

**DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS
LICENSING AND CERTIFICATION DIVISION
STATUS REPORT**

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

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

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COMMENTS?

We are always looking for ways to improve this document. If you have any comments or suggestions, please e-mail them to hyanez@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:
- 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: 07/14/2008

Alameda County

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|---|--|
| Program Name: ALAMEDA FAMILY SERVICES Legal Name: ALAMEDA FAMILY SERVICES Address: 2325 CLEMENT AVENUE City, State: ALAMEDA, CA 94501 Phone #: (510)522-8363 | Record ID: 010091AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2010 |
| Program Name: ALLIED RE-ENTRY PROGRAM Legal Name: ALLIED FELLOWSHIP SERVICE Address: 1524 29TH AVENUE City, State: OAKLAND, CA 94601 Phone #: (510)535-1236 Fax #: (510)534-2650 | Record ID: 010036BN Service Type: RES Resident Capacity: 37 Total Occupancy: 43 Target Population: 1.1 Expiration Date 09/30/2008 |
| Program Name: ALLIED FELLOWSHIP SERVICE Legal Name: ALLIED FELLOWSHIP SERVICE Address: 1851 10TH AVENUE City, State: OAKLAND, CA 94606 Phone #: (510)534-1986 Fax #: (510)534-3025 | Record ID: 010036DN Service Type: RES Resident Capacity: 25 Total Occupancy: 25 Target Population: 1.1 Expiration Date 02/28/2010 |
| Program Name: AXIS COMMUNITY HEALTH CENTER Legal Name: AXIS COMMUNITY HEALTH CENTER, INC. Address: 4341 RAILROAD AVENUE City, State: PLEASANTON, CA 94566 Phone #: (925)201-5544 Fax #: (925)485-1273 | Record ID: 010046BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2009 |
| 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 04/30/2010 |
| 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 06/30/2010 |
| Program Name: EAST OAKLAND RECOVERY CENTER Legal Name: BI-BETT Address: 10700 MACARTHUR BOULEVARD, SUITE 12 City, State: OAKLAND, CA 94605 Phone #: (510)568-2432 Fax #: (510)568-3912 | Record ID: 010006DN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2009 |

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

As of: 07/14/2008

Alameda County

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|--|----------------------------|
| 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 01/31/2010 |
| Program Name: C.U.R.A., INC. | Record ID: 010010CN |
| Legal Name: CARNALES UNIDOS REFORMANDO ADICTOS INCORPORATED (C.U.F | Service Type: RES |
| Address: 531 24TH STREET | Resident Capacity: 48 |
| City, State: OAKLAND, CA 94612 | Total Occupancy: 48 |
| Phone #: (510)839-2525 Fax #: (510)663-8982 | Target Population: 1.1 |
| | Expiration Date 05/31/2009 |
| Program Name: PROJECT PRIDE RESIDENTIAL PROGRAM FOR WOMEN & CHILDREN | Record ID: 010025BN |
| Legal Name: EAST BAY COMMUNITY RECOVERY PROJECT | Service Type: RES |
| Address: 2551 SAN PABLO AVENUE | Resident Capacity: 62 |
| City, State: OAKLAND, CA 94612 | Total Occupancy: 119 |
| Phone #: (510)446-7150 Fax #: (510)832-0626 | Target Population: 1.4 |
| | Expiration Date 07/31/2008 |
| Program Name: EAST BAY COMMUNITY RECOVERY PROJECT - NONRESIDENTIAL | Record ID: 010025CN |
| Legal Name: EAST BAY COMMUNITY RECOVERY PROJECT | Service Type: NON |
| Address: 2551 AND 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 07/31/2008 |
| 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 05/31/2009 |
| Program Name: THE HARRIET TUBMAN RECOVERY CENTER | Record ID: 010017DN |
| Legal Name: HEALTHY BABIES PROJECT, INC. | Service Type: RES |
| Address: 1004 36TH STREET | Resident Capacity: 6 |
| City, State: OAKLAND, CA 94608 | Total Occupancy: 6 |
| Phone #: (510)594-1113 Fax #: (510)652-4564 | Target Population: 1.3 |
| | Expiration Date 05/31/2009 |
| Program Name: MAUDELL SHIREK RECOVERY VILLAGE | Record ID: 010017FN |
| Legal Name: HEALTHY BABIES PROJECT, INC. | Service Type: NON |
| Address: 471 34TH STREET | Resident Capacity: 0 |
| City, State: OAKLAND, CA 94609 | Total Occupancy: 0 |
| Phone #: (510)450-0881 Fax #: (510)652-4564 | Target Population: 1.1 |
| | Expiration Date 06/30/2008 |

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

As of: 07/14/2008

Alameda County

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|---|----------------------------|
| 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 09/30/2008 |
| Program Name: CHERRY HILL DETOXIFICATION | Record ID: 010001DN |
| Legal Name: HORIZON SERVICES, INC. | Service Type: RES |
| Address: 2035 FAIRMONT DRIVE | Resident Capacity: 32 |
| City, State: SAN LEANDRO, CA 94578 | Total Occupancy: 32 |
| Phone #: (510)346-7839 Fax #: (510)351-7630 | Target Population: 1.1 |
| | Expiration Date 01/31/2010 |
| 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 10/31/2009 |
| 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 02/28/2010 |
| Program Name: MISSIONARY RECOVERY CENTER | Record ID: 010076AN |
| Legal Name: JUBILEE RESTORATION INCORPORATED | Service Type: RES |
| Address: 871 27TH STREET | Resident Capacity: 12 |
| City, State: OAKLAND, CA 94607 | Total Occupancy: 12 |
| Phone #: (510)540-8111 Fax #: (510)849-9092 | Target Population: 1.2 |
| | Expiration Date 08/31/2009 |
| 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 08/31/2008 |
| 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 10/31/2008 |

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

As of: 07/14/2008

Alameda County

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|---|----------------------------|
| 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 10/31/2008 |
| 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 09/30/2009 |
| Program Name: MAGNOLIA WOMEN'S RECOVERY PROGRAMS, INC. | Record ID: 010081BN |
| Legal Name: MAGNOLIA WOMEN'S RECOVERY PROGRAMS, INC. | Service Type: RES |
| Address: 637 CHEVYCHASE WAY | Resident Capacity: 6 |
| City, State: HAYWARD, CA 94544 | Total Occupancy: 6 |
| Phone #: (510)487-2910 Fax #: (510)487-2916 | Target Population: 1.3 |
| | Expiration Date 11/30/2009 |
| Program Name: OCCUPATIONAL HEALTH SERVICES | Record ID: 010087AP |
| Legal Name: MHN DBA OCCUPATIONAL HEALTH SERVICES, INC. | Service Type: NON |
| Address: 344 PENDLETON WAY | Resident Capacity: 0 |
| City, State: OAKLAND, CA 94621 | Total Occupancy: 0 |
| Phone #: (510)430-3646 Fax #: (510)569-3743 | Target Population: 1.1 |
| | Expiration Date 05/31/2010 |
| 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 04/30/2010 |
| 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 05/31/2009 |
| Program Name: R-QUEST | Record ID: 010082AP |
| Legal Name: R-QUEST | Service Type: NON |
| Address: 40 CALIFORNIA AVENUE, SUITE B | Resident Capacity: 0 |
| City, State: PLEASANTON, CA 94566 | Total Occupancy: 0 |
| Phone #: (925)426-0501 Fax #: (925)426-0506 | Target Population: 1.1 |
| | Expiration Date 03/31/2008 |

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

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Alameda County

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| Program Name: SECOND CHANCE CABRILLO CENTER Legal Name: SECOND CHANCE, INC. Address: 4673-P THORNTON AVENUE City, State: FREMONT, CA 94536 Phone #: (510)792-4357 Fax #: (510)745-1693 | Record ID: 010061EN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2010 |
| Program Name: SECOND CHANCE ASHLAND CENTER Legal Name: SECOND CHANCE, INC. Address: 1403 164TH AVENUE City, State: SAN LEANDRO, CA 94578 Phone #: (510)481-8645 Fax #: (510)745-1693 | Record ID: 010061BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2009 |
| Program Name: SECOND CHANCE PHOENIX PROGRAM Legal Name: SECOND CHANCE, INC. Address: 4673 THORNTON AVENUE SUITE P City, State: FREMONT, CA 94536 Phone #: (510)792-4357 Fax #: (510)745-1693 | Record ID: 010061DN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.4 Expiration Date 05/31/2009 |
| Program Name: SECOND CHANCE, (TRI-CITIES) INC. Legal Name: SECOND CHANCE, INC. Address: 6330 THORNTON AVENUE City, State: NEWARK, CA 94560 Phone #: (510)792-4357 Fax #: (510)745-1693 | Record ID: 010061AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2009 |
| Program Name: SECOND CHANCE, INC. Legal Name: SECOND CHANCE, INC. Address: 107 JACKSON STREET City, State: HAYWARD, CA 94544 Phone #: (510)886-8696 Fax #: (510)745-1693 | Record ID: 010061GN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2009 |
| Program Name: FREEDOM HOUSE Legal Name: SEVENTH STEP FOUNDATION, INC. Address: 475 MEDFORD AVENUE City, State: HAYWARD, CA 94541 Phone #: (510)278-0230 Fax #: (510)278-8054 | Record ID: 010041AN Service Type: RES Resident Capacity: 32 Total Occupancy: 32 Target Population: 1.1 Expiration Date 05/31/2009 |
| Program Name: TERRA FIRMA DIVERSION/EDUCATIONAL SERVICES Legal Name: TERRA FIRMA DIVERSION EDUCATIONAL SERVICES Address: 30086 MISSION BOULEVARD City, State: HAYWARD, CA 94544 Phone #: (510)675-9362 Fax #: (510)675-9468 | Record ID: 010079AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 08/31/2009 |

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

As of: 07/14/2008

Alameda County

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| 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: 11 |
| City, State: OAKLAND, CA 94601 | Total Occupancy: 17 |
| Phone #: (510)535-7100 Fax #: (510)535-3445 | Target Population: 1.4 |
| | Expiration Date 02/28/2009 |
| 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 05/31/2010 |
| 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 07/31/2010 |
| Program Name: THE SOLID FOUNDATION WOMEN'S CENTER | Record ID: 010011FN |
| Legal Name: THE SOLID FOUNDATION | Service Type: NON |
| Address: 4778 INTERNATIONAL BOULEVARD | Resident Capacity: 0 |
| City, State: OAKLAND, CA 94601 | Total Occupancy: 0 |
| Phone #: (510)533-5317 Fax #: (510)533-4314 | Target Population: 1.3 |
| | Expiration Date 09/30/2009 |
| 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: 24 |
| Phone #: (510)428-0457 | Target Population: 1.4 |
| | Expiration Date 08/31/2009 |
| 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 07/31/2009 |
| Program Name: MANDELA I | Record ID: 010011GN |
| Legal Name: THE SOLID FOUNDATION, INC. | Service Type: RES |
| Address: 6939 MAC ARTHUR BOULEVARD | Resident Capacity: 6 |
| City, State: OAKLAND, CA 94605 | Total Occupancy: 12 |
| Phone #: (510)553-9973 Fax #: (510)482-6493 | Target Population: 1.3 |
| | Expiration Date 08/31/2009 |

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

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Alameda County

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| Program Name: ALAMEDA HOUSE Legal Name: THE SOLIDARITY FELLOWSHIP, INC. Address: 34401 AND 34413 BLACKSTONE WAY City, State: FREMONT, CA 94555 Phone #: (510)796-7120 | Record ID: 010019AN Service Type: RES Resident Capacity: 12 Total Occupancy: 12 Target Population: 1.2 Expiration Date: 05/31/2010 |
| Program Name: CROSSROADS Legal Name: THE SOLIDARITY FELLOWSHIP, INC. Address: 823 OLAVINA STREET City, State: LIVERMORE, CA 94550 Phone #: (925)371-0992 Fax #: (925)371-0995 | Record ID: 010019BN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date: 09/30/2009 |
| Program Name: COMMUNITY RECOVERY CENTER Legal Name: THE WEST OAKLAND HEALTH COUNCIL Address: 7501 INTERNATIONAL BOULEVARD City, State: OAKLAND, CA 94621 Phone #: (510)430-1771 Fax #: (510)569-4965 | Record ID: 010005FN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date: 10/31/2008 |
| Program Name: WEST OAKLAND HEALTH COUNCIL TRANSITIONAL HOUSING Legal Name: THE WEST OAKLAND HEALTH COUNCIL Address: 450 27TH STREET City, State: OAKLAND, CA 94609 Phone #: (510)268-8305 Fax #: (510)433-1514 | Record ID: 010005IN Service Type: RES Resident Capacity: 23 Total Occupancy: 23 Target Population: 1.2 Expiration Date: 02/28/2010 |
| Program Name: WEST OAKLAND OUTPATIENT SUBSTANCE ABUSE SERVICES Legal Name: THE WEST OAKLAND HEALTH COUNCIL Address: 3007 TELEGRAPH AVENUE City, State: OAKLAND, CA 94609 Phone #: (510)433-1500 Fax #: (510)433-1526 | Record ID: 010005HN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date: 04/30/2010 |
| Program Name: WISTAR WOMEN'S R AND R PROGRAM Legal Name: WISTAR R AND R PROGRAM, INC. Address: 273 TUNIS ROAD City, State: OAKLAND, CA 94603 Phone #: (510)638-4470 Fax #: (510)562-1549 | Record ID: 010032BN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.3 Expiration Date: 08/31/2009 |
| Program Name: WISTAR R AND R PROGRAM, INC. Legal Name: WISTAR R AND R PROGRAM, INC. Address: 9735 EMPIRE ROAD City, State: OAKLAND, CA 94603 Phone #: (510)568-9288 Fax #: (510)562-1549 | Record ID: 010032CN Service Type: RES Resident Capacity: 5 Total Occupancy: 5 Target Population: 1.2 Expiration Date: 06/30/2008 |

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

Alameda County

As of: 07/14/2008

Program Name: WOMEN ON THE WAY RECOVERY CENTER
Legal Name: WOMEN ON THE WAY RECOVERY CENTER
Address: 20424 HAVILAND AVENUE
City, State: HAYWARD, CA 94541
Phone #: (510)276-3661 Fax #: (510)278-7933

Record ID: 010072AN
Service Type: RES
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.3
Expiration Date 03/31/2010

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

As of: 07/14/2008

Alpine County

No licensed or certified facilities at this time.

Please check with a neighboring county for services.

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

As of: 07/14/2008

Amador County

Program Name: AMADOR COUNTY ALCOHOL AND DRUG SERVICES
Legal Name: AMADOR COUNTY
Address: 10877 CONDUCTOR BOULEVARD
City, State: SUTTER CREEK, CA 95685
Phone #: (209)223-6556 Fax #: (209)223-3460

Record ID: 030001AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2009

Program Name: MACT BEHAVIOR HEALTH HEALING CENTER
Legal Name: M.A.C.T. HEALTH BOARD, INCORPORATED
Address: 15505 DALTON'S DRIVE
City, State: JACKSON, CA 95642
Phone #: (209)223-8480 Fax #: (209)223-8483

Record ID: 030002AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.8
Expiration Date 05/31/2009

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

As of: 07/14/2008

Butte County

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|---|----------------------------|
| Program Name: TRI COUNTY TREATMENT CO-EDUCATIONAL RESIDENTIAL FACILIT | Record ID: 040024AP |
| Legal Name: CHAPMAN, JULIE - TRI COUNTY TREATMENT | Service Type: RES |
| Address: 2740 ORO DAM BOULEVARD | Resident Capacity: 48 |
| City, State: OROVILLE, CA 95965 | Total Occupancy: 60 |
| Phone #: (530)533-5272 Fax #: (530)533-5821 | Target Population: 1.1 |
| | Expiration Date 08/31/2009 |
| Program Name: TRI COUNTY TREATMENT - OUTPATIENT PROGRAM | Record ID: 040024BP |
| Legal Name: CHAPMAN, JULIE - TRI COUNTY TREATMENT | Service Type: NON |
| Address: 479 ORO DAM BOULEVARD, SUITE E | Resident Capacity: 0 |
| City, State: OROVILLE, CA 95965 | Total Occupancy: 0 |
| Phone #: (530)533-4910 Fax #: (530)533-5104 | Target Population: 1.1 |
| | Expiration Date 10/31/2008 |
| Program Name: CHEROKEE HOUSE | Record ID: 040007BN |
| Legal Name: CHEROKEE RESTORATION FELLOWSHIP | Service Type: RES |
| Address: 2041 FOGG AVENUE | Resident Capacity: 6 |
| City, State: OROVILLE, CA 95965 | Total Occupancy: 6 |
| Phone #: (530)534-3663 | Target Population: 1.2 |
| | Expiration Date 11/30/2009 |
| Program Name: CHEROKEE OUTPATIENT PROGRAM | Record ID: 040007CN |
| Legal Name: CHEROKEE RESTORATION FELLOWSHIP | Service Type: NON |
| Address: 1650 LINCOLN BOULEVARD | Resident Capacity: 0 |
| City, State: OROVILLE, CA 95965 | Total Occupancy: 0 |
| Phone #: (530)533-5429 | Target Population: 1.1 |
| | Expiration Date 02/28/2010 |
| 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)891-2819 | Target Population: 1.1 |
| | Expiration Date 11/30/2008 |
| Program Name: TOUCHSTONE MODELS OF CHANGE | Record ID: 040023AN |
| Legal Name: ENLOE MEDICAL CENTER | Service Type: NON |
| Address: 556 COHASSET ROAD | Resident Capacity: 0 |
| City, State: CHICO, CA 95926 | Total Occupancy: 0 |
| Phone #: (530)332-5290 Fax #: (530)893-6872 | Target Population: 1.3 |
| | Expiration Date 09/30/2009 |
| Program Name: FREEDOM RECOVERY EDUCATION PROGRAM | Record ID: 040010CN |
| Legal Name: NORTH VALLEY PARENT EDUCATION NETWORK | Service Type: NON |
| Address: 2070 TALBERT DRIVE | Resident Capacity: 0 |
| City, State: CHICO, CA 95928 | Total Occupancy: 0 |
| Phone #: (530)893-0391 Fax #: (530)534-9958 | Target Population: 1.1 |
| | Expiration Date 05/31/2009 |

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

As of: 07/14/2008

Butte County

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|---|----------------------------|
| Program Name: FREEDOM, INC. DAY TREATMENT PROGRAM | Record ID: 040010AN |
| Legal Name: NORTH VALLEY PARENT EDUCATION NETWORK | Service Type: NON |
| Address: 78 TABLE MOUNTAIN BOULEVARD | Resident Capacity: 0 |
| City, State: OROVILLE, CA 95965 | Total Occupancy: 0 |
| Phone #: (530)534-9958 Fax #: (530)534-0832 | Target Population: 1.1 |
| | Expiration Date 05/31/2009 |
| 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)896-9400 Fax #: (530)896-9406 | Target Population: 1.1 |
| | Expiration Date 05/31/2009 |
| Program Name: SKYWAY HOUSE | Record ID: 040006CN |
| Legal Name: SKYWAY HOUSE | Service Type: RES |
| Address: 4133 HIGHWAY 32 | Resident Capacity: 26 |
| City, State: CHICO, CA 95973 | Total Occupancy: 26 |
| Phone #: (530)893-3698 Fax #: (530)872-5563 | Target Population: 1.2 |
| | Expiration Date 10/31/2009 |
| Program Name: SKYWAY HOUSE MEN'S II-B | Record ID: 040006LN |
| Legal Name: SKYWAY HOUSE | Service Type: RES |
| Address: 7357-B SKYWAY | Resident Capacity: 6 |
| City, State: PARADISE, CA 95969 | Total Occupancy: 6 |
| Phone #: (530)877-3683 Fax #: (530)877-3683 | Target Population: 1.2 |
| | Expiration Date 05/31/2010 |
| Program Name: SKYWAY HOUSE MEN'S II | Record ID: 040006KN |
| Legal Name: SKYWAY HOUSE | Service Type: RES |
| Address: 7357 SKYWAY | Resident Capacity: 6 |
| City, State: PARADISE, CA 95969 | Total Occupancy: 8 |
| Phone #: (530)877-3683 Fax #: (530)877-3683 | Target Population: 1.2 |
| | Expiration Date 05/31/2010 |
| Program Name: SKYWAY HOUSE WOMEN'S RESIDENTIAL & T.R.A.C.K. TEACHING RE | Record ID: 040006GN |
| Legal Name: SKYWAY HOUSE | Service Type: RES |
| Address: 5075 LINCOLN BOULEVARD AND 4975 VIRGINIA STREET | Resident Capacity: 30 |
| City, State: OROVILLE, CA 95966 | Total Occupancy: 37 |
| Phone #: (530)534-0550 Fax #: (530)898-0239 | Target Population: 1.4 |
| | Expiration Date 12/31/2009 |
| Program Name: SKYWAY HOUSE | Record ID: 040006DN |
| Legal Name: SKYWAY HOUSE | Service Type: NON |
| Address: 564 RIO LINDO AVENUE, SUITES 102 & 103 | Resident Capacity: 0 |
| City, State: CHICO, CA 95926 | Total Occupancy: 0 |
| Phone #: (530)898-8326 Fax #: (530)898-0239 | Target Population: 1.1 |
| | Expiration Date 07/31/2009 |

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

As of: 07/14/2008

Butte County

Program Name: CHICO RECOVERY CENTER

Legal Name: SMITH, RON W.

Address: 2057 FOREST AVENUE, SUITE 5

City, State: CHICO, CA 95928

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

Record ID: 040021AN

Service Type: NON

Resident Capacity: 0

Total Occupancy: 0

Target Population: 1.7

Expiration Date 04/30/2010

Program Name: THE WELL ALTERNATIVE

Legal Name: THE WELL MINISTRY OF RESCUE

Address: 2612 ESPLANADE

City, State: CHICO, CA 95973

Phone #: (530)624-5431 Fax #: (530)345-4623

Record ID: 040025AN

Service Type: RES

Resident Capacity: 15

Total Occupancy: 15

Target Population: 1.2

Expiration Date 04/30/2010

Program Name: TRANSFORMATION HOUSE, LLC

Legal Name: TRANSFORMATION HOUSE, LLC

Address: 1151 FRENCH AVENUE

City, State: GRIDLEY, CA 95948

Phone #: (000)000-0000 Fax #: (530)846-9671

Record ID: 040026AP

Service Type: RES

Resident Capacity: 0

Total Occupancy: 0

Target Population: 1.3

Expiration Date 01/31/2010

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

As of: 07/14/2008

Calaveras County

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|---|----------------------------|
| Program Name: CALAVERAS COUNTY BEHAVIORAL HEALTH SERVICES SUBSTANCI | Record ID: 050003AN |
| Legal Name: CALAVERAS COUNTY | Service Type: NON |
| Address: 891 MOUNTAIN RANCH ROAD | Resident Capacity: 0 |
| City, State: SAN ANDREAS, CA 95249 | Total Occupancy: 0 |
| Phone #: (209)754-6555 Fax #: (209)754-6559 | Target Population: 1.1 |
| | Expiration Date 05/31/2009 |
| | |
| Program Name: CHANGING ECHOES | Record ID: 050002AN |
| Legal Name: CHANGING ECHOES, INC. | Service Type: RES-DETOX |
| Address: 7632 POOL STATION ROAD | Resident Capacity: 32 |
| City, State: ANGELS CAMP, CA 95222 | Total Occupancy: 32 |
| Phone #: (209)785-3666 | Target Population: 1.1 |
| | Expiration Date 09/30/2009 |

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

As of: 07/14/2008

Colusa County

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|---------------|--|--------------------|---------------|
| 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)458-0516 | Fax #: | (530)458-8028 |
| | | Target Population: | 1.1 |
| | | Expiration Date | 03/31/2010 |

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

As of: 07/14/2008

Contra Costa County

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|---|----------------------------|
| Program Name: NEVIN HOUSE | Record ID: 070036AN |
| Legal Name: ANKA BEHAVIORAL HEALTH, INC. | Service Type: DSS |
| Address: 3215/3221 NEVIN AVENUE | Resident Capacity: 11 |
| City, State: RICHMOND, CA 94808 | Total Occupancy: 14 |
| Phone #: (510)232-7633 Fax #: (510)232-6808 | Target Population: 1.1 |
| | |
| Program Name: STEP/AHEAD ADOLESCENT OUTPATIENT DRUG TREATMENT PROGR | Record ID: 070041AN |
| Legal Name: ASIAN PACIFIC PSYCHOLOGICAL SERVICES | Service Type: NON |
| Address: 3905 MACDONALD AVENUE | 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 12/31/2009 |
| | |
| Program Name: BAART BEHAVIORAL HEALTH SERVICES, INC. | Record ID: 070039AP |
| Legal Name: BAART BEHAVIORAL HEALTH SERVICES, INC. | Service Type: NON |
| Address: 3707 SUNSET LANE | Resident Capacity: 0 |
| City, State: ANTIOCH, CA 94509 | Total Occupancy: 0 |
| Phone #: (925)522-0124 Fax #: (925)522-0133 | Target Population: 1.1 |
| | Expiration Date 02/28/2009 |
| | |
| Program Name: DIABLO VALLEY RANCH | Record ID: 070001AN |
| Legal Name: BI-BETT | Service Type: RES |
| Address: 11540 MARSH CREEK ROAD | Resident Capacity: 54 |
| City, State: CLAYTON, CA 94517 | Total Occupancy: 56 |
| Phone #: (925)672-5700 | Target Population: 1.2 |
| | Expiration Date 03/31/2010 |
| | |
| Program Name: DIABLO VALLEY RANCH ANNEX III | Record ID: 070001GN |
| Legal Name: BI-BETT | Service Type: RES |
| Address: 1820 BELMONT ROAD | Resident Capacity: 4 |
| City, State: CONCORD, CA 94520 | Total Occupancy: 4 |
| Phone #: (925)682-9765 | Target Population: 1.2 |
| | Expiration Date 04/30/2010 |
| | |
| 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 10/31/2008 |
| | |
| 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 10/31/2008 |

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

As of: 07/14/2008

Contra Costa County

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| Program Name: EAST COUNTY WOLLAM PERINATAL Legal Name: BI-BETT Address: 498 WOLLAM AVENUE, UNIT 3 City, State: BAY POINT, CA 94565 Phone #: (925)458-1978 Fax #: (925)458-8996 | Record ID: 070001YN Service Type: RES Resident Capacity: 4 Total Occupancy: 4 Target Population: 1.4 Expiration Date 09/30/2009 |
| Program Name: GAADDS CENTRAL Legal Name: BI-BETT Address: 2090 COMMERCE AVENUE City, State: CONCORD, CA 94520 Phone #: (925)685-7418 Fax #: (925)685-7005 | Record ID: 070001XN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2009 |
| Program Name: EAST COUNTY WOLLAM PERINATAL AND RESIDENTIAL Legal Name: BI-BETT Address: 498 WOLLAM AVENUE, UNIT 5 City, State: BAY POINT, CA 94565 Phone #: (925)458-1978 Fax #: (925)458-8996 | Record ID: 070001VN Service Type: RES Resident Capacity: 4 Total Occupancy: 4 Target Population: 1.4 Expiration Date 04/30/2010 |
| Program Name: EAST COUNTY GAADDS Legal Name: BI-BETT Address: 2400 SYCAMORE DRIVE, BUILDING A, SUITE # 3 City, State: ANTIOCH, CA 94509 Phone #: (925)685-7418 Fax #: (925)777-1581 | Record ID: 070001UN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 12/31/2008 |
| Program Name: EAST COUNTY WOLLAM HOUSE-RESIDENTIAL Legal Name: BI-BETT Address: 498 WOLLAM AVENUE, SUITES 2 AND 4 City, State: BAY POINT, CA 94565 Phone #: (925)458-1978 | Record ID: 070001TN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.3 Expiration Date 12/31/2008 |
| Program Name: EAST COUNTY WOLLAM HOUSE - PERINATAL Legal Name: BI-BETT Address: 510 WOLLAM AVENUE City, State: BAY POINT, CA 94565 Phone #: (925)458-1978 | Record ID: 070001SN Service Type: RES Resident Capacity: 6 Total Occupancy: 12 Target Population: 1.4 Expiration Date 12/31/2008 |
| Program Name: EAST COUNTY COMMUNITY WOMEN'S CENTER Legal Name: BI-BETT Address: 2, 4, 12 AND 14 DAVI AVENUE City, State: PITTSBURG, CA 94565 Phone #: (925)427-1387 | Record ID: 070001RN Service Type: RES-DETOX Resident Capacity: 15 Total Occupancy: 15 Target Population: 1.3 Expiration Date 12/31/2008 |

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

As of: 07/14/2008

Contra Costa County

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|---|----------------------------|
| 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 10/31/2008 |
| 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 10/31/2008 |
| 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 03/31/2010 |
| Program Name: DIABLO VALLEY RANCH ANNEX II | Record ID: 070001FN |
| Legal Name: BI-BETT | Service Type: RES |
| Address: 1840 BELMONT ROAD | Resident Capacity: 4 |
| City, State: CONCORD, CA 94520 | Total Occupancy: 4 |
| Phone #: (925)682-9765 | Target Population: 1.2 |
| | Expiration Date 04/30/2010 |
| 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: 1.1 |
| | Expiration Date 04/30/2010 |
| 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 03/31/2010 |
| Program Name: DIABLO VALLEY RANCH ANNEX I | Record ID: 070001EN |
| Legal Name: BI-BETT | Service Type: RES |
| Address: 1860 BELMONT ROAD | Resident Capacity: 4 |
| City, State: CONCORD, CA 94520 | Total Occupancy: 4 |
| Phone #: (925)682-9765 | Target Population: 1.2 |
| | Expiration Date 04/30/2010 |

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

As of: 07/14/2008

Contra Costa County

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|---|---|
| Program Name: FREDERIC OZANAM CENTER Legal Name: BI-BETT Address: 2931 PROSPECT AVENUE City, State: CONCORD, CA 94518 Phone #: (925)676-4840 | Record ID: 070001BN Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.3 Expiration Date: 10/31/2008 |
| Program Name: EAST COUNTY WOLLAM PERINATAL Legal Name: BI-BETT CORPORATION Address: 498 WOLLAM AVENUE, UNIT 1 City, State: BAYPOINT, CA 94565 Phone #: (925)458-1978 Fax #: (925)458-8996 | Record ID: 070001ZN Service Type: RES Resident Capacity: 4 Total Occupancy: 4 Target Population: 1.1 Expiration Date: 02/28/2009 |
| Program Name: CENTER POINT, INC. Legal Name: CENTER POINT, INC. Address: 820 23RD STREET, SUITE # A City, State: RICHMOND, CA 94804 Phone #: (510)412-0833 | Record ID: 070037AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date: 08/31/2009 |
| Program Name: TRI-CITIES DISCOVERY COUNSELING CENTER Legal Name: CONTRA COSTA COUNTY HEALTH SERVICES Address: 2523 EL PORTAL DRIVE, SUITES 203 & 206 City, State: SAN PABLO, CA 94806 Phone #: (510)374-7011 Fax #: (510)222-8410 | Record ID: 070012GN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date: 08/31/2008 |
| Program Name: DISCOVERY HOUSE Legal Name: CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT Address: 4645 PACHECO BOULEVARD City, State: MARTINEZ, CA 94553 Phone #: (925)646-9270 | Record ID: 070012BN Service Type: RES Resident Capacity: 40 Total Occupancy: 40 Target Population: 1.2 Expiration Date: 10/31/2009 |
| Program Name: COLE HOUSE Legal Name: J. COLE RECOVERY HOMES, INC. Address: 1408 A STREET City, State: ANTIOCH, CA 94509 Phone #: (925)978-2873 Fax #: (925)757-0411 | Record ID: 070034AP Service Type: RES Resident Capacity: 16 Total Occupancy: 17 Target Population: 1.2 Expiration Date: 03/31/2010 |
| Program Name: WEST COUNTY HUMAN DEVELOPMENT CENTER Legal Name: NEIGHBORHOOD HOUSE OF NORTH RICHMOND Address: 820 23RD STREET City, State: RICHMOND, CA 94804 Phone #: (510)233-1270 | Record ID: 070004AN Service Type: RES-DETOX Resident Capacity: 104 Total Occupancy: 104 Target Population: 1.1 Expiration Date: 04/30/2010 |

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

As of: 07/14/2008

Contra Costa County

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| Program Name: NEW CONNECTIONS Legal Name: NEW CONNECTIONS Address: 535 MARINA BOULEVARD City, State: PITTSBURG, CA 94565 Phone #: (925)363-5000 Fax #: (925)363-5857 | Record ID: 070015CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2009 |
| Program Name: NEW CONNECTIONS Legal Name: NEW CONNECTIONS Address: 3024 WILLOW PASS ROAD City, State: CONCORD, CA 94519 Phone #: (925)363-5000 Fax #: (925)363-5075 | Record ID: 070015EN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 10/31/2009 |
| Program Name: NEW LEAF TREATMENT CENTER Legal Name: NEW LEAF PARTNERS Address: 251 LAFAYETTE CIRCLE, SUITE 150 City, State: LAFAYETTE, CA 94549 Phone #: (925)284-5200 Fax #: (925)284-5204 | Record ID: 070035AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.8 Expiration Date 12/31/2008 |
| 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 06/30/2009 |
| Program Name: REACH PROJECT, INC. Legal Name: REACH PROJECT, INC. 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 03/31/2010 |
| 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 01/31/2009 |
| 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 Resident Capacity: 9 Total Occupancy: 10 Target Population: 1.3 Expiration Date 01/31/2009 |

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

As of: 07/14/2008

Contra Costa County

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| 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 11/30/2009 |
| Program Name: CROSSROADS RECOVERY CENTER II Legal Name: RECOVERY MANAGEMENT SERVICES, INC. Address: 2480 PACHECO STREET City, State: CONCORD, CA 94520 Phone #: (925)682-5704 | Record ID: 070018KN Service Type: RES Resident Capacity: 6 Total Occupancy: 7 Target Population: 1.2 Expiration Date 09/30/2009 |
| Program Name: CROSSROADS TREATMENT CENTER II Legal Name: RECOVERY MANAGEMENT SERVICES, INC. Address: 2025 PORT CHICAGO HIGHWAY City, State: CONCORD, CA 94520 Phone #: (925)682-5704 | Record ID: 070018IN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2009 |
| 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 11/30/2009 |
| Program Name: SUNRISE HOUSE - NONRESIDENTIAL Legal Name: SUNRISE HOUSE Address: 135 MASON CIRCLE, UNIT M City, State: CONCORD, CA 94520 Phone #: (925)825-7049 Fax #: (925)825-4305 | Record ID: 070006AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.2 Expiration Date 09/30/2009 |
| Program Name: PINNACLE HOUSE Legal Name: SUNRISE HOUSE Address: 2359 PINNACLE DRIVE City, State: MARTINEZ, CA 94553 Phone #: (925)825-7049 | Record ID: 070006DN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 09/30/2009 |
| Program Name: ARCADIA PLACE Legal Name: SUNRISE HOUSE Address: 2335 ARCADIA PLACE City, State: MARTINEZ, CA 94553 Phone #: (925)825-7049 | Record ID: 070006LN Service Type: RES Resident Capacity: 8 Total Occupancy: 8 Target Population: 1.2 Expiration Date 09/30/2009 |

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

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| Program Name: THE RECTORY WOMEN'S RECOVERY CENTER Legal Name: UJIMA FAMILY RECOVERY SERVICES Address: 1901 CHURCH LANE City, State: SAN PABLO, CA 94806 Phone #: (510)236-3134 | Record ID: 070008AN Service Type: RES Resident Capacity: 12 Total Occupancy: 21 Target Population: 1.4 Expiration Date 02/28/2009 |
| Program Name: UJIMA WEST - INTENSIVE DAY 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 02/28/2009 |
| Program Name: LA CASA UJIMA Legal Name: UJIMA FAMILY RECOVERY SERVICES Address: 919 MELLUS STREET City, State: MARTINEZ, CA 94533 Phone #: (925)229-4065 | Record ID: 070008DN Service Type: RES Resident Capacity: 3 Total Occupancy: 6 Target Population: 1.4 Expiration Date 02/28/2009 |
| Program Name: ROSEMARY CORBIN HOUSE Legal Name: UJIMA FAMILY RECOVERY SERVICES Address: 127 GRENADINE WAY City, State: HERCULES, CA 94547 Phone #: (510)799-1570 Fax #: (510)236-3200 | Record ID: 070008KN Service Type: RES Resident Capacity: 6 Total Occupancy: 12 Target Population: 1.4 Expiration Date 04/30/2010 |
| Program Name: UJIMA EAST - INTENSIVE DAY TREATMENT PROGRAM Legal Name: UJIMA FAMILY RECOVERY SERVICES Address: 369 EAST LELAND ROAD City, State: PITTSBURG, CA 94565 Phone #: (925)427-9100 | Record ID: 070008EN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.4 Expiration Date 02/28/2009 |
| Program Name: ELENA HOPKINS' TRANSITION HOUSE Legal Name: UJIMA FAMILY RECOVERY SERVICES Address: 1515 24TH STREET City, State: RICHMOND, CA 94806 Phone #: (510)215-2280 Fax #: (510)236-3200 | Record ID: 070008JN Service Type: RES Resident Capacity: 7 Total Occupancy: 7 Target Population: 1.8 Expiration Date 02/28/2009 |
| Program Name: THE RECTORY WOMEN'S RECOVERY CENTER Legal Name: UJIMA FAMILY RECOVERY SERVICES Address: 1916 CHURCH LANE City, State: SAN PABLO, CA 94806 Phone #: (510)236-3134 Fax #: (510)236-3151 | Record ID: 070008HN Service Type: RES Resident Capacity: 3 Total Occupancy: 6 Target Population: 1.1 Expiration Date 02/28/2009 |

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Program Name: LA CASA UJIMA

Legal Name: UJIMA FAMILY RECOVERY SERVICES

Address: 904 MELLUS STREET

City, State: MARTINEZ, CA 94533

Phone #: (925)229-4065

Record ID: 070008BN

Service Type: RES

Resident Capacity: 12

Total Occupancy: 18

Target Population: 1.4

Expiration Date 02/28/2009

Program Name: VICTORY OUTREACH CHRISTIAN RECOVERY HOME PITTSBURG

Legal Name: VICTORY OUTREACH CHRISTIAN RECOVERY HOME PITTSBURG

Address: 102 SCHOOL STREET

City, State: PITTSBURG, CA 94565

Phone #: (925)432-0937 Fax #: (925)261-0993

Record ID: 070040AN

Service Type: RES

Resident Capacity: 24

Total Occupancy: 24

Target Population: 1.2

Expiration Date 11/30/2008

**State of California Department of Alcohol and Drug Programs
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Del Norte County

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|---|----------------------------|
| 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)464-7224 Fax #: (707)465-4272 | Target Population: 1.1 |
| | Expiration Date 10/31/2009 |
| | |
| Program Name: JORDAN RECOVERY CENTER | Record ID: 080004AP |
| Legal Name: MORRISON, SANDRA DBA 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 10/31/2009 |
| | |
| Program Name: JORDAN RECOVERY CENTER - TRILLIUM HOUSE | Record ID: 080004CP |
| Legal Name: MORRISON, SANDRA DBA JORDAN RECOVERY CENTER | Service Type: RES |
| Address: 949 C STREET | Resident Capacity: 0 |
| City, State: CRESCENT CITY, CA 95531 | Total Occupancy: 0 |
| Phone #: (707)464-7849 Fax #: (707)465-6522 | Target Population: 1.3 |
| | Expiration Date 04/30/2010 |
| | |
| Program Name: JORDAN RECOVERY CENTER | Record ID: 080004BP |
| Legal Name: SANDRA MORRISON DBA JORDAN RECOVERY CENTER | 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 07/31/2010 |

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

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| Program Name: EDCA LIFESKILLS | Record ID: 090009AN |
| Legal Name: EL DORADO COUNCIL ON ALCOHOLISM | Service Type: NON |
| Address: 893 SPRING STREET | Resident Capacity: 0 |
| City, State: PLACERVILLE, CA 95667 | Total Occupancy: 0 |
| Phone #: (530)622-8193 | Target Population: 1.1 |
| | Expiration Date 11/30/2009 |
| Program Name: NARCONON VISTA BAY | Record ID: 090018AN |
| Legal Name: NARCONON OF NORTHERN CALIFORNIA | Service Type: RES |
| Address: 1364 RUTH HAVEN LANE | Resident Capacity: 15 |
| City, State: PLACERVILLE, CA 95667 | Total Occupancy: 18 |
| Phone #: (530)295-5550 Fax #: (530)295-5551 | Target Population: 1.1 |
| | Expiration Date 10/31/2008 |
| Program Name: NARCONON VISTA BAY | Record ID: 090018BN |
| Legal Name: NARCONON OF NORTHERN CALIFORNIA | Service Type: NON |
| Address: 1364 RUTH HAVEN LANE | Resident Capacity: 0 |
| City, State: PLACERVILLE, CA 95667 | Total Occupancy: 0 |
| Phone #: (530)295-5550 | Target Population: 1.1 |
| | Expiration Date 09/30/2008 |
| Program Name: NEW MORNING YOUTH AND FAMILY SERVICES | Record ID: 090005AN |
| Legal Name: NEW MORNING YOUTH AND FAMILY SERVICES, INC. | Service Type: NON |
| Address: 6765 GREEN VALLEY ROAD | Resident Capacity: 0 |
| City, State: PLACERVILLE, CA 95667 | Total Occupancy: 0 |
| Phone #: (530)622-5551 | Target Population: 1.5 |
| | Expiration Date 12/31/2008 |
| 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 05/31/2010 |
| Program Name: PROGRESS HOUSE WOMEN AND CHILDREN'S FACILITY | Record ID: 090002BN |
| Legal Name: PROGRESS HOUSE, INC. | Service Type: RES |
| Address: 5607 MOUNT MURPHY ROAD | Resident Capacity: 16 |
| City, State: GARDEN VALLEY, CA 95633 | Total Occupancy: 36 |
| Phone #: (530)333-9460 Fax #: (530)333-1019 | Target Population: 1.4 |
| | Expiration Date 05/31/2010 |
| Program Name: PROGRESS HOUSE OUTPATIENT SERVICES | Record ID: 090002CN |
| Legal Name: PROGRESS HOUSE, INC. | Service Type: NON |
| Address: 2914 COLD SPRINGS ROAD, SUITE A | Resident Capacity: 0 |
| City, State: PLACERVILLE, CA 95667 | Total Occupancy: 0 |
| Phone #: (530)642-1715 | Target Population: 1.1 |
| | Expiration Date 05/31/2010 |

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El Dorado County

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|---|----------------------------|
| Program Name: PROGRESS HOUSE PERINATAL FACILITY | Record ID: 090002FN |
| Legal Name: PROGRESS HOUSE, INC. | Service Type: RES |
| Address: 5494 PONY EXPRESS TRAIL, HOUSE 1,2,3,4 AND 5 | Resident Capacity: 16 |
| City, State: CAMINO, CA 95709 | Total Occupancy: 28 |
| Phone #: (530)644-3758 Fax #: (530)644-3782 | Target Population: 1.4 |
| | Expiration Date 05/31/2010 |
| Program Name: SHINGLE SPRINGS TRIBAL HEALTH PROGRAM | Record ID: 090017AN |
| Legal Name: SHINGLE SPRINGS RANCHERIA | Service Type: NON |
| Address: 4140 MOTHER LODE DRIVE, SUITE 104 | Resident Capacity: 0 |
| City, State: SHINGLE SPRINGS, CA 95680 | Total Occupancy: 0 |
| Phone #: (530)672-8059 Fax #: (530)672-8057 | Target Population: 1.1 |
| | Expiration Date 05/31/2010 |
| Program Name: SIERRA RECOVERY CENTER | Record ID: 090003DN |
| Legal Name: SIERRA RECOVERY CENTER | Service Type: RES-DETOX |
| Address: 921 MACINAW STREET, UNIT 1 | Resident Capacity: 6 |
| City, State: SOUTH LAKE TAHOE, CA 96150 | Total Occupancy: 6 |
| Phone #: (530)541-5440 Fax #: (530)541-5235 | Target Population: 1.1 |
| | Expiration Date 05/31/2010 |
| Program Name: SIERRA RECOVERY CENTER | Record ID: 090003GN |
| Legal Name: SIERRA RECOVERY CENTER | Service Type: RES-DETOX |
| Address: 921 MACINAW STREET, UNIT 4 | Resident Capacity: 6 |
| City, State: SOUTH LAKE TAHOE, CA 96150 | Total Occupancy: 6 |
| Phone #: (530)541-5440 Fax #: (530)541-5235 | Target Population: 1.1 |
| | Expiration Date 05/31/2010 |
| 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 12/31/2008 |
| 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 12/31/2008 |
| Program Name: SIERRA RECOVERY CENTER | Record ID: 090003FN |
| Legal Name: SIERRA RECOVERY CENTER | Service Type: RES-DETOX |
| Address: 921 MACINAW STREET, UNIT 3 | Resident Capacity: 6 |
| City, State: SOUTH LAKE TAHOE, CA 96150 | Total Occupancy: 6 |
| Phone #: (530)541-5440 Fax #: (530)541-5235 | Target Population: 1.1 |
| | Expiration Date 05/31/2010 |

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El Dorado County

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| Program Name: SIERRA RECOVERY CENTER Legal Name: SIERRA RECOVERY CENTER Address: 931 MACINAW AVENUE City, State: SOUTH LAKE TAHOE, CA 96150 Phone #: (530)541-5190 Fax #: (530)542-3194 | Record ID: 090003CN Service Type: RES Resident Capacity: 11 Total Occupancy: 11 Target Population: 1.1 Expiration Date 12/31/2008 |
| Program Name: TAHOE TURNING POINT - MOUNTAIN Legal Name: TAHOE TURNING POINT Address: 1804 13TH STREET City, State: SOUTH LAKE TAHOE, CA 96150 Phone #: (530)541-0612 | Record ID: 090014BN Service Type: DSS Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 |
| Program Name: TAHOE TURNING POINT - MEADOWS Legal Name: TAHOE TURNING POINT Address: 930 MULE DEER CIRCLE City, State: SOUTH LAKE TAHOE, CA 96150 Phone #: (530)577-1722 Fax #: (530)541-4594 | Record ID: 090014EN Service Type: DSS Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 |
| Program Name: TAHOE TURNING POINT (MEYERS HOUSE) Legal Name: TAHOE TURNING POINT Address: 1154 COUNTRY CLUB DRIVE City, State: SOUTH LAKE TAHOE, CA 96150 Phone #: (530)577-5340 Fax #: (530)577-5323 | Record ID: 090014DN Service Type: DSS Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 |
| Program Name: TAHOE TURNING POINT - HEAVENLY Legal Name: TAHOE TURNING POINT Address: 1415 KELLER City, State: SOUTH LAKE TAHOE, CA 96150 Phone #: (530)542-1200 | Record ID: 090014CN Service Type: DSS Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 |
| 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 02/28/2009 |
| Program Name: OUTPATIENT AND DAY TREATMENT COUNSELING SERVICES Legal Name: THE GATES RECOVERY FOUNDATION Address: 2810 COLOMA STREET City, State: PLACERVILLE, CA 95667 Phone #: (530)622-9500 Fax #: (530)622-9534 | Record ID: 090016BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2009 |

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Program Name: THE GATES RECOVERY FOUNDATION OUTPATIENT SERVICES
Legal Name: THE GATES RECOVERY FOUNDATION
Address: 1864 BROADWAY STREET
City, State: PLACERVILLE, CA 95667
Phone #: (530)622-9500

Record ID: 090016CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2009

Program Name: THE GATES RECOVERY FOUNDATION DETOXIFICATION FACILITY
Legal Name: THE GATES RECOVERY FOUNDATION
Address: 2810 COLOMA STREET
City, State: PLACERVILLE, CA 95667
Phone #: (530)622-9500 Fax #: (530)651-1423

Record ID: 090016AN
Service Type: RES-DETOX
Resident Capacity: 9
Total Occupancy: 9
Target Population: 1.1
Expiration Date 06/30/2010

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

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| Program Name: SPECIAL SERVICES COMMUNITY CENTER: REEDLEY ALCOHOL & DI | Record ID: 100073BN |
| Legal Name: A & J SOCIAL SERVICES | Service Type: NON |
| Address: 749 G STREET, #B | Resident Capacity: 0 |
| City, State: REEDLEY, CA 93654 | Total Occupancy: 0 |
| Phone #: (559)637-1036 | Target Population: 1.1 |
| | Expiration Date 08/31/2008 |
| | |
| Program Name: A & J SOCIAL SERVICES, LLC | Record ID: 100073AN |
| Legal Name: A & J SOCIAL SERVICES, LLC | Service Type: NON |
| Address: 855 WEST ASHLAN AVENUE, SUITE 101 | Resident Capacity: 0 |
| City, State: CLOVIS, CA 93612 | Total Occupancy: 0 |
| Phone #: (559)348-0129 Fax #: (559)348-1367 | Target Population: 1.1 |
| | Expiration Date 02/26/2010 |
| | |
| Program Name: BAART BEHAVIORAL HEALTH SERVICES, INC. (BBHS) | Record ID: 100080AP |
| Legal Name: BAART BEHAVIORAL HEALTH SERVICES, INC. | Service Type: NON |
| Address: 3103 EAST CARTWRIGHT AVENUE | Resident Capacity: 0 |
| City, State: FRESNO, CA 93725 | Total Occupancy: 0 |
| Phone #: (559)498-7100 Fax #: (559)498-7111 | Target Population: 1.1 |
| | Expiration Date 02/28/2009 |
| | |
| Program Name: BAART BEHAVIORAL HEALTH SERVICES, INC. (BBHS) | Record ID: 100080BP |
| Legal Name: BAART BEHAVIORAL HEALTH SERVICES, INC. | Service Type: NON |
| Address: 1235 E STREET | Resident Capacity: 0 |
| City, State: FRESNO, CA 93706 | Total Occupancy: 0 |
| Phone #: (559)268-6261 Fax #: (559)268-7518 | Target Population: 1.1 |
| | Expiration Date 02/28/2009 |
| | |
| Program Name: COMPREHENSIVE ADDICTION PROGRAMS, INC. | Record ID: 100003AN |
| Legal Name: COMPREHENSIVE ADDICTION PROGRAMS, INC. | Service Type: RES-DETOX |
| Address: 2445 WEST WHITESBRIDGE ROAD | Resident Capacity: 75 |
| City, State: FRESNO, CA 93706 | Total Occupancy: 75 |
| Phone #: (559)264-5096 | Target Population: 1.1 |
| | Expiration Date 11/30/2009 |
| | |
| Program Name: FOUNDATION FIRST RECOVERY ASSISTANCE PROGRAM | Record ID: 100061AP |
| Legal Name: DANIEL "RICK" FLORES | Service Type: NON |
| Address: 2137 AMADOR STREET | Resident Capacity: 0 |
| City, State: FRESNO, CA 93721 | Total Occupancy: 0 |
| Phone #: (559)498-8084 Fax #: (559)498-8085 | Target Population: 1.1 |
| | Expiration Date 08/31/2008 |
| | |
| Program Name: RECOVERY RESOURCES UNLIMITED | Record ID: 100084AP |
| Legal Name: DANIEL S. ESPINOZA, SR. | Service Type: NON |
| Address: 3752 NORTH FIRST | Resident Capacity: 0 |
| City, State: FRESNO, CA 93726 | Total Occupancy: 0 |
| Phone #: (559)264-0499 Fax #: (559)264-5243 | Target Population: 1.5 |
| | Expiration Date 05/31/2010 |

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Fresno County

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| Program Name: DELTA POINT Legal Name: DELTA POINT Address: 707 NORTH FULTON, SUITE C City, State: FRESNO, CA 93728 Phone #: (559)486-0367 Fax #: (559)486-7768 | Record ID: 100064AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 08/31/2008 |
| Program Name: ELEVENTH HOUR REHABILITATION PROGRAMS Legal Name: ELEVENTH HOUR REHABILITATION PROGRAMS Address: 5643 EAST WAVERLY LANE City, State: FRESNO, CA 93727 Phone #: (559)454-1819 | Record ID: 100009DP Service Type: RES Resident Capacity: 6 Total Occupancy: 8 Target Population: 1.1 Expiration Date 04/30/2010 |
| Program Name: ELEVENTH HOUR REHABILITATION PROGRAMS-NONRESIDENTIAL Legal Name: ELEVENTH HOUR REHABILITATION PROGRAMS Address: 5639 EAST PARK CIRCLE 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: 1.10 Expiration Date 11/30/2009 |
| Program Name: ELEVENTH HOUR REHABILITATION PROGRAMS Legal Name: ELEVENTH HOUR REHABILITATION PROGRAMS Address: 825 WEST ASHLAN AVENUE, SUITE 104 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 09/30/2008 |
| Program Name: ELEVENTH HOUR REHABILITATION PROGRAMS Legal Name: ELEVENTH HOUR REHABILITATION PROGRAMS Address: 5639 EAST PARK CIRCLE City, State: FRESNO, CA 93727 Phone #: (559)454-1819 | Record ID: 100009EP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 8 Target Population: 1.1 Expiration Date 11/30/2009 |
| Program Name: EMINENCE HEALTHCARE, INC. Legal Name: EMINENCE HEALTHCARE, INC. Address: 114 EAST SHAW AVENUE, SUITE 210 City, State: FRESNO, CA 93710 Phone #: (559)221-8100 Fax #: (559)221-8101 | Record ID: 100063AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.4 Expiration Date 05/31/2010 |
| Program Name: PATHS Legal Name: FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH Address: 515 SOUTH CEDAR AVENUE City, State: FRESNO, CA 93702 Phone #: (559)453-8300 Fax #: (559)453-8916 | Record ID: 100081AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.3 Expiration Date 08/31/2009 |

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Fresno County

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|---|----------------------------|
| 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 02/28/2010 |
| Program Name: FRESNO NEW CONNECTIONS, INC. | Record ID: 100039AN |
| Legal Name: FRESNO NEW CONNECTIONS, INC. | Service Type: NON |
| Address: 4411 NORTH CEDAR, SUITE 108 | Resident Capacity: 0 |
| City, State: FRESNO, CA 93726 | Total Occupancy: 0 |
| Phone #: (559)248-1548 Fax #: (559)248-1530 | Target Population: 1.1 |
| | Expiration Date 11/30/2008 |
| Program Name: GENESIS ALCOHOL AND DRUG ABUSE SERVICES | Record ID: 100043AN |
| Legal Name: GENESIS FAMILY CENTER | Service Type: NON |
| Address: 7475 NORTH PALM, SUITE 107 | Resident Capacity: 0 |
| City, State: FRESNO, CA 93711 | Total Occupancy: 0 |
| Phone #: (559)439-5437 Fax #: (559)490-5440 | Target Population: 1.1 |
| | Expiration Date 04/30/2009 |
| Program Name: KERMAN RECOVERY CENTER | Record ID: 100032BP |
| Legal Name: JANET NELSON, D.B.A. KERMAN RECOVERY CENTER | Service Type: NON |
| Address: 735 SOUTH MADERA AVENUE | Resident Capacity: 0 |
| City, State: KERMAN, CA 93630 | Total Occupancy: 0 |
| Phone #: (559)842-6842 Fax #: (559)442-0315 | Target Population: 1.1 |
| | Expiration Date 02/28/2009 |
| Program Name: CHOICES A ROAD TO RECOVERY | Record ID: 100032AP |
| Legal Name: JANET NELSON, D.B.A., CHOICES A ROAD TO RECOVERY | Service Type: NON |
| Address: 3323 NORTH HILLIARD STREET | Resident Capacity: 0 |
| City, State: FRESNO, CA 93726 | Total Occupancy: 0 |
| Phone #: (559)229-3733 | Target Population: 1.1 |
| | Expiration Date 06/30/2008 |
| Program Name: THE AVANTI PROGRAM | Record ID: 100026AN |
| Legal Name: KINGS VIEW | Service Type: NON |
| Address: 1822 JENSEN AVENUE, SUITE 102 | Resident Capacity: 0 |
| City, State: SANGER, CA 93657 | Total Occupancy: 0 |
| Phone #: (559)875-6300 | Target Population: 1.1 |
| | Expiration Date 08/31/2008 |
| Program Name: THE AVANTI PROGRAM | Record ID: 100026GN |
| Legal Name: KINGS VIEW | Service Type: NON |
| Address: 3800 MCCALL AVENUE | Resident Capacity: 0 |
| City, State: SELMA, CA 93662 | Total Occupancy: 0 |
| Phone #: (559)898-5109 Fax #: (559)898-5290 | Target Population: 1.1 |
| | Expiration Date 05/31/2010 |

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

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Fresno County

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| Program Name: LIFE CENTER OF AMERICA Legal Name: LIFE CENTER OF AMERICA Address: 930 NORTH VAN NESS AVENUE City, State: FRESNO, CA 93728 Phone #: (559)237-0072 | Record ID: 100079AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2009 |
| Program Name: FRESNO CENTER FOR CHANGE Legal Name: MENTAL HEALTH SYSTEMS, INC. Address: 190 NORTH VAN NESS STREET City, State: FRESNO, CA 93701 Phone #: (559)237-8337 | Record ID: 100042AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2009 |
| 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)281-3054 | Record ID: 100052CP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2009 |
| Program Name: PANACEA SERVICES, INC. - COMPREHENSIVE DRUG AND ALCOHOL Legal Name: PANACEA SERVICES, INC. Address: 4928 EAST CLINTON AVENUE, SUITE 108 City, State: FRESNO, CA 93727 Phone #: (559)281-3054 | Record ID: 100052DP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2009 |
| Program Name: PRIMER PASO INSTITUTE, INC. Legal Name: PRIMER PASO INSTITUTE, INC. Address: 979 "O" STREET City, State: FIREBAUGH, CA 93266 Phone #: (559)659-2172 Fax #: (559)659-3342 | Record ID: 100078BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2008 |
| Program Name: PRIMER PASO/FIRST STEP Legal Name: PRIMER PASO INSTITUTE, INC. Address: 3746, 3748 AND 3756 NORTH FIRST STREET City, State: FRESNO, CA 93726 Phone #: (559)221-0076 Fax #: (559)221-0098 | Record ID: 100070AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.8 Expiration Date 04/30/2009 |
| Program Name: PRIMER PASO INSTITUTE, INC. Legal Name: PRIMER PASO INSTITUTE, INC. Address: 545 EAST MANNING AVENUE, SUITE 109 City, State: PARLIER, CA 93648 Phone #: (559)646-1400 Fax #: (559)646-1401 | Record ID: 100078AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2008 |

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
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As of: 07/14/2008

Fresno County

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| 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 06/30/2010 |
| Program Name: HERNDON RECOVERY CENTER | Record ID: 100074AP |
| Legal Name: SATNAM ATWAL, MD | Service Type: NON |
| Address: 6700 NORTH FIRST STREET, SUITE 127 | Resident Capacity: 0 |
| City, State: FRESNO, CA 93710 | Total Occupancy: 0 |
| Phone #: (559)435-7337 | Target Population: 1.5 |
| | Expiration Date 02/28/2010 |
| Program Name: HERNDON RECOVERY CENTER RESIDENTIAL | Record ID: 100074BP |
| Legal Name: SATNAM S. ATWAL | Service Type: RES-DETOX |
| Address: 2631 EAST JORDAN AVENUE | Resident Capacity: 6 |
| City, State: FRESNO, CA 93720 | Total Occupancy: 6 |
| Phone #: (559)324-0554 | Target Population: 1.1 |
| | Expiration Date 05/31/2010 |
| Program Name: TURTLE LODGE | Record ID: 100007AN |
| Legal Name: SIERRA TRIBAL CONSORTIUM, INC. | Service Type: RES |
| 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 05/31/2009 |
| 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 03/31/2010 |
| Program Name: SPIRIT OF WOMAN OF CALIFORNIA, INC. | Record ID: 100036CN |
| Legal Name: SPIRIT OF WOMAN OF CALIFORNIA, INC. | Service Type: NON |
| Address: 327 WEST BELMONT AVENUE, SUPPORTIVE SERVICES BUILDIN | Resident Capacity: 0 |
| City, State: FRESNO, CA 93728 | Total Occupancy: 0 |
| Phone #: (559)233-1353 Fax #: (559)233-4344 | Target Population: 1.4 |
| | Expiration Date 04/30/2009 |
| 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 06/30/2010 |

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Fresno County

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| 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 06/30/2010 |
| Program Name: TOWER RECOVERY CENTER | Record ID: 100033AP |
| Legal Name: TOWER RECOVERY CENTER, INC. | Service Type: NON |
| Address: 707 NORTH FULTON, SUITE 101 | Resident Capacity: 0 |
| City, State: FRESNO, CA 93728 | Total Occupancy: 0 |
| Phone #: (559)486-6080 | Target Population: 1.1 |
| | Expiration Date 12/31/2009 |
| Program Name: TURNING POINT SUBSTANCE ABUSE TREATMENT UNIT (SATU) | Record ID: 100028AN |
| Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC. | Service Type: RES |
| Address: 2904 EAST BELGRAVIA | Resident Capacity: 50 |
| City, State: FRESNO, CA 93721 | Total Occupancy: 54 |
| Phone #: (559)264-2932 | Target Population: 1.2 |
| | Expiration Date 11/30/2009 |
| 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 #: () - | Target Population: 1.2 |
| | Expiration Date 03/31/2009 |
| 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: 26 |
| City, State: FRESNO, CA 93728 | Total Occupancy: 26 |
| Phone #: (559)233-5096 Fax #: (559)233-5099 | Target Population: 1.1 |
| | Expiration Date 02/28/2009 |
| Program Name: TURNING POINT CCC - FRESNO | Record ID: 100028DN |
| Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC. | Service Type: RES |
| Address: 3547 SOUTH GOLDEN STATE BOULEVARD | Resident Capacity: 10 |
| City, State: FRESNO, CA 93725 | Total Occupancy: 40 |
| Phone #: (559)442-8075 Fax #: (559)442-8132 | Target Population: 1.1 |
| | Expiration Date 01/31/2010 |
| Program Name: UNIVERSAL HEALTH NETWORK AND SYSTEMS, INC. | Record ID: 100066BP |
| Legal Name: UNIVERSAL HEALTH NETWORK AND SYSTEMS, INC. | Service Type: DETOX |
| Address: 625 AND 627 EAST KEATS AVENUE | Resident Capacity: 12 |
| City, State: FRESNO, CA 93710 | Total Occupancy: 18 |
| Phone #: (559)252-5150 Fax #: (559)252-5156 | Target Population: 1.4 |
| | Expiration Date 05/31/2009 |

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Fresno County

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| Program Name: UNIVERSAL HEALTH NETWORK AND SYSTEMS, INC. Legal Name: UNIVERSAL HEALTH NETWORK AND SYSTEMS, INC. Address: 3170 NORTH CHESTNUT, SUITE 105 City, State: FRESNO, CA 93703 Phone #: (559)252-5150 Fax #: (559)252-5156 | Record ID: 100066AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 02/28/2009 |
| Program Name: SIERRA EDUCATION & RESEARCH INSTITUTE Legal Name: UNUM LIFE INSURANCE COMPANY OF AMERICA Address: 5130 EAST CLINTON WAY City, State: FRESNO, CA 93727 Phone #: (559)908-4162 Fax #: (559)253-2267 | Record ID: 100071AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.8 Expiration Date 06/30/2009 |
| Program Name: WESTCARE CALIFORNIA Legal Name: WESTCARE CALIFORNIA, INC. Address: 2772 SOUTH MARTIN LUTHER KING BOULEVARD City, State: FRESNO, CA 93706 Phone #: (559)265-4800 Fax #: (559)265-4808 | Record ID: 100010FN Service Type: RES-DETOX Resident Capacity: 299 Total Occupancy: 349 Target Population: 1.9 Expiration Date 01/31/2010 |
| Program Name: WESTCARE CALIFORNIA - ADOLESCENT SERVICES Legal Name: WESTCARE CALIFORNIA, INC. Address: 11 SOUTH TEILMAN AVENUE, ROOMS 5, 6, 7, AND 8 City, State: FRESNO, CA 93706 Phone #: (559)455-5988 Fax #: (559)453-6969 | Record ID: 100010GN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 02/28/2009 |
| 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)237-4780 | Record ID: 100010IN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2008 |
| Program Name: WESTCARE FAMILY FOUNDATIONS PROGRAM Legal Name: WESTCARE CALIFORNIA, INC. Address: 2855 WEST WHITESBRIDGE ROAD City, State: FRESNO, CA 93706 Phone #: (559)251-4800 Fax #: (559)453-6969 | Record ID: 100010JN Service Type: RES Resident Capacity: 120 Total Occupancy: 120 Target Population: 1.3 Expiration Date 09/30/2009 |

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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)865-1150

Record ID: 110001AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2009

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)934-9293 Fax #: (530)934-2204

Record ID: 110002AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2009

State of California Department of Alcohol and Drug Programs
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Humboldt County

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| Program Name: ALCOHOL/DRUG CARE SERVICE'S, INC. Legal Name: ALCOHOL/DRUG CARE SERVICE'S, INC. Address: 528 5TH STREET City, State: EUREKA, CA 95501 Phone #: (707)445-1391 Fax #: (707)445-2599 | Record ID: 120009BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2010 |
| Program Name: ALCOHOL/DRUG CARE SERVICE/LEE BROWN TRMT CENTER/BONNII Legal Name: ALCOHOL/DRUG CARE SERVICES, INC. Address: 1321, 1335 C STREET AND 217 14TH STREET City, State: EUREKA, CA 95501 Phone #: (707)445-1391 | Record ID: 120009AN Service Type: RES-DETOX Resident Capacity: 21 Total Occupancy: 25 Target Population: 1.1 Expiration Date 06/30/2009 |
| Program Name: J STREET PROGRAM Legal Name: ALCOHOL/DRUG CARE SERVICES, INC. Address: 1742 J STREET City, State: EUREKA, CA 95501 Phone #: (707)442-6202 Fax #: (000)000-0000 | Record ID: 120009CN Service Type: RES Resident Capacity: 6 Total Occupancy: 8 Target Population: 1.2 Expiration Date 03/31/2010 |
| Program Name: ALCOHOL AND OTHER DRUGS PROGRAM Legal Name: BEAR RIVER BAND OF ROHNERVILLE RANCHERIA Address: 27 BEAR RIVER DRIVE, AOD OFFICE AND LIBRARY City, State: LOLETA, CA 95551 Phone #: (707)733-1900 Fax #: (707)733-1972 | Record ID: 120017AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 08/31/2008 |
| Program Name: HEALTHY MOMS PROGRAM Legal Name: HUMBOLDT COUNTY ALCOHOL & OTHER DRUG PROGRAMS Address: 2910 H STREET City, State: EUREKA, CA 95501 Phone #: (707)441-5220 | Record ID: 120011AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.4 Expiration Date 09/30/2009 |
| Program Name: OUTPATIENT TREATMENT SERVICES Legal Name: HUMBOLDT COUNTY ALCOHOL AND OTHER DRUG PROGRAMS Address: 720 WOOD STREET, ROOMS 107, 110 - 114, 114-1/2, 116, 119, 120, 30 City, State: EUREKA, CA 95501 Phone #: (707)445-6250 Fax #: (707)476-4070 | Record ID: 120010AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 12/31/2009 |
| Program Name: HUMBOLDT RECOVERY CENTER Legal Name: HUMBOLDT RECOVERY CENTER, INCORPORATED Address: 905 L STREET, AND 1116 AND 1120 9TH STREET City, State: EUREKA, CA 95502 Phone #: (707)443-0514 Fax #: (707)443-0514 | Record ID: 120001BN Service Type: RES Resident Capacity: 23 Total Occupancy: 23 Target Population: 1.2 Expiration Date 01/31/2009 |

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Humboldt County

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| 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 02/28/2009 |
| 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 10/31/2009 |
| Program Name: CROSSROADS | Record ID: 120005AN |
| Legal Name: NORTH COAST SUBSTANCE ABUSE COUNCIL | Service Type: RES |
| Address: 1205 MYRTLE AVENUE | Resident Capacity: 20 |
| City, State: EUREKA, CA 95501 | Total Occupancy: 20 |
| Phone #: (707)445-0860 Fax #: (707)445-0820 | Target Population: 1.1 |
| | Expiration Date 01/31/2010 |
| Program Name: NORTH COAST SUBSTANCE ABUSE COUNCIL | Record ID: 120005BN |
| Legal Name: NORTH COAST SUBSTANCE ABUSE COUNCIL | Service Type: NON |
| Address: 1205 MYRTLE AVENUE | Resident Capacity: 0 |
| City, State: EUREKA, CA 95501 | Total Occupancy: 0 |
| Phone #: (707)445-0860 Fax #: (707)445-0860 | Target Population: 1.1 |
| | Expiration Date 06/30/2008 |
| 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 02/28/2010 |
| Program Name: THE GOOD GROUND | Record ID: 120018AN |
| Legal Name: THE GOOD GROUND | Service Type: RES |
| Address: 3494 HIGHWAY 36 | Resident Capacity: 6 |
| City, State: HYDESVILLE, CA 95547 | Total Occupancy: 11 |
| Phone #: (707)768-3732 Fax #: (707)768-3126 | Target Population: 1.4 |
| | Expiration Date 11/30/2008 |
| 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, CHILD & FAMILY SERVICES DEPT. ROOMS | 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 10/31/2009 |

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Imperial County

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| Program Name: | FORT YUMA ALCOHOL AND DRUG ABUSE PREVENTION PROGRAM | Record ID: | 130003AN |
| Legal Name: | FORT YUMA ALCOHOL AND DRUG ABUSE PREVENTION PROGRAM | Service Type: | NON |
| Address: | 1888 SAN PASQUAL SCHOOL ROAD | Resident Capacity: | 0 |
| City, State: | WINTERHAVEN, CA 92283 | Total Occupancy: | 0 |
| Phone #: | (760)572-0232 | Fax #: | (760)572-0235 |
| | | Target Population: | 1.1 |
| | | Expiration Date | 10/31/2009 |
| Program Name: | VOLUNTEERS OF AMERICA--KELLEY ADOLESCENT TREATMENT CE | Record ID: | 130001CN |
| Legal Name: | VOLUNTEERS OF AMERICA SOUTHWEST CALIFORNIA CORPORATIC | Service Type: | DSS |
| Address: | 312 NORTH LOOP ROAD | Resident Capacity: | 0 |
| City, State: | EL CENTRO, CA 92243 | Total Occupancy: | 0 |
| Phone #: | (760)370-0555 | Fax #: | (760)370-0505 |
| | | Target Population: | 1.2 |
| Program Name: | VOLUNTEERS OF AMERICA, IMPERIAL ALCOHOL & DRUG SERVICES | Record ID: | 130001AN |
| Legal Name: | VOLUNTEERS OF AMERICA, SOUTHWEST CALIFORNIA, INCORPORA | Service Type: | RES-DETOX |
| Address: | 1331 CLARK ROAD, BLDG. B | Resident Capacity: | 37 |
| City, State: | EL CENTRO, CA 92243 | Total Occupancy: | 37 |
| Phone #: | (760)353-8482 | Fax #: | (760)353-8739 |
| | | Target Population: | 1.9 |
| | | Expiration Date | 04/30/2010 |

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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 06/30/2010

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 12/31/2009

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Kern County

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| Program Name: ACTION FAMILY COUNSELING, INC. Legal Name: ACTION FAMILY COUNSELING, INC. Address: 3801 BUCK OWENS BOULEVARD, SUITES 105 - 107 City, State: BAKERSFIELD, CA 93308 Phone #: (661)325-4357 Fax #: (661)325-4345 | Record ID: 150062AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 02/28/2010 |
| Program Name: AEGIS INSTITUTE, INC., ODF TREATMENT PROGRAMS Legal Name: AEGIS INSTITUTE, INC. Address: 501 WEST COLUMBUS STREET City, State: BAKERSFIELD, CA 93301 Phone #: (661)328-0245 Fax #: (661)631-0876 | Record ID: 150017CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2010 |
| Program Name: SEQUOIA LANDMARK HOME Legal Name: CALIFORNIA COMMUNITY SERVICES, INC. Address: 1825 BRUNDAGE LANE, BUILDINGS # 1 AND # 2 City, State: BAKERSFIELD, CA 93304 Phone #: (661)328-1686 Fax #: (661)323-0961 | Record ID: 150044AN Service Type: RES Resident Capacity: 16 Total Occupancy: 18 Target Population: 1.2 Expiration Date 06/30/2008 |
| Program Name: AMERICAN INDIAN HEALTH PROJECT BAKERSFIELD Legal Name: CHUMASH COUNCIL OF BAKERSFIELD Address: 1617 30TH STREET City, State: BAKERSFIELD, CA 93301 Phone #: (661)327-4030 Fax #: (661)327-0145 | Record ID: 150038AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2009 |
| Program Name: JASON'S RETREAT Legal Name: CITIZENS FOR THE BETTERMENT OF COMMUNITY AND COUNTRY Address: 600 BERNARD ST, 2041&2112 N. KERN ST, 526&531 KNOTTS ST, & City, State: BAKERSFIELD, CA 93305 Phone #: (661)325-8510 | Record ID: 150004AN Service Type: RES-DETOX Resident Capacity: 66 Total Occupancy: 66 Target Population: 1.2 Expiration Date 02/28/2009 |
| Program Name: JASON'S RETREAT Legal Name: CITIZENS FOR THE BETTERMENT OF COMMUNITY AND COUNTRY Address: 504 BERNARD STREET City, State: BAKERSFIELD, CA 93385 Phone #: (661)325-8510 | Record ID: 150004CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 02/28/2009 |
| Program Name: JASON'S RETREAT CAPISTRANO COMMUNITY FOR WOMEN Legal Name: CITIZENS FOR THE BETTERMENT OF COMMUNITY AND COUNTRY, I Address: 3316 LAVERNE AVENUE, SUITES A,B,C,D,E,F,G,H,I,J,K City, State: BAKERSFIELD, CA 93309 Phone #: (661)832-8504 Fax #: (661)827-9432 | Record ID: 150004DN Service Type: RES-DETOX Resident Capacity: 60 Total Occupancy: 70 Target Population: 1.4 Expiration Date 09/30/2009 |

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Kern County

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| Program Name: CAPISTRANO LINCOLN STREET RETREAT | Record ID: 150004GN |
| Legal Name: CITIZENS FOR THE BETTERMENT OF COMMUNITY AND COUNTRY, I | Service Type: RES |
| Address: 708 LINCOLN STREET | Resident Capacity: 16 |
| City, State: BAKERSFIELD, CA 93305 | Total Occupancy: 32 |
| Phone #: (661)869-1795 Fax #: (661)869-1794 | Target Population: 1.4 |
| | Expiration Date 09/30/2009 |
| Program Name: COLLEGE COMMUNITY SERVICES | Record ID: 150031AN |
| Legal Name: COLLEGE COMMUNITY SERVICES | Service Type: NON |
| Address: 1400 NORTH NORMA, SUITE 133 | Resident Capacity: 0 |
| City, State: RIDGECREST, CA 93555 | Total Occupancy: 0 |
| Phone #: (760)499-7406 Fax #: (760)499-7479 | Target Population: 1.1 |
| | Expiration Date 03/31/2010 |
| Program Name: COLLEGE COMMUNITY SERVICES | Record ID: 150031BN |
| Legal Name: COLLEGE COMMUNITY SERVICES | Service Type: NON |
| Address: 8101 BAY AVENUE | Resident Capacity: 0 |
| City, State: CALIFORNIA CITY, CA 93505 | Total Occupancy: 0 |
| Phone #: (760)373-2979 Fax #: (760)373-2980 | Target Population: 1.1 |
| | Expiration Date 03/31/2010 |
| Program Name: COLLEGE COMMUNITY SERVICES | Record ID: 150031CN |
| Legal Name: COLLEGE COMMUNITY SERVICES | Service Type: NON |
| Address: 113 EAST F STREET | Resident Capacity: 0 |
| City, State: TEHACHAPI, CA 93561 | Total Occupancy: 0 |
| Phone #: (661)822-8223 Fax #: (661)823-9347 | Target Population: 1.1 |
| | Expiration Date 03/31/2010 |
| Program Name: COLLEGE COMMUNITY SERVICES | Record ID: 150031EN |
| Legal Name: COLLEGE COMMUNITY SERVICES | Service Type: NON |
| Address: 16940 HIGHWAY 14, SUITE C-F | Resident Capacity: 0 |
| City, State: MOJAVE, CA 93501 | Total Occupancy: 0 |
| Phone #: (661)824-5020 Fax #: (661)256-7209 | Target Population: 1.1 |
| | Expiration Date 03/31/2010 |
| Program Name: COLLEGE COMMUNITY SERVICES | Record ID: 150031DN |
| Legal Name: COLLEGE COMMUNITY SERVICES | Service Type: NON |
| Address: 2731 NUGGET AVENUE | Resident Capacity: 0 |
| City, State: LAKE ISABELLA, CA 93240 | Total Occupancy: 0 |
| Phone #: (760)379-3412 Fax #: (760)379-5332 | Target Population: 1.1 |
| | Expiration Date 03/31/2010 |
| Program Name: BROTHERHOOD CENTER | Record ID: 150011BN |
| Legal Name: COMMUNITY SERVICE ORGANIZATION BEHAVIORAL HEALTH PROC | Service Type: NON |
| Address: 816 BAKER STREET | Resident Capacity: 0 |
| City, State: BAKERSFIELD, CA 93305 | Total Occupancy: 0 |
| Phone #: (661)327-9376 | Target Population: 1.1 |
| | Expiration Date 07/31/2008 |

