

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@scmrhc.org">bMettler@scmrhc.org</a>		
<b>Site Director: Daisy Nyberg</b>			<b>Email:</b> <a href="mailto:dnyberg@scmrhc.org">dnyberg@scmrhc.org</a> <a href="mailto:lparrent@scmrhc.org">lparrent@scmrhc.org</a>		
<b>Office Manager: Laurie Parrent</b>			<b>Email:</b> <a href="mailto:g">g</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
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	

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

**Director:** Lenette Kosovich

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

**Clinical Supervisor:** Corilee Goni

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

**Office Manager:** Shirley R. Ehleng

**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
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	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**

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
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	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:** [danaclair@ihbillings.org](mailto:danaclair@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
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	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**

PO Box 30282

Billings

MT

59107

Program ID	Program Name	Location Address	City	State	Zip
298	Youth Dynamics	2334 Lewis Ave	Billings	MT	59102
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	Adolescent OP, IOP, MIP, Co-occurring,	Yellowstone	(406) 245-6539	(406) 245-9647	
	<b>Executive Director:</b> Peter Degel		Email: <a href="mailto:pdegel@youthdynamics.org">pdegel@youthdynamics.org</a>		
	<b>Clinical Director:</b> Teri Jackson		Email: <a href="mailto:tjackson@youthdynamics.org">tjackson@youthdynamics.org</a>		
	<b>Office Manager:</b> Dawn Wilson		Email: <a href="mailto:dawn.wilson@youthdynamics.org">dawn.wilson@youthdynamics.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:amy.tenney@boydandrew.com">.com</a>		
	<b>Clinical Director:</b> Evonne Hawe		Email: <a href="mailto:evonne.hawe@boydandrew.com">.com</a>		
	<b>Residential Clinical Supv:</b> Dan Krause		Email: <a href="mailto:dankrause@boydandrew.com">.com</a>		
	<b>Office Manager:</b> Sara Dobbins		Email: <a href="mailto:sara.dobbins@boydandrew.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@youthdynamics.org">pdegel@youthdynamics.org</a>		
	<b>Clinical Director:</b> Teri Jackson		Email: <a href="mailto:tjackson@youthdynamics.org">tjackson@youthdynamics.org</a>		
	<b>Office Manager:</b> Dawn Wilson		Email: <a href="mailto:dawn.wilson@youthdynamics.org">dawn.wilson@youthdynamics.org</a>		
	<b>Mailing Address</b>	105 Venture Way	Boulder	MT	59632

Program ID	Program Name	Location Address	City	State	Zip
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<b>905</b>	White Sky Hope Center <b>(Main Office)</b>	96 Clinic Rd.	Box Elder	MT	59521
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	IOP, OP, MIP, Co-occurring, ACT, RH(Female, Male Native American)	Choteau/Hill	(406) 395-4818	(406) 395-4861	
<b>Director:</b> Lenore Myers			<b>Email:</b> <a href="mailto:lmyers@rbclinic.org">lmyers@rbclinic.org</a>		
<b>Clinical Supervisor:</b> Tina King			<b>Email:</b> <a href="mailto:tcorbin@rbclinic.org">tcorbin@rbclinic.org</a>		
<b>Office Manager:</b> Myra Windy Boy			<b>Email:</b> <a href="mailto:rg">rg</a>		

Program ID	Program Name	Location Address	City	State	Zip
<b>201</b>	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	
<b>Director:</b> Shelly Johnson			<b>Email:</b> <a href="mailto:shellyj@adsgc.org">shellyj@adsgc.org</a>		
<b>Clinical Supervisor:</b> Vicki DeBoer			<b>Email:</b> <a href="mailto:vickid@adsgc.org">vickid@adsgc.org</a>		
<b>Office Manager:</b> Becky Wysoski			<b>Email:</b> <a href="mailto:beckyw@adsgc.org">beckyw@adsgc.org</a>		

Program ID	Program Name	Location Address	City	State	Zip
<b>298</b>	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	
<b>Executive Director:</b> Peter Degel			<b>Email:</b> <a href="mailto:cs.org">cs.org</a>		
<b>Clinical Director:</b> Teri Jackson			<b>Email:</b> <a href="mailto:mics.org">mics.org</a>		
<b>Office Manager:</b> Dawn Wilson			<b>Email:</b> <a href="mailto:namics.org">namics.org</a>		
	<b>Mailing Address</b>	1609 West Babcock, Suite A	Bozeman	MT	59715

