

**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.

[Alameda County](#)

[Alpine County](#)

[Amador County](#)

[Butte County](#)

[Calaveras County](#)

[Colusa County](#)

[Contra Costa County](#)

[Del Norte County](#)

[El Dorado County](#)

[Fresno County](#)

[Glenn County](#)

[Humboldt County](#)

[Imperial County](#)

[Inyo County](#)

[Kern County](#)

[Kings County](#)

[Lake County](#)

[Lassen County](#)

[Los Angeles County](#)

[Madera County](#)

[Marin County](#)

[Mariposa County](#)

[Mendocino County](#)

[Merced County](#)

[Modoc County](#)

[Mono County](#)

[Monterey County](#)

[Napa County](#)

[Nevada County](#)

[Orange County](#)

[Placer County](#)

[Plumas County](#)

[Riverside County](#)

[Sacramento County](#)

[San Benito County](#)

[San Bernardino County](#)

[San Diego County](#)

[San Francisco County](#)

[San Joaquin County](#)

[San Luis Obispo County](#)

[San Mateo County](#)

[Santa Barbara County](#)

[Santa Clara County](#)

[Santa Cruz County](#)

[Shasta County](#)

[Sierra County](#)

[Siskiyou County](#)

[Solano County](#)

[Sonoma County](#)

[Stanislaus County](#)

[Sutter County](#)

[Tehama County](#)

[Trinity County](#)

[Tulare County](#)

[Tuolumne County](#)

[Ventura County](#)

[Yolo County](#)

[Yuba County](#)

COMMENTS?

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

State of California Department of 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 Fax #: (510)874-6775	Target Population: 1.1
	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 Fax #: (510)713-3213	Target Population: 1.1
	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 Fax #: (510)713-0684	Target Population: 1.1
	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 Fax #: (510)832-0606	Target Population: 1.1
	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 Fax #: (510)832-0626	Target Population: 1.4
	Expiration Date 07/31/2014
Program Name: EAST BAY COMMUNITY RECOVERY PROJECT	Record ID: 010025DN
Legal Name: EAST BAY COMMUNITY RECOVERY PROJECT	Service Type: NON
Address: 22971 SUTRO STREET, SUITE A	Resident Capacity: 0
City, State: HAYWARD, CA 94541	Total Occupancy: 0
Phone #: (510)728-8600 Fax #: (510)728-8605	Target Population: 1.1
	Expiration Date 05/31/2015
Program Name: HEALTHY OAKLAND	Record ID: 010096AN
Legal Name: HEALTHY COMMUNITIES, INC.	Service Type: NON
Address: 2580 SAN PABLO AVENUE	Resident Capacity: 0
City, State: OAKLAND, CA 94612	Total Occupancy: 0
Phone #: (510)444-9655 Fax #: (510)444-9955	Target Population: 1.1
	Expiration Date 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

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 Fax #: (510)247-8202	Target Population: 1.5
	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 Fax #: (510)351-7630	Target Population: 1.1
	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 Fax #: (510)784-9194	Target Population: 1.1
	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 Fax #: (510)455-3520	Target Population: 1.3
	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 Fax #: (510)535-2346	Target Population: 1.2
	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 Fax #: (510)535-6312	Target Population: 1.1
	Expiration Date 10/31/2014
Program Name: MUJERES CON ESPERANZA/WOMEN'S SERVICES ENHANCEMENT PR	Record ID: 010002EN
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE OF ALAMED	Service Type: NON
Address: 3315 INTERNATIONAL BOULEVARD	Resident Capacity: 0
City, State: OAKLAND, CA 94601	Total Occupancy: 0
Phone #: (510)536-4764 Fax #: (510)535-2346	Target Population: 1.3
	Expiration Date 10/31/2014

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

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 Fax #: (510)278-8054	Target Population: 1.1
	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 Fax #: (510)675-9468	Target Population: 1.1
	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 Fax #: (510)535-3445	Target Population: 1.4
	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 Fax #: (510)548-1060	Target Population: 1.1
	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 Fax #: (510)526-6200	Target Population: 1.1
	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
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 06/13/2013

Alameda County

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

***State of California Department of 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***

Amador County

As of: 06/13/2013

Program Name: AMADOR COUNTY ALCOHOL AND DRUG SERVICES

Legal Name: AMADOR COUNTY

Address: 10877 CONDUCTOR BOULEVARD

City, State: SUTTER CREEK, CA 95685

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

Record ID: 030001AN

Service Type: NON

Resident Capacity: 0

Total Occupancy: 0

Target Population: 1.1

Expiration Date 05/31/2015

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

***State of California Department of 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 Fax #: (530)898-0239	Target Population: 1.1
	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 Fax #: (530)872-5563	Target Population: 1.1
	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 Fax #: (530)898-0239	Target Population: 1.1
	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 Fax #: (530)899-3160	Target Population: 1.1
	Expiration Date 10/31/2013

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

Calaveras County

As of: 06/13/2013

Program Name: CHANGING ECHOES

Legal Name: CHANGING ECHOES, INC.

Address: 7632 POOL STATION ROAD

City, State: ANGELS CAMP, CA 95222

Phone #: (209)785-3666

Record ID: 050002AN

Service Type: RES-DETOX

Resident Capacity: 32

Total Occupancy: 32

Target Population: 1.1

Expiration Date 09/30/2013

***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 SERVICE	Record ID:	060001FN
Legal Name:	COUNTY OF COLUSA DEPARTMENT OF SUBSTANCE ABUSE SERVICE	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
Licensed Residential Facilities and/or
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 Fax #: (925)932-8392	Target Population: 1.5
	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 Fax #: (510)215-2432	Target Population: 1.1
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 Fax #: (925)429-6470	Target Population: 1.1
	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 Fax #: (925)685-7005	Target Population: 1.1
	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 Fax #: (925)458-8996	Target Population: 1.4
	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

Contra Costa County

Program Name: EAST COUNTY GAADD/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 Fax #: (925)439-0322	Target Population: 1.1
	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 Fax #: (925)458-8996	Target Population: 1.3
	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 Fax #: (925)676-1315	Target Population: 1.3
	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

Contra Costa County

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

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

As of: 06/13/2013

Contra Costa County

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

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

As of: 06/13/2013

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

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

As of: 06/13/2013

Contra Costa County

Program Name: GMG BEHAVIORAL HEALTH SERVICES	Record ID: 070044AP
Legal Name: RICHARD I. GRACER, M.D., A PROFESSIONAL CORPORATION	Service Type: NON
Address: 5401 NORRIS CANYON ROAD, SUITE 102	Resident Capacity: 0
City, State: SAN RAMON, CA 94583	Total Occupancy: 0
Phone #: (925)277-1100 Fax #: (925)277-1358	Target Population: 1.1
	Expiration Date 10/31/2014
Program Name: 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 Fax #: (510)236-3151	Target Population: 1.4
	Expiration Date 02/28/2015
Program Name: LA CASA UJIMA	Record ID: 070008DN
Legal Name: UJIMA FAMILY RECOVERY SERVICES	Service Type: RES
Address: 919 MELLUS STREET	Resident Capacity: 3
City, State: MARTINEZ, CA 94533	Total Occupancy: 6
Phone #: (925)229-4065 Fax #: (925)229-0233	Target Population: 1.4
	Expiration Date 02/28/2015
Program Name: 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 Fax #: (510)236-3151	Target Population: 1.1
	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 Fax #: (925)229-0233	Target Population: 1.4
	Expiration Date 02/28/2015

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

Contra Costa County

As of: 06/13/2013

Program Name: UJIMA WEST OUTPATIENT TREATMENT PROGRAM

Legal Name: UJIMA FAMILY RECOVERY SERVICES

Address: 3939 BISSELL AVENUE

City, State: RICHMOND, CA 94805

Phone #: (510)215-2280

Record ID: 070008CN

Service Type: NON

Resident Capacity: 0

Total Occupancy: 0

Target Population: 1.4

Expiration Date 02/28/2015

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

As of: 06/13/2013

Del Norte County

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

El Dorado County

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

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

As of: 06/13/2013

El Dorado County

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

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

El Dorado County

As of: 06/13/2013

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

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

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
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 Fax #: (559)221-8101	Target Population: 1.5
	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 Fax #: (559)221-8101	Target Population: 1.4
	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 Fax #: (559)221-8101	Target Population: 1.5
	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 Fax #: (559)221-8101	Target Population: 1.5
	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 Fax #: (559)221-8101	Target Population: 1.5
	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 Fax #: (559)453-8916	Target Population: 1.3
	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 Fax #: (559)485-1313	Target Population: 1.2
	Expiration Date 02/28/2014

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

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

As of: 06/13/2013

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 Fax #: (559)981-5539	Target Population: 1.1
	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 Fax #: (559)298-6609	Target Population: 1.1
	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 Fax #: (559)298-3111	Target Population: 1.1
	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 Fax #: (559)298-3111	Target Population: 1.5
	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 PROGI	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 Fax #: (559)268-9559	Target Population: 1.3
	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

Fresno County

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

Fresno County

Program Name: WESTCARE CALIFORNIA, INC.

Legal Name: WESTCARE CALIFORNIA, INC.

Address: 611 EAST BELMONT

City, State: FRESNO, CA 93701

Phone #: (559)237-3420 Fax #: (559)213-1935

Record ID: 100010IN

Service Type: NON

Resident Capacity: 0

Total Occupancy: 0

Target Population: 1.1

Expiration Date 11/30/2014

Program Name: WESTCARE CALIFORNIA - ADOLESCENT SERVICES

Legal Name: WESTCARE CALIFORNIA, INC.

Address: 808 10TH STREET

City, State: FRESNO, CA 93702

Phone #: (559)237-3420 Fax #: (559)453-6969

Record ID: 100010GN

Service Type: NON

Resident Capacity: 0

Total Occupancy: 0

Target Population: 1.5

Expiration Date 02/28/2015

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

As of: 06/13/2013

Glenn County

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

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

Program Name: NORTHERN VALLEY INDIAN HEALTH, INC.
Legal Name: NORTHERN VALLEY INDIAN HEALTH, INC.
Address: 207 NORTH BUTTE STREET
City, State: WILLOWS, CA 95988
Phone #: (530)934-4348 Fax #: (530)934-9688

Record ID: 110002AN
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

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 Fax #: (000)000-0000	Target Population: 1.1
	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 Fax #: (707)476-4070	Target Population: 1.1
	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 Fax #: (707)443-0514	Target Population: 1.3
	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 Fax #: (707)443-0514	Target Population: 1.2
	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

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 Fax #: (707)445-0820	Target Population: 1.1
	Expiration Date 01/31/2014
Program Name: SINGING TREES RECOVERY CENTER	Record ID: 120008AP
Legal Name: SINGING TREES RECOVERY CENTER	Service Type: RES-DETOX
Address: 2061 HIGHWAY 101	Resident Capacity: 20
City, State: GARBERVILLE, CA 95542	Total Occupancy: 23
Phone #: (707)247-3495 Fax #: (707)247-3334	Target Population: 1.1
	Expiration Date 02/28/2014
Program Name: UNITED INDIAN HEALTH SERVICES, INC.-CHILD & FAMILY SERVICE	Record ID: 120015AN
Legal Name: UNITED INDIAN HEALTH SERVICES, INC.	Service Type: NON
Address: 1600 WEEOT WAY	Resident Capacity: 0
City, State: ARCATA, CA 95521	Total Occupancy: 0
Phone #: (707)825-5060 Fax #: (707)825-6753	Target Population: 1.1
	Expiration Date 10/31/2013

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

As of: 06/13/2013

Imperial 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

Inyo County

Program Name: INYO COUNTY

Legal Name: INYO COUNTY HEALTH AND HUMAN SERVICES

Address: 162 GROVE STREET

City, State: BISHOP, CA 93514

Phone #: (760)873-6533 Fax #: (760)873-3277

Record ID: 140002AN

Service Type: NON

Resident Capacity: 0

Total Occupancy: 0

Target Population: 1.1

Expiration Date 06/30/2014

Program Name: ALPINE RECOVERY CENTER

Legal Name: ROBERT B. DIBBLE

Address: 375 EAST LINE STREET

City, State: BISHOP, CA 93514

Phone #: (760)873-4357

Record ID: 140001AP

Service Type: NON

Resident Capacity: 0

Total Occupancy: 0

Target Population: 1.1

Expiration Date 12/31/2013

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

As of: 06/13/2013

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 Fax #: (661)297-9701	Target Population: 1.1
	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 Fax #: (661)325-4345	Target Population: 1.1
	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 Fax #: (661)631-0876	Target Population: 1.1
	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 Fax #: (661)869-1794	Target Population: 1.4
	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 Fax #: (661)427-0386	Target Population: 1.1
	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

