

Program ID	Program Name	Location Address	City	State	Zip
297	Western Montana Tri-County Addiction Services (Main Office)	307 E. Park Street Rm 211	Anaconda	MT	59711
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP, Co-occurring	Deer Lodge	(406) 563-7038	(406) 563-7685	
<b>Director: Janine Stewart</b>		<b>Email:</b> <a href="mailto:jstewart@wmmhc.org">jstewart@wmmhc.org</a>			
<b>Clinical Supervisor: Kevin Stewart</b>		<b>Email:</b> <a href="mailto:kstewart@wmmhc.org">kstewart@wmmhc.org</a>			
<b>Program Manager: Janine Stewart</b>		<b>Email:</b> <a href="mailto:jstewart@wmmhc.org">jstewart@wmmhc.org</a>			

Program ID	Program Name	Location Address	City	State	Zip
273	Eastern Montana Community Mental Health Center - Substance Abuse/Dependency Svcs	225 S. 3rd St. Powder River Medical Clinic	Baker	MT	59313
	<b>Services</b>	<b>County</b>	<b>Phone</b>		
	OP, ACT, MIP	Fallon	(406) 778-7143		
<b>Director: Brenda Kneeland</b>		<b>Email:</b> <a href="mailto:bkneeland@emcmhc.org">bkneeland@emcmhc.org</a>			
<b>Clinical Director: John Rex</b>		<b>Email:</b> <a href="mailto:jrex@emcmhc.org">jrex@emcmhc.org</a>			
	<b>Main Office Address</b>	2508 Wilson St	Miles City	MT	59301
	<b>Mailing Address</b>	PO Box 1257	Miles City	MT	59327

Program ID	Program Name	Location Address	City	State	Zip
206	Journey Recovery Satellite Office	515 Hooper	Big Timber	MT	59011
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP, PFL	Sweet Grass	(406) 932-5924	(406) 932-3022	
<b>Director: Barb Mettler</b>		<b>Email:</b> <a href="mailto:bMettler@scmrmhc.org">bMettler@scmrmhc.org</a>			
<b>Site Director: Daisy Nyberg</b>		<b>Email:</b> <a href="mailto:dnyberg@scmrmhc.org">dnyberg@scmrmhc.org</a>			
<b>Office Manager: Laurie Parrent</b>		<b>Email:</b> <a href="mailto:lparrent@scmrmhc.org">lparrent@scmrmhc.org</a>			
	<b>Mailing Address</b>	PO Box 232	Big Timber	MT	59011
	<b>Main Office Address</b>	1245 North 29th Street	Billings	MT	59101

Program ID	Program Name	Location Address	City	State	Zip
202	Rimrock Foundation	1231 North 29th Street	Billings	MT	59101

3/4/20	Services	County	Phone	Fax
	Detox, Residential, IP - (Adol./Adult), IOP, Day Tx- Adol., ACT/PFL, OP, Co-occurring, RH - (W&C, Adol.-Female and Adult-Male), MH, Tx Court	Yellowstone	(406) 248-3175	(406) 248-3821

[lkosovich@rimrock.org](mailto:lkosovich@rimrock.org)

**Director:** Lenette Kosovich

**Email:** [g](mailto:g)

**Clinical Supervisor:** Corilee Goni

**Email:** [cgoni@rimrock.org](mailto:cgoni@rimrock.org)

**Office Manager:** Shirley R. Ehlang

**Email:** [sehlang@rimrock.org](mailto:sehlang@rimrock.org)

**Email:** [comm@rimrock.org](mailto:comm@rimrock.org)

General Email

**Website:** [www.rimrock.org](http://www.rimrock.org)

Program ID	Program Name	Location Address	City	State	Zip
206	Journey Recovery (Main Office)	1245 North 29th St	Billings	MT	59101

Services	County	Phone	Fax
OP, ACT, MIP, Co-occurring	Yellowstone	(406) 252-5658	(406) 254-1650

**Director:** Barb Mettler

**Email:** [bMettler@scmrmhc.org](mailto:bMettler@scmrmhc.org)

**Clinical Director:** Laura Harper

**Email:** [lharper@scmrmhc.org](mailto:lharper@scmrmhc.org)

**Office Manager:** Kathryn Hicks

**Email:** [khicks@scmrmhc.org](mailto:khicks@scmrmhc.org)

Mailing Address	City	State	Zip
PO Box 219	Billings	MT	59101

Program ID	Program Name	Location Address	City	State	Zip
277	Indian Health Board of Billings	1127 Alderson Ave	Billings	MT	59102

Services	County	Phone	Fax
Level 1 IOP, Co-occurring	Yellowstone	(406) 245-7318	(406) 248-5912

**Director:** Marjorie Bear Don't Walk

**Email:** [mbdw@ihbillings.org](mailto:mbdw@ihbillings.org)

**Clinical Director:** Dana LeClair

**Email:** [danaleclair@ihbillings.org](mailto:danaleclair@ihbillings.org)

**Office Manager:** Robert Ironmaker

**Email:** [rironmaker@ihbillings.org](mailto:rironmaker@ihbillings.org)

Program ID	Program Name	Location Address	City	State	Zip
296	New Day	1111 Coburn Rd	Billings	MT	59101

Services	County	Phone	Fax
OP, Co-occurring, adolescent only	Yellowstone	(406) 254-2340	(406) 294-1023

**Director:** Vernon Mummey

**Email:** [newday@mcn.net](mailto:newday@mcn.net)

[jstern@newdayranch.c](mailto:jstern@newdayranch.c)

**Clinical Director:** Jennifer Stern

**Email:** [om](mailto:om)

[lheimbichner@newda](mailto:lheimbichner@newda)

**Office Manager:** Lori Heimbichner

**Email:** [yranch.com](mailto:yranch.com)

Mailing Address	City	State	Zip
PO Box 30282	Billings	MT	59107

Program ID	Program Name	Location Address	City	State	Zip
298	Youth Dynamics	2334 Lewis Ave	Billings	MT	59102

3/4/20	Services	County	Phone	Fax
	Adolescent OP, IOP, MIP, Co-occurring,	Yellowstone	(406) 245-6539	(406) 245-9647
<b>Executive Director:</b> Peter Degel				
			Email:	<a href="mailto:pdegel@youthdynami">pdegel@youthdynami</a>
				<a href="mailto:cs.org">cs.org</a>
<b>Clinical Director:</b> Teri Jackson			Email:	<a href="mailto:tjackson@youthdyna">tjackson@youthdyna</a>
				<a href="mailto:mics.org">mics.org</a>
<b>Office Manager:</b> Dawn Wilson			Email:	<a href="mailto:dawn.wilson@youthdy">dawn.wilson@youthdy</a>
				<a href="mailto:namics.org">namics.org</a>
<b>Mailing Address</b>		2334 Lewis Ave	Billings	MT 59102

Program ID	Program Name	Location Address	City	State	Zip
222	Boyd Andrew Community Services Satellite Office	Courthouse Annex	Boulder	MT	59632
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP	Jefferson	406-431-2270		
<b>Director:</b> Amy Tenney					
			Email:	<a href="mailto:atenney@boydandrew">atenney@boydandrew</a>	
				<a href="mailto:com">.com</a>	
<b>Clinical Director:</b> Evonne Hawe					
			Email:	<a href="mailto:ehawe@boydandrew">ehawe@boydandrew</a>	
				<a href="mailto:com">com</a>	
<b>Residential Clinical Supv:</b> Dan Krause					
			Email:	<a href="mailto:dkrause@boydandrew">dkrause@boydandrew</a>	
				<a href="mailto:com">.com</a>	
<b>Office Manager:</b> Sara Dobbins					
			Email:	<a href="mailto:w.com">w.com</a>	
<b>Mailing Address</b>		PO Box 1153	Helena	MT	59624
<b>Main Office Address</b>		60 Last Chance Gulch	Helena	MT	59601
<b>Website:</b> <a href="http://www.boydandrew.com">www.boydandrew.com</a>					

