

Administrative Office of Courts & Probation

P.O. Box 98910
Lincoln, NE 68509
Phone: (402) 471-3730

District 9

Agency Facility County: Buffalo

Agency Name: Boys Town

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Boys Town Central Nebraska In Home Family Services	620 E. 25th Street Suite 9 Kearney, NEBRASKA 68847	In Home Family Service (IHFS)	Andrews, Megan	3083901322	megan.andrews@boystown.org
			Kemp, Laura	4024600606	laura.kemp@boystown.org
			Mercer, Erik	5313553057	erik.mercer@boystown.org
			Motacek, Robin	3088337314	Robin.motacek@boystown.org

Agency Name: Bryce Riessland Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Bryce Riessland Counseling	124 W 46th Street Suite 105 Kearney, NEBRASKA 68847	Adult Co-Occurring Evaluation	Riessland, Bryce	3084405294	bryce.riessland@gmail.com
		Adult Mental Health Evaluation	Riessland, Bryce	3084405294	bryce.riessland@gmail.com
		Adult Mental Health Outpatient Counseling (Individual)	Riessland, Bryce	3084405294	bryce.riessland@gmail.com
		Adult Substance Use Addendum	Riessland, Bryce	3084405294	bryce.riessland@gmail.com
		Adult Substance Use Evaluation	Riessland, Bryce	3084405294	bryce.riessland@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Riessland, Bryce	3084405294	bryce.riessland@gmail.com
		Juvenile Co-Occurring Evaluation	Riessland, Bryce	3084405294	bryce.riessland@gmail.com
		Juvenile Mental Health Evaluation	Riessland, Bryce	3084405294	bryce.riessland@gmail.com
		Juvenile Substance Use	Riessland,	3084405294	bryce.riessland@gmail.com

Administrative Office of Courts & Probation

P.O. Box 98910
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Phone: (402) 471-3730

District 9

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Bryce Riessland Counseling	124 W 46th Street Suite 105 Kearney, NEBRASKA 68847	Addendum	Bryce		
		Juvenile Substance Use Evaluation	Riessland, Bryce	3084405294	bryce.riessland@gmail.com

Agency Name: Camelot Transportation Inc

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Camelot Transportation Inc	103 S Railroad Kearney, NEBRASKA 68847	Adult Transportation			
		Juvenile Omaha Metro Transportation			
		Juvenile Transportation			

Agency Name: Center For Independent Living of Central Nebraska

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	3423 2ND AVENUE Kearney, NEBRASKA 68847	Adult Co-Occurring Evaluation			
		Adult Mental Health Evaluation			
		Adult Substance Use Evaluation			
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Substance Use Evaluation			

Agency Name: Central Mediation Center

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Central Mediation Center	412 W 48th Street Suite 22 Kearney, NEBRASKA 68845	Expedited Family Group Conference			

Administrative Office of Courts & Probation

P.O. Box 98910
Lincoln, NE 68509
Phone: (402) 471-3730

District 9

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Central Mediation Center	412 W 48th Street Suite 22 Kearney, NEBRASKA 68845	Mediation			

Agency Name: Crossroads Mission Avenue

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	1404 E. 39th st Kearney, NEBRASKA 68847	Transitional Living - Level 2	Buller, Daniel	3079218657	daniel@crossroadsmission.com
			Sweeney, Sarah	4024690936	sarah@crossroadsmission.com
	1408 E. 39th St Kearney, NEBRASKA 68847	Transitional Living - Level 2	Buller, Daniel	3079218657	daniel@crossroadsmission.com
			Sweeney, Sarah	4024690936	sarah@crossroadsmission.com

Agency Name: Domestic Violence Intervention Program

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Domestic Violence Intervention Program	PO Box 32 Kearney, NEBRASKA 68848	PRS-BIP			

Agency Name: Fortitude Counseling Services, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Fortitude Counseling Services, LLC	124 W. 46th St Suite #110 Kearney, NEBRASKA 68847	Adult Co-Occurring Evaluation			
		Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Addendum			
		Adult Substance Use Evaluation			
		Adult Substance Use Outpatient Treatment (Individual)			
		Juvenile Co-Occurring Evaluation			

Administrative Office of Courts & Probation

P.O. Box 98910
Lincoln, NE 68509
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District 9

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Fortitude Counseling Services, LLC	124 W. 46th St Suite #110 Kearney, NEBRASKA 68847	Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

Agency Name: Insight Counseling & Recovery

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Insight Counseling & Recovery	2908 W 39th St Suite B Kearney, NEBRASKA 68845	Adult Co-Occurring Evaluation	Eigenberg, Amy	3082370391	amy@insightcounselingandrecovery.com
			Maxson, Tom	3082370391	tom@insightcounselingandrecovery.com
			Yendra, Sarah	3082370391	sarah@insightcounselingandrecovery.com
		Adult Mental Health Evaluation	Eigenberg, Amy	3082370391	amy@insightcounselingandrecovery.com
			Maxson, Tom	3082370391	tom@insightcounselingandrecovery.com
		Adult Mental Health Outpatient Counseling (Individual)	Eigenberg, Amy	3082370391	amy@insightcounselingandrecovery.com
			Maxson, Tom	3082370391	tom@insightcounselingandrecovery.com
			Yendra, Sarah	3082370391	sarah@insightcounselingandrecovery.com
		Adult Sex Offense-	Eigenberg,	3082370391	amy@insightcounselingandrecovery.com

Administrative Office of Courts & Probation

P.O. Box 98910
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District 9

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Insight Counseling & Recovery	2908 W 39th St Suite B Kearney, NEBRASKA 68845	Specific Evaluation	Amy		
			Maxson, Tom	3082370391	tom@insightcounselingandrecovery.com
		Adult Sex Offense-Specific Outpatient Counseling (Individual/Group)	Eigenberg, Amy	3082370391	amy@insightcounselingandrecovery.com
			Maxson, Tom	3082370391	tom@insightcounselingandrecovery.com
		Adult Substance Use Addendum	Eigenberg, Amy	3082370391	amy@insightcounselingandrecovery.com
			Maxson, Tom	3082370391	tom@insightcounselingandrecovery.com
			Richards, Erika	3085298807	erikakileegarrettgage@gmail.com
			Yendra, Sarah	3082370391	sarah@insightcounselingandrecovery.com
		Adult Substance Use Evaluation	Eigenberg, Amy	3082370391	amy@insightcounselingandrecovery.com
			Maxson, Tom	3082370391	tom@insightcounselingandrecovery.com
			Richards, Erika	3085298807	erikakileegarrettgage@gmail.com
			Yendra, Sarah	3082370391	sarah@insightcounselingandrecovery.com
		Adult Substance Use Outpatient Treatment (Individual)	Eigenberg, Amy	3082370391	amy@insightcounselingandrecovery.com
			Maxson, Tom	3082370391	tom@insightcounselingandrecovery.com
			Richards, Erika	3085298807	erikakileegarrettgage@gmail.com
			Yendra, Sarah	3082370391	sarah@insightcounselingandrecovery.com
		Juvenile Co-Occurring	Eigenberg, Amy	3082370391	amy@insightcounselingandrecovery.com

