Oneida County Treatment Resources

**Treatment Providers**

**Oneida County**

**820 River St., Inc. (35210)**  
**Programs:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Utica SL(51858)**  **Program Type:** Residential **Service Type:** Supportive Living | **Address:** | 1001 Park Ave Utica, NY   13501-3634 | |  |  | | --- | --- | | **Admission Phone:** | 315-738-6002 | | **Program Director:** | Mr. Scott Forbes [scott.forbes@pyhit.org](mailto:scott.forbes@pyhit.org) 315-738-6002 | |
|  | | | |

**Beacon Center (32812)**  
**Programs:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Beacon Center OP 5(52584)**  **Program Type:** Outpatient **Service Type:** Outpatient Clinic | **Address:** | 1508 Genesee St Utica, NY   13502-5178 | |  |  | | --- | --- | | **Admission Phone:** | 315-366-4100 | | **Program Director:** | Ms. Jacqueline West [jnicastro@beaconcenter.net](mailto:jnicastro@beaconcenter.net) 315-366-4100 x115 | |
|  | | | |

**Additional Location(s):**

|  |
| --- |
| **Cortland County** |
| **Beacon Center OP 5(52584)** | **Address:** | | 20 Crawford Street Cortland, NY   13045 | |  |  | | --- | --- | | **Admission Phone:** | 315-366-4100 | | **Program Director:** | Ms. Jacqueline West [jnicastro@beaconcenter.net](mailto:jnicastro@beaconcenter.net) 315-366-4100 x115 | | |
|  | | | | | |
| **Oneida County** |
| **Beacon Center OP 5(52584)** | **Address:** | 303 West Liberty Street Rome, NY   13440 | |  |  | | --- | --- | | **Admission Phone:** | 315-366-4100 | | **Program Director:** | Ms. Jacqueline West [jnicastro@beaconcenter.net](mailto:jnicastro@beaconcenter.net) 315-366-4100 x115 | | |
|  | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Beacon Center OTP(53021)**  **Program Type:** Methadone **Service Type:** Methadone Clinic | **Address:** | 303 W Liberty St Rome, NY   13440 | |  |  | | --- | --- | | **Admission Phone:** | 315-367-1290 x153 | | **Program Director:** | Admira Spahic [aspahic@beaconcenter.net](mailto:aspahic@beaconcenter.net) 315-366-4100 x153 | |
|  | | | |

**Catholic Charities of Utica/Rome (20560)**  
**Programs:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Catholic Charities of Utica/Rome CR(50681)**  **Program Type:** Residential **Service Type:** Community Residential | **Address:** | | 1505 Whitesboro St Utica, NY   13502-3852 | |  |  | | --- | --- | | **Admission Phone:** | 315-738-8483 | | **Program Director:** | Mr. Robert Valdner CASAC [bvaldner@ccharityom.org](mailto:bvaldner@ccharityom.org) 315-738-8483 | | |
|  | | | | | |
| **Catholic Charities of Utica/Rome CR 1(51784)**  **Program Type:** Residential **Service Type:** Community Residential | **Address:** | 1616 Genesee St Utica, NY   13502-5426 | |  |  | | --- | --- | | **Admission Phone:** | 315-792-1007 | | **Program Director:** | Ms. Elizabeth Nemcek [enemcek@ccharityom.org](mailto:enemcek@ccharityom.org) 315-792-1007 | | |
|  | | | | |

**Central New York Services, Inc. (36370)**  
**Programs:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Milestone Dual Recovery Program OP(52222)**  **Program Type:** Outpatient **Service Type:** Outpatient Clinic | **Address:** | 502 Court St Utica, NY   13502-4233 | |  |  | | --- | --- | | **Admission Phone:** | Not on file | | **Program Director:** | Ms. Patty King [pking@cnyservices.org](mailto:pking@cnyservices.org) 315-507-5800 | |
|  | | | |

