OREGON
Co-occurring disorders services resource directory

www.oregon.gov/DHS/addiction/services.shtml#treatment
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**Co-occurring disorders treatment providers by county**

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<th>County</th>
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About this directory

The co-occurring disorder statewide resource directory is developed to assist the public in locating appropriate services for individuals who have both mental health and substance use problems. A survey was sent to all mental health and chemical dependency providers Spring 2007 and is updated every other year to collect program information. Participation in the survey was voluntary. The directory provides the most current information by county to facilitate referrals and access to treatment services.

Both mental health and substance abuse treatment programs responded to the co-occurring disorders program survey and are included in the directory.

For the Oregon Addictions and Mental Health Division (AMH) Co-occurring Disorders Survey of Treatment Services Report, please refer to the AMH Web site at www.oregon.gov/DHS/addiction/services.shtml#treatment.

For further information regarding evidence-based practices, please refer to the AMH Web site at www.oregon.gov/DHS/mentalhealth/ebp/main.shtml#practices.

Change of information process

To change your information listing in this directory e-mail changes to c.j.reid@state.or.us or call 503-945-9813.
Definitions

1. AMH means the Department of Human Services, Addictions and Mental Health Division.
2. COD means co-occurring substance use and mental health disorders.
3. Clinical staff means any staff with the following credentials as defined in the Oregon Administrative Rules (OAR 309-032-535 and 415-051-0057) for the purpose of this directory:
   a. Certified Addictions Counselor I (CADC I)
   b. Certified Addictions Counselor II (CADCII)
   c. Certified Addictions Counselor III (CADC III)
   d. Qualified Mental Health Associate (QMHA)
   e. Qualified Mental Health Professional (QMHA)
4. EBPs means evidence-based practices.
5. N/R means “not reported” in reference to the survey questions.
6. Level of treatment integration refers to models of service integration.
   a. Fully integrated substance abuse and mental health program means providing both substance abuse and mental health services to develop a single treatment plan addressing both sets of conditions and the continuing formal interaction and cooperation of these providers in the ongoing reassessment and treatment of the client.
   b. Substance abuse program with mental health capability means a program that makes arrangements for coordination and collaboration for mental health assessment, treatment services, and psychopharmacologic monitoring, either on site or coordinated off site.
   c. Mental health program with substance abuse capability means a program that makes arrangements for coordination and collaboration for substance abuse assessment, treatment services, and recovery supports (dual disorder self help meetings), either on site or coordinated off site.
   d. Parallel model means a formal process of sharing responsibility for treating a person with COD, involving regular and planned communication, and sharing progress reports.
Acronyms and evidence-based practices reported in this directory survey

Acceptance and commitment therapy (AACT)
ASAM PPC-2R-American Society of Addictions Medicine
American Society of Addictions Medicine Assessment
Patient Placement Criteria, Second Edition Revised
Assertive community treatment (ACT)
Brief strategic family therapy (BSFT)
Cannabis Youth Treatment (CYT)
Case management (CM)
Cognitive behavioral therapy (CBT)
Cognitive behavioral therapy adolescent depression
Cognitive behavioral therapy childhood anxiety disorders
Cognitive behavioral therapy trauma
Collaborative problem solving (CPS)
Community reinforcement approach (CRA)
Dialectic behavioral therapy (DBT)
Dialectic behavioral therapy – adolescents
Dialectic behavioral therapy – substance abuse
Drop in service – consumer run
Drug /mental health courts
Early assessment screening and treatment (EAST)
Eye movement desensitization and reprocess (EMDR)
Family psychoeducation (FPE)
Functional family therapy (FFT)
Home-based behavioral systems family therapy (H-B BSFT)
Illness management and recovery (IMR)
Individual drug counseling (IDC)
Integrated dual disorder treatment (DDT)
Life Skills (LS)
Matrix model (MM)
Medication algorithms
Medication management (Med M)
Methadone maintenance treatment
Motivational enhancement therapy (MET)
Motivational interviewing (MI)
Multifunctional therapy (MFT)
Multisystemic therapy (MS)
Parent management training
Prolonged exposure therapy (PET)
Screening, brief intervention, referral & treatment (SBIRT)
Second Step
Seeking Safety (SS)
Solution-focused brief therapy (SFBT)
Strength-based case management (SBCM)
Strengthening Families Program (SFT)
Supported education (SE)
Supported employment (SEM)
Wraparound
CO-OCCURRING DISORDERS TREATMENT PROVIDERS BY COUNTIES
# Baker House

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</tr>
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<td></td>
<td>Baker City, OR 97814</td>
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<td>Telephone number</td>
<td>541-523-6581</td>
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<td>available in community</td>
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Elkhorn Adolescent Treatment Center

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### Emergence Addiction and Behavioral Therapies

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**PROGRAM NAME:**  
Old Mill Center for Children and Families

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- Med M
**Western Psychological and Counseling Services, P.C.**

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**Potentials, LLC**

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**Coos County Mental Health**

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### PROGRAM NAME:

**Curry County Health & Human Services**

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Curry County Health & Human Services

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| **Program address** | 676 N.E. Negus Way  
Redmond, OR 97756 |
| **Telephone number** | 541-504-9577 |
| **E-mail address** | infomail@bestcaretreatment.org |
| **Payments accepted** | Medicaid/Oregon Health Plan  
Private insurance  
Self-pay |
| **Ages served** | Ages 18-54  
Age 55 and older |
| **Specialty populations served** | Women/men |
| **License/certifications/service** | Detoxification/sobering  
Residential chemical dependency treatment |
| **Level of treatment integration** | Substance abuse program with mental health capability |
| **Number of clinical staff** | 7 |
| QMHA | 1 |
| QMHP | 1 |
| CADC I | 4 |
| CADC II | 0 |
| QMHP with CADC I, II or III | 1 |
| **Prescriber of medication** | Yes |
| **Prescriber hours per week** | 40 |
| **Dual diagnosis recovery support available in community** | Yes |
| **Contact information** | www.ddaoforegon.com |
| **EBPs:** | DBT  
CBT  
MI  
SS  
12-Step facilitation |
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<td>Jeffrey H. Rex, MS, LPC, NCC</td>
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| **Program address** | 548 S.E. Jackson St.  
|                   | Roseburg, OR 97470 |
| **Telephone number** | 541-672-2691 |
| **E-mail address**   | brians@adapt-or.org |
| **Payments accepted** | Medicaid/Oregon Health Plan  
|                   | Medicare  
|                   | Private insurance  
|                   | Self-pay |
| **Ages served**     | Ages 18-54  
|                   | Age 55 and older |
| **Specialty populations served** | Women/men  
|                   | Older adults, families  
|                   | Minorities,  
|                   | Gay/lesbian/transgender/bi-sexual  
|                   | Native American  
|                   | Latino |
| **License/certifications/service** | Intensive outpatient chemical dependence  
|                   | Outpatient chemical dependency  
|                   | Gambling treatment |
| **Level of treatment integration** | Substance abuse program with mental health capability |
| **Number of clinical staff** | 11 |
| QMHA               | 1 |
| QMHP               | 2 |
| CADC I             | 3 |
| CADC II            | 4 |
| QMHP with CADC I, II or III | 1 |
| **Prescriber of medication** | No |
| **Prescriber hours per week** | — |
| **Dual diagnosis recovery support available in community** | Yes |
| **Contact information** | www.ddaoforegon.com |
| **EBPs:**          | MI  
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**PROGRAM NAME:**

Cow Creek Health & Wellness Center

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| **Program address** | 671 S.W. Main  
Roseburg, OR 97470 |
| **Telephone number** | 541-679-6129 |
| **E-mail address** | N/R |
| **Payments accepted** | Medicaid/Oregon Health Plan  
Fee-for-service paid by school district |
| **Ages served** | Younger than age 17 |
| **Specialty populations served** | Adolescent girls/boys  
Families |
| **License/certifications/service** | Inpatient/residential mental health |
| **Level of treatment integration** | Mental health program with substance abuse capability |
| **Number of clinical staff** | 8  
QMHA 2  
QMHP 6  
CADC I 0  
CADC II 0  
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| **Prescriber of medication** | Yes |
| **Prescriber hours per week** | 16 |
| **Dual diagnosis recovery support available in community** | No |
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### Mid-Columbia Center for Living

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**Harney Alcohol & Drug Program**

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<td>314 West Adams Burns, OR 97720</td>
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<tr>
<td>Telephone number</td>
<td>541-573-8376</td>
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<tr>
<td>E-mail address</td>
<td><a href="mailto:darlene_williams@class.oregonvos.net">darlene_williams@class.oregonvos.net</a></td>
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## Harney Behavioral Health

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**PROGRAM NAME:**

**Mid-Columbia Center for Living**

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Hood River, OR 97031 |
| Telephone number               | 541-386-2620-8376 |
| E-mail address                 | N/R       |
| Payments accepted              | Medicaid/Oregon Health Plan  
Medicare  
Private insurance  
Self-pay |
| Ages served                    | Age 17 and younger  
Ages 18-54  
Age 55 and older |
| Specialty populations served   | Women/men  
Adolescent boys/girls  
Older adults  
Families  
Minorities  
Hispanic |
| License/certifications/service | Intensive outpatient chemical dependency  
Outpatient chemical dependency  
Outpatient mental health  
Gambling treatment |
| Level of treatment integration | Fully integrated substance abuse  
and mental health program |
| Number of clinical staff       | 25  
QMHA 10  
QMHP 7  
CADC I 1  
2 3  
QMHP with CADC I, II or III 4 |
| Prescriber of medication       | Yes |
| Prescriber hours per week      | 24 |
| Dual diagnosis recovery support available in community | No |

Contact information

**EBPs:**  
ASAM PPC-2R  
IDDT  
DBT  
MI
### Community Works

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<td><strong>Telephone number</strong></td>
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<td>3397 Delta Waters Rd. and 515 Franquette Medford, OR 97070</td>
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<td><strong>Telephone number</strong></td>
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**OnTrack, Inc.**

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**EBPs:** SS Emerge
**OnTrack’s Teen Residential Program**

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Phoenix, OR 97535  
P.O.Box 1257  
Phoenix, OR 97535 |
| Telephone number | 541-535-4133 |
| E-mail address | PCCI@charterinternet.com |
| Payments accepted | Medicaid/Oregon Health Plan  
Medicare  
Private insurance  
Self-pay |
| Ages served | Age 17 and younger  
Ages 18-54  
Age 55 and older |
| Specialty populations served | Women/men  
Adolescent girls/boys  
Families  
Minorities  
Gay/lesbian/transgender/bi-sexual  
Hispanic  
Native American |
| License/certifications/service | Intensive outpatient chemical dependency  
Outpatient chemical dependency  
Gambling treatment |
| Level of treatment integration | Substance abuse program with mental health capability |
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QMHP with CADC I, II or III | 1 |
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| Prescriber hours per week |  |
| Dual diagnosis recovery support available in community | Yes |
| Contact information | www.ddaoforegon.com |
| EBPs: | N/R |
## Rogue Valley Addictions Recovery Center

