

Program ID	Program Name	Location Address	City	State	Zip
201	Alcohol & Drug Services of Gallatin Co.	2310 N. 7th Ave	Bozeman	MT	59715
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP, 2 RH -(1 Male & 1 Female), Tx Court, Co-occurring	Gallatin	(406) 586-5493	(406) 587-1238	
	<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>		
247	Benefis Healthcare	500 15th Ave S.	Great Falls	MT	59405
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP, Co-occurring	Cascade	(406) 455-2367	(406) 455-2373	
	<b>Director:</b> Marlene O'Connell, RN		<b>Email:</b> <a href="mailto:marleneoconnell@benefis.org">marleneoconnell@benefis.org</a>		
			<b>Website:</b> <a href="http://www.benefis.org">www.benefis.org</a>		
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	406-443-2343		
	<b>Director:</b> Amy Tenney		<b>Email:</b> <a href="mailto:atenney@boydandrew.com">atenney@boydandrew.com</a>		
	<b>Clinical Director:</b> Evonne Hawe		<b>Email:</b> <a href="mailto:ehawe@boydandrew.com">ehawe@boydandrew.com</a>		
	<b>Residential Clinical Supv:</b> Dan Krause		<b>Email:</b> <a href="mailto:dkrause@boydandrew.com">dkrause@boydandrew.com</a>		
	<b>Office Manager:</b> Sara Dobbins		<b>Email:</b> <a href="mailto:sdobbins@boydandrew.com">sdobbins@boydandrew.com</a>		
	<b>Mailing Address</b>	PO Box 1153	Helena	MT	59624
	<b>Main Office Address</b>	60 Last Chance Gulch	Helena	MT	59601
			<b>Website:</b> <a href="http://www.boydandrew.com">www.boydandrew.com</a>		
222	Boyd Andrew Community Services (Main Office)	60 Last Chance Gulch	Helena	MT	59601
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, Co-occurring, RH - (Male), Tx Court, Inpatient	Lewis & Clark	(406) 443-2343	(406) 443-5490	
	<b>Director:</b> Amy Tenney		<b>Email:</b> <a href="mailto:atenney@boydandrew.com">atenney@boydandrew.com</a>		
	<b>Clinical Supervisor:</b> Evonne Hawe		<b>Email:</b> <a href="mailto:ehawe@boydandrew.com">ehawe@boydandrew.com</a>		
	<b>Office Manager:</b> Sara Dobbins		<b>Email:</b> <a href="mailto:sdobbins@boydandrew.com">sdobbins@boydandrew.com</a>		
	<b>Mailing Address</b>	PO Box 1153	Helena	MT	59624
			<b>Website:</b> <a href="http://www.boydandrew.com">www.boydandrew.com</a>		

Program ID	Program Name	Location Address	City	State	Zip
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@boydandrew.com">sdobbins@boydandrew.com</a>			
		<b>Website:</b> <a href="http://www.boydandrew.com">www.boydandrew.com</a>			

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

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

Program ID	Program Name	Location Address	City	State	Zip
283	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		<b>Email:</b> <a href="mailto:juliep@center4mh.org">juliep@center4mh.org</a>			
<b>Clinical Director:</b> Teresa McCracken		<b>Email:</b> <a href="mailto:teresam@center4mh.org">teresam@center4mh.org</a>			
<b>Office Manager:</b> Nicolete Villagran		<b>Email:</b> <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
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			
<b>Director:</b> Nancy M. Smith		<b>Email:</b> <a href="mailto:choices@blackfoot.net">choices@blackfoot.net</a>			
<b>Clinical Supervisor:</b> Nancy M. Smith		<b>Email:</b> <a href="mailto:choices@blackfoot.net">choices@blackfoot.net</a>			
<b>Office Manager:</b> Charlee Thompson		<b>Email:</b> <a href="mailto:ct.choices@gmail.com">ct.choices@gmail.com</a>			
<b>Admin. Assistant:</b> Teauna Holden		<b>Email:</b> <a href="mailto:th.choices@blackfoot.net">th.choices@blackfoot.net</a>			
<b>Mailing Address</b>	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		
<b>Director:</b> Louella Heavy Runner		<b>Email:</b> <a href="mailto:louellahr@gmail.com">louellahr@gmail.com</a>			
<b>Clinical Director:</b> Patricia Calf Looking		<b>Email:</b> <a href="mailto:Lodge_jaybird_65@hotmail.com">Lodge_jaybird_65@hotmail.com</a>			
<b>Office Manager:</b> Anna Horn		<b>Email:</b> <a href="mailto:annahorn01@yahoo.com">annahorn01@yahoo.com</a>			
<b>Mailing Address</b>	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			
<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
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		
<b>Director:</b> Dennise Schaffner		<b>Email:</b> <a href="mailto:distii@midrivers.com">distii@midrivers.com</a>			
<b>Clinical Director:</b> Dennise Schaffner		<b>Email:</b> <a href="mailto:dschaffner@midrivers.com">dschaffner@midrivers.com</a>			
<b>Office Manager:</b> Stacey O'Tremba		<b>Email:</b> <a href="mailto:sotremba@midrivers.com">sotremba@midrivers.com</a>			
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		
<b>Director:</b> Dennise Schaffner		<b>Email:</b> <a href="mailto:distii@midrivers.com">distii@midrivers.com</a>			
<b>Clinical Supervisor:</b> Dennise Schaffner		<b>Email:</b> <a href="mailto:adsidney@midrivers.com">adsidney@midrivers.com</a>			