Program ID	Program Name	Location Address	City	State	Zip
<b>273</b>	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		
<b>Director:</b> Brenda Kneeland			<b>Email:</b> <a href="mailto:org">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
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<b>212</b>	Crystal Creek Lodge	Old Hospital Hill #1	Browning	MT	59417
<b>Services</b>		<b>County</b>	<b>Phone</b>	<b>Fax</b>	
Inpatient, OP, IOP, ACT, MIP		Glacier/Teton	(406) 338-6330	(406) 338-7660	
<b>Director:</b> Louella Heavy Runner			<b>Email:</b> <a href="mailto:louellahr@gmail.com">louellahr@gmail.com</a> <a href="mailto:Lodge_jaybird_65@ho">Lodge_jaybird_65@ho</a>		
<b>Clinical Director:</b> Patricia Calf Looking			<b>Email:</b> <a href="mailto:tmail.com">tmail.com</a> <a href="mailto:annahorn01@yahoo.c">annahorn01@yahoo.c</a>		
<b>Office Manager:</b> Anna Horn			<b>Email:</b> <a href="mailto:om">om</a>		
<b>Mailing Address</b>		PO Box 450	Browning	MT	59417

Program ID	Program Name	Location Address	City	State	Zip
<b>300</b>	Southwest Coummunity Health Center	445 Centennial Ave.	Butte	MT	59701
<b>Services</b>		<b>County</b>	<b>Phone</b>	<b>Fax</b>	
OP		Silver Bow	(406) 723-4075		
<b>Director:</b> Jessica Cotton			<b>Email:</b> <a href="mailto:jcotton@swmtchc.org">jcotton@swmtchc.org</a>		
<b>Clinical Director:</b> Molly Molloy			<b>Email:</b> <a href="mailto:g">g</a>		
<b>Office Manager:</b>			<b>Email:</b>		

Program ID	Program Name	Location Address	City	State	Zip
<b>302</b>	Southwest Montana Addiction Recovery and Treatment (SMART)	630 W. Mercury St	Butte	MT	59701
<b>Services</b>		<b>County</b>	<b>Phone</b>	<b>Fax</b>	
SBS, IOP		Silver Bow	(406) 299-3448	(406) 299-3450	
<b>Acting Director:</b> Dave Boyd			<b>Email:</b> <a href="mailto:dboyd@cccscorp.com">dboyd@cccscorp.com</a>		
<b>Clinical Director:</b> Linda Rogers			<b>Email:</b> <a href="mailto:lrogers@cccscorp.com">lrogers@cccscorp.com</a>		
<b>Office Manager:</b> Sandy Klimpel			<b>Email:</b> <a href="mailto:m">m</a>		
<b>Office Manager:</b> Patty Snyder			<b>Email:</b> <a href="mailto:psnyder@wmmhc.org">psnyder@wmmhc.org</a>		

Program ID	Program Name	Location Address	City	State	Zip
<b>223</b>	Montana Chemical Dependency Center	2500 Continental Drive	Butte	MT	59701
<b>Services</b>		<b>County</b>	<b>Phone</b>	<b>Fax</b>	
Inpatient, Detox		Silver Bow	(406) 496-5400	(406) 496-5437	
<b>Director:</b> Kyle Fouts			<b>Email:</b> <a href="mailto:kfouts@mt.gov">kfouts@mt.gov</a>		
<b>Clinical Supervisor:</b> Shannon LaTray			<b>Email:</b> <a href="mailto:SLaTray2@mt.gov">SLaTray2@mt.gov</a>		

Program ID	Program Name	Location Address	City	State	Zip
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<b>298</b>	Youth Dynamics Inc.	775 West Gold Street	Butte	MT	59701
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	Adolescent OP, IOP, MIP, Co-occurring	Silver Bow	(406) 782-5389	(406) 723-4909	
	<b>Executive Director:</b> Peter Degel		<b>Email:</b> <a href="mailto:pdegel@youthdynami">pdegel@youthdynami</a>		
	<b>Clinical Director:</b> Teri Jackson		<b>Email:</b> <a href="mailto:cs.org">cs.org</a> <a href="mailto:tjackson@youthdyna">tjackson@youthdyna</a>		
	<b>Office Manager:</b> Dawn Wilson		<b>Email:</b> <a href="mailto:mics.org">mics.org</a> <a href="mailto:dawn.wilson@youthdy">dawn.wilson@youthdy</a>		
	<b>Mailing Address</b>	775 West Gold Street	Butte	MT	59701

