

## INPATIENT CHEMICAL DEPENDENCY TREATMENT CENTERS

**RIMROCK FOUNDATION CHEMICAL DEPENDENCY** Facility ID Number **100**  
1231 N 29TH ST PO BOX 30374 County: **YELLOWSTONE**  
BILLINGS MT 59107-  
**Phone:** 248-3175 **Fax:**  
**Administrator:** DAVID CUNNINGHAM  
**Current License Duration:** 3  
Licensed Beds: **36**  
Health Planning Region Number: **3** Freestanding Beds: **45** Detox Beds: **8**

**THE ELKHORN TREATMENT CENTER** Facility ID Number **114**  
1 RIVERSIDE ROAD County: **JEFFERSON**  
BOULDER MT 59632-  
**Phone:** 447-5300 **Fax:** 447-5301  
**Administrator:** MIKE RUPPERT  
**Current License Duration:**  
Licensed Beds: **5**  
Health Planning Region Number: **4** Freestanding Beds: **5** Detox Beds: **0**

**WHITE SKY HOME** Facility ID Number **7019**  
51 Mission Taylor Rd PO Box 664 County: **HILL**  
Box Elder MT 59521-  
**Phone:** 395-4818 **Fax:**  
**Administrator:** LEONORE MYERS  
**Current License Duration:** 1  
Licensed Beds: **8**  
Health Planning Region Number: Freestanding Beds: **0** Detox Beds: **0**

**CRYSTAL CREEK LODGE RESIDENTIAL TREATMENT** Facility ID Number **102**  
HOSPITAL HILL PO BOX 450 County: **GLACIER**  
BROWNING MT 59417-  
**Phone:** 338-6330 **Fax:**  
**Administrator:** PATRICK CALF LOOKING  
**Current License Duration:** 3  
Licensed Beds: **18**  
Health Planning Region Number: **2** Freestanding Beds: Detox Beds:

**MONTANA CHEMICAL DEPENDENCY CENTER - CDC**2500 CONTINENTAL DR  
BUTTE MT 59701-**Phone:** 496-5400**Fax:****Administrator:** GINA PATE-TERRY**Current License Duration:** 1Licensed Beds: **76**Health Planning Region Number: **4** Freestanding Beds:Facility ID Number **105**County: **SILVER BOW****JCAHO:**LicenseNumber: **12741**Exp. Date: **4/30/2012****NOT PROV**

Original License Date:

Detox Beds:

**BENEFIS HEALTHCARE (WEST CAMPUS)**500 15TH AVE S  
GREAT FALLS MT 59403-**Phone:** 455-5003**Fax:****Administrator:** MARLENE O'CONNELL**Current License Duration:** 3Licensed Beds: **20**Health Planning Region Number: **2** Freestanding Beds:Facility ID Number **108**County: **CASCADE****JCAHO:** XLicenseNumber: **12175**Exp. Date: **12/14/2012****NOT PROV**

Original License Date:

Detox Beds:

**ROCKY MOUNTAIN TREATMENT CENTER**920 4TH AVE N  
GREAT FALLS MT 59401-**Phone:** 727-8832 **Fax:** 727-6172**Administrator:** CLAREE KELLY**Current License Duration:** 3Licensed Beds: **28**Health Planning Region Number: **2** Freestanding Beds:Facility ID Number **101**County: **CASCADE****JCAHO:** XLicenseNumber: **12443**Exp. Date: **4/30/2012****NOT PROV**

Original License Date:

Detox Beds:

**FLATHEAD VALLEY CHEMICAL DEPENDENCY HOME**1312 N Meridian  
Kalispell MT 59904-**Phone:** 756-6453**Fax:****Administrator:** MIKE CUMMINS**Current License Duration:** 1Licensed Beds: **8**

Health Planning Region Number: Freestanding Beds:

Facility ID Number **7018**County: **FLATHEAD****JCAHO:**LicenseNumber: **12838**Exp. Date: **10/6/2012****NOT PROV**Original License Date: **11/08/11**Detox Beds: **0****PATHWAYS CAMPUS**200 HERITAGE WAY  
KALISPELL MT 59901-**Phone:** 756-3950 **Fax:** 756-3957**Administrator:** LESLIE NYMAN**Current License Duration:** 3Licensed Beds: **40**Health Planning Region Number: **5** Freestanding Beds:Facility ID Number **111**County: **FLATHEAD****JCAHO:** XLicenseNumber: **12406**Exp. Date: **1/21/2012****NOT PROV**

Original License Date:

Detox Beds:

**WILDERNESS TREATMENT CENTER**

200 HUBBART DAM RD  
MARION MT 59925-

**Phone:** 854-2832 **Fax:** 854-2835

**Administrator:** NANCY BREKKE

**Current License Duration:** 119 DAYS

Licensed Beds: **35**

Health Planning Region Number: **5** Freestanding Beds:

Facility ID Number **104**

County: **FLATHEAD**

**JCAHO:**

LicenseNumber: **12818**

Exp. Date: **2/27/2012**

**PROVISIONAL**

Original License Date:

Detox Beds:

**TEEN RECOVERY CENTER**

1467 HAYS DRIVE  
MISSOULA MT 59802-

**Phone:** 721-5379 **Fax:**

**Administrator:** MICHAEL PHYFIELD

**Current License Duration:** 1

Licensed Beds: **8**

Health Planning Region Number: **5** Freestanding Beds:

Facility ID Number **113**

County: **MISSOULA**

**JCAHO:**

LicenseNumber: **12749**

Exp. Date: **8/31/2012**

**NOT PROV**

Original License Date:

Detox Beds: **0**

**Total Facilities: 11**

**Total Licensed Beds: 282**