

OUTPATIENT APPROVED CHEMICAL DEPENDENCY PROGRAMS

WESTERN MONTANA TRI-COUNTY ADDICTION

307 EAST PARK STREET
ANACONDA MT 59711-
Phone: 563-7038 **Fax** 563-7685

Administrator: JODI DALY

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: **297-12**
Expiration Date: **2/23/2012**

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

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

Facility ID Number: **184**
County: **YELLOWSTONE**
Health Planning Region Number: **3**
Certificate Number: **277-13**
Expiration Date: **1/25/2013**

Intermediate Care Program:
Inpatient Program:

NEW DAY

BILLINGS MT 59107-
Phone: 698-5470 **Fax** 294-1023
Administrator: VERNON MUMMEY

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

Facility ID Number: **196**
County: **YELLOWSTONE**
Health Planning Region Number: **3**
Certificate Number: **296-11**
Expiration Date: **2/22/2012**

Intermediate Care Program:
Inpatient Program:

RIMROCK FOUNDATION - ACD

1231 N 29TH ST
BILLINGS MT 59107-037
Phone: 248-3175 **Fax** 248-3821

Administrator: DAVID CUNNINGHAM

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

Facility ID Number: **136**
County: **YELLOWSTONE**
Health Planning Region Number: **3**
Certificate Number: **202-12**
Expiration Date: **10/5/2012**

Intermediate Care Program:
Inpatient Program:

SOUTH CENTRAL MENTAL HEALTH ADDICTION

1245 NORTH 29TH ST
BILLINGS MT 59103-021
Phone: 252-5658 Fax 252-4641

Administrator: DAISY NYEERG

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: 206-12
Expiration Date: 10/1/2012

Intermediate Care Program:
Inpatient Program:

YOUTH DYNAMICS

2334 LEWIS AVENUE
BILLINGS MT 59102-
Phone: 245-6539 Fax 245-9647

Administrator: TERRY JACKSON

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

Facility ID Number: 197
County: YELLOWSTONE
Health Planning Region Number: 3
Certificate Number: 298-12
Expiration Date: 6/30/2012

Intermediate Care Program:
Inpatient Program:

WHITE SKY HOPE CENTER

RR 1 BOX 664
BOX ELDER MT 59521-066
Phone: 395-4818 Fax 395-4861

Administrator: LENORE MEYERS

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

Facility ID Number: 186
County: HILL
Health Planning Region Number: 2
Certificate Number: 905-11
Expiration Date: 7/20/2012

Intermediate Care 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

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: 201-12
Expiration Date: 1/8/2013

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: X
Outpatient Program: Adult Day Treatment Program:

Facility ID Number: 187
County: GLACIER
Health Planning Region Number: 2
Certificate Number: 212-12
Expiration Date: 2/16/2012

Intermediate Care Program:
Inpatient Program: X

BUTTE SILVER BOW CHEMICAL DEPENDENCY SERVICES

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: **234-12**
 Expiration Date: **8/1/2012**

Intermediate Care Program:
 Inpatient Program:

MONTANA CHEMICAL DEPENDENCY CENTER - ACD

2500 CONTINENTAL DR
 BUTTE MT 59701-
Phone: 496-5400 **Fax** 496-5437
Administrator: GINA PATE-TERRY

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: **223-12**
 Expiration Date: **5/2/2012**

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

NORTH AMERICAN INDIAN ALLIANCE

55 E 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: **225-11**
 Expiration Date: **6/21/2012**

Intermediate Care Program:
 Inpatient Program:

NEW HORIZONS

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

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

Facility ID Number: **188**
 County: **CHOUTEAU**
 Health Planning Region Number: **2**
 Certificate Number: **292-12**
 Expiration Date: **5/21/2012**

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: **211-12**
 Expiration Date: **5/2/2012**

Intermediate Care Program:
 Inpatient Program:

BENEFIS HEALTHCARE WEST

500 15TH AVE 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: **247-12**
Expiration Date: **11/7/2012**

Intermediate Care Program:
Inpatient Program:

