OUTPATIENT APPROVED CHEMICAL DEPENDENCY PROGRAMS

TRI-COUNTY ADDICTION SERVICES
307 EAST PARK STREET
ANACONDA MT 59711-
Phone: 563-7038 **Fax** 563-7685
Administrator: JODI DALY

Facility ID Number: **160**
County: **DEER LODGE**
Health Planning Region Number: **4**
Certificate Number: **297-15**
Expiration Date: **2/20/2016**

ACT Program: **X**
Outpatient Program: **X**
Intensive Outpatient Program:
Adult Day Treatment Program:
Intermediate Care Program:
Inpatient Program:

INDIAN HEALTH BOARD OF BILLINGS
1127 ALDERSON AVE
BILLINGS MT 59102-
Phone: 259-3920 **Fax** 248-5912
Administrator: MARJORIE BEAR DON'T WALK

Facility ID Number: **184**
County: **YELLOWSTONE**
Health Planning Region Number: **3**
Certificate Number: **277-15**
Expiration Date: **1/24/2016**

ACT Program:
Outpatient Program: **X**
Intensive Outpatient Program: **X**
Adult Day Treatment Program:
Intermediate Care Program:
Inpatient Program:

NEW DAY
PO BOX 30282
BILLINGS MT 59107-
Phone: 698-5470 **Fax** 294-1023
Administrator: VERNON MUMMEY

Facility ID Number: **196**
County: **YELLOWSTONE**
Health Planning Region Number: **3**
Certificate Number: **296-15**
Expiration Date: **2/27/2016**

ACT Program:
Outpatient Program: **X**
Intensive Outpatient Program: **X**
Adult Day Treatment Program:
Intermediate Care Program:
Inpatient Program:

RIMROCK FOUNDATION - ACD
1231 N 29TH ST PO BOX 30374
BILLINGS MT 59107-0374
Phone: 248-3175 **Fax** 248-3821
Administrator: LONETTE KOSOVICK

Facility ID Number: **136**
County: **YELLOWSTONE**
Health Planning Region Number: **3**
Certificate Number: **202-14**
Expiration Date: **10/4/2015**

ACT Program: **X**
Outpatient Program:
Intensive Outpatient Program:
Adult Day Treatment Program:
Intermediate Care Program:
Inpatient Program:

SOUTH CENTRAL MENTAL HEALTH ADDICTION
1245 NORTH 29TH ST
BILLINGS MT 59103-0219
Phone: 252-5658 **Fax** 252-4641
Administrator: LAURA HARPER HALL

Facility ID Number: **139**
County: **YELLOWSTONE**
Health Planning Region Number: **3**
Certificate Number: **206-14**
Expiration Date: **9/30/2015**

ACT Program: **X** Intensive Outpatient Program: **X** Intermediate Care Program:
Outpatient Program: **X** Adult Day Treatment Program: Inpatient Program:

YOUTH DYNAMICS
2334 LEWIS AVENUE
BILLINGS MT 59102-
Phone: 245-6539 **Fax** 245-9647
Administrator: TERRY JACKSON

Facility ID Number: **197**
County: **YELLOWSTONE**
Health Planning Region Number: **3**
Certificate Number: **298-15**
Expiration Date: **6/11/2016**

ACT Program: Intensive Outpatient Program: **X** Intermediate Care Program:
Outpatient Program: **X** Adult Day Treatment Program: Inpatient Program:

WHITE SKY HOPE CENTER
RR 1 BOX 664
BOX ELDER MT 59521-0664
Phone: 395-4818 **Fax** 395-4861
Administrator: LENORE MEYERS

Facility ID Number: **186**
County: **HILL**
Health Planning Region Number: **2**
Certificate Number: **905-14**
Expiration Date: **11/5/2015**

ACT Program: **X** Intensive Outpatient Program: **X** Intermediate Care Program:
Outpatient Program: **X** Adult Day Treatment Program: Inpatient Program:

ALCOHOL & DRUG SERVICES OF GALLATIN CO
2310 NORTH 7TH AVE
BOZEMAN MT 59715-
Phone: 586-5493 **Fax** 587-1238
Administrator: SHELLEY JOHNSON