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 Fax #: (661)397-5143	Target Population: 1.3
	Expiration Date 03/31/2014
Program Name: ALMA DEL CAMINO NUEVO	Record ID: 150003HN
Legal Name: KERN COUNTY HISPANIC COMMISSION ON ALCOHOL AND DRUG AI	Service Type: NON
Address: 2024 20TH STREET	Resident Capacity: 0
City, State: BAKERSFIELD, CA 93301	Total Occupancy: 0
Phone #: (661)634-9877 Fax #: (661)864-0198	Target Population: 1.3
	Expiration Date 04/30/2015
Program Name: CASA AURORA	Record ID: 150060CN
Legal Name: MENTAL HEALTH SYSTEMS, INC.	Service Type: NON
Address: 1932 JESSIE STREET	Resident Capacity: 0
City, State: BAKERSFIELD, CA 93305	Total Occupancy: 0
Phone #: (661)321-9086	Target Population: 1.3
	Expiration Date 11/30/2013
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 Fax #: (661)325-2344	Target Population: 1.1
	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 Fax #: (661)374-4984	Target Population: 1.1
	Expiration Date 02/28/2014

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

As of: 06/13/2013

Kern County

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

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

As of: 06/13/2013

Kings County

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

Record ID: 160005AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 08/31/2013

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

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

Program Name: ALCOHOL AND DRUG EDUCATION COUNSELING CENTER
Legal Name: KINGS VIEW
Address: 1393 BAILEY DRIVE, ROOMS 106, 149, 198 AND 207
City, State: HANFORD, CA 93230
Phone #: (559)582-4481 Fax #: (559)582-6547

Record ID: 160004AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2013

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

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

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

As of: 06/13/2013

Lake County

Program Name: HILLTOP RECOVERY SERVICES	Record ID: 170011AN
Legal Name: HILLTOP RECOVERY SERVICES	Service Type: RES
Address: 10155 SOCRATES MINE ROAD	Resident Capacity: 61
City, State: MIDDLETOWN, CA 95461	Total Occupancy: 67
Phone #: (707)987-9972 Fax #: (707)987-2591	Target Population: 1.2
	Expiration Date 05/31/2013
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 Fax #: (707)987-2591	Target Population: 1.3
	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 Fax #: (707)274-9132	Target Population: 1.1
	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 Fax #: (707)263-9336	Target Population: 1.1
	Expiration Date 11/30/2014

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

As of: 06/13/2013

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
Certified Alcohol and Drug Programs***

As of: 06/13/2013

Los Angeles County

Program Name: ONE80 CENTER	Record ID: 190704AP
Legal Name: 1775 SUMMITRIDGE DRIVE, LLC	Service Type: RES-DETOX
Address: 1771 AND 1775 SUMMITRIDGE DRIVE	Resident Capacity: 12
City, State: LOS ANGELES, CA 90210	Total Occupancy: 12
Phone #: (888)588-4180 Fax #: (888)588-4080	Target Population: 1.1
	Expiration Date 02/28/2015
Program Name: 2ND CHANCE FOR RECOVERY	Record ID: 190653BN
Legal Name: 2ND CHANCE FOR RECOVERY, INC.	Service Type: NON
Address: 2116 & 2118 S. CENTRAL AVENUE	Resident Capacity: 0
City, State: LOS ANGELES, CA 90011	Total Occupancy: 0
Phone #: (818)590-0111 Fax #: (866)754-1323	Target Population: 1.1
	Expiration Date 05/31/2014
Program Name: 2ND CHANCE FOR RECOVERY	Record ID: 190653AN
Legal Name: 2ND CHANCE FOR RECOVERY, INC.	Service Type: NON
Address: 600 E 7TH STREET, SUITE 104 & 105	Resident Capacity: 0
City, State: LOS ANGELES, CA 90021	Total Occupancy: 0
Phone #: (818)590-0111	Target Population: 1.1
	Expiration Date 07/31/2014
Program Name: 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 Fax #: (818)461-9274	Target Population: 1.1
	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

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: 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

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

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

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

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

Program Name: ACTION FAMILY CENTER
Legal Name: ACTION FAMILY COUNSELING, INC.
Address: 11372 VENTURA BOULEVARD #200
City, State: STUDIO CITY, CA 91604
Phone #: (818)763-9556 Fax #: (818)763-9568

Record ID: 190315AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 08/31/2013

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

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

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

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

Program Name: ALCOHOL AND SUBSTANCE ABUSE PROGRAM, INC.
Legal Name: ALCOHOL AND SUBSTANCE ABUSE PROGRAM, INC.
Address: 1082 & 1092 NEW YORK AVENUE
City, State: ALTADENA, CA 91001
Phone #: (818)421-7890 Fax #: (626)797-5415

Record ID: 190569AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 10/31/2013

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

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

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

Los Angeles County

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 Fax #: (562)799-1807	Target Population: 1.2
	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 Fax #: (310)631-2400	Target Population: 1.1
	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 Fax #: (213)553-1833	Target Population: 1.1
	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 Fax #: (323)730-8099	Target Population: 1.8
	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 Fax #: (323)294-2533	Target Population: 1.1
	Expiration Date 02/28/2015

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

As of: 06/13/2013

Los Angeles County

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

Los Angeles County

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

Los Angeles County

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

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

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

As of: 06/13/2013

Los Angeles County

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

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

As of: 06/13/2013

Los Angeles County

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

Los Angeles County

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 Fax #: (323)728-3483	Target Population: 1.3
	Expiration Date 05/31/2013
Program Name: BLESSED DRUG AND ALCOHOL TREATMENT AND RESEARCH PROGI	Record ID: 190402AP
Legal Name: BLESSED DRUG AND ALCOHOL TREATMENT AND RESEARCH PROG	Service Type: NON
Address: 8407 SOUTH VERMONT	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 Fax #: (310)453-9532	Target Population: 1.1
	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 Fax #: (818)551-0027	Target Population: 1.1
	Expiration Date 05/31/2014

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

As of: 06/13/2013

Los Angeles County

Program Name: CALIFORNIA CARE CORPORATION	Record ID: 190558AP
Legal Name: CALIFORNIA CARE CORPORATION	Service Type: NON
Address: 501 E. HARVARD STREET, UNIT A	Resident Capacity: 0
City, State: GLENDALE, CA 91205	Total Occupancy: 0
Phone #: (818)551-0026 Fax #: (818)551-0027	Target Population: 1.1
	Expiration Date 01/31/2015
Program Name: PASADENA CLINIC	Record ID: 190690AN
Legal Name: CALIFORNIA DRUG COUNSELING, INC.	Service Type: NON
Address: 659,671 EAST WALNUT STREET, 226 N. EL MOLINO AVE.	Resident Capacity: 0
City, State: PASADENA, CA 91101	Total Occupancy: 0
Phone #: (626)844-0410 Fax #: () -	Target Population: 1.1
	Expiration Date 06/30/2014
Program Name: CALIFORNIA DRUG TREATMENT PROGRAM, INC.	Record ID: 190396AP
Legal Name: CALIFORNIA DRUG TREATMENT PROGRAM, INC.	Service Type: NON
Address: 9001 SOUTH VERMONT AVENUE	Resident Capacity: 0
City, State: LOS ANGELES, CA 90044	Total Occupancy: 0
Phone #: (323)756-9933 Fax #: (323)756-9515	Target Population: 1.1
	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 Fax #: (323)294-7703	Target Population: 1.1
	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 Fax #: (626)813-0928	Target Population: 1.7
	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 Fax #: (323)721-1802	Target Population: 1.1
	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 Fax #: (323)222-4614	Target Population: 1.1
	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

Los Angeles County

Program Name: LATINOS RECOVERY HOME	Record ID: 190065CN
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABU	Service Type: RES
Address: 2436 WABASH AVENUE	Resident Capacity: 6
City, State: LOS ANGELES, CA 90033	Total Occupancy: 6
Phone #: (323)780-8756 Fax #: () -	Target Population: 1.2
	Expiration Date 06/30/2014
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 Fax #: (323)722-4450	Target Population: 1.1
	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 Fax #: (818)763-7997	Target Population: **
	Expiration Date 08/31/2014
Program Name: CAMBODIAN ASSOCIATION OF AMERICA, COMMUNITY PREVENTIO	Record ID: 190358AN
Legal Name: CAMBODIAN ASSOCIATION OF AMERICA	Service Type: NON
Address: 2501 ATLANTIC AVENUE	Resident Capacity: 0
City, State: LONG BEACH, CA 90806	Total Occupancy: 0
Phone #: (562)424-6105 Fax #: (562)988-1475	Target Population: 1.1
	Expiration Date 11/30/2014
Program Name: BROWN SCAPULAR PROGRAM	Record ID: 190099EN
Legal Name: CANON HUMAN SERVICES CENTERS, INC.	Service Type: RES
Address: 9705 SOUTH HOLMES STREET	Resident Capacity: 43
City, State: LOS ANGELES, CA 90002	Total Occupancy: 43
Phone #: (323)249-9097 Fax #: (323)249-9121	Target Population: 1.2
	Expiration Date 02/28/2014

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

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

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: 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 Fax #: (323)913-7951	Target Population: 1.5
	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 Fax #: (323)465-3223	Target Population: 1.1
	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 Fax #: (213)365-9178	Target Population: 1.5
	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 Fax #: (626)744-6096	Target Population: 1.1
	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

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

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

As of: 06/13/2013

Los Angeles County

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 Fax #: (310)589-2802	Target Population: 1.1
	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 Fax #: (310)457-1272	Target Population: 1.1
	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 MARENGO STREET	Resident Capacity: 0
City, State: LOS ANGELES, CA 90033	Total Occupancy: 0
Phone #: (323)987-1030 Fax #: (323)266-2541	Target Population: 1.1
	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 Fax #: (818)787-2840	Target Population: 1.2
	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 Fax #: (562)602-0811	Target Population: 1.2
	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 Fax #: (310)660-0494	Target Population: 1.5
	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

Los Angeles County

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

***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: 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 Fax #: (818)506-7066	Target Population: 1.1
	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 Fax #: (909)626-7867	Target Population: 1.3
	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 Fax #: (323)294-5204	Target Population: 1.1
	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 Fax #: (310)515-6837	Target Population: 1.1
	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 Fax #: (310)515-6837	Target Population: 1.1
	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 Fax #: (909)596-3954	Target Population: 1.5

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

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: DIDI HIRSCH PSYCHIATRIC SERVICES	Record ID: 190092DN
Legal Name: DIDI HIRSCH PSYCHIATRIC SERVICES	Service Type: NON
Address: 1540 COLORADO STREET	Resident Capacity: 0
City, State: GLENDALE, CA 91205	Total Occupancy: 0
Phone #: (818)244-7257 Fax #: (818)244-5431	Target Population: 1.1
	Expiration Date 06/30/2014
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 Fax #: (866)582-9013	Target Population: 1.1
	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 Fax #: (310)575-0500	Target Population: 1.1
	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 Fax #: (949)498-2619	Target Population: 1.1
	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

Los Angeles County

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

Los Angeles County

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

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

As of: 06/13/2013

Los Angeles County

Program Name: FAMILY UNITED-N-NEW BEGINNINGS	Record ID: 190669AP
Legal Name: FAMILY UNITED-N-NEW BEGINNINGS	Service Type: NON
Address: 11616 HAWTHORNE BOULEVARD, SUITE 202	Resident Capacity: 0
City, State: HAWTHORNE, CA 90250	Total Occupancy: 0
Phone #: (310)467-5142 Fax #: (323)299-0058	Target Population: 1.1
	Expiration Date 06/30/2014
Program Name: PASSAGES NORTHEAST	Record ID: 190516BP
Legal Name: FEDERAL RECOVERY SYSTEMS, LLC	Service Type: RES-DETOX
Address: 6428 - B MEADOWS COURT	Resident Capacity: 6
City, State: MALIBU, CA 90265	Total Occupancy: 6
Phone #: (310)589-2880 Fax #: (310)589-2858	Target Population: 1.1
	Expiration Date 12/31/2013
Program Name: PASSAGES EAST	Record ID: 190516AP
Legal Name: FEDERAL RECOVERY SYSTEMS, LLC	Service Type: RES-DETOX
Address: 6439 (B) SYCAMORE MEADOWS DRIVE	Resident Capacity: 5
City, State: MALIBU, CA 90265	Total Occupancy: 5
Phone #: (310)589-2880 Fax #: (310)589-2858	Target Population: 1.1
	Expiration Date 12/31/2013
Program Name: 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 Fax #: (323)758-4011	Target Population: 1.1
	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 Fax #: (323)758-4011	Target Population: 1.1
	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 PROFESSION	Service Type: NON
Address: 5536 TAMPA AVENUE	Resident Capacity: 0
City, State: TARZANA, CA 91356	Total Occupancy: 0
Phone #: (818)648-2140 Fax #: (818)757-7106	Target Population: 1.1
	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