Administrative Office of Courts & Probation

P.O. Box 98910
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Phone: (402) 471-3730

District 9

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Insight Counseling & Recovery	2908 W 39th St Suite B Kearney, NEBRASKA 68845	Evaluation	Yendra, Sarah	3082370391	sarah@insightcounselingandrecovery.com	
		Juvenile Mental Health Evaluation	Eigenberg, Amy	3082370391	amy@insightcounselingandrecovery.com	
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Eigenberg, Amy	3082370391	amy@insightcounselingandrecovery.com	
			Yendra, Sarah	3082370391	sarah@insightcounselingandrecovery.com	
		Juvenile Substance Use Addendum	Eigenberg, Amy	3082370391	amy@insightcounselingandrecovery.com	
			Yendra, Sarah	3082370391	sarah@insightcounselingandrecovery.com	
		Juvenile Substance Use Evaluation	Eigenberg, Amy	3082370391	amy@insightcounselingandrecovery.com	
			Yendra, Sarah	3082370391	sarah@insightcounselingandrecovery.com	
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Eigenberg, Amy	3082370391	amy@insightcounselingandrecovery.com	
			Yendra, Sarah	3082370391	sarah@insightcounselingandrecovery.com	
		Juveniles Who Sexually Harm Outpatient Treatment (Group)				
		Juveniles Who Sexually Harm Risk Evaluation		Eigenberg, Amy	3082370391	amy@insightcounselingandrecovery.com

Agency Name: Jerry Van Winkle, PsyD, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Jerry Van Winkle, PsyD, LLC	2315 W 39th St Kearney, NEBRASKA 68845	Adult Psychological Evaluation	Van Winkle, Jerry	3082244664	jvwpsyd@gmail.com

Administrative Office of Courts & Probation

P.O. Box 98910
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Phone: (402) 471-3730

District 9

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Jerry Van Winkle, PsyD, LLC	2315 W 39th St Kearney, NEBRASKA 68845	Invoice - Competency Evaluation			
		Juvenile Psychological Evaluation	Van Winkle, Jerry	3082244664	jvwpsyd@gmail.com

Agency Name: Kearney Counseling Associates

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Kearney Counseling Associates	2811 30th Ave. Kearney, NEBRASKA 68845	Adult Mental Health Outpatient Counseling (Individual)	Crane, Karla	6052951646	kcrane298@gmail.com
			Howell, Christiana	3082376865	chowellkca@hotmail.com
		Adult Substance Use Evaluation	Crane, Karla	6052951646	kcrane298@gmail.com
			Howell, Christiana	3082376865	chowellkca@hotmail.com
		Adult Substance Use Intensive Outpatient Counseling (IOP)			
		Adult Substance Use Outpatient Treatment (Individual)	Crane, Karla	6052951646	kcrane298@gmail.com
			Howell, Christiana	3082376865	chowellkca@hotmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Crane, Karla	6052951646	kcrane298@gmail.com
			Howell, Christiana	3082376865	chowellkca@hotmail.com
		Juvenile Substance Use Evaluation	Crane, Karla	6052951646	kcrane298@gmail.com
			Howell, Christiana	3082376865	chowellkca@hotmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Crane, Karla	6052951646	kcrane298@gmail.com
			Howell, Christiana	3082376865	chowellkca@hotmail.com

Agency Name: Kearney's Village

Administrative Office of Courts & Probation

P.O. Box 98910
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Phone: (402) 471-3730

District 9

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Kearney's Village Transitional and Sober Living	709 2nd Avenue Kearney, NEBRASKA 68847	Adult Substance Use Evaluation			
		Adult Substance Use Outpatient Treatment (Individual)			
		Transitional Living - Level 2			

Agency Name: Making Choices Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Making Choices Counseling	2222 2nd Ave. Ste. 400 Box 16 Kearney, NEBRASKA 68847	Adult Co-Occurring Evaluation	Johnson, Kit	3082342119	kitkjohnson@makingchoicescounseling.com
		Adult Mental Health Outpatient Counseling (Individual)	Johnson, Kit	3082342119	kitkjohnson@makingchoicescounseling.com
		Adult Substance Use Addendum	Johnson, Kit	3082342119	kitkjohnson@makingchoicescounseling.com
		Adult Substance Use Evaluation	Johnson, Kit	3082342119	kitkjohnson@makingchoicescounseling.com
		Adult Substance Use Outpatient Treatment (Individual)	Johnson, Kit	3082342119	kitkjohnson@makingchoicescounseling.com

Agency Name: Marv Crouch Counseling Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Marv Crouch Counseling Services	2811 30th Ave Kearney, NEBRASKA 68845	Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Evaluation			

Administrative Office of Courts & Probation

P.O. Box 98910
Lincoln, NE 68509
Phone: (402) 471-3730

District 9

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Marv Crouch Counseling Services	2811 30th Ave Kearney, NEBRASKA 68845	Adult Substance Use Intensive Outpatient Counseling (IOP)			
		Adult Substance Use Outpatient Treatment (Individual)			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

Agency Name: McDowell Counseling & Associates

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
McDowell Counseling & Associates	2002 Central Ave Kearney, NEBRASKA 68847	Adult Co-Occurring Evaluation	McDowell, Meredith	3087089379	meredith@montyshultzcounseling.com
		Adult Mental Health Evaluation	McDowell, Meredith	3087089379	meredith@montyshultzcounseling.com
		Adult Mental Health Outpatient Counseling (Individual)	McDowell, Meredith	3087089379	meredith@montyshultzcounseling.com
		Adult Substance Use Addendum	McDowell, Meredith	3087089379	meredith@montyshultzcounseling.com
		Adult Substance Use Evaluation	McDowell, Meredith	3087089379	meredith@montyshultzcounseling.com
		Adult Substance Use Outpatient Treatment (Individual)	McDowell, Meredith	3087089379	meredith@montyshultzcounseling.com
		Juvenile Co-Occurring Evaluation	McDowell, Meredith	3087089379	meredith@montyshultzcounseling.com
		Juvenile Mental Health Evaluation	McDowell, Meredith	3087089379	meredith@montyshultzcounseling.com
		Juvenile Mental	McDowell,	3087089379	meredith@montyshultzcounseling.com

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P.O. Box 98910
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District 9

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
McDowell Counseling & Associates	2002 Central Ave Kearney, NEBRASKA 68847	Health Outpatient Counseling (Individual/Family)	Meredith		
		Juvenile Substance Use Addendum	McDowell, Meredith	3087089379	meredith@montyshultzcounseling.com
		Juvenile Substance Use Evaluation	McDowell, Meredith	3087089379	meredith@montyshultzcounseling.com