Program ID	Program Name	Location Address	City	State	Zip
<b>283</b>	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	
	<b>Director:</b> Julie Prigmore		<b>Email:</b> <a href="mailto:juliep@center4mh.org">juliep@center4mh.org</a> <a href="mailto:teresam@center4mh.">teresam@center4mh.</a>		
	<b>Clinical Director:</b> Teresa McCracken		<b>Email:</b> <a href="mailto:org">org</a> <a href="mailto:nicoletev@center4mh.">nicoletev@center4mh.</a>		
	<b>Office Manager:</b> Nicolete Villagran		<b>Email:</b> <a href="mailto:org">org</a>		

Program ID	Program Name	Location Address	City	State	Zip
<b>211</b>	District II Alcohol & Drug Program Office	Satellite 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		
	<b>Director:</b> Dennise Schaffner		<b>Email:</b> <a href="mailto:distii@midrivers.com">distii@midrivers.com</a>		

Program ID	Program Name	Location Address	City	State	Zip
<b>273</b>	Eastern Montana Community Mental Health Center - Substance Abuse/Dependency Svcs	121 N. 11th Ave.	Colstrip	MT	59327
	Satellite Office	Eastern Mt. CMHC	Colstrip	MT	59323
	<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

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	
	<b>Executive Director:</b> Peter Degel		Email: <a href="mailto:pdegel@youthdynamics.org">pdegel@youthdynamics.org</a>		
	<b>Clinical Director:</b> Teri Jackson		Email: <a href="mailto:tjackson@youthdynamics.org">tjackson@youthdynamics.org</a>		
	<b>Office Manager:</b> Dawn Wilson		Email: <a href="mailto:dawn.wilson@youthdynamics.org">dawn.wilson@youthdynamics.org</a>		
	<b>Mailing Address</b>	421 Olive Drive	Colstrip	MT	59323

Program ID	Program Name	Location Address	City	State	Zip
<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	
	<b>Director:</b> Barb Mettler		Email: <a href="mailto:bMettler@scmrmhc.org">bMettler@scmrmhc.org</a>		
	<b>Site Director:</b> Laura Harper		Email: <a href="mailto:lharper@scmrmhc.org">lharper@scmrmhc.org</a>		
	<b>Office Manager:</b> Wendy Wells		Email: <a href="mailto:wenwells@scmrmhc.org">wenwells@scmrmhc.org</a>		
	<b>Mailing Address</b>	PO Box 238	Columbus	MT	59019

Program ID	Program Name	Location Address	City	State	Zip
<b>283</b>	Center for Mental Health (Main Office)	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		
	<b>Director:</b> Julie Prigmore		Email: <a href="mailto:juliep@center4mh.org">juliep@center4mh.org</a>		
	<b>Clinical Director:</b> Teresa McCracken		Email: <a href="mailto:teresam@center4mh.org">teresam@center4mh.org</a>		
	<b>Office Manager:</b> Nicolete Villagran		Email: <a href="mailto:nicoletev@center4mh.org">nicoletev@center4mh.org</a>		
	<b>Mailing Address</b>	925 Oilfield, Ste 2	Shelby	MT	59474

Program ID	Program Name	Location Address	City	State	Zip
<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>	
	OP, ACT, MIP, Co-occurring	Powell	(406) 563-7038	(406) 563-7685	
	Call to schedule services				

Program ID	Program Name	Location Address	City	State	Zip
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CD Provider List Sorted by City

<b>231</b>	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	
<b>Director:</b> Jean McCauley			<b>Email:</b> <a href="mailto:swcdp@aol.com">swcdp@aol.com</a>		
<b>Admin. Assist:</b> Sandy Cook			<b>Email:</b> <a href="mailto:swcdp@aol.com">swcdp@aol.com</a>		
<b>Office Manager:</b>			<b>Email:</b>		