Los Angeles County

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 Fax #: (323)755-5630	Target Population: 1.1
	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 Fax #: (310)519-9428	Target Population: 1.2
	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 Fax #: (310)519-9428	Target Population: 1.2
	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 Fax #: (310)519-9428	Target Population: 1.1
	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 Fax #: (310)519-9428	Target Population: 1.2
	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 Fax #: (310)519-9428	Target Population: 1.1
	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

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

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: GORETTI HEALTH SERVICES
Legal Name: GORETTI HEALTH SERVICES, INC.
Address: 14623 HAWTHORNE BOULEVARD, SUITE 306
City, State: LAWNDAL, CA 90260
Phone #: (310)973-0100 Fax #: (310)973-0099

Record ID: 190559AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2014

Program Name: GRANDVIEW HOUSE
Legal Name: GRANDVIEW FOUNDATION, INC.
Address: 225 GRANDVIEW STREET
City, State: PASADENA, CA 91104
Phone #: (626)797-1124 Fax #: (626)398-5984

Record ID: 190022BN
Service Type: RES
Resident Capacity: 22
Total Occupancy: 24
Target Population: 1.2
Expiration Date 03/31/2015

Program Name: MARENGO FACILITY
Legal Name: GRANDVIEW FOUNDATION, INC.
Address: 1230 NORTH MARENGO AVENUE
City, State: PASADENA, CA 91103
Phone #: (626)797-1124

Record ID: 190022AN
Service Type: RES
Resident Capacity: 19
Total Occupancy: 19
Target Population: 1.2
Expiration Date 03/31/2015

Program Name: GRANDVIEW FOUNDATION, INC.
Legal Name: GRANDVIEW FOUNDATION, INC.
Address: 1230 NORTH MARENGO AVENUE
City, State: PASADENA, CA 91103
Phone #: (626)797-1124 Fax #: (626)398-9674

Record ID: 190022EN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 12/31/2013

Program Name: PASSAGES C
Legal Name: GRASSHOPPER HOUSE, LLC
Address: 6439 SYCAMORE MEADOWS COURT
City, State: MALIBU, CA 90265
Phone #: (310)589-2880

Record ID: 190283CP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 08/31/2013

Program Name: PASSAGES
Legal Name: GRASSHOPPER HOUSE, LLC
Address: 6447 SYCAMORE MEADOWS
City, State: MALIBU, CA 90265
Phone #: (310)589-2880 Fax #: (310)589-2858

Record ID: 190283FP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: PASSAGES
Legal Name: GRASSHOPPER HOUSE, LLC
Address: 6428 MEADOWS COURT
City, State: MALIBU, CA 90265
Phone #: (310)589-2880 Fax #: (310)392-7710

Record ID: 190283AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 07/31/2013

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

As of: 06/13/2013

Los Angeles County

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

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: 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

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: 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 Fax #: (323)931-4748	Target Population: 1.1
	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 Fax #: (310)217-0545	Target Population: 1.1
	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 Fax #: (562)864-4596	Target Population: 1.1
	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 Fax #: (310)677-2741	Target Population: 1.5
	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 Fax #: (323)777-2209	Target Population: 1.4
	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 Fax #: (323)777-2209	Target Population: 1.4
	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

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

Los Angeles County

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

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

As of: 06/13/2013

Los Angeles County

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

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

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

As of: 06/13/2013

Los Angeles County

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 Fax #: (562)925-7572	Target Population: 1.3
	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 Fax #: (661)270-1341	Target Population: 1.2
	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 Fax #: (626)446-5910	Target Population: 1.1
	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 Fax #: (310)787-7742	Target Population: 1.3
	Expiration Date 08/31/2014
Program Name: ALLEN HOUSE	Record ID: 190100KN
Legal Name: LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE	Service Type: RES
Address: 11121 BLOOMFIELD AVENUE	Resident Capacity: 55
City, State: SANTA FE SPRINGS, CA 90670	Total Occupancy: 55
Phone #: (562)906-2685	Target Population: 1.1
	Expiration Date 06/30/2013

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

As of: 06/13/2013

Los Angeles County

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

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

As of: 06/13/2013

Los Angeles County

Program Name: LOS ANGELES NEW LIFE CENTER, INC.
Legal Name: LOS ANGELES NEW LIFE CENTER, INC.
Address: 1828 SOUTH WESTERN AVENUE, SUITE #21
City, State: LOS ANGELES, CA 90006
Phone #: (323)734-3677 Fax #: (323)734-4972

Record ID: 190720AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.8
Expiration Date 10/31/2013

Program Name: SEASONS IN MALIBU
Legal Name: LUXURY REHAB GROUP, LLC
Address: 6021 GALAHAD ROAD
City, State: MALIBU, CA 90265
Phone #: (424)234-2044 Fax #: (818)337-0365

Record ID: 190655AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 04/30/2013

Program Name: MACLAY REHABILITATION CORPORATION, INC.
Legal Name: MACLAY REHABILITATION CORPORATION, INC.
Address: 13770 SAYRE STREET
City, State: SYLMAR, CA 91342
Phone #: (818)362-5615 Fax #: (310)473-5508

Record ID: 190338AN
Service Type: RES
Resident Capacity: 28
Total Occupancy: 28
Target Population: 1.2
Expiration Date 04/30/2014

Program Name: MALIBU BEACH RECOVERY CENTER
Legal Name: MALIBU BEACH RECOVERY CENTER, LLC
Address: 1752 CORRAL CANYON ROAD
City, State: MALIBU, CA 90265
Phone #: (310)589-2407 Fax #: (818)301-2519

Record ID: 190562AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 06/30/2013

Program Name: MALIBU BEACH RECOVERY CENTER - BRENTWOOD HOUSE
Legal Name: MALIBU BEACH RECOVERY CENTER, LLC
Address: 101 SOUTH SALT AIR AVENUE
City, State: LOS ANGELES, CA 90049
Phone #: (310)589-2407 Fax #: (818)301-2519

Record ID: 190562CP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 09/13/2014

Program Name: MALIBU BEACH RECOVERY CENTER - IOP
Legal Name: MALIBU BEACH RECOVERY CENTER, LLC
Address: 10940 WILSHIRE BOULEVARD, SUITE 1600
City, State: LOS ANGELES, CA 90024
Phone #: (310)589-2407 Fax #: (818)301-2519

Record ID: 190562BP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2014

Program Name: INSPIRE MALIBU
Legal Name: MALIBU CALIFORNIA MODEL DRUG TREATMENT CENTER, INC.
Address: 30101 AGOURA COURT, SUITE 103
City, State: AGOURA HILLS, CA 91301
Phone #: (818)922-4779 Fax #: (818)879-9013

Record ID: 190729AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.8
Expiration Date 10/31/2013

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

As of: 06/13/2013

Los Angeles County

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

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

As of: 06/13/2013

Los Angeles County

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 Fax #: (818)654-2580	Target Population: 1.1
	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 Fax #: (323)933-7146	Target Population: 1.1
	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 Fax #: (310)207-4404	Target Population: 1.10
	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 Fax #: (323)622-0842	Target Population: 1.2
	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 Fax #: (323)295-1071	Target Population: 1.5
	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

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: 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 Fax #: (323)777-0426	Target Population: 1.1
	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 Fax #: (323)908-0484	Target Population: 1.5
	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 Fax #: (626)332-2219	Target Population: 1.1
	Expiration Date 03/31/2014
Program Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF	Record ID: 190241BN
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF	Service Type: NON
Address: 656 NORTH PARK AVENUE	Resident Capacity: 0
City, State: POMONA, CA 91768	Total Occupancy: 0
Phone #: (909)629-4084 Fax #: (909)629-4086	Target Population: 1.1
	Expiration Date 07/31/2014
Program Name: TEENAGE ALCOHOL AND DRUG PROGRAM/ADULT ALCOHOL AND D	Record ID: 190049AN
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF	Service Type: NON
Address: 6166 VESPER AVENUE	Resident Capacity: 0
City, State: VAN NUYS, CA 91411	Total Occupancy: 0
Phone #: (818)997-0414 Fax #: (818)997-0851	Target Population: 1.5
	Expiration Date 04/30/2014
Program Name: TEENAGE ALCOHOL AND DRUG PROGRAM/ADULT ALCOHOL AND D	Record ID: 190049BN
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF	Service Type: NON
Address: 24460 LYONS AVENUE	Resident Capacity: 0
City, State: SANTA CLARITA, CA 91321	Total Occupancy: 0
Phone #: (616)253-9400 Fax #: (818)997-0851	Target Population: 1.1
	Expiration Date 02/28/2015

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: WOMAN TO WOMAN RESIDENTIAL PROGRAM	Record ID: 190178AN
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE- L	Service Type: RES
Address: 431 W. 9TH STREET	Resident Capacity: 10
City, State: LONG BEACH, CA 90813	Total Occupancy: 13
Phone #: (562)426-8262 Fax #: (562)426-5283	Target Population: 1.4
	Expiration Date 03/31/2015
Program Name: LONG BEACH REGIONAL DRUG COURT PROGRAM	Record ID: 190178CN
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE-LC	Service Type: NON
Address: 780 ATLANTIC AVENUE	Resident Capacity: 0
City, State: LONG BEACH, CA 90813	Total Occupancy: 0
Phone #: (562)624-9757	Target Population: 1.1
	Expiration Date 05/31/2013
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 Fax #: (818)340-0228	Target Population: 1.1
	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 Fax #: (310)398-0191	Target Population: 1.3
	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 Fax #: (562)987-3924	Target Population: 1.1
	Expiration Date 12/31/2013

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

As of: 06/13/2013

Los Angeles County

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

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

As of: 06/13/2013

Los Angeles County

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 Fax #: (310)456-3305	Target Population: 1.1
	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 Fax #: () -	Target Population: 1.1
	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 Fax #: (818)883-5452	Target Population: 1.1
	Expiration Date 04/30/2015

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

As of: 06/13/2013

Los Angeles County

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

Los Angeles County

Program Name: PAVILLION HEALTHCARE SERVICES, INC.
Legal Name: PAVILLION HEALTHCARE SERVICES, INC.
Address: 20930 SOUTH BONITA STREET, SUITE Y
City, State: CARSON, CA 90746
Phone #: (310)532-3464 Fax #: (310)532-6276

Record ID: 190578AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2013

Program Name: PAX HOUSE
Legal Name: PAX HOUSE, LLC
Address: 324 WAPELLO STREET
City, State: ALTADENA, CA 91001
Phone #: (626)398-3897 Fax #: () -

Record ID: 190732AP
Service Type: RES
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1
Expiration Date 10/31/2014

Program Name: CASTLE SUBSTANCE ABUSE PROGRAM-OUTPATIENT
Legal Name: PEOPLE COORDINATED SERVICES OF SOUTHERN CALIFORNIA
Address: 3021 SOUTH VERMONT AVENUE
City, State: LOS ANGELES, CA 90007
Phone #: (323)732-9124

Record ID: 190013BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2013

Program Name: CASTLE SUBSTANCE ABUSE PROGRAM - WEST
Legal Name: PEOPLE COORDINATED SERVICES OF SOUTHERN CALIFORNIA
Address: 1319 SOUTH MANHATTAN PLACE
City, State: LOS ANGELES, CA 90019
Phone #: (323)735-7059

Record ID: 190013AN
Service Type: RES
Resident Capacity: 62
Total Occupancy: 62
Target Population: 1.1
Expiration Date 10/31/2013

Program Name: CASTLE SUBSTANCE ABUSE PROGRAM - EAST
Legal Name: PEOPLE COORDINATED SERVICES OF SOUTHERN CALIFORNIA
Address: 4771 SOUTH MAIN STREET
City, State: LOS ANGELES, CA 90037
Phone #: (323)735-7059

Record ID: 190013CN
Service Type: RES
Resident Capacity: 61
Total Occupancy: 61
Target Population: 1.1
Expiration Date 10/31/2013

Program Name: NEW DIRECTIONS
Legal Name: PERLA, RICHARD J.
Address: 11530 LA MIRADA BLVD
City, State: LA MIRADA, CA 90638
Phone #: (562)943-6000 Fax #: (562)944-5573

Record ID: 190253AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2015

Program Name: PHOENIX HOUSE ACADEMY OUTPATIENT CENTER
Legal Name: PHOENIX HOUSES OF LOS ANGELES
Address: 11600 ELDRIDGE AVENUE
City, State: LAKEVIEW TERRACE, CA 91342
Phone #: (818)686-3000

