

MENTAL HEALTH CENTERS

A.W.A.R.E.

205 E PARK
ANACONDA MT 59711-
Phone 563-8117 **Fax**
Administrator: LAWRENCE NOONAN
License **11047** Exp. **01/22/2010**

Facility ID Number: **7**
County: **DEER LODGE**
NOT PROV **CARF**
Current License Duration: **3**
Health Planning Region Number: **4**
Original License Date: **04/09/99**

ENDORSEMENT

Child and Adolescent Intensive Case: **X** Child & Adolescent Day Treatment: **X** Mental Health Group Home: **X**
Adult Intensive Case Management: Adult Foster Care: Adult Day Treatment: Crisis Intervention & Stabilization:
Comprehensive School and Community Treatment Program **X** Outpatient Crisis Response Facility:

COMMUNITY CRISIS CENTER

704 NORTH 30TH
BILLINGS MT 59101-
Phone 259-8800 **Fax** 259-4400
Administrator: TYLENE MERKEL
License **11374** Exp. **12/13/2008**

Facility ID Number: **20**
County: **YELLOWSTONE**
NOT PROV
Current License Duration: **1**
Health Planning Region Number: **3**
Original License Date: **05/22/06**

ENDORSEMENT

Child and Adolescent Intensive Case: Child & Adolescent Day Treatment: Mental Health Group Home:
Adult Intensive Case Management: Adult Foster Care: Adult Day Treatment: Crisis Intervention & Stabilization:
Comprehensive School and Community Treatment Program Outpatient Crisis Response Facility: **X**

MONTANA COMMUNITY SERVICES

2048 OVERLAND SUITE 2103 22ND STREET
BILLINGS MT 59102-
Phone 656-5976 **Fax**
Administrator: JUDITH HERZOG
License **11369** Exp. **11/30/2008**

Facility ID Number: **19**
County: **YELLOWSTONE**
NOT PROV
Current License Duration: **1**
Health Planning Region Number: **3**
Original License Date: **12/03/03**

ENDORSEMENT

Child and Adolescent Intensive Case: Child & Adolescent Day Treatment: Mental Health Group Home: **X**
Adult Intensive Case Management: **X** Adult Foster Care: Adult Day Treatment: Crisis Intervention & Stabilization:
Comprehensive School and Community Treatment Program Outpatient Crisis Response Facility:

NEW DAY INC Facility ID Number: 12
 301 COBURN RD County: **YELLOWSTONE**
 BILLINGS MT 59101- **NOT PROV**
Phone 254-2340 **Fax** PO BOX 30282
Administrator: VERNON MUMMEY
 License **11298** Exp. **08/26/2008** Current License Duration: **1**
 Health Planning Region Number: **3**
 Original License Date: **12/28/99**

ENDORSEMENT

Child and Adolescent Intensive Case: **X** Child & Adolescent Day Treatment: **X** Mental Health Group Home:
 Adult Intensive Case Management: Adult Foster Care: Adult Day Treatment: Crisis Intervention & Stabilization:
 Comprehensive School and Community Treatment Program Outpatient Crisis Response Facility:

RIMROCK FOUNDATION - MHC Facility ID Number: 8
 1231 N 29TH ST County: **YELLOWSTONE**
 BILLINGS MT 59101- **NOT PROV** **CARF**
Phone 248-3175 **Fax** 248-3821
Administrator: MONA SUMNER
 License **10691** Exp. **03/31/2009** Current License Duration: **3**
 Health Planning Region Number: **3**
 Original License Date: **04/19/99**

ENDORSEMENT

Child and Adolescent Intensive Case: Child & Adolescent Day Treatment: Mental Health Group Home:
 Adult Intensive Case Management: Adult Foster Care: Adult Day Treatment: Crisis Intervention & Stabilization: **X**
 Comprehensive School and Community Treatment Program Outpatient Crisis Response Facility:

SOUTH CENTRAL REGIONAL MENTAL HEALTH CENTER Facility ID Number: 1
 1245 N 29TH ST County: **YELLOWSTONE**
 BILLINGS MT 59103-021 **NOT PROV**
Phone 252-5658 **Fax** 252-4641 PO BOX 219
Administrator: ROBERT ROSS
 License **11299** Exp. **08/29/2008** Current License Duration: **1**
 Health Planning Region Number: **3**
 Original License Date:

ENDORSEMENT

Child and Adolescent Intensive Case: Child & Adolescent Day Treatment: Mental Health Group Home: **X**
 Adult Intensive Case Management: **X** Adult Foster Care: Adult Day Treatment: **X** Crisis Intervention & Stabilization: **X**
 Comprehensive School and Community Treatment Program **X** Outpatient Crisis Response Facility:

YELLOWSTONE BOYS & GIRLS RANCH Facility ID Number: 3
 1732 S 72ND ST W County: **YELLOWSTONE**
 BILLINGS MT 59106- **NOT PROV** **COA**
Phone 655-2100 **Fax**
Administrator: GLENN MCFARLANE
 License **11425** Exp. **11/05/2009** Current License Duration: **3**
 Health Planning Region Number: **3**
 Original License Date: **10/05/98**

ENDORSEMENT

Child and Adolescent Intensive Case: **X** Child & Adolescent Day Treatment: **X** Mental Health Group Home:
 Adult Intensive Case Management: **X** Adult Foster Care: Adult Day Treatment: Crisis Intervention & Stabilization:
 Comprehensive School and Community Treatment Program **X** Outpatient Crisis Response Facility:

YOUTH DYNAMICS INC

2334 LEWIS AVENUE
 BILLINGS MT 59102-
Phone 245-6539 **Fax**

Administrator: PETER DEGEL
 License **11252** Exp. **07/31/2008**

Facility ID Number: **9**
 County: **YELLOWSTONE**
NOT PROV
 Current License Duration: **1**
 Health Planning Region Number: **3**
 Original License Date: **06/02/99**

ENDORSEMENT

Child and Adolescent Intensive Case: **X** Child & Adolescent Day Treatment: **X** Mental Health Group Home:
 Adult Intensive Case Management: Adult Foster Care: Adult Day Treatment: Crisis Intervention & Stabilization:
 Comprehensive School and Community Treatment Program Outpatient Crisis Response Facility:

ALTA CARE OF MONTANA

55 BASIN CRK RD
 BUTTE MT 59701-
Phone 494-4183 **Fax**

Administrator: DAVE BENNETTS
 License **11261** Exp. **06/27/2008**

Facility ID Number: **13**
 County: **SILVER BOW**
NOT PROV
 Current License Duration: **1**
 Health Planning Region Number: **4**
 Original License Date: **12/29/99**

ENDORSEMENT

Child and Adolescent Intensive Case: **X** Child & Adolescent Day Treatment: **X** Mental Health Group Home:
 Adult Intensive Case Management: Adult Foster Care: Adult Day Treatment: Crisis Intervention & Stabilization:
 Comprehensive School and Community Treatment Program **X** Outpatient Crisis Response Facility:

CENTER FOR MENTAL HEALTH

915 1ST AVENUE
 GREAT FALLS MT 59401-
Phone 761-2100 **Fax** PO BOX 3089

Administrator: MIKE MCLAUGHLIN
 License **11499** Exp. **03/30/2009**

Facility ID Number: **2**
 County: **CASCADE**
NOT PROV
 Current License Duration: **1**
 Health Planning Region Number: **2**
 Original License Date:

ENDORSEMENT

Child and Adolescent Intensive Case: **X** Child & Adolescent Day Treatment: **X** Mental Health Group Home: **X**
 Adult Intensive Case Management: **X** Adult Foster Care: **X** Adult Day Treatment: **X** Crisis Intervention & Stabilization: **X**
 Comprehensive School and Community Treatment Program **X** Outpatient Crisis Response Facility:

INTERMOUNTAIN MENTAL HEALTH CENTER

500 S LAMBORN
 HELENA MT 59601-
Phone 442-7920 **Fax**

Administrator: JIM FITZGERALD
 License **11329** Exp. **12/01/2008**

Facility ID Number: **11**
 County: **LEWIS & CLARK**
NOT PROV **JCAHO**
 Current License Duration: **3**
 Health Planning Region Number: **4**
 Original License Date: **09/29/99**

ENDORSEMENT

Child and Adolescent Intensive Case: **X** Child & Adolescent Day Treatment: **X** Mental Health Group Home:
 Adult Intensive Case Management: Adult Foster Care: Adult Day Treatment: Crisis Intervention & Stabilization:
 Comprehensive School and Community Treatment Program **X** Outpatient Crisis Response Facility:

NORTHWEST BEHAVIORAL HEALTH7325 HWY 93 SOUTH
LAKESIDE MT 59922-**Phone** 844-2890 **Fax****Administrator:** LESLIE NYMANLicense **11552** Exp. **04/16/2010**Facility ID Number: **18**County: **FLATHEAD****NOT PROV**Current License Duration: **2**Health Planning Region Number: **5**Original License Date: **09/17/02****ENDORSEMENT**Child and Adolescent Intensive Case: Child & Adolescent Day Treatment: Mental Health Group Home:
Adult Intensive Case Management: Adult Foster Care: Adult Day Treatment: Crisis Intervention & Stabilization:
Comprehensive School and Community Treatment Program **X** Outpatient Crisis Response Facility:**EASTERN MONTANA COMMUNITY MENTAL HEALTH CENTER**2508 WILSON STREET
MILES CITY MT 59301-**Phone** 234-1687 **Fax****Administrator:** FRANK L LANELicense **11554** Exp. **05/31/2009**Facility ID Number: **4**County: **USTER****NOT PROV**Current License Duration: **1**Health Planning Region Number: **1**