Program ID	Program Name	Location Address	City	State	Zip
298	Youth Dynamics Inc.	105 Venture Way	Boulder	MT	59632
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	Adolescent OP, IOP, MIP, Co-occurring,	Jefferson	(406) 225-4600	(406) 225-3464	
<b>Executive Director:</b> Peter Degel					
			Email:	<a href="mailto:pdegel@youthdynami">pdegel@youthdynami</a>	
				<a href="mailto:cs.org">cs.org</a>	
<b>Clinical Director:</b> Teri Jackson					
			Email:	<a href="mailto:tjackson@youthdyna">tjackson@youthdyna</a>	
				<a href="mailto:mics.org">mics.org</a>	
<b>Office Manager:</b> Dawn Wilson					
			Email:	<a href="mailto:dawn.wilson@youthdy">dawn.wilson@youthdy</a>	
				<a href="mailto:namics.org">namics.org</a>	
<b>Mailing Address</b>		105 Venture Way	Boulder	MT	59632

Program ID	Program Name	Location Address	City	State	Zip
905	White Sky Hope Center (Main Office)	96 Clinic Rd.	Box Elder	MT	59521
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	

**Director:** Lenore Myers **Email:** [lmyers@rbclinic.org](mailto:lmyers@rbclinic.org)  
**Clinical Supervisor:** Tina King **Email:** [tcorbin@rbclinic.org](mailto:tcorbin@rbclinic.org)  
[mwindyboy@rbclinic.org](mailto:mwindyboy@rbclinic.org)  
**Office Manager:** Myra Windy Boy **Email:** [rg](mailto:rg)

Program ID	Program Name	Location Address	City	State	Zip
201	Alcohol & Drug Services of Gallatin Co.	2310 N. 7th Ave	Bozeman	MT	59715
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP, 2 RH -(1 Male & 1 Female), Tx Court, Co-occurring	Gallatin	(406) 586-5493	(406) 587-1238	

**Director:** Shelly Johnson **Email:** [shellyj@adsgc.org](mailto:shellyj@adsgc.org)  
**Clinical Supervisor:** Vicki DeBoer **Email:** [vickid@adsgc.org](mailto:vickid@adsgc.org)  
**Office Manager:** Becky Wysoski **Email:** [beckyw@adsgc.org](mailto:beckyw@adsgc.org)

Program ID	Program Name	Location Address	City	State	Zip
298	Youth Dynamics Inc.	1609 West Babcock, Suite A	Bozeman	MT	59715
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	Adolescent OP, IOP, MIP, Co-occurring	Gallatin	(406) 585-9402	(406) 585-3452	

**Executive Director:** Peter Degel **Email:** [pdegel@youthdynamics.org](mailto:pdegel@youthdynamics.org)  
**Clinical Director:** Teri Jackson **Email:** [tjackson@youthdynamics.org](mailto:tjackson@youthdynamics.org)  
**Office Manager:** Dawn Wilson **Email:** [dawn.wilson@youthdynamics.org](mailto:dawn.wilson@youthdynamics.org)  
**Email:** [namics.org](mailto:namics.org)

<b>Mailing Address</b>	1609 West Babcock, Suite A	Bozeman	MT	59715
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Program ID	Program Name	Location Address	City	State	Zip
273	Eastern Montana Community Mental Health Center - Substance Abuse/Dependency Svcs Satellite Office	507 N. Lincoln Ave. Powder River Clinic	Broadus	MT	59317
	<b>Services</b>	<b>County</b>	<b>Phone</b>		
	OP, ACT, MIP	Powder River	(406) 234-1687		

**Director:** Brenda Kneeland **Email:** [bkneeland@emcmhc.org](mailto:bkneeland@emcmhc.org)  
**Clinical Director:** John Rex **Email:** [jrex@emcmhc.org](mailto:jrex@emcmhc.org)

Program ID	Program Name	Location Address	City	State	Zip
212	Crystal Creek Lodge	Old Hospital Hill #1	Browning	MT	59417
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	

**Director:** Louella Heavy Runner **Email:** [louellahr@gmail.com](mailto:louellahr@gmail.com)  
[Lodge\\_jaybird\\_65@ho](mailto:Lodge_jaybird_65@ho)  
**Clinical Director:** Patricia Calf Looking **Email:** [tmail.com](mailto:tmail.com)  
[annahorn01@yahoo.c](mailto:annahorn01@yahoo.c)  
**Office Manager:** Anna Horn **Email:** [om](mailto:om)  
**Mailing Address** PO Box 450 Browning MT 59417

Program ID	Program Name	Location Address	City	State	Zip
300	Southwest Coummunity Health Center	445 Centennial Ave.	Butte	MT	59701

Services	County	Phone	Fax
OP	Silver Bow	(406) 723-4075	

**Director:** Jessica Cotton **Email:** [jcotton@swmtchc.org](mailto:jcotton@swmtchc.org)  
[mmolloy@swmtchc.or](mailto:mmolloy@swmtchc.or)  
**Clinical Director:** Molly Molloy **Email:** [g](mailto:g)  
**Office Manager:** **Email:**

Program ID	Program Name	Location Address	City	State	Zip
302	Southwest Montana Addiction Recovery and Treatment (SMART)	630 W. Mercury St	Butte	MT	59701

Services	County	Phone	Fax
OP, ACT, MIP, Co-occurring, DUI Tx Court, SBS, IOP	Silver Bow	(406) 299-3448	(406) 299-3450

**Acting Director:** Dave Boyd **Email:** [dboyd@cccscorp.com](mailto:dboyd@cccscorp.com)  
**Clinical Director:** Linda Rogers **Email:** [lrogers@cccscorp.com](mailto:lrogers@cccscorp.com)  
[sklimpel@cccscorp.co](mailto:sklimpel@cccscorp.co)  
**Office Manager:** Sandy Klimpel **Email:** [m](mailto:m)  
**Office Manager:** Patty Snyder **Email:** [psnyder@wmmhc.org](mailto:psnyder@wmmhc.org)

Program ID	Program Name	Location Address	City	State	Zip
223	Montana Chemical Dependency Center	2500 Continental Drive	Butte	MT	59701

Services	County	Phone	Fax
Inpatient, Detox	Silver Bow	(406) 496-5400	(406) 496-5437

**Director:** Kyle Fouts **Email:** [kfouts@mt.gov](mailto:kfouts@mt.gov)  
**Clinical Supervisor:** Shannon LaTray **Email:** [SLaTray2@mt.gov](mailto:SLaTray2@mt.gov)

Program ID	Program Name	Location Address	City	State	Zip
298	Youth Dynamics Inc.	775 West Gold Street	Butte	MT	59701

Services	County	Phone	Fax

**Executive Director:** Peter Degel **Email:** [pdegel@youthdynamics.org](mailto:pdegel@youthdynamics.org)  
**Clinical Director:** Teri Jackson **Email:** [tjackson@youthdynamics.org](mailto:tjackson@youthdynamics.org)  
**Office Manager:** Dawn Wilson **Email:** [dawn.wilson@youthdynamics.org](mailto:dawn.wilson@youthdynamics.org)  
**Mailing Address:** 775 West Gold Street Butte MT 59701

Program ID	Program Name	Location Address	City	State	Zip
283	Center for Mental Health Satellite Office	316 1st St NW	Choteau	MT	59422
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP, Co-occurring	Teton	(406) 466-5681	(406) 466-5683	

**Director:** Julie Prigmore **Email:** [juliep@center4mh.org](mailto:juliep@center4mh.org)  
**Clinical Director:** Teresa McCracken **Email:** [teresam@center4mh.org](mailto:teresam@center4mh.org)  
**Office Manager:** Nicolete Villagran **Email:** [org](mailto:org)

Program ID	Program Name	Location Address	City	State	Zip
211	District II Alcohol & Drug Program Office	McCone County Courthouse	Circle	MT	59215
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP	McCone	(406) 485-3425		

**Director:** Dennise Schaffner **Email:** [distij@midrivers.com](mailto:distij@midrivers.com)

Program ID	Program Name	Location Address	City	State	Zip
273	Eastern Montana Community Mental Health Center - Substance Abuse/Dependency Svcs Circle Satellite Office	1004 C. Ave	Circle	MT	59215
	<b>Services</b>	<b>County</b>	<b>Phone</b>		
	OP, ACT, MIP	Wibaux	(406) 377-6075		