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

As of: 07/14/2008

Kern County

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| Program Name: DE COLORES CENTER | Record ID: 150011CN |
| Legal Name: COMMUNITY SERVICE ORGANIZATION BEHAVIORAL HEALTH PRO | Service Type: NON |
| Address: 8000 SEGRUE | Resident Capacity: 0 |
| City, State: LAMONT, CA 96241 | Total Occupancy: 0 |
| Phone #: (661)845-3753 | Target Population: 1.1 |
| | Expiration Date 07/31/2008 |
| Program Name: KERN COUNTY MENTAL HEALTH DEPARTMENT | Record ID: 150036DN |
| Legal Name: COUNTY OF KERN | Service Type: NON |
| Address: 315 EAST 18TH STREET | Resident Capacity: 0 |
| City, State: BAKERSFIELD, CA 93305 | Total Occupancy: 0 |
| Phone #: (661)868-6704 Fax #: (661)868-6811 | Target Population: 1.5 |
| | Expiration Date 05/31/2010 |
| Program Name: KERN COUNTY MENTAL HEALTH TAFT CLINIC | Record ID: 150036CN |
| Legal Name: COUNTY OF KERN, DEPARTMENT OF MENTAL HEALTH | Service Type: NON |
| Address: 1021 4TH STREET, SUITE B | Resident Capacity: 0 |
| City, State: TAFT, CA 93268 | Total Occupancy: 0 |
| Phone #: (661)763-8660 Fax #: (661)765-6981 | Target Population: 1.1 |
| | Expiration Date 12/31/2008 |
| Program Name: THE BLESSING CORNER RETREAT | Record ID: 150058AN |
| Legal Name: GREATER LIGHTHOUSE COMMUNITY OUTREACH, INC. | Service Type: RES |
| Address: 906 UNION AVENUE, ROOMS 22, 23 AND 26 - 38 | Resident Capacity: 60 |
| City, State: BAKERSFIELD, CA 93307 | Total Occupancy: 60 |
| Phone #: (661)861-0349 | Target Population: 1.1 |
| | Expiration Date 05/31/2009 |
| Program Name: HEARTHSTONE "WHERE LIFE CONTINUES" | Record ID: 150051AP |
| Legal Name: HEARTHSTONE ADULT SERVICES, INC. | Service Type: RES |
| Address: 1932 JESSIE STREET, BUILDINGS B, C AND D | Resident Capacity: 103 |
| City, State: BAKERSFIELD, CA 93305 | Total Occupancy: 103 |
| Phone #: (661)323-8188 Fax #: (661)323-8187 | Target Population: 1.3 |
| | Expiration Date 07/31/2008 |
| Program Name: HEARTHSTONE "WHERE LIFE CONTINUES" | Record ID: 150051BP |
| Legal Name: HEARTHSTONE ADULT SERVICES, INC. | Service Type: NON |
| Address: 1932 JESSIE STREET, A BUILDING | Resident Capacity: 0 |
| City, State: BAKERSFIELD, CA 93305 | Total Occupancy: 0 |
| Phone #: (661)323-8188 Fax #: (661)323-8187 | Target Population: 1.3 |
| | Expiration Date 07/31/2009 |
| Program Name: ALTERNATIVE SOLUTIONS EDUCATIONAL CLINICIANS | Record ID: 150034AP |
| Legal Name: JOSEPH C. JONES, JR. | Service Type: NON |
| Address: 1415 18TH STREET, SUITE # 522 | Resident Capacity: 0 |
| City, State: BAKERSFIELD, CA 93301 | Total Occupancy: 0 |
| Phone #: (661)325-2732 Fax #: (661)325-2101 | Target Population: 1.1 |
| | Expiration Date 04/30/2010 |

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

As of: 07/14/2008

Kern County

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| Program Name: SERENITY HOUSE | Record ID: 150003EN |
| Legal Name: KERN COUNTY HISPANIC COMMISSION ON ALCOHOL AND DRUG AI | Service Type: RES |
| Address: 2008 D STREET | Resident Capacity: 6 |
| City, State: BAKERSFIELD, CA 93301 | Total Occupancy: 6 |
| Phone #: (661)634-9737 Fax #: (661)397-5143 | Target Population: 1.3 |
| | Expiration Date 03/31/2010 |
| Program Name: CASA DE ALMA | Record ID: 150003GN |
| Legal Name: KERN COUNTY HISPANIC COMMISSION ON ALCOHOL AND DRUG AI | Service Type: RES |
| Address: 2024 20TH STREET | Resident Capacity: 4 |
| City, State: BAKERSFIELD, CA 93301 | Total Occupancy: 4 |
| Phone #: (661)634-9737 | Target Population: 1.3 |
| | Expiration Date 06/30/2010 |
| Program Name: KERN COUNTY MENTAL HEALTH DEPARTMENT - WEST KERN CLINI | Record ID: 150036BN |
| Legal Name: KERN COUNTY MENTAL HEALTH DEPARTMENT | Service Type: NON |
| Address: 930 F STREET | Resident Capacity: 0 |
| City, State: WASCO, CA 93280 | Total Occupancy: 0 |
| Phone #: (661)758-7300 Fax #: (661)758-7302 | Target Population: 1.3 |
| | Expiration Date 09/30/2009 |
| Program Name: LEGACY BEHAVIORAL SERVICES, INC. | Record ID: 150039EN |
| Legal Name: LEGACY BEHAVIORAL SERVICES, INC. | Service Type: RES |
| Address: 2105 F STREET | Resident Capacity: 23 |
| City, State: BAKERSFIELD, CA 93301 | Total Occupancy: 24 |
| Phone #: (661)861-1133 Fax #: (661)861-1144 | Target Population: 1.2 |
| | Expiration Date 06/30/2008 |
| Program Name: LEGACY BEHAVIORAL SERVICES, INC. | Record ID: 150039FN |
| Legal Name: LEGACY BEHAVIORAL SERVICES, INC. | Service Type: RES |
| Address: 2106 E STREET | Resident Capacity: 6 |
| City, State: BAKERSFIELD, CA 93301 | Total Occupancy: 6 |
| Phone #: (661)324-1177 Fax #: (661)861-1166 | Target Population: 1.2 |
| | Expiration Date 09/30/2009 |
| Program Name: LEGACY BEHAVIORAL SERVICES, INC. | Record ID: 150039AN |
| Legal Name: LEGACY BEHAVIORAL SERVICES, INC. | Service Type: NON |
| Address: 2700 F STREET, SUITE 132 | Resident Capacity: 0 |
| City, State: BAKERSFIELD, CA 93301 | Total Occupancy: 0 |
| Phone #: (661)861-1133 Fax #: (661)861-1144 | Target Population: 1.1 |
| | Expiration Date 10/31/2009 |
| Program Name: LEGACY BEHAVIORAL SERVICES, INC. | Record ID: 150039CN |
| Legal Name: LEGACY BEHAVIORAL SERVICES, INC. | Service Type: NON |
| Address: 15664 K STREET, SUITES 1 & 7 | Resident Capacity: 0 |
| City, State: MOJAVE, CA 93501 | Total Occupancy: 0 |
| Phone #: (661)221-0472 | Target Population: 1.1 |
| | Expiration Date 06/30/2008 |

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

As of: 07/14/2008

Kern County

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| Program Name: THE WILLOWS RECOVERY CENTER | Record ID: 150020AP |
| Legal Name: MARY LYNN DONOHUE | Service Type: RES |
| Address: 407 HELEN WAY AND 9301 OPAL STREET | Resident Capacity: 26 |
| City, State: BAKERSFIELD, CA 93307 | Total Occupancy: 26 |
| Phone #: (661)832-3098 Fax #: (661)835-9648 | Target Population: 1.2 |
| | Expiration Date 06/30/2009 |
| 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 02/28/2010 |
| Program Name: HEALTHY HORIZONS III | Record ID: 150053GN |
| Legal Name: OSCAR HARDI DEAN FAMILY LIFE CENTER | Service Type: RES |
| Address: 328 CLIFTON, UNITS A & B | Resident Capacity: 12 |
| City, State: BAKERSFIELD, CA 93307 | Total Occupancy: 12 |
| Phone #: (661)565-0738 Fax #: (661)885-8383 | Target Population: 1.2 |
| | Expiration Date 08/31/2009 |
| Program Name: HEALTHY HORIZONS IV | Record ID: 150053EN |
| Legal Name: OSCAR HARDI DEAN FAMILY LIFE CENTER | Service Type: RES |
| Address: 426 SOUTH HALEY, UNITS A & B | Resident Capacity: 12 |
| City, State: BAKERSFIELD, CA 93307 | Total Occupancy: 12 |
| Phone #: (661)565-0738 Fax #: (661)885-8383 | Target Population: 1.2 |
| | Expiration Date 08/31/2009 |
| Program Name: PHASE I PHASE II RESIDENTIAL TREATMENT SERVICES | Record ID: 150052BN |
| Legal Name: PHASE I PHASE II SOBER LIVING, INC. | Service Type: RES |
| Address: 1904 CLARENDON STREET | Resident Capacity: 24 |
| City, State: BAKERSFIELD, CA 93307 | Total Occupancy: 24 |
| Phone #: (661)633-9702 Fax #: (661)336-0980 | Target Population: 1.2 |
| | Expiration Date 10/31/2008 |
| Program Name: REDEMPTIVE BEGINNINGS, INC. | Record ID: 150056AN |
| Legal Name: REDEMPTIVE BEGINNINGS, INC. | Service Type: RES |
| Address: 2429 19TH STREET | Resident Capacity: 11 |
| City, State: BAKERSFIELD, CA 93301 | Total Occupancy: 12 |
| Phone #: (661)859-0967 Fax #: (661)859-0977 | Target Population: 1.2 |
| | Expiration Date 09/30/2009 |
| 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: 6 |
| City, State: BAKERSFIELD, CA 93309 | Total Occupancy: 7 |
| Phone #: (661)832-8075 Fax #: (661)832-0375 | Target Population: 1.3 |
| | Expiration Date 11/30/2008 |

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

As of: 07/14/2008

Kern County

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| Program Name: PROFESSIONAL GROUP | Record ID: 150054AP |
| Legal Name: S & T PROFESSIONAL GROUP, INC. | Service Type: NON |
| Address: 1412 17TH STREET, SUITE 220 | Resident Capacity: 0 |
| City, State: BAKERSFIELD, CA 93301 | Total Occupancy: 0 |
| Phone #: (661)324-1982 Fax #: (661)324-1220 | Target Population: 1.1 |
| | Expiration Date 05/31/2009 |
| Program Name: SAMARIA I | Record ID: 150057AN |
| Legal Name: SAMARIA | Service Type: RES |
| Address: 2510 WILSON ROAD | Resident Capacity: 16 |
| City, State: BAKERSFIELD, CA 93304 | Total Occupancy: 16 |
| Phone #: (661)834-4534 | Target Population: 1.3 |
| | Expiration Date 08/31/2009 |
| Program Name: THE WILLOWS RECOVERY CENTER | Record ID: 150020BP |
| Legal Name: THE WILLOWS RECOVERY CENTER | Service Type: NON |
| Address: 407 HELEN WAY | Resident Capacity: 0 |
| City, State: BAKERSFIELD, CA 93307 | Total Occupancy: 0 |
| Phone #: (661)832-3098 Fax #: (661)835-9648 | Target Population: 1.1 |
| | Expiration Date 06/30/2009 |
| Program Name: TURNING POINT MOTHER/INFANT PROGRAM | Record ID: 150013DN |
| Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC. | Service Type: RES |
| Address: 4941 DAVID ROAD | Resident Capacity: 23 |
| City, State: BAKERSFIELD, CA 93307 | Total Occupancy: 58 |
| Phone #: (661)858-2975 Fax #: (661)325-2619 | Target Population: 1.4 |
| | Expiration Date 03/31/2009 |
| Program Name: KEN KENNEMER SUBSTANCE ABUSE TREATMENT CENTER | Record ID: 150013BN |
| Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC. | Service Type: RES-DETOX |
| Address: 1100 UNION AVENUE | Resident Capacity: 150 |
| City, State: BAKERSFIELD, CA 93307 | Total Occupancy: 150 |
| Phone #: (661)861-6111 Fax #: (661)861-6161 | Target Population: 1.1 |
| | Expiration Date 01/31/2009 |
| Program Name: KENNEMER OUTPATIENT PROGRAM | Record ID: 150013CN |
| Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC. | Service Type: NON |
| Address: 1120 UNION AVENUE | Resident Capacity: 0 |
| City, State: BAKERSFIELD, CA 93307 | Total Occupancy: 0 |
| Phone #: (661)861-6141 Fax #: (661)325-0528 | Target Population: 1.1 |
| | Expiration Date 05/31/2009 |
| Program Name: HADASSAH HOUSE TREATMENT FACILITY | Record ID: 150050AN |
| Legal Name: UNITED IN CHRIST MINISTRIES | Service Type: RES |
| Address: 6113 TOBIAS WAY | Resident Capacity: 6 |
| City, State: BAKERSFIELD, CA 93313 | Total Occupancy: 6 |
| Phone #: (661)319-7977 Fax #: (661)835-7676 | Target Population: 1.4 |
| | Expiration Date 03/31/2009 |

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

As of: 07/14/2008

Kern County

Program Name: WESTCARE
Legal Name: WESTCARE CALIFORNIA, INC.
Address: 4520 CALIFORNIA AVENUE, SUITE 100
City, State: BAKERSFIELD, CA 93309
Phone #: (661)321-3124 Fax #: (661)321-3125

Record ID: 150029BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2009

Program Name: WESTCARE CALIFORNIA
Legal Name: WESTCARE CALIFORNIA, INC.
Address: 2901, 2909 & 2913 SOUTH H STREET
City, State: BAKERSFIELD, CA 93304
Phone #: (661)398-4303 Fax #: (661)398-4306

Record ID: 150029AN
Service Type: RES
Resident Capacity: 62
Total Occupancy: 62
Target Population: 1.2
Expiration Date 01/31/2010

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

As of: 07/14/2008

Kings County

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| Program Name: CHAMPIONS RECOVERY ALTERNATIVE PROGRAMS, INC. | Record ID: 160005AN |
| Legal Name: CHAMPIONS RECOVERY ALTERNATIVE PROGRAMS, INC. | Service Type: NON |
| Address: 700 NORTH IRWIN STREET | Resident Capacity: 0 |
| City, State: HANFORD, CA 93230 | Total Occupancy: 0 |
| Phone #: (559)583-9300 Fax #: (559)583-9307 | Target Population: 1.1 |
| | Expiration Date 08/31/2009 |
| Program Name: CORNERSTONE WOMEN'S AND PERINATAL PROGRAM | Record ID: 160002AN |
| Legal Name: CORNERSTONE COMMUNITY ALCOHOL AND OTHER DRUG RECOVER | Service Type: RES-DETOX |
| Address: 817A, 817B, AND 817C WEST SEVENTH STREET | Resident Capacity: 29 |
| City, State: HANFORD, CA 93230 | Total Occupancy: 29 |
| Phone #: (559)583-2030 | Target Population: 1.3 |
| | Expiration Date 06/30/2010 |
| Program Name: CORNERSTONE RECOVERY CENTER | Record ID: 160002BN |
| Legal Name: CORNERSTONE COMMUNITY ALCOHOL AND OTHER DRUG RECOVER | Service Type: RES-DETOX |
| Address: 801, 805A, 805B, 807A, AND 807B WEST SEVENTH STREET | Resident Capacity: 29 |
| City, State: HANFORD, CA 93230 | Total Occupancy: 29 |
| Phone #: (559)583-2033 | Target Population: 1.2 |
| | Expiration Date 06/30/2010 |
| Program Name: CORNERSTONE COMMUNITY ALCOHOL AND OTHER DRUG RECOVER | Record ID: 160002CN |
| Legal Name: CORNERSTONE COMMUNITY ALCOHOL AND OTHER DRUG RECOVER | Service Type: NON |
| Address: 817A W. 7TH STREET | Resident Capacity: 0 |
| City, State: HANFORD, CA 93230 | Total Occupancy: 0 |
| Phone #: (559)583-2035 Fax #: (559)583-2037 | Target Population: 1.1 |
| | Expiration Date 04/30/2009 |
| Program Name: ALCOHOL AND DRUG EDUCATION COUNSELING CENTER | Record ID: 160004AN |
| Legal Name: KINGS VIEW | Service Type: NON |
| Address: 1393 BAILEY DRIVE, ROOMS 106, 149, 189 AND 207 | Resident Capacity: 0 |
| City, State: HANFORD, CA 93230 | Total Occupancy: 0 |
| Phone #: (559)582-9307 Fax #: (559)582-9042 | Target Population: 1.1 |
| | Expiration Date 05/31/2009 |
| Program Name: WESTCARE | Record ID: 160006CN |
| Legal Name: WESTCARE CALIFORNIA, INC. | Service Type: NON |
| Address: 410 EAST 7TH STREET, SUITES #5, #7 AND #9 | Resident Capacity: 0 |
| City, State: HANFORD, CA 93230 | Total Occupancy: 0 |
| Phone #: (559)584-8100 | Target Population: 1.5 |
| | Expiration Date 05/31/2010 |

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

As of: 07/14/2008

Lake County

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| Program Name: DR. GARDNER OUTPATIENT PROGRAM | Record ID: 170007AP |
| Legal Name: GARDNER, ROBERT W. M.D. | Service Type: NON |
| Address: 6300 EAST HIGHWAY 20 | Resident Capacity: 0 |
| City, State: LUCERNE, CA 95458 | Total Occupancy: 0 |
| Phone #: (707)274-9299 Fax #: (707)274-9297 | Target Population: 1.1 |
| | Expiration Date 09/30/2008 |
| 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 05/31/2009 |
| 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)263-8162 Fax #: (707)263-9336 | Target Population: 1.1 |
| | Expiration Date 11/30/2008 |
| 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: 991 PARALLEL DRIVE, SUITE B | Resident Capacity: 0 |
| City, State: LAKEPORT, CA 95453 | Total Occupancy: 0 |
| Phone #: (707)263-4194 | Target Population: 1.1 |
| | Expiration Date 08/31/2009 |
| Program Name: NEW BEGINNINGS | Record ID: 170010BN |
| Legal Name: LAKE COUNTY COMMUNITY ACTION AGENCY | Service Type: NON |
| Address: 6885 OLD HIGHWAY 53 | Resident Capacity: 0 |
| City, State: CLEARLAKE, CA 95422 | Total Occupancy: 0 |
| Phone #: (707)995-3235 Fax #: (707)995-7004 | Target Population: 1.1 |
| | Expiration Date 06/30/2010 |

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

As of: 07/14/2008

Program Name: LASSEN COUNTY ALCOHOL AND DRUG PROGRAM

Record ID: 180001AN

Legal Name: LASSEN COUNTY ALCOHOL AND DRUG PROGRAMS

Service Type: NON

Address: 1400 A, 1400 B, 1410 CHESTNUT ST. AND 1445 PAUL BUNYAN RD

Resident Capacity: 0

City, State: SUSANVILLE, CA 96130

Total Occupancy: 0

Phone #: (530)251-8112 Fax #: (530)251-5884

Target Population: **

Expiration Date 05/31/2009

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

As of: 07/14/2008

Los Angeles County

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| Program Name: PACIFIC TREATMENT CENTERS Legal Name: 5722 FOUNTAIN, LLC D.B.A. PACIFIC TREATMENT CENTERS Address: 5722 FOUNTAIN AVENUE City, State: LOS ANGELES, CA 90028 Phone #: (323)469-8911 Fax #: (323)469-8911 | Record ID: 190572AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 07/31/2009 |
| Program Name: A HOME FOR US Legal Name: A HOME FOR US CORPORATION Address: 2918 WEST VERNON AVENUE City, State: LOS ANGELES, CA 90043 Phone #: (323)296-5449 | Record ID: 190449AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2008 |
| Program Name: A STEP TO FREEDOM Legal Name: A STEP TO FREEDOM Address: 1665 SOUTH KINGSLEY DRIVE City, State: LOS ANGELES, CA 90006 Phone #: (323)733-6405 | Record ID: 190355AN Service Type: RES Resident Capacity: 6 Total Occupancy: 10 Target Population: 1.2 Expiration Date 03/31/2009 |
| Program Name: ABSOLUTE CONTROL TRANSITIONAL COUNSELING CENTER Legal Name: ABSOLUTE CONTROL TRANSITIONAL COUNSELING CENTER Address: 2331 EAST FOOTHILL BOULEVARD City, State: PASADENA, CA 91107 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 03/31/2009 |
| Program Name: ABSOLUTE REHABILITATION CENTER, INC. Legal Name: ABSOLUTE REHABILITATION CENTER, INC. Address: 2680 SATURN AVENUE, SUITE 180 City, State: HUNTINGTON PARK, CA 90255 Phone #: (323)589-5880 Fax #: (818)461-9274 | Record ID: 190528AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2010 |
| 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 03/31/2010 |
| Program Name: ACTION FAMILY COUNSELING, INC. - VALENCIA ADOLESCENT - IO 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: 1.5 Expiration Date 02/28/2010 |

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

As of: 07/14/2008

Los Angeles County

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|---|---|
| Program Name: ACTION FAMILY COUNSELING Legal Name: ACTION FAMILY COUNSELING, INC. Address: 30035 BOUQUET CANYON City, State: SAUGUS, CA 91350 Phone #: (661)297-9716 Fax #: (661)297-9701 | Record ID: 190315DP Service Type: DSS Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.5 |
| Program Name: ACTION FAMILY COUNSELING, INC. Legal Name: ACTION FAMILY COUNSELING, INC. Address: 25727 MCBEAN PARKWAY City, State: VALENCIA, CA 91355 Phone #: (800)367-8336 Fax #: (661)297-9701 | Record ID: 190315CP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2009 |
| 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 08/31/2009 |
| 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 #: (661)373-6780 | Record ID: 190315GP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 01/31/2010 |
| 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 03/31/2009 |
| Program Name: NOBLE REHABILITATION CENTER Legal Name: AFRIKAN CHRISTIAN CENTER, INC. Address: 250 WEST 85TH STREET City, State: LOS ANGELES, CA 90003 Phone #: (323)759-6963 Fax #: (323)759-6991 | Record ID: 190428AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 08/31/2008 |
| Program Name: CHARLOTTE'S HOUSE Legal Name: AKILA CONCEPTS, INC. Address: 542 EAST CARSON STREET City, State: CARSON, CA 90745 Phone #: (310)952-1189 | Record ID: 190224AN Service Type: RES Resident Capacity: 9 Total Occupancy: 24 Target Population: 1.4 Expiration Date 02/28/2009 |

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| Program Name: ALCOHOL AND SUBSTANCE ABUSE PROGRAM, INC. Legal Name: ALCOHOL AND SUBSTANCE ABUSE PROGRAM, INC. Address: 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: 1.2 Expiration Date 10/31/2009 |
| 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 02/28/2009 |
| Program Name: ALCOHOLISM CENTER FOR WOMEN Legal Name: ALCOHOLISM CENTER FOR WOMEN, INC. Address: 1135 SOUTH ALVARADO STREET City, State: LOS ANGELES, CA 90006 Phone #: (213)381-8500 | Record ID: 190002BN Service Type: RES Resident Capacity: 32 Total Occupancy: 32 Target Population: 1.3 Expiration Date 02/28/2009 |
| Program Name: ANTELOPE VALLEY COUNCIL ON ALCOHOLISM AND DRUG DEPEND Legal Name: ALCOHOLISM COUNCIL OF ANTELOPE VALLEY/NCA Address: 38345 30TH STREET EAST, SUITE B-2 City, State: PALMDALE, CA 93550 Phone #: (661)274-1062 | Record ID: 190376BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 02/28/2009 |
| Program Name: ANTELOPE VALLEY COUNCIL ON ALCOHOLISM AND DRUG DEPEND Legal Name: ALCOHOLISM COUNCIL OF ANTELOPE VALLEY/NCA Address: 44815 FIG AVENUE, SUITE 101 City, State: LANCASTER, CA 93534 Phone #: (661)948-5046 Fax #: (661)948-5049 | Record ID: 190376AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 02/28/2009 |
| Program Name: AMERICA CARE Legal Name: AMERICA CARE DEVELOPMENT ORGANIZATION Address: 4728 WEST EL SEGUNDO BOULEVARD City, State: HAWTHORNE, CA 90250 Phone #: (310)970-9560 Fax #: (310)970-9651 | Record ID: 190535AN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 05/31/2009 |
| Program Name: AMERICA UNITED CARES Legal Name: AMERICA UNITED CARES Address: 357 EAST PALMER STREET City, State: COMPTON, CA 90221 Phone #: (310)200-5569 Fax #: () - | Record ID: 190452AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2008 |

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| Program Name: AMERICA UNITED CARES III Legal Name: AMERICA UNITED CARES Address: 157 MYRRH STREET City, State: COMPTON, CA 90221 Phone #: (310)200-5569 | Record ID: 190452CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 10/31/2008 |
| Program Name: AMERICAN ASIAN PACIFIC SUBSTANCE ABUSE PROGRAM Legal Name: AMERICAN ASIAN PACIFIC MINISTRIES, INC. Address: 4022 NORTH ROSEMEAD BOULEVARD City, State: ROSEMEAD, CA 91770 Phone #: (626)287-3475 | Record ID: 190211BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 02/28/2010 |
| Program Name: AMERICAN DRUG RECOVERY PROGRAM, INC. Legal Name: AMERICAN DRUG RECOVERY PROGRAM, INC. Address: 2724 WEST FLORENCE AVENUE City, State: LOS ANGELES, CA 90043 Phone #: (310)768-3984 Fax #: (310)768-3968 | Record ID: 190530AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2010 |
| Program Name: AMERICAN INDIAN CHANGING SPIRITS Legal Name: AMERICAN INDIAN CHANGING SPIRITS Address: 2120 WILLIAMS STREET, BUILDING 1 City, State: LONG BEACH, CA 90810 Phone #: (562)388-8118 Fax #: (562)799-1807 | Record ID: 190239AN Service Type: RES Resident Capacity: 18 Total Occupancy: 18 Target Population: 1.2 Expiration Date 03/31/2010 |
| Program Name: APEX Legal Name: APEX FOUNDATION Address: 7231 SANTA MONICA BOULEVARD City, State: WEST HOLLYWOOD, CA 90046 Phone #: (323)851-4777 Fax #: (310)657-7656 | Record ID: 190393AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 08/31/2009 |
| Program Name: ARMS OF GRACE HUMANITARIAN SERVICES, ADPCC Legal Name: ARMS OF GRACE HUMANITARIAN SERVICES, ADPCC Address: 2931 WEST FLORENCE AVENUE City, State: LOS ANGELES, CA 90043 Phone #: (310)625-5424 | Record ID: 190435AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.8 Expiration Date 07/31/2008 |
| Program Name: VAN NUYS ALCOHOL AND DRUG TREATMENT PROGRAM Legal Name: ASHBEL & SHERMAN Address: 14558 SYLVAN STREET City, State: VAN NUYS, CA 91411 Phone #: (818)787-4151 Fax #: (818)787-2840 | Record ID: 190327AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.2 Expiration Date 11/30/2009 |

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| Program Name: ASIAN-AMERICAN DRUG ABUSE PROGRAM Legal Name: ASIAN-AMERICAN DRUG ABUSE PROGRAM Address: 1088 SOUTH LA BREA AVENUE City, State: LOS ANGELES, CA 90019 Phone #: (323)294-4932 | Record ID: 190112CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2009 |
| Program Name: ASIAN-AMERICAN DRUG ABUSE PROGRAM Legal Name: ASIAN-AMERICAN DRUG ABUSE PROGRAM, INC. Address: 5318 SOUTH CRENSHAW BOULEVARD City, State: LOS ANGELES, CA 90043 Phone #: (323)293-6284 | Record ID: 190112AN Service Type: RES Resident Capacity: 27 Total Occupancy: 27 Target Population: 1.1 Expiration Date 01/31/2010 |
| Program Name: ATLANTIC RECOVERY SERVICES - SOUTH Legal Name: ATLANTIC RECOVERY SERVICES Address: 1711 ATLANTIC AVENUE City, State: LONG BEACH, CA 90806 Phone #: (562)436-3533 Fax #: (562)436-0982 | Record ID: 190229EN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 05/31/2009 |
| Program Name: ATLANTIC RECOVERY SERVICES - NORTH Legal Name: ATLANTIC RECOVERY SERVICES Address: 1909 ATLANTIC AVENUE City, State: LONG BEACH, CA 90806 Phone #: (562)436-3533 Fax #: (562)436-0982 | Record ID: 190229FN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 05/31/2009 |
| Program Name: ATLANTIC RECOVERY SERVICES RESIDENTIAL II Legal Name: ATLANTIC RECOVERY SERVICES Address: 1415 A EAST 9TH STREET City, State: LONG BEACH, CA 90813 Phone #: (562)436-3533 Fax #: (562)436-0982 | Record ID: 190229CN Service Type: RES Resident Capacity: 4 Total Occupancy: 4 Target Population: 1.2 Expiration Date 12/31/2008 |
| Program Name: ATLANTIC RECOVERY SERVICES RESIDENTIAL III Legal Name: ATLANTIC RECOVERY SERVICES Address: 1415 B EAST 9TH STREET City, State: LONG BEACH, CA 90813 Phone #: (562)436-3533 Fax #: (562)436-0982 | Record ID: 190229DN Service Type: RES Resident Capacity: 4 Total Occupancy: 4 Target Population: 1.2 Expiration Date 12/31/2008 |
| Program Name: ATLANTIC RECOVERY SERVICES RESIDENTIAL I Legal Name: ATLANTIC RECOVERY SERVICES Address: 1417 EAST 9TH STREET City, State: LONG BEACH, CA 90813 Phone #: (562)436-3533 Fax #: (562)436-0982 | Record ID: 190229BN Service Type: RES Resident Capacity: 4 Total Occupancy: 4 Target Population: 1.2 Expiration Date 12/31/2008 |

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| 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 05/31/2009 |
| 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 08/31/2009 |
| 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 11/30/2008 |
| 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)356-2650 Fax #: (626)792-2919 | Target Population: 1.1 |
| | Expiration Date 08/31/2008 |
| 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 03/31/2010 |
| Program Name: AUTHENTIC RECOVERY CENTER | Record ID: 190577AP |
| Legal Name: AUTHENTIC RECOVERY, LLC (D.B.A. AUTHENTIC RECOVERY CENTER) | 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 08/31/2009 |
| Program Name: BAART BEHAVIORAL HEALTH SERVICES, INC. (BBHS) | Record ID: 190555AP |
| Legal Name: BAART BEHAVIORAL HEALTH SERVICES, INC. | Service Type: NON |
| Address: 1926 WEST BEVERLY BOULEVARD | Resident Capacity: 0 |
| City, State: LOS ANGELES, CA 90057 | Total Occupancy: 0 |
| Phone #: (213)607-2010 Fax #: (213)607-1434 | Target Population: 1.1 |
| | Expiration Date 02/28/2009 |

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| Program Name: BASEN ALCOHOL AND DRUG PROGRAM Legal Name: BASEN, INC. Address: 1230 CRENSHAW BOULEVARD, SUITE 102 City, State: TORRANCE, CA 90501 Phone #: (310)628-3469 | Record ID: 190574AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 08/31/2009 |
| Program Name: BE WELL NOW INSTITUTE, INC., RECOVERY, RE-EDUCATION AND R Legal Name: BE WELL NOW INSTITUTE, INC. Address: 20710 SOUTH LEAPWOOD AVENUE, SUITE C City, State: CARSON, CA 90746 Phone #: (310)324-0447 Fax #: (310)324-0147 | Record ID: 190467AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.8 Expiration Date 04/30/2009 |
| Program Name: BEAU MONDE PROGRAMS Legal Name: BEAU MONDE INTERNATIONAL, INC. Address: 3718 HAYVENHURST AVENUE City, State: ENCINO, CA 91436 Phone #: (818)986-9696 Fax #: (818)986-9944 | Record ID: 190566AP Service Type: RES-DETOX Resident Capacity: 4 Total Occupancy: 6 Target Population: 1.1 Expiration Date 05/31/2009 |
| Program Name: AMERICAN RECOVERY CENTER OUTPATIENT PROGRAM Legal Name: BEHAVIORAL HEALTH SERVICES Address: 2180 WEST VALLEY BOULEVARD City, State: POMONA, CA 91766 Phone #: (909)865-2336 Fax #: (909)865-1831 | Record ID: 190007ON Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2009 |
| Program Name: HOLLYWOOD FAMILY RECOVERY CENTER Legal Name: BEHAVIORAL HEALTH SERVICES, INC. Address: 6838 SUNSET BOULEVARD City, State: HOLLYWOOD, CA 90028 Phone #: (323)461-3161 | Record ID: 190007AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2009 |
| Program Name: AMERICAN RECOVERY CENTER Legal Name: BEHAVIORAL HEALTH SERVICES, INC. Address: 2180 WEST VALLEY BOULEVARD, FLOORS 100, 300 AND 400 City, State: POMONA, CA 91768 Phone #: (909)865-2336 | Record ID: 190007MN Service Type: RES Resident Capacity: 93 Total Occupancy: 123 Target Population: 1.5 Expiration Date 02/28/2009 |
| Program Name: REDGATE MEMORIAL RECOVERY CENTER Legal Name: BEHAVIORAL HEALTH SERVICES, INC. Address: 1775 CHESTNUT AVENUE City, State: LONG BEACH, CA 90813 Phone #: (562)599-8444 | Record ID: 190007LN Service Type: DHS Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 |

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| Program Name: LINCOLN HEIGHTS FAMILY RECOVERY CENTER Legal Name: BEHAVIORAL HEALTH SERVICES, INC. Address: 4099 NORTH MISSION ROAD City, State: LOS ANGELES, CA 90032 Phone #: (323)221-1746 | Record ID: 190007KN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2009 |
| Program Name: BOYLE HEIGHTS FAMILY RECOVERY CENTER Legal Name: BEHAVIORAL HEALTH SERVICES, INC. Address: 3421 OLYMPIC BOULEVARD City, State: LOS ANGELES, CA 90023 Phone #: (323)262-1786 | Record ID: 190007JN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2009 |
| Program Name: AMERICAN RECOVERY CENTER-DETOX Legal Name: BEHAVIORAL HEALTH SERVICES, INC. Address: 2180 WEST VALLEY BOULEVARD, FLOOR 200 City, State: POMONA, CA 91768 Phone #: (909)865-2336 | Record ID: 190007IN Service Type: DHS Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.4 |
| Program Name: SOUTH BAY RECOVERY CENTER Legal Name: BEHAVIORAL HEALTH SERVICES, INC. Address: 15519 CRENSHAW BOULEVARD City, State: GARDENA, CA 90249 Phone #: (310)679-9031 | Record ID: 190007HN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2009 |
| Program Name: PACIFICA HOUSE Legal Name: BEHAVIORAL HEALTH SERVICES, INC. Address: 2501 WEST EL SEGUNDO BOULEVARD City, State: HAWTHORNE, CA 90250 Phone #: (323)754-2816 | Record ID: 190007GN Service Type: RES Resident Capacity: 68 Total Occupancy: 68 Target Population: 1.1 Expiration Date 09/30/2009 |
| Program Name: PATTERNS Legal Name: BEHAVIORAL HEALTH SERVICES, INC. Address: 12917 CERISE AVENUE City, State: HAWTHORNE, CA 90250 Phone #: (310)675-4431 | Record ID: 190007FN Service Type: RES Resident Capacity: 23 Total Occupancy: 35 Target Population: 1.4 Expiration Date 09/30/2009 |
| Program Name: BEHAVIORAL HEALTH SERVICES, INC. Legal Name: BEHAVIORAL HEALTH SERVICES, INC. Address: 4065 EAST WHITTIER BOULEVARD, SUITES 202 AND 203 City, State: LOS ANGELES, CA 90023 Phone #: (323)269-4890 Fax #: (323)269-1852 | Record ID: 190007NN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 10/31/2008 |

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| Program Name: INGLEWOOD COMMUNITY RECOVERY CENTER Legal Name: BEHAVIORAL HEALTH SERVICES, INC. Address: 404 EDGEWOOD STREET City, State: INGLEWOOD, CA 90302 Phone #: (310)673-5750 Fax #: (310)673-1236 | Record ID: 190007BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2009 |
| Program Name: WILMINGTON COMMUNITY RECOVERY CENTER Legal Name: BEHAVIORAL HEALTH SERVICES, INC. Address: 1318A NORTH AVALON BOULEVARD City, State: WILMINGTON, CA 90744 Phone #: (310)549-2710 | Record ID: 190007CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2009 |
| Program Name: BEIT T'SHUVAH Legal Name: BEIT T'SHUVAH Address: 8831 VENICE BOULEVARD City, State: LOS ANGELES, CA 90034 Phone #: (310)204-5200 Fax #: (310)204-8908 | Record ID: 190326AN Service Type: RES Resident Capacity: 98 Total Occupancy: 120 Target Population: 1.1 Expiration Date 12/31/2009 |
| Program Name: BERNIE'S LIL WOMEN CENTER Legal Name: BERNIE'S LIL WOMEN CENTER Address: 8042 YOLANDA STREET City, State: RESEDA, CA 91335 Phone #: (310)512-6177 | Record ID: 190472AN Service Type: RES Resident Capacity: 5 Total Occupancy: 5 Target Population: 1.3 Expiration Date 03/31/2009 |
| Program Name: BERNIE'S LIL WOMEN CENTER Legal Name: BERNIE'S LIL WOMEN CENTER, INC. Address: 11905 SOUTH CENTRAL AVENUE, SUITE 205 City, State: LOS ANGELES, CA 90059 Phone #: (213)280-1012 Fax #: (323)563-7087 | Record ID: 190472BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 12/31/2009 |
| Program Name: BHC ALHAMBRA HOSPITAL Legal Name: BHC ALHAMBRA HOSPITAL, INC. Address: 4619 NORTH ROSEMEAD BOULEVARD City, State: ROSEMEAD, CA 91770 Phone #: (626)286-1191 Fax #: (626)286-2489 | Record ID: 190287AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2009 |
| Program Name: INSTITUTE FOR WOMEN'S HEALTH Legal Name: BIENVENIDOS CHILDREN'S CENTER, INC. Address: 507 ATLANTIC BOULEVARD City, State: LOS ANGELES, CA 90022 Phone #: (323)201-4154 Fax #: (323)728-3483 | Record ID: 190285AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.3 Expiration Date 05/31/2009 |

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| Program Name: INSTITUTE FOR WOMEN'S HEALTH | Record ID: 190285BN |
| Legal Name: BIENVENIDOS CHILDREN'S CENTER, INC. | Service Type: NON |
| Address: 5240 EAST BEVERLY BOULEVARD | Resident Capacity: 0 |
| City, State: LOS ANGELES, CA 90022 | Total Occupancy: 0 |
| Phone #: (323)726-9777 Fax #: (323)201-3514 | Target Population: 1.5 |
| | Expiration Date 04/30/2009 |
| Program Name: BF FOUNDATION | Record ID: 190249AN |
| Legal Name: BLACK FOUNDATION | Service Type: RES |
| Address: 4567 - 4571 WEST WASHINGTON BOULEVARD | Resident Capacity: 14 |
| City, State: LOS ANGELES, CA 90016 | Total Occupancy: 15 |
| Phone #: (323)931-3211 Fax #: (310)330-3904 | Target Population: 1.2 |
| | Expiration Date 04/30/2009 |
| 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)971-1365 | Target Population: 1.1 |
| | Expiration Date 10/31/2009 |
| Program Name: BRIDGE BACK LIMITED | Record ID: 190231AP |
| Legal Name: BRIDGE BACK LIMITED, INC. | Service Type: RES |
| Address: 1718, 1724, AND 1730 WEST VERNON AVENUE | Resident Capacity: 108 |
| City, State: LOS ANGELES, CA 90062 | Total Occupancy: 108 |
| Phone #: (323)299-8400 Fax #: (323)299-7646 | Target Population: 1.2 |
| | Expiration Date 12/31/2007 |
| 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 | Resident Capacity: 0 |
| City, State: LOS ANGELES, CA 90047 | Total Occupancy: 0 |
| Phone #: (323)750-9510 Fax #: (323)750-9522 | Target Population: 1.5 |
| | Expiration Date 05/31/2009 |
| Program Name: INSPIRATION NONRESIDENTIAL PROGRAM | Record ID: 190453AP |
| Legal Name: C-CONRAD GROUP LIMITED | Service Type: NON |
| Address: 3741 WEST STOCKER STREET, SUITES 210 & 211 | Resident Capacity: 0 |
| City, State: LOS ANGELES, CA 90008 | Total Occupancy: 0 |
| Phone #: (310)645-5227 | Target Population: 1.1 |
| | Expiration Date 09/30/2008 |
| Program Name: CALIFORNIA CARE CORPORATION | Record ID: 190558AP |
| Legal Name: CALIFORNIA CARE CORPORATION | Service Type: NON |
| Address: 610 NORTH CENTRAL AVENUE, #106 | Resident Capacity: 0 |
| City, State: GLENDALE, CA 91203 | Total Occupancy: 0 |
| Phone #: (818)551-0027 Fax #: (818)551-0026 | Target Population: 1.1 |
| | Expiration Date 01/31/2009 |

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| Program Name: CALIFORNIA DIVERSION INTERVENTION FOUNDATION | Record ID: 190267EN |
| Legal Name: CALIFORNIA DIVERSION INTERVENTION FOUNDATION | Service Type: NON |
| Address: 13666 HAWTHORNE BOULEVARD, SUITE 2 | Resident Capacity: 0 |
| City, State: HAWTHORNE, CA 90250 | Total Occupancy: 0 |
| Phone #: (714)633-0502 | Target Population: 1.1 |
| | Expiration Date 05/31/2010 |
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| Program Name: CALIFORNIA DIVERSION INTERVENTION FOUNDATION | Record ID: 190267CN |
| Legal Name: CALIFORNIA DIVERSION INTERVENTION FOUNDATION | Service Type: NON |
| Address: 819 WEST WHITTIER BOULEVARD, SUITE 200 | Resident Capacity: 0 |
| City, State: MONTEBELLO, CA 90640 | Total Occupancy: 0 |
| Phone #: (714)633-0502 Fax #: (714)633-9249 | Target Population: 1.1 |
| | Expiration Date 06/30/2009 |
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| Program Name: CALIFORNIA DIVERSION INTERVENTION FOUNDATION | Record ID: 190267DN |
| Legal Name: CALIFORNIA DIVERSION INTERVENTION FOUNDATION | Service Type: NON |
| Address: 7336 SOUTH PAINTER AVENUE | Resident Capacity: 0 |
| City, State: WHITTIER, CA 90602 | Total Occupancy: 0 |
| Phone #: (714)633-0502 Fax #: (714)633-9249 | Target Population: 1.1 |
| | Expiration Date 05/31/2009 |
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| Program Name: CALIFORNIA DIVERSION INTERVENTION FOUNDATION | Record ID: 190267AN |
| Legal Name: CALIFORNIA DIVERSION INTERVENTION FOUNDATION | Service Type: NON |
| Address: 12440 FIRESTONE BOULEVARD, SUITE 101 | Resident Capacity: 0 |
| City, State: NORWALK, CA 90650 | Total Occupancy: 0 |
| Phone #: (714)633-0502 | Target Population: 1.1 |
| | Expiration Date 06/30/2009 |
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| Program Name: WALNUT STREET EDUCATION AND COUNSELING CENTER | Record ID: 190199AN |
| Legal Name: CALIFORNIA DRUG CONSULTANTS, INC. | Service Type: NON |
| Address: 659 EAST WALNUT STREET | Resident Capacity: 0 |
| City, State: PASADENA, CA 91101 | Total Occupancy: 0 |
| Phone #: (626)844-0410 Fax #: (909)485-2642 | Target Population: 1.1 |
| | Expiration Date 05/31/2009 |
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| 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 #: (310)617-5912 Fax #: (213)251-9515 | Target Population: 1.1 |
| | Expiration Date 09/30/2009 |
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| Program Name: CALIFORNIA GRADUATE INSTITUTE COUNSELING CENTER SUBSTA | Record ID: 190284AN |
| Legal Name: CALIFORNIA GRADUATE INSTITUTE | Service Type: NON |
| Address: 1145 GAYLEY AVENUE, 3RD FLOOR, SUITE 322, RMS 1,6,14,& 28 | 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 05/31/2009 |

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| Program Name: MUJERES RECOVERY HOME | Record ID: 190065AN |
| Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABU | Service Type: RES |
| Address: 530 NORTH AVENUE 54 | Resident Capacity: 6 |
| City, State: LOS ANGELES, CA 90042 | Total Occupancy: 6 |
| Phone #: (323)254-2423 | Target Population: 1.3 |
| | Expiration Date 06/30/2010 |
| Program Name: LATINOS RECOVERY HOME | Record ID: 190065CN |
| Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABU | Service Type: RES |
| Address: 2436 WABASH AVENUE | Resident Capacity: 6 |
| City, State: LOS ANGELES, CA 90033 | Total Occupancy: 6 |
| Phone #: (323)780-8756 | Target Population: 1.2 |
| | Expiration Date 06/30/2010 |
| Program Name: SAN GABRIEL VALLEY CENTER | Record ID: 190065HN |
| Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABU | Service Type: NON |
| Address: 11411 VALLEY BOULEVARD | 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 01/31/2010 |
| Program Name: EASTLAKE YOUTH SERVICE PROGRAM | Record ID: 190065JN |
| Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABU | Service Type: NON |
| Address: 3125 NORTH BROADWAY | 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 03/31/2010 |
| 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 10/31/2009 |
| 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 06/30/2010 |
| Program Name: ENLIGHTENMENT CHEMICAL DEPENDENCY PROGRAM | Record ID: 190489AN |
| Legal Name: CALIFORNIA INSTITUTE OF HEALTH & SOCIAL SERVICES | Service Type: NON |
| Address: 17800 SOUTH MAIN STREET, SUITE 103 | Resident Capacity: 0 |
| City, State: CARSON, CA 90248 | Total Occupancy: 0 |
| Phone #: (310)645-0625 | Target Population: 1.1 |
| | Expiration Date 09/30/2009 |

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| Program Name: CALIFORNIA RECOVERY CENTER, INC. Legal Name: CALIFORNIA RECOVERY CENTER, INC. Address: 1315 NORTH BULLIS ROAD, SUITES 1 AND 2 City, State: COMPTON, CA 90221 Phone #: (310)638-7414 Fax #: (310)638-7424 | Record ID: 190370AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2007 |
| Program Name: CAMBODIAN ASSOCIATION OF AMERICA, COMMUNITY PREVENTIO Legal Name: CAMBODIAN ASSOCIATION OF AMERICA Address: 2501 ATLANTIC AVENUE City, State: LONG BEACH, CA 90806 Phone #: (562)424-6105 Fax #: (562)988-1475 | Record ID: 190358AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2008 |
| Program Name: BROWN SCAPULAR PROGRAM Legal Name: CANON HUMAN SERVICES CENTERS, INC. Address: 9705 SOUTH HOLMES AVENUE City, State: LOS ANGELES, CA 90002 Phone #: (323)249-9097 Fax #: (323)249-9121 | Record ID: 190099DN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2010 |
| Program Name: BROWN SCAPULAR PROGRAM Legal Name: CANON HUMAN SERVICES CENTERS, INC. Address: 9705 SOUTH HOLMES STREET City, State: LOS ANGELES, CA 90002 Phone #: (323)249-9097 Fax #: (323)249-9121 | Record ID: 190099EN Service Type: RES Resident Capacity: 43 Total Occupancy: 43 Target Population: 1.2 Expiration Date 02/28/2010 |
| Program Name: CARE COMMUNITY CORPORATION Legal Name: CARE COMMUNITY CORPORATION Address: 2329 WEST 54TH STREET City, State: LOS ANGELES, CA 90043 Phone #: (323)291-9109 Fax #: (323)291-9109 | Record ID: 190560AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2009 |
| Program Name: CASA DE LAS AMIGAS-THE JON DUDLEY OUTPATIENT CENTER Legal Name: CASA DE LAS AMIGAS Address: 744 EAST WALNUT AVENUE City, State: PASADENA, CA 91101 Phone #: (626)792-2770 Fax #: (626)792-5826 | Record ID: 190012BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.3 Expiration Date 06/30/2010 |
| Program Name: CASA DE LAS AMIGAS Legal Name: CASA DE LAS AMIGAS Address: 160 NORTH EL MOLINO AVENUE AND 173 NORTH OAK KNOLL A City, State: PASADENA, CA 91101 Phone #: (626)792-2770 Fax #: (626)792-5826 | Record ID: 190012CN Service Type: RES Resident Capacity: 37 Total Occupancy: 37 Target Population: 1.3 Expiration Date 03/31/2010 |

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| Program Name: CENTER FOR INTEGRATED FAMILY AND HEALTH SERVICES THE FA | Record ID: 190442AN |
| Legal Name: CENTER FOR INTEGRATED FAMILY AND HEALTH SERVICES | 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 07/31/2008 |
| Program Name: CENTINELA RECOVERY GROUP OUTPATIENT TREATMENT PROGRA | Record ID: 190580AN |
| Legal Name: CENTINELA RECOVERY GROUP, INC. | Service Type: NON |
| Address: 422 WARREN LANE | Resident Capacity: 0 |
| City, State: INGLEWOOD, CA 90302 | Total Occupancy: 0 |
| Phone #: (310)962-0548 Fax #: (310)695-9903 | Target Population: 1.1 |
| | Expiration Date 11/30/2009 |
| Program Name: CENTRAL RECOVERY LA | Record ID: 190589AP |
| Legal Name: CENTRAL RECOVERY TREATMENT L.A., LLC | Service Type: NON |
| Address: 5941 VARIEL AVENUE | Resident Capacity: 0 |
| City, State: WOODLAND HILLS, CA 91367 | Total Occupancy: 0 |
| Phone #: (818)883-2200 Fax #: (818)883-2201 | Target Population: ** |
| | Expiration Date 10/31/2009 |
| 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 03/31/2009 |
| Program Name: CHACH MEDICAL AID | Record ID: 190500AN |
| Legal Name: CHACH MEDICAL AID | Service Type: NON |
| Address: 11633 HAWTHORNE BOULEVARD, SUITE 215 | Resident Capacity: 0 |
| City, State: HAWTHORNE, CA 90250 | Total Occupancy: 0 |
| Phone #: (310)351-9295 Fax #: (310)978-0562 | Target Population: 1.1 |
| | Expiration Date 05/31/2010 |
| 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 09/30/2008 |
| Program Name: KING DREW PLACE OF FAMILY | Record ID: 190044AN |
| Legal Name: CHARLES R. DREW UNIVERSITY OF MEDICINE AND SCIENCE | Service Type: NON |
| Address: 9307 SOUTH CENTRAL AVENUE | Resident Capacity: 0 |
| City, State: LOS ANGELES, CA 90002 | Total Occupancy: 0 |
| Phone #: (323)564-6982 | Target Population: 1.1 |
| | Expiration Date 02/28/2010 |

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| Program Name: KING/DREW CASA DE FREEDOM SUBSTANCE ABUSE TREATMENT P | Record ID: 190044DN |
| Legal Name: CHARLES R. DREW UNIVERSITY OF MEDICINE AND SCIENCE | Service Type: NON |
| Address: 2711 NORTH WILMINGTON AVENUE | Resident Capacity: 0 |
| City, State: COMPTON, CA 90222 | Total Occupancy: 0 |
| Phone #: (310)631-5884 Fax #: (310)631-6348 | Target Population: 1.1 |
| | Expiration Date 01/31/2009 |
| Program Name: RENEE'S HOMES FOR BETTER LIFE 1 | Record ID: 190563AN |
| Legal Name: CHELLE'S HOMES AND TREATMENT CENTERS | Service Type: RES |
| Address: 1008 WEST 156TH STREET | Resident Capacity: 4 |
| City, State: COMPTON, CA 90220 | Total Occupancy: 6 |
| Phone #: (562)404-4585 Fax #: (310)886-7810 | Target Population: 1.3 |
| | Expiration Date 06/30/2009 |
| Program Name: ALCOHOL & DRUG PROGRAM | Record ID: 190459AN |
| Legal Name: CHILD & FAMILY CENTER | Service Type: NON |
| Address: 21545 CENTRE 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 02/28/2009 |
| Program Name: SUBSTANCE ABUSE TREATMENT PROGRAM, DIV. OF ADOLESCENT I | Record ID: 190473AN |
| Legal Name: CHILDREN'S HOSPITAL LOS ANGELES | Service Type: NON |
| Address: 5000 SUNSET BOULEVARD, 5TH FLOOR | Resident Capacity: 0 |
| City, State: LOS ANGELES, CA 90027 | Total Occupancy: 0 |
| Phone #: (323)669-2463 Fax #: (323)913-7951 | Target Population: 1.5 |
| | Expiration Date 05/31/2009 |
| Program Name: CHOICES RECOVERY SERVICES | Record ID: 190487EP |
| Legal Name: CHOICES OF LONG BEACH, INC. | Service Type: RES-DETOX |
| Address: 840 WALNUT AVENUE, UNIT B | Resident Capacity: 6 |
| City, State: LONG BEACH, CA 90813 | Total Occupancy: 6 |
| Phone #: (562)930-0565 Fax #: (562)856-2630 | Target Population: 1.1 |
| | Expiration Date 11/30/2009 |
| Program Name: CHOICES RECOVERY SERVICES | Record ID: 190487AP |
| Legal Name: CHOICES OF LONG BEACH, INC. | Service Type: RES |
| Address: 840 WALNUT AVENUE, UNIT A | Resident Capacity: 6 |
| City, State: LONG BEACH, CA 90813 | Total Occupancy: 9 |
| Phone #: (562)930-0565 Fax #: (562)856-2630 | Target Population: 1.2 |
| | Expiration Date 11/30/2009 |
| Program Name: CHOICES RECOVERY SERVICES | Record ID: 190487HP |
| Legal Name: CHOICES OF LONG BEACH, INC. | Service Type: NON |
| Address: 1601 EAST 10TH STREET | Resident Capacity: 0 |
| City, State: LONG BEACH, CA 90813 | Total Occupancy: 0 |
| Phone #: (562)590-9010 Fax #: (562)590-8045 | Target Population: 1.1 |
| | Expiration Date 06/30/2009 |

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| Program Name: CHOICES RECOVERY SERVICES Legal Name: CHOICES OF LONG BEACH, INC. Address: 840 WALNUT AVENUE, UNIT C City, State: LONG BEACH, CA 90813 Phone #: (562)930-0565 Fax #: (562)856-2630 | Record ID: 190487FP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 11/30/2009 |
| Program Name: CHOICES RECOVERY SERVICES Legal Name: CHOICES OF LONG BEACH, INC. Address: 840 WALNUT AVENUE, UNIT D City, State: LONG BEACH, CA 90813 Phone #: (562)930-0565 Fax #: (562)856-2630 | Record ID: 190487GP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 11/30/2009 |
| Program Name: CHOICES RECOVERY SERVICES Legal Name: CHOICES OF LONG BEACH, INC. Address: 735 GAVIOTA AVENUE City, State: LONG BEACH, CA 90813 Phone #: (562)930-0565 Fax #: (562)856-2630 | Record ID: 190487CP Service Type: RES Resident Capacity: 6 Total Occupancy: 10 Target Population: 1.2 Expiration Date 11/30/2009 |
| Program Name: CHOICES RECOVERY SERVICES - CHOICES OF LONG BEACH, INC. - C Legal Name: CHOICES OF LONG BEACH, INC. Address: 701 DAWSON AVENUE City, State: LONG BEACH, CA 90804 Phone #: (562)930-0565 Fax #: (562)856-2630 | Record ID: 190487BP Service Type: RES Resident Capacity: 6 Total Occupancy: 8 Target Population: 1.2 Expiration Date 11/30/2009 |
| Program Name: CHOICES TREATMENT SERVICES Legal Name: CHOICES OF LONG BEACH, INC. Address: 2139 EAST 7TH STREET City, State: LONG BEACH, CA 90804 Phone #: (562)590-9010 Fax #: (562)590-8045 | Record ID: 190487DP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.2 Expiration Date 06/30/2008 |
| Program Name: ALCOHOL AND DRUG BEHAVIOR CENTER Legal Name: CHRISTIANS CENTER MANOR Address: 8721 SOUTH BROADWAY City, State: LOS ANGELES, CA 90003 Phone #: (323)751-3896 Fax #: (323)751-1485 | Record ID: 190445AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2009 |
| Program Name: CIRCLE OF FRIENDS OUTPATIENT SERVICES, INC. Legal Name: CIRCLE OF FRIENDS OUTPATIENT SERVICES, INC. Address: 715 NORTH RIDGEWOOD PLACE City, State: LOS ANGELES, CA 90038 Phone #: (323)465-5888 Fax #: (323)465-3223 | Record ID: 190272AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2009 |

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| 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 06/30/2009 |
| Program Name: CITY OF COMPTON SPECIAL SERVICES CENTER | Record ID: 190335AN |
| Legal Name: CITY OF COMPTON | Service Type: NON |
| Address: 404 NORTH ALAMEDA STREET | Resident Capacity: 0 |
| City, State: COMPTON, CA 90221 | Total Occupancy: 0 |
| Phone #: (310)605-5693 Fax #: (310)639-5260 | Target Population: 1.1 |
| | Expiration Date 07/31/2008 |
| Program Name: CITY OF LONG BEACH, ALCOHOL AND DRUG REHABILITATION | Record ID: 190030CN |
| Legal Name: CITY OF LONG BEACH, MUNICIPALITY | Service Type: NON |
| Address: 1133 EAST RHEA STREET | Resident Capacity: 0 |
| City, State: LONG BEACH, CA 90806 | Total Occupancy: 0 |
| Phone #: (562)570-4440 Fax #: (562)570-4404 | Target Population: 1.1 |
| | Expiration Date 06/30/2009 |
| 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 10/31/2009 |
| Program Name: CIVIGENICS, INC., LONG BEACH FACILITY | Record ID: 190400AP |
| Legal Name: CIVIGENICS, INC. | Service Type: RES |
| Address: 2233 EAST 69TH STREET | Resident Capacity: 112 |
| City, State: LONG BEACH, CA 90805 | Total Occupancy: 112 |
| Phone #: (562)663-0710 Fax #: (562)602-0811 | Target Population: 1.2 |
| | Expiration Date 10/31/2009 |
| 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: 31 |
| City, State: SANTA MONICA, CA 90405 | Total Occupancy: 31 |
| Phone #: (310)314-6250 | Target Population: 1.1 |
| | Expiration Date 07/31/2008 |
| Program Name: WOMEN'S RECOVERY HOME | Record ID: 190016FN |
| Legal Name: CLARE FOUNDATION, INC. | Service Type: RES |
| Address: 1023-1031 PICO BOULEVARD | Resident Capacity: 14 |
| City, State: SANTA MONICA, CA 90405 | Total Occupancy: 14 |
| Phone #: (310)450-4184 | Target Population: 1.3 |
| | Expiration Date 07/31/2008 |

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| Program Name: CLARE FOUNDATION INTENSIVE OUTPATIENT PROGRAM Legal Name: CLARE FOUNDATION, INC. Address: 1020 PICO BOULEVARD City, State: SANTA MONICA, CA 90405 Phone #: (310)314-6209 Fax #: (310)396-6974 | Record ID: 190016HN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2009 |
| Program Name: MEN'S RECOVERY HOME Legal Name: CLARE FOUNDATION, INC. Address: 1871 NINTH STREET City, State: SANTA MONICA, CA 90404 Phone #: (310)314-6238 | Record ID: 190016AN Service Type: RES Resident Capacity: 58 Total Occupancy: 58 Target Population: 1.2 Expiration Date 07/31/2008 |
| Program Name: CLEARVIEW TREATMENT PROGRAM Legal Name: CLEARVIEW CENTERS LLC Address: 2432 WALNUT AVENUE City, State: VENICE, CA 90291 Phone #: (310)448-8822 Fax #: (310)474-6115 | Record ID: 190438AP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 06/30/2010 |
| Program Name: CLEARVIEW TREATMENT PROGRAMS Legal Name: CLEARVIEW CENTERS LLC Address: 2432 1/2 WALNUT AVENUE City, State: VENICE, CA 90291 Phone #: (310)448-8822 Fax #: (310)474-6115 | Record ID: 190438BP Service Type: RES Resident Capacity: 3 Total Occupancy: 3 Target Population: 1.1 Expiration Date 06/30/2010 |
| Program Name: CLEARVIEW TREATMENT PROGRAMS Legal Name: CLEARVIEW CENTERS, LLC Address: 2427 WALNUT AVENUE City, State: VENICE, CA 90024 Phone #: (310)448-8822 Fax #: (310)448-8833 | Record ID: 190438DP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 11/30/2009 |
| Program Name: CLEARVIEW TREATMENT PROGRAMS Legal Name: CLEARVIEW CENTERS, LLC Address: 2435 GLYNDON AVENUE City, State: VENICE, CA 90291 Phone #: (310)305-2691 Fax #: (310)305-2693 | Record ID: 190438CP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 08/31/2008 |
| Program Name: CLIFFSIDE MALIBU Legal Name: CLIFFSIDE MALIBU Address: 30060 ANDROMEDA LANE City, State: MALIBU, CA 90265 Phone #: (310)589-2800 Fax #: (310)589-2802 | Record ID: 190474AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 06/30/2009 |

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| 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 11/30/2008 |
| 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 09/30/2009 |
| Program Name: CP PROFESSIONAL EDUCATION & COUNSELING SERVICES, INCORPORATED | Record ID: 190490AN |
| Legal Name: CP PROFESSIONAL EDUCATION & COUNSELING SERVICES, INCORPORATED | Service Type: NON |
| Address: 4041 MARLTON AVENUE, SUITE 136 | Resident Capacity: 0 |
| City, State: LOS ANGELES, CA 90008 | Total Occupancy: 0 |
| Phone #: (323)294-6400 Fax #: (323)296-5187 | Target Population: 1.1 |
| | Expiration Date 01/31/2010 |
| Program Name: CREATIVE CARE | Record ID: 190226DP |
| Legal Name: CREATIVE CARE, INC. | Service Type: RES |
| Address: 5947 TRANCAS CANYON ROAD | Resident Capacity: 6 |
| City, State: MALIBU, CA 90265 | Total Occupancy: 6 |
| Phone #: (310)589-9834 Fax #: (310)589-5547 | Target Population: 1.1 |
| | Expiration Date 12/31/2009 |
| Program Name: CREATIVE CARE | Record ID: 190226BP |
| Legal Name: CREATIVE CARE, INC. | Service Type: RES-DETOX |
| Address: 5909 TRANCAS CANYON ROAD | Resident Capacity: 6 |
| City, State: MALIBU, CA 90265 | Total Occupancy: 6 |
| Phone #: (310)589-9834 Fax #: (310)589-5547 | Target Population: 1.1 |
| | Expiration Date 02/28/2009 |
| Program Name: CREATIVE CARE, INC. | Record ID: 190226FP |
| Legal Name: CREATIVE CARE, INC. | Service Type: RES-DETOX |
| Address: 730 CRATER CAMP DRIVE | Resident Capacity: 6 |
| City, State: CALABASAS, CA 91302 | Total Occupancy: 6 |
| Phone #: (310)589-9834 Fax #: (310)589-5547 | Target Population: 1.1 |
| | Expiration Date 03/31/2009 |
| Program Name: CREATIVE CARE, INC. | Record ID: 190226EP |
| Legal Name: CREATIVE CARE, INC. | Service Type: RES |
| Address: 18850 DEVONSHIRE STREET | Resident Capacity: 6 |
| City, State: NORTHRIDGE, CA 91324 | Total Occupancy: 6 |
| Phone #: (818)363-5630 Fax #: (818)368-5269 | Target Population: 1.1 |
| | Expiration Date 09/30/2008 |

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| Program Name: CREATIVE CARE - MALIBU Legal Name: CREATIVE CARE, INC. Address: 5927 TRANCAS CANYON ROAD City, State: MALIBU, CA 90265 Phone #: (818)223-9334 | Record ID: 190226AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 02/28/2009 |
| Program Name: CREATIVE CARE Legal Name: CREATIVE CARE, INCORPORATED 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 05/31/2010 |
| Program Name: CRI-HELP Legal Name: CRI-HELP, INC. Address: 11027 BURBANK BOULEVARD City, State: NORTH HOLLYWOOD, CA 91601 Phone #: (818)985-8323 Fax #: (818)506-7066 | Record ID: 190095AN Service Type: RES-DETOX Resident Capacity: 135 Total Occupancy: 135 Target Population: 1.1 Expiration Date 12/31/2009 |
| Program Name: SOCORRO Legal Name: CRI-HELP, INC. Address: 2029 KEITH STREET City, State: LOS ANGELES, CA 90031 Phone #: (323)343-9530 | Record ID: 190095NN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2009 |
| 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 05/31/2009 |
| 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 12/31/2009 |
| Program Name: CROSSROADS SKILLS DEVELOPMENT, INC. Legal Name: CROSSROADS SKILLS DEVELOPMENT, INC. Address: 1704 WEST MANCHESTER AVENUE, SUITE 105 City, State: LOS ANGELES, CA 90047 Phone #: (323)759-6224 | Record ID: 190508AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2010 |

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| 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)397-0103 | Target Population: 1.3 |
| | Expiration Date 09/30/2009 |
| 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)294-4758 Fax #: (323)294-5204 | Target Population: 1.1 |
| | Expiration Date 03/31/2010 |
| 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 09/30/2009 |
| Program Name: DARE U TO CARE OUTREACH MINISTRY | Record ID: 190182DN |
| Legal Name: DARE U TO CARE OUTREACH MINISTRY | Service Type: NON |
| Address: 14325 SOUTH FIGUEROA STREET | Resident Capacity: 0 |
| City, State: LOS ANGELES, CA 90248 | Total Occupancy: 0 |
| Phone #: (310)515-5039 Fax #: (310)515-6837 | Target Population: 1.1 |
| | Expiration Date 08/31/2009 |
| Program Name: DESIGN FOR LIVING RECOVERY SERVICES | Record ID: 190463BN |
| Legal Name: DESIGN FOR LIVING RECOVERY SERVICES | Service Type: RES |
| Address: 1066 EAST AVENUE J | Resident Capacity: 6 |
| City, State: LANCASTER, CA 93534 | Total Occupancy: 6 |
| Phone #: (661)942-1026 Fax #: (661)942-4026 | Target Population: 1.1 |
| | Expiration Date 04/30/2009 |
| Program Name: DESIGN FOR LIVING RECOVERY SERVICES # 2 | Record ID: 190463CN |
| Legal Name: DESIGN FOR LIVING RECOVERY SERVICES | 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 05/31/2009 |
| Program Name: DESTINY - H.R. MOORE | Record ID: 190431AAP |
| Legal Name: DEVELOPMENT SPECIALTY PROJECTS, INC., DBA HEALTH CARE DU | Service Type: NON |
| Address: 7655 SOUTH CENTRAL AVENUE | Resident Capacity: 0 |
| City, State: LOS ANGELES, CA 90001 | Total Occupancy: 0 |
| Phone #: (866)281-6882 Fax #: (818)831-3416 | Target Population: 1.1 |
| | Expiration Date 09/30/2008 |

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| 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 03/31/2009 |
| Program Name: VIA AVANTA | Record ID: 190092AN |
| Legal Name: DIDI HIRSCH PSYCHIATRIC SERVICE | Service Type: RES |
| Address: 11643 GLENOAKS BOULEVARD | Resident Capacity: 70 |
| City, State: PACOIMA, CA 91331 | Total Occupancy: 70 |
| Phone #: (818)897-2609 | Target Population: 1.4 |
| | Expiration Date 07/31/2008 |
| 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 07/31/2010 |
| Program Name: DIDI HIRSCH COMMUNITY MENTAL HEALTH CENTER ADOLESCENT | Record ID: 190092CN |
| Legal Name: DIDI HIRSCH PSYCHIATRIC SERVICE, INC. DIDI HIRSCH COMMUNIT | 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 12/31/2009 |
| 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 05/31/2010 |
| Program Name: DIXON RECOVERY INSTITUTE, INC. | Record ID: 190622AN |
| Legal Name: DIXON RECOVERY INSTITUTE, INC. | Service Type: NON |
| Address: 4715 SOUTH 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 02/28/2010 |
| Program Name: DO IT NOW FOUNDATION OF SOUTHERN CALIFORNIA, INC. | Record ID: 190352AN |
| Legal Name: DO IT NOW FOUNDATION OF SOUTHERN CALIFORNIA, INC. | Service Type: NON |
| Address: 6115 SELMA AVENUE | Resident Capacity: 0 |
| City, State: HOLLYWOOD, CA 90028 | Total Occupancy: 0 |
| Phone #: (323)465-3784 Fax #: (323)465-3899 | Target Population: 1.1 |
| | Expiration Date 06/30/2010 |

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| Program Name: A NEW SERENITY | Record ID: 190481AP |
| Legal Name: DR. WAYNE KELLEY | Service Type: NON |
| Address: 5701 SOUTH FIGUEROA | Resident Capacity: 0 |
| City, State: LOS ANGELES, CA 90037 | Total Occupancy: 0 |
| Phone #: (310)339-6137 | Target Population: 1.5 |
| | Expiration Date 05/31/2009 |
| Program Name: AM/PM VAN NUYS BUDGET SCHOOL - ESCUELA LATINA | Record ID: 190294AP |
| Legal Name: DRIVER SAFETY SCHOOLS, INC. | Service Type: NON |
| Address: 6850 VAN NUYS BOULEVARD, SUITE 100 | Resident Capacity: 0 |
| City, State: VAN NUYS, CA 91405 | Total Occupancy: 0 |
| Phone #: (818)787-7878 | Target Population: 1.1 |
| | Expiration Date 06/30/2009 |
| Program Name: AM/PM CULVER CITY BUDGET SCHOOL - ESCUELA LATINA | Record ID: 190294BP |
| Legal Name: DRIVER SAFETY SCHOOLS, INC. | Service Type: NON |
| Address: 4240 OVERLAND AVENUE | Resident Capacity: 0 |
| City, State: CULVER CITY, CA 90230 | Total Occupancy: 0 |
| Phone #: (310)837-1818 | Target Population: 1.1 |
| | Expiration Date 08/31/2009 |
| Program Name: EATON CANYON TREATMENT CENTER | Record ID: 190521AP |
| Legal Name: EATON CANYON RECOVERY SERVICES, INC. | Service Type: RES-DETOX |
| Address: 3323 EAST FAIRPOINTE STREET | Resident Capacity: 20 |
| City, State: PASADENA, CA 91107 | Total Occupancy: 20 |
| Phone #: (626)798-0150 Fax #: (626)798-8685 | Target Population: 1.1 |
| | Expiration Date 03/31/2010 |
| Program Name: DAY TREATMENT AND OUTPATIENT ALCOHOL AND/OR OTHER DRU | 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 07/31/2009 |
| Program Name: AMITY FOUNDATION | Record ID: 190259AN |
| Legal Name: EPIDAURUS | Service Type: RES |
| Address: 3745 SOUTH GRAND AVENUE, VARIOUS ROOMS (LISTED BELOW | Resident Capacity: 187 |
| City, State: LOS ANGELES, CA 90007 | Total Occupancy: 187 |
| Phone #: (559)783-2813 | Target Population: 1.1 |
| | Expiration Date 05/31/2009 |
| 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)436-9893 Fax #: (562)435-4861 | Target Population: 1.1 |
| | Expiration Date 10/31/2009 |

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| Program Name: FAMILY SERVICE OF LONG BEACH Legal Name: FAMILY SERVICE OF LONG BEACH Address: 16704 CLARK STREET City, State: BELLFLOWER, CA 90706 Phone #: (562)436-9893 Fax #: (562)435-4861 | Record ID: 190275AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 08/31/2009 |
| Program Name: PASSAGES NORTHEAST Legal Name: FEDERAL RECOVERY SYSTEMS, LLC Address: 6428 - B MEADOWS COURT City, State: MALIBU, CA 90265 Phone #: (310)589-2880 Fax #: (310)589-2858 | Record ID: 190516BP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 12/31/2009 |
| Program Name: PASSAGES EAST Legal Name: FEDERAL RECOVERY SYSTEMS, LLC Address: 6439 (B) SYCAMORE MEADOWS DRIVE City, State: MALIBU, CA 90265 Phone #: (310)589-2880 Fax #: (310)589-2858 | Record ID: 190516AP Service Type: RES-DETOX Resident Capacity: 5 Total Occupancy: 5 Target Population: 1.1 Expiration Date 12/31/2009 |
| Program Name: FIRST TO SERVE Legal Name: FIRST TO SERVE Address: 1017 WEST 50TH STREET City, State: LOS ANGELES, CA 90037 Phone #: (323)758-4670 Fax #: (323)758-4011 | Record ID: 190342AN Service Type: RES Resident Capacity: 24 Total Occupancy: 54 Target Population: 1.1 Expiration Date 04/30/2010 |
| Program Name: FIRST TO SERVE INC. Legal Name: FIRST TO SERVE INC. Address: 1101 46TH STREET City, State: LOS ANGELES, CA 90037 Phone #: (323)758-4670 Fax #: (323)758-4011 | Record ID: 190342BN Service Type: RES Resident Capacity: 24 Total Occupancy: 52 Target Population: 1.3 Expiration Date 05/31/2010 |
| Program Name: F.O.U.N.D., INC. Legal Name: FORMING OPPORTUNITIES UNDER NEW DIRECTION Address: 830 SOUTH OLIVE STREET City, State: LOS ANGELES, CA 90014 Phone #: (213)683-8300 Fax #: (213)627-2800 | Record ID: 190279BP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2010 |
| Program Name: FRED BROWN RECOVERY SERVICES Legal Name: FRED BROWN RECOVERY SERVICES Address: 356 WEST 13TH STREET City, State: SAN PEDRO, CA 90731 Phone #: (310)519-8723 Fax #: (310)519-9428 | Record ID: 190135LN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.3 Expiration Date 06/30/2010 |

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| Program Name: FRED BROWN RECOVERY SERVICES Legal Name: FRED BROWN'S RECOVERY SERVICES Address: 270 WEST 14TH STREET, #3 City, State: SAN PEDRO, CA 90731 Phone #: (310)519-8723 Fax #: (310)519-9428 | Record ID: 190135MN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 10/31/2009 |
| Program Name: FRED BROWN'S RECOVERY SERVICES Legal Name: FRED BROWN'S RECOVERY SERVICES, INC. Address: 270 WEST 14TH STREET City, State: SAN PEDRO, CA 90731 Phone #: (310)519-8723 Fax #: (310)519-9428 | Record ID: 190135CN Service Type: RES Resident Capacity: 14 Total Occupancy: 14 Target Population: 1.2 Expiration Date 11/30/2008 |
| Program Name: FRED BROWN'S RECOVERY SERVICES Legal Name: FRED BROWN'S RECOVERY SERVICES, INC. Address: 276 WEST 14TH STREET City, State: SAN PEDRO, CA 90731 Phone #: (310)519-8723 Fax #: (310)519-9428 | Record ID: 190135JN Service Type: RES Resident Capacity: 4 Total Occupancy: 4 Target Population: 1.2 Expiration Date 02/28/2010 |
| Program Name: FRED BROWN'S RECOVERY SERVICES Legal Name: FRED BROWN'S RECOVERY SERVICES, INC. Address: 278 WEST 14TH STREET City, State: SAN PEDRO, CA 90731 Phone #: (310)519-8723 Fax #: (310)519-9428 | Record ID: 190135IN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 02/28/2010 |
| Program Name: FRED BROWN'S RECOVERY SERVICES Legal Name: FRED BROWN'S RECOVERY SERVICES, INC. Address: 856 WEST 19TH STREET City, State: SAN PEDRO, CA 90731 Phone #: (310)548-1196 Fax #: (310)519-9428 | Record ID: 190135EN Service Type: RES Resident Capacity: 12 Total Occupancy: 12 Target Population: 1.1 Expiration Date 11/30/2009 |
| Program Name: FREE N ONE - A DRUG AND ALCOHOL FREE PROGRAM Legal Name: FREE N ONE - A DRUG AND ALCOHOL FREE PROGRAM Address: 5838 OVERHILL DRIVE, SUITE 2B City, State: LOS ANGELES, CA 90043 Phone #: (323)295-0009 | Record ID: 190447BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2008 |
| Program Name: GB MEDICAL SERVICES, INC. Legal Name: GB MEDICAL SERVICES, INC. Address: 3505 LONG BEACH BOULEVARD, SUITE 1F City, State: LONG BEACH, CA 90807 Phone #: (562)988-3436 Fax #: (562)988-3439 | Record ID: 190542AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2009 |

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| Program Name: GENESIS PROGRAMS, INC. Legal Name: GENESIS PROGRAMS, INC. Address: 25129 THE OLD ROAD, SUITE 207 City, State: STEVENSON RANCH, CA 91381 Phone #: (661)260-3078 Fax #: (661)260-2583 | Record ID: 190233CP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 10/31/2009 |
| Program Name: ALTERNATIVE OPTIONS INTENSIVE OUTPATIENT PROGRAM FOR AL Legal Name: GEORGE W. BERNIER, PH.D., DBA ALTERNATIVE OPTIONS Address: 12881 166TH STREET, SUITE 110 City, State: CERRITOS, CA 90703 Phone #: (562)921-5701 Fax #: (562)921-5703 | Record ID: 190340BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2009 |
| Program Name: GLENDALE ADVENTIST ALCOHOL AND DRUG SERVICES Legal Name: GLENDALE ADVENTIST MEDICAL CENTER Address: 335 MISSION ROAD City, State: GLENDALE, CA 91205 Phone #: (818)242-3116 Fax #: (818)242-5759 | Record ID: 190082BN Service Type: RES-DETOX Resident Capacity: 24 Total Occupancy: 24 Target Population: 1.1 Expiration Date 06/30/2010 |
| Program Name: GLORIOUS MANOR, INC., II Legal Name: GLORIOUS MANOR, INC., II Address: 2703 EAST 7TH STREET City, State: LONG BEACH, CA 90804 Phone #: (562)843-6028 | Record ID: 190519AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 04/30/2010 |
| Program Name: SYLMAR HEALTH AND REHABILITATION Legal Name: GOLDEN STATE HEALTH CENTERS, INC. Address: 12220 FOOTHILL BOULEVARD City, State: SYLMAR, CA 91342 Phone #: (626)644-9272 Fax #: (818)896-8097 | Record ID: 190427AP Service Type: DHS Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 |
| Program Name: GORETTI HEALTH SERVICES Legal Name: GORETTI HEALTH SERVICES, INC. Address: 14623 HAWTHORNE BOULEVARD, SUITE 306 City, State: LAWNSDALE, 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 11/30/2008 |
| 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: 16 Total Occupancy: 16 Target Population: 1.2 Expiration Date 03/31/2009 |

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| Program Name: GRANDVIEW FOUNDATION, INC. Legal Name: GRANDVIEW FOUNDATION, INC. Address: 126 NORTH AVENUE 57 City, State: LOS ANGELES, CA 90042 Phone #: (626)797-1124 Fax #: () - | Record ID: 190022DN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2008 |
| 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 03/31/2009 |
| Program Name: GRANDVIEW FOUNDATION, INC. Legal Name: GRANDVIEW FOUNDATION, INC. Address: 126 NORTH AVENUE 57 City, State: LOS ANGELES, CA 90042 Phone #: (626)797-1124 Fax #: (626)398-9674 | Record ID: 190022CN Service Type: RES Resident Capacity: 12 Total Occupancy: 12 Target Population: 1.2 Expiration Date 11/30/2008 |
| 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 12/31/2009 |
| 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 08/31/2009 |
| 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: 24 Target Population: 1.1 Expiration Date 07/31/2009 |
| Program Name: PASSAGES Legal Name: GRASSHOPPER HOUSE, LLC Address: 6375 MEADOWS COURT City, State: MALIBU, CA 90265 Phone #: (310)589-2880 Fax #: (310)589-2858 | Record ID: 190283EP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 04/30/2009 |