Record ID: 190115DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2015

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: 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

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

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

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: PROTOTYPES S.T.A.R. HOUSE/DOMESTIC VIOLENCE PROGRAM	Record ID: 190101DN
Legal Name: PROTOTYPES, CENTERS FOR INNOVATION IN HEALTH, MENTAL HE.	Service Type: RES
Address: 1000 N. ALAMEDA STREET, SUITE 390	Resident Capacity: 34
City, State: LOS ANGELES, CA 90012	Total Occupancy: 34
Phone #: (213)542-3838 Fax #: (213)225-0085	Target Population: 1.3
	Expiration Date 02/28/2015
Program Name: R.I.G.H.T. PROGRAM	Record ID: 190513AP
Legal Name: R.I.G.H.T. PROGRAM	Service Type: NON
Address: 1704 WEST MANCHESTER AVENUE, SUITE 103	Resident Capacity: 0
City, State: LOS ANGELES, CA 90047	Total Occupancy: 0
Phone #: (323)751-4778 Fax #: (323)295-7703	Target Population: 1.1
	Expiration Date 01/31/2014
Program Name: 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 Fax #: (310)834-7610	Target Population: 1.1
	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 Fax #: (562)637-3244	Target Population: 1.1
	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 Fax #: (818)895-5502	Target Population: 1.1
	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

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: 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

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

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

As of: 06/13/2013

Los Angeles County

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

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

As of: 06/13/2013

Los Angeles County

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

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

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: 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 Fax #: (562)923-3593	Target Population: 1.1
	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 Fax #: (562)927-4346	Target Population: 1.1
	Expiration Date 04/30/2015
Program Name: DRUG COURT	Record ID: 190011AEN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: NON
Address: 7346 PAINTER AVENUE	Resident Capacity: 0
City, State: WHITTIER, CA 90602	Total Occupancy: 0
Phone #: (562)923-4545 Fax #: (562)862-0918	Target Population: 1.1
	Expiration Date 11/30/2013
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

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: AWAKENINGS	Record ID: 190011KN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES
Address: 12322 CLEARGLLEN, APARTMENT 1	Resident Capacity: 6
City, State: WHITTIER, CA 90604	Total Occupancy: 6
Phone #: (562)947-3835	Target Population: 1.1
	Expiration Date 03/31/2014
Program Name: FOLEY HOUSE	Record ID: 190011AN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES
Address: 10501, 10505, 10511, 10517, AND 10519 MILLS AVENUE	Resident Capacity: 20
City, State: WHITTIER, CA 90604	Total Occupancy: 30
Phone #: (562)944-7953 Fax #: (562)944-7953	Target Population: 1.4
	Expiration Date 03/31/2014
Program Name: DRUG AND ALCOHOL COUNSELING SERVICES	Record ID: 190011AAN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: NON
Address: 11500 PARAMOUNT BOULEVARD	Resident Capacity: 0
City, State: DOWNEY, CA 90241	Total Occupancy: 0
Phone #: (562)923-4545 Fax #: (562)862-0918	Target Population: 1.1
	Expiration Date 05/31/2014
Program Name: 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 Fax #: (213)413-5456	Target Population: 1.5
	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

Los Angeles County

Program Name: INTEGRATED CARE SYSTEM/YOUNG PEOPLE'S OPPORTUNITY FOR U	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 Fax #: (323)948-0443	Target Population: 1.5
	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 Fax #: (323)234-4477	Target Population: 1.5
	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 Fax #: (502)903-7707	Target Population: 1.1
	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 Fax #: (626)858-4923	Target Population: 1.3
	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

Los Angeles County

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

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

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

As of: 06/13/2013

Los Angeles County

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

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

Los Angeles County

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

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

Los Angeles County

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

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

As of: 06/13/2013

Los Angeles County

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

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

As of: 06/13/2013

Los Angeles County

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

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

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: VALLEY WOMEN'S CENTER	Record ID: 190502AN
Legal Name: VALLEY WOMEN'S CENTER, INC.	Service Type: NON
Address: 22110 ROSCOE BOULEVARD, SUITE 204	Resident Capacity: 0
City, State: CANOGA PARK, CA 91304	Total Occupancy: 0
Phone #: (818)713-8700 Fax #: (818)713-8585	Target Population: 1.1
	Expiration Date 01/31/2014
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 Fax #: () -	Target Population: 1.2
	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 Fax #: (323)660-9265	Target Population: 1.1
	Expiration Date 02/28/2014

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

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

***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 Fax #: (415)454-0355	Target Population: 1.1
	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 Fax #: (415)492-8844	Target Population: 1.1
	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 Fax #: (415)492-8844	Target Population: 1.1
	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 Fax #: (415)492-8844	Target Population: 1.1
	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 Fax #: (415)492-8844	Target Population: 1.1
	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 Fax #: (415)492-8844	Target Population: 1.1
	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 Fax #: (415)491-5750	Target Population: 1.1
	Expiration Date 09/30/2013
Program Name: HENRY OHLHOFF NORTH	Record ID: 210012AN
Legal Name: HENRY OHLHOFF HOUSE	Service Type: RES
Address: 5394 NAVE 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 Fax #: (415)236-1830	Target Population: 1.1
	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 Fax #: (415)454-4329	Target Population: 1.2
	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 SERVICE	Record ID:	220002AN
Legal Name:	MARIPOSA COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICE	Service Type:	NON
Address:	5362 AND 5362-A LEMEE LANE	Resident Capacity:	0
City, State:	MARIPOSA, CA 95338	Total Occupancy:	0
Phone #:	(209)966-2000	Target Population:	1.1
Fax #:	(209)966-8251	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 Fax #: (707)468-9860	Target Population: 1.1
	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 Fax #: (707)463-6321	Target Population: 1.1
	Expiration Date 10/31/2013
Program Name: MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY, AI	Record ID: 230006GN
Legal Name: MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY, AI	Service Type: NON
Address: 790 SOUTH FRANKLIN STREET, SUITE B	Resident Capacity: 0
City, State: FORT BRAGG, CA 95437	Total Occupancy: 0
Phone #: (707)472-2605 Fax #: (707)472-2605	Target Population: 1.1
	Expiration Date 05/31/2013
Program Name: YUKI TRAILS HUMAN SERVICE PROGRAM - A DEPARTMENT OF ROU	Record ID: 230007AN
Legal Name: ROUND VALLEY INDIAN HEALTH CENTER, INC.	Service Type: NON
Address: 23000 HENDERSON ROAD	Resident Capacity: 0
City, State: COVELO, CA 95428	Total Occupancy: 0
Phone #: (707)983-6648 Fax #: (707)983-6649	Target Population: 1.1
	Expiration Date 04/30/2014

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

***State of California Department of 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

Record ID: 250001AN

Legal Name: MODOC COUNTY HEALTH SERVICES

Service Type: NON

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

Resident Capacity: 0

City, State: ALTURUS, CA 96101

Total Occupancy: 0

Phone #: (530)233-6319

Fax #: (530)233-5311

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
Legal Name: VALLEY HEALTH ASSOCIATES
Address: 338 MONTEREY STREET
City, State: SALINAS, CA 93901
Phone #: (831)424-6655 Fax #: (831)424-9717

Record ID: 270011AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2014

Program Name: VALLEY HEALTH ASSOCIATES
Legal Name: VALLEY HEALTH ASSOCIATES
Address: 495 EL CAMINO REAL, SUITE K
City, State: GREENFIELD, CA 93927
Phone #: (831)674-1795 Fax #: (831)674-1795

Record ID: 270011CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: VALLEY HEALTH ASSOCIATES
Legal Name: VALLEY HEALTH ASSOCIATES
Address: 114 WEBSTER STREET
City, State: MONTEREY, CA 93940
Phone #: (831)372-8392 Fax #: (831)674-1795

Record ID: 270011BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2015

***State of California Department of 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

Legal Name: ST. HELENA HOSPITAL

Address: 10 WOODLAND ROAD

City, State: ST. HELENA, CA 94574

Phone #: (707)967-5720 Fax #: (707)963-5627

Record ID: 280009BN

Service Type: RES-DETOX

Resident Capacity: 30

Total Occupancy: 30

Target Population: 1.1

Expiration Date 11/30/2014

Program Name: WOODLAND HOUSE

Legal Name: ST. HELENA HOSPITAL

Address: 5 WOODLAND ROAD

City, State: ST. HELENA, CA 94576

Phone #: (707)967-5720 Fax #: (707)967-5627

Record ID: 280009AN

Service Type: RES

Resident Capacity: 13

Total Occupancy: 13

Target Population: 1.1

Expiration Date 12/31/2014

***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
Legal Name: COMMUNITY RECOVERY RESOURCES
Address: 180 SIERRA COLLEGE DRIVE
City, State: GRASS VALLEY, CA 95945
Phone #: (530)273-9541 Fax #: (530)273-7740

Record ID: 290002AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.10
Expiration Date 06/30/2014

Program Name: COMMUNITY RECOVERY RESOURCES
Legal Name: COMMUNITY RECOVERY RESOURCES
Address: 10015 PALISADES DRIVE, SUITE 1
City, State: TRUCKEE, CA 96161
Phone #: (530)587-8194

Record ID: 290002DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2014

Program Name: HOPE HOUSE/SERENITY HOUSE
Legal Name: COMMUNITY RECOVERY RESOURCES
Address: 159 BRENTWOOD DRIVE
City, State: GRASS VALLEY, CA 95945
Phone #: (530)271-1140 Fax #: (530)273-7740

Record ID: 290002BN
Service Type: RES-DETOX
Resident Capacity: 40
Total Occupancy: 50
Target Population: 1.9
Expiration Date 01/31/2015

Program Name: PROGRESS HOUSE
Legal Name: PROGRESS HOUSE, INC.
Address: 145 BOST AVENUE
City, State: NEVADA CITY, CA 95959
Phone #: (530)265-9045 Fax #: (530)478-7977

Record ID: 290006AN
Service Type: RES
Resident Capacity: 19
Total Occupancy: 19
Target Population: 1.2
Expiration Date 06/30/2014

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

As of: 06/13/2013

Orange County

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

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

As of: 06/13/2013

Orange County

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

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

As of: 06/13/2013

Orange County

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

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

As of: 06/13/2013

Orange County

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 Fax #: (714)479-0153	Target Population: 1.1
	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 Fax #: (714)449-1289	Target Population: 1.1
	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 Fax #: (949)276-0045	Target Population: 1.1
	Expiration Date 10/31/2013
Program Name: CASA BELLA RECOVERY	Record ID: 300222AP
Legal Name: CASA BELLA RECOVERY INTERNATIONAL, INC.	Service Type: RES-DETOX
Address: 31365 MONTEREY STREET	Resident Capacity: 6
City, State: LAGUNA BEACH, CA 92651	Total Occupancy: 6
Phone #: (949)275-7581	Target Population: 1.1
	Expiration Date 04/30/2014
Program Name: 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 Fax #: (714)288-6130	Target Population: 1.1
	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

Orange County

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 Fax #: (714)538-9779	Target Population: 1.1
	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 Fax #: (503)228-8711	Target Population: 1.1
	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 Fax #: (717)836-9090	Target Population: 1.1
	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 Fax #: (949)376-6862	Target Population: 1.1
	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 Fax #: (714)490-7717	Target Population: 1.1
	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 Fax #: (714)490-7717	Target Population: 1.1
	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 Fax #: (714)824-8151	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

Orange County

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

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

As of: 06/13/2013

Orange County

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

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

As of: 06/13/2013

Orange County

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

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

As of: 06/13/2013

Orange County

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

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

As of: 06/13/2013

Orange County

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

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

As of: 06/13/2013

Orange County

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

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

As of: 06/13/2013

Orange County

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

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

As of: 06/13/2013

Orange County

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

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

As of: 06/13/2013

Orange County

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

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

As of: 06/13/2013

Orange County

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

Orange County

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

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

As of: 06/13/2013

Orange County

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

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

As of: 06/13/2013

Orange County

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

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

As of: 06/13/2013

Orange County

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 Fax #: (714)730-3505	Target Population: 1.2
	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 Fax #: (714)730-3505	Target Population: 1.3
	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 Fax #: (714)730-3505	Target Population: 1.2
	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 Fax #: (714)730-3505	Target Population: 1.3
	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 Fax #: (714)730-3505	Target Population: 1.2
	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

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

As of: 06/13/2013

Orange County

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

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

As of: 06/13/2013

Orange County

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 Fax #: (714)730-3505	Target Population: 1.3
	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 Fax #: (714)710-7100	Target Population: 1.3
	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 Fax #: (714)708-2966	Target Population: 1.1
	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

