STEPPING STONES TO RECOVERY Legal Name: ONE-2-ONE MENTORS Address: 16245 DESERT KNOLL DRIVE City, State: VICTORVILLE, CA 92392 Phone #: (760)245-1997 Fax #: (760)245-9774	Record ID: 360059AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.7 Expiration Date 04/30/2013

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Program Name: PINE RIDGE TREATMENT CENTERS, INC. - VICTORVILLE Legal Name: PINE RIDGE TREATMENT CENTER, INCORPORATED Address: 15367 BONANZA ROAD, #A City, State: VICTORVILLE, CA 92392 Phone #: (760)955-1012 Fax #: (760)955-4811	Record ID: 360007BP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2013
Program Name: PINE RIDGE TREATMENT CENTER Legal Name: PINE RIDGE TREATMENT CENTER, INCORPORATED Address: 2727 HIGHLAND DRIVE City, State: RUNNING SPRINGS, CA 92382 Phone #: (909)867-7028	Record ID: 360007AP Service Type: RES Resident Capacity: 24 Total Occupancy: 24 Target Population: 1.2 Expiration Date 09/30/2013
Program Name: PINE RIDGE TREATMENT CENTERS, INC. - SAN BERNARDINO Legal Name: PINE RIDGE TREATMENT CENTER, INCORPORATED Address: 1881 COMMERCENTER EAST, SUITE 220 City, State: SAN BERNARDINO, CA 92408 Phone #: (909)890-0294	Record ID: 360007CP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2013
Program Name: PINE RIDGE TREATMENT CENTER - LUCERNE VALLEY Legal Name: PINE RIDGE TREATMENT CENTERS, INCORPORATED Address: 9401 CRYSTAL CREEK ROAD City, State: LUCERNE VALLEY, CA 92356 Phone #: (760)248-9199	Record ID: 360007DP Service Type: RES-DETOX Resident Capacity: 24 Total Occupancy: 24 Target Population: 1.1 Expiration Date 06/30/2014
Program Name: RIM FAMILY SERVICES Legal Name: RIM FAMILY SERVICES, INC. Address: 28545 HIGHWAY 18 City, State: SKYFOREST, CA 92385 Phone #: (909)336-1800 Fax #: (909)336-0990	Record ID: 360036AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.7 Expiration Date 06/30/2014
Program Name: RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC. (SAN Legal Name: RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC. Address: 2210 EAST HIGHLAND AVENUE, SUITE 107 City, State: SAN BERNARDINO, CA 92404 Phone #: (951)864-1097 Fax #: (951)849-9633	Record ID: 360058AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.8 Expiration Date 04/30/2013
Program Name: SERENITY LODGE Legal Name: ROCK RIDGE RESOURCES, INC. Address: 974, 985, 986 MEADOWBROOK ROAD City, State: CREST PARK, CA 92326 Phone #: (800)936-3143 Fax #: (951)744-8632	Record ID: 360091AP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2

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Program Name: S.T.E.P.S. ULTIMATE SOLUTIONS, INC.	Record ID: 360078AN
Legal Name: S.T.E.P.S. ULTIMATE SOLUTIONS, INC.	Service Type: NON
Address: 18031 US HIGHWAY 18 SUITE "F"	Resident Capacity: 0
City, State: APPLE VALLEY, CA 92307	Total Occupancy: 0
Phone #: (760)242-1300	Target Population: 1.5
Fax #: (760)242-1331	Expiration Date 11/30/2013
Program Name: RIALTO BEHAVIORAL ADDICTION TREATMENT SERVICES	Record ID: 360050AN
Legal Name: SAN BERNARDINO COUNTY BEHAVIORAL HEALTH DEPARTMENT	Service Type: NON
Address: 850 E. FOOTHILL BOULEVARD, SUITE A, SECTIONS A-F	Resident Capacity: 0
City, State: RIALTO, CA 92376	Total Occupancy: 0
Phone #: (909)421-9465	Target Population: 1.4
Fax #: (909)421-9457	Expiration Date 05/31/2015
Program Name: SUPERVISED TREATMENT AFTER RELEASE PROGRAM (STAR)	Record ID: 360050IN
Legal Name: SAN BERNARDINO COUNTY BEHAVIORAL HEALTH DEPARTMENT	Service Type: NON
Address: 1330 EAST COOLEY DRIVE (SEE COMMENTS BELOW)	Resident Capacity: 0
City, State: COLTON, CA 92324	Total Occupancy: 0
Phone #: (909)423-0750	Target Population: 1.1
Fax #: (909)423-0760	Expiration Date 11/30/2013
Program Name: SAN BERNARDINO COUNTY - BARSTOW ADS	Record ID: 360050EN
Legal Name: SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALT	Service Type: NON
Address: 805 EAST MOUNTAIN VIEW STREET	Resident Capacity: 0
City, State: BARSTOW, CA 92311	Total Occupancy: 0
Phone #: (760)256-5026	Target Population: 1.1
Fax #: (760)256-5092	Expiration Date 09/30/2013
Program Name: ONTARIO COMMUNITY COUNSELING	Record ID: 360050HN
Legal Name: SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALT	Service Type: NON
Address: 1647 EAST HOLT BOULEVARD	Resident Capacity: 0
City, State: ONTARIO, CA 91761	Total Occupancy: 0
Phone #: (909)933-6341	Target Population: 1.1
Fax #: (909)933-6355	Expiration Date 03/31/2014
Program Name: CEDAR HOUSE LIFE CHANGE CENTER	Record ID: 360002FN
Legal Name: SOCIAL SCIENCE SERVICES, INC.	Service Type: RES
Address: 10888 MAPLE AVENUE	Resident Capacity: 11
City, State: BLOOMINGTON, CA 92316	Total Occupancy: 26
Phone #: (909)873-0478	Target Population: 1.4
Fax #: (909)421-7128	Expiration Date 10/31/2013
Program Name: CEDAR HOUSE LIFE CHANGE CENTER	Record ID: 360002DN
Legal Name: SOCIAL SCIENCE SERVICES, INC.	Service Type: RES-DETOX
Address: 18612 SANTA ANA AVENUE	Resident Capacity: 125
City, State: BLOOMINGTON, CA 92316	Total Occupancy: 125
Phone #: (909)421-7120	Target Population: 1.1
	Expiration Date 01/31/2014

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Program Name: CEDAR HOUSE LIFE CHANGE CENTER Legal Name: SOCIAL SCIENCE SERVICES, INC. Address: 18612 SANTA ANA AVENUE City, State: BLOOMINGTON, CA 92316 Phone #: (909)421-7120	Record ID: 360002CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2014
Program Name: ST. JOHN OF GOD HEALTH CARE SERVICES Legal Name: ST. JOHN OF GOD HEALTH CARE SERVICES Address: 13333 PALMDALE ROAD City, State: VICTORVILLE, CA 92392 Phone #: (760)241-4917	Record ID: 360003HN Service Type: RES-DETOX Resident Capacity: 66 Total Occupancy: 82 Target Population: 1.1 Expiration Date 05/31/2014
Program Name: ST. JOHN OF GOD HEALTH CARE SERVICES Legal Name: ST. JOHN OF GOD HEALTH CARE SERVICES Address: 15534 6TH STREET City, State: VICTORVILLE, CA 92392 Phone #: (760)241-4917 Fax #: (760)241-8911	Record ID: 360003IN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2013
Program Name: JOSHUA TREE DRUG COURT Legal Name: THE MORONGO BASIN MENTAL HEALTH SERVICES ASSOCIATION Address: 61607 29 PALMS HIGHWAY, SUITES C AND D City, State: JOSHUA TREE, CA 92252 Phone #: (760)366-8641 Fax #: (760)366-3365	Record ID: 360006CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2014
Program Name: MORONGO BASIN MENTAL HEALTH SERVICES ASSOC. INCORP./PAN Legal Name: THE MORONGO BASIN MENTAL HEALTH SERVICES ASSOCIATION, I Address: 234, 236, 236 1/2, 300, 304 & 308 EAST FREDERICKS AVENUE City, State: BARSTOW, CA 92311 Phone #: (760)256-7313 Fax #: (760)256-3101	Record ID: 360006FN Service Type: RES Resident Capacity: 48 Total Occupancy: 48 Target Population: 1.1 Expiration Date 08/31/2013
Program Name: PANORAMA RANCH Legal Name: THE MORONGO BASIN MENTAL HEALTH SERVICES ASSOCIATION, I Address: 58945 SUITE J&P/58923 SUITE A&B BUSINESS CENTER DRIVE City, State: YUCCA VALLEY, CA 92284 Phone #: (760)365-3022 Fax #: (760)366-3592	Record ID: 360006BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2015
Program Name: TIME FOR CHANGE FOUNDATION Legal Name: TIME FOR CHANGE FOUNDATION Address: 1255 EAST HIGHLAND AVENUE, SUITE 211 City, State: SAN BERNARDINO, CA 92404 Phone #: (909)886-2994 Fax #: (909)886-0218	Record ID: 360071AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.3 Expiration Date 06/30/2013

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Program Name: NEXT STEP RECOVERY SERVICES	Record ID: 360090AN
Legal Name: TURRILL TRANSITIONAL ASSISTANCE PROGRAM, INC	Service Type: RES
Address: 5789 MERITO AVENUE AND 5779 MERITO AVENUE	Resident Capacity: 12
City, State: SAN BERNARDINO, CA 92404	Total Occupancy: 12
Phone #: (909)886-6678	Target Population: 1.1
Fax #: (909)475-8669	Expiration Date 11/30/2014
Program Name: ELEVENTH STREET "B" HOUSE	Record ID: 360004EN
Legal Name: VARP, INC.	Service Type: RES
Address: 349 11TH STREET	Resident Capacity: 6
City, State: SAN BERNARDINO, CA 92410	Total Occupancy: 7
Phone #: (909)381-3774	Target Population: 1.2
	Expiration Date 10/31/2013
Program Name: GIBSON HOUSE RECOVERY CENTER FOR WOMEN	Record ID: 360004FN
Legal Name: VARP, INC.	Service Type: RES
Address: 1135 NORTH D STREET	Resident Capacity: 16
City, State: SAN BERNARDINO, CA 92410	Total Occupancy: 18
Phone #: (909)888-6956	Target Population: 1.3
	Expiration Date 10/31/2013
Program Name: RIALTO HOUSE	Record ID: 360004HN
Legal Name: VARP, INC.	Service Type: RES
Address: 921 RIALTO AVENUE	Resident Capacity: 6
City, State: SAN BERNARDINO, CA 92410	Total Occupancy: 7
Phone #: (909)381-3774	Target Population: 1.2
	Expiration Date 10/31/2013
Program Name: GIBSON WOMEN'S PHASE II HOUSE	Record ID: 360004IN
Legal Name: VARP, INC.	Service Type: RES
Address: 1139 NORTH D STREET	Resident Capacity: 6
City, State: SAN BERNARDINO, CA 92410	Total Occupancy: 7
Phone #: (909)888-6956	Target Population: 1.3
	Expiration Date 03/31/2015
Program Name: READING HOUSE II	Record ID: 360004NN
Legal Name: VARP, INC.	Service Type: RES
Address: 1107 NORTH D STREET	Resident Capacity: 6
City, State: SAN BERNARDINO, CA 92410	Total Occupancy: 7
Phone #: (909)888-6956	Target Population: 1.3
Fax #: (909)381-6845	Expiration Date 08/31/2014
Program Name: READING HOUSE I	Record ID: 360004MN
Legal Name: VARP, INC.	Service Type: RES
Address: 1103 NORTH D STREET	Resident Capacity: 6
City, State: SAN BERNARDINO, CA 92410	Total Occupancy: 7
Phone #: (909)888-6956	Target Population: 1.3
Fax #: (909)381-6845	Expiration Date 08/31/2014

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Program Name: GIBSON HOUSE FOR MEN Legal Name: VARP, INC. Address: 1100 NORTH D STREET City, State: SAN BERNARDINO, CA 92410 Phone #: (909)381-3774	Record ID: 360004BN Service Type: RES Resident Capacity: 40 Total Occupancy: 40 Target Population: 1.2 Expiration Date 10/31/2013
Program Name: HARRIS HOUSE Legal Name: VARP, INC. Address: 907 WEST RIALTO AVENUE City, State: SAN BERNARDINO, CA 92410 Phone #: (909)381-4053	Record ID: 360004AN Service Type: RES Resident Capacity: 14 Total Occupancy: 15 Target Population: 1.2 Expiration Date 10/31/2013
Program Name: REARICK II HOUSE Legal Name: VARP, INC. Address: 382 11TH STREET City, State: SAN BERNARDINO, CA 92410 Phone #: (909)888-6956 Fax #: (909)381-6845	Record ID: 360004LN Service Type: RES Resident Capacity: 6 Total Occupancy: 7 Target Population: 1.3 Expiration Date 01/31/2014
Program Name: KIENZLE HOUSE Legal Name: VARP, INC. Address: 1094 NORTH D STREET City, State: SAN BERNARDINO, CA 92410 Phone #: (909)884-0840 Fax #: (909)381-6845	Record ID: 360004QN Service Type: RES Resident Capacity: 6 Total Occupancy: 7 Target Population: 1.3 Expiration Date 09/30/2014
Program Name: STODDARD HOUSE II Legal Name: VARP, INC. Address: 1087 NORTH STODDARD STREET City, State: SAN BERNARDINO, CA 92410 Phone #: (909)381-3774	Record ID: 360004GN Service Type: RES Resident Capacity: 6 Total Occupancy: 7 Target Population: 1.3 Expiration Date 10/31/2013
Program Name: WOMEN'S R-4 PHASE II/B HOUSE Legal Name: VARP, INC. Address: 1149 NORTH D STREET City, State: SAN BERNARDINO, CA 92410 Phone #: (909)888-6956 Fax #: (909)381-6845	Record ID: 360004JN Service Type: RES Resident Capacity: 6 Total Occupancy: 7 Target Population: 1.3 Expiration Date 01/31/2014
Program Name: COPE HOUSE Legal Name: VARP, INC. Address: 1078 NORTH D STREET City, State: SAN BERNARDINO, CA 92410 Phone #: (909)884-0840 Fax #: (909)381-6845	Record ID: 360004PN Service Type: RES Resident Capacity: 6 Total Occupancy: 7 Target Population: 1.2 Expiration Date 09/30/2014

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Program Name: REARICK I HOUSE	Record ID: 360004KN
Legal Name: VARP, INC.	Service Type: RES
Address: 384 11TH STREET	Resident Capacity: 6
City, State: SAN BERNARDINO, CA 92410	Total Occupancy: 7
Phone #: (909)888-6956	Target Population: 1.3
Fax #: (909)381-6845	Expiration Date 01/31/2014
Program Name: COLTON CLINICAL SERVICES	Record ID: 360066AP
Legal Name: WCHS, INC.	Service Type: NON
Address: 2275 EAST COOLEY DRIVE	Resident Capacity: 0
City, State: COLTON, CA 92324	Total Occupancy: 0
Phone #: (909)370-1777	Target Population: 1.1
Fax #: (909)370-1776	Expiration Date 11/30/2014

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San Diego County

Program Name: SOLEDAD HOUSE	Record ID: 370116AP
Legal Name: ABC SOBER LIVING, LLC	Service Type: RES
Address: 5330 SOLEDAD MOUNTAIN ROAD	Resident Capacity: 6
City, State: SAN DIEGO, CA 92109	Total Occupancy: 7
Phone #: (619)925-1879	Target Population: 1.3
Fax #: (858)274-8700	Expiration Date 05/31/2015
Program Name: SOLEDAD HOUSE II	Record ID: 370116BP
Legal Name: ABC SOBER LIVING, LLC	Service Type: RES
Address: 5214 SOLEDAD MOUNTAIN ROAD	Resident Capacity: 6
City, State: SAN DIEGO, CA 92109	Total Occupancy: 7
Phone #: (619)925-1879	Target Population: 1.3
Fax #: (858)274-8700	Expiration Date 08/31/2015
Program Name: CASA RAPHAEL	Record ID: 370073AN
Legal Name: ALPHA PROJECT FOR THE HOMELESS, INC.	Service Type: RES
Address: 975 AND 993 POSTAL WAY	Resident Capacity: 150
City, State: VISTA, CA 92083	Total Occupancy: 150
Phone #: (760)630-9922	Target Population: 1.2
Fax #: (760)630-9996	Expiration Date 06/30/2013
Program Name: ATON CENTER	Record ID: 370122CP
Legal Name: ATON CENTER, INC.	Service Type: RES-DETOX
Address: 3238 COUNTRY ROSE CIRCLE	Resident Capacity: 6
City, State: ENCINITAS, CA 92024	Total Occupancy: 8
Phone #: (858)759-5017	Target Population: 1.1
Fax #: (858)759-5016	Expiration Date 03/31/2014
Program Name: THE ATON CENTER	Record ID: 370122AP
Legal Name: ATON CENTER, INC.	Service Type: RES-DETOX
Address: 3250 COUNTRY ROSE CIRCLE	Resident Capacity: 6
City, State: ENCINITAS, CA 92024	Total Occupancy: 7
Phone #: (858)759-5017	Target Population: 1.1
Fax #: (858)759-5016	Expiration Date 11/30/2014
Program Name: CHEMICAL DEPENDENCY & PAIN RECOVERY CENTER OF CALIFORNIA	Record ID: 370123EP
Legal Name: CHEMICAL DEPENDENCY & PAIN RECOVERY CENTER OF CALIFORNIA	Service Type: NON
Address: 4241 JUTLAND DR. #202	Resident Capacity: 0
City, State: SAN DIEGO, CA 92117	Total Occupancy: 0
Phone #: (858)490-3460	Target Population: 1.1
Fax #: (858)490-3462	Expiration Date 01/31/2014
Program Name: SHORT TERM I--MARLBOROUGH	Record ID: 370024IN
Legal Name: CRASH, INC.	Service Type: RES
Address: 4161 MARLBOROUGH AVENUE	Resident Capacity: 50
City, State: SAN DIEGO, CA 92105	Total Occupancy: 50
Phone #: (619)282-7274	Target Population: 1.2
Fax #: (858)490-3462	Expiration Date 03/31/2015

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Program Name: GOLDEN HILL HOUSE	Record ID: 370024LN
Legal Name: CRASH, INC.	Service Type: RES
Address: 2410 E STREET	Resident Capacity: 43
City, State: SAN DIEGO, CA 92102	Total Occupancy: 43
Phone #: (619)234-3346	Target Population: 1.1
Fax #: (619)234-3357	Expiration Date 04/30/2015
Program Name: GOLDEN HILL HOUSE II	Record ID: 370024KN
Legal Name: CRASH, INC.	Service Type: RES
Address: 726 F STREET	Resident Capacity: 63
City, State: SAN DIEGO, CA 92101	Total Occupancy: 63
Phone #: (619)239-9691	Target Population: 1.1
Fax #: (619)239-0909	Expiration Date 05/31/2014
Program Name: AMITY FOUNDATION OF CALIFORNIA	Record ID: 370059AN
Legal Name: EPIDAURUS	Service Type: RES
Address: 2260 WATSON WAY	Resident Capacity: 60
City, State: VISTA, CA 92083	Total Occupancy: 60
Phone #: (760)599-1892	Target Population: 1.2
Fax #: (760)599-1884	Expiration Date 12/31/2014
Program Name: EXODUS CENTRAL ADULT DRUG PROGRAM	Record ID: 370131AP
Legal Name: EXODUS RECOVERY, INC.	Service Type: NON
Address: 4308 30TH STREET, SUITE A	Resident Capacity: 0
City, State: SAN DIEGO, CA 92104	Total Occupancy: 0
Phone #: (619)528-1752	Target Population: 1.1
Fax #: (619)529-1758	Expiration Date 06/30/2013
Program Name: LASTING RECOVERY	Record ID: 370101AP
Legal Name: FARKAS AND SAALINGER, PSYCHOLOGY CORP.	Service Type: NON
Address: 6046 CORNERSTONE COURT WEST, SUITES 112, 113, & 128	Resident Capacity: 0
City, State: SAN DIEGO, CA 92121	Total Occupancy: 0
Phone #: (858)453-4315	Target Population: 1.8
Fax #: (858)453-5690	Expiration Date 01/31/2015
Program Name: CALVARY RANCH CHRISTIAN DRUG AND ALCOHOL RECOVERY FAC	Record ID: 370098AN
Legal Name: GOD'S HOUSE MINISTRIES, INC.	Service Type: RES
Address: 13610 WILLOW ROAD	Resident Capacity: 20
City, State: LAKESIDE, CA 92040	Total Occupancy: 20
Phone #: (619)561-2599	Target Population: 1.2
Fax #: (619)561-4673	Expiration Date 05/31/2014
Program Name: PEMARRO	Record ID: 370025AN
Legal Name: GROUP CONSCIENCE, INC.	Service Type: RES
Address: 1482 KINGS VILLA ROAD	Resident Capacity: 10
City, State: RAMONA, CA 92065	Total Occupancy: 10
Phone #: (760)789-8070	Target Population: 1.1
Fax #: (760)789-8078	Expiration Date 05/31/2014

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Program Name: THE LIGHTHOUSE COMMUNITY Legal Name: HEALTHCARE SERVICES, INC. Address: 528,554, AND 558 14TH STREET City, State: SAN DIEGO, CA 92101 Phone #: (619)515-0243 Fax #: (619)235-0678	Record ID: 370094AP Service Type: RES-DETOX Resident Capacity: 98 Total Occupancy: 98 Target Population: 1.1 Expiration Date 06/30/2013
Program Name: HOPE HELP AND HEALING SOUTHERN CALIFORNIA INC. Legal Name: HOPE HELP AND HEALING SOUTHERN CALIFORNIA Address: 1855 EAST VISTA WAY, SUITES 4 City, State: VISTA, CA 92084 Phone #: (760)945-4707 Fax #: (760)945-4781	Record ID: 370127AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2014
Program Name: HOUSE OF METAMORPHOSIS Legal Name: HOUSE OF METAMORPHOSIS, INC. Address: 2970 MARKET STREET City, State: SAN DIEGO, CA 92102 Phone #: (619)236-9492 Fax #: (619)236-9127	Record ID: 370021AN Service Type: RES Resident Capacity: 64 Total Occupancy: 64 Target Population: 1.1 Expiration Date 11/30/2013
Program Name: HOUSE OF METAMORPHOSIS TRANSITIONAL LIVING FACILITY Legal Name: HOUSE OF METAMORPHOSIS, INC. Address: 2869 C STREET City, State: SAN DIEGO, CA 92102 Phone #: (619)236-9217 Fax #: (619)232-0855	Record ID: 370021LN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 03/31/2015
Program Name: HOUSE OF METAMORPHOSIS TRANSITIONAL LIVING FACILITY Legal Name: HOUSE OF METAMORPHOSIS, INC. Address: 2867 C STREET City, State: SAN DIEGO, CA 92102 Phone #: (619)236-9217 Fax #: (619)232-0855	Record ID: 370021KN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 03/31/2015
Program Name: HOUSE OF METAMORPHOSIS TRANSITIONAL LIVING FACILITY Legal Name: HOUSE OF METAMORPHOSIS, INC. Address: 2865 C STREET City, State: SAN DIEGO, CA 92102 Phone #: (619)236-9217 Fax #: (619)232-0855	Record ID: 370021JN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 02/28/2015
Program Name: HOUSE OF METAMORPHOSIS TRANSITIONAL LIVING FACILITY Legal Name: HOUSE OF METAMORPHOSIS, INC. Address: 2871 C STREET City, State: SAN DIEGO, CA 92102 Phone #: (619)236-9217 Fax #: (619)232-0855	Record ID: 370021MN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 02/28/2015

