

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 |

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|----------------------------|---|-------------------------------------|---------------------------------|------------------|---------------------------|
| 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 | Anson, Vicki | 4023215435 | vanson@irnebraska.org |
| | | Adult Mental Health Evaluation | Anson, Vicki | 4023215435 | vanson@irnebraska.org |
| | | Adult Substance Use Evaluation | Anson, Vicki | 4023215435 | vanson@irnebraska.org |
| | | Juvenile Co-Occurring Evaluation | Anson, Vicki | 4023215435 | vanson@irnebraska.org |
| | | Juvenile Mental Health Evaluation | Anson, Vicki | 4023215435 | vanson@irnebraska.org |
| | | Juvenile Substance Use Evaluation | Anson, Vicki | 4023215435 | vanson@irnebraska.org |

Agency Name: Central Mediation Center

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| 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 | | | |
| | | 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 | DeJonge, Sherri | 3084401341 | sherri@safecenter.org |

Agency Name: Florez Integrated Psychiatric Services

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|--|---------------------------------|------------------|------------------|
| Thomas Florez | 204 East 25th Street Ste # 4 Kearney, NEBRASKA 68847 | Adult Co-Occurring Evaluation | | | |
| | | Adult Mental Health Evaluation | | | |
| | | Adult Mental Health Outpatient Counseling (Individual) | | | |
| | | Adult Sex Offense-Specific Evaluation | | | |
| | | Adult Substance Use Addendum | | | |
| | | Adult Substance Use Evaluation | | | |
| | | Adult Substance Use Outpatient | | | |

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|----------------------|---|--|---------------------------------|------------------|------------------|
| Thomas Florez | 204 East 25th Street Ste # 4 Kearney, NEBRASKA 68847 | Treatment (Individual) | | | |
| | | Juvenile Co-Occurring Evaluation | | | |
| | | Juvenile Mental Health Evaluation | | | |
| | | Juvenile Mental Health Outpatient Counseling (Individual/Family) | | | |
| | | Juvenile Substance Use Evaluation | | | |

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 | Cooper, Lynn | 3084409042 | fortitudellc22@gmail.com |
| | | Adult Mental Health Evaluation | Cooper, Lynn | 3084409042 | fortitudellc22@gmail.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Cooper, Lynn | 3084409042 | fortitudellc22@gmail.com |
| | | Adult Substance Use Addendum | Cooper, Lynn | 3084409042 | fortitudellc22@gmail.com |
| | | Adult Substance Use Evaluation | Cooper, Lynn | 3084409042 | fortitudellc22@gmail.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Cooper, Lynn | 3084409042 | fortitudellc22@gmail.com |
| | | Juvenile Co-Occurring Evaluation | Cooper, Lynn | 3084409042 | fortitudellc22@gmail.com |
| | | Juvenile Mental Health Evaluation | Cooper, Lynn | 3084409042 | fortitudellc22@gmail.com |
| | | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Cooper, Lynn | 3084409042 | fortitudellc22@gmail.com |
| | | Juvenile Substance Use Addendum | Cooper, Lynn | 3084409042 | fortitudellc22@gmail.com |

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|------------------------------------|---|---|---------------------------------|------------------|--------------------------|
| Fortitude Counseling Services, LLC | 124 W. 46th St Suite #110 Kearney, NEBRASKA 68847 | Juvenile Substance Use Evaluation | Cooper, Lynn | 3084409042 | fortitudellc22@gmail.com |
| | | Juvenile Substance Use Outpatient Treatment (Individual/Family) | Cooper, Lynn | 3084409042 | fortitudellc22@gmail.com |

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-Specific Evaluation | Eigenberg, Amy | 3082370391 | amy@insightcounselingandrecovery.com |
| | | | 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 |

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|-------------------------------|--|--|--|------------------|--|
| Insight Counseling & Recovery | 2908 W 39th St Suite B Kearney, NEBRASKA 68845 | 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 Evaluation | Eigenberg, Amy | 3082370391 | amy@insightcounselingandrecovery.com |
| | | | 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 | | |