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

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				
	<b>Services</b>	<b>County</b>	<b>Phone</b>		
	OP, ACT, MIP	Fallon	(406) 234-1687		
<b>Director:</b> Brenda Kneeland			<b>Email:</b> <a href="mailto:bkneeland@emcmhc.org">bkneeland@emcmhc.org</a>		
<b>Clinical Director:</b> John Rex			<b>Email:</b> <a href="mailto:jrex@emcmhc.org">jrex@emcmhc.org</a>		

Program ID	Program Name	Location Address	City	State	Zip
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
	<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:bkneeland@emcmhc.org">bkneeland@emcmhc.org</a>		
<b>Clinical Director:</b> John Rex			<b>Email:</b> <a href="mailto:jrex@emcmhc.org">jrex@emcmhc.org</a>		

Program ID	Program Name	Location Address	City	State	Zip
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: <a href="mailto:bkneeland@emcmhc.org">bkneeland@emcmhc.org</a>
Clinical Director: John Rex		Email: <a href="mailto:jrex@emcmhc.org">jrex@emcmhc.org</a>

Program ID	Program Name	Location Address	City	State	Zip
273	Eastern Montana Community Mental Health Center (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: <a href="mailto:bkneeland@emcmhc.org">bkneeland@emcmhc.org</a>			
Clinical Director: John Rex		Email: <a href="mailto:jrex@emcmhc.org">jrex@emcmhc.org</a>			
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](mailto:bkneeland@emcmhc.org)  
**Clinical Director: John Rex** Email: [jrex@emcmhc.org](mailto:jrex@emcmhc.org)  
**Office Manager: Mary Hughes** Email: [mhughes\\_emcmhc@nemont.net](mailto: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
	<b>Services</b>	<b>County</b>	<b>Phone</b>		
	OP, ACT, MIP	Dawson	(406) 377-6075		
	Director: Brenda Kneeland		Email: <a href="mailto:bkneeland@emcmhc.org">bkneeland@emcmhc.org</a>		
	Clinical Director: John Rex		Email: <a href="mailto:jrex@emcmhc.org">jrex@emcmhc.org</a>		

Program ID	Program Name	Location Address	City	State	Zip
273	Eastern Montana Community Mental Health Center - Substance Abuse/Dependency Svcs				
	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 Satellite Office	332 Leavitt Ave. 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
273	Eastern Montana Community Mental Health Center - Substance Abuse/Dependency Svcs				
	Location to be determined	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		