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

As of: 06/13/2013

Orange County

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

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

As of: 06/13/2013

Orange County

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

Orange County

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

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

As of: 06/13/2013

Orange County

Program Name: TREE HOUSE RECOVERY (THR)	Record ID: 300253AP
Legal Name: SOBER SANCTUARIES INC.	Service Type: RES
Address: 218-A AND 218-B CABRILLO STREET	Resident Capacity: 12
City, State: COSTA MESA, CA 92627	Total Occupancy: 12
Phone #: (714)968-2700 Fax #: (714)968-2752	Target Population: 1.2
	Expiration Date 01/31/2015
Program Name: SOBERTEC LLC	Record ID: 300254AP
Legal Name: SOBERTEC LLC	Service Type: NON
Address: 1402 N. EL CAMINO REAL	Resident Capacity: 0
City, State: SAN CLEMENTE, CA 92672	Total Occupancy: 0
Phone #: (949)498-4321 Fax #: (949)490-4323	Target Population: 1.1
	Expiration Date 02/28/2015
Program Name: TOUCHSTONES	Record ID: 300070AN
Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.	Service Type: DSS
Address: 525 NORTH PARKER	Resident Capacity: 0
City, State: ORANGE, CA 92868	Total Occupancy: 0
Phone #: (714)639-5546	Target Population: 1.1
Program Name: SOLUTIONS FOR RECOVERY	Record ID: 300143BP
Legal Name: SOLUTIONS FOR RECOVERY, INC.	Service Type: RES-DETOX
Address: 31931 PASEO TERRAZA	Resident Capacity: 6
City, State: SAN JUAN CAPISTRANO, CA 92675	Total Occupancy: 8
Phone #: (949)874-1332 Fax #: (949)661-1264	Target Population: 1.1
	Expiration Date 02/28/2014
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

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

As of: 06/13/2013

Orange County

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 Fax #: (714)687-9927	Target Population: 1.4
	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 Fax #: (714)999-6915	Target Population: 1.3
	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 Fax #: (949)376-6862	Target Population: 1.1
	Expiration Date 11/30/2014

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

As of: 06/13/2013

Orange County

Program Name: SPENCER RECOVERY CENTER
Legal Name: SPENCER RECOVERY CENTERS, INC.
Address: 1316 SOUTH COAST HIGHWAY
City, State: LAGUNA BEACH, CA 92651
Phone #: (949)376-3705

Record ID: 300088AP
Service Type: RES-DETOX
Resident Capacity: 28
Total Occupancy: 28
Target Population: 1.1
Expiration Date 11/30/2013

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

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

As of: 06/13/2013

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 Fax #: (714)992-4906	Target Population: 1.1
	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 Fax #: (562)690-5063	Target Population: 1.1
	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 Fax #: (714)839-5501	Target Population: 1.1
	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 Fax #: (714)969-2889	Target Population: 1.1
	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 Fax #: (714)547-1249	Target Population: 1.3
	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 Fax #: (714)547-1249	Target Population: 1.3
	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

Orange County

Program Name: THE VILLA ANNEX II Legal Name: THE VILLA CENTER, INC. Address: 519 EAST WASHINGTON City, State: SANTA ANA, CA 92701 Phone #: (714)547-3301 Fax #: (714)547-1249	Record ID: 300016DN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.3 Expiration Date 05/31/2014
Program Name: ENVOY CARE CENTER Legal Name: TOCHI FAMILY CHILDREN'S CENTER Address: 520 NORTH BROOKHURST STREET, SUITE 222 City, State: ANAHEIM, CA 92801 Phone #: (714)884-1884	Record ID: 300215AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 12/31/2014
Program Name: TURNING POINT TREATMENT CENTER Legal Name: TURNING POINT TREATMENT CENTER, LLC Address: 23181 TIAGUA City, State: MISSION VIEJO, CA 92692 Phone #: (949)444-8393 Fax #: (949)680-2906	Record ID: 300196AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 8 Target Population: 1.1 Expiration Date 04/30/2015
Program Name: TWIN TOWN TREATMENT CENTERS - LOS ALAMITOS Legal Name: TWIN TOWN CORPORATION Address: 4388 EAST KATELLA AVENUE City, State: LOS ALAMITOS, CA 90720 Phone #: (562)594-8844 Fax #: (562)493-1280	Record ID: 300128AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.7 Expiration Date 02/28/2015
Program Name: TWIN TOWN TREATMENT CENTERS, 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

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

As of: 06/13/2013

Orange County

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

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

As of: 06/13/2013

Orange County

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 Fax #: (714)578-2960	Target Population: 1.1
	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 Fax #: (888)941-9048	Target Population: 1.1
	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 Fax #: (949)646-5296	Target Population: 1.2
	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 Fax #: (714)646-5296	Target Population: 1.2
	Expiration Date 03/31/2015

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

As of: 06/13/2013

Placer County

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

Placer County

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

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

As of: 06/13/2013

Placer County

Program Name: KOINONIA GROUP HOME #2	Record ID: 310012BN
Legal Name: KOINONIA 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 Fax #: (916)652-3979	Target Population: 1.5
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 Fax #: (888)789-4844	Target Population: 1.1
	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 Fax #: (530)888-9065	Target Population: 1.1
	Expiration Date 05/31/2014
Program Name: PLACER COUNTY ALCOHOL AND OR OTHER DRUG TREATMENT PRG	Record ID: 310013BN
Legal Name: PLACER COUNTY ALCOHOL AND OR OTHER DRUG TREATMENT PRG	Service Type: NON
Address: 11512 B AVENUE	Resident Capacity: 0
City, State: AUBURN, CA 95603	Total Occupancy: 0
Phone #: (530)889-7240 Fax #: (530)889-7293	Target Population: 1.8
	Expiration Date 11/30/2013
Program Name: 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 Fax #: (916)783-9145	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

Plumas 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

Riverside County

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

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

As of: 06/13/2013

Riverside County

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

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

As of: 06/13/2013

Riverside County

Program Name: CENTER FOR HOPE	Record ID: 330111AN
Legal Name: FIRST BAPTIST CHURCH OF CALIMESA DBA NEWLIFE CHRISTIAN FI	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 Fax #: (800)401-8464	Target Population: 1.1
	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 Fax #: (951)755-8915	Target Population: 1.1
	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 Fax #: (951)243-3006	Target Population: 1.5
	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 Fax #: (760)321-0916	Target Population: 1.1
	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 Fax #: (951)782-9521	Target Population: 1.1
	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

Riverside County

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

Riverside County

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 Fax #: (951)658-6686	Target Population: 1.3
	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 Fax #: (951)683-4239	Target Population: 1.3
	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 Fax #: (951)698-8883	Target Population: 1.5
	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 Fax #: (951)683-4239	Target Population: 1.3
	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 Fax #: (951)683-4239	Target Population: 1.3
	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 Fax #: (951)683-4239	Target Population: 1.3
	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 Fax #: (951)683-4239	Target Population: 1.3
	Expiration Date 08/31/2013

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

As of: 06/13/2013

Riverside County

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 Fax #: (951)683-4239	Target Population: 1.3
	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 Fax #: (760)778-6020	Target Population: 1.1
	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 Fax #: (760)416-1330	Target Population: 1.1
	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 Fax #: (760)778-6020	Target Population: 1.8
	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

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

As of: 06/13/2013

Riverside County

Program Name: PHYSICIANS FOR HEALTHY HOSPITALS, INC. / HEMET VALLEY REC	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 Fax #: (951)765-4764	Target Population: 1.1
	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 Fax #: (760)568-5228	Target Population: 1.1
	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 Fax #: (951)571-4841	Target Population: 1.1
	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 A	Service Type: NON
Address: 1612 FIRST STREET	Resident Capacity: 0
City, State: COACHELLA, CA 92236	Total Occupancy: 0
Phone #: (760)398-9000 Fax #: (760)398-9790	Target Population: 1.5
	Expiration Date 02/28/2015
Program Name: CASA LAS PALMAS RECOVERY HOME	Record ID: 330037AN
Legal Name: RIVERSIDE COUNTY LATINO COMMISSION ON ALCOHOL AND DRUG	Service Type: RES
Address: 83-844 HOPI AVENUE	Resident Capacity: 7
City, State: INDIO, CA 92201	Total Occupancy: 7
Phone #: (760)347-9442	Target Population: 1.2
	Expiration Date 07/31/2014
Program Name: CASA CECILIA RECOVERY HOME	Record ID: 330037BN
Legal Name: RIVERSIDE COUNTY LATINO COMMISSION ON ALCOHOL AND DRUG	Service Type: RES
Address: 83-385 ROSA AVENUE	Resident Capacity: 6
City, State: THERMAL, CA 92274	Total Occupancy: 7
Phone #: (760)398-2008 Fax #: (760)342-8022	Target Population: 1.3
	Expiration Date 05/31/2014
Program Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM	Record ID: 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 Fax #: (951)791-3353	Target Population: 1.1
	Expiration Date 05/31/2014

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

As of: 06/13/2013

Riverside County

Program Name: DESERT DRUG COURT	Record ID: 330023HN
Legal Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM	Service Type: NON
Address: 68-615 PEREZ ROAD, SUITE 6A	Resident Capacity: 0
City, State: CATHEDRAL CITY, CA 92234	Total Occupancy: 0
Phone #: (760)770-2213 Fax #: (760)770-2240	Target Population: 1.1
	Expiration Date 05/31/2014
Program Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM	Record ID: 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 Fax #: (760)347-8507	Target Population: 1.1
	Expiration Date 05/31/2014
Program Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM	Record ID: 330023FN
Legal Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM	Service Type: NON
Address: 1297 WEST HOBSONWAY	Resident Capacity: 0
City, State: BLYTHE, CA 92225	Total Occupancy: 0
Phone #: (760)921-5000 Fax #: (760)921-5010	Target Population: 1.1
	Expiration Date 05/31/2014
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 Fax #: (909)788-4803	Target Population: 1.1
	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

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

As of: 06/13/2013

Riverside County

Program Name: OMEGA/ BETA PROGRAM LAKE ELSINORE
Legal Name: RIVERSIDE RECOVERY RESOURCES
Address: 600 THIRD STREET, SUITE C
City, State: LAKE ELSINORE, CA 92530
Phone #: (951)674-7354

Record ID: 330009ON
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2014

Program Name: FIRST STEP HOUSE
Legal Name: RIVERSIDE RECOVERY RESOURCES
Address: 40333-B STETSON AVENUE
City, State: HEMET, CA 92544
Phone #: (951)658-4466

Record ID: 330009EN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 01/31/2014

Program Name: FIRST STEP HOUSE
Legal Name: RIVERSIDE RECOVERY RESOURCES
Address: 40331 STETSON AVENUE
City, State: HEMET, CA 92544
Phone #: (951)658-4466

Record ID: 330009DN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 01/31/2014

Program Name: FIRST STEP HOUSE
Legal Name: RIVERSIDE RECOVERY RESOURCES
Address: 40329 STETSON AVENUE
City, State: HEMET, CA 92544
Phone #: (951)658-4466

Record ID: 330009CN
Service Type: RES-DETOX
Resident Capacity: 4
Total Occupancy: 4
Target Population: 1.2
Expiration Date 01/31/2014

Program Name: OUR HOUSE
Legal Name: RIVERSIDE RECOVERY RESOURCES
Address: 1119 W. 7TH STREET
City, State: SAN JACINTO, CA 92582
Phone #: (951)766-7969 Fax #: (951)765-5692

Record ID: 330009RN
Service Type: RES
Resident Capacity: 28
Total Occupancy: 32
Target Population: 1.3
Expiration Date 02/28/2014

Program Name: FIRST STEP HOUSE
Legal Name: RIVERSIDE RECOVERY RESOURCES
Address: 40333-A STETSON AVENUE
City, State: HEMET, CA 92544
Phone #: (951)658-4466

Record ID: 330009FN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 01/31/2014

Program Name: SUNRISE RECOVERY RANCH
Legal Name: SOBER LIVING BY THE SEA, INC.
Address: 6770 LIMONITE FRONTAGE RANCH
City, State: RIVERSIDE, CA 92509
Phone #: (951)328-0146

Record ID: 330056DP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1

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

As of: 06/13/2013

Riverside County

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

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

As of: 06/13/2013

Riverside County

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

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

As of: 06/13/2013

Riverside County

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 Fax #: (760)922-6717	Target Population: 1.2
	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 Fax #: (951)784-2859	Target Population: 1.1
	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 Fax #: (951)894-7324	Target Population: 1.1
	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 Fax #: (760)322-8916	Target Population: 1.1
	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 Fax #: (951)686-2303	Target Population: 1.3
	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 Fax #: (909)686-2303	Target Population: 1.1
	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 Fax #: (951)686-2303	Target Population: 1.2
	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