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**RSAT**

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**PROGRAM NAME:**

**BestCare Treatment Services**

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<tr>
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<td>125 S.W. C St.</td>
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<tr>
<td></td>
<td>Madras, OR 97741</td>
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<tr>
<td>Telephone number</td>
<td>541-475-6575</td>
</tr>
<tr>
<td>E-mail address</td>
<td><a href="mailto:violetl@bestcaretreatment.org">violetl@bestcaretreatment.org</a></td>
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<tr>
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**JEFFERSON**

2010 CO-OCCURRING DISORDERS SERVICES RESOURCE DIRECTORY
**PROGRAM NAME:**

**Choices Counseling Center**

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<th>Web site</th>
<th><a href="http://www.ohmsoregon.com">www.ohmsoregon.com</a></th>
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</table>
| Program address              | 109 N.E. Manzanita Ave.  
|                              | Grants Pass, OR 97526 |
| Telephone number             | 541-479-8847       |
| E-mail address               | choices3@earthlink.net |
| Payments accepted            | Medicaid/Oregon Health Plan  
|                              | Private insurance  
|                              | Self-pay           |
| Ages served                  | Age 17 or younger  
|                              | Ages 18-54         |
|                              | Age 55 and older   |
| Specialty populations served | Women/men        
|                              | Adolescent boys/girls |
|                              | Older adults       |
|                              | Families           |
|                              | Minorities         |
|                              | Gay/lesbian/transgender/bi-sexual |
|                              | Native American    |
|                              | Hispanic           |
| License/certifications/service | Intensive outpatient chemical dependency  
|                              | Outpatient chemical dependency |
| Level of treatment integration | Parallel model |
| Number of clinical staff     | 9                  |
| QMHA                         | 1                  |
| QMHP                         | 2                  |
| CADC I                       | 4                  |
| CADC II                      | 2                  |
| QMHP with CADC I, II or III  | 0                  |
| Prescriber of medication     | No                 |
| Prescriber hours per week    |                    |
| Dual diagnosis recovery support | No              |
| available in community       |                    |
| Contact information          |                    |
| EBP's:                       | SBCM   MM   MI   |
**Program Name:**

Family & Friends Counseling Center

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<tr>
<td>Telephone number</td>
<td>541-476-4248</td>
</tr>
<tr>
<td>E-mail address</td>
<td><a href="mailto:paige@familyfriends-gp.org">paige@familyfriends-gp.org</a></td>
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<tr>
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<td>Number of clinical staff</td>
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<td>QMHA</td>
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**PROGRAM NAME:**
Inside Out Counseling Service

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| Program address  | 1421 Esplanade #7  
Klamath Falls, OR 97061 |
| Telephone number | 541-273-0340 |
| E-mail address   | N/R          |
| Payments accepted| Private insurance  
Self-pay         |
| Ages served      | Ages 18-54  
Age 55 and older |
| Specialty populations served | Women/men  
Older adults  
Gay/lesbian/transgender/bi-sexual |
| License/certifications/service | Intensive outpatient chemical dependency  
Outpatient chemical dependency |
<p>| Level of treatment integration | N/R |
| Number of clinical staff | 3 |
| QMHA             | 0            |
| QMHP             | 0            |
| CADC I           | 1            |
| CADC II          | 1            |
| QMHP with CADC I, II or III | 0 |
| Prescriber of medication | No          |
| Prescriber hours per week |          |
| Dual diagnosis recovery support available in community | Developing |
| Contact information |          |
| EBPs:            | N/R          |</p>
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<td><strong>Web site</strong></td>
<td><a href="http://www.lcsnw.org">www.lcsnw.org</a></td>
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</table>
| **Program address** | 2545 N. Eldorado Ave.  
Klamath Falls, OR 97601 |
| **Telephone number** | 541-883-3471 |
| **E-mail address** | [lcsnw.org](mailto:lcsnw.org) |
| **Payments accepted** | Medicaid/Oregon Health Plan  
Private insurance  
Self-pay |
| **Ages served** | Age 17 or younger  
Ages 18-54  
Age 55 and older |
| **Specialty populations served** | Women/men  
Families  
Native American  
Hispanic |
| **License/certifications/service** | Intensive outpatient chemical dependency  
Outpatient chemical dependency  
Outpatient mental health |
| **Level of treatment integration** | Substance abuse program with mental health capability |
| **Number of clinical staff** | 11  
QMHA: 3  
QMHP: 0  
CADC I: 3  
CADC II: 1  
QMHP with CADC I, II or III: 4 |
| **Prescriber of medication** | No |
| **Prescriber hours per week** |  
**Dual diagnosis recovery support available in community** | Yes |
| **Contact information** | [www.ddaoforegon.com](http://www.ddaoforegon.com) |
| **EBPs:** | N/R |
## Wemble House

<table>
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<tr>
<th><strong>Web site</strong></th>
<th><a href="http://www.klamathtreatment.com">www.klamathtreatment.com</a></th>
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<tbody>
<tr>
<td><strong>Program address</strong></td>
<td>121 Iowa St. Klamath Falls, OR 97601</td>
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<tr>
<td><strong>Telephone number</strong></td>
<td>541-273-0433</td>
</tr>
<tr>
<td><strong>E-mail address</strong></td>
<td><a href="mailto:dorothy.walker@klamathtreatment.com">dorothy.walker@klamathtreatment.com</a></td>
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<tr>
<td><strong>Ages served</strong></td>
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<td><strong>Specialty populations served</strong></td>
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<td><strong>Contact Information</strong></td>
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<td><strong>EBPs:</strong></td>
<td>MI Breaking Barriers ASAM PPC-2R</td>
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**PROGRAM NAME:**
Lakeview Center for Change, LLC

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<tr>
<td>Program address</td>
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<tr>
<td>Telephone number</td>
<td>541-947-4357</td>
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<tr>
<td>E-mail address</td>
<td><a href="mailto:bvandenberglcc@centurytel.net">bvandenberglcc@centurytel.net</a></td>
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</table>
| Payments accepted| Medicaid/Oregon Health Plan  
|                  | Private insurance  
|                  | Self-pay             |
| Ages served     | Younger than age 17  
|                  | Ages 18-54           
|                  | Age 55 and older     |
| Specialty populations served | Women/men  
|                  | Older adults         
|                  | Minorities           
|                  | Hispanic             |
| License/certifications/service | Intensive outpatient chemical dependency  
|                                | Outpatient chemical dependency  
|                                | Outpatient mental health  
|                                | Peer-delivered recovery support services |
| Level of treatment integration | Fully integrated substance abuse and  
|                                | mental health program |
| Number of clinical staff | 5  
| QMHA              | 2  |
| QMHP              | 3  |
| CADC I            | 3  |
| CADC II           | 2  |
| QMHP with CADC I, II or III | 1 |
| Prescriber of medication | No |
| Prescriber hours per week | Developing |
| Dual diagnosis recovery support available in community |  

**Contact information**

www.ddaoforegon.com

**EBPs:**

DBT  EMDR  CBT  MRT  SRT  Rational emotive  
MI  Mindfulness
**Program Name:**

**Center for Family Development**

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<th><a href="http://www.CFD.org">www.CFD.org</a></th>
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| **Program address** | 1258 High St.  
Eugene, OR 97401 |
| **Telephone number** | 541-342-8437 |
| **E-mail address** | main@c-f-d.org |
| **Payments accepted** | Medicaid/Oregon Health Plan  
Private insurance  
Self-pay |
| **Ages served** | Age 17 or younger  
Ages 18-54  
Age 55 or older |
| **Specialty populations served** | Women/men  
Adolescent boys/girls  
Older adults  
Families  
Minorities  
Gay/lesbian/transgender/bi-sexual |
| **License/certifications/service** | Intensive outpatient chemical dependency treatment  
Outpatient chemical dependency treatment  
Outpatient mental health |
| **Level of treatment integration** | Fully integrated substance abuse and mental health |
| **Number of clinical staff** | 14 |
| **QMHA** | 4 |
| **QMHP** | 2 |
| **CADC I** | 0 |
| **CADC II** | 0 |
| **QMHP with CADC I, II or III** | 8 |
| **Prescriber of medication** | No |
| **Prescriber hours per week** |  |
| **Dual diagnosis recovery support** | Yes |
| **available in community** |  |
| **Contact information** | www.ddaoforegon.com |
| **EBPs:** | MI  
IDDT  
CYT  
MST  
CBT  
SS  
CM  
ASAM PPC-2R |
**Program Name:** Chrysalis Drug Free Treatment

| **Web site** | www.whitebirdclinic.org/chrysalis.html |
| **Program address** | 323 E. 12th Ave. Eugene, OR 97401 |
| **Telephone number** | 541-683-1641 |
| **E-mail address** | chrysalis_coordinator@whitebirdclinic.org |
| **Payments accepted** | Medicaid/Oregon Health Plan Private insurance Self-pay |
| **Ages served** | Ages 18-54 Age 55 and older |
| **Specialty populations served** | Women/men Older adults Minorities Gay/lesbian/transgender/bi-sexual Native American African American Hispanic |
| **License/certifications/service** | Outpatient chemical dependency |
| **Level of treatment integration** | Substance abuse program with mental health capability |
| **Number of clinical staff** | 19 |
| | QMHA 4 |
| | QMHP 3 |
| | CADC I 9 |
| | CADC II 2 |
| | QMHP with CADC I, II or III 1 |
| **Prescriber of medication** | No |
| **Prescriber hours per week** | |
| **Dual diagnosis recovery support available in community** | Yes |
| **Contact information** | www.ddaoforegon.com |
| **EBPs:** | MI IDDT CYT MST CBT SS CM ASAM PPC-2R |
**Program Name:** Emergence Addiction and Behavioral Therapies

<table>
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<tr>
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<td>Web site</td>
<td><a href="http://www.4emergence.com">www.4emergence.com</a></td>
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</table>
| Program address                  | 710 Adams Ave.  
Cottage Grove, OR 97424                     |
| Telephone number                 | 541-767-3057                                  |
| E-mail address                   | dfischer@4emergence.com                       |
| Payments accepted                | Medicaid/Oregon Health Plan                  |
|                                 | Private insurance                           |
|                                 | Self-pay                                    |
|                                 | Community corrections                       |
| Ages served                      | Ages 18-54                                   |
|                                 | Age 55 or older                             |
| Specialty populations served     | Women/men                                   |
|                                 | Older adults                                 |
|                                 | Corrections referrals                        |
| License/certifications/service   | Outpatient chemical dependency treatment     |
| Level of treatment integration   | Parallel model                               |
| Number of clinical staff         | 1                                            |
| QMHA                             | 0                                            |
| QMHP                             | 0                                            |
| CADC I                           | 1                                            |
| CADC II                          | 0                                            |
| QMHP with CADC I, II or III      | 0                                            |
| Prescriber of medication         | No                                           |
| Prescriber hours per week        |                                               |
| Dual diagnosis recovery support  | Yes                                          |
| available in community           |                                               |
| Contact information              | [www.ddaoforegon.com](http://www.ddaoforegon.com) |
| EBPs:                            | ME    CBT    12-step facilitation            |
Program Name: Emergence Addiction and Behavioral Therapies