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: Brenda Kneeland</b>		<b>Email: <a href="mailto:bkneeland@emcmhc.org">bkneeland@emcmhc.org</a></b>		
	<b>Clinical Supervisor: John Rex</b>		<b>Email: <a href="mailto:jrex@emcmhc.org">jrex@emcmhc.org</a></b>		
	<b>Office Manager:</b>		<b>Email:</b>		
	<b>Mailing Address</b>	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
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	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
	<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
273	Eastern Montana Community Mental Health Center - Substance Abuse/Dependency Svcs Sidney Satellite Office	1201 West Holly Suite 4	Sidney	MT	59270
	<b>Services</b>	<b>County</b>	<b>Phone</b>		
	OP, ACT, MIP	McCone	(406) 433-4635		
	<b>Director: Brenda Kneeland</b>		<b>Email: <a href="mailto:bkneeland@emcmhc.org">bkneeland@emcmhc.org</a></b>		
	<b>Clinical Director: John Rex</b>		<b>Email: <a href="mailto:jrex@emcmhc.org">jrex@emcmhc.org</a></b>		

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
	<b>Services</b>	<b>County</b>	<b>Phone</b>		
	OP, ACT, MIP	Richland	(406) 377-6075		
	<b>Director:</b> Brenda Kneeland		<b>Email:</b> <a href="mailto:bkneeland@emcmhc.org">bkneeland@emcmhc.org</a>		
	<b>Clinical Director:</b> John Rex		<b>Email:</b> <a href="mailto:jrex@emcmhc.org">jrex@emcmhc.org</a>		
Program ID	Program Name	Location Address	City	State	Zip
273	Eastern Montana Community Mental Health Center - Substance Abuse/Dependency Svcs Wibaux Satellite Office	200 North Wibaux St.	Wibaux	MT	59353
	<b>Services</b>	<b>County</b>	<b>Phone</b>		
	OP, ACT, MIP	Prairie	(406) 377-6075		
	<b>Director:</b> Brenda Kneeland		<b>Email:</b> <a href="mailto:bkneeland@emcmhc.org">bkneeland@emcmhc.org</a>		
	<b>Clinical Director:</b> John Rex		<b>Email:</b> <a href="mailto:jrex@emcmhc.org">jrex@emcmhc.org</a>		
Program ID	Program Name	Location Address	City	State	Zip
273	Eastern Montana Community Mental Health Center - Substance Abuse/Dependency Svcs Satellite Office	124 Custer Ste B	Wolf Point	MT	59201
	<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>		
	<b>Site 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
209	Flathead Valley Chemical Dependency Clinic Satellite Office	North Lincoln County Annex 66121 Hwy 37	Eureka	MT	59917
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP	Lincoln	(406) 297-2822	(406) 297-2823	
	<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:theresaokland@fvcdc.net">theresaokland@fvcdc.net</a>		
	<b>Clinical Coordinator:</b> Derek Dalton		<b>Email:</b> <a href="mailto:derekdalton@fvcdc.net">derekdalton@fvcdc.net</a>		
	<b>Office Manager:</b> Desiree Newcomb		<b>Email:</b> <a href="mailto:desireenewcomb@fvcdc.net">desireenewcomb@fvcdc.net</a>		
	<b>Mailing Address</b>	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
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, Co-occurring, ACT, MIP, RH- (Female), Tx Court	Flathead	(406) 756-6453	(406) 756-8546	
<b>Director:</b> Mike Cummins		<b>Email:</b> <a href="mailto:michaelcummins@fvcdc.net">michaelcummins@fvcdc.net</a>			
<b>Clinical Director:</b> Derek Dalton		<b>Email:</b> <a href="mailto:derekdalton@fvcdc.net">derekdalton@fvcdc.net</a>			
<b>Office Manager:</b> Denise Belt		<b>Email:</b> <a href="mailto:Denisebelt@fvcdc.net">Denisebelt@fvcdc.net</a>			
	<b>Mailing Address</b>	PO Box 7115	Kalispell	MT	59904

Program ID	Program Name	Location Address	City	State	Zip
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	
<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>Lead Staff:</b> Bill Foster		<b>Email:</b> <a href="mailto:billfoster@fvcdc.net">billfoster@fvcdc.net</a>			
<b>Office Manager:</b> Desiree Newcomb		<b>Email:</b> <a href="mailto:desireenewcomb@fvcdc.net">desireenewcomb@fvcdc.net</a>			
	<b>Mailing Address</b>	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
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP	Sanders	(406) 827-4241	(406) 827-9677	
<b>Director:</b> Mike Cummins		<b>Email:</b> <a href="mailto:michaelcummins@fvcdc.net">michaelcummins@fvcdc.net</a>			
<b>Clinical Supervisor:</b> Derek Dalton		<b>Email:</b> <a href="mailto:derekdalton@fvcdc.net">derekdalton@fvcdc.net</a>			
<b>Lead Staff:</b> Elise Stimfling		<b>Email:</b> <a href="mailto:elisestimfling@fvcdc.net">elisestimfling@fvcdc.net</a>			
<b>Office Manager:</b> Desiree Newcomb		<b>Email:</b> <a href="mailto:desireenewcomb@fvcdc.net">desireenewcomb@fvcdc.net</a>			
	<b>Mailing Address</b>	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
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, MIP, ACT, Co-occurring	Blaine	(406) 353-4175	(406) 353-4771	
<b>Director:</b> Charlie Ereaux		<b>Email:</b> <a href="mailto:Charlie.ereaux@ftbelknap.org">Charlie.ereaux@ftbelknap.org</a>			