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| Program Name: PASSAGES VISTA HOUSE Legal Name: GRASSHOPPER HOUSE, LLC Address: 6380 MEADOWS COURT City, State: MALIBU, CA 90265 Phone #: (310)589-2880 | Record ID: 190283DP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date: 12/31/2009 |
| 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: 05/31/2009 |
| Program Name: GUIDANCE HEALTH SERVICES, INC. Legal Name: GUIDANCE HEALTH SERVICES, INC. Address: 11633 HAWTHORNE BOULEVARD, SUITE 210 City, State: HAWTHORNE, CA 90250 Phone #: (310)978-0461 Fax #: (310)978-0582 | Record ID: 190380AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date: 03/31/2009 |
| 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)831-0006 | Record ID: 190586AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date: 11/30/2009 |
| Program Name: HARBOUR AREA HALFWAY HOUSES, INC. Legal Name: HARBOUR AREA HALF-WAY HOUSES, INC. Address: 940 DAWSON AVENUE City, State: LONG BEACH, CA 90804 Phone #: (562)434-0036 Fax #: (562)434-5196 | Record ID: 190454AN Service Type: RES Resident Capacity: 15 Total Occupancy: 15 Target Population: 1.3 Expiration Date: 03/31/2009 |
| Program Name: HARMONY PLACE Legal Name: HARMONY PLACE, INC. Address: 23041 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: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date: 02/28/2009 |
| Program Name: HEALTHCARE SERVICES, INC.--EL MONTE Legal Name: HEALTHCARE SERVICES, INC. Address: 3441 NORTH GILLMAN AVENUE, UNIT A City, State: EL MONTE, CA 91732 Phone #: (626)444-2918 Fax #: (626)444-2923 | Record ID: 190411AP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.3 Expiration Date: 04/30/2008 |

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| Program Name: HEALTHCARE SERVICES, INC. Legal Name: HEALTHCARE SERVICES, INC. Address: 1223 ALVARADO STREET City, State: LOS ANGELES, CA 90006 Phone #: (213)386-5131 Fax #: (213)386-5580 | Record ID: 190411EP Service Type: RES Resident Capacity: 36 Total Occupancy: 36 Target Population: 1.2 Expiration Date 11/30/2009 |
| Program Name: HEALTHCARE SERVICES, INC. Legal Name: HEALTHCARE SERVICES, INC. Address: 1231 SOUTH ALVARADO STREET City, State: LOS ANGELES, CA 90006 Phone #: (213)386-5131 Fax #: (213)386-5580 | Record ID: 190411DP Service Type: RES Resident Capacity: 34 Total Occupancy: 34 Target Population: 1.2 Expiration Date 05/31/2009 |
| Program Name: THE LIGHTHOUSE EL MONTE Legal Name: HEALTHCARE SERVICES, INC. Address: 4900 SANTA ANITA AVENUE, 2-B City, State: EL MONTE, CA 91732 Phone #: (626)444-2919 Fax #: (626)401-1721 | Record ID: 190411CP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2009 |
| Program Name: HEALTHCARE SERVICES, INC. Legal Name: HEALTHCARE SERVICES, INC. Address: 8200 SOUTH FIGUEROA STREET City, State: LOS ANGELES, CA 90003 Phone #: (714)384-3870 Fax #: (714)384-3874 | Record ID: 190411FP Service Type: RES Resident Capacity: 60 Total Occupancy: 60 Target Population: 1.2 Expiration Date 01/31/2010 |
| Program Name: HELP THE PEOPLE FOUNDATION Legal Name: HELP THE PEOPLE FOUNDATION Address: 215 EAST CENTER STREET City, State: POMONA, CA 91767 Phone #: (323)294-7296 Fax #: (323)294-7297 | Record ID: 190319BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2010 |
| Program Name: HELP THE PEOPLE FOUNDATION Legal Name: HELP THE PEOPLE FOUNDATION Address: 3701 STOCKER STREET, SUITE 200 City, State: LOS ANGELES, CA 90008 Phone #: (323)294-7296 Fax #: (310)674-1102 | Record ID: 190319AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2009 |
| Program Name: HELPING KIDS TO RECOVER, INC. Legal Name: HELPING KIDS TO RECOVER, INC. Address: 637 EAST ALBERTONI STREET, SUITE 200 City, State: CARSON, CA 90746 Phone #: (310)527-7179 | Record ID: 190503AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2010 |

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| Program Name: HELPLINE YOUTH COUNSELING, INC. Legal Name: HELPLINE YOUTH COUNSELING, INC. Address: 12440 EAST FIRESTONE BOULEVARD, SUITE 1000 City, State: NORWALK, CA 90650 Phone #: (562)864-3722 Fax #: (562)864-4596 | Record ID: 190386AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2010 |
| Program Name: SUMMIT CENTERS Legal Name: HENRY CAMP POST Address: 1807 LATIGO ROAD City, State: MALIBU, CA 90265 Phone #: (808)782-3806 Fax #: (805)388-8888 | Record ID: 190585AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 01/31/2010 |
| Program Name: HIS SHELTERING ARMS Legal Name: HIS SHELTERING ARMS, INC. Address: 10615 AVALON BOULEVARD City, State: LOS ANGELES, CA 90003 Phone #: (323)755-6646 | Record ID: 190064AN Service Type: RES Resident Capacity: 21 Total Occupancy: 21 Target Population: 1.3 Expiration Date 05/31/2009 |
| Program Name: HIS SHELTERING ARMS FAMILY SERVICES CENTER Legal Name: HIS SHELTERING ARMS, INC. Address: 112 WEST 111TH STREET AND 11101 SOUTH MAIN STREET City, State: LOS ANGELES, CA 90061 Phone #: (323)755-6646 Fax #: (323)777-2209 | Record ID: 190064BN Service Type: RES Resident Capacity: 65 Total Occupancy: 69 Target Population: 1.4 Expiration Date 05/31/2009 |
| Program Name: HIS SHELTERING ARMS, INC. Legal Name: HIS SHELTERING ARMS, INC. Address: 11101 SOUTH MAIN STREET City, State: LOS ANGELES, CA 90061 Phone #: (323)755-6646 Fax #: (323)777-2209 | Record ID: 190064CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.4 Expiration Date 08/31/2009 |
| Program Name: HHCLA DRUG TREATMENT PROGRAM Legal Name: HOMELESS HEALTH CARE LOS ANGELES Address: 2330 BEVERLY BOULEVARD City, State: LOS ANGELES, CA 90057 Phone #: (213)744-0724 Fax #: (213)748-2432 | Record ID: 190246AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2008 |
| 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 03/31/2010 |

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| Program Name: HOUSE OF HOPE FOUNDATION, INC. Legal Name: HOUSE OF HOPE FOUNDATION, INC. Address: 205 WEST NINTH STREET City, State: SAN PEDRO, CA 90731 Phone #: (310)521-9209 Fax #: (310)521-9241 | Record ID: 190025GN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.3 Expiration Date 07/31/2009 |
| Program Name: HUMAN POTENTIAL CONSULTANTS, LLC Legal Name: HUMAN POTENTIAL CONSULTANTS, LLC Address: 500 EAST CARSON PLAZA, SUITE 127 City, State: CARSON, CA 90746 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 06/30/2010 |
| Program Name: I-ADARP, (INTER-AGENCY DRUG ABUSE RECOVERY PROGRAM) Legal Name: I-ADARP Address: 6740 KESTER AVENUE, SUITE 200 City, State: VAN NUYS, CA 91405 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 10/31/2009 |
| Program Name: IDEAL CARE AND HEALTH SERVICES, INC. Legal Name: IDEAL CARE AND HEALTH SERVICES, INC. Address: 1920-A NORTH GAREY AVENUE City, State: POMONA, CA 91767 Phone #: (310)532-0220 | Record ID: 190544AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2008 |
| Program Name: IMMACULATE CARE CENTER, INC. Legal Name: IMMACULATE CARE CENTER, INC. Address: 3540 WILSHIRE BOULEVARD, SUITE 818 City, State: LOS ANGELES, CA 90010 Phone #: (310)505-0268 | Record ID: 190479AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 07/31/2009 |
| Program Name: INDEPENDENCE COMMUNITY TREATMENT CLINIC Legal Name: INDEPENDENCE COMMUNITY TREATMENT CLINIC Address: 19231 VICTORY BOULEVARD, SUITE 554 City, State: RESEDA, CA 91335 Phone #: (818)776-1755 | Record ID: 190348AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2010 |
| Program Name: GRAND AVENUE CENTER FOR DIGNITY - RESIDENTIAL PROGRAM Legal Name: INTERCONNECTION CENTER Address: 3833 SOUTH GRAND AVENUE City, State: LOS ANGELES, CA 90037 Phone #: (213)747-4624 | Record ID: 190383AN Service Type: RES Resident Capacity: 18 Total Occupancy: 18 Target Population: 1.3 Expiration Date 04/30/2009 |

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| Program Name: JEFF GRAND TREATMENT CENTER | Record ID: 190512AP |
| Legal Name: JEFF GRAND MANAGEMENT CO., INC. | Service Type: NON |
| Address: 3130 SOUTH HILL STREET | Resident Capacity: 0 |
| City, State: LOS ANGELES, CA 90007 | Total Occupancy: 0 |
| Phone #: (213)747-7267 Fax #: (213)747-4835 | Target Population: 1.1 |
| | Expiration Date 11/30/2008 |
| Program Name: JEWISH FAMILY SERVICE OF LOS ANGELES, ALCOHOL DRUG ACTIO | Record ID: 190072BN |
| Legal Name: JEWISH FAMILY SERVICE OF LOS ANGELES | Service Type: NON |
| Address: 8838 WEST PICO BOULEVARD | Resident Capacity: 0 |
| City, State: LOS ANGELES, CA 90035 | Total Occupancy: 0 |
| Phone #: (310)247-1180 Fax #: (310)858-8582 | Target Population: 1.1 |
| | Expiration Date 05/31/2009 |
| Program Name: JOINT EFFORTS NONRESIDENTIAL ALCOHOL AND/OR OTHER DRUG | Record ID: 190291AN |
| Legal Name: JOINT EFFORTS, INC. | Service Type: NON |
| Address: 505 SOUTH PACIFIC AVENUE, SUITE 205 | Resident Capacity: 0 |
| City, State: SAN PEDRO, CA 90731 | Total Occupancy: 0 |
| Phone #: (310)831-2358 Fax #: (310)831-2356 | Target Population: 1.1 |
| | Expiration Date 05/31/2009 |
| Program Name: KB RECOVERY | Record ID: 190527AP |
| Legal Name: KEVIN BABAYAN | Service Type: RES-DETOX |
| Address: 15722 TUPPER STREET | Resident Capacity: 6 |
| City, State: NORTH HILLS, CA 91343 | Total Occupancy: 6 |
| Phone #: (818)891-3639 Fax #: (818)892-9471 | Target Population: 1.1 |
| | Expiration Date 06/30/2010 |
| Program Name: KOREAN COMMUNITY SERVICES | Record ID: 190488AN |
| Legal Name: KOREAN COMMUNITY SERVICES | Service Type: NON |
| Address: 4416 WEST BEVERLY BOULEVARD | Resident Capacity: 0 |
| City, State: LOS ANGELES, CA 90004 | Total Occupancy: 0 |
| Phone #: (323)668-9007 Fax #: (323)644-7530 | Target Population: 1.1 |
| | Expiration Date 09/30/2009 |
| Program Name: AVALON IMPERIAL DRUG & ALCOHOL REHAB AND COUNSELING SE | Record ID: 190476AN |
| Legal Name: L.A. SOUTH HEALTH SERVICES, INC. | Service Type: NON |
| Address: 1704 WEST MANCHESTER BOULEVARD, SUITE 205 | Resident Capacity: 0 |
| City, State: LOS ANGELES, CA 90047 | Total Occupancy: 0 |
| Phone #: (323)751-0608 Fax #: (323)751-0608 | Target Population: 1.8 |
| | Expiration Date 08/31/2007 |
| Program Name: LATINAS UNIDAS DEL NUEVO AMANERCER | Record ID: 190507AN |
| Legal Name: L.U.N.A. RECOVERY, INC. | Service Type: NON |
| Address: 12813 PHILADELPHIA STREET | Resident Capacity: 0 |
| City, State: WHITTIER, CA 90601 | Total Occupancy: 0 |
| Phone #: (562)889-6012 Fax #: (562)695-0975 | Target Population: 1.1 |
| | Expiration Date 01/31/2010 |

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| Program Name: LA CLINICA DEL PUEBLO Legal Name: LA CLINICA DEL PUEBLO, INC. Address: 1547 NORTH AVALON BOULEVARD City, State: WILMINGTON, CA 90744 Phone #: (310)830-0100 Fax #: (310)830-0187 | Record ID: 190109BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 07/31/2009 |
| Program Name: LA MISSION INTEGRATED SYSTEMS, INC. Legal Name: LA MISSION INTEGRATED SYSTEMS, INC. Address: 14866 COPPER STREET City, State: MISSION HILLS, CA 91345 Phone #: (818)640-6810 Fax #: (818)675-9919 | Record ID: 190564AP Service Type: RES Resident Capacity: 4 Total Occupancy: 4 Target Population: 1.1 Expiration Date 08/31/2009 |
| Program Name: INGLEWOOD AREA ALCOHOL AND DRUG PROGRAM Legal Name: LEWIS PROFESSIONAL SERVICES Address: 400 SOUTH LA BREA, SUITE # 102, 103, 104, 200, 202, 203, 204 AND City, State: INGELWOOD, CA 90301 Phone #: (310)674-6267 Fax #: (310)673-5904 | Record ID: 190480AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2010 |
| Program Name: LIFE SUBSTANCE ABUSE TREATMENT CENTER Legal Name: LIFE HEALTH SERVICES, INC. Address: 3701 WEST STOCKER STREET, SUITE 401 City, State: LOS ANGELES, CA 90008 Phone #: (310)686-7901 | Record ID: 190538AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2009 |
| Program Name: LIGHTHOUSE ALCOHOL AND DRUG TREATMENT SERVICES Legal Name: LIGHTHOUSE OF L.A., INC. Address: 2930 WEST IMPERIAL HIGHWAY, SUITE 200M City, State: INGLEWOOD, CA 90303 Phone #: (310)908-3641 | Record ID: 190529AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2010 |
| Program Name: LITTLE HOUSE, INC. Legal Name: LITTLE HOUSE, INC. Address: 9718 HARVARD STREET City, State: BELLFLOWER, CA 90706 Phone #: (562)925-2777 Fax #: (562)925-7572 | Record ID: 190029AN Service Type: RES Resident Capacity: 28 Total Occupancy: 34 Target Population: 1.3 Expiration Date 09/30/2009 |
| Program Name: LIVE AGAIN RECOVERY HOME - CAMP CISQUITO Legal Name: LIVE AGAIN MINISTRIES Address: 38215 NORTH SAN FRANCISQUITO CANYON ROAD City, State: SAUGUS, CA 91350 Phone #: (661)270-0025 | Record ID: 190079BN Service Type: RES Resident Capacity: 80 Total Occupancy: 80 Target Population: 1.2 Expiration Date 09/30/2009 |

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| Program Name: LIVE AGAIN RECOVERY HOMES Legal Name: LIVE AGAIN MINISTRIES Address: 45304 NEWTREE AVENUE City, State: LANCASTER, CA 93534 Phone #: (661)951-0180 Fax #: (661)270-1341 | Record ID: 190079CN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 01/31/2010 |
| Program Name: LIVE AGAIN RECOVERY HOMES Legal Name: LIVE AGAIN MINISTRIES Address: 45114 13TH STREET WEST City, State: LANCASTER, CA 93534 Phone #: (661)270-0025 | Record ID: 190079DN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2009 |
| Program Name: LIVING PROOF RECOVERY CENTER Legal Name: LIVING PROOF RECOVERY CENTER Address: 41 EAST FOOTHILL BOULEVARD, SUITE 102 City, State: ARCADIA, CA 91006 Phone #: (626)205-2518 Fax #: (626)446-5910 | Record ID: 190316BP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 08/31/2009 |
| Program Name: OUTPATIENT FAMILY CENTER Legal Name: LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE Address: 11015 BLOOMFIELD AVENUE City, State: SANTA FE SPRINGS, CA 90670 Phone #: (562)906-2676 | Record ID: 190100BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2010 |
| Program Name: OUTPATIENT SERVICES Legal Name: LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE Address: 612 EAST 4TH STREET City, State: LOS ANGELES, CA 90013 Phone #: (213)626-6411 Fax #: (562)906-2681 | Record ID: 190100EN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2008 |
| Program Name: ALLEN HOUSE Legal Name: LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE Address: 10425 SOUTH PAINTER AVENUE City, State: SANTA FE SPRINGS, CA 90670 Phone #: (562)906-2685 Fax #: (562)944-6713 | Record ID: 190100IN Service Type: RES Resident Capacity: 55 Total Occupancy: 57 Target Population: 1.1 Expiration Date 11/30/2008 |
| Program Name: FAMILY FOUNDATIONS PROGRAM Legal Name: LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE Address: 11121 BLOOMFIELD AVENUE City, State: SANTA FE SPRINGS, CA 90670 Phone #: (562)946-7675 | Record ID: 190100KN Service Type: RES Resident Capacity: 40 Total Occupancy: 85 Target Population: 1.4 Expiration Date 06/30/2009 |

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| 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 02/28/2010 |
| Program Name: ANTELOPE VALLEY REHABILITATION CENTER - WARM SPRINGS | Record ID: 190001BN |
| Legal Name: LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH | Service Type: RES |
| Address: 38200 NORTH LAKE HUGHES ROAD | Resident Capacity: 199 |
| City, State: CASTAIC, CA 91310 | Total Occupancy: 199 |
| Phone #: (661)257-2342 | Target Population: 1.2 |
| | Expiration Date 02/28/2010 |
| 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)419-9617 | Target Population: 1.1 |
| | Expiration Date 03/31/2009 |
| Program Name: LUNNS HOPE CORPORATION | Record ID: 190554AP |
| Legal Name: LUNNS HOPE CORPORATION | Service Type: NON |
| Address: 959 NORTH LA BREA AVENUE | Resident Capacity: 0 |
| City, State: INGLEWOOD, CA 90302 | Total Occupancy: 0 |
| Phone #: (310)644-9030 Fax #: (310)644-6659 | Target Population: 1.1 |
| | Expiration Date 12/31/2008 |
| Program Name: MACLAY REHABILITATION CORPORATION, INC. | Record ID: 190338AN |
| Legal Name: MACLAY REHABILITATION CORPORATION, INC. | Service Type: RES |
| Address: 13770 SAYRE STREET | Resident Capacity: 28 |
| City, State: SYLMAR, CA 91342 | Total Occupancy: 28 |
| Phone #: (818)362-5615 Fax #: (310)473-5508 | Target Population: 1.2 |
| | Expiration Date 04/30/2010 |
| Program Name: MALIBU HORIZON CORP. | Record ID: 190460AP |
| Legal Name: MALIBU HORIZON CORP. | Service Type: RES-DETOX |
| Address: 265 SOUTH WESTLAKE BOULEVARD | Resident Capacity: 6 |
| City, State: MALIBU, CA 90265 | Total Occupancy: 6 |
| Phone #: (818)879-9018 Fax #: (818)889-4003 | Target Population: 1.8 |
| | Expiration Date 12/31/2008 |
| 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 10/31/2009 |

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| Program Name: AVALON RANCH | Record ID: 190612AP |
| Legal Name: MALIBU LIGHTHOUSE TREATMENT CENTER, LLC | Service Type: RES-DETOX |
| Address: 12517 YERBA BUENA ROAD | Resident Capacity: 6 |
| City, State: MALIBU, CA 90265 | Total Occupancy: 6 |
| Phone #: (310)457-8780 | Target Population: 1.1 |
| | Expiration Date 03/31/2010 |
| Program Name: SUMMIT MALIBU | Record ID: 190612BP |
| Legal Name: MALIBU LIGHTHOUSE TREATMENT CENTER, LLC DBA SUMMIT MAI | Service Type: RES |
| Address: 31544 ANACAPA VIEW DRIVE | Resident Capacity: 0 |
| City, State: MALIBU, CA 90265 | Total Occupancy: 0 |
| Phone #: (310)457-0787 Fax #: (310)457-8067 | Target Population: 1.1 |
| | Expiration Date 05/31/2010 |
| Program Name: ALTERNATIVES | Record ID: 190225AP |
| Legal Name: MANAGEMENT TEAM NETWORKS, INC. | Service Type: RES |
| Address: 2530 HYPERION AVENUE | Resident Capacity: 20 |
| City, State: LOS ANGELES, CA 90027 | Total Occupancy: 24 |
| Phone #: (323)671-1600 | Target Population: 1.8 |
| | Expiration Date 11/30/2008 |
| Program Name: ALTERNATIVES | Record ID: 190225BP |
| Legal Name: MANAGEMENT TEAM NETWORKS, INC. | Service Type: NON |
| Address: 2530 HYPERION AVENUE | Resident Capacity: 0 |
| City, State: LOS ANGELES, CA 90027 | Total Occupancy: 0 |
| Phone #: (323)671-1600 Fax #: (323)671-1605 | Target Population: 1.1 |
| | Expiration Date 12/31/2008 |
| Program Name: MARSHAK CLINIC, LLC | Record ID: 190562AP |
| Legal Name: MARSHAK CLINIC, LLC | Service Type: RES-DETOX |
| Address: 1752 CORRAL CANYON ROAD | Resident Capacity: 6 |
| City, State: MALIBU, CA 90265 | Total Occupancy: 6 |
| Phone #: (310)317-9790 Fax #: (818)301-2519 | Target Population: 1.1 |
| | Expiration Date 06/30/2009 |
| Program Name: BIMINI RECOVERY HOME | 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 07/31/2009 |
| 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 #: (213)664-8940 | Target Population: 1.1 |
| | Expiration Date 12/31/2009 |

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| 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: 12/31/2009 |
| Program Name: MATERNITY HOUSE | Record ID: 190475AP |
| Legal Name: MATERNITY HOUSE, L.L.C. | Service Type: RES |
| Address: 10300 KURT STREET | Resident Capacity: 6 |
| City, State: LAKE VIEW TERRACE, CA 91342 | Total Occupancy: 10 |
| Phone #: (818)943-7777 | Target Population: 1.3 |
| | Expiration Date: 04/30/2009 |
| Program Name: MATRIX INSTITUTE | Record ID: 190297BN |
| Legal Name: MATRIX INSTITUTE ON ADDICTION | Service Type: NON |
| Address: 12304 SANTA MONICA BOULEVARD, SUITE 200 | Resident Capacity: 0 |
| City, State: WEST LOS ANGELES, CA 90025 | Total Occupancy: 0 |
| Phone #: (310)207-4322 Fax #: (310)207-6511 | Target Population: ** |
| | Expiration Date: 08/31/2009 |
| Program Name: MATRIX INSTITUTE | Record ID: 190297AN |
| Legal Name: MATRIX INSTITUTE ON ADDICTIONS | Service Type: NON |
| Address: 19100 VENTURA BOULEVARD, SUITE 5 | Resident Capacity: 0 |
| City, State: TARZANA, CA 91356 | Total Occupancy: 0 |
| Phone #: (818)654-2577 Fax #: (818)654-2580 | Target Population: ** |
| | Expiration Date: 08/31/2009 |
| Program Name: MCINTYRE HOUSE | Record ID: 190420AN |
| Legal Name: MCINTYRE HOUSE | Service Type: RES |
| Address: 544 NORTH KENMORE AVENUE | Resident Capacity: 24 |
| City, State: LOS ANGELES, CA 90004 | Total Occupancy: 24 |
| Phone #: (323)662-0855 Fax #: (323)622-0842 | Target Population: 1.2 |
| | Expiration Date: 06/30/2010 |
| Program Name: OMNI CENTER (MEN)/CASA DE PAZ (WOMEN) | Record ID: 190035AN |
| Legal Name: MID VALLEY RECOVERY SERVICES, INC. | Service Type: RES |
| Address: 3430 COGSWELL ROAD | Resident Capacity: 32 |
| City, State: EL MONTE, CA 91732 | Total Occupancy: 32 |
| Phone #: (626)453-3400 Fax #: (626)453-3422 | Target Population: 1.1 |
| | Expiration Date: 02/28/2010 |
| Program Name: MARIPOSA RECOVERY HOME | Record ID: 190035CN |
| Legal Name: MID VALLEY RECOVERY SERVICES, INC. | Service Type: RES |
| Address: 453 SOUTH INDIANA STREET | Resident Capacity: 15 |
| City, State: LOS ANGELES, CA 90063 | Total Occupancy: 15 |
| Phone #: (323)266-7726 | Target Population: 1.4 |
| | Expiration Date: 10/31/2008 |

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| Program Name: C.O.U.R.T. PROGRAM | Record ID: 190035HN |
| Legal Name: MID VALLEY RECOVERY SERVICES, INC. | Service Type: NON |
| Address: 4610 SANTA ANITA AVENUE | Resident Capacity: 0 |
| City, State: EL MONTE, CA 91731 | Total Occupancy: 0 |
| Phone #: (626)456-8330 Fax #: (626)456-8331 | Target Population: 1.1 |
| | Expiration Date 03/31/2009 |
| Program Name: CHOICES PROGRAM | Record ID: 190035GN |
| Legal Name: MID VALLEY RECOVERY SERVICES, INC. | Service Type: NON |
| Address: 3430 COGSWELL ROAD # 4 | Resident Capacity: 0 |
| City, State: EL MONTE, CA 91734 | Total Occupancy: 0 |
| Phone #: (626)453-3414 Fax #: (626)453-3415 | Target Population: 1.1 |
| | Expiration Date 03/31/2009 |
| Program Name: MIRACLE STAR REHABILITATION CENTER | Record ID: 190214AN |
| Legal Name: MIRACLE STAR WOMEN'S RECOVERING COMMUNITY | Service Type: RES |
| Address: 44664 NORTH CEDAR AVENUE | Resident Capacity: 12 |
| City, State: LANCASTER, CA 93534 | Total Occupancy: 12 |
| Phone #: (661)726-7177 Fax #: (661)940-4916 | Target Population: 1.2 |
| | Expiration Date 06/30/2009 |
| 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 10/31/2009 |
| Program Name: ON THE RIGHT ROAD TO RECOVERY | Record ID: 190208AN |
| Legal Name: MOTHERS OF MINORS LEGAL AID PROCEDURES CORPORATION | Service Type: RES |
| Address: 4807 SOUTH NORMANDIE AVENUE | Resident Capacity: 70 |
| City, State: LOS ANGELES, CA 90037 | Total Occupancy: 70 |
| Phone #: (323)299-4695 | Target Population: 1.2 |
| | Expiration Date 09/30/2008 |
| Program Name: N & N AD COUNSELING SERVICES, INC. | Record ID: 190443AN |
| Legal Name: N & N AD COUNSELING SERVICES, INC. | Service Type: NON |
| Address: 239 EAST ALAMEDA AVENUE, UNIT 101 AND 102 | Resident Capacity: 0 |
| City, State: BURBANK, CA 91502 | Total Occupancy: 0 |
| Phone #: (818)848-4849 | Target Population: 1.1 |
| | Expiration Date 05/31/2009 |
| 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 03/31/2010 |

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| Program Name: NCADD-LB/WOMAN TO WOMAN OUTPATIENT SERVICES/POSITIVE C | Record ID: 190178DN |
| Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE - L | Service Type: NON |
| Address: 3750 LONG BEACH BOULEVARD | Resident Capacity: 0 |
| City, State: LONG BEACH, CA 90807 | Total Occupancy: 0 |
| Phone #: (562)426-8262 Fax #: (562)426-5283 | Target Population: 1.4 |
| | Expiration Date 08/31/2009 |
| 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: 160 EAST HOLT AVENUE, SUITE 101 | Resident Capacity: 0 |
| City, State: POMONA, CA 91767 | Total Occupancy: 0 |
| Phone #: (909)629-4084 Fax #: (909)629-4086 | Target Population: 1.10 |
| | Expiration Date 07/31/2010 |
| 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 #: (661)299-2888 Fax #: () - | Target Population: 1.1 |
| | Expiration Date 02/28/2009 |
| 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: 6640 VAN NUYS BOULEVARD, SUITE C | Resident Capacity: 0 |
| City, State: VAN NUYS, CA 91405 | Total Occupancy: 0 |
| Phone #: (818)997-0414 Fax #: (818)997-0851 | Target Population: 1.5 |
| | Expiration Date 04/30/2010 |
| Program Name: WOMEN TO WOMEN RESIDENTIAL PROGRAM | Record ID: 190178AN |
| Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE- L | Service Type: RES |
| Address: 836 ATLANTIC AVENUE | Resident Capacity: 19 |
| City, State: LONG BEACH, CA 90813 | Total Occupancy: 24 |
| Phone #: (562)426-8262 Fax #: (562)426-5283 | Target Population: 1.4 |
| | Expiration Date 03/31/2009 |
| 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: 830 ATLANTIC AVENUE | Resident Capacity: 0 |
| City, State: LONG BEACH, CA 90813 | Total Occupancy: 0 |
| Phone #: (562)624-9757 | Target Population: 1.1 |
| | Expiration Date 05/31/2009 |
| 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 10/31/2008 |

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| Program Name: NEW BEGINNINGS RECOVERY TREATMENT CENTER, INC. Legal Name: NEW BEGINNINGS RECOVERY TREATMENT CENTER, INC. Address: 5309 - 5311 SOUTH WESTERN AVENUE City, State: LOS ANGELES, CA 90062 Phone #: (310)666-4082 Fax #: (323)299-2525 | Record ID: 190337AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 12/31/2009 |
| Program Name: NEW BEGINNINGS RECOVERY TREATMENT CENTER, INC. Legal Name: NEW BEGINNINGS RECOVERY TREATMENT CENTER, INC. Address: 1137 WEST 6TH STREET City, State: LOS ANGELES, CA 90017 Phone #: (213)250-1005 Fax #: (213)250-1006 | Record ID: 190337BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.8 Expiration Date 01/31/2009 |
| Program Name: NEW BEGINNINGS RECOVERY TREATMENT CENTER - POMONA Legal Name: NEW BEGINNINGS RECOVERY TREATMENT CENTER, INC. Address: 1129A NORTH GAREY AVENUE City, State: POMONA, CA 91767 Phone #: (323)299-2111 Fax #: (323)299-2525 | Record ID: 190337CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2008 |
| Program Name: NEW BEGINNINGS RECOVERY TREATMENT CENTER - HOLLYWOOD Legal Name: NEW BEGINNINGS RECOVERY TREATMENT CENTER, INC. Address: 7514 SUNSET BOULEVARD City, State: HOLLYWOOD, CA 90046 Phone #: (323)845-9850 Fax #: (323)845-9860 | Record ID: 190337DN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2008 |
| Program Name: NEW DIRECTIONS Legal Name: NEW DIRECTIONS, INC. Address: 11301 WILSHIRE BLVD., BLDG. 257 AND 11303 WILSHIRE BLVD., City, State: LOS ANGELES, CA 90073 Phone #: (310)914-4045 | Record ID: 190209AN Service Type: RES-DETOX Resident Capacity: 206 Total Occupancy: 206 Target Population: 1.2 Expiration Date 06/30/2008 |
| Program Name: NEW DIRECTIONS WOMEN'S PROGRAM Legal Name: NEW DIRECTIONS, INC. Address: 12536 MITCHELL AVENUE City, State: LOS ANGELES, CA 90066 Phone #: (310)398-0191 Fax #: (310)398-0191 | Record ID: 190209BN Service Type: RES Resident Capacity: 8 Total Occupancy: 8 Target Population: 1.3 Expiration Date 09/30/2008 |
| Program Name: NEW FOUND LIFE Legal Name: NEW FOUND LIFE, INC. Address: 2211, 2213, 2135 AND 2137 EAST OCEAN BOULEVARD City, State: LONG BEACH, CA 90803 Phone #: (562)434-4060 | Record ID: 190184AP Service Type: RES Resident Capacity: 30 Total Occupancy: 30 Target Population: 1.1 Expiration Date 12/31/2009 |

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| 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: 8443 CRENSHAW BOULEVARD, #107 A/B | Resident Capacity: 0 |
| City, State: INGLEWOOD, CA 90305 | Total Occupancy: 0 |
| Phone #: (310)672-1620 Fax #: (310)672-1415 | Target Population: 1.5 |
| | Expiration Date 02/28/2010 |
| 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: 6 |
| City, State: NORTHRIDGE, CA 91325 | Total Occupancy: 12 |
| Phone #: (818)885-9596 Fax #: (818)885-9595 | Target Population: 1.1 |
| | Expiration Date 08/31/2008 |
| 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 05/31/2009 |
| 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 07/31/2008 |
| 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 01/31/2009 |
| Program Name: NOBLE HEART SERVICES | Record ID: 190437AN |
| Legal Name: NOBLE HEART SERVICES, INC. | Service Type: NON |
| Address: 15201-15203 CRENSHAW BOULEVARD | Resident Capacity: 0 |
| City, State: GARDENA, CA 90249 | Total Occupancy: 0 |
| Phone #: (310)706-0200 Fax #: (310)856-0408 | Target Population: 1.1 |
| | Expiration Date 08/31/2008 |
| Program Name: COMMUNITY PREVENTION RECOVERY PROGRAM | Record ID: 190038CN |
| Legal Name: NORTHEAST VALLEY HEALTH CORPORATION | Service Type: NON |
| Address: 1036 NORTH MACLAY AVENUE | Resident Capacity: 0 |
| City, State: SAN FERNANDO, CA 91340 | Total Occupancy: 0 |
| Phone #: (818)361-1211 Fax #: (818)361-0824 | Target Population: 1.1 |
| | Expiration Date 05/31/2010 |

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| 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: 16 |
| City, State: SYLMAR, CA 91342 | Total Occupancy: 16 |
| Phone #: (818)362-0986 | Target Population: 1.3 |
| | Expiration Date 08/31/2009 |
| 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 04/30/2010 |
| Program Name: OLIE AWARENESS FOUNDATION, INC. | Record ID: 190491AN |
| Legal Name: OLIE AWARENESS FOUNDATION, INC. | Service Type: NON |
| Address: 3550 WILSHIRE BOULEVARD, SUITE 1138 | Resident Capacity: 0 |
| City, State: LOS ANGELES, CA 90010 | Total Occupancy: 0 |
| Phone #: (213)738-0020 Fax #: (213)792-0024 | Target Population: 1.1 |
| | Expiration Date 05/31/2008 |
| 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 #: (213)422-6622 | Target Population: 1.1 |
| | Expiration Date 04/30/2010 |
| Program Name: ALY-F COUNSELING AND TREATMENT SERVICES | Record ID: 190498AN |
| Legal Name: OUR HOMES BY ANITA, INC. | Service Type: NON |
| Address: 5199 E. PACIFIC COURT HIGHWAY, SUITE 301 | Resident Capacity: 0 |
| City, State: LONG BEACH, CA 90804 | Total Occupancy: 0 |
| Phone #: (323)233-3888 Fax #: (323)233-3773 | Target Population: 1.1 |
| | Expiration Date 11/30/2009 |
| Program Name: OUTREACH HEALTH SERVICES, INC. | Record ID: 190446AN |
| Legal Name: OUTREACH HEALTH SERVICES, INC. | Service Type: NON |
| Address: 431 WEST COMPTON BOULEVARD | Resident Capacity: 0 |
| City, State: COMPTON, CA 90220 | Total Occupancy: 0 |
| Phone #: (310)603-5353 Fax #: (310)603-0098 | Target Population: 1.1 |
| | Expiration Date 09/30/2008 |
| Program Name: PACIFIC CLINICS SUBSTANCE ABUSE AND MENTAL HEALTH SERVIC | Record ID: 190254EN |
| Legal Name: PACIFIC CLINICS | Service Type: NON |
| Address: 70 NORTH HUDSON AVENUE | Resident Capacity: 0 |
| City, State: PASADENA, CA 91101 | Total Occupancy: 0 |
| Phone #: (626)795-8471 Fax #: (626)449-4925 | Target Population: 1.1 |
| | Expiration Date 10/31/2009 |

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| Program Name: PACIFIC CLINICS SUBSTANCE ABUSE AND MENTAL HEALTH SERVIC | Record ID: 190254NN |
| Legal Name: PACIFIC CLINICS | Service Type: NON |
| Address: 790 EAST BONITA AVENUE | Resident Capacity: 0 |
| City, State: POMONA, CA 91767 | Total Occupancy: 0 |
| Phone #: (909)626-7207 Fax #: (909)626-1524 | Target Population: 1.5 |
| | Expiration Date 06/30/2009 |
| Program Name: PACIFIC CLINICS SUBSTANCE ABUSE AND MENTAL HEALTH SERVIC | Record ID: 190254MN |
| Legal Name: PACIFIC CLINICS | Service Type: NON |
| Address: 66 HURLBUT | Resident Capacity: 0 |
| City, State: PASADENA, CA 91105 | Total Occupancy: 0 |
| Phone #: (626)441-4221 | Target Population: 1.1 |
| | Expiration Date 11/30/2008 |
| Program Name: PACIFIC CLINICS SUBSTANCE ABUSE AND MENTAL HEALTH SERVIC | Record ID: 190254JN |
| Legal Name: PACIFIC CLINICS | Service Type: NON |
| Address: 1172 SOUTH GRAND AVENUE | Resident Capacity: 0 |
| City, State: GLENDORA, CA 91740 | Total Occupancy: 0 |
| Phone #: (626)335-5980 Fax #: (626)335-5989 | Target Population: 1.1 |
| | Expiration Date 08/31/2009 |
| Program Name: PACIFIC CLINICS SUBSTANCE ABUSE AND MENTAL HEALTH SERVIC | Record ID: 190254IN |
| Legal Name: PACIFIC CLINICS | Service Type: NON |
| Address: 2550 FOOTHILL BOULEVARD | Resident Capacity: 0 |
| City, State: PASADENA, CA 91107 | Total Occupancy: 0 |
| Phone #: (626)744-5230 Fax #: (626)744-5242 | Target Population: 1.1 |
| | Expiration Date 08/31/2009 |
| Program Name: PACIFIC CLINICS SUBSTANCE ABUSE AND MENTAL HEALTH SERVIC | Record ID: 190254GN |
| Legal Name: PACIFIC CLINICS | Service Type: NON |
| Address: 1020 SOUTH ARROYO PARKWAY | Resident Capacity: 0 |
| City, State: PASADENA, CA 91105 | Total Occupancy: 0 |
| Phone #: (626)403-2794 Fax #: (626)403-4898 | Target Population: 1.1 |
| | Expiration Date 11/30/2008 |
| Program Name: SHARPER FUTURE LONG BEACH RESIDENTIAL | Record ID: 190431AP |
| Legal Name: PACIFIC FORENSIC PSYCHOLOGY ASSOCIATES, 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 #: (562)495-3411 | Target Population: 1.1 |
| | Expiration Date 05/31/2010 |
| Program Name: PACIFIC CLINICS SUBSTANCE ABUSE AND MENTAL HEALTH SERVIC | 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 08/31/2009 |

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| Program Name: PALM HOUSE RECOVERY HOME Legal Name: PALM HOUSE, INCORPORATED Address: 2515 EAST JEFFERSON STREET City, State: CARSON, CA 90810 Phone #: (310)830-7803 | Record ID: 190040AN Service Type: RES Resident Capacity: 18 Total Occupancy: 18 Target Population: 1.2 Expiration Date: 07/31/2010 |
| Program Name: PASADENA COUNCIL ON ALCOHOLISM & DRUG DEPENDENCY Legal Name: PASADENA COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCY Address: 1245 EAST WALNUT STREET, SUITES 101, 103, 107, 109, 115, 117, A City, State: PASADENA, CA 91106 Phone #: (626)795-9127 Fax #: (626)795-0979 | Record ID: 190356AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date: 06/30/2008 |
| Program Name: PASADENA RECOVERY CENTER Legal Name: PASADENA RECOVERY CENTER, INC. Address: 1811 NORTH RAYMOND AVENUE City, State: PASADENA, CA 91103 Phone #: (626)345-9992 Fax #: (626)345-9995 | Record ID: 190250AP Service Type: RES Resident Capacity: 88 Total Occupancy: 98 Target Population: 1.1 Expiration Date: 10/31/2008 |
| Program Name: PASADENA RECOVERY CENTER Legal Name: PASADENA RECOVERY CENTER, INC. Address: 1811 NORTH RAYMOND AVENUE City, State: PASADENA, CA 91103 Phone #: (626)345-9992 | Record ID: 190250BP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date: 05/31/2009 |
| Program Name: PATHWAYS TO LIFE Legal Name: PATHWAYS TO LIFE Address: 1125 CHERRY AVENUE, SUITE A City, State: LONG BEACH, CA 90813 Phone #: (562)256-1388 Fax #: (562)256-1635 | Record ID: 190550AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date: 01/31/2009 |
| Program Name: AMERICA UNITED CARES Legal Name: PATRICIA A. MOORE Address: 1541 WEST 110TH STREET City, State: LOS ANGELES, CA 90047 Phone #: (310)200-5569 Fax #: (323)549-4650 | Record ID: 190452IN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date: 02/28/2009 |
| 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: 11/30/2009 |

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| Program Name: PAZ COUNSELING SERVICES, INC. Legal Name: PAZ COUNSELING SERVICES, INC. Address: 541 WEST COLORADO STREET, #103 City, State: GLENDALE, CA 91204 Phone #: (818)640-3100 Fax #: (818)953-7208 | Record ID: 190556AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 12/31/2008 |
| 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 10/31/2009 |
| 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 10/31/2009 |
| 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 10/31/2009 |
| Program Name: SAN FERNANDO VALLEY ALCOHOL & DRUG REHABILITATION COM Legal Name: PEOPLE IN PROGRESS, INCORPORATED Address: 8140 SUNLAND BOULEVARD City, State: SUN VALLEY, CA 91352 Phone #: (818)768-7494 | Record ID: 190043DN Service Type: RES Resident Capacity: 88 Total Occupancy: 91 Target Population: 1.2 Expiration Date 09/30/2009 |
| Program Name: PEOPLE IN PROGRESS, INC. Legal Name: PEOPLE IN PROGRESS, INCORPORATED Address: 1636 WEST EIGHTH STREET City, State: LOS ANGELES, CA 90017 Phone #: (213)388-0818 | Record ID: 190043EN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2009 |
| Program Name: NEW DIRECTIONS Legal Name: PERLA, RICHARD J. Address: 12287-B LA MIRADA BOULEVARD City, State: LA MIRADA, CA 90638 Phone #: (562)944-3735 Fax #: (562)944-5573 | Record ID: 190253AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2009 |

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| Program Name: PHOENIX HOUSES OF CALIFORNIA Legal Name: PHOENIX HOUSES OF CALIFORNIA, INC. Address: 11015 BLOOMFIELD AVENUE City, State: SANTA FE SPRINGS, CA 90670 Phone #: (562)941-8042 | Record ID: 190232BN Service Type: RES Resident Capacity: 60 Total Occupancy: 60 Target Population: 1.4 Expiration Date 09/30/2008 |
| Program Name: PHOENIX HOUSES OF CALIFORNIA Legal Name: PHOENIX HOUSES OF CALIFORNIA, INC. Address: 345 WEST FOOTHILL BOULEVARD City, State: MONROVIA, CA 91016 Phone #: (626)357-8612 Fax #: (626)357-6862 | Record ID: 190232AN Service Type: RES Resident Capacity: 35 Total Occupancy: 35 Target Population: 1.4 Expiration Date 09/30/2009 |
| 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 12/31/2009 |
| 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 12/31/2009 |
| 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)686-3171 | Record ID: 190115BN Service Type: DSS Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 |
| 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 01/31/2010 |
| 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 12/31/2008 |

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| Program Name: POMONA COMMUNITY CRISIS CENTER | Record ID: 190409AN |
| Legal Name: POMONA COMMUNITY CRISIS CENTER | Service Type: NON |
| Address: 232 AND 240 EAST MONTEREY AVENUE | Resident Capacity: 0 |
| City, State: POMONA, CA 91767 | Total Occupancy: 0 |
| Phone #: (909)623-1588 Fax #: (909)629-2470 | Target Population: 1.1 |
| | Expiration Date 10/31/2009 |
| Program Name: POSITIVE STEPS, INC. | Record ID: 190289AP |
| Legal Name: POSITIVE STEPS, INC. | Service Type: NON |
| Address: 5230 NORTH CLARK AVENUE, SUITE 18 | Resident Capacity: 0 |
| City, State: LAKEWOOD, CA 90712 | Total Occupancy: 0 |
| Phone #: (562)804-2700 Fax #: (562)496-2104 | Target Population: 1.1 |
| | Expiration Date 06/30/2009 |
| Program Name: PRIDE HEALTH SERVICES | Record ID: 190212AN |
| Legal Name: PRIDE HEALTH SERVICES | Service Type: NON |
| Address: 8619 SOUTH CRENSHAW BOULEVARD | Resident Capacity: 0 |
| City, State: INGLEWOOD, CA 90305 | Total Occupancy: 0 |
| Phone #: (310)677-9019 | Target Population: 1.5 |
| | Expiration Date 01/31/2010 |
| Program Name: PRIDE HEALTH SERVICES--VERMONT CENTER | Record ID: 190212BN |
| Legal Name: PRIDE HEALTH SERVICES | Service Type: NON |
| Address: 8904 SOUTH VERMONT AVENUE | Resident Capacity: 0 |
| City, State: LOS ANGELES, CA 90044 | Total Occupancy: 0 |
| Phone #: (323)753-5950 Fax #: (323)753-6020 | Target Population: 1.5 |
| | Expiration Date 11/30/2008 |
| Program Name: PRIMARY PURPOSE TREATMENT CENTER | Record ID: 190619AP |
| Legal Name: PRIMARY PURPOSE TREATMENT CENTER, LLC. | Service Type: NON |
| Address: 12410 BURBANK BOULEVARD, SUITE 103 | Resident Capacity: 0 |
| City, State: VALLEY VILLAGE, CA 91607 | Total Occupancy: 0 |
| Phone #: (818)623-6500 Fax #: (818)623-6503 | Target Population: 1.1 |
| | Expiration Date 04/30/2010 |
| Program Name: IMPACT DRUG AND ALCOHOL TREATMENT CENTER | Record ID: 190094AN |
| Legal Name: PRINCIPLES, INC. | Service Type: RES |
| Address: 1680 NORTH FAIR OAKS AVENUE | Resident Capacity: 130 |
| City, State: PASADENA, CA 91103 | Total Occupancy: 130 |
| Phone #: (626)798-0884 | Target Population: 1.1 |
| | Expiration Date 10/31/2009 |
| Program Name: IMPACT TRANSITIONAL LIVING FACILITY | Record ID: 190094CN |
| Legal Name: PRINCIPLES, INC. | Service Type: RES |
| Address: 2659 AND 2661 NINA STREET | Resident Capacity: 21 |
| City, State: PASADENA, CA 91107 | Total Occupancy: 21 |
| Phone #: (626)798-0884 | Target Population: 1.3 |
| | Expiration Date 10/31/2009 |

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| Program Name: IMPACT OUTPATIENT/AFTERCARE PROGRAM | Record ID: 190094GN |
| Legal Name: PRINCIPLES, INC. | Service Type: NON |
| Address: 2623 FOOTHILL BOULEVARD, SUITE 104 | Resident Capacity: 0 |
| City, State: PASADENA, CA 91107 | Total Occupancy: 0 |
| Phone #: (626)798-0884 Fax #: (626)798-6970 | Target Population: 1.1 |
| | Expiration Date 07/31/2009 |
| Program Name: PRINCIPLES, INC., D.B.A. IMPACT | Record ID: 190094HN |
| Legal Name: PRINCIPLES, INC. | Service Type: NON |
| Address: 333 SOUTH CENTRAL AVENUE | Resident Capacity: 0 |
| City, State: LOS ANGELES, CA 90013 | Total Occupancy: 0 |
| Phone #: (213)580-1403 Fax #: (213)577-4250 | Target Population: 1.1 |
| | Expiration Date 09/30/2008 |
| 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 #: (714)372-2230 | Target Population: 1.1 |
| | Expiration Date 12/31/2010 |
| 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 #: (714)372-2230 Fax #: (310)741-3062 | Target Population: 1.1 |
| | Expiration Date 12/31/2010 |
| Program Name: PROTOTYPES WOMEN'S CENTER | Record ID: 190101AN |
| Legal Name: PROTOTYPES, A CENTER FOR INNOVATION IN HEALTH, MENTAL HE | Service Type: RES |
| Address: 831 EAST ARROW HIGHWAY (EAST WING) AND 845 EAST ARROV | Resident Capacity: 143 |
| City, State: POMONA, CA 91767 | Total Occupancy: 233 |
| Phone #: (909)624-1233 | Target Population: 1.4 |
| | Expiration Date 07/31/2008 |
| 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 01/31/2010 |
| 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: 5601 WEST SLAUSON, SUITE 200 | Resident Capacity: 26 |
| City, State: CULVER CITY, CA 90230 | Total Occupancy: 26 |
| Phone #: (310)641-7795 Fax #: (310)649-4347 | Target Population: 1.3 |
| | Expiration Date 02/28/2009 |

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| Program Name: R.A.P. COMMUNITY RECOVERY SERVICES | Record ID: 190266AN |
| Legal Name: R.A.P. COMMUNITY RECOVERY SERVICES | Service Type: NON |
| Address: 2055 NORTH GAREY, SUITE 2 | Resident Capacity: 0 |
| City, State: POMONA, CA 91767 | Total Occupancy: 0 |
| Phone #: (909)596-5335 | Target Population: 1.1 |
| | Expiration Date 04/30/2009 |
| 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 02/09/2010 |
| Program Name: REAL RECOVERY, INC. | Record ID: 190468AP |
| Legal Name: REAL RECOVERY, INC. | Service Type: NON |
| Address: 30101 AGOURA COURT, SUITE # 118 | Resident Capacity: 0 |
| City, State: AGOURA HILLS, CA 91301 | Total Occupancy: 0 |
| Phone #: (818)889-1470 Fax #: (818)889-8062 | Target Population: 1.8 |
| | Expiration Date 03/31/2009 |
| 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 05/31/2010 |
| Program Name: THE RENAISSANCE BEACH HOUSE | Record ID: 190392BP |
| Legal Name: RENAISSANCE RECOVERY SERVICES, LLC | Service Type: RES-DETOX |
| Address: 11852 PACIFIC COAST HIGHWAY | Resident Capacity: 6 |
| City, State: MALIBU, CA 90265 | Total Occupancy: 6 |
| Phone #: (310)589-8500 Fax #: (310)589-8599 | Target Population: 1.1 |
| | Expiration Date 11/30/2008 |
| Program Name: THE RENAISSANCE | Record ID: 190392AP |
| Legal Name: RENAISSANCE RECOVERY SERVICES, LLC | Service Type: RES-DETOX |
| Address: 4322 ESCONDIDO DRIVE | Resident Capacity: 6 |
| City, State: MALIBU, CA 90266 | Total Occupancy: 6 |
| Phone #: (310)589-8500 Fax #: (310)589-5659 | Target Population: 1.1 |
| | Expiration Date 06/30/2009 |
| Program Name: RENEW INTEGRATED PROGRAM-2, INC. | Record ID: 190484BP |
| Legal Name: RENEW INTEGRATED PROGRAM-2,INC. | Service Type: NON |
| Address: 4000 LONG BEACH BOULEVARD, SUITE 228 | Resident Capacity: 0 |
| City, State: LONG BEACH, CA 90807 | Total Occupancy: 0 |
| Phone #: (562)637-3143 Fax #: (562)637-3244 | Target Population: 1.1 |
| | Expiration Date 02/28/2010 |

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| Program Name: STORK CLUB - OPTIONS FOR RECOVERY AT HARBOR UCLA RESEAR | Record ID: 190351AN |
| Legal Name: RESEARCH AND EDUCATION INSTITUTE AT HARBOR UCLA MEDICA | 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 08/31/2008 |
| 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 11/30/2009 |
| 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 05/31/2010 |
| Program Name: RIDGEVIEW RANCH | Record ID: 190627AP |
| Legal Name: RIDGEVIEW DRIVE RANCH, LLC | Service Type: RES |
| Address: 3085 RIDGEVIEW DRIVE | Resident Capacity: 6 |
| City, State: ALTADENA, CA 91001 | Total Occupancy: 6 |
| Phone #: (626)482-3478 | Target Population: 1.1 |
| | Expiration Date 02/28/2010 |
| Program Name: LA VENTANA, AN EXTENDED CARE CENTER | Record ID: 190579AP |
| Legal Name: RYLIST, INC. (D.B.A. LA VENTANA, AN EXTENDED CARE CENTER) | Service Type: RES-DETOX |
| Address: 31341 MULHOLLAND HIGHWAY | Resident Capacity: 6 |
| City, State: MALIBU, CA 90265 | Total Occupancy: 6 |
| Phone #: (818)584-0071 Fax #: (818)584-0072 | Target Population: 1.2 |
| | Expiration Date 07/31/2009 |
| Program Name: SAN MARTIN DE PORRES COUNSELING CENTER | Record ID: 190440AN |
| Legal Name: SAN MARTIN DE PORRES COUNSELING CENTER, INC. | Service Type: NON |
| Address: 8621 BELLANCA AVENUE #215 | Resident Capacity: 0 |
| City, State: LOS ANGELES, CA 90045 | Total Occupancy: 0 |
| Phone #: (310)641-1633 Fax #: (310)216-7524 | Target Population: 1.5 |
| | Expiration Date 08/31/2008 |
| Program Name: SANTA ANITA FAMILY SERVICE | Record ID: 190301BN |
| Legal Name: SANTA ANITA FAMILY SERVICE | Service Type: NON |
| Address: 716 NORTH CITRUS AVENUE | Resident Capacity: 0 |
| City, State: COVINA, CA 91723 | Total Occupancy: 0 |
| Phone #: (626)966-1755 Fax #: (626)859-0999 | Target Population: 1.1 |
| | Expiration Date 03/31/2009 |

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| 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 09/30/2009 |
| 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 08/31/2009 |
| Program Name: KHEPER LIFE ENRICHMENT INSTITUTE Legal Name: SAY "YES" TO LIFE, INC. Address: 3406 WEST 75TH STREET City, State: LOS ANGELES, CA 90043 Phone #: (323)750-7550 Fax #: (323)750-7540 | Record ID: 190333AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2008 |
| Program Name: PROMISES TREATMENT CENTERS III Legal Name: SBAR2, INC. Address: 3743 SOUTH BARRINGTON AVENUE City, State: LOS ANGELES, CA 90066 Phone #: (714)372-2230 | Record ID: 190623AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 12/31/2010 |
| 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 12/31/2008 |
| 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 02/28/2010 |
| Program Name: SERENITY MANOR TREATMENT CENTER Legal Name: SERENITY MANOR, INC. Address: 31465 LOBO CANYON ROAD City, State: AGOURA HILLS, CA 91301 Phone #: (818)865-0105 Fax #: (818)865-0189 | Record ID: 190598AP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 03/31/2010 |

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| Program Name: SHARE UNIT | Record ID: 190256AN |
| Legal Name: SHARE OXFORD FOUNDATION | Service Type: RES |
| Address: 1628 NORTH OXFORD AVENUE | Resident Capacity: 26 |
| City, State: PASADENA, CA 91104 | Total Occupancy: 26 |
| Phone #: (626)797-8377 Fax #: (626)398-0673 | Target Population: 1.1 |
| | Expiration Date 02/28/2009 |
| Program Name: SMARTWAY, INC. | Record ID: 190614AN |
| Legal Name: SMARTWAY, INC. | Service Type: NON |
| Address: 460 EAST PLAZA DRIVE, SUITE 118 | Resident Capacity: 0 |
| City, State: CARSON, CA 90746 | Total Occupancy: 0 |
| Phone #: (310)329-0346 Fax #: (310)329-0937 | Target Population: 1.5 |
| | Expiration Date 04/30/2010 |
| Program Name: SOBER LIFE | Record ID: 190621AP |
| Legal Name: SOBER LIFE | Service Type: NON |
| Address: 5419 WEST SUNSET BOULEVARD, SUITE 7 | Resident Capacity: 0 |
| City, State: LOS ANGELES, CA 90027 | Total Occupancy: 0 |
| Phone #: (323)465-3777 Fax #: (323)465-3773 | Target Population: 1.1 |
| | Expiration Date 03/31/2010 |
| Program Name: THE RIVER COMMUNITY | Record ID: 190081AN |
| Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC. | Service Type: RES |
| Address: 23701 EAST FORK ROAD | Resident Capacity: 38 |
| City, State: AZUSA, CA 91702 | Total Occupancy: 38 |
| Phone #: (626)910-1202 | Target Population: 1.8 |
| | Expiration Date 03/31/2010 |
| Program Name: RIVER COMMUNITY DAY TREATMENT | Record ID: 190081BN |
| Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC. | Service Type: NON |
| Address: 510 SOUTH SECOND AVENUE, SUITE 6 AND 7 | Resident Capacity: 0 |
| City, State: COVINA, CA 91723 | Total Occupancy: 0 |
| Phone #: (626)974-8122 | Target Population: 1.1 |
| | Expiration Date 10/31/2009 |
| Program Name: FLOSSIE LEWIS RECOVERY CENTER | Record ID: 190020CN |
| Legal Name: SOUTH BAY ALCOHOLISM SERVICES | Service Type: RES |
| Address: 341 EAST SIXTH STREET, APARTMENTS 3 & 4 | Resident Capacity: 12 |
| City, State: LONG BEACH, CA 90802 | Total Occupancy: 12 |
| Phone #: (562)435-7350 Fax #: (562)432-4532 | Target Population: 1.3 |
| | Expiration Date 07/31/2010 |
| Program Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF | Record ID: 190020GN |
| Legal Name: SOUTH BAY ALCOHOLISM SERVICES | 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 |
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| Program Name: FLOSSIE LEWIS/NEW LIFE CENTER Legal Name: SOUTH BAY ALCOHOLISM SERVICES Address: 615 ELM AVENUE City, State: LONG BEACH, CA 90802 Phone #: (562)435-7350 | Record ID: 190020FN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.4 Expiration Date 02/28/2009 |
| Program Name: FLOSSIE LEWIS RECOVERY CENTER Legal Name: SOUTH BAY ALCOHOLISM SERVICES Address: 351 EAST SIXTH STREET City, State: LONG BEACH, CA 90802 Phone #: (562)435-7350 Fax #: (562)432-4532 | Record ID: 190020DN Service Type: RES Resident Capacity: 5 Total Occupancy: 5 Target Population: 1.3 Expiration Date 07/31/2010 |
| Program Name: SOUTH BAY HUMAN SERVICES Legal Name: SOUTH BAY HUMAN SERVICES COALITION, INC. Address: 2370 WEST CARSON STREET, SUITE 136 City, State: TORRANCE, CA 90501 Phone #: (310)328-0780 Fax #: (310)328-0175 | Record ID: 190268AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2009 |
| Program Name: SOUTHERN CA ALCOHOL & DRUG PROGRAMS: ANGEL STEP INN - W Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC. Address: 9423 SLAUSON BOULEVARD City, State: PICO RIVERA, CA 90660 Phone #: (562)949-5358 | Record ID: 190011AHN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2009 |
| Program Name: DRUG AND ALCOHOL COUNSELING SERVICES Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC. Address: 11938 PARAMOUNT BOULEVARD, SUITE A AND 11500 PARAMOU City, State: DOWNEY, CA 90241 Phone #: (562)923-4545 Fax #: (562)862-0918 | Record ID: 190011AAN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2008 |
| Program Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS-LONG BI Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC. Address: 757 LOMA VISTA DRIVE City, State: LONG BEACH, CA 90813 Phone #: (562)923-4545 Fax #: (562)435-4771 | Record ID: 190011CN Service Type: RES Resident Capacity: 5 Total Occupancy: 6 Target Population: 1.1 Expiration Date 03/31/2010 |
| Program Name: C.I.D.E.R. HOUSE Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC. Address: 11401 BLOOMFIELD AVENUE, BUILDINGS 209, AND 313 City, State: NORWALK, CA 90650 Phone #: (562)864-7724 Fax #: (562)868-5374 | Record ID: 190011HN Service Type: RES-DETOX Resident Capacity: 100 Total Occupancy: 100 Target Population: 1.2 Expiration Date 03/31/2010 |

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| Program Name: AWAKENINGS Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC. Address: 12322 CLEARGLLEN, APARTMENT 2 City, State: WHITTIER, CA 90604 Phone #: (562)947-3835 | Record ID: 190011LN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 03/31/2010 |
| Program Name: AWAKENINGS Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC. Address: 12322 CLEARGLLEN, APARTMENT 4 City, State: WHITTIER, CA 90604 Phone #: (562)947-3835 | Record ID: 190011NN Service Type: RES Resident Capacity: 4 Total Occupancy: 4 Target Population: 1.1 Expiration Date 03/31/2010 |
| Program Name: CASE LIBRE - OUTPATIENT FAMILY CENTER Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC. Address: 6635 FLORENCE AVENUE, SUITE 101 City, State: BELL GARDENS, CA 90201 Phone #: (562)927-1656 Fax #: (562)927-4346 | Record ID: 190011IIN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2009 |
| Program Name: DRUG COURT Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC. Address: 7346 PAINTER AVENUE City, State: WHITTIER, CA 90602 Phone #: (562)862-9766 Fax #: (562)862-5137 | Record ID: 190011AEN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2008 |
| Program Name: ANGEL STEP TOO Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC. Address: SEE BELOW IN THE COMMENT SECTION City, State: BELLFLOWER, CA 90706 Phone #: (562)461-9272 | Record ID: 190011VN Service Type: RES Resident Capacity: 50 Total Occupancy: 54 Target Population: 1.4 Expiration Date 06/30/2008 |
| Program Name: LA CASITA DE LAS MAMAS OF DOWNEY Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC. Address: 10603 DOWNEY AVENUE City, State: DOWNEY, CA 90241 Phone #: (562)622-2268 | Record ID: 190011RN Service Type: RES Resident Capacity: 5 Total Occupancy: 10 Target Population: 1.4 Expiration Date 03/31/2010 |
| Program Name: LA CASITA DE LAS MAMAS OF DOWNEY Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC. Address: 10621 DOWNEY AVENUE City, State: DOWNEY, CA 90241 Phone #: (562)622-2268 Fax #: (562)861-6517 | Record ID: 190011PN Service Type: RES Resident Capacity: 10 Total Occupancy: 10 Target Population: 1.4 Expiration Date 03/31/2010 |

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| 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: 10 |
| City, State: DOWNEY, CA 90241 | Total Occupancy: 10 |
| Phone #: (562)622-2268 Fax #: (562)861-6517 | Target Population: 1.4 |
| | Expiration Date 03/31/2010 |
| Program Name: AWAKENINGS | Record ID: 190011MN |
| Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC. | Service Type: RES |
| Address: 12322 CLEARGLLEN, APARTMENT 3 | Resident Capacity: 4 |
| City, State: WHITTIER, CA 90604 | Total Occupancy: 4 |
| Phone #: (562)947-3835 | Target Population: 1.1 |
| | Expiration Date 03/31/2010 |
| 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 03/31/2010 |
| Program Name: BUD AND MARCIE MCDONALD HOUSE | Record ID: 190011GN |
| Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC. | Service Type: RES |
| Address: 9608 REGATTA STREET | Resident Capacity: 11 |
| City, State: WHITTIER, CA 90604 | Total Occupancy: 11 |
| Phone #: (562)944-5617 | Target Population: 1.4 |
| | Expiration Date 03/31/2009 |
| 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: 30 |
| City, State: WHITTIER, CA 90604 | Total Occupancy: 30 |
| Phone #: (562)944-7953 Fax #: (562)944-7953 | Target Population: 1.4 |
| | Expiration Date 03/31/2010 |
| Program Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS/PARAMO | Record ID: 190011AGN |
| Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC. | Service Type: NON |
| Address: 8022 SOMERSET AVENUE | Resident Capacity: 0 |
| City, State: PARAMOUNT, CA 90273 | Total Occupancy: 0 |
| Phone #: (562)272-4004 Fax #: (562)862-0918 | Target Population: 1.1 |
| | Expiration Date 08/31/2008 |
| 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 04/30/2010 |

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| 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 #: (213)621-2800 Fax #: () - | Target Population: 1.5 |
| | Expiration Date 03/31/2009 |
| 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 | 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 12/31/2008 |
| Program Name: SPERO RETREAT OF BEVERLY HILLS, LLC | Record ID: 190628AP |
| Legal Name: SPERO RETREAT OF BEVERLY HILLS, LLC | Service Type: RES-DETOX |
| Address: 9501 GLOAMING DRIVE | Resident Capacity: 6 |
| City, State: BEVERLY HILLS, CA 90210 | Total Occupancy: 6 |
| Phone #: (877)557-7376 Fax #: (310)859-8812 | Target Population: 1.1 |
| | Expiration Date 04/30/2010 |
| Program Name: SPIRITT FAMILY SERVICES ALCOHOL AND DRUG PROGRAM | 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)948-2886 | Target Population: 1.1 |
| | Expiration Date 12/31/2008 |
| Program Name: SHARE PROGRAM | Record ID: 190247CN |
| Legal Name: SPIRITT FAMILY SERVICES | Service Type: NON |
| Address: 2000 SOUTH 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 12/31/2008 |
| Program Name: SHARE PROGRAM | 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 12/31/2008 |
| Program Name: STEPPING STONES HOME I & II | Record ID: 190118BN |
| Legal Name: STEPPING STONES HOME | Service Type: RES |
| Address: 17719 AND 17727 EAST CYPRESS STREET | Resident Capacity: 18 |
| City, State: COVINA, CA 91722 | Total Occupancy: 23 |
| Phone #: (626)967-2677 | Target Population: 1.3 |
| | Expiration Date 01/31/2010 |

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| Program Name: STONE EAGLE RETREAT, INC. Legal Name: STONE EAGLE RETREAT, INC. Address: 1665 ENCINAL CANYON DRIVE City, State: MALIBU, CA 90265 Phone #: (805)558-3836 | Record ID: 190565AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 05/31/2009 |
| Program Name: STUDIO 12 CARE/COUNSELING/SOBER LIVING 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: 16 Target Population: 1.1 Expiration Date 11/30/2009 |
| Program Name: A NEW DAY CENTER - OUTPATIENT PROGRAM Legal Name: SUBSTANCE ABUSE FOUNDATION OF LONG BEACH INC. Address: 3125 AND 3137 EAST SEVENTH STREET City, State: LONG BEACH, CA 90804 Phone #: (562)987-5724 | Record ID: 190077CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2009 |
| 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 07/31/2008 |
| 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 #: (568)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 10/31/2008 |
| Program Name: SUNRISE COMMUNITY COUNSELING CENTER Legal Name: SUNRISE COMMUNITY COUNSELING CENTER Address: 537 SOUTH ALVARADO STREET City, State: LOS ANGELES, CA 90057 Phone #: (213)207-2770 Fax #: (213)207-2773 | Record ID: 190110CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2009 |
| Program Name: SUNRISE COMMUNITY COUNSELING BELL GARDENS Legal Name: SUNRISE COMMUNITY COUNSELING CENTER Address: 6320 EAST FLORENCE AVENUE, #F City, State: BELL GARDENS, CA 90201 Phone #: (562)927-2962 Fax #: (562)927-2968 | Record ID: 190110DN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 10/31/2008 |

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| Program Name: SUNSET MALIBU Legal Name: SUNSET MALIBU Address: 30042 ANDROMEDA LANE City, State: MALIBU, CA 90265 Phone #: (800)332-9202 Fax #: (310)589-2226 | Record ID: 190575BP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 01/31/2010 |
| Program Name: S. H. A. W. L. HOUSE Legal Name: SUPPORT FOR HARBOR AREA WOMEN'S LIVES Address: 936 SOUTH CENTRE STREET City, State: SAN PEDRO, CA 90731 Phone #: (310)521-9310 | Record ID: 190147AN Service Type: RES Resident Capacity: 13 Total Occupancy: 13 Target Population: 1.3 Expiration Date 06/30/2009 |
| Program Name: TARZANA TREATMENT CENTER Legal Name: TARZANA TREATMENT CENTER, 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 Resident Capacity: 132 Total Occupancy: 132 Target Population: 1.10 Expiration Date 11/30/2009 |
| Program Name: TARZANA TREATMENT CENTER Legal Name: TARZANA TREATMENT CENTER, INC. Address: 7101 BAIRD AVENUE City, State: RESEDA, CA 91335 Phone #: (818)996-1051 | Record ID: 190085KN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2009 |
| Program Name: TARZANA TREATMENT CENTER YOUTH SERVICES - LANCASTER Legal Name: TARZANA TREATMENT CENTER, INC. Address: 44443 NORTH TENTH STREET WEST City, State: LANCASTER, CA 93535 Phone #: (661)726-2630 Fax #: (661)726-2635 | Record ID: 190085JN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 03/31/2009 |
| Program Name: TARZANA TREATMENT CENTER - NORTHRIDGE Legal Name: TARZANA TREATMENT CENTER, INC. Address: 18549 ROSCOE BOULEVARD City, State: NORTHRIDGE, CA 91234 Phone #: (818)996-1051 | Record ID: 190085HN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 03/31/2009 |
| 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 Resident Capacity: 40 Total Occupancy: 51 Target Population: 1.1 Expiration Date 10/31/2009 |

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| Program Name: TARZANA TREATMENT CENTER - DETOX Legal Name: TARZANA TREATMENT CENTER, INC. Address: 18646 OXNARD STREET, DETOXIFICATION UNIT City, State: TARZANA, CA 91356 Phone #: (818)996-1051 Fax #: (818)654-3906 | Record ID: 190085DN Service Type: DHS Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 |
| Program Name: 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 06/30/2009 |
| Program Name: TARZANA TREATMENT CENTER OUTPATIENT SERVICES Legal Name: TARZANA TREATMENT CENTER, INC. Address: 18646 OXNARD STREET City, State: TARZANA, CA 91356 Phone #: (818)996-1051 Fax #: (818)654-3906 | Record ID: 190085FN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2009 |
| Program Name: TARZANA TREATMENT CENTER - LONG BEACH Legal Name: TARZANA TREATMENT CENTER, INC. Address: 2101-45 MAGNOLIA AVENUE City, State: LONG BEACH, CA 90806 Phone #: (562)218-1868 | Record ID: 190085BN Service Type: RES Resident Capacity: 84 Total Occupancy: 109 Target Population: 1.4 Expiration Date 11/30/2009 |
| Program Name: TARZANA TREATMENT CENTERS, INC. Legal Name: TARZANA TREATMENT CENTERS, INC. Address: 5190 ATLANTIC AVENUE City, State: LONG BEACH, CA 90806 Phone #: (818)996-1051 | Record ID: 190085NN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 12/31/2008 |
| 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 Legal Name: TARZANA TREATMENT CENTERS, INC. Address: 907 WEST LANCASTER BOULEVARD, 2ND FLOOR City, State: LANCASTER, CA 93534 Phone #: (661)726-2630 | Record ID: 190085ON Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 02/28/2010 |

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| Program Name: TEAM ONE STOP DRUG & ALCOHOL--OUTPATIENT SERVICES | Record ID: 190367AN |
| Legal Name: TEAM ONE STOP | Service Type: NON |
| Address: 5850 TOWNE AVENUE | Resident Capacity: 0 |
| City, State: LOS ANGELES, CA 90011 | Total Occupancy: 0 |
| Phone #: (323)933-4391 Fax #: (323)933-5973 | Target Population: 1.1 |
| | Expiration Date 11/30/2008 |
| Program Name: TERCOR FOUNDATION'S SUBSTANCE ABUSE PROGRAM | Record ID: 190466AN |
| Legal Name: TERCOR FOUNDATION CORPORATION | Service Type: NON |
| Address: 544 WEST ROSECRANS AVENUE | Resident Capacity: 0 |
| City, State: COMPTON, CA 90222 | Total Occupancy: 0 |
| Phone #: (310)639-0107 Fax #: (310)639-0236 | Target Population: 1.8 |
| | Expiration Date 03/31/2009 |
| 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 03/31/2010 |
| 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 03/31/2010 |
| 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 03/31/2010 |
| 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 03/31/2010 |
| Program Name: THE CANYON AT PEACE PARK | Record ID: 190441AP |
| Legal Name: THE CANYON AT PEACE PARK | Service Type: RES-DETOX |
| Address: 2900 KANAN DUME ROAD | Resident Capacity: 6 |
| City, State: MALIBU, CA 90265 | Total Occupancy: 6 |
| Phone #: (310)457-3209 Fax #: (310)457-4440 | Target Population: 1.2 |
| | Expiration Date 05/31/2010 |

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| Program Name: THE CANYON AT PEACE PARK | Record ID: 190441BP |
| Legal Name: THE CANYON AT PEACE PARK | Service Type: RES-DETOX |
| Address: 2890 KANAN DUME ROAD | Resident Capacity: 6 |
| City, State: MALIBU, CA 90265 | Total Occupancy: 6 |
| Phone #: (310)457-3209 Fax #: (310)457-4440 | Target Population: 1.3 |
| | Expiration Date 05/31/2010 |
| Program Name: THE CENTER FOR HOPE, INC. | Record ID: 190398AN |
| Legal Name: THE CENTER FOR HOPE, INC. | Service Type: NON |
| Address: 5012 SOUTH LA BREA AVENUE, SUITES 3 AND 5 | Resident Capacity: 0 |
| City, State: LOS ANGELES, CA 90056 | Total Occupancy: 0 |
| Phone #: (323)298-3050 Fax #: (323)298-3083 | Target Population: 1.1 |
| | Expiration Date 02/28/2010 |
| Program Name: H.O.W. HOUSE | Record ID: 190450AN |
| Legal Name: THE CENTER FOR RECOVERY FROM COMPULSIVITIES, INC. | Service Type: RES |
| Address: 14100 GLENGYLE STREET | Resident Capacity: 6 |
| City, State: WHITTIER, CA 90604 | Total Occupancy: 6 |
| Phone #: (562)777-1222 Fax #: (562)906-1222 | Target Population: 1.2 |
| | Expiration Date 09/30/2008 |
| Program Name: H.O.W. HOUSE | Record ID: 190450BN |
| Legal Name: THE CENTER FOR RECOVERY FROM COMPULSIVITIES, INC. | Service Type: RES |
| Address: 14100 1/2 GLENGYLE STREET | Resident Capacity: 6 |
| City, State: WHITTIER, CA 90604 | Total Occupancy: 6 |
| Phone #: (562)777-1222 Fax #: (562)906-1222 | Target Population: 1.2 |
| | Expiration Date 09/30/2008 |
| Program Name: H.O.W. HOUSE | Record ID: 190450CN |
| Legal Name: THE CENTER FOR RECOVERY FROM COMPULSIVITIES, INC. | Service Type: RES |
| Address: 14100 1/4 GLENGYLE STREET | Resident Capacity: 6 |
| City, State: WHITTIER, CA 90604 | Total Occupancy: 6 |
| Phone #: (562)777-1222 Fax #: (562)906-1222 | Target Population: 1.2 |
| | Expiration Date 09/30/2008 |
| Program Name: THE DISCIPLES IN TRAINING, INC. | Record ID: 190509AN |
| Legal Name: THE DISCIPLES IN TRAINING, INC. | Service Type: NON |
| Address: 1618 ALONDRA BOULEVARD | Resident Capacity: 0 |
| City, State: COMPTON, CA 90221 | Total Occupancy: 0 |
| Phone #: (310)339-4078 | Target Population: 1.5 |
| | Expiration Date 03/31/2008 |
| 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: 26 |
| City, State: PASADENA, CA 91101 | Total Occupancy: 26 |
| Phone #: (626)356-0078 Fax #: (626)795-2844 | Target Population: 1.2 |
| | Expiration Date 03/31/2010 |

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| Program Name: THE GUIDANCE CENTER - AVALON CLINIC | Record ID: 190245HN |
| Legal Name: THE GUIDANCE CENTER | Service Type: NON |
| Address: 125 METROPOLE AVENUE | Resident Capacity: 0 |
| City, State: AVALON, CA 90704 | Total Occupancy: 0 |
| Phone #: (562)485-2271 Fax #: (310)510-8986 | Target Population: 1.5 |
| | Expiration Date 05/31/2008 |
| 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 05/31/2009 |
| 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 05/31/2009 |
| 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 05/31/2009 |
| 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: 30 |
| City, State: LOS ANGELES, CA 90011 | Total Occupancy: 42 |
| Phone #: (323)231-2585 | Target Population: 1.1 |
| | Expiration Date 03/31/2009 |
| Program Name: TMSG COUNSELING PROGRAM | Record ID: 190534AN |
| Legal Name: THE MANAGEMENT SOLUTIONS GROUP | Service Type: NON |
| Address: 5400 EAST OLYMPIC BOULEVARD #225 | Resident Capacity: 0 |
| City, State: LOS ANGELES, CA 90022 | Total Occupancy: 0 |
| Phone #: (323)721-8617 Fax #: (323)721-3946 | Target Population: 1.4 |
| | Expiration Date 02/28/2009 |
| Program Name: MINI TWELVE STEP HOUSE | Record ID: 190036AN |
| Legal Name: THE MINI TWELVE STEP HOUSE, INCORPORATED | Service Type: RES |
| Address: 303 EAST 52ND STREET | Resident Capacity: 31 |
| City, State: LOS ANGELES, CA 90011 | Total Occupancy: 31 |
| Phone #: (310)590-1887 Fax #: (310)590-1613 | Target Population: 1.4 |
| | Expiration Date 05/31/2010 |

