## MENTAL HEALTH CENTERS

### A.W.A.R.E.

- **Facility ID Number:** 7
- **County:** DEER LODGE
- **NOT PROV CARF**
- **Phone:** 563-8117
- **Fax:**
- **Administrator:** LAWRENCE NOONAN
- **License Number:** 12296
- **Exp. Date:** 9/21/2016

#### ENDORSEMENTS

- Child and Adolescent Intensive
- X Child & Adolescent Day
- X Mental Health Group
- X Outpatient Crisis Response
- Comprehensive School and Community Treatment Program
- X Crisis Intervention &
- Secure Crisis Intervention &

### COMMUNITY CRISIS CENTER

- **Facility ID Number:** 20
- **County:** YELLOWSTONE
- **NOT PROV**
- **Phone:** 259-8800
- **Fax:** 259-4400
- **Administrator:** MARCEE NEARY
- **License Number:** 12865
- **Exp. Date:** 12/12/2015

#### ENDORSEMENTS

- Child and Adolescent Intensive
- Child & Adolescent Day
- Mental Health Group
- Adult Intensive Case
- X Adult Foster
- Adult Day
- Outpatient Crisis Response
- X Crisis Intervention &
- Comprehensive School and Community Treatment Program
- Secure Crisis Intervention &

### MONTANA COMMUNITY SERVICES

- **Facility ID Number:** 19
- **County:** YELLOWSTONE
- **NOT PROV**
- **Phone:** 656-5976
- **Fax:**
- **Administrator:** JUDITH HERZOG
- **License Number:** 12521
- **Exp. Date:** 11/30/2015

#### ENDORSEMENTS

- Child and Adolescent Intensive
- Child & Adolescent Day
- Mental Health Group
- X Outpatient Crisis Response
- Comprehensive School and Community Treatment Program
- Crisis Intervention &
- Secure Crisis Intervention &
NEW DAY INC
301 COBURN RD
BILLINGS MT 59101
Phone: 254-2340 Fax PO BOX 30282
Administrator: VERNON MUMMEY
License Number: 12331 Exp. Date: 4/30/2017

ENDORSEMENTS
Child and Adolescent Intensive X Child & Adolescent Day X Mental Health Group
Adult Intensive Case Adult Foster Adult Day Outpatient Crisis Response
Comprehensive School and Community Treatment Program X Crisis Intervention &
Secure Crisis Intervention &

RIMROCK FOUNDATION - MHC
1231 N 29TH ST
BILLINGS MT 59101
Phone: 248-3175 Fax 248-3821
Administrator: LENETTE KOSOVICH
License Number: 13319 Exp. Date: 3/31/2015

ENDORSEMENTS
Child and Adolescent Intensive Child & Adolescent Day Mental Health Group
Adult Intensive Case Adult Foster Adult Day Outpatient Crisis Response
Comprehensive School and Community Treatment Program Crisis Intervention & X
Secure Crisis Intervention &

SOUTH CENTRAL REGIONAL MENTAL HEALTH CENTER
1245 N 29TH ST
BILLINGS MT 59103-0219
Phone: 252-5658 Fax 252-4641 PO BOX 219
Administrator: BARBARA METTLER
License Number: 12852 Exp. Date: 11/26/2015

ENDORSEMENTS
Child and Adolescent Intensive Child & Adolescent Day Mental Health Group
Adult Intensive Case X Adult Foster Adult Day X Outpatient Crisis Response
Comprehensive School and Community Treatment Program Crisis Intervention &
Secure Crisis Intervention &
YELLOWSTONE BOYS & GIRLS RANCH
3212 1st AVE SOUTH
BILLINGS MT 59101
Phone: 245-2751 Fax 256-7026
Administrator: SHAWN BYRNE
Facility ID Number: 3
County: YELLOWSTONE
NOT PROV COA
License Duration: 6 months
Original License Date: 10/05/98
License Number: 12265 Exp. Date: 8/31/2016

ENDORSEMENTS
Child and Adolescent Intensive X Child & Adolescent Day X Mental Health Group
Adult Intensive Case X Adult Foster Adult Day Outpatient Crisis Response
Comprehensive School and Community Treatment Program X Crisis Intervention &
Secure Crisis Intervention &

YOUTH DYNAMICS INC
2334 LEWIS AVENUE
BILLINGS MT 59102
Phone: 245-6539 Fax
Administrator: PETER DEGEL
Facility ID Number: 9
County: YELLOWSTONE
NOT PROV
License Duration: 3
Original License Date: 06/02/99
License Number: 12720 Exp. Date: 5/9/2017