Agency Name: Mid-Plains Center for Behavioral Healthcare Services, Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	4009 6th Ave Suite 11 Kearney, NEBRASKA 68845	Multisystemic Therapy (MST)	Bailey, Nicole	4029849684	nbailey@midplainscenter.org
			Chamberlain, Douglas	3086276302	dchamberlain@midplainscenter.org
			Hilker, Dawn	3082240037	Dhilker@midplainscenter.org
			McLain, Shanda	3083855250	smclain@midplainscenter.org
			Sawyer, Debby	3083798615	dsawyer@midplainscenter.org
			Valdez Espinoza, Dulce	3083259317	dvaldez@midplainscenter.org

Agency Name: Midwest Country Clinic LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	124 W 46th St Suite 109 Kearney, NEBRASKA 68847	Adult Co-Occurring Evaluation			
		Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Addendum			
		Adult Substance Use Evaluation			

Administrative Office of Courts & Probation

P.O. Box 98910
Lincoln, NE 68509
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District 9

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	124 W 46th St Suite 109 Kearney, NEBRASKA 68847	Adult Substance Use Outpatient Treatment (Individual)			
		Juvenile Co-Occurring Evaluation			
		Juvenile Eating Disorder Outpatient Treatment			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			

Agency Name: Molly Bomberger Counseling Services LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Molly Bomberger Counseling Services LLC	5404 I Ave Kearney, NEBRASKA 68847	Adult Co-Occurring Evaluation	Bomberger, Molly	3082930954	mbomberger81@gmail.com
		Adult Mental Health Evaluation	Bomberger, Molly	3082930954	mbomberger81@gmail.com
		Adult Sex Offense-Specific Evaluation	Bomberger, Molly	3082930954	mbomberger81@gmail.com
		Adult Substance Use Addendum	Bomberger, Molly	3082930954	mbomberger81@gmail.com
		Adult Substance Use Evaluation	Bomberger, Molly	3082930954	mbomberger81@gmail.com
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			

Administrative Office of Courts & Probation

P.O. Box 98910
Lincoln, NE 68509
Phone: (402) 471-3730

District 9

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Molly Bomberger Counseling Services LLC	5404 I Ave Kearney, NEBRASKA 68847	Juveniles Who Sexually Harm Risk Evaluation	Bomberger, Molly	3082930954	mbomberger81@gmail.com

Agency Name: Monty Shultz Counseling and Neurofeedback. LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Monty Shultz Counseling and Neurofeedback. LLC	2002 Central Ave Kearney, NEBRASKA 68847	Adult Co-Occurring Evaluation			
		Adult Mental Health Evaluation			
		Adult Substance Use Addendum			
		Adult Substance Use Evaluation			

Agency Name: Ryan Smith Counseling Services, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Ryan Smith Counseling Services, LLC	3000 2ND AVENUE SUITE 204 Kearney, NEBRASKA 68847	Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Evaluation			
		Adult Substance Use Outpatient Treatment (Individual)			
		Juvenile Mental Health Evaluation			

Administrative Office of Courts & Probation

P.O. Box 98910
Lincoln, NE 68509
Phone: (402) 471-3730

District 9

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Ryan Smith Counseling Services, LLC	3000 2ND AVENUE SUITE 204 Kearney, NEBRASKA 68847	Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

Agency Name: South Central Behavioral Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
South Central Behavioral Services	3810 Central Ave. Kearney, NEBRASKA 68847	Adult Co-Occurring Evaluation	Babutzke, Jamie	3082375951	jbabutzke@scbsne.com
			Bomberger, Molly	3082930954	mbomberger81@gmail.com
			Hock, Sarah	3082375951	shock@scbsne.com
		Adult Mental Health Evaluation	Babutzke, Jamie	3082375951	jbabutzke@scbsne.com
			Bomberger, Molly	3082930954	mbomberger81@gmail.com
			Cox, Sally	4024635684	scox@scbsne.com
			Hock, Sarah	3082375951	shock@scbsne.com
		Adult Mental Health Outpatient Counseling (Group)	Babutzke, Jamie	3082375951	jbabutzke@scbsne.com
			Hock, Sarah	3082375951	shock@scbsne.com
		Adult Mental Health Outpatient Counseling (Individual)	Babutzke, Jamie	3082375951	jbabutzke@scbsne.com
			Hock, Sarah	3082375951	shock@scbsne.com
		Adult Substance Use Addendum	Babutzke, Jamie	3082375951	jbabutzke@scbsne.com
Bomberger, Molly	3082930954		mbomberger81@gmail.com		

Administrative Office of Courts & Probation

P.O. Box 98910
Lincoln, NE 68509
Phone: (402) 471-3730

District 9

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South Central Behavioral Services	3810 Central Ave. Kearney, NEBRASKA 68847	Adult Substance Use Addendum	Cox, Sally	4024635684	scox@scbsne.com
			Hock, Sarah	3082375951	shock@scbsne.com
		Adult Substance Use Evaluation	Babutzke, Jamie	3082375951	jbabutzke@scbsne.com
			Bomberger, Molly	3082930954	mbomberger81@gmail.com
			Cox, Sally	4024635684	scox@scbsne.com
			Hock, Sarah	3082375951	shock@scbsne.com
			Adult Substance Use Intensive Outpatient Counseling (IOP)	Babutzke, Jamie	3082375951
		Hock, Sarah		3082375951	shock@scbsne.com
		Adult Substance Use Outpatient Treatment (Group)	Babutzke, Jamie	3082375951	jbabutzke@scbsne.com
			Hock, Sarah	3082375951	shock@scbsne.com
		Adult Substance Use Outpatient Treatment (Individual)	Babutzke, Jamie	3082375951	jbabutzke@scbsne.com
			Hock, Sarah	3082375951	shock@scbsne.com
		Juvenile Co-Occurring Evaluation	Babutzke, Jamie	3082375951	jbabutzke@scbsne.com
			Hock, Sarah	3082375951	shock@scbsne.com
		Juvenile Mental Health Evaluation	Babutzke, Jamie	3082375951	jbabutzke@scbsne.com
			Hock, Sarah	3082375951	shock@scbsne.com
		Juvenile Mental Health Outpatient Counseling (Group)			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Babutzke, Jamie	3082375951	jbabutzke@scbsne.com
			Hock, Sarah	3082375951	shock@scbsne.com
		Juvenile Substance Use Addendum	Babutzke, Jamie	3082375951	jbabutzke@scbsne.com
Hock, Sarah	3082375951		shock@scbsne.com		

Administrative Office of Courts & Probation

P.O. Box 98910
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District 9

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
South Central Behavioral Services	3810 Central Ave. Kearney, NEBRASKA 68847	Juvenile Substance Use Evaluation	Babutzke, Jamie	3082375951	jbabutzke@scbsne.com
			Hock, Sarah	3082375951	shock@scbsne.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Babutzke, Jamie	3082375951	jbabutzke@scbsne.com
			Hock, Sarah	3082375951	shock@scbsne.com