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Program Name: HOME STRETCH RESIDENTIAL IN RECOVERY	Record ID: 370079AP
Legal Name: KANADA LLC, DBA HOMESTRETCH	Service Type: RES
Address: 4989 EL CAJON BOULEVARD	Resident Capacity: 12
City, State: SAN DIEGO, CA 92115	Total Occupancy: 15
Phone #: (619)287-2588	Target Population: 1.2
Fax #: (619)583-1712	Expiration Date 09/30/2013
Program Name: EAST COUNTY REGIONAL RECOVERY CENTER	Record ID: 370045TN
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.	Service Type: NON
Address: 1385 NORTH JOHNSON AVENUE, SUITES 102/103	Resident Capacity: 0
City, State: EL CAJON, CA 92020	Total Occupancy: 0
Phone #: (619)441-2493	Target Population: 1.1
	Expiration Date 02/28/2015
Program Name: MCALISTER INSTITUTE - LEMON GROVE FACILITY	Record ID: 370045FN
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.	Service Type: RES-DETOX
Address: 2049 SKYLINE DRIVE	Resident Capacity: 140
City, State: LEMON GROVE, CA 91945	Total Occupancy: 180
Phone #: (619)465-7303	Target Population: 1.9
	Expiration Date 04/30/2014
Program Name: NORTH COASTAL REGIONAL RECOVERY CENTER	Record ID: 370045AN
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.	Service Type: NON
Address: 2821 OCEANSIDE BOULEVARD	Resident Capacity: 0
City, State: OCEANSIDE, CA 92054	Total Occupancy: 0
Phone #: (760)721-2781	Target Population: 1.1
Fax #: () -	Expiration Date 04/30/2014
Program Name: MCALISTER INSTITUTE GROUP HOME NORTH	Record ID: 370045QN
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.	Service Type: DSS
Address: 3744 SANTA YNEZ	Resident Capacity: 0
City, State: OCEANSIDE, CA 92056	Total Occupancy: 0
Phone #: (760)806-1495	Target Population: 1.5
	Expiration Date 04/30/2014
Program Name: MCALISTER INSTITUTE GROUP HOME-EAST	Record ID: 370045MN
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.	Service Type: DSS
Address: 2219 ODESSA COURT	Resident Capacity: 0
City, State: LEMON GROVE, CA 91945	Total Occupancy: 0
Phone #: (619)498-0827	Target Population: 1.5
	Expiration Date 04/30/2014
Program Name: MCALISTER INSTITUTE EAST REGION SOUTH TEEN RECOVERY CEN	Record ID: 370045ALN
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.	Service Type: NON
Address: 7800 UNIVERSITY AVENUE, SUITE A-1	Resident Capacity: 0
City, State: LA MESA, CA 91941	Total Occupancy: 0
Phone #: (619)465-4349	Target Population: 1.5
Fax #: (619)465-4739	Expiration Date 01/31/2015

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Program Name: EAST COUNTY REGIONAL RECOVERY CENTER Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC. Address: 1365 NORTH JOHNSON AVENUE, SUITES 111 AND 113 City, State: EL CAJON, CA 92020 Phone #: (619)440-4801	Record ID: 370045DN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2014
Program Name: MCALISTER INSTITUTE SOUTH BAY WOMENS RECOVERY CENTER Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC. Address: 2414 HOOVER AVENUE, SUITES A.B.C City, State: NATIONAL CITY, CA 91950 Phone #: (619)336-1226	Record ID: 370045BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.3 Expiration Date 04/30/2014
Program Name: MCALISTER INSTITUTE GROUP HOME - SOUTH Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC. Address: 2315 BAR BIT ROAD City, State: SPRING VALLEY, CA 91978 Phone #: (619)337-3830 Fax #: (619)442-1101	Record ID: 370045VN Service Type: DSS Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.3
Program Name: MCALISTER INSTITUTE NORTH RURAL TEEN RECOVERY CENTER Legal Name: MCALISTER INSTITUTE FOR TREATMENT AND EDUCATION, INC. Address: 323 HUNTER STREET City, State: RAMONA, CA 92065 Phone #: (760)788-6520	Record ID: 370045AHN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 06/30/2015
Program Name: MCALISTER INSTITUTE EAST REGION NORTH TEEN RECOVERY CEN Legal Name: MCALISTER INSTITUTE FOR TREATMENT AND EDUCATION, INC. Address: 550 FESLER STREET, SUITE G-3 City, State: EL CAJON, CA 92020 Phone #: (619)588-5361 Fax #: (619)588-5421	Record ID: 370045AMN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 04/30/2015
Program Name: MCALISTER INSTITUTE SOUTH BAY EAST TEEN RECOVERY CENTE Legal Name: MCALISTER INSTITUTE FOR TREATMENT AND EDUCATION, INC. Address: 2429 FENTON ROAD, BUILDING #5 City, State: CHULA VISTA, CA 91914 Phone #: (619)482-9300 Fax #: (619)482-9333	Record ID: 370045ADN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 11/30/2013
Program Name: MCALISTER INSTITUTE SOUTH BAY REGIONAL RECOVERY CENTE Legal Name: MCALISTER INSTITUTE FOR TREATMENT AND EDUCATION, INC. Address: 1180 3RD AVENUE, SUITES C-3, C-4 AND C-5 City, State: CHULA VISTA, CA 91911 Phone #: (619)691-8164	Record ID: 370045ABN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.8 Expiration Date 02/28/2015

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Program Name: NORTH CENTRAL TEEN RECOVERY CENTER	Record ID: 370045AEN
Legal Name: MCALISTER INSTITUTE FOR TREATMENT AND EDUCATION, INC.	Service Type: NON
Address: 7867 CONVOY COURT, BUILDING #5, SUITE 302	Resident Capacity: 0
City, State: SAN DIEGO, CA 92117	Total Occupancy: 0
Phone #: (858)277-4633	Target Population: 1.5
Fax #: (858)277-4933	Expiration Date 08/31/2013
Program Name: MCALISTER INSTITUTE NORTH RURAL TEEN RECOVERY CENTER - 1	Record ID: 370045AIN
Legal Name: MCALISTER INSTITUTE FOR TREATMENT AND EDUCATION, INC.	Service Type: NON
Address: 720 NINTH STREET, ROOM 8	Resident Capacity: 0
City, State: RAMONA, CA 92065	Total Occupancy: 0
Phone #: (760)787-4300	Target Population: 1.5
	Expiration Date 06/30/2015
Program Name: NORTH COUNTY CENTER FOR CHANGE	Record ID: 370069CN
Legal Name: MENTAL HEALTH SYSTEMS, INC.	Service Type: NON
Address: 504 WEST VISTA WAY	Resident Capacity: 0
City, State: VISTA, CA 92083	Total Occupancy: 0
Phone #: (760)940-1836	Target Population: 1.1
Fax #: (760)940-1274	Expiration Date 02/28/2015
Program Name: NORTH INLAND REGIONAL RECOVERY CENTER	Record ID: 370069DN
Legal Name: MENTAL HEALTH SYSTEMS, INC.	Service Type: NON
Address: 200 EAST WASHINGTON AVE., SUITE 100	Resident Capacity: 0
City, State: ESCRONDIDO, CA 92025	Total Occupancy: 0
Phone #: (760)741-7708	Target Population: 1.1
Fax #: (760)741-5421	Expiration Date 02/28/2015
Program Name: SAN DIEGO CENTER FOR CHANGE	Record ID: 370069YN
Legal Name: MENTAL HEALTH SYSTEMS, INC.	Service Type: NON
Address: 3340 KEMPER STREET, SUITE 101, 103, 104, & 205	Resident Capacity: 0
City, State: SAN DIEGO, CA 92110	Total Occupancy: 0
Phone #: (619)758-1433	Target Population: 1.1
Fax #: (619)758-9823	Expiration Date 01/31/2014
Program Name: TEEN RECOVERY PROGRAM - NORTH INLAND	Record ID: 370069FN
Legal Name: MENTAL HEALTH SYSTEMS, INC.	Service Type: NON
Address: 340 RANCHEROS DRIVE, SUITE 166	Resident Capacity: 0
City, State: SAN MARCOS, CA 92069	Total Occupancy: 0
Phone #: (760)744-3672	Target Population: 1.5
Fax #: (760)744-6182	Expiration Date 02/28/2015
Program Name: MID-COAST REGIONAL RECOVERY CENTER	Record ID: 370069IN
Legal Name: MENTAL HEALTH SYSTEMS, INC.	Service Type: NON
Address: 3340 KEMPER STREET, SUITES 105 AND 207	Resident Capacity: 0
City, State: SAN DIEGO, CA 92110	Total Occupancy: 0
Phone #: (619)276-1207	Target Population: 1.1
Fax #: (619)276-1207	Expiration Date 01/31/2015

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Program Name: MHS RE-ENTRY TREATMENT PROGRAM Legal Name: MENTAL HEALTH SYSTEMS, INC. Address: 2136 EL CAJON BOULEVARD City, State: SAN DIEGO, CA 92104 Phone #: (619)291-1881 Fax #: (619)291-7347	Record ID: 370069ZN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 07/31/2015
Program Name: EAST COUNTY CENTER FOR CHANGE Legal Name: MENTAL HEALTH SYSTEMS, INC. Address: 545 NORTH MAGNOLIA AVENUE City, State: EL CAJON, CA 92020 Phone #: (619)588-1989 Fax #: (619)588-6282	Record ID: 370069BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 02/28/2015
Program Name: PROVIDENCE PLACE Legal Name: MENTAL HEALTH SYSTEMS, INC. Address: 4850 AND 4890 67TH STREET City, State: SAN DIEGO, CA 92115 Phone #: (858)689-2633	Record ID: 370069AN Service Type: RES Resident Capacity: 84 Total Occupancy: 96 Target Population: 1.4 Expiration Date 04/30/2014
Program Name: HARMONY WEST WOMEN'S RECOVERY CENTER Legal Name: MENTAL HEALTH SYSTEMS, INC. Address: 6154 MISSION GORGE BOULEVARD, SUITES 115 AND 120 City, State: SAN DIEGO, CA 92120 Phone #: (619)461-0015 Fax #: (619)461-3920	Record ID: 370069MN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.3 Expiration Date 01/31/2015
Program Name: CENTRAL EAST REGIONAL RECOVERY CENTER Legal Name: MENTAL HEALTH SYSTEMS, INC. Address: 6244 EL CAJON BOULEVARD, SUITES 15, 16, 17, 18 & 21 City, State: SAN DIEGO, CA 92115 Phone #: (858)573-2600 Fax #: (858)573-2600	Record ID: 370069XN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2013
Program Name: SOUTH COUNTY CENTER FOR CHANGE Legal Name: MENTAL HEALTH SYSTEMS, INC. Address: 1515 PALM AVENUE, SUITE A City, State: SAN DIEGO, CA 92154 Phone #: (858)573-2600 Fax #: (858)573-5144	Record ID: 370069QN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2015
Program Name: FAMILY RECOVERY CENTER Legal Name: MENTAL HEALTH SYSTEMS, INC. Address: 1100 SPORTFISHER DRIVE City, State: OCEANSIDE, CA 92054 Phone #: (858)573-2600 Fax #: (760)439-4779	Record ID: 370069TN Service Type: RES Resident Capacity: 55 Total Occupancy: 90 Target Population: 1.4 Expiration Date 05/31/2014

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Program Name: CASA DE MILAGROS	Record ID: 370014AN
Legal Name: METROPOLITAN AREA ADVISORY COMMITTEE ON ANTI-POVERTY	Service Type: RES
Address: 1127 SOUTH 38TH STREET	Resident Capacity: 18
City, State: SAN DIEGO, CA 92113	Total Occupancy: 18
Phone #: (619)262-4002	Target Population: 1.3
	Expiration Date 09/30/2013
Program Name: NOSOTROS	Record ID: 370014BN
Legal Name: METROPOLITAN AREA ADVISORY COMMITTEE ON ANTI-POVERTY	Service Type: RES
Address: 73 NORTH 2ND AVENUE	Resident Capacity: 17
City, State: CHULA VISTA, CA 91910	Total Occupancy: 17
Phone #: (619)426-4801	Target Population: 1.2
Fax #: (619)426-0034	Expiration Date 09/30/2013
Program Name: SUNSHINE SUMMIT LODGE	Record ID: 370087AN
Legal Name: NARCONON FRESH START	Service Type: RES-DETOX
Address: 35025 HIGHWAY 79, BUILDINGS B-J	Resident Capacity: 30
City, State: WARNER SPRINGS, CA 92086	Total Occupancy: 45
Phone #: (760)782-0471	Target Population: 1.1
Fax #: (760)782-0695	Expiration Date 03/31/2014
Program Name: NARCONON JLB RANCH	Record ID: 370087BN
Legal Name: NARCONON FRESH START	Service Type: RES-DETOX
Address: 35955 HIGHWAY 79	Resident Capacity: 6
City, State: WARNER SPRINGS, CA 92086	Total Occupancy: 8
Phone #: (760)782-0471	Target Population: 1.1
Fax #: (760)782-0695	Expiration Date 11/30/2014
Program Name: NATIONAL CROSSROADS/PROJECT S.T.A.R.	Record ID: 370061AP
Legal Name: NATIONAL CROSSROADS, INC.	Service Type: RES
Address: 4991 IMPERIAL AVENUE	Resident Capacity: 3
City, State: SAN DIEGO, CA 92113	Total Occupancy: 16
Phone #: (619)262-0868	Target Population: 1.4
	Expiration Date 01/31/2015
Program Name: NEW ENTRA CASA	Record ID: 370083AN
Legal Name: NEW ENTRA CASA CORPORATION	Service Type: RES
Address: 3575 PERSHING AVENUE	Resident Capacity: 6
City, State: SAN DIEGO, CA 92104	Total Occupancy: 6
Phone #: (619)294-4526	Target Population: 1.3
Fax #: (619)294-4526	Expiration Date 04/30/2014
Program Name: ESCONDIDO COMMUNITY SOBERING SERVICES	Record ID: 370093BN
Legal Name: NORTH COUNTY INTERFAITH COUNCIL, INC.	Service Type: RES
Address: 401 NORTH SPRUCE STREET	Resident Capacity: 22
City, State: ESCONDIDO, CA 92025	Total Occupancy: 22
Phone #: (760)747-1553	Target Population: 1.1
Fax #: (760)747-0764	Expiration Date 07/31/2013

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Program Name: SERENITY CENTER	Record ID: 370005GN
Legal Name: NORTH COUNTY SERENITY HOUSE, INC.	Service Type: RES
Address: 1341 NORTH ESCONDIDO BOULEVARD	Resident Capacity: 120
City, State: ESCONDIDO, CA 92026	Total Occupancy: 140
Phone #: (760)747-1015	Target Population: 1.4
	Expiration Date 05/31/2014
Program Name: SERENITY TOO	Record ID: 370005EN
Legal Name: NORTH COUNTY SERENITY HOUSE, INC.	Service Type: NON
Address: 130 SOUTH FIG STREET	Resident Capacity: 0
City, State: ESCONDIDO, CA 92025	Total Occupancy: 0
Phone #: (760)747-1015	Target Population: 1.3
	Expiration Date 03/31/2013
Program Name: PALOMAR FAMILY COUNSELING SERVICE, INC. DRUG AND ALCOHOL	Record ID: 370107AN
Legal Name: PALOMAR FAMILY COUNSELING SERVICE, INC.	Service Type: NON
Address: 1002 EAST GRAND AVENUE	Resident Capacity: 0
City, State: ESCONDIDO, CA 92025	Total Occupancy: 0
Phone #: (760)741-2660	Target Population: 1.5
Fax #: (760)741-2647	Expiration Date 09/30/2013
Program Name: PATHFINDERS	Record ID: 370006AN
Legal Name: PATHFINDERS OF SAN DIEGO	Service Type: RES
Address: 2952 AND 2980 CEDAR STREET, AND 1530 DALE STREET	Resident Capacity: 44
City, State: SAN DIEGO, CA 92102	Total Occupancy: 44
Phone #: (619)239-7370	Target Population: 1.2
	Expiration Date 07/31/2014
Program Name: PHOENIX HOUSE SAN DIEGO	Record ID: 370030BN
Legal Name: PHOENIX HOUSE SAN DIEGO, INC.	Service Type: DSS
Address: 23981 SHERILTON VALLEY ROAD	Resident Capacity: 0
City, State: DESCANSO, CA 91916	Total Occupancy: 0
Phone #: (619)445-0405	Target Population: 1.5
Fax #: (619)445-9028	
Program Name: PHOENIX HOUSE CARLSBAD TEEN RECOVERY CENTER	Record ID: 370030CN
Legal Name: PHOENIX HOUSE SAN DIEGO, INC.	Service Type: NON
Address: 785 GRAND AVENUE, SUITE 212 & 220	Resident Capacity: 0
City, State: CARLSBAD, CA 92008	Total Occupancy: 0
Phone #: (760)729-2830	Target Population: 1.1
Fax #: (760)729-2798	Expiration Date 04/30/2015
Program Name: REUNION SAN DIEGO	Record ID: 370132AP
Legal Name: PRACTICAL RECOVERY, INC.	Service Type: RES-DETOX
Address: 2821 LANGE AVENUE	Resident Capacity: 6
City, State: SAN DIEGO, CA 92122	Total Occupancy: 6
Phone #: (858)550-0229	Target Population: 1.1
Fax #: (858)455-0141	Expiration Date 05/31/2015

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Program Name: THE PRACTICAL RECOVERY RESIDENTIAL MEN'S PROGRAM	Record ID: 370132BP
Legal Name: PRACTICAL RECOVERY, INC.	Service Type: RES-DETOX
Address: 5497 BLOCH STREET	Resident Capacity: 6
City, State: UNIVERSITY CITY, CA 92122	Total Occupancy: 6
Phone #: (858)888-5398	Target Population: 1.2
Fax #: (858)455-0141	
Program Name: PSYCARE INTENSIVE OUTPATIENT PROGRAM	Record ID: 370074AP
Legal Name: PSYCARE ASSOCIATES, INC.	Service Type: NON
Address: 4540 KEARNY VILLA ROAD, SUITE 102	Resident Capacity: 0
City, State: SAN DIEGO, CA 92123	Total Occupancy: 0
Phone #: (858)279-1223	Target Population: 1.1
Fax #: (858)467-6933	Expiration Date 06/30/2013
Program Name: REBUILD	Record ID: 370068AP
Legal Name: REBUILD	Service Type: NON
Address: 2103 EL CAMINO REAL, SUITE 205	Resident Capacity: 0
City, State: OCEANSIDE, CA 92054	Total Occupancy: 0
Phone #: (760)721-6241	Target Population: 1.1
	Expiration Date 03/31/2014
Program Name: REJUVE-NATIONS OUTPATIENTS FACILITY, INC.	Record ID: 370105AN
Legal Name: REJUVE-NATIONS OUTPATIENTS FACILITY, INC.	Service Type: NON
Address: 4101 UNIVERSITY AVENUE	Resident Capacity: 0
City, State: SAN DIEGO, CA 92195	Total Occupancy: 0
Phone #: (619)602-9405	Target Population: 1.1
Fax #: (951)657-7180	Expiration Date 12/31/2013
Program Name: SAN DIEGO ADDICTION TREATMENT CENTER, INC.	Record ID: 370129AP
Legal Name: SAN DIEGO ADDICTION TREATMENT CENTER, INC.	Service Type: RES
Address: 2456 E STREET	Resident Capacity: 36
City, State: SAN DIEGO, CA 92102	Total Occupancy: 36
Phone #: (800)517-4849	Target Population: 1.1
Fax #: (800)401-8464	Expiration Date 11/30/2014
Program Name: SAN DIEGO AMERICAN INDIAN HEALTH CENTER	Record ID: 370120AN
Legal Name: SAN DIEGO AMERICAN INDIAN HEALTH CENTER	Service Type: NON
Address: 2602 FIRST AVENUE, SUITE 100	Resident Capacity: 0
City, State: SAN DIEGO, CA 92103	Total Occupancy: 0
Phone #: (619)234-2158	Target Population: 1.5
Fax #: (619)234-1979	Expiration Date 04/30/2013
Program Name: JR RANCH	Record ID: 370004BN
Legal Name: SAN DIEGO FREEDOM RANCH, INC.	Service Type: RES
Address: 1765 BUCKMAN SPRINGS ROAD	Resident Capacity: 6
City, State: CAMPO, CA 91906	Total Occupancy: 6
Phone #: (619)478-5696	Target Population: 1.2
Fax #: (619)479-2404	Expiration Date 08/31/2013

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Program Name: SAN DIEGO FREEDOM RANCH	Record ID: 370004AN
Legal Name: SAN DIEGO FREEDOM RANCH, INC.	Service Type: RES
Address: 1777 BUCKMAN SPRINGS ROAD	Resident Capacity: 50
City, State: CAMPO, CA 91906	Total Occupancy: 60
Phone #: (619)478-5696	Target Population: 1.2
	Expiration Date 10/31/2013
Program Name: CAPALINA CLINIC	Record ID: 370108AP
Legal Name: SAN DIEGO HEALTH ALLIANCE, INC.	Service Type: NON
Address: 1560 CAPALINA STREET	Resident Capacity: 0
City, State: SAN MARCOS, CA 92069	Total Occupancy: 0
Phone #: (760)744-2104	Target Population: 1.1
Fax #: (760)744-1382	Expiration Date 11/30/2014
Program Name: FASHION VALLEY CLINIC	Record ID: 370108CP
Legal Name: SAN DIEGO HEALTH ALLIANCE, INC.	Service Type: NON
Address: 7020 FRIARS ROAD	Resident Capacity: 0
City, State: SAN DIEGO, CA 92108	Total Occupancy: 0
Phone #: (619)718-9890	Target Population: 1.1
Fax #: (619)718-9897	Expiration Date 08/31/2014
Program Name: SAN DIEGO RESCUE MISSION MEN'S CENTER RECOVERY PROGRAM	Record ID: 370080CN
Legal Name: SAN DIEGO RESCUE MISSION, INC.	Service Type: RES
Address: 120 ELM STREET, 3RD AND 4TH FLOOR	Resident Capacity: 188
City, State: SAN DIEGO, CA 92101	Total Occupancy: 188
Phone #: (619)687-3720	Target Population: 1.2
Fax #: (619)234-4101	Expiration Date 01/31/2015
Program Name: SAN DIEGO YOUTH AND COMMUNITY SERVICES TEEN OPTIONS	Record ID: 370090EN
Legal Name: SAN DIEGO YOUTH SERVICES, INC.	Service Type: NON
Address: 3660 FAIRMOUNT AVENUE	Resident Capacity: 0
City, State: SAN DIEGO, CA 92105	Total Occupancy: 0
Phone #: (619)521-2250	Target Population: 1.5
Fax #: (619)521-5944	Expiration Date 02/28/2014
Program Name: SCRIPPS DRUG AND ALCOHOL TREATMENT PROGRAM	Record ID: 370057AN
Legal Name: SCRIPPS HEALTH	Service Type: RES
Address: 9898 GENESEE AVENUE, 2ND AND 3RD FLOOR ONLY	Resident Capacity: 50
City, State: LA JOLLA, CA 92037	Total Occupancy: 50
Phone #: (858)626-4374	Target Population: 1.1
	Expiration Date 07/31/2014
Program Name: ST. VINCENT DE PAUL VILLAGE RECOVERY SERVICES	Record ID: 370110AN
Legal Name: ST. VINCENT DE PAUL VILLAGE, INC.	Service Type: NON
Address: 1501 IMPERIAL AVENUE (SEE COMMENTS BELOW)	Resident Capacity: 0
City, State: SAN DIEGO, CA 92101	Total Occupancy: 0
Phone #: (619)233-8500	Target Population: 1.1
Fax #: (619)231-9542	Expiration Date 07/31/2014