ENDORSEMENTS
Child and Adolescent Intensive X Child & Adolescent Day X Mental Health Group
Adult Intensive Case Adult Foster Adult Day Outpatient Crisis Response
Comprehensive School and Community Treatment Program Crisis Intervention &
Secure Crisis Intervention &

NORTHERN WINDS RECOVERY CENTER
138 EAST BOUNDARY
BROWNING MT 59417
Phone: 338-5558 Fax PO BOX 2255
Administrator: CRYSTAL EVANS
Facility ID Number: 7138
County: GLACIER
PROVISIONAL
License Duration: 6 months
Original License Date:
License Number: 13495 Exp. Date: 4/30/2015

ENDORSEMENTS
Child and Adolescent Intensive X Child & Adolescent Day X Mental Health Group
Adult Intensive Case X Adult Foster Adult Day X Outpatient Crisis Response
Comprehensive School and Community Treatment Program Crisis Intervention &
Secure Crisis Intervention &
ALTA CARE OF MONTANA
3738 HARRISON AVE
BUTTE MT 59701-
Phone: 497-7907 Fax
Administrator: DAVE BENNETTS
License Number: 13178 Exp. Date: 8/27/2015

ENDORSEMENTS
Child and Adolescent Intensive Child & Adolescent Day Mental Health Group
Adult Intensive Case Adult Foster Adult Day Outpatient Crisis Response
Comprehensive School and Community Treatment Program X Crisis Intervention &
Secure Crisis Intervention &

CENTER FOR MENTAL HEALTH
915 1ST AVENUE
GREAT FALLS MT 59401-
Phone: 761-2100 Fax PO BOX 3089
Administrator: SYDNEY BLAIR
License Number: 13110 Exp. Date: 6/30/2015

ENDORSEMENTS
Child and Adolescent Intensive Child & Adolescent Day Mental Health Group
Adult Intensive Case Adult Foster Adult Day Outpatient Crisis Response
Comprehensive School and Community Treatment Program X Crisis Intervention &
Secure Crisis Intervention &

INTERMOUNTAIN MENTAL HEALTH CENTER
500 S LAMBORN
HELENA MT 59601-
Phone: 442-7920 Fax
Administrator: JUSTIN MURGEL
License Number: 11705 Exp. Date: 11/30/2015

ENDORSEMENTS
Child and Adolescent Intensive Child & Adolescent Day Mental Health Group
Adult Intensive Case Adult Foster Adult Day Outpatient Crisis Response
Comprehensive School and Community Treatment Program X Crisis Intervention &
Secure Crisis Intervention &
<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Facility ID Number</th>
<th>County</th>
<th>Phone</th>
<th>Fax</th>
<th>Administrator</th>
<th>License Number</th>
<th>Exp. Date</th>
<th>License Duration</th>
<th>Original License Date</th>
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<tbody>
<tr>
<td>KALISPELL REGIONAL BEHAVIORAL HEALTH</td>
<td>18</td>
<td>FLATHEAD</td>
<td>756-3950</td>
<td>756-3957</td>
<td>LESLIE NYMAN</td>
<td>12295</td>
<td>4/17/2015</td>
<td>2</td>
<td>09/17/02</td>
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<tr>
<td>EASTERN MONTANA COMMUNITY MENTAL HEALTH CENTER</td>
<td>4</td>
<td>CUSTER</td>
<td>234-0234</td>
<td>PO BOX 1530</td>
<td>LINDA MEHLHOFF</td>
<td>12691</td>
<td>5/31/2016</td>
<td>1</td>
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<tr>
<td>3 RIVERS MENTAL HEALTH SOLUTIONS</td>
<td>24</td>
<td>MISSOULA</td>
<td>830-3294</td>
<td></td>
<td>MICHAEL HENNELLY</td>
<td>12754</td>
<td>10/31/2016</td>
<td>1</td>
<td>11/17/09</td>
</tr>
</tbody>
</table>
FULL CIRCLE COUNSELING SOLUTIONS
1903 S RUSSELL ST SUITE
MISSOULA MT 59808-
Phone: 532-1615 Fax PO BOX 16540
Administrator: PAUL COURTEAU License Number: 12629 Exp. Date: 4/21/2016
Facility ID Number: 22 County: MISSOULA NOT PROV License Duration: 3
Original License Date: 01/22/07
ENDORSEMENTS
Child and Adolescent Intensive X Child & Adolescent Day Mental Health Group
Adult Intensive Case Adult Foster Adult Day Outpatient Crisis Response
Comprehensive School and Community Treatment Program X Crisis Intervention & Secure Crisis Intervention &