**Director:** Brenda Kneeland **Email:** [bkneeland@emcmhc.org](mailto:bkneeland@emcmhc.org)  
**Clinical Director:** John Rex **Email:** [jrex@emcmhc.org](mailto:jrex@emcmhc.org)

Program ID	Program Name	Location Address	City	State	Zip
273	Eastern Montana Community Mental Health Center - Substance Abuse/Dependency Svcs Satellite Office	121 N. 11th Ave. Eastern Mt. CMHC	Colstrip	MT	59327
	<b>Services</b>	<b>County</b>	<b>Phone</b>		
	OP, ACT, MIP	Rosebud	(406) 234-1687		

Call to schedule services

<b>Mailing Address</b>	PO Box 1257	Forsyth	MT	59327
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Program ID	Program Name	Location Address	City	State	Zip
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<b>298</b>	Youth Dynamics Inc.	PO Box 1077	Colstrip	MT	59323
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	Adolescent OP, IOP, MIP, Co-occurring	Rosebud	(406) 748-3084	(406) 748-3100	

**Executive Director:** Peter Degel      **Email:** [pdegel@youthdynami](mailto:pdegel@youthdynami)  
[cs.org](mailto:cs.org)

**Clinical Director:** Teri Jackson      **Email:** [tjackson@youthdyna](mailto:tjackson@youthdyna)  
[mics.org](mailto:mics.org)  
[dawn.wilson@youthdy](mailto:dawn.wilson@youthdy)

**Office Manager:** Dawn Wilson      **Email:** [namics.org](mailto:namics.org)

<b>Mailing Address</b>	421 Olive Drive	Colstrip	MT	59323
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Program ID	Program Name	Location Address	City	State	Zip
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<b>206</b>	Journey Recovery Satellite Office	612 East Pike	Columbus	MT	59019
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP	Stillwater	(406) 322-4514	(406) 322-4515	

**Director:** Barb Mettler      **Email:** [bMettler@scmrmhc.org](mailto:bMettler@scmrmhc.org)

**Site Director:** Laura Harper      **Email:** [lharper@scmrmhc.org](mailto:lharper@scmrmhc.org)

**Office Manager:** Wendy Wells      **Email:** [wenwells@scmrmhc.org](mailto:wenwells@scmrmhc.org)

<b>Mailing Address</b>	PO Box 238	Columbus	MT	59019
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Program ID	Program Name	Location Address	City	State	Zip
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<b>283</b>	Center for Mental Health <b>(Main Office)</b>	514 S. Front St	Conrad	MT	59425
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP, Co-occurring	Pondera	(406) 278-3205		

**Director:** Julie Prigmore      **Email:** [juliep@center4mh.org](mailto:juliep@center4mh.org)  
[teresam@center4mh.org](mailto:teresam@center4mh.org)

**Clinical Director:** Teresa McCracken      **Email:** [org](mailto:org)  
[nicoletev@center4mh.org](mailto:nicoletev@center4mh.org)

**Office Manager:** Nicolete Villagran      **Email:** [org](mailto:org)

<b>Mailing Address</b>	925 Oilfield, Ste 2	Shelby	MT	59474
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Program ID	Program Name	Location Address	City	State	Zip
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<b>297</b>	Western Montana Tri-County Addiction Services	Call for service location	Deer Lodge	MT	59722
	Location to be determined				
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	

Call to schedule services

Program ID	Program Name	Location Address	City	State	Zip
231	Southwest CD Program Satellite Office	730 N. Montana	Dillon	MT	59725
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP	Beaverhead	(406) 683-4305	(406) 383-9767	

**Director:** Jean McCauley **Email:** [swcdp@aol.com](mailto:swcdp@aol.com)  
**Admin. Assist:** Sandy Cook **Email:** [swcdp@aol.com](mailto:swcdp@aol.com)  
**Office Manager:** **Email:**

Program ID	Program Name	Location Address	City	State	Zip
298	Youth Dynamics Inc.	PO Box 261	Dillon	MT	59725
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	Adolescent OP, IOP, MIP, Co-occurring	Beaverhead	(406) 683-6176	(406) 683-6195	

**Executive Director:** Peter Degel **Email:** [pdegel@youthdynamics.org](mailto:pdegel@youthdynamics.org)  
**Clinical Director:** Teri Jackson **Email:** [tjackson@youthdynamics.org](mailto:tjackson@youthdynamics.org)  
**Office Manager:** Dawn Wilson **Email:** [dawn.wilson@youthdynamics.org](mailto:dawn.wilson@youthdynamics.org)

Mailing Address	Location Address	City	State	Zip
	610 North Montana Street	Dillon	MT	59725

Program ID	Program Name	Location Address	City	State	Zip
273	Eastern Montana Community Mental Health Center - Substance Abuse/Dependency Svcs Location to be determined	Call for service location	Ekalaka	MT	59324
	<b>Services</b>	<b>County</b>	<b>Phone</b>		
	OP, ACT, MIP	Carter	(406) 234-1687		

Call to schedule services

Program ID	Program Name	Location Address	City	State	Zip
209	Flathead Valley Chemical Dependency Clinic Satellite Office	North Lincoln County Annex 66121 Hwy 37	Eureka	MT	59917
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP	Lincoln	(406) 297-2822	(406) 297-2823	

**Director:** Mike Cummins **Email:** [michaelcummins@fvc.net](mailto:michaelcummins@fvc.net)



**Lead Staff:** Theresa Oakland

**Email:** [.net](mailto:theresaokland@fvcdc)

**Clinical Coordinator:** Derek Dalton

**Email:** [derekdalton@fvcdc.net](mailto:derekdalton@fvcdc.net)  
[desireenewcomb@fvcdc.net](mailto:desireenewcomb@fvcdc.net)

**Office Manager:** Desiree Newcomb

**Email:** [dc.net](mailto:desireenewcomb@fvcdc.net)

<b>Mailing Address</b>	PO Box 1409	Eureka	MT	59917
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Program ID	Program Name	Location Address	City	State	Zip
273	Eastern Montana Community Mental Health Center - Substance Abuse/Dependency Svcs				
	Satellite Office	1093 Main Street	Forsyth	MT	59327
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP	Rosebud	(406) 346-7654		

**Director:** Brenda Kneeland **Email:** [Jim54emcmhc@yahoo](mailto:Jim54emcmhc@yahoo.com)  
[.org](mailto:bkneeland@emcmhc.org)  
[jrexemcmhc@gmail.com](mailto:jrexemcmhc@gmail.com)

**Clinical Director:** John Rex **Email:** [m](mailto:m@emcmhc.org)

<b>Mailing Address</b>	PO Box 1257	Forsyth	MT	59327
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Program ID	Program Name	Location Address	City	State	Zip
273	Eastern Montana Community Mental Health Center - Substance Abuse/Dependency Svcs				
	Satellite Office	1009 North 6th St	Glasgow	MT	59230
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP	Valley	(406) 228-9349		

**Director:** Brenda Kneeland **Email:** [bkneeland@emcmhc.org](mailto:bkneeland@emcmhc.org)  
[.org](mailto:bkneeland@emcmhc.org)

**Clinical Director:** John Rex **Email:** [Jrex@emcmhc.org](mailto:jrex@emcmhc.org)  
[mhughes\\_emcmhc.net](mailto:mhughes_emcmhc.net)

**Office Manager:** Mary Hughes **Email:** [mont.net](mailto:mont.net)

Program ID	Program Name	Location Address	City	State	Zip
298	Youth Dynamics Inc.	PO Box 53	Glasgow	MT	59230
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	Adolescent OP, IOP, MIP, Co-occurring,	Valley	(406) 228-2058	(406) 228-2059	

**Executive Director:** Peter Degel **Email:** [pdegel@youthdynamics](mailto:pdegel@youthdynamics.org)  
[cs.org](mailto:peterdegel@youthdynamics.org)

**Clinical Director:** Teri Jackson **Email:** [tjackson@youthdynamics](mailto:tjackson@youthdynamics.org)  
[mics.org](mailto:terijackson@youthdynamics.org)  
[dawn.wilson@youthdynamics](mailto:dawn.wilson@youthdynamics.org)