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Program Name: STEPPING STONE OF SAN DIEGO	Record ID: 370008DN
Legal Name: STEPPING STONE OF SAN DIEGO, INC.	Service Type: RES
Address: 3767 CENTRAL AVENUE	Resident Capacity: 31
City, State: SAN DIEGO, CA 92105	Total Occupancy: 31
Phone #: (619)584-4010	Target Population: 1.8
Fax #: (619)521-1701	Expiration Date 05/31/2014
Program Name: TENDER LOVING MERCY	Record ID: 370126AN
Legal Name: TENDER LOVING MERCY, INC.	Service Type: NON
Address: 1907 APPLE STREET, SUITES 8, 9, AND 10	Resident Capacity: 0
City, State: OCEANSIDE, CA 92054	Total Occupancy: 0
Phone #: (760)757-7833	Target Population: 1.1
Fax #: (760)757-7814	Expiration Date 11/30/2013
Program Name: CHOICES IN RECOVERY/HUMBLE HOUSE	Record ID: 370039MN
Legal Name: THE BETHESDA RECOVERY CENTER	Service Type: RES
Address: 248 HILL DRIVE	Resident Capacity: 6
City, State: VISTA, CA 92083	Total Occupancy: 8
Phone #: (760)945-5290	Target Population: 1.1
Fax #: (760)945-7765	Expiration Date 04/30/2015
Program Name: CHOICES IN RECOVERY/HILL HOUSE	Record ID: 370039LN
Legal Name: THE BETHESDA RECOVERY CENTER	Service Type: RES
Address: 1135 NORTH DRIVE	Resident Capacity: 6
City, State: VISTA, CA 92083	Total Occupancy: 8
Phone #: (760)945-5290	Target Population: 1.1
	Expiration Date 04/30/2015
Program Name: CHOICES IN RECOVERY/FOUNDATION HOUSE	Record ID: 370039IN
Legal Name: THE BETHESDA RECOVERY CENTER	Service Type: RES-DETOX
Address: 619 CIVIC CENTER DRIVE	Resident Capacity: 6
City, State: VISTA, CA 92083	Total Occupancy: 8
Phone #: (760)945-5290	Target Population: 1.1
	Expiration Date 09/30/2014
Program Name: CHOICES IN RECOVERY/NEW HOUSE	Record ID: 370039KN
Legal Name: THE BETHESDA RECOVERY CENTER	Service Type: RES
Address: 747 MELROSE PLACE	Resident Capacity: 6
City, State: VISTA, CA 92084	Total Occupancy: 8
Phone #: (760)945-5290	Target Population: 1.1
	Expiration Date 04/30/2015
Program Name: CHOICES IN RECOVERY - ALCOHOL AND DRUG ABUSE OUTPATIENT	Record ID: 370039JN
Legal Name: THE BETHESDA RECOVERY CENTER	Service Type: NON
Address: 733 SOUTH SANTA FE AVENUE	Resident Capacity: 0
City, State: VISTA, CA 92083	Total Occupancy: 0
Phone #: (760)945-5290	Target Population: 1.1
	Expiration Date 02/28/2015

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Program Name: CROSSROADS FOUNDATION Legal Name: THE CROSSROADS FOUNDATION Address: 3594 FOURTH AVENUE City, State: SAN DIEGO, CA 92103 Phone #: (619)296-1151	Record ID: 370002AN Service Type: RES Resident Capacity: 20 Total Occupancy: 22 Target Population: 1.3 Expiration Date 06/30/2013
Program Name: THE FELLOWSHIP CENTER Legal Name: THE FELLOWSHIP CENTER, INC. Address: SEE COMMENT SECTION BELOW City, State: ESCONDIDO, CA 92025 Phone #: (760)745-8478 Fax #: (760)745-6852	Record ID: 370009AN Service Type: RES-DETOX Resident Capacity: 113 Total Occupancy: 113 Target Population: 1.2 Expiration Date 07/31/2014
Program Name: THE PALAVRA TREE, INC. ALCOHOL AND OTHER DRUG TEEN CENTI Legal Name: THE PALAVRA TREE, INC. Address: 1212 SOUTH 43RD STREET City, State: SAN DIEGO, CA 92113 Phone #: (619)263-7768 Fax #: (619)262-5040	Record ID: 370102AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 04/30/2013
Program Name: THE PALAVRA TREE, INC. Legal Name: THE PALAVRA TREE, INC. Address: 4001 EL CAJON BOULEVARD, SUITE 206 AND 207 City, State: SAN DIEGO, CA 92105 Phone #: (619)263-7768	Record ID: 370102CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 12/31/2014
Program Name: THE PALAVRA TREE, INC. TEEN RECOVERY CENTRAL SOUTHWEST Legal Name: THE PALAVRA TREE, INC. Address: 2878 IMPERIAL AVENUE City, State: SAN DIEGO, CA 92102 Phone #: (619)238-7393 Fax #: (619)696-0492	Record ID: 370102BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 12/31/2013
Program Name: TURNING POINT Legal Name: THE TURNING POINT HOME OF SAN DIEGO Address: 1315 25TH STREET City, State: SAN DIEGO, CA 92102 Phone #: (619)233-0067	Record ID: 370013AN Service Type: RES Resident Capacity: 20 Total Occupancy: 21 Target Population: 1.3 Expiration Date 07/31/2013
Program Name: HEARTLAND HOUSE Legal Name: THE TWELFTH STEP HOUSE OF SAN DIEGO Address: 5855 AND 5860 STREAMVIEW DRIVE City, State: SAN DIEGO, CA 92105 Phone #: (619)287-5460	Record ID: 370003AN Service Type: RES Resident Capacity: 28 Total Occupancy: 28 Target Population: 1.2 Expiration Date 09/30/2013

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Program Name: THE WAY BACK Legal Name: THE WAY BACK Address: 2516 A STREET City, State: SAN DIEGO, CA 92102 Phone #: (619)235-0592 Fax #: (619)235-0593	Record ID: 370011AN Service Type: RES Resident Capacity: 27 Total Occupancy: 29 Target Population: 1.2 Expiration Date 02/28/2014
Program Name: TRADITION ONE MEN'S FACILITY Legal Name: TRADITION ONE Address: 4104, 4114 AND 4124 DELTA STREET City, State: SAN DIEGO, CA 92113 Phone #: (619)264-0141 Fax #: () -	Record ID: 370012AN Service Type: RES Resident Capacity: 46 Total Occupancy: 49 Target Population: 1.2 Expiration Date 02/28/2014
Program Name: THE TRAINING CENTER Legal Name: TRAINING CENTER EPHESIANS 4:11-16 Address: 525 GRAND AVENUE City, State: SPRING VALLEY, CA 91977 Phone #: (619)327-5400 Fax #: (619)327-5410	Record ID: 370104AN Service Type: RES Resident Capacity: 56 Total Occupancy: 56 Target Population: 1.2 Expiration Date 11/30/2013
Program Name: UPAC ASIAN/PACIFIC ISLANDER, ADULT ALCOHOL AND DRUG TREA Legal Name: UNION OF PAN ASIAN COMMUNITIES Address: 3288 EL CAJON BOULEVARD, SUITE 3, 6, 10, 11, 12, AND 13 City, State: SAN DIEGO, CA 92104 Phone #: (619)521-5720 Fax #: (619)521-5728	Record ID: 370071AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 12/31/2014
Program Name: UCSD CO-OCCURRING DISORDERS TREATMENT AND RECOVERY PR Legal Name: UNIVERSITY OF CALIFORNIA, SAN DIEGO Address: 140 ARBOR DRIVE City, State: SAN DIEGO, CA 92103 Phone #: (619)543-6309 Fax #: (619)298-6723	Record ID: 370077AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2015
Program Name: VALLEY CREEK VISION, LLC Legal Name: VALLEY CREEK VISION, LLC Address: 14928 RANCH CREEK LANE City, State: VALLEY CENTER, CA 92082 Phone #: (310)266-9194 Fax #: (818)286-9525	Record ID: 370133AP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 04/30/2015
Program Name: VETERANS VILLAGE OF SAN DIEGO NEW RESOLVE PROGRAM Legal Name: VIETNAM VETERANS OF SAN DIEGO Address: 1207 SOUTH ESCONDIDO BOULEVARD City, State: ESCONDIDO, CA 92025 Phone #: (760)745-7829 Fax #: (760)740-2090	Record ID: 370010CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2015

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Program Name: VETERANS VILLAGE OF SAN DIEGO REHABILITATION CENTER Legal Name: VIETNAM VETERANS OF SAN DIEGO Address: 4115, 4125, 4137, AND 4141 PACIFIC HIGHWAY City, State: SAN DIEGO, CA 92110 Phone #: (619)497-0142	Record ID: 370010BN Service Type: RES Resident Capacity: 185 Total Occupancy: 185 Target Population: 1.1 Expiration Date 06/30/2014
Program Name: PARENTCARE CENTRAL FAMILY RECOVERY CENTER Legal Name: VISTA HILL FOUNDATION Address: 4125 ALPHA STREET City, State: SAN DIEGO, CA 92113 Phone #: (619)266-0166	Record ID: 370072CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.3 Expiration Date 08/31/2013
Program Name: DKA PARENTCARE FAMILY RECOVERY CENTER Legal Name: VISTA HILL FOUNDATION Address: 4990 WILLIAMS AVENUE City, State: LA MESA, CA 91942 Phone #: (619)698-1663 Fax #: (619)698-1665	Record ID: 370072AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.10 Expiration Date 03/31/2015
Program Name: RENAISSANCE TREATMENT CENTER Legal Name: VOLUNTEERS OF AMERICA, SOUTHWEST CALIFORNIA, INC. Address: 2300 EAST 7TH STREET City, State: NATIONAL CITY, CA 91950 Phone #: (619)561-9808	Record ID: 370007CN Service Type: RES-DETOX Resident Capacity: 120 Total Occupancy: 120 Target Population: 1.8 Expiration Date 04/30/2014
Program Name: VOLUNTEERS OF AMERICA, SOUTHWEST CALIFORNIA Legal Name: VOLUNTEERS OF AMERICA, SOUTHWEST CALIFORNIA, INCORPORATED Address: 120 ELM STREET, SUITE 200 (2ND FLOOR ONLY) City, State: SAN DIEGO, CA 92101 Phone #: (619)232-5171	Record ID: 370007AN Service Type: RES-DETOX Resident Capacity: 78 Total Occupancy: 78 Target Population: 1.1 Expiration Date 10/31/2013
Program Name: AMIGOS SOBRIOS Legal Name: VOLUNTEERS OF AMERICA, SOUTHWEST CALIFORNIA, INCORPORATED Address: 741 ELEVENTH AVENUE City, State: SAN DIEGO, CA 92101 Phone #: (619)232-7754 Fax #: (619)232-0968	Record ID: 370007BN Service Type: RES Resident Capacity: 18 Total Occupancy: 18 Target Population: 1.2 Expiration Date 10/31/2013

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Program Name: ARA FIRST STEP HOME	Record ID: 380003AN
Legal Name: ALCOHOLICS REHABILITATION ASSOCIATION OF SAN FRANCISCO	Service Type: RES
Address: 1035 HAIGHT STREET	Resident Capacity: 48
City, State: SAN FRANCISCO, CA 94117	Total Occupancy: 48
Phone #: (415)863-3661	Target Population: 1.1
	Expiration Date 02/28/2014
Program Name: ASIAN AMERICAN RESIDENTIAL RECOVERY SERVICES	Record ID: 380020AN
Legal Name: ASIAN AMERICAN RECOVERY SERVICES, INC.	Service Type: RES
Address: 2024 HAYES STREET	Resident Capacity: 26
City, State: SAN FRANCISCO, CA 94117	Total Occupancy: 26
Phone #: (415)750-5111	Target Population: 1.1
	Expiration Date 02/28/2014
Program Name: YOUTH SERVICES OF SAN FRANCISCO	Record ID: 380020DN
Legal Name: ASIAN AMERICAN RECOVERY SERVICES, INC.	Service Type: NON
Address: 2166 HAYES STREET, SUITE 302	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94117	Total Occupancy: 0
Phone #: (415)776-1001	Target Population: 1.5
Fax #: (415)776-1066	Expiration Date 01/31/2014
Program Name: LEE WOODWARD COUNSELING CENTER FOR WOMEN	Record ID: 380020CN
Legal Name: ASIAN AMERICAN RECOVERY SERVICES, INC.	Service Type: NON
Address: 2166 HAYES STREET, SUITE 303	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94117	Total Occupancy: 0
Phone #: (415)776-1001	Target Population: 1.3
Fax #: (415)776-1066	Expiration Date 06/30/2014
Program Name: PROJECT ADAPT	Record ID: 380020BN
Legal Name: ASIAN AMERICAN RECOVERY SERVICES, INC.	Service Type: NON
Address: 2020 HAYES STREET	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94117	Total Occupancy: 0
Phone #: (415)750-5125	Target Population: 1.2
	Expiration Date 09/30/2014
Program Name: ASIAN AND PACIFIC ISLANDER WELLNESS CENTER: COMMUNITY H	Record ID: 380098AN
Legal Name: ASIAN AND PACIFIC ISLANDER WELLNESS CENTER: COMMUNITY H	Service Type: NON
Address: 730 POLK STREET, 4TH FLOOR	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94109	Total Occupancy: 0
Phone #: (415)292-3400	Target Population: 1.1
Fax #: (415)292-3404	Expiration Date 07/31/2013
Program Name: ACCEPTANCE PLACE	Record ID: 380001BN
Legal Name: BAKER PLACES, INC.	Service Type: RES
Address: 1326 4TH AVENUE	Resident Capacity: 10
City, State: SAN FRANCISCO, CA 94122	Total Occupancy: 10
Phone #: (415)682-2080	Target Population: 1.2
Fax #: (415)626-2398	Expiration Date 01/31/2014

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Program Name: HEALY PLACE Legal Name: BAKER PLACES, INC. Address: 101 GOUGH/120 PAGE STREET, 2ND AND 3RD FLOOR City, State: SAN FRANCISCO, CA 94102 Phone #: (415)553-4490 Fax #: () -	Record ID: 380001IN Service Type: RES-DETOX Resident Capacity: 31 Total Occupancy: 31 Target Population: 1.1 Expiration Date 09/30/2014
Program Name: FERGUSON PLACE Legal Name: BAKER PLACES, INC. Address: 1249 SCOTT STREET City, State: SAN FRANCISCO, CA 94115 Phone #: (415)922-9104 Fax #: (415)922-1427	Record ID: 380001CN Service Type: RES Resident Capacity: 12 Total Occupancy: 12 Target Population: 1.1 Expiration Date 01/31/2015
Program Name: BAYVIEW HUNTERS POINT INTEGRATED BEHAVIORAL HEALTH PRC Legal Name: BAYVIEW HUNTERS POINT FOUNDATION FOR COMMUNITY IMPROV Address: 1625 CARROLL AVENUE City, State: SAN FRANCISCO, CA 94124 Phone #: (415)822-8200 Fax #: (415)822-6822	Record ID: 380101CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2013
Program Name: BAYVIEW HUNTERS POINT FOUNDATION FOR COMMUNITY IMPROV Legal Name: BAYVIEW HUNTERS POINT FOUNDATION FOR COMMUNITY IMPROV Address: 5015 THIRD STREET City, State: SAN FRANCISCO, CA 94124 Phone #: (415)822-1585 Fax #: (415)822-6443	Record ID: 380101BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 03/31/2013
Program Name: GLIDE HEALTH SERVICES RECOVERY PROGRAM Legal Name: BOARD OF TRUSTEES OF THE GLIDE FOUNDATION Address: 330 ELLIS STREET City, State: SAN FRANCISCO, CA 94102 Phone #: (415)674-6140 Fax #: (415)885-8515	Record ID: 380097AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2015
Program Name: SUPPORTIVE LIVING PROGRAM Legal Name: CENTER ON JUVENILE AND CRIMINAL JUSTICE Address: 1163 GOETTINGEN STREET City, State: SAN FRANCISCO, CA 94134 Phone #: (415)508-1709 Fax #: (415)621-5466	Record ID: 380035CN Service Type: RES Resident Capacity: 10 Total Occupancy: 10 Target Population: 1.2 Expiration Date 10/31/2014
Program Name: SUPPORTIVE LIVING PROGRAM (SLP) Legal Name: CENTER ON JUVENILE AND CRIMINAL JUSTICE Address: 1671 25TH AVENUE City, State: SAN FRANCISCO, CA 94122 Phone #: (415)661-5777 Fax #: (415)621-5466	Record ID: 380035BN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 10/31/2014

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Program Name: GOLDEN GATE FOR SENIORS Legal Name: COMMUNITY AWARENESS & TREATMENT SERVICES, INC. Address: 637 SOUTH VAN NESS AVENUE City, State: SAN FRANCISCO, CA 94110 Phone #: (415)626-7553	Record ID: 380005AN Service Type: RES Resident Capacity: 20 Total Occupancy: 20 Target Population: 1.1 Expiration Date 07/31/2014
Program Name: BAYSIDE MARIN, INC. DBA BAYSIDE SAN FRANCISCO Legal Name: CRC HEALTH GROUP, INC. Address: 450 SUTTER STREET, SUITE 300 City, State: SAN FRANCISCO, CA 94108 Phone #: (415)721-2000	Record ID: 380102AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2014
Program Name: SUBSTANCE ABUSE PROGRAM Legal Name: CURRY SENIOR CENTER Address: 315 TURK STREET City, State: SAN FRANCISCO, CA 94102 Phone #: (415)885-2274 Fax #: (415)885-2344	Record ID: 380091AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.6 Expiration Date 10/31/2013
Program Name: HEALTH RIGHT 360 Legal Name: HEALTH RIGHT 360 Address: 890 HAYES STREET City, State: SAN FRANCISCO, CA 94117 Phone #: (415)970-7500	Record ID: 380016AFN Service Type: RES Resident Capacity: 115 Total Occupancy: 115 Target Population: 1.1 Expiration Date 04/30/2014
Program Name: HEALTHRIGHT 360 Legal Name: HEALTH RIGHT 360 Address: 214 HAIGHT STREET City, State: SAN FRANCISCO, CA 94102 Phone #: (415)762-3700 Fax #: (415)989-4910	Record ID: 380016AHN Service Type: RES Resident Capacity: 64 Total Occupancy: 64 Target Population: 1.3 Expiration Date 03/31/2015
Program Name: HEALTH RIGHT 360 Legal Name: HEALTH RIGHT 360 Address: 2261 AND 2263 BRYANT STREET City, State: SAN FRANCISCO, CA 94110 Phone #: (415)970-7500 Fax #: (415)000-0000	Record ID: 380016AKN Service Type: RES Resident Capacity: 16 Total Occupancy: 35 Target Population: 1.4 Expiration Date 07/31/2013
Program Name: HEALTH RIGHT 360 Legal Name: HEALTH RIGHT 360 Address: 815 BUENA VISTA WEST City, State: SAN FRANCISCO, CA 94117 Phone #: (415)970-7500 Fax #: (415)437-6823	Record ID: 380016ALN Service Type: RES-DETOX Resident Capacity: 108 Total Occupancy: 108 Target Population: 1.1 Expiration Date 06/30/2014

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Program Name: HEALTH RIGHT 360 Legal Name: HEALTH RIGHT 360 Address: 1885 MISSION STREET City, State: SAN FRANCISCO, CA 94103 Phone #: (415)970-7500 Fax #: (415)861-5886	Record ID: 380016AEN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 07/31/2014
Program Name: HEALTHRIGHT 360 Legal Name: HEALTHRIGHT 360 Address: 1318 GATEVIEW STREET, TREASURE ISLAND UNITS A-F City, State: SAN FRANCISCO, CA 94130 Phone #: (415)970-7500 Fax #: (415)437-6823	Record ID: 380016ADN Service Type: RES Resident Capacity: 54 Total Occupancy: 54 Target Population: 1.1 Expiration Date 07/31/2014
Program Name: HEALTHRIGHT 360 Legal Name: HEALTHRIGHT 360 Address: 1601 DONNER AVENUE #3 City, State: SAN FRANCISCO, CA 94124 Phone #: (415)970-7500 Fax #: (415)970-7518	Record ID: 380016AJN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2013
Program Name: HEALTHRIGHT 360 Legal Name: HEALTHRIGHT 360 Address: 1735 MISSION STREET City, State: SAN FRANCISCO, CA 94103 Phone #: (415)970-7500 Fax #: (415)746-1968	Record ID: 380016ACN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2013
Program Name: HEALTHRIGHT 360 Legal Name: HEALTHRIGHT 360 Address: 1442 CHINOOK COURT, UNITS A,B,C AND D City, State: SAN FRANCISCO, CA 94130 Phone #: (415)970-7500	Record ID: 380016AGN Service Type: RES Resident Capacity: 15 Total Occupancy: 15 Target Population: 1.3 Expiration Date 03/31/2014
Program Name: HEALTHRIGHT360 Legal Name: HEALTHRIGHT360 Address: 1447 CHINOOK COURT, UNITS A,B,C AND D City, State: SAN FRANCISCO, CA 94130 Phone #: (415)762-3700 Fax #: (415)989-4910	Record ID: 380016AIN Service Type: RES Resident Capacity: 16 Total Occupancy: 16 Target Population: 1.1 Expiration Date 03/31/2015
Program Name: HENRY OHLHOFF OUTPATIENT PROGRAMS Legal Name: HENRY OHLHOFF HOUSE Address: 2191 MARKET STREET, SUITE A City, State: SAN FRANCISCO, CA 94114 Phone #: (415)575-1100 Fax #: (415)575-1106	Record ID: 380013BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2014

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Program Name: HENRY OHLHOFF HOUSE	Record ID: 380013AN
Legal Name: HENRY OHLHOFF HOUSE	Service Type: RES
Address: 601 STEINER STREET AND 625 STEINER STREET	Resident Capacity: 43
City, State: SAN FRANCISCO, CA 94117	Total Occupancy: 43
Phone #: (415)621-4388	Target Population: 1.1
Fax #: (415)626-0170	Expiration Date 10/31/2013
Program Name: TREATMENT PROGRAMS	Record ID: 380059AN
Legal Name: HORIZONS UNLIMITED OF SAN FRANCISCO, INC.	Service Type: NON
Address: 440 POTRERO AVENUE	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94110	Total Occupancy: 0
Phone #: (415)487-6700	Target Population: 1.5
	Expiration Date 02/28/2015
Program Name: THE IRIS PROJECT	Record ID: 380021AN
Legal Name: IRIS CENTER: WOMEN'S COUNSELING AND RECOVERY SERVICES	Service Type: NON
Address: 12 GOUGH STREET	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94103	Total Occupancy: 0
Phone #: (415)864-2364	Target Population: 1.3
	Expiration Date 07/31/2014
Program Name: JELANI, INC.'S FAMILY PROGRAM	Record ID: 380045DN
Legal Name: JELANI, INC.	Service Type: RES
Address: 1638 AND 1640 KIRKWOOD STREET	Resident Capacity: 12
City, State: SAN FRANCISCO, CA 94124	Total Occupancy: 24
Phone #: (415)468-5100	Target Population: 1.1
Fax #: (415)822-5943	Expiration Date 01/31/2015
Program Name: JELANI HOUSE	Record ID: 380045AN
Legal Name: JELANI, INC.	Service Type: RES
Address: 1601 QUESADA AVENUE	Resident Capacity: 16
City, State: SAN FRANCISCO, CA 94124	Total Occupancy: 42
Phone #: (415)822-5977	Target Population: 1.4
Fax #: (415)822-5943	Expiration Date 06/30/2014
Program Name: CASA QUETZAL	Record ID: 380055AN
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES O	Service Type: RES
Address: 635 BRUNSWICK STREET	Resident Capacity: 9
City, State: SAN FRANCISCO, CA 94112	Total Occupancy: 9
Phone #: (415)337-4065	Target Population: 1.2
	Expiration Date 10/31/2013
Program Name: AVIVA HOUSE	Record ID: 380055BN
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES O	Service Type: RES
Address: 1724-1726 BRYANT STREET	Resident Capacity: 5
City, State: SAN FRANCISCO, CA 94110	Total Occupancy: 9
Phone #: (650)244-1444	Target Population: 1.3
Fax #: (650)244-1447	Expiration Date 03/31/2014