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| Insight Counseling & Recovery | 2908 W 39th St Suite B Kearney, NEBRASKA 68845 | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Sarah | | |
| | | Juvenile 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 |
| | | Juvenile 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 |
| | | Juvenile Substance Use Outpatient Treatment (Individual/Family) | Eigenberg, Amy | 3082370391 | amy@insightcounselingandrecovery.com |
| | | | Maxson, Tom | 3082370391 | tom@insightcounselingandrecovery.com |
| | | | Richards, Erika | 3085298807 | erikakileegarrettgage@gmail.com |
| | | | Yendra, Sarah | 3082370391 | sarah@insightcounselingandrecovery.com |
| | | Juveniles Who Sexually Harm Outpatient Treatment (Group) | | | |
| | | Juveniles Who Sexually Harm Risk | Eigenberg, Amy | 3082370391 | amy@insightcounselingandrecovery.com |

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|-------------------------------|---|-------------------------------------|---------------------------------|------------------|------------------|
| Insight Counseling & Recovery | 2908 W 39th St Suite B Kearney, NEBRASKA 68845 | Evaluation | | | |

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 |
| | | 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 |
| | | | Crouch, Marvin | 3082376865 | kearneycounselingassociates@gmail.com |
| | | | Howell, Christiana | 3082376865 | chowellkca@hotmail.com |
| | | Adult Substance Use Intensive Outpatient | Crouch, Marvin | 3082376865 | kearneycounselingassociates@gmail.com |

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|-------------------------------|--|--|---------------------------------|------------------|---------------------------------------|
| Kearney Counseling Associates | 2811 30th Ave. Kearney, NEBRASKA 68845 | 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 |
| | | | Crouch, Marvin | 3082376865 | kearneycounselingassociates@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

| 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

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|---------------------------|---|--|---------------------------------|------------------|--|
| Making Choices Counseling | 2222 2nd Ave. Ste. 400 Box 16 Kearney, NEBRASKA 68847 | Adult Co-Occurring Evaluation | Johnson, Kit | 3082342119 | kitkjohanson@makingchoicescounseling.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Johnson, Kit | 3082342119 | kitkjohanson@makingchoicescounseling.com |
| | | Adult Substance Use Addendum | Johnson, Kit | 3082342119 | kitkjohanson@makingchoicescounseling.com |
| | | Adult Substance Use Evaluation | Johnson, Kit | 3082342119 | kitkjohanson@makingchoicescounseling.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Johnson, Kit | 3082342119 | kitkjohanson@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 | | | |
| | | 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

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| McDowell Counseling & Associates | 2002 Central Ave Kearney, NEBRASKA 68847 | Adult Co-Occurring Evaluation | McDowell, Meredith | 3087089379 | mmcdowell@mcdowellcounselingassoc.com |
| | | Adult Mental Health Evaluation | McDowell, Meredith | 3087089379 | mmcdowell@mcdowellcounselingassoc.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | McDowell, Meredith | 3087089379 | mmcdowell@mcdowellcounselingassoc.com |
| | | Adult Substance Use Addendum | McDowell, Meredith | 3087089379 | mmcdowell@mcdowellcounselingassoc.com |
| | | Adult Substance Use Evaluation | McDowell, Meredith | 3087089379 | mmcdowell@mcdowellcounselingassoc.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | McDowell, Meredith | 3087089379 | mmcdowell@mcdowellcounselingassoc.com |
| | | Juvenile Co-Occurring Evaluation | McDowell, Meredith | 3087089379 | mmcdowell@mcdowellcounselingassoc.com |
| | | Juvenile Mental Health Evaluation | McDowell, Meredith | 3087089379 | mmcdowell@mcdowellcounselingassoc.com |
| | | Juvenile Mental Health Outpatient Counseling (Individual/Family) | McDowell, Meredith | 3087089379 | mmcdowell@mcdowellcounselingassoc.com |
| | | Juvenile Substance Use Addendum | McDowell, Meredith | 3087089379 | mmcdowell@mcdowellcounselingassoc.com |
| | | Juvenile Substance Use Evaluation | McDowell, Meredith | 3087089379 | mmcdowell@mcdowellcounselingassoc.com |

