

## OUTPATIENT APPROVED CHEMICAL DEPENDENCY PROGRAMS

### **INDIAN HEALTH BOARD OF BILLINGS**

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

ACT Program: Intensive Outpatient Program:  
Outpatient Program: **X** Adult Day Treatment Program:

Facility ID Number: **184**  
County: **YELLOWSTONE**  
Health Planning Region Number: **3**  
Certificate Number: **277-09**  
Expiration Date: **01/26/2009**  
Intermediate Care Program:  
Inpatient Program:

### **JOURNEY RECOVERY PROGRAM**

201 N 25TH ST  
BILLINGS MT 59103-021  
**Phone:** 252-5658 **Fax** 252-4641  
**Administrator:** SANDRA LIPPY

ACT Program: **X** Intensive Outpatient Program: **X**  
Outpatient Program: **X** Adult Day Treatment Program:

Facility ID Number: **139**  
County: **YELLOWSTONE**  
Health Planning Region Number: **3**  
Certificate Number: **206-09**  
Expiration Date: **10/01/2009**  
Intermediate Care Program:  
Inpatient Program:

### **RIMROCK FOUNDATION - ACD**

1231 N 29TH ST PO BOX 30374  
BILLINGS MT 59107-037  
**Phone:** 248-3175 **Fax** 248-3821  
**Administrator:** DAVID CUNNINGHAM

ACT Program: **X** Intensive Outpatient Program: **X**  
Outpatient Program: **X** Adult Day Treatment Program: **X**

Facility ID Number: **136**  
County: **YELLOWSTONE**  
Health Planning Region Number: **3**  
Certificate Number: **202-09**  
Expiration Date: **10/10/2009**  
Intermediate Care Program:  
Inpatient Program: **X**

### **WHITE SKY HOPE CENTER**

RR 1 BOX 630  
BOX ELDER MT 59521-  
**Phone:** 395-4818 **Fax** 395-4861  
**Administrator:** LENORE MEYERS

ACT Program: Intensive Outpatient Program:  
Outpatient Program: **X** Adult Day Treatment Program:

Facility ID Number: **186**  
County: **HILL**  
Health Planning Region Number: **2**  
Certificate Number: **905-09**  
Expiration Date: **07/31/2009**  
Intermediate Care Program:  
Inpatient Program:

**ALCOHOL & DRUG SERVICES OF GALLATIN CO**

502 S 19TH ST SUITE  
BOZEMAN MT 59715-682  
**Phone:** 586-5493 **Fax** 587-1238  
**Administrator:** SHELLEY JOHNSON

ACT Program: **X** Intensive Outpatient Program: **X**  
Outpatient Program: **X** Adult Day Treatment Program:

Facility ID Number: **146**  
County: **GALLATIN**  
Health Planning Region Number: **4**  
Certificate Number: **201-09**  
Expiration Date: **01/09/2009**

Intermediate Care Program:  
Inpatient Program:

**CRYSTAL CREEK LODGE**

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

ACT Program: **X** Intensive Outpatient Program:  
Outpatient Program: Adult Day Treatment Program:

Facility ID Number: **187**  
County: **GLACIER**  
Health Planning Region Number: **2**  
Certificate Number: **212-09**  
Expiration Date: **01/01/2009**

Intermediate Care Program:  
Inpatient Program:

**BUTTE SILVER BOW CHEMICAL DEPENDENCY**

25 WEST FRONT  
BUTTE MT 59701-921  
**Phone:** 723-4001 **Fax** 723-4003  
**Administrator:** TOM MCLOIN

ACT Program: **X** Intensive Outpatient Program: **X**  
Outpatient Program: **X** Adult Day Treatment Program:

Facility ID Number: **162**  
County: **SILVER BOW**  
Health Planning Region Number: **4**  
Certificate Number: **234-09**  
Expiration Date: **08/02/2009**

Intermediate Care Program:  
Inpatient Program:

**MONTANA CHEMICAL DEPENDENCY CENTER - ACD**

2500 CONTINENTAL DR  
BUTTE MT 59701-  
**Phone:** 496-5400 **Fax** 496-5437  
**Administrator:** DAVID PESHEK

ACT Program: Intensive Outpatient Program:  
Outpatient Program: Adult Day Treatment Program:

Facility ID Number: **135**  
County: **SILVER BOW**  
Health Planning Region Number: **4**  
Certificate Number: **223-09**  
Expiration Date: **05/02/2009**

Intermediate Care Program:  
Inpatient Program: **X**

**NORTH AMERICAN INDIAN ALLIANCE**

500 WEST GALENA  
BUTTE MT 59701-  
**Phone:** 723-4361 **Fax** 782-0461  
**Administrator:** MOKE EAGLE FEATHER

ACT Program: Intensive Outpatient Program:  
Outpatient Program: **X** Adult Day Treatment Program:

Facility ID Number: **189**  
County: **SILVER BOW**  
Health Planning Region Number: **4**  
Certificate Number: **225-09**  
Expiration Date: **06/29/2009**

Intermediate Care Program:  
Inpatient Program:

**HI-LINE RECOVERY PROGRAM**

1210 EAST MAIN  
CUT BANK MT 59427-060

Phone: 622-3211 Fax

Administrator: BILL MARTIN

ACT Program: X Intensive Outpatient Program:  
Outpatient Program: X Adult Day Treatment Program:

Facility ID Number: 129  
County: CHOUTEAU  
Health Planning Region Number: 2  
Certificate Number: 259-09  
Expiration Date: 05/31/2009

Intermediate Care Program:  
Inpatient Program:

**NEW FRONTIER ADDICTION SERVICES, ANACONDA**

100 WEST PARK PO BOX 147  
DEER LODGE MT 59722-014

Phone: 563-6601 Fax 563-5248

Administrator: DON SIMPSON

ACT Program: X Intensive Outpatient Program:  
Outpatient Program: X Adult Day Treatment Program:

Facility ID Number: 160  
County: DEER LODGE  
Health Planning Region Number: 4  
Certificate Number: 294-08  
Expiration Date: 04/14/2009

Intermediate Care Program:  
Inpatient Program:

**NEW FRONTIER ADDICTION SERVICES, DEER LODGE**

304 MILWAUKEE AVE PO BOX 147  
DEER LODGE MT 59722-014

Phone: 846-3442 Fax

Administrator: DON SIMPSON

ACT Program: X Intensive Outpatient Program:  
Outpatient Program: X Adult Day Treatment Program:

Facility ID Number: 161  
County: POWELL  
Health Planning Region Number: 4  
Certificate Number: 294-08  
Expiration Date: 04/14/2009

Intermediate Care Program:  
Inpatient Program:

**NEW HORIZONS**

COURTHOUSE ANNEX PO BOX 459  
FORT BENTON MT 59442-

Phone: 622-3211 Fax

Administrator: CAROL RICHARDS

ACT Program: X Intensive Outpatient Program: X  
Outpatient Program: X Adult Day Treatment Program:

Facility ID Number: 188  
County: CHOUTEAU  
Health Planning Region Number: 2  
Certificate Number: 292-09  
Expiration Date: 05/22/2009

Intermediate Care Program:  
Inpatient Program:

**DISTRICT II ALCOHOL & DRUG PROGRAM**

119 S KENDRICK  
GLENDIVE MT 59330-

Phone: 365-5942 Fax 365-3050

Administrator: JERRY SCHLEPP

ACT Program: X Intensive Outpatient Program:  
Outpatient Program: X Adult Day Treatment Program:

Facility ID Number: 121  
County: DAWSON  
Health Planning Region Number: 1  
Certificate Number: 211-09  
Expiration Date: 05/07/2009

Intermediate Care Program:  
Inpatient Program:

**BENEFIS HEALTHCARE**

1101 26TH ST. SOUTH  
GREAT FALLS MT 59405-519  
Phone: 455-5000 Fax 455-4965  
Administrator: J.T. LUTE