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Program Name: EPIPHANY HOUSE	Record ID: 380081BN
Legal Name: MOUNT SAINT JOSEPH - SAINT ELIZABETH	Service Type: RES
Address: 1615 BRODERICK STREET	Resident Capacity: 14
City, State: SAN FRANCISCO, CA 94115	Total Occupancy: 22
Phone #: (415)409-6003	Target Population: 1.4
Fax #: (415)351-4051	Expiration Date 11/30/2013
Program Name: EPIPHANY RESIDENTIAL PROGRAM	Record ID: 380081CN
Legal Name: MOUNT SAINT JOSEPH - SAINT ELIZABETH	Service Type: RES
Address: 100 MASONIC AVENUE	Resident Capacity: 18
City, State: SAN FRANCISCO, CA 94118	Total Occupancy: 38
Phone #: (415)750-1033	Target Population: 1.4
Fax #: (415)750-1032	Expiration Date 11/30/2013
Program Name: NCADA-BA OUTPATIENT TREATMENT PROGRAM	Record ID: 380103AN
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND OTHER DRUG ADDICTIC	Service Type: NON
Address: 944 MARKET STREET, 3RD FLOOR	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94102	Total Occupancy: 0
Phone #: (415)296-9900	Target Population: 1.1
Fax #: (415)296-0626	Expiration Date 11/30/2014
Program Name: NATIVE AMERICAN HEALTH CENTER	Record ID: 380094AN
Legal Name: NATIVE AMERICAN HEALTH CENTER, INC.	Service Type: NON
Address: 160 CAPP STREET, 2ND FLOOR	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94110	Total Occupancy: 0
Phone #: (415)503-1046	Target Population: 1.5
Fax #: (415)503-7081	Expiration Date 05/31/2014
Program Name: ZAP PROGRAM	Record ID: 380057AN
Legal Name: POTRERO HILL NEIGHBORHOOD HOUSE	Service Type: NON
Address: 953 DE HARO STREET	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94107	Total Occupancy: 0
Phone #: (415)826-8080	Target Population: 1.5
Fax #: (415)826-5252	Expiration Date 11/30/2014
Program Name: SAGE'S TRAUMA AND RECOVERY CENTER	Record ID: 380063AN
Legal Name: SAGE PROJECT, INC.	Service Type: NON
Address: 68 12TH STREET, SUITE 2B	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94103	Total Occupancy: 0
Phone #: (415)905-5050	Target Population: 1.1
Fax #: (415)358-2729	Expiration Date 05/31/2013
Program Name: THE STONEWALL PROJECT	Record ID: 380096AN
Legal Name: SAN FRANCISCO AIDS FOUNDATION	Service Type: NON
Address: 1035 MARKET STREET, SUITE 400	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94103	Total Occupancy: 0
Phone #: (415)487-3100	Target Population: 1.2
Fax #: (415)558-9657	Expiration Date 03/31/2014

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Program Name: POST RELEASE EDUCATION PROGRAM (P.R.E.P.) Legal Name: SAN FRANCISCO SHERIFF'S DEPARTMENT Address: 70 OAK GROVE City, State: SAN FRANCISCO, CA 94107 Phone #: (415)575-6450 Fax #: (415)575-6452	Record ID: 380083BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2013
Program Name: STEPPING STONE Legal Name: SAN FRANCISCO WOMEN'S REHABILITATION FOUNDATION, INCORI Address: 255 TENTH AVENUE City, State: SAN FRANCISCO, CA 94118 Phone #: (415)751-5921 Fax #: (415)751-5130	Record ID: 380032AN Service Type: RES Resident Capacity: 13 Total Occupancy: 13 Target Population: 1.3 Expiration Date 08/31/2014
Program Name: FR. ALFRED CENTER Legal Name: ST. ANTHONY FOUNDATION Address: 291 10TH STREET City, State: SAN FRANCISCO, CA 94103 Phone #: (415)592-2880 Fax #: (415)252-0537	Record ID: 380017CN Service Type: RES Resident Capacity: 80 Total Occupancy: 80 Target Population: 1.2 Expiration Date 03/31/2014
Program Name: FRIENDSHIP HOUSE Legal Name: THE FRIENDSHIP HOUSE ASSOCIATION OF AMERICAN INDIANS Address: 56 JULIAN AVENUE, 1ST, 2ND AND 3RD FLOORS City, State: SAN FRANCISCO, CA 94103 Phone #: (415)865-0964 Fax #: (415)865-5428	Record ID: 380004AN Service Type: RES Resident Capacity: 80 Total Occupancy: 80 Target Population: 1.1 Expiration Date 10/31/2013
Program Name: GOOD SHEPHERD GRACENTER Legal Name: THE GOOD SHEPHERD GRACENTER OF SAN FRANCISCO Address: 250 AMHERST STREET City, State: SAN FRANCISCO, CA 94134 Phone #: (415)337-1938 Fax #: (415)586-0355	Record ID: 380040BN Service Type: RES Resident Capacity: 13 Total Occupancy: 13 Target Population: 1.3 Expiration Date 06/30/2014
Program Name: HARM REDUCTION THERAPY CENTER Legal Name: THE HARM REDUCTION THERAPY CENTER Address: 45 FRANKLIN STREET, SUITE 320 City, State: SAN FRANCISCO, CA 94102 Phone #: (415)252-0669 Fax #: (415)252-0669	Record ID: 380082AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 08/31/2013
Program Name: THE METROPOLITAN FRESH START HOUSE Legal Name: THE METROPOLITAN FRESH START HOUSE Address: 316 LELAND AVENUE City, State: SAN FRANCISCO, CA 94134 Phone #: (415)585-8808 Fax #: (415)585-1837	Record ID: 380084AN Service Type: RES Resident Capacity: 15 Total Occupancy: 15 Target Population: 1.2 Expiration Date 02/28/2014

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Program Name: FAMILY DAY TREATMENT PROGRAM	Record ID: 380008BN
Legal Name: THE MISSION COUNCIL ON ALCOHOL ABUSE FOR THE SPANISH SPE	Service Type: NON
Address: 474 VALENCIA STREET, SUITES 115 AND 135	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94103	Total Occupancy: 0
Phone #: (415)864-0554	Target Population: 1.7
Fax #: (415)701-1868	Expiration Date 01/31/2015
Program Name: LATINO FAMILY ALCOHOLISM COUNSELING CENTER	Record ID: 380008AN
Legal Name: THE MISSION COUNCIL ON ALCOHOL ABUSE FOR THE SPANISH SPE	Service Type: NON
Address: 154-A CAPP STREET	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94110	Total Occupancy: 0
Phone #: (415)826-6767	Target Population: 1.1
Fax #: (415)826-1408	Expiration Date 08/31/2013
Program Name: HARBOR LIGHT ALCOHOL SERVICES CENTER	Record ID: 380006AN
Legal Name: THE SALVATION ARMY	Service Type: RES-DETOX
Address: 1275 HARRISON STREET	Resident Capacity: 106
City, State: SAN FRANCISCO, CA 94103	Total Occupancy: 106
Phone #: (415)503-3000	Target Population: 1.1
	Expiration Date 04/30/2014
Program Name: THE SALVATION ARMY - HARBOR HOUSE	Record ID: 380006EN
Legal Name: THE SALVATION ARMY	Service Type: RES
Address: 407 NINTH STREET	Resident Capacity: 30
City, State: SAN FRANCISCO, CA 94103	Total Occupancy: 82
Phone #: (415)503-3029	Target Population: 1.9
Fax #: (415)252-6159	Expiration Date 08/31/2014
Program Name: STIMULANT TREATMENT OUTPATIENT PROGRAM (STOP)	Record ID: 380061AN
Legal Name: UNIVERISTY OF CALIFORNIA, SAN FRANCISCO	Service Type: NON
Address: 982 MISSION STREET	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94103	Total Occupancy: 0
Phone #: (415)597-8000	Target Population: 1.1
Fax #: (415)597-8004	Expiration Date 05/31/2015

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Program Name: NEW DIRECTIONS Legal Name: ALCOHOL AND DRUG AWARENESS PROGRAM Address: 1981 CHEROKEE ROAD City, State: STOCKTON, CA 95205 Phone #: (209)870-6500 Fax #: (209)982-1216	Record ID: 390007BN Service Type: RES-DETOX Resident Capacity: 95 Total Occupancy: 95 Target Population: 1.1 Expiration Date 02/28/2014
Program Name: NEW DIRECTIONS Legal Name: ALCOHOL AND DRUG AWARENESS PROGRAM Address: 1981 CHEROKEE ROAD City, State: STOCKTON, CA 95205 Phone #: (209)870-6500	Record ID: 390007CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 02/28/2014
Program Name: HOUSE OF H.O.P.E. MEN'S RESIDENTIAL TREATMENT FACILITY Legal Name: CAREERING RESPONSIBLE OPPORTUNITY PROGRAMS FOUNDATION Address: 1609 NORTH WILSON WAY City, State: STOCKTON, CA 95205 Phone #: (209)456-5550 Fax #: (209)469-3620	Record ID: 390035BN Service Type: RES Resident Capacity: 80 Total Occupancy: 80 Target Population: 1.2 Expiration Date 05/31/2013
Program Name: HOUSE OF H.O.P.E. INTENSIVE OUTPATIENT PROGRAM Legal Name: CAREERING RESPONSIBLE OPPORTUNITY PROGRAMS FOUNDATION Address: 1700 SOUTH EL DORADO STREET, BUILDING H City, State: STOCKTON, CA 95206 Phone #: (209)456-5550 Fax #: (209)469-3620	Record ID: 390035AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2013
Program Name: FRESH BEGINNING, INC. Legal Name: FRESH BEGINNING, INC. Address: 72 WEST 11TH STREET, SUITE A City, State: TRACY, CA 95376 Phone #: (209)830-7400 Fax #: (209)833-8386	Record ID: 390031AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 11/30/2013
Program Name: HEALTHCARE SERVICES-EL DORADO HOUSE Legal Name: HEALTHCARE SERVICES, INC. Address: 1700 SOUTH EL DORADO STREET City, State: STOCKTON, CA 95202 Phone #: (209)948-4167	Record ID: 390018AP Service Type: RES Resident Capacity: 40 Total Occupancy: 60 Target Population: 1.14 Expiration Date 12/31/2013
Program Name: THREE RIVERS INDIAN LODGE Legal Name: NATIVE DIRECTIONS, INC. Address: 13505 SOUTH UNION ROAD City, State: MANTECA, CA 95336 Phone #: (209)858-2421	Record ID: 390003AN Service Type: RES Resident Capacity: 20 Total Occupancy: 20 Target Population: 1.2 Expiration Date 05/31/2013

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Program Name: PACIFIC VALLEY RECOVERY CENTER, INCORPORATED
Legal Name: PACIFIC VALLEY RECOVERY CENTER, INCORPORATED
Address: 33 EAST MAGNOLIA STREET, SUITE 14
City, State: STOCKTON, CA 95202
Phone #: (209)817-5720 Fax #: (209)468-8342
Record ID: 390030AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2015

Program Name: FAMILY TIES
Legal Name: SAN JOAQUIN COUNTY OFFICE OF SUBSTANCE ABUSE
Address: 500 WEST HOSPITAL ROAD
City, State: FRENCH CAMP, CA 95231
Phone #: (209)468-6213 Fax #: (209)468-7032
Record ID: 390002EN
Service Type: RES
Resident Capacity: 28
Total Occupancy: 53
Target Population: 1.4
Expiration Date 01/31/2014

Program Name: CHEMICAL DEPENDENCY COUNSELING CENTER
Legal Name: SAN JOAQUIN COUNTY OFFICE OF SUBSTANCE ABUSE
Address: 620 NORTH AURORA STREET, SUITES 1, 3, 3A, AND S2-9
City, State: STOCKTON, CA 95202
Phone #: (209)468-3720 Fax #: (209)468-8640
Record ID: 390002DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2014

Program Name: SAN JOAQUIN COUNTY RECOVERY HOUSE
Legal Name: SAN JOAQUIN COUNTY SUBSTANCE ABUSE SERVICES
Address: 500 WEST HOSPITAL ROAD-RECOVERY HOUSE
City, State: FRENCH CAMP, CA 95231
Phone #: (209)468-6857
Record ID: 390002AN
Service Type: RES-DETOX
Resident Capacity: 69
Total Occupancy: 69
Target Population: 1.1
Expiration Date 04/30/2014

Program Name: SERVICE FIRST OUTPATIENT PROGRAM
Legal Name: SERVICE FIRST OF NORTHERN CALIFORNIA
Address: 1222 MONACO COURT, SUITE 28
City, State: STOCKTON, CA 95207
Phone #: (209)644-4821 Fax #: (209)644-6333
Record ID: 390017AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2013

Program Name: SERVICE FIRST OUTPATIENT PROGRAM
Legal Name: SERVICE FIRST OF NORTHERN CALIFORNIA
Address: 345 NO. YOSEMITE AVENUE, SUITE A
City, State: STOCKTON, CA 95203
Phone #: (209)644-4829
Record ID: 390017BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 03/31/2014

Program Name: STOCKTON CIRCLE OF FRIENDS ADULT PROGRAM
Legal Name: STOCKTON CIRCLE OF FRIENDS ADULT PROGRAMS
Address: 501 AND 503 SOUTH PERSHING STREET
City, State: STOCKTON, CA 95203
Phone #: (209)513-5042
Record ID: 390032AN
Service Type: RES
Resident Capacity: 18
Total Occupancy: 18
Target Population: 1.2
Expiration Date 06/30/2013

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Program Name: VALLEY COMMUNITY COUNSELING SERVICES	Record ID: 390029BN
Legal Name: VALLEY COMMUNITY COUNSELING SERVICES, INC.	Service Type: NON
Address: 1300 WEST LODI AVENUE, SUITE G1+ G2	Resident Capacity: 0
City, State: LODI, CA 95242	Total Occupancy: 0
Phone #: (209)334-2126	Target Population: 1.1
Fax #: (209)369-8406	Expiration Date 01/31/2015
Program Name: VALLEY COMMUNITY COUNSELING SERVICES	Record ID: 390029AN
Legal Name: VALLEY COMMUNITY COUNSELING SERVICES, INC.	Service Type: NON
Address: 110 NORTH SHERMAN AVENUE	Resident Capacity: 0
City, State: MANTECA, CA 95336	Total Occupancy: 0
Phone #: (209)823-1911	Target Population: **
	Expiration Date 01/31/2015
Program Name: VALLEY COMMUNITY COUNSELING SERVICES	Record ID: 390029CN
Legal Name: VALLEY COMMUNITY COUNSELING SERVICES, INC.	Service Type: NON
Address: 19 EAST 6TH STREET	Resident Capacity: 0
City, State: TRACY, CA 95376	Total Occupancy: 0
Phone #: (209)835-8583	Target Population: 1.1
Fax #: (209)835-2910	Expiration Date 01/31/2015

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San Luis Obispo County

Program Name: SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL SERVICES	Record ID: 400003AN
Legal Name: SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL SERVICES	Service Type: NON
Address: 2180 JOHNSON AVENUE, ROOMS 101-148 AND BLUE ROOM	Resident Capacity: 0
City, State: SAN LUIS OBISPO, CA 93401	Total Occupancy: 0
Phone #: (805)781-4275	Target Population: 1.1
	Expiration Date 01/31/2014
Program Name: SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL SERVICES	Record ID: 400003BN
Legal Name: SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL SERVICES	Service Type: NON
Address: 3556 EL CAMINO REAL	Resident Capacity: 0
City, State: ATASCADERO, CA 93422	Total Occupancy: 0
Phone #: (805)461-6080	Target Population: 1.1
Fax #: (805)461-6114	Expiration Date 06/30/2014
Program Name: SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL SERVICES	Record ID: 400003DN
Legal Name: SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL SERVICES	Service Type: NON
Address: 1523 LONGBRANCH AVENUE	Resident Capacity: 0
City, State: GROVER BEACH, CA 93433	Total Occupancy: 0
Phone #: (805)473-7080	Target Population: 1.1
Fax #: (805)473-7188	Expiration Date 06/30/2014

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San Mateo County

Program Name: OUTPATIENT DRUG AND ALCOHOL SERVICES FOR ASIANS (ODASA Legal Name: ASIAN AMERICAN RECOVERY SERVICES, INC. Address: 6181 MISSION STREET City, State: DALY CITY, CA 94014 Phone #: (415)337-0140	Record ID: 410028BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2014
Program Name: ASIAN AMERICAN RECOVERY SERVICES INC./YOUTH SERVICES OF Legal Name: ASIAN AMERICAN RECOVERY SERVICES, INC. Address: 1115 MISSION ROAD City, State: SOUTH SAN FRANCISCO, CA 94080 Phone #: (650)243-4850 Fax #: (650)243-4851	Record ID: 410028CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 05/31/2014
Program Name: THE SEQUOIA CENTER Legal Name: CHEMICAL DATA SERVICES CORPORATION Address: 650 MAIN STREET City, State: REDWOOD CITY, CA 94063 Phone #: (650)364-5504	Record ID: 410032BP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2015
Program Name: THE SEQUOIA CENTER Legal Name: CHEMICAL DATA SERVICES CORPORATION Address: 483 LINCOLN AVENUE City, State: REDWOOD CITY, CA 94061 Phone #: (650)364-5504 Fax #: (650)261-3977	Record ID: 410032HP Service Type: RES-DETOX Resident Capacity: 8 Total Occupancy: 8 Target Population: 1.1 Expiration Date 08/31/2013
Program Name: THE SEQUOIA CENTER Legal Name: CHEMICAL DATA SERVICES CORPORATION Address: 481 LINCOLN AVENUE City, State: REDWOOD CITY, CA 94061 Phone #: (650)364-5504 Fax #: (650)261-3977	Record ID: 410032DP Service Type: RES Resident Capacity: 11 Total Occupancy: 11 Target Population: 1.1 Expiration Date 05/31/2014
Program Name: THE FREEDOM CENTER Legal Name: EL CENTRO DE LIBERTAD Address: 500 ALLERTON STREET City, State: REDWOOD CITY, CA 94063 Phone #: (650)599-9955 Fax #: (950)599-9273	Record ID: 410026CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 02/28/2015
Program Name: EL CENTRO DE LIBERTAD/THE FREEDOM CENTER Legal Name: EL CENTRO DE LIBERTAD Address: 225 SOUTH CABRILLO HIGHWAY, BUILDING D, SUITE # 105 City, State: HALF MOON BAY, CA 94019 Phone #: (650)560-9995 Fax #: (650)560-9991	Record ID: 410026DN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2015

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Program Name: WALKER HOUSE	Record ID: 410027AN
Legal Name: FREE AT LAST: COMMUNITY RECOVERY AND REHABILITATION SER	Service Type: RES
Address: 1095 WEEKS AVENUE	Resident Capacity: 6
City, State: EAST PALO ALTO, CA 94303	Total Occupancy: 6
Phone #: (650)462-4603	Target Population: 1.2
Fax #: (650)462-3589	Expiration Date 08/31/2013
Program Name: MALAIKA HOUSE	Record ID: 410027BN
Legal Name: FREE AT LAST: COMMUNITY RECOVERY AND REHABILITATION SER	Service Type: RES
Address: 819 & 823 JAMIE LANE	Resident Capacity: 10
City, State: EAST PALO ALTO, CA 94303	Total Occupancy: 14
Phone #: (650)462-6983	Target Population: 1.4
	Expiration Date 08/31/2013
Program Name: WILLIAMS HOUSE II	Record ID: 410027MN
Legal Name: FREE AT LAST: COMMUNITY RECOVERY AND REHABILITATION SER	Service Type: RES
Address: 1085-B WEEKS STREET	Resident Capacity: 6
City, State: EAST PALO ALTO, CA 94303	Total Occupancy: 6
Phone #: (650)462-6999	Target Population: 1.2
Fax #: (650)462-1055	Expiration Date 08/31/2014
Program Name: FREE AT LAST	Record ID: 410027IN
Legal Name: FREE AT LAST: COMMUNITY RECOVERY AND REHABILITATION SER	Service Type: NON
Address: 1796 BAY ROAD	Resident Capacity: 0
City, State: EAST PALO ALTO, CA 94303	Total Occupancy: 0
Phone #: (650)462-6999	Target Population: 1.1
Fax #: () -	Expiration Date 04/30/2013
Program Name: WILLIAMS HOUSE I	Record ID: 410027LN
Legal Name: FREE AT LAST:COMMUNITY RECOVERY AND REHABILITATION SER	Service Type: RES
Address: 1085-A WEEKS STREET	Resident Capacity: 6
City, State: EAST PALO ALTO, CA 94303	Total Occupancy: 6
Phone #: (650)462-6999	Target Population: 1.2
Fax #: (650)462-1055	Expiration Date 08/31/2014
Program Name: PALM AVENUE SOCIAL MODEL DETOXIFICATION	Record ID: 410003AN
Legal Name: HORIZON SERVICES, INCORPORATED	Service Type: RES-DETOX
Address: 2251 PALM AVENUE	Resident Capacity: 15
City, State: SAN MATEO, CA 94403	Total Occupancy: 15
Phone #: (650)513-6500	Target Population: 1.1
Fax #: (650)513-6506	Expiration Date 02/28/2014
Program Name: JERICHO PROJECT	Record ID: 410041CN
Legal Name: JERICHO PROJECT	Service Type: RES
Address: 193 DEL PRADO DRIVE	Resident Capacity: 6
City, State: DALY CITY, CA 94015	Total Occupancy: 6
Phone #: (650)994-9832	Target Population: 1.2
Fax #: (650)994-1191	Expiration Date 03/31/2015

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Program Name: JERICHO PROJECT Legal Name: JERICHO PROJECT Address: 163 DEL PRADO DRIVE City, State: DALY CITY, CA 94015 Phone #: (650)994-9832 Fax #: (650)994-1191	Record ID: 410041BN Service Type: RES Resident Capacity: 12 Total Occupancy: 12 Target Population: 1.2 Expiration Date 03/31/2015
Program Name: CASA ADELITA Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES O Address: 160 TEHAMA COURT City, State: SAN BRUNO, CA 94066 Phone #: (650)244-1444 Fax #: (650)244-1447	Record ID: 410020FN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.3 Expiration Date 02/28/2014
Program Name: CASA AZTLAN RECOVERY HOME Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES O Address: 660 MACARTHUR AVENUE City, State: REDWOOD CITY, CA 94065 Phone #: (650)355-7573	Record ID: 410020DN Service Type: RES Resident Capacity: 9 Total Occupancy: 9 Target Population: 1.2 Expiration Date 04/30/2015
Program Name: CASA MARIA RECOVERY HOME Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES O Address: 105 MCLAIN AVENUE City, State: BRISBANE, CA 94005 Phone #: (650)244-1444	Record ID: 410020AN Service Type: RES Resident Capacity: 9 Total Occupancy: 9 Target Population: 1.3 Expiration Date 04/30/2015
Program Name: LATINO COMMISSION/ENTRE FAMILIA OUTPATIENT Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES O Address: 301 GRAND AVENUE, SUITE 301 City, State: SOUTH SAN FRANCISCO, CA 94080 Phone #: (650)244-1444 Fax #: (650)244-1447	Record ID: 410020IN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2013
Program Name: CASA LOS HERMANOS Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES O Address: 693 7TH AVENUE City, State: SAN BRUNO, CA 94006 Phone #: (415)468-9020 Fax #: (415)468-1740	Record ID: 410020HN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 12/31/2013
Program Name: OUR COMMON GROUND Legal Name: OUR COMMON GROUND, INC. Address: 631 WOODSIDE ROAD City, State: REDWOOD CITY, CA 94061 Phone #: (650)367-9030	Record ID: 410012AN Service Type: DSS Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5