Riverside County

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

Sacramento County

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

Sacramento County

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 Fax #: (916)989-8164	Target Population: 1.1
	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 Fax #: (916)723-4339	Target Population: 1.5
	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 Fax #: (916)729-3059	Target Population: 1.10
	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 Fax #: (916)989-8164	Target Population: 1.1
	Expiration Date 11/30/2013

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

As of: 06/13/2013

Sacramento County

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 Fax #: (916)962-2824	Target Population: 1.1
	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 Fax #: (916)962-2824	Target Population: 1.1
	Expiration Date 03/31/2014
Program Name: CLEAN & SOBER DETOX	Record ID: 340067AN
Legal Name: CLEAN & SOBER DETOX, A CALIFORNIA NONPROFIT CORPORATIO	Service Type: RES-DETOX
Address: 8946 MADISON AVENUE	Resident Capacity: 6
City, State: FAIR OAKS, CA 95628	Total Occupancy: 7
Phone #: (916)965-3386 Fax #: (916)536-1393	Target Population: 1.1
	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 Fax #: (916)364-5389	Target Population: 1.2
	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

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

As of: 06/13/2013

Sacramento County

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

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

As of: 06/13/2013

Sacramento County

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

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

As of: 06/13/2013

Sacramento County

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

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

As of: 06/13/2013

Sacramento County

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

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

As of: 06/13/2013

Sacramento County

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

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

As of: 06/13/2013

Sacramento County

Program Name: SACRAMENTO VETERANS RESOURCE CENTER
Legal Name: VIETNAM VETERANS OF CALIFORNIA, INC.
Address: 7270 EAST SOUTHGATE DRIVE, BUILDING 4
City, State: SACRAMENTO, CA 95823
Phone #: (916)393-8387 Fax #: (916)393-8389

Record ID: 340058AN
Service Type: RES
Resident Capacity: 22
Total Occupancy: 22
Target Population: 1.1
Expiration Date 11/30/2013

Program Name: OPTIONS FOR RECOVERY - RESIDENTIAL TREATMENT PROGRAM
Legal Name: VOLUNTEERS OF AMERICA NORTHERN CALIFORNIA & NORTHERN
Address: 1001 GRAND AVENUE
City, State: SACRAMENTO, CA 95838
Phone #: (916)929-1951 Fax #: (916)929-5116

Record ID: 340018AN
Service Type: RES-DETOX
Resident Capacity: 26
Total Occupancy: 38
Target Population: 1.4
Expiration Date 11/30/2014

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

San Benito County

As of: 06/13/2013

Program Name: SAN BENITO COUNTY SUBSTANCE ABUSE PROGRAM

Legal Name: SAN BENITO COUNTY

Address: 1131 SAN FELIPE ROAD

City, State: HOLLISTER, CA 95023

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

Record ID: 350001AN

Service Type: NON

Resident Capacity: 0

Total Occupancy: 0

Target Population: 1.1

Expiration Date 04/30/2015

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

As of: 06/13/2013

San Bernardino County

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

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

As of: 06/13/2013

San Bernardino County

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

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

As of: 06/13/2013

San Bernardino County

Program Name: HIGH DESERT CHILD ADOLESCENT AND FAMILY SERVICES CENTE	Record ID: 360030AN
Legal Name: HIGH DESERT CHILD ADOLESCENT AND FAMILY SERVICES CENTER	Service Type: NON
Address: 16248 VICTOR STREET	Resident Capacity: 0
City, State: VICTORVILLE, CA 92395	Total Occupancy: 0
Phone #: (760)243-7151 Fax #: (760)952-1432	Target Population: 1.1
	Expiration Date 10/31/2013
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 Fax #: (760)530-0817	Target Population: 1.2
	Expiration Date 02/28/2014
Program Name: INLAND BEHAVIORAL AND HEALTH SERVICES, INC.	Record ID: 360015AN
Legal Name: INLAND BEHAVIORAL AND HEALTH SERVICES, INC.	Service Type: NON
Address: 1963 NORTH E STREET	Resident Capacity: 0
City, State: SAN BERNARDINO, CA 92405	Total Occupancy: 0
Phone #: (909)881-6146 Fax #: (909)881-0111	Target Population: 1.1
	Expiration Date 11/30/2013
Program Name: RECOVERY CENTER	Record ID: 360001AAN
Legal Name: INLAND VALLEY DRUG AND ALCOHOL RECOVERY SERVICES	Service Type: NON
Address: 916/SUITE A AND 934/SUITES A&B NORTH MOUNTAIN AVENUE	Resident Capacity: 0
City, State: UPLAND, CA 91786	Total Occupancy: 0
Phone #: (909)949-4667	Target Population: 1.1
	Expiration Date 05/31/2015
Program Name: WOMEN'S AND MEN'S RESIDENTIAL SERVICES	Record ID: 360001ZN
Legal Name: INLAND VALLEY DRUG AND ALCOHOL RECOVERY SERVICES	Service Type: RES-DETOX
Address: 1260 ARROW HIGHWAY, BUILDING C	Resident Capacity: 65
City, State: UPLAND, CA 91786	Total Occupancy: 75
Phone #: (909)932-1069 Fax #: (909)932-1087	Target Population: 1.4
	Expiration Date 02/28/2014
Program Name: INLAND VALLEY RECOVERY SERVICES - SAN BERNARDINO RECOV	Record ID: 360001ABN
Legal Name: INLAND VALLEY DRUG AND ALCOHOL RECOVERY SERVICES DBA:	Service Type: NON
Address: 939 N. D STREET	Resident Capacity: 0
City, State: SAN BERNARDINO, CA 92410	Total Occupancy: 0
Phone #: (909)889-6519 Fax #: (909)889-6560	Target Population: 1.1
	Expiration Date 04/30/2014
Program Name: LAKE GREGORY TREATMENT CENTER	Record ID: 360072BP
Legal Name: JACK GREEN	Service Type: RES-DETOX
Address: 373 EMERALD DRIVE	Resident Capacity: 6
City, State: LAKE ARROWHEAD, CA 92352	Total Occupancy: 6
Phone #: (310)753-6866 Fax #: (909)744-8048	Target Population: 1.1
	Expiration Date 01/31/2015

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

As of: 06/13/2013

San Bernardino County

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

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

As of: 06/13/2013

San Bernardino County

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

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

As of: 06/13/2013

San Bernardino County

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

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

As of: 06/13/2013

San Bernardino County

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

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

As of: 06/13/2013

San Bernardino County

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

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

As of: 06/13/2013

San Bernardino County

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 Fax #: (909)475-8669	Target Population: 1.1
	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 Fax #: (909)381-6845	Target Population: 1.3
	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 Fax #: (909)381-6845	Target Population: 1.3
	Expiration Date 08/31/2014

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

As of: 06/13/2013

San Bernardino County

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

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

As of: 06/13/2013

San Bernardino County

Program Name: REARICK I HOUSE

Legal Name: VARP, INC.

Address: 384 11TH STREET

City, State: SAN BERNARDINO, CA 92410

Phone #: (909)888-6956 Fax #: (909)381-6845

Record ID: 360004KN

Service Type: RES

Resident Capacity: 6

Total Occupancy: 7

Target Population: 1.3

Expiration Date 01/31/2014

Program Name: COLTON CLINICAL SERVICES

Legal Name: WCHS, INC.

Address: 2275 EAST COOLEY DRIVE

City, State: COLTON, CA 92324

Phone #: (909)370-1777 Fax #: (909)370-1776

Record ID: 360066AP

Service Type: NON

Resident Capacity: 0

Total Occupancy: 0

Target Population: 1.1

Expiration Date 11/30/2014

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

As of: 06/13/2013

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 Fax #: (858)274-8700	Target Population: 1.3
	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
	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 Fax #: (760)630-9996	Target Population: 1.2
	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 Fax #: (858)759-5016	Target Population: 1.1
	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 Fax #: (858)759-5016	Target Population: 1.1
	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 Fax #: (858)490-3462	Target Population: 1.1
	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
	Expiration Date 03/31/2015

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

As of: 06/13/2013

San Diego County

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 Fax #: (619)234-3357	Target Population: 1.1
	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 Fax #: (619)239-0909	Target Population: 1.1
	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 Fax #: (760)599-1884	Target Population: 1.2
	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 Fax #: (619)529-1758	Target Population: 1.1
	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 Fax #: (858)453-5690	Target Population: 1.8
	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 Fax #: (619)561-4673	Target Population: 1.2
	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 Fax #: (760)789-8078	Target Population: 1.1
	Expiration Date 05/31/2014

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

As of: 06/13/2013

San Diego County

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

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

As of: 06/13/2013

San Diego County

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 Fax #: (619)583-1712	Target Population: 1.2
	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 Fax #: () -	Target Population: 1.1
	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 Fax #: (619)442-1101	Target Population: 1.5
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
Program Name: MCALISTER INSTITUTE EAST REGION SOUTH TEEN RECOVERY CEN	Record ID: 370045ALN
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.	Service Type: NON
Address: 7800 UNIVERSITY AVENUE, SUITE A-1	Resident Capacity: 0
City, State: LA MESA, CA 91941	Total Occupancy: 0
Phone #: (619)465-4349 Fax #: (619)465-4739	Target Population: 1.5
	Expiration Date 01/31/2015

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

As of: 06/13/2013

San Diego County

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

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

As of: 06/13/2013

San Diego County

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 Fax #: (858)277-4933	Target Population: 1.5
	Expiration Date 08/31/2013
Program Name: MCALISTER INSTITUTE NORTH RURAL TEEN RECOVERY CENTER - N	Record ID: 370045AIN
Legal Name: MCALISTER INSTITUTE FOR TREATMENT AND EDUCATION, INC.	Service Type: NON
Address: 720 NINTH STREET, 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 Fax #: (760)940-1274	Target Population: 1.1
	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: ESCONDIDO, CA 92025	Total Occupancy: 0
Phone #: (760)741-7708 Fax #: (760)741-5421	Target Population: 1.1
	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 Fax #: (619)758-9823	Target Population: 1.1
	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 Fax #: (760)744-6182	Target Population: 1.5
	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 Fax #: (619)276-1207	Target Population: 1.1
	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

San Diego County

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

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

As of: 06/13/2013

San Diego County

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 Fax #: (619)426-0034	Target Population: 1.2
	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 Fax #: (760)782-0695	Target Population: 1.1
	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 Fax #: (760)782-0695	Target Population: 1.1
	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 Fax #: (619)294-4526	Target Population: 1.3
	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 Fax #: (760)747-0764	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

San Diego County

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 Fax #: (760)741-2647	Target Population: 1.5
	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 Fax #: (619)445-9028	Target Population: 1.5
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 Fax #: (760)729-2798	Target Population: 1.1
	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 Fax #: (858)455-0141	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

San Diego County

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 Fax #: (858)455-0141	Target Population: 1.2
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 Fax #: (858)467-6933	Target Population: 1.1
	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 Fax #: (951)657-7180	Target Population: 1.1
	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 Fax #: (800)401-8464	Target Population: 1.1
	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 Fax #: (619)234-1979	Target Population: 1.5
	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 Fax #: (619)479-2404	Target Population: 1.2
	Expiration Date 08/31/2013

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

As of: 06/13/2013

San Diego County

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

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

As of: 06/13/2013

San Diego County

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 Fax #: (619)521-1701	Target Population: 1.8
	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 Fax #: (760)757-7814	Target Population: 1.1
	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 Fax #: (760)945-7765	Target Population: 1.1
	Expiration Date 04/30/2015
Program Name: CHOICES IN RECOVERY/HILL HOUSE	Record ID: 370039LN
Legal Name: THE BETHESDA RECOVERY CENTER	Service Type: RES
Address: 1135 NORTH DRIVE	Resident Capacity: 6
City, State: VISTA, CA 92083	Total Occupancy: 8
Phone #: (760)945-5290	Target Population: 1.1
	Expiration Date 04/30/2015
Program Name: CHOICES IN RECOVERY/FOUNDATION HOUSE	Record ID: 370039IN
Legal Name: THE BETHESDA RECOVERY CENTER	Service Type: RES-DETOX
Address: 619 CIVIC CENTER DRIVE	Resident Capacity: 6
City, State: VISTA, CA 92083	Total Occupancy: 8
Phone #: (760)945-5290	Target Population: 1.1
	Expiration Date 09/30/2014
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