Program ID	Program Name	Location Address	City	State	Zip
<b>298</b>	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	
<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:mics.org">mics.org</a>		
<b>Mailing Address</b>			<b>Email:</b> <a href="mailto:dawn.wilson@youthdynamics.org">dawn.wilson@youthdynamics.org</a>		
		Street	Dillon	MT	59725

Program ID	Program Name	Location Address	City	State	Zip
<b>273</b>	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
<b>209</b>	Flathead Valley Chemical Dependency Clinic Satellite Office	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	
<b>Director:</b> Mike Cummins			<b>Email:</b> <a href="mailto:michaelcummins@fvcdc.net">michaelcummins@fvcdc.net</a>		
<b>Lead Staff:</b> Theresa Oakland			<b>Email:</b> <a href="mailto:theresaoakland@fvcdc.net">theresaoakland@fvcdc.net</a>		
Clinical Coordinator: Derek Dalton			<b>Email:</b> <a href="mailto:derekdalton@fvcdc.net">derekdalton@fvcdc.net</a>		



**Office Manager:** Desiree Newcomb

**Email:** [dc.net](mailto:dc.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	1093 Main Street	Forsyth	MT	59327
	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)  
**Clinical Director:** John Rex **Email:** [.org](mailto:org)  
[jrexemcmhc@gmail.co](mailto:jrexemcmhc@gmail.co)  
**Email:** [m](mailto:m)

<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	1009 North 6th St	Glasgow	MT	59230
	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](mailto:bkneeland@emcmhc)  
**Clinical Director:** John Rex **Email:** [Jrex@emcmhc.org](mailto:Jrex@emcmhc.org)  
[mhughes\\_emcmhc.ne](mailto:mhughes_emcmhc.ne)  
**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@youthdynami](mailto:pdegel@youthdynami)  
[cs.org](mailto:cs.org)  
**Clinical Director:** Teri Jackson **Email:** [tjackson@youthdyna](mailto:tjackson@youthdyna)  
[mics.org](mailto:mics.org)  
**Office Manager:** Dawn Wilson **Email:** [dawn.wilson@youthdy](mailto:dawn.wilson@youthdy)  
[namics.org](mailto:namics.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>	

**Director:** Dennise Schaffner

**Email:** [distii@midrivers.com](mailto:distii@midrivers.com)  
[dschaffner@midrivers.com](mailto:dschaffner@midrivers.com)

**Clinical Director:** Dennise Schaffner

**Email:** [com](mailto:com)  
[sotremba@midrivers.com](mailto:sotremba@midrivers.com)

**Office Manager:** Stacey O'Tremba

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

Program ID	Program Name	Location Address	City	State	Zip
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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	

[pdegel@youthdynamics.org](mailto:pdegel@youthdynamics.org)

**Executive Director:** Peter Degel

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

120 W. Town St #202 Glendive MT 59330

Program ID	Program Name	Location Address	City	State	Zip
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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	

[marleneoconnell@benefis.org](mailto:marleneoconnell@benefis.org)

**Director:** Marlene O'Connell, RN

**Email:** [efis.org](http://efis.org)  
**Website:** [www.benefis.org](http://www.benefis.org)

Program ID	Program Name	Location Address	City	State	Zip
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293	Indian Family Health Clinic	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@indianfamilyhealth.org](mailto:ebelcourt@indianfamilyhealth.org)

**Director:** Ernestine Belcourt

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

**Clinical Director:** Julie Flesch

**Email:** [jflesch@indianfamilyhealth.org](mailto:jflesch@indianfamilyhealth.org)

**Exec. Assistant:** Leah Noel

**Email:** [ealth.org](http://ealth.org)  
[lnoe@indianfamilyhealth.org](mailto:lnoe@indianfamilyhealth.org)  
[alth.org](http://alth.org)

Program ID	Program Name	Location Address	City	State	Zip
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<b>298</b>	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	
	<b>Executive Director:</b> Peter Degel		Email: <a href="mailto:pdegel@youthdynami">pdegel@youthdynami</a>		
			Email: <a href="mailto:cs.org">cs.org</a>		
	<b>Clinical Director:</b> Teri Jackson		Email: <a href="mailto:tjackson@youthdyna">tjackson@youthdyna</a>		
			Email: <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>		
	<b>Mailing Address</b>	225 7th Ave S Suite 1	Great Falls	MT	59405

