

Program ID	Program Name	Location Address	City	State	Zip
201	Alcohol & Drug Services of Gallatin Co.	2310 N. 7th Ave	Bozeman	MT	59715
	Services	County	Phone	Fax	
	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		
	Clinical Supervisor: Vicki DeBoer		Email: vickid@adsgc.org		
	Office Manager: Becky Wysoski		Email: beckyw@adsgc.org		
247	Benefis Healthcare	500 15th Ave S.	Great Falls	MT	59405
	Services	County	Phone	Fax	
	OP, ACT, MIP, Co-occurring	Cascade	(406) 455-2367	(406) 455-2373	
	Director: Marlene O'Connell, RN		Email: marleneoconnell@benefis.org		
			Website: www.benefis.org		
222	Boyd Andrew Community Services Satellite Office	Courthouse Annex	Boulder	MT	59632
	Services	County	Phone	Fax	
	OP, ACT, MIP	Jefferson	406-443-2343		
	Director: Amy Tenney		Email: atenney@boydandrew.com		
	Clinical Director: Evonne Hawe		Email: ehawe@boydandrew.com		
	Residential Clinical Supv: Dan Krause		Email: dkrause@boydandrew.com		
	Office Manager: Sara Dobbins		Email: sdobbins@boydandrew.com		
	Mailing Address	PO Box 1153	Helena	MT	59624
	Main Office Address	60 Last Chance Gulch	Helena	MT	59601
			Website: www.boydandrew.com		
222	Boyd Andrew Community Services (Main Office)	60 Last Chance Gulch	Helena	MT	59601
	Services	County	Phone	Fax	
	OP, ACT, Co-occurring, RH - (Male), Tx Court, Inpatient	Lewis & Clark	(406) 443-2343	(406) 443-5490	
	Director: Amy Tenney		Email: atenney@boydandrew.com		
	Clinical Supervisor: Evonne Hawe		Email: ehawe@boydandrew.com		
	Office Manager: Sara Dobbins		Email: sdobbins@boydandrew.com		
	Mailing Address	PO Box 1153	Helena	MT	59624
			Website: www.boydandrew.com		

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

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

Program ID	Program Name	Location Address	City	State	Zip
283	Center for Mental Health Satellite Office	316 1st St NW	Choteau	MT	59422
	Services	County	Phone	Fax	
	OP, ACT, MIP, Co-occurring	Teton	(406) 466-5681	(406) 466-5683	
Director: Julie Prigmore		Email: juliep@center4mh.org			
Clinical Director: Teresa McCracken		Email: teresam@center4mh.org			
Office Manager: Nicolete Villagran		Email: nicoletev@center4mh.org			

Program ID	Program Name	Location Address	City	State	Zip
283	Center for Mental Health (Main Office)	514 S. Front St	Conrad	MT	59425
	Services	County	Phone	Fax	
	OP, ACT, MIP, Co-occurring	Pondera	(406) 278-3205		
Director: Julie Prigmore		Email: juliep@center4mh.org			
Clinical Director: Teresa McCracken		Email: teresam@center4mh.org			
Office Manager: Nicolete Villagran		Email: nicoletev@center4mh.org			
	Mailing Address	925 Oilfield, Ste 2	Shelby	MT	59474

Program ID	Program Name	Location Address	City	State	Zip
295	Choices for Change Counseling	304 4th Ave E	Superior	MT	59872

Services	County	Phone	Fax		
OP, IOP, ACT, MIP, Co-occurring	Mineral	(406) 822-5422			
Director: Nancy M. Smith		Email: choices@blackfoot.net			
Clinical Supervisor: Nancy M. Smith		Email: choices@blackfoot.net			
Office Manager: Charlee Thompson		Email: ct.choices@gmail.com			
Admin. Assistant: Teauna Holden		Email: th.choices@blackfoot.net			
Mailing Address	PO Box 622	Superior	MT 59872		
Program ID	Program Name	Location Address	City	State	Zip
212	Crystal Creek Lodge	Old Hospital Hill #1	Browning	MT	59417
Services	County	Phone	Fax		
Inpatient, OP, IOP, ACT, MIP	Glacier/Teton	(406) 338-6330	(406) 338-7660		
Director: Louella Heavy Runner		Email: louellahr@gmail.com			
Clinical Director: Patricia Calf Looking		Email: Lodge_jaybird_65@hotmail.com			
Office Manager: Anna Horn		Email: annahorn01@yahoo.com			
Mailing Address	PO Box 450	Browning	MT	59417	
Program ID	Program Name	Location Address	City	State	Zip
211	District II Alcohol & Drug Program Satellite Office	McCone County Courthouse	Circle	MT	59215
Services	County	Phone	Fax		
OP, ACT, MIP	McCone	(406) 485-3425			
Director: Dennise Schaffner		Email: distii@midrivers.com			
Program ID	Program Name	Location Address	City	State	Zip
211	District II Alcohol & Drug Program (Main Office)	119 South Kendrick	Glendive	MT	59330
Services	County	Phone	Fax		
OP, ACT, MIP	Dawson	(406) 377-5942	(406) 377-3050		
Director: Dennise Schaffner		Email: distii@midrivers.com			
Clinical Director: Dennise Schaffner		Email: dschaffner@midrivers.com			
Office Manager: Stacey O'Tremba		Email: sotremba@midrivers.com			
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
Services	County	Phone	Fax		
OP, ACT, MIP	Richland	(406) 433-4097	(406) 433-4726		
Director: Dennise Schaffner		Email: distii@midrivers.com			
Clinical Supervisor: Dennise Schaffner		Email: adsidney@midrivers.com			