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

As of: 06/13/2013

San Diego County

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

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

As of: 06/13/2013

San Diego County

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

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

As of: 06/13/2013

San Diego County

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

San Francisco County

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 Fax #: (415)776-1066	Target Population: 1.5
	Expiration Date 01/31/2014
Program Name: LEE WOODWARD COUNSELING CENTER FOR WOMEN	Record ID: 380020CN
Legal Name: ASIAN AMERICAN RECOVERY SERVICES, INC.	Service Type: NON
Address: 2166 HAYES STREET, SUITE 303	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94117	Total Occupancy: 0
Phone #: (415)776-1001 Fax #: (415)776-1066	Target Population: 1.3
	Expiration Date 06/30/2014
Program Name: 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 Fax #: (415)292-3404	Target Population: 1.1
	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 Fax #: (415)626-2398	Target Population: 1.2
	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

San Francisco County

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

San Francisco County

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

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

As of: 06/13/2013

San Francisco County

Program Name: HEALTH RIGHT 360	Record ID: 380016AEN
Legal Name: HEALTH RIGHT 360	Service Type: NON
Address: 1885 MISSION STREET	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94103	Total Occupancy: 0
Phone #: (415)970-7500 Fax #: (415)861-5886	Target Population: 1.1
	Expiration Date 07/31/2014
Program Name: HEALTRIGHT 360	Record ID: 380016ADN
Legal Name: HEALTRIGHT 360	Service Type: RES
Address: 1318 GATEVIEW STREET, TREASURE ISLAND UNITS A-F	Resident Capacity: 54
City, State: SAN FRANCISCO, CA 94130	Total Occupancy: 54
Phone #: (415)970-7500 Fax #: (415)437-6823	Target Population: 1.1
	Expiration Date 07/31/2014
Program Name: HEALTRIGHT 360	Record ID: 380016AJN
Legal Name: HEALTRIGHT 360	Service Type: NON
Address: 1601 DONNER AVENUE #3	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94124	Total Occupancy: 0
Phone #: (415)970-7500 Fax #: (415)970-7518	Target Population: 1.1
	Expiration Date 09/30/2013
Program Name: HEALTRIGHT 360	Record ID: 380016ACN
Legal Name: HEALTRIGHT 360	Service Type: NON
Address: 1735 MISSION STREET	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94103	Total Occupancy: 0
Phone #: (415)970-7500 Fax #: (415)746-1968	Target Population: 1.1
	Expiration Date 11/30/2013
Program Name: HEALTRIGHT 360	Record ID: 380016AGN
Legal Name: HEALTRIGHT 360	Service Type: RES
Address: 1442 CHINOOK COURT, UNITS A,B,C AND D	Resident Capacity: 15
City, State: SAN FRANCISCO, CA 94130	Total Occupancy: 15
Phone #: (415)970-7500	Target Population: 1.3
	Expiration Date 03/31/2014
Program Name: HEALTRIGHT360	Record ID: 380016AIN
Legal Name: HEALTRIGHT360	Service Type: RES
Address: 1447 CHINOOK COURT, UNITS A,B,C AND D	Resident Capacity: 16
City, State: SAN FRANCISCO, CA 94130	Total Occupancy: 16
Phone #: (415)762-3700 Fax #: (415)989-4910	Target Population: 1.1
	Expiration Date 03/31/2015
Program Name: HENRY OHLHOFF OUTPATIENT PROGRAMS	Record ID: 380013BN
Legal Name: HENRY OHLHOFF HOUSE	Service Type: NON
Address: 2191 MARKET STREET, SUITE A	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94114	Total Occupancy: 0
Phone #: (415)575-1100 Fax #: (415)575-1106	Target Population: 1.1
	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

San Francisco County

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 Fax #: (415)626-0170	Target Population: 1.1
	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 Fax #: (415)822-5943	Target Population: 1.1
	Expiration Date 01/31/2015
 Program Name: JELANI HOUSE	 Record ID: 380045AN
Legal Name: JELANI, INC.	Service Type: RES
Address: 1601 QUESADA AVENUE	Resident Capacity: 16
City, State: SAN FRANCISCO, CA 94124	Total Occupancy: 42
Phone #: (415)822-5977 Fax #: (415)822-5943	Target Population: 1.4
	Expiration Date 06/30/2014
 Program Name: CASA QUETZAL	 Record ID: 380055AN
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES O	Service Type: RES
Address: 635 BRUNSWICK STREET	Resident Capacity: 9
City, State: SAN FRANCISCO, CA 94112	Total Occupancy: 9
Phone #: (415)337-4065	Target Population: 1.2
	Expiration Date 10/31/2013
 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 Fax #: (650)244-1447	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

San Francisco County

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 Fax #: (415)351-4051	Target Population: 1.4
	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 Fax #: (415)750-1032	Target Population: 1.4
	Expiration Date 11/30/2013
Program Name: NCADA-BA OUTPATIENT TREATMENT PROGRAM	Record ID: 380103AN
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND OTHER DRUG ADDICTIO	Service Type: NON
Address: 944 MARKET STREET, 3RD FLOOR	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94102	Total Occupancy: 0
Phone #: (415)296-9900 Fax #: (415)296-0626	Target Population: 1.1
	Expiration Date 11/30/2014
Program Name: NATIVE AMERICAN HEALTH CENTER	Record ID: 380094AN
Legal Name: NATIVE AMERICAN HEALTH CENTER, INC.	Service Type: NON
Address: 160 CAPP STREET, 2ND FLOOR	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94110	Total Occupancy: 0
Phone #: (415)503-1046 Fax #: (415)503-7081	Target Population: 1.5
	Expiration Date 05/31/2014
Program Name: ZAP PROGRAM	Record ID: 380057AN
Legal Name: POTRERO HILL NEIGHBORHOOD HOUSE	Service Type: NON
Address: 953 DE HARO STREET	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94107	Total Occupancy: 0
Phone #: (415)826-8080 Fax #: (415)826-5252	Target Population: 1.5
	Expiration Date 11/30/2014
Program Name: SAGE'S TRAUMA AND RECOVERY CENTER	Record ID: 380063AN
Legal Name: SAGE PROJECT, INC.	Service Type: NON
Address: 68 12TH STREET, SUITE 2B	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94103	Total Occupancy: 0
Phone #: (415)905-5050 Fax #: (415)358-2729	Target Population: 1.1
	Expiration Date 05/31/2013
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 Fax #: (415)558-9657	Target Population: 1.2
	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

San Francisco County

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

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

As of: 06/13/2013

San Francisco County

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

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

As of: 06/13/2013

San Joaquin County

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

San Joaquin County

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

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

As of: 06/13/2013

San Joaquin County

Program Name: VALLEY COMMUNITY COUNSELING SERVICES
Legal Name: VALLEY COMMUNITY COUNSELING SERVICES, INC.
Address: 1300 WEST LODI AVENUE, SUITE G1+ G2
City, State: LODI, CA 95242
Phone #: (209)334-2126 Fax #: (209)369-8406

Record ID: 390029BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2015

Program Name: VALLEY COMMUNITY COUNSELING SERVICES
Legal Name: VALLEY COMMUNITY COUNSELING SERVICES, INC.
Address: 110 NORTH SHERMAN AVENUE
City, State: MANTECA, CA 95336
Phone #: (209)823-1911

Record ID: 390029AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: **
Expiration Date 01/31/2015

Program Name: VALLEY COMMUNITY COUNSELING SERVICES
Legal Name: VALLEY COMMUNITY COUNSELING SERVICES, INC.
Address: 19 EAST 6TH STREET
City, State: TRACY, CA 95376
Phone #: (209)835-8583 Fax #: (209)835-2910

Record ID: 390029CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2015

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

As of: 06/13/2013

San Luis Obispo County

Program Name: SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL SERVICES
Legal Name: SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL SERVICES
Address: 2180 JOHNSON AVENUE, ROOMS 101-148 AND BLUE ROOM
City, State: SAN LUIS OBISPO, CA 93401
Phone #: (805)781-4275

Record ID: 400003AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2014

Program Name: SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL SERVICES
Legal Name: SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL SERVICES
Address: 3556 EL CAMINO REAL
City, State: ATASCADERO, CA 93422
Phone #: (805)461-6080 Fax #: (805)461-6114

Record ID: 400003BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2014

Program Name: SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL SERVICES
Legal Name: SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL SERVICES
Address: 1523 LONGBRANCH AVENUE
City, State: GROVER BEACH, CA 93433
Phone #: (805)473-7080 Fax #: (805)473-7188

Record ID: 400003DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2014

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

As of: 06/13/2013

San Mateo County

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

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

As of: 06/13/2013

San Mateo County

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

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

As of: 06/13/2013

San Mateo County

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

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

As of: 06/13/2013

San Mateo County

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

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

As of: 06/13/2013

San Mateo County

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 Fax #: (650)579-2640	Target Population: 1.1
	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 Fax #: (650)579-2640	Target Population: 1.2
	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 Fax #: (650)579-2640	Target Population: 1.2
	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 Fax #: (650)579-2640	Target Population: 1.2
	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 Fax #: (650)579-2640	Target Population: 1.2
	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

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

As of: 06/13/2013

San Mateo County

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

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

As of: 06/13/2013

San Mateo County

Program Name: FIRST CHANCE SOUTH	Record ID: 410038DN
Legal Name: STARVISTA	Service Type: NON
Address: 826 MAHLER ROAD	Resident Capacity: 0
City, State: BURLINGAME, CA 94010	Total Occupancy: 0
Phone #: (650)595-8165 Fax #: (650)595-8167	Target Population: 1.1
	Expiration Date 01/31/2014
Program Name: MISSION HOUSE	Record ID: 410017AN
Legal Name: THE SOLIDARITY FELLOWSHIP, INC.	Service Type: RES
Address: 1679 SOUTH NORFOLK STREET	Resident Capacity: 6
City, State: SAN MATEO, CA 94402	Total Occupancy: 6
Phone #: (650)341-3803 Fax #: (650)341-3803	Target Population: 1.2
	Expiration Date 03/31/2014
Program Name: 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 Fax #: (650)348-0615	Target Population: 1.3
	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 Fax #: (650)342-0454	Target Population: 1.3
	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

Santa Barbara County

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

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

As of: 06/13/2013

Santa Barbara County

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

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

As of: 06/13/2013

Santa Barbara County

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

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

As of: 06/13/2013

Santa Clara County

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

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

As of: 06/13/2013

Santa Clara County

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 Fax #: (408)271-3909	Target Population: 1.1
	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 Fax #: (650)326-1340	Target Population: 1.1
	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 Fax #: (650)326-1340	Target Population: 1.1
	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 Fax #: (650)326-1340	Target Population: 1.1
	Expiration Date 09/30/2013
Program Name: FAMILY AND CHILDREN SERVICES--SUBSTANCE ABUSE TREATMEN	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 Fax #: (408)288-6201	Target Population: 1.1
	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 Fax #: (408)295-8544	Target Population: 1.2
	Expiration Date 08/31/2014

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

As of: 06/13/2013

Santa Clara County

Program Name: INDIAN HEALTH CENTER OF SANTA CLARA VALLEY-OUTPATIENT A	Record ID: 430047CN
Legal Name: INDIAN HEALTH CENTER OF SANTA CLARA VALLEY	Service Type: NON
Address: 602 EAST SANTA CLARA STREET, SUITE 230	Resident Capacity: 0
City, State: SAN JOSE, CA 95112	Total Occupancy: 0
Phone #: (408)350-2400 Fax #: (408)350-2411	Target Population: 1.1
	Expiration Date 11/30/2014
Program Name: LIFE CHOICES	Record ID: 430049AN
Legal Name: LIFECHOICES TREATMENT SERVICES, INC.	Service Type: RES-DETOX
Address: 1157 EAST TAYLOR STREET	Resident Capacity: 31
City, State: SAN JOSE, CA 95112	Total Occupancy: 31
Phone #: (408)971-0118 Fax #: (408)998-4337	Target Population: 1.2
	Expiration Date 02/28/2014
Program Name: LIFECHOICES TREATMENT SERVICES	Record ID: 430049BN
Legal Name: LIFECHOICES TREATMENT SERVICES, INC.	Service Type: NON
Address: 1900 CAMDEN AVENUE, SUITE A	Resident Capacity: 0
City, State: SAN JOSE, CA 95124	Total Occupancy: 0
Phone #: (408)971-7811 Fax #: (408)998-4337	Target Population: 1.2
	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 Fax #: (408)230-0395	Target Population: 1.1
	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 Fax #: (408)297-7450	Target Population: 1.1
	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 Fax #: (408)297-7450	Target Population: 1.1
	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