**Clinical Coordinator:** Irma Skunk Cap[skunkcapirma@yahoo.com](mailto:skunkcapirma@yahoo.com)**Office Manager:** Sara Wilson**Email:** [miss.serah.wilson@gmail.com](mailto:miss.serah.wilson@gmail.com)

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

Program ID	Program Name	Location Address	City	State	Zip
304	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	
	<b>Director:</b> Todd Wilson		<b>Email:</b> <a href="mailto:TWilson@helenaindianalliance.com">TWilson@helenaindianalliance.com</a>		
	<b>Clinical Director:</b> Ben Horn, LAC		<b>Email:</b> <a href="mailto:bhorn@helenaindianalliance.com">bhorn@helenaindianalliance.com</a>		
	<b>Assistant Director:</b>		<b>Email:</b>		
	<b>Mailing Address</b>	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
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, MIP, Co-occurring	Cascade	(406) 268-1587	(406) 268-1572	
	<b>Director:</b> Ernestine Belcourt		<b>Email:</b> <a href="mailto:ebelcourt@indianfamilyhealth.org">ebelcourt@indianfamilyhealth.org</a>		
	<b>Clinical Director:</b> Julie Flesch		<b>Email:</b> <a href="mailto:jflesch@indianfamilyhealth.org">jflesch@indianfamilyhealth.org</a>		
	<b>Exec. Assistant:</b> Leah Noel		<a href="mailto:lnoe@indianfamilyhealth.org">lnoe@indianfamilyhealth.org</a>		

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	
	<b>Director:</b> Marjorie Bear Don't Walk		<b>Email:</b> <a href="mailto:mbdw@ihbillings.org">mbdw@ihbillings.org</a>		
	<b>Clinical Director:</b> Dana LeClair		<b>Email:</b> <a href="mailto:danaclair@ihbillings.org">danaclair@ihbillings.org</a>		
	<b>Office Manager:</b> Robert Ironmaker		<b>Email:</b> <a href="mailto:rironmaker@ihbillings.org">rironmaker@ihbillings.org</a>		

Program ID	Program Name	Location Address	City	State	Zip
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Intermountain	3240 Dredge Dr.	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:dennib@intermountain.org">dennib@intermountain.org</a>		
<b>Mailing Address</b>	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
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP, PFL	Sweet Grass	4069325924	4069325924	
<b>Director:</b> Barb Mettler		<b>Email:</b> <a href="mailto:bMettler@scrmhmc.org">bMettler@scrmhmc.org</a>			
<b>Site Director:</b> Daisy Nyberg		<b>Email:</b> <a href="mailto:dnyberg@scrmhmc.org">dnyberg@scrmhmc.org</a>			
<b>Office Manager:</b> Laurie Parrent		<b>Email:</b> <a href="mailto:lparrent@scrmhmc.org">lparrent@scrmhmc.org</a>			
<b>Mailing Address</b>	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
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP, PFL	Yellowstone	(406) 252-5658	(406) 254-1650	
<b>Clinical Director:</b> Laura Harper		<b>Email:</b> <a href="mailto:lharper@scrmhmc.org">lharper@scrmhmc.org</a>			
<b>Mailing Address</b>	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
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP, PFL	Stillwater	(406) 322-4514	(406) 322-4515	
<b>Site Director:</b> Laura Harper		<b>Email:</b> <a href="mailto:lharper@scrmhmc.org">lharper@scrmhmc.org</a>			
<b>Office Manager:</b> Wendy Wells		<b>Email:</b> <a href="mailto:wenwells@scrmhmc.org">wenwells@scrmhmc.org</a>			
<b>Mailing Address</b>	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
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP, PFL	Big Horn	(406) 665-8730	(406) 665-8755	
<b>Director:</b> Barb Mettler		<b>Email:</b> <a href="mailto:bMettler@scrmhmc.org">bMettler@scrmhmc.org</a>			