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
	Services	County	Phone	Fax	
	OP, ACT, MIP	Prairie	(406) 377-5942	(406) 377-3050	
Director: Dennise Schaffner			Email: distii@midrivers.com		

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
	Services	County	Phone	Fax	
	OP, ACT, MIP	Wibaux	(406) 377-5942	(406) 377-3050	
Director: Dennise Schaffner			Email: distii@midrivers.com		

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
	Satellite Office				
	Services	County	Phone		
	OP, ACT, MIP	Fallon	(406) 234-1687		
Director: Brenda Kneeland			Email: bkneeland@emcmhc.org		
Clinical Director: John Rex			Email: jrex@emcmhc.org		

Program ID	Program Name	Location Address	City	State	Zip
273	Eastern Montana Community Mental Health Center - Substance Abuse/Dependency Svcs	507 N. Lincoln Ave.	Broadus	MT	59317
	Satellite Office	Powder River Clinic	Broadus	MT	59317
	Services	County	Phone		
	OP, ACT, MIP	Powder River	(406) 234-1687		
Director: Brenda Kneeland			Email: bkneeland@emcmhc.org		
Clinical Director: John Rex			Email: jrex@emcmhc.org		

Program ID	Program Name	Location Address	City	State	Zip
273	Eastern Montana Community Mental Health Center - Substance Abuse/Dependency Svcs	1004 C. Ave	Circle	MT	59215

Services	County	Phone
OP, ACT, MIP	Wibaux	(406) 377-6075
Director: Brenda Kneeland		Email: bkneeland@emcmhc.org
Clinical Director: John Rex		Email: jrex@emcmhc.org

Program ID	Program Name	Location Address	City	State	Zip
273	Eastern Montana Community Mental Health Center (EMCMHC)- Substance Abuse/Dependency Svcs Satellite Office	121 N. 11th Ave. EMCMHC	Colstrip	MT	59327
Services	County	Phone			
OP, ACT, MIP	Rosebud	(406) 234-1687			
Call to schedule services					
Mailing Address	PO Box 1257	Forsyth	MT	59327	

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
Services	County	Phone				
OP, ACT, MIP	Carter	(406) 234-1687				
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	1093 Main Street	Forsyth	MT	59327
Services	County	Phone	Fax		
OP, ACT, MIP	Rosebud	(406) 346-7654			
Director: Brenda Kneeland		Email: bkneeland@emcmhc.org			
Clinical Director: John Rex		Email: jrex@emcmhc.org			
Mailing Address	PO Box 1257	Forsyth	MT	59327	

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 EMCMHC	Glasgow	MT	59230
Services	County	Phone	Fax		

Director: Brenda Kneeland Email: bkneeland@emcmhc.org
Clinical Director: John Rex Email: jrex@emcmhc.org
Office Manager: Mary Hughes Email: mhughes_emcmhc@nemont.net

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
	Services	County	Phone		
	OP, ACT, MIP	Dawson	(406) 377-6075		
	Director: Brenda Kneeland		Email: bkneeland@emcmhc.org		
	Clinical Director: John Rex		Email: jrex@emcmhc.org		

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
	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 Satellite Office	332 Leavitt Ave. 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
273	Eastern Montana Community Mental Health Center - Substance Abuse/Dependency Svcs				
	Location to be determined	46 S. 1st St. East	Malta	MT	59538
	Services	County	Phone	Fax	
	OP, ACT, MIP	Phillips	(406) 228-9349		

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
	Services	County	Phone	Fax	
	OP, ACT, MIP, RH - Male, Co-occurring, Tx Court	Custer	(406) 234-1687	(406) 234-4039	
	Director: Brenda Kneeland		Email: bkneeland@emcmhc.org		
	Clinical Supervisor: John Rex		Email: jrex@emcmhc.org		
	Office Manager:		Email:		
	Mailing Address	PO Box 1530	Miles City	MT	59301

