

MENTAL HEALTH CENTERS

A.W.A.R.E.

205 E PARK
ANACONDA MT 59711-
Phone: 563-8117 **Fax**
Administrator: LAWRENCE NOONAN
License Number: **12296** Exp. Date: **9/21/2016**

Facility ID Number: **7**
County: **DEER LODGE**
NOT PROV CARF
License Duration: **5 months**
Original License Date: **04/09/99**

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 &

COMMUNITY CRISIS CENTER

704 NORTH 30TH
BILLINGS MT 59101-
Phone: 259-8800 **Fax** 259-4400
Administrator: MARCEE NEARY
License Number: **12865** Exp. Date: **12/12/2014**

Facility ID Number: **20**
County: **YELLOWSTONE**
NOT PROV
License Duration: **3**
Original License Date: **05/22/06**

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 &

MONTANA COMMUNITY SERVICES

993 SOUTH 24TH ST
BILLINGS MT 59102-
Phone: 656-5976 **Fax**
Administrator: JUDITH HERZOG
License Number: **12521** Exp. Date: **11/30/2015**

Facility ID Number: **19**
County: **YELLOWSTONE**
NOT PROV
License Duration: **2**
Original License Date: **12/03/03**

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 &

NEW DAY INC
301 COBURN RD
BILLINGS MT 59101-
Phone: 254-2340 **Fax**
Administrator: VERNON MUMMEY
License Number: **12331** Exp. Date: **4/30/2017**

Facility ID Number: **12**
County: **YELLOWSTONE**
NOT PROV
License Duration: **5 months**
Original License Date: **12/28/99**

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 &

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**

Facility ID Number: **8**
County: **YELLOWSTONE**
NOT PROV CARF
License Duration: **3**
Original License Date: **04/19/99**

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 &

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: **11/26/2014**

Facility ID Number: **1**
County: **YELLOWSTONE**
NOT PROV
License Duration: **2**
Original License Date: **10/31/01**

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 &

YELLOWSTONE BOYS & GIRLS RANCH

3212 1st AVE SOUTH
BILLINGS MT 59101-
Phone: 245-2751 **Fax** 256-7026
Administrator: SHAWN BYRNE
License Number: **12265** Exp. Date: **8/31/2016**

Facility ID Number: **3**
County: **YELLOWSTONE**
NOT PROV COA
License Duration: **6 months**
Original License Date: **10/05/98**

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 DYNAMICS INC

2334 LEWIS AVENUE
BILLINGS MT 59102-
Phone: 245-6539 **Fax**
Administrator: PETER DEGEL
License Number: **12720** Exp. Date: **5/9/2017**

Facility ID Number: **9**
County: **YELLOWSTONE**
NOT PROV
License Duration: **3**
Original License Date: **06/02/99**

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 &

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**

Facility ID Number: **13**
County: **SILVER BOW**
NOT PROV
License Duration: **2**
Original License Date: **12/29/99**

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 &

CENTER FOR MENTAL HEALTH

915 1ST AVENUE
GREAT FALLS MT 59401-
Phone: 761-2100 **Fax**
Administrator: SYDNEY BLAIR
License Number: **13110** Exp. Date: **6/30/2015**

Facility ID Number: **2**
County: **CASCADE**
NOT PROV
License Duration:
Original License Date:

ENDORSEMENTS

Child and Adolescent Intensive **X** Child & Adolescent Day Mental Health Group **X**
Adult Intensive Case **X** Adult Foster **X** Adult Day **X** 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**

Facility ID Number: **11**
County: **LEWIS & CLARK**
NOT PROV JCAHO
License Duration: **3**
Original License Date: **09/29/99**

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 &

KALISPELL REGIONAL BEHAVIORAL HEALTH

200 HERITAGE WAY
KALISPELL MT 59901-
Phone: 756-3950 **Fax** 756-3957
Administrator: LESLIE NYMAN
License Number: **12295** Exp. Date: **4/17/2015**

Facility ID Number: **18**
County: **FLATHEAD**
NOT PROV
License Duration: **2**
Original License Date: **09/17/02**

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 &

EASTERN MONTANA COMMUNITY MENTAL HEALTH CENTER

2508 WILSON STREET
MILES CITY MT 59301-

Phone: 234-0234 **Fax** PO BOX 1530

Administrator: LINDA MEHLHOFF

License Number: **12691** Exp. Date: **5/31/2016**

Facility ID Number: **4**

County: **CUSTER**
NOT PROV

License Duration: **1**
Original License Date:

ENDORSEMENTS

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

3 RIVERS MENTAL HEALTH SOLUTIONS

715 KENSINGTON SUITE
MISSOULA MT 59801-

Phone: 830-3294 **Fax**

Administrator: MICHAEL HENNELLY

License Number: **12754** Exp. Date: **10/31/2016**

Facility ID Number: **24**

County: **MISSOULA**
NOT PROV

License Duration: **1**
Original License Date: **11/17/09**

ENDORSEMENTS

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

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: **10/31/2014**

Facility ID Number: **7089**
County: **MISSOULA**
NOT PROV
License Duration:
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 &

PARTNERSHIP FOR CHILDREN MENTAL HEALTH CENTER

550 N CALIFORNIA ST
MISSOULA MT 59807-
Phone: 721-2704 **Fax** PO BOX 8134
Administrator: GEOFFREY BIRNBAUM
License Number: **13494** Exp. Date: **7/31/2015**

Facility ID Number: **7118**
County: **MISSOULA**
NOT PROV
License Duration: **1**
Original License Date:

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-

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

YOUTH HOMES

Facility ID Number: 7045

550 N CALIFORNIA ST
MISSOULA MT 59802-

County: **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

Facility ID Number: 25

109 1ST AVE
ST IGNATIUS MT 59865-

County: **LAKE**
NOT PROV

Phone: 745-3681 Fax PO BOX 703

License Duration: 3

Administrator: JULIE FLECK

Original License Date: **01/01/10**

License Number: **12516** Exp. Date: **12/31/2015**

ENDORSEMENTS

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

BITTERROOT VALLEY EDUCATION COOPERATIVE

300 PARK ST
STEVENSVILLE MT 59870-

Phone: 777-2494 **Fax** PO BOX 187

Administrator: CHRIS HUGHES

License Number: **12520** Exp. Date: **1/26/2016**

Facility ID Number: **6**

County: **RAVALLI**
NOT PROV

License Duration: **3**
Original License Date: **01/08/99**

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 &

MONTANA STATE HOSPITAL TRANSITIONAL CARE

WARM SPRINGS STATE
WARM MT 59756-

Phone: 693-7000 **Fax** PO BOX 300

Administrator: DAVID SCHOENING

License Number: **12910** Exp. Date: **1/31/2016**

Facility ID Number: **10**

County: **DEER LODGE**
NOT PROV

License Duration: **2**
Original License Date: **08/03/99**

ENDORSEMENTS

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

Total Facilities = 23