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| Program Name: SOLUTION FAMILY RESOURCE CENTER (WEST) | Record ID: 190036DN |
| Legal Name: THE MINI TWELVE STEP HOUSE, INCORPORATED | Service Type: NON |
| Address: 1228 EAST COMPTON BOULEVARD | Resident Capacity: 0 |
| City, State: COMPTON, CA 90221 | Total Occupancy: 0 |
| Phone #: (310)590-1887 Fax #: (310)590-1613 | Target Population: 1.1 |
| | Expiration Date 05/31/2010 |
| 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 05/31/2009 |
| Program Name: THE NEW DESTINY, INC. | Record ID: 190451AN |
| Legal Name: THE NEW DESTINY, INC. | Service Type: NON |
| Address: 155 WEST WASHINGTON BOULEVARD, SUITE 517 | Resident Capacity: 0 |
| City, State: LOS ANGELES, CA 90015 | Total Occupancy: 0 |
| Phone #: (323)304-0054 Fax #: (323)953-0663 | Target Population: 1.1 |
| | Expiration Date 01/31/2009 |
| Program Name: THE NEW YOU CENTER, INC. | Record ID: 190525AN |
| Legal Name: THE NEW YOU CENTER, INC. | Service Type: NON |
| Address: 1030 WEST FLORENCE AVENUE | Resident Capacity: 0 |
| City, State: LOS ANGELES, CA 90044 | Total Occupancy: 0 |
| Phone #: (323)758-9539 | Target Population: 1.5 |
| | Expiration Date 08/31/2008 |
| Program Name: MT. CARMEL TREATMENT CENTER | Record ID: 190248AN |
| Legal Name: THE PALMS RESIDENTIAL CARE FACILITY | Service Type: RES |
| Address: 801 WEST 70TH STREET | Resident Capacity: 30 |
| City, State: LOS ANGELES, CA 90044 | Total Occupancy: 30 |
| Phone #: (323)759-0340 Fax #: (323)759-0466 | Target Population: 1.1 |
| | Expiration Date 01/31/2009 |
| Program Name: MT. CARMEL OUTPATIENT PROGRAM | Record ID: 190248CN |
| Legal Name: THE PALMS RESIDENTIAL CARE FACILITY | Service Type: NON |
| Address: 801 WEST 70TH STREET | Resident Capacity: 0 |
| City, State: LOS ANGELES, CA 90044 | Total Occupancy: 0 |
| Phone #: (323)759-0340 Fax #: (323)759-0466 | Target Population: 1.1 |
| | Expiration Date 02/28/2010 |
| Program Name: MILESTONES RANCH MALIBU | Record ID: 190328DP |
| Legal Name: THE RANCH - MALIBU CALIFORNIA, LLC | Service Type: RES |
| Address: 200 VERA CANYON ROAD | Resident Capacity: 6 |
| City, State: MALIBU, CA 90265 | Total Occupancy: 6 |
| Phone #: (818)879-9110 Fax #: () - | Target Population: 1.1 |
| | Expiration Date 11/30/2009 |

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| Program Name: MILESTONES RANCH MALIBU Legal Name: THE RANCH - MALIBU CALIFORNIA, LLC Address: 221 VERA CANYON ROAD City, State: MALIBU, CA 90265 Phone #: (818)879-9110 | Record ID: 190328FP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 11/30/2009 |
| Program Name: HARBOR LIGHT CENTER (MALE)/SAFE HARBOR (FEMALE) Legal Name: THE SALVATION ARMY Address: 809 & 721 EAST FIFTH STREET City, State: LOS ANGELES, CA 90013 Phone #: (213)626-4786 Fax #: (213)626-0717 | Record ID: 190023AN Service Type: RES-DETOX Resident Capacity: 286 Total Occupancy: 286 Target Population: 1.1 Expiration Date 04/30/2010 |
| Program Name: HARMONY HALL Legal Name: THE SALVATION ARMY Address: 3107 SOUTH GRAND AVENUE City, State: LOS ANGELES, CA 90007 Phone #: (213)626-4786 | Record ID: 190023BN Service Type: RES Resident Capacity: 65 Total Occupancy: 65 Target Population: 1.1 Expiration Date 04/30/2010 |
| 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: 128 Total Occupancy: 128 Target Population: 1.1 Expiration Date 08/31/2009 |
| Program Name: THE SALVATION ARMY HAVEN Legal Name: THE SALVATION ARMY Address: 11301 WILSHIRE BOULEVARD, SUITE 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 09/30/2009 |
| Program Name: HARBOR LIGHT CENTER (MALE)/SAFE HARBOR (FEMALE) Legal Name: THE SALVATION ARMY Address: 809 AND 721 EAST FIFTH STREET City, State: LOS ANGELES, CA 90013 Phone #: (213)626-4786 Fax #: (213)626-0717 | Record ID: 190023EN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2009 |
| Program Name: SHIELDS NON-RESIDENTIAL ADOLESCENT TREATMENT PROGRAM Legal Name: THE SHIELDS FOR FAMILIES PROJECT Address: 12714 SOUTH AVALON BOULEVARD, SUITE 100 City, State: LOS ANGELES, CA 90061 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 05/31/2010 |

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| Program Name: GENESIS FAMILY DAY TREATMENT PROGRAM | Record ID: 190238DN |
| Legal Name: THE SHIELDS FOR FAMILIES PROJECT | 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 03/31/2009 |
| Program Name: ARK OUTPATIENT DRUG FREE SERVICES/DRUG COURT | Record ID: 190238CN |
| Legal Name: THE SHIELDS FOR FAMILIES PROJECT | Service Type: NON |
| Address: 11705 DEPUTY YAMAMOTO PLACE, SUITE A | Resident Capacity: 0 |
| City, State: LYNWOOD, CA 90262 | Total Occupancy: 0 |
| Phone #: (323)357-6930 Fax #: (323)569-1979 | Target Population: 1.1 |
| | Expiration Date 03/31/2009 |
| Program Name: EXODUS FAMILY DAY TREATMENT PROGRAM | Record ID: 190238EN |
| Legal Name: THE SHIELDS FOR FAMILIES PROJECT | Service Type: NON |
| Address: 1500 EAST KAY STREET, UNITS (SEE COMMENTS SECTION) | Resident Capacity: 0 |
| City, State: COMPTON, CA 90221 | Total Occupancy: 0 |
| Phone #: (310)898-2450 Fax #: (310)898-2452 | Target Population: 1.7 |
| | Expiration Date 05/31/2009 |
| Program Name: EDEN DUAL DIAGNOSIS PROGRAM | Record ID: 190238FN |
| Legal Name: THE SHIELDS FOR FAMILIES PROJECT | Service Type: NON |
| Address: 12714 SOUTH AVALON BOULEVARD | Resident Capacity: 0 |
| City, State: LOS ANGELES, CA 90061 | Total Occupancy: 0 |
| Phone #: (323)242-5000 Fax #: (323)242-5011 | Target Population: 1.7 |
| | Expiration Date 03/31/2009 |
| 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: 10 |
| Phone #: (818)998-8972 | Target Population: 1.3 |
| | Expiration Date 09/30/2009 |
| Program Name: TOTAL FAMILY SUPPORT CLINIC | Record ID: 190366AN |
| Legal Name: TOTAL FAMILY SUPPORT CLINIC | Service Type: NON |
| Address: 13741 FOOTHILL BOULEVARD, #240 | 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 11/30/2008 |
| Program Name: TOTAL FAMILY SUPPORT CLINIC - LONG BEACH | Record ID: 190366BN |
| Legal Name: TOTAL FAMILY SUPPORT CLINIC | Service Type: NON |
| Address: 2511 LONG BEACH BOULEVARD | Resident Capacity: 0 |
| City, State: LONG BEACH, CA 90806 | Total Occupancy: 0 |
| Phone #: (818)833-9789 Fax #: (818)833-9790 | Target Population: 1.5 |
| | Expiration Date 02/28/2009 |

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| 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 05/31/2010 |
| 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 02/28/2009 |
| 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 02/28/2009 |
| 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 05/31/2009 |
| 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 | 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 10/31/2008 |
| Program Name: AH-NO-VEN HOME | Record ID: 190364BN |
| Legal Name: UNITED AMERICAN INDIAN INVOLVEMENT, INC. | Service Type: DSS |
| Address: 1020 HIGHLIGHT DRIVE | Resident Capacity: 0 |
| City, State: WEST COVINA, CA 91791 | Total Occupancy: 0 |
| Phone #: (626)938-1947 Fax #: (626)974-5843 | Target Population: 1.5 |
| 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 100, 103, 303, AND BASEMENT | 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 09/30/2008 |

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| 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, 507, . | Resident Capacity: 150 |
| City, State: INGLEWOOD, CA 90301 | Total Occupancy: 150 |
| Phone #: (310)348-7600 Fax #: (310)641-2661 | Target Population: 1.2 |
| | Expiration Date 04/30/2010 |
| Program Name: VETERANS IN PROGRESS | Record ID: 190188CN |
| Legal Name: UNITED STATES VETERANS INITIATIVE, INC. | Service Type: RES |
| Address: 2160 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 04/30/2008 |
| Program Name: ADVANCE WOMEN'S PROGRAM | Record ID: 190188DN |
| Legal Name: UNITED STATES VETERANS INITIATIVE, INC. | Service Type: RES |
| Address: 2281 WILLIAMS AVENUE | 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 04/30/2008 |
| Program Name: UNITED WOMEN IN TRANSITION PROJECT RES Q | Record ID: 190175CN |
| Legal Name: UNITED WOMEN IN TRANSITION | Service Type: NON |
| Address: 9410 SOUTH WESTERN AVENUE | Resident Capacity: 0 |
| City, State: LOS ANGELES, CA 90047 | Total Occupancy: 0 |
| Phone #: (323)779-2237 | Target Population: 1.5 |
| | Expiration Date 05/31/2009 |
| Program Name: UPWARD MOBILITY | Record ID: 190175DN |
| Legal Name: UNITED WOMEN IN TRANSITION | Service Type: RES |
| Address: 5001 BUDLONG AVENUE | Resident Capacity: 10 |
| City, State: LOS ANGELES, CA 90037 | Total Occupancy: 10 |
| Phone #: (323)291-5818 Fax #: (323)291-5818 | Target Population: 1.3 |
| | Expiration Date 12/31/2009 |
| 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 04/30/2010 |
| 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 01/31/2010 |

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| 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 10/31/2008 |
| Program Name: THE TEMPLE CITY HOUSE | Record ID: 190531AN |
| Legal Name: VOLUNTEER REFUGEE AID INTL, DBA WINNERS DEVELOPMENTAL | Service Type: DSS |
| Address: 4923 SERENO DRIVE | Resident Capacity: 0 |
| City, State: TEMPLE CITY, CA 91780 | Total Occupancy: 0 |
| Phone #: (626)285-8265 Fax #: (626)285-8215 | Target Population: 1.1 |
| Program Name: VOLUNTEERS OF AFRICA - NONRESIDENTIAL TREATMENT PROGRA | Record ID: 190522AN |
| Legal Name: VOLUNTEERS OF AFRICA | Service Type: NON |
| Address: 1704 WEST MANCHESTER BOULEVARD, SUITE 209 | Resident Capacity: 0 |
| City, State: LOS ANGELES, CA 90047 | Total Occupancy: 0 |
| Phone #: (323)752-9723 Fax #: (323)752-9723 | Target Population: 1.1 |
| | Expiration Date 05/31/2010 |
| 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: 51 |
| City, State: LOS ANGELES, CA 90027 | Total Occupancy: 51 |
| Phone #: (323)660-8042 Fax #: (323)660-9265 | Target Population: 1.1 |
| | Expiration Date 02/28/2010 |
| 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: 40 |
| City, State: LOS ANGELES, CA 90021 | Total Occupancy: 40 |
| Phone #: (323)660-8042 Fax #: (213)622-6831 | Target Population: 1.1 |
| | Expiration Date 02/28/2010 |
| 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 09/30/2009 |
| Program Name: WALDEN HOUSE TRANSITIONAL TREATMENT PROGRAM | Record ID: 190221HN |
| Legal Name: WALDEN HOUSE, INC. | Service Type: RES |
| Address: 3833 1/2,3837,3839 SOUTH GRAND AVENUE | Resident Capacity: 28 |
| City, State: LOS ANGELES, CA 90037 | Total Occupancy: 28 |
| Phone #: (213)747-7469 | Target Population: 1.2 |
| | Expiration Date 05/31/2010 |

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| Program Name: WALDEN HOUSE TRANSITIONAL TREATMENT CENTER Legal Name: WALDEN HOUSE, INC. Address: 1355 SOUTH HILL STREET City, State: LOS ANGELES, CA 90015 Phone #: (415)355-2504 | Record ID: 190221AN Service Type: RES Resident Capacity: 82 Total Occupancy: 82 Target Population: 1.3 Expiration Date: 08/31/2008 |
| Program Name: WALDEN HOUSE - TRANSITIONAL TREATMENT CENTER OUTPATIEN Legal Name: WALDEN HOUSE, INC. Address: 3833 SOUTH GRAND AVENUE City, State: LOS ANGELES, CA 90037 Phone #: (213)746-3963 Fax #: (213)746-2507 | Record ID: 190221BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date: 07/31/2009 |
| Program Name: WALDEN HOUSE TRANSITIONAL TREATMENT CENTER Legal Name: WALDEN HOUSE, INC. Address: 1237 FLOWER STREET City, State: INGLEWOOD, CA 90304 Phone #: (310)419-7350 | Record ID: 190221GN Service Type: RES Resident Capacity: 42 Total Occupancy: 42 Target Population: 1.2 Expiration Date: 09/30/2008 |
| Program Name: WALDEN HOUSE TRANSITIONAL TREATMENT CENTER Legal Name: WALDEN HOUSE, INC. Address: 4115 WEST CENTURY BOULEVARD City, State: INGLEWOOD, CA 90304 Phone #: (310)419-7350 | Record ID: 190221FN Service Type: RES Resident Capacity: 44 Total Occupancy: 44 Target Population: 1.2 Expiration Date: 09/30/2008 |
| Program Name: WALDEN HOUSE TRANSITIONAL TREATMENT CENTER Legal Name: WALDEN HOUSE, INC. Address: 4026 WEST CENTURY BOULEVARD City, State: INGLEWOOD, CA 90304 Phone #: (310)419-7350 | Record ID: 190221EN Service Type: RES Resident Capacity: 91 Total Occupancy: 91 Target Population: 1.2 Expiration Date: 09/30/2008 |
| Program Name: WALDEN HOUSE FEMALE OFFENDER TREATMENT AND EMPLOYME Legal Name: WALDEN HOUSE, INC. Address: 12423 DAHLIA AVENUE City, State: EL MONTE, CA 91732 Phone #: (626)444-9094 | Record ID: 190221CN Service Type: RES Resident Capacity: 72 Total Occupancy: 92 Target Population: 1.4 Expiration Date: 08/31/2009 |
| Program Name: HOUSE OF UHURU Legal Name: WATTS HEALTHCARE CORPORATION Address: 8005 SOUTH FIGUEROA STREET City, State: LOS ANGELES, CA 90003 Phone #: (323)568-5400 Fax #: (323)752-8031 | Record ID: 190377BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.4 Expiration Date: 03/31/2009 |

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| 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 03/31/2009 |
| Program Name: WE CAN HELP FOUNDATION | Record ID: 190494AN |
| Legal Name: WE CAN HELP FOUNDATION | Service Type: NON |
| Address: 751 AND 753 WEST WASHINGTON BOULEVARD | Resident Capacity: 0 |
| City, State: LOS ANGELES, CA 90015 | Total Occupancy: 0 |
| Phone #: (323)309-0744 | Target Population: 1.1 |
| | Expiration Date 10/31/2009 |
| 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: 167 |
| City, State: LOS ANGELES, CA 90013 | Total Occupancy: 620 |
| Phone #: (213)689-2122 Fax #: (213)623-0408 | Target Population: 1.1 |
| | Expiration Date 01/31/2009 |
| 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 11/30/2008 |
| Program Name: PROMISES RESIDENTIAL TREATMENT CENTERS | Record ID: 190625AP |
| Legal Name: WESTSIDE SOBER LIVING CENTERS, INC. | Service Type: RES-DETOX |
| Address: 20725 ROCKCROFT DRIVE | Resident Capacity: 6 |
| City, State: MALIBU, CA 90265 | Total Occupancy: 6 |
| Phone #: (714)372-2230 | Target Population: 1.1 |
| | Expiration Date 12/31/2010 |
| Program Name: PROMISES RESIDENTIAL TREATMENT CENTERS | Record ID: 190625BP |
| Legal Name: WESTSIDE SOBER LIVING CENTERS, INC. | Service Type: RES-DETOX |
| Address: 20786 COOL OAK WAY | Resident Capacity: 6 |
| City, State: MALIBU, CA 90265 | Total Occupancy: 6 |
| Phone #: (714)372-2230 | Target Population: 1.1 |
| | Expiration Date 12/31/2010 |
| Program Name: PROMISES RESIDENTIAL TREATMENT CENTERS | Record ID: 190625CP |
| Legal Name: WESTSIDE SOBER LIVING CENTERS, INC. | Service Type: RES-DETOX |
| Address: 3743 1/2 SOUTH BARRINGTON AVENUE | Resident Capacity: 6 |
| City, State: LOS ANGELES, CA 90066 | Total Occupancy: 6 |
| Phone #: (714)372-2230 | Target Population: 1.1 |
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| Program Name: PROMISES RESIDENTIAL TREATMENT CENTERS | Record ID: 190625DP |
| Legal Name: WESTSIDE SOBER LIVING CENTERS, INC. | Service Type: RES-DETOX |
| Address: 3744 SOUTH BARRINGTON AVENUE | Resident Capacity: 6 |
| City, State: LOS ANGELES, CA 90066 | Total Occupancy: 6 |
| Phone #: (714)372-2230 | Target Population: 1.1 |
| | Expiration Date: 12/31/2010 |
| | |
| Program Name: WINGS OF RECOVERY - NONRESIDENTIAL | Record ID: 190434AN |
| Legal Name: WINGS OF REFUGE | Service Type: NON |
| Address: 5777 WEST CENTURY, SUITE 900 | Resident Capacity: 0 |
| City, State: LOS ANGELES, CA 90045 | Total Occupancy: 0 |
| Phone #: (310)570-6767 Fax #: (310)670-8481 | Target Population: 1.1 |
| | Expiration Date: 06/30/2008 |
| | |
| Program Name: WINKY'S TREATMENT CENTER | Record ID: 190493AN |
| Legal Name: WINKY'S TREATMENT CENTER | Service Type: NON |
| Address: 5310 SOUTH HOOVER STREET | Resident Capacity: 0 |
| City, State: LOS ANGELES, CA 90037 | Total Occupancy: 0 |
| Phone #: (323)251-5549 | Target Population: 1.1 |
| | Expiration Date: 06/30/2008 |
| | |
| Program Name: WONDERLAND TREATMENT CENTERS | Record ID: 190524AP |
| Legal Name: WONDERLAND TREATMENT CENTERS, LLC | Service Type: RES-DETOX |
| Address: 8147, 8171 AND 8207 MULHOLLAND DRIVE | Resident Capacity: 14 |
| City, State: LOS ANGELES, CA 90046 | Total Occupancy: 14 |
| Phone #: (323)899-9115 Fax #: (323)848-7964 | Target Population: 1.1 |
| | Expiration Date: 05/31/2010 |
| | |
| 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 Fax #: (310)541-6497 | Target Population: 1.1 |
| | Expiration Date: 03/31/2010 |

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

As of: 07/14/2008

Madera County

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| Program Name: CORNERSTONE FAMILY COUNSELING | Record ID: 200008AN |
| Legal Name: CORNERSTONE FAMILY COUNSELING | Service Type: NON |
| Address: 49346 ROAD 426, SUITE 1 | Resident Capacity: 0 |
| City, State: OAKHURST, CA 93644 | Total Occupancy: 0 |
| Phone #: (559)641-6321 Fax #: (559)641-2359 | Target Population: 1.5 |
| | Expiration Date 01/31/2009 |
| Program Name: YOUTH TREATMENT SERVICES | Record ID: 200005EN |
| Legal Name: MADERA COUNTY | Service Type: NON |
| Address: 14227 ROAD 28 NORTH WING | Resident Capacity: 0 |
| City, State: MADERA, CA 93638 | Total Occupancy: 0 |
| Phone #: (559)675-7921 Fax #: (559)675-7924 | Target Population: 1.5 |
| | Expiration Date 01/31/2010 |
| Program Name: PERINATAL SUBSTANCE ABUSE SERVICES (AKA YOSEMITE WOMEN | Record ID: 200005DN |
| Legal Name: MADERA COUNTY | Service Type: NON |
| Address: 14227 ROAD 28-SOUTH WING | Resident Capacity: 0 |
| City, State: MADERA, CA 93638 | Total Occupancy: 0 |
| Phone #: (559)657-7921 Fax #: (559)657-7924 | Target Population: 1.3 |
| | Expiration Date 01/31/2010 |
| Program Name: MADERA COUNTY GATEWAY ALCOHOL AND DRUG SERVICES | Record ID: 200005FN |
| Legal Name: MADERA COUNTY | Service Type: NON |
| Address: 424 NORTH GATEWAY DRIVE, NORTH WING | Resident Capacity: 0 |
| City, State: MADERA, CA 93638 | Total Occupancy: 0 |
| Phone #: (559)675-7921 Fax #: (559)675-7924 | Target Population: 1.1 |
| | Expiration Date 01/31/2010 |
| Program Name: MADERA COUNTY SUPERVISION AND TREATMENT PROGRAM | Record ID: 200005BN |
| Legal Name: MADERA COUNTY BEHAVIORAL HEALTH SERVICES | Service Type: NON |
| Address: 450 MADERA AVENUE, SUITE H | Resident Capacity: 0 |
| City, State: MADERA, CA 93637 | Total Occupancy: 0 |
| Phone #: (559)675-4515 Fax #: (559)675-7978 | Target Population: 1.1 |
| | Expiration Date 11/30/2009 |
| Program Name: MADERA COUNTY OAKHURST COUNSELING CENTER | Record ID: 200005AN |
| Legal Name: MADERA COUNTY BEHAVIORAL HEALTH SERVICES | Service Type: NON |
| Address: 49774 ROAD 426, SUITE D | Resident Capacity: 0 |
| City, State: OAKHURST, CA 93644 | Total Occupancy: 0 |
| Phone #: (559)683-4809 Fax #: (559)683-6499 | Target Population: 1.1 |
| | Expiration Date 11/30/2009 |
| Program Name: MADERA COUNTY CHOWCHILLA COUNSELING CENTER | Record ID: 200005CN |
| Legal Name: MADERA COUNTY BEHAVIORAL HEALTH SERVICES | Service Type: NON |
| Address: 1200 VENTURA | Resident Capacity: 0 |
| City, State: CHOWCHILLA, CA 93610 | Total Occupancy: 0 |
| Phone #: (559)665-2947 Fax #: (559)673-4407 | Target Population: 1.1 |
| | Expiration Date 11/30/2009 |

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

As of: 07/14/2008

Marin County

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| Program Name: ALLIANCE RECOVERY INSTITUTE Legal Name: ALLIANCE RECOVERY INSTITUTE Address: 1050 NORTHGATE DRIVE, SUITE 12 City, State: SAN RAFAEL, CA 94933 Phone #: (415)488-1970 Fax #: (415)488-1709 | Record ID: 210029AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2009 |
| Program Name: ALTA MIRA Legal Name: ALTA MIRA TREATMENT CENTER, LLC Address: 96 HARRISON City, State: SAUSALITO, CA 94965 Phone #: (415)233-0178 Fax #: (415)332-2108 | Record ID: 210031GP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 04/30/2010 |
| Program Name: ALTA MIRA Legal Name: ALTA MIRA TREATMENT CENTER, LLC Address: 100 HARRISON City, State: SAUSALITO, CA 94965 Phone #: (415)223-0178 Fax #: (415)332-2108 | Record ID: 210031DP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 04/30/2010 |
| Program Name: ALTA MIRA Legal Name: ALTA MIRA TREATMENT CENTER, LLC Address: 141 BULKLEY AVENUE City, State: SAUSALITO, CA 94965 Phone #: (415)233-0178 Fax #: (415)332-2108 | Record ID: 210031FP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 04/30/2010 |
| Program Name: ALTA MIRA Legal Name: ALTA MIRA TREATMENT CENTER, LLC Address: 25 SANTA ROSA City, State: SAUSALITO, CA 94965 Phone #: (415)223-0178 Fax #: (415)332-2108 | Record ID: 210031BP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 04/30/2010 |
| Program Name: ALTA MIRA Legal Name: ALTA MIRA TREATMENT CENTER, LLC Address: 126 HARRISON City, State: SAUSALITO, CA 94965 Phone #: (415)233-0178 Fax #: (415)332-2108 | Record ID: 210031CP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 04/30/2010 |
| Program Name: ALTA MIRA Legal Name: ALTA MIRA TREATMENT CENTER, LLC Address: 110 HARRISON City, State: SAUSALITO, CA 94965 Phone #: (415)233-0178 Fax #: (415)332-2108 | Record ID: 210031HP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 04/30/2010 |

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

As of: 07/14/2008

Marin County

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| Program Name: ALTA MIRA Legal Name: ALTA MIRA TREATMENT CENTER, LLC Address: 135 BULKLEY AVENUE City, State: SAUSALITO, CA 94965 Phone #: (415)233-0178 Fax #: (415)332-2108 | Record ID: 210031EP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 04/30/2010 |
| Program Name: ALTA MIRA Legal Name: ALTA MIRA TREATMENT CENTER, LLC Address: 125 BULKLEY AVENUE City, State: SAUSALITO, CA 94965 Phone #: (415)233-0178 Fax #: (415)332-2108 | Record ID: 210031AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 04/30/2010 |
| Program Name: MARIN CITY RECOVERY CENTER Legal Name: BAY AREA COMMUNITY RESOURCES Address: 630 DRAKE AVENUE City, State: MARIN CITY, CA 94965 Phone #: (415)339-2851 Fax #: (415)339-2854 | Record ID: 210020AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 10/31/2008 |
| 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 10/31/2008 |
| 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 07/31/2009 |
| 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 07/31/2009 |
| 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 07/31/2009 |

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

As of: 07/14/2008

Marin County

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| 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 07/31/2009 |
| Program Name: NEW DAWN RECOVERY CENTERS Legal Name: CDT SERVICE CORPORATION Address: 2320 MARINSHIP WAY, SUITE 240 City, State: SAUSALITO, CA 94965 Phone #: (415)331-1383 Fax #: (415)331-1392 | Record ID: 210025AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2008 |
| Program Name: CENTER POINT RESIDENTIAL PROGRAM Legal Name: CENTER POINT, INC. Address: 207 1ST STREET City, State: SAN RAFAEL, CA 94901 Phone #: (415)454-9444 Fax #: (415)492-8844 | Record ID: 210002KN Service Type: RES Resident Capacity: 8 Total Occupancy: 8 Target Population: 1.1 Expiration Date 03/31/2010 |
| 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 01/31/2010 |
| 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 01/31/2010 |
| Program Name: CENTER POINT OUTPATIENT SERVICES Legal Name: CENTER POINT, INC. Address: 1601 SECOND STREET, SUITE 104 City, State: SAN RAFAEL, CA 94901 Phone #: (415)456-6655 Fax #: (415)492-8844 | Record ID: 210002GN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 08/31/2009 |
| Program Name: THE VILLAGE Legal Name: CENTER POINT, INC. Address: 1477-1483 LINCOLN AVENUE City, State: SAN RAFAEL, CA 94901 Phone #: (415)454-9444 | Record ID: 210002FN Service Type: RES Resident Capacity: 44 Total Occupancy: 44 Target Population: 1.4 Expiration Date 08/31/2009 |

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

As of: 07/14/2008

Marin County

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| 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 08/31/2009 |
| Program Name: REILLY HOUSE | Record ID: 210002LN |
| Legal Name: CENTER POINT, INC. | Service Type: RES |
| Address: 812 D STREET | Resident Capacity: 13 |
| City, State: SAN RAFAEL, CA 94901 | Total Occupancy: 13 |
| Phone #: (415)454-2413 Fax #: (415)454-0355 | Target Population: 1.1 |
| | Expiration Date 04/30/2010 |
| Program Name: FAMILY SERVICE AGENCY SUBSTANCE ABUSE RECOVERY SERVICE | Record ID: 210023AN |
| Legal Name: FAMILY SERVICE AGENCY OF MARIN COUNTY | Service Type: NON |
| Address: 555 NORTHGATE DRIVE | 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 09/30/2009 |
| 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 12/31/2009 |
| Program Name: OHLHOFF OUTPATIENT PROGRAM | Record ID: 210012DN |
| Legal Name: HENRY OHLHOFF RECOVERY PROGRAMS | Service Type: NON |
| Address: 1205 3RD STREET | Resident Capacity: 0 |
| City, State: SAN RAFAEL, CA 94901 | Total Occupancy: 0 |
| Phone #: (415)485-0382 Fax #: (415)485-6079 | Target Population: 1.1 |
| | Expiration Date 05/31/2009 |
| Program Name: HELEN VINE DETOX CENTER | Record ID: 210017CN |
| Legal Name: MARIN PEOPLE CARE, INCORPORATED | Service Type: RES-DETOX |
| Address: 301 SMITH RANCH ROAD | Resident Capacity: 26 |
| City, State: SAN RAFAEL, CA 94903 | Total Occupancy: 26 |
| Phone #: (415)492-0818 | Target Population: 1.1 |
| | Expiration Date 06/30/2009 |
| Program Name: MARIN SERVICES FOR WOMEN | Record ID: 210004AN |
| Legal Name: MARIN SERVICES FOR WOMEN, INCORPORATED | Service Type: NON |
| Address: 1251 SOUTH ELISEO DRIVE | Resident Capacity: 0 |
| City, State: GREENBRAE, CA 94904 | Total Occupancy: 0 |
| Phone #: (415)924-5995 Fax #: (415)924-6837 | Target Population: 1.4 |
| | Expiration Date 06/30/2008 |

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

As of: 07/14/2008

Marin County

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| Program Name: MARIN SERVICES FOR WOMEN | Record ID: 210004CN |
| Legal Name: MARIN SERVICES FOR WOMEN, INCORPORATED | Service Type: RES |
| Address: 1251 SOUTH ELISEO DRIVE | Resident Capacity: 40 |
| City, State: GREENBRAE, CA 94904 | Total Occupancy: 50 |
| Phone #: (415)924-7080 | Target Population: 1.4 |
| | Expiration Date 06/30/2008 |
| | |
| Program Name: MAYFLOWER CENTER | Record ID: 210024AP |
| Legal Name: MAYFLOWER CENTER, LLC | Service Type: NON |
| Address: 523 4TH STREET, SUITE 100 | Resident Capacity: 0 |
| City, State: SAN RAFAEL, CA 94901 | Total Occupancy: 0 |
| Phone #: (415)962-1551 Fax #: (415)460-5251 | Target Population: 1.1 |
| | Expiration Date 03/31/2010 |
| | |
| 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 04/30/2010 |

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

As of: 07/14/2008

Mariposa County

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| 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: 5037 STROMING ROAD | 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 07/31/2009 |

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

As of: 07/14/2008

Mendocino County

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|---|----------------------------|
| Program Name: FORD STREET PROJECT | Record ID: 230004AN |
| Legal Name: FORD STREET PROJECT | Service Type: RES-DETOX |
| Address: 139 FORD STREET, GUEST HOUSE, APTS. B, C, D, E, F AND LIBRA | Resident Capacity: 55 |
| City, State: UKIAH, CA 95482 | Total Occupancy: 55 |
| Phone #: (707)462-1934 | Target Population: 1.1 |
| | Expiration Date 06/30/2009 |
| | |
| Program Name: MENDOCINO COUNTY DIVISION OF ALCOHOL & OTHER DRUG PROC | Record ID: 230006HN |
| Legal Name: MENDOCINO COUNTY PUBLIC HEALTH DEPARTMENT | 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)463-6893 Fax #: (707)463-6321 | Target Population: 1.1 |
| | Expiration Date 10/31/2009 |
| | |
| Program Name: MENDOCINO COUNTY DIVISION OF ALCOHOL & OTHER DRUG PROC | Record ID: 230006EN |
| Legal Name: MENDOCINO COUNTY PUBLIC HEALTH DEPARTMENT | Service Type: NON |
| Address: 221B SOUTH LENORE STREET, RMS 17,21,22,25,25A,27,28,29,31,32 | Resident Capacity: 0 |
| City, State: WILLITS, CA 95490 | Total Occupancy: 0 |
| Phone #: (707)472-2605 Fax #: (707)459-7746 | Target Population: 1.1 |
| | Expiration Date 05/31/2009 |
| | |
| Program Name: MENDOCINO COUNTY DIVISION OF ALCOHOL & OTHER DRUG PROC | Record ID: 230006DN |
| Legal Name: MENDOCINO COUNTY PUBLIC HEALTH DEPARTMENT | Service Type: NON |
| Address: 518 LOW GAP ROAD, BUILDING I | Resident Capacity: 0 |
| City, State: UKIAH, CA 95482 | Total Occupancy: 0 |
| Phone #: (707)472-2605 | Target Population: 1.5 |
| | Expiration Date 05/31/2009 |
| | |
| Program Name: MENDOCINO COUNTY DIVISION OF ALCOHOL & OTHER DRUG PROC | Record ID: 230006GN |
| Legal Name: MENDOCINO COUNTY PUBLIC HEALTH DEPARTMENT | Service Type: NON |
| Address: 120 WEST FIR STREET, ROOMS 5-9,11,13,17,22,24,26,AND 28 | 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 05/31/2009 |
| | |
| 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 #: () - | Target Population: 1.1 |
| | Expiration Date 04/30/2010 |

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

As of: 07/14/2008

Merced County

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|---|----------------------------|
| Program Name: IMPACT HOUSE | Record ID: 240006AP |
| Legal Name: CANNISTRACI, SAL | Service Type: NON |
| Address: 710 WEST 18TH STREET, # 17 | Resident Capacity: 0 |
| City, State: MERCED, CA 95340 | Total Occupancy: 0 |
| Phone #: (209)550-1891 Fax #: (209)575-9438 | Target Population: 1.1 |
| | Expiration Date 11/30/2009 |
| 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: 27 |
| Phone #: (209)722-6335 | Target Population: 1.2 |
| | Expiration Date 08/31/2008 |
| 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 AND 579 MENDOCINO COURT | Resident Capacity: 56 |
| City, State: ATWATER, CA 95301 | Total Occupancy: 56 |
| Phone #: (209)357-5269 | Target Population: 1.4 |
| | Expiration Date 11/30/2008 |
| Program Name: THE CENTER | Record ID: 240003BN |
| Legal Name: MERCED COUNTY (DEPARTMENT OF MENTAL HEALTH - ALCOHOL | Service Type: NON |
| Address: 658 WEST MAIN 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 02/28/2010 |
| 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: 808 WEST 16TH STREET | Resident Capacity: 0 |
| City, State: MERCED, CA 95340 | Total Occupancy: 0 |
| Phone #: (209)381-6860 Fax #: (209)725-3810 | Target Population: 1.5 |
| | Expiration Date 07/31/2009 |
| 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: 2130 COOPER AVENUE | Resident Capacity: 0 |
| City, State: MERCED, CA 95340 | Total Occupancy: 0 |
| Phone #: (209)381-6850 | Target Population: 1.1 |
| | Expiration Date 04/30/2010 |
| Program Name: QUANTUM LEAP, INC. | Record ID: 240004AP |
| Legal Name: QUANTUM LEAP, INC. | Service Type: NON |
| Address: 22368 SOUTH 6TH STREET | Resident Capacity: 0 |
| City, State: DOS PALOS, CA 93665 | Total Occupancy: 0 |
| Phone #: (559)696-0271 Fax #: (559)252-5004 | Target Population: 1.5 |
| | Expiration Date 05/31/2010 |

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

Modoc County

As of: 07/14/2008

Program Name: MODOC COUNTY ALCOHOL AND DRUG SERVICES

Record ID: 250001AN

Legal Name: MODOC COUNTY HEALTH SERVICES

Service Type: NON

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

Resident Capacity: 0

City, State: ALTURUS, CA 96101

Total Occupancy: 0

Phone #: (530)233-6319

Fax #: (530)233-5311

Target Population: 1.1

Expiration Date 05/31/2009

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

Mono County

As of: 07/14/2008

Program Name: MONO COUNTY MANDATED SERVICES PROGRAM

Record ID: 260001CN

Legal Name: MONO COUNTY ALCOHOL AND DRUG PROGRAMS

Service Type: NON

Address: 452 OLD MAMMOTH ROAD, THIRD FLOOR SIERRA CENTER MAL

Resident Capacity: 0

City, State: MAMMOTH LAKES, CA 93546

Total Occupancy: 0

Phone #: (760)924-1740

Fax #: (760)924-1741

Target Population: 1.1

Expiration Date 06/30/2009

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

As of: 07/14/2008

Monterey County

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| Program Name: BEACON HOUSE Legal Name: BEACON HOUSE Address: 468 PINE AVENUE City, State: PACIFIC GROVE, CA 93950 Phone #: (831)372-2334 | Record ID: 270001AN Service Type: RES-DETOX Resident Capacity: 16 Total Occupancy: 16 Target Population: 1.1 Expiration Date: 03/31/2010 |
| Program Name: GENESIS RESIDENTIAL CENTER Legal Name: COMMUNITY HUMAN SERVICES Address: 1140, 1146, AND 1152 SONOMA AVENUE City, State: SEASIDE, CA 93955 Phone #: (831)899-2436 Fax #: (831)658-3815 | Record ID: 270004AN Service Type: RES-DETOX Resident Capacity: 36 Total Occupancy: 42 Target Population: 1.1 Expiration Date: 11/30/2009 |
| Program Name: DOOR TO HOPE Legal Name: DOOR TO HOPE Address: 165 CLAY STREET City, State: SALINAS, CA 93901 Phone #: (831)422-6226 Fax #: (831)758-5127 | Record ID: 270002AN Service Type: RES Resident Capacity: 14 Total Occupancy: 14 Target Population: 1.3 Expiration Date: 03/31/2010 |
| Program Name: NUEVA ESPERANZA Legal Name: DOOR TO HOPE Address: 325 CALIFORNIA STREET City, State: SALINAS, CA 93901 Phone #: (831)422-2636 Fax #: (831)758-5127 | Record ID: 270002BN Service Type: RES Resident Capacity: 6 Total Occupancy: 16 Target Population: 1.3 Expiration Date: 03/31/2010 |
| Program Name: DOOR TO HOPE Legal Name: DOOR TO HOPE, INC. Address: 130 GABILAN STREET City, State: SALINAS, CA 93901 Phone #: (831)758-0181 Fax #: (831)758-5127 | Record ID: 270002CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date: 07/31/2009 |
| Program Name: STIMULANT ABUSE RECOVERY CENTER Legal Name: LANDRUM, ANTHONY Address: 432 SALINAS STREET City, State: SALINAS, CA 93901 Phone #: (831)753-7756 Fax #: (831)753-7756 | Record ID: 270018AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date: 03/31/2009 |
| Program Name: SUN STREET CENTER Legal Name: SUN STREET CENTERS Address: 8 SUN STREET City, State: SALINAS, CA 93901 Phone #: (831)424-0427 | Record ID: 270003AN Service Type: RES-DETOX Resident Capacity: 54 Total Occupancy: 54 Target Population: 1.2 Expiration Date: 11/30/2009 |

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Monterey County

Program Name: SUN STREET CENTERS OUTPATIENT PROGRAM
Legal Name: SUN STREET CENTERS
Address: 517 SOUTH MAIN STREET
City, State: SALINAS, CA 93901
Phone #: (831)753-6001 Fax #: (831)753-5169

Record ID: 270003BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2009

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 10/31/2008

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 05/31/2010

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 01/31/2009

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

As of: 07/14/2008

Napa County

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| 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 01/31/2009 |
| Program Name: ALTERNATIVES FOR BETTER LIVING Legal Name: ALTERNATIVES FOR BETTER LIVING Address: 832 SCHOOL STREET, SUITES 3, 5, AND 6 City, State: NAPA, CA 94559 Phone #: (707)226-1248 | Record ID: 280010BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 01/31/2009 |
| Program Name: CRUTCHER'S SERENITY HOUSE Legal Name: CRUTCHER, ROBERT L. Address: 50 HILLCREST DRIVE City, State: ST. HELENA, CA 94574 Phone #: (707)963-3192 | Record ID: 280001AP Service Type: RES-DETOX Resident Capacity: 19 Total Occupancy: 19 Target Population: 1.1 Expiration Date 06/30/2010 |
| 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 10/31/2009 |
| 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 06/30/2010 |
| Program Name: NAPA COUNTY ALCOHOL AND DRUG PROGRAMS Legal Name: NAPA COUNTY HEALTH AND HUMAN SERVICES Address: 2344 OLD SONOMA ROAD, BUILDINGS 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 07/31/2008 |
| 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: 6 Target Population: 1.1 Expiration Date 01/31/2010 |

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Napa County

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| Program Name: PROJECT NINETY NAPA VALLEY | Record ID: 280014AN |
| Legal Name: PROJECT NINETY | Service Type: RES-DETOX |
| Address: 2100 NAPA VALLEJO HIGHWAY, NAPA STATE HOSPITAL, BUILD | Resident Capacity: 55 |
| City, State: NAPA, CA 94558 | Total Occupancy: 55 |
| Phone #: (650)579-7881 Fax #: (650)579-2640 | Target Population: 1.1 |
| | Expiration Date 09/30/2009 |
| | |
| Program Name: WOODLAND HOUSE | Record ID: 280009AN |
| Legal Name: ST. HELENA HOSPITAL | Service Type: RES |
| Address: 5 WOODLAND ROAD | Resident Capacity: 13 |
| City, State: ST. HELENA, CA 94576 | Total Occupancy: 13 |
| Phone #: (707)963-6204 Fax #: (707)967-5627 | Target Population: 1.1 |
| | Expiration Date 12/31/2008 |
| | |
| Program Name: ALCOHOL AND CHEMICAL RECOVERY PROGRAM (ACRP) | Record ID: 280009BN |
| Legal Name: ST. HELENA HOSPITAL | Service Type: RES-DETOX |
| Address: 10 WOODLAND ROAD | Resident Capacity: 30 |
| City, State: ST. HELENA, CA 94574 | Total Occupancy: 30 |
| Phone #: (707)963-6388 Fax #: (707)963-5627 | Target Population: 1.1 |
| | Expiration Date 11/30/2008 |

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

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Nevada County

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| Program Name: COMMON GOALS, INC. Legal Name: COMMON GOALS, INC. Address: 725 AND 727 ZION STREET City, State: NEVADA CITY, CA 95959 Phone #: (530)265-2914 Fax #: (530)265-2974 | Record ID: 290007AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 09/30/2009 |
| Program Name: COMMUNITY RECOVERY RESOURCE Legal Name: COMMUNITY RECOVERY RESOURCES Address: 440 HENDERSON STREET, SUITE C 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 06/30/2010 |
| Program Name: HOPE HOUSE Legal Name: COMMUNITY RECOVERY RESOURCES Address: 303 BENNETT STREET City, State: GRASS VALLEY, CA 95945 Phone #: (530)271-1140 Fax #: (530)273-7740 | Record ID: 290002BN Service Type: RES Resident Capacity: 10 Total Occupancy: 16 Target Population: 1.4 Expiration Date 01/31/2009 |
| 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 06/30/2010 |
| Program Name: PROGRESS HOUSE CO-ED 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: 1.1 Expiration Date 06/30/2010 |

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

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Orange County

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| Program Name: ABLE TO CHANGE RECOVERY, INC. Legal Name: ABLE TO CHANGE RECOVERY, INC. Address: 25612 VIA SOLIS City, State: SAN JUAN CAPISTRANO, CA 92675 Phone #: (949)388-1780 Fax #: (949)415-0574 | Record ID: 300118AP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 02/28/2009 |
| Program Name: ABLE TO CHANGE RECOVERY, INC. Legal Name: ABLE TO CHANGE RECOVERY, INC. Address: 31882 CAMINO CAPISTRANO, # 220 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 01/31/2009 |
| Program Name: ABLE TO CHANGE RECOVERY, INC. Legal Name: ABLE TO CHANGE RECOVERY, INC. Address: 31957 VIRGINIA WAY City, State: LAGUNA BEACH, CA 92651 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 01/31/2010 |
| Program Name: ACADEMY OF DEFENSIVE DRIVING Legal Name: ACADEMY OF DEFENSIVE DRIVING, INC. Address: 31726 RANCHO VIEJO ROAD, SUITE 120 City, State: SAN JUAN CAPISTRANO, CA 92675 Phone #: (949)240-0115 Fax #: (949)433-5018 | Record ID: 300139BP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2009 |
| Program Name: ACTION CONSULTANTS/THERAPY Legal Name: ACTION CONSULTANTS/THERAPY Address: 1538A WEST COMMONWEALTH City, State: FULLERTON, CA 92833 Phone #: (714)645-7874 Fax #: (949)645-0565 | Record ID: 300104AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.7 Expiration Date 01/31/2010 |
| Program Name: ACTION CONSULTANTS/THERAPY Legal Name: ACTION CONSULTANTS/THERAPY Address: 1670 SANTA ANA AVENUE, SUITE C, F, & N City, State: COSTA MESA, CA 92627 Phone #: (949)645-7484 Fax #: (949)645-0565 | Record ID: 300104BP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.7 Expiration Date 01/31/2010 |
| Program Name: ADELANTE RECOVERY CENTER, INC. Legal Name: ADELANTE RECOVERY CENTER, INC. Address: 49 MONTECITO DRIVE City, State: CORONA DEL MAR, CA 92625 Phone #: (949)706-7802 Fax #: (949)706-9769 | Record ID: 300206AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 02/28/2010 |

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Orange County

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| 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: 09/30/2009 |
| Program Name: CHEMICAL DEPENDENCY INTERVENTION PROGRAM | Record ID: 300111AP |
| Legal Name: ALTA INSTITUTE, INCORPORATED | Service Type: NON |
| Address: 524 WEST COMMONWEALTH AVENUE, SUITE K | Resident Capacity: 0 |
| City, State: FULLERTON, CA 92832 | Total Occupancy: 0 |
| Phone #: (714)680-0241 Fax #: (714)680-9538 | Target Population: 1.1 |
| | Expiration Date: 04/30/2010 |
| Program Name: ANAMIKA RECOVERY CENTER | Record ID: 300200AP |
| Legal Name: ANAMIKA RECOVERY CENTER, INC. | Service Type: RES |
| 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: 02/28/2010 |
| Program Name: ARMORR HOUSE RECOVERY, INC. | Record ID: 300192AP |
| Legal Name: ARMORR HOUSE RECOVERY, INC. | Service Type: RES-DETOX |
| Address: 1764 NORTH MORNINGSIDE STREET | Resident Capacity: 6 |
| City, State: ORANGE, CA 92768 | Total Occupancy: 10 |
| Phone #: (714)544-0505 Fax #: (714)544-0436 | Target Population: 1.1 |
| | Expiration Date: 11/30/2008 |
| 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: 1.8 |
| | Expiration Date: 05/31/2009 |
| Program Name: BREAKAWAY PROGRAM | Record ID: 300065AP |
| Legal Name: BREAKAWAY HEALTH CORPORATION | Service Type: NON |
| Address: 3151 AIRWAY AVENUE, SUITE D-1 | 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: 01/31/2010 |
| Program Name: CALIFORNIA DIVERSION INTERVENTION FOUNDATION | Record ID: 300125BN |
| Legal Name: CALIFORNIA DIVERSION INTERVENTION FOUNDATION | Service Type: NON |
| Address: 1095 NORTH MAIN STREET, SUITE B | Resident Capacity: 0 |
| City, State: ORANGE, CA 92867 | Total Occupancy: 0 |
| Phone #: (714)633-0502 | Target Population: 1.1 |
| | Expiration Date: 03/31/2010 |

State of California Department of Alcohol and Drug Programs
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Orange County

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| Program Name: UNIDOS RECOVERY HOME | Record ID: 300010AN |
| Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABU | Service Type: RES-DETOX |
| Address: 9842 WEST 13TH STREET | Resident Capacity: 64 |
| City, State: GARDEN GROVE, CA 92644 | Total Occupancy: 65 |
| Phone #: (714)531-4624 | Target Population: 1.2 |
| | Expiration Date 07/31/2008 |
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| 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 07/31/2008 |
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| Program Name: CASA ELENA RECOVERY HOME | Record ID: 300010BN |
| Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABU | Service Type: RES |
| Address: 832 SOUTH ANAHEIM BOULEVARD | Resident Capacity: 6 |
| City, State: ANAHEIM, CA 92801 | Total Occupancy: 6 |
| Phone #: (714)722-5580 | Target Population: 1.3 |
| | Expiration Date 07/31/2008 |
| | |
| Program Name: CAPO BY THE SEA | Record ID: 300173AP |
| Legal Name: CAPO BY THE SEA, INC. | Service Type: RES-DETOX |
| Address: 26682 AVENIDA LAS PALMAS | Resident Capacity: 6 |
| City, State: CAPISTRANO BEACH, CA 92624 | Total Occupancy: 8 |
| Phone #: (949)661-8313 Fax #: (949)429-7885 | Target Population: 1.1 |
| | Expiration Date 10/31/2009 |
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| Program Name: CAPO BY THE SEA, INC. | Record ID: 300173BP |
| Legal Name: CAPO BY THE SEA, INC. | Service Type: NON |
| Address: 31521 RANCHO VIEJO ROAD, #101 | Resident Capacity: 0 |
| City, State: SAN JUAN CAPISTRANO, CA 92675 | Total Occupancy: 0 |
| Phone #: (949)874-1332 Fax #: (949)661-1264 | Target Population: 1.1 |
| | Expiration Date 04/30/2009 |
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| Program Name: THE CHAPMAN HOUSE | Record ID: 300105AP |
| Legal Name: CHAPMAN HOUSE, INC. | Service Type: RES-DETOX |
| Address: 3806 EAST ROBERTA DRIVE | Resident Capacity: 6 |
| City, State: ORANGE, CA 92869 | Total Occupancy: 7 |
| Phone #: (714)288-9779 Fax #: (714)538-9779 | Target Population: 1.1 |
| | Expiration Date 12/31/2009 |
| | |
| Program Name: CHAPMAN HOUSE, INC. | Record ID: 300105FP |
| Legal Name: CHAPMAN HOUSE, INC. | Service Type: RES-DETOX |
| Address: 207 SOUTH ESPLANADE | Resident Capacity: 6 |
| City, State: ORANGE, CA 92869 | Total Occupancy: 8 |
| Phone #: (714)288-9779 Fax #: (714)538-9779 | Target Population: 1.1 |
| | Expiration Date 09/30/2008 |

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Orange County

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| Program Name: CHAPMAN HOUSE Legal Name: CHAPMAN HOUSE, INC. Address: 1412 EAST CHAPMAN AVENUE City, State: ORANGE, CA 92866 Phone #: (714)288-9779 Fax #: (714)538-9779 | Record ID: 300105BP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 12/31/2009 |
| Program Name: CHAPMAN HOUSE Legal Name: CHAPMAN HOUSE, INC. Address: 234 NORTH GLASSELL STREET City, State: ORANGE, CA 92866 Phone #: (714)288-9779 Fax #: (714)288-6130 | Record ID: 300105HP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 05/31/2010 |
| Program Name: CHAPMAN HOUSE Legal Name: CHAPMAN HOUSE, INC. Address: 14511 - 14512 CARFAX DRIVE City, State: TUSTIN, CA 92780 Phone #: (714)288-9779 Fax #: (714)288-6130 | Record ID: 300105IP Service Type: RES-DETOX Resident Capacity: 44 Total Occupancy: 44 Target Population: 1.1 Expiration Date 10/31/2009 |
| Program Name: CHAPMAN HOUSE, INCORPORATED Legal Name: CHAPMAN HOUSE, INCORPORATED Address: 1815 EAST PALM AND 305 NORTH OAK City, State: ORANGE, CA 92866 Phone #: (714)288-9779 Fax #: (714)538-9779 | Record ID: 300105DP Service Type: RES Resident Capacity: 6 Total Occupancy: 8 Target Population: 1.1 Expiration Date 02/28/2010 |
| Program Name: JOURNEY REHABILITATION CENTERS Legal Name: CHERIE KNOPF Address: 23551 VENISIA City, State: LAGUNA HILLS, CA 92653 Phone #: (949)916-4304 Fax #: (949)581-5360 | Record ID: 300187AP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 05/31/2010 |
| Program Name: C.A.R.E. COUNSELING CENTER Legal Name: CHILD ABUSE RECOVERY, ETC. Address: 631 SOUTH BROOKHURST STREET, SUITE # 205 City, State: ANAHEIM, CA 92805 Phone #: (714)836-9900 Fax #: (714)836-9090 | Record ID: 300113CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2009 |
| Program Name: C.A.R.E. COUNSELING CENTER Legal Name: CHILD ABUSE RECOVERY, ETC. Address: 1614 EAST 17TH STREET, SUITE D City, State: SANTA ANA, CA 92701 Phone #: (717)836-9900 Fax #: (717)836-9090 | Record ID: 300113BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 12/31/2008 |

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

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| Program Name: COASTAL FAMILY THERAPY SERVICES Legal Name: COASTAL FAMILY THERAPY SERVICES Address: 1101 DOVE STREET SUITE 160 City, State: NEWPORT BEACH, CA 92660 Phone #: (949)851-5022 | Record ID: 300103BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2010 |
| Program Name: COLLEGE COMMUNITY SERVICES/CALWORKS/CAMINO NUEVO Legal Name: COLLEGE COMMUNITY SERVICES Address: 1615 FRENCH STREET, SUITES 101, 103, 203, 204, 205 AND 207 City, State: SANTA ANA, CA 92701 Phone #: (714)824-8150 Fax #: (714)824-8151 | Record ID: 300106CP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2009 |
| Program Name: COLLEGE COMMUNITY SERVICES/CALWORKS (CCS/CW) Legal Name: COLLEGE COMMUNITY SERVICES Address: 631 SOUTH BROOKHURST STREET, SUITE 106 City, State: ANAHEIM, CA 92804 Phone #: (714)490-7711 Fax #: (714)490-7717 | Record ID: 300106BP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2009 |
| Program Name: COMEBACK RECOVERY Legal Name: COMEBACK RECOVERY HOUSE Address: 1249 NORTH BROOKHURST STREET City, State: ANAHEIM, CA 92801 Phone #: (714)778-3661 Fax #: (714)279-9933 | Record ID: 300122BP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 12/31/2008 |
| Program Name: COMEBACK HOUSE PRIMARY RECOVERY Legal Name: COMEBACK RECOVERY HOUSE Address: 803 SOUTH GILBERT STREET City, State: ANAHEIM, CA 92804 Phone #: (714)236-9556 Fax #: (714)628-9607 | Record ID: 300122AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 02/28/2009 |
| Program Name: CONNOR RANCH TREATMENT CENTER Legal Name: CONNOR RANCH Address: 18021 NEWLAND City, State: HUNTINGTON BEACH, CA 92646 Phone #: (714)842-0392 | Record ID: 300174AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 09/30/2009 |
| 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: 70 Total Occupancy: 70 Target Population: 1.1 Expiration Date 11/30/2009 |

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

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Orange County

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| 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)934-4670 Fax #: (714)667-3968 | Record ID: 300006LN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 12/31/2008 |
| 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)834-3602 | Record ID: 300006IN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2010 |
| Program Name: ALISO VIEJO ALCOHOL & DRUG ABUSE SERVICES Legal Name: COUNTY OF ORANGE HEALTH CARE AGENCY Address: 5 MAREBLU, SUITE 200 City, State: ALISO VIEJO, CA 92656 Phone #: (714)834-3602 | Record ID: 300006GN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2010 |
| Program Name: ALCOHOL AND DRUG ABUSE SERVICES - FULLERTON Legal Name: COUNTY OF ORANGE HEALTH CARE AGENCY Address: 211 WEST COMMONWEALTH, SUITE 204 City, State: FULLERTON, CA 92632 Phone #: (714)834-3602 | Record ID: 300006AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2010 |
| 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)834-3602 | Record ID: 300006DN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2010 |
| 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)834-3602 | Record ID: 300006BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2010 |
| Program Name: DIVERSIFIED COUNSELING SERVICES-LAGUNA HILLS Legal Name: DIVERSIFIED COUNSELING SERVICES, INC. Address: 23185 LA CADENA DRIVE, SUITE 102 City, State: LAGUNA HILLS, CA 92653 Phone #: (949)455-0744 Fax #: (949)455-9822 | Record ID: 300110AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 07/31/2010 |

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| Program Name: DIVERSIFIED COUNSELING SERVICES, INC. Legal Name: DIVERSIFIED COUNSELING SERVICES, INC. Address: 304 WEST CERRITOS AVENUE, BUILDING 7 City, State: ANAHEIM, CA 92805 Phone #: (714)758-9920 Fax #: (714)758-9538 | Record ID: 300110FP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2009 |
| Program Name: DIVERSIFIED COUNSELING SERVICES, INC. Legal Name: DIVERSIFIED COUNSELING SERVICES, INC. Address: 1440 EAST 1ST STREET, SUITE 460 City, State: SANTA ANA, CA 92701 Phone #: (714)667-1196 Fax #: (714)667-1199 | Record ID: 300110HP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 08/31/2008 |
| Program Name: DIVERSIFIED COUNSELING SERVICES-WESTMINSTER Legal Name: DIVERSIFIED COUNSELING SERVICES, INC. Address: 13672 GOLDENWEST STREET, SUITE I City, State: WESTMINSTER, CA 92683 Phone #: (714)895-0933 Fax #: (714)895-0933 | Record ID: 300110CP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.2 Expiration Date 07/31/2010 |
| 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 02/28/2010 |
| Program Name: FIRST HOUSE RECOVERY CENTER Legal Name: FIRST HOUSE, LLC Address: 653 JOANN STREET City, State: COSTA MESA, CA 92627 Phone #: (949)233-8200 | Record ID: 300179BP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 02/28/2010 |
| Program Name: FIRST HOUSE RECOVERY CENTER Legal Name: FIRST HOUSE, LLC Address: 647 JOANN STREET City, State: COSTA MESA, CA 92627 Phone #: (949)233-8200 | Record ID: 300179AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 01/31/2010 |
| Program Name: FIRST HOUSE RECOVERY CENTER Legal Name: FIRST HOUSE, LLC Address: 1199 BOISE WAY City, State: COSTA MESA, CA 92627 Phone #: (949)233-8200 Fax #: (949)650-4047 | Record ID: 300179CP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 10/31/2008 |

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| Program Name: GENESIS RECOVERY CENTERS Legal Name: GENESIS ORGANIZATION, INC. Address: 10095 DECIMA DRIVE City, State: WESTMINSTER, CA 92683 Phone #: (714)839-2639 Fax #: (714)534-2521 | Record ID: 300191AN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 02/28/2009 |
| Program Name: ALTERNATIVE OPTIONS Legal Name: GEORGE W. BERNIER, PH.D. Address: 101 SOUTH KRAEMER BOULEVARD, SUITE # 230 City, State: PLACENTIA, CA 92870 Phone #: (714)995-0359 | Record ID: 300186AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2008 |
| Program Name: CACTUS GARDENS Legal Name: HALF-WAY HOME, INC. Address: 13222 CHAPMAN AVENUE City, State: GARDEN GROVE, CA 92650 Phone #: (714)703-9492 Fax #: (714)968-5867 | Record ID: 300114AN Service Type: RES Resident Capacity: 25 Total Occupancy: 25 Target Population: 1.2 Expiration Date 12/31/2008 |
| Program Name: OPPORTUNITY HOUSE Legal Name: HALF-WAY HOME, INC. Address: 13212 CHAPMAN AVENUE City, State: GARDEN GROVE, CA 92650 Phone #: (714)971-9327 Fax #: (714)968-5867 | Record ID: 300114BN Service Type: RES Resident Capacity: 20 Total Occupancy: 20 Target Population: 1.2 Expiration Date 12/31/2008 |
| Program Name: ACM RECOVERY, A DIVISION OF HARBOR WOOD SERVICES, INC. Legal Name: HARBOR WOOD SERVICES, INC. Address: 324 WEST 4TH STREET, SUITE E City, State: SANTA ANA, CA 92705 Phone #: (714)547-1404 Fax #: (714)550-4677 | Record ID: 300133BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 10/31/2008 |
| Program Name: ACM RECOVERY, A DIVISION OF HARBOR WOOD SERVICES, INC. Legal Name: HARBOR WOOD SERVICES, INC. Address: 14032 ENDERLE CENTER DRIVE, SUITE 214 City, State: TUSTIN, CA 92780 Phone #: (714)669-9396 Fax #: (714)978-1087 | Record ID: 300133DN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 10/31/2008 |
| Program Name: ACM RECOVERY Legal Name: HARBOR WOOD SERVICES, INC. Address: 1820 WEST ORANGEWOOD, SUITE 106 City, State: ORANGE, CA 92868 Phone #: (714)978-1090 Fax #: (714)978-1087 | Record ID: 300133AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2009 |

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| Program Name: ACM RECOVERY, A DIVISION OF HARBOR WOOD SERVICES, INC. Legal Name: HARBOR WOOD SERVICES, INC. Address: 25251 PASEO DE ALICIA, SUITE # 100 City, State: LAGUNA HILLS, CA 92653 Phone #: (949)699-3413 Fax #: (714)978-1087 | Record ID: 300133EN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 04/30/2009 |
| Program Name: HEALTHCARE SERVICES, INC., THE LIGHTHOUSE Legal Name: HEALTHCARE SERVICES, INC. Address: 1300 AND 1310 WEST PEARL STREET AND 1320 WEST PEARL ST., City, State: ANAHEIM, CA 92801 Phone #: (714)384-3970 Fax #: (714)384-3876 | Record ID: 300188AP Service Type: RES Resident Capacity: 72 Total Occupancy: 72 Target Population: 1.3 Expiration Date 05/31/2008 |
| Program Name: HEALTHCARE SERVICES Legal Name: HEALTHCARE SERVICES, INC. Address: 1340 PEARL STREET City, State: ANAHEIM, CA 92801 Phone #: (714)292-9959 Fax #: (714)384-3876 | Record ID: 300188CP Service Type: RES Resident Capacity: 24 Total Occupancy: 24 Target Population: 1.2 Expiration Date 05/31/2010 |
| Program Name: HOPE BY THE SEA, INC. Legal Name: HOPE BY THE SEA, INC. Address: 27412 CALLE ARROYO City, State: SAN JUAN CAPISTRANO, CA 92675 Phone #: (949)218-2690 Fax #: (949)218-1597 | Record ID: 300149BP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2009 |
| Program Name: HOPE BY THE SEA, INC. Legal Name: HOPE BY THE SEA, INC. Address: 23822 STILLWATER LANE City, State: LAGUNA NIGUEL, CA 92677 Phone #: (949)715-7773 Fax #: (949)218-1957 | Record ID: 300149AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 8 Target Population: 1.1 Expiration Date 08/31/2009 |
| Program Name: HOPE HOUSE Legal Name: HOPE HOUSE CORPORATION Address: 710 AND 714 NORTH ANAHEIM BOULEVARD City, State: ANAHEIM, CA 92805 Phone #: (714)776-7490 Fax #: (714)776-8650 | Record ID: 300034AN Service Type: RES Resident Capacity: 56 Total Occupancy: 56 Target Population: 1.1 Expiration Date 11/30/2009 |
| Program Name: CORDES COUNSELING CENTER Legal Name: HUMAN ARROWS, INC. Address: 27001 LA PAZ ROAD, #266B City, State: MISSION VIEJO, CA 92691 Phone #: (949)380-1717 Fax #: (949)380-1718 | Record ID: 300195AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2009 |

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| Program Name: JOURNEY TO FREEDOM RENAISSANCE HOMES, LLC | Record ID: 300205AP |
| Legal Name: JOURNEY TO FREEDOM RENAISSANCE HOMES, LLC | Service Type: RES |
| Address: 1405 W. CARRIAGE DRIVE | Resident Capacity: 6 |
| City, State: SANTA ANA, CA 92704 | Total Occupancy: 6 |
| Phone #: (714)368-3387 Fax #: (714)368-3387 | Target Population: 1.3 |
| | Expiration Date 04/30/2010 |
| 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 08/31/2008 |
| 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 08/31/2008 |
| Program Name: KOREAN COMMUNITY SERVICES | Record ID: 300107DN |
| Legal Name: 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 04/30/2009 |
| Program Name: LAGUNA BEACH RECOVERY CENTER | Record ID: 300197AP |
| Legal Name: LAGUNA BEACH RECOVERY, INC. | Service Type: RES-DETOX |
| Address: 322, 324, & 326 THALIA STREET | Resident Capacity: 6 |
| City, State: LAGUNA BEACH, CA 92651 | Total Occupancy: 6 |
| Phone #: (949)715-2566 Fax #: (760)778-5298 | Target Population: 1.1 |
| | Expiration Date 04/30/2009 |
| Program Name: LAGUNA BEACH RECOVERY, INC. | Record ID: 300197BP |
| Legal Name: LAGUNA BEACH RECOVERY, INC. | Service Type: NON |
| Address: 316 THALIA STREET | Resident Capacity: 0 |
| City, State: LAGUNA BEACH, CA 92651 | Total Occupancy: 0 |
| Phone #: (949)903-9309 | Target Population: 1.1 |
| | Expiration Date 06/30/2009 |
| 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: 1.3 |
| | Expiration Date 12/31/2009 |

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| Program Name: DUAL DIAGNOSIS TREATMENT CENTER, INC. Legal Name: MED PRO TREATMENT CENTERS, INC. Address: 209 AVENIDA FABRICANTE, SUITE 100 City, State: SAN CLEMENTE, CA 92672 Phone #: (949)369-1300 Fax #: (949)498-2619 | Record ID: 300131BP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2008 |
| Program Name: MIRAMAR HEALTH, INC. Legal Name: MIRAMAR HEALTH, INC. Address: 435 DAHLIA AVENUE City, State: NEWPORT BEACH, CA 92625 Phone #: (949)717-4797 Fax #: (949)494-7505 | Record ID: 300182BP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 05/31/2010 |
| 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)494-7505 | Record ID: 300182CP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 05/31/2010 |
| 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)644-1690 | Record ID: 300182AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.3 Expiration Date 01/31/2010 |
| Program Name: MORNINGSIDE RECOVERY, LLC Legal Name: MORNINGSIDE RECOVERY, LLC Address: 1769-A ANAHEIM STREET City, State: COSTA MESA, CA 92627 Phone #: (949)675-0006 Fax #: (949)675-0007 | Record ID: 300168BP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 12/31/2009 |
| Program Name: MORNINGSIDE RECOVERY, LLC Legal Name: MORNINGSIDE RECOVERY, LLC Address: 1769-B ANAHEIM STREET City, State: COSTA MESA, CA 92627 Phone #: (949)675-0006 Fax #: (949)675-0007 | Record ID: 300168CP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.3 Expiration Date 12/31/2009 |
| Program Name: CHANGES FOR RECOVERY Legal Name: MUCKER, MILTON Address: 300 NORTH TUSTIN AVENUE, SUITE 201 City, State: SANTA ANA, CA 92705 Phone #: (714)541-4007 Fax #: (714)541-2779 | Record ID: 300097BP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 07/31/2009 |

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| Program Name: THE RECOVERY CENTER Legal Name: NANCY CLARK AND ASSOCIATES, INC. Address: 1110 VICTORIA STREET City, State: COSTA MESA, CA 92627 Phone #: (949)646-2340 | Record ID: 300067AP Service Type: RES Resident Capacity: 38 Total Occupancy: 41 Target Population: 1.1 Expiration Date 02/28/2009 |
| 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 01/31/2009 |
| Program Name: NARCONON SOUTHERN CALIFORNIA, INC. Legal Name: NARCONON SOUTHERN CALIFORNIA Address: 1810 WEST OCEAN FRONT City, State: NEWPORT BEACH, CA 92663 Phone #: (800)876-6378 | Record ID: 300077AN Service Type: RES-DETOX Resident Capacity: 27 Total Occupancy: 49 Target Population: 1.1 Expiration Date 02/28/2010 |
| Program Name: NATIONAL THERAPEUTIC SERVICES, INC. - THE RAP CENTER Legal Name: NATIONAL THERAPEUTIC SERVICES, INC. Address: 2384 NEWPORT BOULEVARD City, State: COSTA MESA, CA 92627 Phone #: (714)432-0727 Fax #: (714)432-1928 | Record ID: 300159CP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 02/28/2009 |
| Program Name: THE JOSHUA HOUSE Legal Name: NATIONAL THERAPEUTIC SERVICES, INC. Address: 209 EAST 18TH STREET City, State: COSTA MESA, CA 92627 Phone #: (714)432-0727 Fax #: (714)432-1928 | Record ID: 300159AP Service Type: RES Resident Capacity: 13 Total Occupancy: 13 Target Population: 1.1 Expiration Date 06/30/2010 |
| Program Name: NEW DIRECTIONS FOR WOMEN, INC. Legal Name: NEW DIRECTIONS FOR WOMEN, INC. Address: 2607 WILLO LANE City, State: COSTA MESA, CA 92627 Phone #: (949)548-5546 Fax #: (949)548-5328 | Record ID: 300007GN Service Type: RES Resident Capacity: 18 Total Occupancy: 18 Target Population: 1.8 Expiration Date 11/30/2009 |
| Program Name: NEW DIRECTIONS FOR WOMEN/PROGRAM FOR WOMEN WITH CHILI Legal Name: NEW DIRECTIONS FOR WOMEN, INC. Address: 334 UNIVERSITY AVENUE City, State: COSTA MESA, CA 92627 Phone #: (949)548-5546 Fax #: (949)548-3292 | Record ID: 300007FN Service Type: RES Resident Capacity: 6 Total Occupancy: 12 Target Population: 1.4 Expiration Date 10/31/2009 |

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| Program Name: NEW DIRECTIONS FOR WOMEN OUTPATIENT PROGRAM Legal Name: NEW DIRECTIONS FOR WOMEN, INC. Address: 2603 WILLO AVENUE City, State: COSTA MESA, CA 92627 Phone #: (949)548-5546 Fax #: (949)548-5328 | Record ID: 300007JN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.3 Expiration Date 02/28/2010 |
| Program Name: NEW LIFE SPIRIT RECOVERY, INC. Legal Name: NEW LIFE SPIRIT RECOVERY, INC. Address: 18652 FLORIDA STREET, SUITE 245 City, State: HUNTINGTON BEACH, CA 92648 Phone #: (714)841-1906 | Record ID: 300190AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2008 |
| Program Name: NEWPORT COAST RECOVERY, L.P. Legal Name: NEWPORT COAST RECOVERY, L.P. Address: 1216 WEST BALBOA BOULEVARD City, State: NEWPORT BEACH, CA 92661 Phone #: (949)723-3155 Fax #: (949)673-9026 | Record ID: 300156AP Service Type: RES Resident Capacity: 29 Total Occupancy: 29 Target Population: 1.2 Expiration Date 01/31/2010 |
| Program Name: NEWPORT HARBOR RECOVERY Legal Name: NEWPORT HARBOR RECOVERY SERVICES, INC. Address: 382 HAMILTON STREET, UNITS A & B City, State: COSTA MESA, CA 92626 Phone #: (949)645-5775 Fax #: (949)645-7222 | Record ID: 300112BN Service Type: RES Resident Capacity: 12 Total Occupancy: 15 Target Population: 1.2 Expiration Date 11/30/2008 |
| Program Name: NEWPORT HARBOR RECOVERY Legal Name: NEWPORT HARBOR RECOVERY SERVICES, INC. Address: 396 HAMILTON STREET, UNIT C City, State: COSTA MESA, CA 92627 Phone #: (949)645-5775 Fax #: (949)645-7222 | Record ID: 300112FN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.3 Expiration Date 05/31/2010 |
| Program Name: OASIS TREATMENT CENTER Legal Name: OASIS TREATMENT CENTER, INC. Address: 222 WEST BALL ROAD City, State: ANAHEIM, CA 92805 Phone #: (714)991-4673 | Record ID: 300025AP Service Type: RES Resident Capacity: 16 Total Occupancy: 22 Target Population: 1.1 Expiration Date 02/28/2010 |
| Program Name: SOLUTIONS BY THE SEA Legal Name: OCEAN RECOVERY L.L.C. Address: 1601 WEST BALBOA BOULEVARD City, State: NEWPORT BEACH, CA 92663 Phone #: (949)723-2388 | Record ID: 300144AP Service Type: RES Resident Capacity: 16 Total Occupancy: 16 Target Population: 1.3 Expiration Date 12/31/2008 |

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| 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)723-2388 Fax #: (949)723-1288 | Target Population: 1.2 |
| | Expiration Date 12/31/2008 |
| 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 02/28/2009 |
| Program Name: ORANGE COUNTY DETOX | Record ID: 300169AP |
| Legal Name: ORANGE COUNTY DETOX, INC. | Service Type: RES-DETOX |
| Address: 536-B HAMILTON STREET | Resident Capacity: 6 |
| City, State: COSTA MESA, CA 92627 | Total Occupancy: 6 |
| Phone #: (949)279-2116 Fax #: (949)554-0833 | Target Population: 1.2 |
| | Expiration Date 09/30/2009 |
| Program Name: ORANGE COUNTY REHAB | Record ID: 300169BP |
| Legal Name: ORANGE COUNTY DETOX, INC. | Service Type: RES |
| 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: 1.2 |
| | Expiration Date 08/31/2008 |
| Program Name: ORANGE COUNTY HALFWAY HOUSE | Record ID: 300160AN |
| Legal Name: ORANGE COUNTY HALFWAY HOUSE, INC. | Service Type: RES |
| Address: 12702 JOSEPHINE STREET | Resident Capacity: 47 |
| City, State: GARDEN GROVE, CA 92641 | Total Occupancy: 47 |
| Phone #: (714)636-8222 Fax #: (714)636-0831 | Target Population: 1.3 |
| | Expiration Date 05/31/2010 |
| 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 05/31/2009 |
| 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 306 | 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 05/31/2009 |

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| 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: 14 Total Occupancy: 14 Target Population: 1.3 Expiration Date 11/30/2008 |
| Program Name: PACIFIC HILLS TREATMENT CENTERS Legal Name: PACIFIC HILLS TREATMENT CENTERS, INC. Address: 217 AND 219 AVENIDA MONTEREY City, State: SAN CLEMENTE, CA 92672 Phone #: (949)248-5335 Fax #: (949)248-4275 | Record ID: 300074BP Service Type: RES Resident Capacity: 24 Total Occupancy: 24 Target Population: 1.1 Expiration Date 08/31/2009 |
| 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)443-1888 Fax #: (949)443-1886 | Record ID: 300074DP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 10/31/2009 |
| Program Name: PAT MOORE FOUNDATION Legal Name: PAT MOORE FOUNDATION Address: 2560 NEWPORT BOULEVARD, UNITS 1-22 City, State: COSTA MESA, CA 92627 Phone #: (714)546-2200 Fax #: (949)764-9288 | Record ID: 300136JN Service Type: RES-DETOX Resident Capacity: 44 Total Occupancy: 44 Target Population: 1.1 Expiration Date 07/31/2008 |
| Program Name: PAT MOORE FOUNDATION Legal Name: PAT MOORE FOUNDATION Address: 1905 WEST HALL AVENUE City, State: SANTA ANA, CA 92704 Phone #: (714)546-2200 Fax #: (949)764-9288 | Record ID: 300136LN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 10/31/2009 |
| 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 Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 10/31/2009 |
| Program Name: HER PLACE Legal Name: PATHS TO RECOVERY FOR WOMEN, INC. Address: 23181 VERDUGO DRIVE, SUITE 104-A City, State: LAGUNA HILLS, CA 92653 Phone #: (949)707-5111 Fax #: (949)707-5138 | Record ID: 300202AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.3 Expiration Date 12/31/2009 |

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| Program Name: KARMEN EAP, INTERNATIONAL Legal Name: PAYNE, KARMEN M. Address: 660 WEST BAKER, SUITE 219B City, State: COSTA MESA, CA 92626 Phone #: (714)556-5569 Fax #: (714)556-5911 | Record ID: 300126AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: ** Expiration Date 05/31/2009 |
| Program Name: PHOENIX HOUSE Legal Name: PHOENIX HOUSE ORANGE COUNTY, INC. Address: 1207 EAST FRUIT STREET, BUILDING A City, State: SANTA ANA, CA 92701 Phone #: (714)953-9373 | Record ID: 300033AN Service Type: RES Resident Capacity: 85 Total Occupancy: 85 Target Population: 1.1 Expiration Date 08/31/2008 |
| Program Name: PHOENIX HOUSE Legal Name: PHOENIX HOUSE ORANGE COUNTY, INC. Address: 1207 EAST FRUIT STREET, BUILDINGS C-F City, State: SANTA ANA, CA 92701 Phone #: (714)953-9373 | Record ID: 300033BN Service Type: DSS Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 |
| Program Name: PHOENIX HOUSE Legal Name: PHOENIX HOUSE ORANGE COUNTY, INC. Address: 1207 EAST FRUIT STREET, BUILDING B City, State: SANTA ANA, CA 92701 Phone #: (714)953-9373 | Record ID: 300033CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2009 |
| Program Name: DR. WILLA'S HOUSE Legal Name: PHYSICIANS NUTRACEUTICAL RESEARCH INC. Address: 140 AVENIDA ALGODON, UNIT C City, State: SAN CLEMENTE, CA 92672 Phone #: (888)508-3371 Fax #: (888)508-3372 | Record ID: 300189CP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.3 Expiration Date 07/31/2010 |
| Program Name: DR. WILLA'S HOUSE Legal Name: PHYSICIANS NUTRACEUTICAL RESEARCH, INC. Address: 140 AVENIDA ALGODON, UNIT A City, State: SAN CLEMENTE, CA 92672 Phone #: (888)508-3371 Fax #: (888)508-3372 | Record ID: 300189AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 07/31/2010 |
| Program Name: DR. WILLA'S HOUSE Legal Name: PHYSICIANS NUTRACEUTICAL RESEARCH, INC. Address: 140 AVENIDA ALGODON, UNIT B City, State: SAN CLEMENTE, CA 92672 Phone #: (888)508-3371 Fax #: (888)508-3372 | Record ID: 300189BP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 07/31/2010 |