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
	Services	County	Phone	Fax	
	OP, ACT, MIP	Sheridan	(406) 765-2550		
	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
	Services	County	Phone	Fax	
	OP, ACT, MIP	Daniels	(406) 487-2296		
	Call to schedule services				

Program ID	Program Name	Location Address	City	State	Zip
273	Eastern Montana Community Mental Health Center - Substance Abuse/Dependency Svcs Sidney Satellite Office	1201 West Holly Suite 4	Sidney	MT	59270
	Services	County	Phone		
	OP, ACT, MIP	McCone	(406) 433-4635		
	Director: Brenda Kneeland		Email: bkneeland@emcmhc.org		
	Clinical Director: John Rex		Email: jrex@emcmhc.org		

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	59353
	Services	County	Phone		
	OP, ACT, MIP	Richland	(406) 377-6075		
Director: Brenda Kneeland			Email: bkneeland@emcmhc.org		
Clinical Director: John Rex			Email: jrex@emcmhc.org		

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
	Services	County	Phone		
	OP, ACT, MIP	Prairie	(406) 377-6075		
Director: Brenda Kneeland			Email: bkneeland@emcmhc.org		
Clinical Director: John Rex			Email: 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	124 Custer Ste B	Wolf Point	MT	59201
	Services	County	Phone	Fax	
	OP, ACT, MIP	Roosevelt	(406) 653-1872		
Director: Brenda Kneeland			Email: bkneeland@emcmhc.org		
Site Director: John Rex			Email: jrex@emcmhc.org		

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
	Services	County	Phone	Fax	
	OP, ACT, MIP	Lincoln	(406) 297-2822	(406) 297-2823	
Director: Mike Cummins			Email: michaelcummins@fvcdc.net		
Lead Staff: Theresa Oakland			Email: theresaokland@fvcdc.net		
Clinical Coordinator: Derek Dalton			Email: derekdalton@fvcdc.net		
Office Manager: Desiree Newcomb			Email: desireenewcomb@fvcdc.net		
	Mailing Address	PO Box 1409	Eureka	MT	59917

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

Program ID	Program Name	Location Address	City	State	Zip
209	Flathead Valley Chemical Dependency Clinic Satellite Office	711 California Ave	Libby	MT	59923
	Services	County	Phone	Fax	
	OP, ACT, MIP	Lincoln	(406) 293-7731	(406) 293-8530	
Director: Mike Cummins		Email: michaelcummins@fvcdc.net			
Clinical Director: Derek Dalton		Email: derekdalton@fvcdc.net			
Lead Staff: Bill Foster		Email: billfoster@fvcdc.net			
Office Manager: Desiree Newcomb		Email: desireenewcomb@fvcdc.net			
	Mailing Address	PO Box 756	Libby	MT	59923

Program ID	Program Name	Location Address	City	State	Zip
209	Flathead Valley Chemical Dependency Clinic Satellite Office	1029 Main St	Thompson Falls	MT	59873
	Services	County	Phone	Fax	
	OP, ACT, MIP	Sanders	(406) 827-4241	(406) 827-9677	
Director: Mike Cummins		Email: michaelcummins@fvcdc.net			
Clinical Supervisor: Derek Dalton		Email: derekdalton@fvcdc.net			
Lead Staff: Elise Stimfling		Email: elisestimfling@fvcdc.net			
Office Manager: Desiree Newcomb		Email: desireenewcomb@fvcdc.net			
	Mailing Address	PO Box 940	Libby	MT	59923

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	
Director: Charlie Ereaux		Email: Charlie.ereaux@ftbelknap.org			

Clinical Coordinator: Irma Skunk Capskunkcapirma@yahoo.com**Office Manager:** Sara Wilson**Email:** miss.serah.wilson@gmail.com

Program ID	Program Name	Location Address	City	State	Zip
227	Gateway Community Services (Main Office)	26 4th St. North	Great Falls	MT	59401
	Services	County	Phone	Fax	
	OP, IOP, MIP, ACT, Co-occurring, RH - Male Native American	Cascade	(406) 727-2512	(406) 727-7451	
	Director: Robert Wigdorski		Email: bob@gatewayrecovery.org		
	Clinical Director: Megan Bailly		Email: megan@gatewayrecovery.org		
	Office Manager: Tammy Hatch		Email: tammy@gatewayrecovery.org		
			Website: www.gatewayrecovery.org		

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		
	Clinical Director: Ben Horn, LAC		Email: bhorn@helenaindianalliance.com		
	Assistant Director:		Email:		
	Mailing Address	501 Euclid Avenue	Helena	MT	59601