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Program Name: OUR COMMON GROUND EPA Legal Name: OUR COMMON GROUND, INC. Address: 2560 PULGAS AVENUE City, State: EAST PALO ALTO, CA 94303 Phone #: (650)325-6466	Record ID: 410012CN Service Type: RES Resident Capacity: 32 Total Occupancy: 32 Target Population: 1.1 Expiration Date 08/31/2014
Program Name: SIMMONS HOUSE Legal Name: PROJECT NINETY Address: 31 NINTH AVENUE City, State: SAN MATEO, CA 94401 Phone #: (650)579-7881 Fax #: (650)579-2640	Record ID: 410005JN Service Type: RES Resident Capacity: 6 Total Occupancy: 8 Target Population: 1.2 Expiration Date 10/31/2013
Program Name: ELLIOTT CENTER Legal Name: PROJECT NINETY Address: 314 BADEN AVENUE City, State: SOUTH SAN FRANCISCO, CA 94080 Phone #: (650)873-7620 Fax #: (650)579-2640	Record ID: 410005MN Service Type: RES Resident Capacity: 8 Total Occupancy: 10 Target Population: 1.2 Expiration Date 10/31/2014
Program Name: BRENNER HOUSE Legal Name: PROJECT NINETY Address: 535 BADEN AVENUE City, State: SOUTH SAN FRANCISCO, CA 94080 Phone #: (650)579-7881	Record ID: 410005RN Service Type: RES Resident Capacity: 6 Total Occupancy: 8 Target Population: 1.2 Expiration Date 10/31/2014
Program Name: PROJECT NINETY Legal Name: PROJECT NINETY Address: 195 SPRUCE AVENUE City, State: SOUTH SAN FRANCISCO, CA 94080 Phone #: (650)616-8959 Fax #: (650)579-2640	Record ID: 410005TN Service Type: RES Resident Capacity: 5 Total Occupancy: 6 Target Population: 1.1 Expiration Date 05/31/2014
Program Name: PROJECT NINETY, KLEINHEINZ HOUSE Legal Name: PROJECT NINETY Address: 114 DELAWARE STREET City, State: SAN MATEO, CA 94401 Phone #: (650)696-9925 Fax #: (650)579-2640	Record ID: 410005XN Service Type: RES Resident Capacity: 6 Total Occupancy: 9 Target Population: 1.1 Expiration Date 06/30/2013
Program Name: WORKING MAN'S PROGRAM Legal Name: PROJECT NINETY Address: 247 DELAWARE AVENUE, #A City, State: SAN MATEO, CA 94401 Phone #: (650)579-7882 Fax #: (650)579-2640	Record ID: 410005WN Service Type: RES Resident Capacity: 6 Total Occupancy: 7 Target Population: 1.2 Expiration Date 05/31/2014

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Program Name: PROJECT NINETY	Record ID: 410005VN
Legal Name: PROJECT NINETY	Service Type: NON
Address: 416 2ND AVENUE	Resident Capacity: 0
City, State: SAN MATEO, CA 94401	Total Occupancy: 0
Phone #: (650)579-7881	Target Population: 1.1
Fax #: (650)579-2640	Expiration Date 05/31/2015
Program Name: JAMES O'TOOLE CENTER	Record ID: 410005AN
Legal Name: PROJECT NINETY	Service Type: RES
Address: 15 NINTH AVENUE	Resident Capacity: 28
City, State: SAN MATEO, CA 94401	Total Occupancy: 28
Phone #: (650)579-7881	Target Population: 1.2
Fax #: (650)579-2640	Expiration Date 10/31/2013
Program Name: BETTS HOUSE	Record ID: 410005CN
Legal Name: PROJECT NINETY	Service Type: RES
Address: 29 NORTH GRANT STREET	Resident Capacity: 6
City, State: SAN MATEO, CA 94401	Total Occupancy: 7
Phone #: (650)579-7881	Target Population: 1.2
Fax #: (650)579-2640	Expiration Date 10/31/2013
Program Name: CARNER HOUSE	Record ID: 410005GN
Legal Name: PROJECT NINETY	Service Type: RES
Address: 1451 YOUNG STREET	Resident Capacity: 6
City, State: SAN MATEO, CA 94401	Total Occupancy: 7
Phone #: (650)579-7881	Target Population: 1.2
Fax #: (650)579-2640	Expiration Date 10/31/2013
Program Name: DUNTZ HOUSE	Record ID: 410005HN
Legal Name: PROJECT NINETY	Service Type: RES
Address: 23 NORTH GRANT STREET	Resident Capacity: 4
City, State: SAN MATEO, CA 94401	Total Occupancy: 4
Phone #: (650)579-7881	Target Population: 1.2
Fax #: (650)579-2640	Expiration Date 10/31/2013
Program Name: PYRAMID ALTERNATIVES	Record ID: 410006CN
Legal Name: PYRAMID ALTERNATIVES COUNSELING AND EDUCATION, INC.	Service Type: NON
Address: 1590 EL CAMINO REAL	Resident Capacity: 0
City, State: SAN BRUNO, CA 94066	Total Occupancy: 0
Phone #: (650)355-8787	Target Population: 1.1
	Expiration Date 03/31/2015
Program Name: PYRAMID ALTERNATIVES	Record ID: 410006AN
Legal Name: PYRAMID ALTERNATIVES COUNSELING AND EDUCATION, INC.	Service Type: NON
Address: 480 MANOR PLAZA	Resident Capacity: 0
City, State: PACIFICA, CA 94044	Total Occupancy: 0
Phone #: (650)355-8787	Target Population: 1.1
	Expiration Date 03/31/2015

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Program Name: PYRAMID ALTERNATIVES	Record ID: 410006EN
Legal Name: PYRAMID ALTERNATIVES, INC.	Service Type: NON
Address: 225 SOUTH CABRILLO, SUITE 200A	Resident Capacity: 0
City, State: HALF MOON BAY, CA 94019	Total Occupancy: 0
Phone #: (650)355-8787	Target Population: 1.1
	Expiration Date 03/31/2013
Program Name: HOPE HOUSE III	Record ID: 410013BN
Legal Name: SAN MATEO COUNTY SERVICE LEAGUE	Service Type: RES
Address: 3787-A AND 3787-B HOOVER STREET	Resident Capacity: 6
City, State: REDWOOD CITY, CA 94063	Total Occupancy: 6
Phone #: (650)363-8735	Target Population: 1.3
Fax #: (650)363-8701	Expiration Date 05/31/2013
Program Name: HOPE HOUSE	Record ID: 410013AN
Legal Name: SERVICE LEAGUE OF SAN MATEO COUNTY	Service Type: RES
Address: 3789 HOOVER STREET	Resident Capacity: 10
City, State: REDWOOD CITY, CA 94063	Total Occupancy: 14
Phone #: (650)363-8735	Target Population: 1.4
Fax #: (650)363-8701	Expiration Date 11/30/2013
Program Name: SITIKE COUNSELING CENTER	Record ID: 410023AN
Legal Name: SITIKE	Service Type: NON
Address: 306 SPRUCE AVENUE	Resident Capacity: 0
City, State: SOUTH SAN FRANCISCO, CA 94080	Total Occupancy: 0
Phone #: (650)589-9305	Target Population: 1.1
	Expiration Date 10/31/2014
Program Name: WOMEN'S ENRICHMENT CENTER	Record ID: 410038EN
Legal Name: STARVISTA	Service Type: NON
Address: 200 INDUSTRIAL ROAD, #128	Resident Capacity: 0
City, State: SAN CARLOS, CA 94070	Total Occupancy: 0
Phone #: (650)591-3636	Target Population: 1.1
Fax #: (650)591-3600	Expiration Date 01/31/2014
Program Name: ARCHWAY	Record ID: 410038AN
Legal Name: STARVISTA	Service Type: NON
Address: 609 PRICE AVENUE, ROOMS 101, 107, 201, 205, 206 AND 208	Resident Capacity: 0
City, State: REDWOOD CITY, CA 94063	Total Occupancy: 0
Phone #: (650)366-8433	Target Population: 1.1
Fax #: (650)366-8455	Expiration Date 01/31/2014
Program Name: INSIGHTS	Record ID: 410038BN
Legal Name: STARVISTA	Service Type: NON
Address: 333 GELLERT BOULEVARD #206	Resident Capacity: 0
City, State: DALY CITY, CA 94015	Total Occupancy: 0
Phone #: (650)755-0858	Target Population: 1.1
Fax #: (650)755-1754	Expiration Date 01/31/2014

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Program Name: FIRST CHANCE SOUTH	Record ID: 410038DN
Legal Name: STARVISTA	Service Type: NON
Address: 826 MAHLER ROAD	Resident Capacity: 0
City, State: BURLINGAME, CA 94010	Total Occupancy: 0
Phone #: (650)595-8165	Target Population: 1.1
Fax #: (650)595-8167	Expiration Date 01/31/2014
Program Name: MISSION HOUSE	Record ID: 410017AN
Legal Name: THE SOLIDARITY FELLOWSHIP, INC.	Service Type: RES
Address: 1679 SOUTH NORFOLK STREET	Resident Capacity: 6
City, State: SAN MATEO, CA 94402	Total Occupancy: 6
Phone #: (650)341-3803	Target Population: 1.2
Fax #: (650)341-3803	Expiration Date 03/31/2014
Program Name: LAUREL HOUSE	Record ID: 410002BN
Legal Name: WOMEN'S RECOVERY ASSOCIATION OF SAN MATEO COUNTY, INC.	Service Type: RES
Address: 900 LAUREL AVENUE	Resident Capacity: 12
City, State: SAN MATEO, CA 94401	Total Occupancy: 13
Phone #: (650)347-8808	Target Population: 1.3
	Expiration Date 02/28/2014
Program Name: THE ELMS	Record ID: 410002AN
Legal Name: WOMEN'S RECOVERY ASSOCIATION OF SAN MATEO COUNTY, INC.	Service Type: RES
Address: 202 EAST BELLEVUE AVENUE	Resident Capacity: 15
City, State: SAN MATEO, CA 94401	Total Occupancy: 15
Phone #: (650)343-8401	Target Population: 1.3
	Expiration Date 02/28/2014
Program Name: HILLSIDE HOUSE TWO	Record ID: 410002JN
Legal Name: WOMEN'S RECOVERY ASSOCIATION OF SAN MATEO COUNTY, INC.	Service Type: RES
Address: 27 NORTH HUMBOLDT STREET, UNIT B	Resident Capacity: 5
City, State: SAN MATEO, CA 94401	Total Occupancy: 5
Phone #: (650)348-6603	Target Population: 1.3
Fax #: (650)348-0615	Expiration Date 09/30/2013
Program Name: WOMEN'S RECOVERY ASSOCIATION - THE CENTER	Record ID: 410002CN
Legal Name: WOMEN'S RECOVERY ASSOCIATION OF SAN MATEO COUNTY, INC.	Service Type: NON
Address: 1450 CHAPIN AVENUE	Resident Capacity: 0
City, State: BURLINGAME, CA 94010	Total Occupancy: 0
Phone #: (650)348-6603	Target Population: 1.3
	Expiration Date 02/28/2014
Program Name: HILLSIDE HOUSE ONE	Record ID: 410002IN
Legal Name: WOMEN'S RECOVERY ASSOCIATION OF SAN MATEO COUNTY, INC.	Service Type: RES
Address: 27 NORTH HUMBOLDT STREET, UNIT A	Resident Capacity: 6
City, State: SAN MATEO, CA 94401	Total Occupancy: 6
Phone #: (650)348-6603	Target Population: 1.3
Fax #: (650)342-0454	Expiration Date 09/30/2013

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Program Name: CASA SERENA RESIDENTIAL RECOVERY PROGRAM Legal Name: CASA SERENA Address: 1515 BATH STREET City, State: SANTA BARBARA, CA 93101 Phone #: (805)564-8701 Fax #: (805)966-6695	Record ID: 420024AN Service Type: RES Resident Capacity: 18 Total Occupancy: 18 Target Population: 1.3 Expiration Date 06/30/2013
Program Name: CASA SERENA RESIDENTIAL RECOVERY PROGRAM Legal Name: CASA SERENA Address: 1922 AND 1924 CASTILLO STREET City, State: SANTA BARBARA, CA 93101 Phone #: (805)966-1260 Fax #: (805)966-6695	Record ID: 420024BN Service Type: RES Resident Capacity: 8 Total Occupancy: 8 Target Population: 1.3 Expiration Date 06/30/2013
Program Name: CASA SERENA RESIDENTIAL RECOVERY PROGRAM Legal Name: CASA SERENA Address: 147 OLIVER ROAD City, State: SANTA BARBARA, CA 93105 Phone #: (805)966-1260 Fax #: (805)966-6695	Record ID: 420024CN Service Type: RES Resident Capacity: 6 Total Occupancy: 12 Target Population: 1.4 Expiration Date 06/30/2013
Program Name: COAST VALLEY SUBSTANCE ABUSE TREATMENT CENTER Legal Name: COAST VALLEY WORSHIP CENTER Address: 1125 E. CLARK AVENUE, SUITE A2 City, State: SANTA MARIA, CA 93455 Phone #: (805)739-8845 Fax #: (805)739-2855	Record ID: 420030AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2015
Program Name: COAST VALLEY SUBSTANCE ABUSE TREATMENT CENTER Legal Name: COAST VALLEY WORSHIP CENTER Address: 133 NORTH F STREET City, State: LOMPOC, CA 93436 Phone #: (805)735-7525	Record ID: 420030BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 08/31/2014
Program Name: PC1000 Legal Name: COUNCIL ON ALCOHOLISM AND DRUG ABUSE Address: 232 EAST CANON PERDIDO STREET City, State: SANTA BARBARA, CA 93101 Phone #: (805)963-1433 Fax #: (805)963-1720	Record ID: 420022DN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2013
Program Name: PROJECT RECOVERY RESIDENTIAL DETOX PROGRAM Legal Name: COUNCIL ON ALCOHOLISM AND DRUG ABUSE Address: 1020 PLACIDO AVENUE City, State: SANTA BARBARA, CA 93103 Phone #: (805)963-1836 Fax #: (805)963-8849	Record ID: 420022EN Service Type: RES-DETOX Resident Capacity: 12 Total Occupancy: 12 Target Population: 1.1 Expiration Date 12/31/2013

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Program Name: DANIEL BRYANT YOUTH AND FAMILY TREATMENT CENTER Legal Name: COUNCIL ON ALCOHOLISM AND DRUG ABUSE Address: 1111 GARDEN STREET City, State: SANTA BARBARA, CA 93101 Phone #: (805)730-7575 Fax #: (805)730-7503	Record ID: 420022BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2013
Program Name: TURNING POINT Legal Name: GOOD SAMARITAN SHELTER Address: 604 WEST OCEAN AVENUE City, State: LOMPOC, CA 93436 Phone #: (805)736-0357 Fax #: (805)737-0389	Record ID: 420010EN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.3 Expiration Date 11/30/2014
Program Name: RECOVERY POINT ACUTE CARE Legal Name: GOOD SAMARITAN SHELTER Address: 401 "B" WEST MORRISON STREET City, State: SANTA MARIA, CA 93458 Phone #: (805)347-3338	Record ID: 420010BN Service Type: RES-DETOX Resident Capacity: 12 Total Occupancy: 12 Target Population: 1.1 Expiration Date 10/31/2014
Program Name: RECOVERY POINT OUTPATIENT PROGRAM Legal Name: GOOD SAMARITAN SHELTER Address: 245 INGER DRIVE, SUITE 103B City, State: SANTA MARIA, CA 93454 Phone #: (805)346-8185 Fax #: (805)346-8656	Record ID: 420010FN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2014
Program Name: ANOTHER ROAD DETOX PROGRAM Legal Name: GOOD SAMARITAN SHELTER, INC. Address: 113 SOUTH M STREET City, State: LOMPOC, CA 93436 Phone #: (805)736-0357 Fax #: (805)346-8656	Record ID: 420010DN Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 10/31/2014
Program Name: SANTA MARIA CENTER FOR CHANGE Legal Name: MENTAL HEALTH SYSTEMS, INC. Address: 201 SOUTH MILLER, SUITE 108 City, State: SANTA MARIA, CA 93454 Phone #: (805)925-9811 Fax #: (805)925-9706	Record ID: 420031BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2014
Program Name: RECOVERY ROAD MEDICAL CENTER Legal Name: RECOVERY ROAD MEDICAL CENTER, INC. Address: 3891 STATE STREET, SUITE 205 City, State: SANTA BARBARA, CA 93105 Phone #: (805)962-7800 Fax #: (805)962-9002	Record ID: 420034AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2014

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Program Name: SANCTUARY PSYCHIATRIC CENTERS Legal Name: SANCTUARY HOUSE OF SANTA BARBARA, INC. Address: 222 WEST VALERIO, REAR BUILDING City, State: SANTA BARBARA, CA 93101 Phone #: (805)569-2785 Fax #: (805)563-1977	Record ID: 420026AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2013
Program Name: COTTAGE RESIDENTIAL CENTER Legal Name: SANTA BARBARA COTTAGE HOSPITAL Address: 316 MONTECITO STREET City, State: SANTA BARBARA, CA 93101 Phone #: (805)569-7815 Fax #: (805)569-8314	Record ID: 420017AN Service Type: RES Resident Capacity: 24 Total Occupancy: 24 Target Population: 1.1 Expiration Date 06/30/2013
Program Name: PROJECT RECOVERY - ADULT OUTPATIENT TREATMENT PROGRAM Legal Name: SANTA BARBARA COUNCIL ON ALCOHOLISM AND DRUG ABUSE Address: 133 EAST HALEY STREET City, State: SANTA BARBARA, CA 93101 Phone #: (805)564-6057	Record ID: 420022AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2015
Program Name: RECOVERY SANTA BARBARA OUTPATIENT SERVICES Legal Name: SANTA BARBARA RESCUE MISSION Address: 535 EAST YANONALI STREET, B City, State: SANTA BARBARA, CA 93103 Phone #: (805)966-1316 Fax #: (805)966-7495	Record ID: 420016CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2014
Program Name: BETHEL HOUSE Legal Name: SANTA BARBARA RESCUE MISSION Address: 24 WEST ARRELLEGA STREET City, State: SANTA BARBARA, CA 93101 Phone #: (805)966-1316 Fax #: (805)966-7495	Record ID: 420016BN Service Type: RES Resident Capacity: 24 Total Occupancy: 25 Target Population: 1.3 Expiration Date 02/28/2015
Program Name: SANTA BARBARA RESCUE MISSION - RECOVERY PROGRAM Legal Name: SANTA BARBARA RESCUE MISSION Address: 535 EAST YANONALI STREET, A City, State: SANTA BARBARA, CA 93103 Phone #: (805)966-1316 Fax #: (805)966-7495	Record ID: 420016AN Service Type: RES Resident Capacity: 49 Total Occupancy: 49 Target Population: 1.2 Expiration Date 02/28/2015
Program Name: THE TIDES SANTA BARBARA Legal Name: THE TIDES SANTA BARBARA, LLC Address: 5277 AUSTIN ROAD City, State: SANTA BARBARA, CA 93111 Phone #: (805)845-4320 Fax #: (888)552-0299	Record ID: 420035AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 10/31/2013

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Program Name: ADI-OUTPATIENT	Record ID: 430068AP
Legal Name: ADI-OP, INC.	Service Type: NON
Address: 1900 CAMDEN AVENUE, SUITE 202 AND 205	Resident Capacity: 0
City, State: SAN JOSE, CA 95124	Total Occupancy: 0
Phone #: (408)879-7581	Target Population: 1.1
Fax #: (408)879-7587	Expiration Date 05/31/2014
Program Name: ADOLESCENT COUNSELING SERVICES	Record ID: 430032AN
Legal Name: ADOLESCENT COUNSELING SERVICES	Service Type: NON
Address: 1717 EMBARCADERO ROAD, SUITE 4000	Resident Capacity: 0
City, State: PALO ALTO, CA 94303	Total Occupancy: 0
Phone #: (650)424-0852	Target Population: 1.5
Fax #: (408)879-7587	Expiration Date 01/31/2015
Program Name: GATEWAY HOME	Record ID: 430038EN
Legal Name: ADVENT GROUP MINISTRIES, INC.	Service Type: DSS
Address: 1960 CHURCH AVENUE	Resident Capacity: 0
City, State: SAN MARTIN, CA 95046	Total Occupancy: 0
Phone #: (408)683-2099	Target Population: 1.5
Program Name: LAUREL HOME	Record ID: 430038DN
Legal Name: ADVENT GROUP MINISTRIES, INC.	Service Type: DSS
Address: 865 BLACK WALNUT COURT	Resident Capacity: 0
City, State: MORGAN HILL, CA 95037	Total Occupancy: 0
Phone #: (408)779-5841	Target Population: 1.5
Program Name: SUMMIT HOME	Record ID: 430038CN
Legal Name: ADVENT GROUP MINISTRIES, INC.	Service Type: DSS
Address: 1200 WEST EDMUNDSON AVENUE	Resident Capacity: 0
City, State: MORGAN HILL, CA 95037	Total Occupancy: 0
Phone #: (408)779-1492	Target Population: 1.5
Program Name: AMICUS HOUSE, INC.	Record ID: 430041AP
Legal Name: AMICUS HOUSE, INC.	Service Type: RES
Address: 466 SOUTH BUENA VISTA AVENUE	Resident Capacity: 14
City, State: SAN JOSE, CA 95126	Total Occupancy: 14
Phone #: (408)294-2277	Target Population: 1.1
Fax #: (408)294-2277	Expiration Date 08/31/2014
Program Name: ASIAN AMERICAN RECOVERY SERVICES, INC.	Record ID: 430036CN
Legal Name: ASIAN AMERICAN RECOVERY SERVICES, INC.	Service Type: NON
Address: 542 VALLEY WAY	Resident Capacity: 0
City, State: MILPITAS, CA 95035	Total Occupancy: 0
Phone #: (408)271-3900	Target Population: 1.5
Fax #: (408)271-3909	Expiration Date 03/31/2014

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Program Name: ASIAN AMERICAN RECOVERY SERVICES, INC.	Record ID: 430036AN
Legal Name: ASIAN AMERICAN RECOVERY SERVICES, INC.	Service Type: NON
Address: 1340 TULLY ROAD, SUITE 301 & 304	Resident Capacity: 0
City, State: SAN JOSE, CA 95122	Total Occupancy: 0
Phone #: (408)271-3900	Target Population: 1.1
Fax #: (408)271-3909	Expiration Date 09/30/2014
Program Name: EMQ FAMILIESFIRST OUTPATIENT ADOLESCENT SUBSTANCE ABUS	Record ID: 430070AN
Legal Name: FAMILIESFIRST, INC.	Service Type: NON
Address: 251 LLEWELLYN AVENUE	Resident Capacity: 0
City, State: CAMPBELL, CA 95008	Total Occupancy: 0
Phone #: (408)379-3796	Target Population: 1.5
	Expiration Date 11/30/2013
Program Name: FAMILY & CHILDREN SERVICES - SUBSTANCE ABUSE TREATMENT I	Record ID: 430046DN
Legal Name: FAMILY AND CHILDREN SERVICES	Service Type: NON
Address: 2218 N. FIRST STREET	Resident Capacity: 0
City, State: SAN JOSE, CA 95131	Total Occupancy: 0
Phone #: (650)326-6576	Target Population: 1.1
Fax #: (650)326-1340	Expiration Date 01/30/2015
Program Name: FAMILY & CHILDREN SERVICES - SUBSTANCE ABUSE TREATMENT I	Record ID: 430046CN
Legal Name: FAMILY AND CHILDREN SERVICES	Service Type: NON
Address: 2226 N. FIRST STREET	Resident Capacity: 0
City, State: SAN JOSE, CA 95131	Total Occupancy: 0
Phone #: (650)326-6576	Target Population: 1.1
Fax #: (650)326-1340	Expiration Date 10/31/2013
Program Name: FAMILY & CHILDREN SERVICES - SUBSTANCE ABUSE TREATMENT I	Record ID: 430046BN
Legal Name: FAMILY AND CHILDREN SERVICES	Service Type: NON
Address: 375 CAMBRIDGE AVENUE	Resident Capacity: 0
City, State: PALO ALTO, CA 94306	Total Occupancy: 0
Phone #: (650)326-6576	Target Population: 1.1
Fax #: (650)326-1340	Expiration Date 09/30/2013
Program Name: FAMILY AND CHILDREN SERVICES--SUBSTANCE ABUSE TREATMENT I	Record ID: 430046AN
Legal Name: FAMILY AND CHILDREN SERVICES	Service Type: NON
Address: 950 WEST JULIAN STREET	Resident Capacity: 0
City, State: SAN JOSE, CA 95126	Total Occupancy: 0
Phone #: (408)288-6200	Target Population: 1.1
Fax #: (408)288-6201	Expiration Date 05/31/2015
Program Name: HORIZON SOUTH	Record ID: 430021AN
Legal Name: HORIZON SERVICES, INCORPORATED	Service Type: RES-DETOX
Address: 650 SOUTH BASCOM AVENUE	Resident Capacity: 41
City, State: SAN JOSE, CA 95128	Total Occupancy: 41
Phone #: (408)295-6675	Target Population: 1.2
Fax #: (408)295-8544	Expiration Date 08/31/2014