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| Program Name: PUR DETOX Legal Name: PUR DETOX, INC. Address: 2949 SOUTH COAST HIGHWAY City, State: LAGUNA BEACH, CA 92651 Phone #: (949)480-3440 | Record ID: 300198AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 08/31/2009 |
| Program Name: CORNERSTONE 1 Legal Name: RECOVERY HOMES OF AMERICA, INC. Address: 13682 YORBA STREET City, State: TUSTIN, CA 92780 Phone #: (714)730-5399 | Record ID: 300017AP Service Type: RES Resident Capacity: 6 Total Occupancy: 8 Target Population: 1.1 Expiration Date 05/31/2010 |
| Program Name: CORNERSTONE RECOVERY HOME #6 Legal Name: RECOVERY HOMES OF AMERICA, INC. Address: 13861 ESPLANADE City, State: SANTA ANA, CA 92705 Phone #: (714)547-4300 Fax #: (714)730-3505 | Record ID: 300017IP Service Type: RES Resident Capacity: 6 Total Occupancy: 8 Target Population: 1.2 Expiration Date 07/31/2009 |
| Program Name: CORNERSTONE RECOVERY HOMES Legal Name: RECOVERY HOMES OF AMERICA, INC. Address: 591 SOUTH PROSPECT STREET City, State: ORANGE, CA 92869 Phone #: (714)730-5399 | Record ID: 300017YP Service Type: RES Resident Capacity: 6 Total Occupancy: 9 Target Population: 1.2 Expiration Date 12/31/2009 |
| Program Name: CORNERSTONE RECOVERY HOME 17 Legal Name: RECOVERY HOMES OF AMERICA, INC. Address: 225 SOUTH PROSPECT City, State: ORANGE, CA 92869 Phone #: (714)730-5399 Fax #: (714)730-3505 | Record ID: 300017UP Service Type: RES Resident Capacity: 6 Total Occupancy: 10 Target Population: 1.3 Expiration Date 08/31/2008 |
| Program Name: CORNERSTONE RECOVERY HOME 16 Legal Name: RECOVERY HOMES OF AMERICA, INC. Address: 235 SOUTH PROSPECT City, State: ORANGE, CA 92869 Phone #: (714)730-5399 Fax #: (714)730-5399 | Record ID: 300017TP Service Type: RES Resident Capacity: 6 Total Occupancy: 10 Target Population: 1.3 Expiration Date 08/31/2008 |
| Program Name: CORNERSTONE RECOVERY HOME 15 Legal Name: RECOVERY HOMES OF AMERICA, INC. Address: 700 SOUTH YORBA STREET City, State: ORANGE, CA 92869 Phone #: (714)730-5399 Fax #: (714)730-3505 | Record ID: 300017SP Service Type: RES Resident Capacity: 6 Total Occupancy: 11 Target Population: 1.2 Expiration Date 04/30/2010 |

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| Program Name: CORNERSTONE RECOVERY HOME #14 Legal Name: RECOVERY HOMES OF AMERICA, INC. Address: 1612 EAST FRUIT STREET City, State: SANTA ANA, CA 92701 Phone #: (714)730-5399 Fax #: (714)730-3505 | Record ID: 300017PP Service Type: RES Resident Capacity: 6 Total Occupancy: 10 Target Population: 1.3 Expiration Date 06/30/2009 |
| Program Name: CORNERSTONE OF SOUTHERN CALIFORNIA 8 Legal Name: RECOVERY HOMES OF AMERICA, INC. Address: 13672 YORBA STREET City, State: TUSTIN, CA 92780 Phone #: (714)730-5399 | Record ID: 300017OP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 8 Target Population: 1.1 Expiration Date 05/31/2010 |
| Program Name: CORNERSTONE RECOVERY HOME - HOUSE 12 Legal Name: RECOVERY HOMES OF AMERICA, INC. Address: 581 SOUTH PROSPECT City, State: ORANGE, CA 92869 Phone #: (714)730-5399 | Record ID: 300017NP Service Type: RES Resident Capacity: 6 Total Occupancy: 8 Target Population: 1.2 Expiration Date 03/31/2010 |
| Program Name: CORNERSTONE RECOVERY HOME - ALMOND 3-A Legal Name: RECOVERY HOMES OF AMERICA, INC. Address: 2605 EAST ALMOND AVENUE, UNIT A City, State: ORANGE, CA 92869 Phone #: (714)730-5399 | Record ID: 300017MP Service Type: RES Resident Capacity: 6 Total Occupancy: 7 Target Population: 1.2 Expiration Date 03/31/2010 |
| Program Name: CORNERSTONE RECOVERY HOME M-10 Legal Name: RECOVERY HOMES OF AMERICA, INC. Address: 3310 MAPLE AVENUE City, State: ORANGE, CA 92869 Phone #: (714)730-5399 | Record ID: 300017LP Service Type: RES Resident Capacity: 6 Total Occupancy: 11 Target Population: 1.2 Expiration Date 03/31/2010 |
| Program Name: CORNERSTONE RECOVERY HOME Y-11 Legal Name: RECOVERY HOMES OF AMERICA, INC. Address: 880 YORBA STREET City, State: ORANGE, CA 92869 Phone #: (714)730-5399 Fax #: (714)730-3505 | Record ID: 300017KP Service Type: RES Resident Capacity: 6 Total Occupancy: 10 Target Population: 1.2 Expiration Date 03/31/2010 |
| Program Name: CORNERSTONE #9 Legal Name: RECOVERY HOMES OF AMERICA, INC. Address: 2217 NORTH WRIGHT STREET City, State: SANTA ANA, CA 92780 Phone #: (714)730-5399 Fax #: (714)730-3505 | Record ID: 300017JP Service Type: RES Resident Capacity: 6 Total Occupancy: 8 Target Population: 1.2 Expiration Date 07/31/2009 |

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| Program Name: CORNERSTONE RECOVERY HOMES Legal Name: RECOVERY HOMES OF AMERICA, INC. Address: 249 SOUTH PROSPECT STREET City, State: ORANGE, CA 92869 Phone #: (714)730-5399 | Record ID: 300017XP Service Type: RES Resident Capacity: 6 Total Occupancy: 9 Target Population: 1.3 Expiration Date 12/31/2009 |
| Program Name: CORNERSTONE #19 Legal Name: RECOVERY HOMES OF AMERICA, INC. Address: 3735 EAST SPRING STREET City, State: ORANGE, CA 92869 Phone #: (714)730-5399 Fax #: (714)730-3505 | Record ID: 300017WP Service Type: RES Resident Capacity: 6 Total Occupancy: 8 Target Population: 1.2 Expiration Date 09/30/2010 |
| Program Name: CORNERSTONE RECOVERY HOME #18 Legal Name: RECOVERY HOMES OF AMERICA, INC. Address: 757 SOUTH YORBA STREET City, State: ORANGE, CA 92869 Phone #: (714)730-5399 Fax #: (714)730-3505 | Record ID: 300017VP Service Type: RES Resident Capacity: 6 Total Occupancy: 10 Target Population: 1.3 Expiration Date 08/31/2009 |
| Program Name: CORNERSTONE #5 Legal Name: RECOVERY HOMES OF AMERICA, INC. Address: 2641 OLD GRAND City, State: SANTA ANA, CA 92701 Phone #: (714)730-5399 Fax #: (714)730-3505 | Record ID: 300017HP Service Type: RES Resident Capacity: 6 Total Occupancy: 8 Target Population: 1.2 Expiration Date 07/31/2009 |
| Program Name: CORNERSTONE #2 Legal Name: RECOVERY HOMES OF AMERICA, INC. Address: 13022 YORBA STREET City, State: SANTA ANA, CA 92705 Phone #: (714)730-5399 Fax #: (714)730-3505 | Record ID: 300017GP Service Type: RES Resident Capacity: 6 Total Occupancy: 8 Target Population: 1.2 Expiration Date 07/31/2009 |
| Program Name: CORNERSTONE OF SOUTHERN CALIFORNIA OUTPATIENT SERVICE Legal Name: RECOVERY HOMES OF AMERICA, INC. Address: 1950 EAST 17TH STREET, SUITE 150 City, State: SANTA ANA, CA 92705 Phone #: (714)547-4300 | Record ID: 300017FP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2010 |
| Program Name: CORNERSTONE OF SOUTHERN CALIFORNIA 3 Legal Name: RECOVERY HOMES OF AMERICA, INC. Address: 427 SOUTH YORBA STREET City, State: ORANGE, CA 92869 Phone #: (714)730-5399 | Record ID: 300017BP Service Type: RES Resident Capacity: 6 Total Occupancy: 7 Target Population: 1.2 Expiration Date 05/31/2010 |

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| Program Name: CORNERSTONE OF SOUTHERN CALIFORNIA 7 Legal Name: RECOVERY HOMES OF AMERICA, INC. Address: 13681 ROSALIND STREET City, State: TUSTIN, CA 92780 Phone #: (714)730-5399 Fax #: (714)710-7100 | Record ID: 300017CP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 7 Target Population: 1.3 Expiration Date 05/31/2010 |
| Program Name: CORNERSTONE OF SOUTHERN CALIFORNIA 4 Legal Name: RECOVERY HOMES OF AMERICA, INC. Address: 13671 ROSALIND STREET City, State: TUSTIN, CA 92780 Phone #: (714)730-5399 Fax #: (714)710-7100 | Record ID: 300017DP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 8 Target Population: 1.1 Expiration Date 05/31/2010 |
| Program Name: ROQUE CENTER Legal Name: ROQUE CENTER, INC. Address: 9842 WEST A 13TH STREET City, State: GARDEN GROVE, CA 92644 Phone #: (714)839-0607 | Record ID: 300015AN Service Type: RES-DETOX Resident Capacity: 80 Total Occupancy: 81 Target Population: 1.1 Expiration Date 07/31/2008 |
| 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 11/30/2009 |
| 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 10/31/2008 |
| 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 08/31/2009 |
| 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 02/28/2010 |

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| Program Name: DAS DRUG DIVERSION PROGRAM Legal Name: SHOEMAKER, DAVID A. Address: 615 NORTH BERRY STREET, SUITE J City, State: BREA, CA 92821 Phone #: (714)255-1873 | Record ID: 300129AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2009 |
| Program Name: SOBER LIVING BY THE SEA Legal Name: SOBER LIVING BY THE SEA, INC. Address: 4500 AND 4504 SEASHORE City, State: NEWPORT BEACH, CA 92663 Phone #: (949)673-6696 Fax #: (949)723-2829 | Record ID: 300044CCP Service Type: RES Resident Capacity: 12 Total Occupancy: 14 Target Population: 1.3 Expiration Date 07/31/2008 |
| 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 09/30/2009 |
| Program Name: SOBER LIVING BY THE SEA Legal Name: SOBER LIVING BY THE SEA, INC. Address: 5101 RIVER, UNIT A City, State: NEWPORT BEACH, CA 92663 Phone #: (949)673-6696 Fax #: (949)723-2829 | Record ID: 300044VP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 07/31/2008 |
| Program Name: SOBER LIVING BY THE SEA Legal Name: SOBER LIVING BY THE SEA, INC. Address: 3980 SEASHORE DRIVE City, State: NEWPORT BEACH, CA 92663 Phone #: (949)673-6696 Fax #: (949)723-2829 | Record ID: 300044XP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 07/31/2008 |
| Program Name: SOBER LIVING BY THE SEA Legal Name: SOBER LIVING BY THE SEA, INC. Address: 125 39TH STREET City, State: NEWPORT BEACH, CA 92663 Phone #: (949)673-6696 Fax #: (949)723-2829 | Record ID: 300044ZP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 07/31/2008 |
| 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 09/30/2009 |

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| Program Name: SOBER LIVING BY THE SEA Legal Name: SOBER LIVING BY THE SEA, INC. Address: 122 45TH STREET, UNIT A City, State: NEWPORT BEACH, CA 92663 Phone #: (949)673-6696 Fax #: (949)723-2829 | Record ID: 300044TP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.3 Expiration Date 07/31/2008 |
| Program Name: SOBER LIVING BY THE SEA Legal Name: SOBER LIVING BY THE SEA, INC. Address: 208 VIA LIDO SOUD City, State: NEWPORT BEACH, CA 92663 Phone #: (949)673-6696 Fax #: (949)723-2829 | Record ID: 300044QP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.3 Expiration Date 07/31/2008 |
| 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 07/31/2008 |
| Program Name: SOBER LIVING BY THE SEA Legal Name: SOBER LIVING BY THE SEA, INC. Address: 122 45TH STREET, UNIT B City, State: NEWPORT BEACH, CA 92663 Phone #: (949)673-6696 Fax #: (949)723-2829 | Record ID: 300044RP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.3 Expiration Date 07/31/2008 |
| Program Name: SOBER LIVING BY THE SEA Legal Name: SOBER LIVING BY THE SEA, INC. Address: 102 VIA ANTIBES City, State: NEWPORT BEACH, CA 92663 Phone #: (949)673-6696 Fax #: (949)723-2829 | Record ID: 300044BBP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.3 Expiration Date 07/31/2008 |
| 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 07/31/2008 |
| Program Name: SOBER LIVING BY THE SEA Legal Name: SOBER LIVING BY THE SEA, INC. Address: 125-1/2 39TH STREET City, State: NEWPORT BEACH, CA 92663 Phone #: (949)673-6696 Fax #: (949)723-2829 | Record ID: 300044AAP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 07/31/2008 |

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| Program Name: SOBER LIVING BY THE SEA Legal Name: SOBER LIVING BY THE SEA, INC. Address: 100 VIA ANTIBES City, State: NEWPORT BEACH, CA 92663 Phone #: (949)673-6696 Fax #: (949)723-2829 | Record ID: 300044YP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.3 Expiration Date 07/31/2008 |
| Program Name: SOBER LIVING BY THE SEA Legal Name: SOBER LIVING BY THE SEA, INC. Address: 3960 SEASHORE DRIVE City, State: NEWPORT BEACH, CA 92663 Phone #: (949)673-6696 Fax #: (949)723-2829 | Record ID: 300044WP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 07/31/2008 |
| 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 07/31/2008 |
| 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: 12 Total Occupancy: 12 Target Population: 1.1 Expiration Date 07/31/2008 |
| Program Name: SOUTH COAST RECOVERY Legal Name: SOBRIETY SERVICES, INC. Address: 33701 BIG SUR City, State: DANA POINT, CA 92629 Phone #: (949)273-4200 Fax #: (949)488-0447 | Record ID: 300177AP Service Type: RES-DETOX Resident Capacity: 10 Total Occupancy: 10 Target Population: 1.1 Expiration Date 11/30/2009 |
| Program Name: TOUCHSTONES Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC. Address: 525 NORTH PARKER City, State: ORANGE, CA 92868 Phone #: (714)639-5542 | Record ID: 300070AN Service Type: DSS Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 |
| Program Name: SOLUTIONS FOR RECOVERY Legal Name: SOLUTIONS FOR RECOVERY, INC. Address: 31931 PASEO TERRAZA City, State: SAN JUAN CAPISTRANO, CA 92675 Phone #: (949)874-1332 Fax #: (949)661-1264 | Record ID: 300143BP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 8 Target Population: 1.1 Expiration Date 02/28/2010 |

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| Program Name: SOUTH COAST COUNSELING Legal Name: SOUTH COAST COUNSELING, INC. Address: 693 PLUMER STREET City, State: COSTA MESA, CA 92627 Phone #: (949)642-0180 | Record ID: 300012BN Service Type: RES Resident Capacity: 16 Total Occupancy: 16 Target Population: 1.1 Expiration Date 04/30/2010 |
| Program Name: HERITAGE HOUSE Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC. Address: 2212-A PLACENTIA AVENUE City, State: COSTA MESA, CA 92627 Phone #: (949)646-2271 | Record ID: 300054AN Service Type: RES Resident Capacity: 1 Total Occupancy: 3 Target Population: 1.4 Expiration Date 06/30/2010 |
| Program Name: HERITAGE HOUSE III Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC. Address: 2212-D PLACENTIA AVENUE City, State: COSTA MESA, CA 92627 Phone #: (949)646-2271 | Record ID: 300054CN Service Type: RES Resident Capacity: 3 Total Occupancy: 6 Target Population: 1.4 Expiration Date 06/30/2010 |
| Program Name: HERITAGE HOUSE IV Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC. Address: 2218-B PLACENTIA AVENUE City, State: COSTA MESA, CA 92627 Phone #: (949)646-2271 | Record ID: 300054DN Service Type: RES Resident Capacity: 3 Total Occupancy: 6 Target Population: 1.4 Expiration Date 06/30/2010 |
| Program Name: HERITAGE HOUSE II Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC. Address: 2212-B PLACENTIA AVENUE City, State: COSTA MESA, CA 92627 Phone #: (949)646-2271 | Record ID: 300054BN Service Type: RES Resident Capacity: 3 Total Occupancy: 6 Target Population: 1.4 Expiration Date 06/30/2010 |
| Program Name: HERITAGE HOUSE V Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC. Address: 2218-C PLACENTIA AVENUE City, State: COSTA MESA, CA 92627 Phone #: (949)646-2271 | Record ID: 300054EN Service Type: RES Resident Capacity: 3 Total Occupancy: 6 Target Population: 1.4 Expiration Date 06/30/2010 |
| Program Name: HERITAGE HOUSE NORTH Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC. Address: 315, 319, AND 321 NORTH STATE COLLEGE BOULEVARD City, State: ANAHEIM, CA 92806 Phone #: (562)923-4545 Fax #: (714)687-9927 | Record ID: 300054IN Service Type: RES Resident Capacity: 21 Total Occupancy: 44 Target Population: 1.4 Expiration Date 12/31/2008 |

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| 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 06/30/2010 |
| 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 04/30/2010 |
| Program Name: SPENCER RECOVERY CENTER | Record ID: 300088AP |
| Legal Name: SPENCER RECOVERY CENTERS, INC. | Service Type: RES-DETOX |
| Address: 1316 SOUTH COAST HIGHWAY | Resident Capacity: 28 |
| City, State: LAGUNA BEACH, CA 92651 | Total Occupancy: 28 |
| Phone #: (949)376-3705 | Target Population: 1.1 |
| | Expiration Date 11/30/2009 |
| Program Name: SPENCER RECOVERY CENTERS, INC. | Record ID: 300088KP |
| Legal Name: SPENCER RECOVERY CENTERS, INC. | Service Type: RES |
| Address: 1337 C GAVIOTA | Resident Capacity: 3 |
| City, State: LAGUNA BEACH, CA 92651 | Total Occupancy: 3 |
| Phone #: (949)376-3705 Fax #: (949)376-3701 | Target Population: 1.1 |
| | Expiration Date 11/30/2008 |
| Program Name: SPENCER RECOVERY CENTERS | Record ID: 300088IP |
| Legal Name: SPENCER RECOVERY CENTERS, INC. | Service Type: RES |
| Address: 1337 A 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 11/30/2008 |
| 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 11/30/2008 |
| Program Name: SPENCER RECOVERY CENTERS | Record ID: 300088GP |
| Legal Name: SPENCER RECOVERY CENTERS, 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 08/31/2008 |

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| Program Name: GERRY HOUSE | Record ID: 300040AN |
| Legal Name: STRAIGHT TALK CLINIC, INCORPORATED | Service Type: RES |
| Address: 1225-1227 WEST 6TH STREET | Resident Capacity: 12 |
| City, State: SANTA ANA, CA 92703 | Total Occupancy: 12 |
| Phone #: (714)972-1402 | Target Population: 1.1 |
| | Expiration Date 09/30/2009 |
| Program Name: SUPPORTIVE RECOVERY SERVICES | Record ID: 300157AP |
| Legal Name: SUPPORTIVE RECOVERY SERVICES | Service Type: RES |
| Address: 160 BAY STREET | Resident Capacity: 6 |
| City, State: COSTA MESA, CA 92627 | Total Occupancy: 8 |
| Phone #: (949)515-9915 Fax #: (949)515-4715 | Target Population: 1.2 |
| | Expiration Date 02/29/2008 |
| Program Name: SUPPORTIVE RECOVERY SERVICES | Record ID: 300157BP |
| Legal Name: SUPPORTIVE RECOVERY SERVICES | Service Type: NON |
| Address: 2001 HARBOR BOULEVARD, SUITE 220 | Resident Capacity: 0 |
| City, State: COSTA MESA, CA 92627 | Total Occupancy: 0 |
| Phone #: (949)515-9915 Fax #: (949)515-4715 | Target Population: 1.2 |
| | Expiration Date 11/30/2009 |
| Program Name: CENTER FOR THE TREATMENT OF ADDICTION, INC. | Record ID: 300119FP |
| Legal Name: THE CENTER FOR THE TREATMENT OF ADDICTION, INC. | Service Type: NON |
| Address: 10031 LAMPSON AVENUE | Resident Capacity: 0 |
| City, State: GARDEN GROVE, CA 92840 | Total Occupancy: 0 |
| Phone #: (714)992-1677 Fax #: (714)992-4906 | Target Population: 1.5 |
| | Expiration Date 06/30/2008 |
| 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, 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 06/30/2008 |
| Program Name: ADDICTION TREATMENT CENTER | Record ID: 300119GP |
| Legal Name: THE CENTER FOR THE TREATMENT OF ADDICTION, INC. | Service Type: NON |
| Address: 5482 BUSINESS DRIVE, UNIT A | Resident Capacity: 0 |
| City, State: HUNTINGTON BEACH, CA 92649 | Total Occupancy: 0 |
| Phone #: (714)992-1677 Fax #: (714)992-4906 | Target Population: 1.5 |
| | Expiration Date 06/30/2008 |
| 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 |

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| Program Name: THE GENESIS ORGANIZATION, INC. - DRUG AND ALCOHOL REHABIL | Record ID: 300170AN |
| Legal Name: THE GENESIS ORGANIZATION, INC. | Service Type: NON |
| Address: 13071 BROOKHURST STREET, # 197 | Resident Capacity: 0 |
| City, State: GARDEN GROVE, CA 92843 | Total Occupancy: 0 |
| Phone #: (714)534-2636 Fax #: (714)534-2521 | Target Population: 1.1 |
| | Expiration Date 09/30/2009 |
| Program Name: THE LIGHTHOUSE | Record ID: 300194AN |
| Legal Name: THE INSTITUTE FOR FAMILY AND COMMUNITY RELATIONS | Service Type: RES |
| Address: 9971 WEST PACIFIC AVENUE | Resident Capacity: 6 |
| City, State: ANAHEIM, CA 92805 | Total Occupancy: 6 |
| Phone #: (949)683-5335 Fax #: (714)750-6113 | Target Population: 1.3 |
| | Expiration Date 06/30/2009 |
| Program Name: THE KRAMER CENTER AT NEWPORT BEACH | Record ID: 300193DP |
| Legal Name: THE KRAMER CENTER AT NEWPORT BEACH | Service Type: NON |
| Address: 3388 VIA LIDO PENTHOUSE, 5TH FLOOR | Resident Capacity: 0 |
| City, State: NEWPORT BEACH, CA 92663 | Total Occupancy: 0 |
| Phone #: (949)566-0091 Fax #: (949)566-9108 | Target Population: 1.1 |
| | Expiration Date 01/31/2010 |
| Program Name: MAINSTREAM GROUP | Record ID: 300084BN |
| Legal Name: THE MAINSTREAM GROUP INC. | Service Type: RES-DETOX |
| Address: 26882 AVENIDA LAS PALMAS | Resident Capacity: 6 |
| City, State: CAPISTRANO BEACH, CA 92624 | Total Occupancy: 6 |
| Phone #: (949)366-9210 Fax #: (949)498-5706 | Target Population: 1.2 |
| | Expiration Date 12/31/2008 |
| Program Name: MAINSTREAM GROUP | Record ID: 300084FN |
| Legal Name: THE MAINSTREAM GROUP INC. | Service Type: RES |
| Address: 34457 CAMINO EL MOLINO | Resident Capacity: 6 |
| City, State: CAPISTRANO BEACH, CA 92624 | Total Occupancy: 6 |
| Phone #: (949)366-9210 Fax #: (949)498-5706 | Target Population: 1.2 |
| | Expiration Date 12/31/2008 |
| Program Name: MAINSTREAM GROUP | Record ID: 300084GN |
| Legal Name: THE MAINSTREAM GROUP INC. | Service Type: NON |
| Address: 101 AVENIDA SERRA | Resident Capacity: 0 |
| City, State: SAN CLEMENTE, CA 92672 | Total Occupancy: 0 |
| Phone #: (949)366-9210 Fax #: (949)498-5706 | Target Population: 1.1 |
| | Expiration Date 12/31/2008 |
| Program Name: MAINSTREAM GROUP | Record ID: 300084HN |
| Legal Name: THE MAINSTREAM GROUP INC. | Service Type: RES |
| Address: 3901 CALLE MAYO | Resident Capacity: 6 |
| City, State: SAN CLEMENTE, CA 92673 | Total Occupancy: 6 |
| Phone #: (949)498-5706 Fax #: (949)498-5706 | Target Population: 1.3 |
| | Expiration Date 02/28/2009 |

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| Program Name: MAINSTREAM GROUP Legal Name: THE MAINSTREAM GROUP, INC. Address: 343 AVENIDA VAQUERO City, State: SAN CLEMENTE, CA 92672 Phone #: (949)366-9210 Fax #: (949)498-5706 | Record ID: 300084EN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.3 Expiration Date 12/31/2008 |
| Program Name: THE MAINSTREAM GROUP Legal Name: THE MAINSTREAM GROUP, INC. Address: 26920 CALLE DOLORES, UNIT A City, State: CAPISTRANO BEACH, CA 92624 Phone #: (949)366-9210 Fax #: (949)498-5706 | Record ID: 300084IN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 10/31/2009 |
| Program Name: THE MAINSTREAM GROUP, INC. Legal Name: THE MAINSTREAM GROUP, INC. Address: 26884 AVENIDA LAS PALMAS City, State: CAPISTRANO BEACH, CA 92624 Phone #: (949)366-9210 Fax #: (949)498-5706 | Record ID: 300084JN Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 12/31/2009 |
| Program Name: THE MAINSTREAM GROUP, INC. Legal Name: THE MAINSTREAM GROUP, INC. Address: 26920 CALLE DELORES, UNIT B City, State: CAPISTRANO BEACH, CA 92624 Phone #: (949)366-9210 Fax #: (949)498-5706 | Record ID: 300084KN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 01/31/2010 |
| Program Name: THE NEW BEGINNING Legal Name: THE NEW BEGINNING FELLOWSHIP CENTER Address: 2024 EAST SYCAMORE AVENUE City, State: ORANGE, CA 92867 Phone #: (714)839-5305 Fax #: (714)839-5501 | Record ID: 300120AN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 06/30/2009 |
| Program Name: NEW BEGINNING FELLOWSHIP CENTER Legal Name: THE NEW BEGINNING FELLOWSHIP CENTER Address: 16581 BROOKHURST City, State: FOUNTAIN VALLEY, CA 92706 Phone #: (714)839-2515 Fax #: (714)839-5501 | Record ID: 300120BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2009 |
| Program Name: THE SOBERZONE TREATMENT CENTER Legal Name: THE SOBERZONE RECOVERY CENTER, INC. Address: 1308 WEST PORTER City, State: FULLERTON, CA 92833 Phone #: (714)870-1813 Fax #: (714)849-2027 | Record ID: 300181AP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 09/30/2008 |

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| Program Name: THE VILLA Legal Name: THE VILLA CENTER, INC. Address: 910 NORTH FRENCH STREET City, State: SANTA ANA, CA 92701 Phone #: (714)547-3301 Fax #: (714)547-1249 | Record ID: 300016AN Service Type: RES Resident Capacity: 15 Total Occupancy: 15 Target Population: 1.3 Expiration Date 01/31/2010 |
| Program Name: THE VILLA ANNEX Legal Name: THE VILLA CENTER, INC. Address: 311 EAST WASHINGTON STREET City, State: SANTA ANA, CA 92701 Phone #: (714)547-3301 Fax #: (714)547-1249 | Record ID: 300016CN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.3 Expiration Date 01/31/2010 |
| 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 05/31/2010 |
| 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 | Record ID: 300196AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 8 Target Population: 1.1 Expiration Date 04/30/2009 |
| 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 02/28/2009 |
| 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)771-8193 Fax #: (714)744-8556 | Record ID: 300128CP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2009 |
| 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 10/31/2008 |

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| Program Name: SOUTH COAST COUNSELING AND PSYCHOLOGICAL SERVICES | Record ID: 300162BP |
| Legal Name: WEL-MOR PSYCHOLOGY GROUP, INC. | Service Type: NON |
| Address: 5130 EAST LA PALMA, SUITE 212 | Resident Capacity: 0 |
| City, State: ANAHEIM, CA 92807 | Total Occupancy: 0 |
| Phone #: (714)540-9070 Fax #: (714)549-4525 | Target Population: 1.1 |
| | Expiration Date 10/31/2008 |
| Program Name: SOUTH COAST COUNSELING AND PSYCHOLOGICAL SERVICES | Record ID: 300162CP |
| Legal Name: WEL-MOR PSYCHOLOGY GROUP, INC. | Service Type: NON |
| Address: 26041 CAPE DRIVE, SUITE 130 | Resident Capacity: 0 |
| City, State: LAGUNA NIGEL, CA 92677 | Total Occupancy: 0 |
| Phone #: (714)540-9070 Fax #: (714)549-4525 | Target Population: 1.1 |
| | Expiration Date 10/31/2008 |
| Program Name: BILL MARTIN PH.D | Record ID: 300135AP |
| Legal Name: WILLIAM W. MARTIN, PH.D | Service Type: NON |
| Address: 32122 CAMINO CAPISTRANO, SUITE 200 | Resident Capacity: 0 |
| City, State: SAN JUAN CAPISTRANO, CA 92675 | Total Occupancy: 0 |
| Phone #: (949)248-7377 Fax #: (866)805-2796 | Target Population: 1.1 |
| | Expiration Date 05/31/2010 |
| Program Name: WOODGLEN RECOVERY JUNCTION | Record ID: 300042AN |
| Legal Name: WOODGLEN RECOVERY JUNCTION, INCORPORATED | Service Type: RES |
| Address: 771 WEST ORANGETHORPE AVENUE | Resident Capacity: 24 |
| City, State: FULLERTON, CA 92832 | Total Occupancy: 24 |
| Phone #: (714)879-6916 | Target Population: 1.1 |
| | Expiration Date 10/31/2009 |
| 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 02/28/2010 |
| Program Name: DAYLIGHT AGAIN | Record ID: 300042CN |
| Legal Name: WOODGLEN RECOVERY JUNCTION, INCORPORATED | Service Type: RES |
| Address: 329 EAST COMMONWEALTH AVENUE | Resident Capacity: 16 |
| City, State: FULLERTON, CA 92832 | Total Occupancy: 16 |
| Phone #: (714)879-6916 Fax #: (714)578-2960 | Target Population: 1.1 |
| | Expiration Date 01/31/2010 |
| Program Name: WROC, "YELLOWSTONE WEST" | 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 #: (714)966-9872 Fax #: (714)646-5296 | Target Population: 1.2 |
| | Expiration Date 03/31/2009 |

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Program Name: YELLOWSTONE (WOMEN'S RECOVERY OF CALIFORNIA)

Legal Name: YELLOWSTONE WOMEN'S FIRST STEP HOUSE, INC.

Address: 154 EAST BAY

City, State: COSTA MESA, CA 92627

Phone #: (888)941-9048 Fax #: (888)941-9048

Record ID: 300121BN

Service Type: RES-DETOX

Resident Capacity: 6

Total Occupancy: 7

Target Population: 1.1

Expiration Date 05/31/2009

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| Program Name: CHAPA-DE INDIAN HEALTH PROGRAM, INC. Legal Name: CHAPA-DE INDIAN HEALTH PROGRAM, INC. Address: 11670 ATWOOD ROAD City, State: AUBURN, CA 95603 Phone #: (530)887-2828 Fax #: (530)887-2834 | Record ID: 310014AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2008 |
| 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)885-4249 | Record ID: 310010CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2010 |
| Program Name: CORNERSTONE Legal Name: HOPE HELP AND HEALING Address: 1195 SLADE LANE City, State: AUBURN, CA 95603 Phone #: (530)887-1596 Fax #: (530)885-6191 | Record ID: 310010EN Service Type: RES Resident Capacity: 6 Total Occupancy: 7 Target Population: 1.2 Expiration Date 10/31/2009 |
| Program Name: TRUE STEP Legal Name: HOPE HELP AND HEALING Address: 4255 MEADOW GLEN ROAD City, State: AUBURN, CA 95603 Phone #: (530)885-4249 Fax #: (530)885-6191 | Record ID: 310010DN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 09/30/2008 |
| Program Name: NEW LEAF COUNSELING - LINCOLN WAY Legal Name: JAMES HARDWICK Address: 191 LINCOLN WAY City, State: AUBURN, CA 95603 Phone #: (530)392-3539 Fax #: (530)889-9197 | Record ID: 310007DP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.3 Expiration Date 05/31/2010 |
| 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)889-9195 Fax #: (530)889-9197 | Record ID: 310007BP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.4 Expiration Date 06/30/2009 |
| Program Name: NEW LEAF COUNSELING RESIDENTIAL/HOFFMAN Legal Name: JAMES HARDWICK Address: 199 HOFFMAN AVENUE City, State: AUBURN, CA 95603 Phone #: (530)885-9067 | Record ID: 310007CP Service Type: RES Resident Capacity: 6 Total Occupancy: 12 Target Population: 1.3 Expiration Date 10/31/2008 |

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| 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 02/28/2010 |
| 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 #2 Legal Name: KOINONIA FOSTER HOMES, INC. Address: 6331 KING ROAD City, State: LOOMIS, CA 95650 Phone #: (916)652-0171 Fax #: (916)652-3979 | Record ID: 310012BN Service Type: DSS Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 |
| Program Name: KOINONIA GROUP HOME #3 Legal Name: KOINONIA FOSTER HOMES, INC. Address: 5440 PARAGON STREET City, State: ROCKLIN, CA 95677 Phone #: (916)652-0171 Fax #: (916)652-3979 | Record ID: 310012CN Service Type: DSS Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 |
| Program Name: PLACER COUNTY ALCOHOL AND OR OTHER DRUG TREATMENT PRG Legal Name: PLACER COUNTY ALCOHOL AND OR OTHER DRUG TREATMENT PRG Address: 11512 B AVENUE City, State: AUBURN, CA 95603 Phone #: (530)889-7291 Fax #: (530)889-7293 | Record ID: 310013BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.8 Expiration Date 11/30/2009 |
| Program Name: PLACER COUNTY DRUG AND ALCOHOL TREATMENT PROGRAM - CI Legal Name: PLACER COUNTY HEALTH AND HUMAN SERVICES Address: 101 CIRBY HILLS DRIVE City, State: ROSEVILLE, CA 95678 Phone #: (916)787-8800 Fax #: (916)787-8857 | Record ID: 310015AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2009 |

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| Program Name: PROGRESS HOUSE WOMEN AND CHILDREN'S FACILITY Legal Name: PROGRESS HOUSE, INC. Address: 34248 EAST TOWLE ROAD City, State: ALTA, CA 95701 Phone #: (530)626-9240 | Record ID: 310005BN Service Type: RES Resident Capacity: 10 Total Occupancy: 12 Target Population: 1.4 Expiration Date 10/31/2008 |
| Program Name: ROCKLIN COMMUNITY COUNSELING CENTER Legal Name: ROCKLIN COMMUNITY COUNSELING CENTER, INC. Address: 4240 ROCKLIN ROAD, SUITES 4A, 4B AND 5 City, State: ROCKLIN, CA 95677 Phone #: (916)315-0468 | Record ID: 310009DN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2008 |
| Program Name: RCCC - APPLGATE MEN'S RESIDENTIAL CENTER Legal Name: ROCKLIN COMMUNITY COUNSELING SERVICES, INC. Address: 17891 LAKE ARTHUR ROAD City, State: APPLGATE, CA 95703 Phone #: (916)315-0468 Fax #: (530)878-2646 | Record ID: 310009EN Service Type: RES Resident Capacity: 6 Total Occupancy: 10 Target Population: 1.2 Expiration Date 11/30/2009 |
| Program Name: SOUTH PLACER RESIDENTIAL TREATMENT PROGRAM Legal Name: SIERRA COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE Address: 11417 D AVENUE City, State: AUBURN, CA 95603 Phone #: (530)885-1917 | Record ID: 310001BN Service Type: RES-DETOX Resident Capacity: 32 Total Occupancy: 32 Target Population: 1.1 Expiration Date 11/30/2009 |
| Program Name: SIERRA COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE Legal Name: SIERRA COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE Address: 406 SUNRISE AVENUE, #310A City, State: ROSEVILLE, CA 95661 Phone #: (916)782-3737 Fax #: (916)782-3739 | Record ID: 310001EN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2009 |
| Program Name: SIERRA COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE Legal Name: SIERRA COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE Address: 11960 HERITAGE OAK PLACE, #15 City, State: AUBURN, CA 95603 Phone #: (530)885-1961 Fax #: (530)885-0713 | Record ID: 310001DN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2009 |
| Program Name: SIERRA COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE - LINC Legal Name: SIERRA COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE Address: 1530 3RD STREET, SUITE 202 City, State: LINCOLN, CA 95648 Phone #: (916)652-5831 Fax #: (916)652-5881 | Record ID: 310001CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2009 |

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Placer County

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| Program Name: SIERRA FAMILY SERVICES | Record ID: 310003AN |
| Legal Name: SIERRA FAMILY SERVICES, INCORPORATED | 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 01/31/2010 |
| Program Name: SIERRA FAMILY SERVICES | Record ID: 310003CN |
| Legal Name: SIERRA FAMILY SERVICES, INCORPORATED | 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 01/31/2010 |
| Program Name: EAGLE RECOVERY PROGRAMS | Record ID: 310004DN |
| Legal Name: THE SUBSTANCE ABUSE GROWTH AND RECOVERY INSTITUTE | Service Type: RES |
| Address: 12183 LOCKSLEY LANE AND 12174, 12176 & 12178 SHALE RIDGE | Resident Capacity: 58 |
| City, State: AUBURN, CA 95602 | Total Occupancy: 58 |
| Phone #: (530)823-0777 | Target Population: 1.13 |
| | Expiration Date 08/31/2008 |
| Program Name: EAGLE RECOVERY OUTPATIENT PROGRAM | Record ID: 310004EN |
| Legal Name: THE SUBSTANCE ABUSE GROWTH AND RECOVERY INSTITUTE | Service Type: NON |
| Address: 12183 LOCKSLEY LANE | Resident Capacity: 0 |
| City, State: AUBURN, CA 95602 | Total Occupancy: 0 |
| Phone #: (530)823-0777 Fax #: (530)823-0775 | Target Population: 1.1 |
| | Expiration Date 03/31/2009 |

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Plumas County

As of: 07/14/2008

Program Name: PLUMAS COUNTY ALCOHOL AND DRUG PROGRAM

Legal Name: PLUMAS COUNTY

Address: 270 COUNTY HOSPITAL ROAD, SUITE 128

City, State: QUINCY, CA 95971

Phone #: (530)283-6422 Fax #: (530)283-4420

Record ID: 320001BN

Service Type: NON

Resident Capacity: 0

Total Occupancy: 0

Target Population: 1.1

Expiration Date 03/31/2010

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Riverside County

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| Program Name: 10 ACRE RANCH, INC. Legal Name: 10 ACRE RANCH, INC. Address: 5953 GRAND AVENUE City, State: RIVERSIDE, CA 92504 Phone #: (951)784-7081 Fax #: (951)784-7084 | Record ID: 330042BN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 10/31/2009 |
| Program Name: A BETTER TOMORROW Legal Name: A BETTER TOMORROW 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 09/30/2009 |
| Program Name: A BETTER TOMORROW Legal Name: A BETTER TOMORROW (ABTTC, INC.) Address: 42368 IRONGATE LANE City, State: MURRIETA, CA 92562 Phone #: (800)517-4849 Fax #: (800)401-8464 | Record ID: 330071CP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 8 Target Population: 1.1 Expiration Date 02/28/2009 |
| 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 06/30/2008 |
| 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 01/31/2010 |
| Program Name: A BETTER TOMORROW Legal Name: ABTTC, INC. Address: 39311 SIERRA LA VIDA City, State: MURRIETA, CA 92562 Phone #: (800)517-4849 Fax #: (800)401-8464 | Record ID: 330071DP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 9 Target Population: 1.1 Expiration Date 04/30/2009 |
| Program Name: ACTION RECOVERY SERVICES, INC. Legal Name: ACTION RECOVERY SERVICES, INC. Address: 34400 DATE PALM DRIVE, SUITE Q City, State: CATHEDRAL CITY, CA 92234 Phone #: (760)327-6747 Fax #: (760)321-6757 | Record ID: 330072BP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2009 |

State of California Department of Alcohol and Drug Programs
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As of: 07/14/2008

Riverside County

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| Program Name: ACTION RECOVERY SERVICES, INC. Legal Name: ACTION RECOVERY SERVICES, INC. Address: 68350 DURANGO ROAD City, State: CATHEDRAL CITY, CA 92234 Phone #: (866)557-5223 Fax #: (760)321-6752 | Record ID: 330072AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 09/30/2009 |
| 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 06/30/2009 |
| Program Name: THE AWARENESS PROGRAM Legal Name: AWARENESS PROGRAM, INC. Address: 1700 EAST TAHQUITZ, SUITE 6 City, State: PALM SPRINGS, CA 92262 Phone #: (760)322-4554 Fax #: (760)322-4554 | Record ID: 330051CP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2009 |
| Program Name: AXIOM COUNSELING TEAM Legal Name: AXIOM COUNSELING TEAM Address: 6887 MAGNOLIA AVENUE City, State: RIVERSIDE, CA 92506 Phone #: (951)369-5260 Fax #: (951)787-0562 | Record ID: 330069AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 10/31/2008 |
| Program Name: AXIS RESIDENTIAL TREATMENT CENTER Legal Name: BRAD KEITH - AXIS RESIDENTIAL TREATMENT CENTER (ARTC) Address: 75450 FAIRWAY DRIVE City, State: INDIAN WELLS, CA 92210 Phone #: (310)435-6298 Fax #: (310)202-7604 | Record ID: 330082AP Service Type: RES Resident Capacity: 6 Total Occupancy: 8 Target Population: 1.1 Expiration Date 09/30/2010 |
| Program Name: CALIFORNIA RECOVERY CLINICS Legal Name: CALIFORNIA RECOVERY CLINICS Address: 710 SOUTH RIMPAU AVENUE, SUITE 102 City, State: CORONA, CA 92879 Phone #: (951)549-8888 Fax #: (951)549-8808 | Record ID: 330061AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2008 |
| Program Name: CHAPMAN HOUSE, INC. Legal Name: CHAPMAN HOUSE, INC. Address: 3894 4TH STREET City, State: RIVERSIDE, CA 92501 Phone #: (909)276-1369 Fax #: (909)276-1369 | Record ID: 330055BP Service Type: RES Resident Capacity: 6 Total Occupancy: 8 Target Population: 1.1 Expiration Date 07/31/2008 |

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| Program Name: CHAPMAN HOUSE, INC. Legal Name: CHAPMAN HOUSE, INC. Address: 3293 LOCUST STREET City, State: RIVERSIDE, CA 92501 Phone #: (714)612-7600 Fax #: (714)538-9779 | Record ID: 330055CP Service Type: RES Resident Capacity: 6 Total Occupancy: 8 Target Population: 1.1 Expiration Date 11/30/2008 |
| Program Name: HILL ALCOHOL & DRUG TREATMENT Legal Name: COMMUNITY SOLUTIONS, INC. Address: 42145 LYNDIE LANE, SUITE 108 City, State: TEMECULA, CA 92592 Phone #: (951)303-1230 Fax #: (951)303-1547 | Record ID: 330032BP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 12/31/2008 |
| Program Name: BREAKING FREE/VILLAGE COUNSELING Legal Name: DR. JERRY MEINTS FAMILY COUNSELING, INC. Address: 73302 HIGHWAY 111 City, State: PALM DESERT, CA 92260 Phone #: (760)773-0669 Fax #: (760)773-0569 | Record ID: 330052AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.7 Expiration Date 07/31/2009 |
| Program Name: VILLAGE COUNSELING Legal Name: DR. JERRY MEINTS, INC. (DBA - VILLAGE COUNSELING) Address: 51-800 HARRISON AVENUE City, State: COACHELLA, CA 92236 Phone #: (760)398-8055 Fax #: (760)398-8766 | Record ID: 330052CP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 02/28/2009 |
| Program Name: SUN RAY ADDICTIONS COUNSELING & EDUCATION Legal Name: HUGHES, LYLEEN P. Address: 960 NORTH STATE STREET, SUITE B City, State: HEMET, CA 92543 Phone #: (951)652-3560 | Record ID: 330045AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.7 Expiration Date 03/31/2010 |
| Program Name: I AM NEW LIFE MINISTRIES Legal Name: I AM NEW LIFE MINISTRIES Address: 2425 VAN BUREN BOULEVARD, BUILDING 610 City, State: RIVERSIDE, CA 92503 Phone #: (951)767-2575 Fax #: (951)767-0951 | Record ID: 330024BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2009 |
| Program Name: I AM NEW LIFE RANCH Legal Name: I AM NEW LIFE MINISTRIES, INC. Address: 38400 SAN IGNACIO ROAD City, State: HEMET, CA 92543 Phone #: (909)767-2575 | Record ID: 330024AN Service Type: RES Resident Capacity: 8 Total Occupancy: 8 Target Population: 1.2 Expiration Date 05/31/2010 |

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| Program Name: I AM NEW LIFE SAGE RANCH Legal Name: I AM NEW LIFE MINISTRIES, INC. Address: 40368 SAGE ROAD City, State: HEMET, CA 92544 Phone #: (951)767-7393 | Record ID: 330024CN Service Type: RES Resident Capacity: 8 Total Occupancy: 8 Target Population: 1.2 Expiration Date: 12/31/2009 |
| Program Name: LA VISTA ALCOHOL & DRUG RECOVERY CENTER Legal Name: LA VISTA Address: 2220 GIRARD STREET City, State: SAN JACINTO, CA 92583 Phone #: (951)925-8450 | Record ID: 330002AN Service Type: RES-DETOX Resident Capacity: 28 Total Occupancy: 33 Target Population: 1.4 Expiration Date: 06/30/2010 |
| Program Name: LA VISTA ALCOHOL/DRUG RECOVERY CENTER (OUR MOTHER'S HO Legal Name: LA VISTA Address: 294 MIDWAY STREET City, State: SAN JACINTO, CA 92583 Phone #: (951)925-8450 | Record ID: 330002BN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.3 Expiration Date: 10/31/2009 |
| Program Name: LA VISTA Legal Name: LA VISTA, INC. Address: 294 MIDWAY STREET City, State: SAN JACINTO, CA 92583 Phone #: (951)925-8450 Fax #: (951)658-6686 | Record ID: 330002CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.3 Expiration Date: 02/28/2010 |
| Program Name: LIFE'S JOURNEY Legal Name: LIFE'S JOURNEY CENTER, INC. Address: 291 EAST CAMINO MONTE VISTA City, State: PALM SPRINGS, CA 92262 Phone #: (760)864-6363 | Record ID: 330040AP Service Type: RES-DETOX Resident Capacity: 30 Total Occupancy: 30 Target Population: 1.1 Expiration Date: 06/30/2010 |
| Program Name: LIFE'S JOURNEY CENTER Legal Name: LIFE'S JOURNEY CENTER, INC. Address: 291 EAST CAMINO MONTE VISTA City, State: PALM SPRINGS, CA 92262 Phone #: (760)864-6363 Fax #: (760)864-6360 | Record ID: 330040BP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date: 06/30/2010 |
| Program Name: RIVERSIDE CENTER FOR CHANGE Legal Name: MENTAL HEALTH SYSTEMS, INC. Address: 3576 ARLINGTON AVENUE, SUITE 102 City, State: RIVERSIDE, CA 92506 Phone #: (951)782-9577 Fax #: (951)782-9521 | Record ID: 330078AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date: 06/30/2010 |

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| Program Name: INDIO CENTER FOR CHANGE Legal Name: MENTAL HEALTH SYSTEMS, INC. Address: 68-100 RAMON ROAD, SUITES B9 & B10 City, State: CATHEDRAL CITY, CA 92234 Phone #: (760)321-0870 Fax #: (760)321-0916 | Record ID: 330078CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2008 |
| Program Name: HEMET CENTER FOR CHANGE Legal Name: MENTAL HEALTH SYSTEMS, INC. Address: 950 NORTH STATE STREET, SUITE A City, State: HEMET, CA 92543 Phone #: (951)929-9838 Fax #: (951)929-9831 | Record ID: 330078BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2010 |
| Program Name: MFI RECOVERY CENTER-WOODCREST Legal Name: MFI RECOVERY CENTER Address: 17270 ROOSEVELT STREET City, State: RIVERSIDE, CA 92508 Phone #: (951)780-2541 Fax #: (951)780-5809 | Record ID: 330013AN Service Type: RES-DETOX Resident Capacity: 56 Total Occupancy: 56 Target Population: 1.1 Expiration Date 11/30/2009 |
| Program Name: A WOMAN'S PLACE Legal Name: MFI RECOVERY CENTER Address: 4295 BROCKTON AVENUE City, State: RIVERSIDE, CA 92501 Phone #: (951)683-6596 Fax #: (951)341-5316 | Record ID: 330013GN Service Type: RES-DETOX Resident Capacity: 38 Total Occupancy: 64 Target Population: 1.4 Expiration Date 07/31/2009 |
| Program Name: MFI RECOVERY CENTER Legal Name: MFI RECOVERY CENTER Address: 5870 ARLINGTON AVENUE City, State: RIVERSIDE, CA 92504 Phone #: (951)683-6596 Fax #: (951)683-4239 | Record ID: 330013IN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2009 |
| Program Name: MFI RECOVERY CENTER Legal Name: MFI RECOVERY CENTER Address: 2781 WEST RAMSEY STREET, SUITES 1, 2, & 3 City, State: BANNING, CA 92220 Phone #: (951)849-3896 Fax #: (951)849-0506 | Record ID: 330013JN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2009 |
| Program Name: MFI RECOVERY CENTER, INC. Legal Name: MFI RECOVERY CENTER, INC. Address: 4440 UNIVERSITY AVENUE # 5 City, State: RIVERSIDE, CA 92501 Phone #: (951)683-6596 Fax #: (951)683-4239 | Record ID: 330013KN Service Type: RES Resident Capacity: 2 Total Occupancy: 2 Target Population: 1.3 Expiration Date 08/31/2009 |

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| Program Name: MFI RECOVERY CENTER, INC. Legal Name: MFI RECOVERY CENTER, INC. Address: 4440 UNIVERSITY AVENUE # 13 City, State: RIVERSIDE, CA 92501 Phone #: (951)683-6596 Fax #: (951)683-4239 | Record ID: 330013MN Service Type: RES Resident Capacity: 2 Total Occupancy: 2 Target Population: 1.3 Expiration Date 08/31/2009 |
| Program Name: MFI RECOVERY CENTER, INC. Legal Name: MFI RECOVERY CENTER, INC. Address: 4440 UNIVERSITY AVENUE # 11 City, State: RIVERSIDE, CA 92501 Phone #: (951)683-6596 Fax #: (951)683-4239 | Record ID: 330013NN Service Type: RES Resident Capacity: 4 Total Occupancy: 4 Target Population: 1.3 Expiration Date 08/31/2009 |
| Program Name: MFI RECOVERY CENTER, INC. Legal Name: MFI RECOVERY CENTER, INC. Address: 4440 UNIVERSITY AVENUE # 9 City, State: RIVERSIDE, CA 92501 Phone #: (951)683-6596 Fax #: (951)683-4239 | Record ID: 330013PN Service Type: RES Resident Capacity: 4 Total Occupancy: 4 Target Population: 1.3 Expiration Date 08/31/2009 |
| Program Name: MFI RECOVERY CENTER, INC. Legal Name: MFI RECOVERY CENTER, INC. Address: 4440 UNIVERSITY AVENUE # 3 City, State: RIVERSIDE, CA 92501 Phone #: (951)683-6596 Fax #: (951)683-4239 | Record ID: 330013ON Service Type: RES Resident Capacity: 4 Total Occupancy: 4 Target Population: 1.3 Expiration Date 08/31/2009 |
| Program Name: MFI RECOVERY CENTER, INC. Legal Name: MFI RECOVERY CENTER, INC. Address: 4440 UNIVERSITY AVENUE # 7 City, State: RIVERSIDE, CA 92501 Phone #: (951)683-6596 Fax #: (951)683-4239 | Record ID: 330013LN Service Type: RES Resident Capacity: 2 Total Occupancy: 2 Target Population: 1.3 Expiration Date 08/31/2009 |
| Program Name: MARY'S HOUSE Legal Name: NARCONON JOSHUA HILLS Address: 27805 HOPPER ROAD City, State: INDIO HILLS, CA 92241 Phone #: (760)347-8160 Fax #: (760)346-7640 | Record ID: 330085AN Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 04/30/2009 |
| Program Name: MICHAEL'S HOUSE Legal Name: PALM SPRINGS TREATMENT CENTER, LLC Address: 430 SOUTH CAHUILLA ROAD City, State: PALM SPRINGS, CA 92262 Phone #: (760)320-5486 Fax #: (760)778-6020 | Record ID: 330014BP Service Type: RES-DETOX Resident Capacity: 24 Total Occupancy: 24 Target Population: 1.1 Expiration Date 08/31/2008 |

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| 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 | Resident Capacity: 24 |
| City, State: PALM SPRINGS, CA 92262 | Total Occupancy: 24 |
| Phone #: (760)416-7951 Fax #: (760)416-1330 | Target Population: 1.1 |
| | Expiration Date 10/31/2008 |
| Program Name: PAVISCH TREATMENT CENTERS, LLC | Record ID: 330088AP |
| Legal Name: PAVISCH TREATMENT CENTERS, LLC | Service Type: RES |
| Address: 4241 GLENWOOD DRIVE | Resident Capacity: 6 |
| City, State: RIVERSIDE, CA 92501 | Total Occupancy: 6 |
| Phone #: (714)501-1977 | Target Population: 1.2 |
| | Expiration Date 06/30/2009 |
| 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 03/31/2009 |
| Program Name: PINE RIDGE TREATMENT CENTERS - PALM DESERT | Record ID: 330035AP |
| Legal Name: PINE RIDGE TREATMENT CENTER, INCORPORATED | Service Type: NON |
| Address: 41-910 BOARDWALK, SUITE A-9 | 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 09/30/2009 |
| Program Name: P.W. ENHANCEMENT CENTER | Record ID: 330087AN |
| Legal Name: PRAYER WARRIOR'S ENHANCEMENT TEAM | Service Type: NON |
| Address: 24490 SUNNYMEAD BOULEVARD, SUITE 107 | Resident Capacity: 0 |
| City, State: MORENO VALLEY, CA 92553 | Total Occupancy: 0 |
| Phone #: (951)242-7001 Fax #: (951)956-4026 | Target Population: 1.1 |
| | Expiration Date 05/31/2009 |
| Program Name: RED TAIL LODGE, LLC | Record ID: 330076AP |
| Legal Name: RED TAIL LODGE, LLC | Service Type: RES |
| Address: 25900 GLENBURN LANE | Resident Capacity: 6 |
| City, State: MENIFEE, CA 92584 | Total Occupancy: 6 |
| Phone #: (951)672-9231 Fax #: (949)679-0473 | Target Population: 1.2 |
| | Expiration Date 02/28/2010 |
| 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 07/31/2010 |

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| Program Name: CASA LAS PALMAS II | Record ID: 330037CN |
| Legal Name: RIVERSIDE COUNTY LATINO COMMISSION ON ALCOHOL AND DRUG | Service Type: RES |
| Address: 77595 CHIHUAHUA STREET | Resident Capacity: 6 |
| City, State: LA QUINTA, CA 92253 | Total Occupancy: 6 |
| Phone #: (760)347-9442 Fax #: (760)342-8022 | Target Population: 1.2 |
| | Expiration Date 05/31/2009 |
| 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: 6 |
| Phone #: (760)347-9442 | Target Population: 1.3 |
| | Expiration Date 05/31/2010 |
| Program Name: DESERT DRUG COURT | Record ID: 330023HN |
| Legal Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM | Service Type: NON |
| Address: 68-615 PEREZ ROAD, SUITE 2A AND 68-625 PEREZ ROAD, BUILDI | 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 05/31/2010 |
| 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 05/31/2010 |
| 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 05/31/2010 |
| Program Name: RECOVERY OPPORTUNITY CENTER | Record ID: 330023GN |
| Legal Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM | Service Type: NON |
| Address: 3768 TENTH STREET | Resident Capacity: 0 |
| City, State: RIVERSIDE, CA 92501 | Total Occupancy: 0 |
| Phone #: (951)275-0525 | Target Population: 1.1 |
| | Expiration Date 07/31/2008 |
| Program Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM | Record ID: 330023EN |
| Legal Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM | Service Type: NON |
| Address: 83-912 AVENUE 45, SUITE 9 | Resident Capacity: 0 |
| City, State: INDIO, CA 92201 | Total Occupancy: 0 |
| Phone #: (760)347-0754 | Target Population: 1.1 |
| | Expiration Date 05/31/2010 |

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| Program Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM Legal Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM Address: 1827 ATLANTA AVENUE, SUITE D-1 City, State: RIVERSIDE, CA 92507 Phone #: (951)955-2105 | Record ID: 330023CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2010 |
| Program Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM Legal Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM Address: 650 NORTH STATE STREET City, State: HEMET, CA 92543 Phone #: (951)791-3350 | Record ID: 330023BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2010 |
| 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 01/31/2010 |
| 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 01/31/2010 |
| Program Name: OUR HOUSE Legal Name: RIVERSIDE RECOVERY RESOURCES Address: 41044 ACACIA AVENUE City, State: HEMET, CA 92544 Phone #: (951)766-7969 | Record ID: 330009GN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.4 Expiration Date 01/31/2010 |
| Program Name: OUR HOUSE Legal Name: RIVERSIDE RECOVERY RESOURCES Address: 41056A ACACIA AVENUE City, State: HEMET, CA 92544 Phone #: (951)766-7969 | Record ID: 330009KN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.4 Expiration Date 01/31/2010 |
| Program Name: OUR HOUSE Legal Name: RIVERSIDE RECOVERY RESOURCES Address: 41060A ACACIA AVENUE City, State: HEMET, CA 92544 Phone #: (951)766-7969 | Record ID: 330009MN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.4 Expiration Date 01/31/2010 |

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| 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 #: (909)788-8211 Fax #: (909)788-4803 | Target Population: 1.1 |
| | Expiration Date 11/30/2009 |
| Program Name: OMEGA PROGRAM | Record ID: 330009PN |
| Legal Name: RIVERSIDE RECOVERY RESOURCES | Service Type: NON |
| Address: 2055 NORTH PERRIS BOULEVARD, SUITES G-5 AND G-6 | Resident Capacity: 0 |
| City, State: PERRIS, CA 92571 | Total Occupancy: 0 |
| Phone #: (909)940-6061 | Target Population: 1.1 |
| | Expiration Date 05/31/2010 |
| Program Name: COMMUNITY RECOVERY CENTER OF LAKE ELSINORE - OMEGA PRC | Record ID: 330009ON |
| Legal Name: RIVERSIDE RECOVERY RESOURCES | Service Type: NON |
| Address: 565 CHANEY STREET, SUITES A THRU E | Resident Capacity: 0 |
| City, State: LAKE ELSINORE, CA 92530 | Total Occupancy: 0 |
| Phone #: (909)674-7354 | Target Population: 1.1 |
| | Expiration Date 05/31/2010 |
| Program Name: OUR HOUSE | Record ID: 330009NN |
| Legal Name: RIVERSIDE RECOVERY RESOURCES | Service Type: RES |
| Address: 41060B ACACIA AVENUE | Resident Capacity: 6 |
| City, State: HEMET, CA 92544 | Total Occupancy: 6 |
| Phone #: (951)766-7969 | Target Population: 1.4 |
| | Expiration Date 01/31/2010 |
| Program Name: OUR HOUSE | Record ID: 330009LN |
| Legal Name: RIVERSIDE RECOVERY RESOURCES | Service Type: RES |
| Address: 41056B ACACIA AVENUE | Resident Capacity: 6 |
| City, State: HEMET, CA 92544 | Total Occupancy: 6 |
| Phone #: (951)766-7969 | Target Population: 1.4 |
| | Expiration Date 01/31/2010 |
| Program Name: OUR HOUSE | Record ID: 330009IN |
| Legal Name: RIVERSIDE RECOVERY RESOURCES | Service Type: RES |
| Address: 41052A AND 41052B ACACIA AVENUE | Resident Capacity: 4 |
| City, State: HEMET, CA 92544 | Total Occupancy: 4 |
| Phone #: (951)766-7969 | Target Population: 1.4 |
| | Expiration Date 01/31/2010 |
| Program Name: FIRST STEP HOUSE | Record ID: 330009FN |
| Legal Name: RIVERSIDE RECOVERY RESOURCES | Service Type: RES |
| Address: 40333-A STETSON AVENUE | Resident Capacity: 6 |
| City, State: HEMET, CA 92544 | Total Occupancy: 6 |
| Phone #: (951)658-4466 | Target Population: 1.2 |
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| Program Name: FIRST STEP HOUSE | Record ID: 330009DN |
| Legal Name: RIVERSIDE RECOVERY RESOURCES | Service Type: RES |
| Address: 40331 STETSON AVENUE | Resident Capacity: 6 |
| City, State: HEMET, CA 92544 | Total Occupancy: 6 |
| Phone #: (951)658-4466 | Target Population: 1.2 |
| | Expiration Date 01/31/2010 |
| Program Name: RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC. (TORI | Record ID: 330057DN |
| Legal Name: RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC. | Service Type: NON |
| Address: 66-735 MARTINEZ ROAD | Resident Capacity: 0 |
| City, State: THERMAL, CA 92274 | Total Occupancy: 0 |
| Phone #: (800)717-4476 Fax #: (909)849-9633 | Target Population: 1.8 |
| | Expiration Date 01/31/2009 |
| Program Name: RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC. (SOB | Record ID: 330057BN |
| Legal Name: RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC. | Service Type: NON |
| Address: 607 DONNA WAY | Resident Capacity: 0 |
| City, State: SAN JACINTO, CA 92383 | Total Occupancy: 0 |
| Phone #: (800)851-5816 Fax #: (909)487-2448 | Target Population: 1.1 |
| | Expiration Date 11/30/2009 |
| Program Name: RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC. (PECF | Record ID: 330057CN |
| Legal Name: RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC. | Service Type: NON |
| Address: 12784 PECHANGA ROAD | Resident Capacity: 0 |
| City, State: TEMECULA, CA 92592 | Total Occupancy: 0 |
| Phone #: (877)781-0333 Fax #: (909)676-0744 | Target Population: 1.1 |
| | Expiration Date 11/30/2009 |
| Program Name: RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC. (MOR | Record ID: 330057AN |
| Legal Name: RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC. | Service Type: NON |
| Address: 11555 1/2 POTRERO ROAD | Resident Capacity: 0 |
| City, State: BANNING, CA 92220 | Total Occupancy: 0 |
| Phone #: (800)732-8805 Fax #: (909)849-9633 | Target Population: 1.1 |
| | Expiration Date 11/30/2009 |
| Program Name: SUNRISE RECOVERY RANCH | Record ID: 330056BP |
| Legal Name: SOBER LIVING BY THE SEA, INC. | Service Type: RES-DETOX |
| Address: 6690 LIMONITE FRONTAGE ROAD | Resident Capacity: 13 |
| City, State: RIVERSIDE, CA 92509 | Total Occupancy: 13 |
| Phone #: (951)328-0146 | Target Population: 1.2 |
| | Expiration Date 07/31/2008 |
| Program Name: SOBER SHORES | Record ID: 330084AP |
| Legal Name: SOBER SHORES, INCORPORATED | Service Type: RES-DETOX |
| Address: 42509 CARINO PLACE | Resident Capacity: 6 |
| City, State: TEMECULA, CA 92592 | Total Occupancy: 6 |
| Phone #: (866)660-5763 Fax #: (951)526-2264 | Target Population: 1.1 |
| | Expiration Date 11/30/2008 |

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| Program Name: SOCAL HEALTH SERVICES Legal Name: SOCAL HEALTH SERVICES, INC. Address: 1485 SPRUCE STREET, UNIT L City, State: RIVERSIDE, CA 92507 Phone #: (626)826-9373 Fax #: () - | Record ID: 330080AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2009 |
| 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 02/28/2010 |
| Program Name: SOROPTIMIST HOUSE OF HOPE #2 Legal Name: SOROPTIMIST HOUSE OF HOPE, INC. Address: 628 SOUTH 8TH STREET City, State: BANNING, CA 92220 Phone #: (951)849-9491 | Record ID: 330016BN Service Type: RES Resident Capacity: 5 Total Occupancy: 6 Target Population: 1.3 Expiration Date 02/28/2010 |
| Program Name: SOUTHWEST FAMILY COUNSELING Legal Name: SOUTHWEST FAMILY COUNSELING, INC. Address: 42225 REMINGTON AVENUE #18 City, State: TEMECULA, CA 92590 Phone #: (951)699-3644 Fax #: (951)699-1196 | Record ID: 330048BP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 05/31/2009 |
| Program Name: SPENCER RECOVERY CENTERS Legal Name: SPENCER RECOVERY CENTERS, INC. Address: 1733 NORTH PALM CANYON DRIVE, SUITE G 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 05/31/2009 |
| Program Name: THE WYLIE CENTER Legal Name: THE CAROLYN E. WYLIE CENTER FOR CHILDREN, YOUTH AND FAM Address: 4164 BROCKTON AVENUE City, State: RIVERSIDE, CA 92501 Phone #: (909)683-5193 Fax #: (909)683-6019 | Record ID: 330065AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.4 Expiration Date 02/29/2008 |
| Program Name: THE HIGH ROAD PROGRAM Legal Name: THE HIGH ROAD PROGRAM Address: 3579 ARLINGTON AVENUE, SUITE 200 City, State: RIVERSIDE, CA 92506 Phone #: (951)781-6762 | Record ID: 330050AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2009 |

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| Program Name: THE RANCH Legal Name: THE RANCH RECOVERY CENTERS, INC. Address: 7885 ANNANDALE AVENUE City, State: DESERT HOT SPRINGS, CA 92240 Phone #: (760)329-2924 | Record ID: 330003AN Service Type: RES-DETOX Resident Capacity: 46 Total Occupancy: 46 Target Population: 1.2 Expiration Date 06/30/2008 |
| Program Name: HACIENDA VALDEZ Legal Name: THE RANCH RECOVERY CENTERS, INC. Address: 12890 QUINTA WAY City, State: DESERT HOT SPRINGS, CA 92240 Phone #: (760)329-2959 | Record ID: 330003BN Service Type: RES-DETOX Resident Capacity: 35 Total Occupancy: 35 Target Population: 1.3 Expiration Date 06/30/2008 |
| Program Name: U. S. VETS SUBSTANCE ABUSE TREATMENT PROGRAM/VETERANS I Legal Name: UNITED STATES VETERANS INITIATIVE, INC. Address: 15105 6TH STREET, ROOMS 113 - 122 City, State: MORENO VALLEY, CA 92518 Phone #: (951)656-6892 Fax #: (951)656-6890 | Record ID: 330075AN Service Type: RES Resident Capacity: 24 Total Occupancy: 24 Target Population: 1.2 Expiration Date 06/30/2008 |
| Program Name: METCALF RECOVERY RANCH Legal Name: VARP, INC. Address: 9826 18TH AVENUE City, State: BLYTHE, CA 92225 Phone #: (909)922-8625 | Record ID: 330020AN Service Type: RES Resident Capacity: 18 Total Occupancy: 18 Target Population: 1.2 Expiration Date 06/30/2010 |
| Program Name: VINE CARE SUBSTANCE ABUSE TREATMENT PROGRAM Legal Name: VINE CARE CENTER Address: 26413 JEFFERSON AVENUE, SUITE H City, State: MURRIETA, CA 92562 Phone #: (951)677-7900 | Record ID: 330079AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2010 |
| Program Name: RIVERSIDE TREATMENT CENTER Legal Name: WCHS, INC. Address: 1021 WEST LA CADENA City, State: RIVERSIDE, CA 92501 Phone #: (951)784-8010 Fax #: (951)784-2859 | Record ID: 330081DP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2008 |
| Program Name: MEN'S SUBSTANCE ABUSE RECOVERY HOME Legal Name: WHITESIDE MANOR Address: 2709 AND 2743 ORANGE STREET City, State: RIVERSIDE, CA 92501 Phone #: (951)686-9454 Fax #: (951)686-2303 | Record ID: 330004AN Service Type: RES-DETOX Resident Capacity: 22 Total Occupancy: 22 Target Population: 1.2 Expiration Date 05/31/2010 |

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| Program Name: WHITESIDE MANOR OUTPATIENT PROGRAM | Record ID: 330004UN |
| Legal Name: WHITESIDE MANOR | Service Type: NON |
| Address: 1660 CHICAGO, 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 07/31/2009 |
| Program Name: MEN'S ANNEX | Record ID: 330004DN |
| Legal Name: WHITESIDE MANOR | Service Type: RES |
| Address: 2759 AND 2791 ORANGE STREET | Resident Capacity: 6 |
| City, State: RIVERSIDE, CA 92501 | Total Occupancy: 10 |
| Phone #: (951)686-9454 Fax #: (951)686-2303 | Target Population: 1.2 |
| | Expiration Date 05/31/2010 |
| Program Name: JANET STREET | Record ID: 330004ON |
| Legal Name: WHITESIDE MANOR | Service Type: RES-DETOX |
| Address: 8567, 8589, AND 8605 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 04/30/2010 |
| 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 03/31/2010 |
| 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 11/30/2008 |
| 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 10/31/2009 |
| Program Name: BORN FREE | Record ID: 330015CN |
| Legal Name: YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF RIVERSIDE COUNT | Service Type: RES |
| Address: 8310 BAXTER WAY | Resident Capacity: 6 |
| City, State: RIVERSIDE, CA 92503 | Total Occupancy: 11 |
| Phone #: (951)689-9366 Fax #: (951)352-7374 | Target Population: 1.1 |
| | Expiration Date 12/31/2008 |

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| Program Name: ANOTHER CHOICE, ANOTHER CHANCE Legal Name: ANOTHER CHOICE, ANOTHER CHANCE Address: 2801 ARAMON DRIVE City, State: RANCHO CORDOVA, CA 95670 Phone #: (916)361-2089 | Record ID: 340037CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.4 Expiration Date 03/31/2010 |
| Program Name: ANOTHER CHOICE, ANOTHER CHANCE Legal Name: ANOTHER CHOICE, ANOTHER CHANCE Address: 5450 POWER INN ROAD, SUITE B City, State: SACRAMENTO, CA 95820 Phone #: (916)429-7977 | Record ID: 340037AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2010 |
| Program Name: ALPHA OAKS Legal Name: ASSOCIATED REHABILITATION PROGRAM FOR WOMEN, INC. Address: 8400 FAIR OAKS BOULEVARD City, State: CARMICHAEL, CA 95608 Phone #: (916)944-3920 | Record ID: 340001AN Service Type: RES-DETOX Resident Capacity: 23 Total Occupancy: 23 Target Population: 1.3 Expiration Date 05/31/2010 |
| Program Name: CORNERSTONE Legal Name: ASSOCIATED REHABILITATION PROGRAM FOR WOMEN, INC. Address: 6348 APPIAN WAY City, State: CARMICHAEL, CA 95608 Phone #: (916)966-5102 Fax #: (916)966-9362 | Record ID: 340001BN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.8 Expiration Date 04/30/2010 |
| Program Name: CORNERSTONE Legal Name: ASSOCIATED REHABILITATION PROGRAM FOR WOMEN, INC. Address: 6350 APPIAN WAY City, State: CARMICHAEL, CA 95608 Phone #: (916)966-5102 Fax #: (916)966-9362 | Record ID: 340001CN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.8 Expiration Date 04/30/2010 |
| Program Name: SIERRA VISTA HOSPITAL OUTPATIENT CD PROGRAM Legal Name: BHC SIERRA VISTA HOSPITAL, INC., D.B.A. SIERRA VISTA HOSPITA Address: 8009 BRUCEVILLE ROAD #100 City, State: SACRAMENTO, CA 95823 Phone #: (916)288-0300 Fax #: (916)689-5517 | Record ID: 340090AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2010 |
| Program Name: PROMISE HOUSE II Legal Name: BRIDGES PROFESSIONAL TREATMENT SERVICES Address: 1731 P STREET City, State: SACRAMENTO, CA 95814 Phone #: (916)450-0700 Fax #: (916)450-0703 | Record ID: 340041DN Service Type: RES Resident Capacity: 28 Total Occupancy: 28 Target Population: 1.3 Expiration Date 07/31/2009 |

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| Program Name: BRIDGES PROFESSIONAL TREATMENT SERVICES | Record ID: 340041AN |
| Legal Name: BRIDGES PROFESSIONAL TREATMENT SERVICES | Service Type: NON |
| Address: 1422 28TH STREET, SUITE A | Resident Capacity: 0 |
| City, State: SACRAMENTO, CA 95816 | Total Occupancy: 0 |
| Phone #: (916)450-0700 Fax #: (916)447-4750 | Target Population: 1.1 |
| | Expiration Date 12/31/2008 |
| Program Name: BRIDGES, INC., "THE PROMISE HOUSE" | Record ID: 340041BN |
| Legal Name: BRIDGES PROFESSIONAL TREATMENT SERVICES, INC. | Service Type: RES |
| Address: 2727 P STREET | Resident Capacity: 28 |
| City, State: SACRAMENTO, CA 95816 | Total Occupancy: 28 |
| Phone #: (916)452-3073 | Target Population: 1.3 |
| | Expiration Date 10/31/2009 |
| Program Name: AZURE ACRES IOP | Record ID: 340078AP |
| Legal Name: CAMP RECOVERY CENTERS, LP (D.B.A. AZURE ACRES) | Service Type: NON |
| Address: 5777 MADISON AVENUE, SUITE 410 | 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 10/31/2009 |
| Program Name: CAPITOL CITY DRUG & ALCOHOL | Record ID: 340089AN |
| Legal Name: CAPITOL CITY DRUG & ALCOHOL TRANSITIONAL HOUSE | Service Type: RES |
| Address: 2205 MEADOWVIEW ROAD | Resident Capacity: 12 |
| City, State: SACRAMENTO, CA 95832 | Total Occupancy: 15 |
| Phone #: (916)427-8984 Fax #: (916)681-4787 | Target Population: 1.2 |
| | Expiration Date 09/30/2009 |
| 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 11/30/2008 |
| 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 05/31/2009 |
| Program Name: NEW DAWN RECOVERY CENTERS | Record ID: 340039CP |
| Legal Name: CDT SERVICE CORPORATION | Service Type: RES |
| 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: 1.2 |
| | Expiration Date 02/28/2009 |

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| 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: 21 |
| Phone #: (916)989-1675 Fax #: (916)989-8164 | Target Population: 1.1 |
| | Expiration Date 11/30/2009 |
| 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 95628 | Total Occupancy: 31 |
| Phone #: (916)962-2800 | Target Population: 1.1 |
| | Expiration Date 09/30/2009 |
| Program Name: CHILD AND FAMILY INSTITUTE | Record ID: 340091AN |
| Legal Name: CHILD AND FAMILY INSTITUTE | Service Type: NON |
| Address: 4545 9TH AVENUE | Resident Capacity: 0 |
| City, State: SACRAMENTO, CA 95820 | Total Occupancy: 0 |
| Phone #: (916)728-0828 Fax #: (916)736-0395 | Target Population: 1.1 |
| | Expiration Date 04/30/2010 |
| 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)213-5753 | Target Population: 1.1 |
| | Expiration Date 03/31/2010 |
| Program Name: CLEAN AND SOBER DETOX | Record ID: 340067AN |
| Legal Name: CLEAN AND SOBER DETOX, A CALIFORNIA NON-PROFIT CORPORAT | Service Type: RES-DETOX |
| Address: 8946 MADISON AVENUE | Resident Capacity: 6 |
| City, State: FAIR OAKS, CA 95628 | Total Occupancy: 6 |
| Phone #: (916)965-3386 Fax #: (916)536-1393 | Target Population: 1.1 |
| | Expiration Date 10/31/2009 |
| Program Name: SACRAMENTO COUNTY DRUG COURT | Record ID: 340038AN |
| Legal Name: COUNTY OF SACRAMENTO PROBATION DEPARTMENT | Service Type: NON |
| Address: 2140 STOCKTON BOULEVARD | Resident Capacity: 0 |
| City, State: SACRAMENTO, CA 95817 | Total Occupancy: 0 |
| Phone #: (916)875-1194 | Target Population: 1.1 |
| | Expiration Date 10/31/2008 |
| 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: 6 |
| City, State: RANCHO CORDOVA, CA 95670 | Total Occupancy: 6 |
| Phone #: (916)364-7660 | Target Population: 1.1 |
| | Expiration Date 03/31/2010 |

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| Program Name: D & A MEN'S TREATMENT | Record ID: 340035GN |
| Legal Name: D & A DETOX CENTER, INC. | Service Type: RES |
| Address: 10590 MALAGA WAY | Resident Capacity: 6 |
| City, State: RANCHO CORDOVA, CA 95670 | Total Occupancy: 6 |
| Phone #: (916)364-3540 Fax #: (916)369-7154 | Target Population: 1.3 |
| | Expiration Date 02/28/2009 |
| Program Name: D & A TREATMENT CENTER | Record ID: 340035FN |
| Legal Name: D & A DETOX CENTER, INC. | Service Type: RES |
| Address: 10157 LA ALEGRIA DRIVE | Resident Capacity: 6 |
| City, State: RANCHO CORDOVA, CA 95670 | Total Occupancy: 6 |
| Phone #: (916)361-2833 Fax #: (916)364-5389 | Target Population: 1.2 |
| | Expiration Date 06/30/2009 |
| Program Name: DIOGENES YOUTH SERVICES | Record ID: 340062AN |
| Legal Name: DIOGENES YOUTH SERVICES | Service Type: NON |
| Address: 9719 LINCOLN VILLAGE DRIVE, SUITE 203 | Resident Capacity: 0 |
| City, State: SACRAMENTO, CA 95827 | Total Occupancy: 0 |
| Phone #: (916)369-5447 Fax #: (916)369-5389 | Target Population: 1.7 |
| | Expiration Date 05/31/2010 |
| Program Name: GATEWAY HOUSE | Record ID: 340003AN |
| Legal Name: GATEWAY FOUNDATION, 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 05/31/2010 |
| Program Name: HOPE HELP AND HEALING | Record ID: 340075AN |
| Legal Name: HOPE HELP AND HEALING | Service Type: NON |
| Address: 1516 C STREET | Resident Capacity: 0 |
| City, State: SACRAMENTO, CA 95814 | Total Occupancy: 0 |
| Phone #: (916)443-4437 Fax #: (530)995-6191 | Target Population: 1.1 |
| | Expiration Date 08/31/2009 |
| Program Name: 12 WAYS TO SUCCESS | Record ID: 340070AN |
| Legal Name: JUVENILES AT RISK | Service Type: NON |
| Address: 7600 GREENHAVEN DRIVE, SUITE 202 | Resident Capacity: 0 |
| City, State: SACRAMENTO, CA 95831 | Total Occupancy: 0 |
| Phone #: (916)392-5277 | Target Population: 1.7 |
| | Expiration Date 01/31/2009 |
| Program Name: KOINONIA GROUP HOME #5 | Record ID: 340063AN |
| Legal Name: KOINONIA FOSTER HOMES, INC. | Service Type: DSS |
| Address: 4232 BIG CLOUD WAY | Resident Capacity: 0 |
| City, State: ANTELOPE, CA 95843 | Total Occupancy: 0 |
| Phone #: (916)652-0171 Fax #: (916)652-3979 | Target Population: 1.5 |