<table>
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<td>541-342-6987</td>
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<tr>
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<td><a href="mailto:tmcclaflin@4emergence.com">tmcclaflin@4emergence.com</a></td>
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### Program Name:

**Emergence Addiction and Behavioral Therapies**

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<td><strong>Program address</strong></td>
<td>1461 Oak St. Eugene, OR 97401</td>
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<tr>
<td><strong>Telephone number</strong></td>
<td>541-687-9141</td>
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<tr>
<td><strong>E-mail address</strong></td>
<td><a href="mailto:dfischer@4emergence.com">dfischer@4emergence.com</a></td>
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<td><strong>Payments accepted</strong></td>
<td>Medicaid/Oregon Health Plan, Private insurance, Self-pay, Community corrections</td>
</tr>
<tr>
<td><strong>Ages served</strong></td>
<td>Age 17 and younger, Ages 18-54, Age 55 or older</td>
</tr>
<tr>
<td><strong>Specialty populations served</strong></td>
<td>Women/men, Adolescent girls/boys, Older adults, Families, Corrections referrals</td>
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<tr>
<td><strong>License/certifications/service</strong></td>
<td>Intensive outpatient chemical dependency, Outpatient chemical dependency</td>
</tr>
<tr>
<td><strong>Level of treatment integration</strong></td>
<td>Substance abuse program with mental health capability</td>
</tr>
<tr>
<td><strong>Number of clinical staff</strong></td>
<td>13</td>
</tr>
<tr>
<td><strong>QMHA</strong></td>
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<tr>
<td><strong>QMHP</strong></td>
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<tr>
<td><strong>CADC I</strong></td>
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<tr>
<td><strong>CADC II</strong></td>
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<tr>
<td><strong>QMHP with CADC I, II or III</strong></td>
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<tr>
<td><strong>Prescriber of medication</strong></td>
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<tr>
<td><strong>Prescriber hours per week</strong></td>
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<tr>
<td><strong>Dual diagnosis recovery support</strong></td>
<td>Yes</td>
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<tr>
<td><strong>available in community</strong></td>
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</tr>
<tr>
<td><strong>Contact information</strong></td>
<td><a href="http://www.ddaoforegon.com">www.ddaoforegon.com</a></td>
</tr>
<tr>
<td><strong>EBPs:</strong></td>
<td>ME, CBT, 12-step facilitation</td>
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### Emergence Addiction and Behavioral Therapies — Meridian Problem Gambling Program

<table>
<thead>
<tr>
<th><strong>Web site</strong></th>
<th><a href="http://www.4emergence.com">www.4emergence.com</a>; <a href="http://www.1877mylimit.org">www.1877mylimit.org</a></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program address</strong></td>
<td>2149 Centennial Plaza Suite #4 Eugene, OR 97401</td>
</tr>
<tr>
<td><strong>Telephone number</strong></td>
<td>541-741-7107</td>
</tr>
<tr>
<td><strong>E-mail address</strong></td>
<td><a href="mailto:mtmodell@4emergence.com">mtmodell@4emergence.com</a></td>
</tr>
<tr>
<td><strong>Payments accepted</strong></td>
<td>No charge, state funded</td>
</tr>
</tbody>
</table>
| **Ages served** | Age 17 and younger  
| | Ages 18-54  
| | Age 55 and older |
| **Specialty populations served** | Women/men  
| | Adolescent girls/boys  
| | Older adults  
| | Families  
| | Gay/lesbian/transgender/bi-sexual  
| | Latino |
| **License/certifications/service** | Gambling treatment |
| **Level of treatment integration** | Substance abuse program with mental health capability |
| **Number of clinical staff** | 14 |
| | QMHA | 2  
| | QMHP | 4  
| | CADC I | 3  
| | CADC II | 1  
| | QMHP with CADC I, II or III | 4 |
| **Prescriber of medication** | No |
| **Prescriber hours per week** | Dual diagnosis recovery support available in community | Yes |
| **Contact information** | www.ddaoforegon.com |
| **EBPs:** | AACT  
| | CBT  
| | DBT |
# Emergence Addiction and Behavioral Therapies

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<th>Program name:</th>
<th>Emergence Addiction and Behavioral Therapies</th>
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<tr>
<td>Web site</td>
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</table>
| Program address | 2149 Centennial Plaza Suite #4  
Eugene, OR 97401 |
| Telephone number | 541-687-8820 |
| E-mail address | dfischer@4emergence.com |
| Payments accepted | Medicaid/Oregon Health Plan  
Private insurance  
Self-pay  
DHS/child welfare, self-sufficiency |
| Ages served | Ages 18-54  
Age 55 or older |
| Specialty populations served | Women/men  
Older adults |
| License/certifications/service | Intensive outpatient chemical dependency treatment  
Outpatient chemical dependency treatment |
| Level of treatment integration | Substance abuse program with mental health capability |
| Number of clinical staff | 10 |
| QMHA | 1 |
| QMHP | 2 |
| CADC I | 2 |
| CADC II | 3 |
| QMHP with CADC I, II or III | 2 |
| Prescriber of medication | No |
| Prescriber hours per week |  |
| Dual diagnosis recovery support available in community | Yes |
| Contact information | www.ddaoforegon.com |
| EBPs: | SS  
CBT  
ME  
12-step facilitation |
## Program Name:
Emergence Addiction and Behavioral Therapies

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<td></td>
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<tr>
<td>Telephone number</td>
<td>541-997-8509</td>
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<td>E-mail address</td>
<td><a href="mailto:dhickerson@4emergence.com">dhickerson@4emergence.com</a></td>
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<td></td>
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<td>Self-pay</td>
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<td>State-funded problem gambling treatment</td>
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**PROGRAM NAME:**

**Emergence Addiction and Behavioral Therapies**

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<tr>
<td>Program address</td>
<td>1485 Market St.</td>
</tr>
<tr>
<td></td>
<td>Springfield, OR 97477</td>
</tr>
<tr>
<td>Telephone number</td>
<td>541-746-4041</td>
</tr>
<tr>
<td>E-mail address</td>
<td><a href="mailto:mjenne@4emergence.com">mjenne@4emergence.com</a></td>
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<tr>
<td>Payments accepted</td>
<td>Medicaid/Oregon Health Plan</td>
</tr>
<tr>
<td></td>
<td>Private insurance</td>
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<td></td>
<td>Self-pay</td>
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<td></td>
<td>DHS/child welfare, self-sufficiency</td>
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<td>Ages served</td>
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<td>Ages 18-54</td>
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<td></td>
<td>Age 55 and older</td>
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<tr>
<td>Specialty populations served</td>
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<td></td>
<td>Older adults</td>
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<tr>
<td>License/certifications/service</td>
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<td>Parallel model</td>
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<td>QMHP</td>
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<tr>
<td>Prescriber of medication</td>
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</tr>
<tr>
<td>Prescriber hours per week</td>
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<tr>
<td>Dual diagnosis recovery support available in community</td>
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<tr>
<td>Contact information</td>
<td><a href="http://www.ddaoforegon.com">www.ddaoforegon.com</a></td>
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<td>EBPs:</td>
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# Emergence Addiction and Behavioral Therapies — Juntos Spanish-speaking program

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<th>Program Information</th>
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<tbody>
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<td>Web site</td>
<td><a href="http://www.4emergence.com">www.4emergence.com</a></td>
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<tr>
<td>Program address</td>
<td>1485 Market St, Springfield, OR 97477</td>
</tr>
<tr>
<td>Telephone number</td>
<td>541-746-4041</td>
</tr>
<tr>
<td>E-mail address</td>
<td><a href="mailto:mjenne@4emergence.com">mjenne@4emergence.com</a></td>
</tr>
<tr>
<td>Payments accepted</td>
<td>Medicaid/Oregon Health Plan, Private insurance, Self-pay</td>
</tr>
<tr>
<td>Ages served</td>
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<tr>
<td>Specialty populations served</td>
<td>Women/men, Latinos</td>
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<tr>
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<td>Parallel model</td>
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<tr>
<td>QMHA</td>
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<tr>
<td>QMHP</td>
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<td>CADC I</td>
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<tr>
<td>CADC II</td>
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<td>QMHP with CADC I, II or III</td>
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<td>Dual diagnosis recovery support available in community</td>
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<tr>
<td>EBPs:</td>
<td>MM in Spanish, ME, 12-step facilitation</td>
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</table>
**Program Name:** Lane County Methadone Treatment Program

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<th>Web site</th>
<th><a href="http://www.lanecounty.org">www.lanecounty.org</a></th>
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| Program address   | 1485 135 E. 6th Ave.  
                               Eugene, OR 97401 |
| Telephone number  | 541-682-4464       |
| E-mail address    | Janet.Perez@co.lane.or.us |
| Payments accepted | Medicaid/Oregon Health Plan  
                               Medicare  
                               Private insurance  
                               Self-pay |
| Ages served       | Ages 18-54  
                               Age 55 and older |
| Specialty populations served | Women/men  
                               Older adults |
| License/certifications/service | Outpatient chemical dependency program |
| Level of treatment integration | Substance abuse program with mental health capability |
| Number of clinical staff | 3 |
| QMHA              | 0                  |
| QMHP              | 0                  |
| CADC I            | 0                  |
| CADC II           | 0                  |
| QMHP with CADC I, II or III | 3 |
| Prescriber of medication | Yes |
| Prescriber hours per week | 4 |
| Dual diagnosis recovery support available in community | Yes |
| Contact information | www.doaoforegon.com |
| EBPs:             | N/R                |
PROGRAM NAME:
Looking Glass Counseling & Adolescent Recovery Program

<table>
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<tr>
<th>Web site</th>
<th><a href="http://www.lookingglass.us">www.lookingglass.us</a></th>
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<tbody>
<tr>
<td>Program address</td>
<td>20 E. 13th Ave.</td>
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<tr>
<td></td>
<td>Eugene, OR 97401</td>
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<tr>
<td>Telephone number</td>
<td>541-484-4484</td>
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<tr>
<td>E-mail address</td>
<td>N/R</td>
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<tr>
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<td>Private insurance</td>
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<td>Ages served</td>
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<td>Ages 18-54</td>
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<tr>
<td>Specialty populations served</td>
<td>Women/men</td>
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<tr>
<td></td>
<td>Older adults</td>
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<tr>
<td></td>
<td>Adolescent girls/boys,</td>
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<td>Families</td>
</tr>
<tr>
<td></td>
<td>Minorities</td>
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<tr>
<td>License/certifications/service</td>
<td>Outpatient chemical dependency</td>
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<td>Outpatient mental health</td>
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<tr>
<td>Level of treatment integration</td>
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<td>QMHCP</td>
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<tr>
<td>Prescriber of medication</td>
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<td>Prescriber hours per week</td>
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<td>EBPs:</td>
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### Oregon Social Learning Center Community Programs

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<th>Web site</th>
<th><a href="http://www.oslccp.org">www.oslccp.org</a></th>
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<tbody>
<tr>
<td>Program address</td>
<td>315 West Broadway</td>
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<tr>
<td></td>
<td>Eugene, OR 97401</td>
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<tr>
<td>Telephone number</td>
<td>541-743-4340</td>
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<tr>
<td>E-mail address</td>
<td><a href="mailto:kathleenn@oslccp.org">kathleenn@oslccp.org</a></td>
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<tr>
<td>Payments accepted</td>
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<td>Ages served</td>
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<td>Ages 18-54</td>
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<td>Specialty populations served</td>
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<td>Adolescent girls/boys</td>
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**Contact information**

EBPs: N/R
**Program Name:**

Relief Nursery, Inc.