Agency Name: Sulu Counseling LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Sulu Counseling LLC	5308 Parklane Drive, STE 5 Kearney, NEBRASKA 68847	Adult Co-Occurring Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Evaluation			
		Adult Substance Use Outpatient Treatment (Individual)			
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

Agency Name: Wholeness Healing Center PC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	2222 2nd Avenue Suite 802 Kearney, NEBRASKA 68847	Adult Co-Occurring Evaluation	Stuehm, Nadine	3082244768	Nadine@wholenesshealing.com
		Adult Substance Use Addendum	Stuehm, Nadine	3082244768	Nadine@wholenesshealing.com
		Adult Substance Use Evaluation	Stuehm, Nadine	3082244768	Nadine@wholenesshealing.com

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District 9

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	2222 2nd Avenue Suite 802 Kearney, NEBRASKA 68847	Adult Substance Use Outpatient Treatment (Individual)	Stuehm, Nadine	3082244768	Nadine@wholenesshealing.com
		Juvenile Co-Occurring Evaluation	Stuehm, Nadine	3082244768	Nadine@wholenesshealing.com
		Juvenile Substance Use Addendum	Stuehm, Nadine	3082244768	Nadine@wholenesshealing.com
		Juvenile Substance Use Evaluation	Stuehm, Nadine	3082244768	Nadine@wholenesshealing.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

Agency Facility County: Hall

Agency Name: A-B-C Solutions (DBA)

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
A-B-C Solutions (DBA)	2267 North Webb Road Grand Island, NEBRASKA 68803	Adult Co-Occurring Evaluation	Kennedy, William	3083906948	frontwtkjr@yahoo.com
		Adult Mental Health Evaluation	Kennedy, William	3083906948	frontwtkjr@yahoo.com
		Adult Substance Use Addendum	Kennedy, William	3083906948	frontwtkjr@yahoo.com
		Adult Substance Use Evaluation	Kennedy, William	3083906948	frontwtkjr@yahoo.com
		Adult Substance Use Outpatient Treatment (Individual)	Kennedy, William	3083906948	frontwtkjr@yahoo.com

Agency Name: Always Hope Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Always	2337 N. Webb Rd. Grand	Expedited Co-	Wragge, Shelly	3083794266	alwayshope450@gmail.com

Administrative Office of Courts & Probation

P.O. Box 98910
Lincoln, NE 68509
Phone: (402) 471-3730

District 9

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Hope Counseling	Island, NEBRASKA 68803	Occurring Evaluation			
		Expedited Mental Health Evaluation	Wragge, Shelly	3083794266	alwayshope450@gmail.com
		Expedited Substance Use Evaluation	Wragge, Shelly	3083794266	alwayshope450@gmail.com

Agency Name: Arroyo-Stoltenberg Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Arroyo-Stoltenberg Counseling	2121 N Webb Rd # 104 Grand Island, NEBRASKA 68803	Adult Co-Occurring Evaluation	Arroyo-Herrera, Adriana	3086753345	aherrera@thefriendshiphouse.net
		Adult Mental Health Evaluation	Arroyo-Herrera, Adriana	3086753345	aherrera@thefriendshiphouse.net
		Adult Mental Health Outpatient Counseling (Individual)	Arroyo-Herrera, Adriana	3086753345	aherrera@thefriendshiphouse.net
		Adult Substance Use Addendum	Arroyo-Herrera, Adriana	3086753345	aherrera@thefriendshiphouse.net
		Adult Substance Use Evaluation	Arroyo-Herrera, Adriana	3086753345	aherrera@thefriendshiphouse.net
		Adult Substance Use Outpatient Treatment (Individual)	Arroyo-Herrera, Adriana	3086753345	aherrera@thefriendshiphouse.net
		Juvenile Co-Occurring Evaluation	Arroyo-Herrera, Adriana	3086753345	aherrera@thefriendshiphouse.net
		Juvenile Mental Health Evaluation	Arroyo-Herrera, Adriana	3086753345	aherrera@thefriendshiphouse.net

Administrative Office of Courts & Probation

P.O. Box 98910
Lincoln, NE 68509
Phone: (402) 471-3730

District 9

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Arroyo-Stoltenberg Counseling	2121 N Webb Rd # 104 Grand Island, NEBRASKA 68803	Juvenile Mental Health Outpatient Counseling (Individual/Family)	Arroyo-Herrera, Adriana	3086753345	aherrera@thefriendshiphouse.net
		Juvenile Substance Use Addendum	Arroyo-Herrera, Adriana	3086753345	aherrera@thefriendshiphouse.net
		Juvenile Substance Use Evaluation	Arroyo-Herrera, Adriana	3086753345	aherrera@thefriendshiphouse.net

Agency Name: Boys Town

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email	
Boys Town Central Nebraska Foster Family Services	3230 W. Wildwood Drive Grand Island, NEBRASKA 68801	Agency Supported Foster Care	Andrews, Megan	3083901322	megan.andrews@boystown.org	
			Hammond, Shawna	3089916050	shawna.hammond@boystown.org	
			Motacek, Robin	3088337314	Robin.motacek@boystown.org	
		Invoice - Foster Care				
		Professional Foster Care				
		Relative/Kinship Home Study	Andrews, Megan	3083901322	megan.andrews@boystown.org	
			Hammond, Shawna	3089916050	shawna.hammond@boystown.org	
			Motacek, Robin	3088337314	Robin.motacek@boystown.org	

Agency Name: CHI Health St Francis Alcohol and Drug Treatment Center

Administrative Office of Courts & Probation

P.O. Box 98910
Lincoln, NE 68509
Phone: (402) 471-3730

District 9

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
CHI Health St Francis Alcohol and Drug Treatment Center	2116 WEST FAIDLEY AVENUE, 1B MEMORIAL HEALTH CARE Grand Island, NEBRASKA 68803	Adult Substance Use Addendum	Babcock, Beverly	3083985468	Beverly.Babcock@commonspirit.org
			Cleveland, Lori	3083985433	lcleveland@sfmc-gi.org
			Hieb, Sue	3083985431	sue.hieb@commonspirit.org
			Kreis, Janice	3083985317	janice.kreis@commonspirit.org
			Kurpgeweit, Suzie	3083985330	suzie.kurpgeweit@commonspirit.org
			McIntosh, Brandy	3083985317	brandy.mcintosh@commonspirit.org
			Sullivan, Karen	3083985328	karen.sullivan@commonspirit.org
			Wegner, Cheryl	3083985438	cheryl.wegner@commonspirit.org
			ramirez, julio	3083985354	julio.ramirez505@commonspirit.org
		Adult Substance Use Evaluation	Babcock, Beverly	3083985468	Beverly.Babcock@commonspirit.org
			Cleveland, Lori	3083985433	lcleveland@sfmc-gi.org
			Hieb, Sue	3083985431	sue.hieb@commonspirit.org
			Kreis, Janice	3083985317	janice.kreis@commonspirit.org
			Kurpgeweit, Suzie	3083985330	suzie.kurpgeweit@commonspirit.org
			McIntosh, Brandy	3083985317	brandy.mcintosh@commonspirit.org
			Sullivan, Karen	3083985328	karen.sullivan@commonspirit.org
			Wegner, Cheryl	3083985438	cheryl.wegner@commonspirit.org
			ramirez, julio	3083985354	julio.ramirez505@commonspirit.org