ACT Program: X Intensive Outpatient Program:  
Outpatient Program: Adult Day Treatment Program:

Facility ID Number: 128  
County: CASCADE  
Health Planning Region Number: 2  
Certificate Number: 247-08  
Expiration Date: 11/12/2008

Intermediate Care Program:  
Inpatient Program:

**CENTER FOR MENTAL HEALTH**

NBR 19 1ST STREET NE CHOTEAU MT 59422 PO BOX 3089  
GREAT FALLS MT 59403-  
Phone: 466-5681 Fax 566-5683  
Administrator: MICHAEL MCLAUGHLIN

ACT Program: X Intensive Outpatient Program:  
Outpatient Program: X Adult Day Treatment Program:

Facility ID Number: 185  
County: TETON  
Health Planning Region Number: 2  
Certificate Number: 283-09  
Expiration Date: 10/05/2009

Intermediate Care Program:  
Inpatient Program:

**GATEWAY RECOVERY CENTER**

1220 CENTRAL PO Box 3126  
GREAT FALLS MT 59403-312  
Phone: 727-2512 Fax 727-7451  
Administrator: JUDY KOLAR

ACT Program: X Intensive Outpatient Program: X  
Outpatient Program: X Adult Day Treatment Program:

Facility ID Number: 125  
County: CASCADE  
Health Planning Region Number: 2  
Certificate Number: 227-09  
Expiration Date: 02/14/2009

Intermediate Care Program:  
Inpatient Program:

**INDIAN FAMILY HEALTH SERVICES**

1220 CENTRAL  
GREAT FALLS MT 59401-  
Phone: 268-1510 Fax 268-1914  
Administrator: ERNESTINE BELCORT

ACT Program: Intensive Outpatient Program:  
Outpatient Program: X Adult Day Treatment Program:

Facility ID Number: 190  
County: CASCADE  
Health Planning Region Number: 2  
Certificate Number: 293-08  
Expiration Date: 10/31/2008

Intermediate Care Program:  
Inpatient Program:

**WESTERN MONTANA ADDICTION SERVICES,**

214 PINCKNEY PO BOX 902  
HAMILTON MT 59840-090  
Phone: 363-3060 Fax 363-3061  
Administrator: EMERY JONES

ACT Program: X Intensive Outpatient Program: X  
Outpatient Program: X Adult Day Treatment Program:

Facility ID Number: 172  
County: RAVALLI  
Health Planning Region Number: 5  
Certificate Number: 258-09  
Expiration Date: 08/01/2009

Intermediate Care Program:  
Inpatient Program:

**BOYD ANDREW CHEMICAL DEPENDENCY CARE CENTER** Facility ID Number: **167**  
 THE ARCADE PO BOX 1153 County: **LEWIS & CLARK**  
 HELENA MT 59624-115 Health Planning Region Number: **4**  
**Phone:** 443-2343 **Fax** 443-5490 Certificate Number: **222-09**  
**Administrator:** MIKE RUPPERT Expiration Date: **08/01/2009**  
 ACT Program: **X** Intensive Outpatient Program: **X** Intermediate Care Program: **X**  
 Outpatient Program: **X** Adult Day Treatment Program: Inpatient Program:

**FLATHEAD VALLEY CHEMICAL DEPENDENCY CLINIC** Facility ID Number: **178**  
 1312 N MERIDIAN PO BOX 7115 County: **FLATHEAD**  
 KALISPELL MT 59904-011 Health Planning Region Number: **5**  
**Phone:** 756-6453 **Fax** 756-8546 Certificate Number: **209-08**  
**Administrator:** MIKE CUMMINS Expiration Date: **12/12/2008**  
 ACT Program: **X** Intensive Outpatient Program: **X** Intermediate Care Program:  
 Outpatient Program: **X** Adult Day Treatment Program: Inpatient Program:

**JOURNEY RECOVERY CENTER** Facility ID Number: **137**  
 223 W JANEUX PO BOX 44 County: **FERGUS**  
 LEWISTOWN MT 59457-170 Health Planning Region Number: **3**  
**Phone:** 538-8421 **Fax** 538-7763 Certificate Number: **206-09**  
**Administrator:** DOT REICHERT Expiration Date: **07/14/2009**  
 ACT Program: **X** Intensive Outpatient Program: **X** Intermediate Care Program:  
 Outpatient Program: **X** Adult Day Treatment Program: Inpatient Program:

**FLATHEAD VALLEY CHEMICAL DEPENDENCY SERVICES** Facility ID Number: **175**  
 418 MAIN AVE PO BOX 756 County: **LINCOLN**  
 LIBBY MT 59923- Health Planning Region Number: **5**  
**Phone:** 293-7731 **Fax** 293-8530 Certificate Number: **209-09**  
**Administrator:** MIKE CUMMINS Expiration Date: **05/08/2009**  
 ACT Program: **X** Intensive Outpatient Program: **X** Intermediate Care Program:  
 Outpatient Program: **X** Adult Day Treatment Program: Inpatient Program:

**SOUTHWEST CHEMICAL DEPENDENCY SERVICES** Facility ID Number: **147**  
 430 EAST PARK PO BOX 1587 County: **PARK**  
 LIVINGSTON MT 59047-274 Health Planning Region Number: **4**  
**Phone:** 222-2812 **Fax** Certificate Number: **231-09**  
**Administrator:** JEAN MCCAULEY Expiration Date: **03/16/2009**  
 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: JOHN BREKKE

ACT Program: Intensive Outpatient Program:  
Outpatient Program: Adult Day Treatment Program:

Facility ID Number: 183  
County: FLATHEAD  
Health Planning Region Number: 5  
Certificate Number: 250-09  
Expiration Date: 08/01/2009

Intermediate Care Program:  
Inpatient Program: X

**EMCMHC- OUTPATIENT CHEMICAL DEPENDENCY**

2508 WILSON PO BOX 1530

MILES CITY MT 59301-150

Phone: 232-6542 Fax 232-9681

Administrator: JOHN REX

ACT Program: X Intensive Outpatient Program: X  
Outpatient Program: X Adult Day Treatment Program:

Facility ID Number: 112  
County: CUSTER  
Health Planning Region Number: 1  
Certificate Number: 273-09  
Expiration Date: 05/07/2009

Intermediate Care Program:  
Inpatient Program:

**MISSOULA INDIAN CENTER**

2300 REGENT ST SUITE PO BOX 16927

MISSOULA MT 59802-

Phone: 721-2700 Fax 329-3398

Administrator: STEVE LOHNING

ACT Program: Intensive Outpatient Program: X  
Outpatient Program: X Adult Day Treatment Program:

Facility ID Number: 171  
County: MISSOULA  
Health Planning Region Number: 5  
Certificate Number: 224-08  
Expiration Date: 12/30/2008

Intermediate Care Program:  
Inpatient Program:

**WESTERN MONTANA ADDICTION SERVICES,**

1325 WYOMING

MISSOULA MT 59801-

Phone: 532-9800 Fax 541-3032

Administrator: EMERY JONES

ACT Program: X Intensive Outpatient Program: X  
Outpatient Program: X Adult Day Treatment Program:

Facility ID Number: 163  
County: MISSOULA  
Health Planning Region Number: 5  
Certificate Number: 258-09  
Expiration Date: 09/09/2009

Intermediate Care Program:  
Inpatient Program:

**LAKE COUNTY CHEMICAL DEPENDENCY SERVICES**

802 MAIN ST SUITE C

POLSON MT 59860-320

Phone: 883-7310 Fax 883-7312

Administrator: KRISTI JOHNSON

ACT Program: X Intensive Outpatient Program: X  
Outpatient Program: X Adult Day Treatment Program:

Facility ID Number: 174  
County: LAKE  
Health Planning Region Number: 5  
Certificate Number: 251-09  
Expiration Date: 10/10/2009

Intermediate Care Program:  
Inpatient Program:

**Total Facilities = 29**