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Program Name: INDIAN HEALTH CENTER OF SANTA CLARA VALLEY-OUTPATIENT ^	Record ID: 430047CN
Legal Name: INDIAN HEALTH CENTER OF SANTA CLARA VALLEY	Service Type: NON
Address: 602 EAST SANTA CLARA STREET, SUITE 230	Resident Capacity: 0
City, State: SAN JOSE, CA 95112	Total Occupancy: 0
Phone #: (408)350-2400	Target Population: 1.1
Fax #: (408)350-2411	Expiration Date 11/30/2014
Program Name: LIFE CHOICES	Record ID: 430049AN
Legal Name: LIFECHOICES TREATMENT SERVICES, INC.	Service Type: RES-DETOK
Address: 1157 EAST TAYLOR STREET	Resident Capacity: 31
City, State: SAN JOSE, CA 95112	Total Occupancy: 31
Phone #: (408)971-0118	Target Population: 1.2
Fax #: (408)998-4337	Expiration Date 02/28/2014
Program Name: LIFECHOICES TREATMENT SERVICES	Record ID: 430049BN
Legal Name: LIFECHOICES TREATMENT SERVICES, INC.	Service Type: NON
Address: 1900 CAMDEN AVENUE, SUITE A	Resident Capacity: 0
City, State: SAN JOSE, CA 95124	Total Occupancy: 0
Phone #: (408)971-7811	Target Population: 1.2
Fax #: (408)998-4337	Expiration Date 09/30/2013
Program Name: NEW LIFE RECOVERY CENTERS, INC.	Record ID: 430053CP
Legal Name: NEW LIFE RECOVERY CENTERS, INC.	Service Type: RES
Address: 166 CLAYTON AVENUE	Resident Capacity: 6
City, State: SAN JOSE, CA 95110	Total Occupancy: 6
Phone #: (408)975-0454	Target Population: 1.1
Fax #: (408)230-0395	Expiration Date 01/31/2014
Program Name: NEW LIFE RECOVERY CENTERS	Record ID: 430053AP
Legal Name: NEW LIFE RECOVERY CENTERS, INC.	Service Type: RES
Address: 473 NORTH SAN PEDRO	Resident Capacity: 18
City, State: SAN JOSE, CA 95110	Total Occupancy: 18
Phone #: (408)297-1182	Target Population: 1.1
Fax #: (408)297-7450	Expiration Date 04/30/2014
Program Name: NEW LIFE RECOVERY CENTERS, INC.	Record ID: 430053BP
Legal Name: NEW LIFE RECOVERY CENTERS, INC.	Service Type: NON
Address: 1101 PARK AVENUE	Resident Capacity: 0
City, State: SAN JOSE, CA 95126	Total Occupancy: 0
Phone #: (408)297-1182	Target Population: 1.1
Fax #: (408)297-7450	Expiration Date 05/31/2015
Program Name: HOUSE OF DAWN	Record ID: 430059AN
Legal Name: OPERATION DAWN	Service Type: RES
Address: 5034 PAGE MILL DRIVE	Resident Capacity: 6
City, State: SAN JOSE, CA 95111	Total Occupancy: 6
Phone #: (408)362-0121	Target Population: 1.2
	Expiration Date 11/30/2014

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Program Name: PARISI HOUSE ON THE HILL, INC.	Record ID: 430071AN
Legal Name: PARISI HOUSE ON THE HILL, INC.	Service Type: RES
Address: 9501 AND 9505 MALECH ROAD	Resident Capacity: 20
City, State: SAN JOSE, CA 95138	Total Occupancy: 42
Phone #: (408)281-6570	Target Population: 1.3
Fax #: (408)463-1116	
Program Name: PATHWAY HOUSE	Record ID: 430016AN
Legal Name: PATHWAY SOCIETY	Service Type: RES
Address: 102 SOUTH 11TH STREET	Resident Capacity: 65
City, State: SAN JOSE, CA 95112	Total Occupancy: 65
Phone #: (408)998-5191	Target Population: 1.1
Fax #: (408)998-5191	Expiration Date 12/31/2013
Program Name: PATHWAY SOCIETY, INC.	Record ID: 430016EN
Legal Name: PATHWAY SOCIETY, INC.	Service Type: NON
Address: 16360 MONTEREY ROAD, SUITE 150	Resident Capacity: 0
City, State: MORGAN HILL, CA 95037	Total Occupancy: 0
Phone #: (408)776-1067	Target Population: 1.1
Fax #: (408)776-8073	Expiration Date 08/31/2014
Program Name: PATHWAY SOCIETY, INC.	Record ID: 430016DN
Legal Name: PATHWAY SOCIETY, INC.	Service Type: NON
Address: 16433 MONTEREY STREET, SUITE E	Resident Capacity: 0
City, State: MORGAN HILL, CA 95037	Total Occupancy: 0
Phone #: (408)782-6300	Target Population: 1.1
Fax #: (408)782-6363	Expiration Date 03/31/2014
Program Name: MARIPOSA LODGE	Record ID: 430016FN
Legal Name: PATHWAY SOCIETY, INC.	Service Type: RES-DETOX
Address: 9500 MALECH ROAD	Resident Capacity: 40
City, State: SAN JOSE, CA 95151	Total Occupancy: 40
Phone #: (408)281-6542	Target Population: 1.3
Fax #: (408)463-0794	Expiration Date 09/30/2013
Program Name: PATHWAY OUTPATIENT CENTER	Record ID: 430016BN
Legal Name: PATHWAY SOCIETY, INC.	Service Type: NON
Address: 1659 SCOTT BOULEVARD, SUITE 5, 22, AND 32	Resident Capacity: 0
City, State: SANTA CLARA, CA 95050	Total Occupancy: 0
Phone #: (408)244-1834	Target Population: 1.1
	Expiration Date 05/31/2015
Program Name: POSITIVE PROGRESSION, INC.	Record ID: 430065AN
Legal Name: POSITIVE PROGRESSION, INC.	Service Type: RES
Address: 1721 LOLIE COURT	Resident Capacity: 6
City, State: SAN JOSE, CA 95124	Total Occupancy: 6
Phone #: (408)723-7653	Target Population: 1.1
	Expiration Date 08/31/2013

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Program Name: NINTH STREET HOUSE Legal Name: PROJECT NINETY Address: 561 SOUTH 9TH STREET City, State: SAN JOSE, CA 95112 Phone #: (650)579-7881 Fax #: (650)579-2640	Record ID: 430051AN Service Type: RES Resident Capacity: 18 Total Occupancy: 20 Target Population: 1.1 Expiration Date 11/30/2013
Program Name: PROJECT NINETY THIRD STREET HOUSE Legal Name: PROJECT NINETY, INC. Address: 792 SOUTH THIRD STREET City, State: SAN JOSE, CA 95112 Phone #: (650)579-7882 Fax #: (650)579-2640	Record ID: 430051BN Service Type: RES Resident Capacity: 10 Total Occupancy: 10 Target Population: 1.1 Expiration Date 05/31/2014
Program Name: WILLOW HOME Legal Name: SAAVEDRA, CARLOS Address: 808 PALM STREET City, State: SAN JOSE, CA 95110 Phone #: (408)294-5072 Fax #: (408)288-7005	Record ID: 430018AP Service Type: RES Resident Capacity: 16 Total Occupancy: 17 Target Population: 1.2 Expiration Date 10/31/2013
Program Name: SUPPORT SYSTEM HOMES, INC. Legal Name: SUPPORT SYSTEM HOMES, INC. Address: 398 S. 12TH STREET City, State: SAN JOSE, CA 95112 Phone #: (408)370-9688 Fax #: (408)370-3487	Record ID: 430027IP Service Type: RES Resident Capacity: 22 Total Occupancy: 22 Target Population: 1.1 Expiration Date 08/31/2013
Program Name: SUPPORT SYSTEMS HOMES ALCOHOL AND DRUG TREATMENT CEN Legal Name: SUPPORT SYSTEMS HOMES, INC. Address: 264 NORTH MORRISON AVENUE City, State: SAN JOSE, CA 95126 Phone #: (408)370-9688 Fax #: (408)370-3487	Record ID: 430027HP Service Type: RES-DETOX Resident Capacity: 32 Total Occupancy: 32 Target Population: 1.1 Expiration Date 01/31/2015
Program Name: SUPPORT SYSTEMS HOMES OUTPATIENT AND DAY TREATMENT PR Legal Name: SUPPORT SYSTEMS HOMES, INC. Address: 173 NORTH MORRISON AVENUE City, State: SAN JOSE, CA 95126 Phone #: (408)370-9688 Fax #: (408)370-3487	Record ID: 430027GP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2013
Program Name: SUPPORT SYSTEMS HOMES, INC. Legal Name: SUPPORT SYSTEMS HOMES, INC. Address: 1271 & 1281 FLEMING AVENUE City, State: SAN JOSE, CA 95127 Phone #: (408)370-9688 Fax #: (408)370-3487	Record ID: 430027JP Service Type: RES Resident Capacity: 27 Total Occupancy: 27 Target Population: 1.1 Expiration Date 10/31/2013

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Santa Clara County

Program Name: ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT	Record ID: 430042AN
Legal Name: THE ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT OF SANT	Service Type: NON
Address: 2400 MOORPARK AVENUE, SUITES 111, 205, 210, 300, AND, 301	Resident Capacity: 0
City, State: SAN JOSE, CA 95128	Total Occupancy: 0
Phone #: (408)975-2730	Target Population: 1.1
Fax #: (408)975-2745	Expiration Date 01/31/2015
Program Name: THE CAMP - OUTPATIENT SERVICES	Record ID: 430034AP
Legal Name: THE CAMP RECOVERY CENTERS, L.P.	Service Type: NON
Address: 256 EAST HAMILTON AVENUE, SUITE I	Resident Capacity: 0
City, State: CAMPBELL, CA 95008	Total Occupancy: 0
Phone #: (408)866-8167	Target Population: 1.1
Fax #: (408)668-275	Expiration Date 09/30/2013
Program Name: BLOSSOMS	Record ID: 430045CN
Legal Name: THE GARDNER FAMILY CARE CORPORATION	Service Type: NON
Address: 3030 ALUM ROCK AVENUE	Resident Capacity: 0
City, State: SAN JOSE, CA 95127	Total Occupancy: 0
Phone #: (408)254-3396	Target Population: 1.3
Fax #: (408)254-2383	Expiration Date 12/31/2013
Program Name: PROYECTO PRIMAVERA ADULT OUTPATIENT PROGRAM	Record ID: 430045BN
Legal Name: THE GARDNER FAMILY CARE CORPORATION	Service Type: NON
Address: 614 TULLY ROAD	Resident Capacity: 0
City, State: SAN JOSE, CA 95111	Total Occupancy: 0
Phone #: (408)977-1591	Target Population: 1.1
Fax #: (408)977-1136	Expiration Date 05/31/2013
Program Name: CALWORKS DUAL DIAGNOSIS PROGRAM	Record ID: 430045AN
Legal Name: THE GARDNER FAMILY CARE CORPORATION	Service Type: NON
Address: 160 EAST VIRGINIA STREET, SUITE 280	Resident Capacity: 0
City, State: SAN JOSE, CA 95112	Total Occupancy: 0
Phone #: (408)287-6200	Target Population: 1.8
Fax #: (408)998-1535	Expiration Date 05/31/2013

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Program Name: MONDANARO-BASKIN CENTER FOR WOMEN & CHILDREN Legal Name: JANUS OF SANTA CRUZ Address: 516 CHESTNUT City, State: SANTA CRUZ, CA 95060 Phone #: (831)423-9015	Record ID: 440003DN Service Type: RES Resident Capacity: 10 Total Occupancy: 24 Target Population: 1.4 Expiration Date 08/31/2014
Program Name: OUT-PATIENT CLIENT SERVICES Legal Name: JANUS OF SANTA CRUZ Address: 200 SEVENTH AVENUE, SUITE 150 City, State: SANTA CRUZ, CA 95062 Phone #: (831)462-1060	Record ID: 440003AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 08/31/2014
Program Name: RESIDENTIAL TREATMENT CENTER & SPECIAL CARE UNIT Legal Name: JANUS OF SANTA CRUZ Address: 200 SEVENTH AVENUE City, State: SANTA CRUZ, CA 95062 Phone #: (831)462-1060	Record ID: 440003BN Service Type: RES-DETOX Resident Capacity: 24 Total Occupancy: 24 Target Population: 1.1 Expiration Date 08/31/2014
Program Name: NARCONON REDWOOD CLIFFS Legal Name: NARCONON OF NORTHERN CALIFORNIA Address: 262 GAFFEY ROAD City, State: WATSONVILLE, CA 95076 Phone #: (831)768-7190 Fax #: (831)768-7194	Record ID: 440009DN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 12/31/2014
Program Name: NARCONON REDWOOD CLIFFS Legal Name: NARCONON OF NORTHERN CALIFORNIA Address: 262 GAFFEY ROAD City, State: WATSONVILLE, CA 95076 Phone #: (831)768-7190 Fax #: (831)768-7194	Record ID: 440009CN Service Type: RES-DETOX Resident Capacity: 49 Total Occupancy: 49 Target Population: 1.1 Expiration Date 12/31/2014
Program Name: NEW LIFE CENTER Legal Name: NEW LIFE COMMUNITY SERVICES, INC. Address: 707 AND 717 FAIR AVENUE City, State: SANTA CRUZ, CA 95060 Phone #: (831)427-1007	Record ID: 440010AN Service Type: RES Resident Capacity: 38 Total Occupancy: 57 Target Population: 1.7 Expiration Date 04/30/2015
Program Name: SOBRIETY WORKS Legal Name: RIKKI RAP, INC. Address: 105-F POST OFFICE DRIVE City, State: APTOS, CA 95003 Phone #: (831)476-1747 Fax #: (831)685-1703	Record ID: 440012AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2013

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Program Name: ALTO COUNSELING CENTER - NORTH Legal Name: SANTA CRUZ COMMUNITY COUNSELING CENTER Address: 271 WATER STREET City, State: SANTA CRUZ, CA 95060 Phone #: (831)427-5290	Record ID: 440008HN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2014
Program Name: SANTA CRUZ RESIDENTIAL RECOVERY Legal Name: SANTA CRUZ COMMUNITY COUNSELING CENTER Address: 125 RIGG STREET, 121-A WEEKS STREET AND 121-B WEEKS STRI City, State: SANTA CRUZ, CA 95060 Phone #: (831)423-3890	Record ID: 440008AN Service Type: RES Resident Capacity: 39 Total Occupancy: 39 Target Population: 1.1 Expiration Date 06/30/2014
Program Name: FENIX OUTPATIENT SERVICES Legal Name: SANTA CRUZ COMMUNITY COUNSELING CENTER Address: 18 ALEXANDER STREET City, State: WATSONVILLE, CA 95076 Phone #: (831)722-5915 Fax #: (831)722-8311	Record ID: 440001EN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 12/31/2014
Program Name: SI SE PUEDE Legal Name: SANTA CRUZ COMMUNITY COUNSELING CENTER Address: 161 MILES LANE City, State: WATSONVILLE, CA 95076 Phone #: (831)423-3890	Record ID: 440008LN Service Type: RES Resident Capacity: 23 Total Occupancy: 23 Target Population: 1.2 Expiration Date 06/30/2014
Program Name: SUMMIT ESTATE RECOVERY CENTER Legal Name: SUMMIT ESTATE, INC. Address: 399 OLD MILL POND ROAD City, State: LOS GATOS, CA 95033 Phone #: (408)353-6300 Fax #: (877)230-5007	Record ID: 440017AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 03/31/2013
Program Name: THE CAMP RECOVERY CENTERS-SECTION II Legal Name: THE CAMP RECOVERY CENTER, L.P. Address: 3192 GLEN CANYON ROAD City, State: SCOTTS VALLEY, CA 95066 Phone #: (831)438-1868	Record ID: 440011BP Service Type: DSS Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5
Program Name: THE CAMP Legal Name: THE CAMP RECOVERY CENTERS, L. P. Address: 3192 GLEN CANYON ROAD City, State: SCOTTS VALLEY, CA 95066 Phone #: (831)438-1868	Record ID: 440011AP Service Type: RES-DETOX Resident Capacity: 56 Total Occupancy: 60 Target Population: 1.10 Expiration Date 09/30/2013

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Shasta County

Program Name: REDEEMED RECOVERY SERVICES Legal Name: CHURCH OF THE REDEEMED OF REDDING, CALIFORNIA Address: 844 BUTTE STREET City, State: REDDING, CA 96001 Phone #: (530)241-5518 Fax #: (530)221-6292	Record ID: 450008AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 10/31/2013
Program Name: EMPIRE OUTPATIENT SERVICES Legal Name: EMPIRE HOTEL EHARC, INC. Address: 1263 CALIFORNIA STREET City, State: REDDING, CA 96001 Phone #: (530)244-7074 Fax #: (530)244-7065	Record ID: 450001CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.13 Expiration Date 08/31/2014
Program Name: EMPIRE RECOVERY CENTER Legal Name: EMPIRE HOTEL, EHARC, INC. Address: 5014 SHASTA DAM BOULEVARD City, State: SHASTA LAKE, CA 96019 Phone #: (530)275-1076 Fax #: (530)275-3717	Record ID: 450001BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2015
Program Name: EMPIRE RECOVERY CENTER Legal Name: EMPIRE HOTEL, EHARC, INC. Address: 1237 CALIFORNIA STREET City, State: REDDING, CA 96001 Phone #: (530)243-7470 Fax #: (530)243-7477	Record ID: 450001AN Service Type: RES-DETOX Resident Capacity: 42 Total Occupancy: 42 Target Population: 1.1 Expiration Date 05/31/2013
Program Name: WILDERNESS RECOVERY CENTER Legal Name: HILLCREST COMMUNITY SERVICES, INC. Address: 19650 COVE ROAD City, State: MONTGOMERY CREEK, CA 96065 Phone #: (530)337-6724	Record ID: 450004AN Service Type: DSS Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5
Program Name: ANDERSON OUTPATIENT PROGRAM Legal Name: RIGHT ROAD RECOVERY PROGRAMS, INC. Address: 2110 FERRY STREET City, State: ANDERSON, CA 96007 Phone #: (530)365-8523	Record ID: 450012AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2015
Program Name: SHASTA RECOVERY CENTER Legal Name: SMITH, RON W. Address: 2115 HOWARD STREET, SUITE C City, State: ANDERSON, CA 96007 Phone #: (530)365-1160 Fax #: (530)343-6715	Record ID: 450010AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.7 Expiration Date 05/31/2015

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Program Name: THE ROCK RECOVERY & WELLNESS CENTER, INC.	Record ID: 450023AP
Legal Name: THE ROCK RECOVERY & WELLNESS CENTER, INC.	Service Type: RES
Address: 755 LAKE BLVD.	Resident Capacity: 6
City, State: REDDING, CA 96003	Total Occupancy: 8
Phone #: (530)229-1704	Target Population: 1.2
Fax #: (530)229-1890	Expiration Date 11/30/2013
Program Name: CHEMICAL DEPENDENCY INTENSIVE OUTPATIENT PROGRAM	Record ID: 450011AP
Legal Name: THOMAS J. ANDREWS, M.D., INC.	Service Type: NON
Address: 2885 CHURN CREEK ROAD, SUITE A	Resident Capacity: 0
City, State: REDDING, CA 96002	Total Occupancy: 0
Phone #: (530)221-7474	Target Population: 1.1
Fax #: (530)226-6329	Expiration Date 05/31/2015
Program Name: VOTC, INC.	Record ID: 450020BN
Legal Name: VOTC, INC.	Service Type: NON
Address: 3617 RICARDO AVENUE, #1	Resident Capacity: 0
City, State: REDDING, CA 96002	Total Occupancy: 0
Phone #: (530)722-1114	Target Population: 1.3
Fax #: (530)722-1115	Expiration Date 10/31/2014
Program Name: VOTC, INC. RESIDENTIAL TREATMENT PROGRAM	Record ID: 450020AN
Legal Name: VOTC, INC.	Service Type: RES
Address: 3640, 3642, 3644, 3646, 3650, 3652 EL PORTAL DRIVE AND 3647 RIC	Resident Capacity: 24
City, State: REDDING, CA 96002	Total Occupancy: 36
Phone #: (530)722-1114	Target Population: 1.4
Fax #: (530)722-1115	Expiration Date 09/30/2014
Program Name: VOTC, INC. DBA VISIONS OF THE CROSS	Record ID: 450020DN
Legal Name: VOTC, INC.	Service Type: RES
Address: 3617 RICARDO AVENUE #6,7&8	Resident Capacity: 10
City, State: SHASTA, CA 96002	Total Occupancy: 16
Phone #: (530)722-1114	Target Population: 1.4
Fax #: (530)722-1115	Expiration Date 11/30/2013

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Sierra County

Program Name: SIERRA COUNTY HUMAN SERVICES
Legal Name: SIERRA COUNTY HUMAN SERVICES
Address: 704 MILL STREET
City, State: LOYALTON, CA 96118
Phone #: (530)993-6748 Fax #: (530)993-6759

Record ID: 460001AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

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Siskiyou County

Program Name: ALCOHOL AND OTHER DRUG SERVICES	Record ID: 470002AN
Legal Name: SISKIYOU COUNTY HUMAN SERVICES AGENCY	Service Type: NON
Address: 2060 CAMPUS DRIVE	Resident Capacity: 0
City, State: YREKA, CA 96097	Total Occupancy: 0
Phone #: (530)841-4890	Target Population: 1.1
Fax #: (530)841-4881	Expiration Date 04/30/2013
Program Name: THE KARUK TRIBE SUBSTANCE ABUSE PROGRAM	Record ID: 470003AN
Legal Name: THE KARUK TRIBE OF CALIFORNIA	Service Type: NON
Address: 1519 SOUTH OREGON STREET	Resident Capacity: 0
City, State: YREKA, CA 96097	Total Occupancy: 0
Phone #: (530)842-9200	Target Population: 1.1
Fax #: (530)841-5150	Expiration Date 06/30/2014