Administrative Office of Courts & Probation

P.O. Box 98910
Lincoln, NE 68509
Phone: (402) 471-3730

District 9

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
CHI Health St Francis Alcohol and Drug Treatment Center	2116 WEST FAIDLEY AVENUE, 1B MEMORIAL HEALTH CARE Grand Island, NEBRASKA 68803	Adult Substance Use Intensive Outpatient Counseling (IOP)	Babcock, Beverly	3083985468	Beverly.Babcock@commonspirit.org
			Cleveland, Lori	3083985433	lcleveland@sfmc-gi.org
			Hieb, Sue	3083985431	sue.hieb@commonspirit.org
			Kreis, Janice	3083985317	janice.kreis@commonspirit.org
			Kurpgeweit, Suzie	3083985330	suzie.kurpgeweit@commonspirit.org
			McIntosh, Brandy	3083985317	brandy.mcintosh@commonspirit.org
			Sullivan, Karen	3083985328	karen.sullivan@commonspirit.org
			Wegner, Cheryl	3083985438	cheryl.wegner@commonspirit.org
		ramirez, julio	3083985354	julio.ramirez505@commonspirit.org	
		Adult Substance Use Outpatient Treatment (Group)	Babcock, Beverly	3083985468	Beverly.Babcock@commonspirit.org
			Cleveland, Lori	3083985433	lcleveland@sfmc-gi.org
			Hieb, Sue	3083985431	sue.hieb@commonspirit.org
			Kreis, Janice	3083985317	janice.kreis@commonspirit.org
			Kurpgeweit, Suzie	3083985330	suzie.kurpgeweit@commonspirit.org
			McIntosh, Brandy	3083985317	brandy.mcintosh@commonspirit.org
			Sullivan, Karen	3083985328	karen.sullivan@commonspirit.org
Wegner, Cheryl	3083985438		cheryl.wegner@commonspirit.org		
ramirez, julio	3083985354	julio.ramirez505@commonspirit.org			

Administrative Office of Courts & Probation

P.O. Box 98910
Lincoln, NE 68509
Phone: (402) 471-3730

District 9

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
CHI Health St Francis Alcohol and Drug Treatment Center	2116 WEST FAIDLEY AVENUE, 1B MEMORIAL HEALTH CARE Grand Island, NEBRASKA 68803	Adult Substance Use Outpatient Treatment (Individual)	Babcock, Beverly	3083985468	Beverly.Babcock@commonspirit.org
			Cleveland, Lori	3083985433	lcleveland@sfmc-gi.org
			Hieb, Sue	3083985431	sue.hieb@commonspirit.org
			Kreis, Janice	3083985317	janice.kreis@commonspirit.org
			Kurpgeweit, Suzie	3083985330	suzie.kurpgeweit@commonspirit.org
			McIntosh, Brandy	3083985317	brandy.mcintosh@commonspirit.org
			Sullivan, Karen	3083985328	karen.sullivan@commonspirit.org
			Wegner, Cheryl	3083985438	cheryl.wegner@commonspirit.org
		ramirez, julio	3083985354	julio.ramirez505@commonspirit.org	
		Adult Substance Use Short-Term Residential	Babcock, Beverly	3083985468	Beverly.Babcock@commonspirit.org
			Cleveland, Lori	3083985433	lcleveland@sfmc-gi.org
			Hieb, Sue	3083985431	sue.hieb@commonspirit.org
			Kreis, Janice	3083985317	janice.kreis@commonspirit.org
			Kurpgeweit, Suzie	3083985330	suzie.kurpgeweit@commonspirit.org
			McIntosh, Brandy	3083985317	brandy.mcintosh@commonspirit.org
			Sullivan, Karen	3083985328	karen.sullivan@commonspirit.org
Wegner, Cheryl	3083985438		cheryl.wegner@commonspirit.org		
ramirez, julio	3083985354	julio.ramirez505@commonspirit.org			

Administrative Office of Courts & Probation

P.O. Box 98910
Lincoln, NE 68509
Phone: (402) 471-3730

District 9

Agency Name: Center For Independent Living of Central Nebraska

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Center For Independent Living of Central Nebraska	312 N ELM ST Suite 101 Grand Island, NEBRASKA 68801	Adult Co-Occurring Evaluation			
		Adult Mental Health Evaluation			
		Adult Substance Use Evaluation			
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Substance Use Evaluation			

Agency Name: Christopher Partin Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Christopher Partin Counseling	1811 west 2nd st. #400 Grand Island, NEBRASKA 68803	Adult Mental Health Outpatient Counseling (Individual)			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			

Agency Name: Clearwater Counseling, PC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Clearwater Counseling, PC	312 N Elm St., Ste 112 Grand Island, NEBRASKA 68801	Adult Co-Occurring Evaluation			
		Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			

Administrative Office of Courts & Probation

P.O. Box 98910
Lincoln, NE 68509
Phone: (402) 471-3730

District 9

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Clearwater Counseling, PC	312 N Elm St., Ste 112 Grand Island, NEBRASKA 68801	Adult Substance Use Addendum			
		Adult Substance Use Evaluation			
		Adult Substance Use Outpatient Treatment (Individual)			
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

Agency Name: Crossroads Mission Avenue

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	1910 W 9th St Grand Island, NEBRASKA 68801	Transitional Living - Level 2	Buller, Daniel	3079218657	daniel@crossroadsmission.com
			Sweeney, Sarah	4024690936	sarah@crossroadsmission.com
	3626 & 3632 S. Locust St Grand Island, NEBRASKA 68803	Transitional Living - Level 2	Buller, Daniel	3079218657	daniel@crossroadsmission.com
			Sweeney, Sarah	4024690936	sarah@crossroadsmission.com

Agency Name: Cynthia Kissack Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Cynthia Kissack Counseling	2517 S August St, null null Grand Island, NEBRASKA 68801	Adult Mental Health Outpatient Counseling (Group)	Kissack, Cynthia	3083798619	cindykne@aol.com

