



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 Rise	East House	Helio Health	Huther-Doyle	J.L. Norris ATC
Website	www.abcinfo.org	www.badenstreet.org	www.cfcrochester.org	www.coniferpark.com	www.delphirise.org	www.easthouse.org	www.helio.health	www.hutherdoyle.com	www.oasas.ny.gov/atc/norris
Intake Contact Person	Evangeline Jenkins	Felicita Huertas	Yesenia Vazquez	Krystal Gonzalez	Shani Valazquez	Elizabeth Kingsley-Curran	Sabrina Howland	Kara Phillips	Angel DeRose
Phone Number	585-262-4330 x 3200	585-325-4910 x 1141	585-546-1271 x6258	585-442-8422 x 102	585-467-2230 x 121	585-238-4893	585-287-5622 x205	585-287-9569	585-461-0410 x 265
Fax Number	585-262-4826	585-546-1491	585-546-2607	585-442-8494	585-730-6110	585-238-4899	585-287-5628	585-325-5154	585-461-1602
E-Mail		fhuertas@badenstreet.org		kjulia@libertymgt.com	svalazquez@delphirise.org	ekingsleycurran@easthouse.org	showland@helio.health	kphillips@hutherdoyle.com	angel.derose@oasa.ny.gov
EVALUATION SERVICES									
Evaluation	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE		PROVIDE	PROVIDE	
Walk-in Evaluations	M, W 8:30am-12pm T, Th 3-5pm 727 St. Paul St.		M, W, F 1-3pm 79 N Clinton Ave				24 / 7 1350 University Ave.	M-F 8:30am, 10am, 12:30pm, 2pm 360 East Ave	
CLIENT TYPE									
Youth under 18									
Adult	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT
Female	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT
Male	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT
Client with Children	ACCEPT		ACCEPT		ACCEPT	ACCEPT		ACCEPT	
ADDICTION SERVICES									
Alcohol Use Disorder	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE
Substance Use Disorder	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE
Opioid Use Disorder	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE
Suboxone	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE		PROVIDE	PROVIDE	PROVIDE
Dual Diagnosis	PROVIDE		PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE
Spanish Program	PROVIDE	PROVIDE	PROVIDE				PROVIDE	PROVIDE	
LEVEL OF CARE									
Detox				PROVIDE			PROVIDE		
Stabilization			PROVIDE						
Inpatient				PROVIDE					PROVIDE
Outpatient	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE			PROVIDE	
Residential			PROVIDE			PROVIDE			
INSURANCE TYPE									
Aetna			ACCEPT	ACCEPT	ACCEPT		ACCEPT	ACCEPT	ACCEPT
CIGNA				ACCEPT	ACCEPT			ACCEPT	
Excellus	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT		ACCEPT	ACCEPT	ACCEPT
Fidelis	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT		ACCEPT	ACCEPT	ACCEPT
Medicaid	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT
Medicare	ACCEPT		ACCEPT	ACCEPT	ACCEPT			ACCEPT	
MVP	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT		ACCEPT	ACCEPT	ACCEPT
Public Assistance	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT		ACCEPT	ACCEPT
Tricare		ACCEPT							
YourCare Health Plan	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT		ACCEPT	ACCEPT	ACCEPT
Sliding Fee Scale	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT

For the most updated version of this directory, visit <https://ncadd-ra.org/news-resources/resources-advocacy-research>
 For the version of this directory that includes other area counties, visit <https://ncadd-ra.org/programs-services/finger-lakes-addiction-resource-center>
 Disclaimer: Information included on this template is updated biannually based on data shared with NCADD-RA from each of the providers.

Revised April 2019

OPEN ACCESS 24/7 Walk-in Evaluations Delphi Rise, 835 W. Main St. Rochester, NY 14611 (585) 627-1777



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SERVICE DESCRIPTION	PROVIDERS NAME							
	Pathway Houses of Helio Health	Rochester Regional Health	Sisters Hospital Rochester Pathways	Strong Recovery	Veterans Outreach Center	Villa of Hope	Westfall Associates	YWCA Supportive Living
Website	www.helio.health	www.rochesterregional.org	www.chsbuffalo.org	www.urmc.rochester.edu	www.vocroc.org	www.villaofhope.org	www.westfallassociates.com	www.ywca.org
Intake Contact Person	Deanna Cappon	Central Intake	Christina Carol	Shannon O'Connor	Alec Andrest	Intake	Carolyn Albrecht	Amy Wells
Phone Number	585-232-4674	585-922-9900	585-424-6580	585-275-5400	585-506-9060	585-328-0834	585-473-1500	585-368-2225
Fax Number	585-325-5001	585-423-9523	585-424-6609	585-273-1089	585-506-9063	585-436-0103	585-473-1205	585-232-3540
E-Mail	dcappon@helio.health			Shannon1_Oconnor@URMC.rochester.edu	alec.andrest@vocroc.org	cdclinic@villaofhope.org		awells@ywcarochester.org
EVALUATION SERVICES								
Evaluation		PROVIDE		PROVIDE	PROVIDE	PROVIDE	PROVIDE	
Walk-in Evaluations		M - F 8am-3pm All Sites				M, T, TH 9-11am 1099JaySt, BldgJ 202		
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
Male	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	
Client with Children								ACCEPT
ADDICTION SERVICES								
Alcohol Use Disorder	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE
Substance Use Disorder	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE
Opiod Use Disorder	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE	PROVIDE
Suboxone		PROVIDE		PROVIDE		PROVIDE	PROVIDE	
Dual Diagnosis		PROVIDE		PROVIDE		PROVIDE	PROVIDE	
Spanish Program			PROVIDE	PROVIDE				
LEVEL OF CARE								
Detox		PROVIDE		PROVIDE				
Stabilization								
Inpatient		PROVIDE						
Outpatient		PROVIDE	PROVIDE	PROVIDE		PROVIDE	PROVIDE	
Residential	PROVIDE	PROVIDE			PROVIDE	PROVIDE		PROVIDE
INSURANCE TYPE								
Aetna		ACCEPT		ACCEPT		ACCEPT	ACCEPT	
CIGNA		ACCEPT				ACCEPT		
Excellus		ACCEPT	ACCEPT	ACCEPT		ACCEPT	ACCEPT	
Fidelis		ACCEPT	ACCEPT	ACCEPT		ACCEPT		
Medicaid		ACCEPT	ACCEPT	ACCEPT		ACCEPT		ACCEPT
Medicare		ACCEPT	ACCEPT	ACCEPT		ACCEPT		ACCEPT
MVP		ACCEPT	ACCEPT	ACCEPT		ACCEPT		
Public Assistance	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT		ACCEPT
Tricare				ACCEPT		ACCEPT		
YourCare Health Plan		ACCEPT	ACCEPT	ACCEPT		ACCEPT	ACCEPT	
Sliding Fee Scale	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT	ACCEPT

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