**Delta Recovery Services, LLC (44680)**  
**Programs:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Delta Recovery SL(52044)**  **Program Type:** Residential **Service Type:** Supportive Living | **Address:** | 1639 Holland Ave Utica, NY   13501-4713 | |  |  | | --- | --- | | **Admission Phone:** | Not on file | | **Program Director:** | Mr. Robert Wood [deltarecoveryservices@verizon.net](mailto:deltarecoveryservices@verizon.net) 315-941-4840 | |
|  | | | |

**Insight House Chem Dependency Services (27540)**  
**Programs:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Insight House IR(4647)**  **Program Type:** Residential **Service Type:** Intensive Residential | **Address:** | | 500 Whitesboro St Utica, NY   13502 | |  |  | | --- | --- | | **Admission Phone:** | 315-724-5168 x275 | | **Program Director:** | Mrs. Christina Davis [cdavis@insighthouse.com](mailto:cdavis@insighthouse.com) 315-724-5168 | | |
|  | | | | | |
| **Insight House OP(674)**  **Program Type:** Outpatient **Service Type:** Outpatient Clinic | **Address:** | 500 Whitesboro St Utica, NY   13502-3015 | |  |  | | --- | --- | | **Admission Phone:** | 315-724-5168 x289 | | **Program Director:** | Ms. Beverly Fellone [bfellone@insighthouse.com](mailto:bfellone@insighthouse.com) 315-724-5168 x231 | | |
|  | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Insight House OP R(50343)**  **Program Type:** Outpatient **Service Type:** Outpatient Rehabilitation | **Address:** | 500 Whitesboro St Utica, NY   13502-3015 | |  |  | | --- | --- | | **Admission Phone:** | 315-724-5168 x289 | | **Program Director:** | Ms. Julia L Hubbard [jhubbard@insighthouse.com](mailto:jhubbard@insighthouse.com) 315-724-5168 x313 | |
|  | | | |

**Johnson Park Center (48430)**  
**Programs:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Johnson Park Center SL(52694)**  **Program Type:** Residential **Service Type:** Supportive Living | **Address:** | 19 Johnson Park Utica, NY   13501-4432 | |  |  | | --- | --- | | **Admission Phone:** | Not on file | | **Program Director:** | Dr. Maria Scates [revmeier@johnsonparkcenter.org](mailto:revmeier@johnsonparkcenter.org) 315-292-8493 | |
|  | | | |

**McPike Addiction Treatment Center (90004)**  
**Programs:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **McPike ATC IP(50727)**  **Program Type:** Inpatient **Service Type:** Inpatient Rehabilitation | **Address:** | 1213 Court St Utica, NY   13502-3803 | |  |  | | --- | --- | | **Admission Phone:** | 315-738-4465 | | **Program Director:** | Mr. Stephen McLaughlin [Stephen.McLaughlin@oasas.ny.gov](mailto:Stephen.McLaughlin@oasas.ny.gov) 315-738-4600 | |
|  | | | |

**Rescue Mission of Utica, NY (36280)**  
**Programs:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Rescue Mission of Utica, NY RS(53101)**  **Program Type:** Residential **Service Type:** 820 Residential Stabilization | **Address:** | 210 Lansing St Utica, NY   13501 | |  |  | | --- | --- | | **Admission Phone:** | Not on file | | **Program Director:** | Ms. Sarah M Decker CASAC [sarah.decker@uticamission.org](mailto:sarah.decker@uticamission.org) 315-735-1645 x160 | |
|  | | | |

**Rome Memorial Hospital, Inc. (81810)**  
**Programs:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Community Recovery Center OP(51124)**  **Program Type:** Outpatient **Service Type:** Outpatient Clinic | **Address:** | 264 W Dominick St Rome, NY   13440-5812 | |  |  | | --- | --- | | **Admission Phone:** | 315-334-4701 | | **Program Director:** | Mrs. Ashlee L Thompson [athompson1@romehospital.org](mailto:athompson1@romehospital.org) 315-334-4701 | |