GATEWAY COMMUNITY SERVICES

1220 CENTRAL AVE PO Box 3126
GREAT FALLS MT 59403-312
Phone: 727-2512 **Fax** 727-7451
Administrator: TOM PERDEW

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: **227-12**
Expiration Date: **2/13/2012**

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

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: **293-12**
Expiration Date: **10/30/2012**

Intermediate Care Program:
Inpatient Program:

FORT BELKNAP CHEMICAL DEPENDENCY CENTER

R.R 1 BOX 66
HARLEM MT 59526-
Phone: 353-8323 **Fax**
Administrator: LINDA KINSEY

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

Facility ID Number: **191**
County: **BLAINE**
Health Planning Region Number: **3**
Certificate Number: **902-12**
Expiration Date: **3/29/2012**

Intermediate Care Program:
Inpatient Program:

BOYD ANDREW CHEMICAL DEPENDENCY CARE CENTER

60 S LAST CHANCE PO BOX 1153
HELENA MT 59624-115
Phone: 443-2343 **Fax** 443-5490
Administrator: MIKE RUPPERT

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

Facility ID Number: **167**
County: **LEWIS & CLARK**
Health Planning Region Number: **4**
Certificate Number: **222-12**
Expiration Date: **7/30/2012**

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

FLATHEAD VALLEY CHEMICAL DEPENDENCY CLINIC INC

Facility

ID Number:
1312 N MERIDIAN
KALISPELL MT 59904-011
Phone: 756-6453 **Fax** 756-8546
Administrator: MIKE CUMMINS
ACT Program: **X** Intensive Outpatient Program:
Outpatient Program: **X** Adult Day Treatment Program:

178
County: **FLATHEAD**
Health Planning Region Number: 5
Certificate Number: **209-11**
Expiration Date: **12/11/2012**
Intermediate Care Program:
Inpatient Program:

SOUTHWEST CHEMICAL DEPENDENCY SERVICES

430 EAST PARK STREET
LIVINGSTON MT 59047-274
Phone: 222-2812 **Fax**
Administrator: JEAN MCCAULEY
ACT Program: **X** Intensive Outpatient Program:
Outpatient Program: **X** Adult Day Treatment Program:

Facility ID Number: **147**
County: **PARK**
Health Planning Region Number: 4
Certificate Number: **231-11**
Expiration Date: **3/15/2012**
Intermediate Care 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: **250-12**
Expiration Date: **7/30/2012**
Intermediate Care Program:
Inpatient Program: **X**

EMCMHC- OUTPATIENT CHEMICAL DEPENDENCY

2508 WILSON
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: **273-12**
Expiration Date: **5/6/2012**
Intermediate Care Program:
Inpatient Program:

MISSOULA INDIAN CENTER

BLDG 33 FORT
MISSOULA MT 59802-
Phone: 327-3020 **Fax** 327-3500
Administrator: DENNIS WEASLEHEAD
ACT Program: Intensive Outpatient Program:
Outpatient Program: **X** Adult Day Treatment Program:

Facility ID Number: **171**
County: **MISSOULA**
Health Planning Region Number: 5
Certificate Number: **224-11**
Expiration Date: **12/28/2012**
Intermediate Care Program:
Inpatient Program:

WESTERN MONTANA ADDICTION SERVICES, MISSOULA

1325 WYOMING
MISSOULA MT 59801-
Phone: 532-9800 **Fax** 541-3032
Administrator: Elmer Rosenthal

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: **258-12**
Expiration Date: **9/7/2012**

Intermediate Care Program:
Inpatient Program:

CENTER FOR MENTAL HEALTH IN CHOTEAU

925 OILFIELD AVE
SHELBY MT 59474-
Phone: 466-5681 **Fax** 566-5683
Administrator: LOYAL KENNEDY

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: **283-12**
Expiration Date: **9/5/2012**

Intermediate Care 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

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

Facility ID Number: **192**
County: **MINERAL**
Health Planning Region Number:
Certificate Number: **295-12**
Expiration Date: **4/28/2012**

Intermediate Care Program:
Inpatient Program:

Total Facilities = 27