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<tr>
<td>Telephone number</td>
<td>541-343-9706</td>
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<td>E-mail address</td>
<td><a href="mailto:kevinbu@reliefnursery.org">kevinbu@reliefnursery.org</a></td>
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<td>Older adults</td>
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**PROGRAM NAME:**

Serenity Lane New Hope

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<td>E-mail address</td>
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<td>Older adults</td>
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## ShelterCare — Heeran Center

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<tr>
<td><strong>Program address</strong></td>
<td>2222 Coburg Road, Eugene, OR 97401</td>
</tr>
<tr>
<td><strong>Telephone number</strong></td>
<td>541-465-3323</td>
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**PROGRAM NAME:**

**ShelterCare — Riverbend Supported Community**

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<td>Program address</td>
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<tr>
<td>Telephone number</td>
<td>541-302-9195</td>
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**ShelterCare — Royal Avenue Program**

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**Willamette Family, Inc.**

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**PROGRAM NAME:**

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**Program Name:**
Lincoln County Council on Alcohol & Other Drug Abuse, Inc.

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<tr>
<td>Telephone number</td>
<td>541-265-2971</td>
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<td>E-mail address</td>
<td><a href="mailto:thecouncil_aod@yahoo.com">thecouncil_aod@yahoo.com</a></td>
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EBPs: N/R
**Program Name:**
Lincoln County Council on Alcohol & Other Drug Abuse, Inc. — The Ken Trueman Recovery Center

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**PROGRAM NAME:**

**Siletz Alcohol & Drug Program**

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| **Program address** | 201 S.E. Swan Ave.  
Siletz, OR 97380 |
| **Telephone number** | 1-800-922-1399 |
| **E-mail address** | janetw@ctsi.nsn.us |
| **Payments accepted** | Medicaid/Oregon Health Plan  
Medicare  
Private insurance  
Self-pay |
| **Ages served** | Age 17 and younger  
Ages 18-54  
Age 55 and older |
| **Specialty populations served** | Gay/lesbian/transgender/bi-sexual  
Native American |
| **License/certifications/service** | Intensive outpatient chemical dependency  
Outpatient chemical dependency  
Inpatient/residential mental health  
Gambling treatment |
| **Level of treatment integration** | Mental health program with substance abuse ability |
| **Number of clinical staff** | 3  
QMHA 0  
QMHP 1  
CADC I 1  
CADC II 1  
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| **Prescriber of medication** | Yes |
| **Prescriber hours per week** | 40 |
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| **EBPs:** | N/R |
**Program Name:**

Siletz Tribal Alcohol and Drug Program

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| Program address        | 565 Old River Road  
                          | P.O. Box 549  
                          | Siletz, OR 97380     |
| Telephone number       | 541-444-8286 or 1-800-600-5599  |
| E-mail address         | janetd@ctsi.nsn.us  |
| Payments accepted      | Medicaid/Oregon Health Plan  
                          | Medicare  
                          | Private insurance  
                          | Self-pay     |
| Ages served            | Age 17 and younger  
                          | Ages 18-54  
                          | Age 55 and older   |
| Specialty populations served | Women/men  
                          | Adolescent girls/boys  
                          | Older adults  
                          | Families  
                          | Minorities  
                          | Gay/lesbian/transgender/bi-sexual  
                          | Native Americans  |
| License/certifications/service | Outpatient chemical dependency treatment |
| Level of treatment integration | Parallel model |
| Number of clinical staff | 7  
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                          | CADC I 2  
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| Dual diagnosis recovery support available in community | No |
| Contact information |        |
| EBPs:                 | DBT  CBT  MI  SFBT  TFBT  
                          | Family psychological education  
                          | Parent management  
                          | Brief strategies  
                          | Wraparound  |
**PROGRAM NAME:**
Emergence Addiction and Behavioral Therapies

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<td>541-967-6597</td>
</tr>
<tr>
<td>E-mail address</td>
<td><a href="mailto:dhickerson@4emergence.com">dhickerson@4emergence.com</a></td>
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<td>Prescriber hours per week</td>
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<td>ME CBT SS 12-step facilitation</td>
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**PROGRAM NAME:**

**Linn County Alcohol & Drug Treatment Program**

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<td>Program address</td>
<td>104 4th Avenue S.W. Albany, OR 97321</td>
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<tr>
<td>Telephone number</td>
<td>541-967-3819</td>
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<tr>
<td>E-mail address</td>
<td><a href="mailto:linnAD@co.linn.or.us">linnAD@co.linn.or.us</a></td>
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**Program Name:**

**Linn County Alcohol & Drug Treatment Program**

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| Program address | 1600 S. Main St.  
Lebanon, OR 97355 |
| Telephone number | 541-451-5932 |
| E-mail address | linnAD@co.linn.or.us |
| Payments accepted | Medicaid/Oregon Health Plan  
Private insurance  
Self-pay |
| Ages served | Age 17 and younger  
Ages 18-54  
Age 55 and older |
| Specialty populations served | Women/men  
Adolescent girls/boys  
Families |
| License/certifications/service | Intensive outpatient chemical dependency treatment  
Outpatient chemical dependency treatment  
Gambling treatment |
| Level of treatment integration | Substance abuse program with mental health capability |
| Number of clinical staff | 4 |
| QMHA | 0 |
| QMHP | 2 |
| CADC I | 0 |
| CADC II | 0 |
| QMHP with CADC I, II or III | 2 |
| Prescriber of medication | Yes |
| Prescriber hours per week | 3 |
| Dual diagnosis recovery support available in community | Yes |
| Contact information | www.ddaoforegon.com |
| EBPs: | FFT  
CBT  
SS  
ASAM PPC-2R  
Social Skills Therapy |
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| **Web site** | N/R |
| **Program address** | 445 3rd Ave S.W. Albany, OR 97321 |
| **Telephone number** | 541-976-3866 |
| **E-mail address** | cmoller@co.linn.or.us |
| **Payments accepted** | Medicaid/Oregon Health Plan Medicare Private insurance Self-pay |
| **Ages served** | Ages 18-54 |
| **Specialty populations served** | Women/men Older adults Families Minorities Gay/lesbian/transgender/bi-sexual Hearing impaired |
| **License/certifications/service** | Outpatient mental health Peer-delivered recovery support services |
| **Level of treatment integration** | Fully integrated substance abuse and mental health |
| **Number of clinical staff** | 16 |
| **QMHA** | 8 |
| **QMHP** | 7 |
| **CADC I** | 1 |
| **CADC II** | 0 |
| **QMHP with CADC I, II or III** | 0 |
| **Prescriber of medication** | Yes |
| **Prescriber hours per week** | 37.5 |
| **Dual diagnosis recovery support available in community** | Yes |
| **Contact information** | www.ddaoforegon.com |
| **EBPs:** | IDDT |
**Program Name:**

**Carrols Group Care Home, Inc.**

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<td>Program address</td>
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<tr>
<td>Telephone number</td>
<td>503-399-0189</td>
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<tr>
<td>E-mail address</td>
<td><a href="mailto:cgchinc@aol.com">cgchinc@aol.com</a></td>
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PROGRAM NAME:
Cascadia - Bridgeway

Web site: Cascadiabhc.org
Program address: 3321 Harold Dr. N.E.
Salem, OR 97303
Telephone number: 503-399-5597
E-mail address: N/R
Payments accepted: Medicaid/Oregon Health Plan
Private insurance
Self-pay
Ages served: Ages 18-54
Age 55 and older
Specialty populations served: Women/men
Families
License/certifications/service: Intensive outpatient chemical dependency
Outpatient chemical dependency
Gambling treatment
Level of treatment integration: Fully integrated substance abuse and mental health
Number of clinical staff: 9
  QMHA: 0
  QMHP: 3
  CADC I: 3
  CADC II: 0
  QMHP with CADC I, II or III: 3
Prescriber of medication: No
Prescriber hours per week: 
Dual diagnosis recovery support available in community: Yes
Contact information: www.ddaoforegon.com
EBPs: SS  CBT  Dual diagnosis groups
### PROGRAM NAME:

**Catholic Community Services/Community Counseling Center and New Step D&A**

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<td>Program address</td>
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<tr>
<td>Telephone number</td>
<td>503-390-2600</td>
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<td><a href="mailto:ddavis@ccsfw.org">ddavis@ccsfw.org</a></td>
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<td>3180 Center St. N.E.</td>
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<td></td>
<td>Salem, OR 97301</td>
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<tr>
<td>Telephone number</td>
<td>503-588-5351</td>
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<tr>
<td>E-mail address</td>
<td><a href="mailto:pmcollum@co.marion.or.us">pmcollum@co.marion.or.us</a></td>
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<td>EBPs:</td>
<td>MI IMR IDDT DBT ASAM PPC-2R Supported housing</td>
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**New Perspectives Center**