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

As of: 06/13/2013

Santa Clara County

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

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

As of: 06/13/2013

Santa Clara County

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

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 Fax #: (408)975-2745	Target Population: 1.1
	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 Fax #: (408)668-275	Target Population: 1.1
	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 Fax #: (408)254-2383	Target Population: 1.3
	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 Fax #: (408)977-1136	Target Population: 1.1
	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 Fax #: (408)998-1535	Target Population: 1.8
	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

Santa Cruz County

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

Santa Cruz County

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

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

As of: 06/13/2013

Shasta County

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

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

As of: 06/13/2013

Shasta County

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

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

Sierra County

As of: 06/13/2013

Program Name: SIERRA COUNTY HUMAN SERVICES

Legal Name: SIERRA COUNTY HUMAN SERVICES

Address: 704 MILL STREET

City, State: LOYALTON, CA 96118

Phone #: (530)993-6748 Fax #: (530)993-6759

Record ID: 460001AN

Service Type: NON

Resident Capacity: 0

Total Occupancy: 0

Target Population: 1.1

Expiration Date 05/31/2015

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

As of: 06/13/2013

Siskiyou County

Program Name: ALCOHOL AND OTHER DRUG SERVICES
Legal Name: SISKIYOU COUNTY HUMAN SERVICES AGENCY
Address: 2060 CAMPUS DRIVE
City, State: YREKA, CA 96097
Phone #: (530)841-4890 Fax #: (530)841-4881

Record ID: 470002AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2013

Program Name: THE KARUK TRIBE SUBSTANCE ABUSE PROGRAM
Legal Name: THE KARUK TRIBE OF CALIFORNIA
Address: 1519 SOUTH OREGON STREET
City, State: YREKA, CA 96097
Phone #: (530)842-9200 Fax #: (530)841-5150

Record ID: 470003AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2014

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

As of: 06/13/2013

Solano County

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

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 Fax #: (707)374-5381	Target Population: 1.1
	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 Fax #: (707)553-8146	Target Population: 1.3
	Expiration Date 08/31/2014
Program Name: THE HOUSE OF ACTS/SUBSTANCE ABUSE PROGRAM	Record ID: 480010AN
Legal Name: THE HOUSE OF ACTS/SUBSTANCE ABUSE PROGRAM	Service Type: RES
Address: 627 GRANT STREET	Resident Capacity: 10
City, State: VALLEJO, CA 94590	Total Occupancy: 10
Phone #: (707)553-1042 Fax #: (707)553-8146	Target Population: 1.2
	Expiration Date 02/28/2015
Program Name: THE HOUSE OF ACTS II	Record ID: 480010BN
Legal Name: THE HOUSE OF ACTS/SUBSTANCE ABUSE PROGRAM	Service Type: RES
Address: 115 TERI COURT	Resident Capacity: 10
City, State: VALLEJO, CA 94589	Total Occupancy: 10
Phone #: (707)643-8316 Fax #: (707)553-8146	Target Population: 1.2
	Expiration Date 06/30/2014
Program Name: YOUTH AND FAMILY SERVICES OUTPATIENT ALCOHOL AND DRUG	Record ID: 480007EN
Legal Name: YOUTH AND FAMILY SERVICES, INC.	Service Type: NON
Address: 490 CHADBOURNE ROAD, SUITE C	Resident Capacity: 0
City, State: FAIRFIELD, CA 94534	Total Occupancy: 0
Phone #: (707)427-6640 Fax #: (707)427-6649	Target Population: 1.1
	Expiration Date 10/31/2014

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

As of: 06/13/2013

Solano County

Program Name: YOUTH AND FAMILY SERVICES, INC. (OUTPATIENT ALCOHOL AND D	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 Fax #: (707)647-1513	Target Population: 1.1
	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 Fax #: (707)554-2634	Target Population: 1.7
	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

Sonoma County

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

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

As of: 06/13/2013

Sonoma County

Program Name: OUTPATIENT TREATMENT PROGRAM
Legal Name: DRUG ABUSE ALTERNATIVES CENTER
Address: 2403 PROFESSIONAL DRIVE, SUITE 101
City, State: SANTA ROSA, CA 95403
Phone #: (707)571-2233 Fax #: (707)571-2238

Record ID: 490009BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 12/31/2013

Program Name: 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

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

As of: 06/13/2013

Sonoma County

Program Name: WINDING CREEK GIRLS' FACILITY
Legal Name: R HOUSE
Address: 152 MIDDLE RINCON ROAD
City, State: SANTA ROSA, CA 95409
Phone #: (707)539-2948

Record ID: 490011EN
Service Type: DSS
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5

Program Name: GIRLS FACILITY #2
Legal Name: R HOUSE
Address: 5316 SAN LUIS AVENUE
City, State: SANTA ROSA, CA 95409
Phone #: (707)539-2948

Record ID: 490011DN
Service Type: DSS
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5

Program Name: GIRLS FACILITY #1
Legal Name: R HOUSE
Address: 5136 OAK PARK WAY
City, State: SANTA ROSA, CA 95409
Phone #: (707)539-2948

Record ID: 490011CN
Service Type: DSS
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5

Program Name: BOYS FACILITY
Legal Name: R HOUSE
Address: 429 SPEERS ROAD
City, State: SANTA ROSA, CA 95409
Phone #: (707)539-2948

Record ID: 490011AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2014

Program Name: SONOMA COUNTY INDIAN HEALTH PROJECT/BEHAVIOR HEALTH
Legal Name: SONOMA COUNTY INDIAN HEALTH PROJECT, INC.
Address: 144 STONY POINT ROAD, 2ND FLOOR
City, State: SANTA ROSA, CA 95401
Phone #: (707)521-4550 Fax #: (707)544-1092

Record ID: 490032AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2015

Program Name: OLYMPIA HOUSE
Legal Name: SONOMA RECOVERY SERVICES, LLC
Address: 11207 VALLEY FORD ROAD
City, State: PETALUMA, CA 94952
Phone #: (415)795-7609

Record ID: 490036AP
Service Type: RES-DETOX
Resident Capacity: 24
Total Occupancy: 28
Target Population: 1.1
Expiration Date 08/31/2014

Program Name: AZURE ACRES
Legal Name: THE CAMP RECOVERY CENTERS, L.P.
Address: 2264 GREEN HILL ROAD
City, State: SEBASTOPOL, CA 95472
Phone #: (707)823-3385

Record ID: 490021AP
Service Type: RES-DETOX
Resident Capacity: 28
Total Occupancy: 28
Target Population: 1.1
Expiration Date 12/31/2013

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

Sonoma County

As of: 06/13/2013

Program Name: WOMEN'S RECOVERY SERVICES, A UNIQUE PLACE
Legal Name: WOMEN'S RECOVERY SERVICES, A UNIQUE PLACE
Address: 98, 112, 122, AND 140 HENDLEY STREET
City, State: SANTA ROSA, CA 95404
Phone #: (707)527-0412 Fax #: (707)527-6048

Record ID: 490004EN
Service Type: RES
Resident Capacity: 20
Total Occupancy: 32
Target Population: 1.4
Expiration Date 02/28/2014

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

As of: 06/13/2013

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

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

As of: 06/13/2013

Stanislaus County

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

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

As of: 06/13/2013

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

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

As of: 06/13/2013

Tehama County

Program Name: BONDAGE BREAKER RECOVERY SERVICE
Legal Name: BONDAGE BREAKER RECOVERY SERVICE
Address: 224 ASH STREET
City, State: RED BLUFF, CA 96080
Phone #: (530)529-0634

Record ID: 520003AN
Service Type: RES
Resident Capacity: 8
Total Occupancy: 8
Target Population: 1.2
Expiration Date 04/30/2014

Program Name: TEHAMA COUNTY HEALTH AGENCY DRUG AND ALCOHOL DIVISION
Legal Name: TEHAMA COUNTY HEALTH AGENCY
Address: 275 SOLANO STREET
City, State: CORNING, CA 96021
Phone #: (530)824-4890 Fax #: (530)824-8443

Record ID: 520002BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2015

Program Name: TEHAMA COUNTY HEALTH AGENCY DRUG AND ALCOHOL DIVISIO
Legal Name: TEHAMA COUNTY HEALTH AGENCY
Address: 1850 WALNUT STREET
City, State: RED BLUFF, CA 96080
Phone #: (530)527-7893 Fax #: (530)527-0766

Record ID: 520002AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2015

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

Trinity County

As of: 06/13/2013

Program Name: TRINITY COUNTY ALCOHOL AND OTHER DRUG SERVICES
Legal Name: TRINITY COUNTY ALCOHOL AND OTHER DRUG SERVICES
Address: 1450 MAIN STREET
City, State: WEAVERVILLE, CA 96093
Phone #: (530)623-1362 Fax #: (530)623-4448

Record ID: 530001AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2015

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

As of: 06/13/2013

Tulare County

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

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

As of: 06/13/2013

Tulare County

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

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

As of: 06/13/2013

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 Fax #: (559)625-8179	Target Population: 1.1
	Expiration Date 04/30/2015
Program Name: SRS RECOVERY SERVICES	Record ID: 540028AP
Legal Name: SRS RECOVERY SERVICES, LLC	Service Type: NON
Address: 515 WEST MURRAY, SUITES B & C	Resident Capacity: 0
City, State: VISALIA, CA 93291	Total Occupancy: 0
Phone #: (559)636-2091 Fax #: (559)636-9452	Target Population: 1.1
	Expiration Date 12/31/2013
Program Name: SRS RECOVERY SERVICES	Record ID: 540028BP
Legal Name: SRS RECOVERY SERVICES, LLC	Service Type: NON
Address: 130 EAST MILL AVENUE	Resident Capacity: 0
City, State: PORTERVILLE, CA 93257	Total Occupancy: 0
Phone #: (559)789-9881 Fax #: (559)789-9877	Target Population: 1.1
	Expiration Date 12/31/2013
Program Name: TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY - FAMIL	Record ID: 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 - FAMIL	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 - FAMIL	Record ID: 540002IN
Legal Name: TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY	Service Type: NON
Address: 1055 WEST HENDERSON STREET, SUITE 2	Resident Capacity: 0
City, State: PORTERVILLE, CA 93257	Total Occupancy: 0
Phone #: (559)788-1200	Target Population: 1.1
	Expiration Date 02/28/2013
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 Fax #: (559)732-5574	Target Population: 1.2
	Expiration Date 03/31/2014

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

Tulare County

As of: 06/13/2013

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

Tuolumne County

As of: 06/13/2013

Program Name: THE RANCH

Legal Name: MAYNORD'S CHEMICAL DEPENDENCY RECOVERY CENTER

Address: 19325 CHEROKEE ROAD

City, State: TUOLUMNE, CA 95379

Phone #: (209)928-3737 Fax #: (209)928-1152

Record ID: 550001AP

Service Type: RES-DETOX

Resident Capacity: 30

Total Occupancy: 30

Target Population: 1.1

Expiration Date 12/31/2013

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

As of: 06/13/2013

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 Fax #: (805)493-5047	Target Population: 1.1
	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 Fax #: (850)521-1425	Target Population: 1.1
	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 Fax #: (661)297-9701	Target Population: 1.5
	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 Fax #: (661)297-9701	Target Population: 1.1
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 Fax #: (661)297-9701	Target Population: 1.5
	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 Fax #: (805)486-8401	Target Population: 1.2
	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 Fax #: (805)988-4883	Target Population: 1.1
	Expiration Date 08/31/2014

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

As of: 06/13/2013

Ventura County

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

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

As of: 06/13/2013

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 Fax #: (805)648-9762	Target Population: 1.2
	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 Fax #: (805)648-9762	Target Population: 1.2
	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 Fax #: (805)488-9000	Target Population: 1.1
	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 Fax #: (805)488-9000	Target Population: 1.1
	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 Fax #: (805)487-2255	Target Population: 1.1
	Expiration Date 08/31/2013

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

As of: 06/13/2013

Ventura County

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

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

As of: 06/13/2013

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 Fax #: (805)494-4898	Target Population: 1.1
	Expiration Date 08/31/2014
Program Name: VENTURA RECOVERY CENTER OUTPATIENT SERVICES	Record ID: 560041BP
Legal Name: VENTURA RECOVERY CENTER, INC.	Service Type: NON
Address: 2975 E. HILLCREST DRIVE, SUITE 406	Resident Capacity: 0
City, State: WESTLAKE VILLAGE, CA 91362	Total Occupancy: 0
Phone #: (800)247-6111 Fax #: (805)494-4898	Target Population: 1.1
	Expiration Date 02/28/2015

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

As of: 06/13/2013

Yolo County

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

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

As of: 06/13/2013

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 Fax #: (530)741-6397	Target Population: 1.13
	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 Fax #: (530)742-0893	Target Population: 1.1
	Expiration Date 10/31/2013