Facility ID Number: **146**
County: **GALLATIN**
Health Planning Region Number: **4**
Certificate Number: **201-15**
Expiration Date: **1/7/2016**

ACT Program: **X** Intensive Outpatient Program: **X** Intermediate Care Program:
Outpatient Program: **X** Adult Day Treatment Program: Inpatient Program:

CRYSTAL CREEK LODGE
HOSPITAL HILL PO BOX 450
BROWNING MT 59417-
Phone: 338-6330 **Fax** 338-7660
Administrator: PATRICK CALF LOOKING

Facility ID Number: **187**
County: **GLACIER**
Health Planning Region Number: **2**
Certificate Number: **212-14**
Expiration Date: **2/14/2016**

ACT Program: **X** Intensive Outpatient Program: Intermediate Care Program:
Outpatient Program: Adult Day Treatment Program: Inpatient Program:

BUTTE PRIMARY HEALTH CARE CLINIC
445 CENTENNIAL AVE
BUTTE MT 59701-
Phone: 723-4075 **Fax**
Administrator: CINDY STERGAN

Facility ID Number: **7093**
County: **SILVER BOW**
Health Planning Region Number:
Certificate Number: **300-14**
Expiration Date: **5/12/2016**

ACT Program: **X** Intensive Outpatient Program: **X** Intermediate Care Program:
Outpatient Program: **X** Adult Day Treatment Program: Inpatient Program:

COMMUNITY COUNSELING & CORRECTION SERVICES
471 EAST MERCURY ST
BUTTE MT 59701-
Phone: 782-0417 **Fax**
Administrator: DAVE BOYD

Facility ID Number: **7101**
County: **SILVER BOW**
Health Planning Region Number:
Certificate Number: **302-14**
Expiration Date: **12/8/2015**

ACT Program: Intensive Outpatient Program: Intermediate Care Program:
Outpatient Program: Adult Day Treatment Program: Inpatient Program:

MONTANA CHEMICAL DEPENDENCY CENTER - ACD
525 E MERCURY
BUTTE MT 59701-
Phone: 496-5400 **Fax** 496-5437
Administrator: CINDY STERGAR

Facility ID Number: **135**
County: **SILVER BOW**
Health Planning Region Number: **4**
Certificate Number: **223-14**
Expiration Date: **8/2/2016**

ACT Program: Intensive Outpatient Program: Intermediate Care Program:
Outpatient Program: Adult Day Treatment Program: Inpatient Program: **X**

NORTH AMERICAN INDIAN ALLIANCE
55 E GALENA
BUTTE MT 59701-
Phone: 723-4361 **Fax** 782-0461
Administrator: MOKE EAGLE FEATHER

Facility ID Number: **189**
County: **SILVER BOW**
Health Planning Region Number: **4**
Certificate Number: **225-15**
Expiration Date: **9/20/2015**

ACT Program: **X** Intensive Outpatient Program: Intermediate Care Program:
Outpatient Program: **X** Adult Day Treatment Program: Inpatient Program:

NEW HORIZONS
COURTHOUSE ANNEX PO BOX 459
FORT BENTON MT 59442-
Phone: 622-3211 **Fax**
Administrator: ALOU HORINEK

Facility ID Number: **188**
County: **CHOUTEAU**
Health Planning Region Number: **2**
Certificate Number: **292-15**
Expiration Date: **5/21/2016**

ACT Program: **X** Intensive Outpatient Program: Intermediate Care Program:
Outpatient Program: **X** Adult Day Treatment Program: Inpatient Program:

DISTRICT II ALCOHOL & DRUG PROGRAM
119 S KENDRICK
GLENDIVE MT 59330-
Phone: 365-5942 **Fax** 365-3050
Administrator: JERRY SCHLEPP

Facility ID Number: **121**
County: **DAWSON**
Health Planning Region Number: **1**
Certificate Number: **211-14**
Expiration Date: **5/1/2016**

ACT Program: **X**
Outpatient Program: **X**
Intensive Outpatient Program:
Adult Day Treatment Program:
Intermediate Care Program:
Inpatient Program:

BENEFIS HEALTHCARE WEST
500 15TH AVE SOUTH
GREAT FALLS MT 59405-5193
Phone: 455-5000 **Fax** 455-4965
Administrator: J.T. LUTE