Agency Name: Mertens Counseling

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--------------------|-------------------------------------|---------------------------------|------------------|------------------|
| Mertens | 124 W 46th St #207 | Adult Mental Health Outpatient | | | |

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District 9

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|----------------------|----------------------------|--|---------------------------------|------------------|------------------|
| Counseling | Kearney, NEBRASKA 68847 | Counseling (Individual) | | | |
| | | Juvenile Mental Health Outpatient Counseling (Individual/Family) | | | |

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) | Chamberlain, Douglas | 3086276302 | dchamberlain@midplainscenter.org |
| | | | Gallagher, Nicole | 4029849684 | ngallagher@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 | Dearmont, Melissa | 4026842908 | MCCoffice@midwestcountryclinic.com |
| | | Adult Mental Health Evaluation | Dearmont, Melissa | 4026842908 | MCCoffice@midwestcountryclinic.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Dearmont, Melissa | 4026842908 | MCCoffice@midwestcountryclinic.com |
| | | Adult Substance Use Addendum | Dearmont, Melissa | 4026842908 | MCCoffice@midwestcountryclinic.com |
| | | Adult Substance Use | Dearmont, | 4026842908 | MCCoffice@midwestcountryclinic.com |

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| | 124 W 46th St Suite 109 Kearney, NEBRASKA 68847 | Evaluation | Melissa | | |
| | | Adult Substance Use Outpatient Treatment (Individual) | Dearmont, Melissa | 4026842908 | MCCoffice@midwestcountryclinic.com |
| | | Juvenile Co-Occurring Evaluation | Dearmont, Melissa | 4026842908 | MCCoffice@midwestcountryclinic.com |
| | | Juvenile Mental Health Evaluation | Dearmont, Melissa | 4026842908 | MCCoffice@midwestcountryclinic.com |
| | | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Dearmont, Melissa | 4026842908 | MCCoffice@midwestcountryclinic.com |
| | | Juvenile Substance Use Addendum | Dearmont, Melissa | 4026842908 | MCCoffice@midwestcountryclinic.com |
| | | Juvenile Substance Use Evaluation | Dearmont, Melissa | 4026842908 | MCCoffice@midwestcountryclinic.com |

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 | molly@mollybombergercounseling.com |
| | | Adult Mental Health Evaluation | Bomberger, Molly | 3082930954 | molly@mollybombergercounseling.com |
| | | Adult Sex Offense-Specific Evaluation | Bomberger, Molly | 3082930954 | molly@mollybombergercounseling.com |
| | | Adult Substance Use Addendum | Bomberger, Molly | 3082930954 | molly@mollybombergercounseling.com |
| | | Adult Substance Use Evaluation | Bomberger, Molly | 3082930954 | molly@mollybombergercounseling.com |
| | | Juvenile Co-Occurring Evaluation | | | |

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District 9

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|---|---|---|---------------------------------|------------------|------------------------------------|
| Molly Bomberger Counseling Services LLC | 5404 I Ave Kearney, NEBRASKA 68847 | Juvenile Mental Health Evaluation | | | |
| | | Juvenile Substance Use Addendum | | | |
| | | Juvenile Substance Use Evaluation | | | |
| | | Juveniles Who Sexually Harm Risk Evaluation | Bomberger, Molly | 3082930954 | molly@mollybombergercounseling.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: New Creation Counseling and Recovery Services

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|--|---------------------------------|------------------|------------------|
| New Creation Counseling and Recovery Services | 2303 13th Ave Kearney, NEBRASKA 68845 | 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 |
|---|---|--|---------------------------------|------------------|------------------|
| New Creation Counseling and Recovery Services | 2303 13th Ave Kearney, NEBRASKA 68845 | Adult Substance Use Evaluation | | | |
| | | Adult Substance Use Intensive Outpatient Counseling (IOP) | | | |
| | | 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: 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 | Smith, Ryan | 3084553435 | rpsmith19@hotmail.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Smith, Ryan | 3084553435 | rpsmith19@hotmail.com |
| | | Adult Substance Use Evaluation | | | |
| | | Adult Substance Use | Smith, Ryan | 3084553435 | rpsmith19@hotmail.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 |
|-------------------------------------|---|--|---------------------------------|------------------|-----------------------|
| Ryan Smith Counseling Services, LLC | 3000 2ND AVENUE SUITE 204 Kearney, NEBRASKA 68847 | Outpatient Treatment (Individual) | | | |
| | | Juvenile Mental Health Evaluation | Smith, Ryan | 3084553435 | rpsmith19@hotmail.com |
| | | Juvenile Mental Health Outpatient Counseling (Individual/Family) | | | |
| | | Juvenile Substance Use Evaluation | | | |
| | | Juvenile Substance Use Outpatient Treatment (Individual/Family) | Smith, Ryan | 3084553435 | rpsmith19@hotmail.com |