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| **Program address** | 1675 Winter Street N.E.  
Salem, OR 97301 |
| **Telephone number** | 503-585-0351 |
| **E-mail address** | npc@viser.net |
| **Payments accepted** | Medicaid/Oregon Health Plan  
Private insurance  
Self-pay |
| **Ages served** | Age 17 or younger  
Ages 18-54  
Age 55 and older |
| **Specialty populations served** | Women  
Adolescent boys  
Families |
| **License/certifications/service** | Outpatient chemical dependency treatment  
Outpatient mental health |
| **Level of treatment integration** | Mental health program with substance abuse capability |
| **Number of clinical staff** | 24 |
| **QMHA** | 0 |
| **QMHP** | 20 |
| **CADC I** | 1 |
| **CADC II** | 1 |
| **QMHP with CADC I, II or III** | 2 |
| **Prescriber of medication** | Yes |
| **Prescriber hours per week** | 30 |
| **Dual diagnosis recovery support available in community** | Yes |
| **Contact information** | www.ddaoforegon.com |
| **EBPs:** | ASAM PPC-2R  
MI  12-step facilitation  
Relapse prevention  
Medical algorithms |
### Psychiatric Crisis Center

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<td>1073 Oak St. S.E.</td>
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<td><strong>Telephone number</strong></td>
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<td><strong>E-mail address</strong></td>
<td><a href="mailto:mmcfcettridge@co.marion.or.us">mmcfcettridge@co.marion.or.us</a></td>
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## Valley Mental Health

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<tr>
<td><strong>Program address</strong></td>
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</tr>
<tr>
<td><strong>Telephone number</strong></td>
<td>503-391-9762</td>
</tr>
<tr>
<td><strong>E-mail address</strong></td>
<td><a href="mailto:jwvtcteam@aol.com">jwvtcteam@aol.com</a></td>
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<tr>
<td><strong>Ages served</strong></td>
<td>Ages 18-54, Age 55 and older</td>
</tr>
<tr>
<td><strong>Specialty populations served</strong></td>
<td>Women/men</td>
</tr>
<tr>
<td><strong>License/certifications/service</strong></td>
<td>Outpatient chemical dependency treatment</td>
</tr>
<tr>
<td><strong>Level of treatment integration</strong></td>
<td>N/R</td>
</tr>
<tr>
<td><strong>Number of clinical staff</strong></td>
<td>4</td>
</tr>
<tr>
<td>QMHA</td>
<td>0</td>
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<tr>
<td>QMHP</td>
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<tr>
<td>CADC I</td>
<td>2</td>
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<td>CADC II</td>
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<tr>
<td>QMHP with CADC I, II or III</td>
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<tr>
<td><strong>Prescriber of medication</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Prescriber hours per week</strong></td>
<td>6</td>
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<tr>
<td><strong>Dual diagnosis recovery support available in community</strong></td>
<td>Yes</td>
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<tr>
<td><strong>Contact information</strong></td>
<td><a href="http://www.ddaoforegon.com">www.ddaoforegon.com</a></td>
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<tr>
<td><strong>EBPs:</strong></td>
<td>N/R</td>
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### Community Counseling Solutions

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<tr>
<th>Program name:</th>
<th>Web site: N/R</th>
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<tr>
<td>Program address:</td>
<td>101 N.W. Boardman Ave. Boardman, OR 97818</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>541-481-2911</td>
</tr>
<tr>
<td>E-mail address:</td>
<td>N/R</td>
</tr>
<tr>
<td>Payments accepted:</td>
<td>Medicaid/Oregon Health Plan Private insurance Self-pay</td>
</tr>
<tr>
<td>Ages served:</td>
<td>Age 17 and younger Ages 18-54 Age 55 and older</td>
</tr>
<tr>
<td>Specialty populations served:</td>
<td>Women/men Adolescent girls/boys Older adults Families Hispanic Native American</td>
</tr>
<tr>
<td>License/certifications/service:</td>
<td>Intensive outpatient chemical dependency treatment Outpatient mental health Peer-delivered recovery support services</td>
</tr>
<tr>
<td>Level of treatment integration:</td>
<td>Fully integrated substance abuse and mental health</td>
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<tr>
<td>Number of clinical staff:</td>
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<tr>
<td>QMHA:</td>
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<td>QMHP:</td>
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<td>QMHP with CADC I, II or III:</td>
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<tr>
<td>Prescriber of medication:</td>
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<td>Prescriber hours per week:</td>
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<td>No</td>
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<tr>
<td>Contact information:</td>
<td>ASAM PPC-2R Dual diagnosis groups</td>
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**Note:**
- **E competencies:**
  - QMHA: 0
  - QMHP: 6
  - CADC II: 1
  - QMHP with CADC I, II or III: 1

**Prescriber:**
- Yes
- Hours per week: 2

**Dual diagnosis recovery support available in community:**
- No

**Contact information:**
- ASAM PPC-2R Dual diagnosis groups
<table>
<thead>
<tr>
<th><strong>Program Name:</strong></th>
<th>Morrow Wheeler Behavioral Health, Heppner</th>
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<tbody>
<tr>
<td><strong>Web site</strong></td>
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| **Program address** | 120 S. Main  
Heppner, OR 97836 |
| **Telephone number** | 541-676-9161          |
| **E-mail address** | N/R                                      |
| **Payments accepted** | Medicaid/Oregon Health Plan  
Private insurance  
Self-pay |
| **Ages served** | Age 17 and younger  
Ages 18-54  
Age 55 and older |
| **Specialty populations served** | Women/men  
Adolescent girls/boys  
Older adults  
Families  
Hispanic  
Native American |
| **License/certifications/service** | Intensive outpatient chemical dependency treatment  
Outpatient chemical dependency treatment  
Outpatient mental health  
Peer-delivered recovery support services |
| **Level of treatment integration** | Fully integrated substance abuse and mental health |
| **Number of clinical staff** | 6 |
| QMHA | 0 |
| QMHP | 3 |
| CADC I | 0 |
| CADC II | 1 |
| QMHP with CADC I, II or III | 2 |
| **Prescriber of medication** | Yes |
| **Prescriber hours per week** | 2 |
| **Dual diagnosis recovery support available in community** | No |
| **Contact information** |  |
| **EBPs:** | ASAM PPC-2R  
Dual diagnosis groups |
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<thead>
<tr>
<th><strong>PROGRAM NAME:</strong></th>
<th>Annette U Selmer</th>
</tr>
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<tbody>
<tr>
<td><strong>Web site</strong></td>
<td><a href="http://www.aselmer@earthlink.net">www.aselmer@earthlink.net</a></td>
</tr>
</tbody>
</table>
| **Program address** | 1525 N.E. Weidler Suite 201  
                          Portland, OR 97232 |
| **Telephone number** | 503-525-1150 |
| **E-mail address** | aselmer@earthlink.net |
| **Payments accepted** | Private insurance  
                          Self-pay |
| **Ages served** | Ages 18-54  
                          Age 55 and older |
| **Specialty populations served** | Women/men  
                          Adolescent girls/boys  
                          Minorities  
                          Gay/lesbian/transgender/bi-sexual |
| **License/certifications/service** | Outpatient chemical dependency  
                          Outpatient mental health  
                          Gambling |
| **Level of treatment integration** | Mental health program with substance abuse capability |
| **Number of clinical staff** | 7  
                          QMHA | 0  
                          QMHP | 3  
                          CADC I | 0  
                          CADC II | 2  
                          QMHP with CADC I, II or III | 2 |
<p>| <strong>Prescriber of medication</strong> | Yes |
| <strong>Prescriber hours per week</strong> | 10 |
| <strong>Dual diagnosis recovery support available in community</strong> | Developing |
| <strong>Contact information</strong> | |
| <strong>EBPs:</strong> | N/R |</p>
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<tr>
<td><strong>Web site</strong></td>
<td>Cascadiabhc.org</td>
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<td><strong>Program address</strong></td>
<td>2330 N.E. Siskiyou St. Portland, OR 97232</td>
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<tr>
<td><strong>Telephone number</strong></td>
<td>503-528-0757</td>
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<td><strong>Specialty populations served</strong></td>
<td>Women/men Adolescent girls/boys Minorities Gay/lesbian/transgender/bi-sexual</td>
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<td><strong>License/certifications/service</strong></td>
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<td><strong>Level of treatment integration</strong></td>
<td>Mental health program with substance abuse capability</td>
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<tr>
<td><strong>Number of clinical staff</strong></td>
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<td>QMHA 35</td>
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<td>QMHP 5</td>
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<td><strong>Prescriber of medication</strong></td>
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<td><strong>Contact information</strong></td>
<td><a href="http://www.ddaoforegon.com">www.ddaoforegon.com</a></td>
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# Cascadia Behavioral Healthcare

<table>
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<tr>
<th><strong>Web site</strong></th>
<th>Cascadiabhc.org</th>
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</table>
| **Program address** | 2415 S.E. 43rd Ave.  
Portland OR |
| **Telephone number** | 503-230-9654 |
| **E-mail address** | N/R |
| **Payments accepted** | Medicaid/Oregon Health Plan  
Medicare  
Private insurance  
Self-pay |
| **Ages served** | Ages 18-54  
Age 55 and older |
| **Specialty populations served** | N/R |
| **License/certifications/service** | Intensive outpatient chemical dependency treatment  
Outpatient chemical dependency  
Outpatient mental health  
Gambling treatment |
| **Level of treatment integration** | Fully integrated substance abuse and mental health |
| **Number of clinical staff** | 25 |
| QMHA | 2 |
| QMHP | 7 |
| CADC I | 8 |
| CADC II | 1 |
| QMHP with CADC I, II or III | 7 |
| **Prescriber of medication** | Yes |
| **Prescriber hours per week** | 40 |
| **Dual diagnosis recovery support available in community** | Yes |
| **Contact information:** | www.ddaoforegon.com |
| **EBPs:** | ASAM PPC-2R  
Dual diagnosis groups |
Cascadia Residential Integrated Services (RITS)

Web site: Cascadiabhc.org
Program address: 9269 S.E. Clinton
Portland OR 97266
Telephone number: 503-872-0480
E-mail address: laurie.ellett@cascadiabhc.org
Payments accepted: Department of Community Justice
Ages served: Ages 18-54
Age 55 and older
Specialty populations served: Men
Corrections clients
No sex offenders
License/certifications/service:
- Residential chemical dependency treatment
- Intensive outpatient chemical dependency treatment
- Outpatient chemical dependency treatment
- Inpatient/residential mental health
- Outpatient mental health
- Peer-delivered recovery support services
Level of treatment integration: Fully integrated substance abuse and mental health
Number of clinical staff: 25
- QMHA: 8
- QMHP: 3
- CADC I: 7
- CADC II: 4
- QMHP with CADC I, II or III: 3
Prescriber of medication: Yes
Prescriber hours per week: 6
Dual diagnosis recovery support available in community: Yes
Contact information: www.ddaoforegon.com
EBPs: MI CBT
**PROGRAM NAME:**