Program ID	Program Name	Location Address	City	State	Zip
293	Indian Family Health Clinic	1220 Central Ave	Great Falls	MT	59401
	Services	County	Phone	Fax	
	OP, MIP, Co-occurring	Cascade	(406) 268-1587	(406) 268-1572	
	Director: Ernestine Belcourt		Email: ebelcourt@indianfamilyhealth.org		
	Clinical Director: Julie Flesch		Email: jflesch@indianfamilyhealth.org		
	Exec. Assistant: Leah Noel		lnoe@indianfamilyhealth.org		

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		
	Clinical Director: Dana LeClair		Email: danaclair@ihbillings.org		
	Office Manager: Robert Ironmaker		Email: rironmaker@ihbillings.org		

Program ID	Program Name	Location Address	City	State	Zip
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Intermountain	3240 Dredge Dr.	Helena	MT	59602
Services	County	Phone	Fax	
Co-Occurring, Adol OP, IOP, ACT, MIP	Lewis & Clark	(406) 442-7920		
Executive Director: Kim Gardner		Email: kimg@intermountain.org		
Site Director: Kim Gardner		Email: kimg@intermountain.org		
Office Manager: Denni Byrd		Email: dennib@intermountain.org		
Mailing Address	3240 Dredge Drive	Helena	MT	59602

Program ID	Program Name	Location Address	City	State	Zip
206	Journey Recovery Satellite Office	515 Hooper	Big Timber	MT	59011
	Services	County	Phone	Fax	
	OP, ACT, MIP, PFL	Sweet Grass	4069325924	4069325924	
Director: Barb Mettler		Email: bMettler@scrmhmc.org			
Site Director: Daisy Nyberg		Email: dnyberg@scrmhmc.org			
Office Manager: Laurie Parrent		Email: lparrent@scrmhmc.org			
Mailing Address	PO Box 232	Big Timber	MT	59011	

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, PFL	Yellowstone	(406) 252-5658	(406) 254-1650	
Clinical Director: Laura Harper		Email: lharper@scrmhmc.org			
Mailing Address	PO Box 219	Lewistown	MT	59457	

Program ID	Program Name	Location Address	City	State	Zip
206	Journey Recovery Satellite Office	612 East Pike	Columbus	MT	59019
	Services	County	Phone	Fax	
	OP, ACT, MIP, PFL	Stillwater	(406) 322-4514	(406) 322-4515	
Site Director: Laura Harper		Email: lharper@scrmhmc.org			
Office Manager: Wendy Wells		Email: wenwells@scrmhmc.org			
Mailing Address	PO Box 238	Columbus	MT	59019	

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, PFL	Big Horn	(406) 665-8730	(406) 665-8755	
Director: Barb Mettler		Email: bMettler@scrmhmc.org			

Site Director: Laura Harper**Email:** lharp@scrmhc.org**Office Manager:** Elizabeth Bender**Email:** ebender@scrmhc.org

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		
Director: Barb Mettler		Email: bMettler@scrmhc.org			
Site Director: Laura Harper		Email: lharp@scrmhc.org			
Office Manager: Susan Williams		Email: slong@scrmhc.org			

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

Program ID	Program Name	Location Address	City	State	Zip
206	Journey Recovery Satellite Office	48210 Oakes Ave. S.	Red Lodge	MT	59068
	Services	County	Phone	Fax	
	OP, ACT, MIP, PFL	Carbon	(406) 446-2500	(406) 446-2501	
Director: Barb Mettler		Email: bMettler@scrmhc.org			
Site Director: Laura Harper		Email: lharp@scrmhc.org			
Office Manager: Mary Cameron		Email: mcameron@scrmhc.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
	Services	County	Phone	Fax	
	OP, ACT, MIP, PFL	Musselshell	(406) 323-1142	(406) 323-1149	
Director: Barb Mettler		Email: bMettler@scrmhc.org			
Site Director: Laura Harper		Email: lharp@scrmhc.org			
Office Manager: Cindy McCaffree		Email: cmcafree@scrmhc.org			

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

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

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

Program ID	Program Name	Location Address	City	State	Zip
306	Misfits, LLC (Main Office)	1111 14th St. S.	Great Falls	MT	59406
	Services	County	Phone	Fax	
	OP, IOP, MIP, ACT/DUI, TX Court	Cascade	(406) 868-7832	(406) 761-4493	
<p style="text-align: right;">misfitsllc@hotmail.co</p> <p>Co-Director: Julie Messerly Email: m</p> <p>Co-Director: Corin Fisch Email: misfitsllc@hotmail.com</p> <p>Office Manager: Kathy Perry Email: misfitsllc@hotmail.com</p>					
	Mailing Address	PO Box 6325	Great Falls	MT	59406