**Office Manager:** Dawn Wilson **Email:** [namics.org](mailto:dawn.wilson@youthdynamics.org)

<b>Mailing Address</b>	316 1st Alley N	Glasgow	MT	59230
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Program ID	Program Name	Location Address	City	State	Zip
211	District II Alcohol & Drug Program (Main Office)	119 South Kendrick	Glendive	MT	59330
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP	Dawson	(406) 377-5942	(406) 377-3050	
<b>Director:</b> Dennise Schaffner		<b>Email:</b> <a href="mailto:distii@midrivers.com">distii@midrivers.com</a> <a href="mailto:dschaffner@midrivers.com">dschaffner@midrivers.com</a>			
<b>Clinical Director:</b> Dennise Schaffner		<b>Email:</b> <a href="mailto:com">com</a> <a href="mailto:sotremba@midrivers.com">sotremba@midrivers.com</a>			
<b>Office Manager:</b> Stacey O'Tremba		<b>Email:</b> <a href="mailto:om">om</a>			

Program ID	Program Name	Location Address	City	State	Zip
273	Eastern Montana Community Mental Health Center - Substance Abuse/Dependency Svcs Glendive Satellite Office	2016 North Merrill PO Box 1321	Glendive	MT	59330
	<b>Services</b>	<b>County</b>	<b>Phone</b>		
	OP, ACT, MIP	Dawson	(406) 377-6075		
<b>Director:</b> Brenda Kneeland		<b>Email:</b> <a href="mailto:bkneeland@emcmhc.org">bkneeland@emcmhc.org</a>			
<b>Clinical Director:</b> John Rex		<b>Email:</b> <a href="mailto:jrex@emcmhc.org">jrex@emcmhc.org</a>			

Program ID	Program Name	Location Address	City	State	Zip
298	Youth Dynamics Inc.	PO Box 1233	Glendive	MT	59330
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	Adolescent OP, IOP, MIP, Co-occurring	Dawson	(406) 377-4942	(406) 748-3100	
<b>Executive Director:</b> Peter Degel		<b>Email:</b> <a href="mailto:pdegel@youthdynamics.org">pdegel@youthdynamics.org</a> <a href="mailto:tjackson@youthdynamics.org">tjackson@youthdynamics.org</a>			
<b>Clinical Director:</b> Teri Jackson		<b>Email:</b> <a href="mailto:mics.org">mics.org</a> <a href="mailto:dawn.wilson@youthdynamics.org">dawn.wilson@youthdynamics.org</a>			
<b>Office Manager:</b> Dawn Wilson		<b>Email:</b> <a href="mailto:namics.org">namics.org</a>			
	<b>Mailing Address</b>	120 W. Town St #202	Glendive	MT	59330

Program ID	Program Name	Location Address	City	State	Zip
247	Benefis Healthcare	500 15th Ave S.	Great Falls	MT	59405
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP, Co-occurring	Cascade	(406) 455-2367	(406) 455-2373	
<b>Director:</b> Marlene O'Connell, RN		<b>Email:</b> <a href="mailto:marleneoconnell@benefis.org">marleneoconnell@benefis.org</a> <a href="mailto:efis.org">efis.org</a> <b>Website:</b> <a href="http://www.benefis.org">www.benefis.org</a>			

Program ID	Program Name	Location Address	City	State	Zip
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8/4/2017	Indian Family Health Clinic	CD Provider	1220 Central Ave Ste 1B	Great Falls	MT	59401
	<b>Services</b>		<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, MIP, Co-occurring		Cascade	(406) 268-1587	(406) 268-1572	

[ebelcourt@indianfamil](mailto:ebelcourt@indianfamil)

**Director:** Ernestine Belcourt

**Email:** [yhealth.org](http://yhealth.org)

**Clinical Director:** Julie Flesch

[jflesch@indianfamilyh](mailto:jflesch@indianfamilyh)

**Email:** [ealth.org](http://ealth.org)

**Exec. Assistant:** Leah Noel

[lnoe@indianfamilyhe](mailto:lnoe@indianfamilyhe)

[alth.org](http://alth.org)

Program ID	Program Name	Location Address	City	State	Zip
298	Youth Dynamics Inc.	225 7th Ave S Suite 1	Great Falls	MT	59405
	<b>Services</b>		<b>County</b>	<b>Phone</b>	<b>Fax</b>
	Adolescent OP, IOP, MIP, Co-occurring		Cascade	(406) 453-5592	(406) 453-5594

[pdegel@youthdynami](mailto:pdegel@youthdynami)

**Executive Director:** Peter Degel

**Email:** [cs.org](http://cs.org)

**Clinical Director:** Teri Jackson

[tjackson@youthdyna](mailto:tjackson@youthdyna)

**Email:** [mics.org](http://mics.org)

**Office Manager:** Dawn Wilson

[dawn.wilson@youthdy](mailto:dawn.wilson@youthdy)

**Email:** [namics.org](http://namics.org)

**Mailing Address**

225 7th Ave S Suite 1

Great Falls

MT

59405

Program ID	Program Name	Location Address	City	State	Zip
227	Gateway Community Services (Main Office)	26 4th St. North	Great Falls	MT	59401
	<b>Services</b>		<b>County</b>	<b>Phone</b>	<b>Fax</b>
	OP, IOP, MIP, ACT, Co-occurring, RH - Male Native American		Cascade	(406) 727-2512	(406) 727-7451

[bob@gatewayrecover](mailto:bob@gatewayrecover)

**Director:** Robert Wigdorski

**Email:** [y.org](http://y.org)

**Clinical Director:** Megan Bailly

[megan@gatewayrecov](mailto:megan@gatewayrecov)

**Email:** [ery.org](http://ery.org)

**Office Manager:** Tammy Hatch

[tammy@gatewayrecov](mailto:tammy@gatewayrecov)

**Email:** [ery.org](http://ery.org)

[www.gatewayrecovery](http://www.gatewayrecovery)

**Website:** [.org](http://.org)

Program ID	Program Name	Location Address	City	State	Zip
298	Youth Dynamics Inc.	111 Baker	Hamilton	MT	59840
	<b>Services</b>		<b>County</b>	<b>Phone</b>	<b>Fax</b>
	Adolescent OP, IOP, MIP, Co-occurring		Ravalli	(406) 802-7032	(406) 802-7033

[pdegel@youthdynami](mailto:pdegel@youthdynami)

**Executive Director:** Peter Degel

**Email:** [cs.org](http://cs.org)

**Clinical Director:** Teri Jackson

**Email:** [mics.org](mailto:mics.org)  
[dawn.wilson@youthdy](mailto:dawn.wilson@youthdy)

**Office Manager:** Dawn Wilson

**Email:** [namics.org](mailto:namics.org)

**Mailing Address** 111 Baker Hamilton MT 59840

Program ID	Program Name	Location Address	City	State	Zip
258	Western MT Addiction Services Satellite Office	209 N. 10th St, Ste #A Riverfront MH Center	Hamilton	MT	59840
Services		County	Phone	Fax	
OP, ACT, MIP		Ravalli	(406) 532-9140	(406) 363-3061	

**Director:** Diane Conti

**Email:** [dconti@wmmhc.org](mailto:dconti@wmmhc.org)

**Office Manager:** Patty Snyder

**Email:** [psnyder@wmmhc.org](mailto:psnyder@wmmhc.org)

Program ID	Program Name	Location Address	City	State	Zip
206	Journey Recovery Satellite Office	809 North Custer	Hardin	MT	59034
Services		County	Phone	Fax	
OP, ACT, MIP		Big Horn	(406) 665-8730	(406) 665-8755	

**Director:** Barb Mettler

**Email:** [bMettler@scrmhc.org](mailto:bMettler@scrmhc.org)

**Site Director:** Laura Harper

**Email:** [lharper@scrmhc.org](mailto:lharper@scrmhc.org)

**Office Manager:** Elizabeth Bender

**Email:** [ebender@scrmhc.org](mailto:ebender@scrmhc.org)

Program ID	Program Name	Location Address	City	State	Zip
902	Fort Belknap Chemical Dependency Program	656 Agency Main St	Harlem	MT	59526
Services		County	Phone	Fax	
OP, MIP, ACT, Co-occurring		Blaine	(406) 353-4175	(406) 353-4771	