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Solano County

Program Name: ANKA BEHAVIORAL HEALTH, INC.	Record ID: 480023AN
Legal Name: ANKA BEHAVIORAL HEALTH, INCORPORATED	Service Type: NON
Address: 251 GEORGIA STREET	Resident Capacity: 0
City, State: VALLEJO, CA 94590	Total Occupancy: 0
Phone #: (707)558-8195	Target Population: 1.1
Fax #: (707)558-8196	Expiration Date 05/31/2013
Program Name: ARCHWAY RECOVERY SERVICES, INC.	Record ID: 480022AN
Legal Name: ARCHWAY RECOVERY SERVICES, INC.	Service Type: RES
Address: 1525 UNION AVENUE	Resident Capacity: 22
City, State: FAIRFIELD, CA 94533	Total Occupancy: 22
Phone #: (707)435-1804	Target Population: 1.2
Fax #: (707)435-9807	Expiration Date 03/31/2015
Program Name: SOUTHERN SOLANO ALCOHOL COUNCIL	Record ID: 480002BN
Legal Name: BI-BETT	Service Type: RES-DETOX
Address: 419 PENNSYLVANIA STREET	Resident Capacity: 9
City, State: VALLEJO, CA 94590	Total Occupancy: 9
Phone #: (707)643-2715	Target Population: 1.1
Fax #: (707)643-8536	Expiration Date 12/31/2013
Program Name: SHAMIA RECOVERY CENTER	Record ID: 480002CN
Legal Name: BI-BETT	Service Type: RES
Address: 126, 126-1/2, AND 128 OHIO STREET	Resident Capacity: 16
City, State: VALLEJO, CA 94590	Total Occupancy: 16
Phone #: (707)644-2577	Target Population: 1.4
Fax #: (707)644-5501	Expiration Date 11/30/2013
Program Name: SHAMIA RECOVERY CENTER	Record ID: 480002EN
Legal Name: BI-BETT	Service Type: RES
Address: 109A OHIO STREET	Resident Capacity: 4
City, State: VALLEJO, CA 94590	Total Occupancy: 4
Phone #: (707)644-2577	Target Population: 1.3
Fax #: (707)644-5501	Expiration Date 10/31/2014
Program Name: RECOVERY CONNECTION	Record ID: 480002GN
Legal Name: BI-BETT	Service Type: NON
Address: 604 BROADWAY	Resident Capacity: 0
City, State: VALLEJO, CA 94590	Total Occupancy: 0
Phone #: (707)643-2748	Target Population: 1.1
Fax #: (707)558-8047	Expiration Date 05/31/2013
Program Name: DIXON FAMILY SERVICES	Record ID: 480008AN
Legal Name: DIXON FAMILY SERVICES	Service Type: NON
Address: 155 NORTH SECOND STREET	Resident Capacity: 0
City, State: DIXON, CA 95620	Total Occupancy: 0
Phone #: (707)678-0442	Target Population: 1.1
Fax #: (707)678-4014	Expiration Date 05/31/2013

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Solano County

Program Name: GENESIS HOUSE II	Record ID: 480005BN
Legal Name: GENESIS HOUSE, INC.	Service Type: RES
Address: 133 RENIDA STREET	Resident Capacity: 12
City, State: VALLEJO, CA 94591	Total Occupancy: 12
Phone #: (707)552-5295	Target Population: 1.2
	Expiration Date 06/30/2013
Program Name: GENESIS HOUSE	Record ID: 480005AN
Legal Name: GENESIS HOUSE, INC.	Service Type: RES
Address: 1149 WARREN AVENUE	Resident Capacity: 19
City, State: VALLEJO, CA 94591	Total Occupancy: 19
Phone #: (707)552-5295	Target Population: 1.1
	Expiration Date 06/30/2013
Program Name: RIO VISTA CARE	Record ID: 480012AN
Legal Name: RIO VISTA CARE, INC.	Service Type: NON
Address: 125 SACRAMENTO STREET	Resident Capacity: 0
City, State: RIO VISTA, CA 94571	Total Occupancy: 0
Phone #: (707)374-5243	Target Population: 1.1
Fax #: (707)374-5381	Expiration Date 08/31/2014
Program Name: THE HOUSE OF ACTS ALCOHOL & SUBSTANCE ABUSE TREATMENT	Record ID: 480010DN
Legal Name: THE HOUSE OF ACTS/SUBSTANCE ABUSE PROGRAM	Service Type: RES
Address: 844 5TH STREET	Resident Capacity: 8
City, State: VALLEJO, CA 94589	Total Occupancy: 8
Phone #: (707)553-1042	Target Population: 1.3
Fax #: (707)553-8146	Expiration Date 08/31/2014
Program Name: THE HOUSE OF ACTS/SUBSTANCE ABUSE PROGRAM	Record ID: 480010AN
Legal Name: THE HOUSE OF ACTS/SUBSTANCE ABUSE PROGRAM	Service Type: RES
Address: 627 GRANT STREET	Resident Capacity: 10
City, State: VALLEJO, CA 94590	Total Occupancy: 10
Phone #: (707)553-1042	Target Population: 1.2
Fax #: (707)553-8146	Expiration Date 02/28/2015
Program Name: THE HOUSE OF ACTS II	Record ID: 480010BN
Legal Name: THE HOUSE OF ACTS/SUBSTANCE ABUSE PROGRAM	Service Type: RES
Address: 115 TERI COURT	Resident Capacity: 10
City, State: VALLEJO, CA 94589	Total Occupancy: 10
Phone #: (707)643-8316	Target Population: 1.2
Fax #: (707)553-8146	Expiration Date 06/30/2014
Program Name: YOUTH AND FAMILY SERVICES OUTPATIENT ALCOHOL AND DRUG	Record ID: 480007EN
Legal Name: YOUTH AND FAMILY SERVICES, INC.	Service Type: NON
Address: 490 CHADBOURNE ROAD, SUITE C	Resident Capacity: 0
City, State: FAIRFIELD, CA 94534	Total Occupancy: 0
Phone #: (707)427-6640	Target Population: 1.1
Fax #: (707)427-6649	Expiration Date 10/31/2014

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Program Name: YOUTH AND FAMILY SERVICES, INC. (OUTPATIENT ALCOHOL AND]	Record ID: 480007GN
Legal Name: YOUTH AND FAMILY SERVICES, INC.	Service Type: NON
Address: 1017 TENNESSEE STREET	Resident Capacity: 0
City, State: VALLEJO, CA 94590	Total Occupancy: 0
Phone #: (707)647-1520	Target Population: 1.1
Fax #: (707)647-1513	Expiration Date 04/30/2015
Program Name: PROJECT AURORA/ADAPT	Record ID: 480007DN
Legal Name: YOUTH AND FAMILY SERVICES, INC.	Service Type: NON
Address: 408 TENNESSEE STREET	Resident Capacity: 0
City, State: VALLEJO, CA 94590	Total Occupancy: 0
Phone #: (707)554-2397	Target Population: 1.7
Fax #: (707)554-2634	Expiration Date 01/31/2014

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Sonoma County

Program Name: CASA CALMECAC Legal Name: CALIFORNIA HUMAN DEVELOPMENT CORPORATION Address: 1705, 1705-A AND 1711 RIDLEY STREET City, State: SANTA ROSA, CA 95403 Phone #: (707)573-1590 Fax #: (707)595-1150	Record ID: 490010HN Service Type: RES Resident Capacity: 18 Total Occupancy: 18 Target Population: 1.2 Expiration Date 02/28/2014
Program Name: CALIFORNIA HUMAN DEVELOPMENT CORPORATION EARLY INTER'Y Legal Name: CALIFORNIA HUMAN DEVELOPMENT CORPORATION Address: 3315 AIRWAY DRIVE City, State: SANTA ROSA, CA 95403 Phone #: (707)523-2242	Record ID: 490010EN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2013
Program Name: ATHENA HOUSE Legal Name: CALIFORNIA HUMAN DEVELOPMENT CORPORATION Address: 3555 SONOMA HIGHWAY City, State: SANTA ROSA, CA 95409 Phone #: (707)523-1155	Record ID: 490010AN Service Type: RES Resident Capacity: 40 Total Occupancy: 44 Target Population: 1.3 Expiration Date 06/30/2015
Program Name: CAMPOBELLO CHEMICAL DEPENDENCY RECOVERY CENTER Legal Name: CAMPOBELLO CHEMICAL DEPENDENCY RECOVERY CENTER, INC. Address: 3250 GUERNEVILLE ROAD City, State: SANTA ROSA, CA 95401 Phone #: (707)579-4066	Record ID: 490002AP Service Type: RES-DETOX Resident Capacity: 25 Total Occupancy: 25 Target Population: 1.1 Expiration Date 08/31/2014
Program Name: CAMPOBELLO OUTPATIENT CENTER Legal Name: CAMPOBELLO CHEMICAL DEPENDENCY RECOVERY CENTER, INC. Address: 2448 GUERNEVILLE ROAD, SUITE 400 City, State: SANTA ROSA, CA 95403 Phone #: (707)546-1547 Fax #: (707)546-1557	Record ID: 490002BP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 02/28/2014
Program Name: PERINATAL DAY TREATMENT Legal Name: DRUG ABUSE ALTERNATIVES CENTER Address: 2400 COUNTY CENTER DRIVE SUITE B City, State: SANTA ROSA, CA 95403 Phone #: (707)571-2233	Record ID: 490009EN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.4 Expiration Date 04/30/2014
Program Name: DRUG ABUSE ALTERNATIVES CENTER - DRUG COURT Legal Name: DRUG ABUSE ALTERNATIVES CENTER Address: 2400 COUNTY CENTER DRIVE, SUITE B City, State: SANTA ROSA, CA 95403 Phone #: (707)571-2233 Fax #: (707)544-9011	Record ID: 490009LN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2014

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Program Name: OUTPATIENT TREATMENT PROGRAM Legal Name: DRUG ABUSE ALTERNATIVES CENTER Address: 2403 PROFESSIONAL DRIVE, SUITE 101 City, State: SANTA ROSA, CA 95403 Phone #: (707)571-2233 Fax #: (707)571-2238	Record ID: 490009BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 12/31/2013
Program Name: TURNING POINT Legal Name: DRUG ABUSE ALTERNATIVES CENTER Address: 920 ACACIA LANE City, State: SANTA ROSA, CA 95405 Phone #: (707)571-2233	Record ID: 490009AN Service Type: RES Resident Capacity: 35 Total Occupancy: 35 Target Population: 1.2 Expiration Date 12/31/2013
Program Name: TURNING POINT - ARROWOOD Legal Name: DRUG ABUSE ALTERNATIVES CENTER Address: 440 ARROWOOD DRIVE City, State: SANTA ROSA, CA 95407 Phone #: (707)284-2950 Fax #: () -	Record ID: 490009RN Service Type: RES Resident Capacity: 99 Total Occupancy: 99 Target Population: 1.1 Expiration Date 05/31/2015
Program Name: TURNING POINT ORENDA DETOX Legal Name: DRUG ABUSE ALTERNATIVES CENTER Address: 1430 NEOTOMAS AVENUE City, State: SANTA ROSA, CA 95405 Phone #: (707)565-7460	Record ID: 490009SN Service Type: RES-DETOX Resident Capacity: 30 Total Occupancy: 30 Target Population: 1.1 Expiration Date 07/31/2014
Program Name: FIVE SISTERS RANCH, INC. Legal Name: FIVE SISTERS RANCH, INC. Address: 1000 LONGHORN LANE City, State: PETALUMA, CA 94952 Phone #: (707)776-0755 Fax #: (415)686-2263	Record ID: 490035AP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.3 Expiration Date 05/31/2013
Program Name: MOUNTAIN VISTA FARM Legal Name: NEW VISTAS RECOVERY, INC. Address: 3020 WARM SPRINGS ROAD City, State: GLEN ELLEN, CA 95442 Phone #: (707)996-6716 Fax #: (707)996-6647	Record ID: 490025AP Service Type: RES-DETOX Resident Capacity: 30 Total Occupancy: 30 Target Population: 1.1 Expiration Date 04/30/2014
Program Name: R HOUSE OUTPATIENT DRUG FREE MEDI-CAL Legal Name: R HOUSE Address: 1207 AND 1211 CLEVELAND AVENUE City, State: SANTA ROSA, CA 95401 Phone #: (707)571-2215 Fax #: (707)568-3792	Record ID: 490011GN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 08/31/2013

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Program Name: WINDING CREEK GIRLS' FACILITY	Record ID: 490011EN
Legal Name: R HOUSE	Service Type: DSS
Address: 152 MIDDLE RINCON ROAD	Resident Capacity: 0
City, State: SANTA ROSA, CA 95409	Total Occupancy: 0
Phone #: (707)539-2948	Target Population: 1.5
Program Name: GIRLS FACILITY #2	Record ID: 490011DN
Legal Name: R HOUSE	Service Type: DSS
Address: 5316 SAN LUIS AVENUE	Resident Capacity: 0
City, State: SANTA ROSA, CA 95409	Total Occupancy: 0
Phone #: (707)539-2948	Target Population: 1.5
Program Name: GIRLS FACILITY #1	Record ID: 490011CN
Legal Name: R HOUSE	Service Type: DSS
Address: 5136 OAK PARK WAY	Resident Capacity: 0
City, State: SANTA ROSA, CA 95409	Total Occupancy: 0
Phone #: (707)539-2948	Target Population: 1.5
Program Name: BOYS FACILITY	Record ID: 490011AN
Legal Name: R HOUSE	Service Type: NON
Address: 429 SPEERS ROAD	Resident Capacity: 0
City, State: SANTA ROSA, CA 95409	Total Occupancy: 0
Phone #: (707)539-2948	Target Population: 1.1
	Expiration Date 09/30/2014
Program Name: SONOMA COUNTY INDIAN HEALTH PROJECT/BEHAVIOR HEALTH	Record ID: 490032AN
Legal Name: SONOMA COUNTY INDIAN HEALTH PROJECT,INC.	Service Type: NON
Address: 144 STONY POINT ROAD, 2ND FLOOR	Resident Capacity: 0
City, State: SANTA ROSA, CA 95401	Total Occupancy: 0
Phone #: (707)521-4550	Target Population: 1.1
Fax #: (707)544-1092	Expiration Date 04/30/2015
Program Name: OLYMPIA HOUSE	Record ID: 490036AP
Legal Name: SONOMA RECOVERY SERVICES, LLC	Service Type: RES-DETOX
Address: 11207 VALLEY FORD ROAD	Resident Capacity: 24
City, State: PETALUMA, CA 94952	Total Occupancy: 28
Phone #: (415)795-7609	Target Population: 1.1
	Expiration Date 08/31/2014
Program Name: AZURE ACRES	Record ID: 490021AP
Legal Name: THE CAMP RECOVERY CENTERS, L.P.	Service Type: RES-DETOX
Address: 2264 GREEN HILL ROAD	Resident Capacity: 28
City, State: SEBASTOPOL, CA 95472	Total Occupancy: 28
Phone #: (707)823-3385	Target Population: 1.1
	Expiration Date 12/31/2013

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Sonoma County

Program Name: WOMEN'S RECOVERY SERVICES, A UNIQUE PLACE

Legal Name: WOMEN'S RECOVERY SERVICES, A UNIQUE PLACE

Address: 98, 112, 122, AND 140 HENDLEY STREET

City, State: SANTA ROSA, CA 95404

Phone #: (707)527-0412 Fax #: (707)527-6048

Record ID: 490004EN

Service Type: RES

Resident Capacity: 20

Total Occupancy: 32

Target Population: 1.4

Expiration Date 02/28/2014

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Stanislaus County

Program Name: THE LAST RESORT Legal Name: ADOLESCENCE'S LAST RESORT Address: 3125 MC HENRY AVENUE, SUITE D City, State: MODESTO, CA 95350 Phone #: (209)523-6910 Fax #: (209)523-6912	Record ID: 500010BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 12/31/2014
Program Name: THE LAST RESORT Legal Name: ADOLESCENCE'S LAST RESORT Address: 218 EAST ORANGEBURG AVENUE City, State: MODESTO, CA 95350 Phone #: (209)523-6900 Fax #: (209)523-6909	Record ID: 500010AN Service Type: DSS Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5
Program Name: CARE SOLUTIONS TREATMENT CENTERS Legal Name: CARE SOLUTIONS, LLC Address: 122 WEST GRANGER AVENUE City, State: MODESTO, CA 95350 Phone #: (209)544-1500 Fax #: (209)544-1515	Record ID: 500022BP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2014
Program Name: NEW HOPE RECOVERY HOUSE Legal Name: GENE RADINO Address: 823 EAST ORANGEBURG AVENUE City, State: MODESTO, CA 95350 Phone #: (209)527-9797 Fax #: (209)527-9825	Record ID: 500004AP Service Type: RES-DETOX Resident Capacity: 40 Total Occupancy: 40 Target Population: 1.1 Expiration Date 09/30/2014
Program Name: RECOVERY SYSTEMS ASSOCIATES Legal Name: GENE RADINO Address: 823 EAST ORANGEBURG City, State: MODESTO, CA 95350 Phone #: (209)527-2046	Record ID: 500004BP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 07/31/2013
Program Name: NIRVANA DRUG AND ALCOHOL TREATMENT PROGRAM Legal Name: NIRVANA DRUG AND ALCOHOL TREATMENT INSTITUTE Address: 1040 RENO AVENUE City, State: MODESTO, CA 95351 Phone #: (209)579-1103 Fax #: (209)578-1085	Record ID: 500009IN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 10/31/2013
Program Name: NIRVANA DRUG AND ALCOHOL WOMEN OF HOPE Legal Name: NIRVANA DRUG AND ALCOHOL TREATMENT PROGRAM Address: 1116 1/2 ALICE STREET City, State: MODESTO, CA 95351 Phone #: (209)578-3132	Record ID: 500009HN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.3 Expiration Date 04/30/2014

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Stanislaus County

Program Name: NIRVANA DRUG AND ALCOHOL WOMEN OF HOPE Legal Name: NIRVANA DRUG AND ALCOHOL TREATMENT PROGRAM Address: 1116 ALICE STREET City, State: MODESTO, CA 95351 Phone #: (209)578-3132	Record ID: 500009GN Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.3 Expiration Date 04/30/2014
Program Name: NIRVANA DRUG AND ALCOHOL TREATMENT INSTITUTE Legal Name: NIRVANA DRUG AND ALCOHOL TREATMENT PROGRAM Address: 1100 KANSAS AVENUE, SUITE B-C City, State: MODESTO, CA 95351 Phone #: (209)579-1151 Fax #: (209)579-9605	Record ID: 500009CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 07/31/2014
Program Name: NIRVANA DRUG & ALCOHOL TREATMENT INSTITUTE Legal Name: NIRVANA DRUG AND ALCOHOL TREATMENT PROGRAM Address: 1028 RENO AVENUE City, State: MODESTO, CA 95351 Phone #: (209)579-1103 Fax #: (209)578-1085	Record ID: 500009EN Service Type: RES-DETOX Resident Capacity: 30 Total Occupancy: 30 Target Population: 1.1 Expiration Date 11/30/2014
Program Name: STANISLAUS RECOVERY CENTER - ADULT NON-RESIDENTIAL Legal Name: STANISLAUS COUNTY BEHAVIORAL HEALTH & RECOVERY SERVIC Address: 1904 RICHLAND AVENUE City, State: CERES, CA 95307 Phone #: (209)541-2121 Fax #: (209)525-6291	Record ID: 500002FN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 07/31/2013
Program Name: STANISLAUS RECOVERY CENTER Legal Name: STANISLAUS COUNTY BEHAVIORAL HEALTH AND RECOVERY SERV Address: 1904 RICHLAND AVENUE, ADULT TREATMENT BUILDING City, State: CERES, CA 95307 Phone #: (209)541-2912	Record ID: 500002EN Service Type: RES-DETOX Resident Capacity: 52 Total Occupancy: 52 Target Population: 1.1 Expiration Date 07/31/2013
Program Name: TURLOCK REGIONAL SERVICES Legal Name: STANISLAUS COUNTY BEHAVIORAL HEALTH AND RECOVERY SERV Address: 2101 GEER ROAD, SUITE 120 City, State: TURLOCK, CA 95380 Phone #: (209)664-8044 Fax #: (209)664-9294	Record ID: 500014BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 10/31/2014
Program Name: WEST MODESTO REGIONAL SERVICES Legal Name: STANISLAUS COUNTY BEHAVIORAL HEALTH AND RECOVERY SERV Address: 500 NORTH 9TH STREET, BUILDING A AND B City, State: MODESTO, CA 95354 Phone #: (209)558-4598 Fax #: (209)558-4586	Record ID: 500014EN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 10/31/2014

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Sutter County

Program Name: FEATHER RIVER MEN'S CENTER	Record ID: 510006AN
Legal Name: FEATHER RIVER MEN'S CENTER, INC.	Service Type: RES
Address: 2465 BIRCH STREET	Resident Capacity: 15
City, State: LIVE OAK, CA 95953	Total Occupancy: 20
Phone #: (530)695-8006	Target Population: 1.2
	Expiration Date 11/30/2013
Program Name: RE-ENTRY RESIDENTIAL	Record ID: 510003AP
Legal Name: RE-ENTRY, INC.	Service Type: RES
Address: 8851 GARDEN HIGHWAY	Resident Capacity: 6
City, State: YUBA CITY, CA 95993	Total Occupancy: 7
Phone #: (530)751-7561 Fax #: (530)885-4109	Target Population: 1.2
	Expiration Date 04/30/2013
Program Name: OPTIONS FOR CHANGE SUBSTANCE ABUSE PROGRAM	Record ID: 510002BN
Legal Name: SUTTER-YUBA MENTAL HEALTH SERVICES	Service Type: NON
Address: 1965 LIVE OAK BOULEVARD	Resident Capacity: 0
City, State: YUBA CITY, CA 95992	Total Occupancy: 0
Phone #: (530)822-7200 Fax #: (530)822-7108	Target Population: 1.1
	Expiration Date 06/30/2013
Program Name: FIRST STEPS PERINATAL DAY TREATMENT PROGRAM	Record ID: 510002CN
Legal Name: SUTTER-YUBA MENTAL HEALTH SERVICES	Service Type: NON
Address: 1251 EAST ONSTOTT ROAD	Resident Capacity: 0
City, State: YUBA CITY, CA 95991	Total Occupancy: 0
Phone #: (530)822-7263 Fax #: (530)822-7267	Target Population: 1.3
	Expiration Date 11/30/2014

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Tehama County

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

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Certified Alcohol and Drug Programs

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Trinity County

Program Name: TRINITY COUNTY ALCOHOL AND OTHER DRUG SERVICES

Legal Name: TRINITY COUNTY ALCOHOL AND OTHER DRUG SERVICES

Address: 1450 MAIN STREET

City, State: WEAVERVILLE, CA 96093

Phone #: (530)623-1362 Fax #: (530)623-4448

Record ID: 530001AN

Service Type: NON

Resident Capacity: 0

Total Occupancy: 0

Target Population: 1.1

Expiration Date 02/28/2015

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Tulare County

Program Name: ALTERNATIVE SERVICES	Record ID: 540024AP
Legal Name: ALTERNATIVE SERVICES, INC.	Service Type: NON
Address: 215 NORTH D STREET	Resident Capacity: 0
City, State: PORTERVILLE, CA 93257	Total Occupancy: 0
Phone #: (559)783-2402	Target Population: 1.5
Fax #: (559)782-4681	Expiration Date 02/28/2014
Program Name: ALTERNATIVE SERVICES	Record ID: 540024EP
Legal Name: ALTERNATIVE SERVICES, INC.	Service Type: NON
Address: 125 SOUTH M STREET	Resident Capacity: 0
City, State: TULARE, CA 93274	Total Occupancy: 0
Phone #: (559)685-8283	Target Population: 1.1
	Expiration Date 05/31/2014
Program Name: ALTERNATIVE SERVICES	Record ID: 540024DP
Legal Name: ALTERNATIVE SERVICES, INC.	Service Type: NON
Address: 2380 W. WHITENDALE AVENUE	Resident Capacity: 0
City, State: VISALIA, CA 93227	Total Occupancy: 0
Phone #: (559)651-8090	Target Population: 1.1
Fax #: (559)651-8099	Expiration Date 05/31/2014
Program Name: NEW HOPE	Record ID: 540031AN
Legal Name: CENTRAL VALLEY RECOVERY SERVICES, INC.	Service Type: RES
Address: 212 NORTH STEVENSON STREET	Resident Capacity: 6
City, State: VISALIA, CA 93291	Total Occupancy: 6
Phone #: (559)625-2995	Target Population: 1.3
Fax #: (559)625-3808	Expiration Date 06/30/2014
Program Name: NEW VISIONS FOR WOMEN	Record ID: 540031CN
Legal Name: CENTRAL VALLEY RECOVERY SERVICES, INC.	Service Type: RES-DETOX
Address: 1425-A EAST WALNUT AVENUE	Resident Capacity: 23
City, State: VISALIA, CA 93277	Total Occupancy: 23
Phone #: (559)625-4072	Target Population: 1.3
Fax #: (559)625-3808	Expiration Date 05/31/2014
Program Name: NEW HEIGHTS	Record ID: 540031EN
Legal Name: CENTRAL VALLEY RECOVERY SERVICES, INC.	Service Type: NON
Address: 213 NORTH WEST STREET	Resident Capacity: 0
City, State: VISALIA, CA 93291	Total Occupancy: 0
Phone #: (559)732-4885	Target Population: 1.1
Fax #: (559)625-3808	Expiration Date 08/31/2014
Program Name: MOTHERING HEIGHTS	Record ID: 540031DN
Legal Name: CENTRAL VALLEY RECOVERY SERVICES, INC.	Service Type: RES
Address: 705 SOUTH COURT STREET	Resident Capacity: 10
City, State: VISALIA, CA 93277	Total Occupancy: 23
Phone #: (559)625-2995	Target Population: 1.4
Fax #: (559)625-3808	Expiration Date 10/31/2013