Program ID	Program Name	Location Address	City	State	Zip
<b>227</b>	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	
	<b>Director:</b> Robert Wigdorski		Email: <a href="mailto:bob@gatewayrecover">bob@gatewayrecover</a>		
			Email: <a href="mailto:y.org">y.org</a>		
	<b>Clinical Director:</b> Megan Bailly		Email: <a href="mailto:megan@gatewayrecov">megan@gatewayrecov</a>		
			Email: <a href="mailto:ery.org">ery.org</a>		
	<b>Office Manager:</b> Tammy Hatch		Email: <a href="mailto:tammy@gatewayrecov">tammy@gatewayrecov</a>		
			Email: <a href="mailto:ery.org">ery.org</a>		
			<a href="http://www.gatewayrecovery">www.gatewayrecovery</a>		
			<b>Website:</b> <a href="http://.org">.org</a>		

Program ID	Program Name	Location Address	City	State	Zip
<b>298</b>	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	
	<b>Executive Director:</b> Peter Degel		Email: <a href="mailto:cs.org">cs.org</a>		
	<b>Clinical Director:</b> Teri Jackson		Email: <a href="mailto:mics.org">mics.org</a>		
	<b>Office Manager:</b> Dawn Wilson		Email: <a href="mailto:namics.org">namics.org</a>		
	<b>Mailing Address</b>	111 Baker	Hamilton	MT	59840

Program ID	Program Name	Location Address	City	State	Zip
<b>258</b>	Western MT Addiction Services Satellite Office	209 N. 10th St, Ste #A Riverfront MH Center	Hamilton	MT	59840
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP	Ravalli	(406) 532-9140	(406) 363-3061	
	<b>Director:</b> Diane Conti		Email: <a href="mailto:dconti@wmmhc.org">dconti@wmmhc.org</a>		
	<b>Office Manager:</b> Patty Snyder		Email: <a href="mailto:psnyder@wmmhc.org">psnyder@wmmhc.org</a>		

Program ID	Program Name	Location Address	City	State	Zip
206	Journey Recovery Satellite Office	809 North Custer	Hardin	MT	59034
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP	Big Horn	(406) 665-8730	(406) 665-8755	
Director: Barb Mettler			Email: <a href="mailto:bMettler@scmrmhc.org">bMettler@scmrmhc.org</a>		
Site Director: Laura Harper			Email: <a href="mailto:lharp@scmrmhc.org">lharp@scmrmhc.org</a>		
Office Manager: Elizabeth Bender			Email: <a href="mailto:ebender@scmrmhc.org">ebender@scmrmhc.org</a>		

Program ID	Program Name	Location Address	City	State	Zip
902	Fort Belknap Chemical Dependency Program	656 Agency Main St	Harlem	MT	59526
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, MIP, ACT, Co-occurring	Blaine	(406) 353-4175	(406) 353-4771	
			Email: <a href="mailto:Charlie.ereaux@ereau">Charlie.ereaux@ereau</a>		
Director: Charlie Ereaux			Email: <a href="mailto:x@ftbelknap.org">x@ftbelknap.org</a>		
Clinical Coordinator: Irma Skunk Cap			Email: <a href="mailto:skunkcapirma@yahoo.com">skunkcapirma@yahoo.com</a>		
Office Manager: Sara Wilson			Email: <a href="mailto:miss.serah.wilson@gmail.com">miss.serah.wilson@gmail.com</a>		

Program ID	Program Name	Location Address	City	State	Zip
206	Journey Recovery Satellite Office	Blair Medical Clinic	Harlowton	MT	59036
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP, PFL	Wheatland	(406) 632-4778		
Director: Barb Mettler			Email: <a href="mailto:g">g</a>		
Site Director: Laura Harper			Email: <a href="mailto:lharp@scmrmhc.org">lharp@scmrmhc.org</a>		
Office Manager: Susan Williams			Email: <a href="mailto:slong@scmrmhc.org">slong@scmrmhc.org</a>		