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 | molly@mollybombergercounseling.com |
| | | | Hock, Sarah | 3082375951 | shock@scbsne.com |
| | | Adult Mental Health Evaluation | Babutzke, Jamie | 3082375951 | jbabutzke@scbsne.com |
| | | | Bomberger, Molly | 3082930954 | molly@mollybombergercounseling.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 |
| | | | Schoenefeld, Karrie | 3086272501 | kschoenefeld@scbsne.com |
| | | Adult Mental Health | Babutzke, | 3082375951 | jbabutzke@scbsne.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 |
|-----------------------------------|---|---|---------------------------------|------------------|------------------------------------|
| South Central Behavioral Services | 3810 Central Ave. Kearney, NEBRASKA 68847 | Outpatient Counseling (Individual) | Jamie | | |
| | | | Hock, Sarah | 3082375951 | shock@scbsne.com |
| | | Adult Substance Use Addendum | Babutzke, Jamie | 3082375951 | jbabutzke@scbsne.com |
| | | | Bomberger, Molly | 3082930954 | molly@mollybombergercounseling.com |
| | | | Cox, Sally | 4024635684 | scox@scbsne.com |
| | | | Hock, Sarah | 3082375951 | shock@scbsne.com |
| | | | Adult Substance Use Evaluation | Babutzke, Jamie | 3082375951 |
| | | Bomberger, Molly | | 3082930954 | molly@mollybombergercounseling.com |
| | | Cox, Sally | | 4024635684 | scox@scbsne.com |
| | | Hock, Sarah | | 3082375951 | shock@scbsne.com |
| | | Adult Substance Use Intensive Outpatient Counseling (IOP) | Babutzke, Jamie | 3082375951 | jbabutzke@scbsne.com |
| | | | Hock, Sarah | 3082375951 | shock@scbsne.com |
| | | | Schoenefeld, Karrie | 3086272501 | kschoenefeld@scbsne.com |
| | | Adult Substance Use Outpatient Treatment (Group) | Babutzke, Jamie | 3082375951 | jbabutzke@scbsne.com |
| | | | Hock, Sarah | 3082375951 | shock@scbsne.com |
| | | | Schoenefeld, Karrie | 3086272501 | kschoenefeld@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 | Babutzke, | 3082375951 | jbabutzke@scbsne.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 |
|-----------------------------------|---|--|---------------------------------|------------------|----------------------|
| South Central Behavioral Services | 3810 Central Ave. Kearney, NEBRASKA 68847 | Health Evaluation | Jamie | | |
| | | | 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 |
| | | 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 | | | |

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 |
|----------------------|---|---|---------------------------------|------------------|------------------|
| Sulu Counseling LLC | 5308 Parklane Drive, STE 5 Kearney, NEBRASKA 68847 | 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 |
| | | 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 | Kennedy, | 3083906948 | frontwtkjr@yahoo.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 |
|-----------------------|---|---|---------------------------------|------------------|----------------------|
| A-B-C Solutions (DBA) | 2267 North Webb Road Grand Island, NEBRASKA 68803 | Evaluation | William | | |
| | | 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 Hope Counseling | 2337 N. Webb Rd. Grand Island, NEBRASKA 68803 | Expedited Co-Occurring Evaluation | Wragge, Shelly | 3083794266 | alwayshope450@gmail.com |
| | | 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 |

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 | 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 |
| | | 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 |