Facility ID Number: **128**
County: **CASCADE**
Health Planning Region Number: **2**
Certificate Number: **247-14**
Expiration Date: **10/3/2015**

ACT Program: **X**
Outpatient Program:
Intensive Outpatient Program:
Adult Day Treatment Program:
Intermediate Care Program:
Inpatient Program:

CENTER FOR MENTAL HEALTH IN CHOTEAU
PO 3089
GREAT FALLS MT 59401-
Phone: 466-5681 **Fax** 566-5683
Administrator: MICHELLE HEARD

Facility ID Number: **185**
County: **CASCADE**
Health Planning Region Number:
Certificate Number: **283-15**
Expiration Date: **9/1/2015**

ACT Program: **X**
Outpatient Program: **X**
Intensive Outpatient Program:
Adult Day Treatment Program:
Intermediate Care Program:
Inpatient Program:

GATEWAY COMMUNITY SERVICES
26 4TH STREET NORTH
GREAT FALLS MT 59401-
Phone: 727-2512 **Fax** 727-7451
Administrator: PAT OSTEHOUT

Facility ID Number: **125**
County: **CASCADE**
Health Planning Region Number: **2**
Certificate Number: **227-15**
Expiration Date: **2/12/2016**

ACT Program: **X**
Outpatient Program: **X**
Intensive Outpatient Program: **X**
Adult Day Treatment Program:
Intermediate Care Program:
Inpatient Program:

INDIAN FAMILY HEALTH SERVICES
1220 CENTRAL AVENUE
GREAT FALLS MT 59401-
Phone: 268-1510 **Fax** 268-1914
Administrator: ERNESTINE BELCORT

Facility ID Number: **190**
County: **CASCADE**
Health Planning Region Number: **2**
Certificate Number: **293-15**
Expiration Date: **9/20/2015**

ACT Program:
Outpatient Program: **X**
Intensive Outpatient Program:
Adult Day Treatment Program:
Intermediate Care Program:
Inpatient Program:

FORT BELKNAP CHEMICAL DEPENDENCY CENTER
656 AGENCY MAIN ST
HARLEM MT 59526-
Phone: 353-8323 **Fax**
Administrator: LINDA KINSEY

Facility ID Number: **191**
County: **BLAINE**
Health Planning Region Number: **3**
Certificate Number: **302-15**
Expiration Date: **6/25/2015**

ACT Program: **X** Intensive Outpatient Program: Intermediate Care Program:
Outpatient Program: **X** Adult Day Treatment Program: Inpatient Program:

BULL HOOK CHEMICAL DEPENDENCY
110 13TH ST
HAVRE MT 59501-
Phone: 265-4541 **Fax** 265-2148
Administrator: CINDY SMITH

Facility ID Number: **7069**
County: **HILL**
Health Planning Region Number:
Certificate Number: **299-14**
Expiration Date: **11/25/2015**

ACT Program: **X** Intensive Outpatient Program: **X** Intermediate Care Program:
Outpatient Program: **X** Adult Day Treatment Program: Inpatient Program:

BOYD ANDREW CHEMICAL DEPENDENCY CARE
60 S LAST CHANCE PO BOX 1153
HELENA MT 59624-115
Phone: 443-2343 **Fax** 443-5490
Administrator: AMY TENNEY

Facility ID Number: **167**
County: **LEWIS & CLARK**
Health Planning Region Number: **4**
Certificate Number: **222-14**
Expiration Date: **7/31/2016**

ACT Program: **X** Intensive Outpatient Program: **X** Intermediate Care Program:
Outpatient Program: **X** Adult Day Treatment Program: Inpatient Program:

HELENA INDIAN ALLIANCE
501 EUCLID AVE
HELENA MT 59601-
Phone: 449-5756 **Fax** 449-5371
Administrator: KEITH BAILY

Facility ID Number: **7143**
County: **LEWIS & CLARK**
Health Planning Region Number:
Certificate Number:
Expiration Date: **1/28/2016**

ACT Program: Intensive Outpatient Program: Intermediate Care Program:
Outpatient Program: Adult Day Treatment Program: Inpatient Program:

INTERMOUNTAIN COMMOUNITY SERVICES
3240 DREDGE DRIVE
HELENA MT 59601-
Phone: 442-7920 **Fax**
Administrator: KIM GARDNER