**Site Director:** Laura Harper**Email:** [lharp@scrmhc.org](mailto:lharp@scrmhc.org)**Office Manager:** Elizabeth Bender**Email:** [ebender@scrmhc.org](mailto:ebender@scrmhc.org)

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		
<b>Director:</b> Barb Mettler		<b>Email:</b> <a href="mailto:bMettler@scrmhc.org">bMettler@scrmhc.org</a>			
<b>Site Director:</b> Laura Harper		<b>Email:</b> <a href="mailto:lharp@scrmhc.org">lharp@scrmhc.org</a>			
<b>Office Manager:</b> Susan Williams		<b>Email:</b> <a href="mailto:slong@scrmhc.org">slong@scrmhc.org</a>			

Program ID	Program Name	Location Address	City	State	Zip
206	Journey Recovery Satellite Office	212 Wendell	Lewistown	MT	59457
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP, PFL	Fergus	(406) 538-7483	(406) 538-7491	
<b>Director:</b> Barb Mettler		<b>Email:</b> <a href="mailto:bMettler@scrmhc.org">bMettler@scrmhc.org</a>			
<b>Site Director:</b> Laura Harper		<b>Email:</b> <a href="mailto:lharp@scrmhc.org">lharp@scrmhc.org</a>			
<b>Office Manager:</b> Susan Williams		<b>Email:</b> <a href="mailto:slong@scrmhc.org">slong@scrmhc.org</a>			
	<b>Mailing Address</b>	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
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP, PFL	Carbon	(406) 446-2500	(406) 446-2501	
<b>Director:</b> Barb Mettler		<b>Email:</b> <a href="mailto:bMettler@scrmhc.org">bMettler@scrmhc.org</a>			
<b>Site Director:</b> Laura Harper		<b>Email:</b> <a href="mailto:lharp@scrmhc.org">lharp@scrmhc.org</a>			
<b>Office Manager:</b> Mary Cameron		<b>Email:</b> <a href="mailto:mcameron@scrmhc.org">mcameron@scrmhc.org</a>			
	<b>Mailing Address</b>	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	
<b>Director:</b> Barb Mettler		<b>Email:</b> <a href="mailto:bMettler@scrmhc.org">bMettler@scrmhc.org</a>			
<b>Site Director:</b> Laura Harper		<b>Email:</b> <a href="mailto:lharp@scrmhc.org">lharp@scrmhc.org</a>			
<b>Office Manager:</b> Cindy McCaffree		<b>Email:</b> <a href="mailto:cmcafree@scrmhc.org">cmcafree@scrmhc.org</a>			

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
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
206	Journey Recovery				
	Location to be determined	Call for service location	Winnett	MT	59087
	<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
306	Misfits, LLC (Main Office)	1111 14th St. S.	Great Falls	MT	59406
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, IOP, MIP, ACT/DUI, TX Court	Cascade	(406) 868-7832	(406) 761-4493	
<p style="text-align: right;"><a href="mailto:misfitsllc@hotmail.co">misfitsllc@hotmail.co</a></p> <p><b>Co-Director: Julie Messerly</b>      <b>Email:</b> <a href="mailto:m">m</a></p> <p><b>Co-Director: Corin Fisch</b>      <b>Email:</b> <a href="mailto:misfitsllc@hotmail.com">misfitsllc@hotmail.com</a></p> <p><b>Office Manager: Kathy Perry</b>      <b>Email:</b> <a href="mailto:misfitsllc@hotmail.com">misfitsllc@hotmail.com</a></p>					
	<b>Mailing Address</b>	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
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	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](mailto:m)  
**Email:** [misfitsllc@hotmail.com](mailto:misfitsllc@hotmail.com)  
**Email:** [misfitsllc@hotmail.com](mailto: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
	<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
223	Montana Chemical Dependency Center	525 E. Mercury	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@MTgov">kfouts@MTgov</a>		
	<b>Clinical Supervisor:</b> Shannon LaTray		<b>Email:</b> <a href="mailto:SLaTray2@MTgov">SLaTray2@MTgov</a>		