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Certified Alcohol and Drug Programs***

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Tulare County

Program Name: PINE RECOVERY CENTER Legal Name: CENTRAL VALLEY RECOVERY SERVICES, INC. Address: 120 WEST SCHOOL AVENUE City, State: VISALIA, CA 93291 Phone #: (559)625-4100 Fax #: (559)625-3808	Record ID: 540031BN Service Type: RES-DETOX Resident Capacity: 27 Total Occupancy: 27 Target Population: 1.2 Expiration Date 08/31/2013
Program Name: NEW HEIGHTS Legal Name: CENTRAL VALLEY RECOVERY SERVICES, INC. Address: 320 WEST OAK AVENUE, SUITE C City, State: VISALIA, CA 93291 Phone #: (559)625-3278 Fax #: (559)625-3808	Record ID: 540031FN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2014
Program Name: COMMUNITY ALCOHOL AND DRUG REHABILITATION EFFORT C.A.D Legal Name: COMMUNITY ALCOHOL AND DRUG REHABILITATION EFFORT, INC. Address: 2380 W. WHITENDALE AVENUE City, State: VISALIA, CA 93277 Phone #: (559)651-8090	Record ID: 540024CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2014
Program Name: TIFFANY RESIDENTIAL Legal Name: KARIS HOUSE, INC. Address: 35095 ROAD 132 City, State: VISALIA, CA 93292 Phone #: (559)635-7008	Record ID: 540034AN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 01/31/2015
Program Name: THE PAAR CENTER Legal Name: PORTERVILLE HALFWAY HOUSE Address: 218 W. BELLEVIEV AVENUE; 509 N. EL GRANITO City, State: PORTERVILLE, CA 93257 Phone #: (559)781-0107 Fax #: () -	Record ID: 540001HN Service Type: RES-DETOX Resident Capacity: 45 Total Occupancy: 48 Target Population: 1.2 Expiration Date 11/30/2014
Program Name: THE PAAR CENTER Legal Name: PORTERVILLE HALFWAY HOUSE Address: 509 NORTH EL GRANITO STREET City, State: PORTERVILLE, CA 93257 Phone #: (559)781-0107 Fax #: (559)781-7521	Record ID: 540001FN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 02/28/2015
Program Name: PAAR CENTER WEST Legal Name: PORTERVILLE HALFWAY HOUSE Address: 182 WEST BELLEVIEV AVENUE City, State: PORTERVILLE, CA 93257 Phone #: (559)781-0107	Record ID: 540001CN Service Type: RES Resident Capacity: 12 Total Occupancy: 14 Target Population: 1.3 Expiration Date 07/31/2013

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Tulare County

Program Name: RECOVERY RESOURCES	Record ID: 540020AP
Legal Name: RICK AND JERRI THOMPSON, D.B.A., RECOVERY RESOURCES	Service Type: NON
Address: 2222 WEST SUNNYSIDE, SUITE 2	Resident Capacity: 0
City, State: VISALIA, CA 93277	Total Occupancy: 0
Phone #: (559)625-8176	Target Population: 1.1
Fax #: (559)625-8179	Expiration Date 04/30/2015
Program Name: SRS RECOVERY SERVICES	Record ID: 540028AP
Legal Name: SRS RECOVERY SERVICES, LLC	Service Type: NON
Address: 515 WEST MURRAY, SUITES B & C	Resident Capacity: 0
City, State: VISALIA, CA 93291	Total Occupancy: 0
Phone #: (559)636-2091	Target Population: 1.1
Fax #: (559)636-9452	Expiration Date 12/31/2013
Program Name: SRS RECOVERY SERVICES	Record ID: 540028BP
Legal Name: SRS RECOVERY SERVICES, LLC	Service Type: NON
Address: 130 EAST MILL AVENUE	Resident Capacity: 0
City, State: PORTERVILLE, CA 93257	Total Occupancy: 0
Phone #: (559)789-9881	Target Population: 1.1
Fax #: (559)789-9877	Expiration Date 12/31/2013
Program Name: TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY - FAMII	Record ID: 540002JN
Legal Name: TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY	Service Type: NON
Address: 1066 NORTH ALTA	Resident Capacity: 0
City, State: DINUBA, CA 93618	Total Occupancy: 0
Phone #: (559)737-4660	Target Population: 1.1
	Expiration Date 02/28/2013
Program Name: TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY - FAMII	Record ID: 540002HN
Legal Name: TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY	Service Type: NON
Address: 132 NORTH VALLEY OAKS DRIVE	Resident Capacity: 0
City, State: VISALIA, CA 93292	Total Occupancy: 0
Phone #: (559)737-4660	Target Population: 1.1
	Expiration Date 02/28/2013
Program Name: TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY - FAMII	Record ID: 540002IN
Legal Name: TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY	Service Type: NON
Address: 1055 WEST HENDERSON STREET, SUITE 2	Resident Capacity: 0
City, State: PORTERVILLE, CA 93257	Total Occupancy: 0
Phone #: (559)788-1200	Target Population: 1.1
	Expiration Date 02/28/2013
Program Name: TURNING POINT VISALIA RE-ENTRY CENTER	Record ID: 540005DN
Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.	Service Type: RES
Address: 1845 SOUTH COURT STREET, DORM ROOMS #5 AND #6	Resident Capacity: 12
City, State: VISALIA, CA 93277	Total Occupancy: 12
Phone #: (559)732-5550	Target Population: 1.2
Fax #: (559)732-5574	Expiration Date 03/31/2014

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Tulare County

Program Name: TURNING POINT YOUTH SERVICES
Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.
Address: 220 NORTH LOCUST STREET
City, State: VISALIA, CA 93291
Phone #: (559)627-1385 Fax #: (559)636-2105

Record ID: 540005BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 06/30/2013

State of California Department of Alcohol and Drug Programs
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Certified Alcohol and Drug Programs

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Tuolumne County

Program Name: THE RANCH
Legal Name: MAYNORD'S CHEMICAL DEPENDENCY RECOVERY CENTER
Address: 19325 CHEROKEE ROAD
City, State: TUOLUMNE, CA 95379
Phone #: (209)928-3737 Fax #: (209)928-1152

Record ID: 550001AP
Service Type: RES-DETOX
Resident Capacity: 30
Total Occupancy: 30
Target Population: 1.1
Expiration Date 12/31/2013

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Ventura County

Program Name: A WILDWOOD RECOVERY	Record ID: 560040AP
Legal Name: A WILDWOOD RECOVERY	Service Type: RES-DETOX
Address: 360 CAMINO DE CELESTE	Resident Capacity: 6
City, State: THOUSAND OAKS, CA 91360	Total Occupancy: 6
Phone #: (805)493-5741	Target Population: 1.1
Fax #: (805)493-5047	Expiration Date 08/31/2013
Program Name: ACTION FAMILY COUNSELING, INC. ADULT RESIDENTIAL TREATME	Record ID: 560026DP
Legal Name: ACTION FAMILY COUNSELING, INC.	Service Type: RES
Address: 691 MAIN STREET	Resident Capacity: 22
City, State: PIRU, CA 93040	Total Occupancy: 22
Phone #: (805)521-1250	Target Population: 1.1
Fax #: (850)521-1425	Expiration Date 09/30/2014
Program Name: ACTION FAMILY COUNSELING CENTERS - SIMI VALLEY	Record ID: 560026AP
Legal Name: ACTION FAMILY COUNSELING, INC.	Service Type: NON
Address: 4380 APRICOT ROAD	Resident Capacity: 0
City, State: SIMI VALLEY, CA 93063	Total Occupancy: 0
Phone #: (800)367-8336	Target Population: 1.5
Fax #: (661)297-9701	Expiration Date 11/30/2014
Program Name: SANTA PAULA - THE FARM	Record ID: 560026CP
Legal Name: ACTION FAMILY COUNSELING, INC.	Service Type: DSS
Address: 15005 FAULKNER ROAD	Resident Capacity: 0
City, State: SANTA PAULA, CA 93060	Total Occupancy: 0
Phone #: (805)933-1219	Target Population: 1.1
Fax #: (661)297-9701	
Program Name: ACTION FAMILY COUNSELING CENTERS - OXNARD	Record ID: 560026BP
Legal Name: ACTION FAMILY COUNSELING, INC.	Service Type: NON
Address: 5850 THILLE, SUITE # 108	Resident Capacity: 0
City, State: VENTURA, CA 93003	Total Occupancy: 0
Phone #: (805)278-8992	Target Population: 1.5
Fax #: (661)297-9701	Expiration Date 11/30/2014
Program Name: CASA DE VIDA, INC.	Record ID: 560035AN
Legal Name: CASA DE VIDA, INC.	Service Type: RES
Address: 531 WEST BARD ROAD	Resident Capacity: 6
City, State: OXNARD, CA 93033	Total Occupancy: 6
Phone #: (805)486-8401	Target Population: 1.2
Fax #: (805)486-8401	Expiration Date 06/30/2014
Program Name: ALTERNATIVE ACTION PROGRAMS	Record ID: 560028AP
Legal Name: DENNIS M. GIROUX AND ASSOCIATES, INC.	Service Type: NON
Address: 314 WEST FOURTH STREET	Resident Capacity: 0
City, State: OXNARD, CA 93030	Total Occupancy: 0
Phone #: (805)988-1112	Target Population: 1.1
Fax #: (805)988-4883	Expiration Date 08/31/2013

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Ventura County

Program Name: GENESIS PROGRAMS, INC.	Record ID: 560032AP
Legal Name: GENESIS PROGRAMS, INC.	Service Type: NON
Address: 1650 PALMA DRIVE, SUITE 208	Resident Capacity: 0
City, State: VENTURA, CA 93003	Total Occupancy: 0
Phone #: (805)650-3094	Target Population: 1.1
Fax #: (805)650-3097	Expiration Date 06/30/2014
Program Name: GENESIS PROGRAMS, INC.	Record ID: 560032BP
Legal Name: GENESIS PROGRAMS, INC.	Service Type: NON
Address: 145 HODENCAMP ROAD, SUITE 207	Resident Capacity: 0
City, State: THOUSAND OAKS, CA 91360	Total Occupancy: 0
Phone #: (805)497-6169	Target Population: 1.1
Fax #: (805)497-6179	Expiration Date 06/30/2014
Program Name: KHEPERA HOUSE	Record ID: 560004KN
Legal Name: KHEPERA HOUSE	Service Type: RES
Address: 125-A WEST HARRISON STREET	Resident Capacity: 6
City, State: VENTURA, CA 93001	Total Occupancy: 6
Phone #: (805)653-2596	Target Population: 1.2
Fax #: (805)648-9762	Expiration Date 05/31/2015
Program Name: KHEPERA HOUSE	Record ID: 560004FN
Legal Name: KHEPERA HOUSE	Service Type: RES
Address: 277 B WEST HARRISON AVENUE	Resident Capacity: 4
City, State: VENTURA, CA 93001	Total Occupancy: 4
Phone #: (805)648-9762	Target Population: 1.2
	Expiration Date 09/30/2014
Program Name: KHEPERA HOUSE	Record ID: 560004EN
Legal Name: KHEPERA HOUSE	Service Type: RES
Address: 277 A WEST HARRISON AVENUE	Resident Capacity: 6
City, State: VENTURA, CA 93001	Total Occupancy: 6
Phone #: (805)648-9762	Target Population: 1.2
	Expiration Date 09/30/2014
Program Name: KHEPERA HOUSE	Record ID: 560004DN
Legal Name: KHEPERA HOUSE	Service Type: RES
Address: 108 WEST HARRISON AVENUE	Resident Capacity: 6
City, State: VENTURA, CA 93001	Total Occupancy: 6
Phone #: (805)653-2596	Target Population: 1.2
	Expiration Date 09/30/2014
Program Name: KHEPERA HOUSE	Record ID: 560004JN
Legal Name: KHEPERA HOUSE	Service Type: RES
Address: 125-C WEST HARRISON STREET	Resident Capacity: 6
City, State: VENTURA, CA 93001	Total Occupancy: 6
Phone #: (805)653-2596	Target Population: 1.2
Fax #: (805)648-9762	Expiration Date 05/31/2015

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Ventura County

Program Name: KHEPERA HOUSE	Record ID: 560004MN
Legal Name: KHEPERA HOUSE	Service Type: RES
Address: 125-D WEST HARRISON STREET	Resident Capacity: 6
City, State: VENTURA, CA 93001	Total Occupancy: 6
Phone #: (805)653-2596	Target Population: 1.2
Fax #: (805)648-9762	Expiration Date 05/31/2015
Program Name: KHEPERA HOUSE	Record ID: 560004LN
Legal Name: KHEPERA HOUSE	Service Type: RES-DETOX
Address: 125-B WEST HARRISON STREET	Resident Capacity: 6
City, State: VENTURA, CA 93001	Total Occupancy: 6
Phone #: (805)653-2596	Target Population: 1.2
Fax #: (805)648-9762	Expiration Date 05/31/2015
Program Name: PASSAGES VENTURA	Record ID: 560036BP
Legal Name: PASSAGES SILVER STRAND LLC	Service Type: NON
Address: 241 MARKET STREET	Resident Capacity: 0
City, State: PORT HUENEME, CA 93041	Total Occupancy: 0
Phone #: (805)283-4737	Target Population: 1.1
Fax #: (805)488-9000	Expiration Date 10/31/2013
Program Name: PASSAGES VENTURA	Record ID: 560036AP
Legal Name: PASSAGES SILVER STRAND, LLC	Service Type: RES-DETOX
Address: 224 EAST CLARA STREET	Resident Capacity: 90
City, State: PORT HUENEME, CA 93041	Total Occupancy: 90
Phone #: (805)283-4737	Target Population: 1.1
Fax #: (805)488-9000	Expiration Date 03/31/2015
Program Name: PDAP OF VENTURA COUNTY, INCORPORATED	Record ID: 560015BN
Legal Name: PDAP OF VENTURA COUNTY, INCORPORATED	Service Type: NON
Address: 450 ROSEWOOD AVENUE, SUITE 215	Resident Capacity: 0
City, State: CAMARILLO, CA 93010	Total Occupancy: 0
Phone #: (805)482-1265	Target Population: 1.7
	Expiration Date 06/30/2013
Program Name: PROTOTYPES WOMEN'S CENTER - VENTURA	Record ID: 560019CN
Legal Name: PROTOTYPES, CENTERS FOR INNOVATION IN HEALTH, MENTAL HE	Service Type: RES-DETOX
Address: 2150 NORTH VICTORIA AVENUE	Resident Capacity: 56
City, State: OXNARD, CA 93036	Total Occupancy: 85
Phone #: (805)382-6296	Target Population: 1.4
	Expiration Date 09/30/2013
Program Name: PSYCHOLOGICAL SERVICES FOR FAMILIES	Record ID: 560039AP
Legal Name: PSYCHOLOGICAL SERVICES FOR FAMILIES	Service Type: NON
Address: 410 NORTH A STREET	Resident Capacity: 0
City, State: OXNARD, CA 93030	Total Occupancy: 0
Phone #: (805)701-1040	Target Population: 1.1
Fax #: (805)487-2255	Expiration Date 08/31/2013

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Ventura County

Program Name: LA VENTANA TREATMENT PROGRAMS Legal Name: RYLIST, INC Address: 940 RANCHO ROAD City, State: THOUSAND OAKS, CA 91362 Phone #: (805)379-0565	Record ID: 560038DP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1
Program Name: RYLIST DBA LA VENTANA TREATMENT PROGRAMS Legal Name: RYLIST, INC. Address: 275 EAST HILLCREST DRIVE #120 AND 125 City, State: THOUSAND OAKS, CA 91360 Phone #: (805)777-3873	Record ID: 560038AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2013
Program Name: LA VENTANA TREATMENT PROGRAMS Legal Name: RYLIST, INC. Address: 2443 PORTOLA ROAD, SUITE A City, State: VENTURA, CA 93003 Phone #: (805)644-5745 Fax #: (818)975-5076	Record ID: 560038BP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.13 Expiration Date 11/30/2013
Program Name: INTERVENTION INSTITUTE Legal Name: SANDERS, LAURIE Address: 870 HAMPSHIRE ROAD, SUITE A City, State: THOUSAND OAKS, CA 91361 Phone #: (805)379-3611 Fax #: (805)446-4470	Record ID: 560027AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2013
Program Name: VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT ALCOHOL Legal Name: VENTURA COUNTY BEHAVIORAL HEALTH ALCOHOL & DRUG PROC Address: 24 EAST MAIN STREET City, State: VENTURA, CA 93001 Phone #: (805)652-6919 Fax #: (805)652-0868	Record ID: 560003BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2013
Program Name: VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT ALCOHOL Legal Name: VENTURA COUNTY BEHAVIORAL HEALTH ALCOHOL AND DRUG PR Address: 3150 EAST LOS ANGELES AVENUE City, State: SIMI VALLEY, CA 93063 Phone #: (805)577-1724	Record ID: 560003AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2013
Program Name: FILLMORE ADP CENTER Legal Name: VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT ALCOHOL Address: 828 WEST VENTURA STREET City, State: FILLMORE, CA 93015 Phone #: (805)524-8644	Record ID: 560003GN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2013

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Ventura County

Program Name: OXNARD CENTER	Record ID: 560003CN
Legal Name: VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT, ALCOHOL	Service Type: NON
Address: 1911 WILLIAMS DRIVE	Resident Capacity: 0
City, State: OXNARD, CA 93036	Total Occupancy: 0
Phone #: (805)981-9200	Target Population: 1.1
	Expiration Date 10/31/2014
Program Name: A NEW START FOR MOMS	Record ID: 560003DN
Legal Name: VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT, ALCOHOL	Service Type: NON
Address: 1911 WILLIAMS DRIVE, SUITE 140	Resident Capacity: 0
City, State: OXNARD, CA 93036	Total Occupancy: 0
Phone #: (805)981-9250	Target Population: 1.3
	Expiration Date 10/31/2014
Program Name: COMMUNITY RECOVERY CENTER	Record ID: 560041AP
Legal Name: VENTURA RECOVERY CENTER, INC.	Service Type: RES-DETOX
Address: 166 SIESTA AVENUE	Resident Capacity: 10
City, State: THOUSAND OAKS, CA 91360	Total Occupancy: 10
Phone #: (805)499-8383	Target Population: 1.1
Fax #: (805)494-4898	Expiration Date 08/31/2014
Program Name: VENTURA RECOVERY CENTER OUTPATIENT SERVICES	Record ID: 560041BP
Legal Name: VENTURA RECOVERY CENTER, INC.	Service Type: NON
Address: 2975 E. HILLCREST DRIVE, SUITE 406	Resident Capacity: 0
City, State: WESTLAKE VILLAGE, CA 91362	Total Occupancy: 0
Phone #: (800)247-6111	Target Population: 1.1
Fax #: (805)494-4898	Expiration Date 02/28/2015

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Yolo County

Program Name: CACHE CREEK LODGE Legal Name: CACHE CREEK LODGE, INC. Address: 421 ASPEN STREET City, State: WOODLAND, CA 95695 Phone #: (530)662-5727 Fax #: (530)662-2304	Record ID: 570004CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 02/28/2013
Program Name: CACHE CREEK LODGE Legal Name: CACHE CREEK LODGE, INC. Address: 435 ASPEN STREET, BUILDING A AND BUILDING B, AND 453 ASP City, State: WOODLAND, CA 95695 Phone #: (530)662-5727 Fax #: (530)892-1831	Record ID: 570004BN Service Type: RES Resident Capacity: 45 Total Occupancy: 45 Target Population: 1.1 Expiration Date 07/31/2013
Program Name: YOLO COUNTY DRUG AND ALCOHOL EDUCATION Legal Name: COUNTY OF YOLO ALCOHOL, DRUG AND MENTAL HEALTH SERVIC Address: 137 NORTH COTTONWOOD STREET, SUITE 1510 City, State: WOODLAND, CA 95695 Phone #: (530)666-8658 Fax #: (530)666-8663	Record ID: 570001DN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2014
Program Name: PROGRESS HOUSE YOLO COUNTY WOMEN AND CHILDREN'S FACILI Legal Name: PROGRESS HOUSE ,INC. Address: 15450 COUNTY ROAD 99, BUILDING A AND 15430 COUNTY ROAI City, State: WOODLAND, CA 95695 Phone #: (530)668-9627 Fax #: (530)668-8528	Record ID: 570009AN Service Type: RES Resident Capacity: 12 Total Occupancy: 31 Target Population: 1.4 Expiration Date 06/30/2014
Program Name: WALTER'S HOUSE Legal Name: YOLO WAYFARER CENTER (CHRISTIAN MISSION) Address: 285 4TH STREET City, State: WOODLAND, CA 95695 Phone #: (530)662-2699 Fax #: (530)661-2494	Record ID: 570008AN Service Type: RES Resident Capacity: 44 Total Occupancy: 44 Target Population: 1.1 Expiration Date 08/31/2013
Program Name: FOURTH AND HOPE OUTPATIENT PROGRAM Legal Name: YOLO WAYFARER CENTER (CHRISTIAN MISSION) DBA FOURTH ANI Address: 812 COURT STREET City, State: WOODLAND, CA 95695 Phone #: (530)867-5010 Fax #: (530)662-6918	Record ID: 570008BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2015

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Yuba County

Program Name: FOR OUR RECOVERING (F.O.R.) FAMILIES	Record ID: 580002AN
Legal Name: COUNTY OF YUBA COMMUNITY HEALTH SERVICES	Service Type: NON
Address: 5730 PACKARD AVENUE, SUITE 300	Resident Capacity: 0
City, State: MARYSVILLE, CA 95901	Total Occupancy: 0
Phone #: (530)749-6798	Target Population: 1.13
Fax #: (530)741-6397	Expiration Date 06/30/2013
Program Name: PATHWAYS III	Record ID: 580001DN
Legal Name: MIDVALLEY RECOVERY FACILITIES, INCORPORATED	Service Type: NON
Address: 2 9TH STREET	Resident Capacity: 0
City, State: MARYSVILLE, CA 95901	Total Occupancy: 0
Phone #: (530)742-6670	Target Population: 1.1
	Expiration Date 12/31/2013
Program Name: PATHWAYS I	Record ID: 580001BN
Legal Name: MIDVALLEY RECOVERY FACILITIES, INCORPORATED	Service Type: RES-DETOX
Address: 2 - 9TH STREET	Resident Capacity: 23
City, State: MARYSVILLE, CA 95901	Total Occupancy: 23
Phone #: (530)674-4530	Target Population: 1.1
	Expiration Date 12/31/2013
Program Name: THE SALVATION ARMY DEPOT FAMILY CRISIS CENTER	Record ID: 580005AN
Legal Name: THE SALVATION ARMY	Service Type: NON
Address: 410 J STREET	Resident Capacity: 0
City, State: MARYSVILLE, CA 95901	Total Occupancy: 0
Phone #: (530)216-4530	Target Population: 1.1
Fax #: (530)742-0893	Expiration Date 10/31/2013