Administrative Office of Courts & Probation

P.O. Box 98910
Lincoln, NE 68509
Phone: (402) 471-3730

District 9

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Cynthia Kissack Counseling	2517 S August St, null null Grand Island, NEBRASKA 68801	Adult Mental Health Outpatient Counseling (Individual)	Kissack, Cynthia	3083798619	cindykne@aol.com
		Juvenile Mental Health Outpatient Counseling (Group)	Kissack, Cynthia	3083798619	cindykne@aol.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Kissack, Cynthia	3083798619	cindykne@aol.com

Agency Name: Dave Hoyt Counseling LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Dave Hoyt Counseling LLC	1811 West 2nd Street Suite 330 Grand Island, NEBRASKA 68803	Adult Mental Health Outpatient Counseling (Individual)	Hoyt, David	3086277061	dave@willowbrookmh.com
		Adult Substance Use Outpatient Treatment (Individual)	Hoyt, David	3086277061	dave@willowbrookmh.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Hoyt, David	3086277061	dave@willowbrookmh.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Hoyt, David	3086277061	dave@willowbrookmh.com

Agency Name: FGH Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
FGH inc.	1917 W Faidley Ave Grand Island, NEBRASKA 68803	Adult Co-Occurring Evaluation			
		Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Addendum			

Administrative Office of Courts & Probation

P.O. Box 98910
Lincoln, NE 68509
Phone: (402) 471-3730

District 9

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
FGH inc.	1917 W Faidley Ave Grand Island, NEBRASKA 68803	Adult Substance Use Evaluation			
		Adult Substance Use Outpatient Treatment (Individual)			
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

Agency Name: Florez Integrated Psychiatric Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Florez Integrated Psychiatric Services	403 Lexington Circle Grand Island, NEBRASKA 68803	Adult Co-Occurring Evaluation	Florez, Thomas	3083701667	tom.florez.ips@gmail.com
		Adult Mental Health Evaluation	Florez, Thomas	3083701667	tom.florez.ips@gmail.com
		Adult Mental Health Outpatient Counseling (Individual)	Florez, Thomas	3083701667	tom.florez.ips@gmail.com
		Adult Sex Offense-Specific Evaluation	Florez, Thomas	3083701667	tom.florez.ips@gmail.com
		Adult Substance Use Addendum	Florez, Thomas	3083701667	tom.florez.ips@gmail.com
		Adult Substance Use Evaluation	Florez, Thomas	3083701667	tom.florez.ips@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Florez, Thomas	3083701667	tom.florez.ips@gmail.com
		Juvenile Co-Occurring Evaluation	Florez, Thomas	3083701667	tom.florez.ips@gmail.com

Administrative Office of Courts & Probation

P.O. Box 98910
Lincoln, NE 68509
Phone: (402) 471-3730

District 9

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Florez Integrated Psychiatric Services	403 Lexington Circle Grand Island, NEBRASKA 68803	Juvenile Mental Health Evaluation	Florez, Thomas	3083701667	tom.florez.ips@gmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Florez, Thomas	3083701667	tom.florez.ips@gmail.com
		Juvenile Substance Use Evaluation	Florez, Thomas	3083701667	tom.florez.ips@gmail.com

Agency Name: Friendship House, Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email	
Friendship House, Inc.	707 W. 1st St. Grand Island, NEBRASKA 68801	Adult Co-Occurring Evaluation	Arroyo-Herrera, Adriana	3086753345	aherrera@thefriendshiphouse.net	
			Feese, Emily	3086753345	efeese@thefriendshiphouse.net	
			Franssen, Tracee	3086753345	tfranssen@thefriendshiphouse.net	
			Hansen, Wendy	3083835605	wendyhansen2630@gmail.com	
		Adult Gambling Outpatient Counseling (Individual/Group)				
		Adult Mental Health Evaluation	Arroyo-Herrera, Adriana	3086753345	aherrera@thefriendshiphouse.net	
			Franssen, Tracee	3086753345	tfranssen@thefriendshiphouse.net	
			Hansen, Wendy	3083835605	wendyhansen2630@gmail.com	
		Adult Mental Health Outpatient Counseling (Individual)	Arroyo-Herrera, Adriana	3086753345	aherrera@thefriendshiphouse.net	
			Feese, Emily	3086753345	efeese@thefriendshiphouse.net	

Administrative Office of Courts & Probation

P.O. Box 98910
Lincoln, NE 68509
Phone: (402) 471-3730

District 9

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email	
Friendship House, Inc.	707 W. 1st St. Grand Island, NEBRASKA 68801	Adult Mental Health Outpatient Counseling (Individual)	Franssen, Tracee	3086753345	tfranssen@thefriendshiphouse.net	
			Hansen, Wendy	3083835605	wendyhansen2630@gmail.com	
		Adult Substance Use Addendum	Arroyo-Herrera, Adriana	3086753345	aherrera@thefriendshiphouse.net	
			Feese, Emily	3086753345	efeese@thefriendshiphouse.net	
			Franssen, Tracee	3086753345	tfranssen@thefriendshiphouse.net	
			Hansen, Wendy	3083835605	wendyhansen2630@gmail.com	
			Adult Substance Use Evaluation	Arroyo-Herrera, Adriana	3086753345	aherrera@thefriendshiphouse.net
				Feese, Emily	3086753345	efeese@thefriendshiphouse.net
		Franssen, Tracee		3086753345	tfranssen@thefriendshiphouse.net	
		Hansen, Wendy		3083835605	wendyhansen2630@gmail.com	
		Adult Substance Use Outpatient Treatment (Individual)	Feese, Emily	3086753345	efeese@thefriendshiphouse.net	
			Franssen, Tracee	3086753345	tfranssen@thefriendshiphouse.net	
			Hansen, Wendy	3083835605	wendyhansen2630@gmail.com	
		Expedited Co-Occurring Evaluation	Hansen, Wendy	3083835605	wendyhansen2630@gmail.com	
		Expedited Mental Health Evaluation	Hansen, Wendy	3083835605	wendyhansen2630@gmail.com	
		Expedited Substance Use Evaluation	Hansen, Wendy	3083835605	wendyhansen2630@gmail.com	

Administrative Office of Courts & Probation

P.O. Box 98910
Lincoln, NE 68509
Phone: (402) 471-3730

District 9

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Friendship House, Inc.	707 W. 1st St. Grand Island, NEBRASKA 68801	Juvenile Co-Occurring Evaluation	Feese, Emily	3086753345	efeese@thefriendshiphouse.net
			Franssen, Tracee	3086753345	tfranssen@thefriendshiphouse.net
			Hansen, Wendy	3083835605	wendyhansen2630@gmail.com
		Juvenile Mental Health Evaluation	Feese, Emily	3086753345	efeese@thefriendshiphouse.net
			Franssen, Tracee	3086753345	tfranssen@thefriendshiphouse.net
			Hansen, Wendy	3083835605	wendyhansen2630@gmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Arroyo-Herrera, Adriana	3086753345	aherrera@thefriendshiphouse.net
			Feese, Emily	3086753345	efeese@thefriendshiphouse.net
			Franssen, Tracee	3086753345	tfranssen@thefriendshiphouse.net
			Hansen, Wendy	3083835605	wendyhansen2630@gmail.com
		Juvenile Substance Use Addendum	Feese, Emily	3086753345	efeese@thefriendshiphouse.net
			Franssen, Tracee	3086753345	tfranssen@thefriendshiphouse.net
			Hansen, Wendy	3083835605	wendyhansen2630@gmail.com
		Juvenile Substance Use Evaluation	Feese, Emily	3086753345	efeese@thefriendshiphouse.net
			Franssen, Tracee	3086753345	tfranssen@thefriendshiphouse.net
			Hansen, Wendy	3083835605	wendyhansen2630@gmail.com
		Juvenile Substance Use	Arroyo-	3086753345	aherrera@thefriendshiphouse.net