Program ID	Program Name	Location Address	City	State	Zip
306	Misfits, LLC Sattellite Office	308 11th Ave. S.	Shelby	MT	59474
	Services	County	Phone	Fax	
	OP, IOP, MIP, ACT/DUI, TX Court	Toole	(406) 868-7832	(406) 761-4493	

Co-Director: Julie Messerly
Co-Director: Corin Fisch
Office Manager: Kathy Perry

Email: m
Email: misfitsllc@hotmail.com
Email: misfitsllc@hotmail.com

Mailing Address PO Box 6325 Great Falls MT 59406

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

Program ID	Program Name	Location Address	City	State	Zip
223	Montana Chemical Dependency Center	525 E. Mercury	Butte	MT	59701
	Services	County	Phone	Fax	
	Inpatient, Detox	Silver Bow	(406) 496-5400	(406) 496-5437	
	Director: Kyle Fouts		Email: kfouts@MTgov		
	Clinical Supervisor: Shannon LaTray		Email: SLaTray2@MTgov		

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		
	Clinical Director: Jennifer Stern		Email: jsstern@newdayranch.com		
	Office Manager: Lori Heimbichner		Email: lheimbichner@newdayranch.com		
	Mailing Address	PO Box 30282	Billings	MT	59107

Program ID	Program Name	Location Address	City	State	Zip
305	Northern MT Hospital (Main Office)	30 13th St.	Have	MT	59501
	Services	County	Phone	Fax	
	OP, IOP, ACT, MIP, Co-Occurring	Hill	(406) 262-1422	(406) 262-1658	
	Director: Brian Williams		Email: willbrig@nmhcare.org		
	Clinical Director: Debby Knudsen		Email: knuddeb@nmhcare.org		
	Office Manager: Brian Williams		Email: willbrig@nmhcare.org		
	Mailing Address	30 13th St.	Have	MT	59501

Program ID	Program Name	Location Address	City	State	Zip
305	Northern MT Hospital (Satellite Office)	111 1st St. East	Chester	MT	59522
	Services	County	Phone	Fax	
	OP, IOP, ACT, MIP, Co-Occurring	Liberty	(406) 262-1466	(406) 262-1658	
	Director: Brian Williams		Email: willbrig@nmhcare.org		
	Clinical Director: Debby Knudsen		Email: knuddeb@nmhcare.org		
	Office Manager: Brian Williams		Email: willbrig@nmhcare.org		
	Mailing Address	30 13th St.	Havre	MT	59501

307	Prairie Hills Recovery Center	623 N. Central Ave	Sidney	MT	59270
	Services	County	Phone	Fax	
	OP, IOP, ACT, MIP	Richland	(406) 488-3001	(406) 488-3003	
	Director: Kayla Anderson		Email: prairiehillsrecovery@yahoo.com		
	Clinical Director:		Email:		
	Office Manager: Connie Erickson		Email: prairiehillsrecovery@yahoo.com		
	Mailing Address	PO Box 626	Sidney	MT	59270

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

Program ID	Program Name	Location Address	City	State	Zip
202	Rimrock Foundation	1231 North 29th Street	Billings	MT	59101
	Services	County	Phone	Fax	
	Detox, IP - (Adoles. & Adult), IOP, Day Treatment - Adolesc., ACT/PFL, OP, Co-occurring, RH - (W&C, Adolesc.-Female and Adult-Male), MH, Tx Court	Yellowstone	(406) 248-3175	(406) 248-3821	
	Director: Lenette Kosovich		Email: lkosovich@rimrock.org		
	Clinical Supervisor: Corilee Goni		Email: cgoni@rimrock.org		
	Office Manager: Shirley R. Ehleng		Email: sehleng@rimrock.org		
			Email: comm@rimrock.org	General Email	
			Website: www.rimrock.org		

Program ID	Program Name	Location Address	City	State	Zip
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231	Southwest CD Program Satellite Office	730 N. Montana	Dillon	MT	59725
	Services	County	Phone	Fax	
	OP, ACT, MIP	Beaverhead	(406) 683-4305	(406) 383-9767	
Director: Jean McCauley		Email: swcdp@aol.com			
Admin. Assist: Sandy Cook		Email: swcdp@aol.com			
Office Manager:		Email:			

Program ID	Program Name	Location Address	City	State	Zip
231	Southwest CD Program (Main Office)	430 East Park	Livingston	MT	59047
	Services	County	Phone	Fax	
	OP, ACT, MIP, RH - (Men, Women, Families), Co-occurring	Park	(406) 222-2812	(406) 222-4764	
Director: Jean McCauley		Email: swcdp@aol.com			
Clinical Director: Lyndon Kacick		Email: swcdp@aol.com			
Office Manager: Cheryl Hayes		Email: infoswcdp@aol.com			
	Mailing Address	PO Box 1587	Livingston	MT	59047