[Charlie.ereaux@ereau](mailto:Charlie.ereaux@ereau)

**Director:** Charlie Ereaux

**Email:** [x@ftbelknap.org](mailto:x@ftbelknap.org)

**Clinical Coordinator:** Irma Skunk Cap

**Email:** [skunkcapirma@yahoo.com](mailto:skunkcapirma@yahoo.com)

**Office Manager:** Sara Wilson

**Email:** [miss.serah.wilson@gmail.com](mailto:miss.serah.wilson@gmail.com)

Program ID	Program Name	Location Address	City	State	Zip
206	Journey Recovery Satellite Office	Blair Medical Clinic	Harlowton	MT	59036
Services		County	Phone	Fax	
OP, ACT, MIP, PFL		Wheatland	(406) 632-4778		

[bMettler@scrmhc.org](mailto:bMettler@scrmhc.org)

**Director:** Barb Mettler

**Email:** g

**Site Director:** Laura Harper

**Email:** [lharper@scrmhc.org](mailto:lharper@scrmhc.org)

**Office Manager:** Susan Williams

**Email:** [slong@scrmhc.org](mailto:slong@scrmhc.org)

Program ID	Program Name	Location Address	City	State	Zip
298	Youth Dynamics Inc.	220 3rd Ave #403	Havre	MT	59501
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	Adolescent OP, IOP, MIP, Co-occurring	Hill	(406) 265-3226	(406) 265-4319	
	<b>Executive Director:</b> Peter Degel		<b>Email:</b> <a href="mailto:pdegel@youthdynamics.org">pdegel@youthdynamics.org</a>		
	<b>Clinical Director:</b> Teri Jackson		<b>Email:</b> <a href="mailto:tjackson@youthdynamics.org">tjackson@youthdynamics.org</a>		
	<b>Office Manager:</b> Dawn Wilson		<b>Email:</b> <a href="mailto:dawn.wilson@youthdynamics.org">dawn.wilson@youthdynamics.org</a>		
	<b>Mailing Address</b>	220 3rd Ave #403	Havre	MT	59501

Program ID	Program Name	Location Address	City	State	Zip
299	Bullhook Community Health Center	521 4th Street	Havre	MT	59501
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP	Hill	(406) 395-6919	(406) 395-5643	
	<b>Director:</b> Cindy Smith		<b>Email:</b> <a href="mailto:smithc@bullhook.com">smithc@bullhook.com</a>		
	<b>Clinical Director:</b>		<b>Email:</b> <a href="mailto:lockwoods@bullhook.com">lockwoods@bullhook.com</a>		
	<b>Office Manager:</b> Rozan Kerr		<b>Email:</b> <a href="mailto:kerr@bullhook.com">kerr@bullhook.com</a>		
			<b>website:</b> <a href="http://www.bullhook.com">www.bullhook.com</a>		

Program ID	Program Name	Location Address	City	State	Zip
222	Boyd Andrew Community Services (Main Office)	60 Last Chance Gulch	Helena	MT	59601
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP, Co-occurring, RH - (Male), Tx Court, Inpatient	Lewis & Clark	(406) 443-2343	(406) 443-5490	
	<b>Director:</b> Amy Tenney (CEO)		<b>Email:</b> <a href="mailto:atenney@boydandrew.com">atenney@boydandrew.com</a>		
	<b>Clinical Supervisor:</b> Evonne Hawe		<b>Email:</b> <a href="mailto:ehawe@boydandrew.com">ehawe@boydandrew.com</a>		
	<b>Office Manager:</b> Sara Dobbins		<b>Email:</b> <a href="mailto:sdobbins@boydandrew.com">sdobbins@boydandrew.com</a>		
	<b>Mailing Address</b>	PO Box 1153	Helena	MT	59624
			<b>Website:</b> <a href="http://www.boydandrew.com">www.boydandrew.com</a>		

Program ID	Program Name	Location Address	City	State	Zip
298	Youth Dynamics Inc.	4110 Lincoln Road	Helena	MT	59602
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	Adolescent OP, IOP, MIP, Co-occurring,	Lewis and Clark	(406) 458-7022	(406) 458-8890	
	<b>Executive Director:</b> Peter Degel		<b>Email:</b> <a href="mailto:pdegel@youthdynamics.org">pdegel@youthdynamics.org</a>		
			<b>Email:</b> <a href="mailto:cs.org">cs.org</a>		

**Clinical Director:** Teri Jackson

**Email:** [mics.org](mailto:mics.org)  
[dawn.wilson@youthdy](mailto:dawn.wilson@youthdy)

**Office Manager:** Dawn Wilson

**Email:** [namics.org](mailto:namics.org)

**Mailing Address** 4110 Lincoln Road Helena MT 59602

Program ID	Program Name	Location Address	City	State	Zip
304	Helena Indian Alliance	501 Euclid Avenue	Helena	MT	59601

Services	County	Phone	Fax
Outpatient, Adults, Adoloscents, Co-Occuring, Act & MIP	Lewis & Clark	406-442-9244	406-449-5797

**Director:** Todd Wilson

**Email:** [TWilson@helenaindianalliance.com](mailto:TWilson@helenaindianalliance.com)

**Clinical Director:** Ben Horn, LAC

**Email:** [bhorn@helenaindianalliance.com](mailto:bhorn@helenaindianalliance.com)

**Assistant Director:**

**Email:**

**website:** [www.helenaindianalliance.com](http://www.helenaindianalliance.com)

**Mailing Address** 501 Euclid Avenue Helena MT 59601

Program ID	Program Name	Location Address	City	State	Zip
303	Intermountain	3240 Dredge Drive	Helena	MT	59602

Services	County	Phone	Fax
Co-Occurring, Adol OP, IOP, ACT, MIP	Lewis & Clark	(406) 442-7920	

**Executive Director:** Kim Gardner

**Email:** [king@intermountain.org](mailto:king@intermountain.org)  
[king@intermountain.org](mailto:king@intermountain.org)

**Site Director:** Kim Gardner

**Email:** [king@intermountain.org](mailto:king@intermountain.org)

**Office Manager:** Denni Byrd

**Email:**

**Mailing Address** 3240 Dredge Drive Helena MT 59602

Program ID	Program Name	Location Address	City	State	Zip
273	Eastern Montana Community Mental Health Center - Substance Abuse/Dependency Svcs	Location to be determined	Hysham	MT	59038

Services	County	Phone	Fax
OP, ACT, MIP	Treasure	(406) 346-7654	

Call to schedule services

Program ID	Program Name	Location Address	City	State	Zip
273	Eastern Montana Community Mental Health Center - Substance Abuse/Dependency Svcs	332 Leavitt Ave.	Jordan	Mt.	59337
	Satellite Office	Garfield County HD- Jordan Medical Clinic	Jordan	MT	59337

Services	County	Phone	Fax
OP, ACT, MIP	Garfield	(406) 234-1687	

Call to schedule services

Program ID	Program Name	Location Address	City	State	Zip
209	Flathead Valley Chemical Dependency Clinic (Main Office)	1312 North Meridian	Kalispell	MT	59904
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, Co-occurring, ACT, MIP, RH- (Female), Tx Court	Flathead	(406) 756-6453	(406) 756-8546	
<b>Director:</b> Mike Cummins		<b>Email:</b> <a href="mailto:michaelcummins@fvcdc.net">michaelcummins@fvcdc.net</a>			
<b>Clinical Director:</b> Derek Dalton		<b>Email:</b> <a href="mailto:derekdalton@fvcdc.net">derekdalton@fvcdc.net</a>			
<b>Office Manager:</b> Denise Belt		<b>Email:</b> <a href="mailto:Denisebelt@fvcdc.net">Denisebelt@fvcdc.net</a>			
	<b>Mailing Address</b>	PO Box 7115	Kalispell	MT	59904