Administrative Office of Courts & Probation

P.O. Box 98910
Lincoln, NE 68509
Phone: (402) 471-3730

District 9

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Friendship House, Inc.	707 W. 1st St. Grand Island, NEBRASKA 68801	Outpatient Treatment (Individual/Family)	Herrera, Adriana		
			Feese, Emily	3086753345	efeese@thefriendshiphouse.net
			Franssen, Tracee	3086753345	tfranssen@thefriendshiphouse.net
			Hansen, Wendy	3083835605	wendyhansen2630@gmail.com
	406 W. Koenig St. Grand Island, NEBRASKA 68801	Adult Substance Use Halfway House	Brockman, Sonja	3083820422	sbrockman@thefriendshiphouse.net
			Duff, Alexandra	3083820422	aduff@thefriendshiphouse.net
			Franssen, Tracee	3086753345	tfranssen@thefriendshiphouse.net
			Hansen, Wendy	3083835605	wendyhansen2630@gmail.com

Agency Name: Grand Island Mental Health and Medical Clinic

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Grand Island Mental Health and Medical Clinic	2815 S Locust Grand Island, NEBRASKA 68801	Adult Co-Occurring Evaluation			
		Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		Adult Medication Management			
		Adult Mental Health Evaluation	Schenck, Lauren	4025809011	lauren@gimhmc.com
		Adult Mental Health Outpatient Counseling (Individual)	Schenck, Lauren	4025809011	lauren@gimhmc.com
		Adult Substance Use Evaluation	Robinson, Laurie	3083980350	laurie@gimhmc.com

Administrative Office of Courts & Probation

P.O. Box 98910
Lincoln, NE 68509
Phone: (402) 471-3730

District 9

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Grand Island Mental Health and Medical Clinic	2815 S Locust Grand Island, NEBRASKA 68801	Adult Substance Use Outpatient Treatment (Individual)	Robinson, Laurie	3083980350	laurie@gimhmc.com
		Juvenile Mental Health Evaluation			
		Juvenile Substance Use Evaluation	Robinson, Laurie	3083980350	laurie@gimhmc.com

Agency Name: Hope Harbor, Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Hope Harbor, Inc.	615 W 1st Street Grand Island, NEBRASKA 68801	Transitional Living - Level 2			

Agency Name: Kerry L Alfrey LLC dba Alfrey and Pruitt Counseling Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Kerry L Alfrey LLC dba Alfrey and Pruitt Counseling Services	403 Lexington Circle Grand Island, NEBRASKA 68803	Adult Co-Occurring Evaluation	Alfrey, Kerry	4023357908	kerrylalfreyllc@gmail.com
			Veronee, Tony	3087378952	veronee38@gmail.com
		Adult Mental Health Evaluation	Alfrey, Kerry	4023357908	kerrylalfreyllc@gmail.com
			Veronee, Tony	3087378952	veronee38@gmail.com
		Adult Mental Health Outpatient Counseling (Individual)	Alfrey, Kerry	4023357908	kerrylalfreyllc@gmail.com
			Veronee, Tony	3087378952	veronee38@gmail.com
		Adult Sex Offense-Specific Evaluation	Alfrey, Kerry	4023357908	kerrylalfreyllc@gmail.com
		Adult Sex Offense-Specific	Alfrey, Kerry	4023357908	kerrylalfreyllc@gmail.com

Administrative Office of Courts & Probation

P.O. Box 98910
Lincoln, NE 68509
Phone: (402) 471-3730

District 9

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Kerry L Alfrey LLC dba Alfrey and Pruitt Counseling Services	403 Lexington Circle Grand Island, NEBRASKA 68803	Outpatient Counseling (Individual/Group)			
		Adult Substance Use Addendum	Alfrey, Kerry	4023357908	kerrylalfreyllc@gmail.com
			Veronee, Tony	3087378952	veronee38@gmail.com
		Adult Substance Use Evaluation	Alfrey, Kerry	4023357908	kerrylalfreyllc@gmail.com
			Veronee, Tony	3087378952	veronee38@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Alfrey, Kerry	4023357908	kerrylalfreyllc@gmail.com
			Newton, Cortney	4105620221	cnewton@alfreyandpruittcounseling.com
			Veronee, Tony	3087378952	veronee38@gmail.com
		Juvenile Co-Occurring Evaluation	Alfrey, Kerry	4023357908	kerrylalfreyllc@gmail.com
			Veronee, Tony	3087378952	veronee38@gmail.com
		Juvenile Mental Health Evaluation	Alfrey, Kerry	4023357908	kerrylalfreyllc@gmail.com
			Veronee, Tony	3087378952	veronee38@gmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Veronee, Tony	3087378952	veronee38@gmail.com
		Juvenile Substance Use Addendum	Alfrey, Kerry	4023357908	kerrylalfreyllc@gmail.com
			Veronee, Tony	3087378952	veronee38@gmail.com

Administrative Office of Courts & Probation

P.O. Box 98910
Lincoln, NE 68509
Phone: (402) 471-3730

District 9

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Kerry L Alfrey LLC dba Alfrey and Pruitt Counseling Services	403 Lexington Circle Grand Island, NEBRASKA 68803	Juvenile Substance Use Evaluation	Alfrey, Kerry	4023357908	kerrylalfreyllc@gmail.com
			Newton, Cortney	4105620221	cnewton@alfreyandpruittcounseling.com
			Veronee, Tony	3087378952	veronee38@gmail.com
		Juvenile Substance Use Intensive Outpatient (IOP)	Alfrey, Kerry	4023357908	kerrylalfreyllc@gmail.com
			Newton, Cortney	4105620221	cnewton@alfreyandpruittcounseling.com
			Veronee, Tony	3087378952	veronee38@gmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Newton, Cortney	4105620221	cnewton@alfreyandpruittcounseling.com
			Veronee, Tony	3087378952	veronee38@gmail.com
		Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family)	Alfrey, Kerry	4023357908	kerrylalfreyllc@gmail.com
		Juveniles Who Sexually Harm Risk Evaluation	Alfrey, Kerry	4023357908	kerrylalfreyllc@gmail.com