Columbia Rose Residential Treatment Facility

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<th><a href="http://www.orbsinc.org">www.orbsinc.org</a></th>
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<td>12511 S.E. Raymond St.</td>
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<td></td>
<td>Portland OR 97236</td>
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<tr>
<td>Telephone number</td>
<td>503-761-2580</td>
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<td>Women/men</td>
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<tr>
<td>License/certifications/service</td>
<td>Inpatient/residential mental health</td>
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<td></td>
<td>Outpatient mental health</td>
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<td>Gambling treatment</td>
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<td>Level of treatment integration</td>
<td>Mental health program with substance abuse capability</td>
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<tr>
<td>Number of clinical staff</td>
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<td>QMHP</td>
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<td>CADC II</td>
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<td>Prescriber of medication</td>
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<td>Prescriber hours per week</td>
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<tr>
<td><strong>Program Name:</strong></td>
<td>CRC Health Group dba Allied Health Services</td>
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<tr>
<td><strong>Web site</strong></td>
<td><a href="http://www.crchealth.com">www.crchealth.com</a></td>
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</table>
| **Program address** | 808 S.W. Alder St., Suite 300 
Portland OR 97266 |
| **Telephone number** | 503-226-2203 |
| **E-mail address** | jbooth@crchealth.com |
| **Payments accepted** | Medicaid/Oregon Health Plan 
Private insurance/Kaiser 
Self-pay |
| **Ages served** | Ages 18-54 
Age 55 and older |
| **Specialty populations served** | Women/men 
Older adults 
Minorities |
| **License/certifications/service** | Intensive outpatient chemical dependency 
Outpatient chemical dependency treatment |
| **Level of treatment integration** | N/R |
| **Number of clinical staff** | 6 |
| QMHA | 0 |
| QMHP | 0 |
| CADC I | 2 |
| CADC II | 4 |
| QMHP with CADC I, II or III | 0 |
| **Prescriber of medication** | Yes |
| **Prescriber hours per week** | 20 hours nurse practitioner, 6 hours M.D. |
| **Dual diagnosis recovery support available in community** | Yes |
| **Contact information** | www.ddaoforegon.com |
| **EBPs:** | N/R |
**PROGRAM NAME:**

**DePaul Treatment Centers, Inc.**

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<th>Details</th>
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<td>Web site</td>
<td><a href="http://www.depaultreatmentcenters.org">www.depaultreatmentcenters.org</a></td>
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<tr>
<td>Program address</td>
<td>P.O. Box 3007, Portland, OR</td>
</tr>
<tr>
<td>Telephone number</td>
<td>503-535-1150</td>
</tr>
<tr>
<td>E-mail address</td>
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<td>Payments accepted</td>
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</tr>
<tr>
<td>Ages served</td>
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</tr>
<tr>
<td>Specialty populations served</td>
<td>Women/men, Adolescent girls/boys, Older adults, Families, Minorities</td>
</tr>
<tr>
<td>License/certifications/service</td>
<td>Residential chemical dependency, Intensive outpatient chemical dependency, Outpatient chemical dependency, Outpatient mental health</td>
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<tr>
<td>Level of treatment integration</td>
<td>Fully integrated substance abuse and mental health</td>
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<tr>
<td>Number of clinical staff</td>
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<td>QMHA</td>
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<td>QMHP</td>
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<td>Prescriber of medication</td>
<td>Yes</td>
</tr>
<tr>
<td>Prescriber hours per week</td>
<td>32 hours psychiatry, 32 hours primary care</td>
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<tr>
<td>Dual diagnosis recovery support available in community</td>
<td>Yes</td>
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<tr>
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<td><a href="http://www.ddaoforegon.com">www.ddaoforegon.com</a></td>
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# Eldorado ABI

<table>
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| Program address | 7405 S.E. 84th St.  
Portland OR 97266 |
| Telephone number | 503-771-1645 |
| E-mail address | stefan.perkins@thementornetwork.com |
| Payments accepted | Medicaid/Oregon Health Plan |
| Ages served | Ages 18-54  
Age 55 and older |
| Specialty populations served | Men with documented history of brain injury  
(acquired/traumatic) |
| License/certifications/service | Inpatient/residential mental health |
| Level of treatment integration | Mental health program with substance abuse capability |
| Number of clinical staff | 3  
QMHA | 2  
QMHP | 1  
CADC I | 0  
CADC II | 0  
QMHP with CADC I, II or III | 0 |
| Prescriber of medication | Yes |
| Prescriber hours per week | 2 |
| Dual diagnosis recovery support available in community | Yes |
| Contact information | www.ddaoforegon.com |
| EBPs: | MI  
Relapse prevention |
### Glisan Street House

**Web site**: [www.cadadiabhc.org](http://www.cadadiabhc.org)

**Program address**: 2375 N.W. Glisan St., Portland, OR

**Telephone number**: 503-243-2236

**E-mail address**: joe.pense@cascadiabhc.org

**Payments accepted**: Medicaid/Oregon Health Plan, Medicare

**Ages served**: Ages 18-54, Age 55 and older

**Specialty populations served**: Women/men, Older adults, Families, Gay/lesbian/transgender/bi-sexual

**License/certifications/service**: Inpatient/residential mental health

**Level of treatment integration**: Parallel model

**Number of clinical staff**: 12

- QMHA: 10
- QMHP: 1
- CADC I: 1
- CADC II: 0
- QMHP with CADC I, II or III: 0

**Prescriber of medication**: Yes

**Prescriber hours per week**: 2

**Dual diagnosis recovery support available in community**: Yes

**Contact information**: [www.ddaoforegon.com](http://www.ddaoforegon.com)

**EBPs**: N/R
<table>
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<tr>
<th><strong>Program Name:</strong></th>
<th>Heidi Brockman-Astrue, Astrue &amp; Associates</th>
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<tr>
<td><strong>Web site</strong></td>
<td><a href="http://www.astrue.com/hba">www.astrue.com/hba</a></td>
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<tr>
<td><strong>Program address</strong></td>
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<td>Portland, OR 97205</td>
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<td><strong>Telephone number</strong></td>
<td>503-220-0520</td>
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<td><strong>E-mail address</strong></td>
<td><a href="mailto:therapy@astrue.com">therapy@astrue.com</a></td>
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<tr>
<td><strong>Ages served</strong></td>
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<td><strong>QMHP</strong></td>
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<td><strong>CADC I</strong></td>
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<td><strong>CADC II</strong></td>
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<td><strong>QMHP with CADC I, II or III</strong></td>
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<td><strong>Prescriber of medication</strong></td>
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<td><strong>Contact information</strong></td>
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PROGRAM NAME:

Kinship House

Web site: www.kinshiphouse.org
Program address: 1823 N.E. 8th Ave.
Portland, OR 97212
Telephone number: 503-460-2796
E-mail address: khouse1@qwest.net
Payments accepted: Medicaid/Oregon Health Plan
Private insurance
Self-pay
Ages served: Age 17 and younger
Specialty populations served: Adolescent girls/boys, families, minorities,
gay/lesbian/transgender/bi-sexual
License/certifications/service: Inpatient/residential mental health
Level of treatment integration: Parallel model
Number of clinical staff: 6
  QMHA: 6
  QMHP: 0
  CADC I: 0
  CADC II: 0
  QMHP with CADC I, II or III: 0
Prescriber of medication: Yes
Prescriber hours per week: 4
Dual diagnosis recovery support available in community: Yes
Contact information: www.ddaoforegon.com
EBPs: CBT
**PROGRAM NAME:**

**Letty Owings Center**

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### LifeWorks NW — Albina site

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LifeWorks NW — Gresham site

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**LifeWorks NW — Hazelwood House**

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| Program address | 10714 N.E. Glisan  
      Portland, OR 97220 |
| Telephone number | 503-645-9010 or 888-645-1666 |
| E-mail address   | intake@lifeworknw.org |
| Payments accepted | Medicaid/Oregon Health Plan  
      Medicare  
      Private insurance  
      Self-pay |
| Ages served      | Ages 18 to 54  
      Age 55 and older |
| Specialty populations served | Men |
| License/certifications/service | Residential chemical dependency treatment  
      Inpatient/residential mental health |
| Level of treatment integration | Fully integrated substance use and  
      mental health program |
| Number of clinical staff | 14  
      QMHA 8  
      QMHP 2  
      CADC I 2  
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| Prescriber hours per week | Yes |
| Dual diagnosis recovery support available in community | Yes |
| Contact information: | www.ddaoforegon.com |
| EBPs: | ASAM PPC-2R  
      CBT  
      IDC  
      FPE  
      IMR  
      MM  
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### LifeWorks NW — King site

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**LifeWorks NW — Rockwood site**

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**Program Name:** Morrison Breakthrough

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<td></td>
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<tr>
<td>Telephone number</td>
<td>503-736-6565</td>
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<tr>
<td>E-mail address</td>
<td><a href="mailto:mary.miles@morrisonkids.org">mary.miles@morrisonkids.org</a></td>
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## Multicultural Substance Abuse Treatment Program

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<td>605 S.E. 39th Ave. Portland, OR 97214</td>
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<tr>
<td>Telephone number</td>
<td>503-231-7480</td>
</tr>
<tr>
<td>E-mail address</td>
<td><a href="mailto:pmorin@lcsnw.org">pmorin@lcsnw.org</a></td>
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PROGRAM NAME:

OHSU Behavioral Health Clinic

Web site: www.ohsu.edu
Program address: 621 S.W. Alder St., Suite 520
Portland, OR
Telephone number: 503-494-4745
E-mail address: N/R
Payments accepted: Medicaid/Oregon Health Plan
Private insurance
Self-pay
Ages served: Ages 18 to 54
Age 55 and older
Specialty populations served: Minorities
Southeast Asian
License/certifications/service: Intensive outpatient chemical dependency
Outpatient chemical dependency
Outpatient mental health
Gambling
Level of treatment integration: Fully integrated substance abuse
and mental health program
Number of clinical staff: 17
  QMHA: 3
  QMHP: 11
  CADC I: 0
  CADC II: 2
  QMHP with CADC I, II or III: 1
Prescriber of medication: Yes
Prescriber hours per week: 14
Contact information: www.ddaoforegon
EBPs: N/R
**Program Name:**
Portland Dialectical Behavior Therapy Program

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<td>5200 S.W. Macadam Ave., Suite 580 Portland, OR 97239</td>
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<tr>
<td><strong>Telephone number</strong></td>
<td>503-231-7854</td>
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<tr>
<td><strong>E-mail address</strong></td>
<td><a href="mailto:amymich1@yahoo.com">amymich1@yahoo.com</a></td>
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<td>5228 N.E. Hoyt St., Bldg. B, Portland, OR</td>
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<td><strong>Telephone number</strong></td>
<td>503-574-9242</td>
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<td><strong>E-mail address</strong></td>
<td><a href="mailto:james.mol@providence.org">james.mol@providence.org</a></td>
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**PROGRAM NAME:**

