



National Council on Alcoholism & Drug Dependence-Rochester Area MONROE COUNTY OASAS CERTIFIED TREATMENT PROVIDERS

1931 Buffalo Road - Rochester, New York 14624
Telephone: (585) 719-3480 or 719-3483 Fax: (585) 423-1908
Website: www.ncadd-ra.org

SERVICE DESCRIPTION	PROVIDERS NAME								
	ABC	Baden St.	CFC/Restart	Conifer	Delphi	East House	Huther-Doyle	J.L. Norris ATC	Pathway Houses
AGENCY INFO	www.abcinfo.org	www.badenstreet.org	www.cfcrochester.org	www.coniferpark.com	www.delphidrug.org	www.easthouse.org	www.hutherdoyle.com	http://www.oasas.ny.gov/atc/norris	www.pwhouses.org
Intake Contact Person	Ingrid Yearwood	Janet Irizarry	Intake / Residential	LaQuanda McCullough	Dee Ware	Carolyn Overton	Hector Diaz	Kelly Mohrman	Florence Dukes
Phone Number	325-5116 x 3205	325-8130 x 201	546-1271 x6122 / 262-7104	442-8422 x 102	467-2230 x 21	256-3800 x 246	325-5100 x 3571	461-0410 x 265	232-4674
Deaf Program Contact								Leslie Tabin	
Phone Number								461-0410 x238	
EVALUATION	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE		PROVIDE		
CLIENT TYPE									
Youth under 18				ACCEPT	ACCEPT		ACCEPT		
Adult	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT
Female	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	
Male	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT
Women with Children			ACCEPT		ACCEPT				
ADDICTION SERVICES									
Alcohol	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE
Substance Abuse	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE
Narcotics	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE
Suboxone	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE		PROVIDE	PROVIDE	
Dual Diagnosis			PROVIDE	PROVIDE			PROVIDE	PROVIDE	
Deaf/Hard of Hearing Prog.								PROVIDE	
Spanish Program			PROVIDE				PROVIDE		
LEVEL OF CARE									
Outpatient Detox				PROVIDE			PROVIDE		
Inpatient				PROVIDE				PROVIDE	
Outpatient	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE		PROVIDE		
Residential			PROVIDE			PROVIDE			PROVIDE
INSURANCE TYPE									
Aetna			ACCEPT	ACCEPT	ACCEPT		ACCEPT	ACCEPT	
Excellus	ACCEPT		ACCEPT	ACCEPT	ACCEPT		ACCEPT	ACCEPT	ACCEPT
Family/Child Health Plus	ACCEPT		ACCEPT	ACCEPT	ACCEPT		ACCEPT	ACCEPT	
Medicaid	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT		ACCEPT	ACCEPT	
Medicare			ACCEPT	ACCEPT	ACCEPT		ACCEPT		
Monroe Plan	ACCEPT		ACCEPT	ACCEPT	ACCEPT		ACCEPT	ACCEPT	
MVP	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT		ACCEPT		
Fidelis	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT		ACCEPT	ACCEPT	
Public Assistance	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT
Sliding Fee Scale	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT

Disclaimer: Information included on this template is updated biannually based on data shared with NCADD-RA from each of the providers. Updates are posted at www.ncadd-ra.org

Revised: January 2012



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SERVICE DESCRIPTION	PROVIDERS NAME								
	RGHS/DAP	St. Joseph's Villa	SBH Rochester Eval/Detox	Sisters Hospital	Strong Recovery	Unity/PRCD	Veterans Outreach Center	Westfall Associates	YWCA Supportive Living
AGENCY INFO	www.rochestergeneral.org	www.stjosephsvilla.org	www.sbh.org	Rochester Pathways	www.urmc.rochester.edu	www.unityhealth.org	www.veteransoutreachcenter.org	www.westfallassociates.com	www.ywca.org
Intake Contact Person	Intake	Joanne Casey	Kathleen Foster	Matthew Lanzoni	Wade Scott	Chris Quackenbush	Judy Gilbert	Carolyn Albrecht	Amy Wells
Phone Number	922-2704	865-1550 x213	287-5622 x205	424-6580 X29	275-7545	723-7740	506-9060	473-1500	368-2225
Deaf Program Contact									
Phone Number									
EVALUATION	PROVIDE	PROVIDE			PROVIDE	PROVIDE		PROVIDE	
CLIENT TYPE									
Youth under 18		ACCEPT			ACCEPT 18 UP	ACCEPT		ACCEPT	
Adult	ACCEPT		ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	
Female	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT
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Women with Children									ACCEPT
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Substance Abuse	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE
Narcotics	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE
Suboxone	PROVIDE		PROVIDE		PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE
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Deaf/Hard of Hearing Prog.									
Spanish Program			PROVIDE		PROVIDE				
LEVEL OF CARE									
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Outpatient	PROVIDE	PROVIDE		PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE	
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Medicare	ACCEPT				ACCEPT	ACCEPT			ACCEPT
Monroe Plan	ACCEPT	ACCEPT	ACCEPT		ACCEPT	ACCEPT	ACCEPT		
MVP	ACCEPT		ACCEPT		ACCEPT	ACCEPT			
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