Agency Name: Leisa Rowe Counseling Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Leisa Rowe Counseling Services	908 N Howard Ave Suite 102 Grand Island, NEBRASKA 68803	Adult Co-Occurring Evaluation	Rowe, Leisa	3083986050	rowecounseling@gmail.com
		Adult Mental Health Evaluation	Rowe, Leisa	3083986050	rowecounseling@gmail.com

Administrative Office of Courts & Probation

P.O. Box 98910
 Lincoln, NE 68509
 Phone: (402) 471-3730

District 9

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Leisa Rowe Counseling Services	908 N Howard Ave Suite 102 Grand Island, NEBRASKA 68803	Adult Mental Health Outpatient Counseling (Individual)	Rowe, Leisa	3083986050	rowecounseling@gmail.com
		Adult Substance Use Addendum	Rowe, Leisa	3083986050	rowecounseling@gmail.com
		Adult Substance Use Evaluation	Rowe, Leisa	3083986050	rowecounseling@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Rowe, Leisa	3083986050	rowecounseling@gmail.com

Agency Name: Making Choices Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	3231 Ramada Rd Ste. #2 Grand Island, NEBRASKA 68801	Adult Co-Occurring Evaluation	Johnson, Kit	3082342119	kitjohnson@makingchoicescounseling.com
		Adult Mental Health Outpatient Counseling (Individual)	Johnson, Kit	3082342119	kitjohnson@makingchoicescounseling.com
		Adult Substance Use Addendum	Johnson, Kit	3082342119	kitjohnson@makingchoicescounseling.com
		Adult Substance Use Evaluation	Johnson, Kit	3082342119	kitjohnson@makingchoicescounseling.com
		Adult Substance Use Outpatient Treatment (Individual)	Johnson, Kit	3082342119	kitjohnson@makingchoicescounseling.com

Agency Name: Mid-Plains Center for Behavioral Healthcare Services, Inc.

Administrative Office of Courts & Probation

P.O. Box 98910
 Lincoln, NE 68509
 Phone: (402) 471-3730

District 9

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Mid-Plains Center for Behavioral Healthcare Services, Inc.	615 N Elm Grand Island, NEBRASKA 68801	Adult Co-Occurring Evaluation			
		Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		Adult Matrix Evaluation			
		Adult Medication Management			
		Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Psychological Evaluation			
		Adult Substance Use Addendum			
		Adult Substance Use Evaluation			
		Adult Substance Use Outpatient Treatment (Individual)			
		Juvenile Co-Occurring Evaluation			
		Juvenile Medication Management			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Psychiatric Evaluation			
Juvenile Substance Use					

Administrative Office of Courts & Probation

P.O. Box 98910
Lincoln, NE 68509
Phone: (402) 471-3730

District 9

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Mid-Plains Center for Behavioral Healthcare Services, Inc.	615 N Elm Grand Island, NEBRASKA 68801	Evaluation			
		Juvenile Transportation	Avila, Peggy	4027054588	Pavila@midplainscenter.org
		Juveniles Who Sexually Harm Risk Evaluation			
		Multisystemic Therapy (MST)	McLain, Shanda	3083855250	smclain@midplainscenter.org
			Valdez Espinoza, Dulce	3083259317	dvaldez@midplainscenter.org
			Wright, Kara	3083798613	kwright@midplainscenter.org

Agency Name: Owens Educational Services, Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
OWENS-GRAND ISLAND	1451 N Webb Rd Grand Island, NEBRASKA 68803	Community Youth Coaching	Shurter, Mariah	4024607324	mariah.shurter@owenseducationalservices.org
		Continuous Alcohol Monitoring (CAM) with EM	Sweley, Bethany	3086751544	bethany.sweley@owenseducationalservices.org
		Day Reporting	Shurter, Mariah	4024607324	mariah.shurter@owenseducationalservices.org
		Evening Reporting	Shurter, Mariah	4024607324	mariah.shurter@owenseducationalservices.org
		Family Support	Shurter, Mariah	4024607324	mariah.shurter@owenseducationalservices.org
		Juvenile Electronic Monitoring Cell Phone	Colclasure, Brandon	3089403366	brandon.colclasure@owenseducationalservices.org
			Shurter, Mariah	4024607324	mariah.shurter@owenseducationalservices.org

Administrative Office of Courts & Probation

P.O. Box 98910
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District 9

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
OWENS-GRAND ISLAND	1451 N Webb Rd Grand Island, NEBRASKA 68803	Juvenile Electronic Monitoring Cell Phone	Sweley, Bethany	3086751544	bethany.sweley@owenseducationalservices.org
		Juvenile Electronic Monitoring GPS	Colclasure, Brandon	3089403366	brandon.colclasure@owenseducationalservices.org
			Shurter, Mariah	4024607324	mariah.shurter@owenseducationalservices.org
			Sweley, Bethany	3086751544	bethany.sweley@owenseducationalservices.org
		Juvenile Electronic Monitoring Land Line	Colclasure, Brandon	3089403366	brandon.colclasure@owenseducationalservices.org
			Shurter, Mariah	4024607324	mariah.shurter@owenseducationalservices.org
			Sweley, Bethany	3086751544	bethany.sweley@owenseducationalservices.org

Agency Name: Pathfinder Support Services Home Office

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Pathfinder Support Services - Grand Island	1201 S. Locust Street Unit #4 Grand Island, NEBRASKA 68801	Day Reporting			
		Evening Reporting			
		Family Support	Rodeman, Sandi	3083802069	srodeman@pathfinderserv.com

Agency Name: Wholeness Healing Center PC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Wholeness Healing	2608 Old Fair Road Grand Island,	Adult Co-Occurring Evaluation	Stuehm, Nadine	3082244768	Nadine@wholenesshealing.com

Administrative Office of Courts & Probation

P.O. Box 98910
 Lincoln, NE 68509
 Phone: (402) 471-3730

District 9

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Center PC	NEBRASKA 68803	Adult Mental Health Outpatient Counseling (Individual)	Stuehm, Nadine	3082244768	Nadine@wholenesshealing.com
		Adult Substance Use Addendum	Stuehm, Nadine	3082244768	Nadine@wholenesshealing.com
		Adult Substance Use Evaluation	Stuehm, Nadine	3082244768	Nadine@wholenesshealing.com
		Adult Substance Use Outpatient Treatment (Individual)	Stuehm, Nadine	3082244768	Nadine@wholenesshealing.com
		Juvenile Co-Occurring Evaluation	Stuehm, Nadine	3082244768	Nadine@wholenesshealing.com
		Juvenile Substance Use Addendum	Stuehm, Nadine	3082244768	Nadine@wholenesshealing.com
		Juvenile Substance Use Evaluation	Stuehm, Nadine	3082244768	Nadine@wholenesshealing.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			