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| Program Name: I'M NOT ALONE - LAMERCIE YOUTH AND ADULT SERVICES, INC. | Record ID: 340076BN |
| Legal Name: LAMERCIE YOUTH AND ADULT SERVICES, INC. | Service Type: RES |
| Address: 2251 FLORIN ROAD, SUITE 35 | Resident Capacity: 0 |
| City, State: SACRAMENTO, CA 95823 | Total Occupancy: 0 |
| Phone #: (916)665-2828 Fax #: (916)683-4640 | Target Population: 1.5 |
| | |
| Program Name: I'M NOT ALONE - LAMERCIE YOUTH AND ADULT SERVICES, INC. | Record ID: 340076AN |
| Legal Name: LAMERCIE YOUTH AND ADULT SERVICES, INC. | Service Type: DSS |
| Address: 4328 CARMELO OAKS COURT | Resident Capacity: 0 |
| City, State: SACRAMENTO, CA 95841 | Total Occupancy: 0 |
| Phone #: (916)665-2828 Fax #: (916)683-4640 | Target Population: 1.5 |
| | |
| Program Name: MERCY PERINATAL RECOVERY NETWORK (PRN) | Record ID: 340040BN |
| Legal Name: MERCY HEALTHCARE SACRAMENTO | Service Type: NON |
| Address: 650 HOWE AVENUE, SUITES 504, 530 AND 560 | Resident Capacity: 0 |
| City, State: SACRAMENTO, CA 95825 | Total Occupancy: 0 |
| Phone #: (916)733-6354 Fax #: (916)921-7569 | Target Population: 1.3 |
| | Expiration Date 03/31/2009 |
| | |
| Program Name: MI CASA RECOVERY HOME | Record ID: 340004BN |
| Legal Name: MEXICAN AMERICAN ALCOHOLISM PROGRAM, INC. | Service Type: RES |
| Address: 2515 48TH AVENUE | Resident Capacity: 20 |
| City, State: SACRAMENTO, CA 95822 | Total Occupancy: 20 |
| Phone #: (916)394-2328 Fax #: (916)394-2457 | Target Population: 1.1 |
| | Expiration Date 07/31/2008 |
| | |
| Program Name: MAAP COUNSELING CENTER | Record ID: 340004EN |
| Legal Name: MEXICAN AMERICAN ALCOHOLISM PROGRAM, INC. | Service Type: NON |
| Address: 3437 MYRTLE AVENUE, SUITE 420 | Resident Capacity: 0 |
| City, State: NORTH HIGHLANDS, CA 95660 | Total Occupancy: 0 |
| Phone #: (916)338-6835 | Target Population: 1.1 |
| | Expiration Date 02/28/2009 |
| | |
| Program Name: MAAP COUNSELING CENTER | Record ID: 340004DN |
| Legal Name: MEXICAN AMERICAN ALCOHOLISM PROGRAM, INC. | Service Type: NON |
| Address: 4241 FLORIN ROAD, SUITE 110 | Resident Capacity: 0 |
| City, State: SACRAMENTO, CA 95823 | Total Occupancy: 0 |
| Phone #: (916)394-2320 | Target Population: 1.1 |
| | Expiration Date 04/30/2009 |
| | |
| Program Name: MI CASA - OUTPATIENT PROGRAM | Record ID: 340004CN |
| Legal Name: MEXICAN AMERICAN ALCOHOLISM PROGRAM, INC. | Service Type: NON |
| Address: 2515 48TH AVENUE | Resident Capacity: 0 |
| City, State: SACRAMENTO, CA 95822 | Total Occupancy: 0 |
| Phone #: (916)394-2320 Fax #: (916)394-2457 | Target Population: 1.1 |
| | Expiration Date 07/31/2008 |

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| Program Name: MUCH LOV 2 GIVE TREATMENT CENTER | Record ID: 340072AN |
| Legal Name: MUCH LOV 2 GIVE FOUNDATION | Service Type: RES |
| Address: 7921 34TH AVENUE | Resident Capacity: 6 |
| City, State: SACRAMENTO, CA 95824 | Total Occupancy: 6 |
| Phone #: (916)388-9380 | Target Population: 1.4 |
| | Expiration Date 04/30/2009 |
| Program Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE, IN | Record ID: 340052AN |
| Legal Name: NATIONAL COUNCIL ON ALCOHOLISM & DRUG DEPENDENCE, INC. | Service Type: NON |
| Address: 2316 BELL EXECUTIVE LANE | Resident Capacity: 0 |
| City, State: SACRAMENTO, CA 95825 | Total Occupancy: 0 |
| Phone #: (916)922-9217 Fax #: (916)922-0072 | Target Population: 1.1 |
| | Expiration Date 02/28/2009 |
| Program Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE SA | Record ID: 340052BN |
| Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE SA | 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 05/31/2010 |
| Program Name: NATIONAL EDUCATIONAL ENRICHMENT DEVELOPMENT SERVICES | Record ID: 340073AN |
| Legal Name: NATIONAL-EDUCATIONAL-ENRICHMENT-DEVELOPMENT-SERVICES | Service Type: NON |
| Address: 4090 TRUXEL ROAD, SUITE 109 | Resident Capacity: 0 |
| City, State: SACRAMENTO, CA 95835 | Total Occupancy: 0 |
| Phone #: (916)482-2006 Fax #: (916)482-8814 | Target Population: 1.8 |
| | Expiration Date 03/31/2009 |
| Program Name: SACRAMENTO NATIVE AMERICAN HEALTH CENTER | Record ID: 340082AN |
| Legal Name: 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 04/30/2010 |
| Program Name: NEW LIFE PROJECT, INC. | Record ID: 340087AN |
| Legal Name: NEW LIFE PROJECT, INC. | Service Type: NON |
| Address: 5501 SKY PARKWAY | Resident Capacity: 0 |
| City, State: SACRAMENTO, CA 95823 | Total Occupancy: 0 |
| Phone #: (916)392-6801 Fax #: (916)427-2304 | Target Population: 1.1 |
| | Expiration Date 05/31/2009 |
| 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 02/28/2010 |

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| 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 03/31/2010 |
| Program Name: PANACEA, INC. - COMPREHENSIVE DRUG AND ALCOHOL TREATMEI | Record ID: 340064AP |
| Legal Name: PANACEA, INC. | Service Type: NON |
| Address: 3353 BRADSHAW ROAD, SUITE 106 | Resident Capacity: 0 |
| City, State: SACRAMENTO, CA 95827 | Total Occupancy: 0 |
| Phone #: (916)854-4564 | Target Population: 1.1 |
| | Expiration Date 01/31/2009 |
| Program Name: PEOPLE OF PURPOSE, INC. ALCOHOL AND DRUG TREATMENT PROG | Record ID: 340088AN |
| Legal Name: PEOPLE OF PURPOSE | Service Type: NON |
| Address: 2251 FLORIN ROAD, SUITE 156 | Resident Capacity: 0 |
| City, State: SACRAMENTO, CA 95822 | Total Occupancy: 0 |
| Phone #: (916)224-4496 Fax #: (916)525-2295 | Target Population: 1.1 |
| | Expiration Date 09/30/2009 |
| Program Name: ALTUA | Record ID: 340002AN |
| Legal Name: RIVER CITY RECOVERY CENTER, INC. | Service Type: RES |
| Address: 12490 ALTA MESA ROAD | Resident Capacity: 80 |
| City, State: GALT, CA 95632 | Total Occupancy: 80 |
| Phone #: (209)748-2470 | Target Population: 1.2 |
| | Expiration Date 07/31/2008 |
| Program Name: GRACE HOUSE | Record ID: 340002CN |
| Legal Name: RIVER CITY RECOVERY CENTER, INC. | Service Type: RES |
| Address: 2217 G STREET | Resident Capacity: 15 |
| City, State: SACRAMENTO, CA 95816 | Total Occupancy: 15 |
| Phone #: (916)442-3979 | Target Population: 1.3 |
| | Expiration Date 11/30/2008 |
| Program Name: STARLIGHT | Record ID: 340002BN |
| Legal Name: RIVER CITY RECOVERY CENTER, INC. | Service Type: RES |
| Address: 2218 E STREET | Resident Capacity: 24 |
| City, State: SACRAMENTO, CA 95816 | Total Occupancy: 24 |
| Phone #: (916)442-3979 Fax #: (916)442-3577 | Target Population: 1.3 |
| | Expiration Date 11/30/2008 |
| Program Name: SACRAMENTO AREA EMERGENCY HOUSING CENTER | Record ID: 340045AN |
| Legal Name: SACRAMENTO AREA EMERGENCY HOUSING CENTER | Service Type: NON |
| Address: 2925 34TH STREET | Resident Capacity: 0 |
| City, State: SACRAMENTO, CA 95817 | Total Occupancy: 0 |
| Phone #: (916)454-2120 | Target Population: 1.7 |
| | Expiration Date 02/28/2009 |

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| Program Name: SACRAMENTO AREA EMERGENCY HOUSING CENTER | Record ID: 340045BN |
| Legal Name: SACRAMENTO AREA EMERGENCY HOUSING CENTER | Service Type: NON |
| Address: 4516 PARKER AVENUE | Resident Capacity: 0 |
| City, State: SACRAMENTO, CA 95816 | Total Occupancy: 0 |
| Phone #: (916)455-2160 | Target Population: 1.7 |
| | Expiration Date 02/28/2009 |
| Program Name: SACRAMENTO BLACK ALCOHOLISM CENTER | Record ID: 340008AN |
| Legal Name: SACRAMENTO BLACK ALCOHOLISM CENTER | Service Type: NON |
| Address: 3307 BROADWAY AVENUE, SUITE 200 | Resident Capacity: 0 |
| City, State: SACRAMENTO, CA 95817 | Total Occupancy: 0 |
| Phone #: (916)454-4242 | Target Population: 1.1 |
| | Expiration Date 09/30/2008 |
| Program Name: SACRAMENTO RECOVERY HOUSE | Record ID: 340009AN |
| Legal Name: SACRAMENTO RECOVERY HOUSE, INC. | Service Type: RES |
| Address: 1914 22ND STREET | Resident Capacity: 15 |
| City, State: SACRAMENTO, CA 95816 | Total Occupancy: 18 |
| Phone #: (916)455-6258 | Target Population: 1.2 |
| | Expiration Date 08/31/2008 |
| Program Name: STRATEGIES FOR CHANGE OUTPATIENT | Record ID: 340084AN |
| Legal Name: STRATEGIES FOR CHANGE | Service Type: NON |
| Address: 4330 AUBURN BOULEVARD # 2200 | Resident Capacity: 0 |
| City, State: SACRAMENTO, CA 95841 | Total Occupancy: 0 |
| Phone #: (916)473-5764 Fax #: (916)473-5766 | Target Population: 1.1 |
| | Expiration Date 07/31/2009 |
| Program Name: STRATEGIES FOR CHANGE - PASSAGES | Record ID: 340084BN |
| Legal Name: STRATEGIES FOR CHANGE | Service Type: NON |
| Address: 7000 FRANKLIN BOULEVARD, SUITE 110 | Resident Capacity: 0 |
| City, State: SACRAMENTO, CA 95823 | Total Occupancy: 0 |
| Phone #: (916)395-3552 | Target Population: 1.3 |
| | Expiration Date 08/31/2008 |
| 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 10/31/2009 |
| Program Name: ALTERNATIVE HOUSE | Record ID: 340015AN |
| Legal Name: THE EFFORT, INC. | Service Type: RES |
| Address: 1550 JULIESSE AVENUE | Resident Capacity: 45 |
| City, State: SACRAMENTO, CA 95815 | Total Occupancy: 45 |
| Phone #: (916)739-1764 | Target Population: 1.1 |
| | Expiration Date 02/28/2010 |

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| Program Name: CRISIS INTAKE AND COUNSELING CENTER Legal Name: THE EFFORT, INC. Address: 1820 J STREET City, State: SACRAMENTO, CA 95814 Phone #: (916)444-6294 | Record ID: 340015CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2010 |
| Program Name: ST. JOHN'S SHELTER Legal Name: THE EFFORT, INC. Address: 4410 POWER INN ROAD City, State: SACRAMENTO, CA 95826 Phone #: (916)368-3077 | Record ID: 340015HN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.4 Expiration Date 02/28/2009 |
| Program Name: THE EFFORT DETOXIFICATION CENTER Legal Name: THE EFFORT, INC. Address: 7586 STOCKTON BOULEVARD City, State: SACRAMENTO, CA 95823 Phone #: (916)691-3417 | Record ID: 340015EN Service Type: RES-DETOX Resident Capacity: 18 Total Occupancy: 18 Target Population: 1.1 Expiration Date 07/31/2008 |
| Program Name: BIRTH AND BEYOND Legal Name: THE EFFORT, INC. Address: 6015 WATT AVENUE, SUITE 2 City, State: NORTH HIGHLANDS, CA 95660 Phone #: (916)679-3925 Fax #: (916)679-3928 | Record ID: 340015GN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2010 |
| Program Name: FAMILY SERVICE AGENCY Legal Name: THE EFFORT, INC. Address: 8233 EAST STOCKTON BOULEVARD City, State: SACRAMENTO, CA 95825 Phone #: (916)368-3080 Fax #: (916)368-3076 | Record ID: 340015FN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2008 |
| Program Name: HOUSE OF UMOJA/RAFA PROJECT Legal Name: THE GIFTED HEALING CENTER, INC. Address: 7654 22ND STREET City, State: SACRAMENTO, CA 95832 Phone #: (916)665-1503 Fax #: (916)665-1503 | Record ID: 340066BN Service Type: RES Resident Capacity: 12 Total Occupancy: 12 Target Population: 1.1 Expiration Date 02/28/2009 |
| Program Name: SACRAMENTO TREATMENT CLINIC Legal Name: TREATMENT ASSOCIATES, INC. Address: 7225 EAST SOUTHGATE DRIVE, SUITE D City, State: SACRAMENTO, CA 95823 Phone #: (916)394-1000 Fax #: (916)394-1010 | Record ID: 340080AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2008 |

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| Program Name: TRIAD FAMILY SERVICES ALCOHOL AND DRUG PROGRAM | Record ID: 340086AN |
| Legal Name: TRIAD FAMILY SERVICES | Service Type: NON |
| Address: 2445 ALBATROSS WAY | Resident Capacity: 0 |
| City, State: SACRAMENTO, CA 95815 | Total Occupancy: 0 |
| Phone #: (916)631-0771 Fax #: (916)631-0498 | Target Population: 1.1 |
| | Expiration Date 08/31/2009 |
| Program Name: SACRAMENTO VETERANS RESOURCE CENTER | Record ID: 340058AN |
| Legal Name: VIETNAM VETERANS OF CALIFORNIA, INC. | Service Type: RES |
| Address: 7270 EAST SOUTHGATE DRIVE, BUILDING 4 | Resident Capacity: 22 |
| City, State: SACRAMENTO, CA 95823 | Total Occupancy: 22 |
| Phone #: (916)393-8387 Fax #: (916)393-8389 | Target Population: 1.1 |
| | Expiration Date 11/30/2009 |
| Program Name: OPTIONS FOR RECOVERY - RESIDENTIAL TREATMENT PROGRAM | Record ID: 340018AN |
| Legal Name: VOLUNTEERS OF AMERICA GREATER SACRAMENTO AND NORTHEF | Service Type: RES |
| Address: POST OFFICE BOX 38369 | Resident Capacity: 24 |
| City, State: SACRAMENTO, CA 95838 | Total Occupancy: 36 |
| Phone #: (916)929-1951 Fax #: (916)929-5116 | Target Population: 1.4 |
| | Expiration Date 11/30/2008 |
| Program Name: COMPREHENSIVE ALCOHOL TREATMENT CENTER | Record ID: 340018DN |
| Legal Name: VOLUNTEERS OF AMERICA GREATER SACRAMENTO AND NORTHEF | Service Type: RES |
| Address: 700 NORTH 5TH STREET, ROOMS 200, 300, 500, AND 700-704 | Resident Capacity: 32 |
| City, State: SACRAMENTO, CA 95814 | Total Occupancy: 32 |
| Phone #: (916)448-1236 Fax #: (916)448-6722 | Target Population: 1.2 |
| | Expiration Date 09/30/2008 |
| Program Name: VOLUNTEERS OF AMERICA SUBSTANCE ABUSE OUTREACH COUNSI | Record ID: 340018EN |
| Legal Name: VOLUNTEERS OF AMERICA GREATER SACRAMENTO AND NORTHEF | Service Type: NON |
| Address: 1590 NORTH A STREET AND 470 BANNON STREET | Resident Capacity: 0 |
| City, State: SACRAMENTO, CA 95814 | Total Occupancy: 0 |
| Phone #: (916)874-4351 | Target Population: 1.1 |
| | Expiration Date 09/30/2008 |

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San Benito County

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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)637-5594 Fax #: (831)636-9086

Record ID: 350001AN

Service Type: NON

Resident Capacity: 0

Total Occupancy: 0

Target Population: 1.1

Expiration Date 04/30/2009

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San Bernardino County

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| Program Name: BILINGUAL FAMILY COUNSELING SERVICE, INC. Legal Name: BILINGUAL FAMILY COUNSELING SERVICE, INCORPORATED Address: 311, 313, AND 317 WEST F STREET City, State: ONTARIO, CA 91762 Phone #: (909)986-7111 Fax #: (909)986-0941 | Record ID: 360062AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2010 |
| Program Name: SERENITY PLACE ALCOHOL AND DRUG TREATMENT PROGRAM Legal Name: BRANDON J, INC. Address: 128 EAST G STREET, SUITE 111 City, State: COLTON, CA 92324 Phone #: (909)433-0330 Fax #: (909)433-3099 | Record ID: 360068AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 07/31/2008 |
| Program Name: CASA DE SAN BERNARDINO-ODF PROGRAM Legal Name: CASA DE SAN BERNARDINO, INC. Address: 735 NORTH D STREET City, State: SAN BERNARDINO, CA 92401 Phone #: (909)381-5507 | Record ID: 360013AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2010 |
| Program Name: DAP RECOVERY HOME Legal Name: DRUG ALTERNATIVE PROGRAM Address: 11810 KINGSTON STREET City, State: GRAND TERRACE, CA 92313 Phone #: (909)783-1094 | Record ID: 360021BN Service Type: RES Resident Capacity: 6 Total Occupancy: 7 Target Population: 1.2 Expiration Date 08/31/2009 |
| Program Name: HIS HOUSE Legal Name: G & C SWAN INC. Address: 23950 PRADO LANE City, State: COLTON, CA 92324 Phone #: (909)981-6121 Fax #: (909)944-0192 | Record ID: 360075AP Service Type: RES Resident Capacity: 6 Total Occupancy: 7 Target Population: 1.2 Expiration Date 04/30/2010 |
| Program Name: HIS HOUSE Legal Name: G & C SWAN INC. Address: 1344 DARLINGTON AVENUE City, State: UPLAND, CA 91786 Phone #: (909)981-6121 Fax #: (909)944-0192 | Record ID: 360075BP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 7 Target Population: 1.2 Expiration Date 04/30/2010 |
| Program Name: NEW CREATION ALCOHOL AND DRUG COUNSELING SERVICES Legal Name: G AND C SWAN INC. Address: 120 WEST 9TH STREET, ROOM T3 City, State: UPLAND, CA 91786 Phone #: (909)981-6121 Fax #: (909)944-0192 | Record ID: 360054AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2008 |

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| 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 02/28/2010 |
| 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 92392 | Total Occupancy: 0 |
| Phone #: (760)243-7151 Fax #: (760)952-1432 | Target Population: 1.1 |
| | Expiration Date 10/31/2009 |
| Program Name: HOUSE OF FAITH | Record ID: 360076AN |
| Legal Name: HOUSE OF HOPE HOUSE OF FAITH, INC. | Service Type: RES |
| Address: 14335 DUKE COURT | Resident Capacity: 6 |
| City, State: ADELANTO, CA 92301 | Total Occupancy: 6 |
| Phone #: (760)246-5835 Fax #: (760)530-0817 | Target Population: 1.3 |
| | Expiration Date 02/28/2010 |
| 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)246-5835 Fax #: (760)530-0817 | Target Population: 1.2 |
| | Expiration Date 02/28/2010 |
| Program Name: INLAND BEHAVIORAL AND HEALTH SERVICES, INC. | Record ID: 360015AN |
| Legal Name: INLAND BEHAVIORAL AND HEALTH SERVICES, INC. | Service Type: NON |
| Address: 1963 NORTH E STREET | Resident Capacity: 0 |
| City, State: SAN BERNARDINO, CA 92405 | Total Occupancy: 0 |
| Phone #: (909)881-6146 | Target Population: 1.1 |
| | Expiration Date 11/30/2009 |
| Program Name: RANCHO HOUSE | Record ID: 360001CCN |
| Legal Name: INLAND VALLEY DRUG AND ALCOHOL RECOVERY SERVICES | Service Type: RES |
| Address: 8556 HYACINTH STREET | Resident Capacity: 6 |
| City, State: RANCHO CUCAMONGA, CA 91730 | Total Occupancy: 6 |
| Phone #: (909)932-1069 Fax #: (909)579-0243 | Target Population: 1.2 |
| | Expiration Date 09/30/2009 |
| Program Name: WOMEN'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: 60 |
| City, State: UPLAND, CA 91786 | Total Occupancy: 75 |
| Phone #: (909)932-1069 Fax #: (909)932-1087 | Target Population: 1.4 |
| | Expiration Date 02/28/2010 |

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| Program Name: DETOX CENTER | Record ID: 360001GN |
| Legal Name: INLAND VALLEY DRUG AND ALCOHOL RECOVERY SERVICES | Service Type: RES |
| Address: 1439 WEST ARROW HIGHWAY | Resident Capacity: 6 |
| City, State: UPLAND, CA 91786 | Total Occupancy: 6 |
| Phone #: (909)932-1069 Fax #: (909)932-1087 | Target Population: 1.1 |
| | Expiration Date 10/31/2008 |
| Program Name: ARROW HOUSE II | Record ID: 360001BBN |
| Legal Name: INLAND VALLEY DRUG AND ALCOHOL RECOVERY SERVICES | Service Type: RES |
| Address: 1131 17TH STREET | Resident Capacity: 6 |
| City, State: UPLAND, CA 91786 | Total Occupancy: 6 |
| Phone #: (909)932-1069 Fax #: (909)982-4739 | Target Population: 1.3 |
| | Expiration Date 04/30/2009 |
| Program Name: RECOVERY CENTER | Record ID: 360001AAN |
| Legal Name: INLAND VALLEY DRUG AND ALCOHOL RECOVERY SERVICES | Service Type: NON |
| Address: 934 NORTH MOUNTAIN AVENUE, SUITES A & B | Resident Capacity: 0 |
| City, State: UPLAND, CA 91786 | Total Occupancy: 0 |
| Phone #: (909)949-4667 | Target Population: 1.1 |
| | Expiration Date 05/31/2009 |
| Program Name: ORANGE RECOVERY HOME | Record ID: 360001BN |
| Legal Name: INLAND VALLEY DRUG AND ALCOHOL RECOVERY SERVICES | Service Type: RES |
| Address: 1003 NORTH ORANGE AVENUE | Resident Capacity: 6 |
| City, State: ONTARIO, CA 91764 | Total Occupancy: 6 |
| Phone #: (909)932-1069 | Target Population: 1.2 |
| | Expiration Date 03/31/2010 |
| Program Name: CAROLINE HOUSE | Record ID: 360001EN |
| Legal Name: INLAND VALLEY DRUG AND ALCOHOL RECOVERY SERVICES | Service Type: RES |
| Address: 1646 CAROLINE STREET | Resident Capacity: 6 |
| City, State: ONTARIO, CA 91764 | Total Occupancy: 6 |
| Phone #: (909)985-1776 | Target Population: 1.2 |
| | Expiration Date 08/31/2008 |
| Program Name: MARIN RECOVERY HOME | Record ID: 360001CN |
| Legal Name: INLAND VALLEY DRUG AND ALCOHOL RECOVERY SERVICES | Service Type: RES-DETOX |
| Address: 1636 MARIN AVENUE | Resident Capacity: 6 |
| City, State: ONTARIO, CA 91764 | Total Occupancy: 6 |
| Phone #: (909)932-1069 | Target Population: 1.2 |
| | Expiration Date 03/31/2010 |
| Program Name: LAKE ARROWHEAD TREATMENT CENTER | Record ID: 360072AP |
| Legal Name: JACK GREEN | Service Type: RES-DETOX |
| Address: 975 NADELHORN STREET | Resident Capacity: 6 |
| City, State: LAKE ARROWHEAD, CA 92352 | Total Occupancy: 6 |
| Phone #: (909)336-4442 Fax #: (909)866-2775 | Target Population: 1.1 |
| | Expiration Date 10/31/2009 |

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| Program Name: MATRIX INSTITUTE ON ADDICTIONS | Record ID: 360020AN |
| Legal Name: MATRIX INSTITUTE ON ADDICTIONS | Service Type: NON |
| Address: 9375 ARCHIBALD AVENUE, SUITES 204 AND 311 | Resident Capacity: 0 |
| City, State: RANCHO CUCAMONGA, CA 91730 | Total Occupancy: 0 |
| Phone #: (909)989-9724 | Target Population: 1.1 |
| | Expiration Date 05/31/2009 |
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| Program Name: PRIDE | Record ID: 360033AN |
| Legal Name: MENTAL HEALTH SYSTEMS, INC. | Service Type: NON |
| Address: 1874 BUSINESS CENTER DRIVE, SUITE B | Resident Capacity: 0 |
| City, State: SAN BERNARDINO, CA 92408 | Total Occupancy: 0 |
| Phone #: (909)381-8151 Fax #: (909)381-6550 | Target Population: 1.1 |
| | Expiration Date 03/31/2009 |
| | |
| 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 09/30/2009 |
| | |
| Program Name: BARSTOW CENTER FOR CHANGE | Record ID: 360033KN |
| Legal Name: MENTAL HEALTH SYSTEMS, INC. | Service Type: NON |
| Address: 200 EAST WILLIAMS | Resident Capacity: 0 |
| City, State: BARSTOW, CA 92311 | Total Occupancy: 0 |
| Phone #: (760)256-9224 Fax #: (760)256-9527 | Target Population: 1.1 |
| | Expiration Date 08/31/2009 |
| | |
| Program Name: SAN BERNARDINO CENTER FOR CHANGE | Record ID: 360033MN |
| Legal Name: MENTAL HEALTH SYSTEMS, INC. | Service Type: NON |
| Address: 1874 BUSINESS CENTER DRIVE, SUITE A | Resident Capacity: 0 |
| City, State: SAN BERNARDINO, CA 92408 | Total Occupancy: 0 |
| Phone #: (909)386-0523 Fax #: (909)386-0529 | Target Population: 1.1 |
| | Expiration Date 01/31/2009 |
| | |
| 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 #: (909)335-2989 Fax #: (909)335-1701 | Target Population: 1.1 |
| | Expiration Date 03/31/2009 |
| | |
| Program Name: FONTANA CENTER FOR CHANGE | Record ID: 360033JN |
| Legal Name: MENTAL HEALTH SYSTEMS, INC. | Service Type: NON |
| Address: 7965 SIERRA AVENUE, SUITE L | Resident Capacity: 0 |
| City, State: FONTANA, CA 92336 | Total Occupancy: 0 |
| Phone #: (909)357-4585 Fax #: (909)357-4589 | Target Population: 1.1 |
| | Expiration Date 09/30/2009 |

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| 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 04/30/2010 |
| Program Name: FONTANA REGIONAL RECOVERY CENTER Legal Name: MENTAL HEALTH SYSTEMS, INC. Address: 7993 SIERRA AVENUE, SUITES L & K City, State: FONTANA, CA 92336 Phone #: (909)822-8720 Fax #: (909)822-8438 | Record ID: 360033LN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 02/28/2010 |
| Program Name: VICTOR VALLEY CENTER FOR CHANGE Legal Name: MENTAL HEALTH SYSTEMS, INC. Address: 15770 MOJAVE DRIVE, SUITES K & L City, State: VICTORVILLE, CA 92392 Phone #: (760)843-7809 Fax #: (760)843-7810 | Record ID: 360033BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2009 |
| Program Name: MERRILL COMMUNITY SERVICES Legal Name: MERRILL COMMUNITY SERVICES, INC. Address: 8627 WHEELER AVENUE City, State: FONTANA, CA 92335 Phone #: (909)823-0609 | Record ID: 360016AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2008 |
| Program Name: MIRACLES IN RECOVERY - SAVE THE BABIES Legal Name: MIRACLES IN RECOVERY, INC. Address: 2316 VALENCIA STREET City, State: SAN BERNARDINO, CA 92404 Phone #: (909)881-3555 Fax #: (909)888-9555 | Record ID: 360056DN Service Type: RES Resident Capacity: 6 Total Occupancy: 7 Target Population: 1.3 Expiration Date 07/31/2009 |
| Program Name: MIRACLES IN RECOVERY Legal Name: MIRACLES IN RECOVERY, INC. Address: 2107 NORTH SIERRA WAY City, State: SAN BERNARDINO, CA 92404 Phone #: (909)883-3318 | Record ID: 360056CN Service Type: RES Resident Capacity: 6 Total Occupancy: 7 Target Population: 1.2 Expiration Date 02/28/2009 |
| Program Name: MIRACLES IN RECOVERY Legal Name: MIRACLES IN RECOVERY, INC. Address: 1064 NORTH D STREET City, State: SAN BERNARDINO, CA 92410 Phone #: (909)381-3974 | Record ID: 360056AN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 02/28/2009 |

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| Program Name: SERENITY OUTREACH Legal Name: MY BROTHER'S KEEPER, INC. Address: 5389 RIVERSIDE DRIVE City, State: CHINO, CA 91710 Phone #: (909)615-7534 | Record ID: 360074AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 01/31/2010 |
| Program Name: NEW HOUSE, INC. Legal Name: NEW HOUSE, INC. Address: 840, 850, 850A AND 850B NORTH ARROWHEAD AVENUE City, State: SAN BERNARDINO, CA 92405 Phone #: (909)881-0389 | Record ID: 360005AN Service Type: RES Resident Capacity: 29 Total Occupancy: 29 Target Population: 1.9 Expiration Date 03/31/2010 |
| Program Name: NEW HOUSE, INC. Legal Name: NEW HOUSE, INC. Address: 856, 856-1, 856-2, AND 856-3 NORTH ARROWHEAD AVENUE City, State: SAN BERNARDINO, CA 92405 Phone #: (909)881-0389 | Record ID: 360005BN Service Type: RES Resident Capacity: 23 Total Occupancy: 23 Target Population: 1.4 Expiration Date 03/31/2010 |
| Program Name: STEPPING STONES TO RECOVERY Legal Name: ONE-2-ONE MENTORS Address: 16245 DESERT KNOLL DRIVE City, State: VICTORVILLE, CA 92392 Phone #: (760)245-1997 Fax #: (760)245-9774 | Record ID: 360059AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.7 Expiration Date 04/30/2009 |
| Program Name: OPERATION BREAKTHROUGH Legal Name: OPERATION BREAKTHROUGH Address: 40880 PEDDER ROAD City, State: BIG BEAR LAKE, CA 92315 Phone #: (909)866-5437 Fax #: (909)866-8555 | Record ID: 360031AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2009 |
| Program Name: PINE RIDGE TREATMENT CENTER Legal Name: PINE RIDGE TREATMENT CENTER, INCORPORATED Address: 2727 HIGHLAND DRIVE City, State: RUNNING SPRINGS, CA 92382 Phone #: (909)867-7028 | Record ID: 360007AP Service Type: RES Resident Capacity: 24 Total Occupancy: 24 Target Population: 1.2 Expiration Date 09/30/2009 |
| Program Name: PINE RIDGE TREATMENT CENTERS, INC. - VICTORVILLE Legal Name: PINE RIDGE TREATMENT CENTER, INCORPORATED Address: 15367 BONANZA ROAD, #A City, State: VICTORVILLE, CA 92392 Phone #: (760)955-1012 Fax #: (760)955-4811 | Record ID: 360007BP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2009 |

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| 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)383-8809 | Target Population: 1.1 |
| | Expiration Date 09/30/2009 |
| 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 06/30/2010 |
| Program Name: R.A.P. COMMUNITY RECOVERY SERVICES | Record ID: 360051AN |
| Legal Name: R.A.P. COMMUNITY RECOVERY SERVICES | Service Type: NON |
| Address: 17205 ARROW BOULEVARD, 2ND FLOOR | Resident Capacity: 0 |
| City, State: FONTANA, CA 92335 | Total Occupancy: 0 |
| Phone #: (909)357-6439 Fax #: (909)356-0120 | Target Population: 1.1 |
| | Expiration Date 09/30/2009 |
| Program Name: BARSTOW GUIDANCE CENTER D.B.A. VISTA GUIDANCE CENTERS | Record ID: 360023FN |
| Legal Name: REDLANDS-YUCAIPA GUIDANCE CLINIC ASSOCIATION, INC. | Service Type: NON |
| Address: 309 EAST MOUNTAIN VIEW, SUITE 100 | Resident Capacity: 0 |
| City, State: BARSTOW, CA 92311 | Total Occupancy: 0 |
| Phone #: (760)256-0376 Fax #: (760)256-0377 | Target Population: 1.1 |
| | Expiration Date 06/30/2009 |
| Program Name: VISTA RECOVERY CENTER | Record ID: 360023DN |
| Legal Name: REDLANDS-YUCAIPA GUIDANCE CLINIC ASSOCIATION, INC. D.B.A. | Service Type: NON |
| Address: 939 AND 955-1/2 NORTH D STREET | Resident Capacity: 0 |
| City, State: SAN BERNADINO, CA 92418 | Total Occupancy: 0 |
| Phone #: (909)381-5100 Fax #: (909)381-5101 | Target Population: 1.1 |
| | Expiration Date 11/30/2008 |
| Program Name: REDLANDS GUIDANCE CENTER | Record ID: 360023BN |
| Legal Name: REDLANDS-YUCAIPA GUIDANCE CLINIC ASSOCIATION, INC. D.B.A. | Service Type: NON |
| Address: 1323 WEST COLTON AVENUE, SUITES 100, 105, 210, AND 215 | Resident Capacity: 0 |
| City, State: REDLANDS, CA 92375 | Total Occupancy: 0 |
| Phone #: (909)335-7067 Fax #: (909)792-0033 | Target Population: 1.1 |
| | Expiration Date 02/28/2010 |
| Program Name: VICTOR VALLEY GUIDANCE CENTER | Record ID: 360023EN |
| Legal Name: REDLANDS-YUCAIPA GUIDANCE CLINIC ASSOCIATION, INC. D.B.A. | Service Type: NON |
| Address: 15447 ANACAPA ROAD, SUITE 200 | Resident Capacity: 0 |
| City, State: VICTORVILLE, CA 92392 | Total Occupancy: 0 |
| Phone #: (760)245-9446 Fax #: (760)951-8986 | Target Population: 1.1 |
| | Expiration Date 06/30/2009 |

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| Program Name: YUCAIPA GUIDANCE CENTER | Record ID: 360023AN |
| Legal Name: REDLANDS-YUCAIPA GUIDANCE CLINIC ASSOCIATION, INC. D.B.A. ' | Service Type: NON |
| Address: 34324 YUCAIPA BOULEVARD, SUITES B, C, AND D | Resident Capacity: 0 |
| City, State: YUCAIPA, CA 92399 | Total Occupancy: 0 |
| Phone #: (909)335-7067 | Target Population: 1.1 |
| | Expiration Date 06/30/2008 |
| 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 06/30/2010 |
| 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 04/30/2009 |
| Program Name: ALCOHOL AND DRUG OUTPATIENT TREATMENT | Record ID: 360070AN |
| Legal Name: SAC HEALTH SYSTEM | Service Type: NON |
| Address: 1455 EAST THIRD STREET, SUITES B, C, 232, 244, 249, 262 AND 26 | Resident Capacity: 0 |
| City, State: SAN BERNARDINO, CA 92408 | Total Occupancy: 0 |
| Phone #: (909)382-7102 Fax #: (909)382-7166 | Target Population: 1.1 |
| | Expiration Date 11/30/2008 |
| 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 | 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 11/30/2009 |
| Program Name: VICTOR VALLEY BEHAVIORAL HEALTH CENTER | Record ID: 360050DN |
| Legal Name: SAN BERNARDINO COUNTY BEHAVIORAL HEALTH DEPARTMENT | Service Type: NON |
| Address: 12625 HESPERIA ROAD, ROOMS B4, C5, C6, E1 AND E9 - E12 | Resident Capacity: 0 |
| City, State: VICTORVILLE, CA 92392 | Total Occupancy: 0 |
| Phone #: (760)955-1777 Fax #: (760)955-2356 | Target Population: 1.1 |
| | Expiration Date 10/31/2009 |
| Program Name: VICTOR VALLEY PERINATAL TREATMENT CENTER | Record ID: 360050BN |
| Legal Name: SAN BERNARDINO COUNTY BEHAVIORAL HEALTH DEPARTMENT | Service Type: NON |
| Address: 11951 HESPERIA ROAD | Resident Capacity: 0 |
| City, State: HESPERIA, CA 92345 | Total Occupancy: 0 |
| Phone #: (909)956-6780 Fax #: (760)956-3761 | Target Population: 1.4 |
| | Expiration Date 05/31/2009 |

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| Program Name: PERINATAL AND ADDICTION TREATMENT SERVICES | Record ID: 360050AN |
| Legal Name: SAN BERNARDINO COUNTY BEHAVIORAL HEALTH DEPARTMENT | Service Type: NON |
| Address: 850 FOOTHILL BOULEVARD, SUITE A | Resident Capacity: 0 |
| City, State: RIALTO, CA 92376 | Total Occupancy: 0 |
| Phone #: (909)421-9206 Fax #: (909)421-9457 | Target Population: 1.4 |
| | Expiration Date 05/31/2009 |
| Program Name: CHINO PERINATAL SUBSTANCE ABUSE PROGRAM | Record ID: 360050HN |
| Legal Name: SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH | Service Type: NON |
| Address: 6180 RIVERSIDE DRIVE, SUITE H | Resident Capacity: 0 |
| City, State: CHINO, CA 91710 | Total Occupancy: 0 |
| Phone #: (909)590-5355 Fax #: (909)590-5333 | Target Population: 1.1 |
| | Expiration Date 03/31/2010 |
| Program Name: SAN BERNARDINO COUNTY - BARSTOW ADS | Record ID: 360050EN |
| Legal Name: SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH | Service Type: NON |
| Address: 805 EAST MOUNTAIN VIEW STREET | Resident Capacity: 0 |
| City, State: BARSTOW, CA 92311 | Total Occupancy: 0 |
| Phone #: (760)256-5026 Fax #: (760)256-5092 | Target Population: 1.1 |
| | Expiration Date 09/30/2009 |
| Program Name: LUCERNE VALLEY COUNSELING AND BEHAVIORAL HEALTH CENTE | Record ID: 360050FN |
| Legal Name: SAN BERNARDINO COUNTY, DEPARTMENT OF BEHAVIORAL HEALTH | Service Type: NON |
| Address: 32700 OLD WOMAN SPRINGS ROAD | Resident Capacity: 0 |
| City, State: LUCERNE VALLEY, CA 92356 | Total Occupancy: 0 |
| Phone #: (760)248-6612 Fax #: (760)256-5092 | Target Population: 1.1 |
| | Expiration Date 01/31/2010 |
| Program Name: CEDAR HOUSE REHABILITATION 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 01/31/2010 |
| Program Name: CEDAR HOUSE REHABILITATION 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 01/31/2010 |
| Program Name: CEDAR HOUSE REHABILITATION CENTER, WOMEN AND CHILDREN | 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 10/31/2009 |

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| 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 05/31/2010 |
| 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 11/30/2009 |
| 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 03/31/2010 |
| Program Name: PANORAMA RANCH | Record ID: 360006BN |
| Legal Name: THE MORONGO BASIN MENTAL HEALTH SERVICES ASSOCIATION, I | Service Type: NON |
| Address: 55475 SANTA FE TRAIL, ROOMS 11-13, 15, 18-20, 22, 23, AND 23A | 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 01/31/2009 |
| 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, 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 08/31/2009 |
| Program Name: PANORAMA RANCH | Record ID: 360006AN |
| Legal Name: THE MORONGO BASIN MENTAL HEALTH SERVICES ASSOCIATION, I | Service Type: RES-DETOX |
| Address: 65675 SULLIVAN ROAD | Resident Capacity: 30 |
| City, State: JOSHUA TREE, CA 92252 | Total Occupancy: 30 |
| Phone #: (760)366-9100 | Target Population: 1.1 |
| | Expiration Date 04/30/2010 |
| Program Name: TIME FOR CHANGE FOUNDATION | Record ID: 360071AN |
| Legal Name: TIME FOR CHANGE FOUNDATION | Service Type: NON |
| Address: 2130 NORTH ARROWHEAD AVENUE, #104, B, C, & D | Resident Capacity: 0 |
| City, State: SAN BERNARDINO, CA 92405 | Total Occupancy: 0 |
| Phone #: (909)886-2994 Fax #: (909)886-0218 | Target Population: 1.3 |
| | Expiration Date 06/30/2009 |

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| Program Name: VALLEY IMPROVEMENT PROGRAMS, INC. Legal Name: VALLEY IMPROVEMENT PROGRAMS, INC. Address: 210 WEST B STREET City, State: ONTARIO, CA 91762 Phone #: (909)987-4036 Fax #: (909)481-5368 | Record ID: 360049CP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2009 |
| Program Name: VALLEY IMPROVEMENT PROGRAMS, INC. Legal Name: VALLEY IMPROVEMENT PROGRAMS, INC. Address: 8540 ARCHIBALD AVENUE, SUITE A, BUILDING 18 City, State: RANCHO CUCAMONGA, CA 91730 Phone #: (909)987-4036 Fax #: (909)481-5368 | Record ID: 360049AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2009 |
| Program Name: VALLEY IMPROVEMENT PROGRAMS, INC. Legal Name: VALLEY IMPROVEMENT PROGRAMS, INC. Address: 1589 WEST 9TH STREET, SUITE E City, State: UPLAND, CA 91786 Phone #: (909)987-4036 Fax #: (909)481-5368 | Record ID: 360049BP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2009 |
| Program Name: BELLEVIEW HOUSE Legal Name: VARP, INC. Address: 916 BELLEVIEW AVENUE City, State: SAN BERNARDINO, CA 92410 Phone #: (909)885-8804 Fax #: (909)381-6845 | Record ID: 360004ON Service Type: RES Resident Capacity: 6 Total Occupancy: 7 Target Population: 1.2 Expiration Date 07/31/2009 |
| Program Name: READING HOUSE I Legal Name: VARP, INC. Address: 1103 NORTH D STREET City, State: SAN BERNARDINO, CA 92410 Phone #: (909)888-6956 Fax #: (909)381-6845 | Record ID: 360004MN Service Type: RES Resident Capacity: 6 Total Occupancy: 7 Target Population: 1.3 Expiration Date 08/31/2008 |
| 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 10/31/2009 |
| Program Name: GIBSON HOUSE RECOVERY CENTER FOR WOMEN Legal Name: VARP, INC. Address: 1135 NORTH D STREET City, State: SAN BERNARDINO, CA 92410 Phone #: (909)888-6956 | Record ID: 360004FN Service Type: RES Resident Capacity: 16 Total Occupancy: 18 Target Population: 1.3 Expiration Date 10/31/2009 |

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| Program Name: RIALTO HOUSE Legal Name: VARP, INC. Address: 921 RIALTO AVENUE City, State: SAN BERNARDINO, CA 92410 Phone #: (909)381-3774 | Record ID: 360004HN Service Type: RES Resident Capacity: 6 Total Occupancy: 7 Target Population: 1.2 Expiration Date 10/31/2009 |
| 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 01/31/2010 |
| 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 01/31/2010 |
| 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 01/31/2010 |
| Program Name: GIBSON WOMEN'S PHASE II HOUSE Legal Name: VARP, INC. Address: 1139 NORTH D STREET City, State: SAN BERNARDINO, CA 92410 Phone #: (909)888-6956 | Record ID: 360004IN Service Type: RES Resident Capacity: 6 Total Occupancy: 7 Target Population: 1.3 Expiration Date 03/31/2009 |
| 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: 1.2 Expiration Date 10/31/2009 |
| Program Name: ELEVENTH STREET "B" HOUSE Legal Name: VARP, INC. Address: 349 11TH STREET City, State: SAN BERNARDINO, CA 92410 Phone #: (909)381-3774 | Record ID: 360004EN Service Type: RES Resident Capacity: 6 Total Occupancy: 7 Target Population: 1.1 Expiration Date 10/31/2009 |

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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 10/31/2009

Program Name: READING HOUSE II

Legal Name: VARP, INC.

Address: 1107 NORTH D STREET

City, State: SAN BERNARDINO, CA 92410

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

Record ID: 360004NN

Service Type: RES

Resident Capacity: 6

Total Occupancy: 7

Target Population: 1.3

Expiration Date 08/31/2008

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 11/30/2008

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| 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 05/31/2009 |
| Program Name: ALPHA PROJECT COUNSELING CENTER | Record ID: 370073BN |
| Legal Name: ALPHA PROJECT FOR THE HOMELESS | Service Type: NON |
| Address: 1855 EAST VISTA WAY, SUITE 5 | Resident Capacity: 0 |
| City, State: VISTA, CA 92084 | Total Occupancy: 0 |
| Phone #: (760)639-0218 Fax #: (760)639-2883 | Target Population: 1.1 |
| | Expiration Date 09/30/2009 |
| 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: 140 |
| City, State: VISTA, CA 92083 | Total Occupancy: 140 |
| Phone #: (760)630-9922 Fax #: (760)630-9996 | Target Population: 1.2 |
| | Expiration Date 06/30/2009 |
| Program Name: A HELPING HAND COUNSELING | Record ID: 370114AP |
| Legal Name: BARBARA PIZZARELLO, LCSW, INC. | Service Type: NON |
| Address: 3914 MURPHY CANYON ROAD, SUITE A-114 | Resident Capacity: 0 |
| City, State: SAN DIEGO, CA 92123 | Total Occupancy: 0 |
| Phone #: (858)279-6721 Fax #: (858)279-5440 | Target Population: 1.1 |
| | Expiration Date 03/31/2009 |
| Program Name: GALVESTON HOUSE | Record ID: 370096CP |
| Legal Name: BAY RECOVERY CENTERS, INC. | Service Type: RES-DETOX |
| Address: 2436 GALVESTON STREET | Resident Capacity: 6 |
| City, State: SAN DIEGO, CA 92110 | Total Occupancy: 6 |
| Phone #: (858)490-3460 | Target Population: 1.1 |
| | Expiration Date 12/31/2009 |
| Program Name: OTTAWA HOUSE | Record ID: 370096EP |
| Legal Name: BAY RECOVERY CENTERS, INC. | Service Type: RES-DETOX |
| Address: 3552 OTTAWA WAY | Resident Capacity: 6 |
| City, State: SAN DIEGO, CA 92117 | Total Occupancy: 6 |
| Phone #: (858)490-3460 Fax #: (858)490-3462 | Target Population: 1.1 |
| | Expiration Date 06/30/2009 |
| Program Name: BAY RECOVERY DAY TREATMENT PROGRAM | Record ID: 370096FP |
| Legal Name: BAY RECOVERY CENTERS, INC. | Service Type: NON |
| Address: 4241 JUTLAND DRIVE, SUITE 103 AND 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 01/31/2010 |

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| Program Name: FALLBROOK HOUSE | Record ID: 370096DP |
| Legal Name: BAY RECOVERY CENTERS, INC. | Service Type: RES-DETOX |
| Address: 2805 FALLBROOK | Resident Capacity: 6 |
| City, State: SAN DIEGO, CA 92117 | Total Occupancy: 6 |
| Phone #: (858)490-3460 Fax #: (858)490-3462 | Target Population: 1.1 |
| | Expiration Date 10/31/2008 |
| Program Name: GEMINI HOUSE | Record ID: 370036AN |
| Legal Name: COMMUNITY CONNECTION RESOURCE CENTER | Service Type: RES |
| Address: 4304 LOUISIANA STREET | Resident Capacity: 6 |
| City, State: SAN DIEGO, CA 92104 | Total Occupancy: 6 |
| Phone #: (619)542-0452 | Target Population: 1.3 |
| | Expiration Date 11/30/2008 |
| Program Name: SOLUTIONS | Record ID: 370036EN |
| Legal Name: COMMUNITY CONNECTION RESOURCE CENTER | Service Type: NON |
| Address: 4080 CENTRE STREET | Resident Capacity: 0 |
| City, State: SAN DIEGO, CA 92103 | Total Occupancy: 0 |
| Phone #: (619)294-3900 Fax #: (619)291-4704 | Target Population: 1.1 |
| | Expiration Date 11/30/2009 |
| Program Name: FREEDOM HOUSE IMPERIAL | Record ID: 370036LN |
| Legal Name: COMMUNITY CONNECTION RESOURCE CENTER | Service Type: RES |
| Address: 4997 IMPERIAL AVENUE AND 4996 HOLLY DRIVE | Resident Capacity: 40 |
| City, State: SAN DIEGO, CA 92113 | Total Occupancy: 40 |
| Phone #: (619)263-2306 Fax #: (619)263-1107 | Target Population: 1.3 |
| | Expiration Date 06/30/2008 |
| Program Name: CCRC - AFFIRMATION HOUSE | Record ID: 370036ON |
| Legal Name: COMMUNITY CONNECTION RESOURCE CENTER | Service Type: RES |
| Address: 4336 UTAH STREET | Resident Capacity: 6 |
| City, State: SAN DIEGO, CA 92104 | Total Occupancy: 6 |
| Phone #: (619)543-8500 Fax #: (619)543-8500 | Target Population: 1.1 |
| | Expiration Date 05/31/2009 |
| Program Name: CCRC RESIDENTIAL | Record ID: 370036HN |
| Legal Name: COMMUNITY CONNECTION RESOURCE CENTER | Service Type: RES |
| Address: 3571 AND 3573 FAIRMONT AVENUE | Resident Capacity: 6 |
| City, State: SAN DIEGO, CA 92105 | Total Occupancy: 6 |
| Phone #: (619)542-0452 Fax #: (619)295-0567 | Target Population: 1.8 |
| | Expiration Date 05/31/2009 |
| Program Name: CCRC - AFFIRMATION HOUSE | Record ID: 370036MN |
| Legal Name: COMMUNITY CONNECTION RESOURCE CENTER | Service Type: RES |
| Address: 4338 UTAH STREET | Resident Capacity: 6 |
| City, State: SAN DIEGO, CA 92104 | Total Occupancy: 6 |
| Phone #: (619)543-8500 Fax #: (619)291-4704 | Target Population: 1.1 |
| | Expiration Date 05/31/2009 |

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| Program Name: CCRC RESIDENTIAL | Record ID: 370036KN |
| Legal Name: COMMUNITY CONNECTION RESOURCE CENTER | Service Type: RES |
| Address: 3565 AND 3567 FAIRMONT AVENUE | Resident Capacity: 6 |
| City, State: SAN DIEGO, CA 92105 | Total Occupancy: 6 |
| Phone #: (619)542-0452 Fax #: (619)295-0567 | Target Population: 1.8 |
| | Expiration Date 05/31/2009 |
| Program Name: CCRC RESIDENTIAL | Record ID: 370036JN |
| Legal Name: COMMUNITY CONNECTION RESOURCE CENTER | Service Type: RES |
| Address: 3581 FAIRMONT AVENUE | Resident Capacity: 6 |
| City, State: SAN DIEGO, CA 92105 | Total Occupancy: 6 |
| Phone #: (619)542-0452 Fax #: (619)295-0561 | Target Population: 1.8 |
| | Expiration Date 05/31/2009 |
| Program Name: CCRC RESIDENTIAL | Record ID: 370036IN |
| Legal Name: COMMUNITY CONNECTION RESOURCE CENTER | Service Type: RES |
| Address: 3577 AND 3579 FAIRMONT AVENUE | Resident Capacity: 6 |
| City, State: SAN DIEGO, CA 92105 | Total Occupancy: 6 |
| Phone #: (619)542-0452 Fax #: (619)295-0567 | Target Population: 1.8 |
| | Expiration Date 05/31/2009 |
| Program Name: CCRC - AFFIRMATION HOUSE | Record ID: 370036PN |
| Legal Name: COMMUNITY CONNECTION RESOURCE CENTER | Service Type: RES |
| Address: 4340 UTAH STREET | Resident Capacity: 6 |
| City, State: SAN DIEGO, CA 92104 | Total Occupancy: 6 |
| Phone #: (619)543-8500 Fax #: (619)291-4704 | Target Population: 1.1 |
| | Expiration Date 05/31/2009 |
| Program Name: CCRC - AFFIRMATION HOUSE | Record ID: 370036NN |
| Legal Name: COMMUNITY CONNECTION RESOURCE CENTER | Service Type: RES |
| Address: 4334 UTAH STREET | Resident Capacity: 6 |
| City, State: SAN DIEGO, CA 92104 | Total Occupancy: 6 |
| Phone #: (619)543-8500 Fax #: (619)291-4704 | Target Population: 1.1 |
| | Expiration Date 05/31/2009 |
| 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 03/31/2009 |
| 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 05/31/2010 |

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| Program Name: CRASH, INC., OPTIONS CENTRAL | Record ID: 370024MN |
| Legal Name: CRASH, INC. | Service Type: NON |
| Address: 5605 EL CAJON BOULEVARD | Resident Capacity: 0 |
| City, State: SAN DIEGO, CA 92115 | Total Occupancy: 0 |
| Phone #: (619)229-8201 Fax #: (619)229-8293 | Target Population: 1.4 |
| | Expiration Date 05/31/2009 |
| Program Name: TIM HUDDLESTON REGIONAL RECOVERY CENTER | Record ID: 370024NN |
| Legal Name: CRASH, INC. | Service Type: NON |
| Address: 220 NORTH EUCLID AVENUE, SUITE 120 | Resident Capacity: 0 |
| City, State: SAN DIEGO, CA 92114 | Total Occupancy: 0 |
| Phone #: (619)263-6663 Fax #: (619)263-0655 | Target Population: 1.5 |
| | Expiration Date 05/31/2009 |
| 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)239-9691 Fax #: (619)239-0909 | Target Population: 1.1 |
| | Expiration Date 04/30/2009 |
| Program Name: AMITY FOUNDATION OF CALIFORNIA | Record ID: 370059AN |
| Legal Name: EPIDAURUS | Service Type: RES |
| Address: 2260 WATSON WAY | Resident Capacity: 50 |
| City, State: VISTA, CA 92083 | Total Occupancy: 50 |
| Phone #: (760)599-1892 Fax #: (760)599-1886 | Target Population: 1.2 |
| | Expiration Date 12/31/2008 |
| Program Name: LASTING RECOVERY | Record ID: 370101AP |
| Legal Name: FARKAS AND SAALINGER, PSYCHOLOGY CORP. | Service Type: NON |
| Address: 6046 CORNERSTONE COURT, 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 01/31/2009 |
| 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 05/31/2010 |
| Program Name: CALVARY RANCH CHRISTIAN DRUG AND ALCOHOL RECOVERY FAC | Record ID: 370098BN |
| Legal Name: GOD'S HOUSE MINISTRIES, INC. | Service Type: RES |
| Address: 11137 MORENO AVENUE | Resident Capacity: 8 |
| City, State: LAKESIDE, CA 92040 | Total Occupancy: 8 |
| Phone #: (619)561-2599 Fax #: (619)561-4673 | Target Population: 1.3 |
| | Expiration Date 05/31/2010 |

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| 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 05/31/2010 |
| Program Name: THE LIGHTHOUSE III | Record ID: 370094BP |
| Legal Name: HEALTHCARE SERVICES, INC. | Service Type: RES-DETOX |
| Address: 2456 E STREET | Resident Capacity: 36 |
| City, State: SAN DIEGO, CA 92102 | Total Occupancy: 45 |
| Phone #: (714)384-3870 Fax #: (714)384-3876 | Target Population: 1.1 |
| | Expiration Date 11/30/2008 |
| Program Name: THE LIGHTHOUSE COMMUNITY | Record ID: 370094AP |
| Legal Name: HEALTHCARE SERVICES, INC. | Service Type: RES-DETOX |
| Address: 528, 542, 552, 554, AND 558 14TH STREET | Resident Capacity: 106 |
| City, State: SAN DIEGO, CA 92101 | Total Occupancy: 106 |
| Phone #: (619)515-0243 Fax #: (619)235-0678 | Target Population: 1.2 |
| | Expiration Date 06/30/2009 |
| Program Name: PASTORAL CARE AND COUNSELING CENTER OF NATIONAL CITY, C. | Record ID: 370112AN |
| Legal Name: HIGHLAND AVENUE BAPTIST CHURCH OF NATIONAL CITY, CALIFO | Service Type: NON |
| Address: 2605 HIGHLAND AVENUE-EXCLUDING CHILDREN'S MINISTRY & | Resident Capacity: 0 |
| City, State: NATIONAL CITY, CA 91950 | Total Occupancy: 0 |
| Phone #: (619)477-9381 Fax #: (619)477-9382 | Target Population: 1.1 |
| | Expiration Date 06/30/2010 |
| Program Name: HOME STRETCH RESIDENTIAL IN RECOVERY | Record ID: 370079AP |
| Legal Name: HOME STRETCH RESIDENTIAL IN RECOVERY PROGRAM | Service Type: RES |
| Address: 4989 EL CAJON BOULEVARD, UNITS 8, 9 AND 10 | Resident Capacity: 6 |
| City, State: SAN DIEGO, CA 92115 | Total Occupancy: 6 |
| Phone #: (619)287-2588 Fax #: (619)583-1712 | Target Population: 1.2 |
| | Expiration Date 09/30/2009 |
| 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 | Target Population: 1.1 |
| | Expiration Date 11/30/2009 |
| Program Name: WOMEN'S RE-ENTRY HOUSE | Record ID: 370021FN |
| Legal Name: HOUSE OF METAMORPHOSIS, INC. | Service Type: RES |
| Address: 408 30TH STREET, UNIT A | Resident Capacity: 6 |
| City, State: SAN DIEGO, CA 92102 | Total Occupancy: 6 |
| Phone #: (619)236-9217 | Target Population: 1.3 |
| | Expiration Date 09/30/2009 |

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| Program Name: MEN'S RE-ENTRY HOUSE Legal Name: HOUSE OF METAMORPHOSIS, INC. Address: 3021 G STREET City, State: SAN DIEGO, CA 92102 Phone #: (619)236-9217 | Record ID: 370021DN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 11/30/2009 |
| Program Name: HOUSE OF METAMORPHOSIS TRANSITIONAL LIVING FACILITY Legal Name: HOUSE OF METAMORPHOSIS, INC. Address: 2867 C STREET City, State: SAN DIEGO, CA 92102 Phone #: (619)236-9217 Fax #: (619)232-0855 | Record ID: 370021KN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 03/31/2009 |
| Program Name: HOUSE OF METAMORPHOSIS TRANSITIONAL LIVING FACILITY Legal Name: HOUSE OF METAMORPHOSIS, INC. Address: 2865 C STREET City, State: SAN DIEGO, CA 92102 Phone #: (619)236-9217 Fax #: (619)232-0855 | Record ID: 370021JN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 02/28/2009 |
| Program Name: HOUSE OF METAMORPHOSIS TRANSITIONAL LIVING FACILITY Legal Name: HOUSE OF METAMORPHOSIS, INC. Address: 410 30TH STREET City, State: SAN DIEGO, CA 92102 Phone #: (619)236-9217 Fax #: (619)232-0855 | Record ID: 370021IN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.3 Expiration Date 02/28/2009 |
| Program Name: HOUSE OF METAMORPHOSIS TRANSITIONAL LIVING FACILITY Legal Name: HOUSE OF METAMORPHOSIS, INC. Address: 2869 C STREET City, State: SAN DIEGO, CA 92102 Phone #: (619)236-9217 Fax #: (619)232-0855 | Record ID: 370021LN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 03/31/2009 |
| Program Name: HOUSE OF METAMORPHOSIS TRANSITIONAL LIVING FACILITY Legal Name: HOUSE OF METAMORPHOSIS, INC. Address: 2871 C STREET City, State: SAN DIEGO, CA 92102 Phone #: (619)236-9217 Fax #: (619)232-0855 | Record ID: 370021MN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 02/28/2009 |
| Program Name: P-3 HOUSE II Legal Name: HOUSE OF METAMORPHOSIS, INC. Address: 412-30TH STREET City, State: SAN DIEGO, CA 92102 Phone #: (619)236-9217 | Record ID: 370021GN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 04/30/2009 |

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| Program Name: MALE SOBER LIVING Legal Name: HOUSE OF METAMORPHOSIS, INC. Address: 414 30TH STREET City, State: SAN DIEGO, CA 92102 Phone #: (619)236-9217 | Record ID: 370021HN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 04/30/2009 |
| Program Name: RAND RECOVERY CENTERS - UNITY HOUSE I Legal Name: JERRY NEIL RAND, M.D., A PROFESSIONAL MEDICAL CORPORATI Address: 3598 TICONDEROGA STREET City, State: SAN DIEGO, CA 92117 Phone #: (858)272-2028 | Record ID: 370055AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 04/30/2008 |
| Program Name: RANCHO L'ABRI Legal Name: LOS SAUZALES, INC. Address: 18091 BEE CANYON ROAD City, State: DULZURA, CA 91917 Phone #: (619)468-9333 | Record ID: 370060AP Service Type: RES-DETOX Resident Capacity: 34 Total Occupancy: 34 Target Population: 1.1 Expiration Date 03/31/2010 |
| Program Name: NORTH COASTAL REGIONAL RECOVERY CENTER Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC. Address: 2821 OCEANSIDE BOULEVARD City, State: OCEANSIDE, CA 92054 Phone #: (619)000-0000 Fax #: () - | Record ID: 370045AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2010 |
| Program Name: MCALISTER INSTITUTE OPTIONS SOUTH BAY Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC. Address: 251 PALOMAR, SUITES A AND D City, State: CHULA VISTA, CA 91911 Phone #: (619)498-0908 | Record ID: 370045BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.3 Expiration Date 04/30/2010 |
| Program Name: MCALISTER INSTITUTE-NORTH COUNTY DETOXIFICATION CENTER Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC. Address: 4010 VIA SERRA City, State: OCEANSIDE, CA 92056 Phone #: (619)442-0277 | Record ID: 370045EN Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 04/30/2010 |
| Program Name: MCALISTER INSTITUTE GROUP HOME-EAST Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC. Address: 2219 ODESSA COURT City, State: LEMON GROVE, CA 91945 Phone #: (619)498-0827 | Record ID: 370045MN Service Type: DSS Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 |

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| 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 |
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| Program Name: NORTH CITY TEEN RECOVERY CENTER | Record ID: 370045PN |
| Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC. | Service Type: NON |
| Address: 6904 MIRAMAR ROAD, SUITE 105 | Resident Capacity: 0 |
| City, State: SAN DIEGO, CA 92121 | Total Occupancy: 0 |
| Phone #: (858)578-5612 | Target Population: 1.7 |
| | Expiration Date 01/31/2009 |
| | |
| Program Name: MCALISTER INSTITUTE GROUP HOME - SOUTH | Record ID: 370045VN |
| Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC. | Service Type: DSS |
| Address: 7571 STURGESS STREET | Resident Capacity: 0 |
| City, State: LA MESA, CA 91941 | Total Occupancy: 0 |
| Phone #: (619)337-3830 Fax #: (619)442-1101 | Target Population: 1.3 |
| | |
| 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 02/28/2009 |
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| 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: 145 |
| City, State: LEMON GROVE, CA 91945 | Total Occupancy: 145 |
| Phone #: (619)465-7303 | Target Population: 1.4 |
| | Expiration Date 04/30/2010 |
| | |
| 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 04/30/2010 |
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| Program Name: MCALISTER INSTITUTE SIGNS OF LIFE | Record ID: 370045AGN |
| Legal Name: MCALISTER INSTITUTE FOR TREATMENT AND EDUCATION | Service Type: NON |
| Address: 3969 4TH AVENUE, SUITE 203 | Resident Capacity: 0 |
| City, State: SAN DIEGO, CA 92103 | Total Occupancy: 0 |
| Phone #: (619)692-0441 | Target Population: 1.1 |
| | Expiration Date 08/31/2008 |

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| Program Name: MCALISTER INSTITUTE SOUTH BAY EAST TEEN RECOVERY CENTE | Record ID: 370045AFN |
| Legal Name: MCALISTER INSTITUTE FOR TREATMENT AND EDUCATION, INC. | Service Type: NON |
| Address: 1385 THIRD AVENUE | Resident Capacity: 0 |
| City, State: CHULA VISTA, CA 91911 | Total Occupancy: 0 |
| Phone #: (619)492-9300 Fax #: (619)482-9333 | Target Population: 1.5 |
| | Expiration Date 08/31/2008 |
| Program Name: MCALISTER INSTITUTE NORTH COASTAL NORTH TEEN RECOVERY C | Record ID: 370045ACN |
| Legal Name: MCALISTER INSTITUTE FOR TREATMENT AND EDUCATION, INC. | Service Type: NON |
| Address: 2964 #F/G OCEANSIDE BOULEVARD | Resident Capacity: 0 |
| City, State: OCEANSIDE, CA 92054 | Total Occupancy: 0 |
| Phone #: (760)754-1393 Fax #: (760)754-2536 | Target Population: 1.5 |
| | Expiration Date 08/31/2009 |
| 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 02/28/2009 |
| Program Name: MCALISTER INSTITUTE NORTH RURAL TEEN RECOVERY CENTER - M | Record ID: 370045AIN |
| Legal Name: MCALISTER INSTITUTE FOR TREATMENT AND EDUCATION, INC. | Service Type: NON |
| Address: 720 NINTH STREET, MULTIPURPOSE ROOM AND ROOM 2 | Resident Capacity: 0 |
| City, State: RAMONA, CA 92065 | Total Occupancy: 0 |
| Phone #: (760)787-4300 | Target Population: 1.5 |
| | Expiration Date 06/30/2009 |
| 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: 1516 MAIN STREET, SUITE # 105 | Resident Capacity: 0 |
| City, State: RAMONA, CA 92065 | Total Occupancy: 0 |
| Phone #: (760)788-6520 | Target Population: 1.5 |
| | Expiration Date 06/30/2009 |
| Program Name: NORTH CENTRAL TEEN RECOVERY CENTER | Record ID: 370045AEN |
| Legal Name: MCALISTER INSTITUTE FOR TREATMENT AND EDUCATION, INC. | Service Type: NON |
| Address: 4690 GENESEE AVENUE | 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 08/31/2009 |
| 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 11/30/2009 |

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| Program Name: SOUTH BAY DUAL RECOVERY SERVICES Legal Name: MENTAL HEALTH SYSTEMS, INC. Address: 1105 BROADWAY, SUITE 207, 208, AND 209 City, State: CHULA VISTA, CA 91911 Phone #: (619)425-5609 Fax #: (619)425-8349 | Record ID: 370069VN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 08/31/2010 |
| Program Name: SOUTH COUNTY CENTER FOR CHANGE Legal Name: MENTAL HEALTH SYSTEMS, INC. Address: 1515 PALM AVENUE, SUITE A City, State: SAN DIEGO, CA 92154 Phone #: (619)429-4117 Fax #: (619)429-4166 | Record ID: 370069QN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2009 |
| Program Name: PEGASUS WEST Legal Name: MENTAL HEALTH SYSTEMS, INC. Address: 1701 MISSION AVENUE, SUITE A AND ANNEX BUILDING City, State: OCEANSIDE, CA 92054 Phone #: (760)967-4475 Fax #: (760)439-6902 | Record ID: 370069PN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2009 |
| Program Name: SAN DIEGO CENTER FOR CHANGE Legal Name: MENTAL HEALTH SYSTEMS, INC. Address: 3340 KEMPER STREET, SUITE 101 & 209 City, State: SAN DIEGO, CA 92110 Phone #: (619)758-1433 Fax #: (619)758-9823 | Record ID: 370069YN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2010 |
| Program Name: PEGASUS EAST Legal Name: MENTAL HEALTH SYSTEMS, INC. Address: 7841 EL CAJON BOULEVARD City, State: LA MESA, CA 91941 Phone #: (619)697-2388 Fax #: (619)697-2038 | Record ID: 370069JN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 02/28/2009 |
| Program Name: MID-COAST REGIONAL RECOVERY CENTER Legal Name: MENTAL HEALTH SYSTEMS, INC. Address: 3340 KEMPER STREET, SUITES 105 AND 207 City, State: SAN DIEGO, CA 92110 Phone #: (619)276-1207 Fax #: (619)276-1207 | Record ID: 370069IN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2009 |
| Program Name: OPTIONS FOR RECOVERY - VISTA Legal Name: MENTAL HEALTH SYSTEMS, INC. Address: 1010 EAST VISTA WAY, SUITES D, E, F, AND J City, State: VISTA, CA 92083 Phone #: (760)726-2656 Fax #: (760)726-0122 | Record ID: 370069HN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 02/28/2009 |

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| Program Name: TEEN RECOVERY PROGRAM - NORTH INLAND | Record ID: 370069FN |
| Legal Name: MENTAL HEALTH SYSTEMS, INC. | Service Type: NON |
| Address: 150 VALPREDA ROAD, SUITE 105 | 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 02/28/2009 |
| Program Name: NORTH INLAND REGIONAL RECOVERY CENTER | Record ID: 370069DN |
| Legal Name: MENTAL HEALTH SYSTEMS, INC. | Service Type: NON |
| Address: 620 NORTH ASH | Resident Capacity: 0 |
| City, State: ESCONDIDO, CA 92027 | Total Occupancy: 0 |
| Phone #: (760)741-7708 Fax #: (760)741-5421 | Target Population: 1.1 |
| | Expiration Date 02/28/2009 |
| 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 02/28/2009 |
| Program Name: CENTRAL NORTH REGIONAL RECOVERY CENTER | Record ID: 370069WN |
| Legal Name: MENTAL HEALTH SYSTEMS, INC. | Service Type: NON |
| Address: 6693 CONVOY COURT | Resident Capacity: 0 |
| City, State: SAN DIEGO, CA 92111 | Total Occupancy: 0 |
| Phone #: (858)505-0228 Fax #: (858)505-9349 | Target Population: 1.1 |
| | Expiration Date 01/31/2009 |
| 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 | Resident Capacity: 0 |
| City, State: SAN DIEGO, CA 92115 | Total Occupancy: 0 |
| Phone #: (619)287-8225 Fax #: (619)287-4146 | Target Population: 1.1 |
| | Expiration Date 06/30/2009 |
| 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 05/31/2010 |
| Program Name: KINESIS NORTH | Record ID: 370069SN |
| Legal Name: MENTAL HEALTH SYSTEMS, INC. | Service Type: NON |
| Address: 474 WEST VERMONT AVENUE, SUITE 102 | Resident Capacity: 0 |
| City, State: ESCONDIDO, CA 92025 | Total Occupancy: 0 |
| Phone #: (760)480-2255 Fax #: (760)741-6645 | Target Population: 1.1 |
| | Expiration Date 03/31/2009 |

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| Program Name: HARMONY WEST WOMEN'S RECOVERY CENTER | Record ID: 370069MN |
| Legal Name: MENTAL HEALTH SYSTEMS, INC. | Service Type: NON |
| Address: 6154 MISSION GORGE BOULEVARD, SUITES 115 AND 120 | Resident Capacity: 0 |
| City, State: SAN DIEGO, CA 92120 | Total Occupancy: 0 |
| Phone #: (619)461-0015 Fax #: (619)461-3920 | Target Population: 1.3 |
| | Expiration Date 01/31/2009 |
| Program Name: NORTH RURAL REGIONAL RECOVERY CENTER | Record ID: 370069KN |
| Legal Name: MENTAL HEALTH SYSTEMS, INC. | Service Type: NON |
| Address: 323 HUNTER STREET | Resident Capacity: 0 |
| City, State: RAMONA, CA 92065 | Total Occupancy: 0 |
| Phone #: (760)788-6246 Fax #: (760)788-1308 | Target Population: 1.1 |
| | Expiration Date 02/28/2009 |
| Program Name: EAST COUNTY CENTER FOR CHANGE | Record ID: 370069BN |
| Legal Name: MENTAL HEALTH SYSTEMS, INC. | Service Type: NON |
| Address: 1357 BROADWAY, SUITE 100 | Resident Capacity: 0 |
| City, State: EL CAJON, CA 92021 | Total Occupancy: 0 |
| Phone #: (619)588-1989 Fax #: (619)588-6282 | Target Population: 1.1 |
| | Expiration Date 02/28/2009 |
| Program Name: PROVIDENCE PLACE | Record ID: 370069AN |
| Legal Name: MENTAL HEALTH SYSTEMS, INC. | Service Type: RES |
| Address: 4850 AND 4890 67TH STREET | Resident Capacity: 48 |
| City, State: SAN DIEGO, CA 92115 | Total Occupancy: 63 |
| Phone #: (858)689-2633 | Target Population: 1.4 |
| | Expiration Date 04/30/2010 |
| Program Name: FAMILY TREATMENT CENTER | Record ID: 370069NN |
| Legal Name: MENTAL HEALTH SYSTEMS, INC. | Service Type: NON |
| Address: 1010 EAST VISTA WAY, SUITE G, H & I | Resident Capacity: 0 |
| City, State: VISTA, CA 92083 | Total Occupancy: 0 |
| Phone #: (760)630-4573 Fax #: (760)630-4973 | Target Population: 1.1 |
| | Expiration Date 02/28/2009 |
| 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 09/30/2009 |
| 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 09/30/2009 |

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| Program Name: OCCUPATIONAL HEALTH SERVICES, INC. Legal Name: MHN SERVICES Address: 1637 CAPALINA ROAD City, State: SAN MARCOS, CA 92069 Phone #: (760)891-1539 Fax #: (760)744-8946 | Record ID: 370099AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2008 |
| Program Name: NARCONON WARNER SPRINGS Legal Name: NARCONON SOUTHERN CALIFORNIA Address: 35025 HIGHWAY 79 City, State: WARNER SPRINGS, CA 92086 Phone #: (760)782-0471 Fax #: (760)782-0695 | Record ID: 370087AN Service Type: RES-DETOX Resident Capacity: 30 Total Occupancy: 45 Target Population: 1.1 Expiration Date 03/31/2010 |
| Program Name: NATIONAL CROSSROADS/PROJECT S.T.A.R. Legal Name: NATIONAL CROSSROADS, INC. Address: 4991 IMPERIAL AVENUE City, State: SAN DIEGO, CA 92113 Phone #: (619)262-0868 | Record ID: 370061AP Service Type: RES Resident Capacity: 42 Total Occupancy: 55 Target Population: 1.4 Expiration Date 01/31/2009 |
| Program Name: NEW ENTRA CASA Legal Name: NEW ENTRA CASA CORPORATION Address: 3575 PERSHING AVENUE City, State: SAN DIEGO, CA 92104 Phone #: (619)294-4526 Fax #: (619)294-4526 | Record ID: 370083AN Service Type: RES Resident Capacity: 6 Total Occupancy: 10 Target Population: 1.3 Expiration Date 04/30/2010 |
| Program Name: ESCONDIDO COMMUNITY SOBERING SERVICES Legal Name: NORTH COUNTY INTERFAITH COUNCIL, INC. Address: 401 NORTH SPRUCE STREET City, State: ESCONDIDO, CA 92025 Phone #: (760)747-1553 Fax #: (760)747-0764 | Record ID: 370093BN Service Type: RES Resident Capacity: 22 Total Occupancy: 22 Target Population: 1.1 Expiration Date 07/31/2009 |
| Program Name: NORTH COUNTY SERENITY HOUSE Legal Name: NORTH COUNTY SERENITY HOUSE, INC. Address: 123 SOUTH ELM STREET City, State: ESCONDIDO, CA 92025 Phone #: (760)233-4587 | Record ID: 370005AN Service Type: RES Resident Capacity: 27 Total Occupancy: 27 Target Population: 1.3 Expiration Date 07/31/2008 |
| Program Name: SERENITY TOO Legal Name: NORTH COUNTY SERENITY HOUSE, INC. Address: 130 SOUTH FIG STREET City, State: ESCONDIDO, CA 92025 Phone #: (760)233-4587 | Record ID: 370005EN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.3 Expiration Date 03/31/2009 |