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	
	<b>Director:</b> Vernon Mummey		<b>Email:</b> <a href="mailto:newday@mcn.net">newday@mcn.net</a>		
	<b>Clinical Director:</b> Jennifer Stern		<b>Email:</b> <a href="mailto:jstern@newdayranch.com">jstern@newdayranch.com</a>		
	<b>Office Manager:</b> Lori Heimbichner		<b>Email:</b> <a href="mailto:lheimbichner@newdayranch.com">lheimbichner@newdayranch.com</a>		
	<b>Mailing Address</b>	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
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, IOP, ACT, MIP, Co-Occurring	Hill	(406) 262-1422	(406) 262-1658	
	<b>Director:</b> Brian Williams		<b>Email:</b> <a href="mailto:willbrig@nmhcare.org">willbrig@nmhcare.org</a>		
	<b>Clinical Director:</b> Debby Knudsen		<b>Email:</b> <a href="mailto:knuddeb@nmhcare.org">knuddeb@nmhcare.org</a>		
	<b>Office Manager:</b> Brian Williams		<b>Email:</b> <a href="mailto:willbrig@nmhcare.org">willbrig@nmhcare.org</a>		
	<b>Mailing Address</b>	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
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, IOP, ACT, MIP, Co-Occurring	Liberty	(406) 262-1466	(406) 262-1658	
<b>Director:</b> Brian Williams		<b>Email:</b> <a href="mailto:willbrig@nmhcare.org">willbrig@nmhcare.org</a>			
<b>Clinical Director:</b> Debby Knudsen		<b>Email:</b> <a href="mailto:knuddeb@nmhcare.org">knuddeb@nmhcare.org</a>			
<b>Office Manager:</b> Brian Williams		<b>Email:</b> <a href="mailto:willbrig@nmhcare.org">willbrig@nmhcare.org</a>			
	<b>Mailing Address</b>	30 13th St.	Havre	MT	59501

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
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
202	Rimrock Foundation	1231 North 29th Street	Billings	MT	59101
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	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	
<b>Director:</b> Lenette Kosovich		<b>Email:</b> <a href="mailto:lkosovich@rimrock.org">lkosovich@rimrock.org</a>			
<b>Clinical Supervisor:</b> Corilee Goni		<b>Email:</b> <a href="mailto:cgoni@rimrock.org">cgoni@rimrock.org</a>			
<b>Office Manager:</b> Shirley R. Ehleng		<b>Email:</b> <a href="mailto:sehleng@rimrock.org">sehleng@rimrock.org</a>			
		<b>Email:</b> <a href="mailto:comm@rimrock.org">comm@rimrock.org</a>		General Email	
		<b>Website:</b> <a href="http://www.rimrock.org">www.rimrock.org</a>			

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
	<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
231	Southwest CD Program (Main Office)	430 East Park	Livingston	MT	59047
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP, RH - (Men, Women, Families), Co-occurring	Park	(406) 222-2812	(406) 222-4764	
	<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
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
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP	Meagher	(406) 547-2249		



**Director:** Jean McCauley  
**Office Manager:** Jean McCauley

**Email:** [swcdp@aol.com](mailto:swcdp@aol.com)  
**Email:** [swcdp@aol.com](mailto:swcdp@aol.com)

Program ID	Program Name	Location Address	City	State	Zip
300	Southwest Community 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		

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

**Email:** [jcotton@swMTchc.org](mailto:jcotton@swMTchc.org)  
**Email:** [mmolloy@swMTchc.org](mailto: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
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	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](mailto:dboyd@cccscorp.com)  
**Email:** [lrogers@cccscorp.com](mailto:lrogers@cccscorp.com)  
**Email:** [sklimpel@cccscorp.com](mailto: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
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP	Ravalli	(406) 532-9101	(406) 363-4498	

**Director:** Diane Conti  
**Office Manager:** Patty Snyder

**Email:** [dconti@wmmhc.org](mailto:dconti@wmmhc.org)  
**Email:** [psnyder@wmmhc.org](mailto: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
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	OP, ACT, MIP, RH - (W&C), Co-occurring, Tx Court	Missoula	(406) 532-9800	(406) 541-3032	