Original License Date:

ENDORSEMENTChild and Adolescent Intensive Case: Child & Adolescent Day Treatment: Mental Health Group Home: **X**
Adult Intensive Case Management: **X** Adult Foster Care: **X** Adult Day Treatment: **X** Crisis Intervention & Stabilization:
Comprehensive School and Community Treatment Program Outpatient Crisis Response Facility:**FULL CIRCLE COUNSELING SOLUTIONS**1903 SOUTH RUSSELL
MISSOULA MT 59801-**Phone** 532-1615 **Fax****Administrator:** HEIDI DAVISLicense **11520** Exp. **04/21/2009**Facility ID Number: **22**County: **MISSOULA****NOT PROV**Current License Duration: **1**Health Planning Region Number: **5**Original License Date: **01/22/07****ENDORSEMENT**Child and Adolescent Intensive Case: **X** Child & Adolescent Day Treatment: Mental Health Group Home:
Adult Intensive Case Management: **X** Adult Foster Care: Adult Day Treatment: Crisis Intervention & Stabilization:
Comprehensive School and Community Treatment Program **X** Outpatient Crisis Response Facility:**WESTERN MONTANA REGIONAL COM MENTAL HEALTH**BUILDING T-9 FORT
MISSOULA MT 59804-**Phone** 728-6817 **Fax****Administrator:** PAUL MEYERLicense **11034** Exp. **11/30/2008**Facility ID Number: **5**County: **MISSOULA****NOT PROV**Current License Duration: **2**Health Planning Region Number: **5**

Original License Date:

ENDORSEMENTChild and Adolescent Intensive Case: **X** Child & Adolescent Day Treatment: **X** Mental Health Group Home: **X**
Adult Intensive Case Management: **X** Adult Foster Care: **X** Adult Day Treatment: **X** Crisis Intervention & Stabilization: **X**
Comprehensive School and Community Treatment Program **X** Outpatient Crisis Response Facility:

WINDS OF CHANGE

2200 GRANT STREET
MISSOULA MT 59801-
Phone 543-1929 **Fax** 327-0042 2120 S
Administrator: DONNA JENNINGS
License **11432** Exp. **10/09/2008**

Facility ID Number: **21**
County: **MISSOULA**
NOT PROV
Current License Duration: **1**
Health Planning Region Number: **5**
Original License Date: **10/10/06**

ENDORSEMENT

Child and Adolescent Intensive Case: Child & Adolescent Day Treatment: Mental Health Group Home:
Adult Intensive Case Management: Adult Foster Care: Adult Day Treatment: Crisis Intervention & Stabilization:
Comprehensive School and Community Treatment Program Outpatient Crisis Response Facility:

BITTERROOT VALLEY EDUCATION COOPERATIVE

300 PARK ST
STEVENSVILLE MT 59870-
Phone 777-2494 **Fax** PO BOX 187
Administrator: CAROL EWEN
License **11410** Exp. **01/26/2009**

Facility ID Number: **6**
County: **RAVALLI**
NOT PROV
Current License Duration: **1**
Health Planning Region Number: **5**
Original License Date: **01/08/99**

ENDORSEMENT

Child and Adolescent Intensive Case: Child & Adolescent Day Treatment: Mental Health Group Home:
Adult Intensive Case Management: Adult Foster Care: Adult Day Treatment: Crisis Intervention & Stabilization:
Comprehensive School and Community Treatment Program Outpatient Crisis Response Facility:

MONTANA STATE HOSPITAL TRANSITIONAL CARE

WARM SPRINGS STATE
WARM MT 59756-
Phone 693-7000 **Fax** PO BOX 300
Administrator: ED AMBERG
License **10429** Exp. **01/31/2010**

Facility ID Number: **10**
County: **DEER LODGE**
NOT PROV
Current License Duration: **2**
Health Planning Region Number: **4**
Original License Date: **08/03/99**

ENDORSEMENT

Child and Adolescent Intensive Case: Child & Adolescent Day Treatment: Mental Health Group Home:
Adult Intensive Case Management: Adult Foster Care: Adult Day Treatment: Crisis Intervention & Stabilization:
Comprehensive School and Community Treatment Program Outpatient Crisis Response Facility:

Total Facilities = 18