HKJ INC DBA WINDS OF CHANGE
2120 S RESERVE ST PB 2685 PALMER ST #C
MISSOULA MT 59801-
Phone: 543-1929 Fax 327-0042 Administrator: STACEY WHEELER
License Number: 12957 Exp. Date: 3/31/2015
Facility ID Number: 21 County: MISSOULA NOT PROV License Duration: 3
Original License Date: 10/10/06
ENDORSEMENTS
Child and Adolescent Intensive Child & Adolescent Day Mental Health Group X
Adult Intensive Case X Adult Foster Adult Day Outpatient Crisis Response
Comprehensive School and Community Treatment Program Crisis Intervention & Secure Crisis Intervention &

MOUNTAIN HOME MONTANA INC
2606 SOUTH AVENUE
MISSOULA MT 59804-
Phone: 541-4663 Fax
Administrator: AFTON Mrs. RUSSELL License Number: 13491 Exp. Date: 10/31/2016
Facility ID Number: 7089 County: MISSOULA NOT PROV License Duration: 2
Original License Date: 04/25/13
ENDORSEMENTS
Child and Adolescent Intensive Child & Adolescent Day Mental Health Group X
Adult Intensive Case X Adult Foster Adult Day Outpatient Crisis Response
Comprehensive School and Community Treatment Program Crisis Intervention & Secure Crisis Intervention &

12/16/2014 10:07:45 AM
PARTNERSHIP FOR CHILDREN MENTAL HEALTH CENTER
Facility ID Number: 7118
550 N CALIFORNIA ST
MISSOULA MT 59807-
Facility: MISSOULA
NOT PROV
Phone: 721-2704 Fax PO BOX 8134
License Duration: 1
Administrator: GEOFFREY BIRNBAUM
Original License Date:
License Number: 13494 Exp. Date: 7/31/2015

ENDORSEMENTS
Child and Adolescent Intensive Child & Adolescent Day Mental Health Group
Adult Intensive Case Adult Foster Adult Day Outpatient Crisis Response
Comprehensive School and Community Treatment Program Crisis Intervention &
Secure Crisis Intervention &

WESTERN MONTANA REGIONAL COM MENTAL HEALTH CENTER
Facility ID Number: 5
BUILDING T-9 FORT
MISSOULA MT 59804-
Facility: MISSOULA
NOT PROV
Phone: 532-8400 Fax 543-4536
License Duration: 3
Administrator: PAUL MEYER
Original License Date:
License Number: 12652 Exp. Date: 4/30/2016

ENDORSEMENTS
Child and Adolescent Intensive Child & Adolescent Day Mental Health Group
Adult Intensive Case Adult Foster Adult Day Outpatient Crisis Response
Comprehensive School and Community Treatment Program Crisis Intervention &
Secure Crisis Intervention &

YOUTH HOMES
Facility ID Number: 7045
550 N CALIFORNIA ST
MISSOULA MT 59802-
Facility: MISSOULA
NOT PROV
Phone: 721-2704 Fax
License Duration: 2
Administrator: GEOFFREY BIRNBAUM
Original License Date: 03/26/12
License Number: 12998 Exp. Date: 3/31/2015

ENDORSEMENTS
Child and Adolescent Intensive Child & Adolescent Day Mental Health Group
Adult Intensive Case Adult Foster Adult Day Outpatient Crisis Response
Comprehensive School and Community Treatment Program Crisis Intervention &
Secure Crisis Intervention &
SUNBURST MENTAL HEALTH SERVICES
109 1ST AVE
ST IGNATIUS MT 59865-
Phone: 745-3681 Fax PO BOX 703
Administrator: JULIE FLECK
License Number: 12516 Exp. Date: 12/31/2015

ENDORSEMENTS
Child and Adolescent Intensive
Adult Intensive Case
Comprehensive School and Community Treatment Program

BITTERROOT VALLEY EDUCATION COOPERATIVE
300 PARK ST
STEVENSVILLE MT 59870-
Phone: 777-2494 Fax
Administrator: CHRIS HUGHES
License Number: 12520 Exp. Date: 1/26/2016

ENDORSEMENTS
Child and Adolescent Intensive
Adult Intensive Case
Comprehensive School and Community Treatment Program

MONTANA STATE HOSPITAL TRANSITIONAL CARE
WARM SPRINGS STATE
WARM MT 59756-
Phone: 693-7000 Fax
Administrator: DAVID SCHOENING
License Number: 12910 Exp. Date: 1/31/2016

ENDORSEMENTS
Child and Adolescent Intensive
Adult Intensive Case
Comprehensive School and Community Treatment Program

Total Facilities = 24