Program ID	Program Name	Location Address	City	State	Zip
231	Southwest CD Program Satellite Office	415 Broadway #5	Townsend	MT	59644
	Services	County	Phone	Fax	
	OP, ACT, MIP	Broadwater	(406) 222-2812		
Director: Jean McCauley		Email: swcdp@aol.com			
Clinical Director: Lyndon Kacick		Email: swcdp@aol.com			
Office Manager: Jean McCauley		Email: swcdp@aol.com			

Program ID	Program Name	Location Address	City	State	Zip
231	Southwest CD Program Satellite Office	Main Street Arrowhead Properties	Virginia City	MT	59755
	Services	County	Phone	Fax	
	OP, ACT, MIP	Madison	(406) 682-7190	(406) 683-9767	
Call to schedule services					
Director: Jean McCauley		Email: swcdp@aol.com			
Clinical Director: Lyndon Kacick		Email: swcdp@aol.com			

Program ID	Program Name	Location Address	City	State	Zip
231	Southwest CD Program Satellite Office	15 West Main	White Sulphur Springs	MT	59645
	Services	County	Phone	Fax	
	OP, ACT, MIP	Meagher	(406) 547-2249		

Director: Jean McCauley
Office Manager: Jean McCauley

Email: swcdp@aol.com
Email: swcdp@aol.com

Program ID	Program Name	Location Address	City	State	Zip
300	Southwest Community Health Center	445 Centennial Ave.	Butte	MT	59701
	Services	County	Phone	Fax	
	OP	Silver Bow	(406) 723-4075		

Director: Jessica Cotton
Clinical Director: Molly Molloy
Office Manager:

Email: jcotton@swMTchc.org
Email: mmolloy@swMTchc.org
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
Clinical Director: Linda Rogers
Office Manager: Sandy Klimpel

Email: dboyd@cccscorp.com
Email: lrogers@cccscorp.com
Email: sklimpel@cccscorp.com

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) 532-9101	(406) 363-4498	

Director: Diane Conti
Office Manager: Patty Snyder

Email: dconti@wmmhc.org
Email: psnyder@wmmhc.org

Program ID	Program Name	Location Address	City	State	Zip
258	Western MT Addiction Services-Turning Point (Main Office)	1325 Wyoming	Missoula	MT	59801
	Services	County	Phone	Fax	
	OP, ACT, MIP, RH - (W&C), Co-occurring, Tx Court	Missoula	(406) 532-9800	(406) 541-3032	

Director: Katherine Isaacson
Office Manager: Shiloh Lucier

Email: kisaacson@wmmhc.org
Email: slucier@wmmhc.org

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

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
	Services	County	Phone	Fax	
	OP, ACT, MIP, Co-occurring	Deer Lodge	(406) 563-7038	(406) 563-7685	
Director: Janine Stewart			Email: jstewart@wmmhc.org		
Clinical Supervisor: Kevin Stewart			Email: kstewart@wmmhc.org		
Program Manager: Janine Stewart			Email: jstewart@wmmhc.org		

Program ID	Program Name	Location Address	City	State	Zip
297	Western Montana Tri-County Addiction Services	Location to be determined	Deer Lodge	MT	59722
	Services	County	Phone	Fax	
	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
297	Western Montana Tri-County Addiction Services	Location to be determined	Phillipsburg	MT	59858
	Services	County	Phone	Fax	
	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
905	White Sky Hope Center (Main Office)	96 Clinic Rd.	Box Elder	MT	59521
	Services	County	Phone	Fax	
	IOP, OP, MIP, Co-occurring, ACT, RH(Female, Male Native American)	Choteau/Hill	(406) 395-4818	(406) 395-4861	

Director: Lenore Myers **Email:** lmyers@rbclinic.org
Clinical Supervisor: Tina King **Email:** tcorbin@rbclinic.org
Office Manager: Myra Windy Boy **Email:** mwindyboy@rbclinic.org

Program ID	Program Name	Location Address	City	State	Zip
250	Wilderness Treatment Center	200 Hubbart Dam Road	Marion	MT	59925
	Services	County	Phone	Fax	
	Wilderness Adolescent & Young Adult Inpatient	Flathead	(406) 854-2832	(406) 854-2835	

Director: Nancy Brekke **Email:** ben@wildernesstreatmentcenter.com
Ref. Relations Director: Ben Dorrington **Website:** www.wildernesstreatmentcenter.com