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 |
|---|---|-------------------------------------|---------------------------------|------------------|-----------------------------|
| Boys Town Central Nebraska Foster Family Services | 3230 W. Wildwood Drive Grand Island, NEBRASKA 68801 | 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

| 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 | 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 |
| | | | Wegner, Cheryl | 3083985438 | cheryl.wegner@commonspirit.org |
| | | ramirez, julio | 3083985354 | julio.ramirez505@commonspirit.org | |
| | | Adult Substance Use Evaluation | 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 |

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 Evaluation | Suzie | | |
| | | | McIntosh, Brandy | 3083985317 | brandy.mcintosh@commonspirit.org |
| | | | Wegner, Cheryl | 3083985438 | cheryl.wegner@commonspirit.org |
| | | | ramirez, julio | 3083985354 | julio.ramirez505@commonspirit.org |
| | | Adult Substance Use Intensive Outpatient Counseling (IOP) | 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 |
| | | | Wegner, Cheryl | 3083985438 | cheryl.wegner@commonspirit.org |
| | | | ramirez, julio | 3083985354 | julio.ramirez505@commonspirit.org |
| | | | Adult Substance Use Outpatient Treatment (Group) | Cleveland, Lori | 3083985433 |
| | | 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 |
| | | Wegner, Cheryl | | 3083985438 | cheryl.wegner@commonspirit.org |
| | | ramirez, julio | | 3083985354 | julio.ramirez505@commonspirit.org |
| | | Adult | Cleveland, | 3083985433 | lcleveland@sfmc-gi.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 | Substance Use Outpatient Treatment (Individual) | Lori | | |
| | | | 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 |
| | | | Wegner, Cheryl | 3083985438 | cheryl.wegner@commonspirit.org |
| | | | ramirez, julio | 3083985354 | julio.ramirez505@commonspirit.org |
| | | Adult Substance Use Short-Term Residential | 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 |
| | | | Wegner, Cheryl | 3083985438 | cheryl.wegner@commonspirit.org |
| | | | ramirez, julio | 3083985354 | julio.ramirez505@commonspirit.org |

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 | Anson, Vicki | 4023215435 | vanson@irnebraska.org |
| | | Adult Mental Health | Anson, Vicki | 4023215435 | vanson@irnebraska.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 |
|---|---|-------------------------------------|---------------------------------|------------------|-----------------------|
| Center For Independent Living of Central Nebraska | 312 N ELM ST Suite 101 Grand Island, NEBRASKA 68801 | Evaluation | | | |
| | | Adult Substance Use Evaluation | Anson, Vicki | 4023215435 | vanson@irnebraska.org |
| | | Juvenile Co-Occurring Evaluation | Anson, Vicki | 4023215435 | vanson@irnebraska.org |
| | | Juvenile Mental Health Evaluation | Anson, Vicki | 4023215435 | vanson@irnebraska.org |
| | | Juvenile Substance Use Evaluation | Anson, Vicki | 4023215435 | vanson@irnebraska.org |

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) | | | |
| | | Adult Substance Use Addendum | | | |
| | | Adult Substance Use Evaluation | | | |
| | | Adult Substance Use Outpatient | | | |