Program ID	Program Name	Location Address	City	State	Zip
298	Youth Dynamics Inc.	450 Corporate Road Suite 105	Kalispell	MT	59901
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	Adolescent OP, IOP, MIP, Co-occurring,	Flathead	(406) 851-8017	(406) 751-1193	
<b>Executive Director:</b> Peter Degel		<b>Email:</b> <a href="mailto:pdegel@youthdynamics.org">pdegel@youthdynamics.org</a>			
<b>Clinical Director:</b> Teri Jackson		<b>Email:</b> <a href="mailto:tjackson@youthdynamics.org">tjackson@youthdynamics.org</a>			
<b>Office Manager:</b> Dawn Wilson		<b>Email:</b> <a href="mailto:dawn.wilson@youthdynamics.org">dawn.wilson@youthdynamics.org</a>			
	<b>Mailing Address</b>	450 Corporate Rd #105	Kalispell	MT	59901

Program ID	Program Name	Location Address	City	State	Zip
206	Journey Recovery Satellite Office	212 Wendell	Lewistown	MT	59457
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP, PFL	Fergus	(406) 538-7483	(406) 538-7491	
<b>Director:</b> Barb Mettler		<b>Email:</b> <a href="mailto:bMettler@scrmhmc.org">bMettler@scrmhmc.org</a>			
<b>Site Director:</b> Laura Harper		<b>Email:</b> <a href="mailto:lharper@scrmhmc.org">lharper@scrmhmc.org</a>			
<b>Office Manager:</b> Susan Williams		<b>Email:</b> <a href="mailto:slong@scrmhmc.org">slong@scrmhmc.org</a>			
	<b>Mailing Address</b>	PO Box 44	Lewistown	MT	59457

Program ID	Program Name	Location Address	City	State	Zip
209	Flathead Valley Chemical Dependency Clinic Satellite Office	711 California Ave	Libby	MT	59923
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP	Lincoln	(406) 293-7731	(406) 293-8530	

**Director:** Mike Cummins **Email:** [michaelcummins@fvc](mailto:michaelcummins@fvc)  
**Clinical Director:** Derek Dalton **Email:** [derekdalton@fvcdc.net](mailto:derekdalton@fvcdc.net)  
**Lead Staff:** Bill Foster **Email:** [billfoster@fvcdc.net](mailto:billfoster@fvcdc.net)  
**Office Manager:** Desiree Newcomb **Email:** [desireenewcomb@fvc](mailto:desireenewcomb@fvc)  
**Mailing Address:** PO Box 756 Libby MT 59923

Program ID	Program Name	Location Address	City	State	Zip
298	Youth Dynamics Inc.	417 Mineral Ave, # 5	Libby	MT	59923
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	Adolescent OP, IOP, MIP, Co-occurring	Lincoln	(406) 293-9197	(406) 293-4482	

**Executive Director:** Peter Degel **Email:** [pdegel@youthdynamics.org](mailto:pdegel@youthdynamics.org)  
**Clinical Director:** Teri Jackson **Email:** [tjackson@youthdynamics.org](mailto:tjackson@youthdynamics.org)  
**Office Manager:** Dawn Wilson **Email:** [dawn.wilson@youthdynamics.org](mailto:dawn.wilson@youthdynamics.org)  
**Mailing Address:** 417 Mineral Ave, # 5 Libby MT 59923

Program ID	Program Name	Location Address	City	State	Zip
298	Youth Dynamics Inc.	817 West Park	Livingston	MT	59047
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	Adolescent OP, IOP, MIP, Co-occurring	Park	(406) 222-6610	406-1639	

**Executive Director:** Peter Degel **Email:** [pdegel@youthdynamics.org](mailto:pdegel@youthdynamics.org)  
**Clinical Director:** Teri Jackson **Email:** [tjackson@youthdynamics.org](mailto:tjackson@youthdynamics.org)  
**Office Manager:** Dawn Wilson **Email:** [dawn.wilson@youthdynamics.org](mailto:dawn.wilson@youthdynamics.org)  
**Mailing Address:** 817 West Park Livingston MT 59047

Program ID	Program Name	Location Address	City	State	Zip
231	Southwest CD Program (Main Office)	430 East Park	Livingston	MT	59047
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP, RH - (Men, Women, Families), Co-occurring	Park	(406) 222-2812	(406) 222-4764	

**Director:** Jean McCauley **Email:** [swcdp@aol.com](mailto:swcdp@aol.com)  
**Clinical Director:** Lyndon Kacick **Email:** [swcdp@aol.com](mailto:swcdp@aol.com)  
**Office Manager:** Cheryl Hayes **Email:** [infoswcdp@aol.com](mailto:infoswcdp@aol.com)  
**Mailing Address:** PO Box 1587 Livingston MT 59047



Program ID	Program Name	Location Address	City	State	Zip
273	Eastern Montana Community Mental Health Center - Substance Abuse/Dependency Svcs	Location to be determined	Malta	MT	59538
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP	Phillips	(406) 228-9349		
Call to schedule services					

Program ID	Program Name	Location Address	City	State	Zip
298	Youth Dynamics Inc.	47177 Hwy. 2, Suite 1	Malta	MT	59538
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	Adolescent OP, IOP, MIP, Co-occurring	Phillips	(406) 654-2016	(406) 654-2904	
	<b>Executive Director:</b> Peter Degel		<b>Email:</b> <a href="mailto:pdegel@youthdynamics.org">pdegel@youthdynamics.org</a>		
	<b>Clinical Director:</b> Teri Jackson		<b>Email:</b> <a href="mailto:tjackson@youthdynamics.org">tjackson@youthdynamics.org</a>		
	<b>Office Manager:</b> Dawn Wilson		<b>Email:</b> <a href="mailto:dawn.wilson@youthdynamics.org">dawn.wilson@youthdynamics.org</a>		
	<b>Mailing Address</b>	155 S 1st ave E (Alley)	Malta	MT	59538

Program ID	Program Name	Location Address	City	State	Zip
250	Wilderness Treatment Center	200 Hubbart Dam Road	Marion	MT	59925
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	Wilderness Adolescent & Young Adult Inpatient	Flathead	(406) 854-2832	(406) 854-2835	
	<b>Director:</b> Nancy Brekke		<b>Email:</b> <a href="mailto:ben@wildernesstreatmentcenter.com">ben@wildernesstreatmentcenter.com</a>		
	<b>Ref. Relations Director:</b> Ben Dorrington		<b>Website:</b> <a href="http://www.wildernesstreatmentcenter.com">www.wildernesstreatmentcenter.com</a>		

Program ID	Program Name	Location Address	City	State	Zip
298	Youth Dynamics Inc.	2813 Comstock	Miles City	MT	59301
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	Adolescent OP, IOP, MIP, Co-occurring	Custer	(406) 232-4233	(406) 232-4166	
	<b>Executive Director:</b> Peter Degel		<b>Email:</b> <a href="mailto:pdegel@youthdynamics.org">pdegel@youthdynamics.org</a>		
	<b>Clinical Director:</b> Teri Jackson		<b>Email:</b> <a href="mailto:tjackson@youthdynamics.org">tjackson@youthdynamics.org</a>		
	<b>Office Manager:</b> Dawn Wilson		<b>Email:</b> <a href="mailto:dawn.wilson@youthdynamics.org">dawn.wilson@youthdynamics.org</a>		
	<b>Mailing Address</b>	2813 Comstock	Miles City	MT	59301

Program ID	Program Name	Location Address	City	State	Zip
273	Eastern Montana Community Mental Health Center - Substance Abuse/Dependency Svcs (Main Office)	2508 Wilson St P.O. Box 1530	Miles City	MT	59301
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP, RH - Male, Co-occurring, Tx Court	Custer	(406) 234-1687	(406) 234-4039	
<b>Director:</b> Brenda Kneeland <b>Email:</b> <a href="mailto:bkneeland@emcmhc.org">bkneeland@emcmhc.org</a>					
<b>Clinical Supervisor:</b> John Rex <b>Email:</b> <a href="mailto:jrex@emcmhc.org">jrex@emcmhc.org</a>					
	<b>Mailing Address</b>	PO Box 1530	Miles City	MT	59301