Facility ID Number: **7144**
County: **LEWIS & CLARK**
Health Planning Region Number:
Certificate Number:
Expiration Date: **8/20/2015**

ACT Program: Intensive Outpatient Program: Intermediate Care Program:
Outpatient Program: Adult Day Treatment Program: Inpatient Program:

FLATHEAD VALLEY CHEMICAL DEPENDENCY CLINIC
1312 N MERIDIAN PO BOX 7115
KALISPELL MT 59904-0115
Phone: 756-6453 **Fax** 756-8546
Administrator: MIKE CUMMINS

Facility ID Number: **178**
County: **FLATHEAD**
Health Planning Region Number: **5**
Certificate Number: **209-14**
Expiration Date: **12/9/2015**

ACT Program: **X** Intensive Outpatient Program: **X** Intermediate Care Program:
Outpatient Program: **X** Adult Day Treatment Program: Inpatient Program:

SOUTHWEST CHEMICAL DEPENDENCY SERVICES
430 EAST PARK STREET PO BOX 1587
LIVINGSTON MT 59047-2746
Phone: 222-2812 **Fax**
Administrator: JEANNIE MCCAULEY

Facility ID Number: **147**
County: **PARK**
Health Planning Region Number: **4**
Certificate Number: **231-14**
Expiration Date: **3/14/2016**

ACT Program: **X** Intensive Outpatient Program: **X** Intermediate Care Program:
Outpatient Program: **X** Adult Day Treatment Program: Inpatient Program:

WILDERNESS TREATMENT CENTER
200 HUBBART DAM RD
MARION MT 59925-
Phone: 854-2832 **Fax**
Administrator: NANCY BREKKE

Facility ID Number: **183**
County: **FLATHEAD**
Health Planning Region Number: **5**
Certificate Number: **250-15**
Expiration Date: **7/30/2016**

ACT Program: Intensive Outpatient Program: Intermediate Care Program:
Outpatient Program: Adult Day Treatment Program: Inpatient Program: **X**

EMCMHC- OUTPATIENT CHEMICAL DEPENDENCY
2508 WILSON PO BOX 1530
MILES CITY MT 59301-1500
Phone: 232-6542 **Fax** 232-9681
Administrator: JOHN REX

Facility ID Number: **112**
County: **CUSTER**
Health Planning Region Number: **1**
Certificate Number: **273-14**
Expiration Date: **8/4/2016**

ACT Program: **X** Intensive Outpatient Program: **X** Intermediate Care Program:
Outpatient Program: **X** Adult Day Treatment Program: Inpatient Program:

MISSOULA INDIAN CENTER
BLDG 33 FORT PO BOX 16927
MISSOULA MT 59802-
Phone: 327-3020 **Fax** 327-3500
Administrator: LEE ANN JOHNSON

Facility ID Number: **171**
County: **MISSOULA**
Health Planning Region Number: **5**
Certificate Number: **224-15**
Expiration Date: **12/27/2016**

ACT Program: Intensive Outpatient Program: Intermediate Care Program:
Outpatient Program: **X** Adult Day Treatment Program: Inpatient Program:

WESTERN MONTANA ADDICTION SERVICES
1325 WYOMING
MISSOULA MT 59801-
Phone: 532-9800 **Fax** 541-3032
Administrator: KEVIN STEWART

Facility ID Number: **163**
County: **MISSOULA**
Health Planning Region Number: **5**
Certificate Number: **258-14**
Expiration Date: **9/6/2015**

ACT Program: **X** Intensive Outpatient Program: **X** Intermediate Care Program:
Outpatient Program: **X** Adult Day Treatment Program: Inpatient Program:

CHOICES FOR CHANGE
304 4TH AVE E PO BOX 622
SUPERIOR MT 59872-
Phone: 822-5422 **Fax** 552-0786
Administrator: NANCY SMITH

Facility ID Number: **192**
County: **MINERAL**
Health Planning Region Number:
Certificate Number: **295-15**
Expiration Date: **4/27/2016**

ACT Program: **X** Intensive Outpatient Program: Intermediate Care Program:
Outpatient Program: **X** Adult Day Treatment Program: Inpatient Program:

Total Facilities = 31