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| Program Name: VISIONS 1ST PHASE TO RECOVERY PROGRAM (NATALIE'S HOUSE) | Record ID: 370005FN |
| Legal Name: NORTH COUNTY SERENITY HOUSE, INC. | Service Type: RES |
| Address: 834 EAST SECOND AVENUE | Resident Capacity: 6 |
| City, State: ESCONDIDO, CA 92025 | Total Occupancy: 6 |
| Phone #: (760)432-4298 | Target Population: 1.3 |
| | Expiration Date 06/30/2009 |
| Program Name: SERENITY CENTER | Record ID: 370005GN |
| Legal Name: NORTH COUNTY SERENITY HOUSE, INC. | Service Type: RES |
| Address: 1341 NORTH ESCONDIDO BOULEVARD | Resident Capacity: 90 |
| City, State: ESCONDIDO, CA 92025 | Total Occupancy: 140 |
| Phone #: (760)233-4587 | Target Population: 1.4 |
| | Expiration Date 05/31/2010 |
| Program Name: AUSTIN HOUSE | Record ID: 370005DN |
| Legal Name: NORTH COUNTY SERENITY HOUSE, INC. | Service Type: RES |
| Address: 701 EAST 2ND AVENUE | Resident Capacity: 6 |
| City, State: ESCONDIDO, CA 92025 | Total Occupancy: 6 |
| Phone #: (760)233-4587 Fax #: (760)741-6299 | Target Population: 1.4 |
| | Expiration Date 08/31/2008 |
| Program Name: EDNA'S HOUSE | Record ID: 370005BN |
| Legal Name: NORTH COUNTY SERENITY HOUSE, INC. | Service Type: RES |
| Address: 812 EAST 2ND AVENUE | Resident Capacity: 6 |
| City, State: ESCONDIDO, CA 92025 | Total Occupancy: 6 |
| Phone #: (760)233-4587 | Target Population: 1.4 |
| | Expiration Date 09/30/2008 |
| Program Name: BROOK'S HOUSE | Record ID: 370005CN |
| Legal Name: NORTH COUNTY SERENITY HOUSE, INC. | Service Type: RES |
| Address: 842 EAST 2ND AVENUE | Resident Capacity: 6 |
| City, State: ESCONDIDO, CA 92025 | Total Occupancy: 6 |
| Phone #: (760)233-4587 | Target Population: 1.4 |
| | Expiration Date 09/30/2008 |
| Program Name: CHEMICAL DEPENDENCY INTENSIVE OUTPATIENT PROGRAM | Record ID: 370100AP |
| Legal Name: PACIFIC HEALTH SYSTEMS, L.P. | Service Type: NON |
| Address: 710 EAST GRAND AVENUE, RM5 & GROUP RM1 | Resident Capacity: 0 |
| City, State: ESCONDIDO, CA 92025 | Total Occupancy: 0 |
| Phone #: (760)781-3963 Fax #: (760)781-3973 | Target Population: 1.4 |
| | Expiration Date 02/28/2009 |
| Program Name: CHEMICAL DEPENDENCY INTENSIVE OUTPATIENT PROGRAM | Record ID: 370100BP |
| Legal Name: PACIFIC HEALTH SYSTEMS, L.P. | Service Type: NON |
| Address: 1908 SWEETWATER ROAD, ROOMS A & B | Resident Capacity: 0 |
| City, State: NATIONAL CITY, CA 91950 | Total Occupancy: 0 |
| Phone #: (619)327-0155 Fax #: (619)327-0164 | Target Population: 1.5 |
| | Expiration Date 04/30/2009 |

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| Program Name: CHEMICAL DEPENDENCY INTENSIVE OUTPATIENT PROGRAM | Record ID: 370100CP |
| Legal Name: PACIFIC HEALTH SYSTEMS, L.P. | Service Type: NON |
| Address: 7200 PARKWAY DRIVE, # 113, ROOMS A, B & DIRECTOR'S OFFIC | Resident Capacity: 0 |
| City, State: LA MESA, CA 91942 | Total Occupancy: 0 |
| Phone #: (619)589-0552 Fax #: (619)589-0205 | Target Population: 1.5 |
| | Expiration Date 04/30/2009 |
| 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 09/30/2009 |
| Program Name: HEALTHY BEGINNINGS/NUEVA ESPERANZA | Record ID: 370076AN |
| Legal Name: PARADISE VALLEY HOSPITAL | Service Type: NON |
| Address: 2345 EAST 8TH STREET, SUITES 107, 109 AND 110 | Resident Capacity: 0 |
| City, State: NATIONAL CITY, CA 91950 | Total Occupancy: 0 |
| Phone #: (619)470-4384 Fax #: (619)470-4304 | Target Population: 1.4 |
| | Expiration Date 07/31/2009 |
| 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 07/31/2010 |
| 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 |
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| Program Name: PHOENIX HOUSE SAN DIEGO BEACH AREA CENTER | Record ID: 370030DN |
| Legal Name: PHOENIX HOUSE SAN DIEGO, INC. | Service Type: NON |
| Address: 3274 ROSECRANS STREET | Resident Capacity: 0 |
| City, State: SAN DIEGO, CA 92110 | Total Occupancy: 0 |
| Phone #: (619)226-2663 Fax #: (619)226-2837 | Target Population: 1.1 |
| | Expiration Date 04/30/2009 |
| 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, SUITES 212 AND 220 | Resident Capacity: 0 |
| City, State: CARLSBAD, CA 92008 | Total Occupancy: 0 |
| Phone #: (760)729-2830 Fax #: (760)634-5313 | Target Population: 1.1 |
| | Expiration Date 04/30/2009 |

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| Program Name: POST ADOLESCENT RECOVERY CENTER Legal Name: POST ADOLESCENT RECOVERY CENTER, INC. Address: 2534-A EAST WASHINGTON STREET City, State: ESCONDIDO, CA 92027 Phone #: (619)460-5924 Fax #: (858)695-9163 | Record ID: 370091AN Service Type: RES Resident Capacity: 16 Total Occupancy: 16 Target Population: 1.1 Expiration Date 03/31/2009 |
| Program Name: PSYCARE INTENSIVE OUTPATIENT PROGRAM Legal Name: PSYCARE ASSOCIATES, INC. Address: 4540 KEARNY VILLA ROAD, SUITE 102 City, State: SAN DIEGO, CA 92123 Phone #: (858)279-1223 Fax #: (858)467-6933 | Record ID: 370074AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2009 |
| Program Name: REBUILD Legal Name: REBUILD Address: 2103 EL CAMINO REAL, SUITE 205 City, State: OCEANSIDE, CA 92054 Phone #: (760)721-6241 | Record ID: 370068AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2010 |
| Program Name: REJUVE-NATIONS OUTPATIENTS FACILITY, INC. Legal Name: REJUVE-NATIONS OUTPATIENTS FACILITY, INC. Address: 4101 UNIVERSITY AVENUE City, State: SAN DIEGO, CA 92195 Phone #: (619)602-9405 Fax #: (951)657-7180 | Record ID: 370105AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 12/31/2009 |
| Program Name: SAN DIEGO COMMUNITY TREATMENT CENTER Legal Name: SAN DIEGO COMMUNITY TREATMENT CENTER Address: 502 TENTH AVENUE City, State: SAN DIEGO, CA 92101 Phone #: (619)239-7181 | Record ID: 370048AP Service Type: RES-DETOX Resident Capacity: 46 Total Occupancy: 46 Target Population: 1.2 Expiration Date 12/31/2008 |
| 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: 50 Target Population: 1.2 Expiration Date 10/31/2009 |
| Program Name: JR RANCH Legal Name: SAN DIEGO FREEDOM RANCH, INC. Address: 1765 BUCKMAN SPRINGS ROAD City, State: CAMPO, CA 91906 Phone #: (619)478-5696 Fax #: (619)479-2404 | Record ID: 370004BN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 08/31/2009 |

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| Program Name: CAPALINA CLINIC | Record ID: 370108AP |
| Legal Name: SAN DIEGO HEALTH ALLIANCE, INC. | Service Type: NON |
| Address: 1560 CAPALINA STREET | Resident Capacity: 0 |
| City, State: SAN MARCOS, CA 92069 | Total Occupancy: 0 |
| Phone #: (760)744-2104 Fax #: (760)744-1382 | Target Population: 1.1 |
| | Expiration Date 11/30/2008 |
| Program Name: EL CAJON TREATMENT CENTER | Record ID: 370108BP |
| Legal Name: SAN DIEGO HEALTH ALLIANCE, INC. | Service Type: NON |
| Address: 234 NORTH MAGNOLIA AVENUE | Resident Capacity: 0 |
| City, State: EL CAJON, CA 92020 | Total Occupancy: 0 |
| Phone #: (619)579-8373 Fax #: (619)579-8155 | Target Population: 1.1 |
| | Expiration Date 11/30/2008 |
| Program Name: FASHION VALLEY CLINIC | Record ID: 370108CP |
| Legal Name: SAN DIEGO HEALTH ALLIANCE, INC. | Service Type: NON |
| Address: 7020 FRIARS ROAD | Resident Capacity: 0 |
| City, State: SAN DIEGO, CA 92108 | Total Occupancy: 0 |
| Phone #: (619)718-9890 Fax #: (619)718-9897 | Target Population: 1.1 |
| | Expiration Date 09/22/2008 |
| Program Name: SAN DIEGO RESCUE MISSION MEN'S CENTER RECOVERY PROGRAM | Record ID: 370080CN |
| Legal Name: SAN DIEGO RESCUE MISSION, INC. | Service Type: RES |
| Address: 120 ELM STREET, 3RD AND 4TH FLOORS | Resident Capacity: 206 |
| City, State: SAN DIEGO, CA 92101 | Total Occupancy: 206 |
| Phone #: (619)819-1830 Fax #: (619)234-4101 | Target Population: 1.2 |
| | Expiration Date 01/31/2009 |
| Program Name: HOME AVENUE CLINIC | Record ID: 370109BP |
| Legal Name: SAN DIEGO TREATMENT SERVICES | Service Type: NON |
| Address: 3940 HOME AVENUE | Resident Capacity: 0 |
| City, State: SAN DIEGO, CA 92105 | Total Occupancy: 0 |
| Phone #: (619)262-8000 Fax #: (619)266-7405 | Target Population: 1.1 |
| | Expiration Date 11/30/2008 |
| Program Name: EAST COUNTY TEEN RECOVERY CENTER | Record ID: 370090BN |
| Legal Name: SAN DIEGO YOUTH & COMMUNITY SERVICES, INC. | Service Type: NON |
| Address: 269 EAST LEXINGTON AVENUE, SUITES A AND B | Resident Capacity: 0 |
| City, State: EL CAJON, CA 92020 | Total Occupancy: 0 |
| Phone #: (619)667-3333 Fax #: (619)270-7927 | Target Population: 1.5 |
| | Expiration Date 06/30/2009 |
| Program Name: SAN DIEGO YOUTH AND COMMUNITY SERVICES TEEN OPTIONS | Record ID: 370090EN |
| Legal Name: SAN DIEGO YOUTH AND COMMUNITY SERVICES, INC. | Service Type: NON |
| Address: 3660 FAIRMOUNT AVENUE | Resident Capacity: 0 |
| City, State: SAN DIEGO, CA 92105 | Total Occupancy: 0 |
| Phone #: (619)521-2250 Fax #: (619)521-5944 | Target Population: 1.5 |
| | Expiration Date 02/28/2010 |

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| Program Name: TEEN RECOVERY CENTER Legal Name: SAN DIEGO YOUTH AND COMMUNITY SERVICES, INC. Address: 4089 FAIRMOUNT AVENUE City, State: SAN DIEGO, CA 92105 Phone #: (619)325-4696 Fax #: (619)325-4807 | Record ID: 370090DN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 06/30/2009 |
| Program Name: SCRIPPS MCDONALD CENTER Legal Name: SCRIPPS HEALTH Address: 9898 GENESEE AVENUE, 2ND AND 3RD FLOOR ONLY City, State: LA JOLLA, CA 92037 Phone #: (858)626-7182 | Record ID: 370057AN Service Type: RES Resident Capacity: 50 Total Occupancy: 50 Target Population: 1.1 Expiration Date 07/31/2010 |
| Program Name: THE SOUTH BAY TEEN RECOVERY CENTER Legal Name: SOUTH BAY COMMUNITY SERVICES Address: 1124 BAY BOULEVARD, SUITE D City, State: CHULA VISTA, CA 91911 Phone #: (619)420-3620 Fax #: (619)420-8722 | Record ID: 370081AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 10/31/2009 |
| Program Name: SAINT CLARE'S HOME Legal Name: ST. CLARE'S HOME, INC. Address: 2091 EAST VALLEY PARKWAY City, State: ESCONDIDO, CA 92027 Phone #: (760)741-0122 | Record ID: 370067AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.4 Expiration Date 04/30/2010 |
| 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 07/31/2010 |
| Program Name: CHOICES IN RECOVERY/FOUNDATION HOUSE Legal Name: THE BETHESDA RECOVERY CENTER Address: 619 ESCONDIDO AVENUE City, State: VISTA, CA 92083 Phone #: (760)945-5290 | Record ID: 370039IN Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 8 Target Population: 1.1 Expiration Date 09/30/2008 |
| Program Name: CHOICES IN RECOVERY/NEW HOUSE Legal Name: THE BETHESDA RECOVERY CENTER Address: 747 MELROSE PLACE City, State: VISTA, CA 92084 Phone #: (760)945-5290 | Record ID: 370039KN Service Type: RES Resident Capacity: 6 Total Occupancy: 8 Target Population: 1.1 Expiration Date 04/30/2009 |

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| Program Name: CHOICES IN RECOVERY/HUMBLE HOUSE Legal Name: THE BETHESDA RECOVERY CENTER Address: 248 HILL DRIVE City, State: VISTA, CA 92083 Phone #: (760)945-5290 Fax #: (760)945-7765 | Record ID: 370039MN Service Type: RES Resident Capacity: 6 Total Occupancy: 8 Target Population: 1.3 Expiration Date 04/30/2009 |
| Program Name: CHOICES IN RECOVERY/HILL HOUSE Legal Name: THE BETHESDA RECOVERY CENTER Address: 653 PLUMOSA City, State: VISTA, CA 92084 Phone #: (760)945-5290 | Record ID: 370039LN Service Type: RES Resident Capacity: 6 Total Occupancy: 8 Target Population: 1.1 Expiration Date 04/30/2009 |
| Program Name: CHOICES IN RECOVERY - ALCOHOL AND DRUG ABUSE OUTPATIENT Legal Name: THE BETHESDA RECOVERY CENTER Address: 733 SOUTH SANTA FE AVENUE City, State: VISTA, CA 92084 Phone #: (760)945-5290 | Record ID: 370039JN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 02/28/2009 |
| Program Name: CROSSROADS FOUNDATION Legal Name: THE CROSSROADS FOUNDATION Address: 3594 FOURTH AVENUE City, State: SAN DIEGO, CA 92103 Phone #: (619)296-1151 | Record ID: 370002AN Service Type: RES Resident Capacity: 20 Total Occupancy: 22 Target Population: 1.3 Expiration Date 06/30/2009 |
| Program Name: THE FELLOWSHIP CENTER Legal Name: THE FELLOWSHIP CENTER, INC. Address: SEE COMMENT SECTION BELOW City, State: ESCONDIDO, CA 92025 Phone #: (760)745-8478 | Record ID: 370009AN Service Type: RES-DETOX Resident Capacity: 117 Total Occupancy: 117 Target Population: 1.2 Expiration Date 07/31/2008 |
| Program Name: THE PALAVRA TREE, INC. ALCOHOL AND OTHER DRUG TEEN CENTI Legal Name: THE PALAVRA TREE, INC. Address: 1212 SOUTH 43RD STREET City, State: SAN DIEGO, CA 92113 Phone #: (619)263-7768 Fax #: (619)262-5040 | Record ID: 370102AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 04/30/2009 |
| Program Name: THE PALAVRA TREE, INC. TEEN RECOVERY CENTRAL SOUTHWEST Legal Name: THE PALAVRA TREE, INC. Address: 2878 IMPERIAL AVENUE City, State: SAN DIEGO, CA 92102 Phone #: (619)238-7393 Fax #: (619)696-0492 | Record ID: 370102BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 12/31/2009 |

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| Program Name: STEPPING STONE OF SAN DIEGO, INC.--NONRESIDENTIAL | Record ID: 370008BN |
| Legal Name: THE STEPPING STONE OF SAN DIEGO | Service Type: NON |
| Address: 3969 4TH AVENUE, SUITE 208 | Resident Capacity: 0 |
| City, State: SAN DIEGO, CA 92103 | Total Occupancy: 0 |
| Phone #: (619)295-3995 | Target Population: 1.1 |
| | Expiration Date 08/31/2008 |
| Program Name: STEPPING STONE OF SAN DIEGO, INC. | Record ID: 370008DN |
| Legal Name: THE STEPPING STONE OF SAN DIEGO | 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 05/31/2010 |
| Program Name: THE TRAINING CENTER | Record ID: 370104AN |
| Legal Name: THE TRAINING CENTER | Service Type: RES |
| Address: 525 GRAND AVENUE | Resident Capacity: 43 |
| City, State: SPRING VALLEY, CA 91977 | Total Occupancy: 56 |
| Phone #: (619)327-5400 Fax #: (619)327-5410 | Target Population: 1.2 |
| | Expiration Date 11/30/2009 |
| 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 07/31/2009 |
| 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: 26 |
| City, State: SAN DIEGO, CA 92105 | Total Occupancy: 26 |
| Phone #: (619)287-5460 | Target Population: 1.2 |
| | Expiration Date 09/30/2009 |
| Program Name: THE WAY BACK | Record ID: 370011AN |
| Legal Name: THE WAY BACK | Service Type: RES |
| Address: 2516 A STREET | Resident Capacity: 29 |
| City, State: SAN DIEGO, CA 92102 | Total Occupancy: 29 |
| Phone #: (619)235-0592 Fax #: (619)235-0593 | Target Population: 1.2 |
| | Expiration Date 02/28/2010 |
| Program Name: TRADITION ONE MEN'S & WOMEN'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 #: (619)264-7274 | Target Population: 1.1 |
| | Expiration Date 06/30/2008 |

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| 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 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 12/31/2008 |
| Program Name: UCSD CO-OCCURRING DISORDERS TREATMENT AND RECOVERY PRC | 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)497-6636 Fax #: (619)298-6723 | Target Population: 1.1 |
| | Expiration Date 05/31/2009 |
| 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 06/30/2010 |
| 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 04/30/2009 |
| Program Name: BRIDGES SERVICE CENTER OF VISTA HILL | Record ID: 370072BN |
| Legal Name: VISTA HILL FOUNDATION | Service Type: NON |
| Address: 740 LOMAS SANTA FE DRIVE, SUITE 200 | Resident Capacity: 0 |
| City, State: SOLANA BEACH, CA 92075 | Total Occupancy: 0 |
| Phone #: (858)794-9735 Fax #: (858)794-1635 | Target Population: 1.1 |
| | Expiration Date 10/31/2009 |
| 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 91941 | Total Occupancy: 0 |
| Phone #: (619)698-1663 Fax #: (619)698-1665 | Target Population: 1.10 |
| | Expiration Date 03/31/2009 |
| Program Name: SOBRIETY HOUSE | Record ID: 370007AN |
| Legal Name: VOLUNTEERS OF AMERICA, SOUTHWEST CALIFORNIA, INCORPORA | Service Type: RES-DETOX |
| Address: 120 ELM STREET, SUITES 1450 & 1610 ON 1ST FLOOR AND 120 EL | Resident Capacity: 100 |
| City, State: SAN DIEGO, CA 92101 | Total Occupancy: 100 |
| Phone #: (619)232-5171 | Target Population: 1.1 |
| | Expiration Date 10/31/2009 |

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| Program Name: VOLUNTEERS OF AMERICA ALCOHOL & DRUG TREATMENT CENTE | Record ID: 370007EN |
| Legal Name: VOLUNTEERS OF AMERICA, SOUTHWEST CALIFORNIA, INCORPORA | Service Type: RES-DETOX |
| Address: 1111 ISLAND AVENUE | Resident Capacity: 26 |
| City, State: SAN DIEGO, CA 92101 | Total Occupancy: 26 |
| Phone #: (619)232-5171 Fax #: (619)232-8913 | Target Population: 1.1 |
| | Expiration Date 05/31/2009 |
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| 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)238-9580 | Target Population: 1.2 |
| | Expiration Date 10/31/2009 |
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| Program Name: HAWLEY CENTER FOR SUPPORTIVE LIVING | Record ID: 370007CN |
| Legal Name: VOLUNTEERS OF AMERICA, SOUTHWEST CALIFORNIA, INCORPORA | Service Type: RES |
| Address: 9980 AND 10002 HAWLEY ROAD | Resident Capacity: 29 |
| City, State: EL CAJON, CA 92021 | Total Occupancy: 29 |
| Phone #: (619)561-9808 | Target Population: 1.8 |
| | Expiration Date 04/30/2010 |
| | |
| Program Name: WOMEN'S RESOURCE CENTER | Record ID: 370113AN |
| Legal Name: WOMEN'S RESOURCE CENTER | Service Type: NON |
| Address: 1963 APPLE STREET, ROOMS 122, 124, 136, 142 AND 155 | Resident Capacity: 0 |
| City, State: OCEANSIDE, CA 92054 | Total Occupancy: 0 |
| Phone #: (760)757-3500 Fax #: (760)757-0680 | Target Population: 1.1 |
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| Program Name: ARA FIRST STEP HOME | Record ID: 380003AN |
| Legal Name: ALCOHOLICS REHABILITATION ASSOCIATION OF SAN FRANCISCO, | Service Type: RES |
| Address: 1035 HAIGHT STREET | Resident Capacity: 46 |
| City, State: SAN FRANCISCO, CA 94117 | Total Occupancy: 46 |
| Phone #: (415)863-3661 | Target Population: 1.1 |
| | Expiration Date 02/29/2008 |
| 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 02/28/2010 |
| 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 09/30/2008 |
| Program Name: PROJECT RECONNECT | Record ID: 380020DN |
| Legal Name: ASIAN AMERICAN RECOVERY SERVICES, INC. | Service Type: NON |
| Address: 2201-B SUTTER STREET | Resident Capacity: 0 |
| City, State: SAN FRANCISCO, CA 94115 | Total Occupancy: 0 |
| Phone #: (415)776-1001 Fax #: (415)776-1066 | Target Population: 1.5 |
| | Expiration Date 01/31/2010 |
| Program Name: LEE WOODWARD COUNSELING CENTER FOR WOMEN | Record ID: 380020CN |
| Legal Name: ASIAN AMERICAN RECOVERY SERVICES, INC. | Service Type: NON |
| Address: 2201 SUTTER STREET | Resident Capacity: 0 |
| City, State: SAN FRANCISCO, CA 94115 | Total Occupancy: 0 |
| Phone #: (415)776-1001 Fax #: (415)776-1066 | Target Population: 1.3 |
| | Expiration Date 06/30/2010 |
| Program Name: BAART BEHAVIORAL HEALTH SERVICES, INC. | Record ID: 380093AP |
| Legal Name: BAART BEHAVIORAL HEALTH SERVICES, INC. | Service Type: NON |
| Address: 1111 MARKET STREET | Resident Capacity: 0 |
| City, State: SAN FRANCISCO, CA 94103 | Total Occupancy: 0 |
| Phone #: (415)552-7914 Fax #: (415)552-3455 | Target Population: 1.1 |
| | Expiration Date 01/31/2008 |
| Program Name: BAART BEHAVIORAL HEALTH SERVICES, INC. | Record ID: 380093BP |
| Legal Name: BAART BEHAVIORAL HEALTH SERVICES, INC. | Service Type: NON |
| Address: 433 TURK STREET | Resident Capacity: 0 |
| City, State: SAN FRANCISCO, CA 94102 | Total Occupancy: 0 |
| Phone #: (415)928-7800 Fax #: (415)928-3710 | Target Population: 1.1 |
| | Expiration Date 01/31/2008 |

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| Program Name: ACCEPTANCE PLACE | Record ID: 380001BN |
| Legal Name: BAKER PLACES, INC. | Service Type: RES-DETOX |
| 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 01/31/2010 |
| Program Name: FERGUSON PLACE | Record ID: 380001CN |
| Legal Name: BAKER PLACES, INC. | Service Type: RES-DETOX |
| 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 01/31/2009 |
| Program Name: HEALY PLACE | Record ID: 380001IN |
| Legal Name: BAKER PLACES, INC. | Service Type: RES-DETOX |
| Address: 120 PAGE STREET, 3RD FLOOR | Resident Capacity: 35 |
| City, State: SAN FRANCISCO, CA 94102 | Total Occupancy: 35 |
| Phone #: (415)553-4490 Fax #: () - | Target Population: 1.1 |
| | Expiration Date 09/30/2008 |
| 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 10/31/2008 |
| 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 10/31/2008 |
| Program Name: GOLDEN GATE FOR SENIORS | Record ID: 380005AN |
| Legal Name: COMMUNITY AWARENESS & TREATMENT SERVICES, INC. | Service Type: RES |
| Address: 637 SOUTH VAN NESS AVENUE | Resident Capacity: 20 |
| City, State: SAN FRANCISCO, CA 94110 | Total Occupancy: 20 |
| Phone #: (415)626-7553 | Target Population: 1.1 |
| | Expiration Date 07/31/2008 |
| Program Name: SUBSTANCE ABUSE PROGRAM | Record ID: 380091AN |
| Legal Name: CURRY SENIOR CENTER | Service Type: NON |
| Address: 315 TURK STREET | Resident Capacity: 0 |
| City, State: SAN FRANCISCO, CA 94102 | Total Occupancy: 0 |
| Phone #: (415)885-2274 Fax #: (415)885-2344 | Target Population: 1.6 |
| | Expiration Date 10/31/2009 |

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| Program Name: FREEDOM FROM ALCOHOL AND DRUGS | Record ID: 380034AN |
| Legal Name: FREEDOM FROM ALCOHOL AND DRUGS, INC. | Service Type: RES |
| Address: 1351 AND 1353 48TH AVENUE | Resident Capacity: 12 |
| City, State: SAN FRANCISCO, CA 94122 | Total Occupancy: 14 |
| Phone #: (415)665-8077 | Target Population: 1.2 |
| | Expiration Date 04/30/2008 |
| Program Name: FREEDOM FROM ALCOHOL AND DRUGS | Record ID: 380034CN |
| Legal Name: FREEDOM FROM ALCOHOL AND DRUGS, INC. | Service Type: RES |
| Address: 1569, 1569-A, AND 1569-B 48TH AVENUE | Resident Capacity: 16 |
| City, State: SAN FRANCISCO, CA 94122 | Total Occupancy: 17 |
| Phone #: (415)665-8077 | Target Population: 1.2 |
| | Expiration Date 12/31/2008 |
| Program Name: FREEDOM FROM ALCOHOL AND DRUGS | Record ID: 380034DN |
| Legal Name: FREEDOM FROM ALCOHOL AND DRUGS, INC. | Service Type: RES |
| Address: 1362 AND 1366 48TH AVENUE | Resident Capacity: 12 |
| City, State: SAN FRANCISCO, CA 94122 | Total Occupancy: 12 |
| Phone #: (415)665-8077 Fax #: (415)731-9989 | Target Population: 1.2 |
| | Expiration Date 08/31/2009 |
| Program Name: GOOD SHEPHERD GRACENTER | Record ID: 380040BN |
| Legal Name: GOOD SHEPHERD GRACENTER | 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 05/31/2010 |
| Program Name: HAIGHT ASHBURY FREE CLINICS, INC. | Record ID: 380016ACN |
| Legal Name: HAIGHT ASHBURY FREE CLINICS, INC. | Service Type: NON |
| Address: 1735 MISSION STREET | Resident Capacity: 0 |
| City, State: SAN FRANCISCO, CA 94103 | Total Occupancy: 0 |
| Phone #: (415)746-1967 Fax #: (415)746-1968 | Target Population: 1.1 |
| | Expiration Date 11/30/2009 |
| Program Name: SMITH HOUSE | Record ID: 380016KN |
| Legal Name: HAIGHT ASHBURY FREE CLINICS, INC. | Service Type: RES-DETOX |
| Address: 1441 CHINOOK COURT, UNITS B AND C, TREASURE ISLAND | Resident Capacity: 12 |
| City, State: SAN FRANCISCO, CA 94130 | Total Occupancy: 12 |
| Phone #: (415)394-9079 Fax #: (415)394-9078 | Target Population: 1.3 |
| | Expiration Date 09/30/2009 |
| Program Name: CENTER FOR RECOVERY | Record ID: 380016JN |
| Legal Name: HAIGHT ASHBURY FREE CLINICS, INC. | Service Type: RES |
| Address: 1443-A THROUGH 1443-F CHINOOK COURT TREASURE ISLAND | Resident Capacity: 36 |
| City, State: SAN FRANCISCO, CA 94130 | Total Occupancy: 36 |
| Phone #: (415)394-5247 | Target Population: 1.1 |
| | Expiration Date 04/30/2008 |

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| Program Name: LODESTAR | Record ID: 380016IN |
| Legal Name: HAIGHT ASHBURY FREE CLINICS, INC. | Service Type: RES |
| Address: 1441 CHINOOK COURT, UNITS A, D, E AND F, TREASURE ISLAN | Resident Capacity: 18 |
| City, State: SAN FRANCISCO, CA 94130 | Total Occupancy: 18 |
| Phone #: (415)394-9079 | Target Population: 1.3 |
| | Expiration Date 04/30/2008 |
| Program Name: HAIGHT ASHBURY BASN PROGRAM | Record ID: 380016DN |
| Legal Name: HAIGHT ASHBURY FREE CLINICS, INC. | Service Type: RES |
| Address: 940 HAIGHT STREET | Resident Capacity: 24 |
| City, State: SAN FRANCISCO, CA 94102 | Total Occupancy: 24 |
| Phone #: (415)487-5626 Fax #: (415)487-3675 | Target Population: 1.2 |
| | Expiration Date 09/30/2009 |
| Program Name: WESTERN ADDITION RECOVERY HOUSE | Record ID: 380016BN |
| Legal Name: HAIGHT ASHBURY FREE CLINICS, INC. | Service Type: RES |
| Address: 1440-A THROUGH 1440-F CHINOOK COURT | Resident Capacity: 36 |
| City, State: SAN FRANCISCO, CA 94130 | Total Occupancy: 36 |
| Phone #: (415)394-5869 | Target Population: 1.2 |
| | Expiration Date 05/31/2008 |
| Program Name: HARM REDUCTION THERAPY CENTER | Record ID: 380082AN |
| Legal Name: HARM REDUCTION THERAPY CENTER | Service Type: NON |
| Address: 423 GOUGH STREET | Resident Capacity: 0 |
| City, State: SAN FRANCISCO, CA 94102 | Total Occupancy: 0 |
| Phone #: (415)863-4282 Fax #: (415)252-0669 | Target Population: 1.1 |
| | Expiration Date 08/31/2009 |
| 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: 52 |
| City, State: SAN FRANCISCO, CA 94117 | Total Occupancy: 52 |
| Phone #: (415)621-4388 Fax #: (415)626-0170 | Target Population: 1.1 |
| | Expiration Date 10/31/2009 |
| 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)221-3354 | Target Population: 1.1 |
| | Expiration Date 03/31/2010 |
| 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 02/28/2009 |

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| Program Name: THE IRIS PROJECT | Record ID: 380021AN |
| Legal Name: IRIS CENTER: WOMEN'S COUNSELING AND RECOVERY SERVICES | Service Type: NON |
| Address: 333 VALENCIA STREET, SUITE 222 | Resident Capacity: 0 |
| City, State: SAN FRANCISCO, CA 94103 | Total Occupancy: 0 |
| Phone #: (415)864-2364 | Target Population: 1.14 |
| | Expiration Date 07/31/2008 |
| 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)671-1165 Fax #: (415)822-5943 | Target Population: 1.1 |
| | Expiration Date 01/31/2009 |
| 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 06/30/2010 |
| Program Name: JELANI, INC. MISSION RECOVERY HOUSE | Record ID: 380045EN |
| Legal Name: JELANI, INC. | Service Type: RES |
| Address: 2261 AND 2263 BRYANT STREET | Resident Capacity: 16 |
| City, State: SAN FRANCISCO, CA 94110 | Total Occupancy: 35 |
| Phone #: (415)206-1560 | Target Population: 1.1 |
| | Expiration Date 10/31/2009 |
| 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: 6 |
| City, State: SAN FRANCISCO, CA 94112 | Total Occupancy: 6 |
| Phone #: (415)337-4065 | Target Population: 1.2 |
| | Expiration Date 10/31/2009 |
| 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: 6 |
| City, State: SAN FRANCISCO, CA 94100 | Total Occupancy: 6 |
| Phone #: (650)244-1444 Fax #: (650)244-1447 | Target Population: 1.1 |
| | Expiration Date 03/31/2010 |
| Program Name: YOUTH OUTREACH RECOVERY AND EDUCATION SERVICES (Y.O.R.I | Record ID: 380053BN |
| Legal Name: MORRISANIA WEST, INC. | Service Type: NON |
| Address: 205 13TH STREET, SUITE 3300 | Resident Capacity: 0 |
| City, State: SAN FRANCISCO, CA 94103 | Total Occupancy: 0 |
| Phone #: (415)552-4660 | Target Population: 1.1 |
| | Expiration Date 03/31/2009 |

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| Program Name: EPIPHANY HOUSE | Record ID: 380081BN |
| Legal Name: MOUNT SAINT JOSEPH - SAINT ELIZABETH | Service Type: RES |
| Address: 1615 BRODERICK STREET | Resident Capacity: 14 |
| City, State: SAN FRANCISCO, CA 94115 | Total Occupancy: 22 |
| Phone #: (415)409-6003 Fax #: (415)351-4051 | Target Population: 1.4 |
| | Expiration Date 11/30/2009 |
| Program Name: EPIPHANY RESIDENTIAL PROGRAM | Record ID: 380081CN |
| Legal Name: MOUNT SAINT JOSEPH - SAINT ELIZABETH | Service Type: RES |
| Address: 100 MASONIC AVENUE, 2ND FLOOR | Resident Capacity: 27 |
| City, State: SAN FRANCISCO, CA 94118 | Total Occupancy: 54 |
| Phone #: (415)750-1033 Fax #: (415)750-1032 | Target Population: 1.4 |
| | Expiration Date 11/30/2009 |
| Program Name: EPIPHANY CENTER FOR FAMILIES IN RECOVERY INTENSIVE OUTPA | Record ID: 380081AN |
| Legal Name: MOUNT ST. JOSEPH - ST. ELIZABETH | Service Type: NON |
| Address: 100 MASONIC AVENUE | Resident Capacity: 0 |
| City, State: SAN FRANCISCO, CA 94118 | Total Occupancy: 0 |
| Phone #: (415)351-4052 Fax #: (415)346-2356 | Target Population: 1.1 |
| | Expiration Date 10/31/2008 |
| 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)621-4371 Fax #: (415)621-3985 | Target Population: 1.5 |
| | Expiration Date 05/31/2010 |
| Program Name: NEW LEAF: SERVICES FOR OUR COMMUNITY | Record ID: 380054AN |
| Legal Name: NEW LEAF: SERVICES FOR OUR COMMUNITY | Service Type: NON |
| Address: 103 HAYES STREET | Resident Capacity: 0 |
| City, State: SAN FRANCISCO, CA 94102 | Total Occupancy: 0 |
| Phone #: (415)626-7000 Fax #: (415)626-5916 | Target Population: 1.1 |
| | Expiration Date 06/30/2010 |
| Program Name: NORTHERN CALIFORNIA SERVICE LEAGUE | Record ID: 380049AN |
| Legal Name: NORTHERN CALIFORNIA SERVICE LEAGUE | Service Type: NON |
| Address: 40 BOARDMAN PLACE | Resident Capacity: 0 |
| City, State: SAN FRANCISCO, CA 94103 | Total Occupancy: 0 |
| Phone #: (415)863-2323 Fax #: (415)863-1882 | Target Population: 1.1 |
| | Expiration Date 12/31/2008 |
| Program Name: POSITIVE DIRECTIONS EQUALS CHANGE OUTPATIENT PROGRAM | Record ID: 380051AN |
| Legal Name: POSITIVE DIRECTIONS EQUALS CHANGE, INC. | Service Type: NON |
| Address: 2111 JENNINGS STREET | Resident Capacity: 0 |
| City, State: SAN FRANCISCO, CA 94124 | Total Occupancy: 0 |
| Phone #: (415)822-7144 Fax #: (415)440-3959 | Target Population: 1.7 |
| | Expiration Date 07/31/2009 |

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| Program Name: POSITIVE DIRECTIONS EQUALS CHANGE, INC. OUTPATIENT TREATM | Record ID: 380051BN |
| Legal Name: POSITIVE DIRECTIONS EQUALS CHANGE, INC. | Service Type: NON |
| Address: 4720 3RD STREET | Resident Capacity: 0 |
| City, State: SAN FRANCISCO, CA 94124 | Total Occupancy: 0 |
| Phone #: (415)401-0199 Fax #: (415)401-0175 | Target Population: 1.1 |
| | Expiration Date 07/31/2009 |
| 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)826-8025 | Target Population: 1.5 |
| | Expiration Date 11/30/2008 |
| Program Name: SAGE'S TRAUMA AND RECOVERY CENTER | Record ID: 380063AN |
| Legal Name: SAGE PROJECT, INC. | Service Type: NON |
| Address: 1275 MISSION STREET | 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 05/31/2009 |
| Program Name: STIMULANT TREATMENT OUTPATIENT PROGRAM | Record ID: 380061AN |
| Legal Name: SAN FRANCISCO GENERAL HOSPITAL | Service Type: NON |
| Address: 3180 18TH STREET, SUITE 205 | Resident Capacity: 0 |
| City, State: SAN FRANCISCO, CA 94110 | Total Occupancy: 0 |
| Phone #: (415)502-5777 Fax #: (415)502-5764 | Target Population: 1.1 |
| | Expiration Date 05/31/2009 |
| 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 05/31/2009 |
| 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: 12 |
| City, State: SAN FRANCISCO, CA 94118 | Total Occupancy: 12 |
| Phone #: (415)751-5921 Fax #: (415)751-5130 | Target Population: 1.3 |
| | Expiration Date 08/31/2008 |
| 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 03/31/2010 |

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| 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 10/31/2009 |
| 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 02/28/2010 |
| Program Name: THE METROPOLITAN FRESH START HOUSE | Record ID: 380084BN |
| Legal Name: THE METROPOLITAN FRESH START HOUSE | Service Type: NON |
| Address: 316 LELAND AVENUE | Resident Capacity: 0 |
| City, State: SAN FRANCISCO, CA 94134 | Total Occupancy: 0 |
| Phone #: (415)585-8808 Fax #: (415)585-1837 | Target Population: 1.1 |
| | Expiration Date 12/31/2008 |
| 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: 820 VALENCIA STREET | Resident Capacity: 0 |
| City, State: SAN FRANCISCO, CA 94110 | Total Occupancy: 0 |
| Phone #: (415)826-6767 Fax #: (415)826-6774 | Target Population: 1.1 |
| | Expiration Date 08/31/2009 |
| Program Name: FAMILY DAY TREATMENT PROGRAM AND AFTERCARE 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, 135, AND 235 | Resident Capacity: 0 |
| City, State: SAN FRANCISCO, CA 94103 | Total Occupancy: 0 |
| Phone #: (415)864-0554 Fax #: (415)701-1868 | Target Population: 1.7 |
| | Expiration Date 01/31/2009 |
| 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 04/30/2010 |
| Program Name: THE SALVATION ARMY - HARBOR HOUSE | Record ID: 380006EN |
| Legal Name: THE SALVATION ARMY | Service Type: RES |
| Address: 407 NINTH STREET | Resident Capacity: 30 |
| City, State: SAN FRANCISCO, CA 94103 | Total Occupancy: 82 |
| Phone #: (415)503-3029 Fax #: (415)252-6159 | Target Population: 1.9 |
| | Expiration Date 08/31/2008 |

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| Program Name: HOWARD STREET DETOX | Record ID: 380010BN |
| Legal Name: THE SAN FRANCISCO PARTICULAR COUNCIL OF THE SOCIETY OF S' | Service Type: RES-DETOX |
| Address: 1175 HOWARD STREET, SECOND FLOOR | Resident Capacity: 38 |
| City, State: SAN FRANCISCO, CA 94103 | Total Occupancy: 38 |
| Phone #: (415)864-3057 Fax #: (415)864-3163 | Target Population: 1.1 |
| | Expiration Date 02/28/2010 |
| Program Name: WALDEN HOUSE FEMALE OFFENDER TREATMENT AND EMPLOYME | Record ID: 380019IN |
| Legal Name: WALDEN HOUSE, INC. | Service Type: RES |
| Address: 1254 13TH STREET, UNITS A-F | Resident Capacity: 36 |
| City, State: SAN FRANCISCO, CA 94130 | Total Occupancy: 36 |
| Phone #: (415)355-2508 Fax #: (415)437-6823 | Target Population: 1.3 |
| | Expiration Date 05/31/2010 |
| Program Name: WALDEN HOUSE ADOLESCENT FACILITY | Record ID: 380019DN |
| Legal Name: WALDEN HOUSE, INC. | Service Type: DSS |
| Address: 214 HAIGHT STREET | Resident Capacity: 0 |
| City, State: SAN FRANCISCO, CA 94102 | Total Occupancy: 0 |
| Phone #: (415)554-1480 Fax #: (415)241-5599 | Target Population: 1.5 |
| Program Name: WALDEN HOUSE - OUTPATIENT SERVICES | Record ID: 380019CN |
| Legal Name: WALDEN HOUSE, INC. | Service Type: NON |
| Address: 1885 MISSION STREET | Resident Capacity: 0 |
| City, State: SAN FRANCISCO, CA 94103 | Total Occupancy: 0 |
| Phone #: (415)554-1130 Fax #: (415)861-5886 | Target Population: 1.1 |
| | Expiration Date 07/31/2008 |
| Program Name: WALDEN HOUSE | Record ID: 380019AN |
| Legal Name: WALDEN HOUSE, INC. | Service Type: RES |
| Address: 890 HAYES STREET | Resident Capacity: 115 |
| City, State: SAN FRANCISCO, CA 94117 | Total Occupancy: 115 |
| Phone #: (415)554-1100 | Target Population: 1.1 |
| | Expiration Date 04/30/2010 |
| Program Name: WALDEN HOUSE ADULT RESIDENTIAL PROGRAM | Record ID: 380019GN |
| Legal Name: WALDEN HOUSE, INC. | Service Type: RES |
| Address: 1445 CHINOOK COURT, UNITS A, B, C, D, E, AND F | Resident Capacity: 26 |
| City, State: SAN FRANCISCO, CA 94130 | Total Occupancy: 26 |
| Phone #: (415)989-4902 Fax #: (415)989-4910 | Target Population: 1.1 |
| | Expiration Date 03/31/2009 |
| Program Name: WALDEN HOUSE FEMALE OFFENDER TREATMENT AND EMPLOYME | Record ID: 380019FN |
| Legal Name: WALDEN HOUSE, INC. | 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)989-4902 | Target Population: 1.3 |
| | Expiration Date 03/31/2010 |

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| Program Name: WALDEN HOUSE FEMALE OFFENDER TREATMENT AND EMPLOYME | Record ID: 380019HN |
| Legal Name: WALDEN HOUSE, INC. | 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)989-4902 Fax #: (415)989-4910 | Target Population: 1.1 |
| | Expiration Date 03/31/2009 |
| Program Name: WALDEN HOUSE ADULT RESIDENTIAL PROGRAM | Record ID: 380019KN |
| Legal Name: WALDEN HOUSE, INC. | Service Type: RES |
| Address: 1225 NORTH POINT DRIVE, TREASURE ISLAND | Resident Capacity: 42 |
| City, State: SAN FRANCISCO, CA 94130 | Total Occupancy: 42 |
| Phone #: (415)000-0000 Fax #: (415)000-0000 | Target Population: 1.1 |
| | Expiration Date 07/31/2009 |
| Program Name: WALDEN HOUSE PROJECT SISTERKIN | Record ID: 380019JN |
| Legal Name: WALDEN HOUSE, INC. | Service Type: NON |
| Address: 45 FARALLONES STREET | Resident Capacity: 0 |
| City, State: SAN FRANCISCO, CA 94122 | Total Occupancy: 0 |
| Phone #: (415)406-1232 Fax #: (415)406-1234 | Target Population: 1.3 |
| | Expiration Date 09/30/2009 |
| Program Name: WALDEN HOUSE ADULT RESIDENTIAL PROGRAM | Record ID: 380019BN |
| Legal Name: WALDEN HOUSE, INC. | Service Type: RES |
| Address: 1318 GATEVIEW STREET, TREASURE ISLAND | Resident Capacity: 54 |
| City, State: SAN FRANCISCO, CA 94130 | Total Occupancy: 54 |
| Phone #: (415)355-2508 Fax #: (415)437-6823 | Target Population: 1.1 |
| | Expiration Date 07/31/2008 |
| Program Name: WESTSIDE ALLIANCE PROGRAM | Record ID: 380058AN |
| Legal Name: WESTSIDE COMMUNITY SERVICES | Service Type: NON |
| Address: 245 11TH STREET | Resident Capacity: 0 |
| City, State: SAN FRANCISCO, CA 94103 | Total Occupancy: 0 |
| Phone #: (415)495-6071 | Target Population: 1.1 |
| | Expiration Date 12/31/2008 |

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| Program Name: NEW DIRECTIONS Legal Name: ALCOHOL AND DRUG AWARENESS PROGRAM Address: 1981 CHEROKEE ROAD City, State: STOCKTON, CA 95205 Phone #: (209)870-6500 Fax #: (209)982-1216 | Record ID: 390007BN Service Type: RES-DETOX Resident Capacity: 72 Total Occupancy: 84 Target Population: 1.1 Expiration Date 02/28/2010 |
| Program Name: NEW DIRECTIONS Legal Name: ALCOHOL AND DRUG AWARENESS PROGRAM Address: 1981 CHEROKEE ROAD City, State: STOCKTON, CA 95205 Phone #: (209)870-6500 | Record ID: 390007CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 02/28/2010 |
| Program Name: NEW LIFE PROGRAM Legal Name: GOSPEL CENTER RESCUE MISSION, INC. Address: 229 EAST CHURCH STREET City, State: STOCKTON, CA 95203 Phone #: (209)466-2138 Fax #: (209)320-2322 | Record ID: 390028BN Service Type: RES Resident Capacity: 24 Total Occupancy: 24 Target Population: 1.2 Expiration Date 01/31/2009 |
| Program Name: NEW LIFE PROGRAM Legal Name: GOSPEL CENTER RESCUE MISSION, INC. Address: 224 EAST SONORA STREET City, State: STOCKTON, CA 95203 Phone #: (209)466-2138 Fax #: (209)320-2322 | Record ID: 390028AN Service Type: RES Resident Capacity: 24 Total Occupancy: 24 Target Population: 1.3 Expiration Date 12/31/2008 |
| Program Name: HEALTHCARE SERVICES, INC. Legal Name: HEALTHCARE SERVICES, INC. Address: 322 NORTH CALIFORNIA STREET, BUILDING A City, State: STOCKTON, CA 95202 Phone #: (209)948-0570 Fax #: (209)460-0428 | Record ID: 390018FP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 12/31/2009 |
| Program Name: HEALTHCARE SERVICES EL DORADO HOUSE - 1719 Legal Name: HEALTHCARE SERVICES, INC. Address: 1719 HUNTER STREET City, State: STOCKTON, CA 95206 Phone #: (209)948-0570 Fax #: (209)460-0428 | Record ID: 390018CP Service Type: RES Resident Capacity: 10 Total Occupancy: 10 Target Population: 1.2 Expiration Date 12/31/2008 |
| Program Name: EL DORADO HOUSE - 322 Legal Name: HEALTHCARE SERVICES, INC. Address: 322 NORTH CALIFORNIA STREET, BUILDINGS B & C City, State: STOCKTON, CA 95202 Phone #: (209)948-0570 Fax #: (209)460-0428 | Record ID: 390018BP Service Type: RES Resident Capacity: 70 Total Occupancy: 95 Target Population: 1.3 Expiration Date 04/30/2010 |

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| 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: 77 |
| City, State: STOCKTON, CA 95202 | Total Occupancy: 97 |
| Phone #: (209)948-0570 Fax #: (209)948-0569 | Target Population: 1.4 |
| | Expiration Date 12/31/2009 |
| Program Name: HEALTHCARE SERVICES, INC. | Record ID: 390018EP |
| Legal Name: HEALTHCARE SERVICES, INC. | Service Type: RES |
| Address: 1738 SOUTH EL DORADO STREET | Resident Capacity: 6 |
| City, State: STOCKTON, CA 95206 | Total Occupancy: 6 |
| Phone #: (209)948-0570 Fax #: (209)460-0428 | Target Population: 1.2 |
| | Expiration Date 05/31/2009 |
| Program Name: HEALTHCARE SERVICES, INC. | Record ID: 390018DP |
| Legal Name: HEALTHCARE SERVICES, INC. | Service Type: RES |
| Address: 1609 NORTH WILSON WAY | Resident Capacity: 120 |
| City, State: STOCKTON, CA 95202 | Total Occupancy: 120 |
| Phone #: (209)948-0570 Fax #: (209)460-0428 | Target Population: 1.2 |
| | Expiration Date 05/31/2009 |
| 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 05/31/2009 |
| Program Name: NEW BEGINNINGS RECOVERY MINISTRIES INT'L | Record ID: 390019BN |
| Legal Name: NEW BEGINNINGS RECOVERY MINISTRIES INT'L | Service Type: RES |
| Address: 471 GORDON AVENUE | Resident Capacity: 8 |
| City, State: TRACY, CA 95376 | Total Occupancy: 9 |
| Phone #: (209)834-8964 Fax #: (209)834-8965 | Target Population: 1.2 |
| | Expiration Date 05/31/2009 |
| Program Name: NEW BEGINNINGS RECOVERY MINISTRIES, INT'L | Record ID: 390019AN |
| Legal Name: NEW BEGINNINGS RECOVERY MINISTRIES, INT'L | Service Type: RES |
| Address: 1490 HOLLY DRIVE | Resident Capacity: 9 |
| City, State: TRACY, CA 95376 | Total Occupancy: 10 |
| Phone #: (209)834-8965 Fax #: (209)834-1011 | Target Population: 1.3 |
| | Expiration Date 03/31/2009 |
| Program Name: NARROW GATE COUNSELING CENTER | Record ID: 390027AN |
| Legal Name: NEW LIFE PROJECT, INC. | Service Type: NON |
| Address: 33 EAST MAGNOLIA #16 | Resident Capacity: 0 |
| City, State: STOCKTON, CA 95202 | Total Occupancy: 0 |
| Phone #: (209)465-3171 Fax #: (209)465-3183 | Target Population: 1.1 |
| | Expiration Date 07/31/2008 |

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| Program Name: ALPHA HOUSE Legal Name: NEW LIFE PROJECT, INC. Address: 3029 NORTH FRANKLIN ROAD City, State: STOCKTON, CA 95204 Phone #: (209)465-3171 Fax #: (209)465-3183 | Record ID: 390027BN Service Type: RES Resident Capacity: 18 Total Occupancy: 18 Target Population: 1.2 Expiration Date 04/30/2009 |
| Program Name: PACIFIC VALLEY RECOVERY CENTER, INCORPORATED Legal Name: PACIFIC VALLEY RECOVERY CENTER, INCORPORATED Address: 820 EAST MAIN STREET 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 04/30/2009 |
| 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 01/31/2010 |
| 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 09/30/2008 |
| 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: 91 Total Occupancy: 91 Target Population: 1.1 Expiration Date 04/30/2010 |
| 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)644-4800 | Record ID: 390017BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2010 |
| Program Name: SERVICE FIRST OUTPATIENT PROGRAM Legal Name: SERVICE FIRST OF NORTHERN CALIFORNIA Address: 8026 LORRAINE AVENUE, SUITE 201 City, State: STOCKTON, CA 95210 Phone #: (209)644-6300 Fax #: (209)475-0597 | Record ID: 390017AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2009 |

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| Program Name: SUNHOUSE | Record ID: 390021AN |
| Legal Name: SUNHOUSE | Service Type: NON |
| Address: 200 WEST OAK STREET | Resident Capacity: 0 |
| City, State: LODI, CA 95240 | Total Occupancy: 0 |
| Phone #: (209)365-0152 | Target Population: 1.1 |
| | Expiration Date 05/31/2009 |
| | |
| Program Name: VALLEY COMMUNITY COUNSELING SERVICES | Record ID: 390029AN |
| Legal Name: VALLEY COMMUNITY COUNSELING SERVICES, INC. | Service Type: NON |
| Address: 110 NORTH SHERMAN AVENUE | Resident Capacity: 0 |
| City, State: MANTECA, CA 95336 | Total Occupancy: 0 |
| Phone #: (209)823-1911 Fax #: (209)823-1931 | Target Population: 1.1 |
| | Expiration Date 01/31/2009 |
| | |
| Program Name: VALLEY COMMUNITY COUNSELING SERVICES | Record ID: 390029BN |
| Legal Name: VALLEY COMMUNITY COUNSELING SERVICES, INC. | Service Type: NON |
| Address: 1300 WEST LODI AVENUE, SUITE G2 | Resident Capacity: 0 |
| City, State: LODI, CA 95242 | Total Occupancy: 0 |
| Phone #: (209)334-2126 Fax #: (209)369-8406 | Target Population: 1.1 |
| | Expiration Date 01/31/2009 |
| | |
| Program Name: VALLEY COMMUNITY COUNSELING SERVICES | Record ID: 390029CN |
| Legal Name: VALLEY COMMUNITY COUNSELING SERVICES, INC. | Service Type: NON |
| Address: 19 EAST 6TH STREET | Resident Capacity: 0 |
| City, State: TRACY, CA 95376 | Total Occupancy: 0 |
| Phone #: (209)835-8583 Fax #: (209)835-2910 | Target Population: 1.1 |
| | Expiration Date 01/31/2009 |

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| Program Name: OCEAN VIEW REHABILITATION PROGRAM Legal Name: DEBORAH HARKNESS Address: 730 LUISITA STREET City, State: MORRO BAY, CA 93442 Phone #: (805)772-4363 Fax #: (559)486-6294 | Record ID: 400006AP Service Type: RES-DETOX Resident Capacity: 4 Total Occupancy: 5 Target Population: 1.2 Expiration Date 05/31/2009 |
| Program Name: LIFE STEPS ALCOHOL AND DRUG FREE LIVING CENTER Legal Name: LIFE STEPS FOUNDATION, INC. Address: 1217 MILL STREET City, State: SAN LUIS OBISPO, CA 93401 Phone #: (805)549-0150 | Record ID: 400002AN Service Type: RES Resident Capacity: 6 Total Occupancy: 16 Target Population: 1.4 Expiration Date 11/30/2008 |
| Program Name: PASOS DE VIDA Legal Name: LIFE STEPS FOUNDATION, INC. Address: 1431 AND 1433 POMEROY ROAD City, State: ARROYO GRANDE, CA 93420 Phone #: (805)481-2505 | Record ID: 400002BN Service Type: RES Resident Capacity: 17 Total Occupancy: 51 Target Population: 1.4 Expiration Date 02/28/2010 |
| Program Name: SAN LUIS OBISPO CENTER FOR CHANGE Legal Name: MENTAL HEALTH SYSTEMS, INC. Address: 285 SOUTH STREET, SUITE M City, State: SAN LUIS OBISPO, CA 93401 Phone #: (805)544-2892 Fax #: (805)544-2887 | Record ID: 400005AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 08/31/2009 |
| Program Name: SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL SERVICES Legal Name: SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL SERVICES Address: 2180 JOHNSON AVENUE 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 01/31/2010 |
| Program Name: SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL SERVICES Legal Name: SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL SERVICES Address: 1106 EAST GRAND AVENUE City, State: ARROYO GRANDE, CA 93420 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 06/30/2010 |
| 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 06/30/2010 |

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| 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 #: (650)301-3240 | Target Population: 1.1 |
| | Expiration Date 11/30/2008 |
| 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 05/31/2010 |
| 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 01/31/2009 |
| Program Name: THE SEQUOIA CENTER | Record ID: 410032GP |
| Legal Name: CHEMICAL DATA SERVICES CORPORATION | Service Type: RES-DETOX |
| Address: 622 RUBY STREET | Resident Capacity: 6 |
| City, State: REDWOOD CITY, CA 94061 | Total Occupancy: 8 |
| Phone #: (650)364-5504 Fax #: (650)261-3977 | Target Population: 1.1 |
| | Expiration Date 02/28/2009 |
| Program Name: THE SEQUOIA CENTER | Record ID: 410032HP |
| Legal Name: CHEMICAL DATA SERVICES CORPORATION | Service Type: RES-DETOX |
| Address: 483 LINCOLN AVENUE | Resident Capacity: 6 |
| City, State: REDWOOD CITY, CA 94061 | Total Occupancy: 8 |
| Phone #: (650)364-5504 Fax #: (650)261-3971 | Target Population: 1.1 |
| | Expiration Date 08/31/2009 |
| Program Name: THE SEQUOIA CENTER | Record ID: 410032DP |
| Legal Name: CHEMICAL DATA SERVICES CORPORATION | Service Type: RES |
| Address: 481 LINCOLN AVENUE | Resident Capacity: 10 |
| City, State: REDWOOD CITY, CA 94061 | Total Occupancy: 11 |
| Phone #: (650)364-5504 Fax #: (650)261-3971 | Target Population: 1.1 |
| | Expiration Date 05/31/2010 |
| Program Name: REDWOOD CENTER | Record ID: 410011AN |
| Legal Name: COMMUNITY AWARENESS & TREATMENT SERVICES, INC. | Service Type: RES |
| Address: 100 EDMONDS ROAD | Resident Capacity: 49 |
| City, State: REDWOOD CITY, CA 94062 | Total Occupancy: 49 |
| Phone #: (650)366-5723 Fax #: (650)366-5326 | Target Population: 1.2 |
| | Expiration Date 10/31/2009 |

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| Program Name: DAYTOP ADOLESCENT PROGRAM | Record ID: 410012AN |
| Legal Name: DAYTOP VILLAGE, 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 |
| | |
| 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 C, SUITE # 200 | 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 01/31/2009 |
| | |
| Program Name: THE FREEDOM CENTER | Record ID: 410026CN |
| Legal Name: EL CENTRO DE LIBERTAD | Service Type: NON |
| Address: 1230 HOPKINS, SUITE A | Resident Capacity: 0 |
| City, State: REDWOOD CITY, CA 94062 | Total Occupancy: 0 |
| Phone #: (650)599-9955 Fax #: (950)599-9273 | Target Population: 1.1 |
| | Expiration Date 02/28/2009 |
| | |
| Program Name: EL CENTRO DE LIBERTAD "THE FREEDOM CENTER" | Record ID: 410026BN |
| Legal Name: EL CENTRO DE LIBERTAD | Service Type: NON |
| Address: 2944 BROADWAY | Resident Capacity: 0 |
| City, State: REDWOOD CITY, CA 94062 | Total Occupancy: 0 |
| Phone #: (650)599-9955 | Target Population: 1.1 |
| | Expiration Date 02/28/2009 |
| | |
| 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 08/31/2009 |
| | |
| 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 08/31/2008 |
| | |
| 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)462-6996 Fax #: () - | Target Population: 1.1 |
| | Expiration Date 04/30/2009 |

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| Program Name: MALAIKA HOUSE | Record ID: 410027BN |
| Legal Name: FREE AT LAST: COMMUNITY RECOVERY AND REHABILITATION SEF | Service Type: RES |
| Address: 2041-2043 EUCLID AVENUE | Resident Capacity: 10 |
| City, State: EAST PALO ALTO, CA 94303 | Total Occupancy: 14 |
| Phone #: (650)462-6983 | Target Population: 1.4 |
| | Expiration Date 08/31/2009 |
| 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 08/31/2008 |
| 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 02/28/2010 |
| Program Name: HORIZON SERVICES, INCORPORATED | Record ID: 410003BN |
| Legal Name: HORIZON SERVICES, INCORPORATED | Service Type: NON |
| Address: 1580-A MAPLE STREET | Resident Capacity: 0 |
| City, State: REDWOOD CITY, CA 94063 | Total Occupancy: 0 |
| Phone #: (650)364-1150 | Target Population: 1.1 |
| | Expiration Date 06/30/2010 |
| Program Name: JERICHO PROJECT | Record ID: 410041AN |
| Legal Name: JERICHO PROJECT | Service Type: RES |
| Address: 154 AND 156 2ND AVENUE | Resident Capacity: 12 |
| City, State: DALY CITY, CA 94014 | Total Occupancy: 15 |
| Phone #: (650)994-9832 Fax #: (650)994-1191 | Target Population: 1.2 |
| | Expiration Date 12/31/2009 |
| Program Name: JERICHO PROJECT | Record ID: 410041BN |
| Legal Name: JERICHO PROJECT | Service Type: RES |
| Address: 163 DEL PRADO DRIVE | Resident Capacity: 6 |
| City, State: DALY CITY, CA 94015 | Total Occupancy: 12 |
| Phone #: (650)994-9832 Fax #: (650)994-1191 | Target Population: 1.2 |
| | Expiration Date 03/31/2009 |
| 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: 12 |
| Phone #: (650)994-9832 Fax #: (650)994-1191 | Target Population: 1.2 |
| | Expiration Date 03/31/2009 |

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| 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 11/30/2009 |
| 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 12/31/2009 |
| 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 02/28/2010 |
| 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 MCARTHUR AVENUE | Resident Capacity: 6 |
| City, State: REDWOOD CITY, CA 94065 | Total Occupancy: 6 |
| Phone #: (650)355-7573 | Target Population: 1.2 |
| | Expiration Date 04/30/2009 |
| 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 04/30/2009 |
| Program Name: OCCUPATIONAL HEALTH SERVICES, INC. | Record ID: 410039BP |
| Legal Name: MHN | Service Type: NON |
| Address: 1941 O'FARRELL STREET, SUITE 114 | Resident Capacity: 0 |
| City, State: SAN MATEO, CA 94403 | Total Occupancy: 0 |
| Phone #: (650)572-0300 Fax #: (650)572-0274 | Target Population: 1.1 |
| | Expiration Date 02/28/2009 |
| Program Name: OUR COMMON GROUND EPA | Record ID: 410012CN |
| Legal Name: OUR COMMON GROUND | Service Type: RES |
| Address: 2560 PULGAS AVENUE | Resident Capacity: 32 |
| City, State: EAST PALO ALTO, CA 94303 | Total Occupancy: 32 |
| Phone #: (650)325-6466 | Target Population: 1.1 |
| | Expiration Date 08/31/2008 |

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| Program Name: JAMES O'TOOLE CENTER Legal Name: PROJECT NINETY Address: 15 NINTH AVENUE City, State: SAN MATEO, CA 94401 Phone #: (650)579-7881 Fax #: (650)579-2640 | Record ID: 410005AN Service Type: RES Resident Capacity: 28 Total Occupancy: 28 Target Population: 1.2 Expiration Date 10/31/2009 |
| Program Name: BETTS HOUSE Legal Name: PROJECT NINETY Address: 29 NORTH GRANT STREET City, State: SAN MATEO, CA 94401 Phone #: (650)579-7881 Fax #: (650)579-2640 | Record ID: 410005CN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 10/31/2009 |
| Program Name: DUNTZ HOUSE Legal Name: PROJECT NINETY Address: 23 NORTH GRANT STREET City, State: SAN MATEO, CA 94401 Phone #: (650)579-7881 Fax #: (650)579-2640 | Record ID: 410005HN Service Type: RES Resident Capacity: 4 Total Occupancy: 4 Target Population: 1.2 Expiration Date 10/31/2009 |
| Program Name: CARNER HOUSE Legal Name: PROJECT NINETY Address: 1451 YOUNG STREET City, State: SAN MATEO, CA 94401 Phone #: (650)579-7881 Fax #: (650)579-2640 | Record ID: 410005GN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 10/31/2009 |
| Program Name: MILLER HOUSE Legal Name: PROJECT NINETY Address: 14 SOUTH NORFOLK STREET City, State: SAN MATEO, CA 94401 Phone #: (650)579-7881 Fax #: (650)579-2640 | Record ID: 410005DN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 10/31/2009 |
| 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: 6 Target Population: 1.2 Expiration Date 10/31/2009 |
| Program Name: PROJECT NINETY Legal Name: PROJECT NINETY Address: 15D LEWIS City, State: SOUTH SAN FRANCISCO, CA 94080 Phone #: (650)579-7881 | Record ID: 410005NN Service Type: RES Resident Capacity: 5 Total Occupancy: 5 Target Population: 1.2 Expiration Date 10/31/2008 |

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| Program Name: HOFFMAN HOUSE Legal Name: PROJECT NINETY Address: 713 CYPRESS AVENUE City, State: SOUTH SAN FRANCISCO, CA 94080 Phone #: (650)579-7881 | Record ID: 410005QN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 10/31/2008 |
| Program Name: PROJECT NINETY Legal Name: PROJECT NINETY Address: 15 NINTH AVENUE City, State: SAN MATEO, CA 94401 Phone #: (650)579-7881 Fax #: (650)579-2640 | Record ID: 410005VN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.2 Expiration Date 05/31/2009 |
| 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: 5 Target Population: 1.2 Expiration Date 05/31/2008 |
| 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: 6 Target Population: 1.2 Expiration Date 10/31/2008 |
| 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: 10 Total Occupancy: 10 Target Population: 1.2 Expiration Date 10/31/2008 |
| Program Name: WORKING MAN'S PROGRAM Legal Name: PROJECT NINETY, INC. 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: 6 Target Population: 1.2 Expiration Date 05/31/2010 |
| Program Name: PYRAMID ALTERNATIVES Legal Name: PYRAMID ALTERNATIVES, INC. Address: 480 MANOR PLAZA City, State: PACIFICA, CA 94044 Phone #: (650)355-8787 | Record ID: 410006AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2009 |

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| Program Name: PYRAMID ALTERNATIVES Legal Name: PYRAMID ALTERNATIVES, INC. Address: 1053 EL CAMINO REAL City, State: SOUTH SAN FRANCISCO, CA 94080 Phone #: (650)355-8787 | Record ID: 410006BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2009 |
| Program Name: PYRAMID ALTERNATIVES Legal Name: PYRAMID ALTERNATIVES, INC. Address: 1590 EL CAMINO REAL City, State: SAN BRUNO, CA 94066 Phone #: (650)355-8787 | Record ID: 410006CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2009 |
| 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 03/31/2009 |
| Program Name: PERINATAL ADDICTION OUTREACH TEAM (PAOT); PRE-TO-THREE I Legal Name: SAN MATEO COUNTY Address: 150 WEST 20TH AVENUE City, State: SAN MATEO, CA 94403 Phone #: (650)573-2808 Fax #: (650)341-0674 | Record ID: 410036BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.4 Expiration Date 07/31/2009 |
| 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 05/31/2009 |
| 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 11/30/2009 |
| 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 10/31/2008 |

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| 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 03/31/2010 |
| 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 02/28/2010 |
| 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 02/28/2010 |
| Program Name: HILLSIDE HOUSE TOO | Record ID: 410002JN |
| Legal Name: WOMEN'S RECOVERY ASSOCIATION OF SAN MATEO COUNTY, INC. | Service Type: RES |
| Address: 27 NORTH HUMBOLDT AVENUE, 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 09/30/2009 |
| Program Name: HILLSIDE HOUSE THREE | Record ID: 410002LN |
| Legal Name: WOMEN'S RECOVERY ASSOCIATION OF SAN MATEO COUNTY, INC. | Service Type: RES |
| Address: 27 - 29 NORTH HUMBOLT AVENUE, UNIT C | Resident Capacity: 6 |
| City, State: SAN MATEO, CA 94401 | Total Occupancy: 10 |
| Phone #: (650)342-0632 Fax #: (650)342-0734 | Target Population: 1.3 |
| | Expiration Date 02/28/2010 |
| 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 AVENUE, 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 09/30/2009 |
| 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: 12 |
| Phone #: (650)347-8808 | Target Population: 1.3 |
| | Expiration Date 02/28/2010 |

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| Program Name: ARCHWAY | Record ID: 410038AN |
| Legal Name: YOUTH AND FAMILY ENRICHMENT SERVICES | Service Type: NON |
| Address: 609 PRICE AVENUE, ROOM 201 | Resident Capacity: 0 |
| City, State: REDWOOD CITY, CA 94063 | Total Occupancy: 0 |
| Phone #: (650)366-8433 Fax #: (650)366-8455 | Target Population: 1.1 |
| | Expiration Date 01/31/2010 |
| Program Name: INSIGHTS | Record ID: 410038BN |
| Legal Name: YOUTH AND FAMILY ENRICHMENT SERVICES | Service Type: NON |
| Address: 333 GELLERT BOULEVARD #206 | Resident Capacity: 0 |
| City, State: DALY CITY, CA 94015 | Total Occupancy: 0 |
| Phone #: (650)755-0858 Fax #: (650)755-1754 | Target Population: 1.1 |
| | Expiration Date 01/31/2010 |
| Program Name: FIRST CHANCE SOUTH | Record ID: 410038DN |
| Legal Name: YOUTH AND FAMILY ENRICHMENT SERVICES | Service Type: NON |
| Address: 335 QUARRY | Resident Capacity: 0 |
| City, State: SAN CARLOS, CA 94070 | Total Occupancy: 0 |
| Phone #: (650)595-8165 Fax #: (650)595-8167 | Target Population: 1.1 |
| | Expiration Date 01/31/2010 |
| Program Name: FIRST CHANCE NORTH | Record ID: 410038CN |
| Legal Name: YOUTH AND FAMILY ENRICHMENT SERVICES | Service Type: NON |
| Address: 383 EAST GRAND AVENUE, SUITE D | Resident Capacity: 0 |
| City, State: SOUTH SAN FRANCISCO, CA 94080 | Total Occupancy: 0 |
| Phone #: (650)952-3304 Fax #: (650)952-4080 | Target Population: 1.1 |
| | Expiration Date 01/31/2010 |
| Program Name: WOMEN'S ENRICHMENT CENTER | Record ID: 410038EN |
| Legal Name: YOUTH AND FAMILY ENRICHMENT SERVICES | Service Type: NON |
| Address: 200 INDUSTRIAL ROAD, #128 | Resident Capacity: 0 |
| City, State: SAN CARLOS, CA 94070 | Total Occupancy: 0 |
| Phone #: (650)591-3636 Fax #: (650)591-3600 | Target Population: 1.1 |
| | Expiration Date 01/31/2010 |

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| Program Name: A SPIRITUAL ABODE, INC. Legal Name: A SPIRITUAL ABODE, INCORPORATED Address: 830 WEST CHURCH STREET City, State: SANTA MARIA, CA 93454 Phone #: (805)925-1352 Fax #: (805)925-1352 | Record ID: 420029AN Service Type: RES-DETOX Resident Capacity: 13 Total Occupancy: 13 Target Population: 1.1 Expiration Date 04/30/2010 |
| Program Name: CASA SERENA RESIDENTIAL RECOVERY PROGRAM Legal Name: CASA SERENA Address: 1515 BATH STREET City, State: SANTA BARBARA, CA 93101 Phone #: (805)564-8701 Fax #: (805)966-6695 | Record ID: 420024AN Service Type: RES Resident Capacity: 22 Total Occupancy: 22 Target Population: 1.3 Expiration Date 06/30/2009 |
| Program Name: CASA SERENA RESIDENTIAL RECOVERY PROGRAM Legal Name: CASA SERENA Address: 1922 AND 1924 CASTILLO STREET City, State: SANTA BARBARA, CA 93101 Phone #: (805)966-1260 Fax #: (805)966-6695 | Record ID: 420024BN Service Type: RES Resident Capacity: 10 Total Occupancy: 10 Target Population: 1.3 Expiration Date 06/30/2009 |
| Program Name: CASA SERENA RESIDENTIAL RECOVERY PROGRAM Legal Name: CASA SERENA Address: 147 OLIVER ROAD City, State: SANTA BARBARA, CA 93105 Phone #: (805)966-1260 Fax #: (805)966-6695 | Record ID: 420024CN Service Type: RES Resident Capacity: 6 Total Occupancy: 18 Target Population: 1.4 Expiration Date 06/30/2009 |
| Program Name: COAST VALLEY SUBSTANCE ABUSE TREATMENT CENTER Legal Name: COAST VALLEY WORSHIP CENTER Address: 1017 EAST OCEAN City, State: LOMPOC, CA 93436 Phone #: (805)735-7525 | Record ID: 420030BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 08/31/2008 |
| Program Name: COAST VALLEY SUBSTANCE ABUSE TREATMENT CENTER Legal Name: COAST VALLEY WORSHIP CENTER Address: 2320 THOMPSON AVENUE, UNITS D & E City, State: SANTA MARIA, CA 93455 Phone #: (805)739-8845 Fax #: (805)739-2855 | Record ID: 420030AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2009 |
| Program Name: DANIEL BRYANT YOUTH AND FAMILY TREATMENT CENTER Legal Name: COUNCIL ON ALCOHOLISM AND DRUG ABUSE Address: 25 WEST ANAPAMU STREET City, State: SANTA BARBARA, CA 93101 Phone #: (805)730-7575 Fax #: (805)730-7503 | Record ID: 420022BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2009 |

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| 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 05/31/2009 |
| Program Name: PROJECT RECOVERY RESIDENTIAL DETOX PROGRAM | Record ID: 420022EN |
| Legal Name: COUNCIL ON ALCOHOLISM AND DRUG ABUSE | Service Type: RES-DETOX |
| Address: 816 CACIQUE STREET | Resident Capacity: 12 |
| City, State: SANTA BARBARA, CA 93103 | Total Occupancy: 12 |
| Phone #: (805)564-6057 Fax #: (805)963-8849 | Target Population: 1.1 |
| | Expiration Date 12/31/2009 |
| Program Name: FULL SPECTRUM RECOVERY | Record ID: 420033AN |
| Legal Name: FULL SPECTRUM RECOVERY | Service Type: NON |
| Address: 601 EAST ARRELLAGA STREET, SUITE 102 | Resident Capacity: 0 |
| City, State: SANTA BARBARA, CA 93103 | Total Occupancy: 0 |
| Phone #: (805)966-5100 Fax #: (805)966-4980 | Target Population: 1.4 |
| | Expiration Date 10/31/2008 |
| 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 10/31/2008 |
| Program Name: SANTA BARBARA CENTER FOR CHANGE | Record ID: 420031AN |
| Legal Name: MENTAL HEALTH SYSTEMS, INC. | Service Type: NON |
| Address: 2950 STATE STREET, SUITE A | Resident Capacity: 0 |
| City, State: SANTA BARBARA, CA 93105 | Total Occupancy: 0 |
| Phone #: (805)898-1018 Fax #: (805)898-1056 | Target Population: 1.1 |
| | Expiration Date 06/30/2010 |
| Program Name: SANTA MARIA CENTER FOR CHANGE | Record ID: 420031BN |
| Legal Name: MENTAL HEALTH SYSTEMS, INC. | Service Type: NON |
| Address: 201 SOUTH MILLER, SUITES 101 AND 102 | 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 06/30/2010 |
| Program Name: PRIMER PASO INSTITUTE, INC. | Record ID: 420035AN |
| Legal Name: PRIMER PASO INSTITUTE, INC. | Service Type: NON |
| Address: 928-A GUADALUPE STREET | Resident Capacity: 0 |
| City, State: GUADALUPE, CA 93434 | Total Occupancy: 0 |
| Phone #: (805)343-7848 Fax #: (805)343-7858 | Target Population: 1.1 |
| | Expiration Date 03/31/2010 |

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| Program Name: RECOVERY ROAD MEDICAL CENTER | Record ID: 420034AP |
| Legal Name: RECOVERY ROAD MEDICAL CENTER, INC. | Service Type: NON |
| Address: 222 EAST CARRILLO STREET, SUITE 304 | Resident Capacity: 0 |
| City, State: SANTA BARBARA, CA 93101 | Total Occupancy: 0 |
| Phone #: (805)962-7800 Fax #: (805)962-9002 | Target Population: 1.1 |
| | Expiration Date 11/30/2008 |
| 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 05/31/2009 |
| 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 06/30/2009 |
| 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 05/31/2009 |
| 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: 61 |
| City, State: SANTA BARBARA, CA 93103 | Total Occupancy: 268 |
| Phone #: (805)966-1316 Fax #: (805)966-7495 | Target Population: 1.2 |
| | Expiration Date 02/28/2009 |
| 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 03/31/2010 |
| Program Name: BETHEL HOUSE | Record ID: 420016BN |
| Legal Name: SANTA BARBARA RESCUE MISSION | Service Type: RES |
| Address: 24 WEST ARRELLEGA STREET | Resident Capacity: 25 |
| City, State: SANTA BARBARA, CA 93101 | Total Occupancy: 25 |
| Phone #: (805)966-1316 Fax #: (805)966-7495 | Target Population: 1.3 |
| | Expiration Date 02/28/2009 |

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| Program Name: ALCOHOL AND OTHER DRUG COUNSELING PROGRAM - SOLVANG S | Record ID: 420032AN |
| Legal Name: SANTA YNEZ VALLEY PEOPLE HELPING PEOPLE | Service Type: NON |
| Address: 545 NORTH ALISAL ROAD | Resident Capacity: 0 |
| City, State: SOLVANG, CA 93463 | Total Occupancy: 0 |
| Phone #: (805)686-0295 Fax #: (805)686-2856 | Target Population: 1.4 |
| | Expiration Date 12/31/2008 |
| | |
| Program Name: YOUTH AND FAMILY TREATMENT CENTER | Record ID: 420025AN |
| Legal Name: ZONA SECA | Service Type: NON |
| Address: 218 NORTH I STREET | Resident Capacity: 0 |
| City, State: LOMPOC, CA 93436 | Total Occupancy: 0 |
| Phone #: (805)740-9799 Fax #: (805)740-2799 | Target Population: 1.1 |
| | Expiration Date 05/31/2009 |
| | |
| Program Name: SUBSTANCE ABUSE COUNSELING SERVICES | Record ID: 420025BN |
| Legal Name: ZONA SECA | Service Type: NON |
| Address: 26 WEST FIGUEROA STREET | Resident Capacity: 0 |
| City, State: SANTA BARBARA, CA 93101 | Total Occupancy: 0 |
| Phone #: (805)963-8961 | Target Population: 1.1 |
| | Expiration Date 05/31/2009 |

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| Program Name: ADOLESCENT COUNSELING SERVICES Legal Name: ADOLESCENT COUNSELING SERVICES Address: 445 SHERMAN AVENUE, SUITE J City, State: PALO ALTO, CA 94306 Phone #: (650)424-0852 | Record ID: 430032AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 01/31/2009 |
| Program Name: BROWNING HOME Legal Name: ADVENT GROUP MINISTRIES, INC. Address: 3098 BROWNING AVENUE City, State: SAN JOSE, CA 95119 Phone #: (408)371-1891 | Record ID: 430038AN Service Type: DSS Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 |
| Program Name: LAURAL 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: GENESIS HOME Legal Name: ADVENT GROUP MINISTRIES, INC. Address: 7455 FURLONG AVENUE City, State: GILROY, CA 95020 Phone #: (408)847-0504 | Record ID: 430038FN Service Type: DSS Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 |
| Program Name: GATEWAY HOME Legal Name: ADVENT GROUP MINISTRIES, INC. Address: 1960 CHURCH AVENUE City, State: SAN MARTIN, CA 95046 Phone #: (408)683-2099 | Record ID: 430038EN Service Type: DSS Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 |
| Program Name: SUMMIT HOME Legal Name: ADVENT GROUP MINISTRIES, INC. Address: 1200 WEST EDMUNDSON AVENUE City, State: MORGAN HILL, CA 95037 Phone #: (408)779-1492 | Record ID: 430038CN Service Type: DSS Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 |
| Program Name: SOUTH VALLEY HOME Legal Name: ADVENT GROUP MINISTRIES, INC. Address: 4305 ARPEGGIO AVENUE City, State: SAN JOSE, CA 95136 Phone #: (408)226-2389 | Record ID: 430038BN Service Type: DSS Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 |