**Rolfson House**

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<td>15610 S.E. Division St. Portland, OR 97236</td>
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<tr>
<td>Telephone number</td>
<td>503-760-6403</td>
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<td>E-mail address</td>
<td><a href="mailto:RyanBair@codainc.org">RyanBair@codainc.org</a></td>
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PROGRAM NAME:
Volunteers of America Men’s Residential Center

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| Program address   | 3910 S.E. Stark St.  
Portland, OR 97214 |
| Telephone number  | 503-335-8655  |
| E-mail address    | badkisson@voaor.org |
| Payments accepted | Multnomah County DCJ only |
| Ages served       | Ages 18 to 54  
Age 55 and older |
| Specialty populations served | Men  
Minorities  
Offenders only |
| License/certifications/service | Residential chemical dependency treatment  
Outpatient chemical dependency  
Outpatient mental health |
| Level of treatment integration | Fully integrated substance abuse and mental health program |
| Number of clinical staff | 12  
QMHA | 0  
QMHP | 5  
CADC I | 4  
CADC II | 1  
QMHP with CADC I, II or III | 2  
Prescriber of medication | Yes |
| Prescriber hours per week | 6  
Dual diagnosis recovery support available in community | Yes  
Contact information: | www.ddaoforegon.com  
EBPs: | MM DBT SS SFBT IDDT CBT MI ASAM PPC-2R SAMHAS’s anger management  
CounterPoint Curriculum-based motivational group  
Relapse prevention class |
PROGRAM NAME:

Volunteers of America Women’s Residential Center

Web site: www.voaor.org
Program address: 3910 S.E. Stark St.
Portland, OR 97214
Telephone number: 503-235-0131
E-mail address: jable@voaor.org
Payments accepted: Multnomah County DCJ only
Ages served: Ages 18 to 54
Age 55 and older
Specialty populations served: Women
Minorities
License/certifications/service: Residential chemical dependency treatment
Level of treatment integration: Fully integrated substance abuse and mental health program
Number of clinical staff: 12
  QMHA: 1
  QMHP: 5
  CADC I: 2
  CADC II: 1
  QMHP with CADC I, II or III: 3
Prescriber of medication: Yes
Prescriber hours per week: 8
Dual diagnosis recovery support available in community: Yes
Contact information: www.ddaoforegon.com
EBPs:
  ASAM PPC-2R
  CBT
  DBT
  LSI-R
  EMDR
  MI
  SS
  SFBT
  Isometrics
  12-step facilitation
  Parents Anonymous
  Ready-to-Rent
  Relapse prevention
  Moving On
**Program Name:**
Willamette Rose Residential Treatment Facility

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<td>Telephone number</td>
<td>503-252-3304-0131</td>
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<td><a href="mailto:JoePense@codainc.org">JoePense@codainc.org</a></td>
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### Confederated Tribes of Grande Ronde Health & Wellness Center Behavioral Health

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<th><a href="http://www.grandronde.org">www.grandronde.org</a></th>
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<td><strong>Program address</strong></td>
<td>9615 Grand Ronde Rd. Grand Ronde, OR 97347</td>
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<tr>
<td><strong>Telephone number</strong></td>
<td>503-879-2026</td>
</tr>
<tr>
<td><strong>E-mail address</strong></td>
<td><a href="mailto:kelly.nelson@grandronde.org">kelly.nelson@grandronde.org</a></td>
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<tr>
<td><strong>Payments accepted</strong></td>
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<tr>
<td><strong>Ages served</strong></td>
<td>Age 17 and younger, Ages 18 to 54, Age 55 and older</td>
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<td><strong>Specialty populations served</strong></td>
<td>Women/men, Adolescent girls/boys, Older adults, Native American</td>
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<td><strong>License/certifications/service</strong></td>
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<td>Program address</td>
<td>419 E. 7th St. #207, The Dalles, OR 97058</td>
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<tr>
<td>Telephone number</td>
<td>541-296-5452</td>
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<td>E-mail address</td>
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<td>Payments accepted</td>
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<td>Specialty populations served</td>
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<tr>
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<td><strong>PROGRAM NAME:</strong></td>
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<td><a href="http://www.tfcc.org">www.tfcc.org</a></td>
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| Program address   | 906 Main Ave.  
Tillamook, OR 97141 |
| Telephone number  | 503-842-8201 |
| E-mail address    | wendyr@tfcc.org |
| Payments accepted | Medicaid/Oregon Health Plan  
Medicare  
Private insurance  
Self-pay |
| Ages served       | Age 17 and younger  
Ages 18 to 54  
Age 55 and older |
| Specialty populations served | Women/men  
Adolescent girls/boys  
Older adults  
Families  
Minorities  
Gay/lesbian/transgender/bi-sexual |
| License/certifications/service | Intensive outpatient chemical dependency  
Outpatient chemical dependency  
Outpatient mental health  
Gambling treatment |
| Level of treatment integration | Fully integrated substance abuse and mental health program |
| Number of clinical staff | 18  
QMHA 3  
QMHP 10  
CADC I 3  
CADC II 1  
QMHP with CADC I, II or III 1 |
<p>| Prescriber of medication | Yes |
| Prescriber hours per week | average 24 hours |
| Dual diagnosis recovery support available in community | Yes |
| Contact information: | <a href="http://www.ddaoforegon.com">www.ddaoforegon.com</a> |
| EBPs: | MI SS ASAM PPC-2R |</p>
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<td>Program address</td>
<td>920 S.W. Frazer, Suite #214 Pendleton, OR 97801</td>
</tr>
<tr>
<td>Telephone number</td>
<td>541-276-1022</td>
</tr>
<tr>
<td>E-mail address</td>
<td><a href="mailto:tmahoney@ucinet.com">tmahoney@ucinet.com</a></td>
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| **Web site**       | lifeways.org                                                               |
| **Program address**| 331 S.E. 2nd Ave. Pendleton, OR 97801                                    |
| **Telephone number**| 541-276-6207                                                             |
| **E-mail address**  | gschneider@lifeways.org                                                  |
| **Payments accepted**| Medicaid/Oregon Health Plan, Medicare, Private insurance, Self-pay          |
| **Ages served**     | Age 17 and younger, Ages 18 to 54, Age 55 and older                      |
| **Specialty populations served**| Women/men, Adolescent girls/boys, Older adults, Families, Gay/lesbian/transgender/bi-sexual |
| **License/certifications/service**| Inpatient/residential mental health, Outpatient mental health |
| **Level of treatment integration**| Mental health program with substance use capability                      |
| **Number of clinical staff**| 37                                                                          |
| **QMHA**            | 8                                                                          |
| **QMHP**            | 29                                                                         |
| **CADC I**          | 0                                                                          |
| **CADC II**         | 0                                                                          |
| **QMHP with CADC I, II or III**| 0                                                   |
| **Prescriber of medication**| Yes                                                                     |
| **Prescriber hours per week**| 37.5                                                                      |
| **Dual diagnosis recovery support available in community**| No                                                                         |
| **Contact information:**|                                                                           |
| **EBPs:**           | N/R                                                                       |
**Program Name:**

**Umatilla County Human Services**

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<tr>
<td>Program address</td>
<td>435 S.E. Newport Hermiston, OR 97838</td>
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<tr>
<td>Telephone number</td>
<td>541-564-9390</td>
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<tr>
<td>E-mail address</td>
<td><a href="mailto:cmason@gobhi.net">cmason@gobhi.net</a></td>
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<td>Women/men Adolescent girls/boys, Older adults Families Gay/lesbian/transgender/bi-sexual</td>
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Contact information:

EBPs: ASAM PPC-2R CBT CYT IDC LS MI MM SS
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</table>
| **Program address** | 707 E Broadway  
Milton-Freewater, OR 97862 |
| **Telephone number** | 541-938-3988 |
| **E-mail address** | cmason@gobhi.net |
| **Payments accepted** | Medicaid/Oregon Health Plan  
Private insurance  
Self-pay sliding fee scale  
Access to Recovery voucher |
| **Ages served** | Age 17 and younger  
Ages 18 to 54  
Age 55 and older |
| **Specialty populations served** | Women/men  
Adolescent girls/boys,  
Older adults  
Families  
Minorities  
Gay/lesbian/transgender/bi-sexual |
| **License/certifications/service** | Intensive outpatient chemical dependency  
Outpatient chemical dependency  
Gambling treatment  
Prevention |
| **Level of treatment integration** | Substance abuse program with mental health capability |
| **Number of clinical staff** | 2  
QMHA: 0  
QMHP: 0  
CADC I: 1  
CADC II: 1  
QMHP with CADC I, II or III: 0  
Spanish: 1  
Prescriber of medication: No  
Prescriber hours per week: |
| **Dual diagnosis recovery support available in community** | Developing |
| **Contact information:** | |
| **EBPs:** | ASAM PPC-2R  
CBT  
CYT  
IDC  
LS  
MI  
MM  
SS |
**PROGRAM NAME:**

Umatilla County Human Services

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### Center for Human Development

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<td></td>
<td><a href="http://www.chdinc.org">www.chdinc.org</a></td>
<td>1100 K. Ave. La Grande, OR 97850</td>
<td>541-962-8800</td>
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<td>Intensive outpatient chemical dependency</td>
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## Wallowa Valley Center for Wellness

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<td>207 S.W. First St. Enterprise, OR 97828</td>
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<tr>
<td><strong>Telephone number</strong></td>
<td>541-426-4524</td>
</tr>
<tr>
<td><strong>E-mail address</strong></td>
<td><a href="mailto:stephen.p.kliwer@class.oregonvos.net">stephen.p.kliwer@class.oregonvos.net</a></td>
</tr>
<tr>
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<td>Medicaid/Oregon Health Plan, Medicare, Private insurance, Self-pay</td>
</tr>
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<td><strong>Ages served</strong></td>
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</tr>
<tr>
<td><strong>Specialty populations served</strong></td>
<td>Women/men, Adolescent girls/boys, Older adults, Families, Minorities, Gay/lesbian/transgender/bi-sexual, Hispanic</td>
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<tr>
<td><strong>License/certifications/service</strong></td>
<td>Outpatient chemical dependency, Outpatient mental health, Peer-delivered recovery support services</td>
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**Mid-Columbia Center for Living**

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Dr. Katie Evans, Inc.