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	
Executive Director: Peter Degel			Email: <a href="mailto:pdegel@youthdynami">pdegel@youthdynami</a>		
			Email: <a href="mailto:cs.org">cs.org</a>		
Clinical Director: Teri Jackson			Email: <a href="mailto:tjackson@youthdyna">tjackson@youthdyna</a>		
			Email: <a href="mailto:mics.org">mics.org</a>		
Office Manager: Dawn Wilson			Email: <a href="mailto:dawn.wilson@youthdy">dawn.wilson@youthdy</a>		
Mailing Address			Email: <a href="mailto:namics.org">namics.org</a>		
		220 3rd Ave #403	Havre	MT	59501

Program ID	Program Name	Location Address	City	State	Zip
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<b>299</b>	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	

**Director:** Cindy Smith**Email:** [smithc@bullhook.com](mailto:smithc@bullhook.com)  
[lockwoods@bullhook.com](mailto:lockwoods@bullhook.com)**Clinical Director:****Email:** [com](mailto:com)**Office Manager:** Rozan Kerr**Email:** [kerrr@bullhook.com](mailto:kerrr@bullhook.com)  
**website:** [www.bullhook.com](http://www.bullhook.com)

Program ID	Program Name	Location Address	City	State	Zip
<b>222</b>	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	

**Director:** Amy Tenney (CEO)**Email:** [atenney@boydandrew.com](mailto:atenney@boydandrew.com)**Clinical Supervisor:** Evonne Hawe**Email:** [ehawe@boydandrew.com](mailto:ehawe@boydandrew.com)**Office Manager:** Sara Dobbins**Email:** [sdobbins@boydandrew.com](mailto:sdobbins@boydandrew.com)**Mailing Address**

PO Box 1153 Helena MT 59624

**Website:** [www.boydandrew.com](http://www.boydandrew.com)

Program ID	Program Name	Location Address	City	State	Zip
<b>298</b>	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	

**Executive Director:** Peter Degel**Email:** [cs.org](http://cs.org)**Clinical Director:** Teri Jackson**Email:** [mics.org](http://mics.org)**Office Manager:** Dawn Wilson**Email:** [namics.org](http://namics.org)**Mailing Address**

4110 Lincoln Road Helena MT 59602

Program ID	Program Name	Location Address	City	State	Zip
<b>304</b>	Helena Indian Alliance	501 Euclid Avenue	Helena	MT	59601
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	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
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	Co-Occurring, Adol OP, IOP, ACT, MIP	Lewis & Clark	(406) 442-7920		
<b>Executive Director:</b> Kim Gardner <b>Email:</b> <a href="mailto:kimg@intermountain.org">kimg@intermountain.org</a>					
<b>Site Director:</b> Kim Gardner <b>Email:</b> <a href="mailto:kimg@intermountain.org">kimg@intermountain.org</a>					
<b>Office Manager:</b> Denni Byrd <b>Email:</b> <a href="mailto:kimg@intermountain.org">kimg@intermountain.org</a>					
	<b>Mailing Address</b>	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	Call for service location	Hysham	MT 59038
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	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
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	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>					

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	
<p><b>Executive Director:</b> Peter Degel      <b>Email:</b> <a href="mailto:pdegel@youthdynamics.org">pdegel@youthdynamics.org</a></p> <p><b>Clinical Director:</b> Teri Jackson      <b>Email:</b> <a href="mailto:tjackson@youthdynamics.org">tjackson@youthdynamics.org</a></p> <p><b>Office Manager:</b> Dawn Wilson      <b>Email:</b> <a href="mailto:dawn.wilson@youthdynamics.org">dawn.wilson@youthdynamics.org</a></p>					
	<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	
<p><b>Director:</b> Barb Mettler      <b>Email:</b> <a href="mailto:bMettler@scmrhc.org">bMettler@scmrhc.org</a></p> <p><b>Site Director:</b> Laura Harper      <b>Email:</b> <a href="mailto:lharper@scmrhc.org">lharper@scmrhc.org</a></p> <p><b>Office Manager:</b> Susan Williams      <b>Email:</b> <a href="mailto:slong@scmrhc.org">slong@scmrhc.org</a></p>					
	<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	
<p><b>Director:</b> Mike Cummins      <b>Email:</b> <a href="mailto:michaelcummins@fvcdc.net">michaelcummins@fvcdc.net</a></p> <p><b>Clinical Director:</b> Derek Dalton      <b>Email:</b> <a href="mailto:derekdalton@fvcdc.net">derekdalton@fvcdc.net</a></p> <p><b>Lead Staff:</b> Bill Foster      <b>Email:</b> <a href="mailto:billfoster@fvcdc.net">billfoster@fvcdc.net</a></p> <p><b>Office Manager:</b> Desiree Newcomb      <b>Email:</b> <a href="mailto:desireenewcomb@fvcdc.net">desireenewcomb@fvcdc.net</a></p>					
	<b>Mailing Address</b>	PO Box 756	Libby	MT	59923