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| 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: 08/31/2010 |
| Program Name: ARH-BENNY MCKEOWN CENTER Legal Name: ARH RECOVERY HOMES, INC. Address: 1281 FLEMING AVENUE City, State: SAN JOSE, CA 95127 Phone #: (408)236-6657 Fax #: (408)236-6659 | Record ID: 430001AN Service Type: RES Resident Capacity: 27 Total Occupancy: 27 Target Population: 1.1 Expiration Date: 12/31/2009 |
| Program Name: ARH-HOUSE ON THE HILL Legal Name: ARH RECOVERY HOMES, INC. Address: 9505 MALECH ROAD City, State: SAN JOSE, CA 95138 Phone #: (408)236-6657 Fax #: (408)463-0942 | Record ID: 430001EN Service Type: RES Resident Capacity: 20 Total Occupancy: 42 Target Population: 1.4 Expiration Date: 12/31/2009 |
| Program Name: BECK HOUSE Legal Name: ARH RECOVERY HOMES, INC. Address: 2345 AND 2355 MATHER DRIVE City, State: SAN JOSE, CA 95116 Phone #: (408)937-7083 Fax #: (408)236-6659 | Record ID: 430001FN Service Type: RES Resident Capacity: 42 Total Occupancy: 42 Target Population: 1.1 Expiration Date: 08/31/2009 |
| Program Name: ARH-MARIPOSA LODGE Legal Name: ARH RECOVERY HOMES, INC. Address: 9500 MALECH ROAD City, State: SAN JOSE, CA 95138 Phone #: (408)236-6657 Fax #: (408)236-6659 | Record ID: 430001DN Service Type: RES-DETOX Resident Capacity: 88 Total Occupancy: 88 Target Population: 1.3 Expiration Date: 12/31/2009 |
| Program Name: THE PLACE Legal Name: ASIAN AMERICAN RECOVERY SERVICES, INC. Address: 1340 TULLY ROAD, SUITE 304 City, State: SAN JOSE, CA 95122 Phone #: (408)271-3900 Fax #: (408)271-3909 | Record ID: 430036AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date: 09/30/2008 |
| 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: 03/31/2010 |

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| Program Name: NEW OUTLOOKS: ALCOHOL AND DRUG ADOLESCENT PREVENTION | Record ID: 430062AN |
| Legal Name: COMMUNITY HEALTH AWARENESS COUNCIL | Service Type: NON |
| Address: 711 CHURCH STREET | Resident Capacity: 0 |
| City, State: MOUNTAIN VIEW, CA 94041 | Total Occupancy: 0 |
| Phone #: (650)965-2020 Fax #: (650)965-7286 | Target Population: 1.5 |
| | Expiration Date 06/30/2010 |
| 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 05/31/2009 |
| 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 08/31/2010 |
| Program Name: INDIAN HEALTH CENTER OF SANTA CLARA VALLEY OUTPATIENT A | Record ID: 430047DN |
| Legal Name: INDIAN HEALTH CENTER OF SANTA CLARA VALLEY | Service Type: NON |
| Address: 1333 MERIDIAN AVENUE | Resident Capacity: 0 |
| City, State: SAN JOSE, CA 95125 | Total Occupancy: 0 |
| Phone #: (408)445-3400 Fax #: (408)350-2411 | Target Population: 1.1 |
| | Expiration Date 02/28/2010 |
| 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 11/30/2008 |
| Program Name: STIMULANT ABUSE RECOVERY CENTER | Record ID: 430064AP |
| Legal Name: LANDRUM, ANTHONY | Service Type: NON |
| Address: 449-A EAST SANTA CLARA STREET | Resident Capacity: 0 |
| City, State: SAN JOSE, CA 95113 | Total Occupancy: 0 |
| Phone #: (408)292-7979 | Target Population: 1.1 |
| | Expiration Date 07/31/2009 |
| 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)971-7811 | Target Population: 1.2 |
| | Expiration Date 02/28/2010 |

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| Program Name: OCCUPATIONAL HEALTH SERVICES, INC. Legal Name: MHN Address: 625 ELLIS STREET, SUITE 100 City, State: MOUNTAIN VIEW, CA 94043 Phone #: (650)988-4825 Fax #: (650)988-0175 | Record ID: 430055AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2008 |
| Program Name: NEW LIFE RECOVERY CENTERS Legal Name: NEW LIFE RECOVERY CENTERS, INC. Address: 473 NORTH SAN PEDRO City, State: SAN JOSE, CA 95110 Phone #: (408)297-1182 Fax #: (408)297-7450 | Record ID: 430053AP Service Type: RES Resident Capacity: 19 Total Occupancy: 19 Target Population: 1.1 Expiration Date 04/30/2010 |
| Program Name: NEW LIFE RECOVERY CENTERS, INC. Legal Name: NEW LIFE RECOVERY CENTERS, INC. Address: 166 CLAYTON AVENUE City, State: SAN JOSE, CA 95110 Phone #: (408)975-0454 Fax #: (408)297-7450 | Record ID: 430053CP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 01/31/2010 |
| Program Name: NEW LIFE RECOVERY CENTERS, INC. Legal Name: NEW LIFE RECOVERY CENTERS, INC. Address: 1101 PARK AVENUE City, State: SAN JOSE, CA 95126 Phone #: (408)297-1182 Fax #: (408)297-7450 | Record ID: 430053BP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2009 |
| Program Name: HOUSE OF DAWN Legal Name: OPERATION DAWN Address: 5034 PAGE MILL DRIVE City, State: SAN JOSE, CA 95111 Phone #: (408)362-0121 | Record ID: 430059AN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 11/30/2008 |
| 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 12/31/2009 |
| Program Name: PATHWAY SOCIETY, INC. Legal Name: PATHWAY SOCIETY Address: 1825 DE LA CRUZ BOULEVARD, SUITE 103 City, State: SANTA CLARA, CA 95050 Phone #: (408)492-8987 | Record ID: 430016CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2007 |

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| 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 05/31/2009 |
| 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 03/31/2010 |
| 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 08/31/2008 |
| 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 08/31/2009 |
| Program Name: NINTH STREET HOUSE Legal Name: PROJECT NINETY Address: 561 SOUTH 9TH STREET City, State: SAN JOSE, CA 95112 Phone #: (650)579-7881 Fax #: (650)579-2640 | Record ID: 430051AN Service Type: RES Resident Capacity: 10 Total Occupancy: 18 Target Population: 1.2 Expiration Date 11/30/2009 |
| Program Name: PROJECT NINETY THIRD STREET HOUSE Legal Name: PROJECT NINETY, INC. Address: 792 SOUTH THIRD STREET City, State: SAN JOSE, CA 95112 Phone #: (650)579-7882 | Record ID: 430051BN Service Type: RES Resident Capacity: 10 Total Occupancy: 10 Target Population: 1.1 Expiration Date 05/31/2010 |
| Program Name: RECOVERY CONNECTIONS TREATMENT SERVICES Legal Name: RECOVERY CONNECTIONS TREATMENT SERVICES, LLC Address: 1723 HAMILTON AVENUE, SUITE D City, State: SAN JOSE, CA 95125 Phone #: (408)267-2901 Fax #: (408)448-0399 | Record ID: 430057AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 08/31/2008 |

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| Program Name: RECOVERY CONNECTIONS RESIDENTIAL TREATMENT | Record ID: 430057BP |
| Legal Name: RECOVERY CONNECTIONS TREATMENT SERVICES, LLC | Service Type: RES |
| Address: 807 PARK COURT | Resident Capacity: 6 |
| City, State: SANTA CLARA, CA 95050 | Total Occupancy: 8 |
| Phone #: (408)264-9200 Fax #: (408)264-9200 | Target Population: 1.1 |
| | Expiration Date 08/31/2009 |
| 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 | Target Population: 1.2 |
| | Expiration Date 10/31/2009 |
| Program Name: SUPPORT SYSTEMS HOMES 3 | Record ID: 430027DP |
| Legal Name: SUPPORT SYSTEMS HOMES | Service Type: RES |
| Address: 1032 THORNTON WAY | Resident Capacity: 6 |
| City, State: SAN JOSE, CA 95128 | Total Occupancy: 6 |
| Phone #: (408)370-9688 | Target Population: 1.2 |
| | Expiration Date 10/31/2008 |
| Program Name: SUPPORT SYSTEMS HOMES OUTPATIENT AND DAY TREATMENT PR | Record ID: 430027GP |
| Legal Name: SUPPORT SYSTEMS HOMES, INCORPORATED | 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 05/31/2009 |
| Program Name: SUPPORT SYSTEMS HOMES ALCOHOL AND DRUG TREATMENT CEN | Record ID: 430027HP |
| Legal Name: SUPPORT SYSTEMS HOMES, INCORPORATED | 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 01/31/2009 |
| 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, 301, AND 30 | 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 01/31/2009 |
| 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 K | Resident Capacity: 0 |
| City, State: CAMPBELL, CA 95008 | Total Occupancy: 0 |
| Phone #: (408)367-2193 Fax #: (408)378-6324 | Target Population: 1.1 |
| | Expiration Date 09/30/2009 |

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| 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 12/31/2009 |
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| 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 05/31/2009 |
| | |
| 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 05/31/2009 |

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| Program Name: THE CAMP RECOVERY CENTER - OUTPATIENT ADDICTION SERVICE | Record ID: 440011CP |
| Legal Name: CRC HEALTH | Service Type: NON |
| Address: 215 RIVER STREET | Resident Capacity: 0 |
| City, State: SANTA CRUZ, CA 95060 | Total Occupancy: 0 |
| Phone #: (831)438-1868 | Target Population: 1.5 |
| | Expiration Date 05/31/2009 |
| Program Name: OUT-PATIENT CLIENT SERVICES | Record ID: 440003AN |
| Legal Name: JANUS OF SANTA CRUZ | Service Type: NON |
| Address: 200 SEVENTH AVENUE | Resident Capacity: 0 |
| City, State: SANTA CRUZ, CA 95062 | Total Occupancy: 0 |
| Phone #: (831)462-1060 | Target Population: 1.1 |
| | Expiration Date 08/31/2008 |
| 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: 40 |
| City, State: SANTA CRUZ, CA 95062 | Total Occupancy: 40 |
| Phone #: (831)462-1060 | Target Population: 1.1 |
| | Expiration Date 08/31/2008 |
| Program Name: MONDANARO-BASKIN CENTER FOR WOMEN & CHILDREN | Record ID: 440003DN |
| Legal Name: JANUS OF SANTA CRUZ | Service Type: RES |
| Address: 1314 OCEAN STREET | Resident Capacity: 10 |
| City, State: SANTA CRUZ, CA 95060 | Total Occupancy: 25 |
| Phone #: (831)423-9015 | Target Population: 1.4 |
| | Expiration Date 08/31/2008 |
| Program Name: MONDANARO BASKIN CENTER | Record ID: 440003EN |
| Legal Name: JANUS OF SANTA CRUZ | Service Type: NON |
| Address: 1314 OCEAN STREET | Resident Capacity: 0 |
| City, State: SANTA CRUZ, CA 95060 | Total Occupancy: 0 |
| Phone #: (831)423-9015 | Target Population: 1.1 |
| | Expiration Date 08/31/2008 |
| Program Name: NARCONON OF NORTHERN CALIFORNIA | Record ID: 440009CN |
| Legal Name: NARCONON OF NORTHERN CALIFORNIA | Service Type: RES-DETOX |
| Address: 262 GAFFEY ROAD | Resident Capacity: 40 |
| City, State: WATSONVILLE, CA 95076 | Total Occupancy: 40 |
| Phone #: (831)768-7190 Fax #: (831)768-7194 | Target Population: 1.1 |
| | Expiration Date 12/31/2008 |
| Program Name: NARCONON OF NORTHERN CALIFORNIA-IOP/DAY TREATMENT | 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 12/31/2008 |

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| Program Name: NEW LIFE CENTER Legal Name: NEW LIFE COMMUNITY SERVICES, INC. Address: 707 AND 717 FAIR AVENUE City, State: SANTA CRUZ, CA 95060 Phone #: (831)427-1007 | Record ID: 440010AN Service Type: RES Resident Capacity: 38 Total Occupancy: 57 Target Population: 1.7 Expiration Date 04/30/2009 |
| Program Name: PROVIDENCE RECOVERY CENTER Legal Name: PROVIDENCE RECOVERY CENTER, INC. Address: 831 PAGET AVENUE City, State: SANTA CRUZ, CA 95062 Phone #: (831)475-1326 Fax #: (831)475-7881 | Record ID: 440013AP Service Type: RES-DETOX Resident Capacity: 13 Total Occupancy: 13 Target Population: 1.1 Expiration Date 06/30/2010 |
| Program Name: SOBRIETY WORKS Legal Name: RIKKI RAP, INC. Address: 749 37TH AVENUE City, State: SANTA CRUZ, CA 95062 Phone #: (831)476-1747 Fax #: (831)476-1362 | Record ID: 440012AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2009 |
| Program Name: SANTA CRUZ COMMUNITY COUNSELING CENTER, INC. - YOUTH SEI Legal Name: SANTA CRUZ COMMUNITY COUNSELING CENTER Address: 709 MISSION STREET City, State: SANTA CRUZ, CA 95060 Phone #: (831)429-8350 Fax #: (831)425-1526 | Record ID: 440001FN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 11/30/2009 |
| Program Name: PIONEER HOUSE Legal Name: SANTA CRUZ COMMUNITY COUNSELING CENTER Address: 290 PIONEER STREET City, State: SANTA CRUZ, CA 95060 Phone #: (831)459-0444 Fax #: (831)459-0665 | Record ID: 440008BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 08/31/2008 |
| Program Name: SANTA CRUZ RESIDENTIAL RECOVERY Legal Name: SANTA CRUZ COMMUNITY COUNSELING CENTER Address: 125 RIGG STREET, 121-A WEEKS STREET AND 121-B WEEKS STRI City, State: SANTA CRUZ, CA 95060 Phone #: (831)423-3890 | Record ID: 440008AN Service Type: RES Resident Capacity: 39 Total Occupancy: 39 Target Population: 1.1 Expiration Date 06/30/2010 |
| Program Name: FENIX OUTPATIENT SERVICES Legal Name: SANTA CRUZ COMMUNITY COUNSELING CENTER Address: 18 ALEXANDER STREET City, State: WATSONVILLE, CA 95076 Phone #: (831)722-5915 Fax #: (831)722-8311 | Record ID: 440001EN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 12/31/2008 |

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

As of: 07/14/2008

Santa Cruz County

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| 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 06/30/2010 |
| 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 04/30/2010 |
| Program Name: HERMANAS RECOVERY HOME | Record ID: 440001DN |
| Legal Name: SANTA CRUZ COMMUNITY COUNSELING CENTER | Service Type: RES |
| Address: 640 RODRIGUEZ STREET | Resident Capacity: 11 |
| City, State: WATSONVILLE, CA 95076 | Total Occupancy: 17 |
| Phone #: (831)722-2471 Fax #: (831)768-9253 | Target Population: 1.4 |
| | Expiration Date 12/31/2008 |
| 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 09/30/2009 |

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

As of: 07/14/2008

Shasta County

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| Program Name: REDEEMED RECOVERY SERVICES | Record ID: 450008AN |
| Legal Name: CHURCH OF THE REDEEMED OF REDDING, CALIFORNIA | Service Type: NON |
| Address: 844 BUTTE STREET | Resident Capacity: 0 |
| City, State: REDDING, CA 96001 | Total Occupancy: 0 |
| Phone #: (530)241-5518 Fax #: (530)221-6292 | Target Population: 1.1 |
| | Expiration Date 10/31/2009 |
| 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 05/31/2009 |
| 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 04/30/2009 |
| 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: NORTHERN VALLEY CATHOLIC SOCIAL SERVICE, DRUG AND ALCOHOL | Record ID: 450018AN |
| Legal Name: NORTHERN VALLEY CATHOLIC SOCIAL SERVICE, INC. | Service Type: NON |
| Address: 2400 WASHINGTON AVENUE | Resident Capacity: 0 |
| City, State: REDDING, CA 96001 | Total Occupancy: 0 |
| Phone #: (530)241-0552 Fax #: (530)241-2017 | Target Population: 1.1 |
| | Expiration Date 06/30/2008 |
| Program Name: SHASTA OPTIONS | Record ID: 450019AP |
| Legal Name: PHIL RAPIN | Service Type: NON |
| Address: 2972 CHURN CREEK ROAD | Resident Capacity: 0 |
| City, State: REDDING, CA 96002 | Total Occupancy: 0 |
| Phone #: (530)224-5469 Fax #: (530)221-1339 | Target Population: 1.1 |
| | Expiration Date 01/31/2009 |
| Program Name: ANDERSON OUTPATIENT PROGRAM | Record ID: 450012AN |
| Legal Name: RIGHT ROAD RECOVERY PROGRAMS, INC. | Service Type: NON |
| Address: 2326 AND 2336 BALLS FERRY ROAD | Resident Capacity: 0 |
| City, State: ANDERSON, CA 96007 | Total Occupancy: 0 |
| Phone #: (530)365-8523 | Target Population: 1.1 |
| | Expiration Date 05/31/2009 |

**State of California Department of Alcohol and Drug Programs
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Shasta County

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| Program Name: SHASTA COUNTY ALCOHOL AND DRUG PROGRAMS (SACPA) | Record ID: 450015AN |
| Legal Name: SHASTA COUNTY ALCOHOL AND DRUG PROGRAMS (SACPA) | Service Type: NON |
| Address: 1600 COURT STREET | Resident Capacity: 0 |
| City, State: REDDING, CA 96001 | Total Occupancy: 0 |
| Phone #: (530)229-8314 Fax #: (530)229-8314 | Target Population: 1.1 |
| | Expiration Date 05/31/2010 |
| 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 05/31/2009 |
| Program Name: THE CORNERSTONE MEN'S RESIDENTIAL TREATMENT PROGRAM A1 | Record ID: 450006AN |
| Legal Name: THE CORNERSTONE RECOVERY SYSTEMS | Service Type: RES |
| Address: 2096 CASCADE BOULEVARD | Resident Capacity: 61 |
| City, State: SHASTA LAKE, CA 96019 | Total Occupancy: 61 |
| Phone #: (530)275-5622 | Target Population: 1.1 |
| | Expiration Date 11/30/2008 |
| Program Name: THE CORNERSTONE 2 | Record ID: 450006BN |
| Legal Name: THE CORNERSTONE RECOVERY SYSTEMS | Service Type: RES |
| Address: 13144 BEAR MOUNTAIN ROAD | Resident Capacity: 18 |
| City, State: REDDING, CA 96003 | Total Occupancy: 18 |
| Phone #: (530)275-0906 Fax #: (530)275-5226 | Target Population: 1.3 |
| | Expiration Date 03/31/2010 |
| 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 05/31/2009 |

*State of California Department of Alcohol and Drug Programs
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Sierra County

As of: 07/14/2008

Program Name: SIERRA COUNTY HUMAN SERVICES
Legal Name: SIERRA COUNTY HUMAN SERVICES
Address: 704 MILL STREET
City, State: LOYALTON, CA 96118
Phone #: (530)993-6746 Fax #: (530)993-6759

Record ID: 460001AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2009

*State of California Department of Alcohol and Drug Programs
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Siskiyou County

Program Name: ALCOHOL AND OTHER DRUG SERVICES
Legal Name: COUNTY OF SISKIYOU BEHAVIORAL HEALTH SERVICES
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 04/30/2009

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 06/30/2010

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

As of: 07/14/2008

Solano County

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|---|----------------------------|
| Program Name: PRINCIPLES PROGRAM | Record ID: 480027AN |
| Legal Name: AMERICAN ALCOHOL AND DRUG RECOVERY FOUNDATION, INC. | Service Type: RES |
| Address: 7516 PADDON ROAD | Resident Capacity: 6 |
| City, State: VACAVILLE, CA 95688 | Total Occupancy: 6 |
| Phone #: (707)301-6234 Fax #: (707)449-8387 | Target Population: 1.2 |
| | Expiration Date 05/31/2010 |
| Program Name: ANKA BEHAVIORAL HEALTH, INC. | Record ID: 480023AN |
| Legal Name: ANKA BEHAVIORAL HEALTH, INC. | Service Type: NON |
| Address: 301 GEORGIA STREET, SUITE 355 | Resident Capacity: 0 |
| City, State: VALLEJO, CA 94590 | Total Occupancy: 0 |
| Phone #: (707)558-8195 Fax #: (707)558-8196 | Target Population: 1.1 |
| | Expiration Date 05/31/2009 |
| Program Name: ARCHWAY RECOVERY SERVICES, INC. | Record ID: 480022AN |
| Legal Name: ARCHWAY RECOVERY SERVICES, INC. | Service Type: RES |
| Address: 1525 UNION AVENUE | Resident Capacity: 18 |
| City, State: FAIRFIELD, CA 94533 | Total Occupancy: 18 |
| Phone #: (707)435-1804 Fax #: (707)435-9807 | Target Population: 1.2 |
| | Expiration Date 03/31/2009 |
| Program Name: SOUTHERN SOLANO ALCOHOL COUNCIL | Record ID: 480002BN |
| Legal Name: BI-BETT | Service Type: RES-DETOX |
| Address: 419 PENNSYLVANIA STREET | Resident Capacity: 9 |
| City, State: VALLEJO, CA 94590 | Total Occupancy: 9 |
| Phone #: (707)643-8536 | Target Population: 1.1 |
| | Expiration Date 12/31/2009 |
| Program Name: SHAMIA RECOVERY CENTER | Record ID: 480002CN |
| Legal Name: BI-BETT | Service Type: RES |
| Address: 126, 126-1/2, AND 128 OHIO STREET | Resident Capacity: 16 |
| City, State: VALLEJO, CA 94590 | Total Occupancy: 16 |
| Phone #: (707)644-2577 Fax #: (707)644-5501 | Target Population: 1.4 |
| | Expiration Date 11/30/2009 |
| Program Name: SHAMIA RECOVERY CENTER | Record ID: 480002EN |
| Legal Name: BI-BETT | Service Type: RES |
| Address: 109A OHIO STREET | Resident Capacity: 4 |
| City, State: VALLEJO, CA 94590 | Total Occupancy: 4 |
| Phone #: (707)644-2577 Fax #: (707)644-5501 | Target Population: 1.3 |
| | Expiration Date 10/31/2008 |
| Program Name: SHAMIA RECOVERY CENTER | Record ID: 480002HN |
| Legal Name: BI-BETT | Service Type: RES |
| Address: 109 B OHIO STREET | Resident Capacity: 4 |
| City, State: VALLEJO, CA 94590 | Total Occupancy: 4 |
| Phone #: (707)644-2577 Fax #: (707)644-5501 | Target Population: 1.3 |
| | Expiration Date 09/30/2008 |

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Solano County

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| Program Name: RECOVERY CONNECTION | Record ID: 480002GN |
| Legal Name: BI-BETT | Service Type: NON |
| Address: 604 BROADWAY | Resident Capacity: 0 |
| City, State: VALLEJO, CA 94590 | Total Occupancy: 0 |
| Phone #: (707)643-2748 Fax #: (707)558-8047 | Target Population: 1.1 |
| | Expiration Date 05/31/2009 |
| Program Name: LATINO FAMILY CENTER | Record ID: 480018BN |
| Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL & DRUG ABUSE | Service Type: NON |
| Address: 40 ELDRIDGE ROAD, SUITE 10-A | Resident Capacity: 0 |
| City, State: VACAVILLE, CA 95688 | Total Occupancy: 0 |
| Phone #: (916)443-5473 Fax #: (916)443-1732 | Target Population: 1.5 |
| | Expiration Date 04/30/2009 |
| Program Name: DIXON FAMILY SERVICES | Record ID: 480008AN |
| Legal Name: DIXON FAMILY SERVICES | Service Type: NON |
| Address: 155 NORTH SECOND STREET | Resident Capacity: 0 |
| City, State: DIXON, CA 95620 | Total Occupancy: 0 |
| Phone #: (707)678-0442 Fax #: (707)678-4014 | Target Population: 1.7 |
| | Expiration Date 05/31/2009 |
| Program Name: HOUSE OF NAMASTE | Record ID: 480029BN |
| Legal Name: EMANI INCORPORATED | Service Type: RES |
| Address: 420 AND 420 1/2 EAST O STREET | Resident Capacity: 12 |
| City, State: BENICIA, CA 94510 | Total Occupancy: 12 |
| Phone #: (707)642-6147 Fax #: (707)642-4704 | Target Population: 1.3 |
| | Expiration Date 12/31/2008 |
| Program Name: EMANI HOUSE | Record ID: 480029AN |
| Legal Name: EMANI INCORPORATED | Service Type: RES |
| Address: 200 PEPPERCORN COURT | Resident Capacity: 6 |
| City, State: VALLEJO, CA 94591 | Total Occupancy: 6 |
| Phone #: (707)642-6147 Fax #: (707)642-4704 | Target Population: 1.3 |
| | Expiration Date 03/31/2009 |
| 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 06/30/2009 |
| 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 06/30/2009 |

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

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Solano County

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| Program Name: HEALTHY PARTNERSHIPS Legal Name: HEALTHY PARTNERSHIPS Address: 1286 CALLEN STREET, SUITE H City, State: VACAVILLE, CA 95688 Phone #: (707)447-8982 | Record ID: 480015AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2008 |
| Program Name: HEALTHY PARTNERSHIPS Legal Name: HEALTHY PARTNERSHIPS Address: 1735 ENTERPRISE DRIVE, BLDG 1, SUITE 105-A City, State: FAIRFIELD, CA 94533 Phone #: (707)425-1799 Fax #: (707)425-1081 | Record ID: 480015BP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2009 |
| Program Name: HEALTHY PARTNERSHIPS, INC. Legal Name: HEALTHY PARTNERSHIPS, INC. Address: 6 NORTH FRONT STREET City, State: RIO VISTA, CA 94571 Phone #: (707)425-1799 Fax #: (707)425-1081 | Record ID: 480015DP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2010 |
| Program Name: HEALTHY PARTNERSHIPS, INC. Legal Name: HEALTHY PARTNERSHIPS, INC. Address: 255 NORTH LINCOLN STREET City, State: DIXON, CA 95620 Phone #: (707)631-3336 Fax #: () - | Record ID: 480015CP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2010 |
| Program Name: KATARGEO Legal Name: KATARGEO Address: 1652 C FAIRGROUNDS DRIVE City, State: VALLEJO, CA 94589 Phone #: (707)557-7020 | Record ID: 480028AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2008 |
| Program Name: PHARMATOX Legal Name: PHARMATOX, INC. Address: 1143 MISSOURI STREET City, State: FAIRFIELD, CA 94533 Phone #: (707)435-8042 | Record ID: 480016AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 12/31/2008 |
| Program Name: RIO VISTA CARE Legal Name: RIO VISTA CARE, INC. Address: 125 SACRAMENTO STREET City, State: RIO VISTA, CA 94571 Phone #: (707)374-5243 Fax #: (707)374-5381 | Record ID: 480012AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 08/31/2008 |

State of California Department of Alcohol and Drug Programs
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As of: 07/14/2008

Solano County

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| Program Name: THE HOUSE OF ACTS ALCOHOL & SUBSTANCE ABUSE TEXAS PROGI | Record ID: 480010DN |
| Legal Name: THE HOUSE OF ACTS ALCOHOL AND SUBSTANCE ABUSE TREATMEI | Service Type: RES |
| Address: 844 5TH STREET | Resident Capacity: 6 |
| City, State: VALLEJO, CA 94589 | Total Occupancy: 6 |
| Phone #: (707)553-1042 Fax #: (707)553-8146 | Target Population: 1.3 |
| | Expiration Date 08/31/2008 |
| Program Name: THE HOUSE OF ACTS ALCOHOL AND SUBSTANCE ABUSE TREATMEI | Record ID: 480010CN |
| Legal Name: THE HOUSE OF ACTS ALCOHOL AND SUBSTANCE ABUSE TREATMEI | Service Type: RES |
| Address: 121 CARNATION CIRCLE | Resident Capacity: 10 |
| City, State: VALLEJO, CA 94590 | Total Occupancy: 10 |
| Phone #: (707)553-1042 | Target Population: 1.2 |
| | Expiration Date 03/31/2010 |
| 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 02/28/2009 |
| 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 06/30/2008 |
| Program Name: THRESHOLD RESIDENTIAL CARE HOME, INC. | Record ID: 480030AN |
| Legal Name: THRESHOLD CARE HOME, INC. | Service Type: RES |
| Address: 69 BEVERLY DRIVE | Resident Capacity: 6 |
| City, State: VALLEJO, CA 94590 | Total Occupancy: 6 |
| Phone #: (707)644-0272 Fax #: (707)644-0272 | Target Population: 1.2 |
| | Expiration Date 12/31/2008 |
| 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 01/31/2010 |
| Program Name: YOUTH AND FAMILY SERVICES, INC. (OUTPATIENT ALCOHOL AND I | 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 #: (701)647-1520 Fax #: (707)647-1513 | Target Population: 1.1 |
| | Expiration Date 04/30/2009 |

***State of California Department of Alcohol and Drug Programs
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Solano County

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| Program Name: | YOUTH AND FAMILY SERVICES OUTPATIENT ALCOHOL AND DRUG | Record ID: | 480007EN |
| Legal Name: | YOUTH AND FAMILY SERVICES, INC. | Service Type: | NON |
| Address: | 1745 ENTERPRISE DRIVE, SUITE 1-64 | Resident Capacity: | 0 |
| City, State: | FAIRFIELD, CA 94533 | Total Occupancy: | 0 |
| Phone #: | (707)427-6640 | Fax #: | (707)427-6649 |
| | | Target Population: | 1.1 |
| | | Expiration Date | 10/31/2008 |

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
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As of: 07/14/2008

Sonoma County

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|---|----------------------------|
| Program Name: ANANDA INSTITUTE CHEMICAL DEPENDENCY RECOVERY PROGRA | Record ID: 490030AN |
| Legal Name: ANANDA INSTITUTE | Service Type: NON |
| Address: 401 SOUTH A STREET | Resident Capacity: 0 |
| City, State: SANTA ROSA, CA 95401 | Total Occupancy: 0 |
| Phone #: (707)544-4441 Fax #: (707)544-4492 | Target Population: 1.1 |
| | Expiration Date 05/31/2009 |
| Program Name: ATHENA HOUSE | Record ID: 490010AN |
| Legal Name: CALIFORNIA HUMAN DEVELOPMENT CORPORATION | Service Type: RES |
| Address: 1539 HUMBOLDT STREET | Resident Capacity: 15 |
| City, State: SANTA ROSA, CA 95404 | Total Occupancy: 16 |
| Phone #: (707)526-3150 | Target Population: 1.3 |
| | Expiration Date 06/30/2009 |
| Program Name: ATHENA HOUSE II | Record ID: 490010CN |
| Legal Name: CALIFORNIA HUMAN DEVELOPMENT CORPORATION | Service Type: RES |
| Address: 1412 SLATER STREET | Resident Capacity: 6 |
| City, State: SANTA ROSA, CA 95404 | Total Occupancy: 6 |
| Phone #: (707)566-3150 Fax #: (707)526-3250 | Target Population: 1.3 |
| | Expiration Date 02/28/2010 |
| Program Name: ATHENA HOUSE | Record ID: 490010DN |
| Legal Name: CALIFORNIA HUMAN DEVELOPMENT CORPORATION | Service Type: RES |
| Address: 1416 SLATER STREET | Resident Capacity: 6 |
| City, State: SANTA ROSA, CA 95404 | Total Occupancy: 6 |
| Phone #: (707)526-3150 Fax #: (707)526-3250 | Target Population: 1.3 |
| | Expiration Date 08/31/2009 |
| 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 09/30/2009 |
| 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 08/31/2008 |
| Program Name: CAMPOBELLO OUTPATIENT CENTER | Record ID: 490002BP |
| Legal Name: CAMPOBELLO CHEMICAL DEPENDENCY RECOVERY CENTER, INC. | Service Type: NON |
| Address: 2455 BENNETT VALLEY ROAD, C-111 | Resident Capacity: 0 |
| City, State: SANTA ROSA, CA 95404 | Total Occupancy: 0 |
| Phone #: (707)546-1547 Fax #: (707)546-1557 | Target Population: 1.1 |
| | Expiration Date 02/28/2010 |

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

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Sonoma County

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| 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 12/31/2009 |
| 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 12/31/2009 |
| Program Name: DRUG ABUSE ALTERNATIVES CENTER - DRUG COURT Legal Name: DRUG ABUSE ALTERNATIVES CENTER Address: 2230 PROFESSIONAL DRIVE City, State: SANTA ROSA, CA 95403 Phone #: (707)571-2233 Fax #: (707)544-9011 | Record ID: 490009LN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2010 |
| Program Name: PERINATAL DAY TREATMENT Legal Name: DRUG ABUSE ALTERNATIVES CENTER Address: 2403 PROFESSIONAL DRIVE, SUITE 102 City, State: SANTA ROSA, CA 95403 Phone #: (707)571-2233 | Record ID: 490009EN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.4 Expiration Date 04/30/2010 |
| 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 05/31/2009 |
| Program Name: CASA CALMECAC Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES O Address: 857 DUTTON AVENUE City, State: SANTA ROSA, CA 95407 Phone #: (707)573-0117 | Record ID: 490019AN Service Type: RES Resident Capacity: 18 Total Occupancy: 18 Target Population: 1.2 Expiration Date 10/31/2008 |
| Program Name: CASA TERESA RECOVERY HOME Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES O Address: 778 ROBINSON ROAD City, State: SEBASTOPOL, CA 95472 Phone #: (707)829-9557 Fax #: (707)573-0109 | Record ID: 490019BN Service Type: RES Resident Capacity: 10 Total Occupancy: 20 Target Population: 1.4 Expiration Date 09/30/2008 |

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Licensed Residential Facilities and/or
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As of: 07/14/2008

Sonoma County

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| Program Name: MOUNTAIN VISTA FARM | Record ID: 490025AP |
| Legal Name: NEW VISTAS RECOVERY, INC. | Service Type: RES-DETOX |
| Address: 3020 WARM SPRINGS ROAD | Resident Capacity: 30 |
| City, State: GLEN ELLEN, CA 95442 | Total Occupancy: 35 |
| Phone #: (707)996-6716 Fax #: (707)996-6647 | Target Population: 1.1 |
| | Expiration Date 04/30/2010 |
| Program Name: SEQUOIA RECOVERY SERVICES | Record ID: 490028AP |
| Legal Name: PSYCHSTRATEGIES, INC., A PSYCHOLOGICAL CORPORATION | Service Type: NON |
| Address: 1330 NORTH DUTTON AVENUE, SUITE 100 | Resident Capacity: 0 |
| City, State: SANTA ROSA, CA 95401 | Total Occupancy: 0 |
| Phone #: (707)303-3251 Fax #: (707)303-3235 | Target Population: 1.1 |
| | Expiration Date 03/31/2010 |
| Program Name: BOYS FACILITY | Record ID: 490011AN |
| Legal Name: R HOUSE | Service Type: DSS |
| Address: 429 SPEERS ROAD | Resident Capacity: 0 |
| City, State: SANTA ROSA, CA 95409 | Total Occupancy: 0 |
| Phone #: (707)539-2948 | Target Population: 1.5 |
| Program Name: WINDING CREEK GIRLS' FACILITY | Record ID: 490011EN |
| Legal Name: R HOUSE | Service Type: DSS |
| Address: 152 MIDDLE RINCON ROAD | Resident Capacity: 0 |
| City, State: SANTA ROSA, CA 95409 | Total Occupancy: 0 |
| Phone #: (707)539-2948 | Target Population: 1.5 |
| Program Name: GIRLS FACILITY #2 | Record ID: 490011DN |
| Legal Name: R HOUSE | Service Type: DSS |
| Address: 5316 SAN LUIS AVENUE | Resident Capacity: 0 |
| City, State: SANTA ROSA, CA 95409 | Total Occupancy: 0 |
| Phone #: (707)539-2948 | Target Population: 1.5 |
| Program Name: R HOUSE OUTPATIENT DRUG FREE MEDI-CAL | Record ID: 490011GN |
| Legal Name: R HOUSE | Service Type: NON |
| Address: 1207 AND 1211 CLEVELAND AVENUE | Resident Capacity: 0 |
| City, State: SANTA ROSA, CA 95401 | Total Occupancy: 0 |
| Phone #: (707)526-4223 Fax #: (707)568-3792 | Target Population: 1.1 |
| | Expiration Date 08/31/2009 |
| Program Name: GIRLS FACILITY #1 | Record ID: 490011CN |
| Legal Name: R HOUSE | Service Type: DSS |
| Address: 5136 OAK PARK WAY | Resident Capacity: 0 |
| City, State: SANTA ROSA, CA 95409 | Total Occupancy: 0 |
| Phone #: (707)539-2948 | Target Population: 1.5 |

State of California Department of Alcohol and Drug Programs
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Sonoma County

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|---|----------------------------|
| Program Name: ORENDA CENTER-RESIDENTIAL AND DETOXIFICATION | Record ID: 490003AN |
| Legal Name: SONOMA COUNTY DEPARTMENT OF HEALTH SERVICES, ALCOHOL | Service Type: RES-DETOX |
| Address: 1430 NEOTOMAS AVENUE | Resident Capacity: 50 |
| City, State: SANTA ROSA, CA 95405 | Total Occupancy: 50 |
| Phone #: (707)565-7460 | Target Population: 1.1 |
| | Expiration Date 06/30/2010 |
| Program Name: RUTH HOUSE | Record ID: 490003BN |
| Legal Name: SONOMA COUNTY DEPARTMENT OF HEALTH SERVICES, ALCOHOL | Service Type: RES |
| Address: 1071 3RD STREET | Resident Capacity: 6 |
| City, State: SANTA ROSA, CA 95404 | Total Occupancy: 6 |
| Phone #: (707)565-7487 | Target Population: 1.2 |
| | Expiration Date 06/30/2010 |
| Program Name: UNITY HOUSE | Record ID: 490003EN |
| Legal Name: SONOMA COUNTY DEPARTMENT OF HEALTH SERVICES, ALCOHOL | Service Type: RES |
| Address: 920 WEST 8TH STREET | Resident Capacity: 6 |
| City, State: SANTA ROSA, CA 95401 | Total Occupancy: 6 |
| Phone #: (707)528-4141 | Target Population: 1.2 |
| | Expiration Date 06/30/2010 |
| Program Name: ORENDA CENTER NONRESIDENTIAL PROGRAM | Record ID: 490003FN |
| Legal Name: SONOMA COUNTY DEPARTMENT OF HEALTH SERVICES, ALCOHOL | Service Type: NON |
| Address: 1430 NEOTOMAS AVENUE | Resident Capacity: 0 |
| City, State: SANTA ROSA, CA 95405 | Total Occupancy: 0 |
| Phone #: (707)565-7450 | Target Population: 1.1 |
| | Expiration Date 06/30/2010 |
| Program Name: SONOMA COUNTY INDIAN HEALTH PROJECT/BEHAVIOR HEALTH | Record ID: 490032AN |
| Legal Name: SONOMA COUNTY INDIAN HEALTH PROJECT,INC. | Service Type: NON |
| Address: 144 STONY POINT ROAD, 2ND FLOOR IS FOR BEHAVIORAL HEAI | Resident Capacity: 0 |
| City, State: SANTA ROSA, CA 95401 | Total Occupancy: 0 |
| Phone #: (707)521-4550 Fax #: (707)544-1092 | Target Population: 1.1 |
| | Expiration Date 04/30/2009 |
| Program Name: ST. ANTHONY FARM | Record ID: 490015AN |
| Legal Name: ST. ANTHONY FOUNDATION | Service Type: RES |
| Address: 11207 VALLEY FORD ROAD | Resident Capacity: 46 |
| City, State: PETALUMA, CA 94952 | Total Occupancy: 46 |
| Phone #: (707)794-7120 Fax #: (707)795-2305 | Target Population: 1.1 |
| | Expiration Date 06/30/2009 |
| Program Name: AZURE ACRES | Record ID: 490021AP |
| Legal Name: THE CAMP RECOVERY CENTERS, L.P. | Service Type: RES-DETOX |
| Address: 2264 GREEN HILL ROAD | Resident Capacity: 28 |
| City, State: SEBASTOPOL, CA 95472 | Total Occupancy: 28 |
| Phone #: (707)823-3385 | Target Population: 1.1 |
| | Expiration Date 12/31/2009 |

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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 02/28/2010

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Licensed Residential Facilities and/or
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Stanislaus County

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| Program Name: INSIGHT SOLUTIONS Legal Name: ANDERSON, CRAIG Address: 1400 FLORIDA AVENUE, SUITE 107 City, State: MODESTO, CA 95350 Phone #: (209)602-4431 | Record ID: 500019AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2010 |
| Program Name: CARE GROUP Legal Name: CARE GROUP, INC. Address: 1620 NORTH CARPENTER ROAD, SUITE D-49 City, State: MODESTO, CA 95358 Phone #: (209)526-1837 Fax #: (209)526-3617 | Record ID: 500021AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2009 |
| Program Name: THE LIVING CENTER Legal Name: ELAN SENIOR LIVING, INC. Address: 416 CORSON AVENUE City, State: MODESTO, CA 95350 Phone #: (209)575-1580 Fax #: (209)575-2017 | Record ID: 500013AP Service Type: RES-DETOX Resident Capacity: 28 Total Occupancy: 28 Target Population: 1.1 Expiration Date 03/31/2010 |
| Program Name: THE LIVING CENTER Legal Name: ELAN SENIOR LIVING, INC. Address: 416 CORSON AVENUE City, State: MODESTO, CA 95350 Phone #: (209)575-1580 Fax #: (209)575-2017 | Record ID: 500013BP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2008 |
| 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 09/30/2008 |
| 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 07/31/2009 |
| Program Name: OCCUPATIONAL HEALTH SERVICES Legal Name: MHN SERVICES Address: 2260 FLOYD AVENUE, SUITE 100 City, State: MODESTO, CA 95355 Phone #: (209)527-8070 Fax #: (209)523-0429 | Record ID: 500012AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2010 |

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| Program Name: NIRVANA DRUG AND ALCOHOL WOMEN OF HOPE Legal Name: NIRVANA DRUG AND ALCOHOL TREATMENT PROGRAM Address: 1116 ALICE STREET City, State: MODESTO, CA 95351 Phone #: (209)524-1829 | Record ID: 500009GN Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.3 Expiration Date 04/30/2010 |
| Program Name: NIRVANA DRUG & ALCOHOL TREATMENT INSTITUTE Legal Name: NIRVANA DRUG AND ALCOHOL TREATMENT PROGRAM Address: 1028 RENO STREET City, State: MODESTO, CA 95351 Phone #: (209)579-1103 Fax #: (209)578-1085 | Record ID: 500009EN Service Type: RES-DETOX Resident Capacity: 30 Total Occupancy: 30 Target Population: 1.1 Expiration Date 11/30/2008 |
| Program Name: NIRVANA DRUG AND ALCOHOL INSTITUTE Legal Name: NIRVANA DRUG AND ALCOHOL TREATMENT PROGRAM Address: 1028 RENO STREET City, State: MODESTO, CA 95351 Phone #: (209)579-1103 Fax #: (209)527-6840 | Record ID: 500009FN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2009 |
| Program Name: NIRVANA DRUG AND ALCOHOL TREATMENT INSTITUTE Legal Name: NIRVANA DRUG AND ALCOHOL TREATMENT PROGRAM Address: 948 11TH STREET, SUITE 23 City, State: MODESTO, CA 95354 Phone #: (209)579-1151 Fax #: (209)579-9605 | Record ID: 500009CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 07/31/2010 |
| 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)524-1829 | Record ID: 500009HN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.3 Expiration Date 04/30/2010 |
| Program Name: STANISLAUS RECOVERY CENTER: PERINATAL RESIDENTIAL TREAT Legal Name: SIERRA VISTA CHILD AND FAMILY SERVICES Address: 1904 RICHLAND AVENUE, PERINATAL TREATMENT BUILDING 1 City, State: CERES, CA 95307 Phone #: (209)523-4573 Fax #: (209)550-5866 | Record ID: 500011AN Service Type: RES Resident Capacity: 13 Total Occupancy: 39 Target Population: 1.4 Expiration Date 07/31/2009 |
| Program Name: STANISLAUS RECOVERY CENTER - ADULT NON-RESIDENTIAL Legal Name: STANISLAUS COUNTY BEHAVIORAL HEALTH & RECOVERY SERVIC Address: 1904 RICHLAND AVENUE City, State: CERES, CA 95307 Phone #: (209)541-2121 Fax #: (209)525-6291 | Record ID: 500002FN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 07/31/2009 |

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Stanislaus County

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| Program Name: OAKDALE ALCOHOL & DRUG PROGRAM | Record ID: 500002GN |
| Legal Name: STANISLAUS COUNTY BEHAVIORAL HEALTH AND RECOVERY SERV | Service Type: NON |
| Address: 145 NORTH SECOND STREET, SUITE 9 | Resident Capacity: 0 |
| City, State: OAKDALE, CA 95361 | Total Occupancy: 0 |
| Phone #: (209)848-6018 Fax #: (209)525-6047 | Target Population: 1.1 |
| | Expiration Date 10/31/2009 |
| 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 10/31/2008 |
| 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, BUILDING A AND B | Resident Capacity: 0 |
| City, State: MODESTO, CA 95354 | Total Occupancy: 0 |
| Phone #: (209)558-7475 Fax #: (209)558-4042 | Target Population: 1.1 |
| | Expiration Date 10/31/2008 |
| Program Name: PATTERSON WESTSIDE RESOURCE CENTER | Record ID: 500014FN |
| Legal Name: STANISLAUS COUNTY BEHAVIORAL HEALTH AND RECOVERY SERV | Service Type: NON |
| Address: 118 NORTH SECOND STREET | Resident Capacity: 0 |
| City, State: PATTERSON, CA 95363 | Total Occupancy: 0 |
| Phone #: (209)892-6688 | Target Population: 1.1 |
| | Expiration Date 10/31/2008 |
| 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: 69 |
| City, State: CERES, CA 95307 | Total Occupancy: 72 |
| Phone #: (209)541-2912 | Target Population: 1.1 |
| | Expiration Date 07/31/2009 |
| Program Name: MORNINGSTAR - A DAD'S PLACE | Record ID: 500017AN |
| Legal Name: THE SOLIDARITY FELLOWSHIP | Service Type: RES |
| Address: 7519 WEST MAIN STREET | Resident Capacity: 6 |
| City, State: TURLOCK, CA 95380 | Total Occupancy: 10 |
| Phone #: (209)656-8910 Fax #: (209)892-2656 | Target Population: 1.2 |
| | Expiration Date 06/30/2009 |
| Program Name: MORNINGSTAR - A WOMAN'S PLACE | Record ID: 500017BN |
| Legal Name: THE SOLIDARITY FELLOWSHIP, INC. | Service Type: RES |
| Address: 1104 WEST ROSEBURG | Resident Capacity: 6 |
| City, State: MODESTO, CA 95350 | Total Occupancy: 6 |
| Phone #: (209)872-7090 Fax #: (209)524-6136 | Target Population: 1.3 |
| | Expiration Date 07/31/2009 |

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Sutter County

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|---|----------------------------|
| 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: 6 |
| Phone #: (530)751-7561 Fax #: (530)885-4509 | Target Population: 1.2 |
| | Expiration Date 04/30/2009 |
| | |
| Program Name: SOLID HEART RECOVERY | Record ID: 510005AN |
| Legal Name: SOLID HEART RECOVERY | Service Type: RES |
| Address: 1932 FRANKLIN ROAD | Resident Capacity: 6 |
| City, State: YUBA CITY, CA 95993 | Total Occupancy: 6 |
| Phone #: (530)673-4780 Fax #: (530)673-1680 | Target Population: 1.3 |
| | Expiration Date 04/30/2009 |
| | |
| 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 11/30/2008 |
| | |
| 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 06/30/2009 |

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Tehama County

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|---|----------------------------|
| Program Name: BONDAGE BREAKER RECOVERY SERVICE | Record ID: 520003AN |
| Legal Name: BONDAGE BREAKER RECOVERY SERVICE | Service Type: RES |
| Address: 224 ASH STREET | Resident Capacity: 8 |
| City, State: RED BLUFF, CA 96080 | Total Occupancy: 8 |
| Phone #: (530)529-0634 | Target Population: 1.2 |
| | Expiration Date 04/30/2010 |
| | |
| Program Name: TEHAMA COUNTY HEALTH AGENCY DRUG AND ALCOHOL DIVISIO | Record ID: 520002AN |
| Legal Name: TEHAMA COUNTY HEALTH AGENCY | Service Type: NON |
| Address: 22840 ANTELOPE BOULEVARD | Resident Capacity: 0 |
| City, State: RED BLUFF, CA 96080 | Total Occupancy: 0 |
| Phone #: (530)527-7893 Fax #: (530)527-0766 | Target Population: 1.1 |
| | Expiration Date 04/30/2009 |
| | |
| Program Name: TEHAMA COUNTY HEALTH AGENCY DRUG AND ALCOHOL DIVISION | Record ID: 520002CN |
| Legal Name: TEHAMA COUNTY HEALTH AGENCY | Service Type: NON |
| Address: 22840 ANTELOPE BOULEVARD | Resident Capacity: 0 |
| City, State: RED BLUFF, CA 96080 | Total Occupancy: 0 |
| Phone #: (530)385-2042 Fax #: (530)385-2707 | Target Population: 1.1 |
| | Expiration Date 05/31/2009 |
| | |
| Program Name: TEHAMA COUNTY HEALTH AGENCY DRUG AND ALCOHOL DIVISION | Record ID: 520002BN |
| Legal Name: TEHAMA COUNTY HEALTH AGENCY | Service Type: NON |
| Address: 1600 SOLANO AVENUE, SUITE D | Resident Capacity: 0 |
| City, State: CORNING, CA 96021 | Total Occupancy: 0 |
| Phone #: (530)824-4890 Fax #: (530)824-8443 | Target Population: 1.1 |
| | Expiration Date 05/31/2009 |

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Trinity County

As of: 07/14/2008

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)623-1820 Fax #: (530)623-4448

Record ID: 530001AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2009

State of California Department of Alcohol and Drug Programs
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Tulare County

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|---|----------------------------|
| Program Name: A SOLUTION THRU TREATMENT, EDUCATION AND PREVENTION, IN | Record ID: 540027DN |
| Legal Name: A SOLUTION THRU TREATMENT, EDUCATION AND PREVENTION, IN | Service Type: NON |
| Address: 287 NORTH HOCKETT STREET | Resident Capacity: 0 |
| City, State: PORTERVILLE, CA 93257 | Total Occupancy: 0 |
| Phone #: (559)798-2740 Fax #: (559)783-8864 | Target Population: 1.1 |
| | Expiration Date 05/31/2010 |
| Program Name: ALTERNATIVE SERVICES | Record ID: 540024DP |
| Legal Name: ALTERNATIVE SERVICES, INC. | Service Type: NON |
| Address: 2223 NORTH SHIRK ROAD, SUITE A | Resident Capacity: 0 |
| City, State: VISALIA, CA 93291 | Total Occupancy: 0 |
| Phone #: (559)651-8090 Fax #: (559)651-8099 | Target Population: 1.1 |
| | Expiration Date 05/31/2010 |
| Program Name: ALTERNATIVE SERVICES | Record ID: 540024EP |
| Legal Name: ALTERNATIVE SERVICES, INC. | Service Type: NON |
| Address: 125 SOUTH M STREET | Resident Capacity: 0 |
| City, State: TULARE, CA 93274 | Total Occupancy: 0 |
| Phone #: (559)685-8283 | Target Population: 1.1 |
| | Expiration Date 05/31/2010 |
| Program Name: ALTERNATIVE SERVICES | Record ID: 540024AP |
| Legal Name: ALTERNATIVE SERVICES, INC. | Service Type: NON |
| Address: 215 NORTH D STREET | Resident Capacity: 0 |
| City, State: PORTERVILLE, CA 93257 | Total Occupancy: 0 |
| Phone #: (559)783-2402 Fax #: (559)782-4681 | Target Population: 1.5 |
| | Expiration Date 02/28/2010 |
| 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)625-2995 Fax #: (559)625-3808 | Target Population: 1.2 |
| | Expiration Date 08/31/2009 |
| Program Name: NEW HEIGHTS | Record ID: 540031EN |
| Legal Name: CENTRAL VALLEY RECOVERY SERVICES, INC. | Service Type: NON |
| Address: 730 WEST MURRAY | Resident Capacity: 0 |
| City, State: VISALIA, CA 93277 | Total Occupancy: 0 |
| Phone #: (559)732-4885 Fax #: (559)625-3808 | Target Population: 1.1 |
| | Expiration Date 08/31/2010 |
| Program Name: TULARE COUNTY ALCOHOLISM COUNCIL, INC. | Record ID: 540031AN |
| Legal Name: CENTRAL VALLEY RECOVERY SERVICES, INC. | Service Type: RES |
| Address: 1425-B EAST WALNUT AVENUE | Resident Capacity: 6 |
| City, State: VISALIA, CA 93292 | Total Occupancy: 6 |
| Phone #: (559)625-2995 Fax #: (559)625-3808 | Target Population: 1.3 |
| | Expiration Date 06/30/2010 |

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| Program Name: MOTHERING HEIGHTS | Record ID: 540031DN |
| Legal Name: CENTRAL VALLEY RECOVERY SERVICES, INC. | Service Type: RES |
| Address: 705 SOUTH COURT STREET | Resident Capacity: 10 |
| City, State: VISALIA, CA 93277 | Total Occupancy: 23 |
| Phone #: (559)625-2995 Fax #: (559)625-3808 | Target Population: 1.4 |
| | Expiration Date 10/31/2009 |
| Program Name: COMMUNITY ALCOHOL AND DRUG REHABILITATION EFFORT C.A.D | Record ID: 540024FN |
| Legal Name: COMMUNITY ALCOHOL AND DRUG REHABILITATION EFFORT, INC. | Service Type: NON |
| Address: 215 NORTH "D" STREET | Resident Capacity: 0 |
| City, State: PORTERVILLE, CA 93257 | Total Occupancy: 0 |
| Phone #: (559)783-2402 Fax #: (559)783-2316 | Target Population: 1.1 |
| | Expiration Date 05/31/2010 |
| 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: 125 SOUTH "M" STREET | Resident Capacity: 0 |
| City, State: TULARE, CA 93274 | Total Occupancy: 0 |
| Phone #: (559)685-8283 | Target Population: 1.1 |
| | Expiration Date 05/31/2010 |
| Program Name: COMMUNITY ALCOHOL AND DRUG REHABILITATION EFFORT C.A.D | Record ID: 540024BN |
| Legal Name: COMMUNITY ALCOHOL AND DRUG REHABILITATION EFFORT, INC. | Service Type: NON |
| Address: 2223 NORTH SHIRK ROAD, SUITE B | Resident Capacity: 0 |
| City, State: VISALIA, CA 93291 | Total Occupancy: 0 |
| Phone #: (559)651-8090 Fax #: (559)651-8099 | Target Population: 1.1 |
| | Expiration Date 05/31/2010 |
| Program Name: COURAGE TO CHANGE | Record ID: 540014AN |
| Legal Name: COURAGE TO CHANGE | Service Type: DSS |
| Address: 1230 ANDERSON ROAD | Resident Capacity: 0 |
| City, State: EXETER, CA 93221 | Total Occupancy: 0 |
| Phone #: (559)594-4855 | Target Population: 1.5 |
| Program Name: KAWEAH DELTA FAMILY RECOVERY CENTER | Record ID: 540025AN |
| Legal Name: KAWEAH DELTA HEALTH CARE DISTRICT | Service Type: NON |
| Address: 1100 SOUTH AKERS ROAD | Resident Capacity: 0 |
| City, State: VISALIA, CA 93277 | Total Occupancy: 0 |
| Phone #: (559)624-3381 Fax #: (559)741-4726 | Target Population: 1.8 |
| | Expiration Date 01/31/2009 |
| Program Name: NUEVO COMIENZO - SITE 2 | Record ID: 540026BN |
| Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES O | Service Type: NON |
| Address: 40472 ROAD 128 | Resident Capacity: 0 |
| City, State: CUTLER, CA 93615 | Total Occupancy: 0 |
| Phone #: (560)528-6620 Fax #: (559)528-6826 | Target Population: 1.1 |
| | Expiration Date 12/31/2008 |

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| Program Name: PIONEER TWELVE STEP OUTPATIENT YOUTH PROGRAM | Record ID: 540029AN |
| Legal Name: PIONEER HOME OUTREACH, INC. | Service Type: NON |
| Address: 317 WEST HENDERSON AVENUE | Resident Capacity: 0 |
| City, State: PORTERVILLE, CA 93257 | Total Occupancy: 0 |
| Phone #: (559)781-8585 Fax #: (559)791-0183 | Target Population: 1.5 |
| | Expiration Date 06/30/2008 |
| Program Name: THE PAAR CENTER | Record ID: 540001HN |
| Legal Name: PORTERVILLE HALFWAY HOUSE | Service Type: RES-DETOX |
| Address: 218, APTS. B AND C WEST BELLEVIEW AVENUE AND 509 NORTH | Resident Capacity: 69 |
| City, State: PORTERVILLE, CA 93257 | Total Occupancy: 69 |
| Phone #: (559)781-0107 Fax #: () - | Target Population: 1.2 |
| | Expiration Date 11/30/2008 |
| 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: 12 |
| Phone #: (559)781-0107 | Target Population: 1.3 |
| | Expiration Date 07/31/2009 |
| 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 02/28/2009 |
| Program Name: EL PRIMER PASO | Record ID: 540009BN |
| Legal Name: PRIMER PASO INSTITUTE, INC. | Service Type: RES |
| Address: 1328 AND 1350 BUILDING A, SOUTH CROWE STREET | Resident Capacity: 24 |
| City, State: VISALIA, CA 93277 | Total Occupancy: 28 |
| Phone #: (559)734-6042 | Target Population: 1.2 |
| | Expiration Date 11/30/2009 |
| Program Name: PRIMER PASO INSTITUTE, INC. | Record ID: 540009FN |
| Legal Name: PRIMER PASO INSTITUTE, INC. | Service Type: NON |
| Address: 831-B NORTH SEQUOIA AVENUE | Resident Capacity: 0 |
| City, State: LINDSAY, CA 93247 | Total Occupancy: 0 |
| Phone #: (559)562-7810 Fax #: (559)562-7910 | Target Population: 1.1 |
| | Expiration Date 09/30/2009 |
| Program Name: PRIMER PASO INSTITUTE, INC. | Record ID: 540009DN |
| Legal Name: PRIMER PASO INSTITUTE, INC. | Service Type: NON |
| Address: 2148 EAST EL MONTE WAY | Resident Capacity: 0 |
| City, State: DINUBA, CA 93618 | Total Occupancy: 0 |
| Phone #: (559)595-9879 Fax #: (559)595-9878 | Target Population: 1.1 |
| | Expiration Date 05/31/2009 |

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| Program Name: ANGELA'S HOUSE Legal Name: PRIMER PASO INSTITUTE, INC. Address: 1300 SOUTH CROWE STREET City, State: VISALIA, CA 93277 Phone #: (559)734-5480 Fax #: (559)734-5783 | Record ID: 540009CN Service Type: RES Resident Capacity: 8 Total Occupancy: 28 Target Population: 1.4 Expiration Date 04/30/2009 |
| Program Name: RECOVERY RESOURCES (3) PORTERVILLE OFFICE Legal Name: RECOVERY RESOURCES Address: 287 NORTH HOCKETT STREET, "B" City, State: PORTERVILLE, CA 93267 Phone #: (559)788-2740 Fax #: (559)783-8864 | Record ID: 540030AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2008 |
| Program Name: RECOVERY RESOURCES Legal Name: RICK AND JERRI THOMPSON, D.B.A., RECOVERY RESOURCES Address: 213 NORTH WEST STREET City, State: VISALIA, CA 93291 Phone #: (559)625-8176 Fax #: (559)625-8179 | Record ID: 540020AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2009 |
| Program Name: SRS RECOVERY SERVICES Legal Name: SRS RECOVERY SERVICE, LLC Address: 515 WEST MURRAY, SUITES B & C City, State: VISALIA, CA 93291 Phone #: (559)636-2091 Fax #: (559)636-9452 | Record ID: 540028AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 12/31/2009 |
| Program Name: SRS RECOVERY SERVICE Legal Name: SRS RECOVERY SERVICE, LLC Address: 130 EAST MILL City, State: PORTERVILLE, CA 93257 Phone #: (559)789-9881 Fax #: (559)789-9877 | Record ID: 540028BP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 12/31/2009 |
| Program Name: NEW VISIONS FOR WOMEN Legal Name: TULARE COUNTY ALCOHOLISM COUNCIL, 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: 17 Total Occupancy: 17 Target Population: 1.3 Expiration Date 05/31/2008 |
| Program Name: TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY - FAMIL Legal Name: TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY Address: 1062 SOUTH K STREET, SECOND FLOOR City, State: TULARE, CA 93274 Phone #: (559)737-4660 Fax #: (559)730-2788 | Record ID: 540002GN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 02/28/2009 |

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| 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 02/28/2009 |
| 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 02/28/2009 |
| 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: 303 EAST OLIVE AVENUE | Resident Capacity: 0 |
| City, State: PORTERVILLE, CA 93257 | Total Occupancy: 0 |
| Phone #: (559)737-4660 | Target Population: 1.1 |
| | Expiration Date 02/28/2009 |
| 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 ROOM | Resident Capacity: 16 |
| City, State: VISALIA, CA 93277 | Total Occupancy: 16 |
| Phone #: (559)732-5550 Fax #: (559)732-5574 | Target Population: 1.2 |
| | Expiration Date 03/31/2010 |
| Program Name: TURNING POINT YOUTH SERVICES | Record ID: 540005BN |
| Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC. | Service Type: NON |
| Address: 220 NORTH LOCUST STREET | Resident Capacity: 0 |
| City, State: VISALIA, CA 93291 | Total Occupancy: 0 |
| Phone #: (559)627-1385 Fax #: (559)636-2105 | Target Population: 1.5 |
| | Expiration Date 06/30/2009 |

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| Program Name: KINGS VIEW - TUOLUMNE COUNTY BEHAVIORAL HEALTH & RECOV | Record ID: 550002AN |
| Legal Name: KINGS VIEW CORPORATION | Service Type: NON |
| Address: 12801 CABEZUT ROAD | Resident Capacity: 0 |
| City, State: SONORA, CA 95370 | Total Occupancy: 0 |
| Phone #: (209)533-3553 Fax #: (209)536-1948 | Target Population: 1.8 |
| | Expiration Date 06/30/2008 |
| | |
| Program Name: KINGS VIEW - TUOLUMNE COUNTY BEHAVIORAL HEALTH & RECOV | Record ID: 550002BN |
| Legal Name: KINGS VIEW CORPORATION | Service Type: NON |
| Address: 197 MONO WAY | Resident Capacity: 0 |
| City, State: SONORA, CA 95370 | Total Occupancy: 0 |
| Phone #: (209)588-9528 Fax #: (209)533-5415 | Target Population: 1.9 |
| | Expiration Date 06/30/2008 |
| | |
| Program Name: THE RANCH | Record ID: 550001AP |
| Legal Name: MAYNORD'S CHEMICAL DEPENDENCY RECOVERY CENTER | Service Type: RES-DETOX |
| Address: 19325 CHEROKEE ROAD | Resident Capacity: 30 |
| City, State: TUOLUMNE, CA 95379 | Total Occupancy: 30 |
| Phone #: (209)928-3737 Fax #: (209)928-1152 | Target Population: 1.1 |
| | Expiration Date 12/31/2009 |

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| 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 - SIMI VALLEY | Record ID: 560026AP |
| Legal Name: ACTION FAMILY COUNSELING, INC. | Service Type: NON |
| Address: 1736 ERRINGER ROAD, SUITE 100 | Resident Capacity: 0 |
| City, State: SIMI VALLEY, CA 93065 | Total Occupancy: 0 |
| Phone #: (800)367-8336 Fax #: (661)297-9701 | Target Population: 1.5 |
| | Expiration Date 11/30/2008 |
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| 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 11/30/2008 |
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| 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 06/30/2010 |
| | |
| Program Name: ALTERNATIVE ACTION PROGRAMS | Record ID: 560028AP |
| Legal Name: DENNIS M. GIROUX AND ASSOCIATES, INC. | Service Type: NON |
| Address: 2575 WAGON WHEEL ROAD | 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 08/31/2008 |
| | |
| Program Name: SIMI OAKS ALCOHOL AND DRUG PROGRAM | Record ID: 560031AP |
| Legal Name: ERNEST WILSON FEDERER, III, PH.D. | Service Type: NON |
| Address: 2345 ERRINGER ROAD, SUITE 106 | Resident Capacity: 0 |
| City, State: SIMI VALLEY, CA 93065 | Total Occupancy: 0 |
| Phone #: (805)581-9330 Fax #: (805)581-9330 | Target Population: 1.1 |
| | Expiration Date 02/28/2009 |
| | |
| Program Name: GENESIS PROGRAMS, INC. | Record ID: 560032AP |
| Legal Name: GENESIS PROGRAMS, INC. | Service Type: NON |
| Address: 1650 PALMA DRIVE, SUITE 208 | Resident Capacity: 0 |
| City, State: VENTURA, CA 93003 | Total Occupancy: 0 |
| Phone #: (805)650-3094 Fax #: (805)650-3097 | Target Population: 1.1 |
| | Expiration Date 06/30/2008 |

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| 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 06/30/2010 |
| 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 09/30/2008 |
| 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 05/31/2009 |
| 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 05/31/2009 |
| Program Name: KHEPERA HOUSE Legal Name: KHEPERA HOUSE Address: 125-D WEST HARRISON STREET City, State: VENTURA, CA 93001 Phone #: (805)653-2596 Fax #: (805)648-9762 | Record ID: 560004MN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 05/31/2009 |
| Program Name: KHEPERA HOUSE Legal Name: KHEPERA HOUSE Address: 125-B WEST HARRISON STREET City, State: VENTURA, CA 93001 Phone #: (805)653-2596 Fax #: (805)648-9762 | Record ID: 560004LN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 05/31/2009 |
| 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 09/30/2008 |

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| Program Name: KHEPERA HOUSE | Record ID: 560004FN |
| Legal Name: KHEPERA HOUSE | Service Type: RES |
| Address: 277 B WEST HARRISON AVENUE | Resident Capacity: 4 |
| City, State: VENTURA, CA 93001 | Total Occupancy: 4 |
| Phone #: (805)648-9762 | Target Population: 1.2 |
| | Expiration Date 09/30/2008 |
| Program Name: MIRACLE HOUSE | Record ID: 560007AN |
| Legal Name: MIRACLE HOUSE, INC. | Service Type: RES |
| Address: 94 SOUTH ANACAPA STREET | Resident Capacity: 6 |
| City, State: VENTURA, CA 93001 | Total Occupancy: 6 |
| Phone #: (805)648-4783 Fax #: (805)648-7540 | Target Population: 1.3 |
| | Expiration Date 03/31/2009 |
| Program Name: MIRACLES FOR MOMS AND MIRACLE RECOVERY DAY TREATMENT | Record ID: 560007HN |
| Legal Name: MIRACLE HOUSE, INC. | Service Type: NON |
| Address: 121 DAVIS STREET | Resident Capacity: 0 |
| City, State: SANTA PAULA, CA 93060 | Total Occupancy: 0 |
| Phone #: (805)525-7789 Fax #: (805)525-9410 | Target Population: 1.1 |
| | Expiration Date 07/31/2009 |
| Program Name: MIRACLE HOUSE | Record ID: 560007CN |
| Legal Name: MIRACLE HOUSE, INC. | Service Type: RES |
| Address: 92 SOUTH ANACAPA STREET | Resident Capacity: 4 |
| City, State: VENTURA, CA 93001 | Total Occupancy: 4 |
| Phone #: (805)648-4783 Fax #: (805)648-4141 | Target Population: 1.3 |
| | Expiration Date 03/31/2009 |
| Program Name: MIRACLES FOR MOMS AND MIRACLE RECOVERY DAY TREATMENT | Record ID: 560007IN |
| Legal Name: MIRACLE HOUSE, INC. | Service Type: NON |
| Address: 1056 META STREET, SUITE 3 | Resident Capacity: 0 |
| City, State: VENTURA, CA 93001 | Total Occupancy: 0 |
| Phone #: (805)653-6859 Fax #: (805)653-6944 | Target Population: 1.1 |
| | Expiration Date 06/30/2009 |
| Program Name: NEW SEASONS RECOVERY, INC. | Record ID: 560034AP |
| Legal Name: NEW SEASONS RECOVERY, INC. | Service Type: RES-DETOX |
| Address: 224 EAST CLARA STREET | Resident Capacity: 90 |
| City, State: PORT HUENEME, CA 93041 | Total Occupancy: 90 |
| Phone #: (805)986-2820 Fax #: (805)986-2821 | Target Population: 1.1 |
| | Expiration Date 12/31/2009 |
| Program Name: PDAP OF VENTURA COUNTY, INCORPORATED | Record ID: 560015BN |
| Legal Name: PDAP OF VENTURA COUNTY, INCORPORATED | Service Type: NON |
| Address: 450 ROSEWOOD AVENUE, SUITES 215 AND 217 | Resident Capacity: 0 |
| City, State: CAMARILLO, CA 93010 | Total Occupancy: 0 |
| Phone #: (805)482-1265 | Target Population: 1.7 |
| | Expiration Date 06/30/2009 |

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| Program Name: PDAP OF VENTURA COUNTY, INCORPORATED | Record ID: 560015GN |
| Legal Name: PDAP OF VENTURA COUNTY, INCORPORATED | Service Type: NON |
| Address: 1048 WEST VENTURA STREET | Resident Capacity: 0 |
| City, State: FILLMORE, CA 93015 | Total Occupancy: 0 |
| Phone #: (805)482-1265 | Target Population: 1.5 |
| | Expiration Date 06/30/2009 |
| Program Name: PDAP OF VENTURA COUNTY, INCORPORATED | Record ID: 560015FN |
| Legal Name: PDAP OF VENTURA COUNTY, INCORPORATED | Service Type: NON |
| Address: 196 NORTH ASHWOOD AVENUE | Resident Capacity: 0 |
| City, State: VENTURA, CA 93003 | Total Occupancy: 0 |
| Phone #: (805)482-1265 | Target Population: 1.5 |
| | Expiration Date 06/30/2009 |
| Program Name: PDAP OF VENTURA COUNTY, INCORPORATED | Record ID: 560015CN |
| Legal Name: PDAP OF VENTURA COUNTY, INCORPORATED | Service Type: NON |
| Address: 940 EAST MAIN STREET | Resident Capacity: 0 |
| City, State: SANTA PAULA, CA 93060 | Total Occupancy: 0 |
| Phone #: (805)525-6616 | Target Population: 1.7 |
| | Expiration Date 06/30/2009 |
| Program Name: PDAP OF VENTURA COUNTY, INCORPORATED | Record ID: 560015EN |
| Legal Name: PDAP OF VENTURA COUNTY, INCORPORATED | Service Type: NON |
| Address: 1029 EAST SANTA PAULA STREET | Resident Capacity: 0 |
| City, State: SANTA PAULA, CA 93060 | Total Occupancy: 0 |
| Phone #: (805)482-1265 | Target Population: 1.5 |
| | Expiration Date 06/30/2009 |
| Program Name: PROTOTYPES WOMEN'S CENTER - VENTURA | Record ID: 560019CN |
| Legal Name: PROTOTYPES, A CENTER FOR INNOVATION IN HEALTH, MENTAL HE | Service Type: RES |
| Address: 2150 NORTH VICTORIA AVENUE | Resident Capacity: 48 |
| City, State: OXNARD, CA 93036 | Total Occupancy: 85 |
| Phone #: (805)382-6296 | Target Population: 1.4 |
| | Expiration Date 09/30/2009 |
| Program Name: INTERVENTION INSTITUTE | Record ID: 560027AP |
| Legal Name: SANDERS, LAURIE | Service Type: NON |
| Address: 1125-B BUSINESS CENTER CIRCLE | Resident Capacity: 0 |
| City, State: THOUSAND OAKS, CA 91320 | Total Occupancy: 0 |
| Phone #: (805)379-3611 Fax #: (805)446-4470 | Target Population: 1.1 |
| | Expiration Date 06/30/2009 |
| Program Name: SANTA CLARA VALLEY ALCOHOLISM SERVICE UNITED | Record ID: 560002AN |
| Legal Name: SANTA CLARA VALLEY ALCOHOLISM SERVICE UNITED | Service Type: NON |
| Address: 143 DAVIS STREET | Resident Capacity: 0 |
| City, State: SANTA PAULA, CA 93060 | Total Occupancy: 0 |
| Phone #: (805)525-9392 | Target Population: 1.1 |
| | Expiration Date 12/31/2009 |

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

As of: 07/14/2008

Ventura County

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| Program Name: JOSHUA HOUSE | Record ID: 560002FN |
| Legal Name: SANTA CLARA VALLEY ALCOHOLISM SERVICE UNITED | Service Type: RES |
| Address: 404 EAST MAIN STREET | Resident Capacity: 15 |
| City, State: SANTA PAULA, CA 93060 | Total Occupancy: 16 |
| Phone #: (805)525-9392 Fax #: (805)525-4983 | Target Population: 1.2 |
| | Expiration Date 03/31/2010 |
| 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 11/30/2009 |
| 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)577-0830 | Target Population: 1.1 |
| | Expiration Date 11/30/2009 |
| 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 94571 | Total Occupancy: 0 |
| Phone #: (805)981-9212 | Target Population: 1.1 |
| | Expiration Date 11/30/2009 |
| Program Name: OXNARD CENTER | Record ID: 560003CN |
| Legal Name: VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT, ALCOHOI | 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 10/31/2008 |
| Program Name: A NEW START FOR MOMS | Record ID: 560003DN |
| Legal Name: VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT, ALCOHOI | 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 10/31/2008 |
| Program Name: CASA LATINA RESIDENTIAL RECOVERY HOME | Record ID: 560013CN |
| Legal Name: VENTURA COUNTY HISPANIC COMMISSION ON ALCOHOL AND DRU | Service Type: RES |
| Address: 1430 JUNEWOOD WAY AND 1431 IVYWOOD DRIVE | Resident Capacity: 23 |
| City, State: OXNARD, CA 93030 | Total Occupancy: 35 |
| Phone #: (805)988-1560 | Target Population: 1.4 |
| | Expiration Date 04/30/2008 |

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Ventura County

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Program Name: COMMUNITY RECOVERY CENTER
Legal Name: VENTURA RECOVERY CENTER, INC.
Address: 166 SIESTA
City, State: THOUSAND OAKS, CA 91360
Phone #: (805)499-8383 Fax #: (805)374-1912

Record ID: 560010AP
Service Type: RES
Resident Capacity: 10
Total Occupancy: 10
Target Population: 1.1
Expiration Date 01/31/2010

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

As of: 07/14/2008

Yolo County

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| 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 | Resident Capacity: 39 |
| City, State: WOODLAND, CA 95695 | Total Occupancy: 39 |
| Phone #: (530)662-5727 | Target Population: 1.1 |
| | Expiration Date 07/31/2009 |
| 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 02/28/2009 |
| Program Name: YOLO COUNTY DRUG AND ALCOHOL EDUCATION | Record ID: 570001DN |
| Legal Name: COUNTY OF YOLO ALCOHOL, DRUG AND MENTAL HEALTH SERVICE | 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 01/31/2010 |
| Program Name: YOLO COUNTY DRUG AND ALCOHOL EDUCATION | Record ID: 570001CN |
| Legal Name: COUNTY OF YOLO ALCOHOL, DRUG AND MENTAL HEALTH SERVICE | Service Type: NON |
| Address: 500 JEFFERSON BOULEVARD, #150 | Resident Capacity: 0 |
| City, State: WEST SACRAMENTO, CA 95605 | Total Occupancy: 0 |
| Phone #: (916)375-6370 Fax #: (916)375-6355 | Target Population: 1.1 |
| | Expiration Date 01/31/2010 |
| 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 | Resident Capacity: 6 |
| City, State: WOODLAND, CA 95695 | Total Occupancy: 19 |
| Phone #: (530)668-9627 Fax #: (530)668-8528 | Target Population: 1.3 |
| | Expiration Date 06/30/2010 |
| Program Name: WALTER'S HOUSE | Record ID: 570008AN |
| Legal Name: YOLO WAYFARER RECOVERY CENTER CHRISTIAN MISSION | Service Type: RES |
| Address: 285 4TH STREET | Resident Capacity: 30 |
| City, State: WOODLAND, CA 95695 | Total Occupancy: 44 |
| Phone #: (530)661-1218 | Target Population: 1.1 |
| | Expiration Date 08/31/2009 |

**State of California Department of Alcohol and Drug Programs
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Yuba County

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| Program Name: APL ADULT OUTPATIENT COUNSELING SERVICES | Record ID: 580004BN |
| Legal Name: CARLOS VERA | Service Type: NON |
| Address: 938 14TH STREET, #150 | Resident Capacity: 0 |
| City, State: MARYSVILLE, CA 95901 | Total Occupancy: 0 |
| Phone #: (530)741-3876 Fax #: (530)741-3876 | Target Population: 1.1 |
| | Expiration Date 02/28/2010 |
| 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 100 | Resident Capacity: 0 |
| City, State: MARYSVILLE, CA 95901 | Total Occupancy: 0 |
| Phone #: (530)749-6798 Fax #: (530)741-6397 | Target Population: 1.7 |
| | Expiration Date 06/30/2009 |
| 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 12/31/2009 |
| 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 12/31/2009 |
| Program Name: THE SALVATION ARMY DEPOT FAMILY CRISIS CENTER | Record ID: 580005AN |
| Legal Name: THE SALVATION ARMY | Service Type: NON |
| Address: 408 AND 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 10/31/2009 |