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## LifeWorks NW Hillsboro site

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LifeWorks NW Millikan site

Web site
www.lifeworksnw.org

Program address
14255 S.W. Brigadoon Court
Beaverton, OR 97005

Telephone number
503-645-9010 or 888-645-1666

E-mail address
intake@lifeworksnw.org

Payments accepted
Medicaid/Oregon Health Plan
Medicare
Private insurance
Self-pay

Ages served
Age 17 and younger
Ages 18 to 54
Age 55 and older

Specialty populations served
Women/men
Older adults

License/certifications/service
Intensive outpatient chemical dependency treatment
Outpatient chemical dependency treatment
Outpatient mental health
Peer-delivered recovery support services

Level of treatment integration
Parallel model

Number of clinical staff
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QMHA
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QMHP
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CADC I
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Prescriber hours per week
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Dual diagnosis recovery support available in community
Developing

Contact information:
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ASAM PPC-2R MI MET CBT MM SS SBIRT CBT
**PROGRAM NAME:**

**LifeWorks NW MountaIndale Recovery Center**

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<tr>
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<tr>
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**Contact information:**

**EBPs:**

ASAM PPC-2R  MI  MET  CM  IMR  IDDT  LS  MedM  CBT  MM  SS  SFBT  Relapse prevention
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<tr>
<th><strong>PROGRAM NAME:</strong></th>
<th>LifeWorks NW Tigard site</th>
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<tr>
<td><strong>Web site</strong></td>
<td><a href="http://www.lifeworksnw.org">www.lifeworksnw.org</a></td>
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<tr>
<td><strong>Program address</strong></td>
<td>8770 S.W. Scoffins St. Tigard, OR 97223</td>
</tr>
<tr>
<td><strong>Telephone number</strong></td>
<td>503-645-9010 or 888-645-1666</td>
</tr>
<tr>
<td><strong>E-mail address</strong></td>
<td><a href="mailto:intake@lifeworksnw.org">intake@lifeworksnw.org</a></td>
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<tr>
<td><strong>Payments accepted</strong></td>
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<td><strong>Ages served</strong></td>
<td>Age 17 and younger Ages 18 to 54 Age 55 and older</td>
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<td><strong>Specialty populations served</strong></td>
<td>Women/men Adolescent girls/boys Families Hispanic</td>
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| **Program address** | 11895 S.W. Greenburg Road  
Tigard, OR 97223 |
| **Telephone number** | 503-726-3742 |
| **E-mail address** | mknapp@luke-dorf.org |
| **Payments accepted** | Medicaid/Oregon Health Plan  
Medicare  
Self-pay |
| **Ages served** | Ages 18 to 54  
Age 55 and older |
| **Specialty populations served** | Women/men  
Older adults  
Minorities  
Gay/lesbian/transgender/bi-sexual |
| **License/certifications/service** | Residential chemical dependency treatment  
Outpatient chemical dependency treatment  
Inpatient residential mental health  
Outpatient mental health |
| **Level of treatment integration** | Substance abuse program with  
mental health capability |
| **Number of clinical staff** | N/R  
QMHA: N/R  
QMHP: N/R  
CADC I: N/R  
CADC II: N/R  
QMHP with CADC I, II or III: N/R |
| **Prescriber of medication** | Yes |
| **Prescriber hours per week** | 43 |
| **Dual diagnosis recovery support available in community** | Yes |
| **Contact information** | [www.ddaoforegon.com](http://www.ddaoforegon.com) |
| **EBPs** | ASAM PPC-2R  
CBT  
DBT  
EMDR  
IMR  
IDC  
IDDT  
LS  
MM  
MedM  
MI  
PET  
Relapse prevention  
SS  
SFBT  
SBCM  
SEM |
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| Program address | 12 S.E. 14th Ave.  
Portland, OR  97214 |
| Telephone number | 503-235-3433                                 |
| E-mail address | jlain@qwest.net                              |
| Payments accepted | Private insurance  
Self-pay                                    |
| Ages served | Ages 18 to 54  
Age 55 and older                           |
| Specialty populations served | Women/men                                    |
| License/certifications/service | Outpatient mental health                     |
| Level of treatment integration | Mental health program with substance use capability |
| Number of clinical staff | 13                                      |
| QMHA | 7                                      |
| QMHP | 0                                      |
| CADC I | 3                                      |
| CADC II | 0                                      |
| QMHP with CADC I, II or III | 3                                      |
| Prescriber of medication | No                                        |
| Prescriber hours per week |                                      |
| Dual diagnosis recovery support available in community | Yes                                       |
| Contact information: | www.ddaoforegon.com                         |
| EBP: | N/R                                       |
# Western Psychological and Counseling Services, P.C.

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<td>9700 S.W. Beaverton-Hillsdale Hwy. Beaverton, OR 97005</td>
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<td>Telephone number</td>
<td>503-626-9494</td>
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<td>E-mail address</td>
<td><a href="mailto:morgan.roberta@gmail.com">morgan.roberta@gmail.com</a></td>
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<td>Specialty populations served</td>
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<td>Telephone number</td>
<td>503-640-4222</td>
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<td>E-mail address</td>
<td><a href="mailto:jharris@youthcontact.org">jharris@youthcontact.org</a></td>
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<td>and mental health program</td>
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<td>First Step Adolescent Center</td>
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<td><strong>Web site</strong></td>
<td><a href="http://www.fsac.net">www.fsac.net</a></td>
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<td>120 A N. Everest Rd. Newberg, OR 97132</td>
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PROGRAM NAME:

YCHHS Adult Mental Health Program

Web site www.co.yamhill.or.us
Program address 627 N. Evans St.
McMinnville, OR 97128
Telephone number 503-434-7523
E-mail address bellasm@co.yamhill.or.us
Payments accepted Medicaid/Oregon Health Plan
Medicare
Private insurance
Self-pay
Ages served Ages 18 to 54
Age 55 and older
Specialty populations served Women/men
Older adults
Families
License/certifications/service Outpatient mental health
Level of treatment integration Mental health program with substance abuse capability
Number of clinical staff 22
QMHA 4
QMHP 12
CADC I 1
CADC II 2
QMHP with CADC I, II or III 3
Prescriber of medication Yes
Prescriber hours per week 67
Dual diagnosis recovery support available in community Yes
Contact information: www.ddaoforegon.com
EBPs: MI CBT ACT DBT EAST SS Mental health court
ADDITIONAL PROGRAMS AND RESOURCES
Meetings are subject to change. *Open Meetings: Visitors and Guests Welcome**Closed Meetings: Outside DDA members may attend with DDA authorization. Call DDA @ (503)-737-4126 for details. Please contact the central office at (877)222-1332 for further information or to report any changes in meeting times or locations.
# Detoxification Programs

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<td>BestCare Treatment Services</td>
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<tr>
<td>Jackson</td>
<td>Community Works</td>
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<tr>
<td>Jackson</td>
<td>Rogue Valley Addictions Recovery Center</td>
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<tr>
<td>Lane</td>
<td>Willamette Family, Inc.</td>
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<tr>
<td>Lincoln</td>
<td>Lincoln County Council on Alcohol &amp; Other Drug Abuse, Inc.</td>
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Residential treatment programs for adolescents

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<td>Rimrock Trails Adolescent Treatment Center</td>
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<td>OnTrack’s Teen Residential Program</td>
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Residential treatment programs for adults

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### Residential treatment programs for adults — continued

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# Freedom Co-occurring Disorders Program for Men

**ADMISSION BY COMMITMENT ONLY**

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<td>9111 N.E. Sunderland Ave.</td>
</tr>
<tr>
<td></td>
<td>Portland, OR 97211</td>
</tr>
<tr>
<td>Telephone number</td>
<td>503-280-6646 Ext. 240</td>
</tr>
<tr>
<td>E-mail address</td>
<td>N/R</td>
</tr>
<tr>
<td>Payments accepted</td>
<td>Prison-based program</td>
</tr>
<tr>
<td>Ages served</td>
<td>Ages 18 to 54, age 55 and older</td>
</tr>
<tr>
<td>Specialty populations served</td>
<td>Men, older adults, minorities, Hispanic, African-American, gay/lesbian/transgender/ bi-sexual</td>
</tr>
<tr>
<td>License/certifications/service</td>
<td>Intensive outpatient chemical dependency</td>
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<tr>
<td>Level of treatment integration</td>
<td>Fully integrated substance abuse and mental health</td>
</tr>
<tr>
<td>Number of clinical staff</td>
<td>9</td>
</tr>
<tr>
<td>QMHA</td>
<td>2</td>
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<tr>
<td>QMHP</td>
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</tr>
<tr>
<td>CADC I</td>
<td>1</td>
</tr>
<tr>
<td>CADC II</td>
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</tr>
<tr>
<td>QMHP with CADC I, II or III</td>
<td>0</td>
</tr>
<tr>
<td>Prescriber of medication</td>
<td>Yes</td>
</tr>
<tr>
<td>Prescriber hours per week</td>
<td>20</td>
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<tr>
<td>Dual diagnosis recovery support available in community</td>
<td>Yes</td>
</tr>
<tr>
<td>Contact information:</td>
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<tr>
<td>EBP:</td>
<td>DBT MRT DBT SE MedM</td>
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Web site
www.oregon.gov/DOC/OPS/HESVC/cts_pgm.shtml

Program address
24499 S.W. Grahams Ferry Rd.
Wilsonville, OR 97070

Telephone number
503-570-6557

E-mail address
Shari.J.Melton@doc.state.or.us

Payments accepted
Prison-based program

Ages served
Ages 18 to 54, age 55 and older

Specialty populations served
Women, minorities, gay/lesbian/transgender/bi-sexual

License/certifications/service
Outpatient chemical dependency treatment

Level of treatment integration
Fully integrated substance abuse and mental health

Number of clinical staff
4

QMHA
0

QMHP
4

CADC I
0

CADC II
0

QMHP with CADC I, II or III
0

Prescriber of medication
No

Prescriber hours per week

Dual diagnosis recovery support available in community
Yes

Contact information:
Closed meeting

EBPs:
DBT   CBT   Social learning theory
Blue Mountain Recovery Center

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Web site  
www.bluemountainrecoverycenter.com

Program address  
2600 Westgate  
Pendleton, OR 97801

Telephone number  
N/R

E-mail address  
BlueMountainRecoveryCenter @DHS.state.or.us

Payments accepted  
Medicaid/Oregon Health Plan  
Medicare  
Private insurance  
Self-pay

Ages served  
Ages 18 to 54, age 55 and older

Specialty populations served  
Women, men, older adults, minorities,  
gay/lesbian/transgender/bi-sexual, Hispanic,  
African-American, Asian, Native American, Middle  
Eastern, Hawaiian, Arabic, Slavic

License/certifications/service  
Inpatient/residential mental health

Level of treatment integration  
Mental health program with substance abuse capability

Number of clinical staff  
18  
QMHA  
9  
QMHP  
8  
CADC I  
0  
CADC II  
1  
QMHP with CADC I, II or III  
0

Prescriber of medication  
Yes

Prescriber hours per week  
24 hours per day, seven days per week

Dual diagnosis recovery support available in community  
Yes

Contact information:  
Closed meeting

EBPs:  
IDDT  IMR
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<tr>
<td>Program address</td>
<td>2600 Center St. N.E. Building 40</td>
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<tr>
<td></td>
<td>Salem OR 97301</td>
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<tr>
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<td>503-945-7141</td>
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<td>Closed meeting</td>
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