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 | 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 Grand Island, NEBRASKA 68801 | Adult Mental Health Outpatient Counseling (Group) | Kissack, Cynthia | 3083798619 | cindykne@aol.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Kissack, Cynthia | 3083798619 | cindykne@aol.com |
| | | Juvenile Mental Health | Kissack, | 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 Grand Island, NEBRASKA 68801 | Outpatient Counseling (Group) | Cynthia | | |
| | | 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 | | | |
| | | Adult Substance Use Evaluation | | | |
| | | Adult Substance Use Outpatient Treatment (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 |
|----------------------|---|--|---------------------------------|------------------|------------------|
| FGH inc. | 1917 W Faidley Ave Grand Island, NEBRASKA 68803 | 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 |
| | | Juvenile Mental Health Evaluation | Florez, Thomas | 3083701667 | tom.florez.ips@gmail.com |
| | | Juvenile Mental Health | Florez, | 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 | Outpatient Counseling (Individual/Family) | Thomas | | |
| | | 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) | Franssen, Tracee | 3086753345 | tfranssen@thefriendshiphouse.net |
| | | 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 |
| | | | Franssen, Tracee | 3086753345 | tfranssen@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) | 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) | 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 |
| | | Expedited Co-Occurring Evaluation | Arroyo-Herrera, Adriana | 3086753345 | aherrera@thefriendshiphouse.net |
| | | | Franssen, Tracee | 3086753345 | tfranssen@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 | Expedited Co-Occurring Evaluation | Hansen, Wendy | 3083835605 | wendyhansen2630@gmail.com |
| | | Expedited Mental Health Evaluation | Arroyo-Herrera, Adriana | 3086753345 | aherrera@thefriendshiphouse.net |
| | | | Franssen, Tracee | 3086753345 | tfranssen@thefriendshiphouse.net |
| | | | Hansen, Wendy | 3083835605 | wendyhansen2630@gmail.com |
| | | Expedited Substance Use Evaluation | Arroyo-Herrera, Adriana | 3086753345 | aherrera@thefriendshiphouse.net |
| | | | Franssen, Tracee | 3086753345 | tfranssen@thefriendshiphouse.net |
| | | | Hansen, Wendy | 3083835605 | wendyhansen2630@gmail.com |
| | | Juvenile 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 |
| | | Juvenile Mental Health 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 |
| | | Juvenile Mental Health | 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 Counseling (Individual/Family) | Herrera, Adriana | | |
| | | | Feese, Emily | 3086753345 | efeese@thefriendshiphouse.net |
| | | | Franssen, Tracee | 3086753345 | tfranssen@thefriendshiphouse.net |
| | | | Hansen, Wendy | 3083835605 | wendyhansen2630@gmail.com |
| | | Juvenile 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 |
| | | Juvenile 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 |
| | | Juvenile Substance Use Outpatient Treatment (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 |

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 |
|----------------------|--|--------------------------------------|---------------------------------|------------------|----------------------------------|
| | 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 |
| | | 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.

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 |
|----------------------|---|-------------------------------------|---------------------------------|------------------|------------------|
| 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 |
| | | Adult Mental Health Evaluation | Alfrey, Kerry | 4023357908 | kerrylalfreyllc@gmail.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Alfrey, Kerry | 4023357908 | kerrylalfreyllc@gmail.com |
| | | Adult Sex Offense-Specific Evaluation | Alfrey, Kerry | 4023357908 | kerrylalfreyllc@gmail.com |
| | | Adult Sex Offense-Specific Outpatient Counseling (Individual/Group) | Alfrey, Kerry | 4023357908 | kerrylalfreyllc@gmail.com |
| | | Adult Substance Use Addendum | Alfrey, Kerry | 4023357908 | kerrylalfreyllc@gmail.com |
| | | Adult Substance Use Evaluation | Alfrey, Kerry | 4023357908 | kerrylalfreyllc@gmail.com |
| | | | Newton, Cortney | 4105620221 | cnewton@alfreyandpruittcounseling.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Alfrey, Kerry | 4023357908 | kerrylalfreyllc@gmail.com |
| | | | Newton, Cortney | 4105620221 | cnewton@alfreyandpruittcounseling.com |
| Juvenile Co-Occurring | 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 | Evaluation | | | |
| | | Juvenile Mental Health Evaluation | Alfrey, Kerry | 4023357908 | kerrylalfreyllc@gmail.com |
| | | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Alfrey, Kerry | 4023357908 | kerrylalfreyllc@gmail.com |
| | | Juvenile Substance Use Addendum | Alfrey, Kerry | 4023357908 | kerrylalfreyllc@gmail.com |
| | | Juvenile Substance Use Evaluation | Alfrey, Kerry | 4023357908 | kerrylalfreyllc@gmail.com |
| | | | Newton, Cortney | 4105620221 | cnewton@alfreyandpruittcounseling.com |
| | | Juvenile Substance Use Intensive Outpatient (IOP) | Alfrey, Kerry | 4023357908 | kerrylalfreyllc@gmail.com |
| | | | Newton, Cortney | 4105620221 | cnewton@alfreyandpruittcounseling.com |
| | | Juvenile Substance Use Outpatient Treatment (Individual/Family) | Alfrey, Kerry | 4023357908 | kerrylalfreyllc@gmail.com |
| | | | Newton, Cortney | 4105620221 | cnewton@alfreyandpruittcounseling.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