Program ID	Program Name	Location Address	City	State	Zip
298	Youth Dynamics Inc.	619 SW Higgins #E	Missoula	MT	59803
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	Adolescent OP, IOP, MIP, Co-occurring	Missoula	(406) 728-9672	(406) 728-9716	
<b>Executive Director:</b> Peter Degel <b>Email:</b> <a href="mailto:pdegel@youthdynamics.org">pdegel@youthdynamics.org</a>					
<b>Clinical Director:</b> Teri Jackson <b>Email:</b> <a href="mailto:tjackson@youthdynamics.org">tjackson@youthdynamics.org</a>					
<b>Office Manager:</b> Dawn Wilson <b>Email:</b> <a href="mailto:dawn.wilson@youthdynamics.org">dawn.wilson@youthdynamics.org</a>					
	<b>Mailing Address</b>	619 SW Higgins #E	Missoula	MT	59803

Program ID	Program Name	Location Address	City	State	Zip
224	Missoula Urban Indian Center	830 W. Central Ave	Missoula	MT	59801
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, MIP, Co-occurring	Missoula	(406) 829-9515	(406) 829-9519	
<b>Director:</b> LeeAnn Bruised Head <b>Email:</b> <a href="mailto:leeannb@muihc.org">leeannb@muihc.org</a>					
<b>Clinical Director:</b> Lily Gervais <b>Email:</b> <a href="mailto:lgervais@muihc.org">lgervais@muihc.org</a>					
<b>Business Operations:</b> Troy Wilson <b>Email:</b> <a href="mailto:twilson@muihc.org">twilson@muihc.org</a>					
<b>Website:</b> <a href="http://www.muihc.org">www.muihc.org</a>					

Program ID	Program Name	Location Address	City	State	Zip
301	Recovery Center of Missoula	1201 Wyoming St.	Missoula	MT	59801
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	IP	Missoula	(406) 532-9900	(406) 532-9901	
<b>Director:</b> Tammera Nauts <b>Email:</b> <a href="mailto:tnauts@wmmhc.org">tnauts@wmmhc.org</a>					
<b>Site Director:</b> <b>Email:</b>					

Program ID	Program Name	Location Address	City	State	Zip
258	Western MT Addiction Services-Turning Point (Main Office)	1325 Wyoming	Missoula	MT	59801
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP, RH - (W&C), Co-occurring, Tx Court	Missoula	(406) 532-9800	(406) 541-3032	
	<b>Director:</b> Katherine Isaacson		<b>Email:</b> <a href="mailto:kisaacson@wmmhc.org">kisaacson@wmmhc.org</a>		
	<b>Office Manager:</b> Shiloh Lucier		<b>Email:</b> <a href="mailto:slucier@wmmhc.org">slucier@wmmhc.org</a>		
	<b>Office Manager:</b> Vacant		<b>Email:</b>		

Program ID	Program Name	Location Address	City	State	Zip
297	Western Montana Tri-County Addiction Services	Call for service location	Phillipsburg	MT	59858
	Location to be determined				
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP, Co-occurring	Granite	(406) 563-7038	(406) 563-7685	
	Call to schedule services				

Program ID	Program Name	Location Address	City	State	Zip
273	Eastern Montana Community Mental Health Center - Substance Abuse/Dependency Svcs				
	Satellite Office	100 West Laurel	Plentywood	MT	59254
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP	Sheridan	(406) 765-2550		

Program ID	Program Name	Location Address	City	State	Zip
258	Western MT Addiction Services Satellite Office	802 Main Street, Ste C	Polson	MT	59860
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP	Lake	(406) 883-7310	(406) 883-7312	
	<b>Director:</b> Diane Conti		<b>Email:</b> <a href="mailto:dconti@wmmhc.org">dconti@wmmhc.org</a>		
	<b>Office Manager:</b> Rainell Edmo		<b>Email:</b> <a href="mailto:redmo@wmmhc.org">redmo@wmmhc.org</a>		

Program ID	Program Name	Location Address	City	State	Zip
273	Eastern Montana Community Mental Health Center - Substance Abuse/Dependency Svcs	1201 West Holly Suite 4	Sidney	MT	59270
	Sidney Satellite Office				
	<b>Services</b>	<b>County</b>	<b>Phone</b>		
	OP, ACT, MIP	McCone	(406) 433-4635		

Director: Brenda Kneeland  
**Clinical Director:** John Rex

**Email:** [bkneeland@emcmhc.org](mailto:bkneeland@emcmhc.org)  
**Email:** [jrex@emcmhc.org](mailto:jrex@emcmhc.org)

Program ID	Program Name	Location Address	City	State	Zip
307	Prairie Hills Recovery Center	623 N. Central Ave	Sidney	MT	59270
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, IOP, ACT, MIP	Richland	(406) 488-3001	(406) 488-3003	

**Director:** Kayla Anderson  
**Clinical Director:**  
**Office Manager:** Connie Erickson

**Email:** [prairiehillsrecovery@yahoo.com](mailto:prairiehillsrecovery@yahoo.com)  
**Email:**  
**Email:** [prairiehillsrecovery@yahoo.com](mailto:prairiehillsrecovery@yahoo.com)

<b>Mailing Address</b>	PO Box 626	Sidney	MT	59270
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Program ID	Program Name	Location Address	City	State	Zip
206	Journey Recovery Satellite Office	48210 Oakes Ave. S.	Red Lodge	MT	59068
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP, PFL	Carbon	(406) 446-2500	(406) 446-2501	

Director: Barb Mettler

**Email:** [bMettler@scmrmhc.org](mailto:bMettler@scmrmhc.org)

**Site Director:** Laura Harper

**Email:** [lharp@scmrmhc.org](mailto:lharp@scmrmhc.org)  
[mcameron@scmrmhc.org](mailto:mcameron@scmrmhc.org)

**Office Manager:** Mary Cameron

**Email:** [org](mailto:org)

<b>Mailing Address</b>	PO Box 482	Red Lodge	MT	59068
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Program ID	Program Name	Location Address	City	State	Zip
206	Journey Recovery Satellite Office	26 W. Main Street	Roundup	MT	59072
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP, PFL	Musselshell	(406) 323-1142	(406) 323-1149	

Director: Barb Mettler

**Email:** [bMettler@scmrmhc.org](mailto:bMettler@scmrmhc.org)

**Site Director:** Laura Harper

**Email:** [lharp@scmrmhc.org](mailto:lharp@scmrmhc.org)  
[cmcafree@scmrmhc.org](mailto:cmcafree@scmrmhc.org)

**Office Manager:** Cindy McCaffree

**Email:** [g](mailto:g)

Program ID	Program Name	Location Address	City	State	Zip
206	Journey Recovery Location to be determined	Call for service location	Ryegate	MT	59074
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP, PFL	Golden Valley	(406) 538-7483		

Call to schedule services

Program ID	Program Name	Location Address	City	State	Zip
273	Eastern Montana Community Mental Health Center - Substance Abuse/Dependency Svcs Satellite Office	Daniels Memorial Health Care Center	Scobey	MT	59263
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP	Daniels	(406) 487-2296		

Call to schedule services

Program ID	Program Name	Location Address	City	State	Zip
211	District II Alcohol & Drug Program Satellite Office	102 North Central Ste B	Sidney	MT	59270
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP	Richland	(406) 433-4097	(406) 433-4726	

**Director:** Dennise Schaffner**Email:** [distii@midrivers.com](mailto:distii@midrivers.com)  
[adsidney@midrivers.c](mailto:adsidney@midrivers.c)**Clinical Supervisor:** Dennise Schaffner**Email:** [om](mailto:om)

Program ID	Program Name	Location Address	City	State	Zip
298	Youth Dynamics Inc.	222 Main Street #E	Shelby	MT	59474
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	Adolescent OP, IOP, MIP, Co-occurring,	Toole	(406) 434-7028	(406) 434-7150	

**Executive Director:** Peter Degel**Email:** [pdegel@youthdynami](mailto:pdegel@youthdynami)  
[cs.org](mailto:cs.org)  
[tjackson@youthdyna](mailto:tjackson@youthdyna)**Clinical Director:** Teri Jackson**Email:** [mics.org](mailto:mics.org)  
[dawn.wilson@youthdy](mailto:dawn.wilson@youthdy)**Office Manager:** Dawn Wilson**Email:** [namics.org](mailto:namics.org)**Mailing Address** 222 Main Street #E Shelby MT 59474

