

SPECIALTY MENTAL HEALTH FACILITIES

RIMROCK FOUNDATION SMH

1231 N 29TH ST
BILLINGS MT 59101-
PO BOX 30347
Phone: 248-3175 **Fax:** 248-3821
Administrator: LENETTE KOSOVICH
License Number: **12983** Exp. Date: **3/31/2015**
Health Planning Region Number: 3

Facility ID Number: **117**
County: **YELLOWSTONE**
CARF:
Licensed Beds: **15**
NOT PROV
Current License Duration: **3**
Original License Date:

ROCKY MOUNTAIN TREATMENT CENTER SMH

920 4TH AVE N
GREAT FALLS MT 59401-
Phone: 727-8832 **Fax:** 727-8172
Administrator: CLAREE KELLY
License Number: **11939** Exp. Date: **5/27/2012**
Health Planning Region Number: 2

Facility ID Number: **118**
County: **CASCADE**
CARF:
Licensed Beds: **8**
NOT PROV
Current License Duration: **3**
Original License Date:

Total Facilities: 2

Total Licensed Beds: 23