**Director:** Katherine Isaacson  
**Office Manager:** Shiloh Lucier

**Email:** [kisaacson@wmmhc.org](mailto:kisaacson@wmmhc.org)  
**Email:** [slucier@wmmhc.org](mailto: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
	<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
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:</b> Janine Stewart			<b>Email:</b> <a href="mailto:jstewart@wmmhc.org">jstewart@wmmhc.org</a>		
<b>Clinical Supervisor:</b> Kevin Stewart			<b>Email:</b> <a href="mailto:kstewart@wmmhc.org">kstewart@wmmhc.org</a>		
<b>Program Manager:</b> Janine Stewart			<b>Email:</b> <a href="mailto:jstewart@wmmhc.org">jstewart@wmmhc.org</a>		

Program ID	Program Name	Location Address	City	State	Zip
297	Western Montana Tri-County Addiction Services	Location to be determined	Deer Lodge	MT	59722
	<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
297	Western Montana Tri-County Addiction Services	Location to be determined	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
905	White Sky Hope Center (Main Office)	96 Clinic Rd.	Box Elder	MT	59521
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	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](mailto:lmyers@rbclinic.org)**Clinical Supervisor:** Tina King**Email:** [tcorbin@rbclinic.org](mailto:tcorbin@rbclinic.org)**Office Manager:** Myra Windy Boy**Email:** [mwindyboy@rbclinic.org](mailto:mwindyboy@rbclinic.org)

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

**Director:** Nancy Brekke**Email:** [ben@wildernesstreatmentcenter.com](mailto:ben@wildernesstreatmentcenter.com)**Ref. Relations Director:** Ben Dorrington**Website:** [www.wildernesstreatmentcenter.com](http://www.wildernesstreatmentcenter.com)

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	

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

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
	<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	

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

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
	<b>Services</b>	<b>County</b>	<b>Phone</b>	<b>Fax</b>	
	Adolescent OP, IOP, MIP, Co-occurring	Gallatin	(406) 585-9402	(406) 585-3452	

**Executive Director:** Peter Degel**Email:** [pdegel@youthdynamics.org](mailto:pdegel@youthdynamics.org)**Clinical Director:** Teri Jackson**Email:** [tjackson@youthdynamics.org](mailto:tjackson@youthdynamics.org)**Office Manager:** Dawn Wilson**Email:** [dawn.wilson@youthdynamics.org](mailto:dawn.wilson@youthdynamics.org)**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
	<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@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>	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
	<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		<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>	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
	<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:dawn.wilson@youthdynamics.org">dawn.wilson@youthdynamics.org</a>			
	<b>Mailing Address</b>	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
	<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	
<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>	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		
<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>	120 W. Town St #202	Glendive	MT 59330		
<b>Program ID</b>	<b>Program Name</b>	<b>Location Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
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		
<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>	225 7th Ave S Suite 1	Great Falls	MT 59405		
<b>Program ID</b>	<b>Program Name</b>	<b>Location Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
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		
<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>	111 Baker	Hamilton	MT 59840		
<b>Program ID</b>	<b>Program Name</b>	<b>Location Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
298	Youth Dynamics Inc.		Havre	MT	59501
Services	County	Phone	Fax		
Adolescent OP, IOP, MIP, Co-occurring	Hill	(406) 265-3226	(406) 265-4319		
<b>Executive Director:</b> Peter Degel		<b>Email:</b> <a href="mailto:pdegel@youthdynamics.org">pdegel@youthdynamics.org</a>			
<b>Clinical Director:</b> Teri Jackson		<b>Email:</b> <a href="mailto:tjackson@youthdynamics.org">tjackson@youthdynamics.org</a>			
<b>Office Manager:</b> Dawn Wilson		<b>Email:</b> <a href="mailto:dawn.wilson@youthdynamics.org">dawn.wilson@youthdynamics.org</a>			
<b>Mailing Address</b>	220 3rd Ave #403	Havre	MT 59501		
<b>Program ID</b>	<b>Program Name</b>	<b>Location Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
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		
<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>			

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

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

Program ID	Program Name	Location Address	City	State	Zip
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
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		<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>	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
	<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 Street	Wolf Point	MT	59201