Program ID	Program Name	Location Address	City	State	Zip
206	Journey Recovery	Call for service location	Stanford	MT	59479
	Location to be determined				
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP, PFL	Judith Basin	(406) 538-7483		

Call to schedule services

Program ID	Program Name	Location Address	City	State	Zip
295	Choices for Change Counseling	304 4th Ave E	Superior	MT	59872
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	

**Director:** Nancy M. Smith **Email:** [choices@blackfoot.net](mailto:choices@blackfoot.net)  
**Clinical Supervisor:** Nancy M. Smith **Email:** [choices@blackfoot.net](mailto:choices@blackfoot.net)  
**Office Manager:** Charlee Thompson **Email:** [ct.choices@gmail.com](mailto:ct.choices@gmail.com)  
[th.choices@blackfoot.net](mailto:th.choices@blackfoot.net)  
**Admin. Assistant:** Teauna Holden **Email:** [net](mailto:net)

**Mailing Address** PO Box 622 Superior MT 59872

Program ID	Program Name	Location Address	City	State	Zip
211	District II Alcohol & Drug Program	Location to be determined	Terry	MT	59349
		Call for service location			
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP	Prairie	(406) 377-5942	(406) 377-3050	

**Director:** Dennise Schaffner **Email:** [distii@midrivers.com](mailto:distii@midrivers.com)

Program ID	Program Name	Location Address	City	State	Zip
209	Flathead Valley Chemical Dependency Clinic	1029 Main St	Thompson Falls	MT	59873
	Satellite Office				
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP	Sanders	(406) 827-4241	(406) 827-9677	

**Director:** Mike Cummins **Email:** [michaelcummins@fvc](mailto:michaelcummins@fvc)  
**Clinical Supervisor:** Derek Dalton **Email:** [derekdalton@fvcdc.net](mailto:derekdalton@fvcdc.net)  
[elisestimfling@fvcdc.n](mailto:elisestimfling@fvcdc.n)  
**Lead Staff:** Elise Stimfling **Email:** [et](mailto:et)  
**Office Manager:** Desiree Newcomb **Email:** [desireenewcomb@fvc](mailto:desireenewcomb@fvc)  
**Email:** [dc.net](mailto:dc.net)

**Mailing Address** PO Box 940 Libby MT 59923

Program ID	Program Name	Location Address	City	State	Zip
231	Southwest CD Program	415 Broadway #5	Townsend	MT	59644
	Satellite Office				
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP	Broadwater	(406) 222-2812		

**Director:** Jean McCauley **Email:** [swcdp@aol.com](mailto:swcdp@aol.com)  
**Clinical Director:** Lyndon Kacick **Email:** [swcdp@aol.com](mailto:swcdp@aol.com)  
**Office Manager:** Jean McCauley **Email:** [swcdp@aol.com](mailto:swcdp@aol.com)

Program ID	Program Name	Location Address	City	State	Zip
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3/21/2017	Southwest CD Program Satellite Office	CD Provider: Madison Arrowhead Properties	City: Virginia City	MT	59755
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP	Madison	(406) 682-7190	(406) 683-9767	
Call to schedule services					
<b>Director:</b> Jean McCauley			<b>Email:</b> <a href="mailto:swcdp@aol.com">swcdp@aol.com</a>		
<b>Clinical Director:</b> Lyndon Kacick			<b>Email:</b> <a href="mailto:swcdp@aol.com">swcdp@aol.com</a>		

Program ID	Program Name	Location Address	City	State	Zip
231	Southwest CD Program Satellite Office	15 West Main	White Sulphur Springs	MT	59645
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP	Meagher	(406) 547-2249		
<b>Director:</b> Jean McCauley <b>Email:</b> <a href="mailto:swcdp@aol.com">swcdp@aol.com</a>					
<b>Office Manager:</b> Jean McCauley <b>Email:</b> <a href="mailto:swcdp@aol.com">swcdp@aol.com</a>					

Program ID	Program Name	Location Address	City	State	Zip
222	Boyd Andrew Community Services Satellite Office	102 N. Brooke St	Whitehall	MT	59759
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT	Jefferson	(406) 443-2343		
<b>Director:</b> Amy Tenney <b>Email:</b> <a href="mailto:atenney@boydandrew.com">atenney@boydandrew.com</a>					
<b>Site Director:</b> Evonne Hawe <b>Email:</b> <a href="mailto:ehawe@boydandrew.com">ehawe@boydandrew.com</a>					
<b>Office Manager:</b> Sara Dobbins <b>Email:</b> <a href="mailto:sdobbins@boydandre.com">sdobbins@boydandre.com</a>					
<b>Website:</b> <a href="http://www.boydandrew.com">www.boydandrew.com</a>					

Program ID	Program Name	Location Address	City	State	Zip
211	District II Alcohol & Drug Program Location to be determined	Call for service location	Wibaux	MT	59353
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP	Wibaux	(406) 377-5942	(406) 377-3050	
<b>Director:</b> Dennise Schaffner <b>Email:</b> <a href="mailto:distii@midrivers.com">distii@midrivers.com</a>					
Call to schedule services					

Program ID	Program Name	Location Address	City	State	Zip
273	Eastern Montana Community Mental Health Center - Substance Abuse/Dependency Svcs Terry Satellite Office	312 South Adams	Terry	MT	59349

8/4/20	<b>Services</b> OP, ACT, MIP	<b>County</b> Richland	<b>Phone</b> (406) 377-6075
Director: Brenda Kneeland		Email: <a href="mailto:bkneeland@emcmhc.org">bkneeland@emcmhc.org</a>	
Clinical Director: John Rex		Email: <a href="mailto:jrex@emcmhc.org">jrex@emcmhc.org</a>	

Program ID	Program Name	Location Address	City	State	Zip
273	Eastern Montana Community Mental Health Center - Substance Abuse/Dependency Svcs Wibaux Satellite Office	200 North Wibaux St.	Wibaux	MT	59353
<b>Services</b> OP, ACT, MIP		<b>County</b> Prairie	<b>Phone</b> (406) 377-6075		
Director: Brenda Kneeland		Email: <a href="mailto:bkneeland@emcmhc.org">bkneeland@emcmhc.org</a>			
Clinical Director: John Rex		Email: <a href="mailto:jrex@emcmhc.org">jrex@emcmhc.org</a>			

Program ID	Program Name	Location Address	City	State	Zip
206	Journey Recovery Location to be determined	Call for service location	Winnett	MT	59087
<b>Services</b> OP, ACT, MIP, PFL		<b>County</b> Petroleum	<b>Phone</b> (406) 538-7483	<b>Fax</b>	
Call to schedule services					

Program ID	Program Name	Location Address	City	State	Zip
273	Eastern Montana Community Mental Health Center - Substance Abuse/Dependency Svcs Satellite Office	124 Custer Ste B	Wolf Point	MT	59201
<b>Services</b> OP, ACT, MIP		<b>County</b> Roosevelt	<b>Phone</b> (406) 653-1872	<b>Fax</b>	
Director: Brenda Kneeland		Email: <a href="mailto:bkneeland@emcmhc.org">bkneeland@emcmhc.org</a>			
Site Director: John Rex		Email: <a href="mailto:jrex@emcmhc.org">jrex@emcmhc.org</a>			

Program ID	Program Name	Location Address	City	State	Zip
298	Youth Dynamics Inc.	200 Eureka Steet	Wolf Point	MT	59201
<b>Services</b> Adolescent OP, IOP, MIP, Co-occurring		<b>County</b> Roosevelt	<b>Phone</b> (406) 653-3992	<b>Fax</b> (406) 653-3948	
Executive Director: Peter Degel		Email: <a href="mailto:pdegel@youthdynami">pdegel@youthdynami</a>			
Clinical Director: Teri Jackson		Email: <a href="mailto:cs.org">cs.org</a>			
Office Manager: Dawn Wilson		Email: <a href="mailto:tjackson@youthdyna">tjackson@youthdyna</a>			
Mailing Address		Email: <a href="mailto:mics.org">mics.org</a>			
		Email: <a href="mailto:dawn.wilson@youthdy">dawn.wilson@youthdy</a>			
		Email: <a href="mailto:namics.org">namics.org</a>			
		200 Eureka Steet	Wolf Point	MT	59201