Program ID	Program Name	Location Address	City	State	Zip
298	Youth Dynamics	2334 Lewis Ave	Billings	MT	59102
	Services	County	Phone	Fax	
	Adolescent OP, IOP, MIP, Co-occurring	Yellowstone	(406) 245-6539	(406) 245-9647	

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

Mailing Address 2334 Lewis Ave Billings MT 59102

Program ID	Program Name	Location Address	City	State	Zip
298	Youth Dynamics Inc.	105 Venture Way	Boulder	MT	59632
	Services	County	Phone	Fax	
	Adolescent OP, IOP, MIP, Co-occurring	Jefferson	(406) 225-4600	(406) 225-3464	

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

Mailing Address 105 Venture Way Boulder MT 59632

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

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

Mailing Address 1609 West Babcock,
Suite A Bozeman MT 59715

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

Program ID	Program Name	Location Address	City	State	Zip
298	Youth Dynamics Inc.	421 Olive Dr.	Colstrip	MT	59323
	Services	County	Phone	Fax	
	Adolescent OP, IOP, MIP, Co-occurring	Rosebud	(406) 748-3084	(406) 748-3100	
Executive Director: Peter Degel		Email: pdegel@youthdynamics.org			
Clinical Director: Teri Jackson		Email: tjackson@youthdynamics.org			
Office Manager: Dawn Wilson		Email: dawn.wilson@youthdynamics.org			
	Mailing Address	421 Olive Drive	Colstrip	MT	59323

Program ID	Program Name	Location Address	City	State	Zip
298	Youth Dynamics Inc.	PO Box 261	Dillon	MT	59725
	Services	County	Phone	Fax	
	Adolescent OP, IOP, MIP, Co-occurring	Beaverhead	(406) 683-6176	(406) 683-6195	
Executive Director: Peter Degel		Email: pdegel@youthdynamics.org			
Clinical Director: Teri Jackson		Email: tjackson@youthdynamics.org			
Office Manager: Dawn Wilson		Email: dawn.wilson@youthdynamics.org			
	Mailing Address	610 North Montana Street	Dillon	MT	59725

Program ID	Program Name	Location Address	City	State	Zip
298	Youth Dynamics Inc.	316 Railroad Aly N.	Glasgow	MT	59230
	Services	County	Phone	Fax	
	Adolescent OP, IOP, MIP, Co-occurring	Valley	(406) 228-2058	(406) 228-2059	
Executive Director: Peter Degel		Email: pdegel@youthdynamics.org			
Clinical Director: Teri Jackson		Email: tjackson@youthdynamics.org			
Office Manager: Dawn Wilson		Email: dawn.wilson@youthdynamics.org			
	Mailing Address	316 1st Alley N	Glasgow	MT	59230

Program ID	Program Name	Location Address	City	State	Zip
298	Youth Dynamics Inc.	120 W. Towne St. #202	Glendive	MT	59330

Services	County	Phone	Fax		
Adolescent OP, IOP, MIP, Co-occurring	Dawson	(406) 377-4943	(406) 748-3100		
Executive Director: Peter Degel		Email: pdegel@youthdynamics.org			
Clinical Director: Teri Jackson		Email: tjackson@youthdynamics.org			
Office Manager: Dawn Wilson		Email: dawn.wilson@youthdynamics.org			
Mailing Address	120 W. Town St #202	Glendive	MT 59330		
Program ID	Program Name	Location Address	City	State	Zip
298	Youth Dynamics Inc.	225 7th Ave S Suite 1	Great Falls	MT	59405
Services	County	Phone	Fax		
Adolescent OP, IOP, MIP, Co-occurring	Cascade	(406) 453-5592	(406) 453-5594		
Executive Director: Peter Degel		Email: pdegel@youthdynamics.org			
Clinical Director: Teri Jackson		Email: tjackson@youthdynamics.org			
Office Manager: Dawn Wilson		Email: dawn.wilson@youthdynamics.org			
Mailing Address	225 7th Ave S Suite 1	Great Falls	MT 59405		
Program ID	Program Name	Location Address	City	State	Zip
298	Youth Dynamics Inc.	111 Baker	Hamilton	MT	59840
Services	County	Phone	Fax		
Adolescent OP, IOP, MIP, Co-occurring	Ravalli	(406) 802-7032	(406) 802-7033		
Executive Director: Peter Degel		Email: pdegel@youthdynamics.org			
Clinical Director: Teri Jackson		Email: tjackson@youthdynamics.org			
Office Manager: Dawn Wilson		Email: dawn.wilson@youthdynamics.org			
Mailing Address	111 Baker	Hamilton	MT 59840		
Program ID	Program Name	Location Address	City	State	Zip
298	Youth Dynamics Inc.		Havre	MT	59501
Services	County	Phone	Fax		
Adolescent OP, IOP, MIP, Co-occurring	Hill	(406) 265-3226	(406) 265-4319		
Executive Director: Peter Degel		Email: pdegel@youthdynamics.org			
Clinical Director: Teri Jackson		Email: tjackson@youthdynamics.org			
Office Manager: Dawn Wilson		Email: dawn.wilson@youthdynamics.org			
Mailing Address	220 3rd Ave #403	Havre	MT 59501		
Program ID	Program Name	Location Address	City	State	Zip
298	Youth Dynamics Inc.	4110 Lincoln Rd. W.	Helena	MT	59602
Services	County	Phone	Fax		
Adolescent OP, IOP, MIP, Co-occurring	Lewis and Clark	(406) 458-7022	(406) 458-8890		
Executive Director: Peter Degel		Email: pdegel@youthdynamics.org			
Clinical Director: Teri Jackson		Email: tjackson@youthdynamics.org			
Office Manager: Dawn Wilson		Email: dawn.wilson@youthdynamics.org			