Program ID	Program Name	Location Address	City	State	Zip
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<b>298</b>	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	
<b>Executive Director:</b> Peter Degel <b>Email:</b> <a href="mailto:cs.org">cs.org</a> <a href="mailto:tjackson@youthdyna">tjackson@youthdyna</a>					
<b>Clinical Director:</b> Teri Jackson <b>Email:</b> <a href="mailto:mics.org">mics.org</a> <a href="mailto:dawn.wilson@youthdy">dawn.wilson@youthdy</a>					
<b>Office Manager:</b> Dawn Wilson <b>Email:</b> <a href="mailto:namics.org">namics.org</a>					
	<b>Mailing Address</b>	417 Mineral Ave, # 5	Libby	MT	59923

Program ID	Program Name	Location Address	City	State	Zip
<b>298</b>	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	
<b>Executive Director:</b> Peter Degel <b>Email:</b> <a href="mailto:cs.org">cs.org</a>					
<b>Clinical Director:</b> Teri Jackson <b>Email:</b> <a href="mailto:mics.org">mics.org</a>					
<b>Office Manager:</b> Dawn Wilson <b>Email:</b> <a href="mailto:namics.org">namics.org</a>					
	<b>Mailing Address</b>	817 West Park	Livingston	MT	59047

Program ID	Program Name	Location Address	City	State	Zip
<b>231</b>	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	
<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>					
<b>Office Manager:</b> Cheryl Hayes <b>Email:</b> <a href="mailto:infoswcdp@aol.com">infoswcdp@aol.com</a>					
	<b>Mailing Address</b>	PO Box 1587	Livingston	MT	59047

Program ID	Program Name	Location Address	City	State	Zip
<b>273</b>	Eastern Montana Community Mental Health Center - Substance Abuse/Dependency Svcs	46 S. 1st St. East	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
<b>298</b>	Youth Dynamics Inc.	47177 Hwy. 2, Suite 1	Malta	MT	59538



5/7/20	<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		Email: <a href="mailto:pdegel@youthdynamia.org">pdegel@youthdynamia.org</a>	
	<b>Clinical Director:</b> Teri Jackson		Email: <a href="mailto:tjackson@youthdynamia.org">tjackson@youthdynamia.org</a>	
	<b>Office Manager:</b> Dawn Wilson		Email: <a href="mailto:mics.org">mics.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>	
	Inpatient	Flathead	(406) 854-2832	(406) 854-2835	
	<b>Director:</b> Nancy Brekke		Email: <a href="mailto:ben@wildernesstreatmentcenter.com">ben@wildernesstreatmentcenter.com</a>		
	<b>Ref. Relations Director:</b> Ben Dorrington		Website: <a href="http://mentcenter.com">mentcenter.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		Email: <a href="mailto:pdegel@youthdynamia.org">pdegel@youthdynamia.org</a>		
	<b>Clinical Director:</b> Teri Jackson		Email: <a href="mailto:tjackson@youthdynamia.org">tjackson@youthdynamia.org</a>		
	<b>Office Manager:</b> Dawn Wilson		Email: <a href="mailto:mics.org">mics.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		Email: <a href="mailto:bkneeland@emcmhc.org">bkneeland@emcmhc.org</a>		
	<b>Clinical Supervisor:</b> John Rex		Email: <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>	
	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 Location to be determined	Call for service location	Phillipsburg	MT	59858
	<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
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	
<b>Director:</b> Kayla Anderson		<b>Email:</b> <a href="mailto:prairiehillsrecovery@yahoo.com">prairiehillsrecovery@yahoo.com</a>			
<b>Clinical Director:</b>		<b>Email:</b>			
<b>Office Manager:</b> Connie Erickson		<b>Email:</b> <a href="mailto:prairiehillsrecovery@yahoo.com">prairiehillsrecovery@yahoo.com</a>			
	<b>Mailing Address</b>	PO Box 626	Sidney	MT	59270