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 Co-Occurring Evaluation | Rowe, Leisa | 3083986050 | rowecounseling@gmail.com |
| | | Adult Mental Health Evaluation | Rowe, Leisa | 3083986050 | rowecounseling@gmail.com |
| | | 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 | 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 |

Administrative Office of Courts & Probation

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

District 9

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 |
|--|--|--|---------------------------------|------------------|------------------|
| 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 | | | | | |

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 | Juvenile Substance Use 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 | Adams, Brandi | 4029750182 | Brandi.Adams@owenseducationalservices.org |
| | | | Shurter, Mariah | 4024607324 | mariah.shurter@owenseducationalservices.org |
| | | Continuous Alcohol Monitoring (CAM) with EM | | | |
| | | Day Reporting | Adams, Brandi | 4029750182 | Brandi.Adams@owenseducationalservices.org |
| | | Evening Reporting | Adams, Brandi | 4029750182 | Brandi.Adams@owenseducationalservices.org |
| | | Family Support | Adams, Brandi | 4029750182 | Brandi.Adams@owenseducationalservices.org |
| | | | Shurter, Mariah | 4024607324 | mariah.shurter@owenseducationalservices.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 |
|----------------------|---|---|---------------------------------|------------------|---|
| OWENS-GRAND ISLAND | 1451 N Webb Rd Grand Island, NEBRASKA 68803 | Juvenile Electronic Monitoring Cell Phone | Colclasure, Brandon | 3089403366 | brandon.colclasure@owenseducationalservices.org |
| | | Juvenile Electronic Monitoring GPS | Colclasure, Brandon | 3089403366 | brandon.colclasure@owenseducationalservices.org |
| | | Juvenile Electronic Monitoring Land Line | Colclasure, Brandon | 3089403366 | brandon.colclasure@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: Saint Francis Ministries

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|-------------------------------------|---------------------------------|------------------|------------------|
| | 1811 W. Second St. Suite 105 Grand Island, NEBRASKA 68801 | Agency Supported Foster Care | | | |
| | | Relative/Kinship Home Study | | | |

Agency Name: Trey Kissack Counseling

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 |
|-------------------------|--|--|---------------------------------|------------------|------------------|
| Trey Kissack Counseling | 1811 West 2nd Street Suite 450 Grand Island, NEBRASKA 68803 | Adult Mental Health Outpatient Counseling (Individual) | | | |
| | | Juvenile Mental Health Outpatient Counseling (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 |
|-----------------------------|--|---|---------------------------------|------------------|-----------------------------|
| Wholeness Healing Center PC | 2608 Old Fair Road Grand Island, NEBRASKA 68803 | Adult Co-Occurring Evaluation | Stuehm, Nadine | 3082244768 | Nadine@wholenesshealing.com |
| | | 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) | | | |

Agency Name: Wildflower Therapeutic

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 |
|------------------------|---|--|---------------------------------|------------------|-------------------------------------|
| Wild Flower Counseling | 219 Waldo Avenue Grand Island, NEBRASKA 68803 | Adult Mental Health Outpatient Counseling (Individual) | Saylor-Bledsoe, Stephanie | 3088506395 | stephanie.saylor@cortherapeutic.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Saylor-Bledsoe, Stephanie | 3088506395 | stephanie.saylor@cortherapeutic.com |
| | | Juvenile Mental Health Evaluation | Saylor-Bledsoe, Stephanie | 3088506395 | stephanie.saylor@cortherapeutic.com |
| | | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Saylor-Bledsoe, Stephanie | 3088506395 | stephanie.saylor@cortherapeutic.com |
| | | Juvenile Substance Use Outpatient Treatment (Individual/Family) | Saylor-Bledsoe, Stephanie | 3088506395 | stephanie.saylor@cortherapeutic.com |