Program ID	Program Name	Location Address	City	State	Zip
298	Youth Dynamics Inc.	450 Corporate Rd #105	Kalispell	MT	59901
	Services	County	Phone	Fax	
	Adolescent OP, IOP, MIP, Co-occurring	Flathead	(406) 851-8017	(406) 751-1193	
	Executive Director: Peter Degel		Email: pdegel@youthdynamics.org		
	Clinical Director: Teri Jackson		Email: tjackson@youthdynamics.org		
	Office Manager: Dawn Wilson		Email: dawn.wilson@youthdynamics.org		
	Mailing Address	450 Corporate Rd #105	Kalispell	MT	59901
298	Youth Dynamics Inc.	417 Mineral Ave, # 5	Libby	MT	59923
	Services	County	Phone	Fax	
	Adolescent OP, IOP, MIP, Co-occurring	Lincoln	(406) 293-9197	(406) 293-4482	
	Executive Director: Peter Degel		Email: pdegel@youthdynamics.org		
	Clinical Director: Teri Jackson		Email: tjackson@youthdynamics.org		
	Office Manager: Dawn Wilson		Email: dawn.wilson@youthdynamics.org		
	Mailing Address	417 Mineral Ave, # 5	Libby	MT	59923
298	Youth Dynamics Inc.	817 West Park	Livingston	MT	59047
	Services	County	Phone	Fax	
	Adolescent OP, IOP, MIP, Co-occurring	Park	(406) 222-6610	406-222-1639	
	Executive Director: Peter Degel		Email: pdegel@youthdynamics.org		
	Clinical Director: Teri Jackson		Email: tjackson@youthdynamics.org		
	Office Manager: Dawn Wilson		Email: dawn.wilson@youthdynamics.org		
	Mailing Address	817 West Park	Livingston	MT	59047
298	Youth Dynamics Inc.	47177 Hwy. 2, Suite 1	Malta	MT	59538
	Services	County	Phone	Fax	
	Adolescent OP, IOP, MIP, Co-occurring	Phillips	(406) 654-2016	(406) 654-2904	
	Executive Director: Peter Degel		Email: pdegel@youthdynamics.org		
	Clinical Director: Teri Jackson		Email: tjackson@youthdynamics.org		
	Office Manager: Dawn Wilson		Email: dawn.wilson@youthdynamics.org		
	Mailing Address	155 S 1st ave E (Alley)	Malta	MT	59538

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

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

Program ID	Program Name	Location Address	City	State	Zip
298	Youth Dynamics Inc.	222 Main Street #E	Shelby	MT	59474
	Services	County	Phone	Fax	
	Adolescent OP, IOP, MIP, Co-occurring	Toole	(406) 434-7028	(406) 434-7150	
Executive Director: Peter Degel		Email: pdegel@youthdynamics.org			
Clinical Director: Teri Jackson		Email: tjackson@youthdynamics.org			
Office Manager: Dawn Wilson		Email: dawn.wilson@youthdynamics.org			
	Mailing Address	222 Main Street #E	Shelby	MT	59474

Program ID	Program Name	Location Address	City	State	Zip
298	Youth Dynamics Inc.	200 Eureka Street	Wolf Point	MT	59201
	Services	County	Phone	Fax	
	Adolescent OP, IOP, MIP, Co-occurring	Roosevelt	(406) 653-3992	(406) 653-3948	
Executive Director: Peter Degel		Email: pdegel@youthdynamics.org			
Clinical Director: Teri Jackson		Email: tjackson@youthdynamics.org			
Office Manager: Dawn Wilson		Email: dawn.wilson@youthdynamics.org			
	Mailing Address	200 Eureka Street	Wolf Point	MT	59201