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: [g](mailto:g)

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)

**Mailing Address**

PO Box 482 Red Lodge MT 59068

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	

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

Director: Barb Mettler

Email: [g](mailto:g)

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)

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	
<b>Executive Director:</b> Peter Degel			Email: <a href="mailto:pdegel@youthdynami">pdegel@youthdynami</a>		
<b>Clinical Director:</b> Teri Jackson			Email: <a href="mailto:cs.org">cs.org</a>		
<b>Office Manager:</b> Dawn Wilson			Email: <a href="mailto:tjackson@youthdyna">tjackson@youthdyna</a>		
<b>Mailing Address</b>			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>		
		222 Main Street #E	Shelby	MT	59474

Program ID	Program Name	Location Address	City	State	Zip
206	Journey Recovery Location to be determined	Call for service location	Stanford	MT	59479
	<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>	
	OP, IOP, ACT, MIP, Co-occurring	Mineral	(406) 822-5422		
<b>Director:</b> Nancy M. Smith			Email: <a href="mailto:choices@blackfoot.net">choices@blackfoot.net</a>		
<b>Clinical Supervisor:</b> Nancy M. Smith			Email: <a href="mailto:choices@blackfoot.net">choices@blackfoot.net</a>		
<b>Office Manager:</b> Charlee Thompson			Email: <a href="mailto:ct.choices@gmail.com">ct.choices@gmail.com</a>		
<b>Admin. Assistant:</b> Teauna Holden			Email: <a href="mailto:th.choices@blackfoot.net">th.choices@blackfoot.net</a>		
<b>Mailing Address</b>			Email: <a href="mailto:net">net</a>		
		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	Call for service location	Terry	MT	59349
	<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 Satellite Office	1029 Main St	Thompson Falls	MT	59873
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP	Sanders	(406) 827-4241	(406) 827-9677	
			<a href="mailto:michaelcummins@fvc">michaelcummins@fvc</a>		
	<b>Director:</b> Mike Cummins		<b>Email:</b> <a href="mailto:dc.net">dc.net</a>		
	<b>Clinical Supervisor:</b> Derek Dalton		<b>Email:</b> <a href="mailto:derekdalton@fvcdc.net">derekdalton@fvcdc.net</a> <a href="mailto:elisestimfling@fvcdc.n">elisestimfling@fvcdc.n</a>		
	<b>Lead Staff:</b> Elise Stimfling		<b>Email:</b> <a href="mailto:et">et</a> <a href="mailto:desireenewcomb@fvc">desireenewcomb@fvc</a>		
	<b>Office Manager:</b> Desiree Newcomb		<b>Email:</b> <a href="mailto:dc.net">dc.net</a>		
	<b>Mailing Address</b>	PO Box 940	Libby	MT	59923

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

5/7/20	<b>Services</b> OP, ACT, MIP	<b>County</b> Meagher	<b>Phone</b> (406) 547-2249	<b>Fax</b>
<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	Call for service location	Wibaux	MT	59353
Location to be determined					
<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:distij@midrivers.com">distij@midrivers.com</a>		
Call to schedule services					

Program ID	Program Name	Location Address	City	State	Zip
206	Journey Recovery	Call for service location	Winnett	MT	59087
Location to be determined					
<b>Services</b>		<b>County</b>	<b>Phone</b>	<b>Fax</b>	
OP, ACT, MIP, PFL		Petroleum	(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	124 Custer Ste B	Wolf Point	MT	59201
Satellite Office					
<b>Services</b>		<b>County</b>	<b>Phone</b>	<b>Fax</b>	
OP, ACT, MIP		Roosevelt	(406) 653-1872		
<b>Director:</b> Brenda Kneeland			<b>Email:</b> <a href="mailto:bkneeland@emcmhc.org">bkneeland@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>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	Adolescent OP, IOP, MIP, Co-occurring	Roosevelt	(406) 653-3992	(406) 653-3948	
<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>	200 Eureka Steet	Wolf Point	MT	59201









































